



Investor Presentation

January 2026

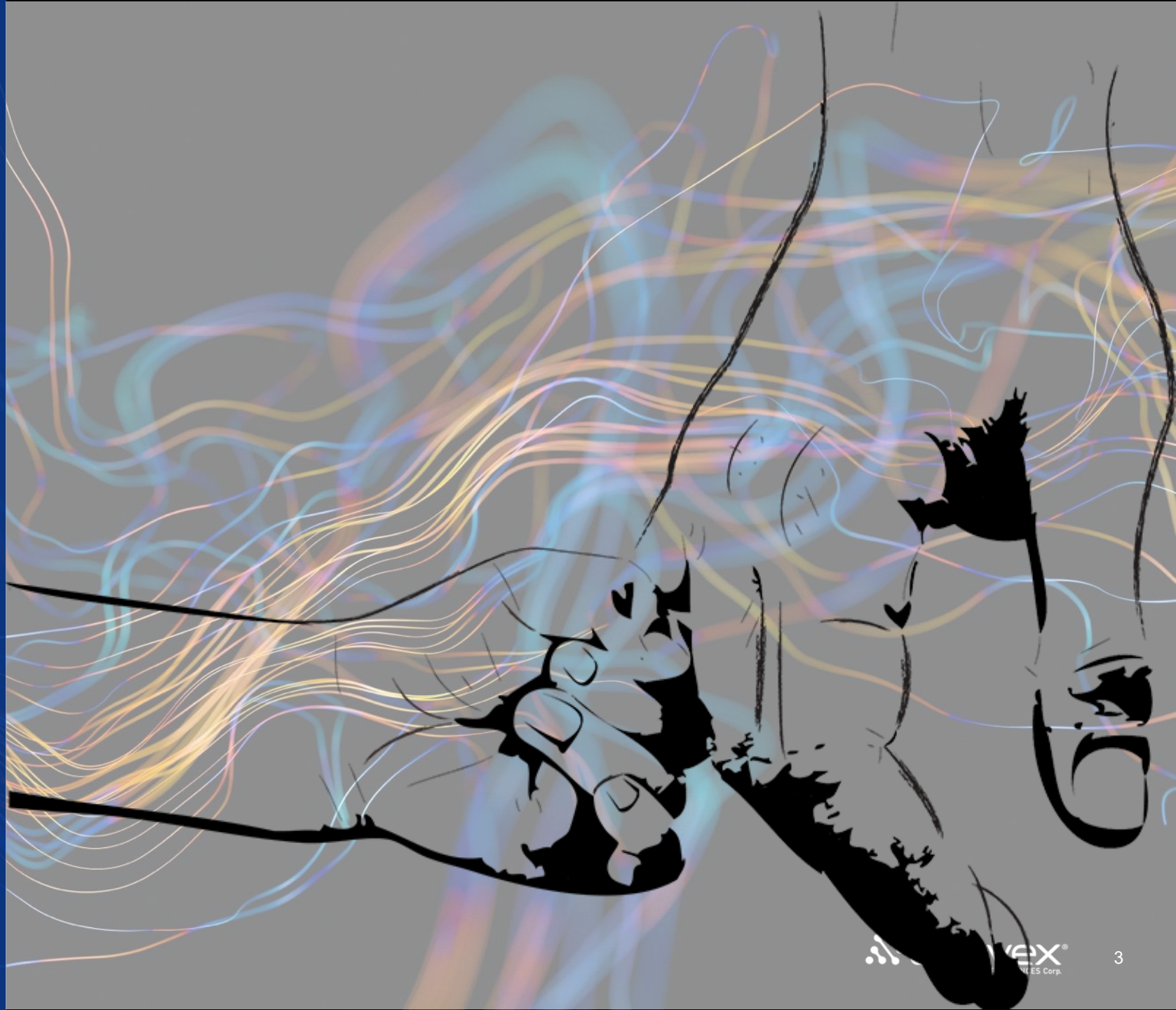
Forward Looking Statements

This presentation contains forward-looking statements made within the meaning of the Private Securities Litigation Reform Act of 1995 by Anavex® Life Sciences Corp. and its representatives. These statements can be identified by introductory words such as “expects,” “plans,” “intends,” “believes,” “will,” “estimates,” “forecasts,” “projects,” or words of similar meaning, and by the fact that they do not relate strictly to historical or current facts. Forward-looking statements frequently are used in discussing potential product applications, potential collaborations, product development activities, clinical studies, regulatory submissions and approvals, and similar operating matters. Many factors may cause actual results to differ from forward-looking statements, including inaccurate assumptions and a broad variety of risks and uncertainties, some of which are known and others of which are not. Known risks and uncertainties include those identified from time to time in reports filed by Anavex Life Sciences Corp. with the Securities and Exchange Commission, which should be considered together with any forward-looking statement. No forward-looking statement is a guarantee of future results or events, and one should avoid placing undue reliance on such statements. Anavex Life Sciences Corp. undertakes no obligation to update publicly any forward-looking statements, whether as a result of new information, future events or otherwise. Anavex Life Sciences Corp. cannot be sure when or if it will be permitted by regulatory agencies to undertake clinical trials or to commence any particular phase of any clinical trials. Because of this, statements regarding the expected timing of clinical trials cannot be regarded as actual predictions of when Anavex Life Sciences Corp. will obtain regulatory approval for any “phase” of clinical trials. We also cannot be sure of the clinical outcome for efficacy or safety of our compounds. Potential investors should refer to the risk factors in our reports filed on Edgar.


This presentation discusses investigational uses of an agent in development and is not intended to convey conclusions about efficacy or safety. There is no guarantee that any investigational uses of such product will successfully complete clinical development or gain health authority approval.



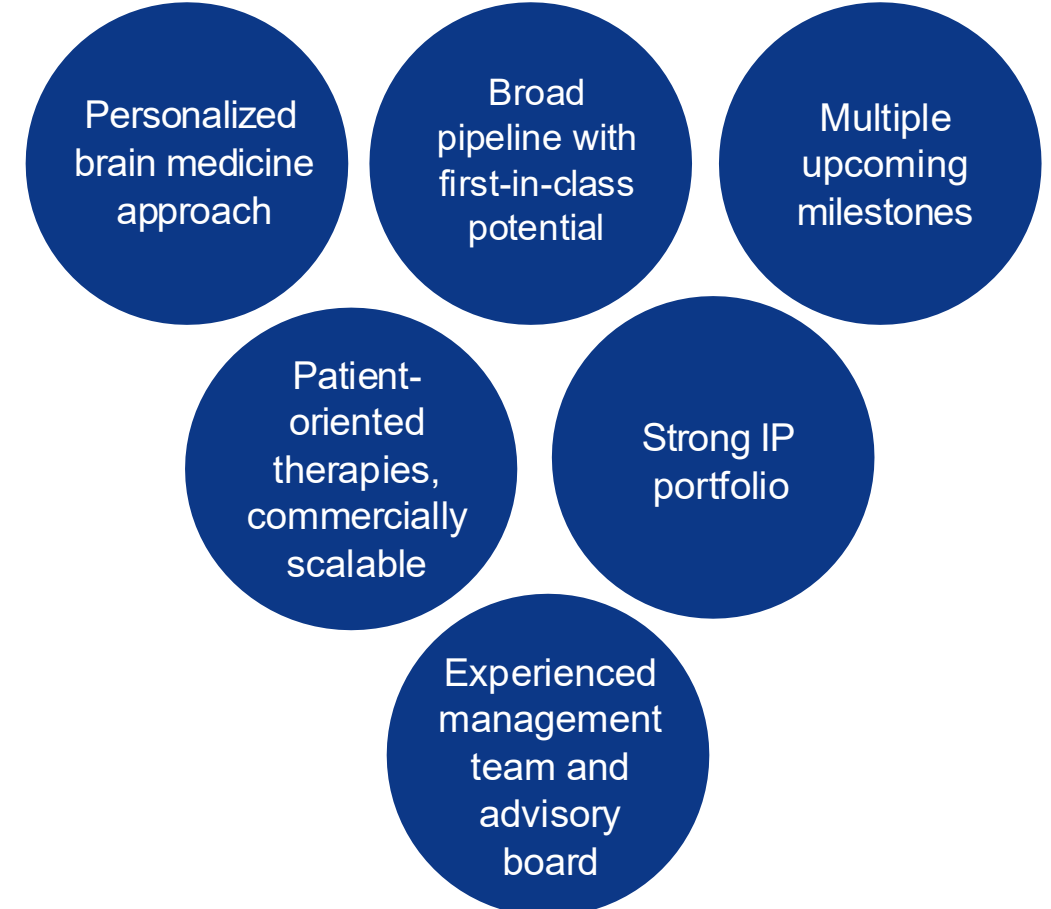
**“We are dedicated to
advancing brain health by
developing innovative oral
medicines designed to
improve patient lives.”**



Transforming Brain Health Through Personalized Oral Medicine



**Mission to transform
brain health
through improved
patient outcomes by
developing
convenient oral
personalized
treatments**



