

Redefining Treatment for Neurodevelopmental Disorders

Corporate Overview



Mark Davies
Executive Chairman

October 2026 | ASX: NTI



Forward-Looking Statements

This presentation includes forward looking statements. Forward looking statements can generally be identified by the use of the words “anticipate”, “believe”, “expect”, “project”, “forecast”, “estimate”, “likely”, “intend”, “should”, “could”, “may”, “target”, “plan” “guidance” and other similar expressions. Indications of, and guidance on, future earning or dividends and financial position and performance are also forward-looking statements.

Such statements involve substantial risks and uncertainties, not all of which may be known at the time. All statements contained in this presentation, other than statements of historical fact, including without limitation statements regarding our strategy, research and development plans, collaborations, future operations, future financial position, future revenues, projected costs, pricing, prospects, plans, and objectives of management, are forward-looking statements. Not all forward-looking statements in this presentation are explicitly identified as such.

The Company does not warrant any of the forward-looking statements in this presentation, and investors are advised to interpret such statements in the context of other available sources of information and with the assistance of expert advisors as appropriate.

Many factors could cause the actual results of the Company to differ materially from the results expressed or implied herein, and you should not place undue reliance on the forward-looking statements. Drug development is inherently risky, and only a small proportion of research and development programs lead to a marketed product. Factors which could change the Company’s expected outcomes include, without limitation, our ability to: advance the development of our programs, and to do so within any timelines that may be indicated herein; the safety and efficacy of our drug development candidates; our ability to replicate experimental data; the ongoing validity of patents covering our drug development candidates, and our freedom to operate under third party intellectual property; our ability to obtain necessary regulatory approvals; our ability to enter into and maintain partnerships, collaborations, and other business relationships necessary to the progression of our drug development candidates; changes in the competitive landscape pertaining to our drug development candidates; the timely availability of necessary capital to pursue our business objectives; changes in the public policy environment in one or more countries in which we operate or may seek to operate which disfavour our business; our ability to attract and retain qualified personnel; changes from anticipated levels of customer acceptance of existing and new products and services; and other factors, including the COVID-19 pandemic and the conflict in Ukraine.

Although the Company believes that the expectations reflected in such forward-looking statements are reasonable, and although they reflect our current views as at the date of this presentation, there can therefore be no assurance that such expectations will prove to be correct. The Company has no obligation as a result of this presentation to pursue any specific strategy or plan outlined herein, or to deliver any specific outcome that may be implied or inferred.

Any forward-looking statements contained in this presentation speak only as of the date this presentation is made, and we expressly disclaim any obligation to update any forward-looking statements, whether because of new information, future events or otherwise, except as may be required by law.

THE PROBLEM WE ARE TRYING TO SOLVE

GLOBAL PATIENT UNIVERSE | REPORTED AUSTRALIAN DATA + MODELLED INTERNATIONAL ESTIMATES

43–46m estimated higher-support Autism Spectrum Disorder (ASD) population

A large potential patient universe with NO approved therapy for core ASD symptoms

ALL ASD **61.8m globally**

LEVEL 2–3 PROXY **~71.5% higher-support proxy**

REGIONAL LEVEL 2–3 PROXY

AUSTRALIA

350,651

active NDIS participants with autism

250,782

medium or low function
71.5% of the NDIS autism cohort

AUSTRALIA

251k

reported NDIS
medium / low function

UNITED STATES

1.9m

modelled
all-age estimate

EUROPE

2.9m

EU27 + UK
modelled estimate

REST OF WORLD

~39m

modelled residual
from global estimate

\$11.2bn

NDIS autism support
payments year to June 2026
(NDIS does not pay for
pharmaceutical therapies)

Planning estimate—not a treatment-eligible population. DSM-5 support levels are not routinely captured in population datasets. International estimates apply the Australian NDIS medium/low-function share (71.5%) to GBD all-age prevalence; this is directionally supported by ABS data showing 73% of autistic Australians had profound/severe disability. Commercial eligibility will be narrower by age, diagnosis, label, access and uptake.

