VTV Therapeutics

Corporate Presentation

First-in-class molecules for organ protection in metabolic diseases

May 2020

Forward looking statements

The statements made in this presentation may include forward-looking statements regarding the type 1 diabetes, Alzheimer's disease, cystic fibrosis related diabetes, and non-alcoholic steatohepatitis markets, the development and attributes of investigational and marketed products to treat these diseases and other conditions, and the future operations, opportunities or financial performance of vTv Therapeutics Inc.

These forward-looking statements are only estimations based upon the information available to vTv Therapeutics Inc. as of the date of this presentation. Except as required by law, we expressly disclaim any responsibility to publicly update or revise our forward-looking statements, whether as a result of new information, future events or otherwise. Thus, the forward-looking statements herein involve known and unknown risks and uncertainties and other important factors such that actual future operations, opportunities or financial performance may differ materially from these forward-looking statements.

For a more detailed discussion of our risks, see the Risk Factors section in our prospectus filed with the SEC and our other filings with the SEC, including our most recent 2019 Annual Report on Form 10-K.

Undue reliance should not be placed on forward-looking statements, which speak only as of the date hereof. All forward-looking statements contained herein are qualified in their entirety by the foregoing cautionary statements.

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Our Focus

We are focused on treating **metabolic diseases** to minimize their long-term **complications** through **end-organ protection**

Our innovative pipeline of **first-in-class small molecules, emphasis on clinical trial execution,** and **long-term sponsor support** are the keys to our success.

Our People

Jeff Kindler, JD
Chairman of the Board

CEO, Centrexion Therapeutics

Fmr. Chairman and CEO, Pfizer

Fmr. EVP, General Counsel for McDonald's Corporation

Fmr. Partner of William & Connelly

Steve Holcombe, B Sc
President, CEO

35 years experience growing start-up companies

18 years at vTv; founding team member

Negotiated 10 vTv partnerships

Raised $200 million equity capital

Focused on operational excellence: Assembled teams that moved projects forward on time and on budget

Carmen Valcarce, PhD
Executive Vice President, CSO

30+ years of R&D experience focused on diabetes and metabolic disease

Managed 12+ INDs

Part of the vTv IPO team

Involved in over 50 due diligence and partnership deals

Ran multiple positive clinical studies

+20 patents

7 years at Novo Nordisk

Trained biochemist and molecular biologist focused on mitochondrial metabolism

Rudy Howard, BA CPA
Executive Vice President, CFO

20+ years as CFO of 5 publicly held companies, ranging from early stage to $1B in revenues, and up to 7,000 employees

As CFO, led three companies through IPOs

Raised over $500M in public markets

Significant role in over 30 M&A transactions

Former partner with PWC

Aaron Burstein, PharmD
Senior Vice President, Clinical Development

24+ years clinical research and drug development experience across academia, federal government, large pharma and small biotech companies.

Supported 60+ clinical studies across Phases 1-4

48 peer reviewed scientific publications

Fellowship training in Clinical Neuropharmacology including PK/PD data analysis techniques

Pipeline

Indication	Preclinical	Phase I	Phase II	Phase III	Biological Rational
Type 1 Diabetes (T1D)	TTP399 (GKA)				Liver-selective GKA; no disruption of GK regulatory protein
Dementia with Diabetes	Azeliragon (RAGE)				Small molecule antagonist of RAGE
Cystic Fibrosis Related Diabetes (CFRD)	TTP273 (GLP1-R)				Small molecule oral GLP1-r agonist
Undisclosed	HPP3033 Nrf2/Bach1				Non-electrophilic activator of Nrf2 pathway

Partnered Programs

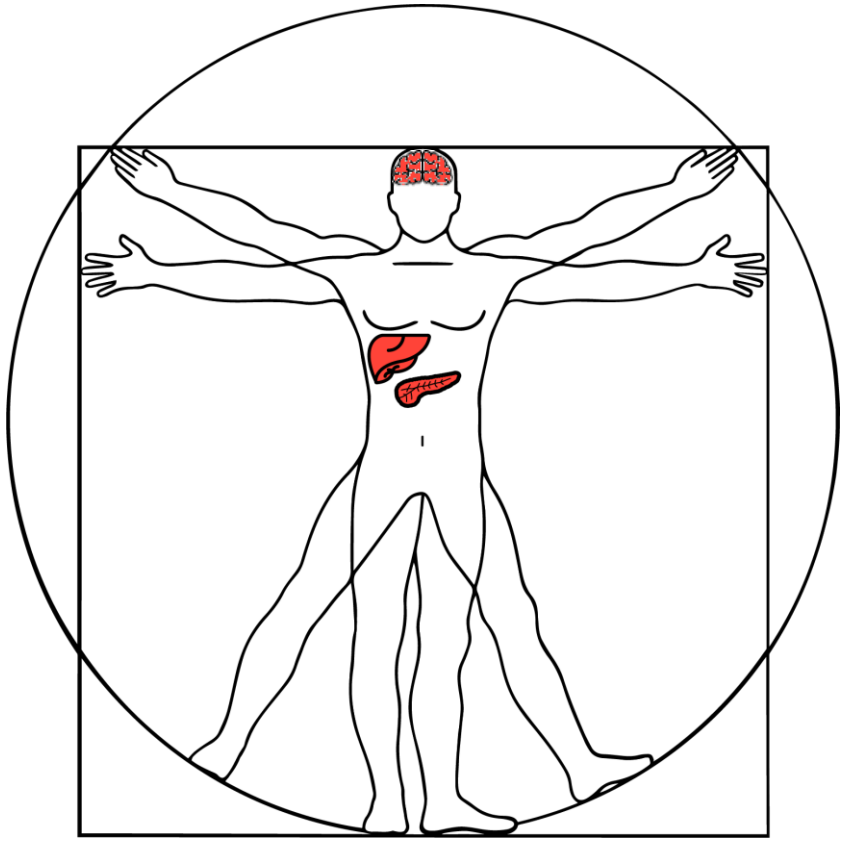
	Preclinical	Phase I	Phase II	Phase III	Partner / Territory
Type 2 Diabetes (T2D)	TTP273 (Oral GLP1-R)				华东医药 HUADONG MEDICINE — China and other Pacific Rim Countries (excl. Japan)
Rare Mitochondrial Disease	HPP593 (PPAR-d)				Reneo — Worldwide
COPD	HPP737 (PDE4)				NEWSOARA 恒翼生物医药 — China and other Pacific Rim Countries (excl. Japan)

Our Strategy

Therapeutics

Addressing the Impact of Metabolic Diseases on End-organs

Our focused collection of assets are designed to provide protective solutions for the Brain, Pancreas and Liver



RAGE in Dementia with Diabetes

- Protect against cognitive decline with diabetes

GKA in Diabetes

- Improve glucose control
- Preserve beta cell function
- Reduce long term diabetic complications (i.e. kidney, heart)

Oral GLP-1r in Cystic Fibrosis Related Diabetes

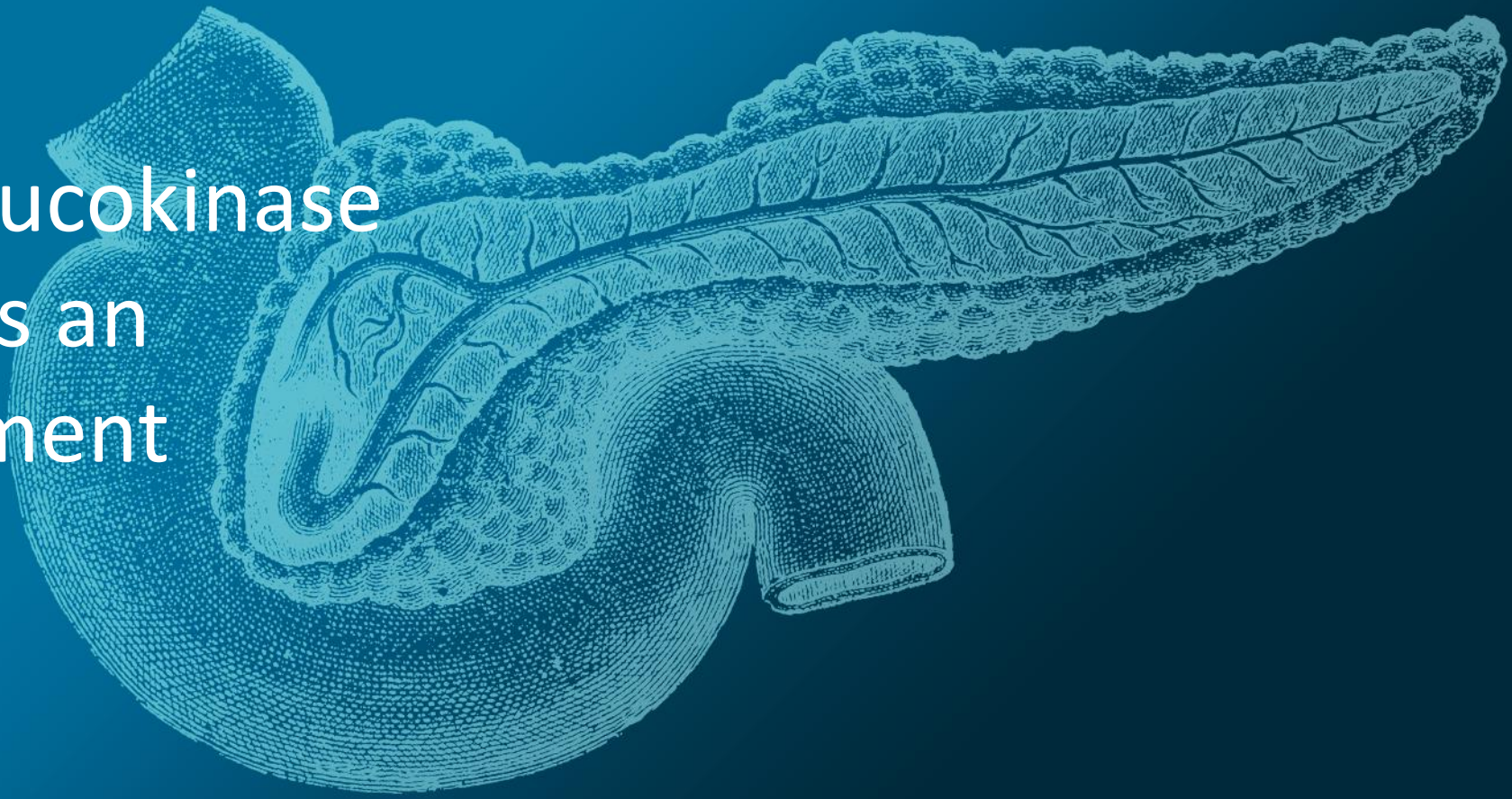
- Improve glucose control
- Increase beta cell mass, proliferation and function
- Improve lung function[1]