Personalized
brain medicine
approach

Broad
pipeline with
first-in-class
potential

Multiple
upcoming
milestones

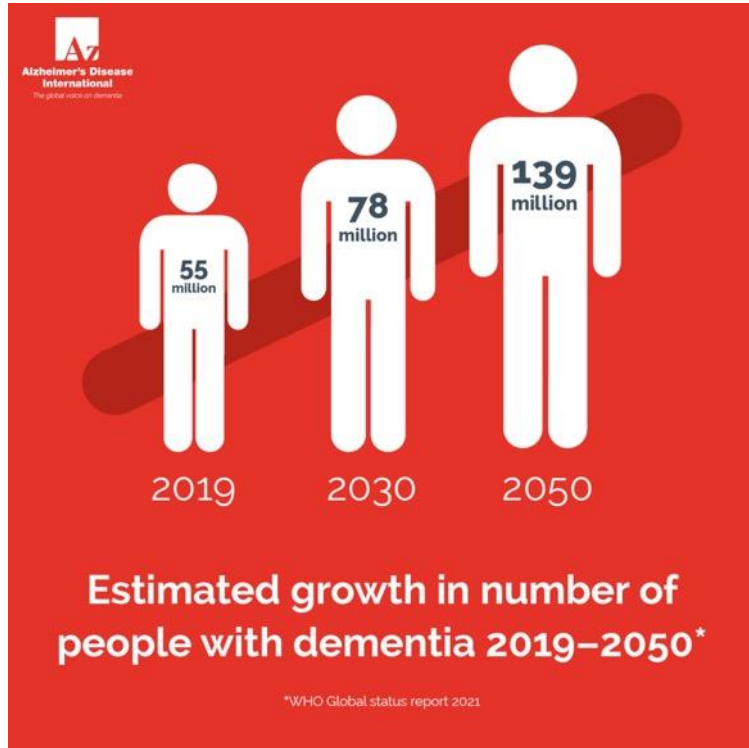
Patient-
oriented
therapies,
commercially
scalable

Strong IP
portfolio

Experienced
management
team and
advisory
board

Alzheimer's – Worldwide Dementia Cases Projected to Reach to 139M by 2050

Addressing growing burden with convenient oral once-daily commercially scalable potential medicine



Anavex to potentially capitalize on significant and growing market opportunity to treat CNS diseases

Blarcamesine Clinically Meaningful Improvements On Top Of Standard Of Care¹

Blarcamesine significantly slowed patient-relevant cognitive decline in Phase IIb/III trial²:

- Significantly **slowed clinical progression by 36.3%** at week 48 as well as the prespecified patient group (~70% of population) **by 49.8%** at week 48 on the primary cognitive endpoint ADAS-Cog₁₃
- Demonstrated **safety profile** with no associated neuroimaging adverse events—**no deaths** related to study drug
- Significantly **slowed brain volume loss (atrophy)**
- Clinical outcomes also **corroborated by biomarkers**, including plasma A β 42/40 ratio

The Journal of Prevention of Alzheimer's Disease 12 (2025) 100016



Original Article
Blarcamesine for the treatment of Early Alzheimer's Disease: Results from the ANAVEX2-73-AD-004 Phase IIB/III trial

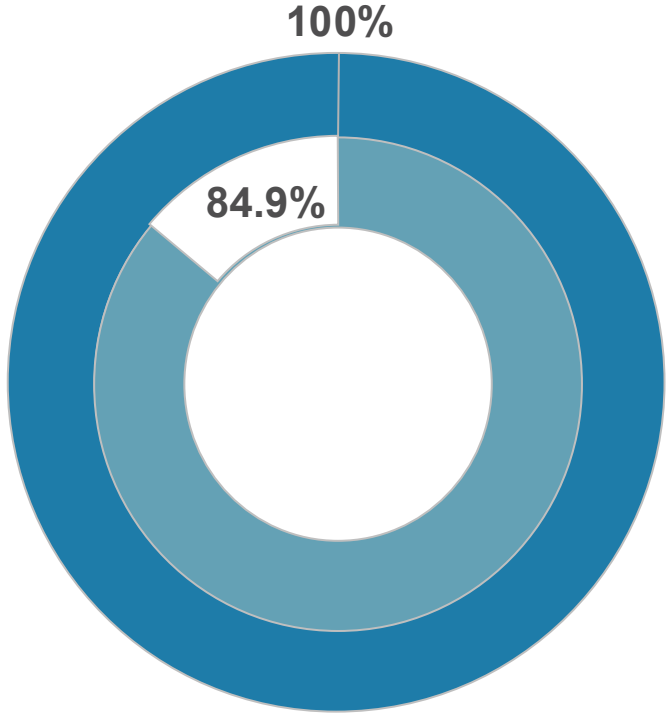
Stephen Macfarlane^a, Timo Grimmer^b, Ken Teo^a, Terence J O'Brien^c, Michael Woodward^d, Jennifer Grunfeld^e, Alastair Mander^f, Amy Brodtmann^g, Bruce J. Brew^h, Philip Morrisⁱ, Cathy Short^j, Susan Kurrle^k, Rosalyn Lai^l, Sneha Bharadwaj^m, Peter Drysdaleⁿ, Jonathan Sturm^o, Simon J.G. Lewis^p, David Barton^q, Chris Kalafatis^r, Saif Sharif^s, Richard Perry^t, Nicholas Mannering^u, J. Emer MacSweeney^v, Stephen Pearson^w, Craig Evans^x, Vivek Krishna^y, Alex Thompson^z, Malathy Munisamy^{aa}, Neel Bhatt^{bb}, Aliya Asher^{cc}, Sandra Connell^{dd}, Jennifer Lynch^{ee}, Sterre Malou Rutgers^{ff}, Paul LJ Dautzenberg^{gg}, Niels Prins^{hh}, Patrick Oschmannⁱⁱ, Lutz Frölich^{jj}, Pawel Tacik^{kk}, Oliver Peters^{ll}, Jens Wiltfang^{mm}, Alexandre Henri-Bhargavaⁿⁿ, Eric Smith^{oo}, Stephen Pasternak^{pp}, Andrew Frank^{qq}, Howard Chertkow^{rr}, Jennifer Ingram^{ss}, Ging-Yuek Robin Hsiung^{tt}, Rodney Brittain^{uu}, Carmela Tartaglia^{vv}, Sharon Cohen^{ww}, Luca M Villa^{xx}, Elizabeth Gordon^{yy}, Thomas Jubault^{zz}, Nicolas Guizard^{zz}, Amanda Tucker^{zz}, Walter E Kaufmann^{zz}, Kun Jin^{zz}, William R Chezem^{zz}, Christopher U Missling^{zz}, Marwan N Sabbagh^{ab,*}



1. Standard of care: Donepezil, galantamine, rivastigmine, memantine
2. Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016.

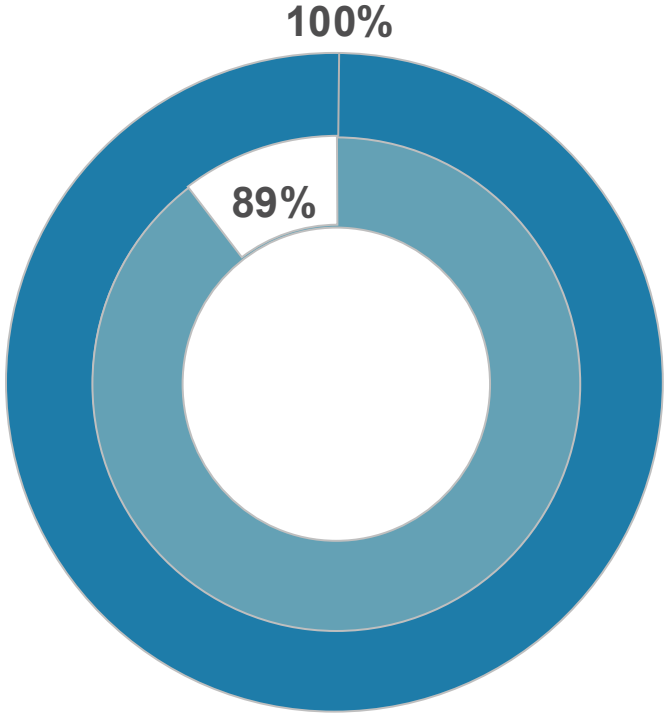
Patients and Caregivers: Strong Preference for Oral Treatment

Preference for oral dosage form of disease modifying treatments (DMTs)



% of surveyed patients and caregivers¹ agree

Evaluation of the accessibility of oral treatment as 'very convenient'



■ European patients and caregivers²
■ Asian patients and caregivers³

1. Alzheimer's disease patients and caregivers.

2. Proprietary Anavex Primary Market Research – Patient and Caregiver Adboard Europe November 2025.

3. Liu, Shuai et al. "Caregivers' perspectives on lecanemab use for Alzheimer's disease: A national survey in China." *Alzheimer's & dementia : the journal of the Alzheimer's Association* vol. 21,9 (2025).

