VTV THERAPEUTICS



Committed to Improving the Lives of People with Diabetes

October 2026

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.

THIS PRESENTATION IS BEING PROVIDED TO YOU FOR INFORMATION PURPOSES ONLY. THIS PRESENTATION DOES NOT CONSTITUTE AN OFFER OR SALE OF (OR THE SOLICITATION OF AN OFFER TO BUY) ANY SECURITIES OF VTV THERAPEUTICS INC. OR ANY OF ITS SUBSIDIARIES.

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 REFERENCETHEREIN.

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 is complete, with topline results expected mid-2027; Phase 2a Hybrid CATT1 study in T1D patients using hybrid closed-loop insulin delivery systems expected to initiate before year-end 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 being the major limiting factor in the glycemic management of T1D and type 2 diabetes (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**	$86.6M cash (at 6/30/2026) 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 (20162022) from the T1D Exchange Quality Improvement Collaborative. Diabetes Technol Ther. 2023 Nov;25(11):765-773. doi: 10.1089/dia.2023.0320. Epub 2023 Oct 16. PMID: 37768677. ; 2: Holt RIG, 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). Diabetes Care. 2021 Nov;44(11):2589-2625. doi: 10.2337/dci21-0043. Epub 2021 Sep 30. PMID: 34593612.