[Sources]

National Disability Insurance Agency. Disability Dashboard Data Cube – Autism, 30 June 2026. Tables 1, 9 and 33. <https://dataresearch.ndis.gov.au/media/4580/download?attachment=> Australian Bureau of Statistics. Autism in Australia, 2022. Released 11 October 2024. <https://www.abs.gov.au/articles/autism-australia-2022> , Global Burden of Disease Study 2021 Autism Spectrum Collaborators. The global epidemiology and health burden of the autism spectrum. Lancet Psychiatry. 2025;12(2):111–121. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11750762/> World Health Organization. Autism fact sheet. Updated 17 September 2025. <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>

Methodology: The NDIS cohort contains 350,651 active participants with autism, including 197,361 with medium reported function and 53,421 with low reported function. These 250,782 participants (71.5%) are used as a directional proxy for DSM-5 Level 2–3 support needs; NDIS function categories are not DSM severity codes. The global sensitivity range of 43–46m applies a 70–75% higher-support share to the GBD 2021 estimate of 61.8m people with ASD. Regional point estimates use 71.5%, GBD prevalence of 1 in 127 and approximate 2025 populations: US 342m; Europe defined as EU27 450.4m plus UK 69.5m. Rest of world is the residual. The \$11.2bn figure is NDIS support payments, not pharmaceutical spending. The NDIS does not pay for pharmaceutical therapies.

THE STORY SO FAR

Derisking the Asset to Approval

NTI164 has progressed from discovery to an FDA IND cleared, proprietary clinical asset with positive trials across three paediatric neurological disorders.

DISCOVERY & VALIDATION

JUL 2020

Exclusive worldwide license taken over cannabis strains targeting autism

SEP 2020

Landmark in vitro studies of selected strains commenced

MAY 2021

Phase I/II open-label ASD study initiated

CLINICAL PROOF OF CONCEPT

JUL 2022

Breakthrough Phase I/II results in paediatric ASD
\$9m raised at 10c (Oct 2022)

DEC 2022

Phase II/III ASD trial commenced

OCT 2023

PANDAS/PANS trial met its primary endpoint

APR–MAY 2024

Positive ASD Phase II/III and Rett Phase I/II outcomes
\$10m raised at 10c

REGULATORY & DEVELOPMENT

NOV 2024–MAR 2025

US and EU orphan drug designations granted for Rett syndrome

MAY–JUN 2025

Positive GLP toxicology and human pharmacokinetic results

FEB 2026

Positive 90-day GLP toxicology results
\$3.75m raised at 1.4c (Dec 2025)