Nrf2/ Bach1 for End-organ Protection

1. Raquel Barrio European Endocrinology (2015) 172, R131-R141

Diabetes

TTP399
Liver-Selective Glucokinase Activator (GKA) as an Adjunctive Treatment to Insulin in T1D

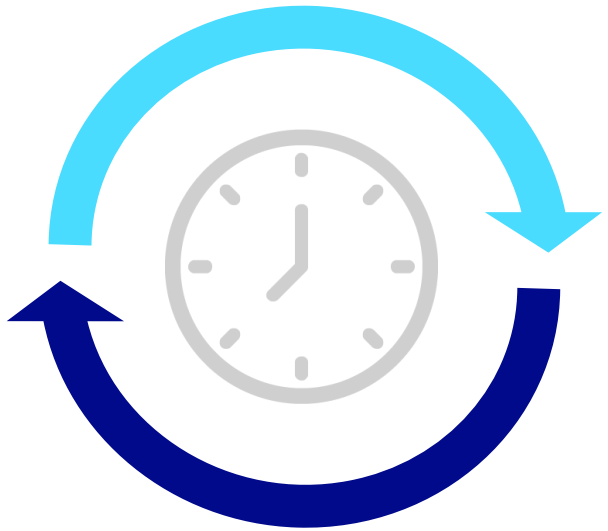


T1D is a Burdensome Disease

People with T1D never get a day off from managing it

It requires constant monitoring of blood glucose levels

People with T1D must wear a pump or use injections to dose insulin



It requires constant management, 24 hours a day

Must count the carbs and account for everything they eat

It is exhausting and has long-term dangerous complications

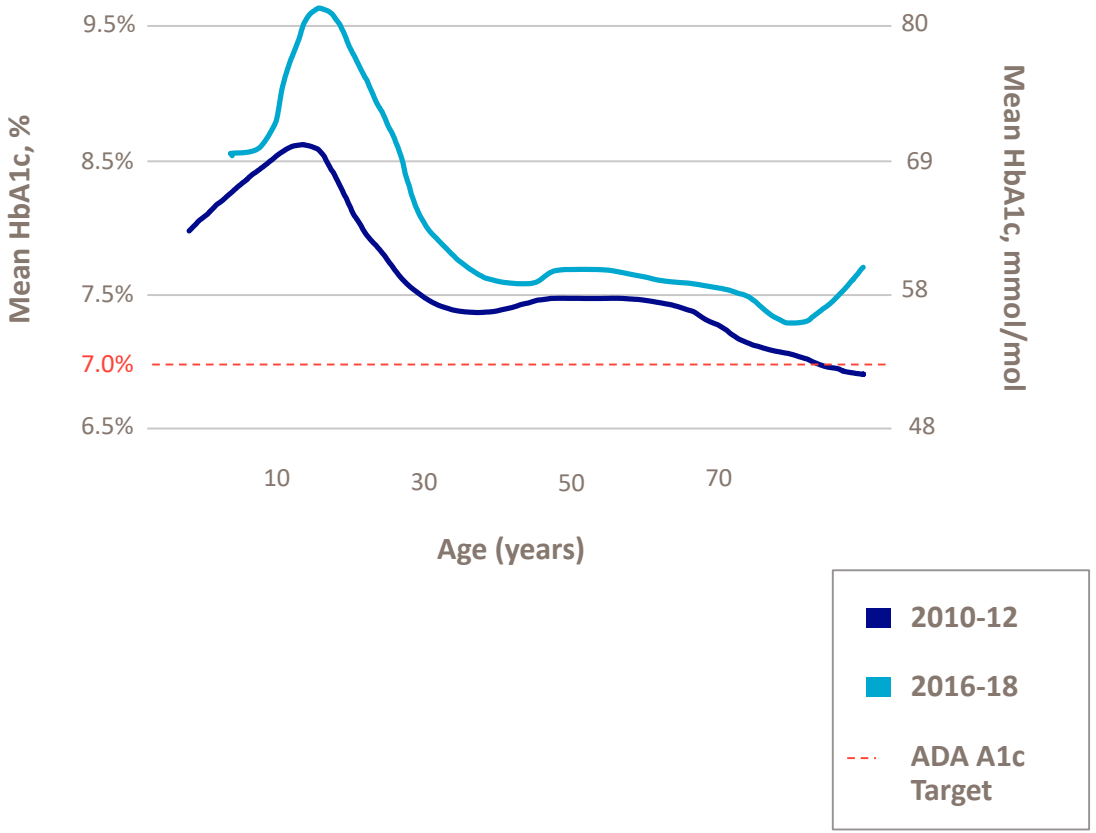
Insulin Alone is Not Enough

Nearly **80%** of people with type 1 diabetes **fail to achieve** ADA target A1c levels[1]

Despite improved and more widely adopted diabetes technology, clinical outcomes continue to decline.[2]

6% of people with type 1 diabetes reported having a **seizure** or **loss of consciousness** and 3% reported at least one event of **Diabetic Ketoacidosis ("DKA")** over the previous 3-month period.[3]

Patient Mean HbA1c Levels Throughout Time[1]



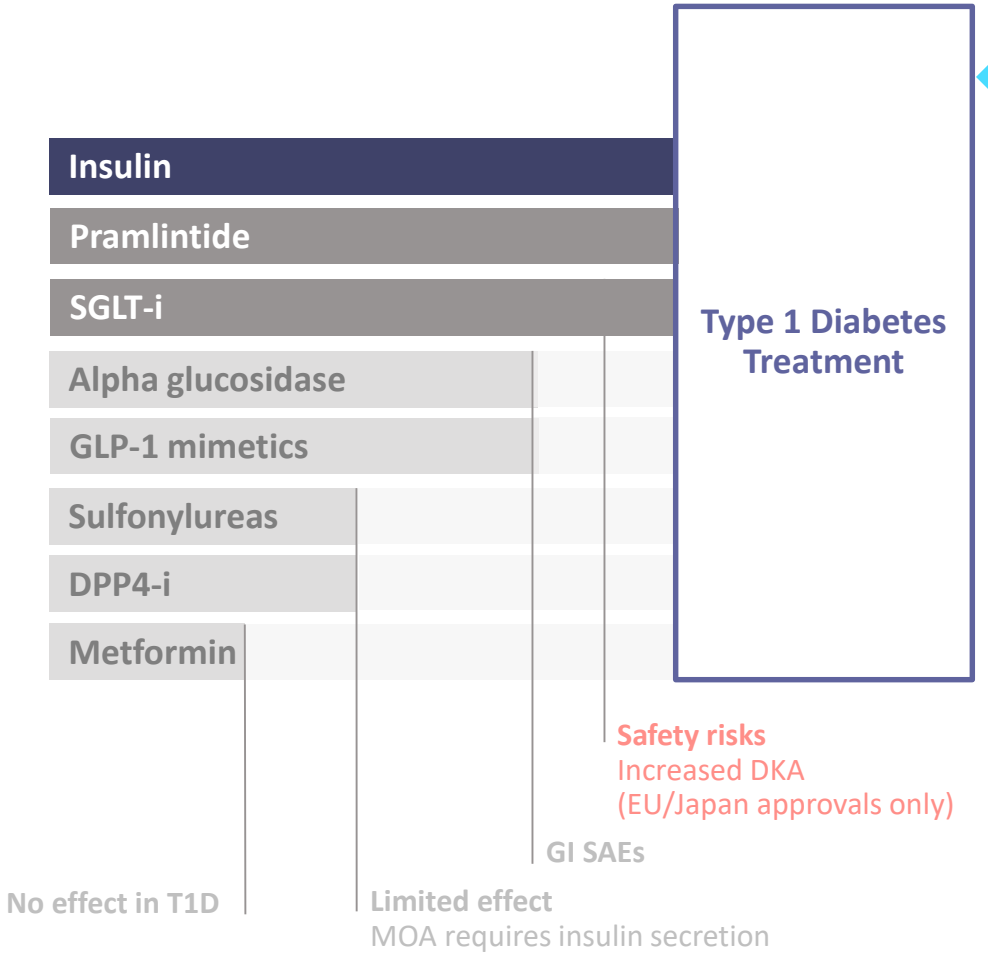
1. Diabetes Technol Ther. 2019 Feb;21(2):66-72. doi: 10.1089/dia.2018.0384. Epub 2019 Jan 18.
2. (Foster et al. Diabetes Technology and Therapeutics (2019) 21:66-72; DOI: 10.1089/dia.2018.0384)
3. Miller KM, et al. Diabetes Care 2015;38:971–978 | DOI: 10.2337/dc15-0078

