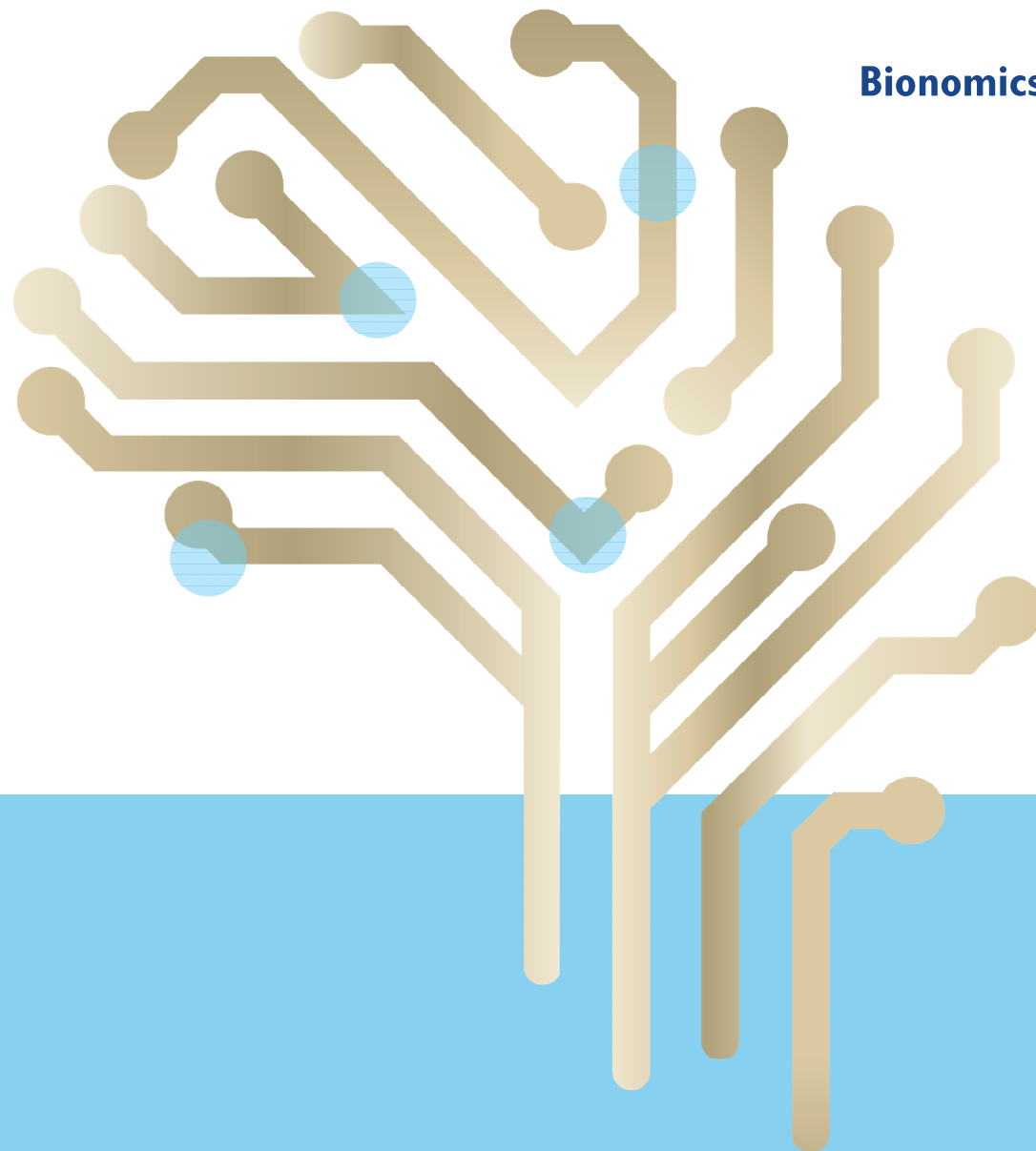


# Corporate Presentation

NOVEMBER 2022

Improving the Lives of Patients with  
Serious CNS Disorders



# Safe Harbor Statement

## Factors Affecting Future Performance

This presentation contains "forward-looking" statements within the meaning of the United States' Private Securities Litigation Reform Act of 1995. Any statements contained in this presentation that relate to prospective events or developments, including, without limitation, statements made regarding Bionomics' drug candidates (including BNC210, BNC105, BNC101 and BNC375), its licensing agreement with Merck & Co. and any milestone or royalty payments thereunder, drug discovery programs, ongoing and future clinical trials, and timing of the receipt of clinical data for our drug candidates are deemed to be forward-looking statements. Words such as "believes," "anticipates," "plans," "expects," "projects," "forecasts," "will" and similar expressions are intended to identify forward-looking statements.

There are a number of important factors that could cause actual results or events to differ materially from those indicated by these forward-looking statements, including unexpected safety or efficacy data, unexpected side effects observed in clinical trials, risks related to our available funds or existing arrangements, delays or difficulties associated with conducting clinical trials, our failure to introduce new drug candidates or platform technologies or obtain regulatory approvals in a timely manner or at all, regulatory changes, inability to protect our intellectual property, risks related to our international operations, as well as other factors. Results of studies performed on our drug candidates and competitors' drugs and drug candidates may vary from those reported when tested in different settings. The inclusion of forward-looking statements should not be regarded as a representation by Bionomics that any of its expectations, projections or plans will be achieved. Actual results may differ from those expectations, projections or plans due to the risks and uncertainties inherent in Bionomics business and other risks described in Bionomics' filings with the SEC. New risk factors emerge from time to time and it is not possible for our management to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in, or implied by, any forward-looking statements. You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements. Except as required by law, we undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation.

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Certain information contained in this presentation relates to, or is based on, studies, publications, surveys and other data obtained from third party sources and Bionomics' own internal estimates and research. While we believe these third party sources to be reliable as of the date of this presentation, we have not independently verified, and make no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

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# Bionomics Highlights



Targeting Social Anxiety Disorder (SAD), Post-Traumatic Stress Disorder (PTSD) and cognitive dysfunction associated with Alzheimer's disease, schizophrenia and other CNS conditions



Large underserved markets with over 25 million patients in the US alone suffering from SAD and PTSD and no new FDA approved therapies in nearly two decades



BNC210 (negative allosteric modulator of the  $\alpha 7$  nicotinic acetylcholine receptor)

- ✓ Clinical proof of concept in Generalized Anxiety Disorder (GAD<sup>2</sup>) and panic attack model
- ✓ In Phase 2 PREVAIL trial with FDA Fast Track designation for acute treatment of SAD
- ✓ In Phase 2b ATTUNE trial with FDA Fast Track designation for treatment of PTSD



Partnerships & Collaborations

- ✓ Strategic partnership with Merck for treatment of cognitive deficits in Alzheimer's and other CNS disorders
- ✓ MOU with EmpathBio for feasibility assessment of EMP-01 (MDMA derivative) & BNC210 for PTSD treatment
- ✓ Pipeline of partnering candidates targeting potassium (Kv) and sodium (Nav) ion channels







Cash runway beyond multiple near-term catalysts





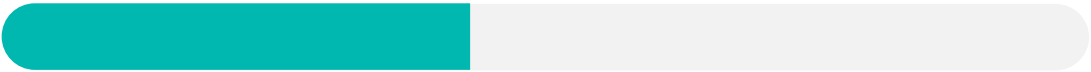

# Focused CNS Pipeline with Multiple Catalysts on the Horizon

| Program | Indication | Pre-Clinical | Phase 1 | Phase 2 | Phase 3 | Expected Timing |
|---------|------------|--------------|---------|---------|---------|-----------------|
|---------|------------|--------------|---------|---------|---------|-----------------|

## Proprietary Programs:

|                           |                                       |   |  |  |   |  |
|---------------------------|---------------------------------------|---|--|--|---|--|
| BNC210<br>α7 receptor NAM | Social Anxiety Disorder (SAD)         |  |  |  |  | Study underway<br>Topline Data: YE 2022  |
|                           | Post-Traumatic Stress Disorder (PTSD) |  |  |  |  | Study underway<br>Topline Data: mid 2023 |

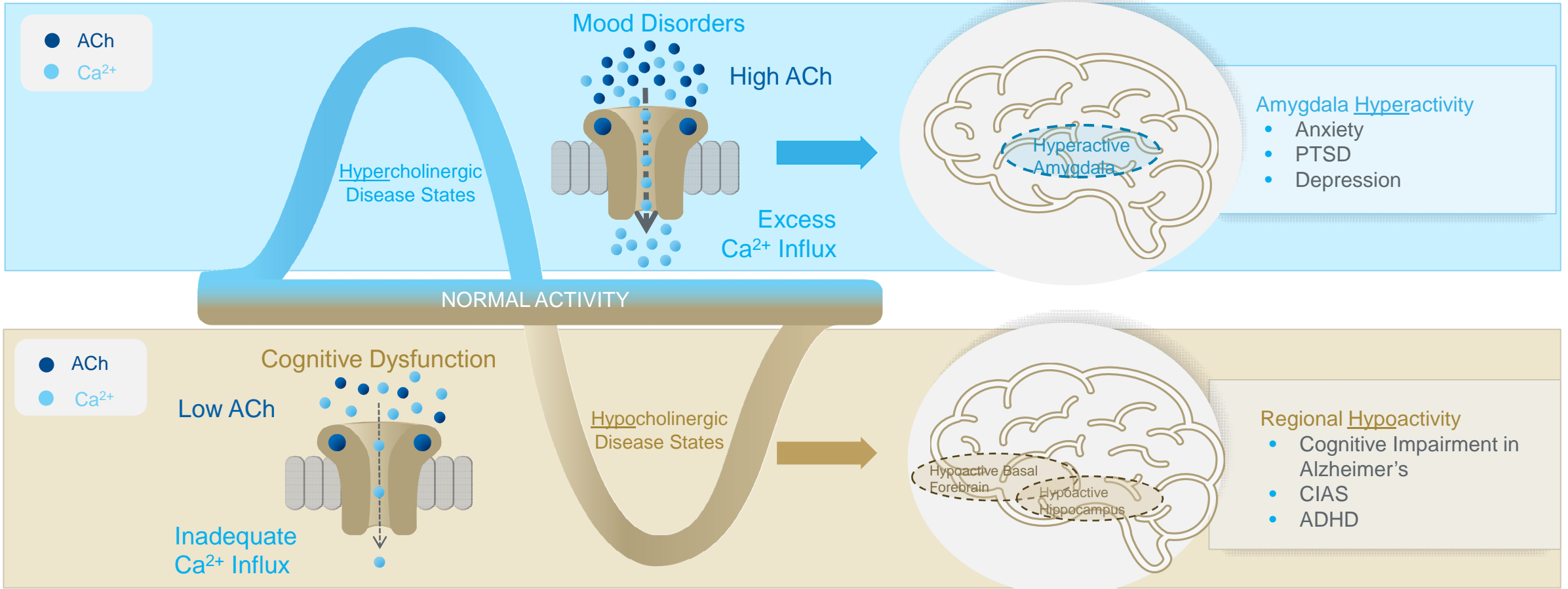
## Collaboration Programs:

|   |   |   |  |  |   |  |
|---|---|---|--|--|---|--|
| <br>EmpathBio<br>BNC210                        | +MDMA derivative<br>EMP-01 (PTSD)                 |  |  |  |  | Feasibility assessment                     |
| <br>MERCK<br>Collaboration<br>α7 receptor PAM | 2 candidates for Cognitive Deficit in Alzheimer's |  |  |  |  | Phase 1 safety & biomarker studies ongoing |

