

pharmaceuticals

FIGHTING NEURODEVELOPMENTAL DISORDERS

















FORWARD LOOKING STATEMENTS

This presentation contains forward looking statements that involve risks and uncertainties. Although we believe that the expectations reflected in the forward looking statements are reasonable at this time, Neuren can give no assurance that these expectations will prove to be correct. Actual results could differ materially from those anticipated. Reasons may include risks associated with drug development and manufacture, risks inherent in the regulatory processes, delays in clinical trials, risks associated with patent protection, future capital needs or other general risks or factors.



2021 IS A PIVOTAL YEAR FOR NEUREN

- **2** drugs in clinical development for **6** Orphan Drug indications:
 - All serious neurological disorders in children, no approved therapies
 - Orphan drugs have higher probability of approval and significant commercial advantages
- **Results in Q4 2021 for trofinetide Phase 3 trial in Rett syndrome**
- Phase 2 trials commencing in H2 2021 for NNZ-2591 in 3 disorders
- **Trofinetide partnered with ACADIA (NASDAQ:ACAD) for North America**
 - Up to US\$455m milestone payments
 - Double digit % royalties
 - One third of RPD Priority Review Voucher value
 - ACADIA funds all development
 - Neuren has free access to US data for ex-North America registration
- NNZ-2591 provides large potential upside multiple indications and global rights retained



PRODUCT PIPELINE

Compound	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Commercial Partner
Trofinetide	Rett syndrome ¹				Results Q4 2021	(North America)
	Fragile X syndrome ¹					(North America)
NNZ-2591	Phelan- McDermid syndrome ²			Commence H2 2021		
	Angelman syndrome ²			Commence H2 2021		
	Pitt Hopkins syndrome ²			Commence H2 2021		
	Prader-Willi syndrome			TBA		

¹ Orphan Drug designation in US and EU, Fast Track designation in US

² Orphan Drug designation in US and EU



COMMERCIAL ADVANTAGES OF ORPHAN DRUGS

Compared with existing markets that have apparently attractive large \$ sales in which established products have to be displaced, Orphan Drugs have many commercial advantages:

- Ability to target a leadership position with little competition
- Higher pricing
- Serious and urgent unmet need results in more supportive regulatory environment
- Strong support from patient community and leading physicians
- Immediate access to known patients means large sales organisation less important
- Smaller and fewer Phase 3 trials
- Statistics show higher probability of regulatory approval
- Regulatory exclusivity periods eliminate patent risk



