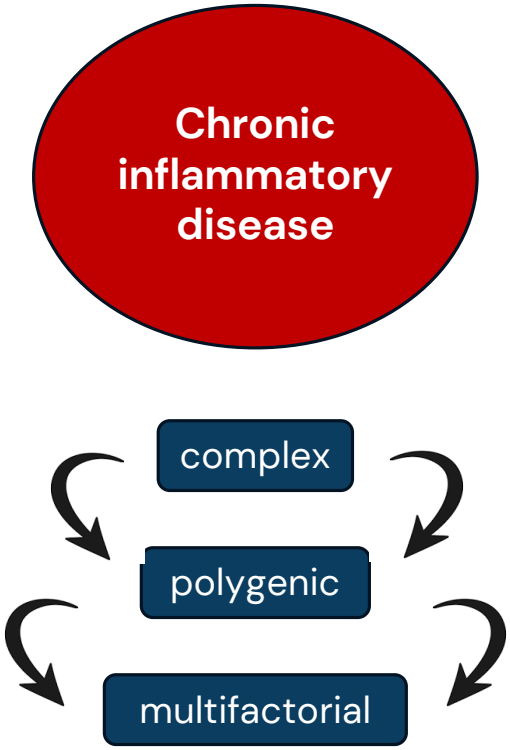
Next generation drugs for

Chronic neuro-inflammatory diseases

Eye
Central nervous system
Peripheral nervous system



Minimum essentials

1. A molecule that is the antithesis of targeted medicine by having multimodal anti-inflammatory action

2. A **disease-modifying drug** that treats the underlying inflammatory disease rather than just focusing on providing symptomatic relief

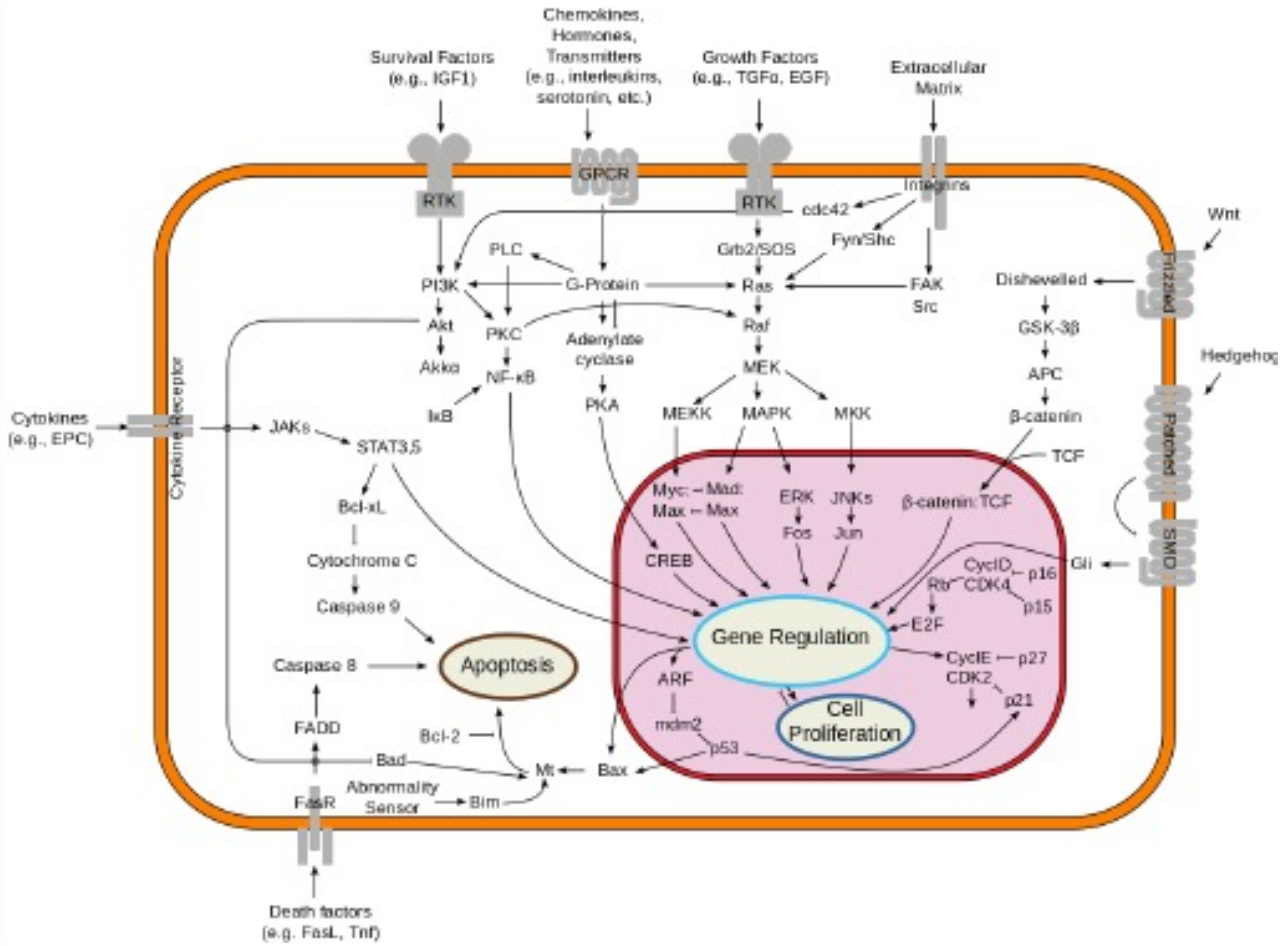
3. A drug that readily crosses the blood-brain barrier