DMTs: Disease Modifying Treatments

Potential to Unlock Substantial Commercial Opportunity to Drive Shareholder Value



Discussions with regulatory agencies in key markets in progress with the objective to determine potential pathways to obtain marketing authorization



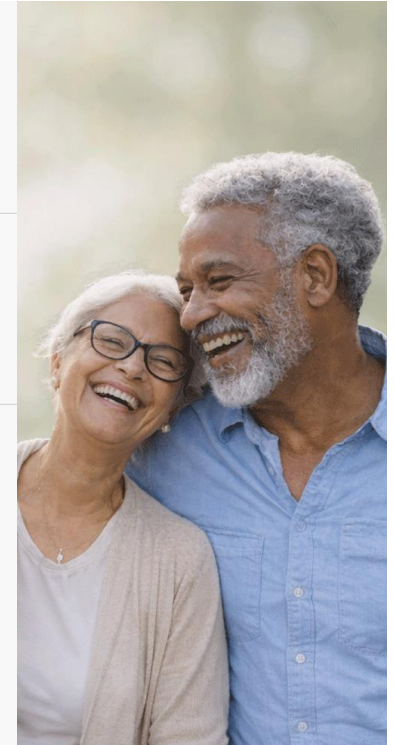
Broad IP protection in key markets for product candidates up to 2040



Operations and clinical programs estimated to be funded for >3 years. No debt



Oral blarcamesine demonstrated slowing of neurodegeneration in Early Alzheimer's Disease and numerical superior comparative clinical safety and efficacy¹



Blarcamesine: Convenient oral once-daily commercially scalable potential medicine

Broad Portfolio of Potential Cost Effective and Safe Treatments for CNS Conditions

Oral Solid ANAVEX®2-73 (blarcamesine)

- Alzheimer's Disease
- Parkinson's Disease
- Parkinson's Disease Dementia



Oral Liquid ANAVEX®2-73 (blarcamesine)

- Rett Syndrome
- Fragile X Syndrome
- Infantile Spasms
- Angelman Syndrome



Oral Solid ANAVEX®3-71 (AF710B)

- Schizophrenia
- Frontotemporal Dementia (FTD)
- Alzheimer's Disease



Oral candidates offer strong clinical potential compared to costly, complex mAb biologics, which can pose safety concerns

Patient Preference

Strong preference for oral therapies over injection routes¹

Convenience & Adherence

Oral dosing enhances convenience and may boost adherence, especially in needle-averse patients²

Economic Value


Oral small-molecule therapies compared to biologics offer health benefits at significantly lower cost, yielding better cost-effectiveness³

1. Eek, D et al. "Patient-reported preferences for oral versus intravenous administration for the treatment of cancer: a review of the literature." *Patient preference and adherence* vol. 10 1609-21. 24 Aug. 2016.

2. Smith, SD et al. "Tradeoffs and decision-making in moderate to severe psoriasis for oral versus injectable treatments: data from patients and dermatologists in Australia." *The Journal of dermatological treatment* vol. 35,1 (2024): 2339440.

3. Clifford, KA et al. "Small-Molecule Drugs Offer Comparable Health Benefits To Biologics At Lower Costs." *Health affairs (Project Hope)* vol. 43,11 (2024): 1546-1552.

Progressing Pipeline with Multiple Milestones Towards Potential Commercialization

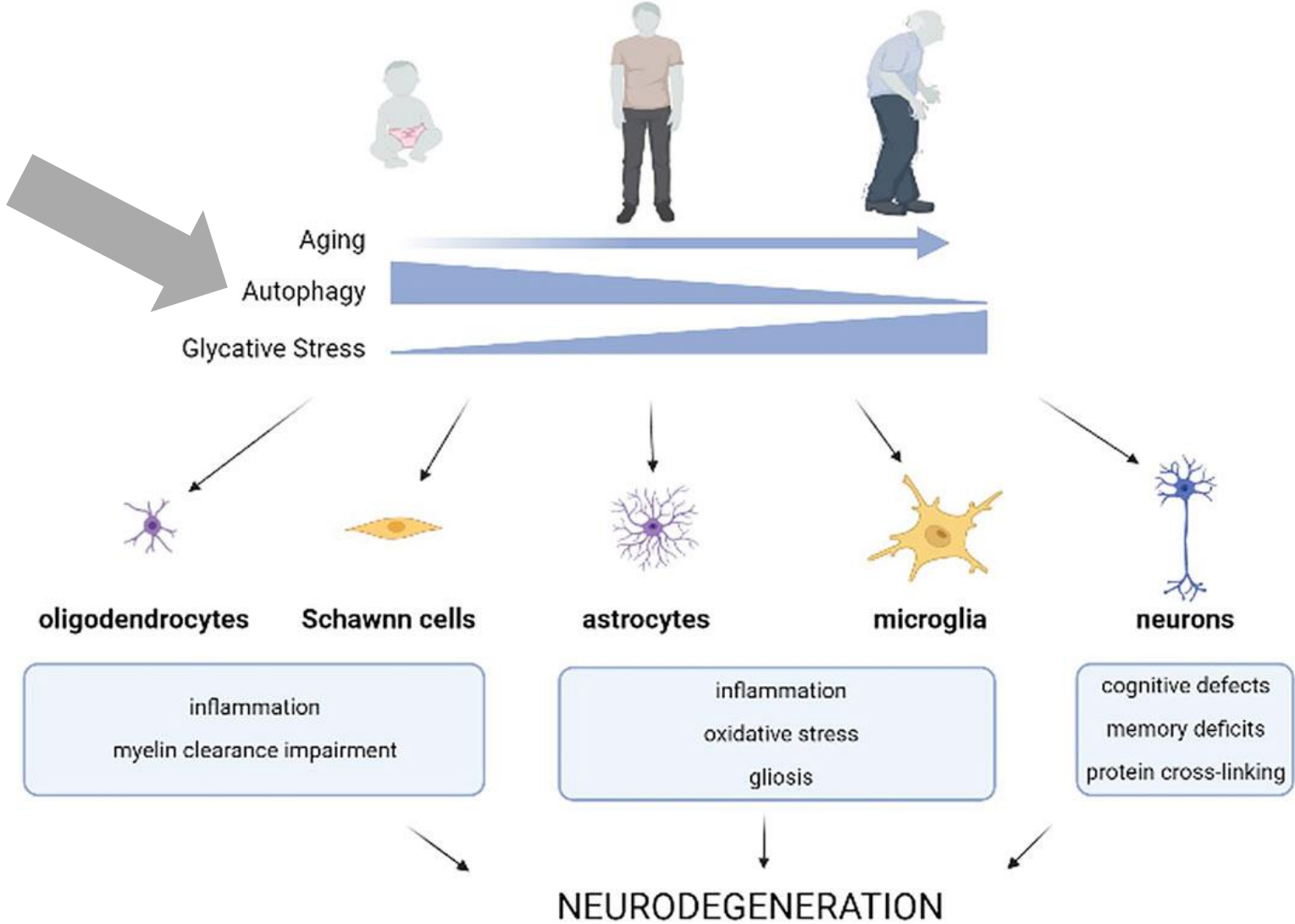
CANDIDATE	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	COMPASSIONATE USE		
ANAVEX®2-73 <i>blarcamesine</i> 	ALZHEIMER'S DISEASE		ANAVEX®2-73-002/3	ANAVEX®2-73-AD-006	ANAVEX®2-73-AD-004	ANAVEX®2-73-AD-005	AD ANAVEX®2-73-AD-004 OLE / COMPASSIONATE USE
	PARKINSON'S DISEASE DEMENTIA		ANAVEX®2-73-PDD-001				
	PARKINSON'S DISEASE		ANAVEX®2-73-PET-001		ANAVEX®2-73-PD-001		
	¹ RETT SYNDROME		EXCELLENCE ANAVEX®2-73-RS-003				ANAVEX®2-73-RS-003 OLE / COMPASSIONATE USE
	¹ RETT SYNDROME		AVATAR ANAVEX®2-73-RS-002				ANAVEX®2-73-RS-002 OLE / COMPASSIONATE USE
	¹ RETT SYNDROME		ANAVEX®2-73-RS-001				Fast Track, Rare Pediatric, Orphan Drug (U.S./EU)
	UNDISCLOSED RARE DISEASE						
	¹ FRAGILE X						
	ANGELMAN'S						
	¹ INFANTILE SPASMS						
ANAVEX®3-71 <i>AF710B</i>	SCHIZOPHRENIA	ANAVEX®3-71-001	ANAVEX®3-71-SZ-001				
	¹ FRONTOTEMPORAL DEMENTIA (FTD)	ANAVEX®3-71-001					
	ALZHEIMER'S DISEASE	ANAVEX®3-71-001					
ANAVEX®1-41	DEPRESSION						
	STROKE						
	NEURODEGENERATIVE DISEASES						
ANAVEX®1066	VISCERAL PAIN						
	ACUTE & NEUROPATHIC PAIN						

Legend

- Solid color = completed
- Gradient color = ongoing
- Dashed lines = planned

1. Orphan Drug Designation by FDA

Autophagy: An Upstream Therapeutic Intervention in Alzheimer's Disease



Neural autophagy weakens with aging, and 'clean-up' diminishes further in patients with neurodegenerative diseases^{1,2,3}

Oral blarcamesine acts as a re-activator of neural autophagy

1. Gómez, O et al. "Autophagy and Glycative Stress: A Bittersweet Relationship in Neurodegeneration." *Frontiers in cell and developmental biology* vol. 9 790479. 23 Dec. 2021;
 2. Metaxakis, A et al. "Autophagy in Age-Associated Neurodegeneration." *Cells* vol. 7,5 37. 5 May. 2018.
 3. Caponio, D et al. "Compromised autophagy and mitophagy in brain ageing and Alzheimer's diseases." *Aging brain* vol. 2 100056. 24 Nov. 2022.

