Therapeutics

Corporate Presentation

First-in-class small molecules for the treatment of metabolic and inflammatory disorders

November 2020

Forward looking statements

The statements made in this presentation may include forward-looking statements regarding the type 1 diabetes, Alzheimer's disease, psoriasis, and other 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 and inflammatory disorders** to minimize their long-term complications and improve the lives of patients

Our innovative pipeline of internally discovered **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

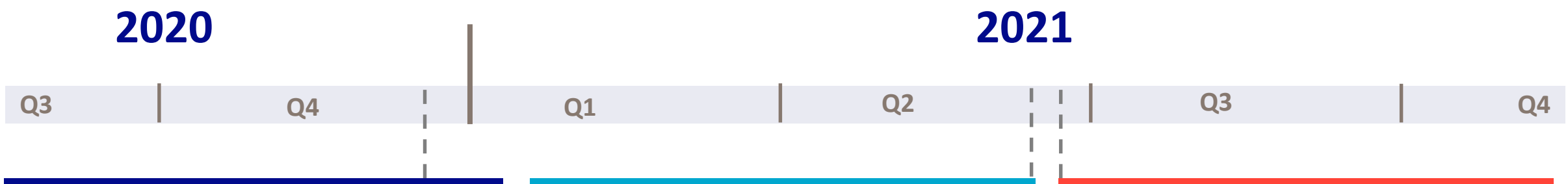
Pipeline

Indication	Preclinical	Phase I	Phase II	Phase III	Biological Rational
Type 1 Diabetes (T1D)	TTP399 (GKA)				Liver-selective GKA; no disruption of GKRP
Dementia with Diabetes	Azeliragon (RAGE)				Small molecule antagonist of RAGE
Psoriasis	HPP737 (PDE4)				Small molecule oral PDE4 inhibitor
Cystic Fibrosis Related Diabetes (CFRD)	TTP273 (Oral GLP1-R)				Small molecule oral GLP1-R agonist

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)
Primary Mitochondrial Myopathy	HPP593 (PPAR-d)				Reneo — Worldwide
COPD/Atopic Derm/Psoriasis	HPP737 (PDE4)				NEWSOARA 恒翼生物医药 — China and other Pacific Rim Countries (excl. Japan)

Multiple Data Readouts Expected Across Pipeline in 2020/2021



Azeliragon (RAGE)

Phase 2 Proof of Concept (POC)

POC study to confirm the cognitive benefits evidenced in the diabetes subgroup of the Ph3 STEADFAST study

Readout December 2020

TTP399 (GKA)

Mechanistic Study

Mechanistic study of Diabetic Ketoacidosis (DKA) risk to inform Ph3 study design

Initiation Q1 2021
Readout Q2 2021

HPP737 (PDE4)

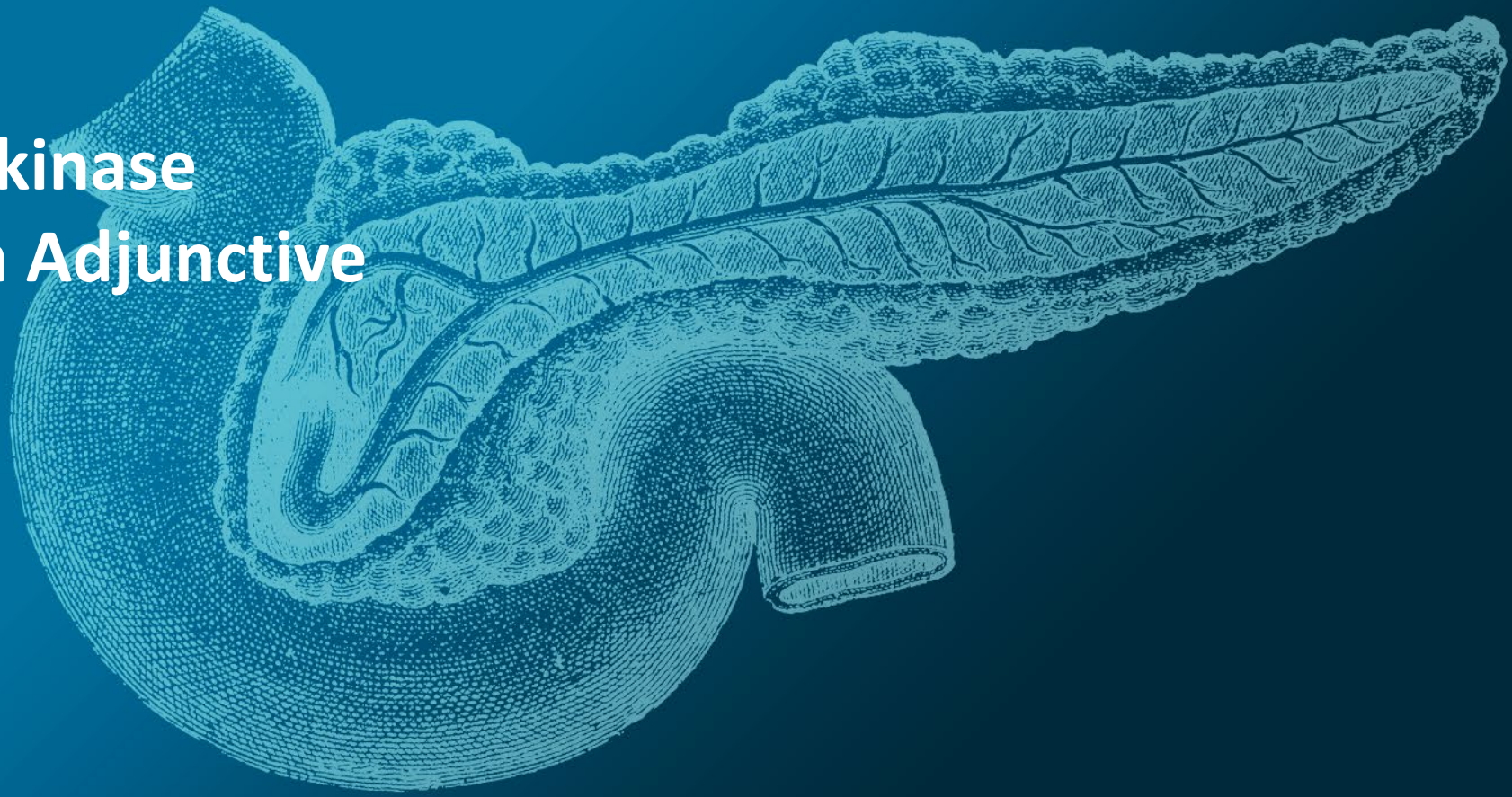
Multiple Ascending Dose study

Phase 1 Multiple Ascending Dose clinical study to determine MTD and inform dose selection for POC study