 FDA Fast Track designation



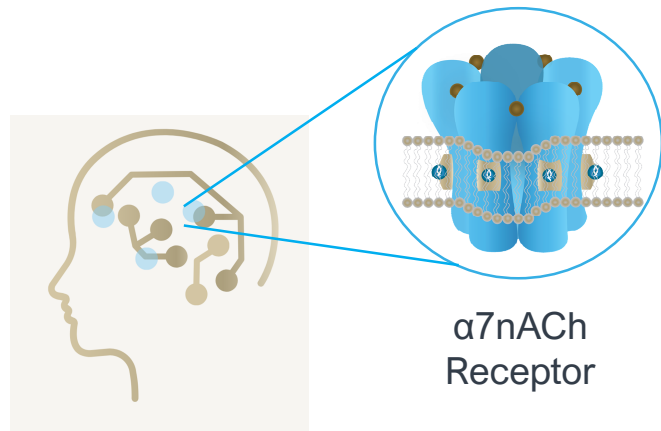
# Acetylcholine Neurotransmitter and $\alpha 7$ Nicotinic Acetylcholine Receptor Imbalance Leads to Serious CNS Disorders



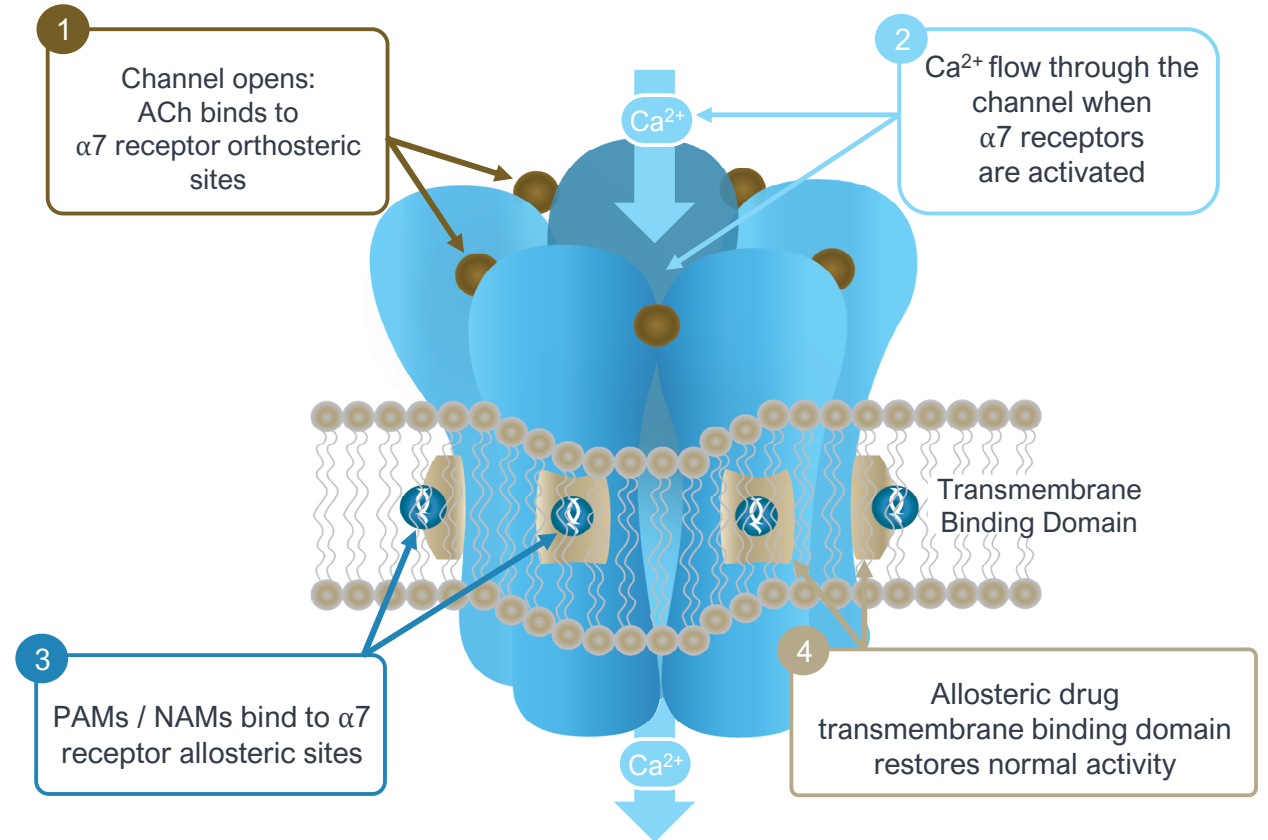
# Allosteric Modulation of $\alpha 7$ Nicotinic Acetylcholine Receptors: Potential to Enhance Efficacy and Minimize Side Effect Profile

## $\alpha 7$ Nicotinic Acetylcholine Receptor

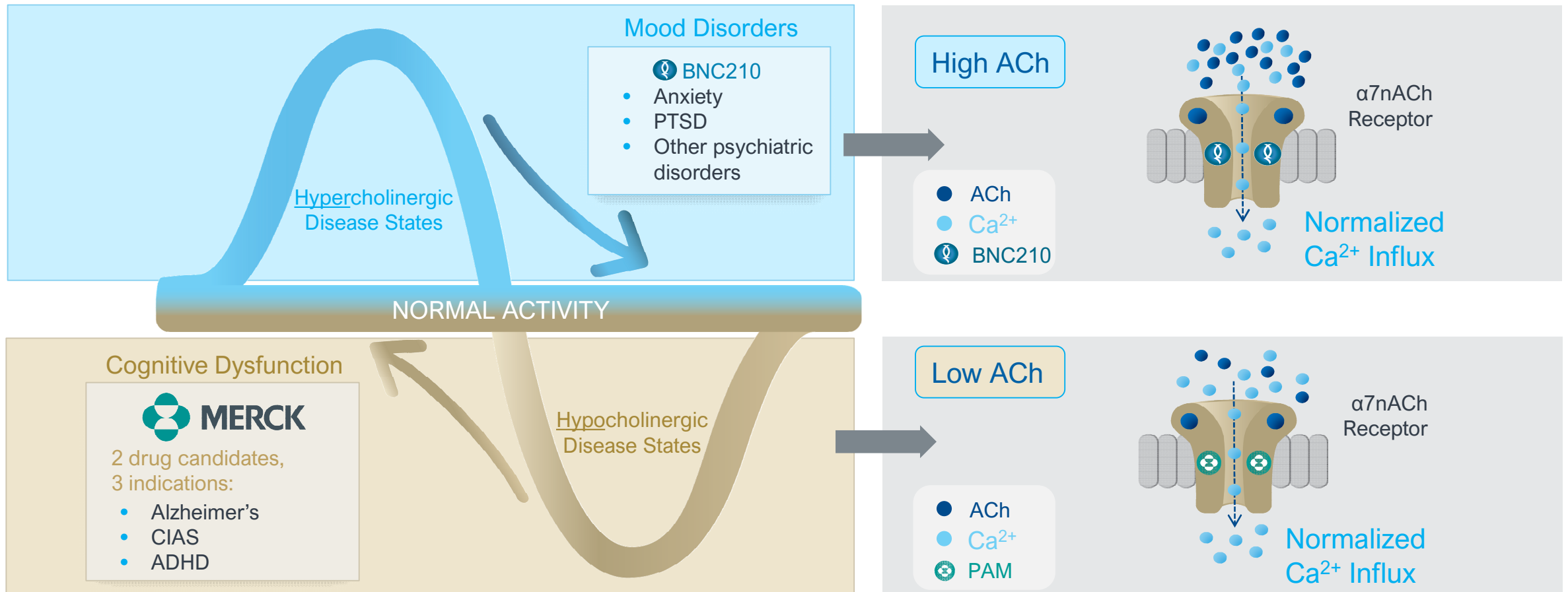
- Validated target for treatment of cognitive deficits; however, direct agonists desensitize receptor and side effects led to discontinuation of previous drugs in Phase 3 trials
- A novel target for anxiety rationalized by effects of ACh on amygdala, hippocampus and cerebral cortex
- Allosteric modulation has potential to minimize side effects



## Normalizing Effect Utilizing Allosteric Modulation



# Bionomics Clinical Assets Designed to Restore Neurotransmitter Balance Through Allosteric Modulation of the $\alpha 7$ Nicotinic Acetylcholine (nACh) Receptor



# BNC210 in Social Anxiety Disorder



# Social Anxiety Disorder: Overview and Impacts

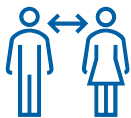
## SAD Represents a Significant Unmet Need



Social Anxiety Disorder (SAD), or Social Phobia, is a significant and persistent fear of social and performance-related situations



Includes anxiety from everyday social situations; a reoccurring episodic disorder



Amongst the largest mental health conditions with lifetime prevalence affecting >31M Americans. Triggers that exacerbate anxiety can occur at any time

### Work

Patients may orient their careers around a narrow set of potential occupations and may struggle with job performance

### Relationships

Friendships, family relationships, and romantic partnerships are physically draining and stressful. Moderate to severe patients often live alone

### Lifestyle

Activities like dining out, attending social events, and traveling, are often very distressful and/or avoided by SAD patients

### Daily Activities

Normal parts of everyday life such as grocery shopping, calling a handyman, or picking up coffee can be very challenging for SAD patients

# BNC210 Potentially Addresses the Shortcomings of Existing Social Anxiety Disorder Medications

## CURRENT THERAPIES FOR THE TREATMENT OF ANXIETY AND STRESSOR-RELATED DISORDERS\*

|  |                              | FAST ACTING | NO SEDATION | NO WITHDRAWAL SYNDROME | NO MEMORY IMPAIRMENT | NO MOTOR IMPAIRMENT |
|--|------------------------------|-------------|-------------|------------------------|----------------------|---------------------|
|  | DRUG                         |             |             |                        |                      |                     |
|  | BNC210                       | ✓           | ✓           | ✓                      | ✓                    | ✓                   |
| Used off-label for as-needed treatment | Benzodiazepines <sup>1</sup> | ✓           | X           | X                      | X                    | X                   |
| Approved for SAD                       | SSRIs / SNRIs <sup>2</sup>   | X           | ✓           | X                      | ✓                    | ✓                   |

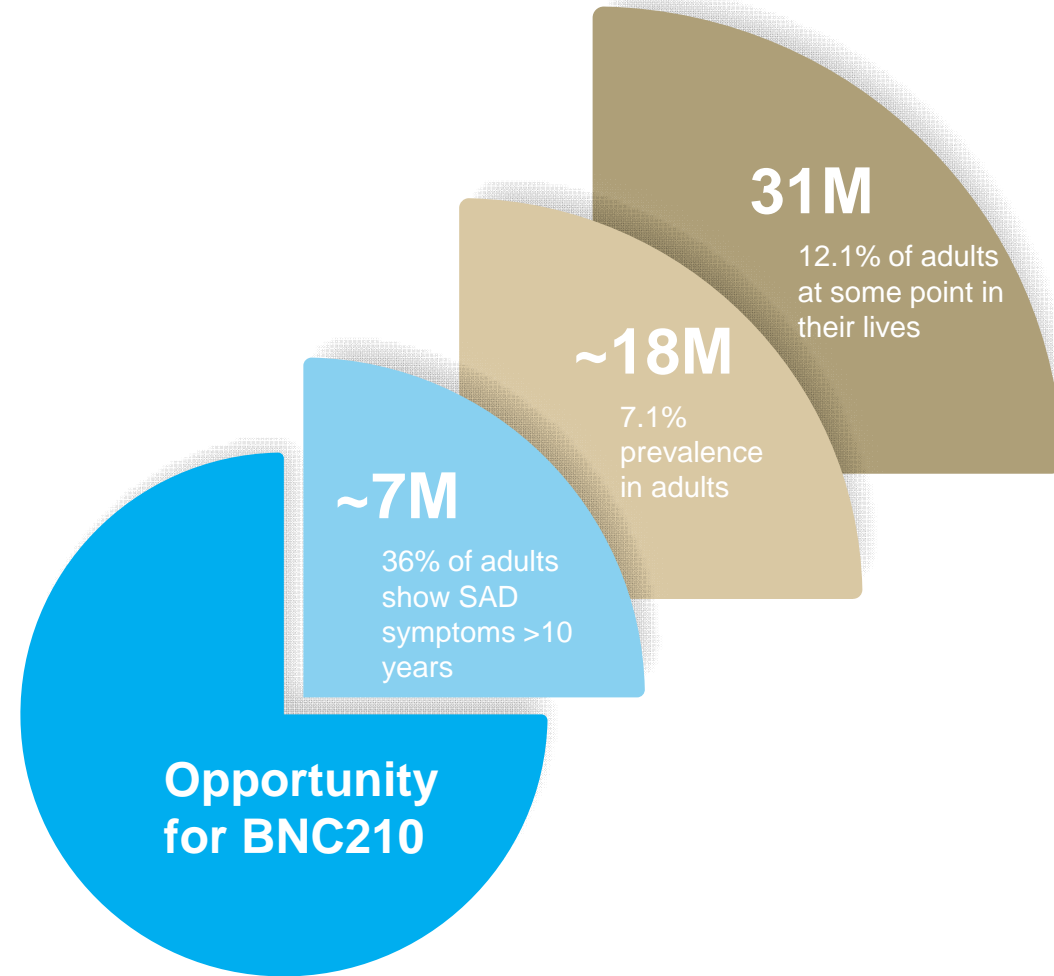
\* Potential benefits based on analysis of data from separate studies and not on results that have been obtained from head-to-head studies. Such data may not be directly comparable due to differences in study protocols, conditions and patient populations. Accordingly, cross-trial comparisons may not be reliable predictors of the relative activity or other benefits of BNC210 compared to existing therapies or other product candidates that may be approved or are in development for the treatment of PTSD or SAD. The potential benefits of BNC210 does not imply an expectation of regulatory approval which is solely within the authority of the FDA (or applicable foreign regulator).

