



Committed to Improving the Lives of People with Diabetes

September 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

▶ \$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

Experienced Leadership



Paul Sekhri
Chair, President & CEO



Michael Tung, MD, MBA
Chief Financial Officer



Thomas Strack, MD
Chief Medical Officer



Carmen Valcarce, PhD
Chief Scientific Officer



Rich Nelson, JD
Chief Business Officer



Martin Lafontaine
Chief Commercial Officer



Ashley Johns, MSHS
SVP, Clinical Operations



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

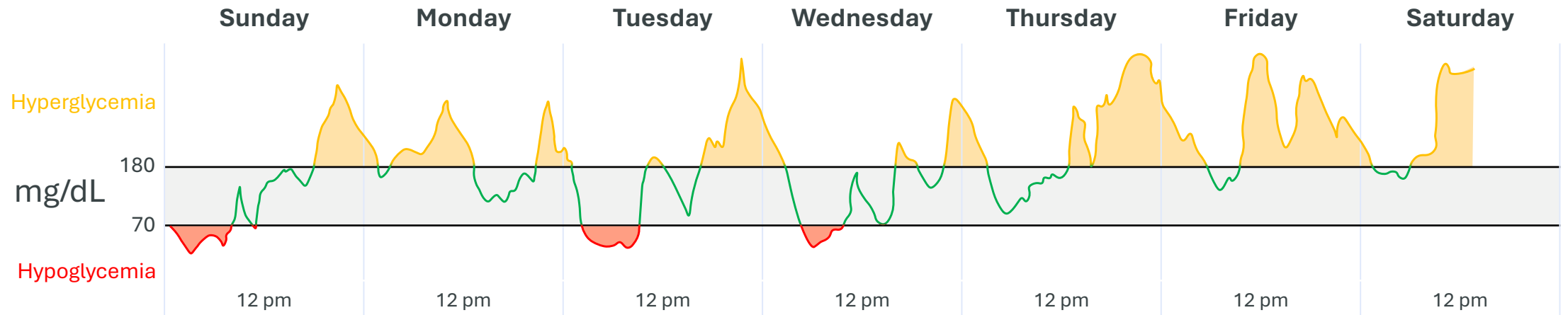
Representative 7 Day CGM of a Patient with T1D¹

Insulin

Standard of care with a narrow therapeutic window²

Hypoglycemia

Life-disruptive, life-threatening, and often the major limiting factor in the glycemic management of patients with T1D²



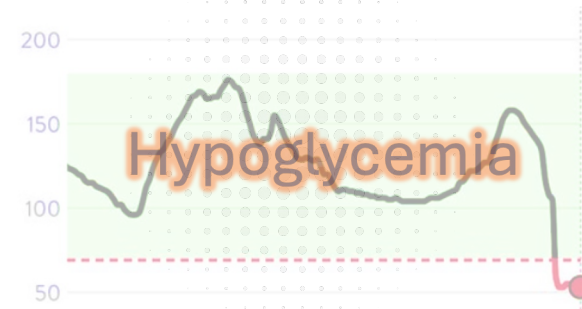
Cadisegliatin: A Large Opportunity in a Long-Underserved Market

1.5M

with type 1 diabetes in the U.S.

~75%

with T1D fail to lower their blood glucose to achieve target A1c³



0

oral adjunctive therapies for T1D

~9.5M people living with T1D globally in 2025, expected to grow to 14.7M by 2040^{1,2}

By not achieving the ADA recommended target of HbA1c <7.0%, people with T1D are exposed to an increased risk of diabetes-related complications⁴

Hypoglycemia is often the major limiting factor in the glycemic management of T1D⁴

Hypoglycemia is common in people with T1D and most have several mild to moderate events per week⁵

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.