Initiation Q1 2021
Readout Q2 2021

Diabetes

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

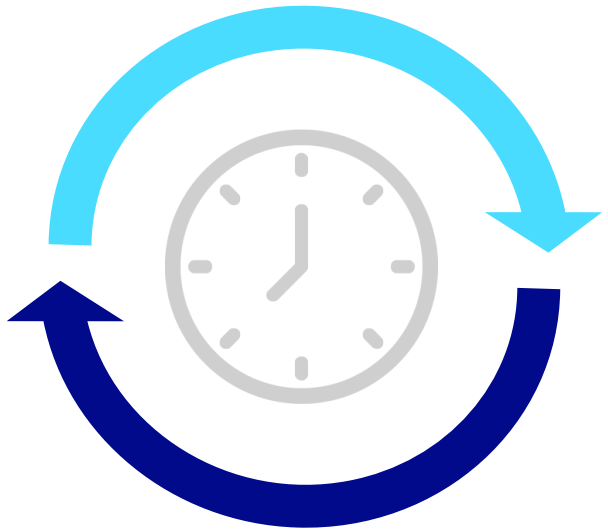


T1D is a Burdensome Disease

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

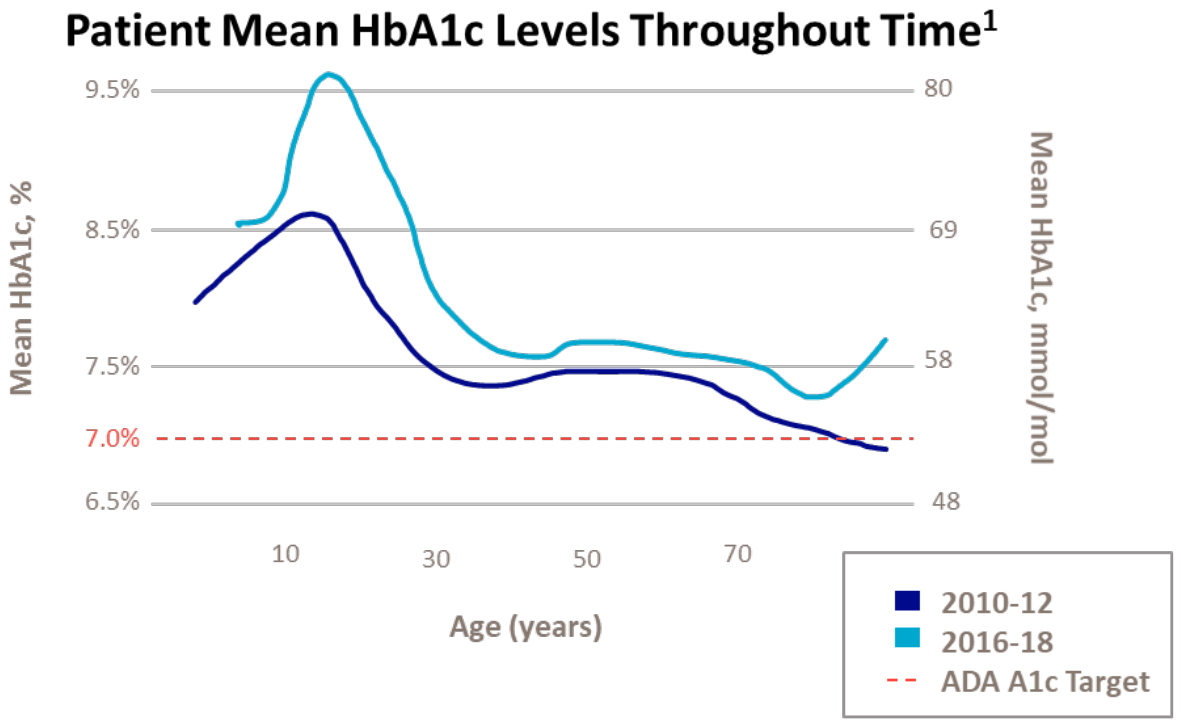
Must count the carbs and account for everything they eat

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]



Life-threatening, short-term complications of poor glycemic control

Severe Hypoglycemia:

- Patients' fear of hypoglycemic events is one of the **barriers to achieving glycemic control** in diabetes

Diabetic Ketoacidosis (DKA):

- DKA accounts **for 14% of all hospital admissions** of patients with diabetes and **16% of all diabetes-related fatalities[3]**

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. Osama Hamdy, et al. Medscape May 31, 2019, Diabetic Ketoacidosis (DKA)

Severe Hypoglycemic Events Result in a Substantial Burden on Patients and Healthcare

~7.4 Million Americans with diabetes (T1D and T2D) take insulin, including 1.5M T1D patients[1]

36% of US diabetic patients (T1D and T2D) had ≥1 episode of severe hypoglycemia in the last year [2]

245,000 Emergency Room visits due to severe hypoglycemia by adults with diabetes (2014)[3]

$1.8 Billion in total direct medical costs of hypoglycemic events (2009)[4]

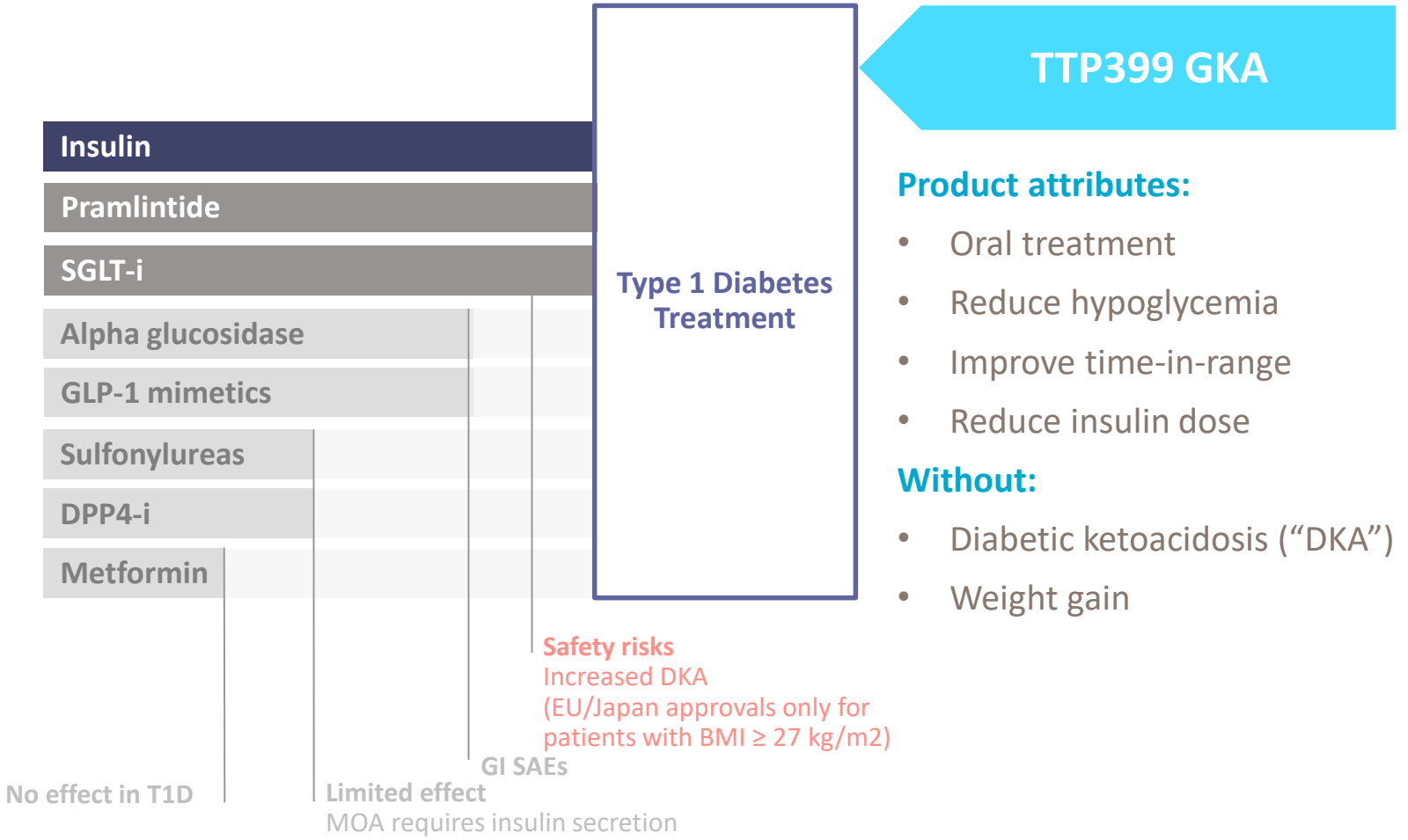
(1) https://care.diabetesjournals.org/content/41/6/1299
(2) The iNPHORM study (NCT04219514) is one of the first prospective, longitudinal investigations in the world to be conducted in the area of hypoglycemia. It will take place across the United States and involve 12 months of data collection using multiple self-reported, self-administered questionnaires. Results presented at EASD 2020 https://www.uwo.ca/diabetesalliance/img/iNPHORM_posters_full_sized/EASDposter_Sept%2023-Large.jpg
(3) CDC National Diabetes Statistics Report 2017
(4) Zhao Y. et al. DOI:10.1080/13696998.2016.1178126

