VTV THERAPEUTICS

Committed to Improving the Lives of People with Diabetes

March 2026

Nasdaq: VTVT

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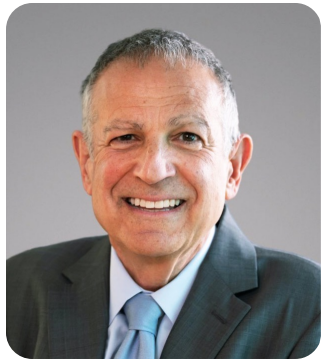
Corporate Summary

01	**Late-stage asset**	*Cadisegliatin*, currently in Phase 3 development, has the potential to become the first oral adjunctive therapy for type 1 diabetes (T1D) in the U.S.; CATT1 enrollment completion expected 3Q 2026
02	**Significant unmet need and commercial opportunity**	~75% of people living with T1D in the U.S. do not achieve ADA recommended blood glucose levels (HbA1c <7%), with hypoglycemia often being the major limiting factor in the glycemic management of T1D and T2D[1,2]
03	**Experienced leadership**	Led by seasoned biopharma executives with a strong track record of advancing novel therapies for metabolic diseases and diabetes
04	**Strong balance sheet**	$88.9 cash (at 12/31/2025) plus additional $20.0M received (on 2/2/2026) provides runway well past the CATT1 topline data readout
05	**Deep pipeline of differentiated assets**	Additional clinical-stage assets in immunology/inflammation, metabolism, and oncology disease areas present opportunities for significant non-dilutive funding

1: Ebekozien O, et al. Longitudinal trends in glycemic outcomes and technology use for over 48,000 people with type 1 diabetes (2016–2022) from the T1D exchange quality improvement collaborative. Diab Technol Ther 2023 Nov;25(11):765-73.; 2: ADA Standard of Care 2026.

Experienced Leadership



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Chair, President & CEO

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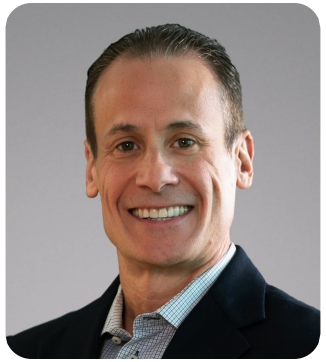

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Chief Business Officer

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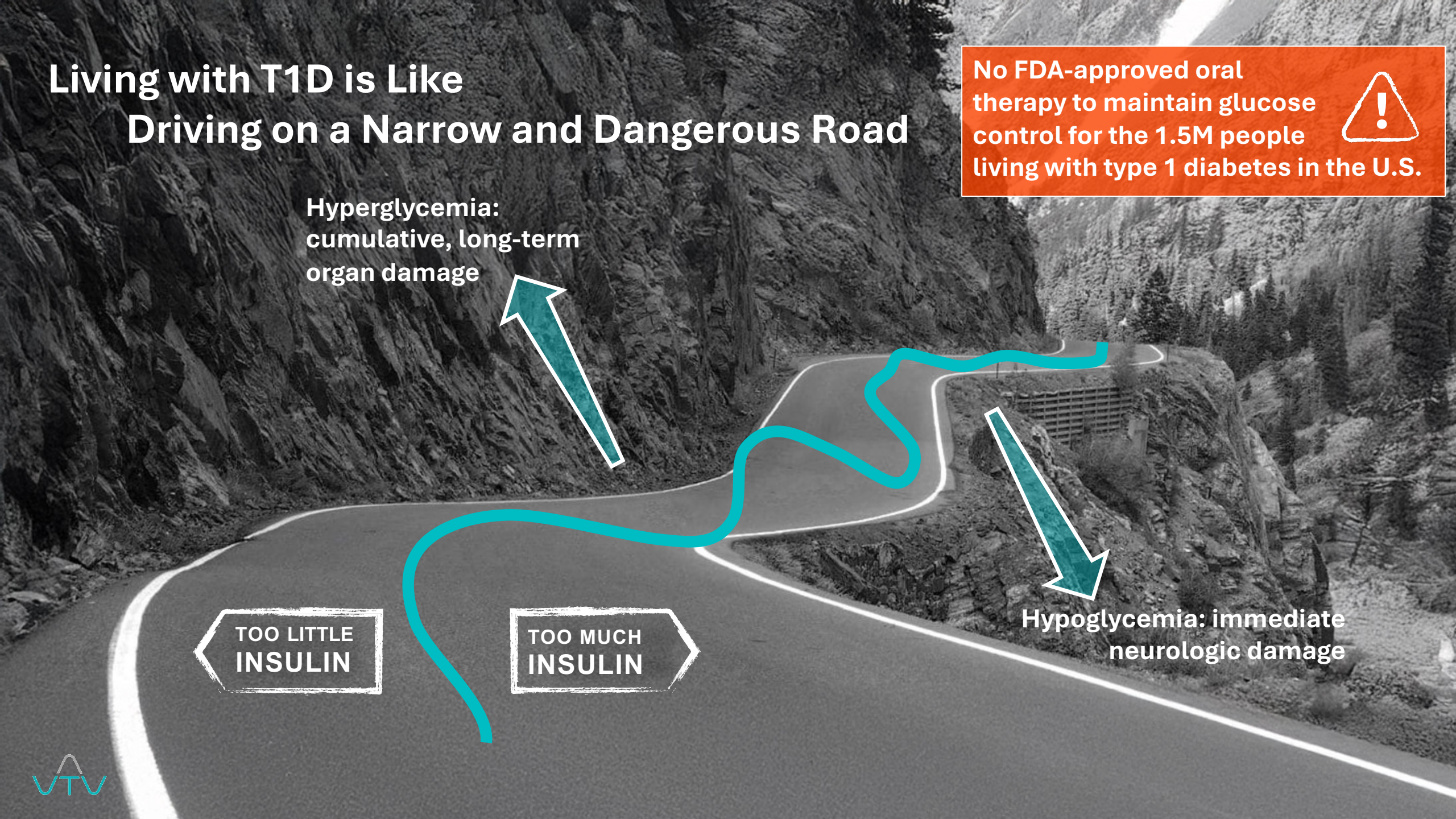
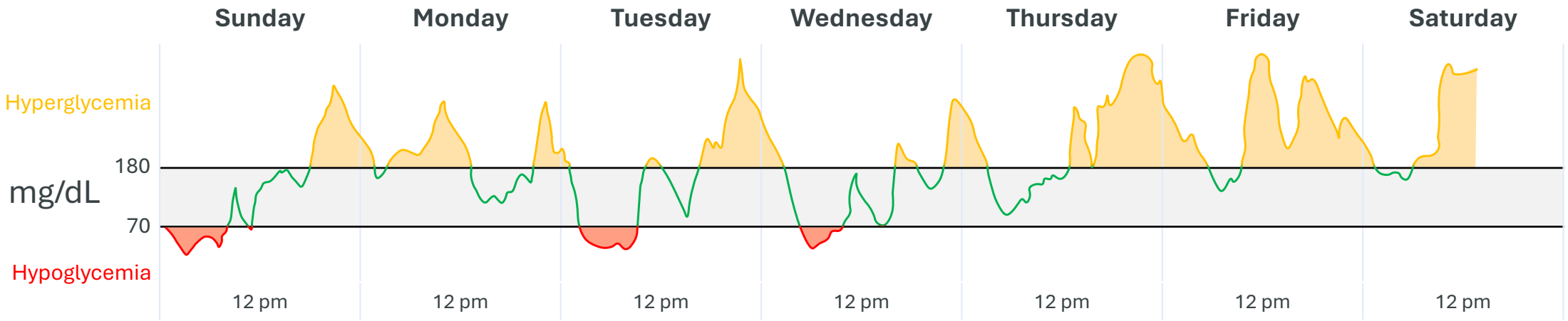