Limited Treatment Options for a Significant Patient Population

Large commercial opportunity with significant unmet need

- **30 million** people suffer from T1D globally(1)
- **In the US, 1.5 million** adult and pediatric T1D patients(2) ; ~77k new T1D adults diagnosed annually
- **Nearly 80%** of people with T1D **fail to achieve ADA target A1c levels**(3)
- Limited historical innovation for current standard of care
  - Requires constant management and monitoring
- **No oral adjunct therapies approved** in the US
- Potential multi-billion dollar market for oral adjunctive treatments to insulin in T1D

No approved oral therapies for T1D in the US, and available T2D treatments have limited potential in T1D(4)



TTP399 GKA

Product attributes:

- Oral treatment
- Improve time-in-range
- Reduce insulin dose

Without:

- Hypoglycemia
- Diabetic ketoacidosis (“DKA”)
- Weight gain

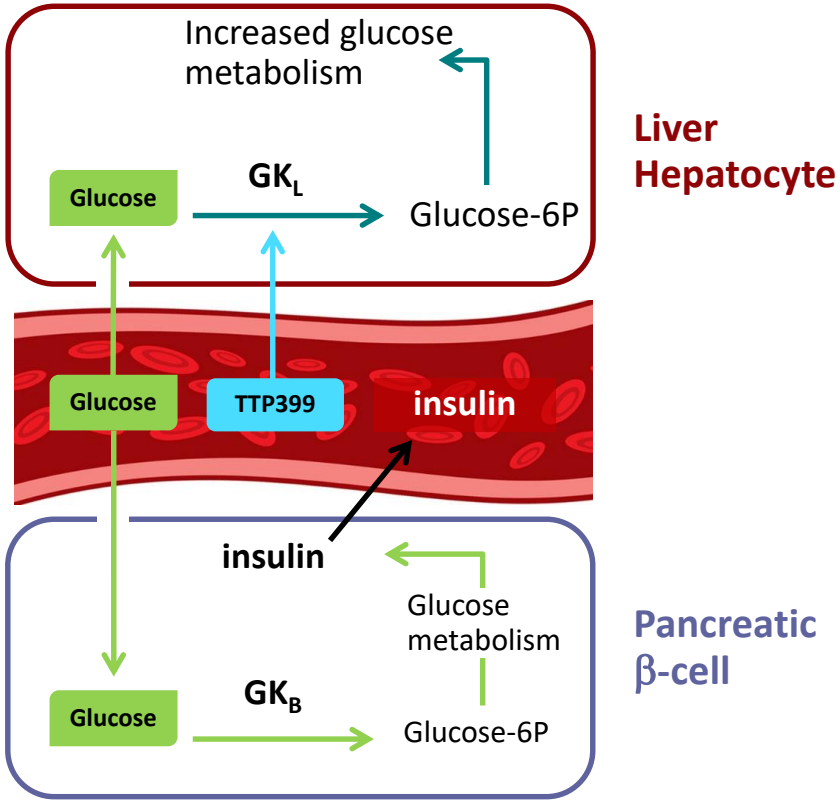
(1) IDF Diabetes ATLAS 8th edition.
(2) Global data, 2019.
(3) Diabetes Technol Ther. 2019 Feb; 21(2):66-72. doi: 10.1089. Epub 2019 Jan 18.
(4) American Diabetes Association: Diabetes Care 2019; 42 (Supplement 1):S90-S92, https://doi.org/10.2337/dc19-S009.

GKA, a Unique Biological Strategy to Support T1D Patients

Glucokinase facilitates a critical step in sugar metabolism

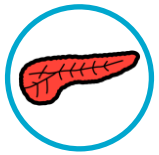
Glucokinase is the glucose sensor of the body

Key role in glucose homeostasis supported by strong genetic evidence



TTP399: A liver selective Glucokinase Activator[1]

TTP399 activates GK in the liver

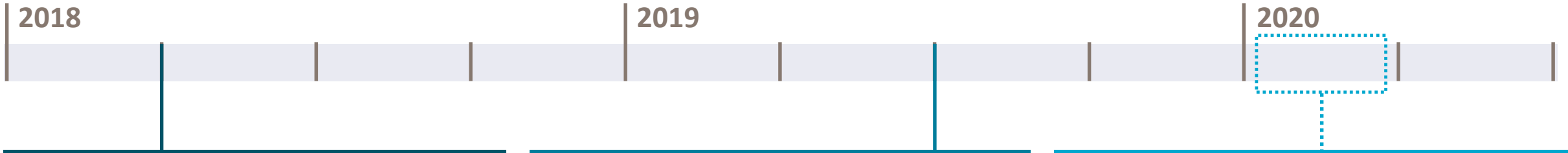


TTP399 does not activate GK in the pancreas

TTP399 does not interrupt the interaction between GK and its regulatory protein

1 Vella A, Freeman J, Dunn I, Keller K, Buse J, Valcarce C. Targeting hepatic glucokinase to treat diabetes with TTP399, a hepatoselective glucokinase activator. Science Translational Medicine 16 Jan 2019

Simplici-T_1 — Adaptive Phase 1b/2 Study Trial Design



MARCH 2018

Phase 1

(Sentinel, open label)

TTP399 was well tolerated

JUNE 2019

Phase 2-Part 1

(Learning Phase) - 12wk, 19 patients

Positive Results Reported June 2019

FEBRUARY 2020

Phase 2-Part 2

(Confirming Phase) – 12wk, 85 patients

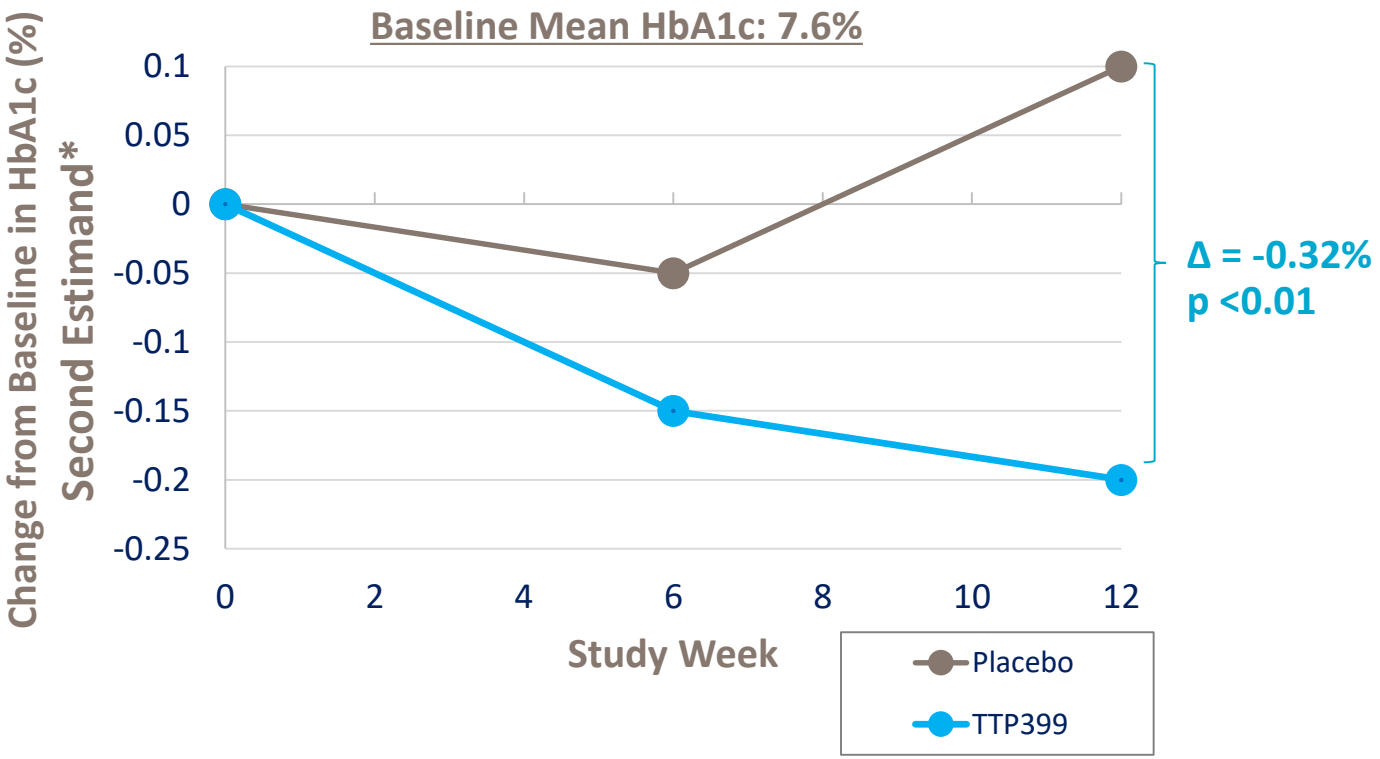
Designed to confirm positive Phase 2-part 1 results