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 >$1 billion 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
- Reduce hypoglycemia
- Improve time-in-range
- Reduce insulin dose

Without:

- Diabetic ketoacidosis (“DKA”)
- Weight gain

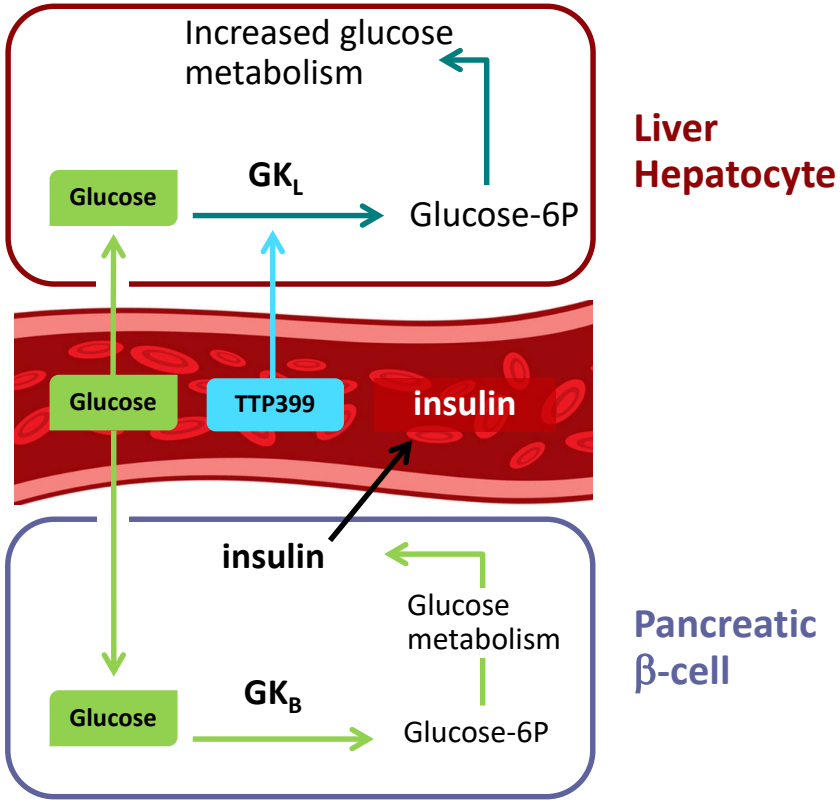
(1) IDF Diabetes ATLAS 8th edition.
(2) Global data, 2019.
(3) Diabetes Technol Ther. 2019 Feb; 21(2):66-72. doi: 10.1089. Epub 2019 Jan 18.
(4) American Diabetes Association: Diabetes Care 2019; 42 (Supplement 1):S90-S92, https://doi.org/10.2337/dc19-S009.

GKA, a Unique Biological Strategy to Support T1D Patients

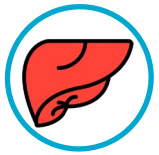
Glucokinase facilitates a critical step in sugar metabolism

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

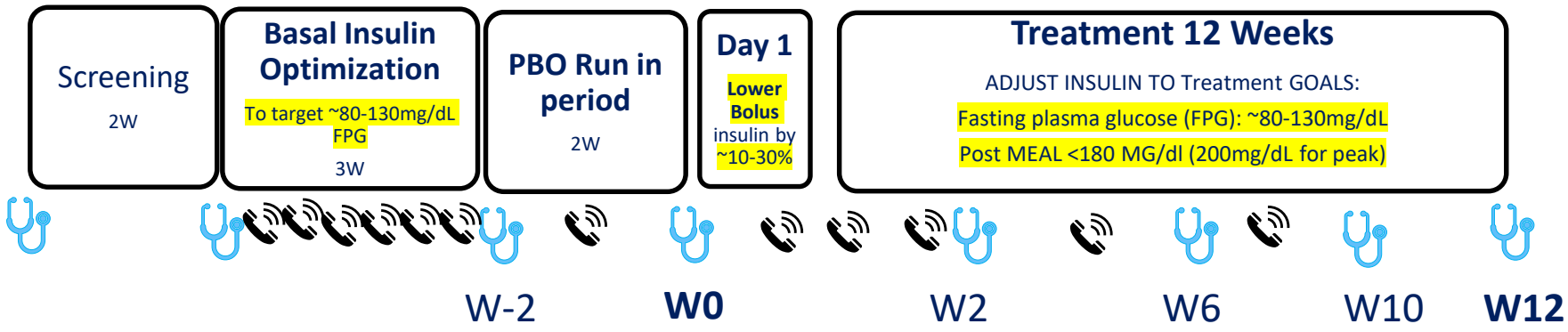
Simplici-T1 — Adaptive Phase 1b/2 Study Trial Design

- Simplici-T1 study designed to explore the **safety and efficacy** of TTP399, as an oral adjunctive therapy for T1D

- Double-blind Placebo controlled **12 weeks of dosing, 800mg QD** or placebo (1:1) in **104 patients with T1D**

- **Treat-to-target design** allowed changes in insulin dose after the insulin-optimization period in all participants via frequent PI follow-up to achieve and maintain the pre-specified targets (FPG: ~80-130mg/dL; post meal glucose: <180-200 mg/dL)