1. Includes Valium and certain other benzodiazepines

2. Includes Prozac and certain other SSRIs (Selective Serotonin Reuptake Inhibitors) / SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors)

# Targeting a Large Segment of the Anxiety Market

## No FDA-approved fast-acting medications for as-needed treatment



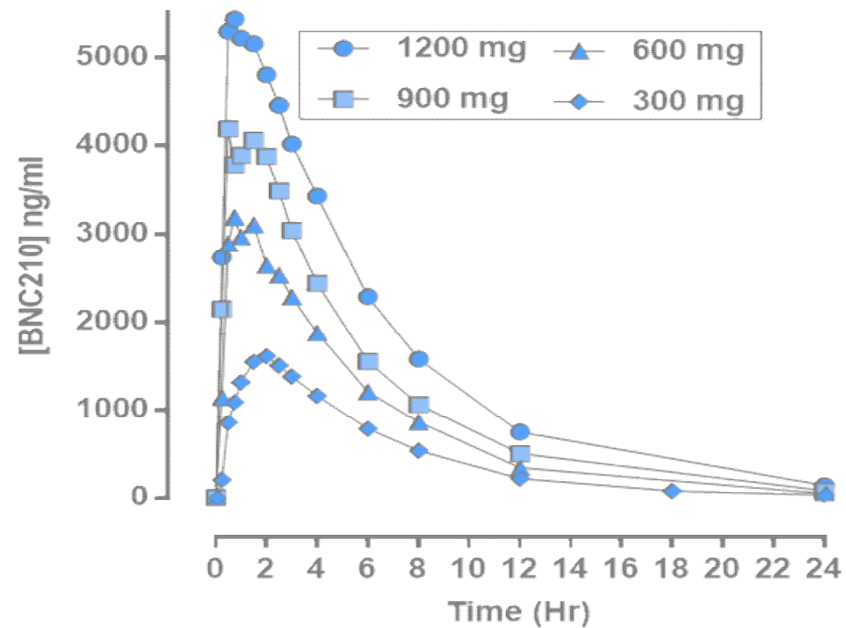


# BNC210's Unique Profile is Well-Positioned for Acute Treatment of SAD

## Rapid Onset of Action with BNC210 Formulation



45 – 105 min to reach maximum blood concentrations across dose range following oral administration of tablet



**Potentially well-suited for acute dosing – rapidly absorbed to high concentrations with coverage extending for several hours**

## Proof of Concept in GAD and Panic Attack Model

- SAD shares many characteristics with General Anxiety Disorder (GAD), including a common neural basis in amygdala hyperactivation expressed as excessive or unrealistic anxiety
- BNC210 clinically demonstrated its potential for reducing anxiety in acute treatment of GAD patients and following panic induction in healthy volunteers
- Observed acute anxiolytic activity reduction of BNC210 similar to lorazepam without sedating properties or addiction liability
- Our studies also provide evidence of clear demonstration of clinical activity using biomarker data including EEG and fMRI

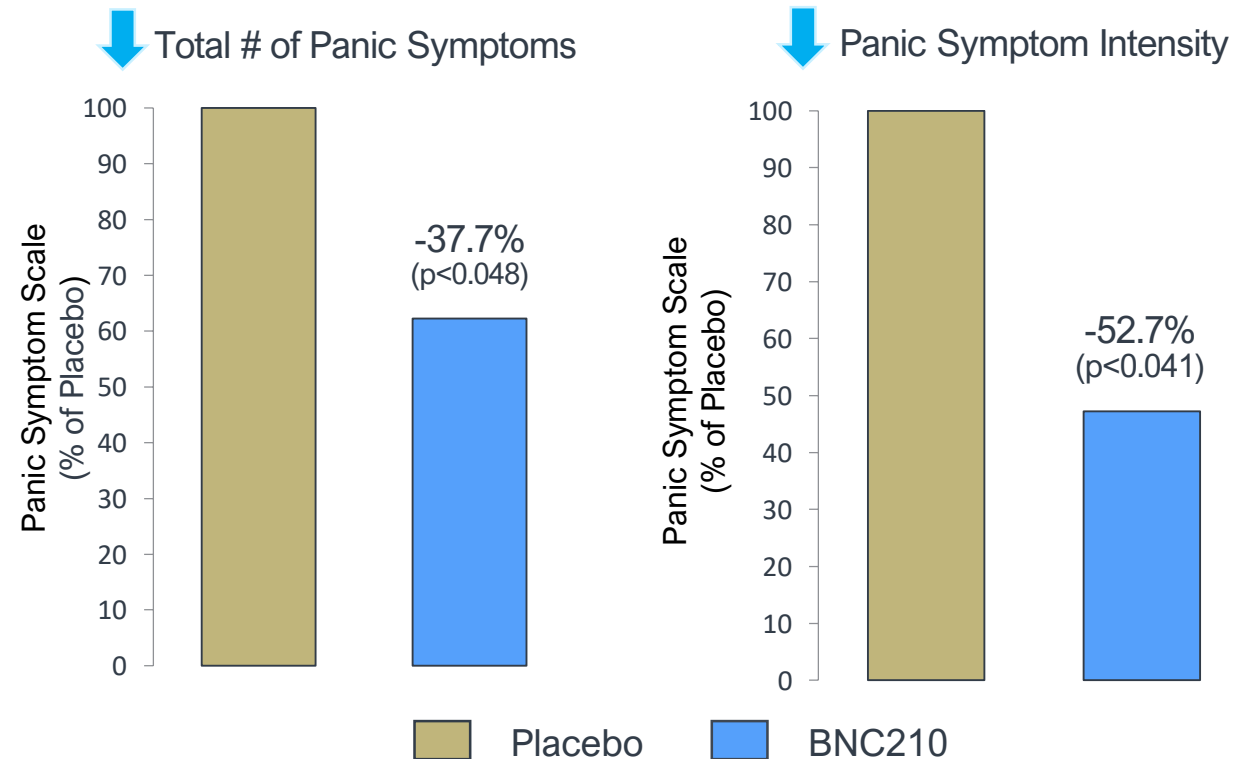


# BNC210 Observed to Reduce Anxiety and Panic Symptoms in Humans

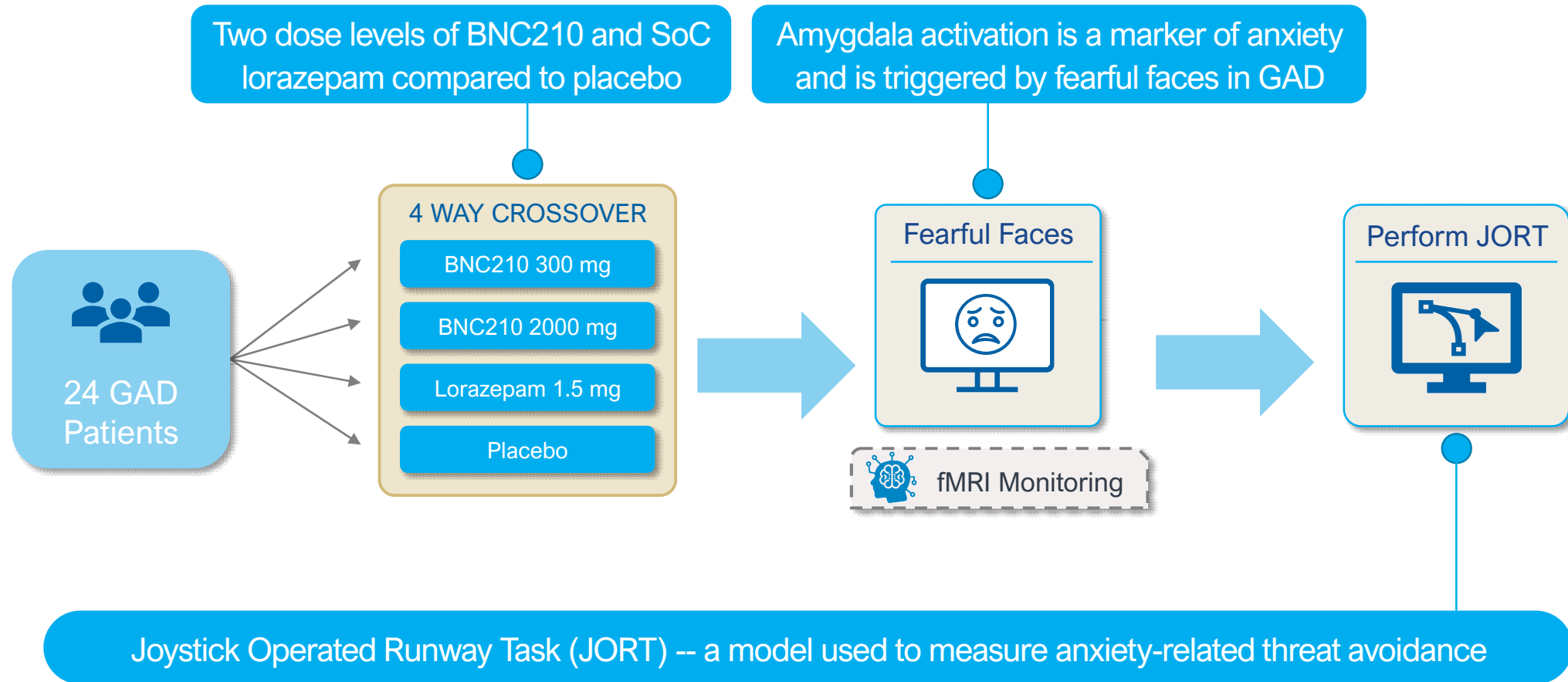
Phase 1b placebo-controlled study evaluating BNC210 in acute anxiety in 15 healthy volunteers who experienced a CCK-4-induced panic attack

- Subjects assessed after a single dose of BNC210 as they would be in an acute SAD trial setting
- Proof of Principle in demonstrating anxiolytic activity

BNC210 observed to reduce panic symptoms as measured with the Panic Symptom Scale



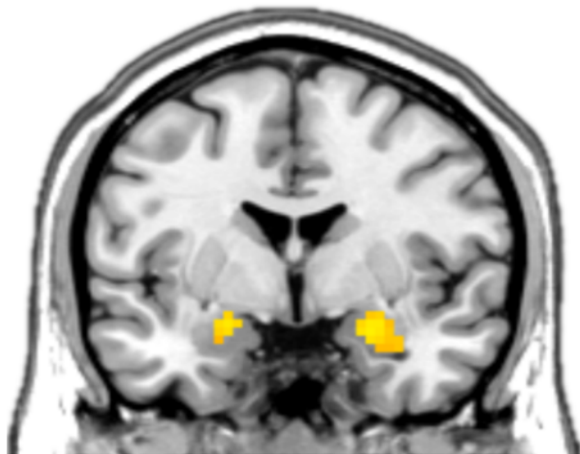
# Phase 2 Study of BNC210 Assessing Acute Anxiolytic Activity in GAD



