VTV THERAPEUTICS

Improving the Lives of Millions of People Living with Type 1 Diabetes

July 2025

Nasdaq: VTVT

THE STATEMENTS MADE IN THIS PRESENTATION AND THE ACCOMPANYING ORAL COMMENTARY MAY INCLUDE FORWARD-LOOKING STATEMENTS REGARDING (I) THE DIABETES MARKET AND OTHER MARKETS, (II) THE DEVELOPMENT, CLINICAL TRIAL PROCESS, REGULATORY APPROVAL PROCESS AND ATTRIBUTES OF INVESTIGATIONAL AND MARKETED PRODUCTS TO TREAT THESE DISEASES AND OTHER CONDITIONS, (III) THE ECONOMIC POTENTIAL OF THOSE PRODUCTS AND (IV) THE FUTURE OPERATIONS, FUND-RAISING ACTIVITIES, EXPENDITURES, OPPORTUNITIES, AND FINANCIAL PERFORMANCE OF VTV THERAPEUTICS INC. FORWARD-LOOKING STATEMENTS INCLUDE ALL STATEMENTS THAT ARE NOT HISTORICAL FACTS AND CAN BE IDENTIFIED BY TERMS SUCH AS "ANTICIPATES," "BELIEVES," "COULD," "ESTIMATES," "EXPECTS," "INTENDS," "MAY," "PLANS," "POTENTIAL," PREDICTS," "PROJECTS," "SEEKS," "SHOULD," "TARGET," "WILL," "WOULD" OR SIMILAR EXPRESSIONS AND THE NEGATIVES OF THOSE TERMS.

THESE FORWARD-LOOKING STATEMENTS ARE ONLY ESTIMATES BASED UPON THE INFORMATION AVAILABLE TO VTV THERAPEUTICS INC. (OR THE PARTY PREPARING SUCH FORWARD-LOOKING STATEMENTS) AS OF THE DATE OF THIS PRESENTATION. THE FORWARD-LOOKING STATEMENTS INCLUDED HEREIN INVOLVE KNOWN AND UNKNOWN RISKS AND UNCERTAINTIES AND OTHER IMPORTANT FACTORS SUCH THAT ACTUAL FUTURE OPERATIONS, OPPORTUNITIES, PRODUCT DEVELOPMENT PROCESSES AND OUTCOMES, CLINICAL TRIAL PROCESSES AND OUTCOMES, REGULATORY APPROVAL PROCESSES AND OUTCOMES, ECONOMIC PERFORMANCE OF PRODUCTS, FUND-RAISING ACTIVITIES AND FINANCIAL PERFORMANCE MAY DIFFER MATERIALLY FROM THOSE SET FORTH IN OR IMPLIED IN THESE FORWARD-LOOKING STATEMENTS. THESE RISKS, UNCERTAINTIES, AND OTHER FACTORS, WHICH MAY NOT BE WITHIN OUR CONTROL, ARE DISCUSSED IN MORE DETAIL IN OUR QUARTERLY, ANNUAL AND CURRENT REPORTS FILED WITH THE SECURITIES AND EXCHANGE COMMISSION, INCLUDING, WITHOUT LIMITATION, UNDER THE CAPTIONS, "RISK FACTORS," "CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS" AND "MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS." THEREFORE, YOU SHOULD READ THIS PRESENTATION IN CONJUNCTION WITH SUCH MEANINGFUL CAUTIONARY STATEMENTS.

UNDUE RELIANCE SHOULD NOT BE PLACED ON FORWARD-LOOKING STATEMENTS, WHICH SPEAK ONLY AS OF THE DATE HEREOF. 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. ALL FORWARD-LOOKING STATEMENTS CONTAINED HEREIN ARE QUALIFIED IN THEIR ENTIRETY BY THE FOREGOING CAUTIONARY STATEMENTS.

ANY SECURITIES TO BE OFFERED IN ANY TRANSACTION CONTEMPLATED HEREBY HAVE NOT BEEN AND WILL NOT BE REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED (THE SECURITIES ACT), OR ANY APPLICABLE STATE OR FOREIGN SECURITIES LAW. ANY SECURITIES TO BE OFFERED IN ANY TRANSACTION CONTEMPLATED HEREBY HAVE NOT BEEN APPROVED OR DISAPPROVED BY THE SECURITIES AND EXCHANGE COMMISSION, ANY STATE SECURITIES COMMISSION OR OTHER UNITED STATES OR FOREIGN REGULATORY AUTHORITY, AND WILL BE OFFERED AND SOLD SOLELY IN RELIANCE ON AN EXEMPTION FROM THE REGISTRATION REQUIREMENTS PROVIDED BY THE SECURITIES ACT AND RULES AND REGULATIONS PROMULGATED THEREUNDER. THIS DOCUMENT DOES NOT CONSTITUTE, OR FORM A PART OF, AN OFFER TO SELL OR THE SOLICITATION OF AN OFFER TO BUY IN ANY STATE OR OTHER JURISDICTION TO ANY PERSON TO WHOM IT IS UNLAWFUL TO MAKE SUCH OFFER OR SOLICITATION.

BY ACCEPTING THIS PRESENTATION, YOU ACKNOWLEDGE AND AGREE THAT (I) YOU WILL NOT RELY ON THIS PRESENTATION FOR MAKING ANY INVESTMENT DECISION WITH RESPECT TO ANY SECURITIES OF VTV THERAPEUTICS INC. OR ANY OF ITS SUBSIDIARIES, AND (II) ANY INVESTMENT DECISION MADE BY YOU WITH RESPECT TO ANY SUCH SECURITIES WILL BE BASED SOLELY ON AN OFFERING DOCUMENT RELATING TO SUCH SECURITIES (IF ANY), INCLUDING THE INFORMATION INCORPORATED BY REFERENCE THEREIN.