Cadiseqliatin: Potential to be First Oral Adjunctive Therapy for T1D

De-risked by Ph1 and Ph2 Data

Dosed in 500+ subjects to date¹

- Positive impact on hypoglycemia and HbA1c^{1,2}
- CATT1 enrollment completion expected 3Q 2026

In Late-Stage Development

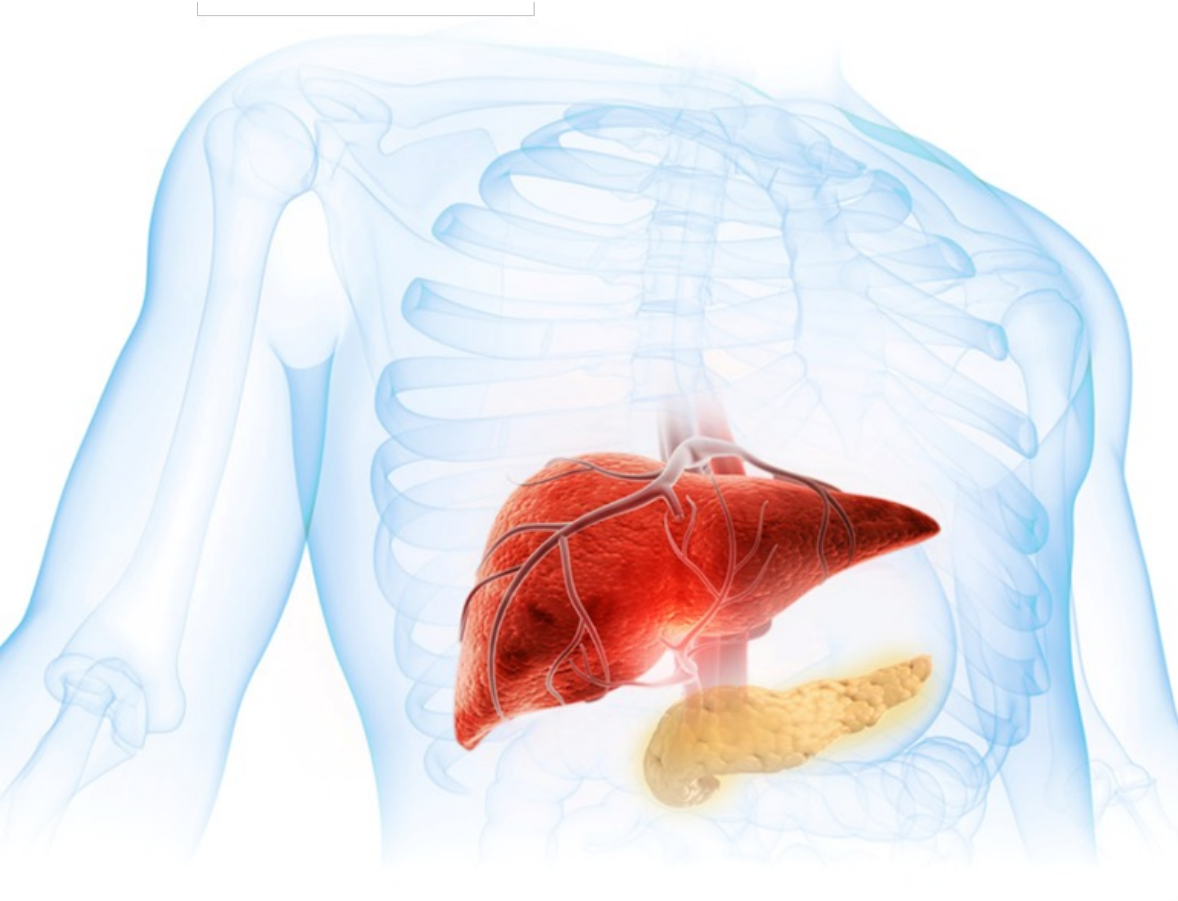
Breakthrough Therapy Designation

- Treatment of T1D

Intellectual Property