Living with T1D is Like
Driving on a Narrow and Dangerous Road
No FDA-approved oral therapy to maintain glucose control for the 1.5M people living with type 1 diabetes in the U.S.
Hyperglycemia: cumulative, long-term organ damage
TOO LITTLE INSULIN
TOO MUCH INSULIN
Hypoglycemia: immediate neurologic damage

The Challenge: Lowering Blood Glucose to Target While Preventing Hypoglycemia

Representative 7 Day CGM of a Patient with T1D[1]

Insulin
Standard of care with a narrow therapeutic window[2]

Hypoglycemia
Life-disruptive, life-threatening, and often the major limiting factor in the glycemic management of patients with T1D[2]



1: Adapted from figure in Holt RI, et al. The management of type 1 diabetes in adults. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD).; 2: Diabetes Care. 2021 Nov 1;44(11):2589-625. ADA Standard of Care 2026.

Cadisegliatin: A Large Opportunity in a Long-Underserved Market

1.5M

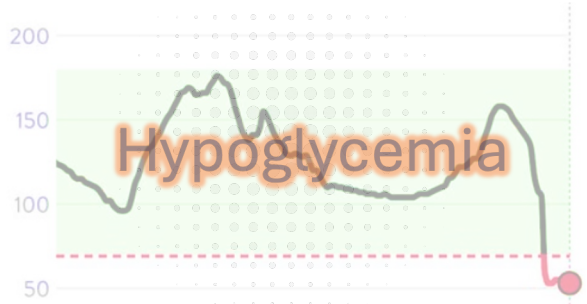
with type 1 diabetes in the U.S.

~9.9M people living with T1D globally, expected to grow to 14.7M by 2040[1]

~75%

with T1D fail to lower their blood glucose to achieve target A1c[2]

By not achieving the ADA recommended target of HbA1c <7.0%, people with T1D are exposed to an increased risk of diabetes-related complications[3]



Hypoglycemia is often the major limiting factor in the glycemic management of T1D[3]

Hypoglycemia is common in people with T1D and most have several mild to moderate events per week[4]

Hypoglycemic events range from life-disruptive to life-threatening

0

oral adjunctive therapies for T1D

Since insulin was discovered in 1921, no oral adjunctive therapy to treat T1D has been approved in the U.S.

1: Type 1 Diabetes Index, Last accessed on February 20, 2026.; 2: Ebekozien O, et al. Longitudinal trends in glycemic outcomes and technology use for over 48,000 people with type 1 diabetes (2016–2022) from the T1D exchange quality improvement collaborative. Diab Technol Ther 2023 Nov;25(11):765-73.; 3: ADA Standard of Care 2026.; 4: Breakthrough T1D website. Last accessed on February 20, 2026.