# BNC210 Reduces Acute Anxiety-Related Biomarkers in GAD Patients

Amygdala activation is an imaging surrogate for anxiety

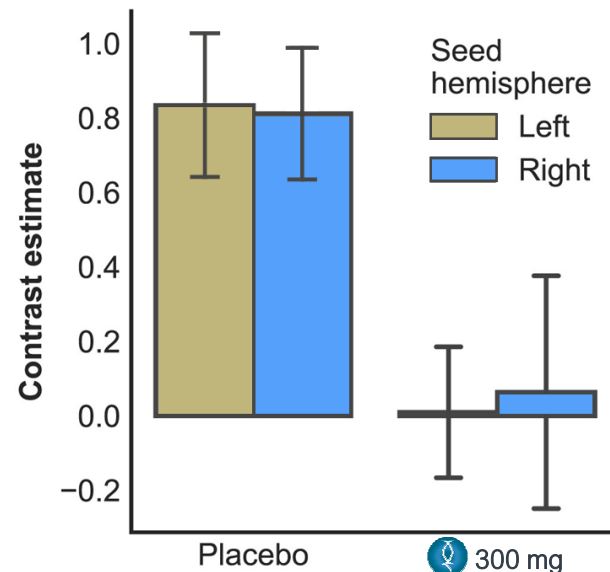
BNC210 reduced activation of L & R amygdala caused by viewing fearful faces (L:  $p=0.011$ ; R:  $p=0.006$ )



 300 mg

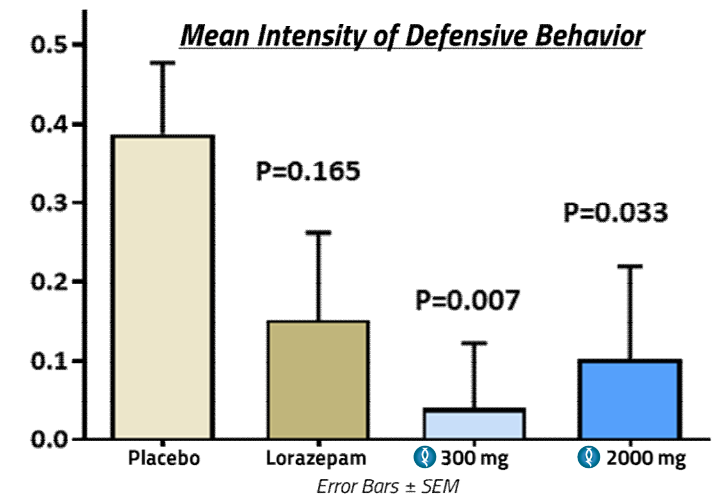
Connectivity between the amygdala and Anterior Cingulate Cortex (ACC) is very strong in high anxiety

BNC210 reduced connectivity between amygdala and ACC while viewing fearful faces ( $p=0.012$ )



BNC210 300 mg also significantly reduced self-reported state anxiety ( $p=0.003$ ).

BNC210 300 mg reduced threat avoidance behavior of anxious subjects in the JORT behavioral task

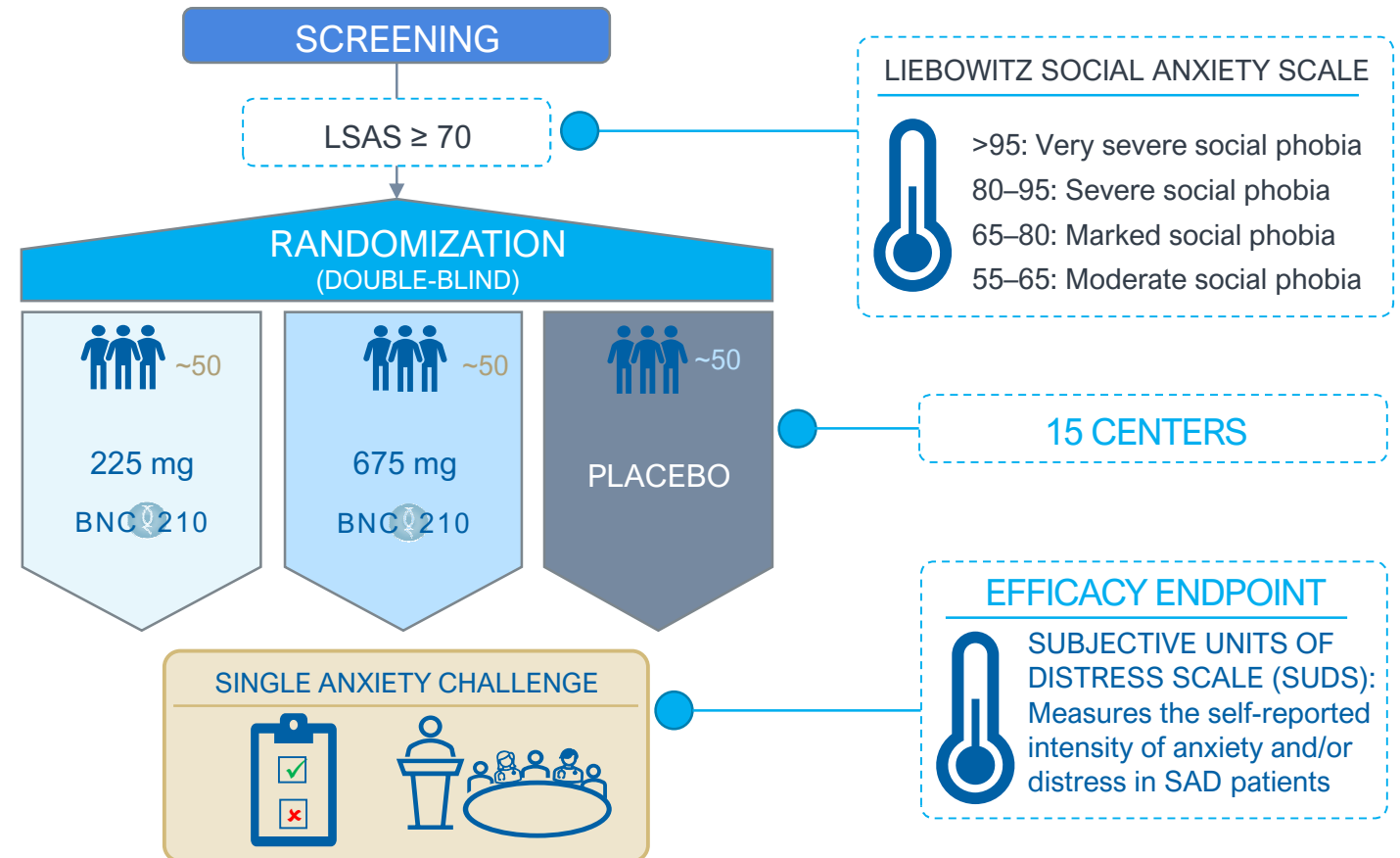


# BNC210 Phase 2 Social Anxiety Disorder Trial

## Acute Social Anxiety Disorder Study Highlights

- Leveraging FDA precedent on simplified public speaking challenge endpoint for acute anxiety reduction vs. placebo\*
- Cost-effective trial with an efficacy endpoint conducive to rapid data generation
- FDA Fast Track designation
- Phase 2 trial underway and will read out topline data expected by end of 2022

## Phase 2 Study Design



# Compelling Rationale for BNC210 in Social and General Anxiety Disorders

FDA FAST TRACK DESIGNATION FOR SAD



Compelling rationale for BNC210 as an acute treatment in Social Anxiety Disorder

## ANTI-PANIC

Doses observed to reduce panic symptoms & panic intensity in healthy volunteers experiencing a CCK-4 induced panic attack

## ANTI-ANXIETY

Single doses observed to reduce amygdala activation in GAD patients performing the Emotional Faces task during fMRI

## REDUCES PERCEPTION OF THREAT

Single dose observed to reduce threat avoidance behavior in GAD patients performing a behavioral task

## FAST-ACTING

Pharmacokinetics of reformulated BNC210 tablet are well suited for acute dosing

## UNMET NEED

No acute treatments are approved for SAD; represents potential for rapid path to market

# BNC210 in Post-Traumatic Stress Disorder



# PTSD: Overview and Impacts

## A Chronic Psychiatric Disorder with Significant Morbidity and Mortality

### PTSD Represents a Significant Unmet Need

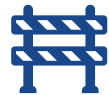
A debilitating progressive disorder that leads to social, occupational and interpersonal dysfunction



PTSD involves flashbacks, intrusive thoughts and nightmares



PTSD causes changes in cognition, mood, arousal and reactivity



PTSD results from exposure to actual or threatened death, serious injury or sexual violence

Only 20-30% of PTSD patients achieve clinical remission on SoC SSRI therapy<sup>1</sup>

### Work

Patients may orient their careers around a narrow set of potential occupations and may struggle with job performance

### Relationships

PTSD can impair trust, closeness, and communication, leading to difficulty maintaining family and romantic relationships

### Lifestyle

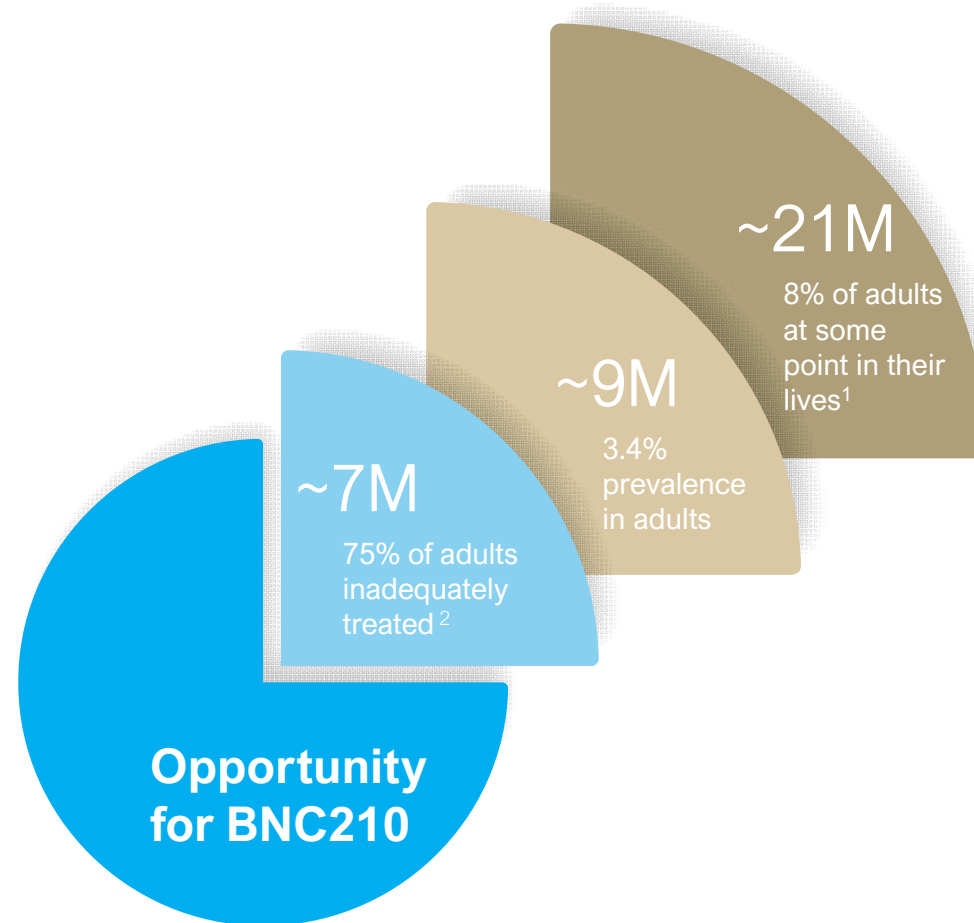
PTSD-associated poor nutrition, reduced physical activity, and increased obesity and smoking, increase risk of cardiovascular and other diseases

### Daily Activities

PTSD patients avoid people, places, or environments which may trigger trauma, making daily living difficult