PHASE III READINESS

JUL 2026

US patent applications received
Notices of Allowance

JUL 2026

FDA cleared the NTI164 IND, enabling US clinical development

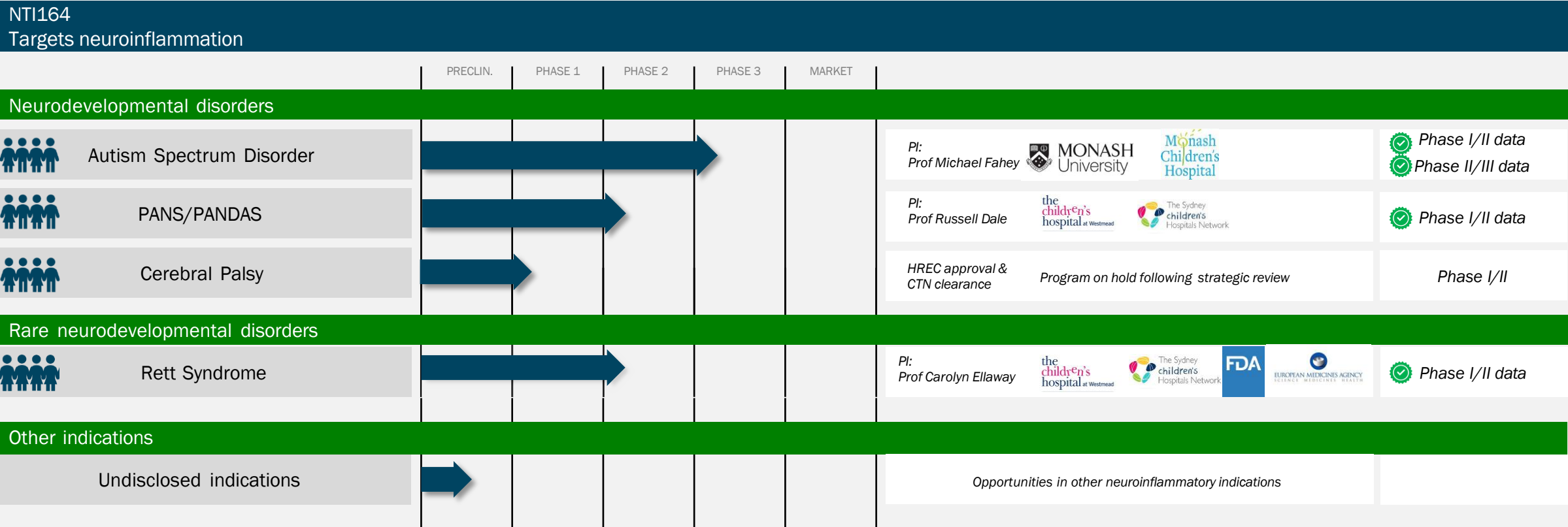
AUG 2026

\$4.5m raised at 1.4c, NTI expects to be fully funded to Phase III top line readout

Sept 2026

First patient dosed in pivotal Phase III trial

Neurotech’s pipeline comprises clinical programs in neurodevelopmental disorders of children where neuroinflammation is involved



Phase II/III ASD Clinical Trial Results

NTI164 delivered broad, clinically meaningful benefits in paediatric ASD

Randomised, double-blind, placebo-controlled Phase II/III study | 54 completed the 8-week double-blind phase | Ages 8–17 with Level II/III ASD

PRIMARY ENDPOINT | CGI-S SEVERITY

-1.65 points

Adjusted mean difference vs placebo
(least-squares mean from ANCOVA)
95% CI -2.29 to -1.01 | $p < 0.001$

CLINICALLY MEANINGFUL
≈ one-category improvement on the 7-point CGI-S scale

SUPPORTING CGI-I RESULT | WEEK 8
2.62 NTI164 vs 4.04 placebo | $p < 0.0001$
4 = no change; lower scores indicate improvement

84% of patients showed improvement within the first 8 weeks of NTI164 treatment

ADAPTIVE FUNCTION

+3.31

Vineland-3 ABC
vs placebo
 $p = 0.021$

Communication,
daily living and
socialisation all
significant

SOCIAL RESPONSE

2 domains

SRS-2 Social
Cognition
-4.04; $p = 0.033$

Restricted/repetitive
behaviour
-3.77; $p = 0.037$

MOOD & ANXIETY

-18.47

ADAMS Total
vs placebo
 $p < 0.001$

Significant benefits
across depressed
mood, avoidance,
anxiety and
compulsive
behaviour

FAMILY IMPACT

-15.73

AFEQ Total
vs placebo
 $p = 0.008$

Improved family life
and child
development /
relationships

FAVOURABLE SAFETY & TOLERABILITY PROFILE

0

serious adverse
events

All AEs

mild, transient and
non-serious

Comparable

adverse-event profile
vs placebo

No signals

in clinical laboratory
values or vital signs

What is NTI164?

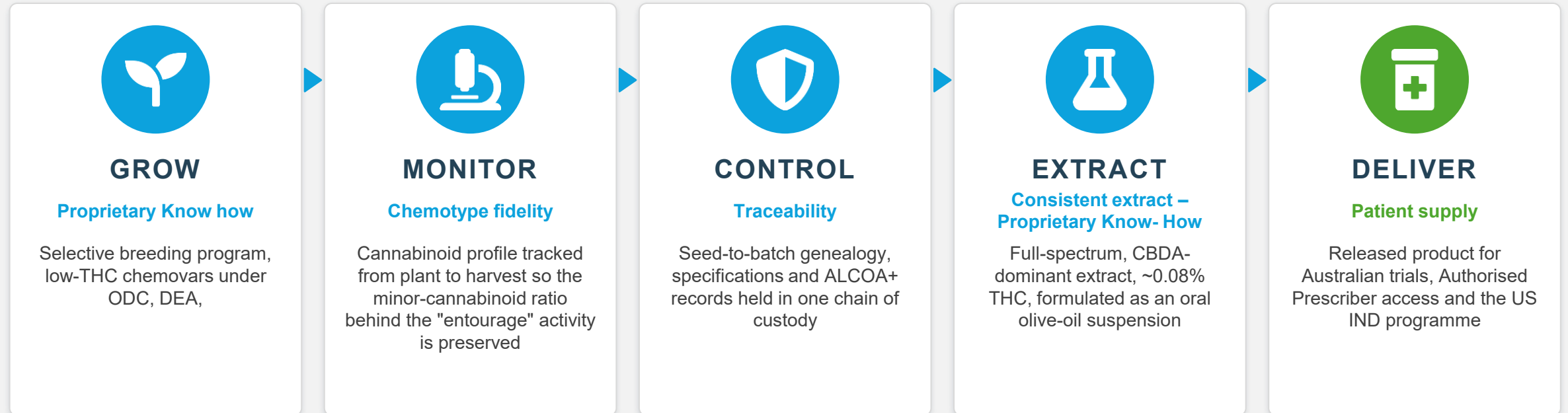
A Proprietary Pharmaceutical Cannabinoid Derived Formulation