Cadisegliatin: Potential to be First Oral Adjunctive Therapy for T1D

De-risked by Ph1 and Ph2 Data

Dosed in 500+ subjects to date[1]

- Positive impact on hypoglycemia and HbA1c[1,2]
- CATT1 enrollment completion expected 3Q 2026

In Late-Stage Development

FDA Breakthrough Designation

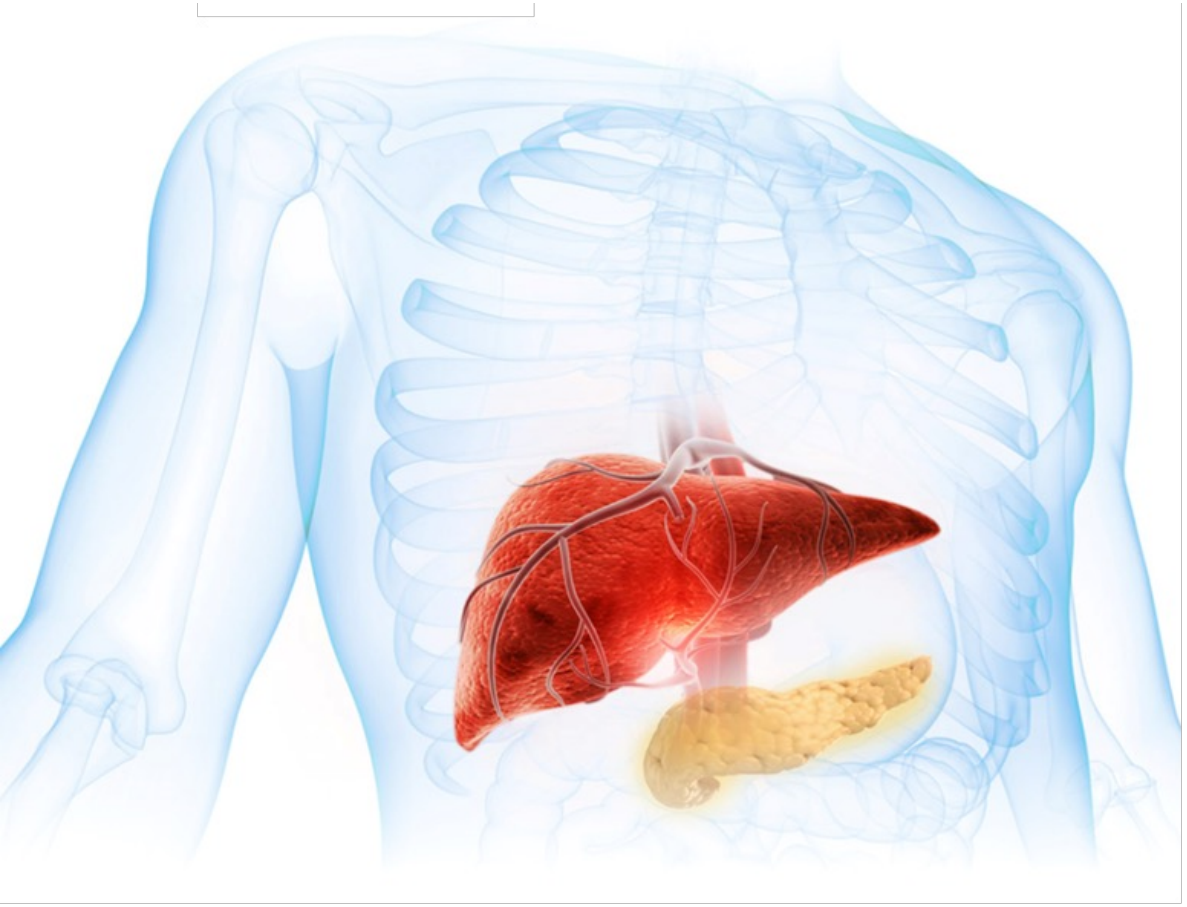
- Treatment of T1D

Intellectual Property

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

1: Internal studies – data on file; 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.