Experienced Leadership



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, JD
Chief Business Officer

VERICAST
Nielsen
IAC
woolsey PHARMA
Allermi



Martin Lafontaine
Chief Commercial Officer

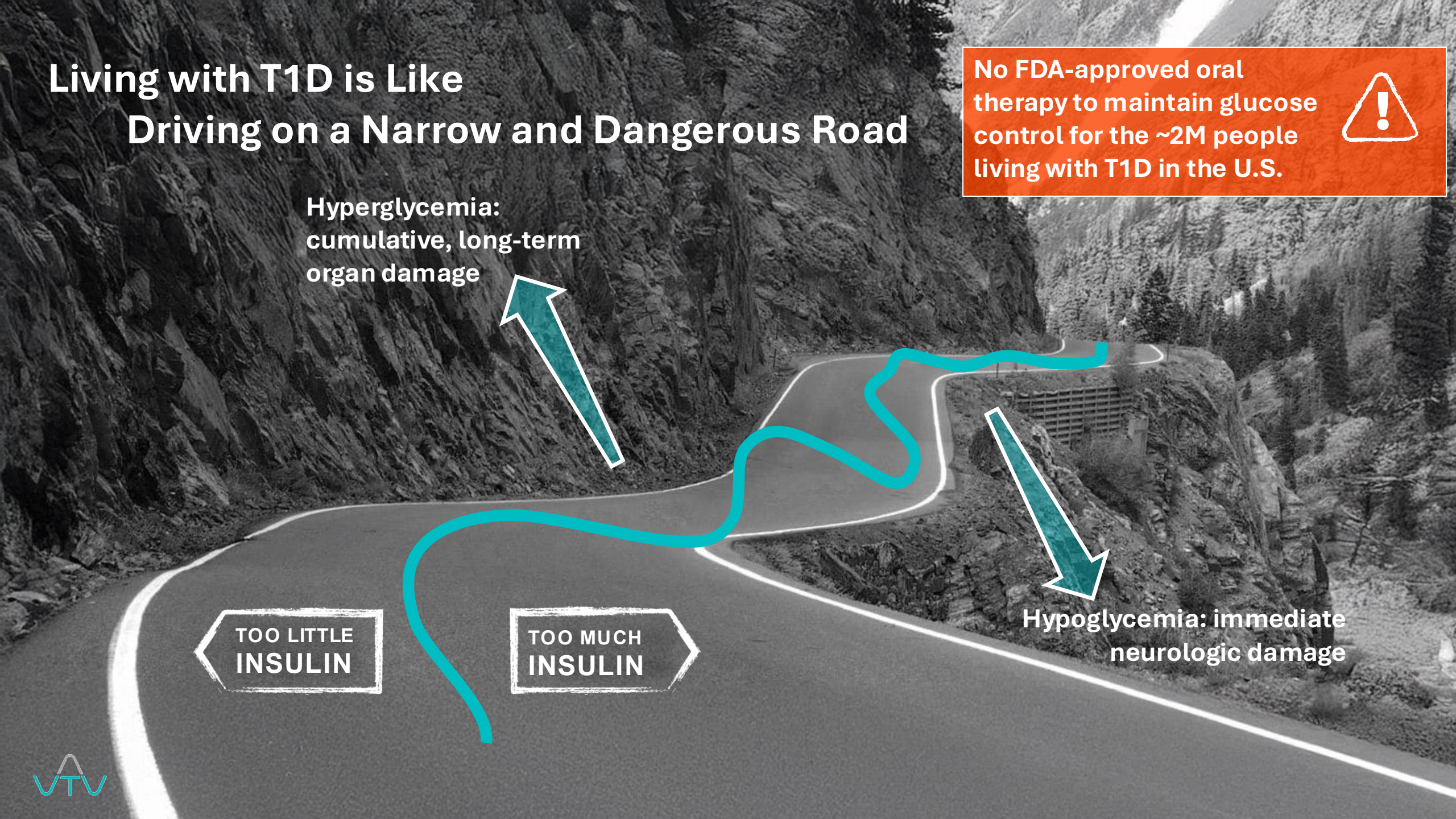
GSK
Locemia SOLUTIONS
mont méd



Ashley Johns, MSHS
SVP, Clinical Operations

ProKidney
inRegen
REGENMED Tx
IOVANCE BIOTHERAPEUTICS

VTV

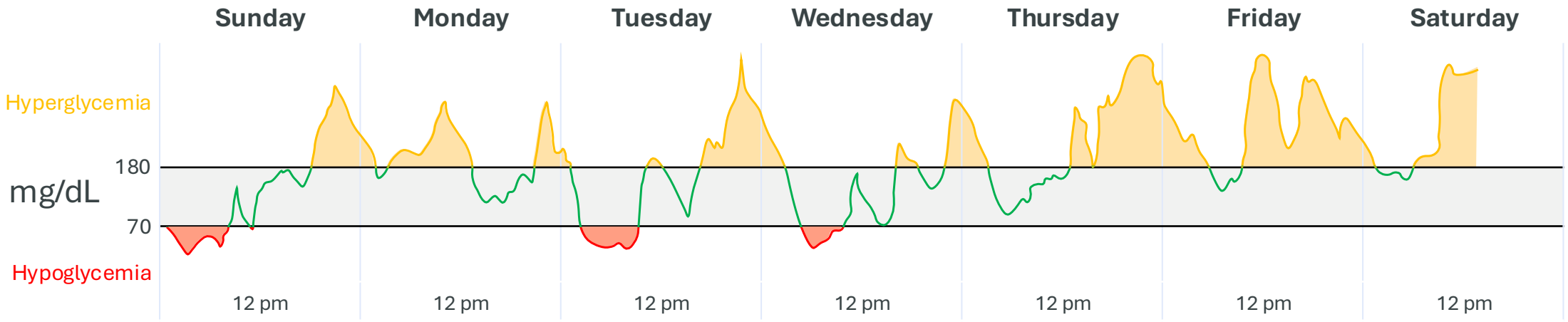

Living with T1D is Like
Driving on a Narrow and Dangerous Road
No FDA-approved oral therapy to maintain glucose control for the ~2M people living with T1D in the U.S.
Hyperglycemia: cumulative, long-term organ damage
TOO LITTLE INSULIN
TOO MUCH INSULIN
Hypoglycemia: immediate neurologic damage

The Challenge: Lowering Blood Glucose to Target While Preventing Hypoglycemia

Representative 7-Day Continuous Glucose Monitor (CGM) data of a Patient with T1D[1]

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

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



1: Adapted from figure in Holt RIG, 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). Diabetes Care. 2021 Nov;44(11):2589-2625. doi: 10.2337/dci21-0043. Epub 2021 Sep 30. PMID: 34593612.; 2: ADA Standards of Care in Diabetes 2026.

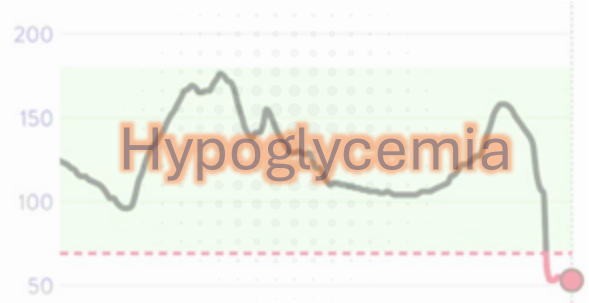
Cadisegliatin: A Large Opportunity in a Long-Underserved Market

~2M

with T1D in the U.S.[1,2]

~75%

with T1D fail to lower their blood glucose to achieve target A1c[4]



0

oral adjunctive therapies for T1D

~9.5M people living with T1D globally in 2025, expected to grow to 14.7M by 2040[3]

By not achieving the ADA recommended target of HbA1c <7.0%, people with T1D are exposed to an increased risk of diabetes-related complications[5]

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

Hypoglycemia is common in people with T1D and most have several mild to moderate events per week[6]

Hypoglycemic events range from life-disruptive to life-threatening

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

1: Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2026 update (2023 estimates). Last accessed on October 6, 2026.; 2: Smith RA, et al. We are on the verge of breakthrough cures for type 1 diabetes, but who are the 2 million Americans who have it? J Health Econ Outcomes Res 2024;11(2):145–153.; 3: Type 1 Diabetes Index, Last accessed on May 8, 2026.; 4: 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. Diabetes Technol Ther 2023 Nov;25(11):765-73.; 5: Holt RIG, 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). Diabetes Care. 2021 Nov;44(11):2589-2625. doi: 10.2337/dci21-0043. Epub 2021 Sep 30. PMID: 34593612.; 6: 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]
- Phase 2a Hybrid CATT1 study in T1D patients using hybrid closed-loop insulin delivery systems expected to initiate before year-end 2026

