VTV THERAPEUTICS

NASDAQ: VTVT

Improving the Lives of Millions of Patients with Type 1 Diabetes

THE STATEMENTS MADE IN THIS PRESENTATION MAY INCLUDE FORWARD-LOOKING STATEMENTS REGARDING (I) 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, AND (III) THE FUTURE OPERATIONS, FUND-RAISING ACTIVITIES, EXPENDITURES, OPPORTUNITIES, AND FINANCIAL PERFORMANCE OF VTV THERAPEUTICS INC.

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vTv has Developed a Breakthrough Oral Therapeutic for Type 1 Diabetes

Over 8M patients worldwide have no oral therapies to aid in the complex, lifelong challenge of managing Type 1 Diabetes (T1D).

vTv's TTP399 is a Phase 3-ready drug intended to work in concert with insulin to reduce dangerous low blood sugar events (hypoglycemia), and improve overall glycemic control and long term health outcomes.

FDA Breakthrough Therapy Designation: Q2 2021

New Leadership Builds upon Decades of Scientific & Clinical Expertise

Paul Sekhri
President & CEO

Carmen Valcarce, PhD*
Chief Scientific Officer

Steven Tuch
CFO

Rich Nelson
Head of Corp Dev

Jumana Ihbais*
Chief Quality Officer

Jon Isaacsohn, MD
Chairman

NOVARTIS · egenesis · sanofi · LYCERA · novo nordisk · Rallybio · BMO · Deutsche Bank · MacAndrews & Forbes Holdings Inc. · labcorp · Bavarian Nordic · MEDPACE · teva · CINRx

Border denotes new addition in last 18 months

* Scientific & clinical team has an average tenure of >15 years with vTv

Distinguished SAB Continues to Support Development of TTP399

John Buse, MD, PhD

Verne S. Caviness Distinguished Professor
Director, Diabetes Center
Director, NC Translational & Clinical Sciences Institute

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

G. Alexander "Zan" Fleming, MD

Founder & Executive Chairman, Kinexum
Former FDA Supervisory Physician for Diabetes

Kinexum FDA U.S. FOOD & DRUG ADMINISTRATION

Justin Gregory, MD, MSci

Asst. Professor of Pediatrics
Pediatric Endocrinology

VANDERBILT UNIVERSITY MEDICAL CENTER

Gary Koch, PhD

Professor, Department of Biostatistics
Director, Biometric Consulting Laboratory

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Robert Rizza, MD

Emeritus Professor of Medicine
Division of Endocrinology, Diabetes, Metabolism & Nutrition

MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE

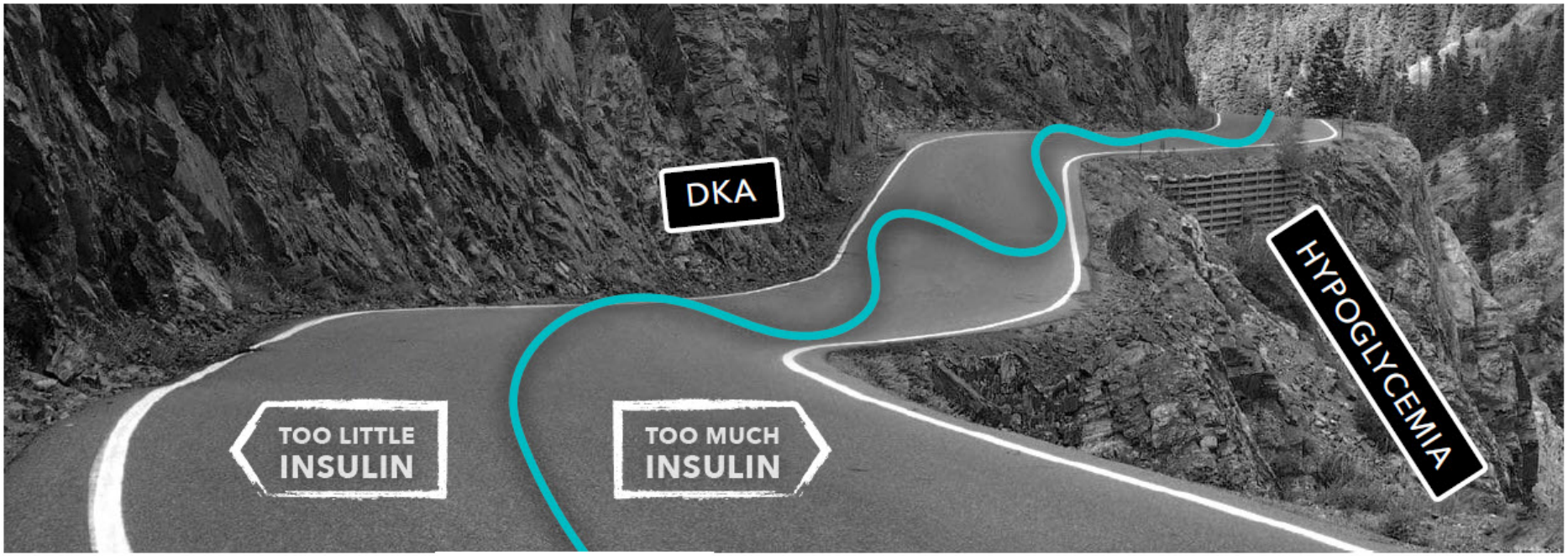
Jay Skyler, MD, MACP, FRCP

Professor of Medicine, Pediatrics, & Psychology
Division of Endocrinology, Diabetes, & Metabolism
Deputy Director for Clinical Research & Academic Programs, Diabetes Research Institute