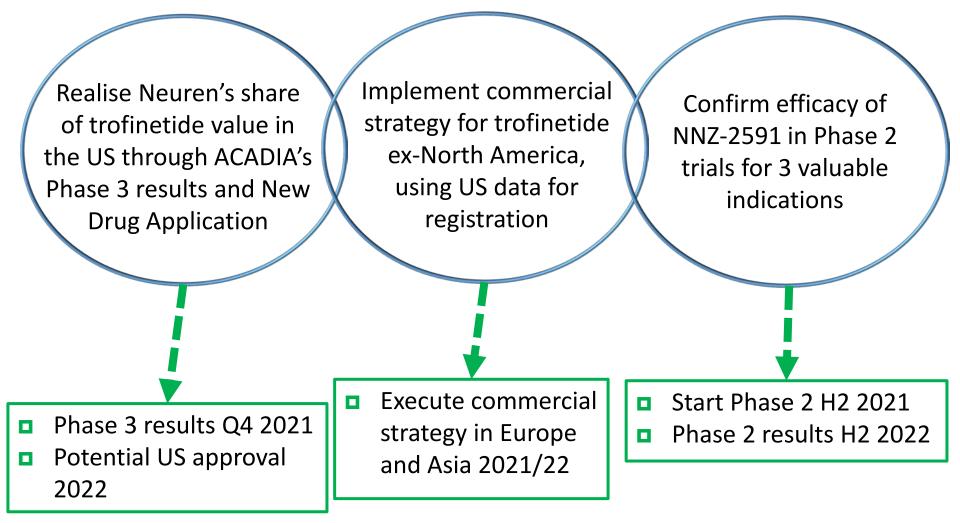
ESTIMATES OF TARGET PATIENT POPULATIONS

Disorder	Gene	Published prevalence	Potential patients		
	mutation	estimates	US ¹	Europe ¹	Asia ^{1, 2}
Trofinetide:					
Rett	MECP2	1/10,000 to 1/15,000 females	10,000	13,000	37,000
Fragile X	FMR1	1/4,000 to 1/7,000 males 1/12,000 to 1/22,000 females	30,000	38,000	112,000
NNZ-2591:					
Phelan- McDermid	SHANK3	1/8,000 to 1/15,000 males and females	22,000	28,000	81,000
Angelman	UBE3A	1/12,000 to 1/24,000 males and females	14,000	18,000	52,000
Pitt Hopkins	TCF4	1/34,000 to 1/41,000 males and females	7,000	9,000	25,000
Prader-Willi	15q11-q13	1/10,000 to 1/30,000 males and females	13,000	16,000	47,000

¹ Estimates derived by applying the mid-point of the prevalence estimate range to the populations under 60 years ² Asia comprises Japan, Korea, Taiwan, Israel and urban populations of China and Russia



THREE KEY DRIVERS OF FUTURE VALUE





TEN CATALYSTS IN 2021 DRIVING LONG TERM VALUE

- EU Orphan designations for Phelan-McDermid, Angelman, and Pitt Hopkins
- ✓ Successful Phase 1 trial results for NNZ-2591
- Prader-Willi syndrome added to NNZ-2591 pipeline
- Complete drug substance manufacturing for NNZ-2591 Phase 2
- ✓ Pre-IND meetings with FDA to agree NNZ-2591 Phase 2 plans

Submit NNZ-2591 INDs to FDA

- Acadia completes enrolment in trofinetide Rett syndrome Phase 3
- **Commence NNZ-2591** Phase 2 trials
- **Orphan designation in US and EU for Prader-Willi syndrome**
- **Trofinetide Rett syndrome Phase 3 top-line results**

TROFINETIDE FOR RETT SYNDROME

TROFINETIDE LICENCE AGREEMENT WITH ACADIA

- Partnership commenced in August 2018, providing the necessary funding and capabilities to execute Phase 3 and commercialise trofinetide in the US
- Redacted agreement is available in ACADIA's 2018 10K filing

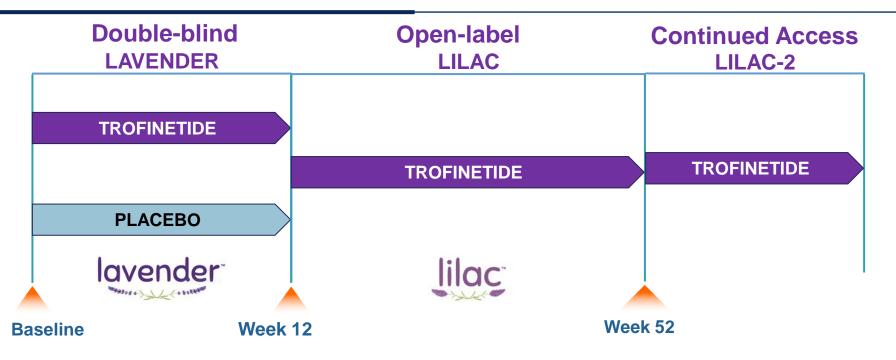
Territory	North America (Neuren retains all rights ex-North America)		
Indications	All, including Rett syndrome and Fragile X syndrome		
Future development costs	Funded by ACADIA		
Use of data	Each party has free and full access to all data for use in its territory		
Development Milestones	US\$105m on achievement of 5 milestones across Rett and Fragile X		
Commercial Milestones	US\$350m on achievement of 4 thresholds for total annual net sales		
Royalties	Double-digit % royalties with % escalating in 4 tiers of total annual net sales		
Rare Pediatric Disease Priority Review Voucher	Neuren receives 1/3 of voucher market value (2019 sale average US\$100m)		
Non-compete	Neuren may not develop a competing product in indications for which ACADIA develops and commercialises trofinetide		