- 1 Disease-modifying and potentially transformative therapy in paediatric neurodevelopmental disorders
- 2 Full-spectrum, low-THC (<0.3%) formulation
- 3 Rich in CBDA with minor cannabinoids (including CBD)
- 4 Orally administered, pharmaceutical-grade oil
- 5 Unique anti-inflammatory, neuroprotective, and epigenetic effects
- 6 Notice of Allowance from USPTO covers methods of use for composition of matter treating neurological disorders
- 7 Safe and effective in non-clinical and clinical studies



Seed to Pharmacy: End-to-End Control of NTI164

One controlled chain from grow to the patient – the foundation of a reproducible full-spectrum medicine



Reproducible botanical drug batches · process and extraction are proprietary · supply security for Phase III and beyond

NTI164 Peer-Reviewed Evidence Base

From bench to double-blind trial: every stage of the NTI164 programme is published in peer-reviewed journals.

2024



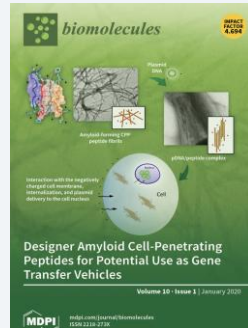
Advances in Complementary Medicines

ASD | Phase I/II open-label

NTIASD1: 14 children, Level 2/3 ASD, 4 weeks

First-in-child safety established; improvement on clinician and caregiver measures

2024



Biomolecules

Preclinical

In vitro inflammation and excitotoxicity models. Ross-Munro, Isikgel, Fleiss

Attenuated microglial inflammation where CBD alone did not; protected neurons

2025



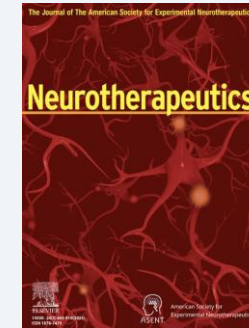
J Paediatr Child Health

Rett | Phase I/II open-label

FENRTT1: 11 girls, MECP2 variant, 12 weeks. Keating et al.

CGI-I primary met; RSBQ, RTT-SIS, caregiver burden and QoL improved

2026



Neurotherapeutics

PANS | Open-label, multi-omics

FENPANS1: 14 children, 12 weeks. Keating, Dale et al.

CGI-S 4.8 to 3.3 (p=0.002); NTI164 modified epigenetic and immune pathways

2026



Neurotherapeutics

ASD | Phase II/III double-blind

HARMONY: 54 children, 8-week placebo-controlled. Keating et al.