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

The Pancreas and Liver Maintain Glucose Homeostasis



Pancreas: Glucose Sensor and Controller

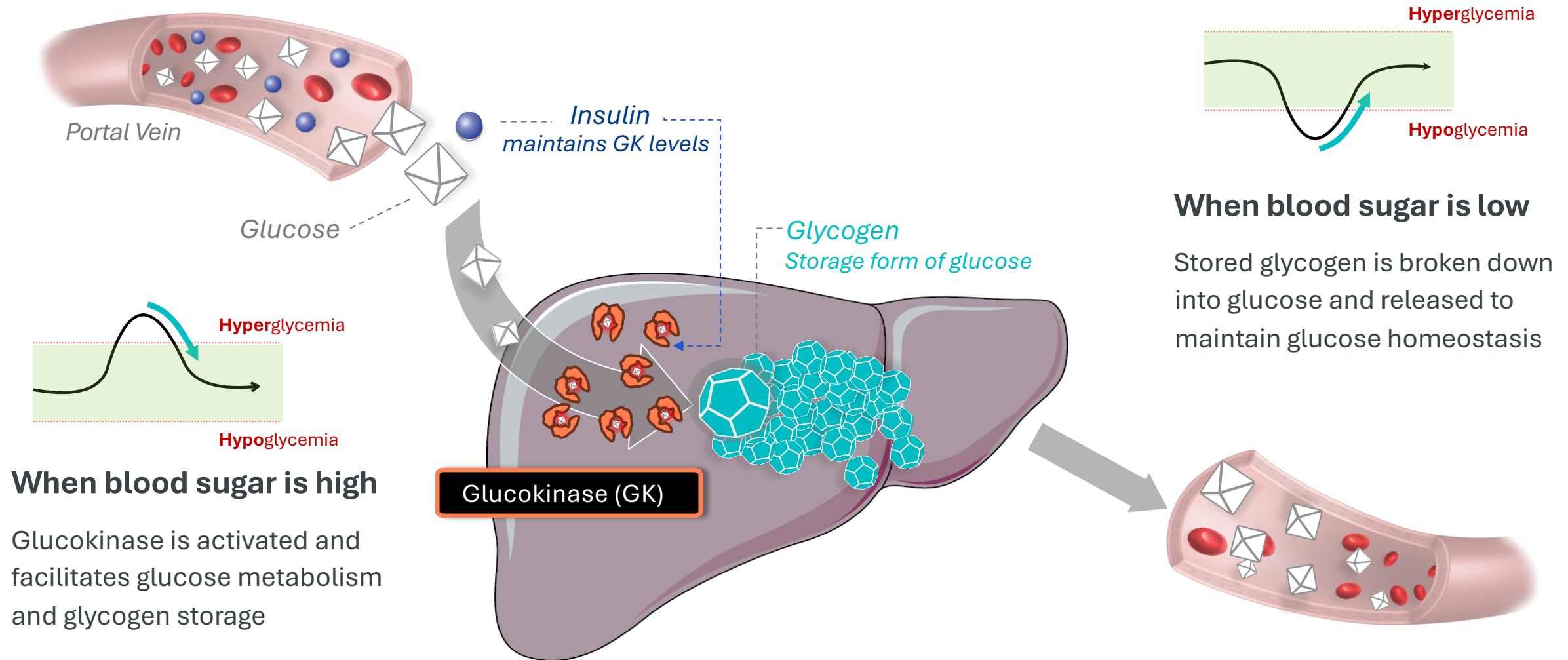
- The pancreas continuously senses blood glucose and adjusts hormone release to keep blood glucose levels in a healthy range:
 - Beta cells secrete insulin → lowers blood glucose
 - Alpha cells secrete glucagon → raises blood glucose