Autophagy Platform Shows Promise for Advanced Care

Anavex portfolio positioned to target significant unmet medical need across multiple CNS conditions



Achieved



Near Term



Long Term

Autophagy through SIGMAR1 activation established as a new platform class

- ANAVEX®3-71:** Publication Phase 1 clinical trial
- Parkinson's disease dementia:** Data of 48-week OLE Phase 2 study
- Alzheimer's disease:** Data from the blarcamesine Phase 2b/3 ANAVEX®2-73-AD-004 trial to be published in peer-reviewed journal
- Alzheimer's disease:** Analysis of DNA / RNA sequencing of the Phase 2b/3 data
- Alzheimer's disease:** ATTENTION-AD OLE 96/144-week Top-line trial data
- Schizophrenia:** Top-line data of ANAVEX®3-71 Phase 2 clinical trial

Autophagy through SIGMAR1 technology to succeed traditional modalities

- Alzheimer's disease:** Regulatory re-examination of blarcamesine in Europe (EMA) in H1 2026
- Alzheimer's disease:** Initiation of clinical prediction study of once-daily oral blarcamesine
- Parkinson's disease:** Initiation of ANAVEX®2-73 imaging-focused trial or Phase 2b/3 >6 months trial
- Fragile X:** Initiation of ANAVEX®2-73 Phase 2/3 clinical trial
- New Rare disease:** Initiation of ANAVEX®2-73 Phase 2/3 clinical trial
- Publication Alzheimer's disease:** Precision Medicine ABCLEAR populations of the ANAVEX®2-73-AD-004 Phase 2b/3 trial
- Publication Alzheimer's disease:** COL24A1 gene impacts effectiveness of autophagy-enhancing blarcamesine in early Alzheimer's disease
- Publication Fragile X:** Blarcamesine corrects EEG biomarkers of cortical dysfunction in a mouse model of fragile X syndrome

Potential expansion into future opportunities with Autophagy activation

- Expanded CNS indications
- Regenerative medicine¹
- Disease prevention²

1. K. Ruscher, T. Wieloch, *The involvement of the sigma-1 receptor in neurodegeneration and neurorestoration*, *Journal of Pharmacological Sciences*, Volume 127, Issue 1, 2015, Pages 30-35, ISSN 1347-8613, <https://doi.org/10.1016/j.jphs.2014.11.011>.

2. L. Nguyen et al., *Role of sigma-1 receptors in neurodegenerative diseases*, *Journal of Pharmacological Sciences*, Volume 127, Issue 1, 2015, Pages 17-29, ISSN 1347-8613, <https://doi.org/10.1016/j.jphs.2014.12.005>; CNS: Central Nervous System

Phase IIb/III

**Oral Blarcamesine for
Early Alzheimer's Disease**





Mechanism of Oral Blarcamesine in Early Alzheimer's Disease

Alzheimer's Disease Progression

Impairment of autophagy precedes both amyloid beta and tau tangles, and therefore anticipates the neurodegenerative process in Alzheimer's disease^{1,2}

Impaired Autophagy

- *Lysosomal and Synaptic Dysfunction*

Amyloid Beta Accumulation

- *APP Processing*

Tau Tangles

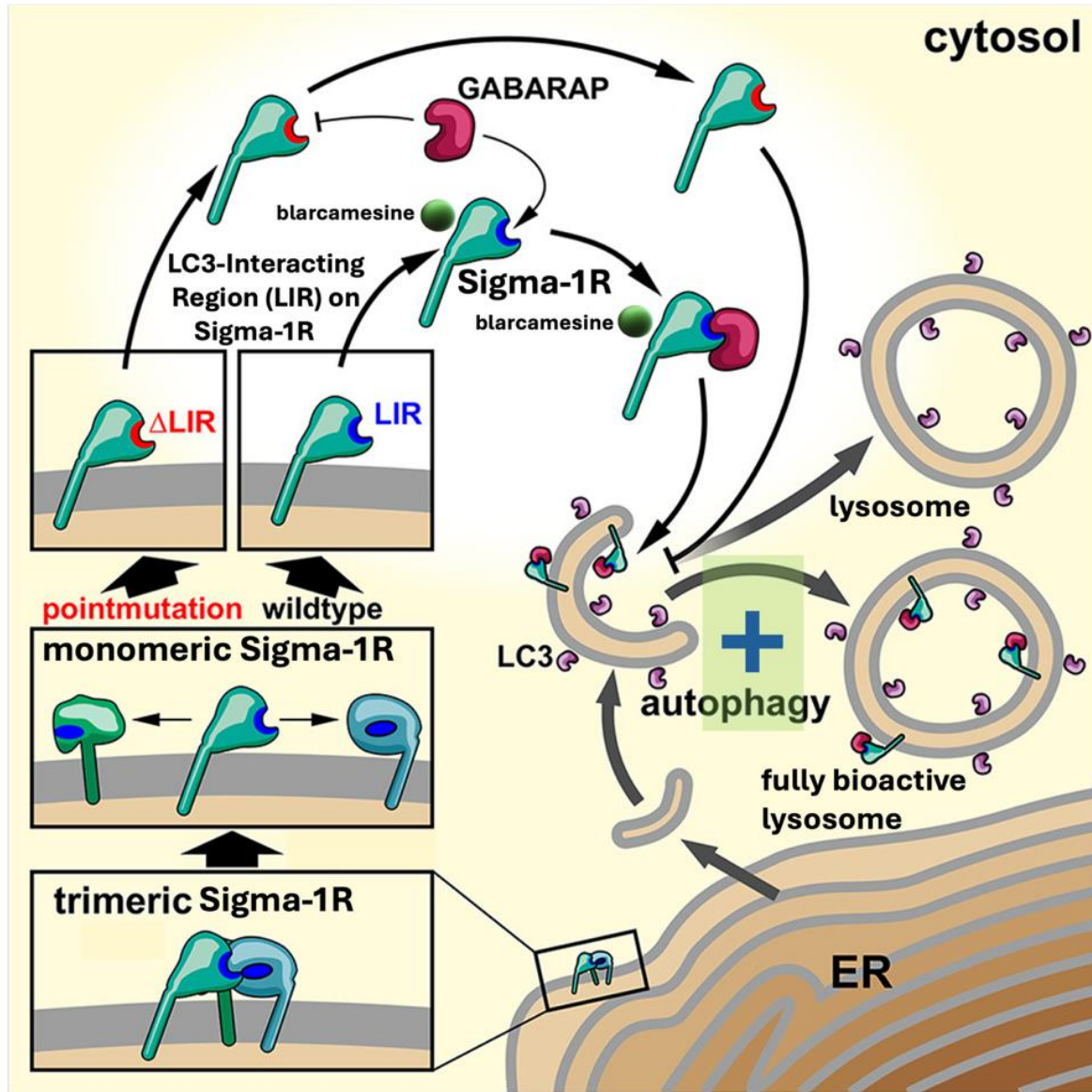
- *Microtubule Destabilization*

Neurodegeneration

- *Synaptic Loss and Neuronal Death*

1. Christ MG, Clement AM, Behl C. The Sigma-1 Receptor at the Crossroad of Proteostasis, Neurodegeneration, and Autophagy. *Trends Neurosci.* 2020 Feb;43(2):79-81.
2. Chen, J., He, HJ., Ye, Q. et al. Defective Autophagy and Mitophagy in Alzheimer's Disease: Mechanisms and Translational Implications. *Mol Neurobiol* 58, 5289–5302 (2021).

Blarcamesine Mechanism of Action Enhanced-Restored Autophagy¹



 GABARAP: key autophagy protein

 LC3: key autophagy protein

 blarcamesine

LC3: microtubule-associated protein 1 light chain 3

LIR: LC3-Interacting Region

ΔLIR: pointmutation of LIR

ER: Endoplasmic Reticulum

: Switch-on of autophagy with

blarcamesine activated Sigma-1R

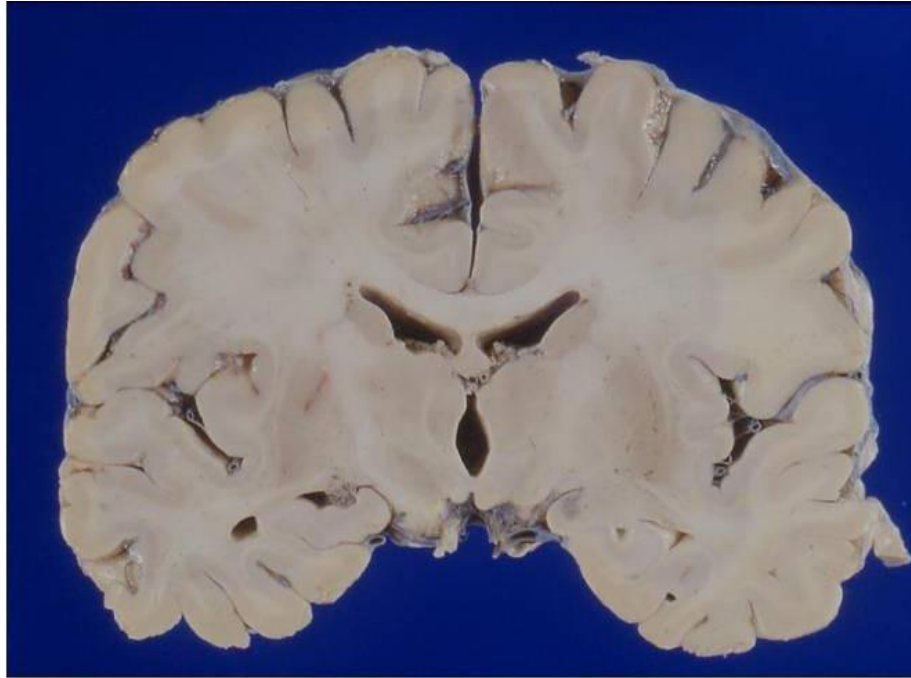
(SIGMAR1)



