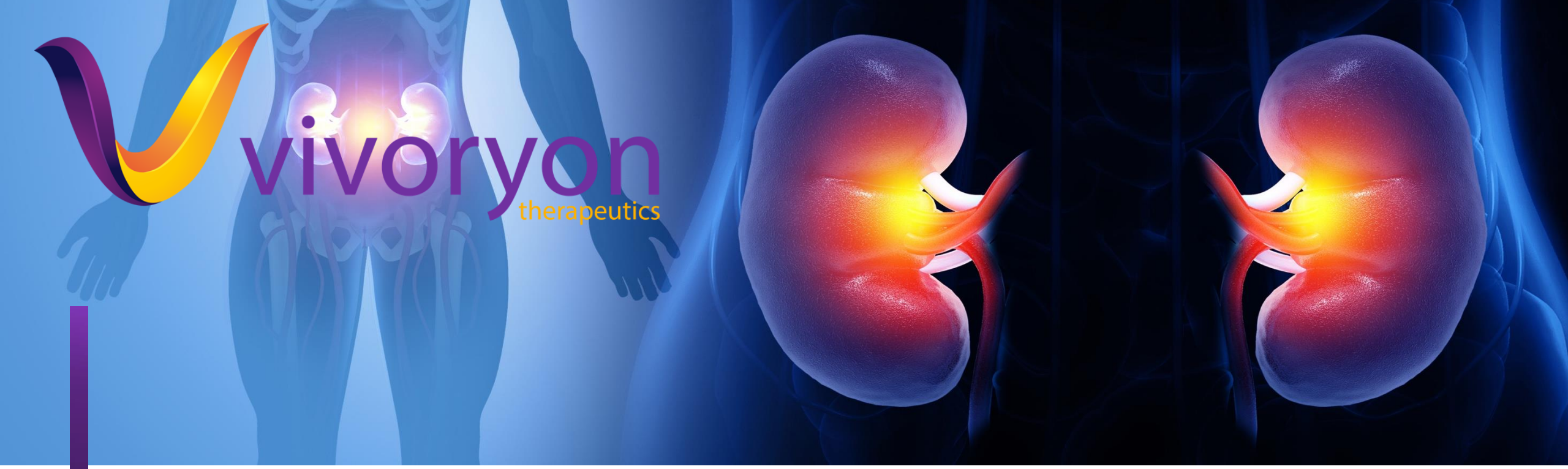

FY 2024: Financial Results & Operational Update

A year marked by positive kidney function data and progress in advancing varoglutamstat in kidney disease

April 29, 2025

Vivoryon Therapeutics N.V.

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Forward-looking statements speak only as of the date they are made, and we do not undertake any obligation to update them in light of new information or future developments or to release publicly any revisions to these statements in order to reflect later events or circumstances or to reflect the occurrence of unanticipated events or otherwise, except as required by applicable law.

Shaping the future of Vivoryon in kidney disease: 2024/2025 YTD progress

Built Robust Body of Clinical Evidence

- Robust data from **two independent Ph 2 studies** showing **varoglutamstat can improve kidney function** (eGFR)
- Meta-analysis confirmed **highly consistent and clinically meaningful effect**
- **Favorable safety and tolerability profile** with a total of over 400 study participants treated to date

Designed Efficient Clinical Program

- Planned **Phase 2b study in DKD** with **small, focused study design** enabled by rigorous statistical analysis of VIVIAD and VIVA-MIND data
- **Tight interaction with kidney KOLs** including two successful events to ensure **close alignment with kidney thought leaders** on meeting the medical need

Clearly Defined Viable Commercial Strategy

- **Successful strategic shift** towards focus on inflammatory & fibrotic diseases with near-term **focus on DKD**
- Bolstering IP position around key assets, including **new COM** patent for varoglutamstat
- Thorough commercial positioning analysis and de-risking by new evidence of **potential synergy with SoC**

Focused on Securing Company for Future

- **Cash runway extension** through prudent management of resources
- SEPA to offer additional **financial flexibility** while **actively pursuing additional financing / partnership opportunities**
- **Expanding executive team** with Dr. Julia Neugebauer as COO

Underpinned by strong foundational science & compelling data

COM: composition of matter; DKD: Diabetic kidney disease; SoC: standard of care; SEPA: Standby Equity Purchase Agreement; COO: Chief Operating Officer

Robust body of evidence generated for varoglutamstat in kidney supports strategic shift towards advancing varoglutamstat in DKD

Q1

Topline VIVIAD data in early AD disappointing

- Did not meet primary and secondary efficacy endpoints in early AD
- Generally well-tolerated

Q2

Exciting kidney function data observed in VIVIAD Phase 2b study

- Statistically significant improvement in kidney function (eGFR) vs. placebo
- Clinical biomarker data confirms target engagement