In Late-Stage Development

Phase 3 CATT1 topline results expected mid-2027

Breakthrough Therapy Designation

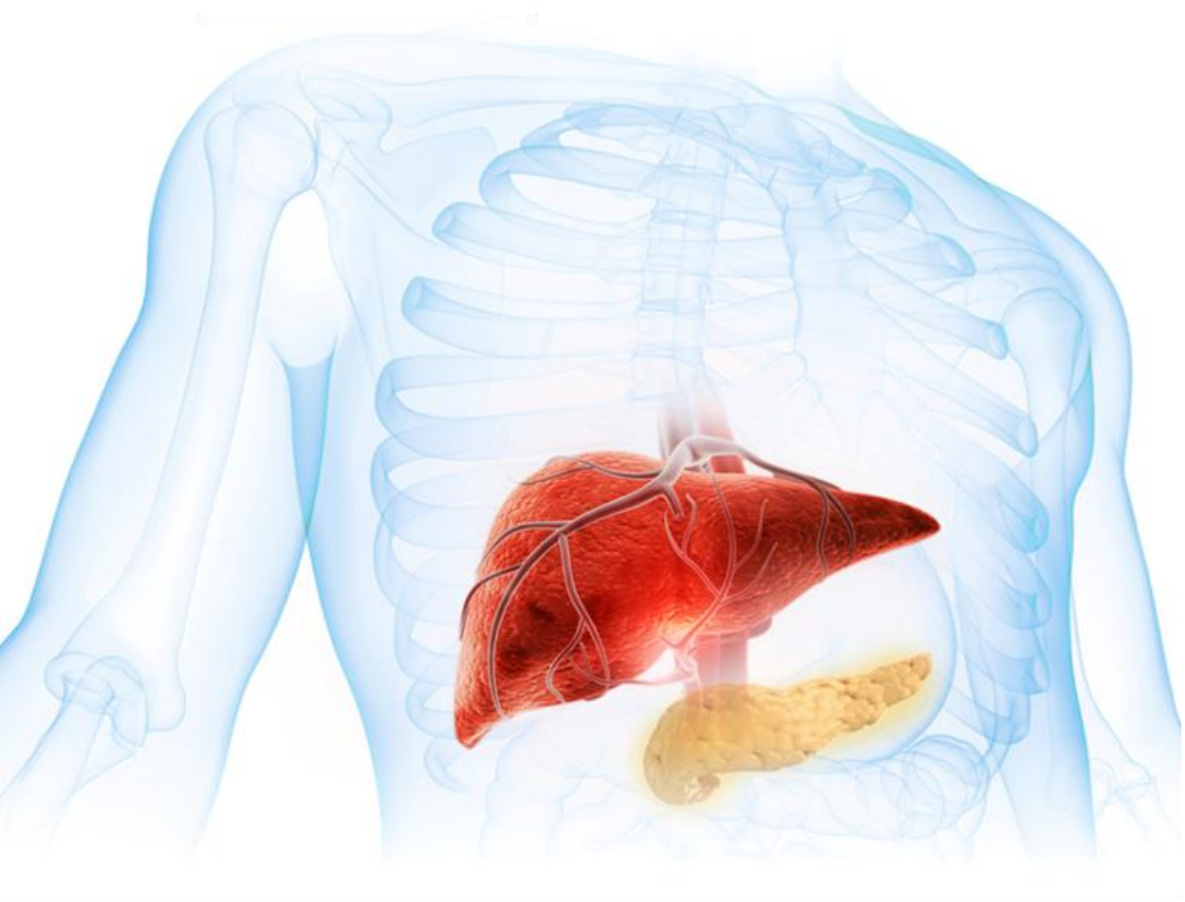
- Treatment of T1D

Intellectual Property

- Global portfolio of patents issued and pending provides 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

