pharmaxis

Therapeutic products for respiratory and autoimmune diseases

July 2006

Forward Looking Statements

This presentation may contain forward-looking statements that are based on management's current expectations and beliefs and are subject to a number of factors and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. The forward-looking statements contained in this presentation include statements about future financial and operating results, results of our clinical trials, status of our regulatory submissions, possible or assumed future growth opportunities and risks and uncertainties that could affect Pharmaxis' product and products under development. These statements are not guarantees of future performance, involve certain risks, uncertainties and assumptions that are difficult to predict, and are based upon assumptions as to future events that may not prove accurate. Therefore, actual outcomes and results may differ materially from what is expressed herein. In any forward-looking statement in which Pharmaxis expresses an expectation or belief as to future results, such expectation or belief is expressed in good faith and believed to have a reasonable basis, but there can be no assurance that the statement or expectation or belief will result or be achieved or accomplished.

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Summary

Objective	To research, develop and bring to market innovative therapeutic products for the treatment and management of respiratory and autoimmune diseases			
Lead products	Aridol: management of asthma and COPD			
	Bronchitol: therapeutic for cystic fibrosis and COPD			
Discovery	PXS64 - multiple sclerosis			
Listings	ASX (Nov 2003): PXS; NASDAQ (Aug 2005): PXSL			
Location	Sydney, NSW, Australia			
Facility	GMP Manufacture of lead products			
Employees (28/2/06)	50			
Cash (31/3/06)	A\$103 m			
Shares outstanding	176.9m (11.8m ADS)			
Options outstanding	9.7m			
Key patents	Aridol & Bronchitol granted in USA, Australia, Asia; pending in EU and Canada			
Analyst coverage	WilsonHTM CIBC CIBC World Markets J M P S E C U R I T I E S			

Pipeline

Pulmonary and Autoimmune Focus

	Clinical Trials						
Respiratory diseases	research	preclinical	phase I	phase II	phase III	registration	Market
Aridol – asthma					USA	Europe	Aus
Aridol - COPD							
Bronchitol - bronchiectasis							
Bronchitol – cystic fibrosis							
Bronchitol - chronic bronchitis							
Autoimmune diseases							
PXS25/64 - multiple sclerosis							
PXS2076 – rheumatoid arthritis	S						

Recent Highlights....

Aridol



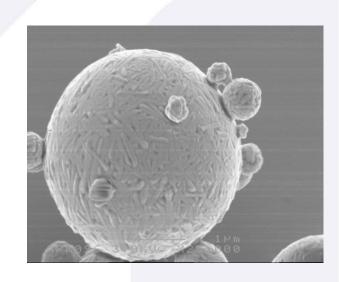
- Completed Phase III asthma (Aus and EU)
- Approved for marketing in Australia (March 2006)
- Market application lodged in EU (April 2005)
- US Phase III study in progress completion July 2006
- Two marketing/distribution partners appointed in Europe

Bronchitol

- Commenced Phase III study in Europe
 - bronchiectasis
- Completed Phase II trials
 - cystic fibrosis
- Orphan Drug designation for CF, bronchiectasis (U.S.)
- Orphan Drug designation for CF (Europe)



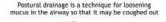




Mucus clearance:

Cystic fibrosis Chronic Obstructive Pulmonary Disease Bronchiectasis

cystic fibrosis





Background



- Genetic disorder affecting 75,000 worldwide (30,000 in U.S.)
- Poorly hydrated, tenacious, thick mucus
- Current life expectancy is 31 years



- Current treatments: rhDNase and tobramycin
 - Delivered by nebulizer (preparation, sterilization)

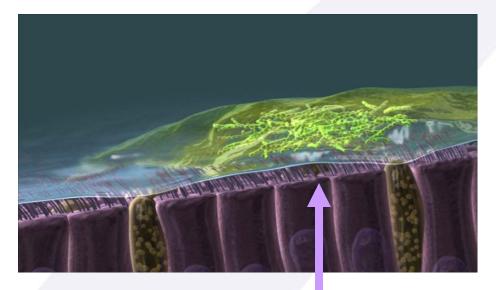


- rhDNase (pulmozyme): US\$265mm @ ~30% penetration
- Tobramycin: US\$233mm

How Bronchitol works.....