Positive Results Reported February 2020

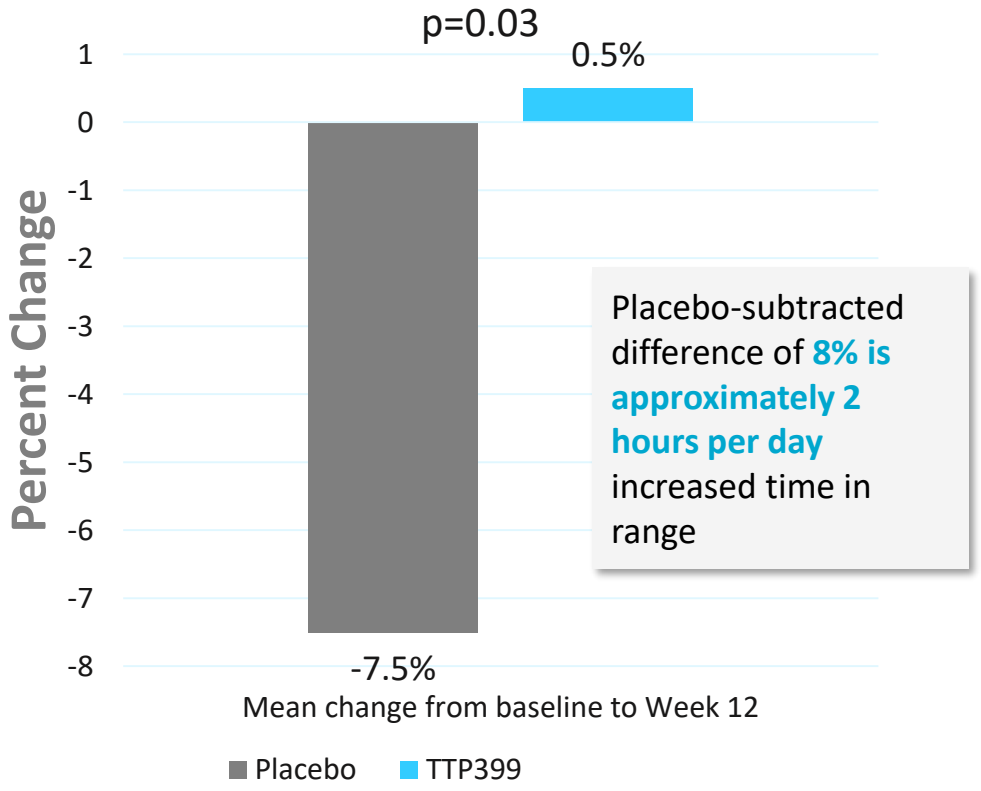
simplici-T_1

Phase 2 - Part 2 Met Primary Endpoint, Reduced HbA1c by 0.32%

Statistically Significant HbA1c Reduction Without Increases in Ketones or Hypoglycemia



CGM Time in Range 24h (Mean)



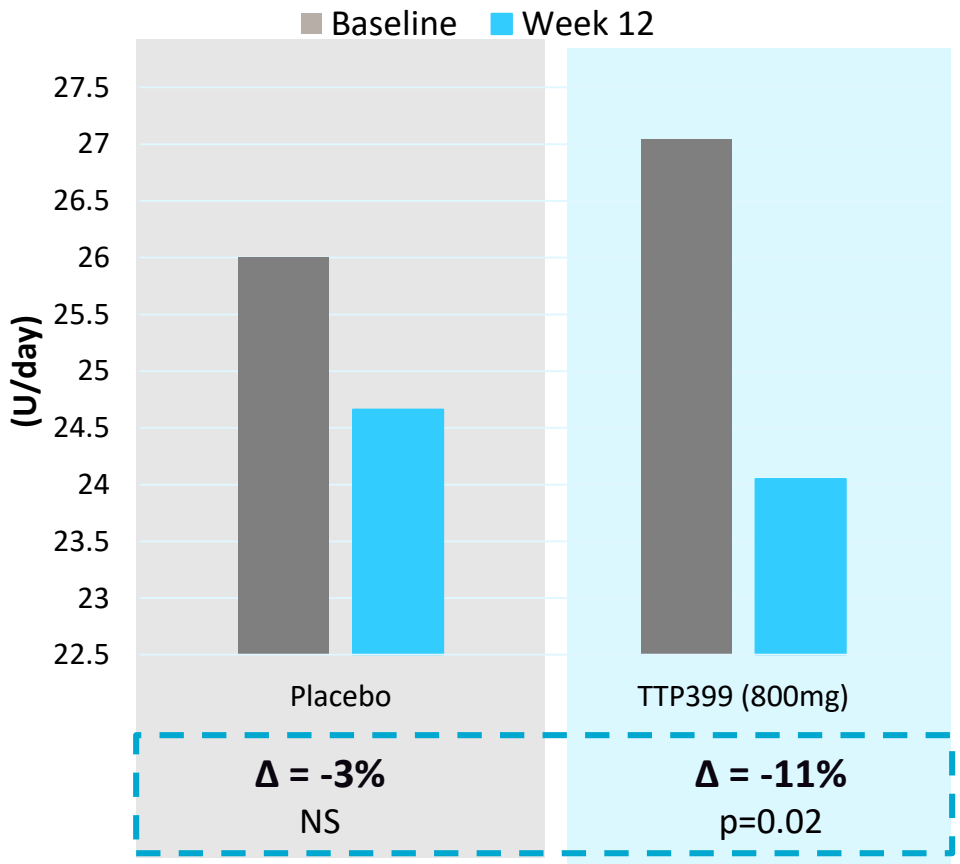
Placebo-subtracted difference of **8% is approximately 2 hours per day** increased time in range

*The pre-specified second estimand analysis evaluated the effect on HbA1c for patients without evidence of noncompliance with prescribed treatment who did not administer notable increases of bolus insulin of three or more units. This second estimand analysis was conducted consistent with current regulatory guidance.

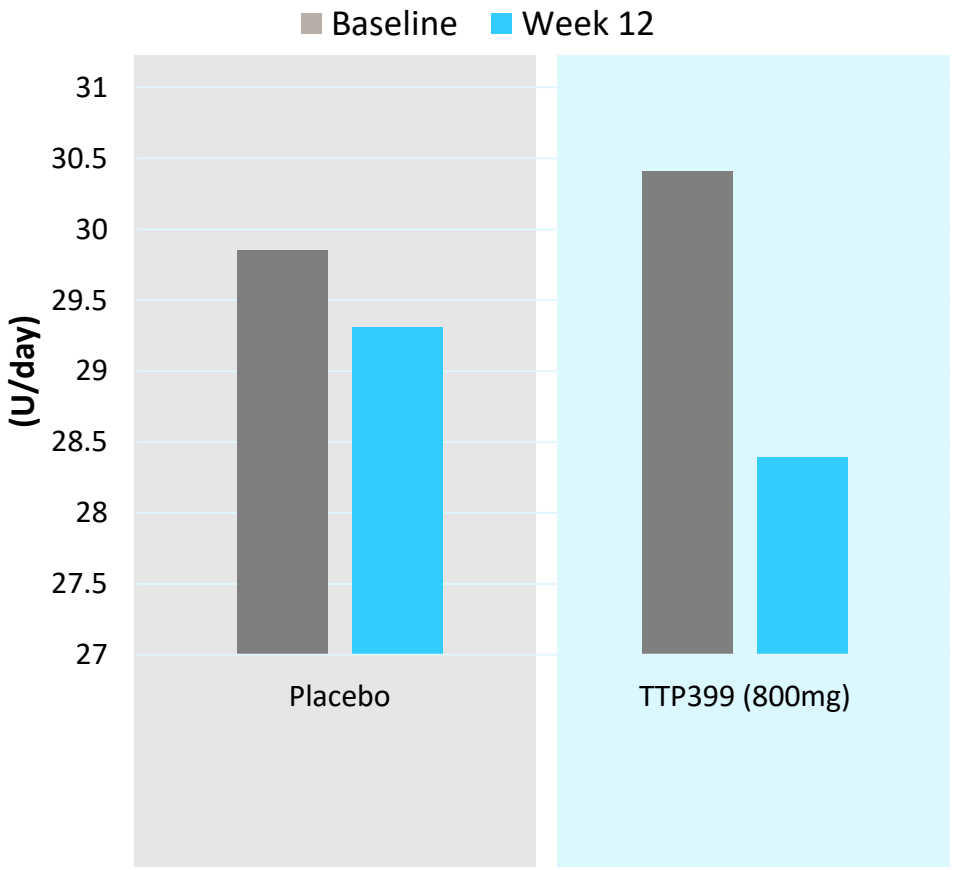
Phase 2 - Part 2 : 11% Reduction in Total Daily Bolus (Mealtime) Insulin

TTP399-203 Part 2 Changes in Insulin Dose

Mean Bolus Insulin (U/day)



Mean Basal Insulin (U/day)



Note: NS denotes not significant.