**RESTORED – ENHANCED
AUTOPHAGY**

Alzheimer's Disease Pathology Manifested in Volume Loss (Atrophy) of the Brain

Brain volume loss (atrophy) in Alzheimer's disease¹



NORMAL

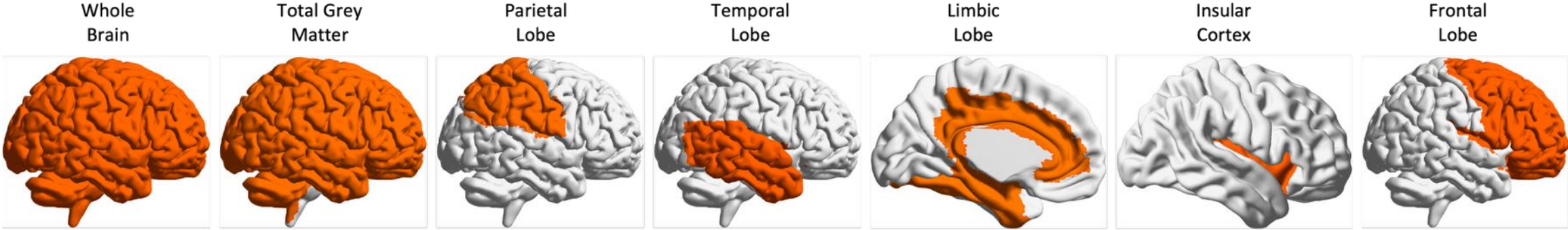


ALZHEIMER'S DISEASE

1. Exemplified by [defying dementia lancaster.ac.uk/defyingdementia](http://defyingdementia.lancaster.ac.uk/defyingdementia)

Reduced Atrophy of the Brain in Blarcamesine-treated Patients Compared to Placebo

Significant slowing of atrophy in broad brain regions after 48 weeks of treatment¹



$p < 0.05$ $p < 0.0001$

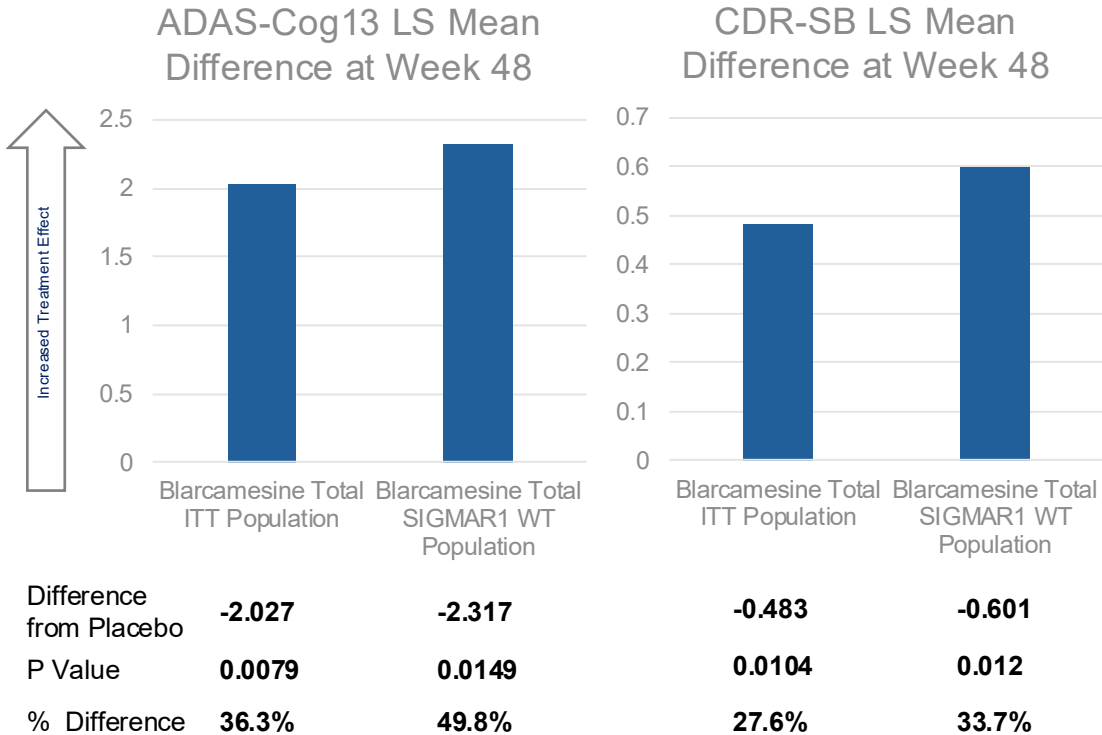
1. Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016.



Clinical Oral Blarcamesine Early Alzheimer's Disease Program

AD-004 Phase IIb/III Early Alzheimer's Disease Trial

Global, multi-center, double-blinded, placebo-controlled, parallel group, 48-week trial of once-daily oral blarcamesine¹



- Enhanced clinical benefit of pre-specified **SIGMAR1 Wild Type** (WT) population—validating MoA
- **Consistent safety profile**—no new safety findings observed with over 4 years of treatment
- Titration adjustment demonstrate **manageable nature** of the most frequent TEAE (dizziness)
- **No associated neuroimaging adverse events** and no deaths related to study drug

ADAS-Cog13 differences larger than 2 points are considered clinically meaningful improvements²

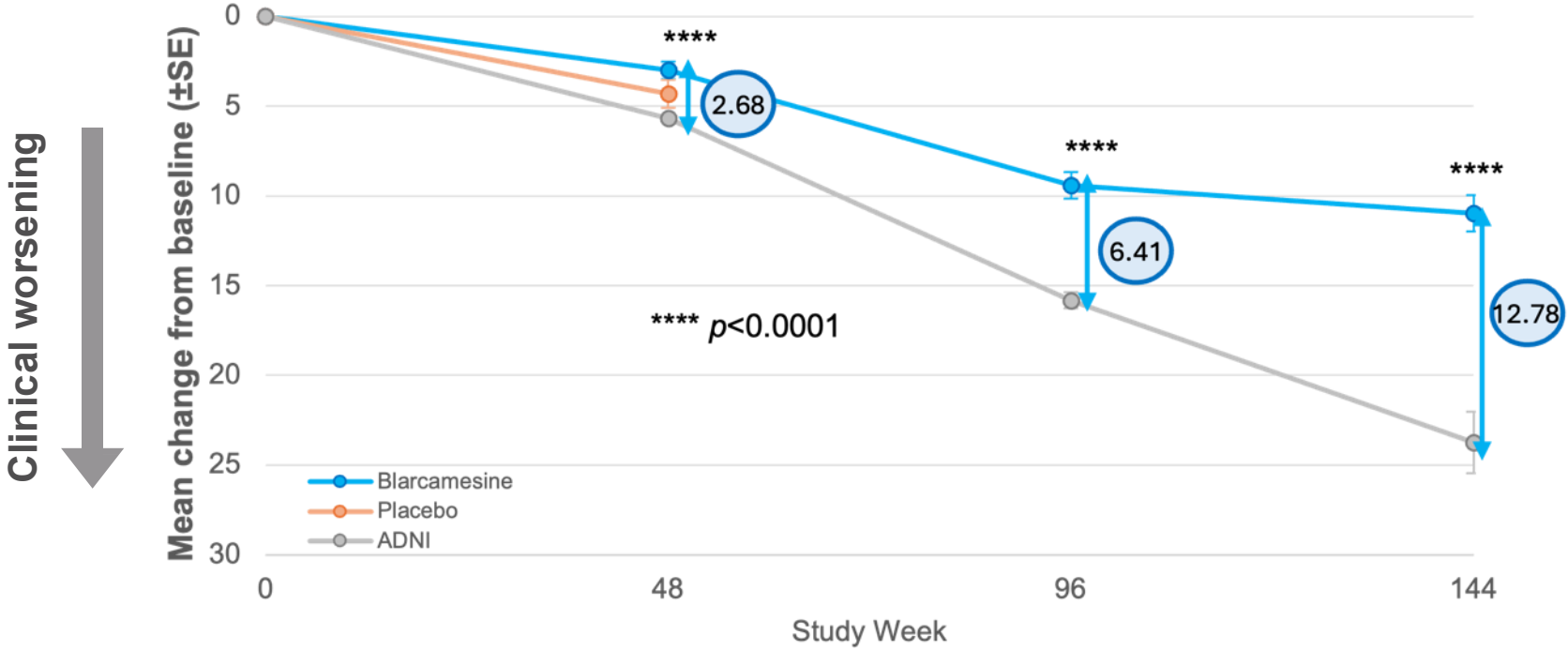
1. AD status supported by the elevated baseline levels of plasma p-Tau(181) and p-Tau(231); With the March 2024 FDA Guidance for Early AD, a sole cognitive measure can serve as the primary endpoint for early AD trials; The co-primary outcome was met under the multiplicity control rule, since the differences in the least-squares mean (LSM) change from baseline to 48 weeks between the blarcamesine and placebo groups for ADAS-Cog13 was significant at a level of $P < 0.025$ and for CDR-SB was significant at a level of $P < 0.025$, while ADCS-ADL did not reach significance at Week 48.

2. Muir RT et al. Minimal clinically important difference in Alzheimer's disease: Rapid review. *Alzheimers Dement.* 2024;20(5):3352-3363.

ADAS-Cog13, a 13-item cognitive subscale of the Alzheimer's Disease Assessment Scale; ADCS-ADL, AD Cooperative Study-Activities of Daily Living Scale; CDR-SB, Clinical Dementia Rating-Sum of Boxes.

Significant Therapeutic Benefit of Blarcamesine Compared to ADNI Control Group over 144 Weeks

Changes in ADAS-Cog13 AD-004/AD-EP-004 with ADNI Matched Control



N (Blarcamesine)	298	200	196	141
N (Placebo)	164	129	76	
N (ADNI)	76	76	76	36

Mean +/- SE of Change from Baseline ADAS-Cog13 Total Score DB/OLE ITT Population and Alzheimer's Disease Neuroimaging Initiative (ADNI) Matched Control

Extending the Dignity of Aging



Extended Time Saved¹:

- Patient-relevant outcome
- Providing sustained patient benefit by maintaining functionality and independence

77.4 weeks (17.8 months) time saved with oral blarcamesine compared to ADNI control group

1. 'Time saved' analysis of the ITT population ANAVEX2-73-AD-004/ ANAVEX2-73-AD-EP-004 trials compared to the matched ADNI control group.