# PTSD Represents a Significant Unmet Need and Market Opportunity

No newly approved pharmacotherapy in almost two decades



1. Kilpatrick, D., Resnick, H., Milanak, M., Miller, M., Keyes, K. and Friedman, M., 2013. National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria. *Journal of Traumatic Stress*, 26(5), pp.537-547; 2 Mayo LM, Asratian A., Lindé J et al. Elevated Anandamide, Enhanced Recall of Fear Extinction, and Attenuated Stress Responses Following Inhibition of Fatty Acid Amide Hydrolase: A Randomized, Controlled Experimental Medicine Trial. *Biol Psychiatry*. 2020 Mar 15; 87(6): 538-54

2. Only 20 to 30% of PTSD patients achieve clinical remission on SSRI therapies. US Census Bureau. <https://www.census.gov/library/stories/2021/08/united-states-adult-population-grew-faster-than-nations-total-population-from-2010-to-2020.html>



# BNC210 Potentially Addresses the Shortcomings of Existing and Emerging PTSD Approaches

## CURRENT THERAPIES FOR THE TREATMENT OF ANXIETY AND STRESSOR-RELATED DISORDERS\*

|  |                              | FAST ACTING | NO SEDATION | NO WITHDRAWAL SYNDROME | NO MEMORY IMPAIRMENT | NO MOTOR IMPAIRMENT |
|--|------------------------------|-------------|-------------|------------------------|----------------------|---------------------|
|  | DRUG                         |             |             |                        |                      |                     |
|  | BNC210                       | ✓           | ✓           | ✓                      | ✓                    | ✓                   |
| Used off-label for as-needed treatment | Benzodiazepines <sup>1</sup> | ✓           | X           | X                      | X                    | X                   |
| Approved for SAD                       | SSRIs / SNRIs <sup>2</sup>   | X           | ✓           | X                      | ✓                    | ✓                   |

\* Potential benefits based on analysis of data from separate studies and not on results that have been obtained from head-to-head studies. Such data may not be directly comparable due to differences in study protocols, conditions and patient populations. Accordingly, cross-trial comparisons may not be reliable predictors of the relative activity or other benefits of BNC210 compared to existing therapies or other product candidates that may be approved or are in development for the treatment of PTSD or SAD. The potential benefits of BNC210 does not imply an expectation of regulatory approval which is solely within the authority of the FDA (or applicable foreign regulator).

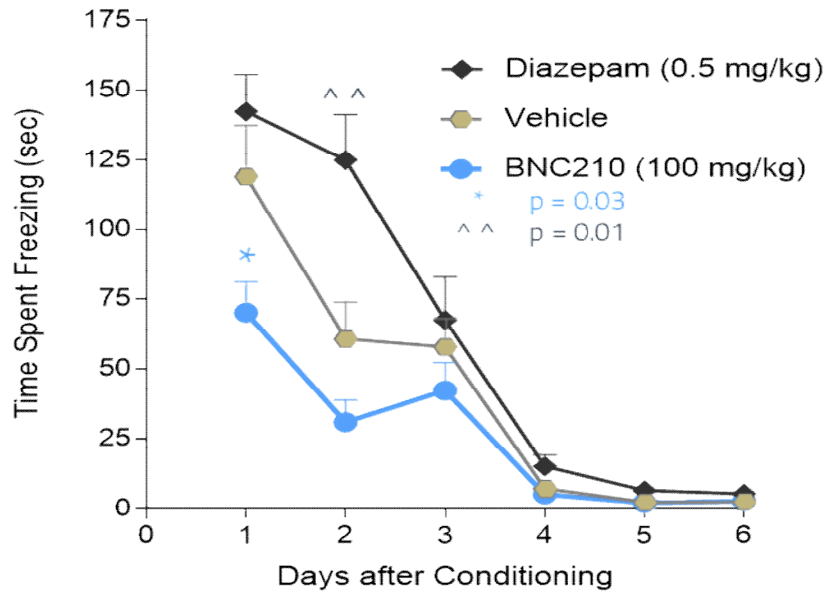
1. Includes Valium and certain other benzodiazepines

2. Includes Prozac and certain other SSRIs (Selective Serotonin Reuptake Inhibitors) / SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors)

# BNC210 Observed to Promote Fear Extinction in Animal and Human Models

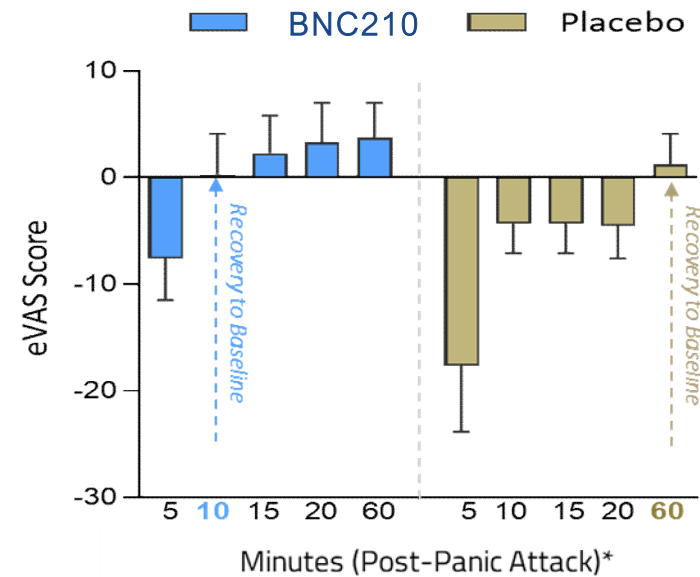
People with anxiety disorders and PTSD have amplified fear responses to trauma- or stress-related stimuli and impaired fear extinction

### Conditioned Fear Extinction Model



BNC210 observed to **enhance fear extinction** following conditioned response training

### Emotional Visual Analog Scale (eVAS)



BNC210 observed to **enhance emotional recovery** following a CCK-induced panic attack

# Phase 2 Study Determined Target BNC210 Blood Exposure for PTSD

## Pharmacometric (PMX) Analysis Target Exposure



PMX modelling on prior Phase 2 PTSD trial identified 25 mg.hr/L blood exposure target

Pharmacometric analysis identified a statistically significant exposure-response relationship for the CAPS-5 Total score (p value <0.01)

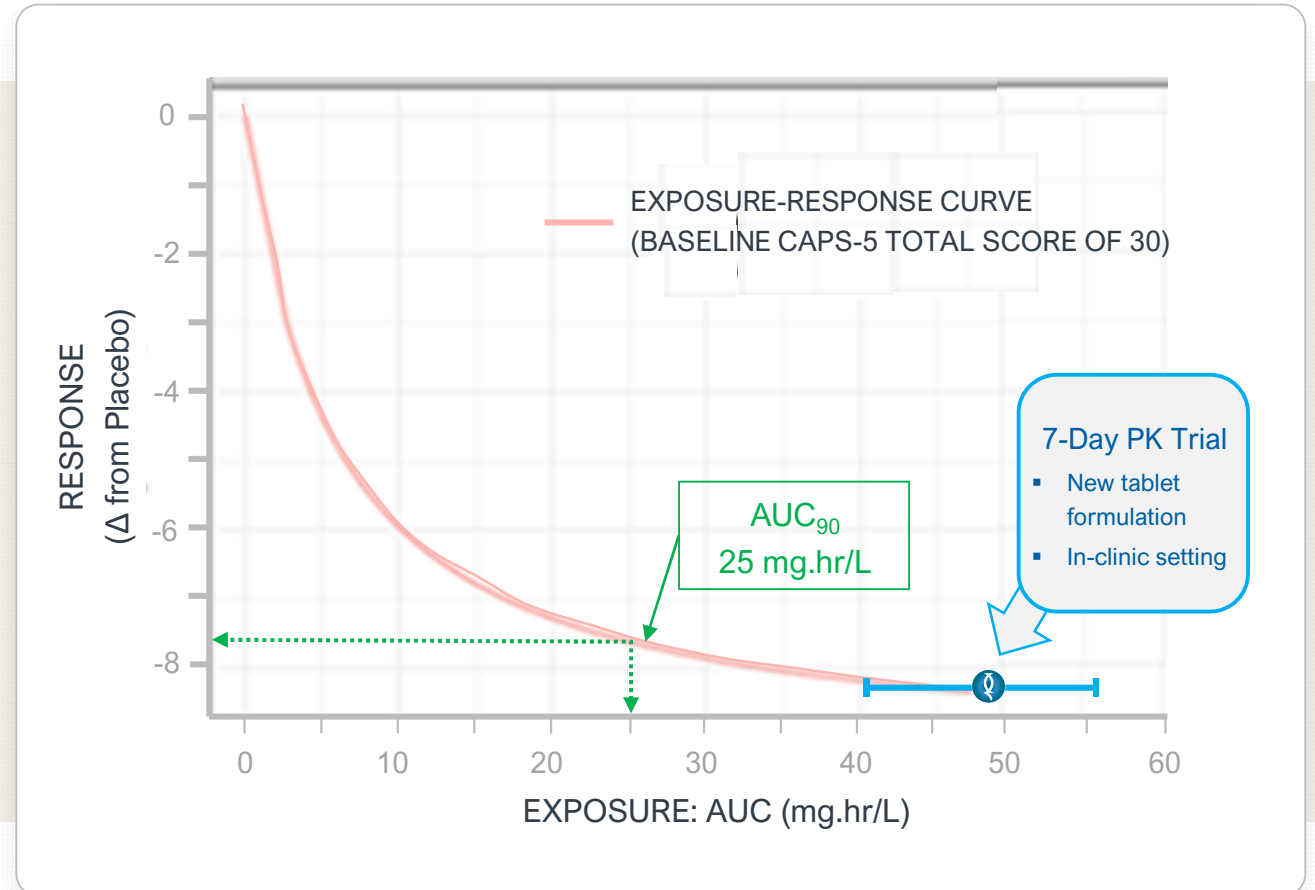


AUC Values  
(plasma exposure)

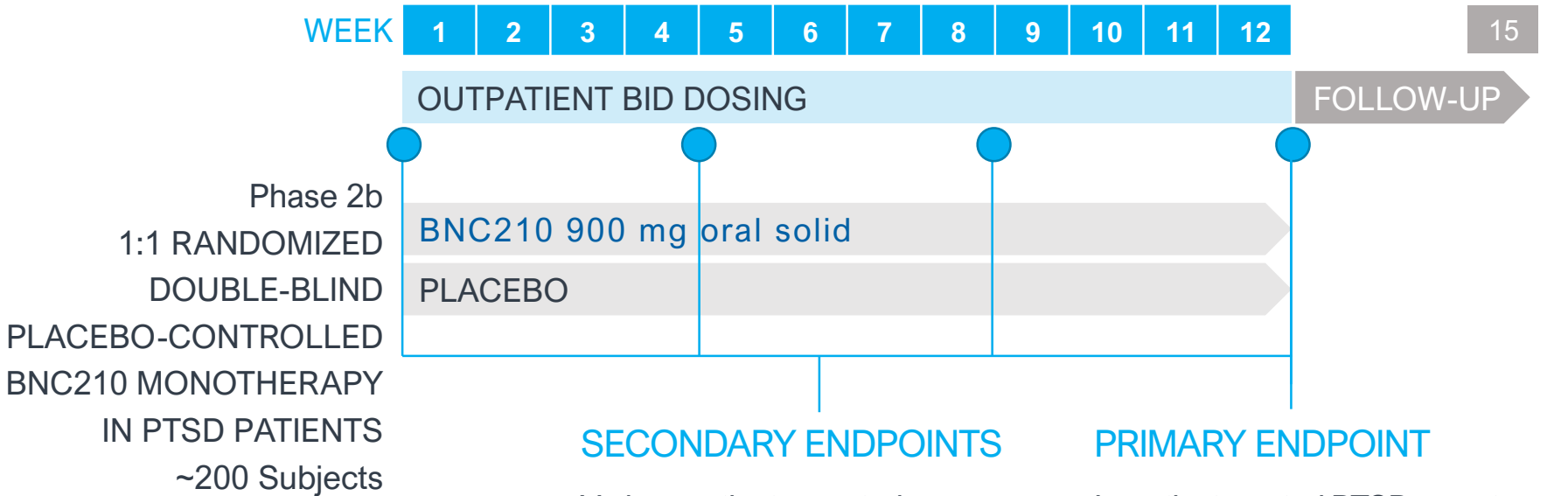
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CAPS-5 Score  
(PTSD symptoms)



