

Neuren Pharmaceuticals AGM 28 May 2009

Agenda



- 1. Chairman's introduction
- 2. Key achievements in 2008/2009
- 3. Perseis Therapeutics
- 4. Glypromate® trial results
- 5. NNZ-2566
- 6. Corporate strategy

Key achievements in 2008/09



Early completion of Glypromate[®] trial

- Glypromate[®] trial was completed with 325 patients in December 2009
- Glypromate[®] had no observable effect in patients undergoing cardiopulmonary bypass surgery and development has been discontinued

NNZ-2566

- Additional US Army funding confirmed to support continued clinical development
- US IND is open and clinical trial sites are being prepared to start recruitment in Q3, 2009

Perseis Therapeutics

 A company has been established to commercialise Neuren IP in the TFF 1, TFF3 and Growth Hormone fields

Operations

- Larry Glass to take over as CEO of Neuren Inc and Neuren Pharmaceuticals
- Parmjot Bains to step down from Co-CEO role in Neuren to manage Perseis
 Therapeutics
- Pipeline and IP protection maintained through year





Company Shareholders and Management



- 2 Founding Shareholders
 - Neuren Pharmaceuticals contribution of the TFF 1, TFF
 3 and Growth Hormone IP
 - BCRT providing NZD\$1.18M year 1 seed funding
- CEO Dr Parmjot Bains

Therapeutic Targets



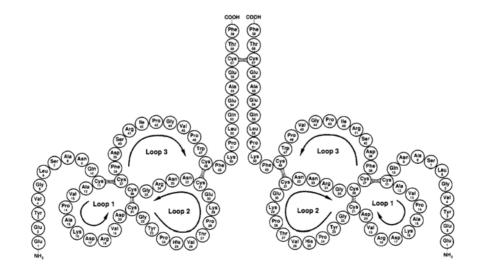
Antibody Therapeutics

- Trefoil Factors (TFF 1 and 3) and Growth Hormone are critical regulators of cell functions leading to breast cancer progression
- Clinically validated targets, expression correlated with disease/outcome
- Polyclonal antibody proof of principal obtained
- Monoclonal antibody production is underway

Trefoil Factors 1,3

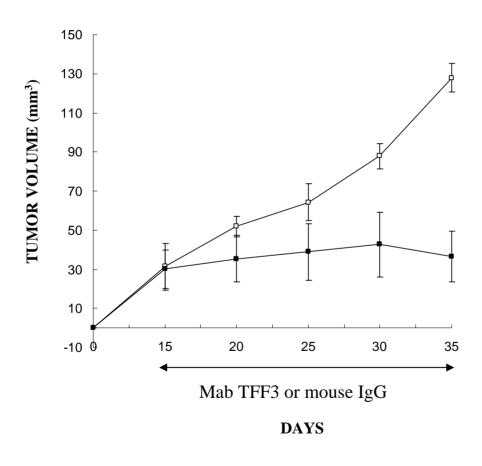


- Members of the trefoil factor family
- Produced as estrogen regulated local growth factors
- Local increased expression in mammary, prostate, gastric, liver and pancreatic carcinoma
- Independent predictive/prognostic factors in carcinoma



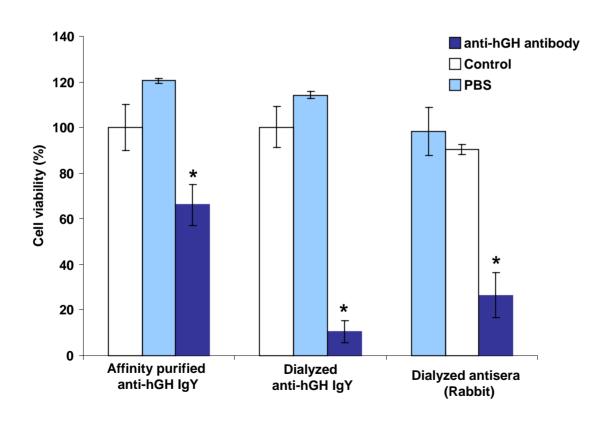






Presence of anti-hGH IgY (polyclonal antibody) in media significantly decrease cell viability of cancer cells