Experienced Leadership with Decades of Life Sciences Expertise

Paul Sekhri
Chair, President & CEO

egenesis ENGINEERING HOPE
LYCERA
teva
sanofi
NOVARTIS

Michael Tung, MD, MBA
Chief Financial Officer

AdvanCell
FibroGen
aclaris THERAPEUTICS

Thomas Strack, MD
Chief Medical Officer

Lilly
Pfizer
Takeda
Progenics Pharmaceuticals
Daiichi-Sankyo
tem
faeth

Carmen Valcarce, PhD
Chief Scientific Officer

novo nordisk®

Rich Nelson
Chief Business Officer

VERICAST
Nielsen
IAC
woolsey PHARMA
Allermi

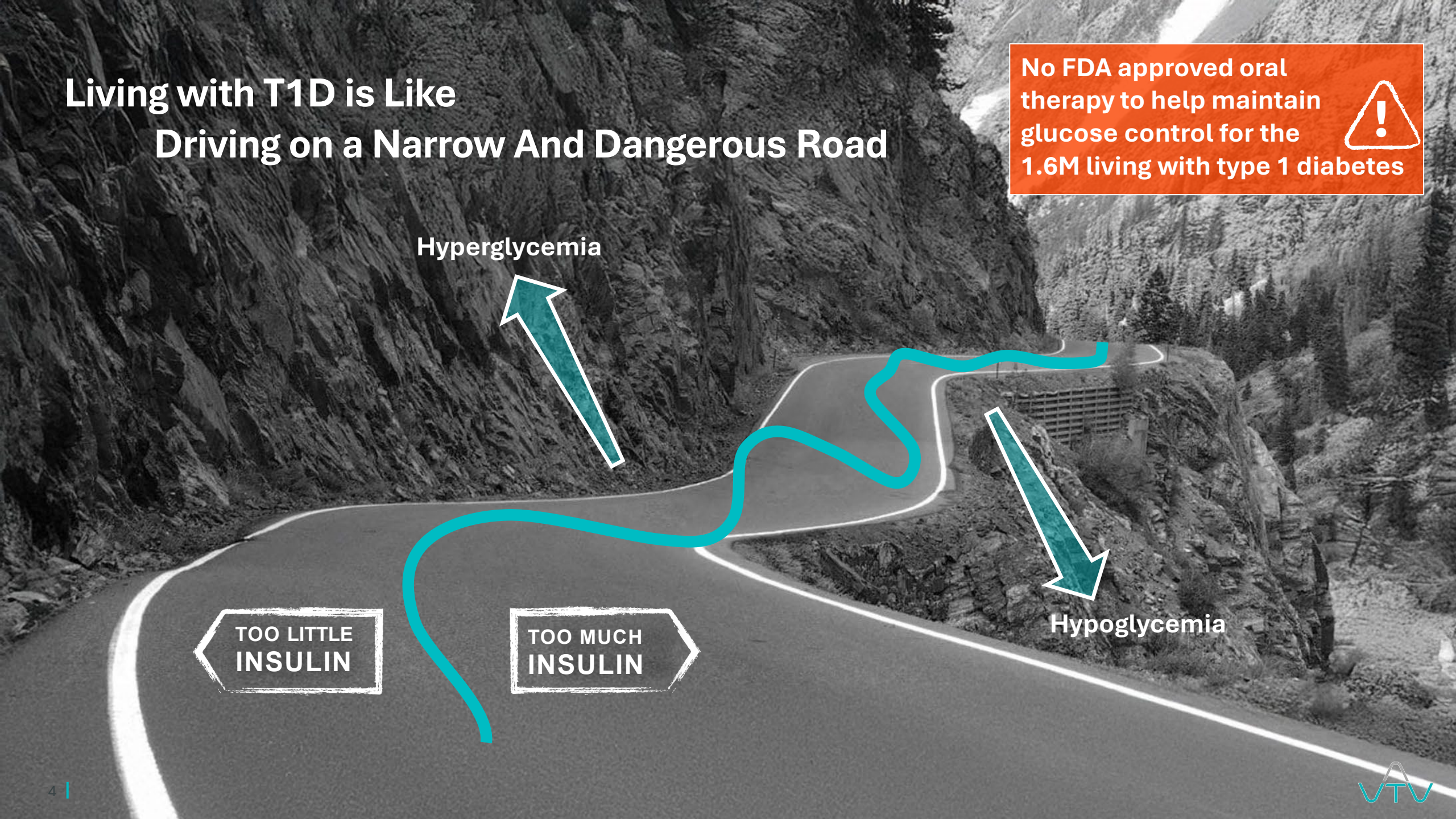
Martin Lafontaine
Chief Commercial Officer

GSK
mont méd
Locemia SOLUTIONS

Dan Kirby
SVP Strategic Ops

axcella
CSL Seqirus
amag
parexel
sanofi

Living with T1D is Like Driving on a Narrow And Dangerous Road



No FDA approved oral therapy to help maintain glucose control for the 1.6M living with type 1 diabetes

Cadisegliatin: A Large Opportunity in a Long-Underserved Market

1.6M
with type 1 diabetes in US

~80%
with T1D fail to achieve target A1c

24/7
management required

0
oral adjunct therapies for T1D

~ 9.4 M with T1D globally expected to grow to 17.4 M globally by 2040[1,2]

Based on the ADA recommended target HbA_{1c} of <7.0%, exposing them to an increased risk of diabetes-related complications[3,4] that are life-disruptive, worrisome and life threatening

Hypoglycemia is often the major limiting factor in the glycemic management of T1D and T2D[5]

Which may involve multiple daily insulin injections, wearing of an infusion device, frequent blood glucose monitoring, carb counting and dose titration, exercise and diet management, fear of hypoglycemia...[1,6]

Since the discovery of insulin in 1921, no oral therapy to treat T1D has been approved by the US FDA

1: Breakthrough T1D website. Last accessed on April 30th, 2025. 2: Mahase E. Type 1 diabetes: Global prevalence is set to double by 2040, study estimates. BMJ. 2022 Sep 22;378:o2289. doi: 10.1136/bmj.o2289. PMID: 36137610. 3. 1.Akturk HK, et al., T1D Exchange Quality Improvement Collaborative; Factors Associated With Improved A1C Among Adults With Type 1 Diabetes in the United States. Clin Diabetes 2 January 2023; 41 (1): 76–80. https://doi.org/10.2337/cd22-0067; 4: Diabetes Control and Complications Trial (DCCT): results of feasibility study. The DCCT Research Group. Diabetes Care. 1987 Jan-Feb;10(1):1-19. doi: 10.2337/diacare.10.1.1. PMID: 2882967. 5: ADA Standard of Care 2025. 6 Breakthrough T1D Canada website. Last accessed on April 30th , 2025.