# BNC210 Phase 2b PTSD Trial Underway



## SECONDARY ENDPOINTS

Various patient-reported symptoms of PTSD, changes in anxiety and depression symptoms, and global and social functioning; Safety & tolerability endpoints

## PRIMARY ENDPOINT

Investigator-rated PTSD symptoms on CAPS-5 Total Symptom Severity Scores in change from Baseline to Week 12 compared to placebo


**Phase 2b**

Single trial for monotherapy treatment in PTSD


**KEY INCLUSION CRITERIA**

- Female and male (18 – 75 years)
- Current PTSD diagnosis
- CAPS-5 ≥ 30 (Screening & Baseline) (& ≤ 25% decrease Screening to Baseline)

~25 Sites



Fast Track designation from FDA



Topline data expected mid 2023

# Compelling Rationale for BNC210 in PTSD

FDA FAST TRACK DESIGNATION FOR PTSD



Therapeutic potential for PTSD underpinned by mechanism & pharmacology of BNC210

## ANXIETY REDUCTION

Reduced anxious behavior in many rodent models AND reduced amygdala hyperactivity in GAD patients

## ANTI-DEPRESSANT

Antidepressant effects in rat model AND in PTSD trial at early time points

## ENHANCED FEAR EXTINCTION

Enhanced fear extinction in mice AND promoted more rapid recovery in healthy humans following panic attack (CCK-4)

## ANTI-PANIC ACTIVITY

Reduced number AND intensity of panic symptoms in phase 1 CCK-4 challenge

## THREAT AVOIDANCE REDUCTION

Reduced threat avoidance behavior in animals (various models of threat) AND in GAD patients

# BNC210 “Pipeline in a Pill”: Development Strategy Highlights

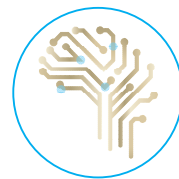
Seek approval in first acute indication: Acute SAD

Potential for rapid approval in acute setting

Seek approval in first chronic indication: PTSD

Building robust safety database for BNC210 as a potential chronic treatment<sup>1</sup>

Leveraging robust safety database across BNC210 programs

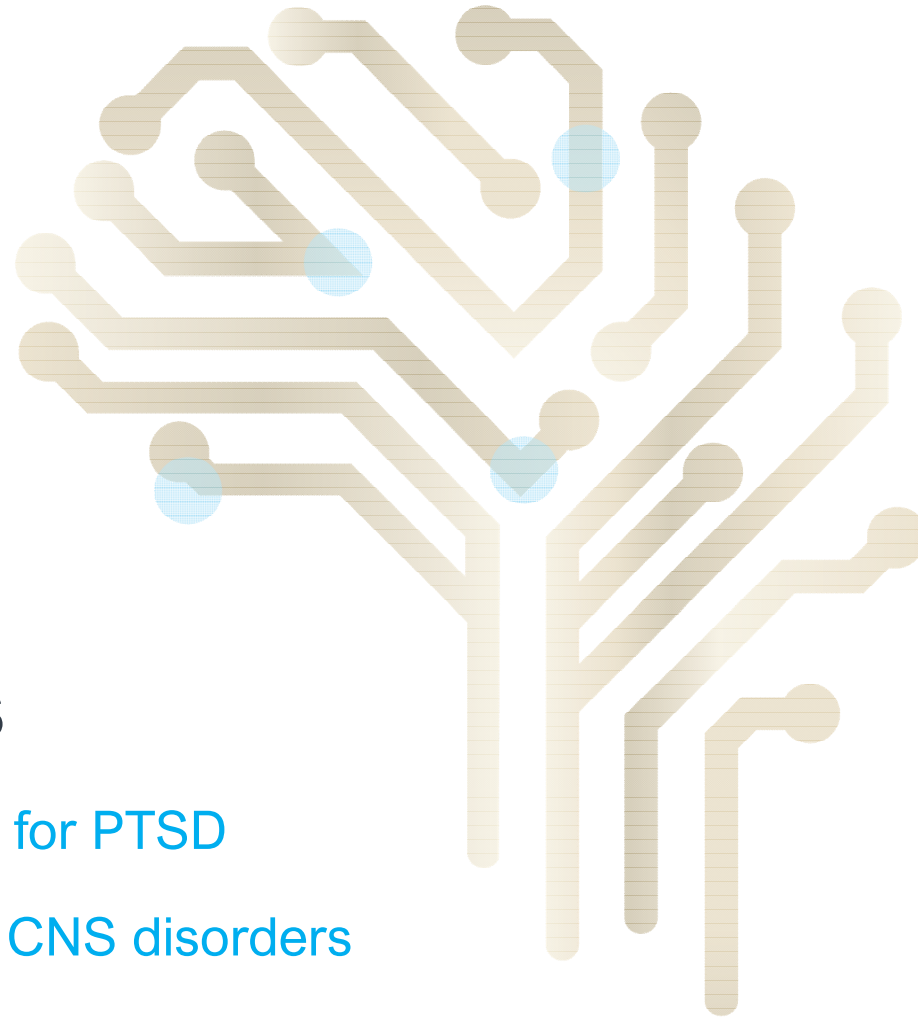


Evaluate other indications for BNC210

Evaluate other acute and chronic anxiety and stressor-related disorders

Co-Morbid Anxiety  
Chronic Social Anxiety Disorder  
Generalized Anxiety Disorder  
Panic Disorder  
Bipolar Disorder  
Major Depressive Disorder

Neurodegenerative Disease  
Anxiety & Agitation



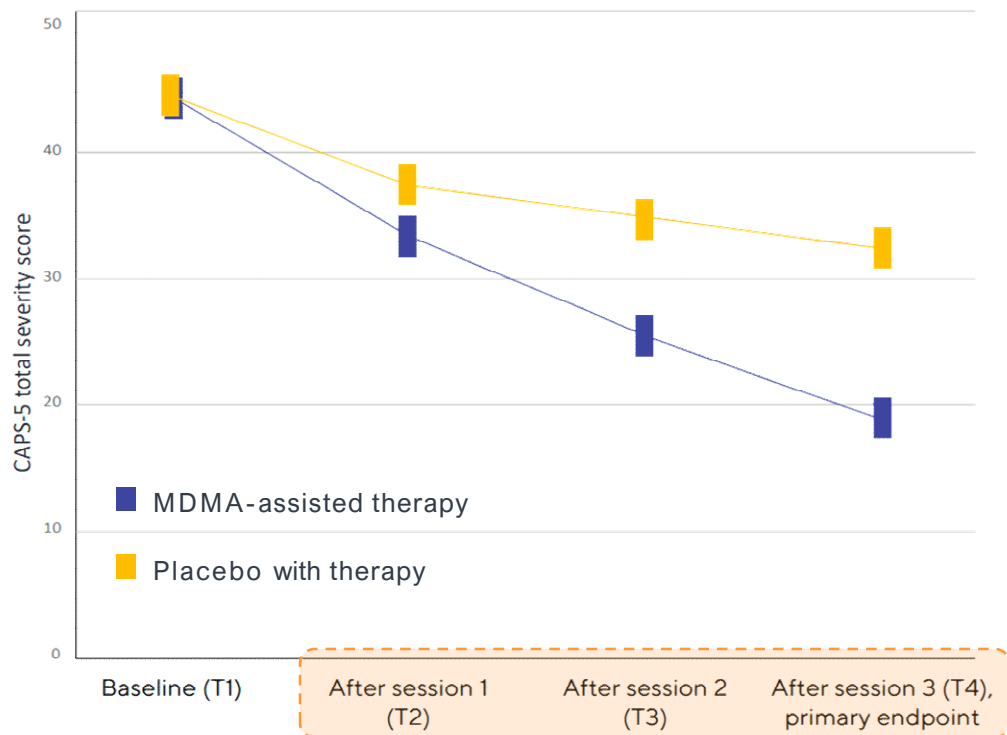
# CNS-focused Collaborations

MDMA Derivative in combination with BNC210 for PTSD

Cognitive Impairment in Alzheimer's and other CNS disorders

# Memorandum of Understanding with EmpathBio for BNC210 and MDMA Derivative for PTSD

MDMA-assisted therapy significantly reduced CAPS-V scores in PTSD patients (primary endpoint) <sup>1</sup> (n=90)



## Joint Feasibility Assessment

EMP-01 (3,4-Methylenedioxymethamphetamine) (MDMA) derivative BNC210 + EMP-01 could relieve the burden of pairing MDMA with CBT, potentially reducing the number of CBT sessions needed with MDMA treatment

## MOU with EmpathBio's MDMA Derivative (EMP-01)

- Initial collaborative framework of preclinical studies to collectively explore a combination drug treatment regimen with BNC210 and EMP-01
- MDMA-assisted CBT has demonstrated significant symptom improvement in PTSD patients
- FDA has granted a Breakthrough Therapy designation to MDMA-assisted psychotherapy
- EmpathBio is developing MDMA derivatives that may permit the entactogenic effects of MDMA to be separated from some of the known adverse effects
- To explore the possibility of a combination treatment regimen warranting clinical evaluation



# Merck & Co Strategic Collaboration: Positive Allosteric Modulators (PAMs) of $\alpha 7$ Nicotinic Acetylcholine Receptor for Treatment of Cognitive Deficits

$\alpha 7$  Receptor PAMs correct cholinergic states in cognitive dysfunction and impairment



## MSD Collaboration Overview

2014 agreement to develop  $\alpha 7$  receptor PAMs targeting cognitive dysfunction associated with Alzheimer's disease, schizophrenia and other CNS conditions

Merck funds all research and clinical development, and WW commercialization of any resulting products

Payments received: US\$20M upfront and US\$10M for Phase 1 milestone

Eligible to receive up to US\$465M in additional milestone payments plus royalties



## Development Updates

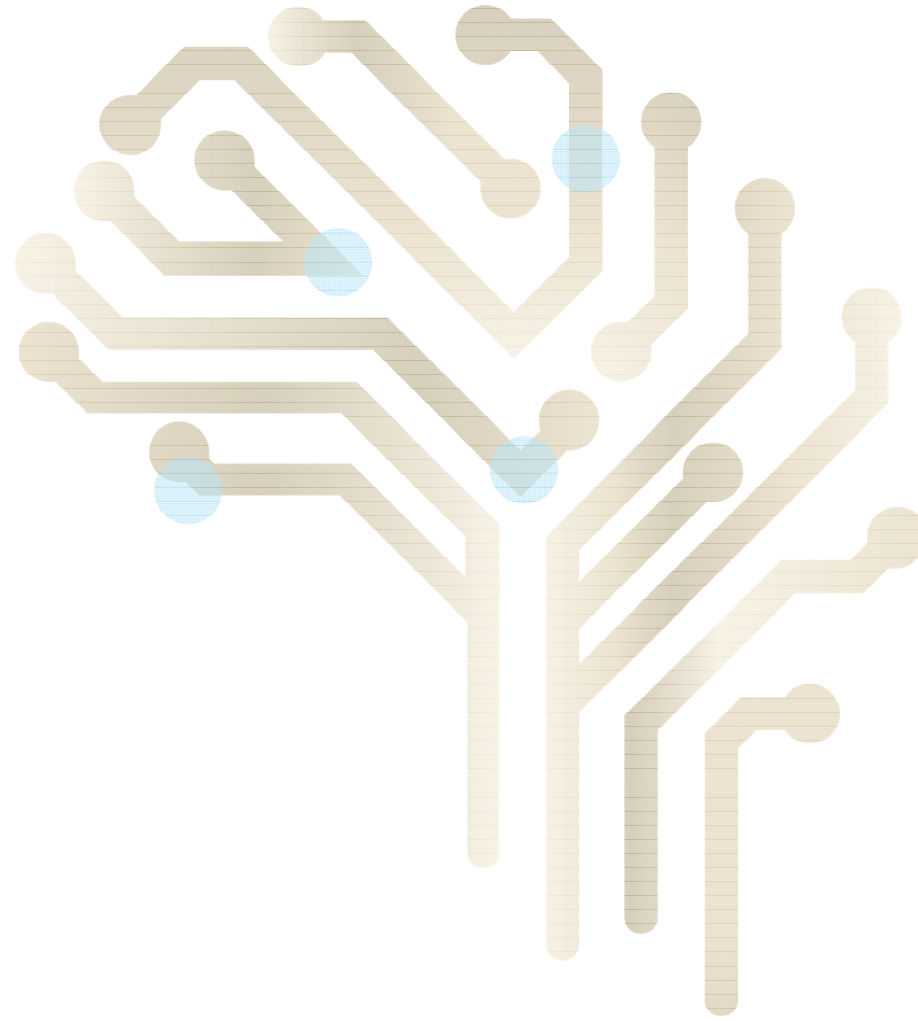
Two  $\alpha 7$  receptor PAM candidates in early-stage Phase 1 safety and biomarker studies for cognitive impairment