RETT SYNDROME PHASE 3 PROGRAM



- 180 females aged 5 to 20 years
- RSBQ (caregiver) and CGI-I (physician) at 12 weeks are co-primary efficacy endpoints both were positive in the Phase 2 trial
- Continuing strong support from leading physicians and Rettsyndrome.org
- Lavender results expected in Q4 2021, potential marketing approval in 2022

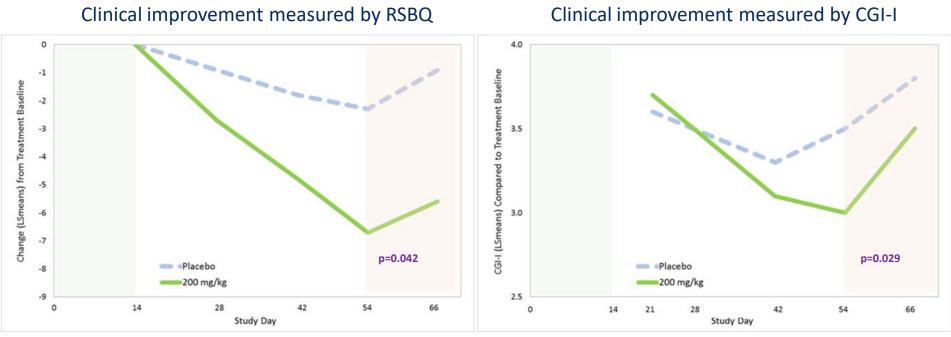


MAXIMISING PROBABILITY OF SUCCESS

- The Phase 3 co-primary endpoints were both positive in the Phase 2 trial
- In the Phase 2 trial clinical improvement continued increasing through to end of treatment - the Phase 3 trial at 12 weeks is twice the duration of the Phase 2 trial
- The Phase 3 sample size at approx. 90 per group is more than 3 times the Phase 2 sample size – much greater statistical power to detect a difference between active and placebo
- The dosing regimen in the active group for the Phase 3 trial is optimised, informed by the PK-PD analyses of the Phase 2 subjects
- The age range for the Phase 3 trial is 5 to 20 years, compared with 5 to 15 years in the Phase 2 trial
- Both trials are US sites only, with most Phase 2 sites participating in Phase 3



RETT SYNDROME PHASE 2 - RSBQ AND CGI-I



RSBQ is a caregiver rating, reflecting the severity of the syndrome. Mean improvements for trofinetide and placebo were, respectively, 16% and 6% CGI-I is a clinician rating of how much the subject's overall illness has improved or worsened. 22% of subjects on trofinetide received a score of 2 ("much improved") compared with 4% of subjects on placebo

RSBQ and CGI-I measure overall syndrome rather than a particular symptom, reflecting heterogeneity of symptoms and disease-modifying action of trofinetide

Publication: https://n.neurology.org/content/early/2019/03/27/WNL.000000000007316

NNZ-2591 FOR MULTIPLE NEURODEVELOPMENTAL DISORDERS

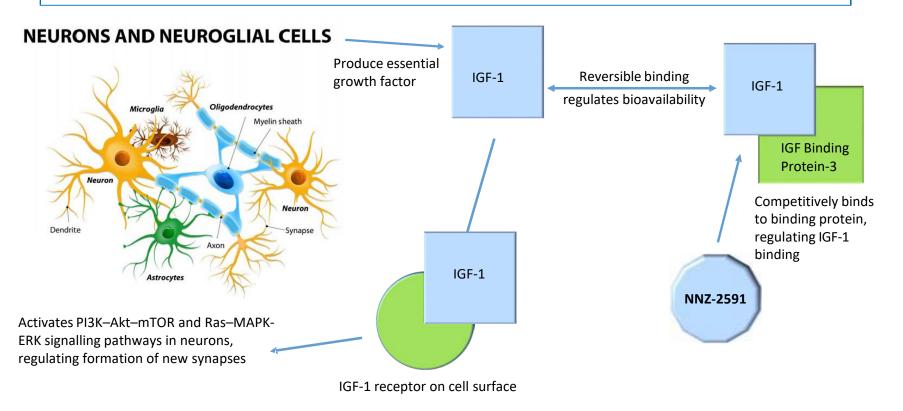


NNZ-2591 MECHANISM OF ACTION

NNZ-2591 is a synthetic analog of a peptide that occurs naturally in the brain, designed to be more stable, orally bioavailable and readily cross the blood-brain barrier