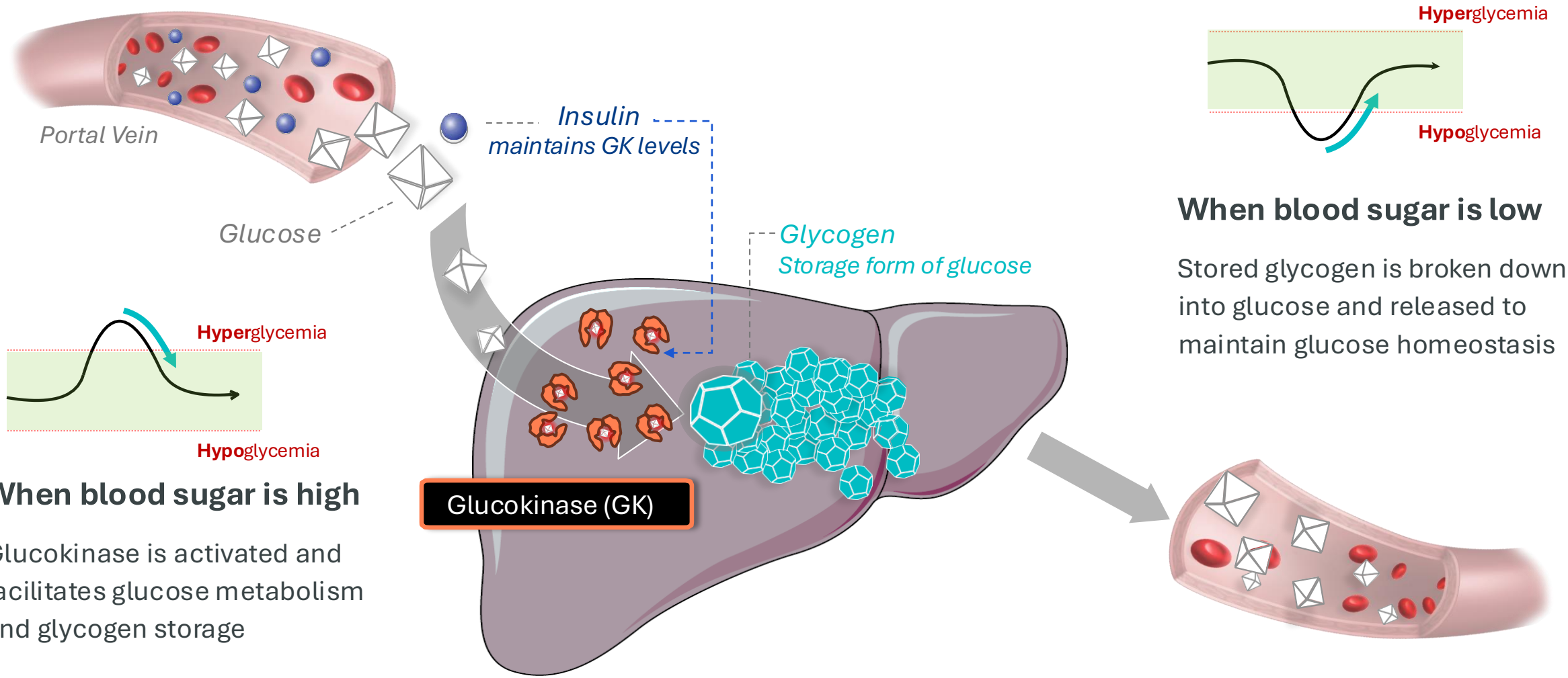
- The pancreas continuously senses blood glucose and adjusts hormone release to keep blood glucose levels in a healthy range:
  - Beta cells secrete insulin → lowers blood glucose
  - Alpha cells secrete glucagon → raises blood glucose

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 T1D:

The Pancreas Secretes Insulin Directly into the Liver, Which Helps Maintain Sufficient Glucokinase



When blood sugar is high

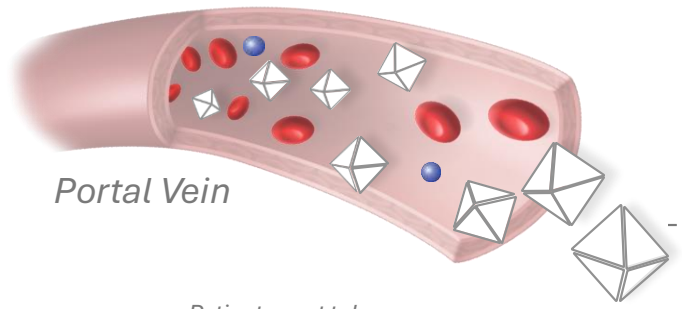
Glucokinase is activated and facilitates glucose metabolism and glycogen storage

When blood sugar is low

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

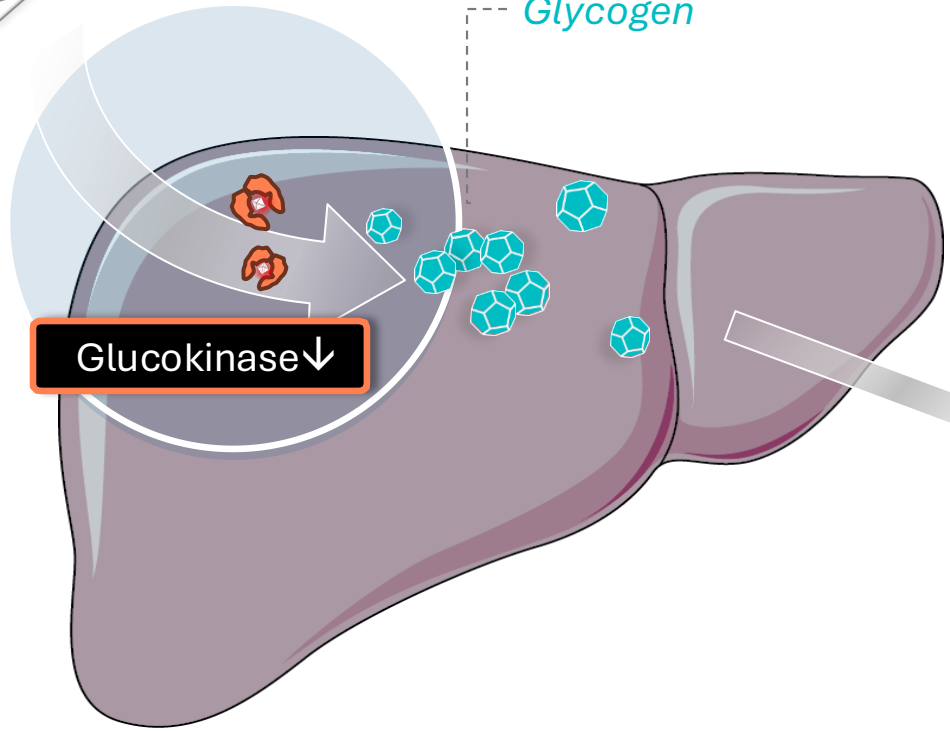
In People Who Live With T1D:

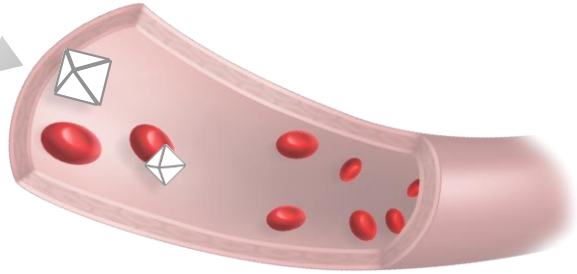
Exogenous Insulin Must Work its Way Through the Body and Cannot Achieve Sufficient Levels in the Liver

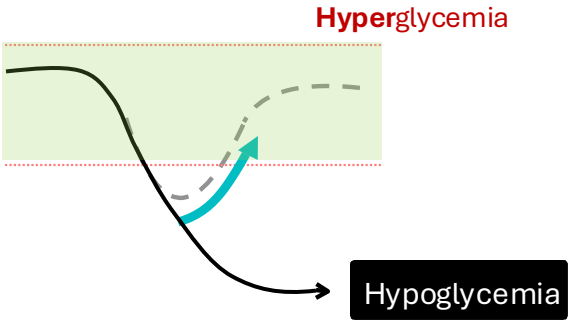


Glucose

Glycogen



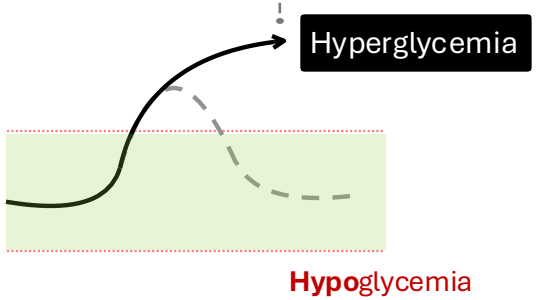




When blood sugar is low

Insufficient glycogen available to maintain glucose homeostasis

Patient must take exogenous insulin

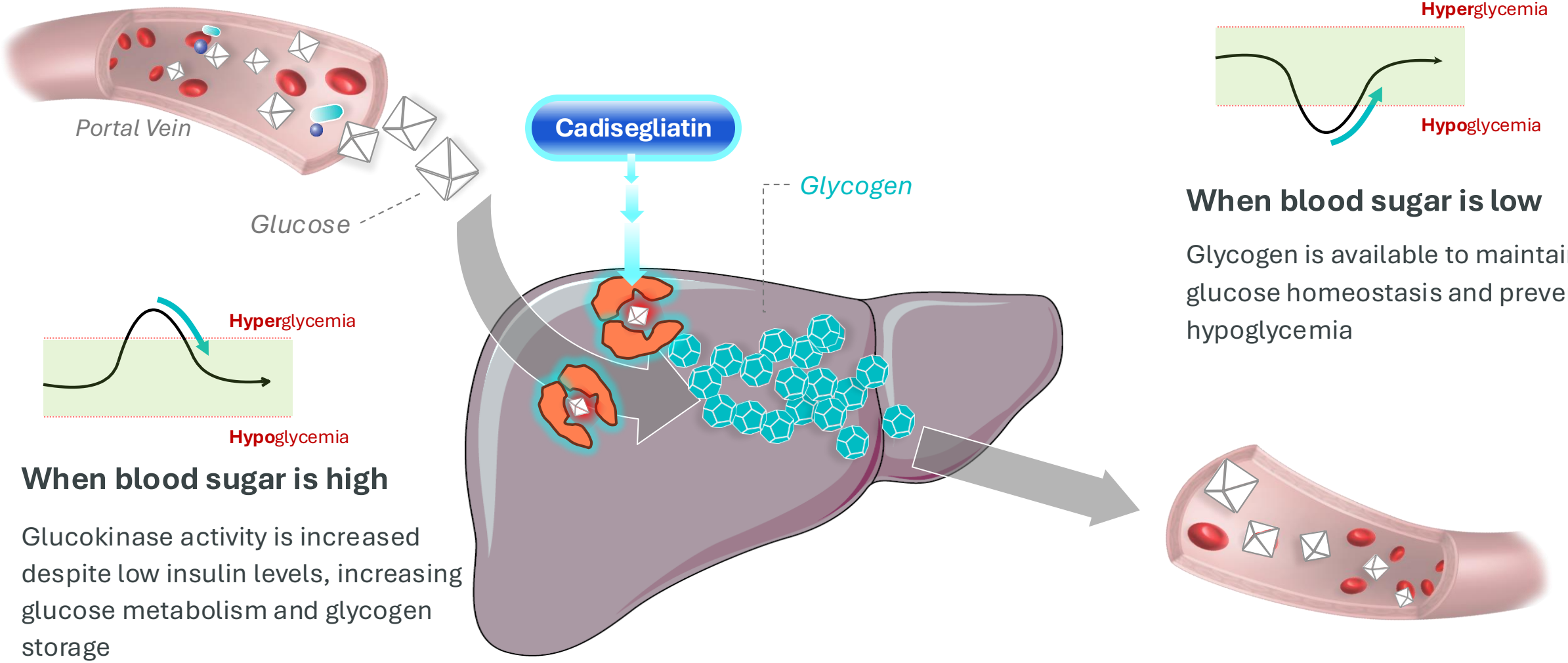


When blood sugar is high

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

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 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 HbA1c by 0.9% vs. placebo (on metformin) ($p<0.01$)