MIAMI MILLER SCHOOL of MEDICINE

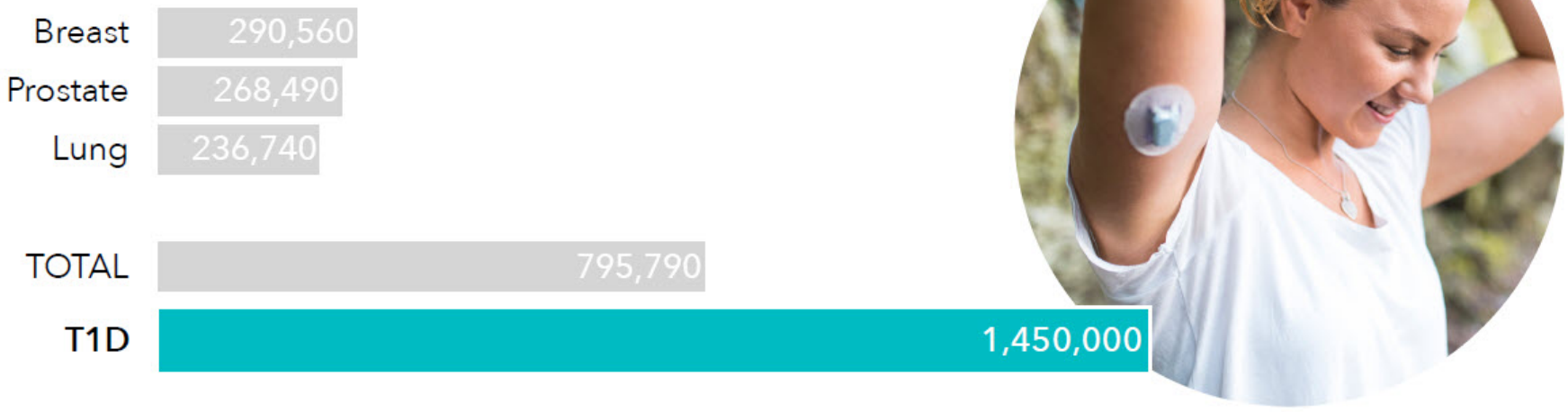
Living with T1D is Like Driving Too Fast on a Dangerous Road

~80% of patients fail to achieve good blood glucose control. Fear of hypoglycemia is so intense that many accept high blood glucose, risking long-term health consequences and diabetic ketoacidosis (DKA).



More People in the U.S. are Living with T1D than are Diagnosed Annually with Breast, Prostate and Lung Cancer Combined

U.S. Estimated New Cancer Cases vs. U.S. Type 1 Diabetes Patients



20% of Patients are Under 20 Years Old

Sources: Cancer Statistics, 2022 (American Cancer Society); National Diabetes Statistics Report, 2020 (CDC)

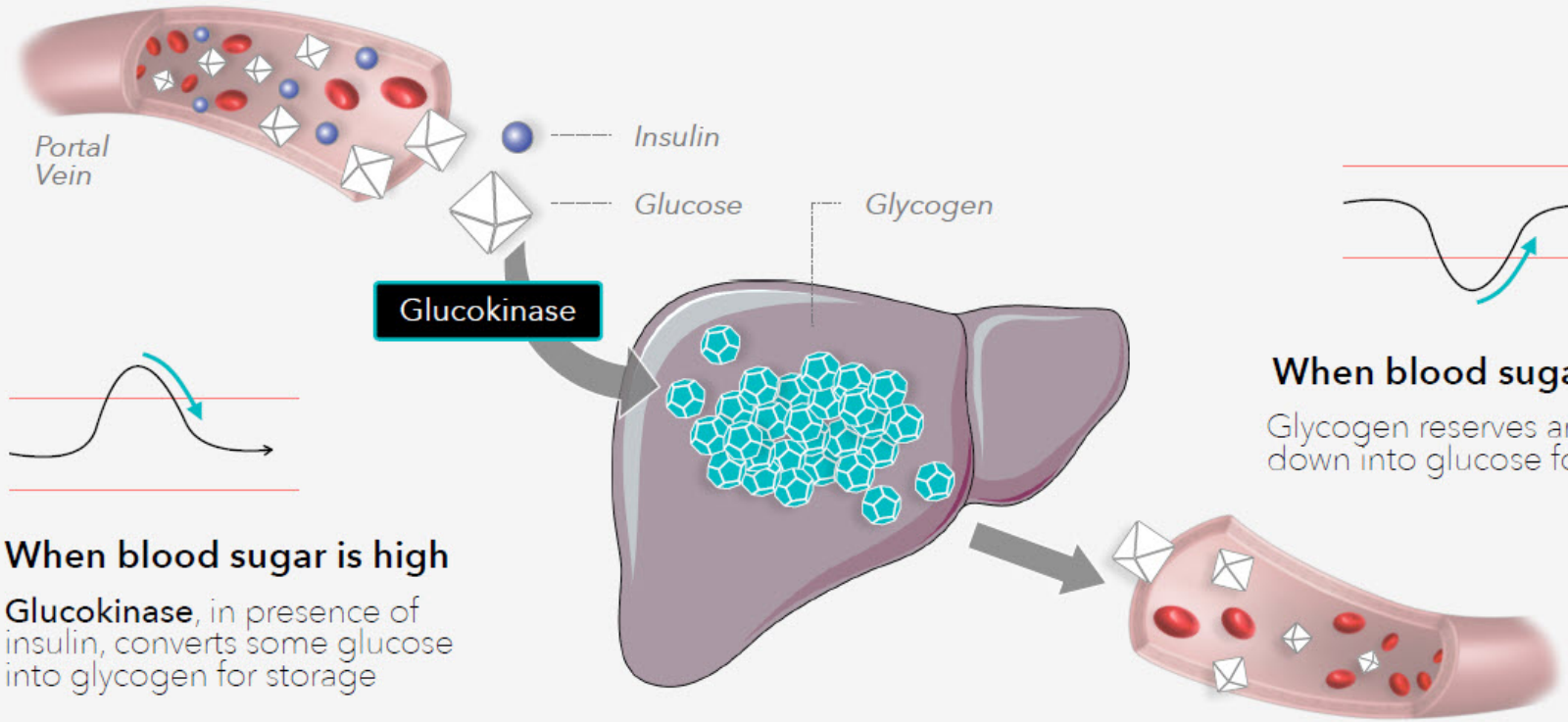
TTP399: A First-Ever Oral Therapeutic for Type 1 Diabetes

A Liver-Selective Glucokinase Activator that:

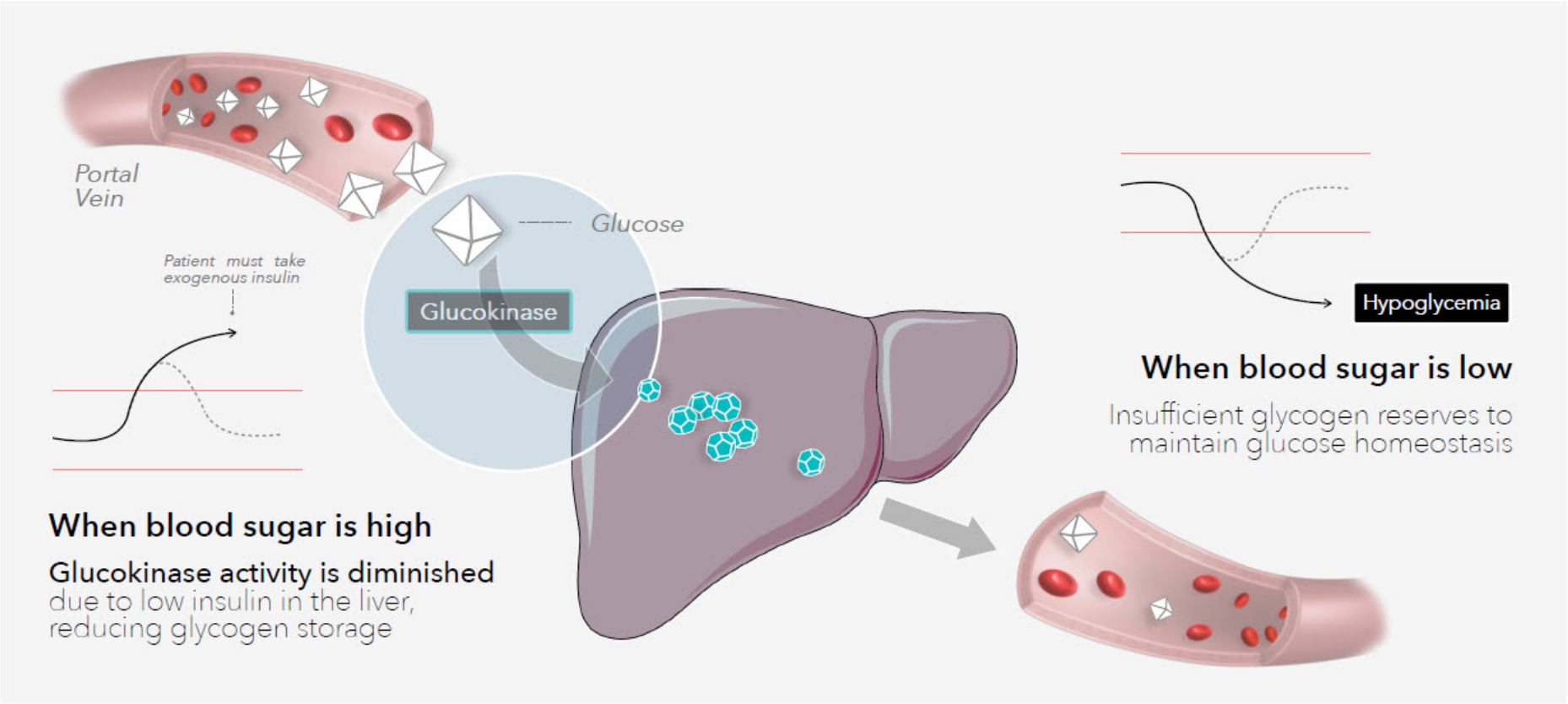
1) Reduces the Risk of Hypoglycemia

2) Improves Glycemic Control

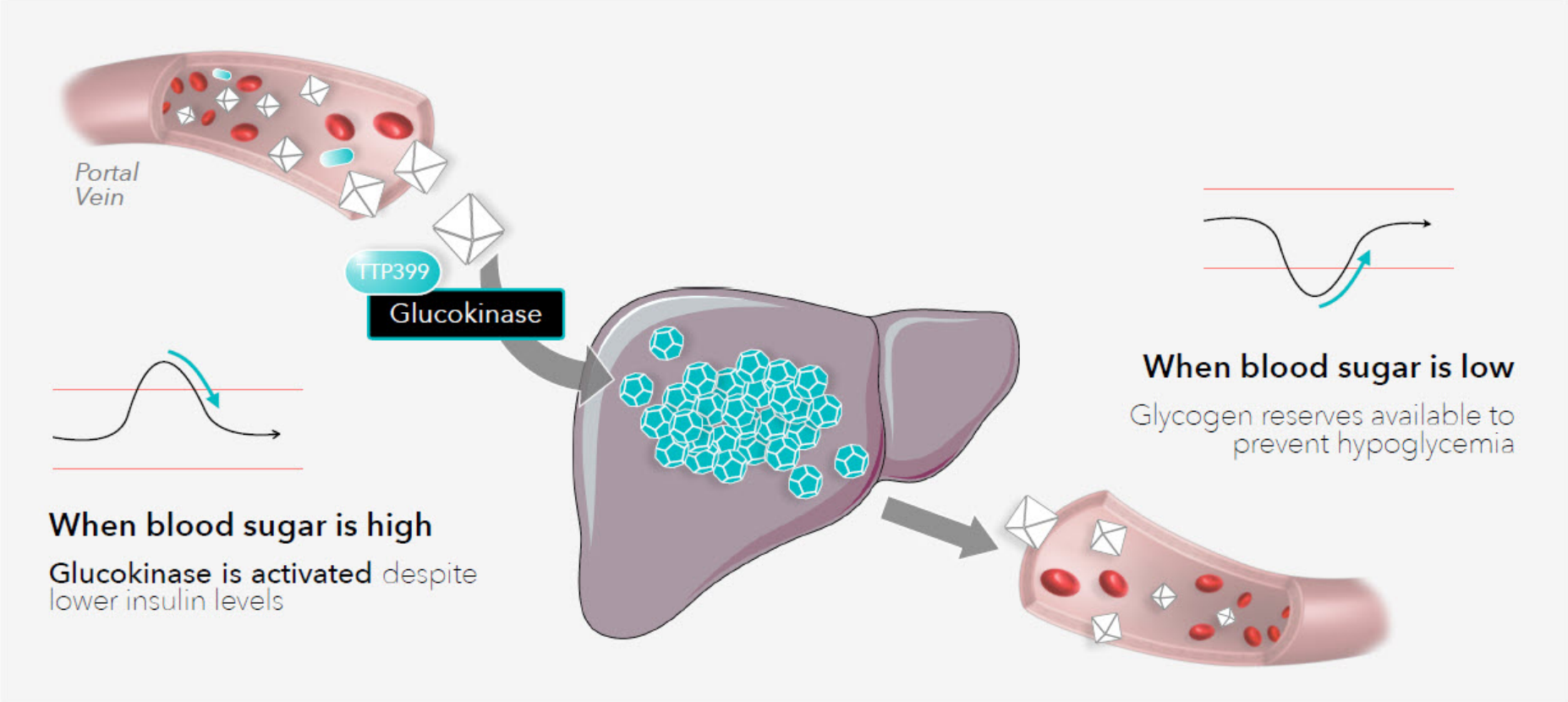
In Healthy Patients, the Liver Acts as a Reservoir for Glucose