Study Design

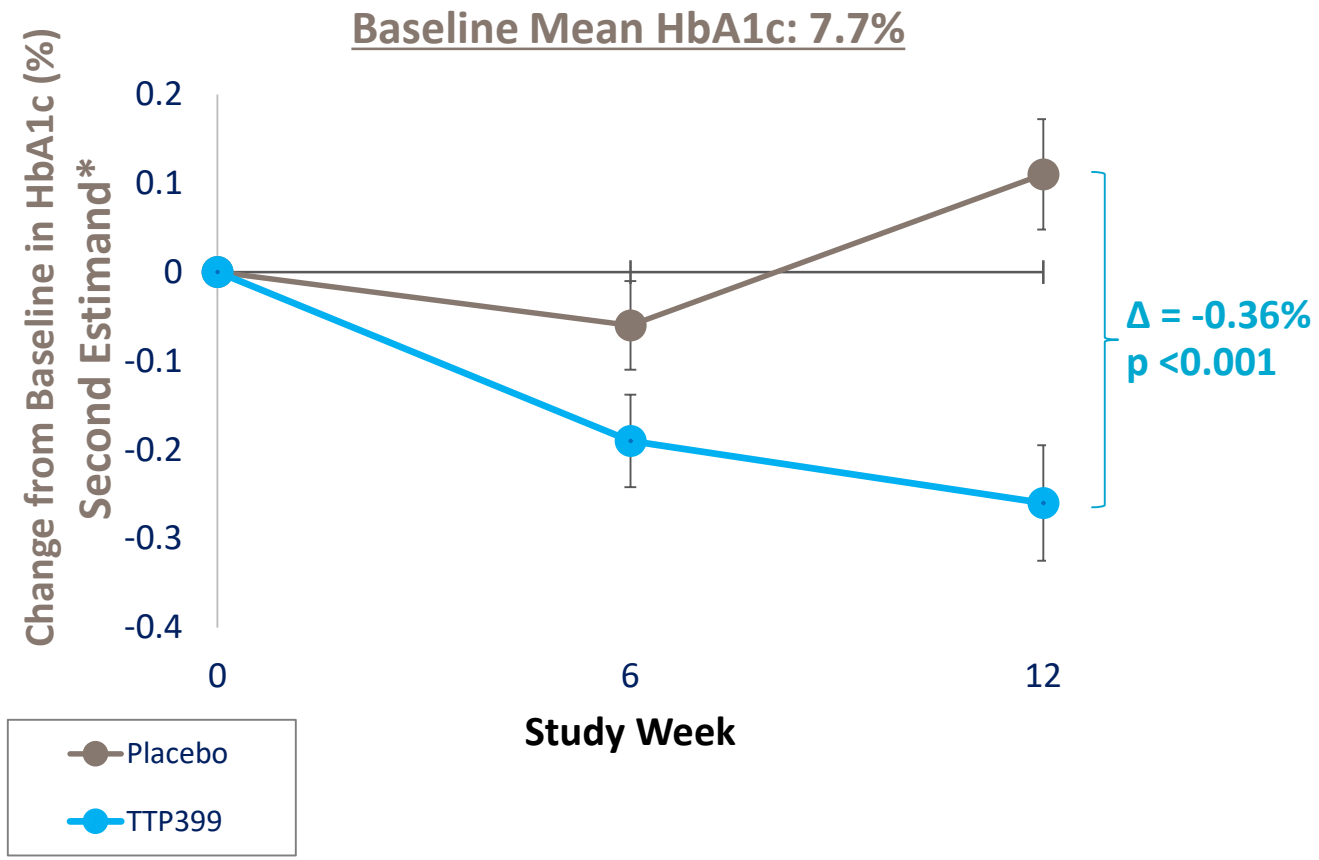


Simplici-T1 - Key Study Results

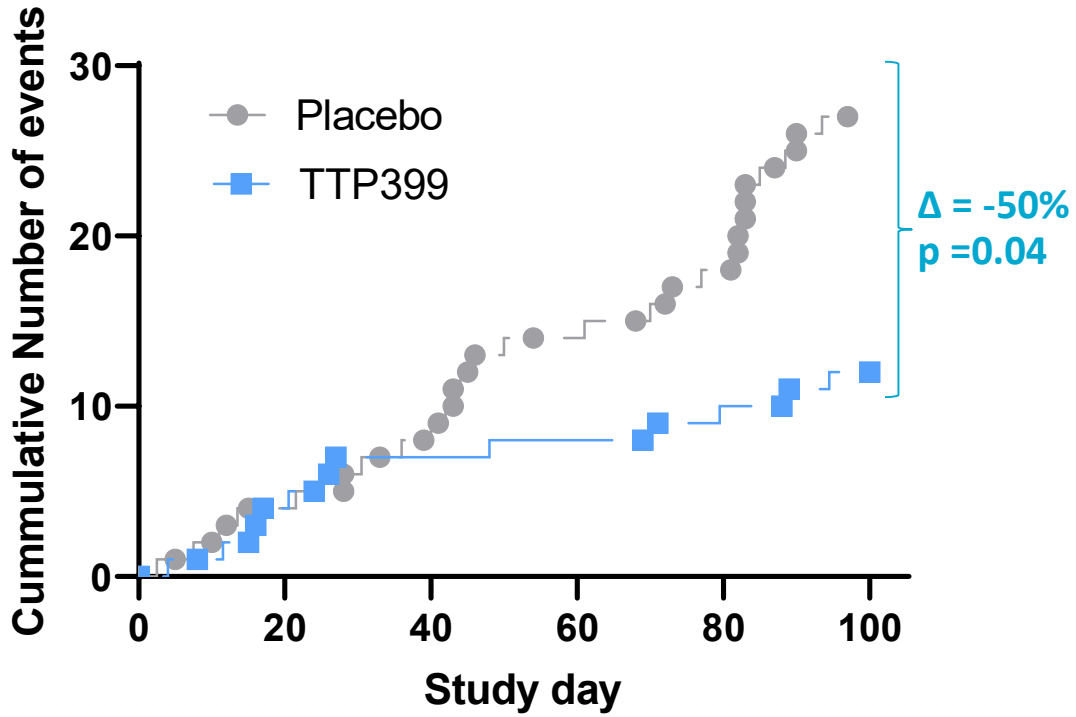
- **Statistically significant reduction in HbA1c** under a treat-to-target design (i.e. compared to intensive insulin treatment)
- **~50% reduction in hypoglycemic episodes** with TTP399 vs. placebo
- **No report of diabetic ketoacidosis,** trends towards reduction in ketone events were observed in the TTP399 treated group compared to placebo
- **~2 hour increase in time in range** relative to placebo
- **Reduced total daily mealtime bolus insulin** relative to baseline
- **No detrimental safety signals across multiple parameters** in TTP399 treated group when compared to placebo, unlike other oral MOAs investigated for T1D

Simplici-T1: TTP399 Treated Subjects Achieved Better Glycemic Control while Reducing Hypoglycemic Events

Change in HbA1c



Hypoglycemic Events



*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. Data shown for Part 1 and Part 2 combined (n=104).