Cadisegliatin: Potential to be First Oral Adjunct Therapy for T1D

Targets High Unmet Needs in T1D | **Derisked by Ph1 and Ph2 Data** | **In Late-Stage Development**

1.6 M Americans live with T1D

- 80% of whom fail to achieve target blood glucose control with current SOC[1,2]
- **Hypoglycemia** is often the major barrier to glycemic control[3]

Dosed in 500+ subjects to date[4]

- Positive impact on hypoglycemia and HbA_{1c}[5]
- FDA clinical hold resolved, ADME chromatographic signal found to be experimental artifact
- Topline Phase 3 data expected 2H2026

FDA Breakthrough Designation

- Treatment of T1D

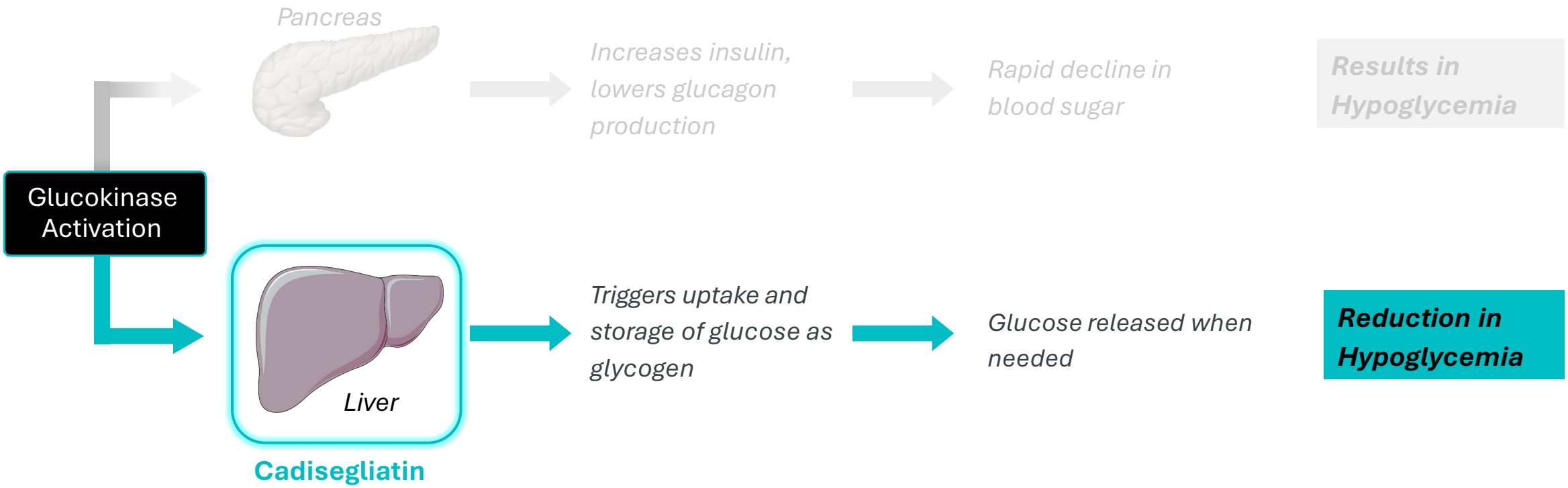
Intellectual Property

- Global portfolio of patents issued and pending provide protection through 2041

1: Akturk HK, et al., T1D Exchange Quality Improvement Collaborative; Factors Associated With Improved A1C Among Adults With Type 1 Diabetes in the United States. Clin Diabetes; 2: Breakthrough T1D. Type 1 diabetes incidence and prevalence. Breakthrough T1D. https://www.breakthrought1d.org/t1d-basics/incidence-prevalence/. Accessed April 16, 2025. 3: American Diabetes Association Standards of Care in Diabetes – 2023; 4: Internal studies – data on file; 5: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8

Cadisegliatin: Liver-Selective Glucokinase Activator that Preserves GK-GKRP Interaction