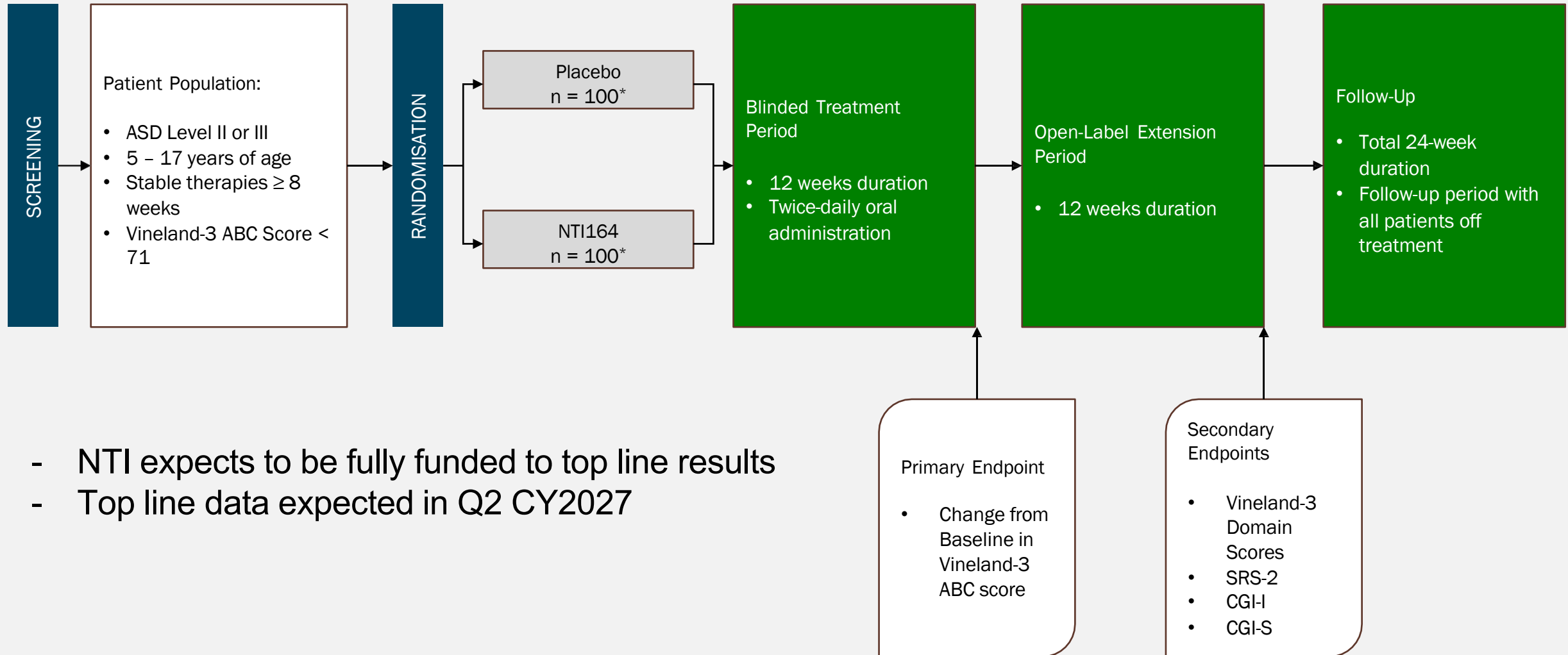
Primary met: CGI-S -1.65 vs placebo (p<0.001); Vineland-3 ABC +3.31

CONFERENCE PRESENTATIONS

2025 IRSF Rett Syndrome Scientific Meeting, Boston: oral presentation, Dr Carolyn Ellaway, FENRTT1 results and NTIRT2 design

2025 World Rett Organisation: programme update on NTI164 Rett development

Commenced dosing Phase III BEYOND HARMONY clinical trial in ASD



*Adaptive design

ASD Phase III roadmap and value inflection points



Phase III program supported by clinical data:

- Statistically significant and clinically meaningful Phase II/III efficacy signals
- Consistent safety profile across prior clinical exposure
- TGA/FDA-aligned registration endpoints
- Large unmet market need – no approved therapies for core ASD symptoms
- Scalable, commercially viable formulation
- Partnering discussions with pharmaceutical and biotechnology companies ongoing

Note: The above roadmap is a statement of current intentions as at the date of this presentation. Intervening events may alter the timing, sequence or feasibility of the matters described. Accordingly, there can be no assurance that the milestones outlined will be achieved within the anticipated timeframes, or at all.

Advancing our global regulatory and commercialisation strategy

Protecting NTI164

- In July 2026 NTI announced Notices of Allowance received from USPTO
 - Compositions of matter and methods for treating neurological disorders
 - Claims cover methods of reducing neuroinflammation and treating ASD
- Once granted, the patents are expected to further strengthen the NTI164 intellectual property portfolio
- Granting of these two US patents is expected in the coming months



Advancing NTI164

- In July 2026 NTI announced FDA IND cleared to proceed
- Important regulatory milestone
 - Reflects the progress and maturity of our development program, with FDA having completed its review of our CMC, non-clinical and clinical IND package
- Provides opportunity to initiate US clinical development
- Establishes a formal US clinical development pathway to support potential future FDA registration