No difference to placebo (on 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

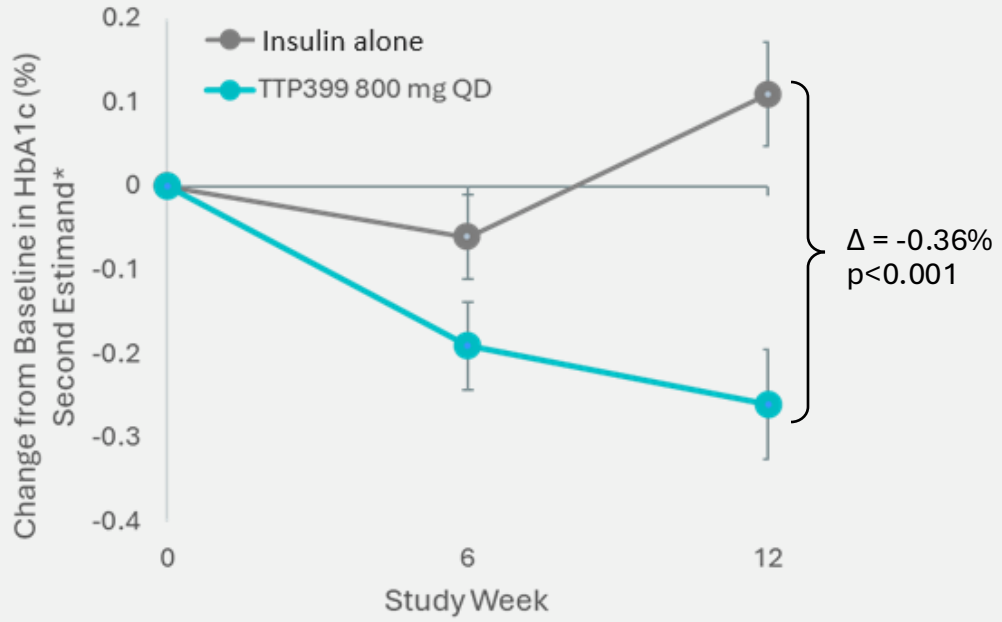
N = 23; US Study

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.

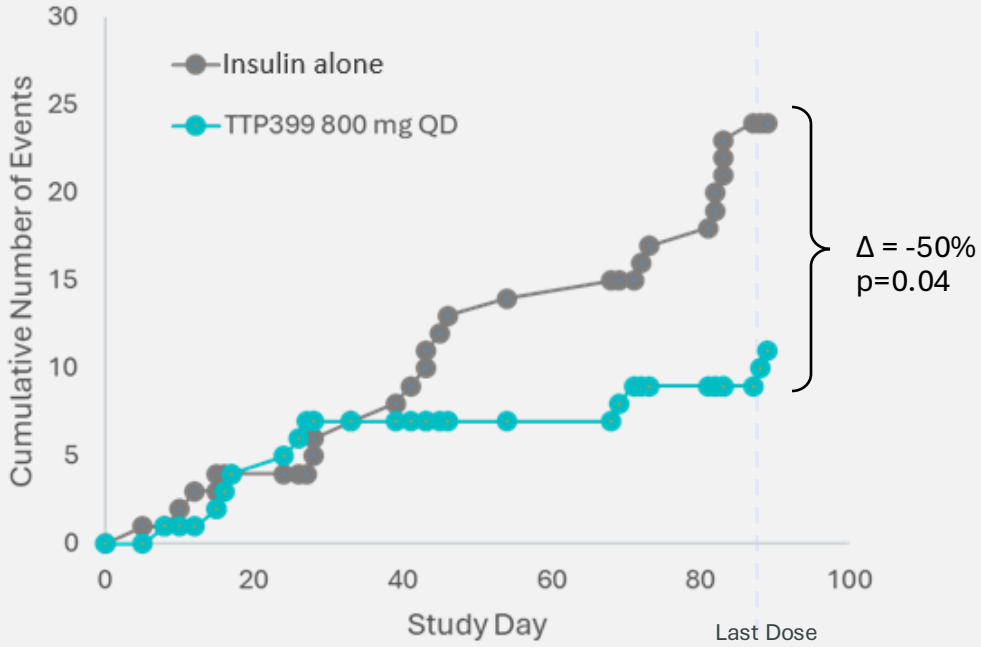
Cadisegliatin Significantly Reduced Hypoglycemia and HbA1c vs. Insulin Alone

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 was Well-Tolerated in 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 Did Not Adversely Impact Lipids in People Living with T1D[1]

Fasting Lipid Changes from Baseline in study participants[1,2]	SimpliciT1 Phase 2 Trial in Patients with T1D: Cadisegliatin 800 mg (n=40)	SimpliciT1 Phase 2 Trial in Patients with T1D: 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 LDL-C (calculated; mg/dL)		
Baseline	92 (22)	93 (28)
Change from Baseline @EoS	**-0.8 (16)**	**-1.1 (30)**