Future: Potential Prophylactic Effect of Blarcamesine¹



Blarcamesine demonstrated to be a potentially preventive treatment in the pharmacological model of Alzheimer's disease



Blarcamesine significantly prevented $a\beta$ (abeta)-induced cognitive deficits with confirmed significant biomarker-response in an animal model of Alzheimer's disease



Blarcamesine significantly and dose-dependently prevented $A\beta_{25-35}$ -induced biomarker-correlated cognitive impairments, which were assessed one week after the $A\beta$ (abeta) insult during which no further blarcamesine treatment took place



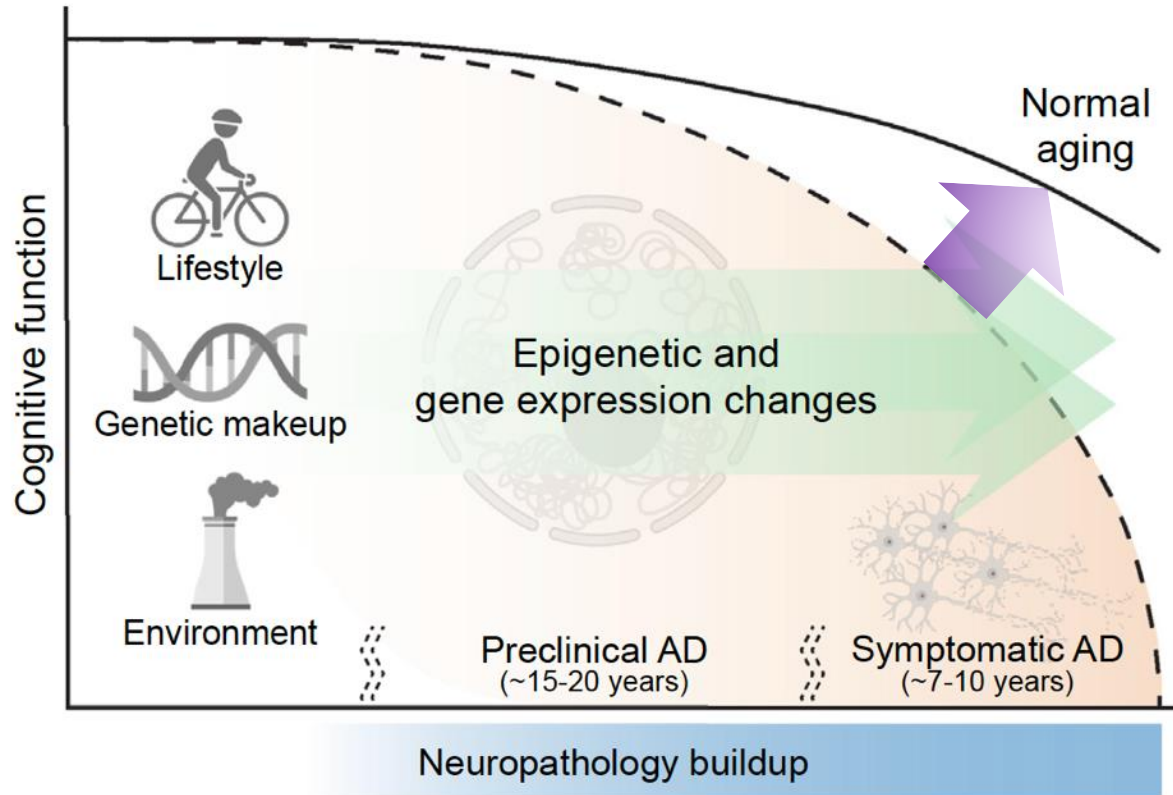
Blarcamesine: Convenient oral once-daily commercially scalable potential medicine

1. Maurice, T. Prevention of memory impairment and hippocampal injury with blarcamesine in an Alzheimer's disease model. *Neuroscience letters*, 138349. Aug. 2025.



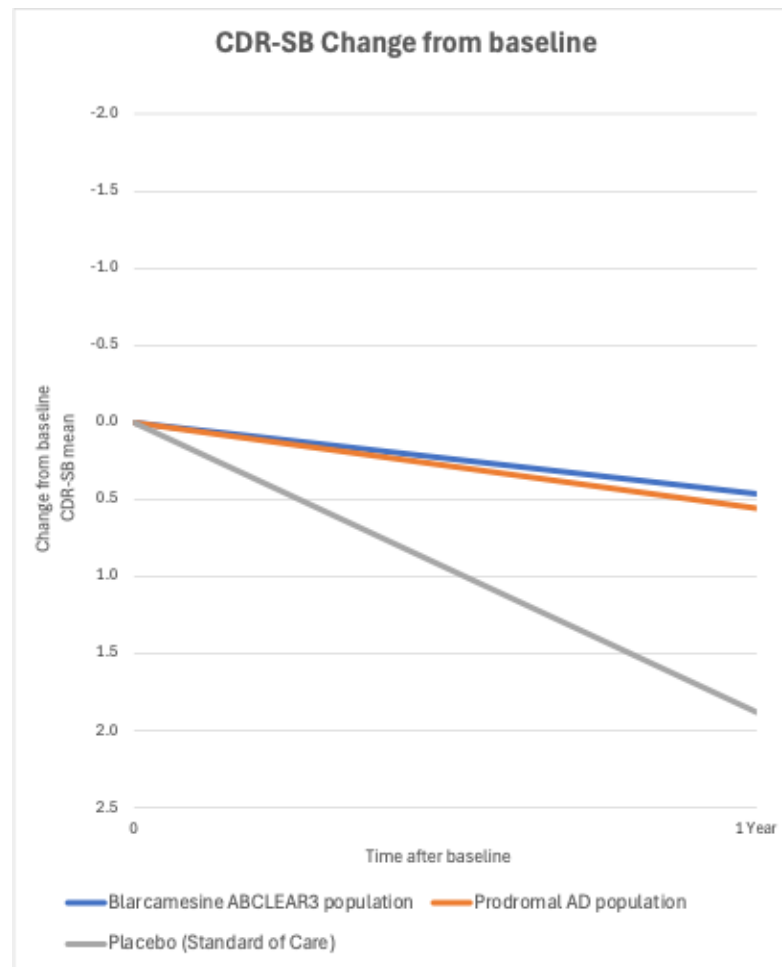
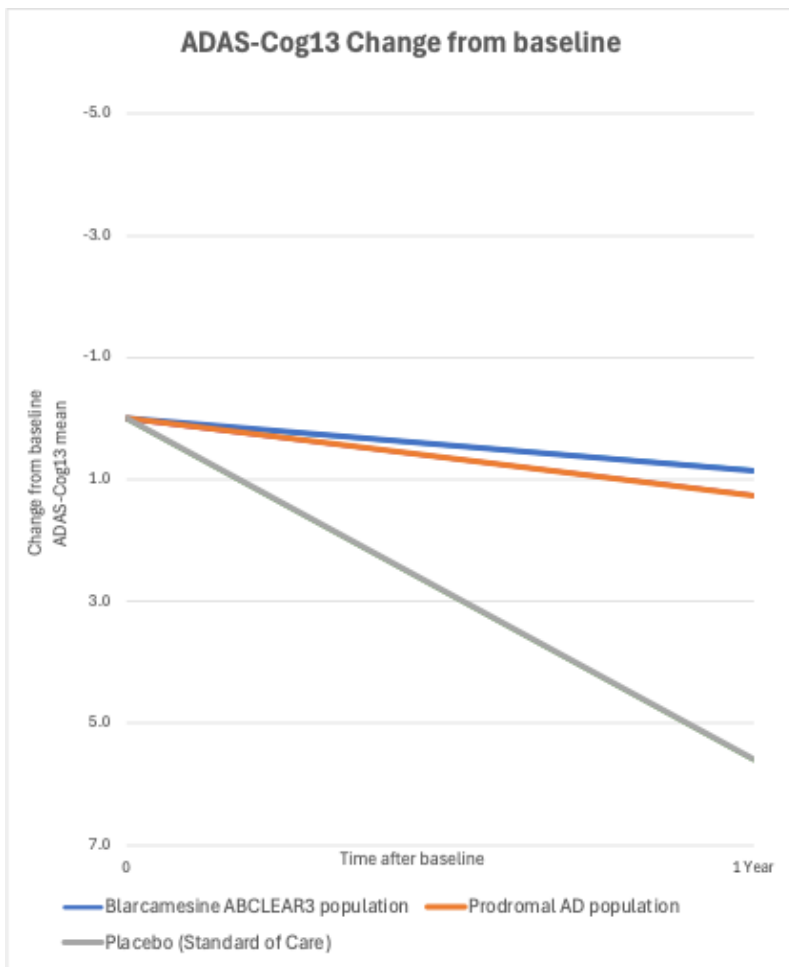
Precision Medicine Approach with Oral Blarcamesine in Early Alzheimer's Disease

Ambition of New Precision Medicine Approach: Approximating Normal Cognitive Decline as in Healthy Aging Adults



- Highly heterogeneous and complex Alzheimer's pathology supports **Precision Medicine** approach
- Strong effect in identified SIGMAR1 WT population (**~70%**)^{1,2}
- Autophagy mechanism **specific to blarcamesine**