1<sup>st</sup> compound has completed Phase 1 safety clinical trials in healthy subjects and biomarker studies ongoing

In 2020, a second molecule with an improved potency profile in non-human primate models was advanced into Phase 1 clinical trials



# Financial Information & Investment Highlights



# Stock, Financial and IP Snapshot



Lean operations with modest burn

Well-capitalized through CY2023,  
bolstered by Aus. R&D tax credits

A\$33.6M (US\$23.1M) of and cash  
equivalents of of June 30, 2022

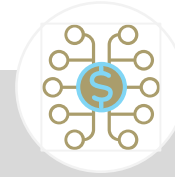
Listed on two global exchanges



: BNO



: BNOX



## Leading Significant Investors



## Research Coverage



## Robust CNS IP Portfolio

USA: 10 granted (incl.  
continuations/divisional) from 4  
PCT Applications, 2 PCT  
Applications pending

WW: 29 granted from 4 PCT  
Applications, 2 PCT Applications  
pending

BNC210 freedom to operate  
opinion

# Bionomics Highlights



Balanced business model with multiple value-driving clinical milestones expected over the next 4 quarters



BNC210 potential in large underserved markets with over 25 million patients in the US alone suffering from SAD and PTSD and no new FDA approved therapies in nearly two decades



BNC210's Phase 2 PREVAIL trial under way with Fast Track designation for acute treatment of SAD with topline data expected by YE 2022; Established clinical proof-of-concept

BNC210 Phase 2b ATTUNE PTSD study under way with Fast Track designation, topline data expected by mid 2023; Tablet formulation achieves blood exposure projected from pharmacometric analysis

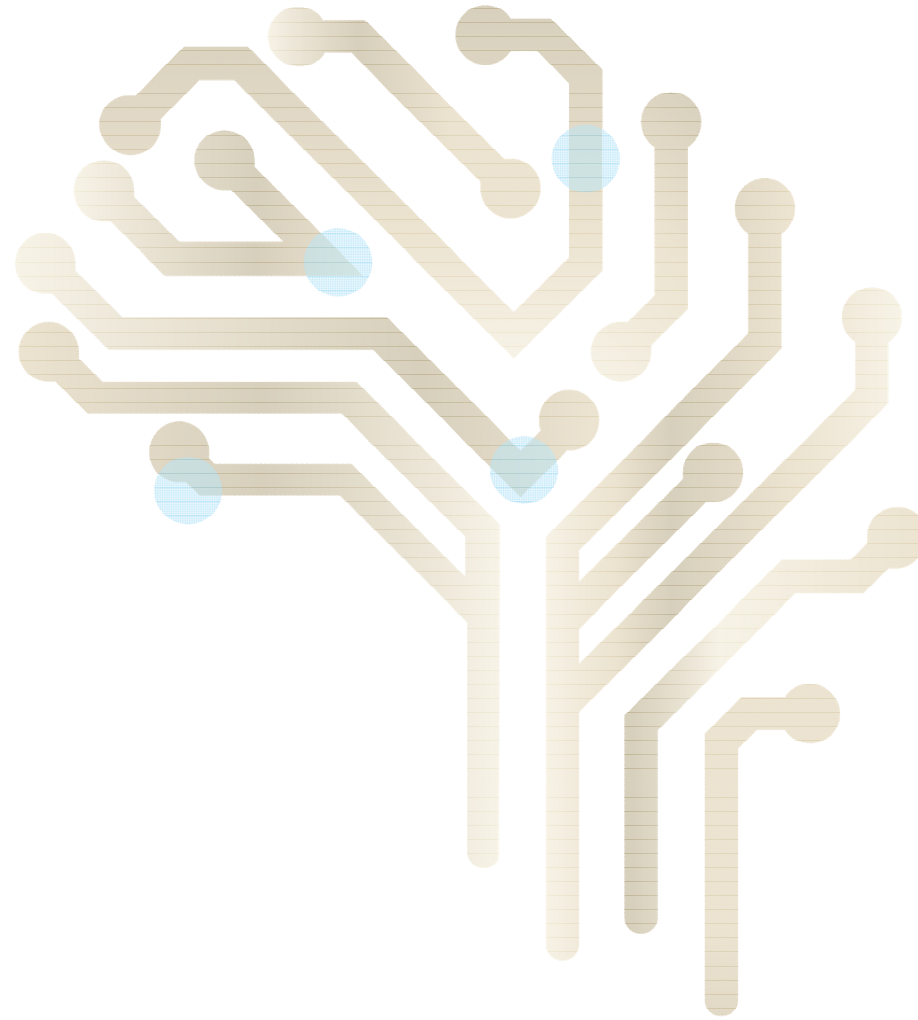


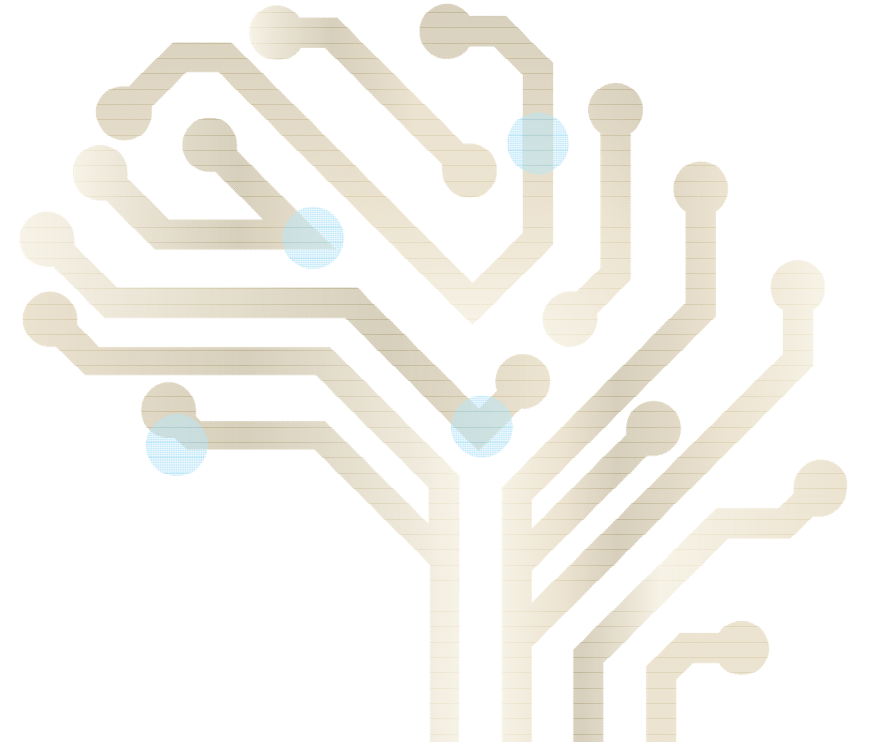
Merck strategic partnership for treatment of cognitive impairment in Alzheimer's disease and Schizophrenia with two compounds in clinical development



Well-capitalized balance sheet and experienced leadership

# Appendix





## Pre-Clinical Assets

Kv3.1 / Kv3.2 Ion Channel Activators for Cognitive Dysfunction and Negative Symptoms in Schizophrenia and other Disorders

Nav1.7/1.8 Inhibitors: Potential Non-Addictive, Reduced Side-Effect Chronic Pain Therapies

# Promising Therapeutic Strategy for Improving Cognitive Dysfunction and Social Withdrawal Symptoms

## Kv3.1 / Kv3.2 Ion Channel Activators for treatment of Cognitive Dysfunction and Negative Symptoms

Potential in schizophrenia, Autism Spectrum disorders and conditions with cognitive impairments

Bionomics' molecules target Kv3.1/3.2 ion channels on Parvalbumin (+), GABAergic interneurons in the PFC

~600 COMPOUNDS SYNTHESIZED

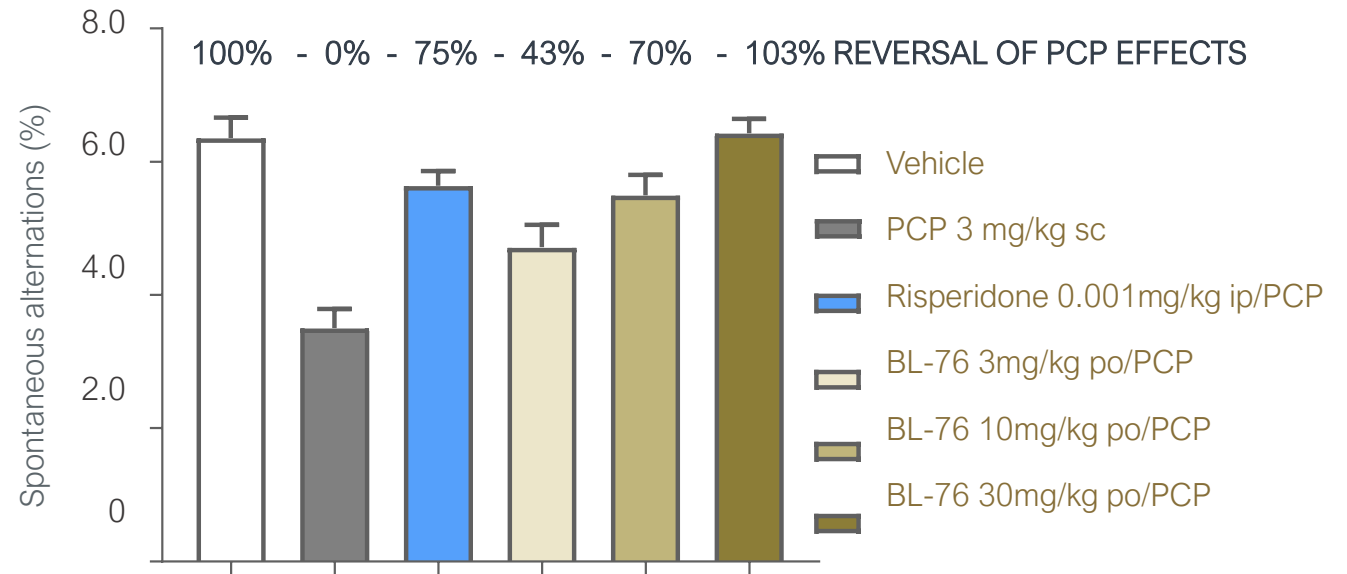
2 SERIES PATENTED

Lead Compound  
BL-76

Back-up  
Compounds

2 Patents Filed

Lead Compound BL-76 Fully Reverses PCP-induced Cognitive Deficit in Mice in the T-maze