NNZ-2591 can regulate the amount of IGF-1 that is available to activate IGF-1 receptors

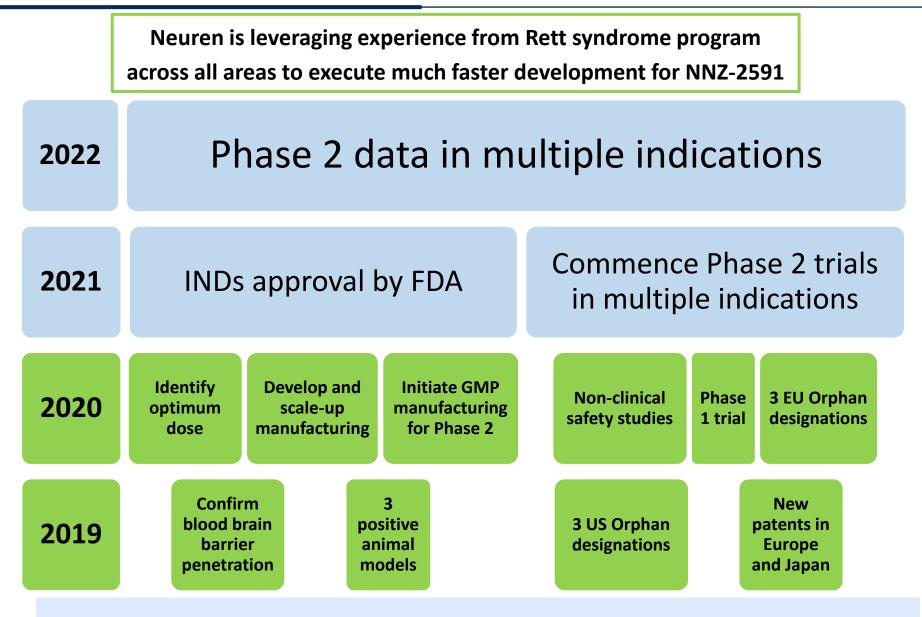
The effects of **NNZ-2591** are "state-dependent" – correcting impairment, but not impacting normal cells



doi: 10.1038/srep04388: Guan et al, 2017: Cyclic glycine-proline regulates IGF-1 homeostasis by altering the binding of IGFBP-3 to IGF-1



FOUNDATIONS IN PLACE FOR MULTIPLE INDICATIONS





IDEAL ATTRIBUTES LEADING INTO PHASE 2

- Unique mechanism of action
- Clear and consistent efficacy in mouse models of each syndrome
- Biochemical effects in the brain and optimum dose confirmed
- ✓ Demonstrated high oral bioavailability and blood-brain barrier penetration
- ✓ Orphan designation from FDA and EMA
- IND-enabling program of non-clinical toxicology and CMC studies completed
- Proprietary drug substance manufacturing process with exceptional purity and high yield, administered as patient-friendly liquid dose
- ✓ 7 days dosing safe and well tolerated in Phase 1 trial
- Phase 2 plans confirmed at pre-IND meetings with FDA

- Prioritising speed to data results in H2 2022:
 - Angelman syndrome trial in Australia
 - Phelan-McDermid and Pitt Hopkins trials in US
 - 10-20 patients in each trial
- Maximising opportunity to demonstrate effects:
 - Pediatric patients
 - 13 weeks' treatment
- Confirm safety and PK in pediatric patients
- Assess treatment impact across multiple efficacy measures

Overall aim – expedite data that enables subsequent trials to be designed as registration trials