Development Objectives



Seed Funding (Yr 1)

Milestone

 Monoclonal antibody in-vivo proof of concept at the end of year 1 in the three targets

Outlicensing/ co-development/ external capital

 Phase I/II Human Clinical Signal

Market Potential



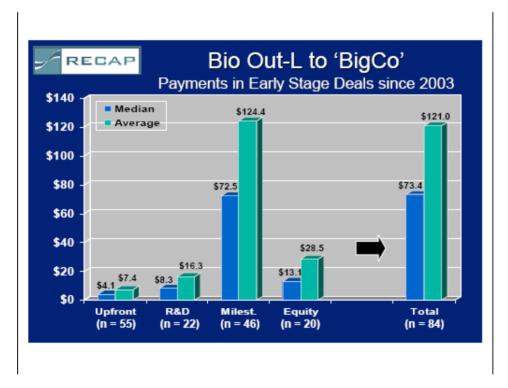
- Promising candidates for molecularly targeted cancer therapeutics
 - Oncology third largest pharmaceutical market expected to grow to \$60bn in 2010
 - Molecularly targeted drugs (mAbs) are a validated approach (e.g Biogen-Idec/Roche's MabThera, OSI/Genentech/ Roche's Herceptin and Novartis' Glivec)
 - Are likely to constitute a significant proportion of the top 20 anticancer drugs by 2014
 - Avastin 2008 Sales US\$2.9Bn with 17% increase year on year
 - Herceptin 2008 Sales US\$1.8Bn with a 7% increase year on year
- Targeting a large and unmet need
 - Target up to 90% of breast cancers
 - Addresses critical niche indications, such as tamoxifen resistance
- Opportunities for early partnerships, as confirmed by EU pharma deal for TFF-1

Source: Genentec; http://www.bioportfolio.com/news/DailyUpdates_74.htm

Early Stage Deal Potential



Early Stage Deal Potential USD



Glypromate[®] trial results



- Trial was completed early and on budget in December 2008 with 325 patients recruited
- Only a small proportion of patients (approximately 20%) showed cognitive decline at 12 weeks compared to before surgery and virtually all decline observed was minimal
- Accordingly, there was no significant "injury" for Glypromate[®] to treat
- To the contrary, approximately 80% of patients in both the placebo and Glypromate[®] groups actually showed improvement in cognitive function post surgery
- No difference in incidence of adverse events.
- Mortality rate was 0.59% for Glypromate[®] group vs. 3.59% for placebo group (p=0.067; not statistically significant . . . but interesting)
- Glypromate[®] development has been discontinued in favour of NNZ-2566

NNZ-2566



NNZ-2566 Phase II trial in Moderate-Severe TBI

- Phase II trial (260 moderate to severe TBI patients) to be initiated Q3 2009
- Interim analysis after 100 patients completed expected Q2 2010
- Top-line results expected by Q2 2011
- With strong positive results, single pivotal trial is possible; could commence 2011
- Possible rolling NDA submission under Fast Track procedures beginning in 2013

US IND

- IND opened in March 2009
- Fast Track designation requested; approval considered virtually certain
- FDA indicated that a single pivotal trial is possible with strong Phase II results
- FDA requested inclusion of female patients; additional studies required

Operational progress

- 7 sites confirmed (of 12 total expected); IRB submissions completed
- CROs selected and contracts negotiated
- Clinical trials manager on board full time (Geneva Foundation employee)
- Start up investigators meeting in July
- Patient enrollment expected to begin in August