Osmotic clearance of abnormal mucus

Before treatment

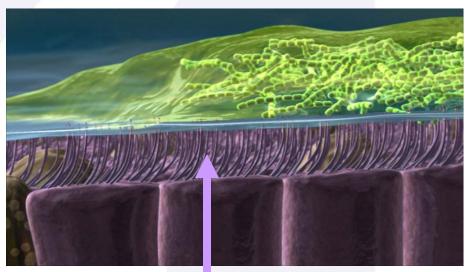


Lung surface dehydrated

Airway surface fluid layer impaired

Lung defense and hygiene compromised

After Bronchitol administration



Lung rehydrated

Airway surface liquid restored

Normal lung clearance

Phase II cystic fibrosis trial



- Crossover, 8 site study in 39 CF patients
- Randomised two week treatment periods
- Double-blind, placebo controlled



- Primary Endpoint:
 - Change in FEV₁
- Secondary Endpoints:
 - Effect on other lung function measures
 - Effect on symptoms/signs
 - Effect on QoL
 - Safety (including microbiology)



CF Phase II Results: Change in Lung Function

	Bronchitol*	Control*	p value
Change in FEV₁	7 ± 2%	0 ± 2%	0.008
Change in FEF ₂₅₋₇₅	15.5 ± 5%	0.6 ± 5%	< 0.01

Includes patients being treated with pulmozyme FEF_{25-75} is a measure of small airway function

cystic fibrosis registration strategy



- •Phase III trial (EU & Aus):
 - Commence Q3 2006
 - Primary endpoint: same as Phase II (FEV₁)



- Placebo-controlled, 6 month dosing
- Scheduled completion end 2007



- •Phase III trial (US) to commence early 2007
 - Similar size, design to EU/Aus trial
 - Scheduled completion beginning 2008
- Orphan drug designation EU and USA

bronchiectasis



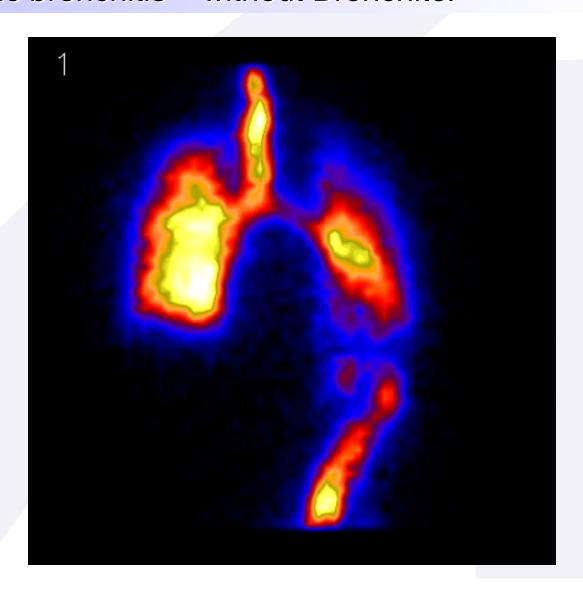
- Background
 - Abnormal, irreversible dilation of the lower airways
- Daily mucus production, constant coughing, breathlessness: major quality of life impact
 - Normal lung clearance impaired
 - 500,000 affected worldwide (110,000 in the U.S.)¹
- •Current treatments: bronchodilators, antibiotics
 - No drugs effective to clear mucus

bronchiectasis

- Phase II Trial results
 - Safe, effective, clinically significant improvements in health
- Phase III Trials
 - Commenced enrolment in Australia and the UK
 - Target patient recruitment of 350
 - Scheduled close of recruitment end 2006
 - Data mid 2007
 - US trial to commence early 2007
- Supplied on individual compassionate-use basis

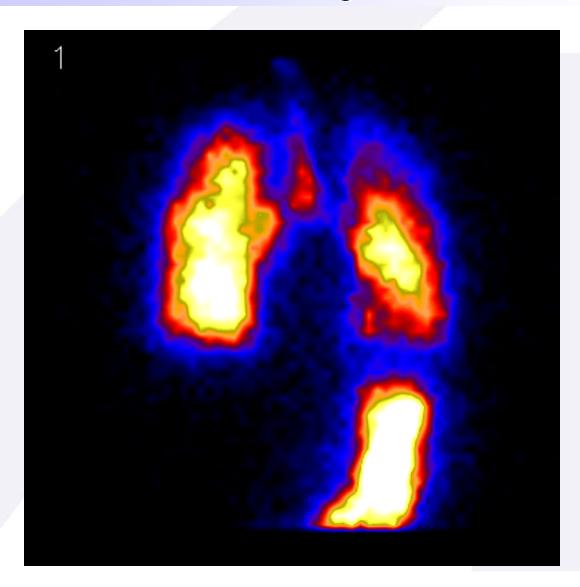
Bronchitol in the clinic.....