The Pancreas and Liver Maintain Glucose Homeostasis



Pancreas: Glucose Sensor and Controller

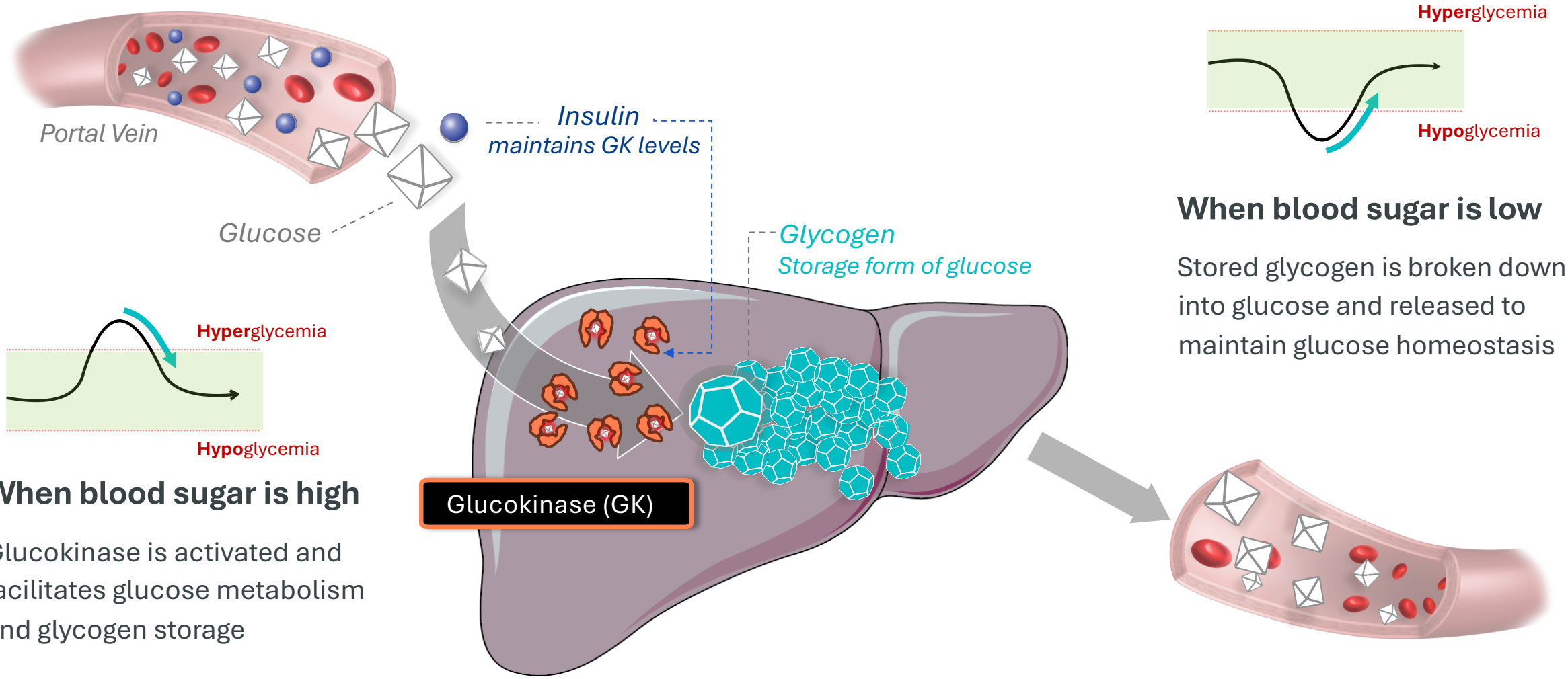
- The pancreas continuously senses blood glucose and adjusts hormone release to keep blood glucose levels in a healthy range:
  - Beta cells secrete insulin → lowers blood glucose
  - Alpha cells secrete glucagon → raises blood glucose

Liver: Main Glucose Manager

- The liver helps to stabilize blood glucose levels by acting as a storage-and-release system:
  - When blood glucose is high, the liver stores glucose as glycogen
  - When blood glucose is low, the liver releases glucose back into the bloodstream

In People Who Do Not Live With Type 1 Diabetes:

The pancreas secretes insulin directly into the liver, which helps maintain sufficient glucokinase



When blood sugar is high

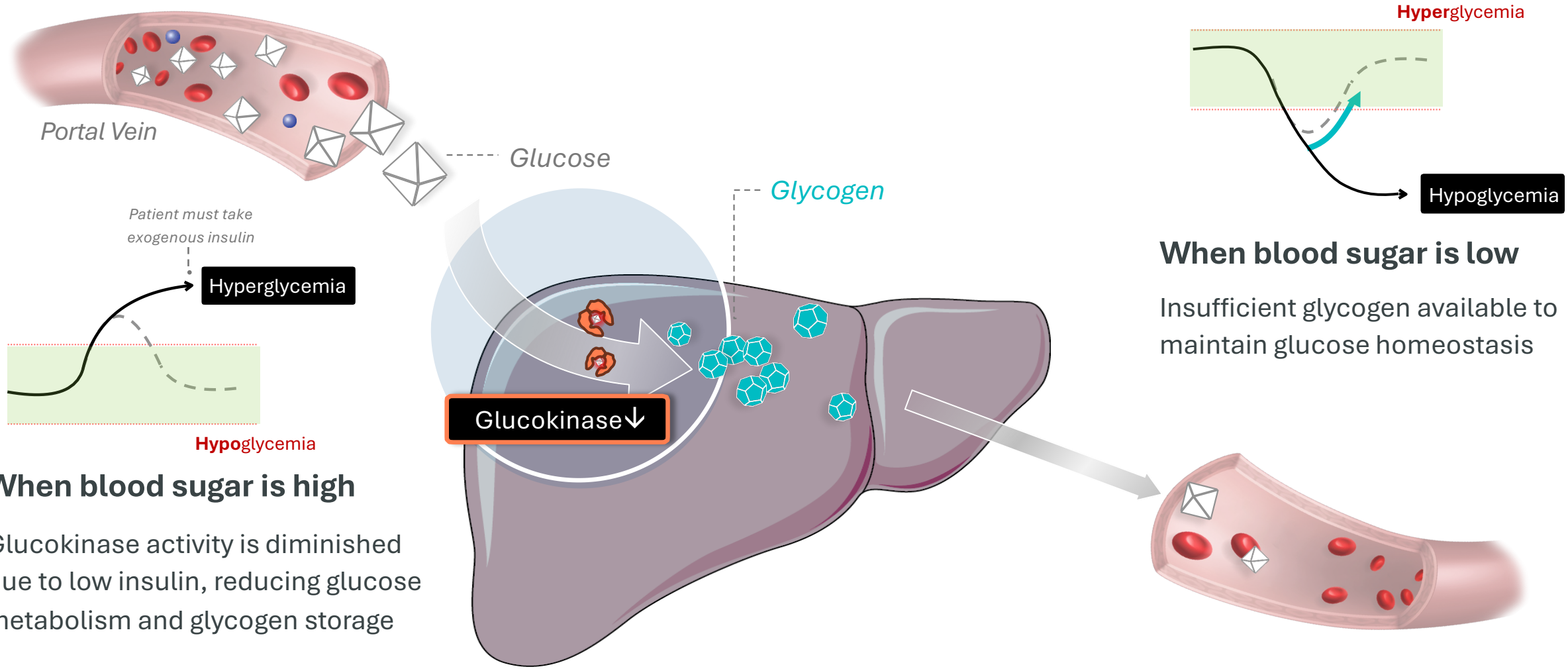
Glucokinase is activated and facilitates glucose metabolism and glycogen storage