PHASE 1 CLINICAL TRIAL HIGHLIGHTS

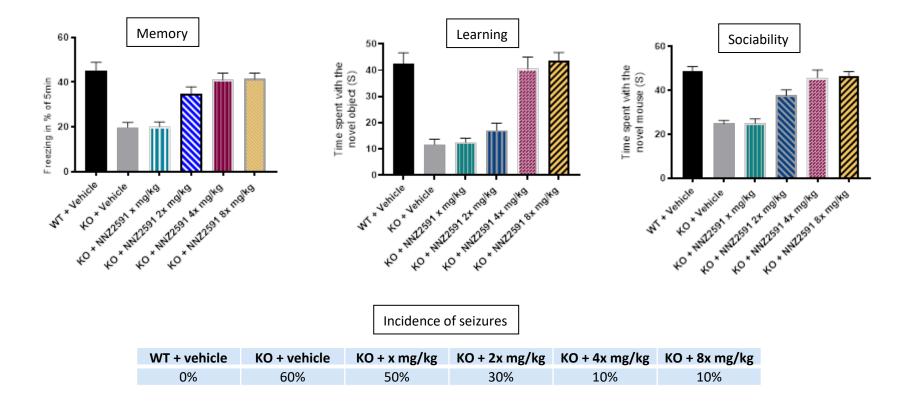
- Twice daily dosing for 7 days was safe and well tolerated at all dose levels tested in healthy volunteers
- No SAEs, no clinically significant findings in lab or cardiac tests
- All AEs mild or moderate and resolved during the trial
- At highest dose all AEs were mild apart from one moderate
- Most common AE was drowsiness

= Good safety and tolerability profile for dosing patients in Phase 2

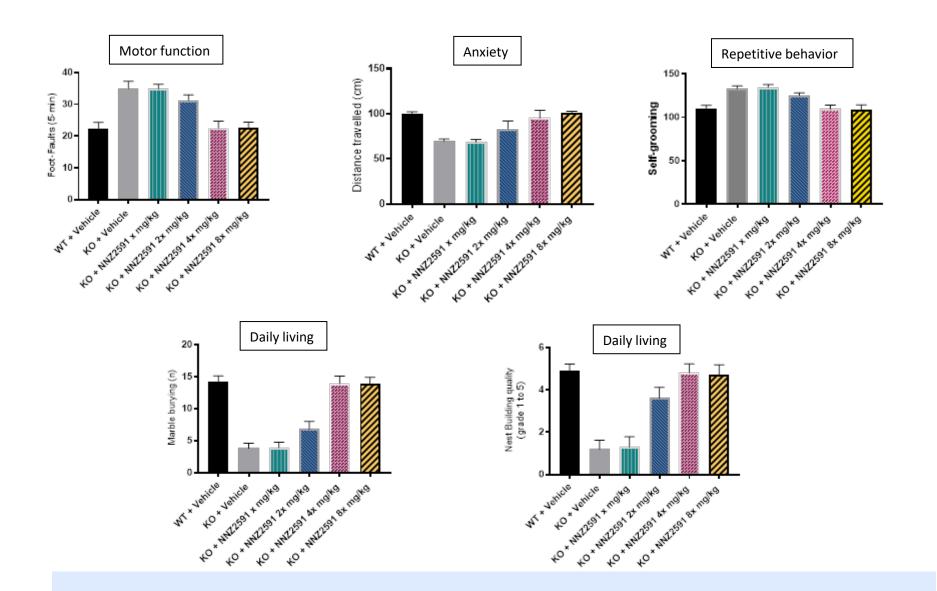


CONSISTENT EFFICACY AND DOSE RESPONSE IN PHELAN-MCDERMID MODEL

PMS is caused by a deletion or other change in the 22q13 region of chromosome 22, which includes the *SHANK3* gene, or a mutation of the gene. In the *shank3* knockout mouse model, wild type mice and knockout mice were treated with placebo or 4 escalating dose levels of NNZ-2591 for 6 weeks. Results clearly indicate 2nd highest dose as optimum dose, informing dose selection for clinical trials in patients.