# Nav1.7/1.8 Inhibitors: Potential Non-Addictive, Reduced Side-Effect Chronic Pain Therapies

## BNOX Pan Nav Inhibitors

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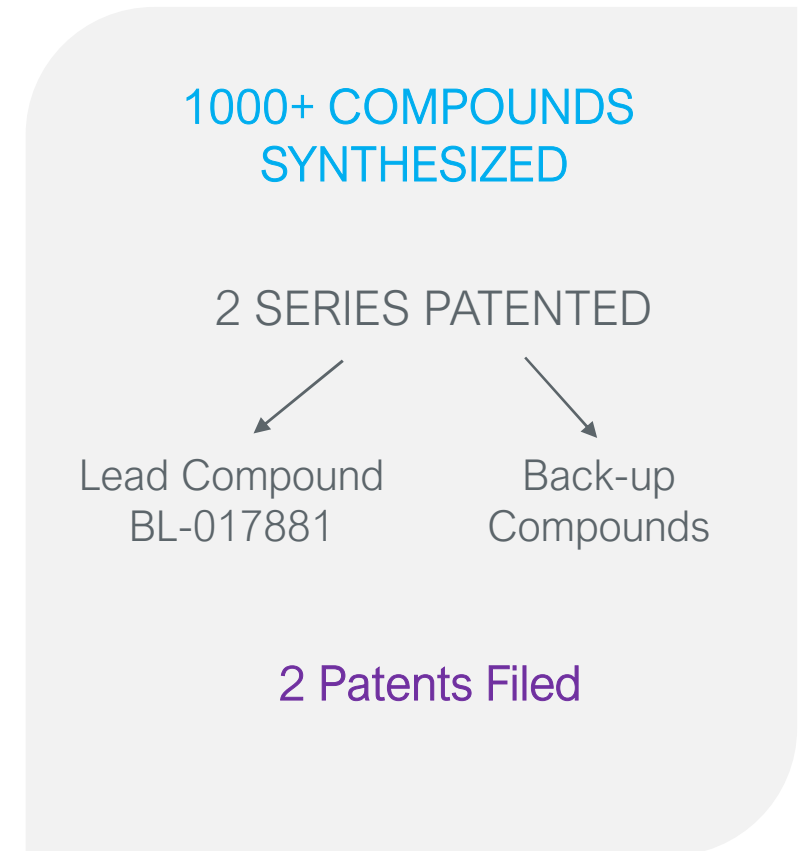
Small molecules with functional selectivity for voltage gated sodium channels:  
Nav1.7, Nav1.8 and potentially Nav1.9

Disease-related genetics: Gain & Loss-of-function mutations in Nav1.7, 1.8 and 1.9. associated with human pain syndromes where extreme pain or no pain is experienced

## Lead Candidate Identified: BL-017881

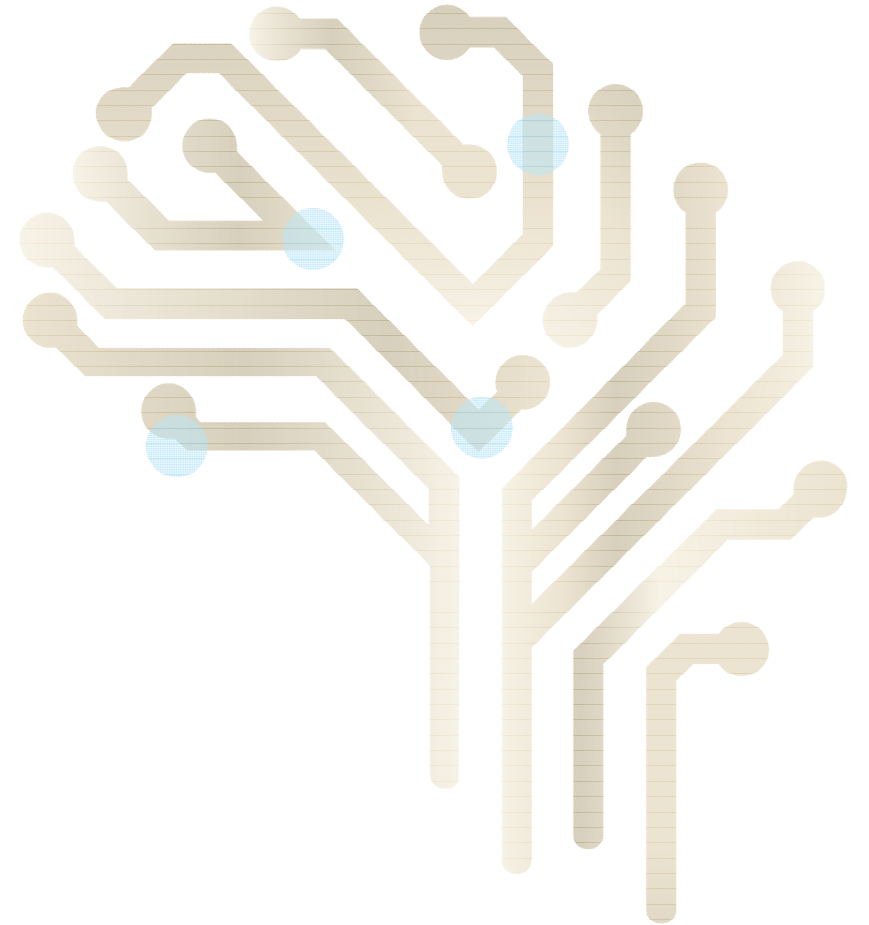
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Observed to reverse pain in the formalin paw model in mice





# Management, Board and Supporting Information



# Powered by a Seasoned and Experienced Management Team



**Errol De Souza, PhD**  
Executive Chairman



**Connor Bernstein**  
VP Strategy, Corporate  
Development & IR



**Liz Doolin**  
VP Clinical Development



**Adrian Hinton**  
Interim Aus. Chief Financial Officer



**GUGGENHEIM**



RBC Capital Markets



*New World Bio Limited*



# Board of Directors



**Errol De Souza, PhD**  
Executive Chairman



**Miles Davis**  
Non-Executive Director



**David Wilson**  
Non-Executive Director



**Jane Ryan PhD**  
Non-Executive Director



**Alan Fisher**  
Non-Executive Director



**Arron Weaver**  
Apeiron Nominee



# Summary of BNC210 Clinical Trials

| Phase | Description  | Participants /Setting                                 | Subjects Enrolled / Administered BNC210* | BNC210 Formulation and Doses   | Location        |
|-------|--|---|--|--|-----------------|
| 1     | Single Ascending Dose Safety and PK  | Healthy volunteers / In-clinic                        | 32/24                                    | Suspension; single doses (5 to 2000 mg)                                  | Australia       |
| 1     | Single Ascending Dose Safety and PK; Food Effect                                 | Healthy volunteers / In-clinic                        | 4/3                                      | Suspension; single doses (300 to 2000 mg)                                | Australia       |
| 1     | Single Ascending Dose Safety and PK; Food Effect                                 | Healthy volunteers / In-clinic                        | 47/40                                    | Capsule; single doses (300 to 3000 mg)                                   | US              |
| 1b    | Lorazepam Comparison   | Healthy volunteers / In-clinic                        | 24/22                                    | Suspension; single doses (300 and 2000 mg)                               | France          |
| 1b    | CCK-4 Panic Attack Model   | Healthy volunteers / In-clinic                        | 60/59                                    | Suspension; single doses (2000 mg)                                       | France          |
| 1b    | Multiple Ascending Dose Safety and PK; Expanded Cohort for EEG Target Engagement | Healthy volunteers / In-clinic                        | 56/44                                    | Suspension; multiple doses (150 to 1000 mg twice daily for 8 days)       | France          |
| 1     | Suspension and Tablet Formulation PK Comparison                                  | Healthy volunteers / In-clinic                        | 6/6                                      | Suspension and tablet; single doses (300 mg)                             | Australia       |
| 1     | Single Ascending Dose Safety and PK  | Healthy volunteers / In-clinic                        | 5/5                                      | Tablet; single doses (600 to 1200 mg)                                    | Australia       |
| 1     | Multiple Dosing Safety and PK  | Healthy volunteers / In-clinic                        | 10/10                                    | Tablet; multiple doses (900 mg twice daily for 7 days)                   | Australia       |
| 2a    | Imaging and Behavioral Study In Generalized Anxiety Disorder                     | Generalized anxiety disorder patients / In-clinic     | 27/25                                    | Suspension; single doses (300 and 2000 mg)                               | UK              |
| 2a    | Agitation in the Elderly in Hospital Setting                                     | Agitated elderly patients / Hospital                  | 38/18                                    | Suspension; multiple doses (300 mg twice daily for 5 days)               | Australia       |
| 2     | Post-Traumatic Stress Disorder   | Post-traumatic stress disorder patients / Out-patient | 193/143                                  | Suspension; multiple doses (150, 300 or 600 mg twice daily for 12 weeks) | Australia<br>US |
| 2b    | Post-Traumatic Stress Disorder   | Post-traumatic stress disorder patients / Out-patient | Ongoing                                  | Tablet; multiple doses (900 mg twice daily for 12 weeks)                 | US              |
| 2     | Social Anxiety Disorder  | Social anxiety disorder patients / In-clinic          | Ongoing                                  | Tablet; single doses (225 and 675 mg)                                    | US              |

# Novel Proprietary BNC210 Tablet Formulation Achieves Pharmacometric Modeling Blood Exposure Target for PTSD and Eliminates Food Effect

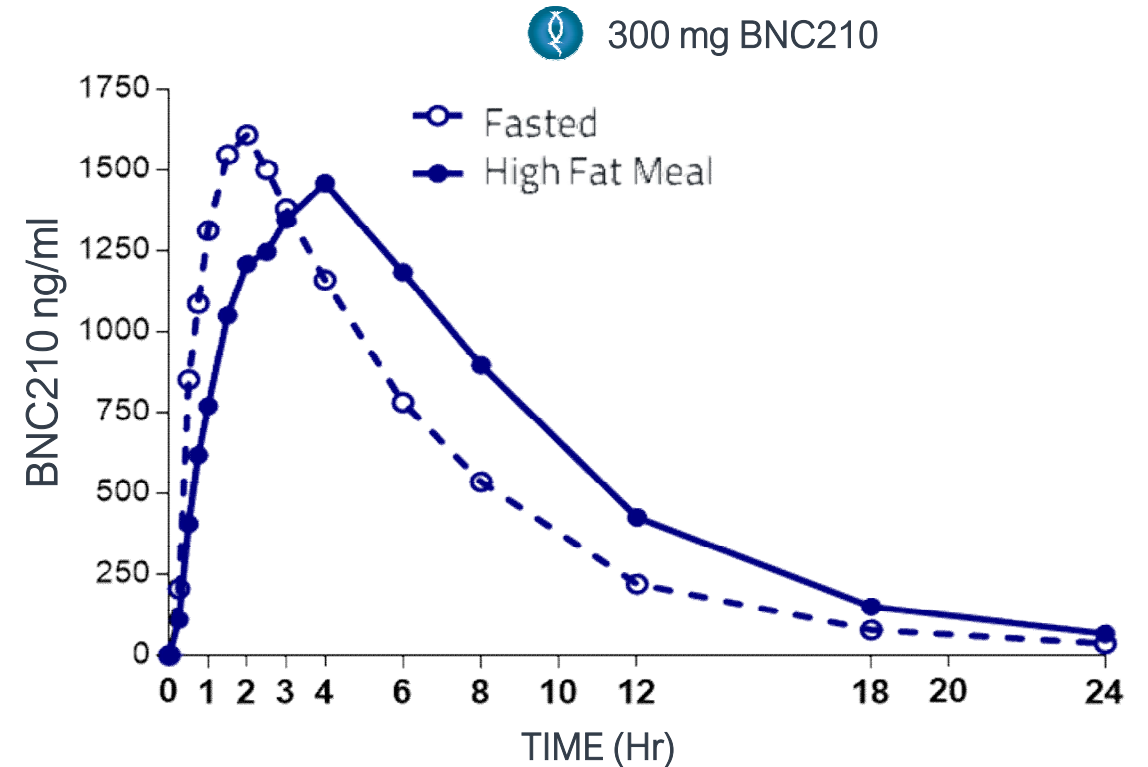
## BNC210 Novel Spray- Dry Dispersion Formulation

### BNC210 tablet formulation for PTSD

Novel spray-dry dispersion formulation used to produce a tablet with a favorable PK profile

Novel formulation achieves target AUC > 25 mg.hr/L blood exposure target with 900 mg dose b.i.d

Novel tablet alleviates food effect and has dose linear exposure



# References for Comparative Analyses of BNC210 and SAD and PTSD Therapeutics: Slides 10 and 21

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