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

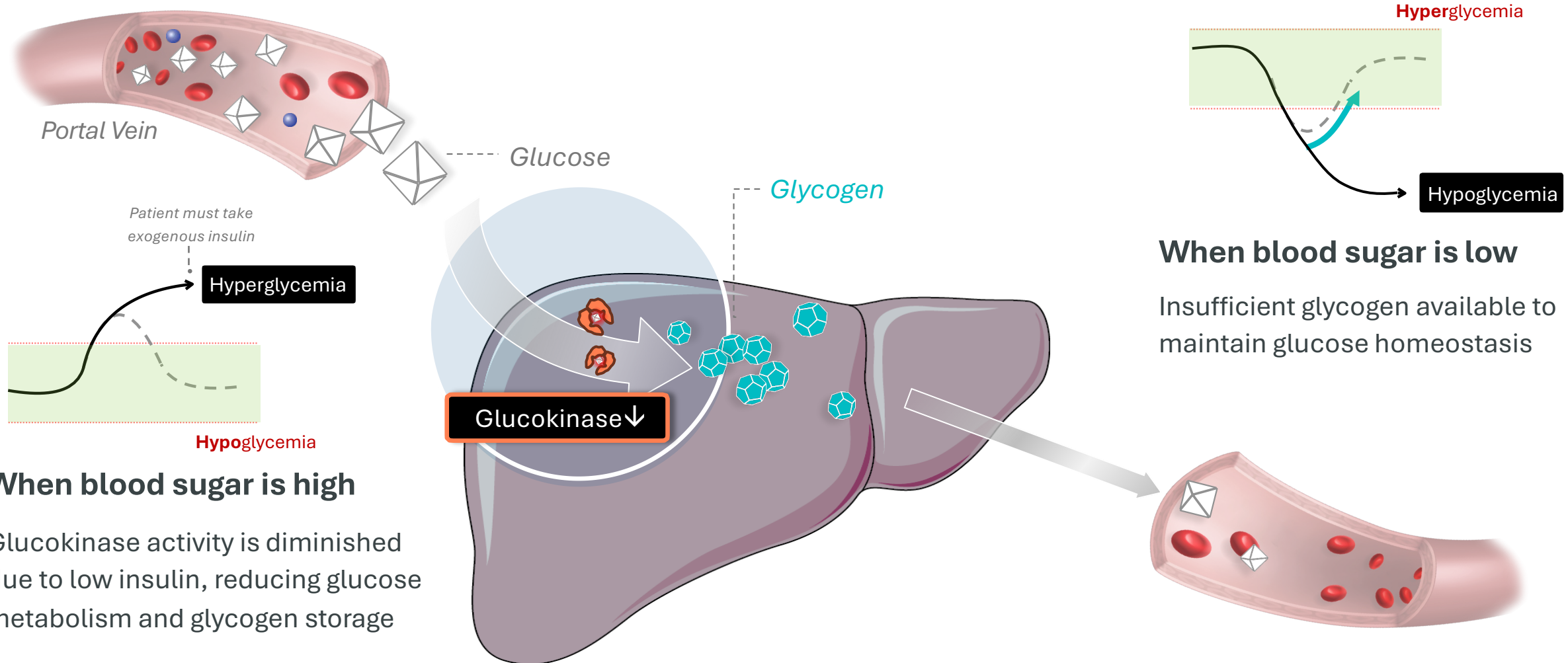
In People Who Do Not Live With Type 1 Diabetes:

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



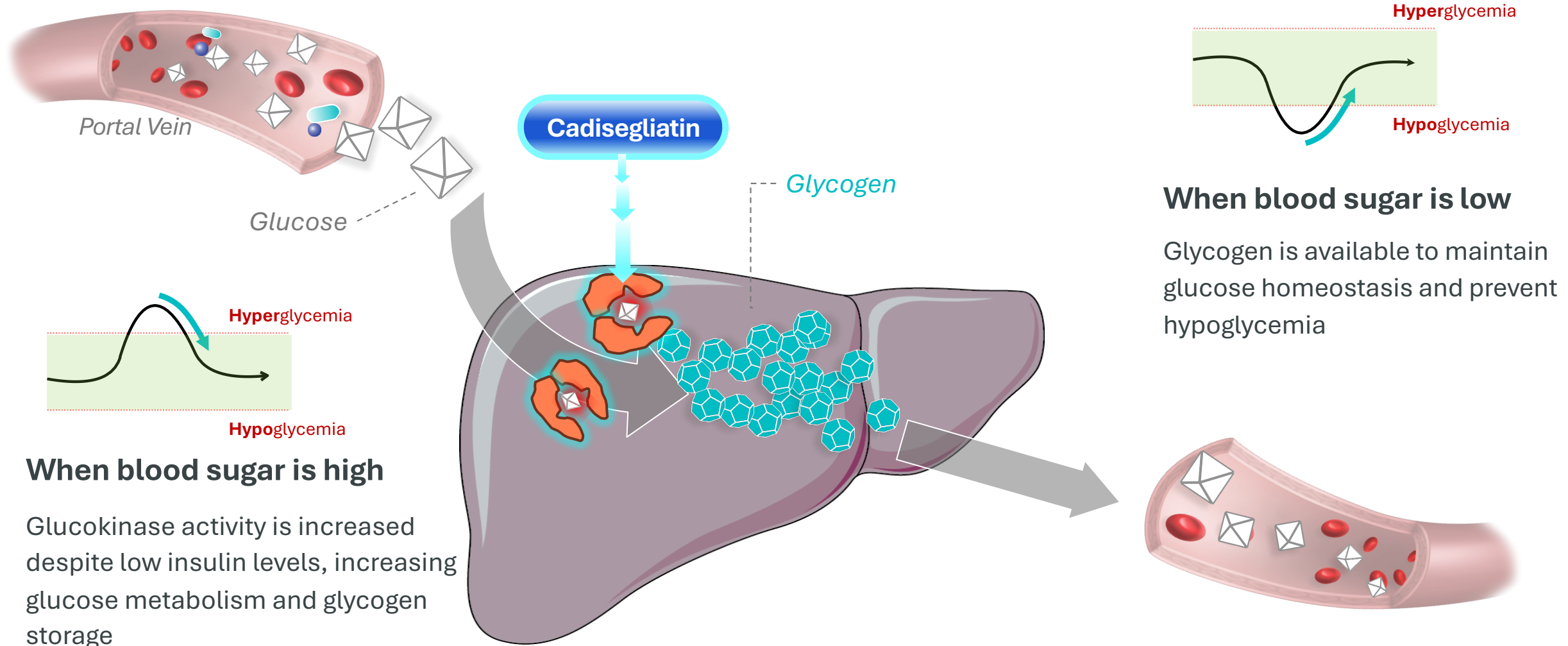
In People Who Live With Type 1 Diabetes:

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



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

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



Clinical Data for Cadisegliatin in T1D and T2D

AGATA Phase 2 Study in T2D¹

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 T1D²

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 T1D³

No increased risk of ketoacidosis vs. insulin alone

Despite short treatment for only 7-10 days:

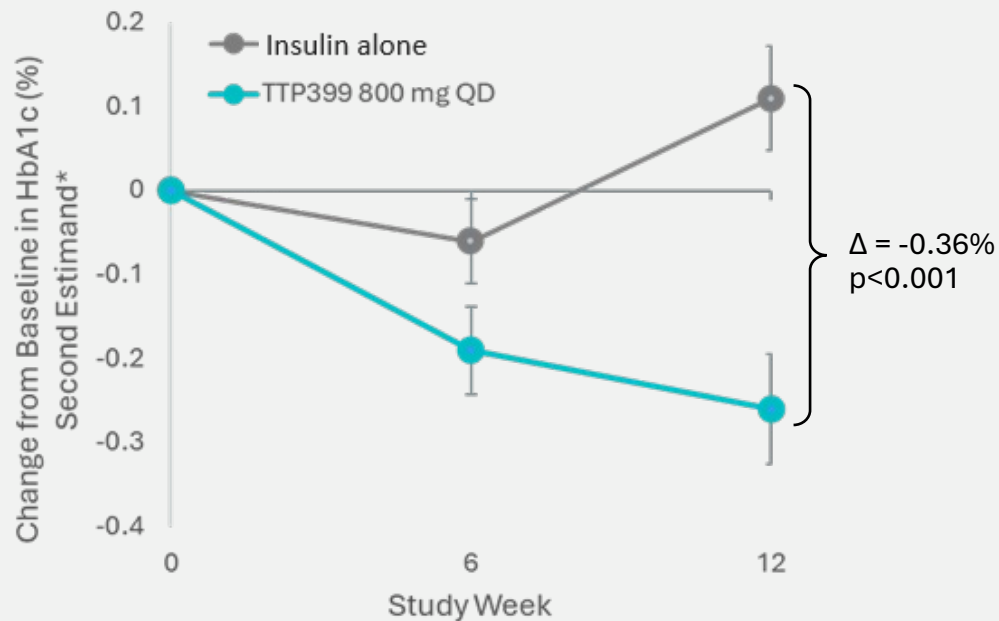
- Improved fasting plasma glucose levels
- Fewer hypoglycemic events