NNZ-2566 TBI protocol overview

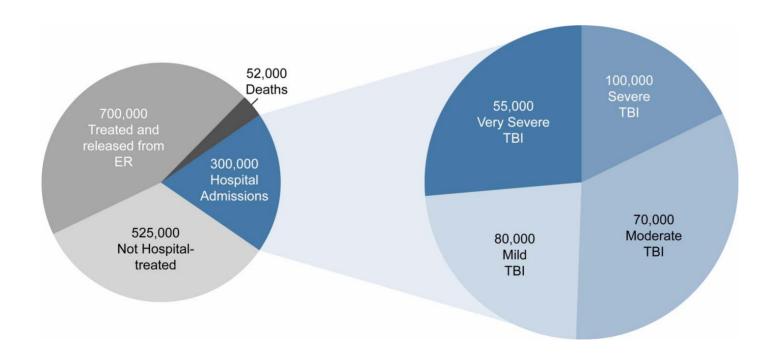


- 260 acute TBI patients (Glasgow Coma Scale 4-12)
- Stratified 2:1 moderate (GCS 9-12) to severe (GCS 4-8)
- Randomized 2:1 drug to placebo
- Administration of drug within 8 hours of injury
- 3 cohorts 20 mg/kg bolus followed by 1, 3 or 6 mg/kg/hr infusion for 72 hrs.
- Interim efficacy analysis at 100 patients
- Endpoints
 - Primary: safety
 - Secondary
 - Efficacy: Glasgow Outcome Scale-Extended; ADL; neurocognitive function; mood (all at 30 and 90 days);
 - Biological effect: continuous EEG (non-convulsive seizures, epileptiform discharge); biomarkers of inflammatory, apoptotic and necrotic gene expression; intracranial pressure
 - Pharmacokinetics

Opportunity in TBI



- 1.5 million head injuries per year in the US
- 850,000 mild-moderate, 155,000 severe
- \$50b in direct and indirect costs
- No approved therapy
- Few drugs in development, none for mild-moderate



Corporate Strategy



- Focus on NNZ-2566 program, leveraging US Army funding to accelerate development
- Aggressively seek project-specific funding (e.g. Perseis, US Army) to enhance shareholder value
- Progress other programs only with access to non-dilutive grants and partnerships
- Continue lean, quasi-virtual operating structure

Update on Army Funding



- Neuren was invited to submit a proposal to the US Army Medical Research & Materiel Command (USAMRMC) including:
 - Phase II trial in patients with moderate to severe traumatic brain injury (TBI)
 - Proof of concept study in patients with mild TBI
 - Additional studies required to initiate a pivotal trial
 - Segment I and II reproductive toxicology studies
 - Phase I safety/pharmacokinetic study in female volunteers
 - Thorough QTc (cardiovascular safety) study
- Total funds requested: US\$14.2m incremental to \$4.5M awarded to date
- Proposal was peer reviewed by an independent expert panel from the Army, Veterans Affairs, NIH, academia and industry
- Proposal has been approved by the panel and Army program managers
- Negotiating final Cooperative Agreement—award expected by early June
- Agreement will be in effect from Q2 2009 to Q3 2011
- Authorisation received to incur pre-award costs
- New funding is in addition to the previously announced US\$4.5m award to the Geneva Foundation under the Congressionally Directed Medical Research Program (CDMRP)
- Cooperative Agreement plus CDMRP funding expected to cover ~85% of total costs
- Funding is for development up to pivotal trial, not just Phase II

Anticipated Milestones: 2009 - 2011



NNZ-2566

- Initiation of Phase II trial Q3 2009
- Interim analysis after 100 patients completed expected Q2 2010
- Top-line results expected by Q2 2011

Perseis

- Proof of principle for monoclonal antibodies by mid 2010
- Licensing/development of at least one antibody target by mid 2010

Motiva

- Initiation of Phase IIb trial in post-stroke apathy and depression (grant application pending)
- Initiation of Phase IIa trial in apathy and depression in Parkinson's disease (grant application pending)

NNZ-2591/NRPs

Establish license or collaboration agreement

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