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:

Exogenous insulin must work its way through the body and cannot achieve sufficient levels in the liver



When blood sugar is high

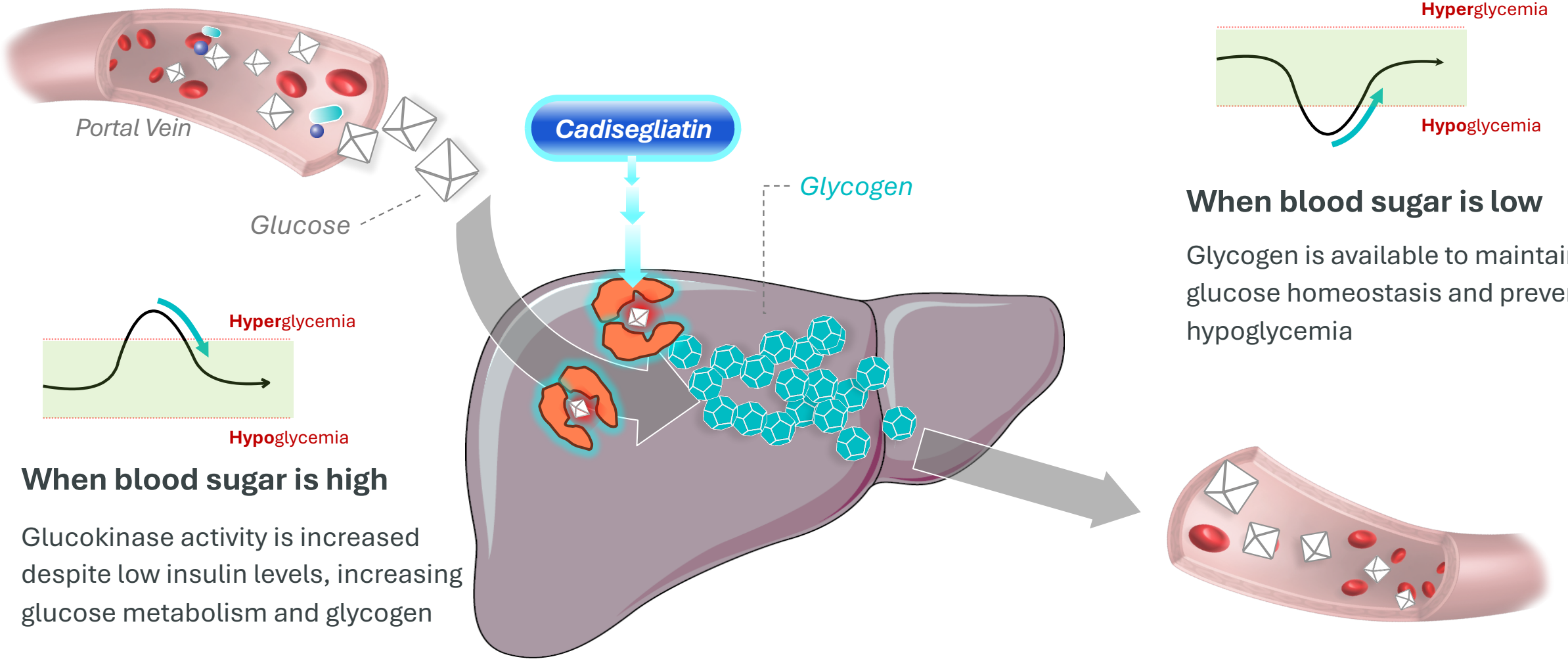
Glucokinase activity is diminished due to low insulin, reducing glucose metabolism and glycogen storage

When blood sugar is low

Insufficient glycogen available to maintain glucose homeostasis

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

Activates glucokinase in the liver, lowering blood glucose, improving glucose homeostasis & glycogen storage