Q3

Kidney effect larger in diabetes subgroup; plan to do Phase 2 study in DKD

- Substantially larger treatment effect in diabetes subgroup
- Additional health benefits observed in diabetes subgroup
- Intense dialogue with kidney experts
- Ph 2 study planned to confirm results in patients with Stage 3b+ DKD

Q4

Data presented at ASN Kidney Week; confirmed in second Phase 2 study

- KOL event hosted outlining varoglutamstat's opportunity in kidney disease
- Outstanding VIVIAD data selected for late-breaking oral presentation at ASN Kidney Week; high enthusiasm from medical / scientific community
- Topline VIVA-MIND Ph 2 data reported corroborating VIVIAD results

YTD

2025

Meta-analysis data support consistent effect and high response rates

- Responder analysis showed eGFR predominantly improved / stabilized in active vs. decline in placebo group
- Observed treatment effect size enables tailored Ph 2 study with ~90 patients
- R&D update with KOLs underscored quality, and consistency of data, potential to transform kidney outcomes
- Pre-clinical evidence showing potential synergistic effect with current SoC
- Meta-analysis data accepted for oral presentation at ERA in June 2025

eGFR: estimated glomerular filtration rate; DKD: Diabetic kidney disease; SoC: Standard of Care; ERA: European Renal Association

2024 Financial Results & Corporate Updates

Anne Döring, CFO

Prudent spending allowed us to achieve strategic turnaround towards kidney disease while reducing cash utilization

In €k	Twelve months ended Dec. 31, 2024	Twelve months ended Dec. 31, 2023
Revenue	0	(3,620)^
Research & Development expenses	(14,058)	(17,637)
General & Administrative expenses	(6,903)	(8,600)
Net loss for the period	(20,586)	(28,576)

In €k	Dec. 31, 2024	Dec. 31, 2023
Cash & cash equivalents	9,365	18,562*
Financial assets	63	10,165*

- In 2024, R&D expenses continued to capture meaningful clinical costs for the Phase 2 VIVIAD and VIVA-MIND studies, as well as reallocation of investments to support advancing the kidney program
- Costs from VIVIAD and VIVA-MIND are largely completed; spending continues to occur on pre-clinical studies and kidney strategy

^The reversal in revenue is related to license revenues recognized in 2021 from a strategic regional licensing partnership with Simcere Pharmaceutical Group Ltd. to treat Alzheimer's disease (AD) in Greater China, which included a variable compensation for the first milestone.
**For 2023, liquid funds included EUR 10m of term-deposits and EUR 18.6m of cash & cash equivalents.*

Cash runway extended into January 2026; SEPA with Yorkville provides financial flexibility beyond updated guidance

Improved outlook - cash runway now into January 2026*

- Successfully managed 2024 challenges
- Existing cash sufficient to finance operations for the full year 2025 and **into January 2026**
- Continue to **support kidney disease strategy**, **expand pipeline** and **strengthen IP** with limited cash utilization
- Initiation of the Phase 2b DKD study remains a key priority – start of the study subject to further additional funding and/or partnership

SEPA is one piece of our financial strategy towards starting our Phase 2b DKD study

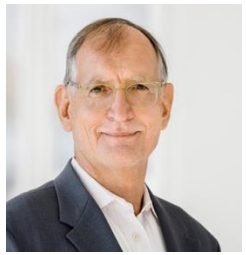
- Standby Equity Purchase Agreement (SEPA) with Yorkville Advisors, provides access to additional capital of up to EUR 15 million over 36 months
- Facility can be utilized **at our discretion:** mechanisms in place that provide a **level of control** over amount and timing of tranches; program can be **stopped at any time**; no restrictions on additional fundraising activities
- Gives us financial flexibility while pursuing optimal solution to fund Phase 2b study

**Guidance does not include any funds that may be raised from utilizing the SEPA facility*

Strengthening a seasoned senior management team

Management

Frank Weber, MD
Chief Executive Officer



InterMune · Merck · ZBiotech Zambon Biotech

Anne Doering, CFA
Chief Financial Officer

BioNTech · Merck · Franklin Templeton

Michael Schaeffer, PhD
Chief Business Officer

sirion · crelux a WuXi AppTec company · crenano

Joining May 1, 2025

Julia Neugebauer, PhD
Chief Operating Officer

morphosys

Non-executive Directors

Erich Platzer, MD, PhD
Chairman of the Board

Charlotte Lohmann

Claudia Riedl, PhD
Chair Audit Committee

Samir Shah, MD

- Julia Neugebauer, PhD, joining as Chief Operating Officer May 1, 2025, and will take on responsibility for IR, market analysis and other corporate functions
- Formerly VP, Global Head of IR & Sustainability at MorphoSys AG, a biotech company previously dual-listed on the Frankfurt Stock Exchange and NASDAQ
- ~20 years experience in the biotech industry and strong track record in executing IR strategies, building long-term relationships with the investment community, managing the IR aspects of financial reporting and ensuring compliance with capital market regulations
- Extensive R&D background with >10 years of experience in antibody engineering and development; PhD from Ludwig-Maximilians-Universität München, Germany; Certified Investor Relations Officer (CIRO)