Pivotal Study Development Plan*

Advice Received	**Received guidance from FDA regarding development via Type C meeting** ▪ Guidance on Ph3 primary endpoints of HbA1c and/or reduced hypoglycemia ▪ Mechanistic study supporting reduced risk of DKA encouraged by FDA to inform Ph3 design
2021	**Conduct DKA mechanistic study**
2021	**Initiate 6 month pivotal trial** followed by 6 mo Open Label Extension
2022	**Second 6 month pivotal trial** to start 9-12 months after first pivotal study

Estimated cost for entire development plan $75M-$90M
(including pivotal trials, clin pharm, API and drug product manufacturing)

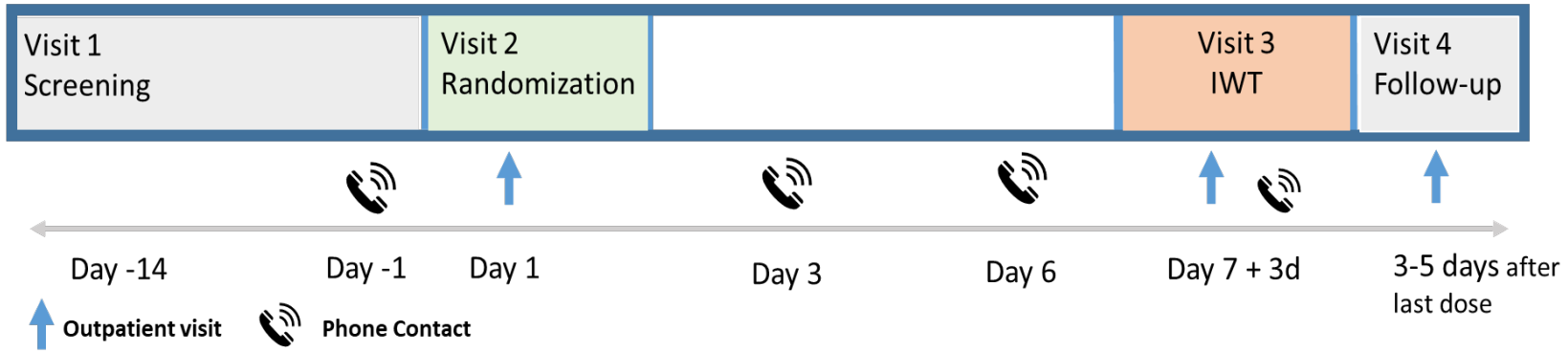
*Current development plan may change based on continued dialogue with FDA and other stakeholders and capital availability.

Proposed Mechanistic Study of DKA Risk (TTP399-118)

Study Objective: Evaluate effects of TTP399 on ketogenesis during insulinopenia to inform Ph3 study design

Study Design:

- **Participants:** 20-30 adults with T1D on insulin pumps
- **Dosing:** TTP399 800mg or placebo once daily for 7 days (randomized 1:1)
- **Insulin withdrawal test**: on day 7, insulin pumps will be stopped and physically removed at 6 am and serial measurements of plasma glucose and ketones (β-hydroxybutyrate) will be collected for 10h



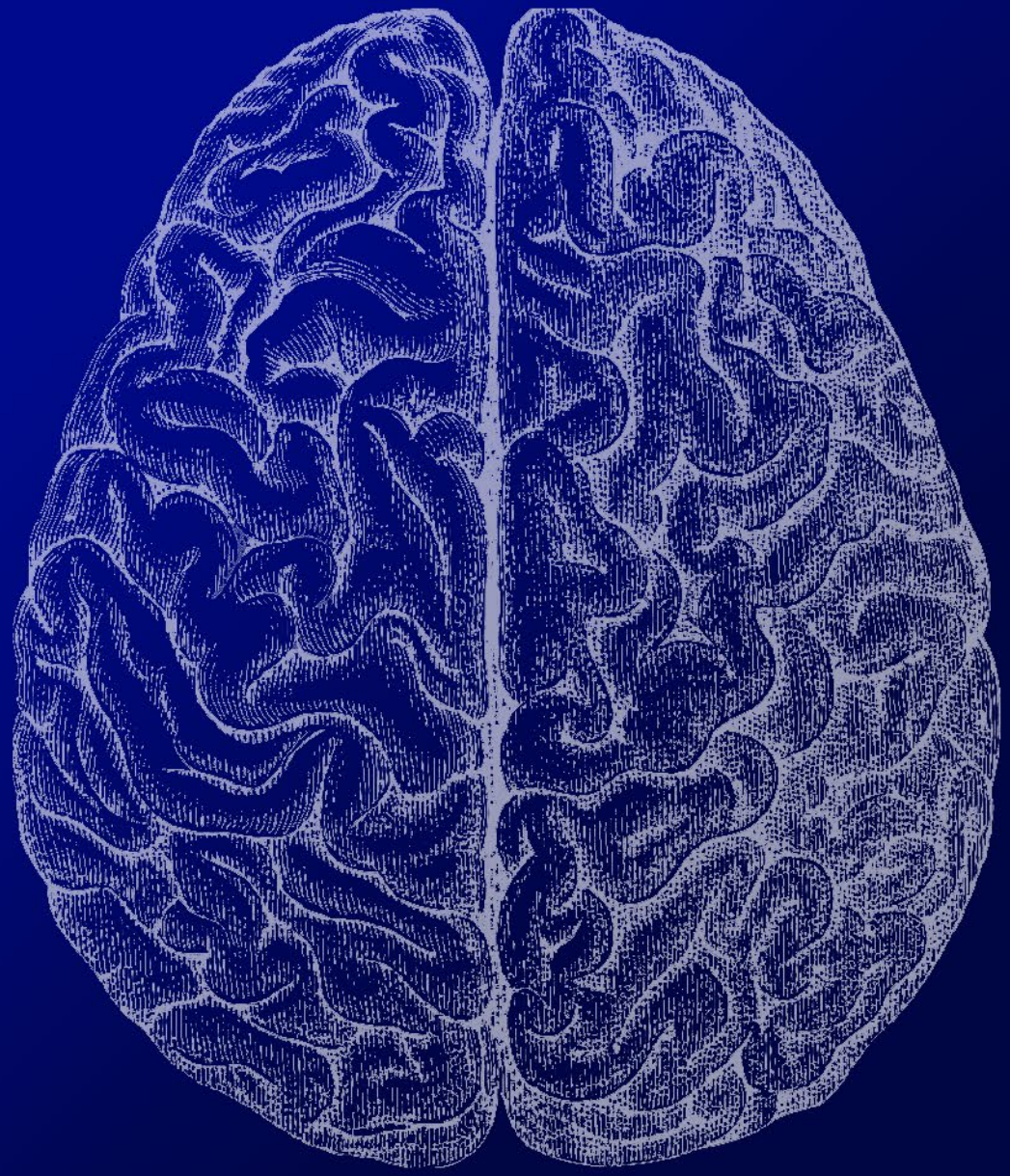
Initiation: Q1 2021
Readout: Q2 2021

- **Study design similar to clinical studies using SGLT2 inhibitors[1,2]**
- **Results from similar <u>preclinical</u> study using TTP355[3]**
  - **Decreased ketones** in plasma after insulin withdrawal **with liver selective GKA** compared to placebo

(1) Herring et al, Diabetes Care 2020 https://doi.org/10.2337/dc19-2579
(2) Patel et al. Diabetes Technology & Therapeutics 19,618-622, 2017) https://doi/10.1089/dia.2017.0267
(3) https://vtvtherapeutics.com/wp-content/uploads/2020/08/GKA-Poster-Keystone-2017_01182017_final-minipigs.pdf TTP355: liver-selective GKA (first generation)