With Type 1 Diabetes, Glucokinase Activity in the Liver is Impaired

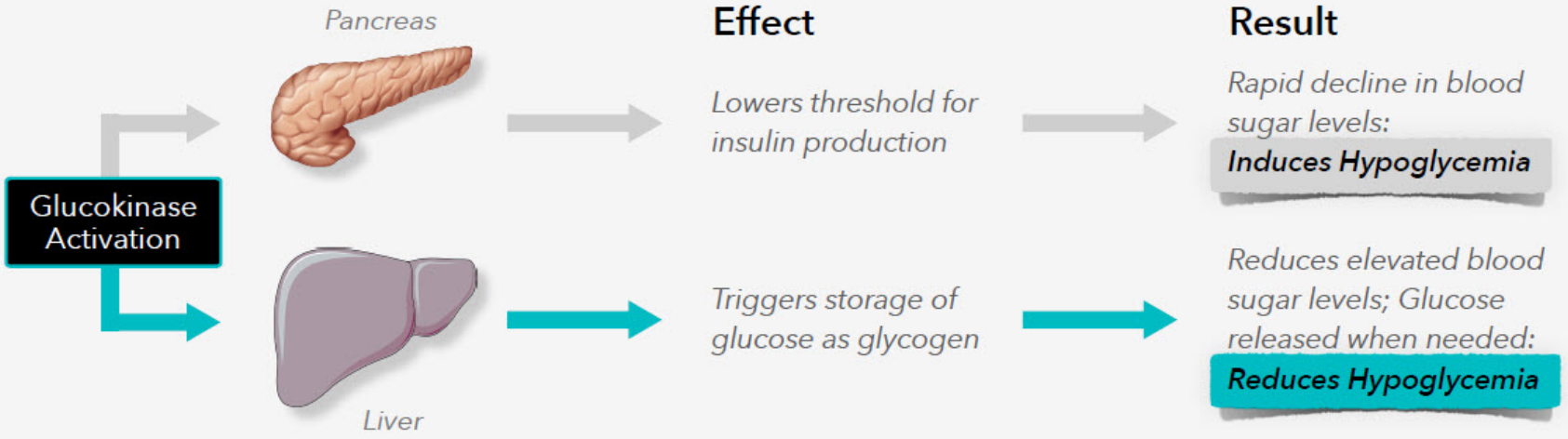


TTP399 Reactivates Innate Glucose-Regulating Capacity of the Liver



TTP399 is the First Liver-Selective Glucokinase Activator to Reach Phase 3

Glucokinase is present in both pancreatic β-cells & the liver.
Past efforts to target have failed due to an increase in hypoglycemic events among other issues*



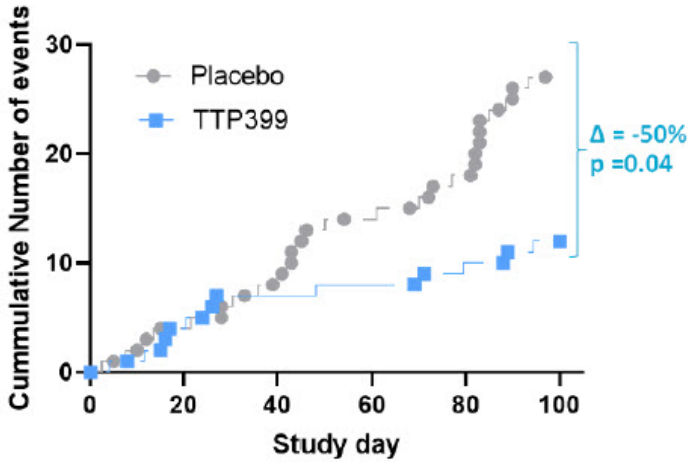
***Other factors:** Loss of potency over time; Hypertriglyceridemia; Fatty liver. None of these have been observed with TTP399 pre-clinically or in clinical studies up to 6 months.

Our Phase II Trial Demonstrated Statistically & Clinically Significant Efficacy & Safety

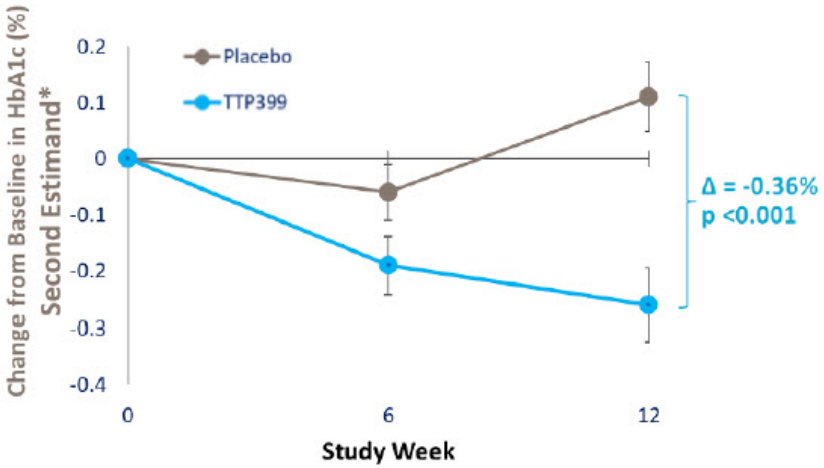
Trials sponsored in part by:

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

Fewer Hypoglycemic Events



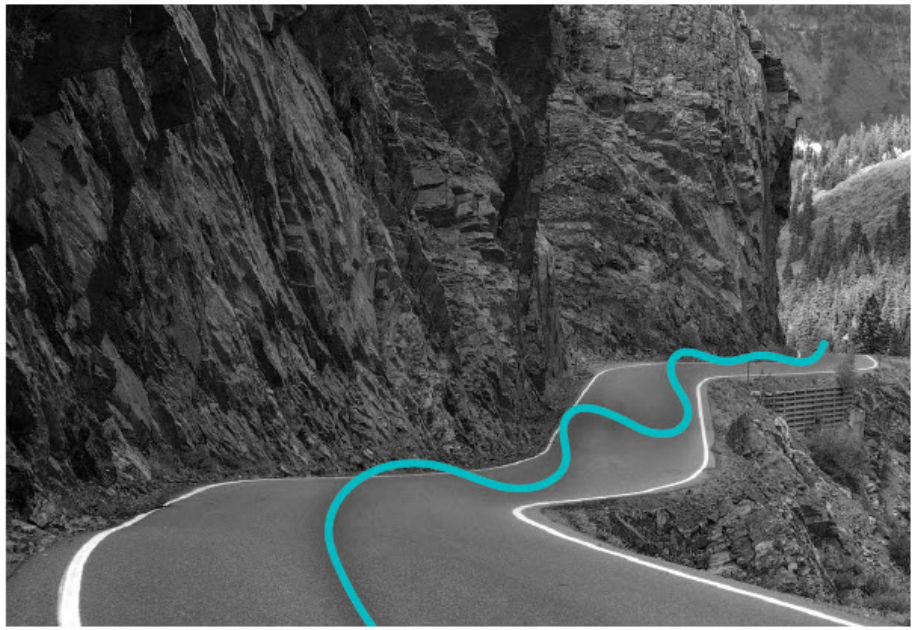
Improved Glycemic Control

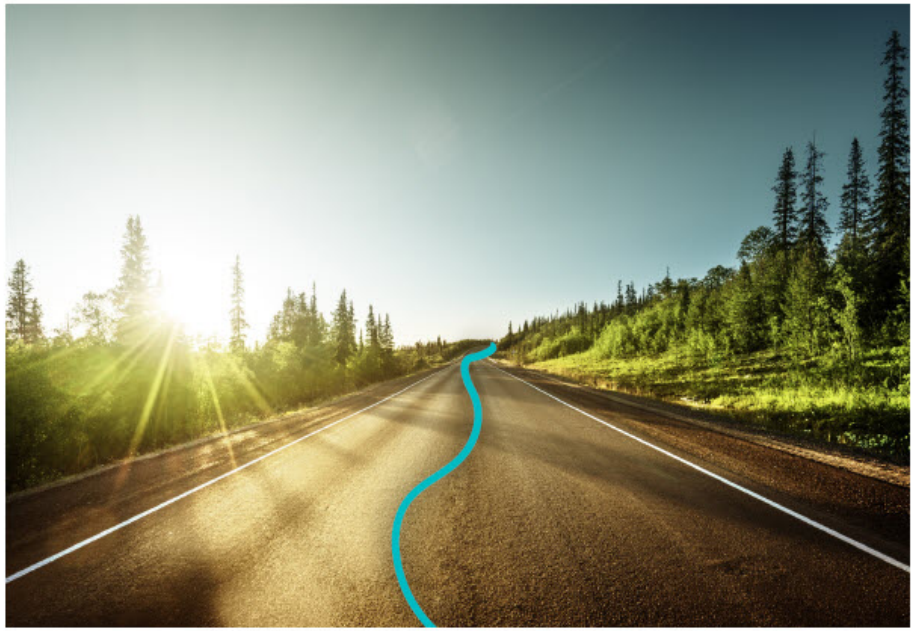


Randomized, Double-Blind, Placebo Controlled 2-Part Study of ~100 patients. A total of 46 patients in the treatment groups received 800mg daily of TTP399.

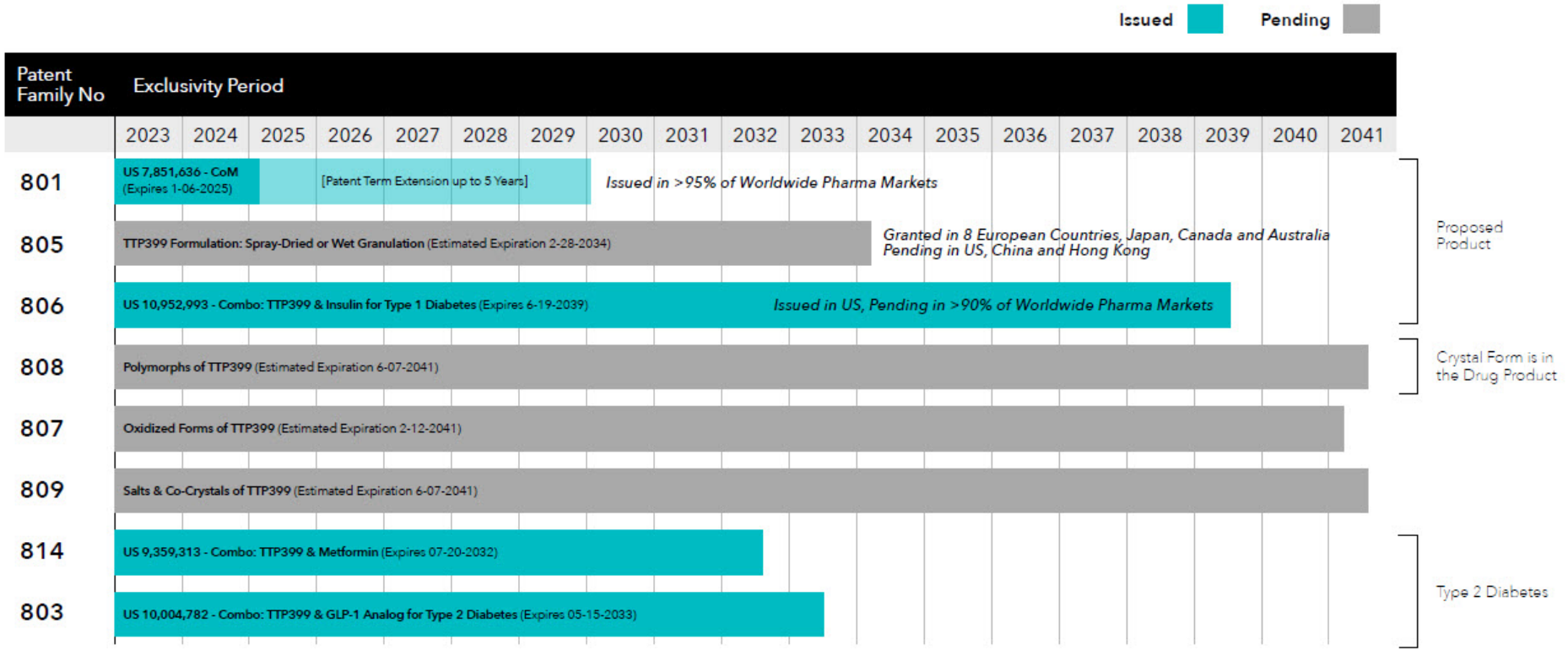
Study Details: https://diabetesjournals.org/care/article/44/4/960/138590/The-SimpliciT1-Study-A-Randomized-Double-Blind & https://clinicaltrials.gov/ct2/show/NCT03335371