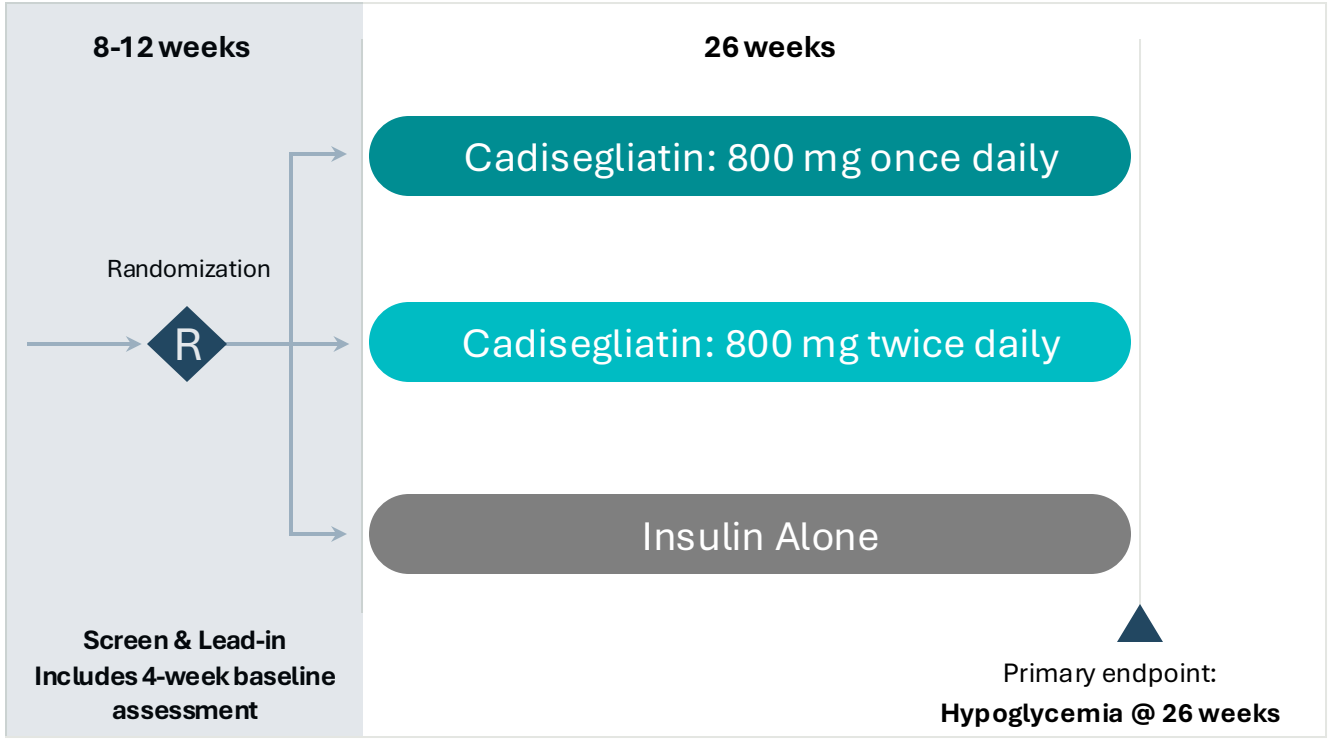
TG=Triglycerides; HDL=High Density Lipoprotein; LDL=Low Density Lipoprotein; EoS=End of Study; Data are Mean (SD)

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

Topline Results Expected Mid-2027

CATT1 Study
Randomized
166 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 uses 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 topline results expected mid-2027; Phase 2a Hybrid CATT1 study in T1D patients using hybrid closed-loop insulin delivery systems expected to initiate before year-end 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 being the major limiting factor in the glycemic management of T1D and T2D[1,2]
05 **Strong balance sheet**	$86.6M cash (at 6/30/2026) provides runway well past the CATT1 topline data readout