When blood sugar is high

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

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 HbA1c 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]

Reduction of HbA1c by 0.36% vs. insulin alone ($p<0.001$)

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

40% of *cadisegliatin-treated* patients had reductions of both total daily insulin dose and HbA1c (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

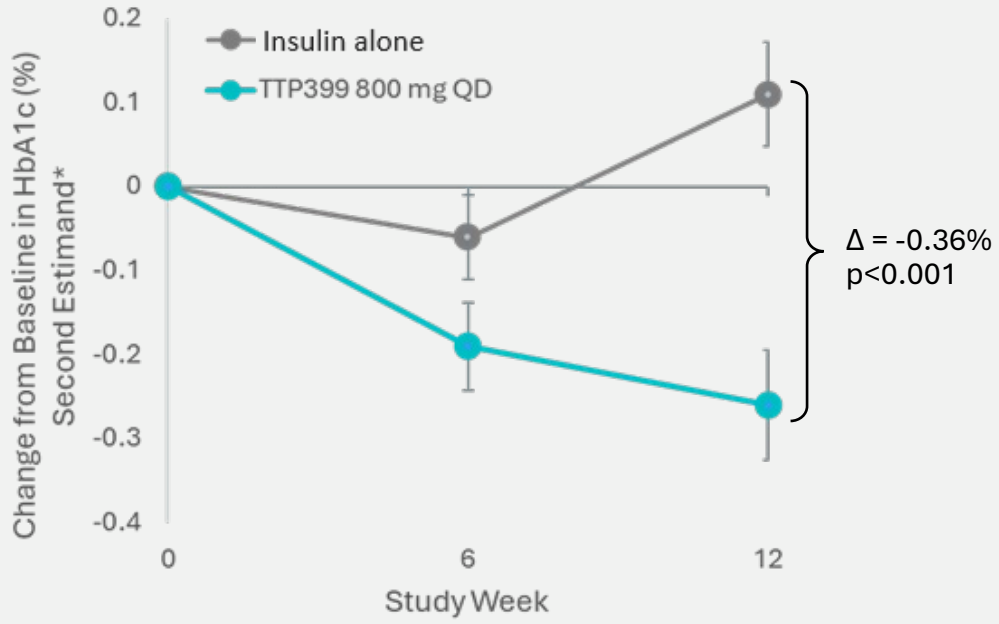
N = 23; US Study

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.

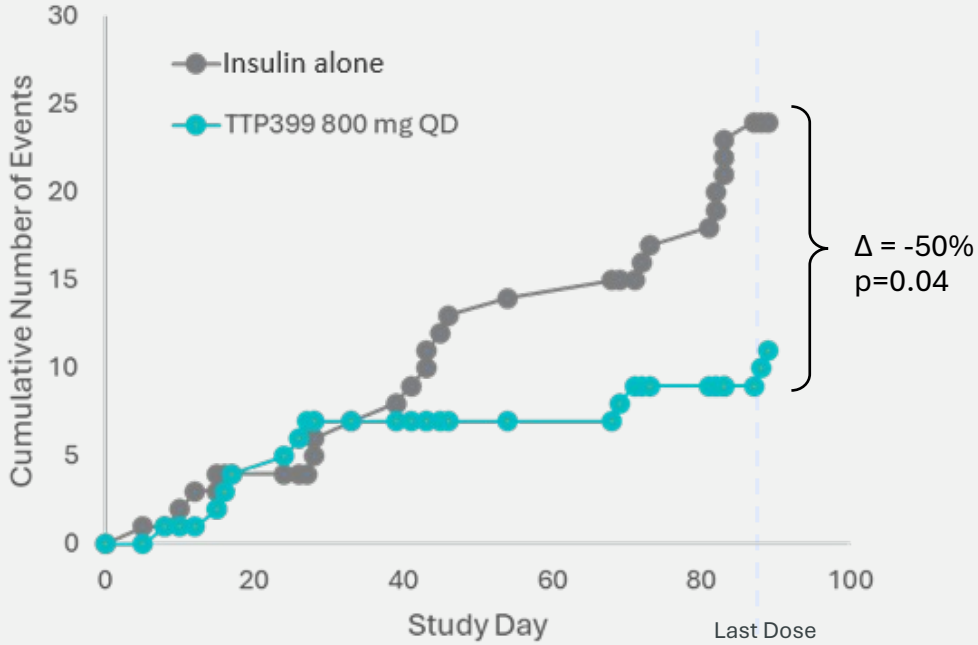
Cadisegliatin Significantly Reduced Hypoglycemia and HbA1c vs Insulin Alone

SimpliciT1 Phase 2 Trial in Patients with T1D[1]

Improved Glycemic Control



Fewer Hypoglycemic Events



Randomized, Double-Blind, Placebo (insulin alone) Controlled Two-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.