Phase 2 - Part 2: Compelling Safety Profile with No Diabetic Ketoacidosis and No Incidence of Severe Hypoglycemia in the TTP399 Group

Phase 2 – Part 2 Safety:

- **No diabetic ketoacidosis**
- **No incidence of severe hypoglycemia in TTP399 group** (1 incident in placebo group)
- **Fewer symptomatic hypoglycemic episodes in TTP399 group compared to placebo**:
  - 2 subjects taking TTP399
  - 8 subjects taking placebo
- **Similar profiles for reported TEAEs between TTP399 and placebo**

No detrimental safety signals across multiple parameters in TTP399 treated group when compared to placebo, unlike other oral MOAs investigated for T1D:

- **BOHB in serum and ketones in urine**
- **LFTs**
- **Triglycerides**
- **Lipids**

Development Plan*

June/July 2020

Type C meeting request granted as written responses to address questions posed about pivotal study design

YE 2020

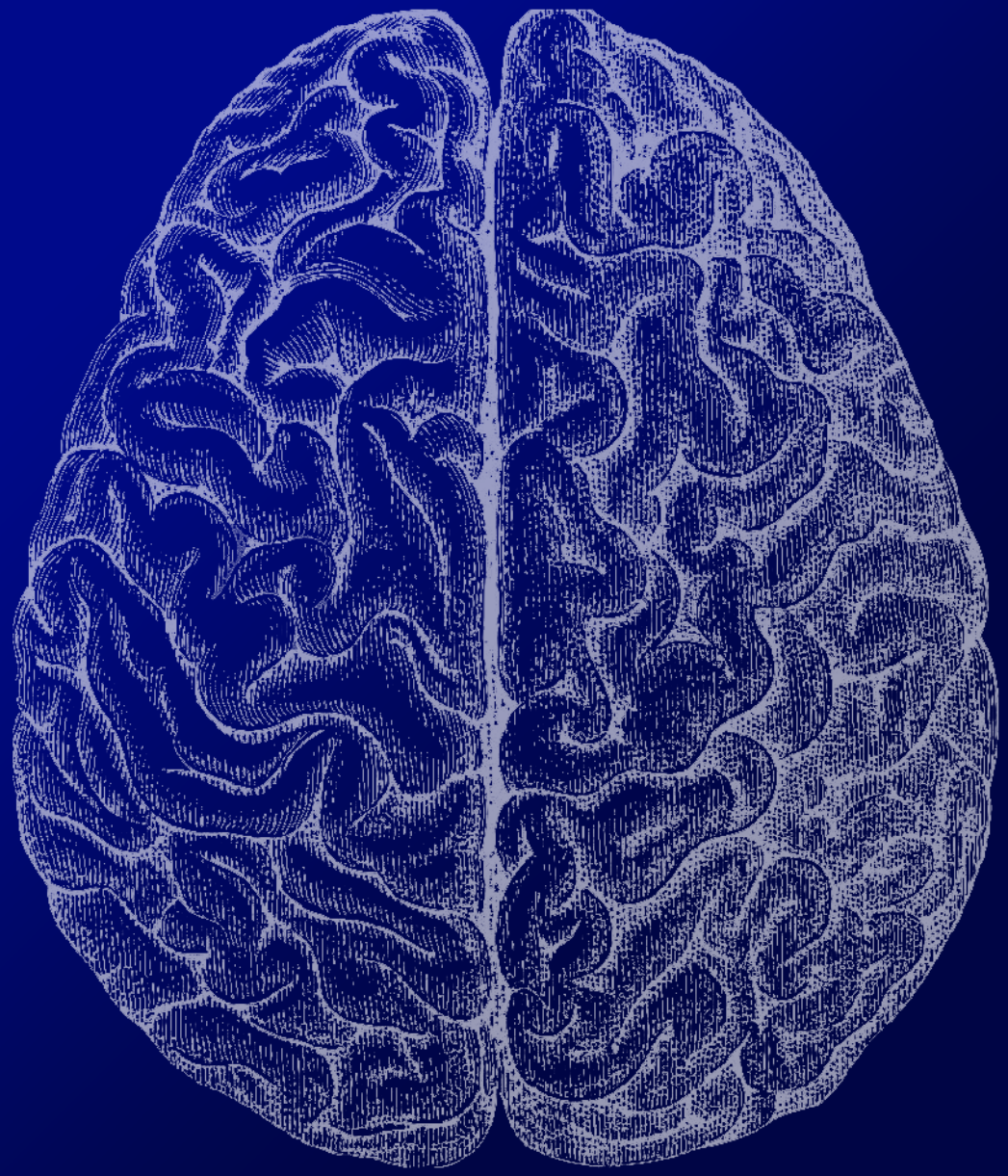
Pivotal trial to be initiated

Activities to support NDA package to be initiated

* Development plan may change based on discussions with regulatory authorities

Dementia

Azeliragon
RAGE antagonist
for Dementia with
Diabetes

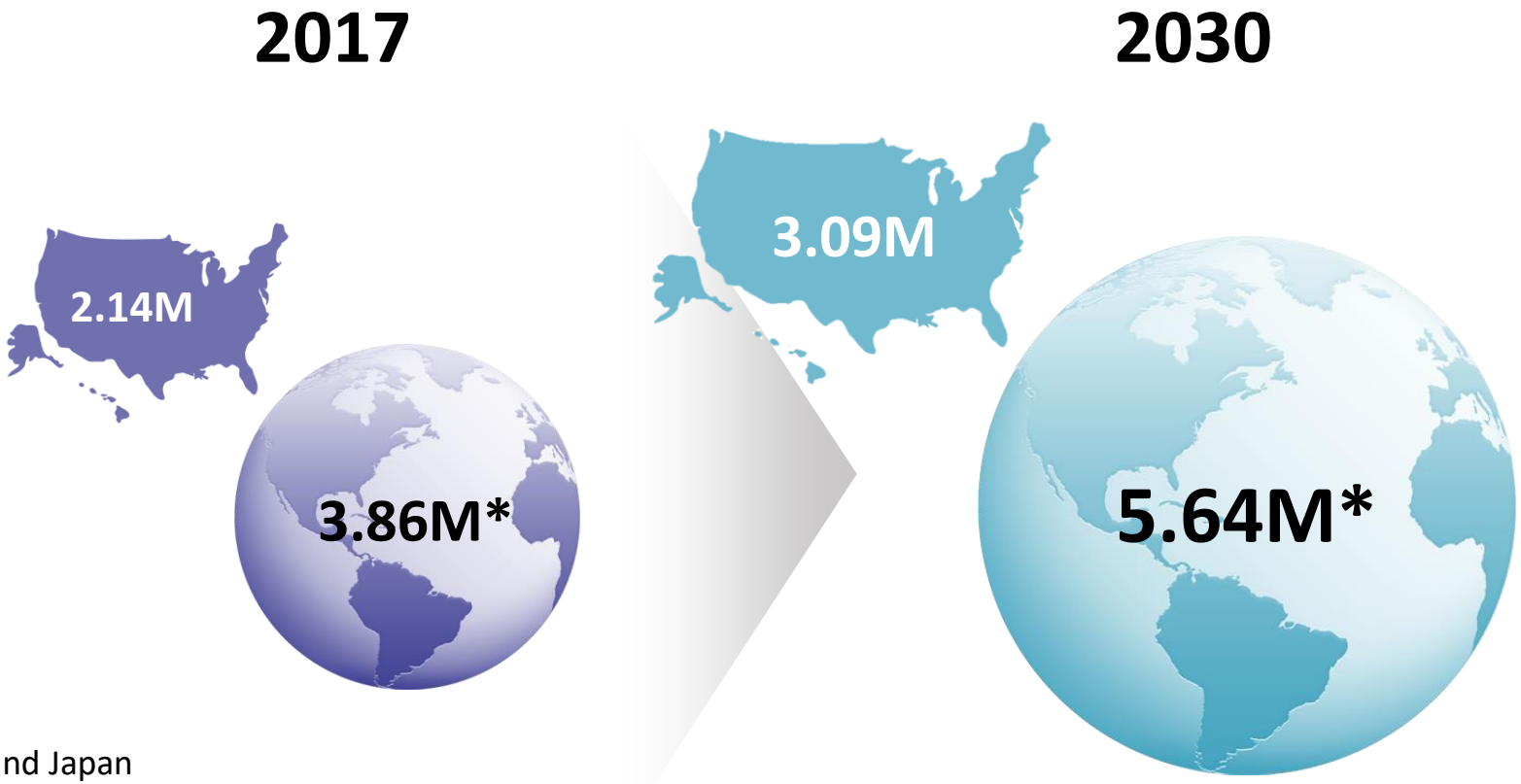


The Significance of Dementia with Diabetes

Market Size

Market for Dementia with diabetes expected to reach **$2.04B by 2030** in 7MM* from 1.18B in 2017