Chronic bronchitis – without Bronchitol



Bronchitol in the clinic......

Chronic bronchitis – with 400 mg Bronchitol



Chronic Obstructive Pulmonary Disease

- Clearance of retained lung secretions
- Proof of concept demonstrated with ICU patients
 - Currently supplied on request to patients with life threatening condition
- Clinical conditions include:
 - asthma, COPD, cystic fibrosis, secondary respiratory disease, neurogenic disorder

Complete acute care pilot study (safety)
 Q4 2006

Complete pivotal Phase III study
 Q4 2007

- 30 million COPD exacerbations per year in the U.S.¹
- 1 million U.S. emergency room visits per year



A rapid and simple test for airways inflammation that facilitates diagnosis and management of asthma and COPD patients.

Asthma and COPD Opportunity

•Asthma



- 51mm patients in 7 major markets
- No simple test
- ~34% of people diagnosed with asthma do not have the disease
- Ongoing patient management difficult

Chronic Obstructive Pulmonary Disease



- 30 million people affected in 7 major pharmaceutical markets
- Cost to US healthcare US\$30 billion pa
- 20-25% respond to inhaled steroids but no test to identify them

Current best practice





Current guidelines for diagnosis:

- symptoms: wheeze, breathlessness, chest tightness, cough and nocturnal wakening,
- airflow limitation
- increase in airway hyperresponsiveness.

Current tests are not specific and / or not 'point of care'

The burden of asthma



Patients reporting daytime symptoms

46%

Europe

Patients needing urgent care p.a.

25%

Patients with disturbed sleep

30%



Americans whose activities are restricted by asthma

64%

US Annual hospitalisations due to asthma

USA

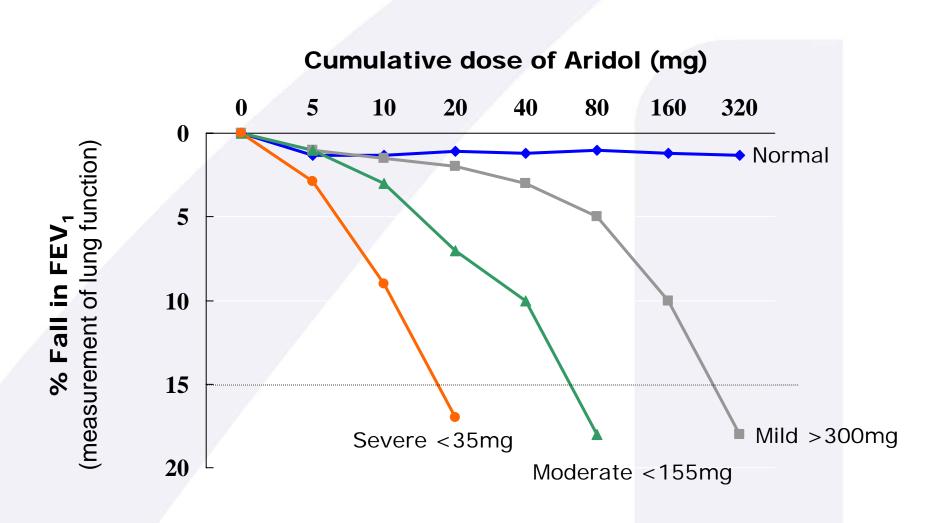
470,000

Annual days of restricted activity due to asthma

100 m

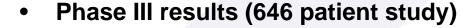
There exists a significant unmet medical need to improve the diagnosis and control of asthma

Measurement of airway hyper-responsiveness



Current status





- Effective at identifying clinical mis-diagnosis (7%)
- 20% of subjects over treated and over diagnosed
- 25% of subjects not well controlled



- European marketing authorization submitted
 - Anticipated approval 3Q 2006
- Approved for marketing Australia
 - Product launched March 2006

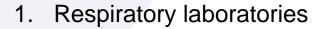


- US Phase III trial commenced
 - Scheduled completion mid 2006
 - Subjects enrolled at June 30: 297/280 (revised target-350)

Marketing - Australia



- Marketing and sales force recruited (Australia)
- Marketing partners appointed (Europe)
- Promotional materials prepared
- Market Introduction



- 2. Respiratory specialists
 - Hospital formulary
 - Clinical trial use
- 3. Primary Care Physicians
- Reimbursement available under existing treatment code