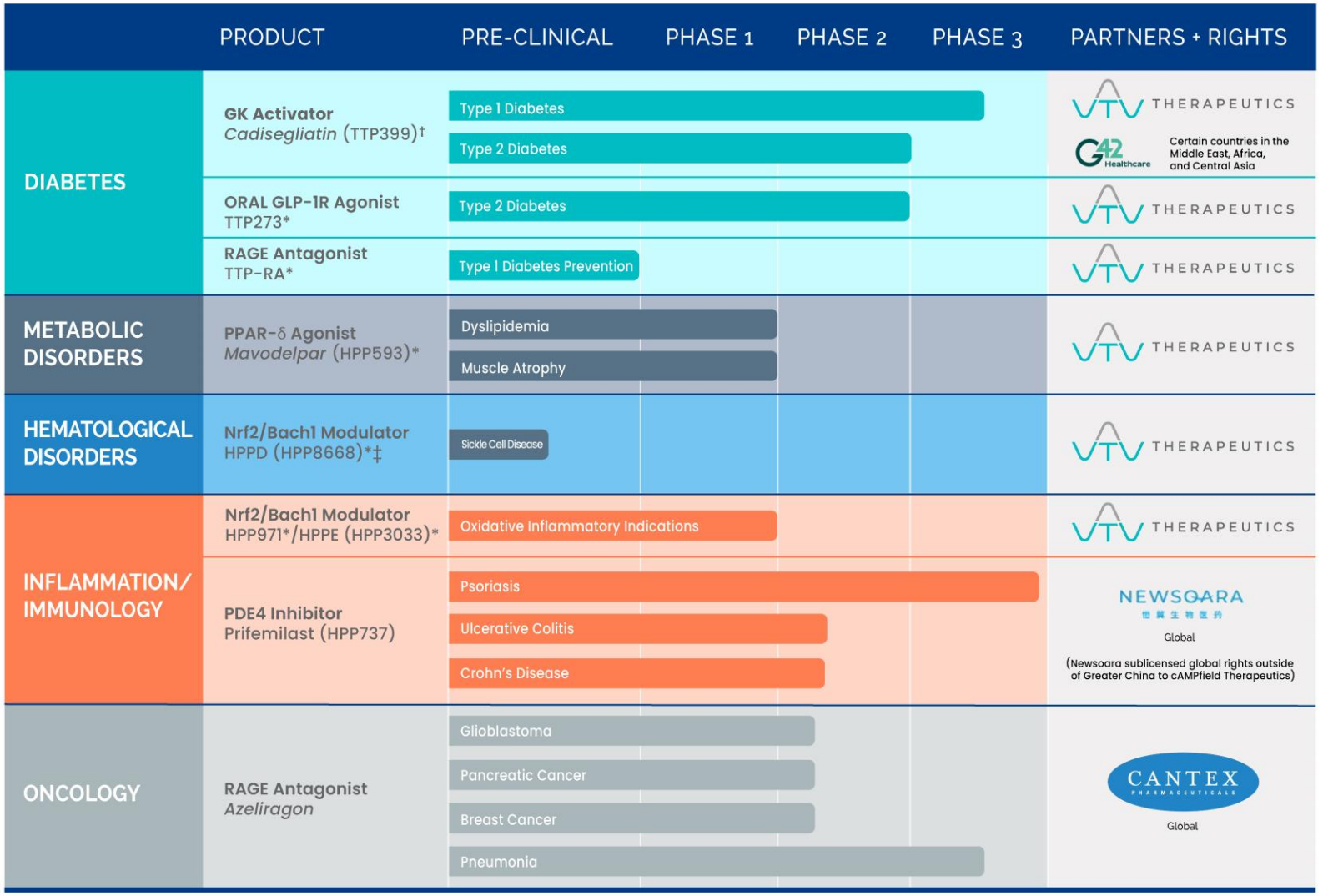
1: Ebekozien O, et al. Longitudinal Trends in Glycemic Outcomes and Technology Use for Over 48,000 People with Type 1 Diabetes (2016-2022) from the T1D Exchange Quality Improvement Collaborative. Diabetes Technol Ther. 2023 Nov;25(11):765-773. doi: 10.1089/dia.2023.0320. Epub 2023 Oct 16. PMID: 37768677. ; 2: Holt RIG, 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). Diabetes Care. 2021 Nov;44(11):2589-2625. doi: 10.2337/dci21-0043. Epub 2021 Sep 30. PMID: 34593612.



VTV THERAPEUTICS

Small Molecule Portfolio

Broader Portfolio Continues to Offer Additional Upside



Pipeline candidates are under investigation, and their 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.

*Not currently under clinical investigation

†Cadisegliatin has received Breakthrough Therapy designation from the U.S. Food and Drug Administration (FDA) for the treatment of T1D

‡ HPPD has received Orphan Drug Designation from the U.S. FDA for the treatment of Sickle Cell Disease

Partnerships Provide Potential Independent Revenue Streams

Cadisegliatin (TTP399)
GK Activator

Type 2 Diabetes (T2D)

Phase 2 initiation planned

Middle East

G42 Healthcare

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

Royalties in high single digits

Prifemilast (HPP737)
PDE4 Inhibitor

Psoriasis

Phase 3 complete
*China NDA submission planned by YE 2026**

China

NEWSOARA 恒翼生物医药

Global

$20M upfront received (Feb 2026); up to ~$115M in development and sales milestones plus tiered royalties

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

*cAMPfield Therapeutics. Press release, October 9, 2026. campfieldtx.com/news/prifemilast-head-to-head-phase-3. Accessed October 16, 2026.

Additional Programs: Differentiation in Large Market Opportunities

TTP273
Oral GLP-1R Agonist

T2D/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/HPPD
Nrf2/Bach1 Modulator

Oxidative inflammation and Hematological disorders
Phase 1 and Preclinical assets

Franchise opportunity

Diverse compounds with proof-of-concept efficacy data in multiple animal models[1]

Broad application

1: 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[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: Hwang JH, Laiteerapong N, Huang ES, Kim DD. Lifetime Health Effects and Cost-Effectiveness of Tirzepatide and Semaglutide in US Adults. JAMA Health Forum. 2025 Mar 7;6(3):e245586. doi: 10.1001/jamahealthforum.2024.5586. PMID: 40085108; PMCID: PMC11909610. 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/HPPD: Nrf2/Bach1 Modulator Platform

Potential to Advance Multiple Distinct Compounds Targeting 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:

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

*HPPD granted FDA Orphan Drug Designation for treatment of sickle cell disease based on data from Townes mouse model

1: Internal Studies – Data on File.



VTV THERAPEUTICS

Thank You

ir@vtvtherapeutics.com