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

SimpliciT1 Phase 2 Trial in Patients with T1D

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 ULN 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 Does Not Adversely Impact Lipids in People Living with T1D[1]

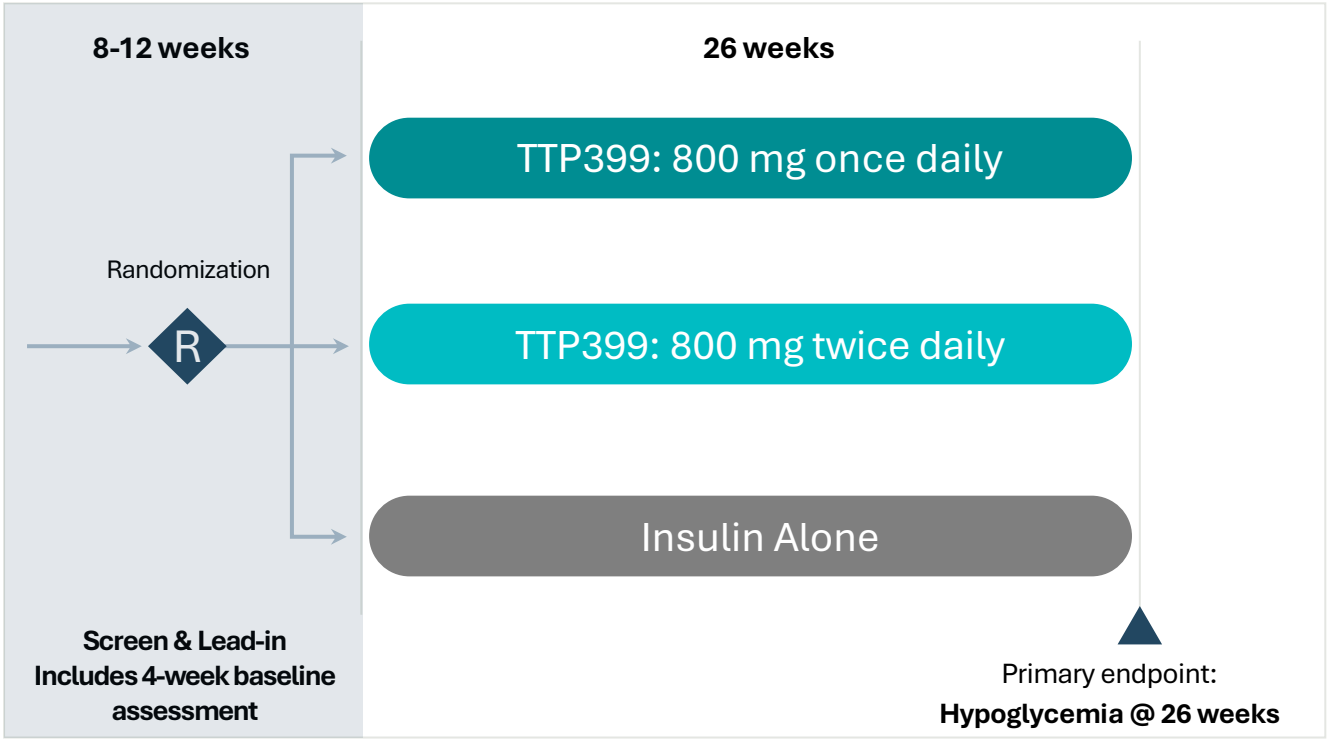
Fasting Lipid Changes from Baseline in Type 1 Diabetes Patients[1,2]	SimpliciT1 Phase 2 Trial in Patients with T1D	
	Cadisegliatin 800 mg (n=40)	Placebo (n=45)
Fasting TG (mg/dL)		
Baseline	90 (87)	90 (49)
Change from Baseline @EoS	**-4.5 (82)**	**-2.5 (37)**
Fasting HDL (mg/dL)		
Baseline	63 (19)	66 (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, Part 2 of the Phase 2 portion.

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

CATT1 Study
Target Enrollment:
150 subjects



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 A1c

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; **US Food and Drug Administration. Diabetes Mellitus: Efficacy Endpoints for Clinical Trials Investigating Antidiabetic Drugs and Biological Products. Guidance for Industry. FDA Draft Guidance (May 2023).

Investment Summary

01 **Late-stage asset**	*Cadisegliatin*, currently in Phase 3 development, has the potential to become the first oral adjunctive therapy for type 1 diabetes (T1D) in the U.S.; CATT1 enrollment completion expected 3Q 2026
02 **Clinically de-risked**	Phase 1/2 studies in >500 participants support a favorable profile on reduction of hypoglycemia and HbA1c
03 **Regulatory**	*Cadisegliatin* has been granted FDA Breakthrough Therapy Designation
04 **Significant opportunity**	~75% of people living with T1D in the U.S. do not achieve ADA recommended blood glucose levels (HbA1c <7%), with hypoglycemia often being the major limiting factor in the glycemic management of T1D and T2D[1,2]
05 **Strong balance sheet**	$88.9 cash (at 12/31/2025) plus additional $20.0M received (on 2/2/2026) provides runway well past the CATT1 topline data readout

1: Ebekozien O, et al. Longitudinal trends in glycemic outcomes and technology use for over 48,000 people with type 1 diabetes (2016–2022) from the T1D exchange quality improvement collaborative. Diab Technol Ther 2023 Nov;25(11):765-73.; 2: ADA Standard of Care 2026.