Ras-Raf-MEK-ERK pathway

Obvious target for treatment of chronic inflammation, but the complexity of cross-talk between MEK (7 isoforms) and ERK (7 isoforms) and their key roles in homeostasis means .....

- severe long-term side-effects
- narrow therapeutic window
- ready development of resistance
- complex administration protocols.

Result = no MAPK inhibitor approved as a treatment of a chronic inflammatory disease.



BETA-TT8

Selective inhibitor of certain MEK and ERK isoforms.

Type 4 (allosteric) kinase inhibitor

- BETA drugs based on a screen of <300 human genes activated by IL-6
- >80 genes down-regulated
- Binds allosteric pocket of MEK1, MEK5 and MEK7 (no predicted binding to MEK2, MEK3, MEK4 or MEK6
- In response to cytokine stimulation BETA-TT8 inhibits pERK1 and pERK2 and modifies gene expression via AP-1 family of transcription factors (FosB/ΔFosB/cJun)

BETA-TT8

- Metabolically resilient
- Highly orally bioavailable
- 9.5 hour half-life in blood, brain and eye following oral dosing (mouse)
- AUC brain/blood ratio (mouse) = 2.3; eye = 1.2

Overall, the pharmacokinetic profile of oral BETA-TT8 is characterised by:

  - rapid absorption
  - extensive tissue distribution
  - absorption-limited (flip-flop) kinetics
  - sustained tissue exposure.

- Readily crosses mouse and rabbit cornea from topical administration achieving high drug levels in retina and choroid

Filamon Ophthalmology

BETA-TT8

Eyedropper or oral treatment of intra-ocular inflammation

- **de novo, or**
- **associated with systemic inflammatory disease**

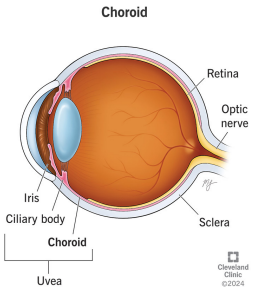
BETA-TT8

As a treatment of chronic inflammatory eye conditions.

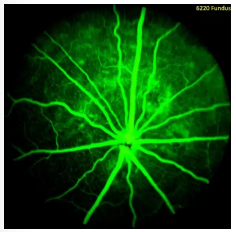
- Inhibits pERK-1 signaling and AP-1 transcription resulting in down-regulation of expression of, VEGF, VCAM-1, ICAM-1, IL-1β, IL-6, CXCL2, CCL20) expression) relevant to disease progression
- Potent inhibition of pathological angiogenesis
- Resulting in reduced immune cell recruitment, endothelial activation, and inflammatory amplification in the retina
- Strong access by the drug to back of eye by both oral and eyedropper dosage forms

BETA-TT8 Ophthalmic Gel

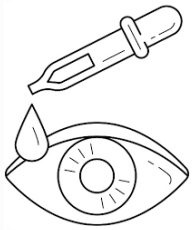
A first-in-class, eyedropper therapy designed to deliver potent **anti-inflammatory** and **anti-angiogenic** activity to both the anterior and posterior segments of the eye via non-invasive eyedrops.



Eyedropper administration achieves sustained high drug levels throughout rabbit eye:
Aqueous humour = 930 ng/g Retina = 2,175 ng/g
Choroid = 1,300 ng/g Vitreous = 100 ng/g
Plasma 7 ng/mL. *Drug binds to melanin*



Significant inhibition of laser-induced CNV lesion in mice treated daily or 2nd daily. Fluorescein fundus angiography (FFA) at Day 7 post-laser injury show significantly reduced fluorescein leakage intensity and lesion size. Also, significant reduction in neovascular area (IB4 staining). Effects equivalent to that of IVT aflibercept.



Pre-clinical.

- Dose-frequency response, with tid giving best outcome.
- No ocular abnormalities detected on slit-lamp examination
- No local irritation or inflammation when administered 3 times daily for 28 days consecutively.

BETA-TT8 Ophthalmic Gel

A first-in-class, eyedropper treatment for intra-ocular inflammation.

An alternative treatment for VEGF-inhibitors and steroids and their attendant side-effects.