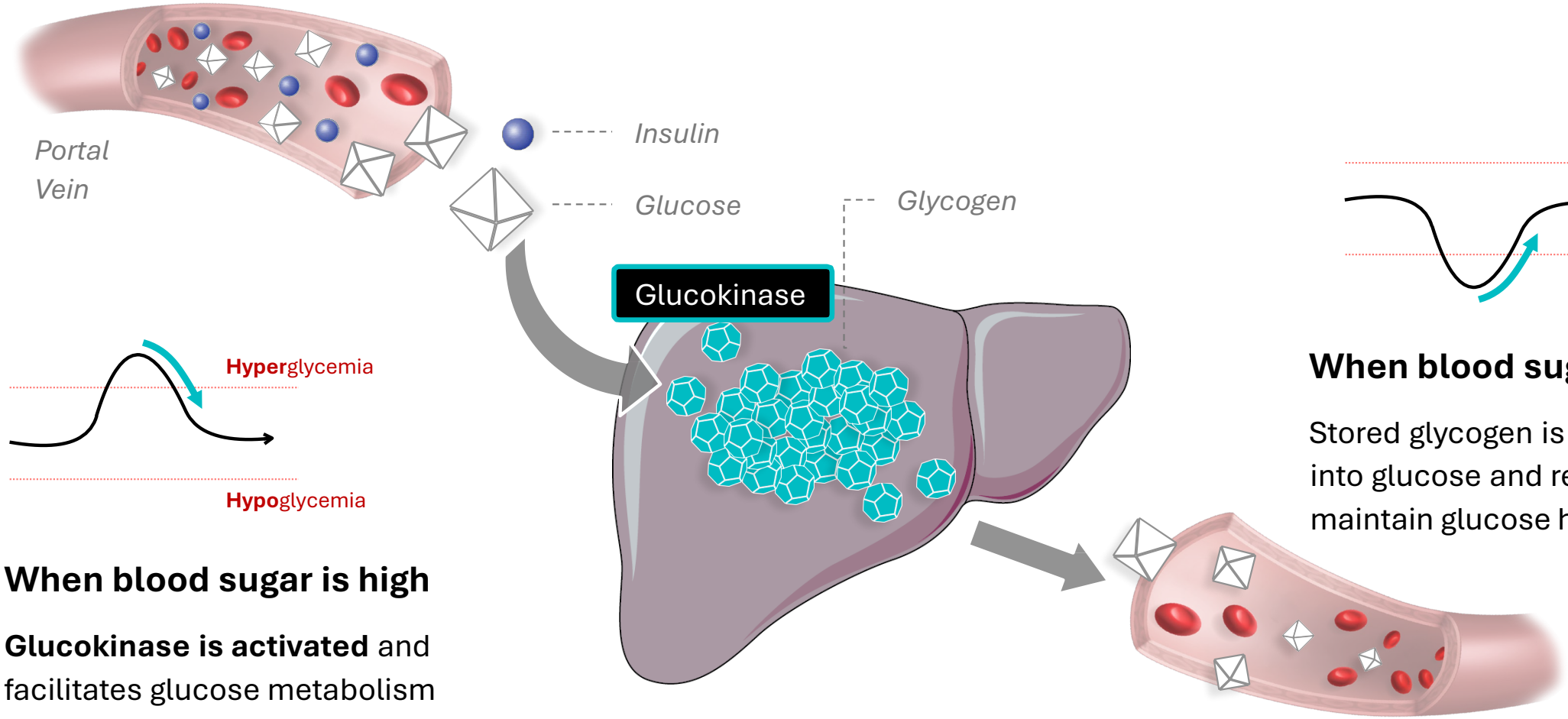
- **Glucokinase acts as a glucose sensor and regulates glucose metabolism in the liver and pancreas**
- ***Cadisegliatin is designed to only interact with the glucokinase in the liver***



 GK = glucokinase; GKRP= glucokinase regulating protein

In People who do not Live with Type 1 Diabetes:

Glucokinase and insulin play essential roles in the liver to maintain glucose homeostasis including the storage of glycogen



When blood sugar is high

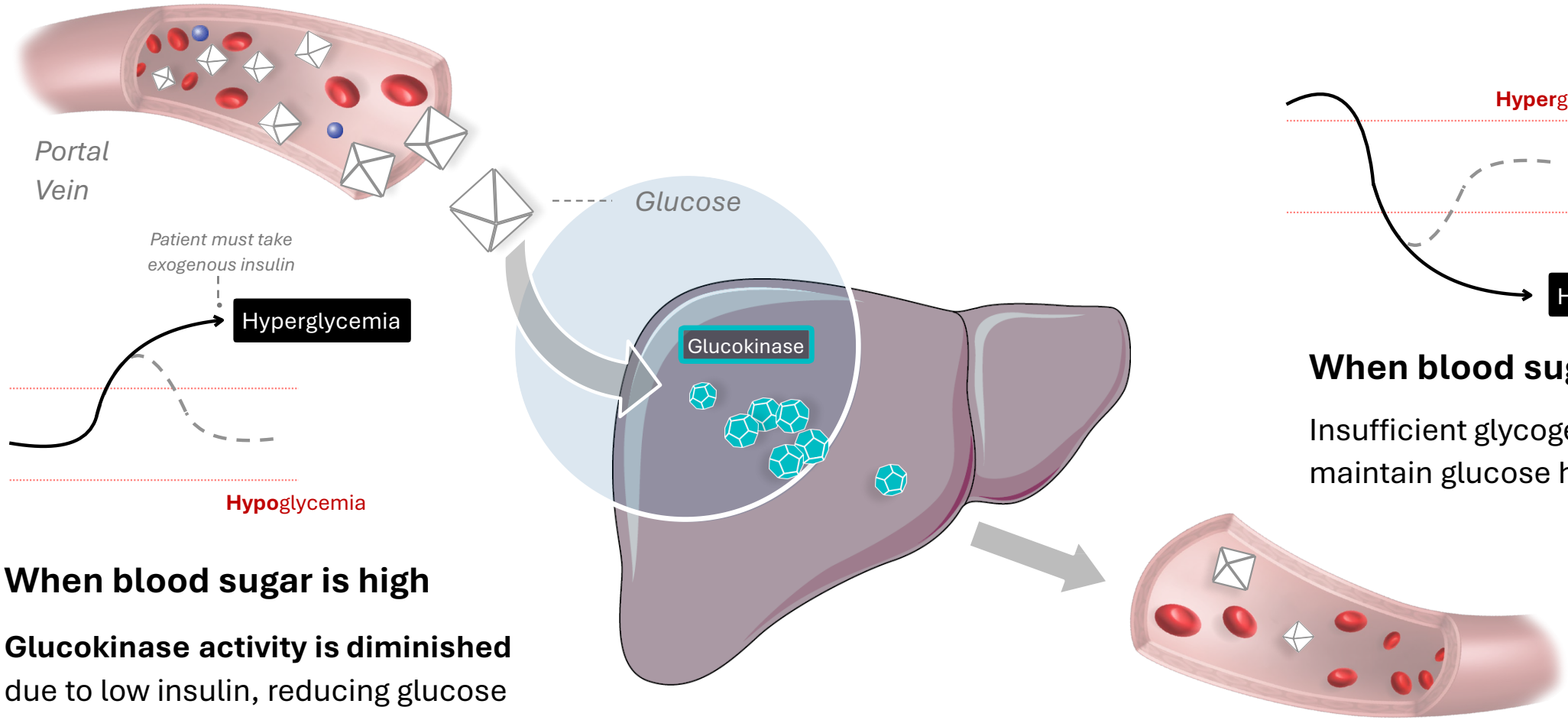
Glucokinase is activated and facilitates glucose metabolism and glycogen storage