Prevalence of Dementia (Alzheimer's) with Diabetes

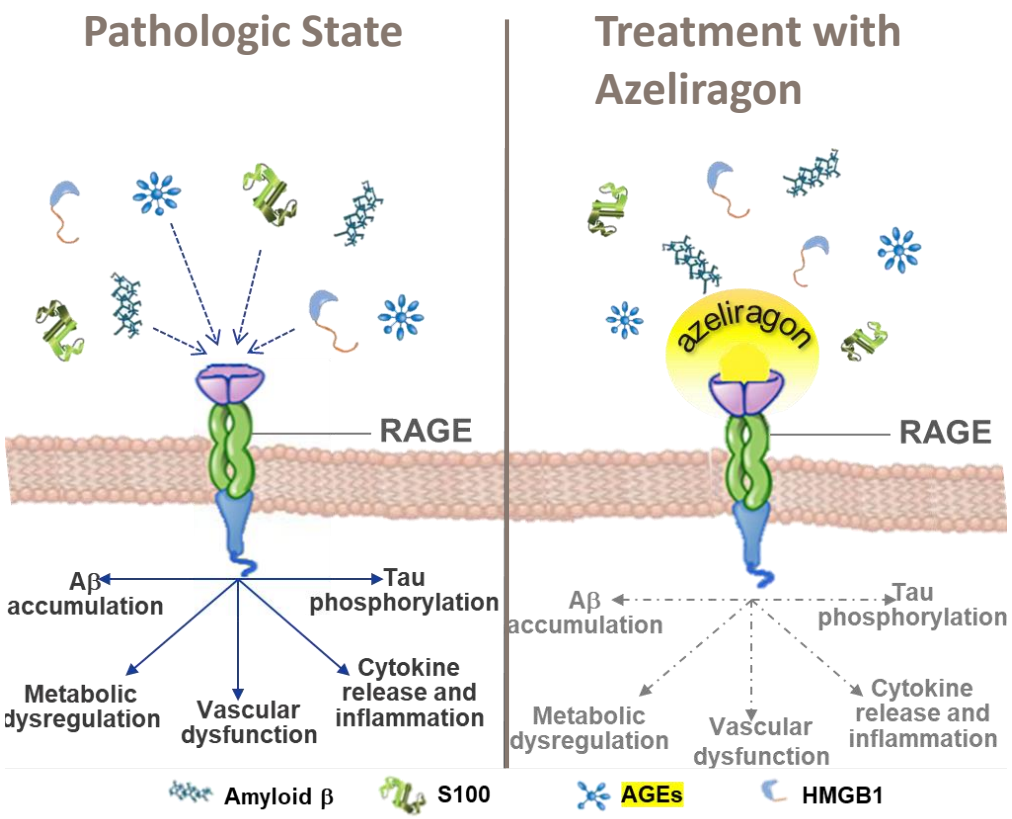


*7 Major Markets: US, Germany, France, Italy, Spain, UK and Japan

Source: Delveinsight, Dementia with Diabetes, Market Insights, Epidemiology and Market Forecast – 2030 , March 2020

Targeting RAGE for Treatment of Dementia with Diabetes

Azeliragon antagonizes the Receptor for Advanced Glycation Endproducts (RAGE), blocking ligands from binding to the receptor and blunting resultant downstream pathologic events



Well established associations between AGEs / RAGE and diabetic complications

- Advanced glycation endproduct (AGE) accumulation is increased in patients with diabetes and parallels the development of cognitive impairment and dementia
- Increases in AGEs:
  - promote increased expression of RAGE
  - are linked to development of end-organ complications such as retinopathy, neuropathy and nephropathy

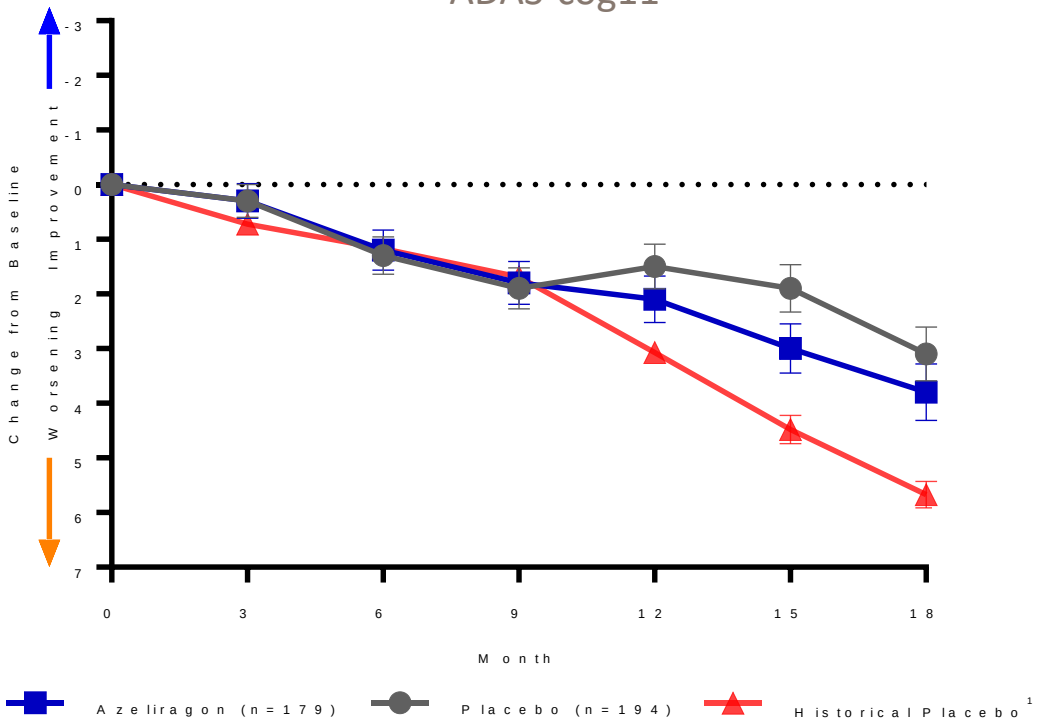
Potential benefits of RAGE antagonism for dementia in diabetes

- Blockade of, and reduction in, microglia activation
- Less brain atrophy
- Less dysregulation of brain glucose metabolism
- Reduction in inflammation
- Preservation of cognition and functional activities

Potential Beneficial Effect on Cognition in Patients with Elevated HbA1c

STEADFAST A-Study All Subjects (FAS)

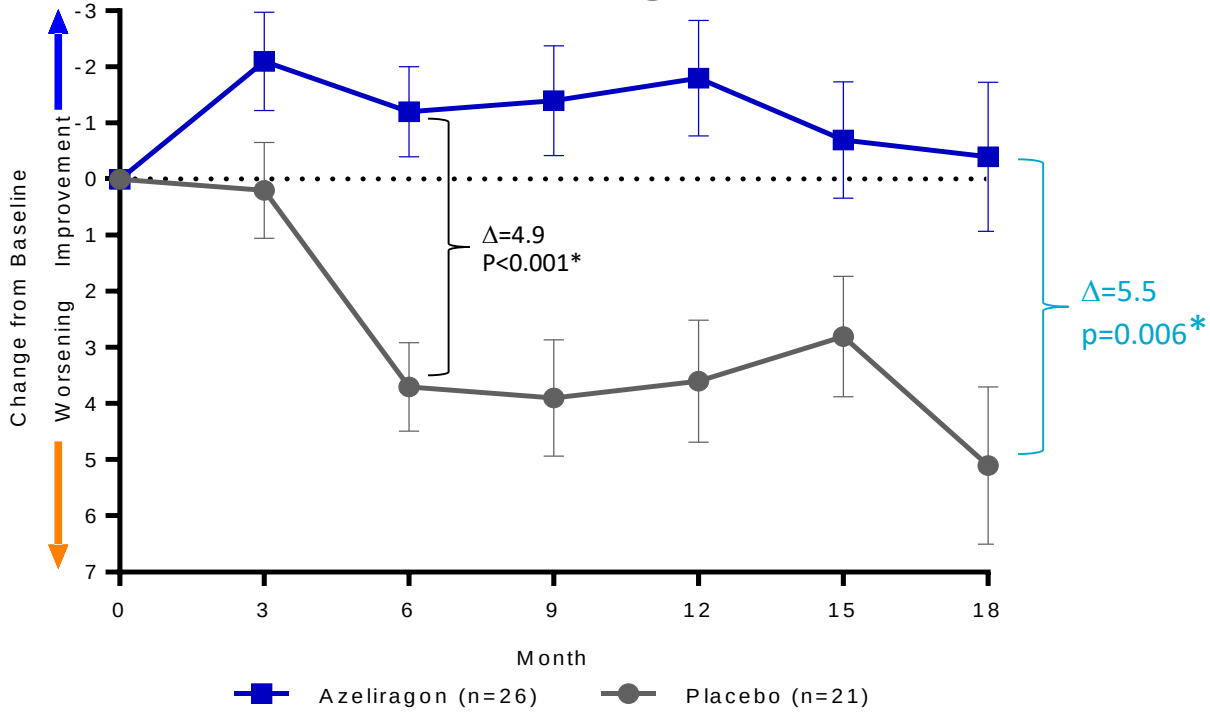
ADAS-cog11



Placebo decline in A-Study FAS markedly less than expected from historical controls. No treatment differences noted.