N = 23; US Study

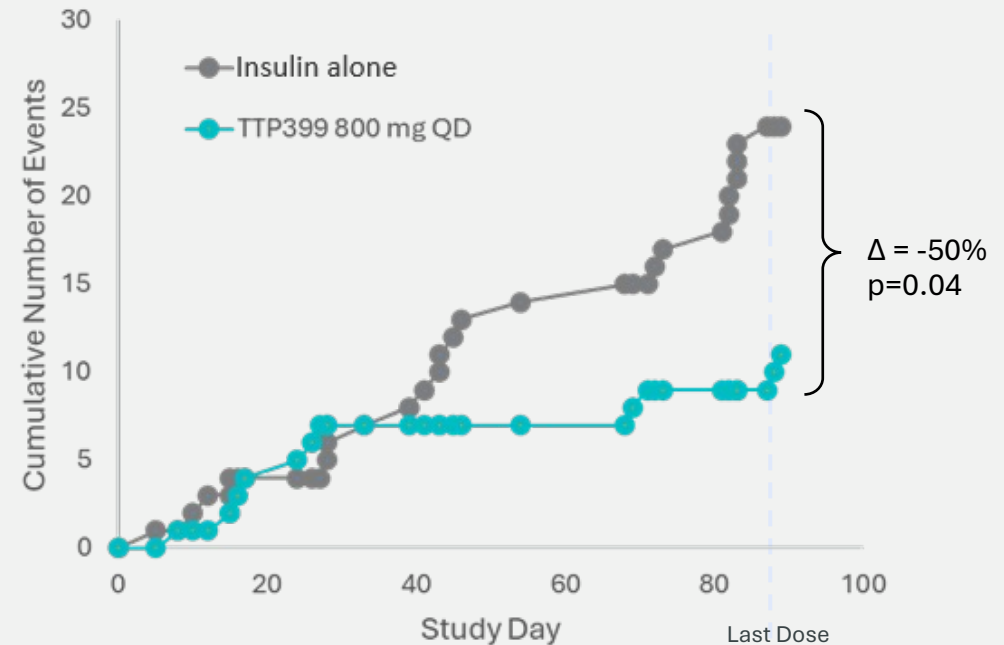
Cadisegliatin Significantly Reduced Hypoglycemia and HbA1c vs Insulin Alone

SimpliciT1 Phase 2 Trial in Patients with T1D¹

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.

Cadisegliatin is Well-Tolerated Across People Living with T1D¹

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 T1D¹

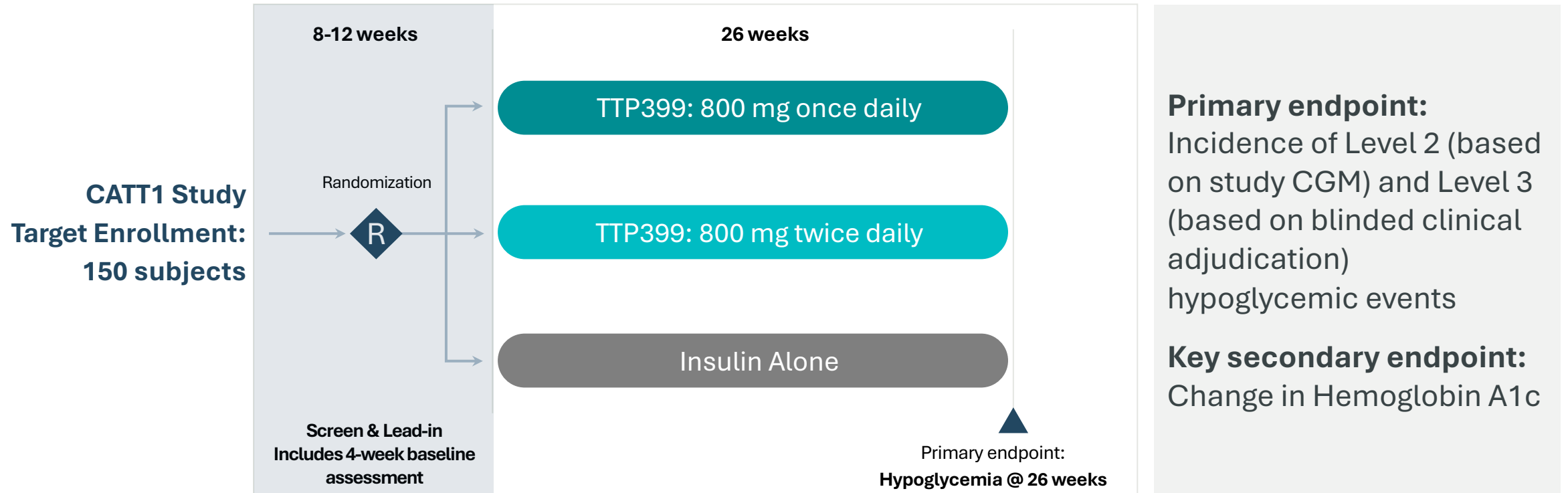
SimpliciT1 Phase 2 Trial in Patients with T1D