Together, these milestones support Neurotech's global development, registration and commercialisation strategy for NTI164

Case Study: Vertanical VER-01 (Exilby) for chronic back pain



Full spectrum extract pharmaceutical cannabinoid therapy

18 May 2026:

US FDA Grants Breakthrough Therapy Designation to VER-01, an investigational cannabis-based chronic back pain treatment with Phase 3 clinical data

Year	Milestone	Why It Matters
2017-2018	VER-01 program initiated	Proprietary cannabinoid-based medicine selected for chronic pain development; over eight years of R&D investment follow
2021	Phase 1 completed	Safety and pharmacokinetic studies in healthy volunteers support clinical advancement
2022-2023	Phase 2 program completed	Dose optimisation and efficacy signals support progression into pivotal studies
2023-2025	Phase 3 clinical program	ELEVATE, EXPAND and related studies generate pivotal efficacy and safety package
Sep 2025	Positive Phase 3 results published in Nature Medicine	Demonstrated clinically meaningful pain reduction, improved sleep and physical function
2025	Head-to-head Phase 3 versus opioids	Demonstrated superior pain reduction and improved GI tolerability compared with opioids
2025-2026	European registration filings submitted	Transition from development-stage to commercial-stage company
18 May 2026	FDA Breakthrough Therapy Designation (BTD) granted	Major regulatory validation and accelerated FDA engagement pathway
9 June 2026	Received its first European marketing authorisations in Germany and Austria	Can start to sell Exilby in Germany and Austria on 1 September 2026

Why It Matters:

VER-01 is a full spectrum extract derived from the *Cannabis sativa* strain DKJ127 L, which contains a defined mixture of cannabinoids, terpenes and other bioactive compounds

Autism Spectrum Disorder Competitive Pipeline

Preclinical / Phase 1	Phase 2	Phase 3	Approved
RO6953958 Roche, phase 1 PK study in healthy volunteers	L1-79 CORE SYMPTOMS Yamo Pharmaceuticals, targets core symptoms	NTI164 CORE SYMPTOMS Targets neuroinflammation and core symptoms	Risperidone Irritability / aggression only
SB-121 Scioto Biosciences, completed phase 1b, no active phase 2 yet	ML-004 CORE SYMPTOMS Missed social comm. endpoint, helped irritability	KarXT / KarX-EC Karuna Therapeutics (BMS), irritability in adolescents	Aripiprazole Irritability / aggression only
	AB-2004 Axial Therapeutics, enrollment complete, results overdue/unclear	Tasimelteon Vanda Pharmaceuticals, ASD-related sleep disturbances	
	SCI-210 SciSparc, cannabinoid-based	Cariprazine AbbVie, long-term safety study in ASD irritability, completed	
	DeFloria (AJA001) Charlotte's Web / Ajna BioSciences, FDA cleared for phase 2 (Feb 2025)		

Partnering opportunity for NTI164 is substantial, with benchmark transactions suggesting significant value potential

Licensing Transactions						
Licensee	Licensor	Key Asset(s)	Key Indication(s)	Stage	Date	Deal Value (US\$)
 NOVARTIS	 PTC THERAPEUTICS	PTC518	Huntington's disease	Phase II	Nov 2024	\$2.9B
 ABVC BIOPHARMA	 AI BTL BIOPHARMA	ABV-1504/1505	ADHD, depression	Phase II	Nov 2023	\$667M
 ACADIA	 neuren pharmaceuticals	Trofinetide (xUS), NNZ-2591	Rett syndrome (ex-US)	Phase II	Jul 2023	\$931M
 sanofi	MAZE THERAPEUTICS	MZE-001	Pompe disease	Phase I	May 2023	\$750M
 ACADIA	 saniona	SAN711	Essential tremor	Phase I	Nov 2024	\$582M
 NS Pharma	 Capricor Therapeutics	CAP-1002 (United States)	Duchenne muscular dystrophy	Phase II	Jan 2022	\$735M
 STALICLA	 NOVARTIS	Mavoglurant	Autism, mood disorders	Phase II	Jan 2023	\$270M
M&A Transactions						
Acquirer	Target	Key Asset(s)	Key Indication(s)	Stage	Date	Deal Value (US\$)
 Pfizer	 ARENA PHARMACEUTICALS	Olorinab (cannabinoid)	Immuno-inflammatory disorders	Phase II	Dec 2021	\$6.7B
 Jazz Pharmaceuticals	 GW pharmaceuticals	Epidiolex (cannabinoid)	Dravet, Lennox Gastaut syndromes	Approved	Feb 2021	\$7.2B
 Biogen	 REATA PHARMACEUTICALS	Skyclarus	FA, neurological disorders	Approved	Jul 2023	\$7.3B