Dementia

Azeliragon
RAGE antagonist
for Dementia with
Diabetes

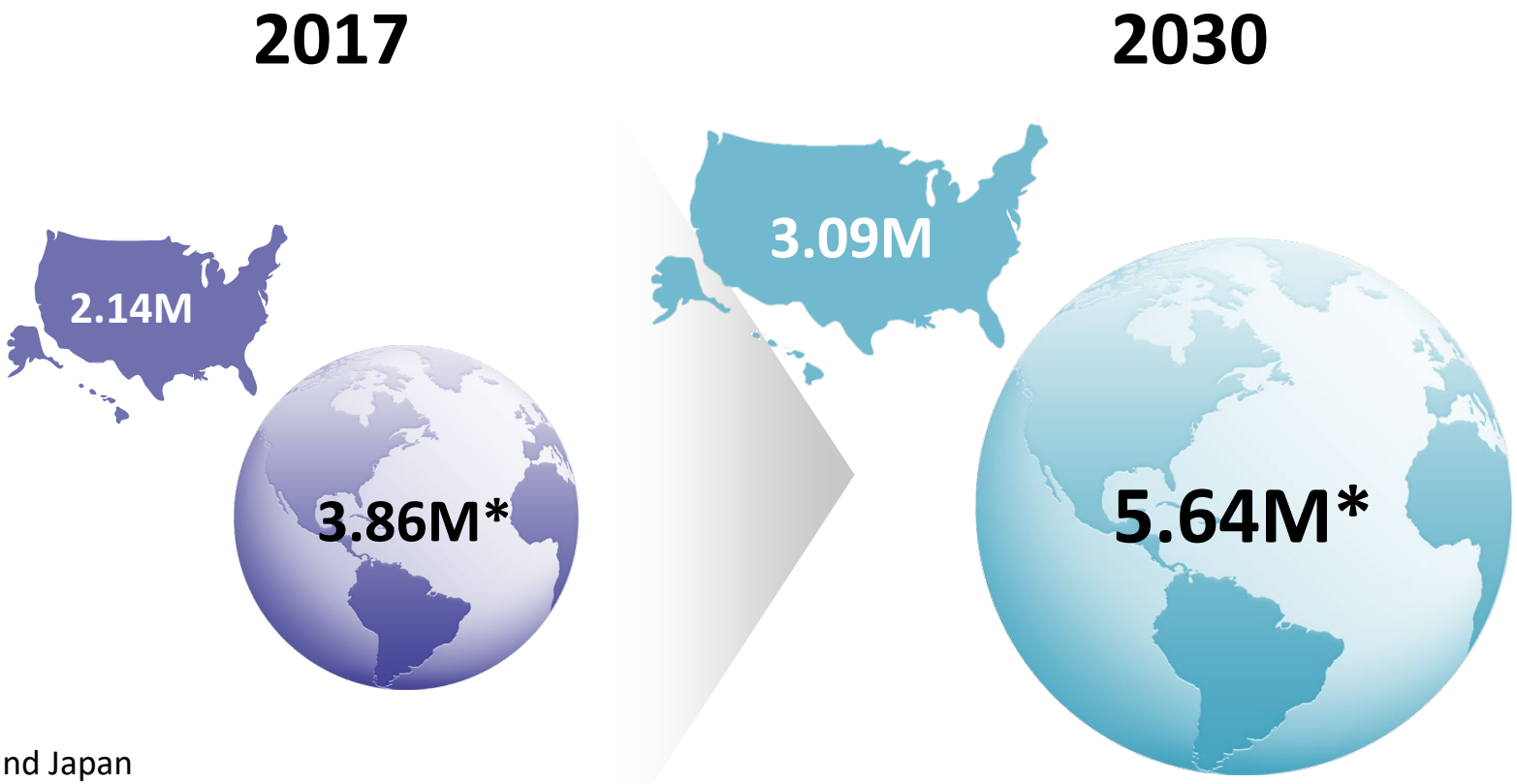


The Significance of Dementia with Diabetes

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

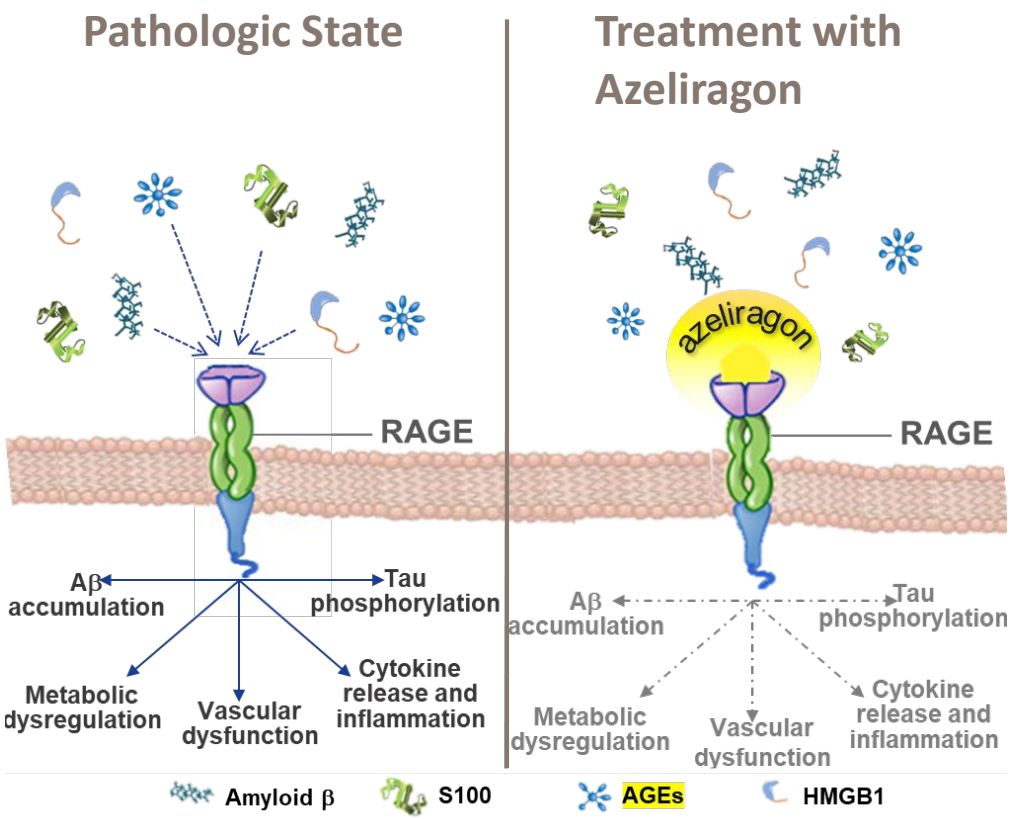


*7 Major Markets: US, Germany, France, Italy, Spain, UK and Japan

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

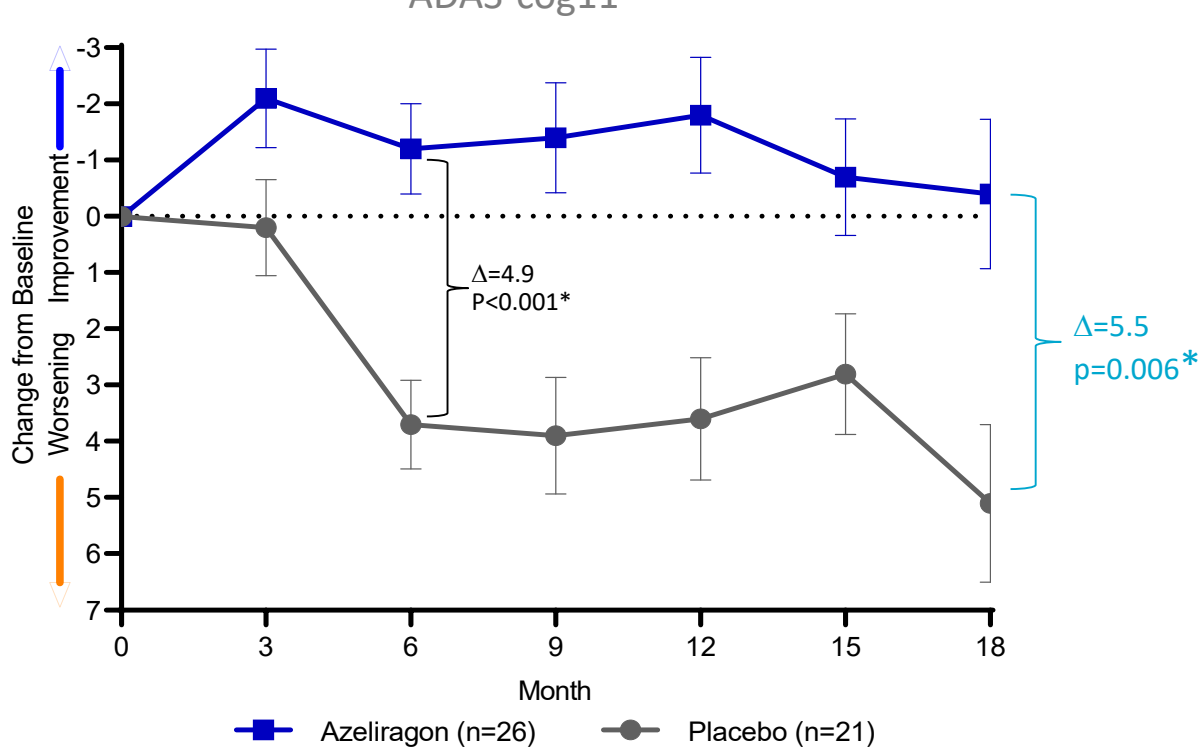
- Advanced glycation endproduct (AGE) accumulation is increased in patients with diabetes and parallels the development of cognitive impairment and dementia
- Increases in AGEs:
  - promote increased expression of RAGE
  - are linked to development of end-organ complications such as retinopathy, neuropathy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

STEADFAST: Potential Beneficial Effect on Cognition in Patients with Elevated HbA1c

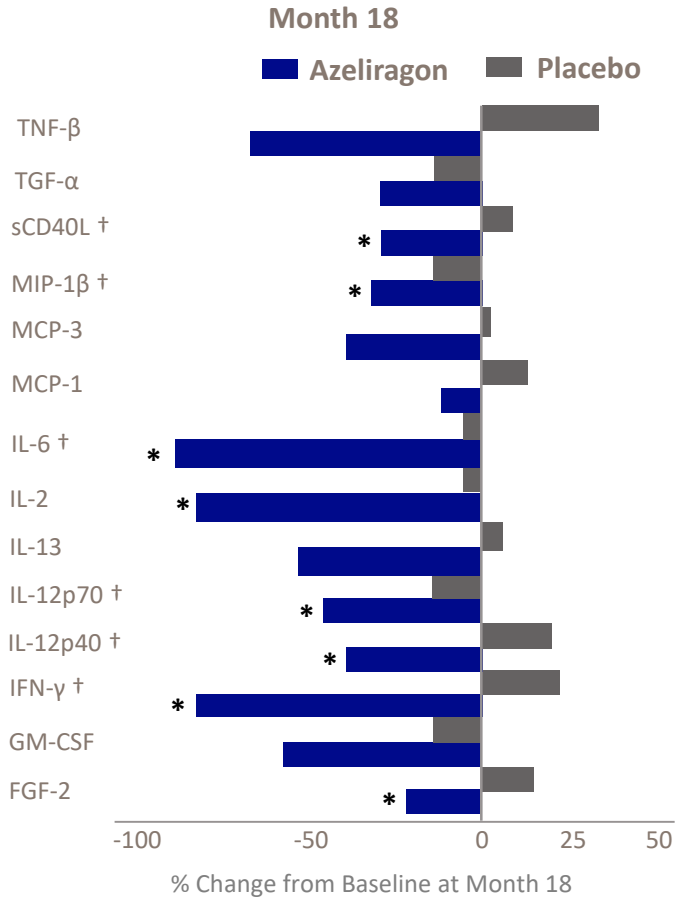
STEADFAST A-Study Type 2 Diabetes Subgroup (FAS)