STEADFAST A-Study Type 2 Diabetes Subgroup (FAS)

ADAS-cog11



Cognitive benefits in ADA-T2D (HbA1c ≥ 6.5%) subgroup are nominally significant and clinically relevant as early as 6 months and through 18 months

Type 2 Diabetes: Patients with diabetes (HbA1c ≥ 6.5% at anytime during the study)
Results are LSMeans ± SE based on MMRM model.
*All p values are nominal. FAS =Full Analysis Set

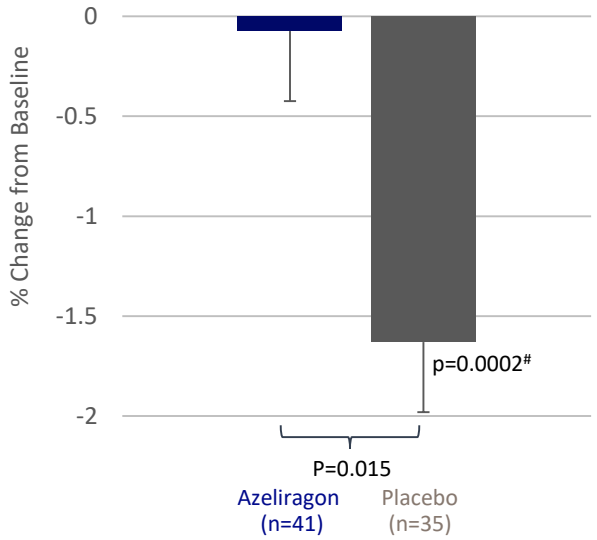
Data presented on March 30, 2019 at the 14th International Conference on Alzheimer's & Parkinson's Diseases held in Lisbon, Portugal

[1]*Thomas et al. Alzheimer's & Dementia 2016:12;598-603.*

Brain MRI, FDG-PET and Plasma Inflammatory Biomarker Results Support Biological Effect in Dementia with Diabetes

Less Brain Atrophy

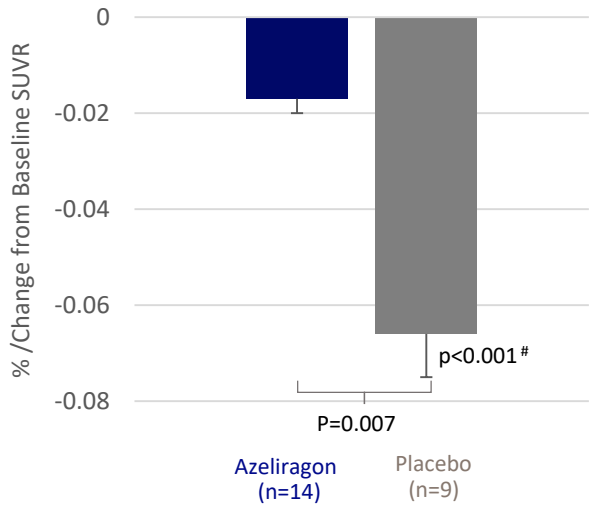
Whole Brain



Change in ventricular enlargement (%) and total hippocampal volume (%) also trending to favor azeliragon

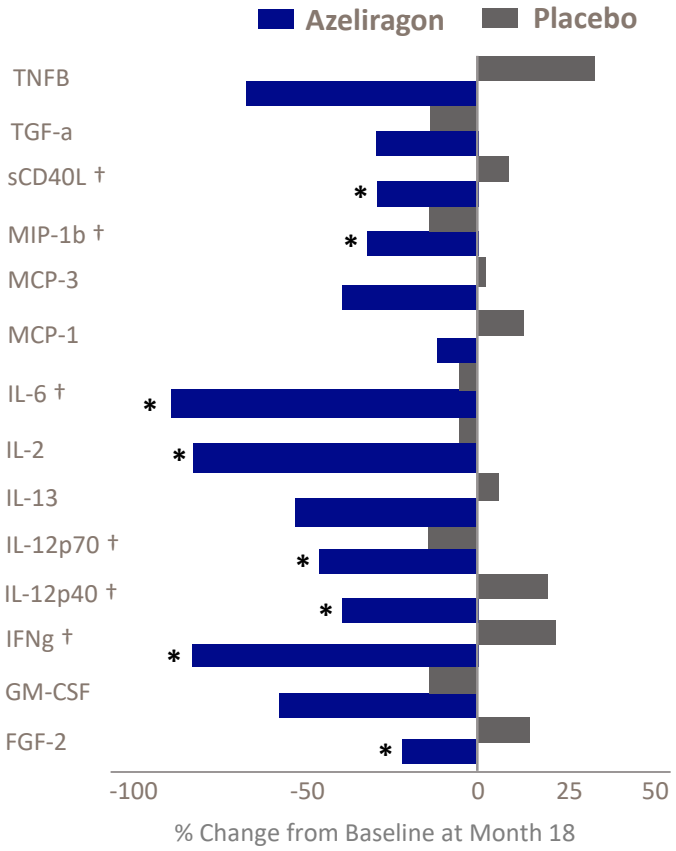
Less Reduction in Brain Glucose Utilization*

Month 18



Effect also evident at Month 12

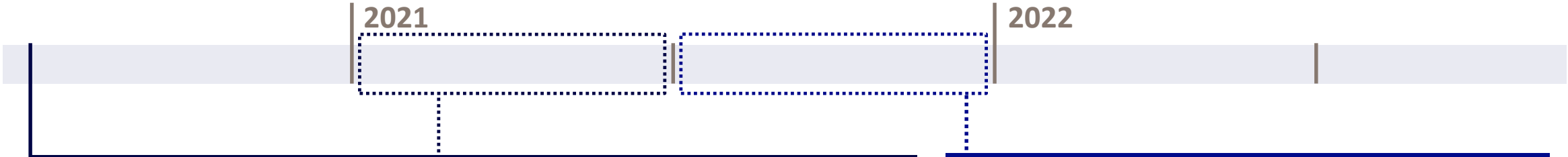
Reduction in Plasma Inflammatory Biomarkers



* Nominal p<0.05 Wilcoxon test
† Biomarkers related to RAGE
Results are Means

*FDG-PET SUVR
Presented at 14th International Conference on Alzheimer's & Parkinson's Diseases. March 30, 2019. Lisbon, Portugal

Elevage Study: Two Studies Conducted Under a Single Protocol



STARTED JUNE 2019

Phase 2

(Part 1 / Proof of Concept) – 6 months, targeting ~50 patients to be enrolled by end of Q3 2020

Proof of concept study to confirm the cognitive benefits evidenced in the diabetes subgroup (n=47) of the STEADFAST study

Powered to demonstrate treatment difference between azeliragon and placebo on the ADAS-cog

Readout 1H 2021

2H 2021

Phase 3

(Design pending)

Demonstrate safety and efficacy with co-primary endpoints of cognition and function to support possible registration

Study start expected 2H 2021

ClinicalTrials.gov Identifier: NCT03980730

elevage Alzheimer's Disease study

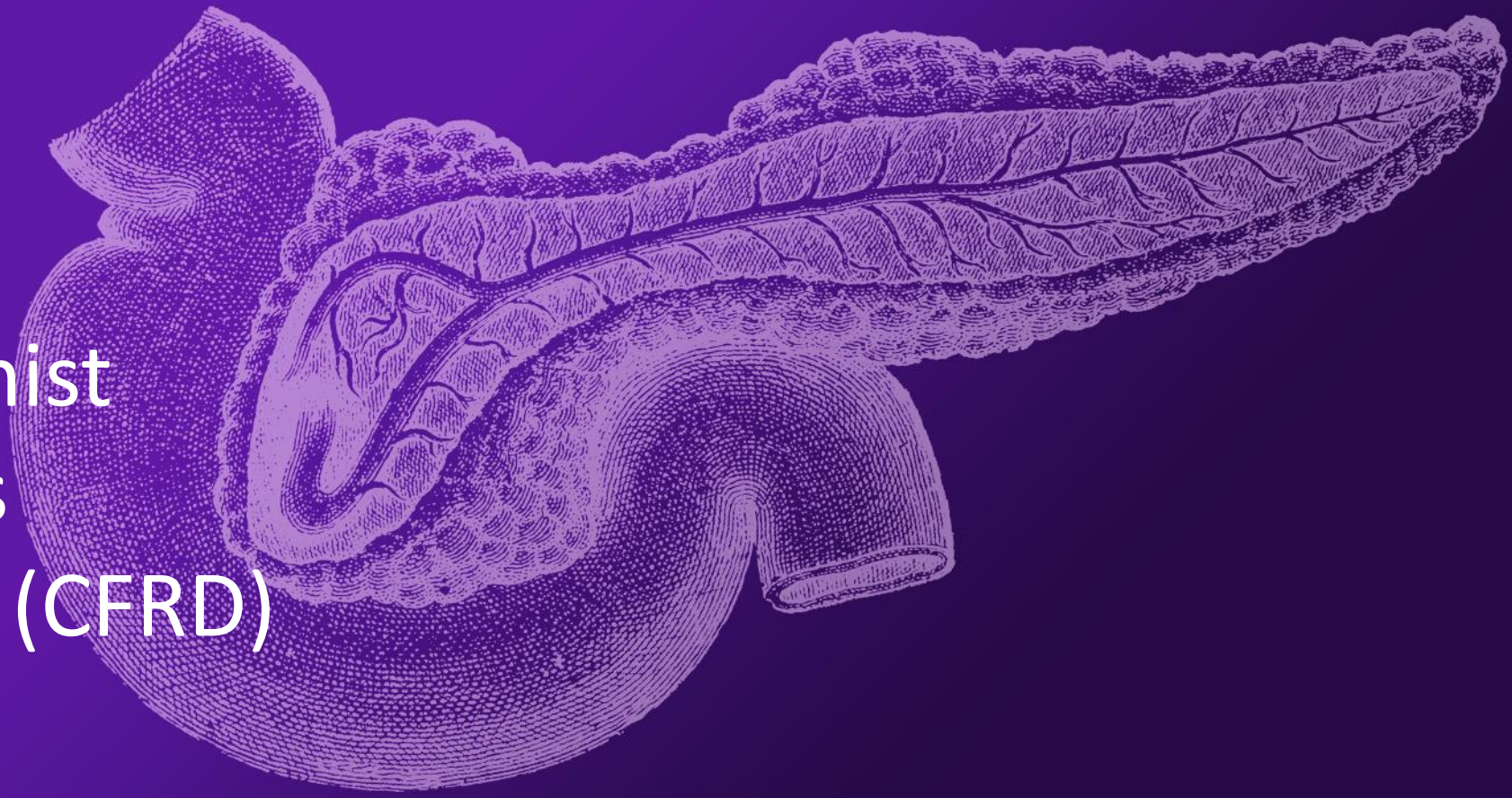
Development Plan

NDA enabling studies are **complete**, positioning azeliragon for an NDA submission upon successful, positive clinical trials