FIH trial in treatment-naïve nvAMD patients commencing Q3 2026 in Australian sites

Subsequent studies being planned in:

- Diabetic retinopathies
- Uveitis (recurrent, anterior)

BETA-TT8 Oral

A first-in-class drug to treat inflammatory conditions associated with MEK/ERK dysfunction in brain and eye.

Readily crosses blood-brain barrier (1.0 v 2.3 AUC) and blood-eye barrier (1.0 v 1.2 AUC)

Mouse laser-induced CNV model (12 days treatment):
60 mg/kg Q2D = equivalent CNV anti-leakage to aflibercept
120 mg/kg QW = near-equivalent anti-leakage and anti-neovascular effects to aflibercept

- Extensive tissue distribution (Vss. ~3.5L/Kg)
- Absorption-limited (flip-flop) kinetics
- Sustained tissue exposure (including eye and brain)
- Chronic dosing at 60 mg/kg Q2D and 30 mg/kg daily (in mice) safe and well-tolerated.

BETA-TT8 Oral

Potential oral systemic conditions of inflammatory conditions of the eye associated with systemic inflammatory diseases

Systemic inflammatory and autoimmune diseases frequently cause serious eye diseases by triggering immune-mediated damage to ocular tissues.

Common conditions include rheumatoid arthritis, lupus, IBD etc (scleritis), ankylosing spondylitis (uveitis), and multiple sclerosis (optic neuritis).

This association with eye diseases highlights the systemic nature of chronic inflammatory disease and the call for drugs able to deliver multimodal and comprehensive anti-inflammatory effects in a well-tolerated way.

Filamon

IMPORTANT NOTICE AND DISCLAIMER

This presentation, which includes all information and data on the following slides, any oral statements made when presenting these slides, and any other material distributed or statements made at, or in connection with, such presentation (the "Presentation"), relates to Filamon Ltd (the "Company") is furnished to you solely for your information and may not be reproduced or redistributed, in whole or in part, to any other person without the prior written consent of the Company. By attending the meeting where this Presentation is made, or by reading the Presentation, you agree to be bound by the following limitations.

The Presentation may not be used for, or in connection with, any offer to, or solicitation by, any person in any jurisdiction or under any circumstances in which such offer or solicitation would not be authorized or lawful. The Presentation does not constitute or form part of, and should not be constructed as, any offer, invitation, solicitation or recommendation to purchase, sell or subscribe for any securities in the Company in any jurisdiction and does not constitute any form of commitment or recommendation on the part of the Company.

This Presentation is not a prospectus, and the Presentation may not be distributed other than in compliance with applicable securities laws and regulations. A prospectus relating to the Company or the contemplated investment has not been and will not be registered under any law or regulation, and any offering of securities in the Company will only be made pursuant to applicable exemptions in any relevant jurisdiction. The Presentation has not been approved or reviewed by any governmental authority or stock exchange in any jurisdiction. The Company has not decided whether to proceed with a transaction. The Presentation is intended to present background information on the Company, its business and the industry in which it operates and is not intended to provide complete disclosure. Prospective investors must solely rely on their own examination of the legal, financial, taxation and other consequences of an investment in the Company. Prospective investors should not treat the contents of the Presentation as an advice relating to legal, taxation or investment matters.

The Company makes no representation or warranty (whether express or implied) as to the correctness or completeness of the information contained herein, and neither the Company nor any of its affiliates, directors, employees or advisors assume any liability connected to the Presentation and/or the statements set out herein. The information included in this Presentation may contain certain forward-looking statements relating to the business, financial performance and results of the Company and/or the industry in which it operates. Forward-looking statements concern future circumstances and results and other statements that are not historical facts, sometimes identified by the words "believes", "expects", "predicts", "intends", "projects", "plans", "estimates", "aims", "foresees", "anticipates", "targets", and similar expressions. The forward-looking statements contained in this Presentation, including assumptions, opinions and views of the Company or cited from third party sources are solely opinions and forecasts which are subject to risks, uncertainties and other factors that may cause actual events to differ materially from any anticipated development. Neither the Company nor any of its affiliates, directors, employees or advisors provides any assurance that the assumptions underlying such forward-looking statements are free from errors nor do any of them accept any responsibility for the future accuracy of the opinions expressed in this Presentation or the actual occurrence of the forecasted developments. This Presentation speaks as of the date hereof and there may have been changes in matters which affect the Company subsequent to the date of this Presentation.

Neither the issue nor delivery of this Presentation shall under any circumstance create any implication that the information contained herein is correct as of any time subsequent to the date hereof or that the affairs of the Company have not since changed, and the Company does not intend, and does not assume any obligation, to update or correct any information included in this Presentation.

The Presentation as well as any other information provided by or on behalf of the Company in connection herewith shall be governed by Australian law. The courts of Australia shall have exclusive jurisdiction to settle any conflict or dispute arising out of or in connection with the Presentation or related matters.

Enquiries

Dr Graham Kelly

Dr. Graham Kelly | corporate@filamon.com

www.filamon.com