No. of Patients							
azeliragon	26	25	24	25	24	22	19
placebo	21	21	20	18	18	18	17

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

Reduction in Plasma Inflammatory Biomarkers



Results are Medians
* Nominal p<0.05 Wilcoxon test
† Biomarkers with direct relationship to RAGE

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.*

Elevage Study: Phase 2 Study Topline Readout in December 2020

Study Objective:

- 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

Study Design:

- 6 months of dosing 5mg Azeliragon or Placebo
- 43 patients enrolled
- Primary Endpoint: ADAS-cog14
- Secondary Endpoints: Amsterdam IADL, CDR-sb, FAQ

Readout December 2020

Seek FDA guidance Prior to Initiating Registration Trial

Initiate Registration Trial

elevage
Alzheimer's Disease study

ClinicalTrials.gov Identifier: NCT03980730

Inflammation

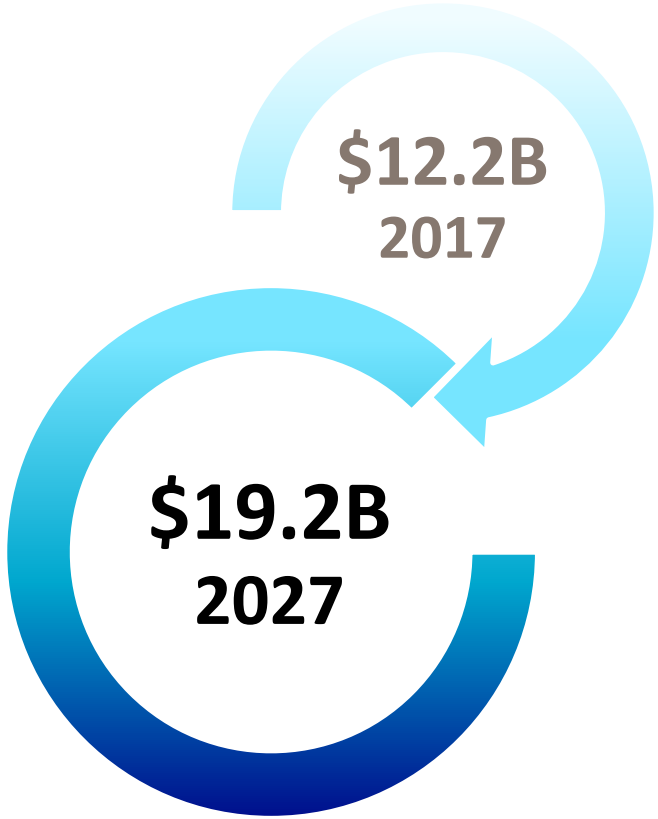
HPP737
PDE4 Inhibitor as an oral treatment of Psoriasis