Diabetes

TTP273

Oral GLP1-R Agonist for Cystic Fibrosis Related Diabetes (CFRD)



CFRD/TTP273

Cystic Fibrosis Related Diabetes

~30,000 patients US; **~70,000** patients worldwide suffer from Cystic Fibrosis (CF)

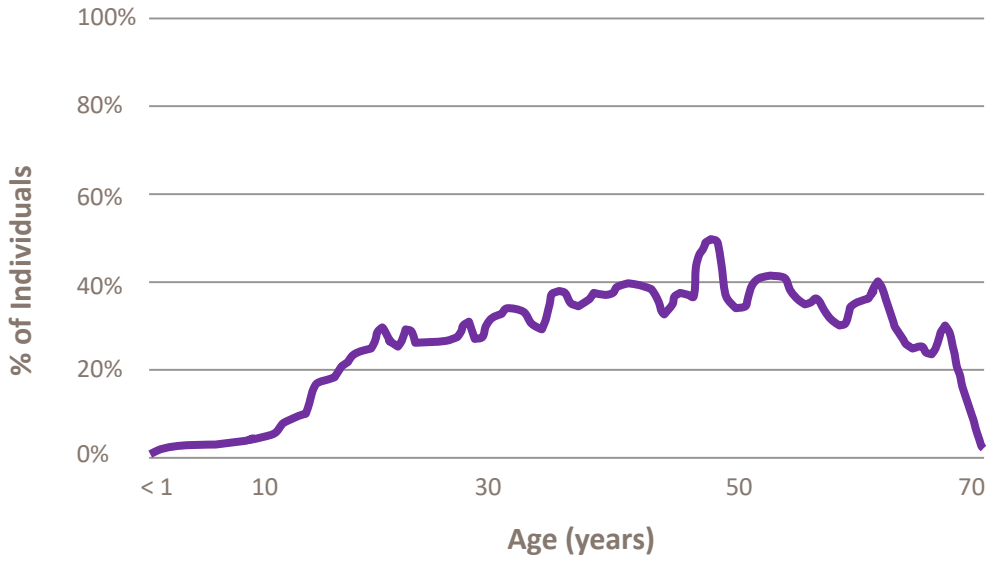
Cystic Fibrosis Related Diabetes (CFRD) is the most common CF co-morbidity[2]:

- **~40%** of adults
- **~20%** of teens

CFRD is associated with:

- Weight loss
- Lung function decline
- Increased mortality[1]

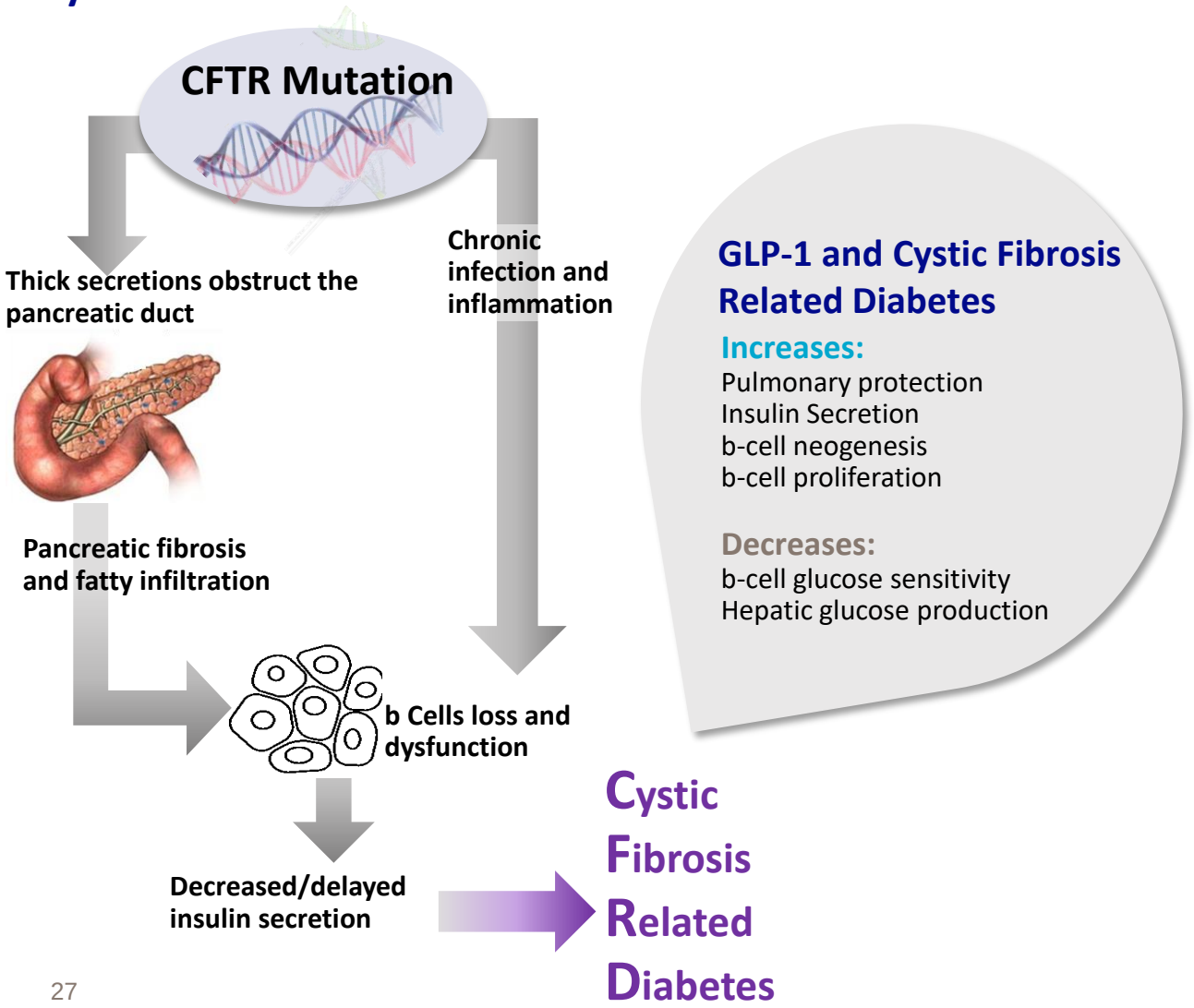
Cystic Fibrosis Related Diabetes (CFRD)



1. 2017 Cystic Fibrosis Foundation Patient Registry Highlights
2. https://www.ncbi.nlm.nih.gov/pubmed/20202149

GLP-1 Therapy Proposed as Treatment for CF and CFRD

Cystic Fibrosis Related Diabetes



GLP-1 and Cystic Fibrosis Related Diabetes

Increases:
Pulmonary protection
Insulin Secretion
b-cell neogenesis
b-cell proliferation

Decreases:
b-cell glucose sensitivity
Hepatic glucose production

TTP273 Addressing Unmet Need in CFRD

Benefits of TTP273:

Small molecule, oral GLP-1r agonist

Does not cause nausea and vomiting

Weight loss only in overweight patients

Potential for combination with other oral therapies

Limitations of Marketed GLP-1 Therapies:

Peptides dosed by injection

Nausea and vomiting side effects

Cause weight loss

Development Plan

1H 2020
Seek orphan designation

2H 2020
Apply for Cystic Fibrosis Foundation Clinical Research financial support

YE 2020
Initiate Part 1 of adaptive phase 1 study in patients with CFRD or impaired glucose tolerance

YE 2021
Initiate Part 2 of adaptive phase 2 study in patients with CFRD or impaired glucose tolerance

Partnered Development Programs

VTV Therapeutics

Creating Value Through Partnerships

Asset	Partner	Territory	Target Indications	Economics for vTv
HPP737 (PDE4i)	NEWSOARA 恒翼生物医药	China and other Pacific Rim Countries (excl. Japan)	COPD	Milestones and royalties Utilization of data to advance development in ROW
PPAR-δ Agonist Program	Reneo	Worldwide	Rare mitochondrial diseases, Fatty Acid Oxidation Disorder, McArdle Disease	Equity interest in Reneo Milestones and Royalties
TTP273 (Oral GLP-1r)	华东医药 HUADONG MEDICINE	China and other Pacific Rim Countries (excl. Japan)	Type 2 Diabetes	Milestones and Royalties Utilization of data to advance development in ROW

Thank you

VVT Therapeutics