We Have the Opportunity to Ease the Burden of Managing T1D and Improve the Lives of Patients Living with Type 1 Diabetes





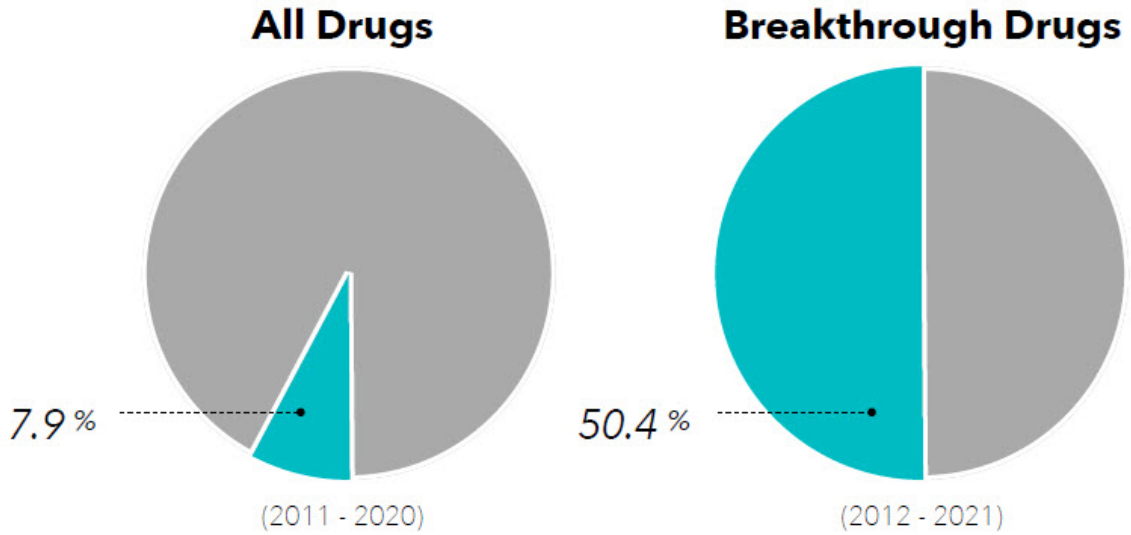
Strong IP Protection through 2039



Breakthrough Drugs: Much Higher Odds of Approval

TTP399 Breakthrough Therapy Designation: Q2 2021

Overall approval rates for clinical-stage drugs:



"Breakthrough Therapy designation is a process designed to **expedite the development and review** of drugs that are intended to treat a serious condition and preliminary **clinical evidence indicates that the drug may demonstrate substantial improvement over available therapy** on a clinically significant endpoint(s)."

Sources: FDA.gov; Pharma Intelligence (Q2 2021)

Phase 3 Pivotal Studies in US and EU; CRO Selected

MEDPACE

Pivotal Study 1 - Type 1 Diabetes (US & EU, Primary Endpoint at 6 Months)

200 placebo	200 400mg TTP399, 2X Daily	200 800mg TTP399, 1X Daily	200 800mg TTP399, 2X Daily

12 Month Study; All patients with Continuous Glucose Monitors

ENDPOINTS

Primary: Frequency of Hypoglycemia
Secondary: Change in Hemoglobin A1C

Pivotal Study 2 - Type 1 Diabetes (US & EU, Primary Endpoint at 12 Months)

200 placebo	200 400mg TTP399, 2X Daily	200 800mg TTP399, 1X Daily	200 800mg TTP399, 2X Daily

12 Month Study; All patients with Continuous Glucose Monitors

ENDPOINTS

Primary: Frequency of Hypoglycemia
Secondary: Change in Hemoglobin A1C

Add'l Phase 2 Study - Type 2 Diabetes (Middle East, Primary Endpoint at 12 Months)