VVT Therapeutics

Program Overview

- **PDE4 is a validated target** in the treatment of a variety of inflammatory disorders. Targeting PDE4 is a multi-billion dollar market and growing rapidly
- HPP737 is an oral, novel, potent and **selective PDE4 inhibitor**
- HPP737 exhibits in vitro, in vivo and ex vivo potency **on par with or superior to competitor PDE4 inhibitors** affording opportunity to potentially demonstrate improved efficacy at lower doses
- **HPP737 does not cross the blood-brain barrier**
  - Expected to reduce incidence of PDE4 associated GI intolerance and CNS side effects
- **No significant GI intolerance (i.e. nausea, vomiting, diarrhea)** observed in completed Phase 1 clinical studies

Psoriasis Market Sales*



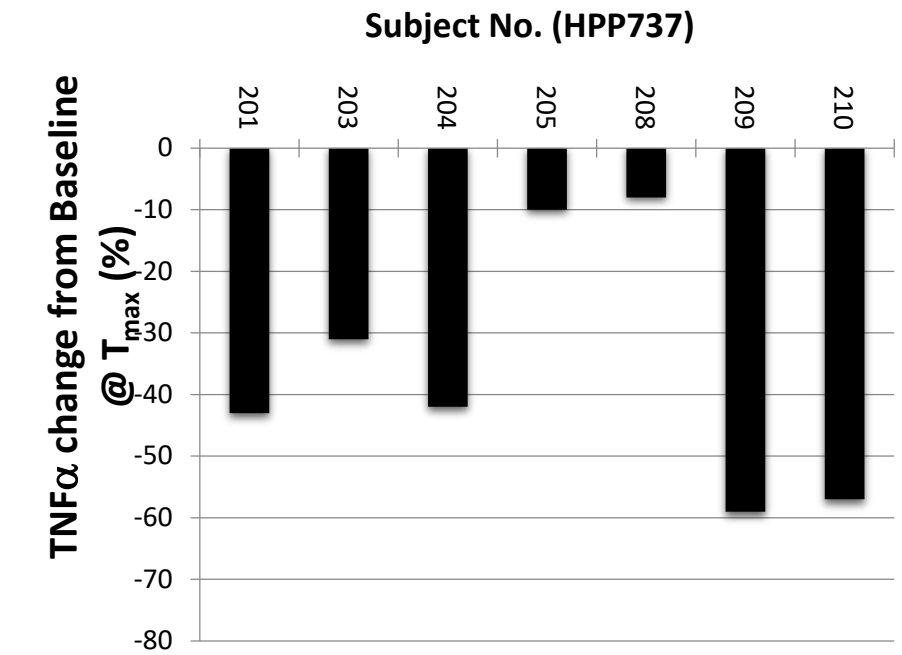
* Psoriasis market sales in US, Japan, 5EU (France, Germany, Italy, Spain, and UK).
Source: Global Data, Plaque Psoriasis Global Drug Forecast and Market Analysis to 2027. Published Dec 2018

HPP737 Shows Differentiated Profile from other PDE4 Inhibitors in Phase 1 Studies in Healthy Volunteers

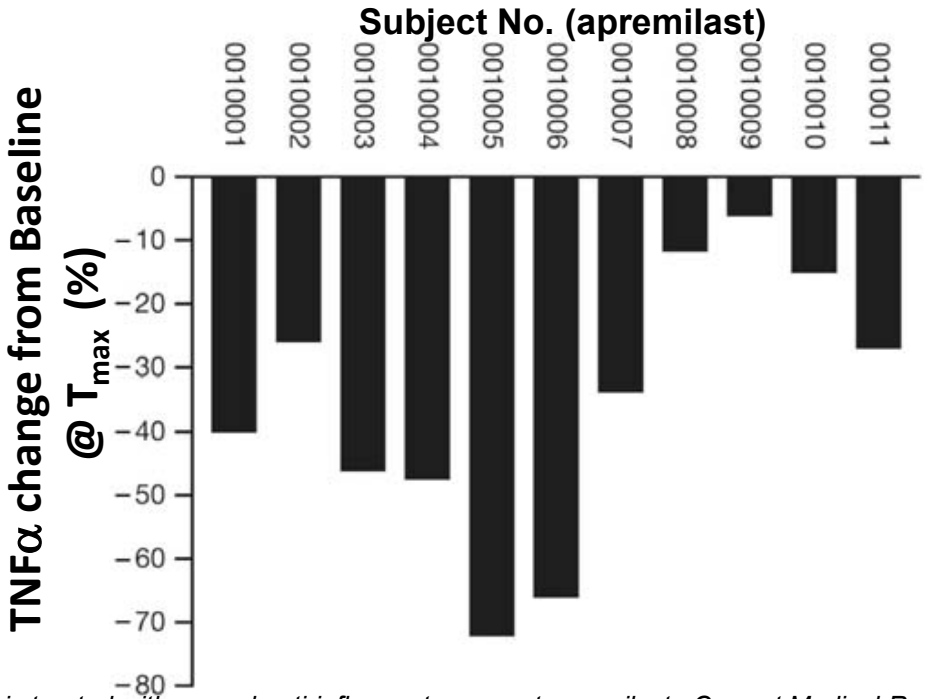
Completed Single and Multiple Ascending dose studies in healthy volunteers

- No significant treatment related GI intolerance observed (i.e. nausea, vomiting or diarrhea)
- Reduction in TNFα similar to published data with Apremilast* but at ~10x lower drug concentrations

HPP737 12 mg single dose
Healthy Volunteers
C_{max} 21ng/mL



Apremilast 20mg single dose*
Psoriasis Patients
Day 29: C_{max} 207 ng/mL
Day 1: TNFα response



* *Gottlieb AB et al. An open-label single-arm pilot study in patients with severe plaque-type psoriasis treated with an oral anti-inflammatory agent apremilast. Current Medical Research and Opinion 2008;24(5):1529–1538*

HPP737-103: Multiple Ascending Dose Study

Study Objective: Demonstrate proof-of-principle and select dose(s) for POC study

- Determine Maximum Tolerated Dose (MTD)
  - Demonstrate minimal to no GI intolerance (i.e. nausea, vomiting and/or diarrhea)
- Characterize pharmacokinetics / pharmacodynamics
  - Functional pharmacologic activity on Th-17 cells consistent with PDE4 target engagement
- Goal: Once daily dosing; no need for titration

Study Design:

- Healthy volunteer Multiple Ascending Dose (MAD) study
- 2-week dosing
- 2 planned cohorts, 1 additional optional cohort as needed
- Biomarkers: IL-17A, IL-17F, IL-22 and TNF-α

Initiation: Q1 2021

Readout: Q2 2021

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\Atopic Dermatitis/Psoriasis	Milestones and royalties Utilization of data to advance development in ROW
PPAR-δ Agonist Program	Reneo	Worldwide	Primary Mitochondrial Myopathy, 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