Source: Non-exhaustive list, DealForma, company press releases, Neurotech research

ASX-listed clinical stage peers: Phase 3 comparables



Neuren Pharmaceuticals Limited (ASX: NEU)

Trofinetide (approved, Rett syndrome) + NNZ-2591: Phase III in Phelan-McDermid syndrome

~A\$2.6B



Dimerix Limited (ASX: DXB)

DMX-200: Ph III in Focal Segmental Glomerulosclerosis

~A\$132M



Clinuvel Pharmaceuticals Limited (ASX: CUV)

Scenesse (approved, Erythropoietic Protoporphyrin) + Phase III in Vitiligo

~A\$406M



Recce Pharmaceuticals Limited (ASX: RCE)

CR327: Phase III in Diabetic Foot infections

~A\$88M



Actinogen Medical Limited (ASX: ACW)

Xanamem: Phase III Alzheimer's Disease

~A\$197M



Avecho Limited (ASX: AVE)

CBD: Phase III in Insomnia (positive interim results June 2026)

~A\$65M



Neurotech (NTI)

NTI164: Ph III in autism spectrum disorder

~A\$26M

Neurotech has initiated a Phase 3 clinical trial in autism spectrum disorder and is valued at ~\$26M

Non-exhaustive list

Note: The companies included in this slide operate across different therapeutic areas and are at varying stages of clinical development, regulatory approval and commercialisation. Accordingly, they are not directly comparable to Neurotech, and their respective market capitalisations should not be taken as indicative of Neurotech's current or potential future valuation.

Neurotech (ASX:NTI)

Developing a pharmaceutical cannabinoid therapy for neurological disorders supported by rigorous clinical evidence

Corporate Fundamentals	
Market Capitalisation:	~AU\$26M
Primary Listing:	ASX: NTI
Shares on Issue:	~1.62 Billion

Cash Position	
Cash Balance (30 Jun 26):	AU\$2.4 Million
R&D loan (Jul 26)	AU\$3.15 Million
Placement (Aug 26)	AU\$4.5 Million

Shareholders	
Top 40 (31 Jul 26)	54.31%

Huge Market Potential
Addressing high-growth neurological markets
Proven science and de-risked programs
Positive clinical results supporting efficacy & safety
Clear Commercial Pathway
Strong IP, regulatory and commercial path
NTI expects to be fully funded to Phase III topline data
Experienced team driving execution

Neurotech Board and management bring extensive international experience in drug development, finance and commercialisation



Mr Mark Davies
Exec Chair

Over 25 years experience in trading, finance, investment banking and providing corporate advice



Mr Andrew Chapman
Non-Executive Director

Over 25 years of financial services and funds management experience. Advised numerous biotechnology companies on strategy and execution



Mr Max Johnston
Non-Executive Director

Over 40 years pharma leadership. Over 10 years as Chief Executive Officer of Johnson and Johnson Pacific. Sits on several ASX listed Boards



Dr Bonni Goldstein
Medical Consultant

Over 25 years of clinical experience including 17 years exclusively on cannabinoid therapies



Mr Gerald Quigley
Non-Executive Director

Qualified Pharmacist. Leading media health commentator heard each week on television and radio stations across Australia



Value-driving catalysts on the horizon

CY2026		
Human Research Ethics Committee approval for ASD registration-enabling study	1Q CY2026	
Initiation of first clinical site	1Q CY2026	
IND submission	1H CY2026	
First patient enrolled in ASD clinical trial	3Q CY2026	
ASD registration-enabling data readout	2Q CY2027	

Note: The above roadmap is a statement of current intentions as at the date of this presentation. Intervening events may alter the timing, sequence or feasibility of the matters described. Accordingly, there can be no assurance that the milestones outlined will be achieved within the anticipated timeframes, or at all.



Thank You & Contact Details



Neurotech Investor Relations:

info@neurotechinternational.com

www.neurotechinternational.com