CONSISTENT EFFICACY AND DOSE RESPONSE IN PHELAN-MCDERMID MODEL

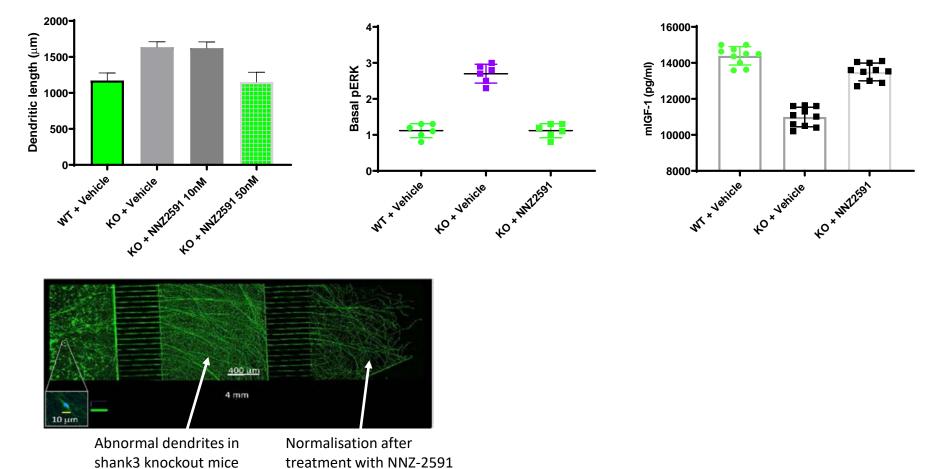


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BIOCHEMICAL EFFECTS CONFIRMED IN SHANK3 MODEL

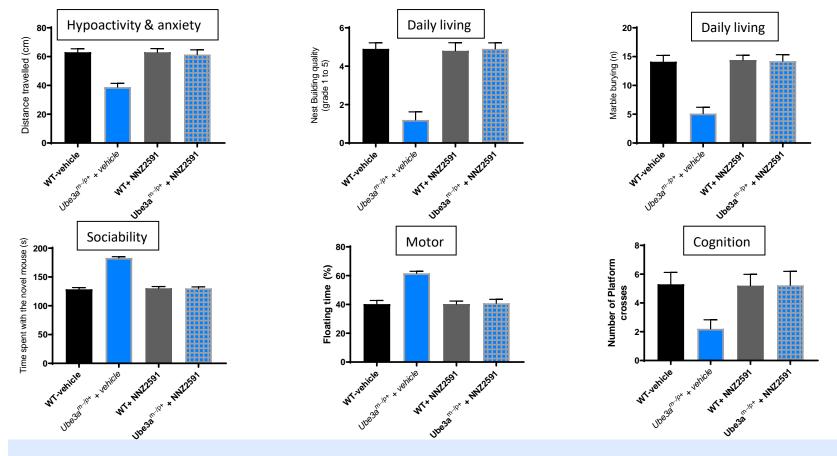
In biochemical testing, NNZ-2591 was shown to normalise the abnormal length of dendrite spines between brain cells, the excess activated ERK protein (pERK) and the depressed level of IGF-1 in *shank3* knockout mice.





CONSISTENT EFFICACY IN ANGELMAN MODEL

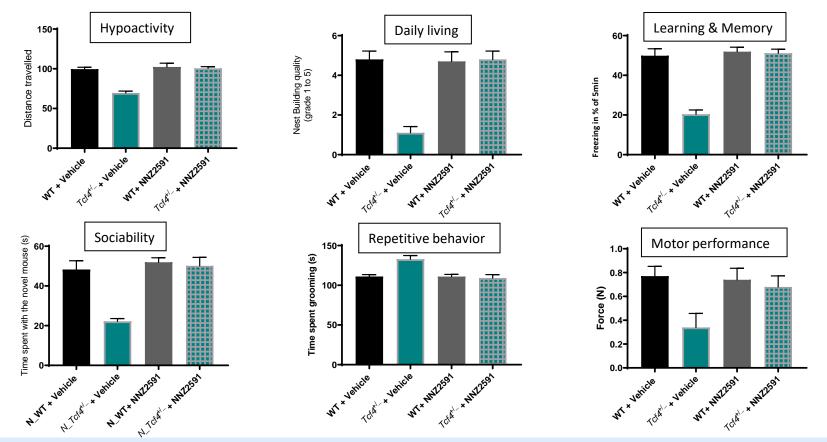
AS is caused by a deletion or mutation in the ubiquitin protein ligase E3A (*UBE3A*) gene on chromosome 15. In the *ube3a* knockout mouse model, which resembles features of AS in humans, wild type and knockout mice were each treated with placebo or NNZ-2591 for 6 weeks. Treatment with NNZ-2591 normalized all the deficits in the knockout mice, **including eliminating seizures**, and had no effect on the wild type mice.