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Small Molecule Portfolio

Broader Portfolio Continues to Offer Additional Upside and Shareholder Value

	PRODUCT	PRE-CLINICAL	PHASE 1	PHASE 2	PHASE 3	PARTNERS + RIGHTS
DIABETES	**GK Activator** *Cadisegliatin* (TTP399)	Type 1 Diabetes				VTV THERAPEUTICS; G42 Healthcare: Certain countries in the Middle East, Africa, and Central Asia
		Type 2 Diabetes				
	ORAL GLP-1R Agonist TTP273	Type 2 Diabetes				VTV THERAPEUTICS
	RAGE Antagonist TTP-RA	Type 1 Diabetes Prevention				VTV THERAPEUTICS
METABOLIC DISORDERS	**PPAR-δ Agonist** *Mavodelpar* (HPP593)	Dyslipidemia				VTV THERAPEUTICS
		Muscle Atrophy				
INFLAMMATION/ IMMUNOLOGY	**Nrf2/Bach1 Modulator** HPP971/HPP3033	Oxidative Inflammatory Indications				VTV THERAPEUTICS
	PDE4 Inhibitor HPP737	Psoriasis				NEWSOARA; Global rights
ONCOLOGY	**RAGE Antagonist** *Azeliragon*	Glioblastoma				CANTEX PHARMACEUTICALS; Global
		Pancreatic Cancer				
		Breast Cancer				
		Pneumonia				

Pipeline candidates are under investigation, and the safety and efficacy have not been established. There is no guarantee that these products will receive health authority approval or become commercially available for the use(s) being investigated.

Partnerships Provide Potential Independent Revenue Streams

Cadisegliatin (TTP399)
GK Activator

Type 2 Diabetes

Phase 2 initiation 2025

Middle East

G42 Healthcare

Certain countries in the Middle East, Africa, and Central Asia

Royalties in high single digits

HPP737
PDE4 Inhibitor

Psoriasis

Ongoing Phase 3 trial

China

NEWSOARA 恒翼生物医药

Global

>$100 M potential value

Azeliragon
RAGE Antagonist

Pneumonia, Glioblastoma, Breast Cancer, Pancreatic Cancer

Ongoing Phase 2 and Phase 3 trials

US

CANTEX PHARMACEUTICALS

Global

Potential for 20 - 40% of economics from commercialization or acquisition

Additional Programs: Differentiation in Large Market Opportunities

TTP273
Oral GLP-1 Agonist

Type 2 Diabetes/Obesity
Phase 2 ready

Negligible observed GI side effects[1]

Potential for improved tolerability, convenience and accessibility vs. current standards of care[1]

Expansion opportunities in weight management, T2D and beyond

HPP971/HPP3033
Nrf2/Bach1 Modulator

Oxidative inflammation
Phase 1 assets

Franchise opportunity

Diverse compounds with proof-of-concept efficacy data in multiple animal models[2]

Broad application

1: Internal Studies – Data on File.; 2: Internal Studies – Data on File.

TTP273: Oral Small Molecule GLP-1 Receptor Agonist

Targets High Unmet Needs

40% of adults in the U.S. are obese[1]

GI side effects like nausea and vomiting compromise adherence and efficacy[2]

Current peptide standards of care are limited by high cost and low supply[3]

Negligible Observed GI Side Effects

No nausea and vomiting with improved satiety, HbA1c and body weight[4]

No need for titration or administration with meals[4]

Binds to an allosteric site distinct from the peptide site[5]

Expansion Potential

Phase 1 and Phase 2 efficacy and tolerability profile support investigation in obesity/weight loss and T2D

Ideal for fixed dose combinations with oral agents

1: https://www.cdc.gov/nchs/products/databriefs/db508.htm.; 2: Blue Health Intelligence, Real World Trends in GLP-1 Treatment Persistence and Prescribing for Weight Management, May 2024.; 3: Whitley HP, Trujillo JM, Neumiller JJ. Special Report: Potential strategies for addressing GLP-1 and dual GLP-1/GIP receptor agonist shortages. Clin Diabetes. 2023; 41(3):467–473. https://doi.org/10.2337/cd23-0023.; 4: Internal Studies – Data on File.; 5: Zhao P, Liang YL, Belousoff MJ, et al. Activation of the GLP-1 receptor by a non-peptidic agonist. Nature. 2020; 577:432–436. https://doi.org/10.1038/s41586-019-1902-z.

HPP971/HPP3033: Nrf2/Bach1 Modulator Platform

Potential to advance multiple distinct compounds targeting reduced oxidative stress and inflammation

Franchise Opportunity

Multiple non-electrophilic small-molecule compounds with distinct profiles

Opportunity to advance multiple molecules into different indications

Phase 1 Asset

Completed 1 month toxicology studies

Completed SAD and MAD studies

No dose limiting toxicities[1]

Preclinical Efficacy/ Proof of Concept

Observed in disease relevant animal models[1] related to:

- Liver disease (MASH)
- Kidney disease
- Autoimmune disease (MS, IBD)
- Reperfusion injury/hypertension
- Neurodegeneration (Parkinson's disease, Alzheimer's disease, Traumatic brain injury)
- Sickle Cell Disease
- Bone Loss (Periodontitis, Osteoarthritis)
- Ocular disease (Presbyopia)

1: Internal Studies – Data on File.

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Thank You

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