Fasting Lipid Changes from Baseline in Type 1 Diabetes Patients ^{1,2}	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, 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 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**

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

▶ \$86.6M cash (at 6/30/2026) provides runway well past the CATT1 topline data readout



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 <i>Cadisegliatin</i> (TTP399)	Type 1 Diabetes				 THERAPEUTICS  Certain countries in the Middle East, Africa, and Central Asia
		Type 2 Diabetes				
	ORAL GLP-1R Agonist TTP273*	Type 2 Diabetes				 THERAPEUTICS
	RAGE Antagonist TTP-RA*	Type 1 Diabetes Prevention				 THERAPEUTICS
METABOLIC DISORDERS	PPAR-δ Agonist <i>Mavodelpar</i> * (HPP593)	Dyslipidemia				 THERAPEUTICS
		Muscle Atrophy				
INFLAMMATION/ IMMUNOLOGY	Nrf2/Bach1 Modulator HPP971/HPP3033*	Oxidative Inflammatory Indications				 THERAPEUTICS
	PDE4 Inhibitor Prifemilast (HPP737)	Psoriasis				 Global (NewsQara sublicensed global rights outside of Greater China to cAMPfield Therapeutics)
		Ulcerative Colitis				
		Crohn's Disease				
ONCOLOGY	RAGE Antagonist <i>Azeliragon</i>	Glioblastoma				 Global
		Pancreatic Cancer				
		Breast Cancer				
		Pneumonia				

Pipeline candidates are under investigation, and the safety and efficacy has 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

Partnerships Provide Potential Independent Revenue Streams

Cadisegliatin (TTP399)

GK Activator

Type 2 Diabetes

Phase 2 initiation planned

Middle East



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

Royalties in high single digits

HPP737

PDE4 Inhibitor

Psoriasis

Ongoing Phase 3 trial

China



Global

>\$100 M potential value

Azeliragon

RAGE Antagonist

**Pneumonia, Glioblastoma,
Breast Cancer, Pancreatic Cancer**

Ongoing Phase 2 and Phase 3 trials

US



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 effects¹

Potential for improved tolerability, convenience and accessibility vs. current standards of care¹

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 models²

Broad application

TTP273: Oral Small Molecule GLP-1 Receptor Agonist

Targets High Unmet Needs

40% of adults in the U.S. are obese¹

GI side effects like nausea and vomiting compromise adherence and efficacy²

Current peptide standards of care are limited by high cost and low supply³

Negligible Observed GI Side Effects

No nausea and vomiting with improved satiety, HbA1c and body weight⁴

No need for titration or administration with meals⁴

Binds to an allosteric site distinct from the peptide site⁵

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

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 toxicities¹

Preclinical Efficacy/ Proof of Concept

Observed in disease relevant animal models¹ 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)



Thank You

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