When blood sugar is low

Stored glycogen is broken down into glucose and released to maintain glucose homeostasis

In People who Live with Type 1 Diabetes:

Low insulin in the portal vein decreases glucokinase activity in the liver, hindering the metabolism of glucose and storage of glycogen



When blood sugar is high

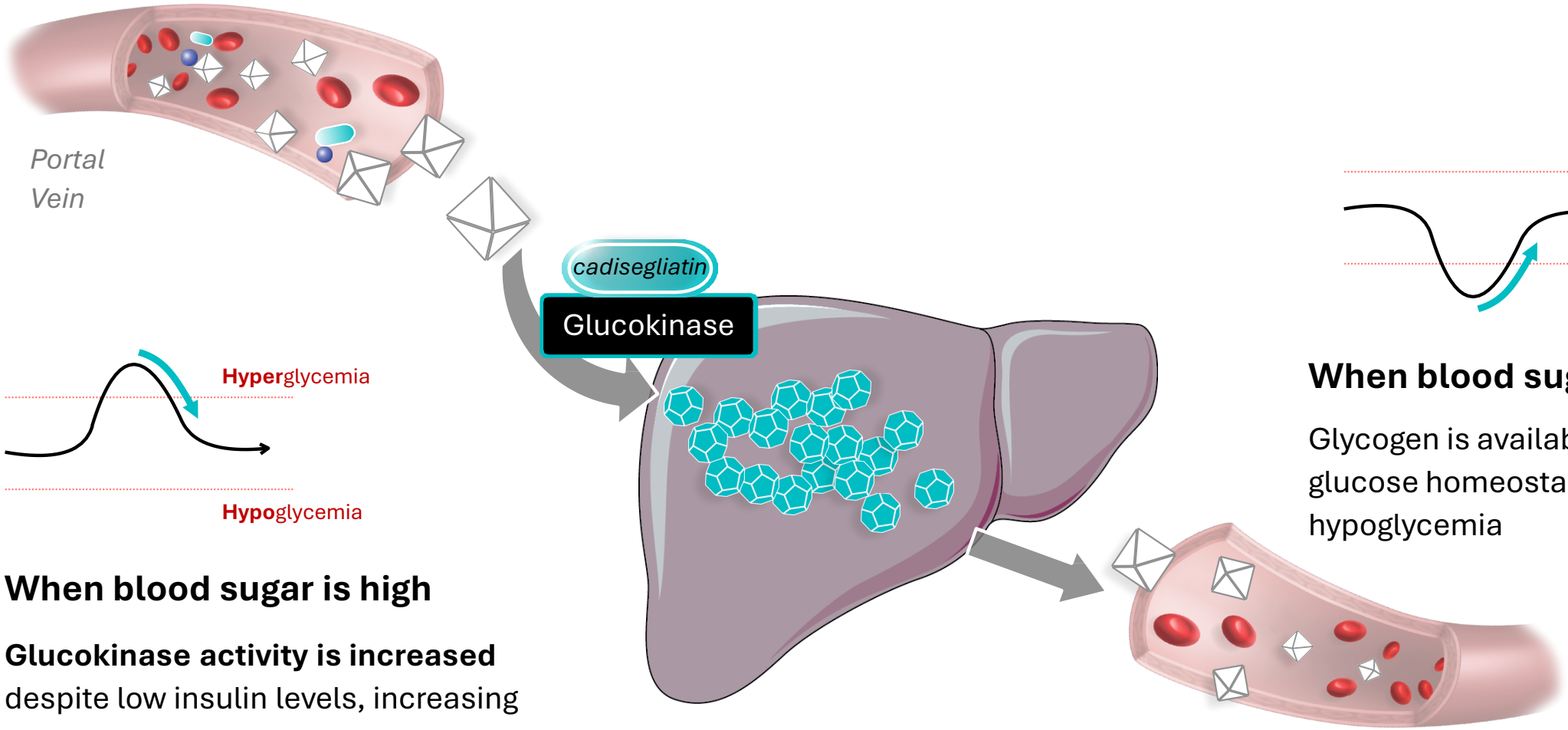
Glucokinase activity is diminished due to low insulin, reducing glucose metabolism and glycogen storage

When blood sugar is low

Insufficient glycogen available to maintain glucose homeostasis

Cadisegliatin, a Glucokinase Activator, Restores Glucose Metabolism in the Liver

Glucokinase activation by cadisegliatin in the liver lowers blood glucose, improves glucose homeostasis and glycogen storage



When blood sugar is high

Glucokinase activity is increased despite low insulin levels, increasing glucose metabolism and glycogen storage

When blood sugar is low

Glycogen is available to maintain glucose homeostasis and prevent hypoglycemia

Clinical Data for Cadisegliatin in T1D and T2D

AGATA Phase 2 Study in T2D[1]

Reduction of HbA_{1c} by 0.9% vs. metformin ($p < 0.01$)

No difference to metformin with regards to hypoglycemia or hyperlipidemia over 6 months

N = 190; US Study

SimpliciT1 Phase 2 Study in T1D[2]

50% fewer symptomatic hypoglycemic episodes ($p<0.04$) and no ketoacidosis

Reduction of HbA_{1c} by 0.36% vs. insulin alone ($p < 0.001$)

40% of cadisegliatin treated patients had **reductions of total daily insulin dose and HbA_{1c}** (by 0.41%) vs. insulin alone

N = 100; US Study

Insulin Withdrawal Study in T1D[3]

No increased risk of ketoacidosis vs. insulin alone

Despite short treatment for only 7-10 days:

- **Improved fasting plasma glucose levels**
- **Fewer hypoglycemic events**

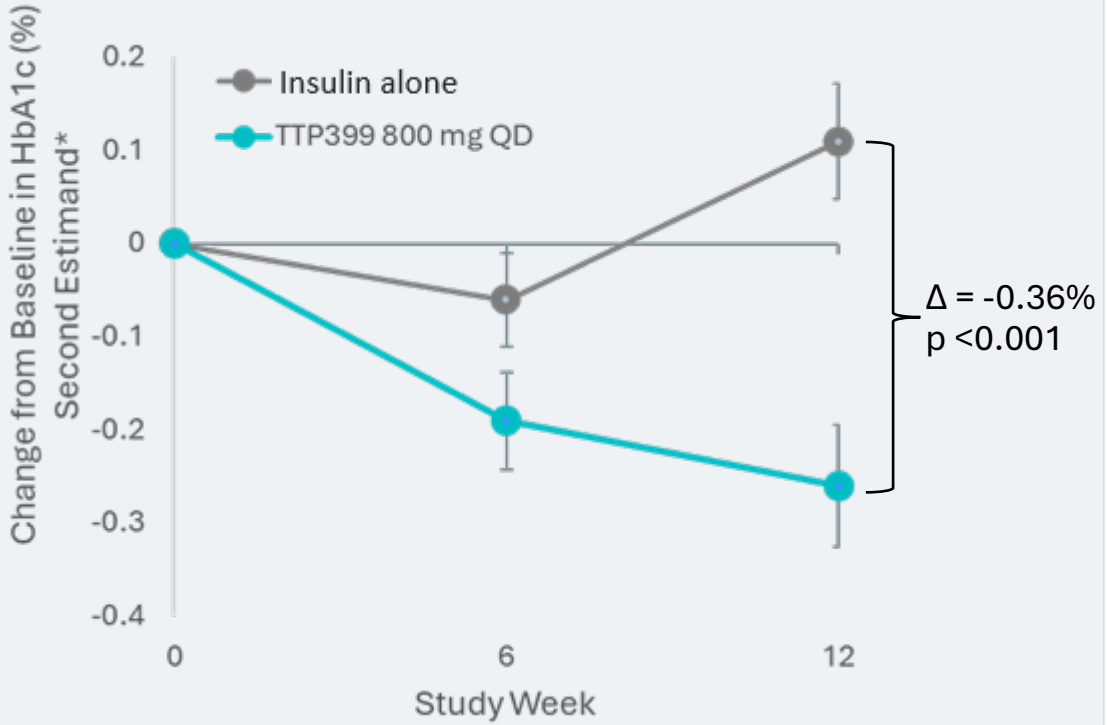
N = 23; US Study

1: Vella A, et al. Targeting hepatic glucokinase to treat diabetes with TTP399, a hepatoselective glucokinase activator. Science translational medicine. 2019 Jan 16;11(475):eaau3441; 2: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8; 3: Klein KR et al. Impact of the hepatoselective glucokinase activator TTP399 on ketoacidosis during insulin withdrawal in people with type 1 diabetes. Diabetes Obes Metab. 2022, Aug;24(8):1439–1447. doi:10.1111/dom.14697

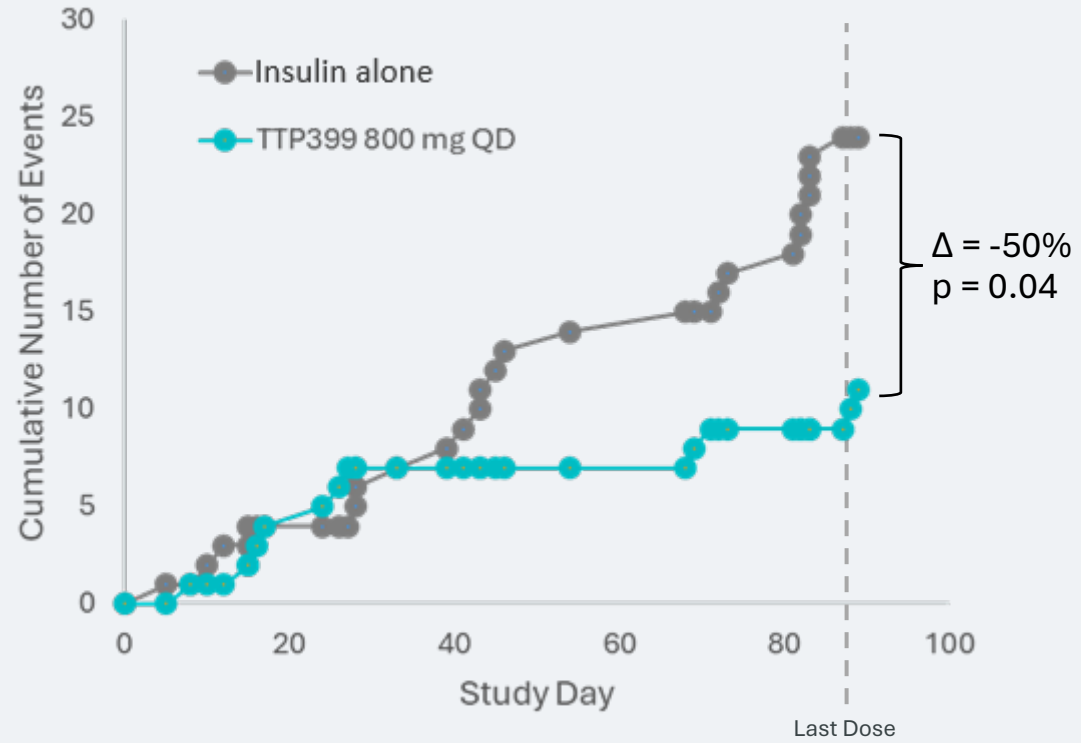
Cadisegliatin Significantly Reduced Hypoglycemia and HbA1c v. Insulin Alone[1]

SimpliciT1 Phase 2 Trial in patients with T1D

Improved Glycemic Control



Fewer Hypoglycemic Events



Randomized, Double-Blind, Placebo (insulin alone) Controlled 2-Part Study of ~100 patients.
A total of 49 patients in the treatment groups received 800mg daily of *cadisegliatin*.