CONSISTENT EFFICACY IN PITT HOPKINS MODEL

PTHS is caused by the loss of one copy or a mutation of the *TCF4* gene on chromosome 18. In the *tcf4* mutation mouse model, which exhibits features of PTHS in humans, wild type mice and knockout mice were treated with placebo or NNZ-2591 for 6 weeks. Treatment with NNZ-2591 normalized all the deficits in the knockout mice and had no effect on the wild type mice.

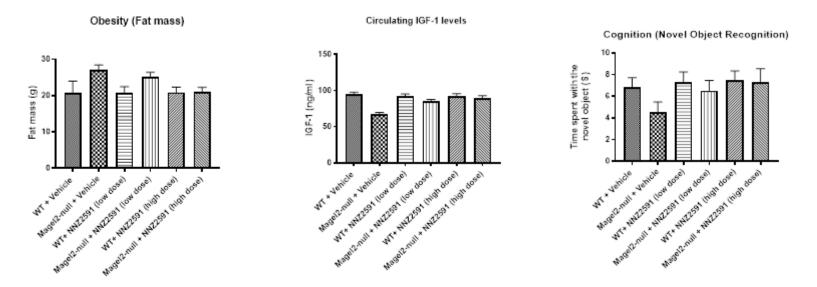




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CONSISTENT EFFICACY IN PRADER-WILLI MODEL

PWS is caused by mutations in the *15q11-q13* region of chromosome 15. In the *Magel2*-null mouse model, which exhibits features of PWS in humans, wild type mice and knockout mice were treated with placebo or NNZ-2591 for 6 weeks. Treatment with NNZ-2591 normalized fat mass, insulin levels, IGF-1 levels and all the behavioral deficits in the knockout mice and had no effect on the wild type mice.

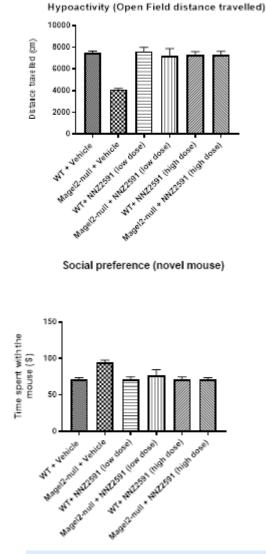


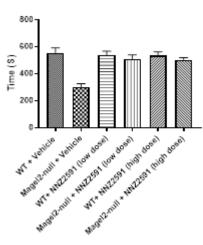
Insulin levels (pM)								
WT plus vehicle	<i>Magel2</i> -null plus vehicle	WT plus NNZ-2591 Iow dose	plus NNZ-2591	NNZ-2591	<i>Magel2</i> -null plus NNZ-2591 high dose			
110	173	112	143	115	119			



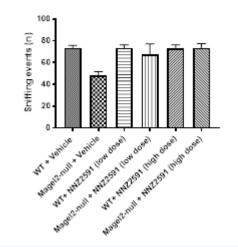
CONSISTENT EFFICACY IN PRADER-WILLI MODEL

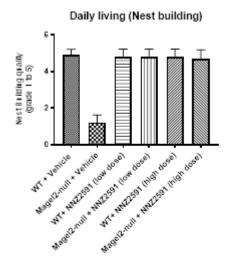
Hypoactivity (Open Field time spent active)