Blarcamesine's Potential to Match Barely Detectable Prodromal Alzheimer's Disease Decline



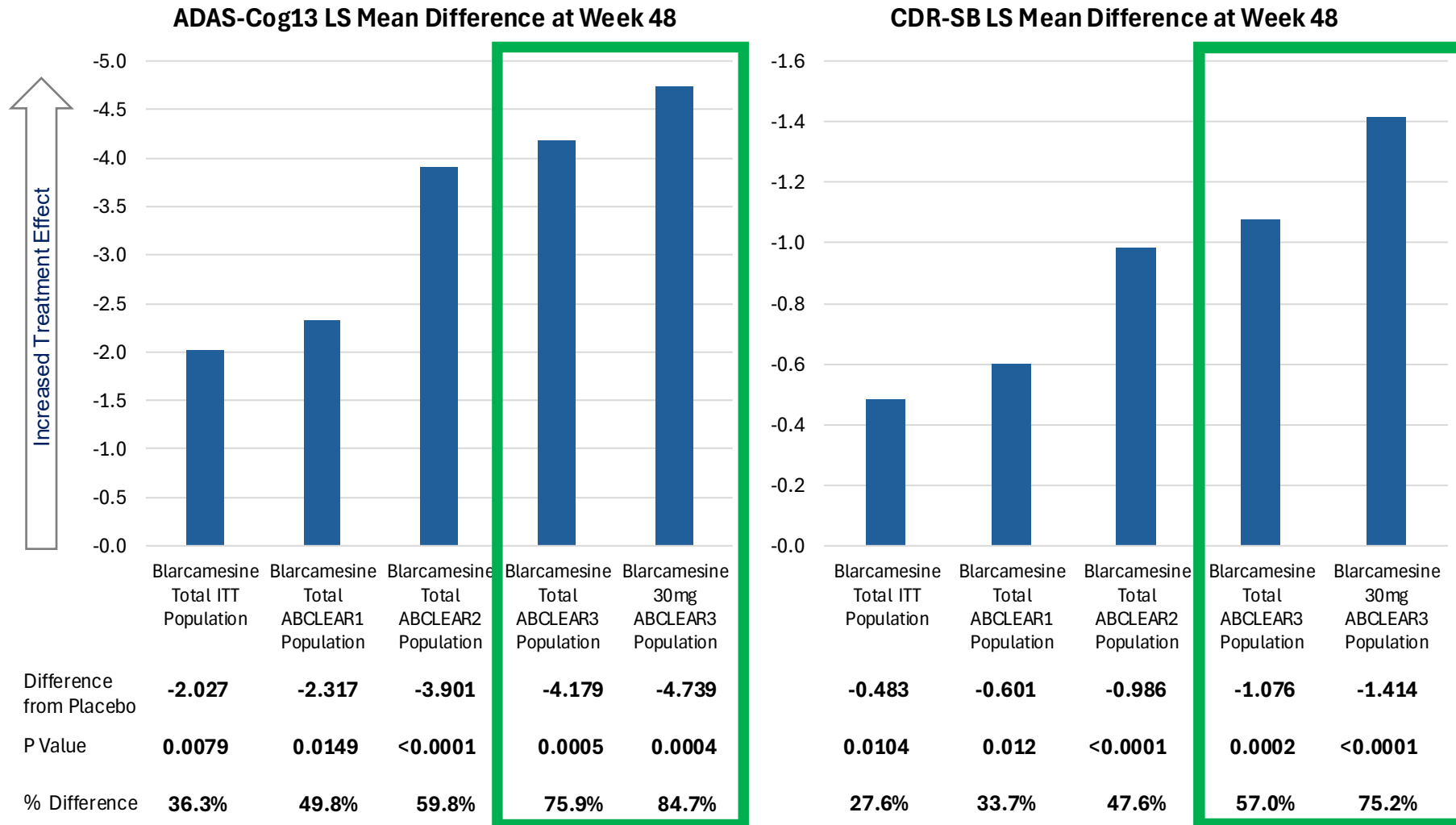
- Cognitive outcomes observed in the oral blarcamesine 30mg Precision Medicine ABCLEAR3 cohort, **similar to** referenced **barely detectable** prodromal AD decline^{1,2}
- Strong treatment effect despite greater AD baseline impairment in blarcamesine cohort³
- Reaching up to **84.7% clinical benefit** compared to placebo moving toward normal aging profiles

1. ABCLEAR3 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variants non-carrier population (SIGMAR1 wild type [WT]/COL24A1 wild type [WT]).

2. McDougall, F et al. "Psychometric Properties of the Clinical Dementia Rating - Sum of Boxes and Other Cognitive and Functional Outcomes in a Prodromal Alzheimer's Disease Population." JPAD. vol. 8,2 (2021): 151-160.

3. Baselines blarcamesine ABCLEAR3 population: ADAS-Cog13: 28.4; CDR-SB: 4.02; Baselines Prodromal AD population: ADAS-Cog13: 23.22; CDR-SB: 2.11.

Unprecedented Blarcamesine Effect Size Over Placebo in Large Specific Genetic Population



ITT = Intent-to-Treat population (100% population)

ABCLEAR1 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variant non-carrier population (SIGMAR1 wild type [WT]) (~70% of total population)

ABCLEAR2 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variant non-carrier population (COL24A1 wild type [WT]) (~71% of total population)

ABCLEAR3 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variants non-carrier population (SIGMAR1 wild type [WT]/COL24A1 wild type [WT]) (~50% of total population)

Source: <https://www.medrxiv.org/content/10.1101/2025.09.27.25336656v1.full.pdf>

Patient-Oriented Benefit: Self-Assessed Quality Of Life (QoL-AD) for Individuals with Alzheimer's Disease

QoL-AD: What it measures:

Physical health: Overall physical well-being.

Energy: Level of energy and vitality.

Mood: Emotional state and feelings.

Living situation: Satisfaction with where the person lives.

Memory: Cognitive function and memory abilities.

Family: Quality of relationships with family members.

Marriage/Significant other: Satisfaction with the relationship with a partner.

Friends: Quality of social relationships with friends.

Self as a whole: Overall self-perception and self-esteem.

Ability to do chores: Capacity to perform household tasks.

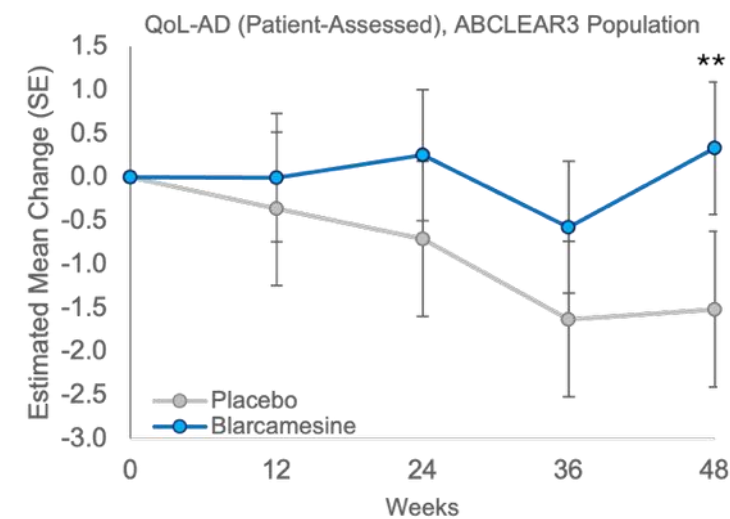
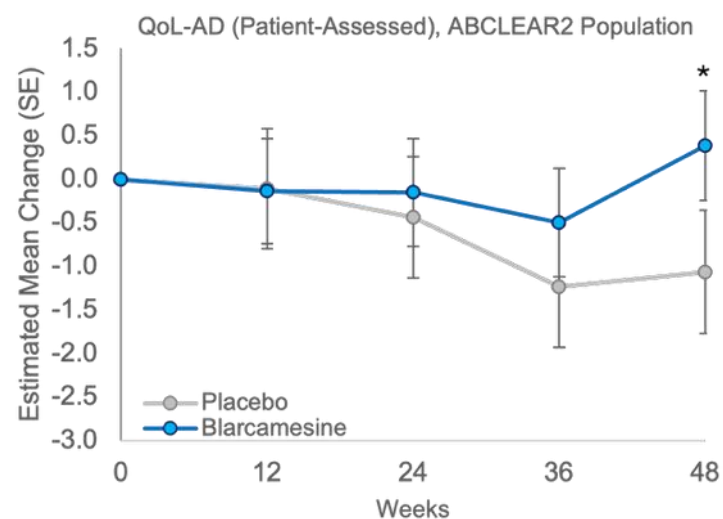
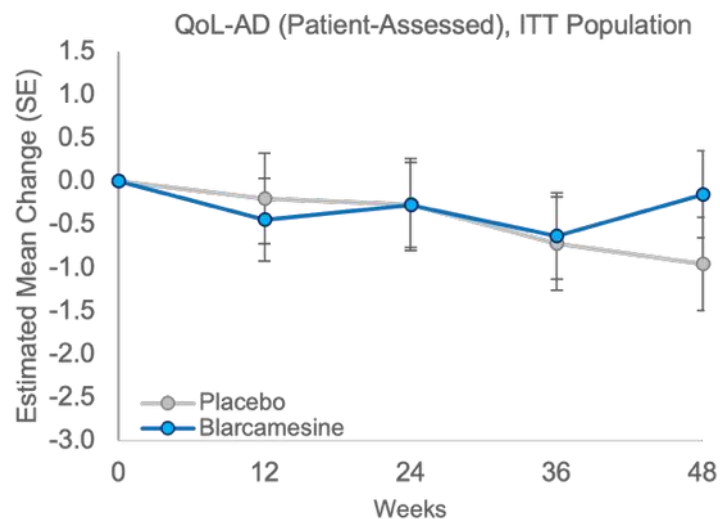
Ability to do things for fun: Enjoyment of leisure activities.