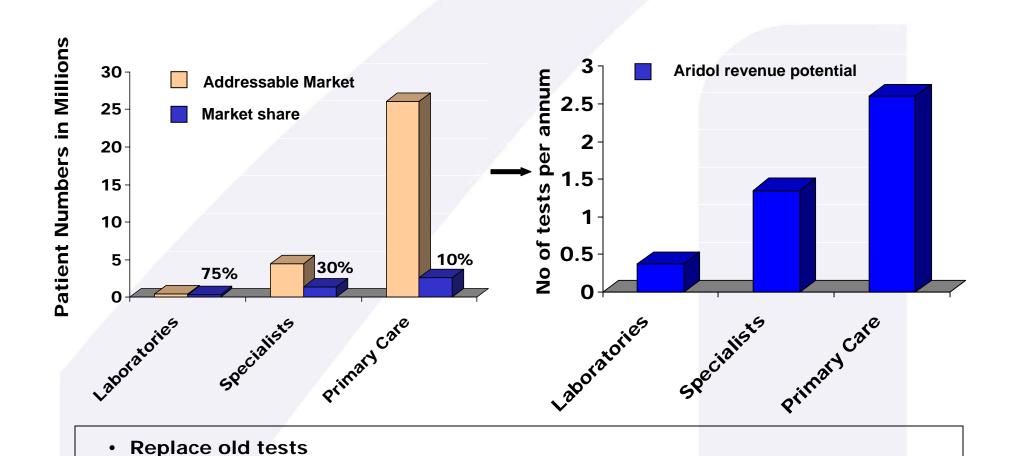


Aridol opportunity by market segment

Increase referrals

Create 'practice' test market

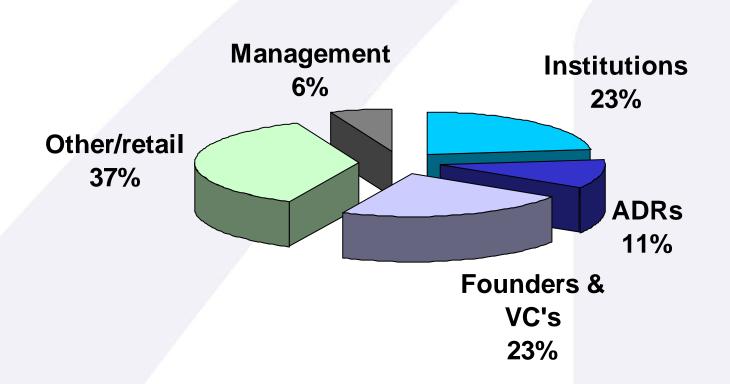
New indications



Total Opportunity = \$210m+

Share Capital

(including options)



9 June 2006: 176.9m shares; 9.7m options

Financial Statements

Unaudited - A\$'000 (except per share data)

Balance Sheet			<u>As</u>		
			<u>31-Mar-06</u>	<u>30-Jun-05</u>	
			A\$	A\$	
Cash and cash equivalents			102,609	33,389	
Plant & equipment			3,069	2,477	
Intangible assets			1,174	1,106	
Total assets			108,379	37,937	
Total liabilities			2,999	2,470	
Total shareholders' equity			105,380	35,467	
Income Statement	Three mont	hs ended	Year-to	Year-to-date	
	31-Mar-06	31-Mar-05	31-Mar-06	31-Mar-05	
	A\$	A\$	A\$	A\$	
Revenue					
Interest	1,418	498	2,854	1,209	
Other income					
Grant income	468	357	898	847	
Other	-	1	-	1	
	1,886	856	3,752	2,057	
Expenses					
Research & development	(4,404)	(2,083)	(10,050)	(6,363)	
Commercial	(497)	(345)	(1,100)	(665)	
Administration	(981)	(533)	(3,163)	(2,128)	
Total expenses	(5,882)	(2,961)	(14,313)	(9,156)	
Net loss before and after tax	(3,996)	(2,105)	(10,561)	(7,099)	
Basic and diluted earnings (loss) per share	(0.023)	(0.016)	(0.068)	(0.059)	
Depreciation & amortisation	174	146	706	421	
Fair value of options issued under employee plan	408	69	812	163	

Significant Milestones ahead

Milestone	3Q-06	4Q-06	1Q-07	2Q-07
Aridol				
Approval – Sweden				
Launch - Sweden				
COPD clinical data				
Ph III US clinical data available				
Bronchitol – cystic fibrosis	7			
PII dosing study data				
Commence PIII trial (EU)				
Combination trial enrolled				
Bronchitol – bronchiectasis				
PIII trial enrolment complete				
PIII data available				
File EU marketing application				
Bronchitol – COPD				
Commence PII pilot trial				
Data available				
PXS64				
Complete preclinical studies				