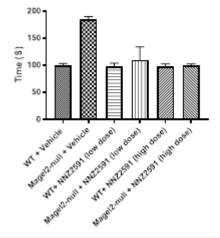


Social Interaction (Sniffing events)





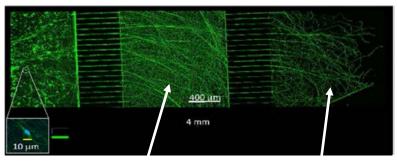
Anxiety (Elevated Plus maze, time spent in open arm)



APPENDIX

CORRECTING IMPAIRED SIGNALING IN NEURONS

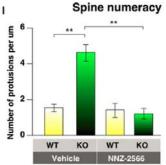
- Neurodevelopmental disorders result from different gene mutations, but all feature impaired signaling between neurons, with abnormal length and density of the dendritic spines that connect the neurons via synapses
- This impaired signaling causes behavioral, cognitive, motor and autonomic problems
- Trofinetide and NNZ-2591 can correct 3 characteristics common to these disorders:
 - Reduce inflammation associated with excessive inflammatory cytokines
 - Normalise abnormally low levels of IGF-1
 - Normalise the microglia phenotype for effective synaptic pruning and maintenance
- This restores the normal balance between protein synthesis forming new spines and maintenance of spines by microglia, correcting the length and density



Abnormal dendrites in shank3 knockout mice

Normalisation after treatment with NNZ-2591

Correction of abnormal dendritic spines in mouse models: Left - Phelan-McDermid syndrome (*shank3*) Right - Fragile X syndrome (*fmr1*)



Correction in fmr1 knockout mice after treatment with trofinetide (NNZ-2566)

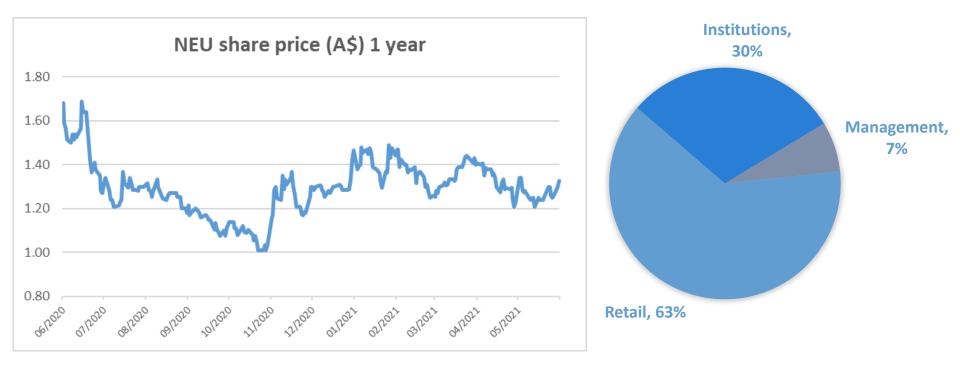


STOCK INFORMATION (ASX: NEU)

Current risk-adjusted valuations: MST Access - \$3.93, Bell Potter - \$3.10

52 week price range: A\$1.00 - A\$1.74

Share register composition (114 million quoted shares – top 20 hold 50%)



A\$22.6 million cash at 31 March 2021 A\$20m placement at \$1.40 in June 2020 supported by institutions in Aus, NZ, UK, Hong Kong



MANAGEMENT AND BOARD

- Management team has devised and executed Neuren's Orphan Drug programs since 2013
- Extensive international pharmaceutical business experience
- Successfully developed drugs from pre-clinical through to FDA approval
- Executed multiple partnering transactions



Jon Pilcher Chief Executive Officer



Larry Glass Chief Science Officer



Dr Clive Blower VP Technical Affairs



Dr Nancy Jones VP Clinical Development



James Shaw VP Clinical Operations



Patrick Davies Non-exec Chairman



Dianne Angus Non-exec Director



Dr Jenny Harry Non-exec Director



Dr Trevor Scott Non-exec Director



Lauren Frazer CFO & Co. Secretary

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