Money: Financial well-being.

Life as a whole: Overall satisfaction with life.



Improvement in Self-Assessed QoL-AD Above Baseline with Blarcamesine Increases in the Precision Medicine Cohorts



Blarcamesine (n)	298	239	206	191	194	(n)	228	184	155	149	150	(n)	156	129	113	109	108
Placebo (n)	164	146	129	123	123	(n)	108	93	87	84	82	(n)	66	62	58	57	56

ITT = Intent-to-Treat population (100% population), all available data points

ABCLEAR1 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variant non-carrier population (SIGMAR1 wild type [WT]) (~70% of total population)

ABCLEAR2 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variant non-carrier population (COL24A1 wild type [WT]) (~71% of total population)

ABCLEAR3 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variants non-carrier population (SIGMAR1 wild type [WT]/COL24A1 wild type [WT]) (~50% of total population)

Clinical efficacy endpoints were analyzed using mixed model for repeated measures (MMRM) estimates for the least-squares mean change from baseline at 12, 24, 36, and 48 weeks, with error bars representing standard error (SE).

The number of all trial participants with available results at each visit is noted beneath the x axis. Asterisks indicate statistically significant differences, where *: $p < 0.05$; **: $p < 0.01$.

Source: <https://www.medrxiv.org/content/10.1101/2025.09.27.25336656v1.full.pdf>



Convenience of Blarcamesine in Early Alzheimer's Disease

Patients *and* Families Continue to be the Center and Focus



Advantage for patient

- Allowing direct access to new oral treatment
- Focus on individual patient preference

Advantage for family

- Less stress for caregivers and less financial strain
- No impact on own work schedule

Advantage for physician

- Streamlined workflow

Simplified patient care with oral therapy: No PET, no MRI, and no lumbar puncture

**Large Patient-oriented,
Identified, Accessible
Opportunities**



Addressing Actionable Patient Accessibility

Examining innovative strategies to effectively engage patients, providers and payers

HEALTH EQUITY

STRONGER PARTNERSHIPS



TRUST +
SHARED POWER

EXPANDED KNOWLEDGE



TOOLS + LEARNING



COMMUNITY
ENGAGEMENT

THRIVING COMMUNITIES



HEALTH +
RESILIENCE

BETTER PROGRAMS & POLICIES



ACTIONABLE SOLUTIONS

High demand from Alzheimer's disease patients and families for easy access and scalable treatment options

Intended to reduce the need for complex procedures for the treatment of people with Alzheimer's disease

Blarcamesine **orally once daily** versus challenges of biologic mAb-based intravenous drug

Addressable CNS Diseases with Worldwide Commercial Rights and Global Opportunity with Potential of Therapeutic Disruption

U.S. AND GLOBAL PATIENT NUMBERS

INDICATION	USA	EUROPE	ASIA	GLOBAL
Alzheimer's Disease (AD) ^{1,2}	~7,200,000	~7,000,000	~23,000,000	~35,000,000
Parkinson's Disease (PD) ^{3,4}	~1,000,000	~1,400,000	~3,000,000	~10,000,000
Schizophrenia ^{5,6*}	~1,600,000	~3,000,000	~9,000,000	~24,000,000
Frontotemporal Dementia (FTD) ⁷	~60,000	~65,000	~500,000	~800,000
Rett Syndrome (RTT) ^{8*}	~11,000	~13,000	~37,000	~350,000
Fragile X Syndrome (FXS) ^{9,10*}	~62,500	~150,000	~900,000	~1,400,000

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2. Dementia in the Asia Pacific Region. Alzheimer's Disease International 2014; 10

3. Marras C et al 2018. npj Parkinson's Disease volume 4, Article number: 21

4. GBD 2016 Parkinson's Disease Collaborators. The Lancet 2018 Volume 17, Issue 11, P3939-953

5. National Alliance on Mental Illness, 2019; Schizophrenia. World Health Organization. Accessed January 2024. <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>

6. Fasseh et al., 2018. Eur J Public Health. 2018 Dec 1;28(6):1043-1049

7. Knopman & Roberts 2011. J Mol Neurosci 2011;45(3):330-335

8. Rettsyndrome.org, 2016

9. National Fragile X Foundation, 2022

10. Hunter et al., 2014. Am J Med Genet A. 2014 Jul; 164A(7):1648-5

Broad IP protection in global markets for product candidates up to 2040

* Patient estimates derived from the published prevalence estimate range for the regional population

Anavex' Strong Financial Profile Supports Current Operations and Clinical Programs are Funded for >3 Years

Strong balance sheet supported by non-dilutive funding sources



\$120M

Cash and cash equivalents¹



~85.3M

Shares outstanding¹

**Non-dilutive
funding sources**



Disciplined approach to operational expenditures



39.0M

Fiscal year 2025 cash utilization

Sufficient cash runway



>3

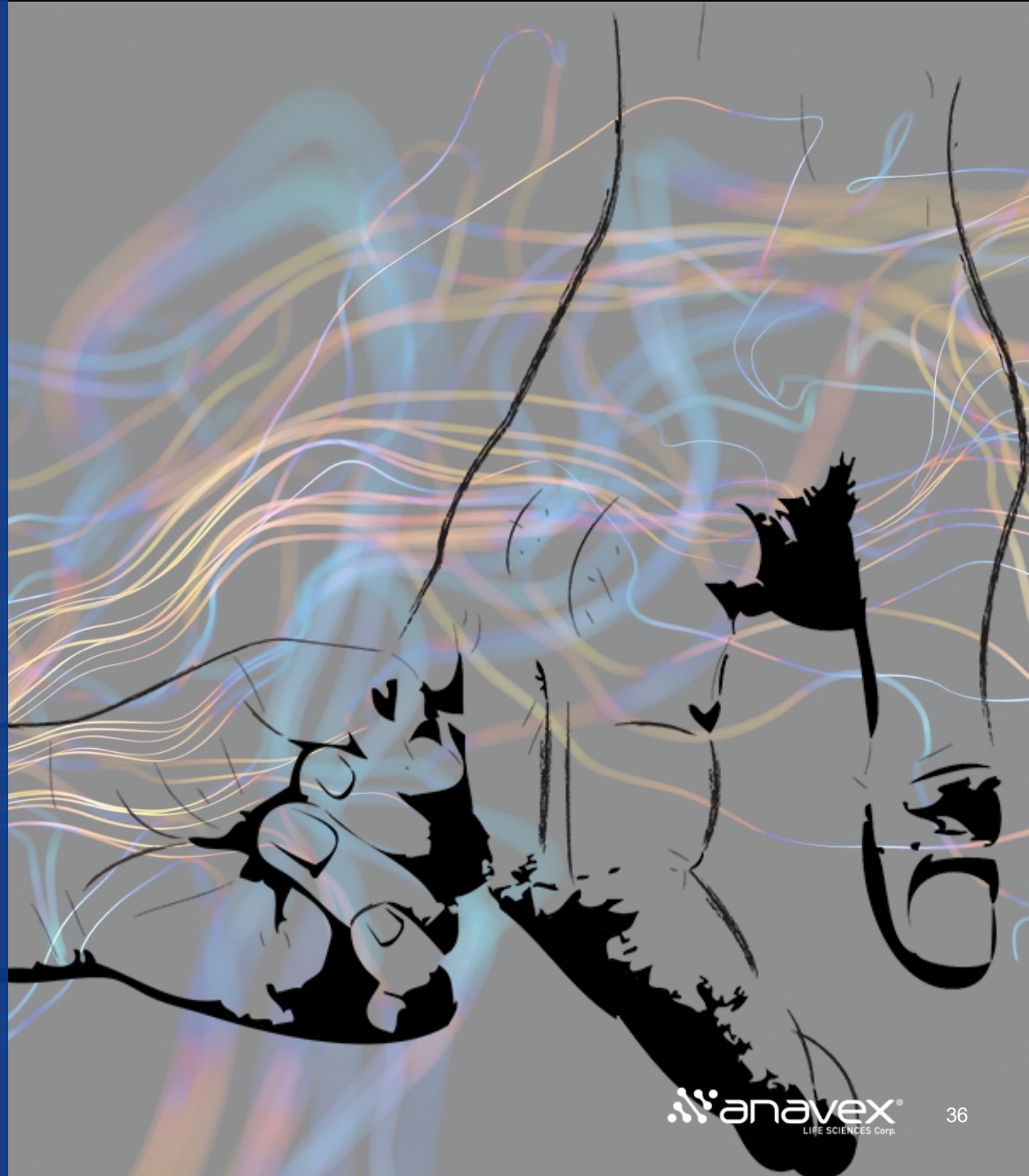
Est. Years of Runway

Sustainable cash runway due to disciplined operations and non-dilutive cash sources

1. As of September 30, 2025 filing including updated earnings release

Focus on Patient-oriented Brain Medicines

- **Late-stage Alzheimer's program** with scalable commercial opportunity in large market with huge unmet medical need
- Emerging body of clinical data with blarcamesine suggests high efficacy in genetically defined large Alzheimer's population through **Precision Medicine**
- **Autophagy platform** offers opportunity through expansion into broader CNS space
- **Strong financial position** and **long-term IP protection secured**
- Expected key near-term **milestones**



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