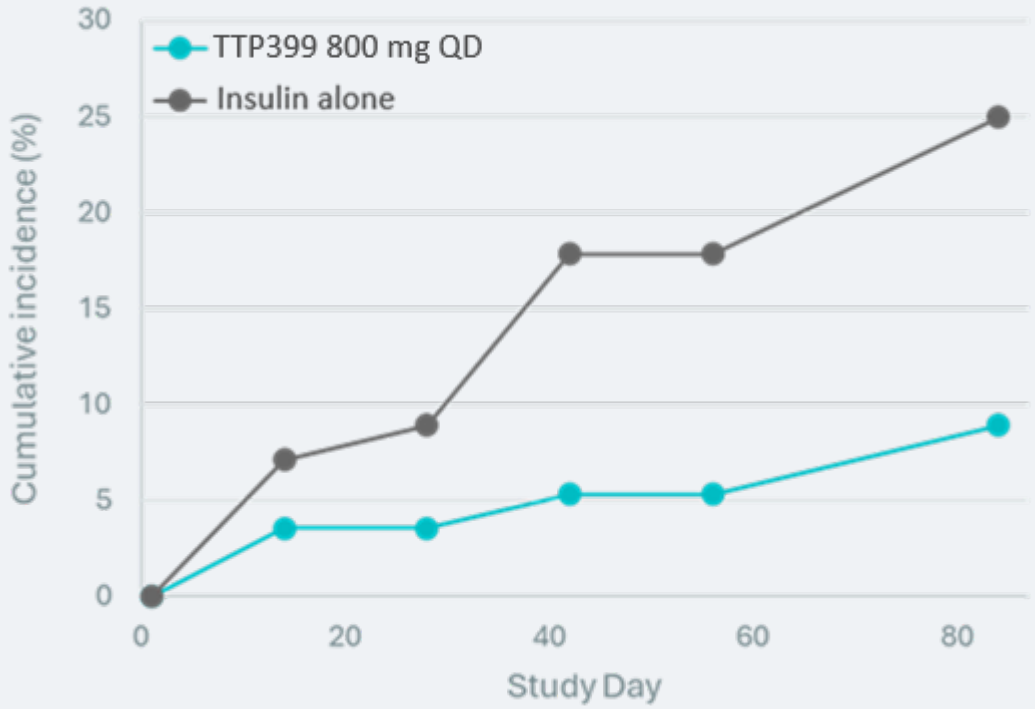
**This pre-specified analysis evaluated the effect on HbA1c for patients without evidence of noncompliance with prescribed treatment who did not administer notable increases of bolus insulin of three or more units. This analysis was conducted consistent with current regulatory guidance. Data shown is a meta-analysis from Part 1 and Part 2.*

1: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8

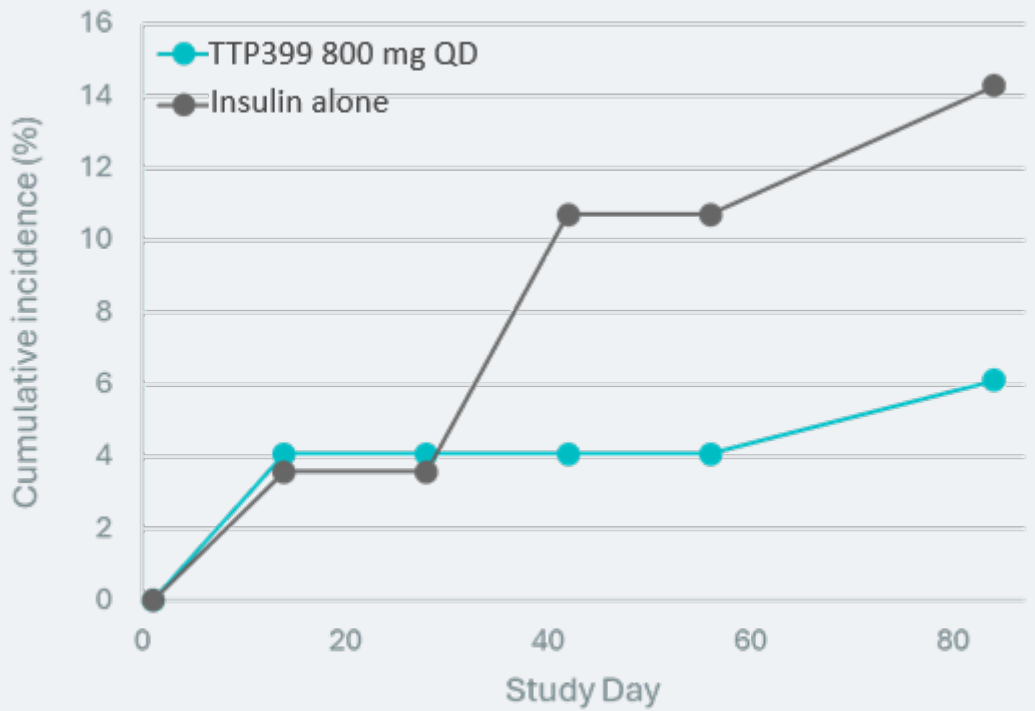
No Observed Increased Risk of Ketoacidosis with Cadisegliatin vs. Insulin Alone[1]

SimpliciT1 Phase 2 Trial in patients with T1D

Abnormal Ketones > 0.4 mmol/L



Abnormal Ketones > 0.6 mmol/L



Randomized, Double-Blind, Placebo (insulin alone) Controlled 2-Part Study of ~100 patients.
A total of 49 patients in the treatment groups received 800mg daily of *cadisegliatin*.