200 placebo	200 400mg TTP399, 1X Daily	200 800mg TTP399, 1X Daily

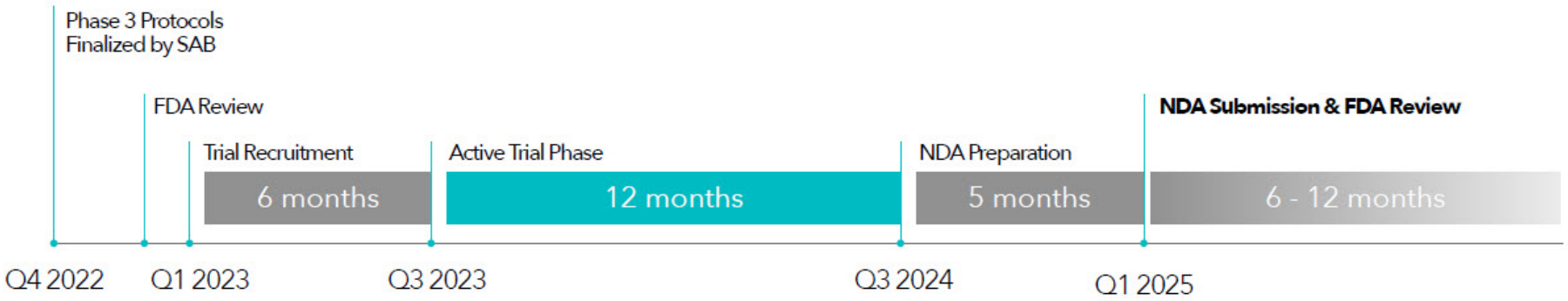
Funded by: G42 Healthcare

12 Month Study; Type 2 Diabetes Patients on Insulin with No Continuous Glucose Monitoring

ENDPOINTS

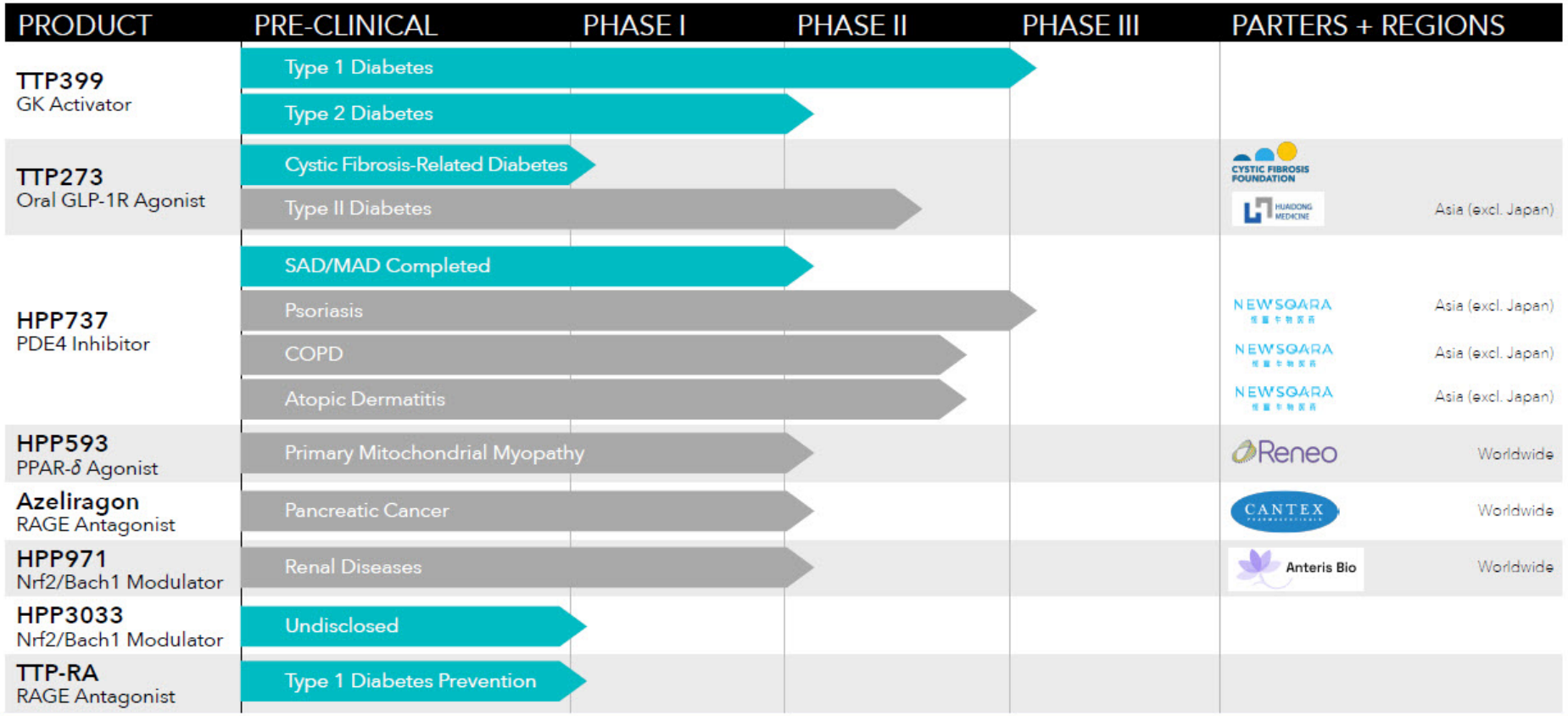
Primary: Change in Hemoglobin A1C
Secondary: Frequency of Hypoglycemia

NDA Submission Expected by 1H 2025



EU EMA submission expected to follow US FDA submission.

Additional Pipeline Creates Further Upside



Investors, Partners, and Board

MacAndrews & Forbes Holdings Inc.

Majority stakeholder; holding company owned by Ronald Perelman. Has supported the company since inception.

CINRx pharma

Announced $10M investment at $2.41 / share in July 2022. As part of the transaction, Jon Isaacsohn, MD, CEO of CinRX and former CMO of Teva Pharmaceuticals joined as Chairman and is helping oversee Phase III trials.

G42 Healthcare

Announced $25M investment at $2.41 / share in June 2022. G42 has additionally agreed to solely fund a Middle East trial.

Current Board:

Jon Isaacsohn, MD Chairman	**Paul Sekhri** President & CEO	**Rich Nelson** EVP Corp. Dev.	**Keith Harris, PhD** Director	**John Fry** Director
Chandresh Harjivan, MD Director	**Fahed Al Marzooqi, MD** Director	**Howard Weiner, MD** Director	**Hersh Kozlov** Director	

VTV THERAPEUTICS

Appendix

Safety: TTP399 Tested in 13 Clinical Trials with Over 560 Subjects Dosed

11 Clinical Studies in Healthy Volunteers & Type 2 Diabetes Patients

9 Phase 1 Studies
2 Phase 2 Studies

2 Clinical Studies in Type 1 Diabetes Patients

Simplici-T1 Study
Sentinel Phase – 5 Patients
Part 1 – 19 Patients
Part 2 – 85 Patients