1: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8

Cadisegliatin was Well-Tolerated Across People Living with T1D[1]

Type 1 Diabetes – 3-month Phase 2 trial

Treatment Emergent and Serious Adverse Events[1]	Cadisegliatin 800 mg (n=49)	Placebo (n=56)
Subjects with ≥1 TEAE	32 (65%)	36 (64%)
Subjects with ≥1 related TEAE	3	5
SAEs	1	1
Subjects with ALT, AST, ALP > 1.5 x UNL and/or bilirubin >2 x ULN	1 (2%)	2 (4%)
Subjects with AST or ALT >3 x ULN and bilirubin >1.5 x ULN	0	0
DKA Events	0	0
Subjects with ≥ 1 BOHB > 1 mmol/l	1 (2%)	3 (5%)

TEAE=treatment emergent adverse event; SAE=serious adverse event; ALT=alanine transaminase, AST=aspartate transaminase, ALP=alkaline phosphatase; ULN=upper limit of normal; DKA= diabetic ketoacidosis; BOHB=β-Hydroxybutyric acid

1: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8

Cadisegliatin Did Not Adversely Impact Lipids in People Living with T1D[1]

Type 1 Diabetes – 3-month Phase 2 Trial

Fasting Lipid Changes from Baseline in Type 1 Diabetes Patients[2]	Cadisegliatin 800 mg (n=40)	Placebo (n=45)
Fasting TG (mg/dL)		
Baseline	90 (87)	90 (49)
Change from Baseline @EoS	**-4.5 (82)**	**-2.5 (37)**
Fasting HDL (mg/dL)		
Baseline	63 (19)	66 (19)
Change from Baseline @EoS	**1.4 (10)**	**-2.6 (9)**
Fasting non-HDL (=calculated LDL; mg/dL)		
Baseline	92 (22)	93 (28)
Change from Baseline @EoS	**-0.8 (16)**	**-1.1 (30)**

TG=Triglycerides; HDL=High Density Lipoprotein; LDL=Low Density Lipoprotein; EoS=End of Study; Data are Mean (SD)

1: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8; 2: vTv Clinical Study Report (TTP399-203) – Data on File

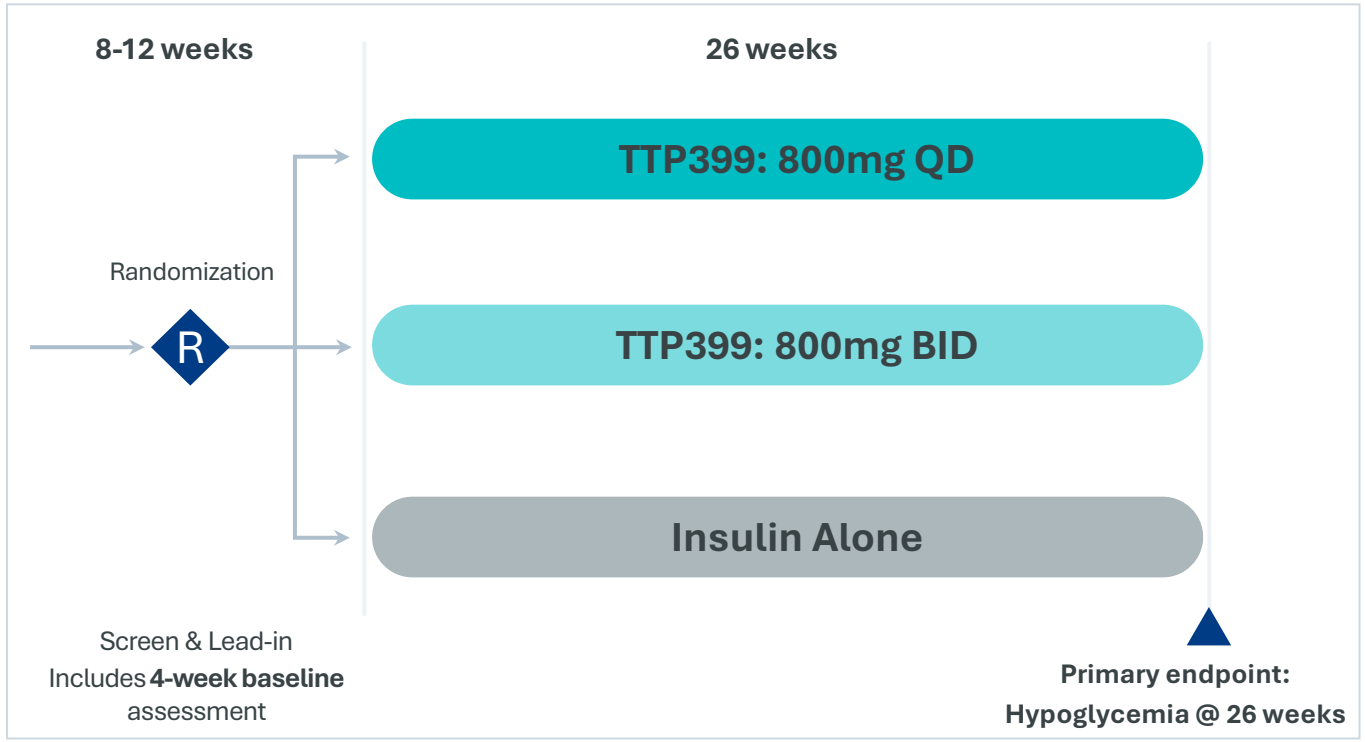
Cadisegliatin Phase 3 CATT1 Study* – Informed by FDA Advice and Published Guidance for Endpoint Selection, Exposure and Population Criteria

CATT1 Phase 3 trial resumed 2Q2025 with topline data expected 2H2026

CATT1 Study

Target Enrollment:

- 150 subjects at
- 20-25 US sites



Primary endpoint:
Incidence of **Level 2** (based on study CGM) and **Level 3** (based on blinded clinical adjudication) **hypoglycemic events**

Key secondary endpoint:
Change in Hemoglobin A_{1C}

CATT1 will use continuous glucose monitoring (CGM) to measure reduction of hypoglycemic events in accordance with the FDA draft guidance issued in 2023 on diabetes-related clinical trials**

*NCT06334133; **Diabetes Mellitus: Efficacy Endpoints for Clinical Trials Investigating Antidiabetic Drugs and Biological Products

Cadisegliatin: Late-Stage Program with Potential to be the First Approved Oral Adjunct Therapy for T1D in the U.S.

- **Derisked by Phase 1 and 2 data** (n>500) which showed positive impact on hypoglycemia and HbA_{1C}
- Granted **Breakthrough Therapy** designation by FDA
- Completed **$51M PIPE** in February 2024 with support of healthcare-focused investors, including Breakthrough T1D Fund (f/k/a JDRF T1D Fund)
- **Topline Phase 3 data expected in 2H2026**

Thank You