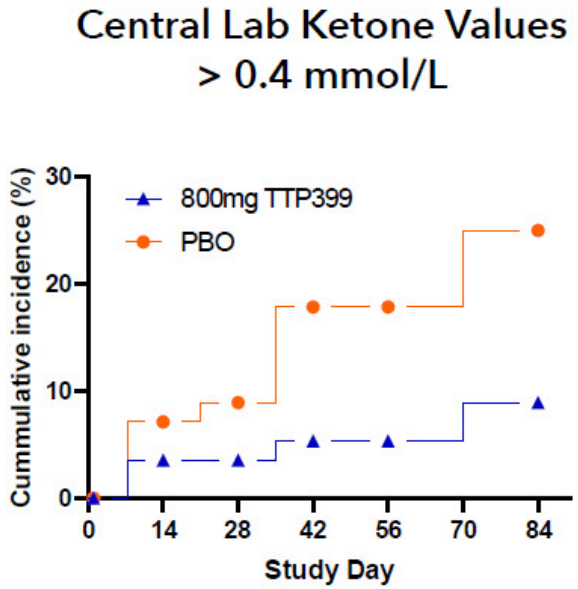
TTP399-118 DKA Mechanistic Study

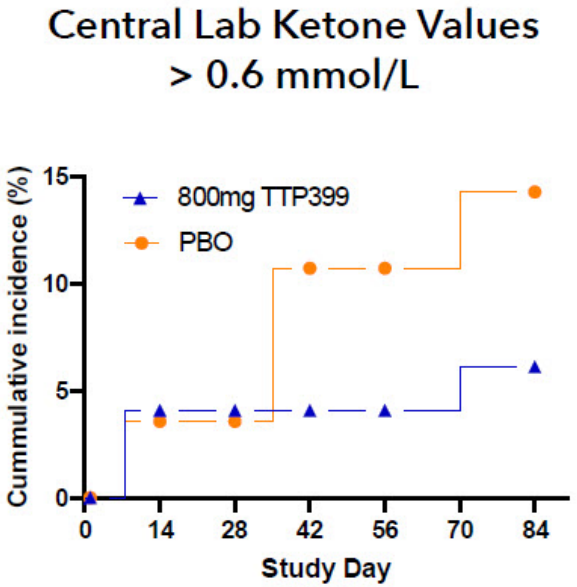
560 Subjects have Received One or More Doses of TTP399

TTP399 was Well Tolerated at All Doses Tested
The clinical results obtained to-date are consistent with preclinical data and the MOA of a liver-selective GKA

Safety: Cumulative Incidence of Subjects with Abnormal Ketones

BOHB > 0.4 and 0.6 mmol/L as Determined by Central Lab





Study Details: https://diabetesjournals.org/care/article/44/4/960/138590/The-SimpliciT1-Study-A-Randomized-Double-Blind

Safety: Mechanistic Study of DKA Risk from TTP399

Objective: Evaluate Effects of TTP399 on Ketogenesis During Insulinopenia

Trials sponsored in part by: JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

Study Design

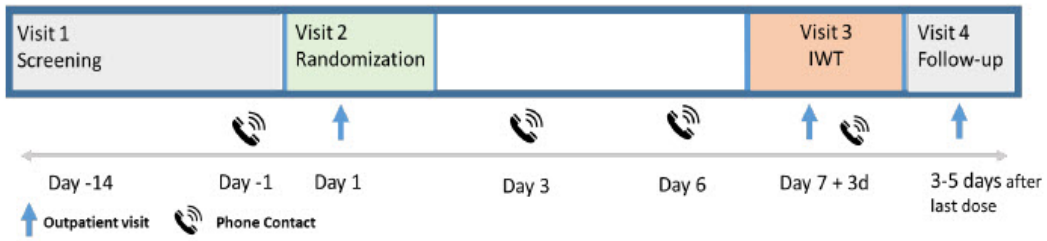
Participants: 23 adults with T1D on insulin pumps

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

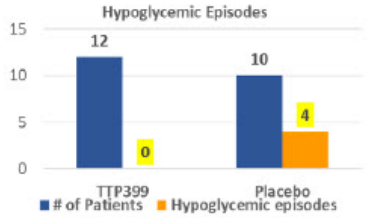
Study design similar to clinical studies using SGLT2 inhibitors[1,2]

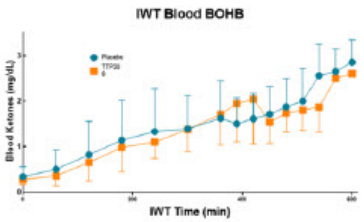
Results from similar preclinical study using TTP355[3]
Decreased ketones in plasma after insulin withdrawal **with liver selective GKA** compared to placebo

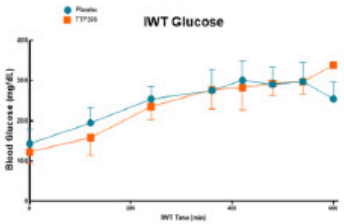


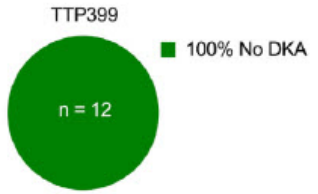
(1) Herring et al, Diabetes Care 2020 https://doi.org/10.2337/dc19-2579
(2) Patel et al. Diabetes Technology & Therapeutics 19 618-622, 2017) https:// doi/10.1089/dia.2017.0267
(3) https://vtvtherapeutics.com/wp-content/uploads/2020/08/GKA-Poster-Keystone-2017_01182017_final-minipigs.pdf TTP355: liver-selective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

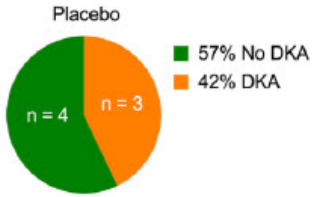
Safety: No Observed Risk of Euglycemic DKA During Conditions of Insulin Deficiency (IWT)











Improvement of glycemic control and reduction of hypoglycemia during the 7-day treatment

- Reduction in fasting plasma glucose of ~30mg/dL (p=0.03)
- Reduced Number of Hypoglycemic Events
- Good Safety profile

No apparent risk of euglycemic DKA during conditions of insulin deficiency (IWT)

- No significant differences between the arms in blood ketone or glucose profiles, IWT's mean duration or mean concentration of BOHB at the end of the IWT
- Fewer subjects in the TTP399 group reach bedside BOHB >3mM (25% in TTP399 vs 50% in placebo)
- Only one subject (1/12) in the TTP399 group presented bicarbonate<18mEq/L at the end of the IWT. Four subjects (4/7) in the placebo group.

Klein et al. Diabetes Obesity and Metabolism June 2022. https://doi.org/10.1111/dom.14697