Varoglutamstat has a novel MOA with new pre-clinical evidence showing potential synergistic effect with current SoC

Michael Schaeffer, CBO

Groundbreaking discovery: Inhibition of QPCT/L reduces kidney inflammation and fibrosis, and improves pathophysiology and kidney function

impaired kidney

Kidney function ↓
Fibrosis ↑
Inflammation ↑

A number of pro-inflammatory and pro-fibrotic proteins require pyroglutamate formation for full potency

QPCT/L

pyroglutamate formation upregulated in pathological conditions

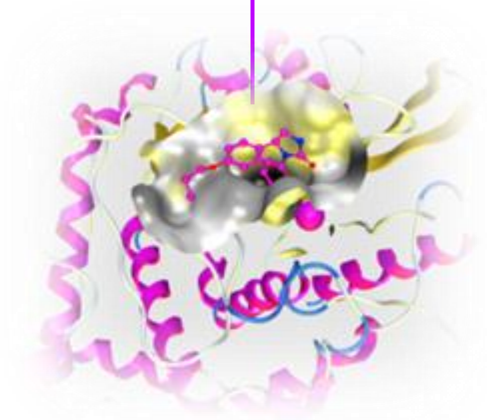
QPCT/L substrate protein

Varoglutamstat

QPCT/L inhibition leads to activity modulation of inflammatory and fibrotic peptides

QPCT/L

pyroglutamate formation blocked



improved kidney

Kidney function ↑
eGFR

↓ Plasma Urea,
Creatinine, Cystatin C

Fibrosis ↓
Collagen 3
α-SMA

Inflammation ↓
pE-CCL2, IFNγ,
TNFα, Kim1,
M1 macrophages

Cynis et.al. EMBO, 2011; Cynis et al, Int. J Exp Path, 2013, Kanemitsu et al., 2021; Vivoryon company data, 2024;
QPCT/L - Glutaminyl-peptide cyclotransferase / -like protein; Notes: Graphic is for illustrative purposes only.

SGLT-2 Inhibitors are now standard of care for patients with CKD (KDIGO 24)

KDIGO 2024 recommends SGLT2i for patients with

- Type 2 diabetes, CKD, and an eGFR ≥ 20 mL/min/1.73 m^2
- Adults with CKD eGFR ≥ 20 mL/min/1.73 m^2 with urine ACR ≥ 200 mg/g or heart failure, irrespective of level of albuminuria
- Adults with eGFR 20 to 45 mL/min/1.73 m^2 with urine ACR < 200 mg/g

The medical need for patients with CKD remains high

- SGLT-2 inhibitors reduced the risk of kidney disease progression by **34%**
- No differences observed in death due to kidney disease ($P = 0.182$) or events of eGFR < 15 mL/min/1.73 m^2 ($P = 0.202$)

Understanding the additional benefit of QPCT/L inhibitors on top of SGLT2i is essential for development and commercial success

KDIGO: Kidney Disease Improving Global Outcomes. KDIGO 2024 Clinical Practice Guidelines for the Evaluation and Management of Chronic Kidney Disease; Kidney International, 2024, 105 (Suppl 4S), S117–S314; Cao et al. Diabetology & Metabolic Syndrome, 2025

Evaluation of varoglutamstat in ADI-CKD model of CKD

- ADI-CKD – established animal model for CKD; CKD is induced by an adenine-rich diet in rat/mice[1]
- High doses of adenine lead to accumulation and crystallization of a metabolic product (2,8-DHA), which induces kidney inflammation - a major mechanism of CKD
- 3-week treatment: SGLT2i dapagliflozin once daily w/o and w/ varoglutamstat on top, either once daily or twice daily dosing
- Broad panel of blood parameters and IHC (immunohistochemistry) markers in kidney samples for analyses of inflammatory and fibrotic events and kidney function

[1] *Yang et.al., Renal Failure 2024, VOL. 46, NO. 1, 2336128*

Impressive synergistic effects of dapagliflozin plus varoglutamstat - pronounced modulation of inflammatory and fibrotic mechanisms in CKD mouse model

Results pave the development path of QPCT/L inhibitors in combination with SGLT-2 inhibitors

- Efficacy observed on top of SGLT-2 inhibitors derisk the DKD / CKD clinical development program substantially
- Magnitude of effect of QPCT/L inhibition together with SGLT-2 inhibition shows trend towards normalization of pathological findings across multiple outcome parameters
- Once daily similar efficacy vs. twice daily in pre-clin models supports investigation of once daily in clinical trial
- Ideal combination partner for patients treated with SGLT-2 inhibitors with strong synergistic effect observed
- Due to outstanding effect observed we have filed patents for combination of QPCT/L inhibitors with SGLT-2 inhibitors

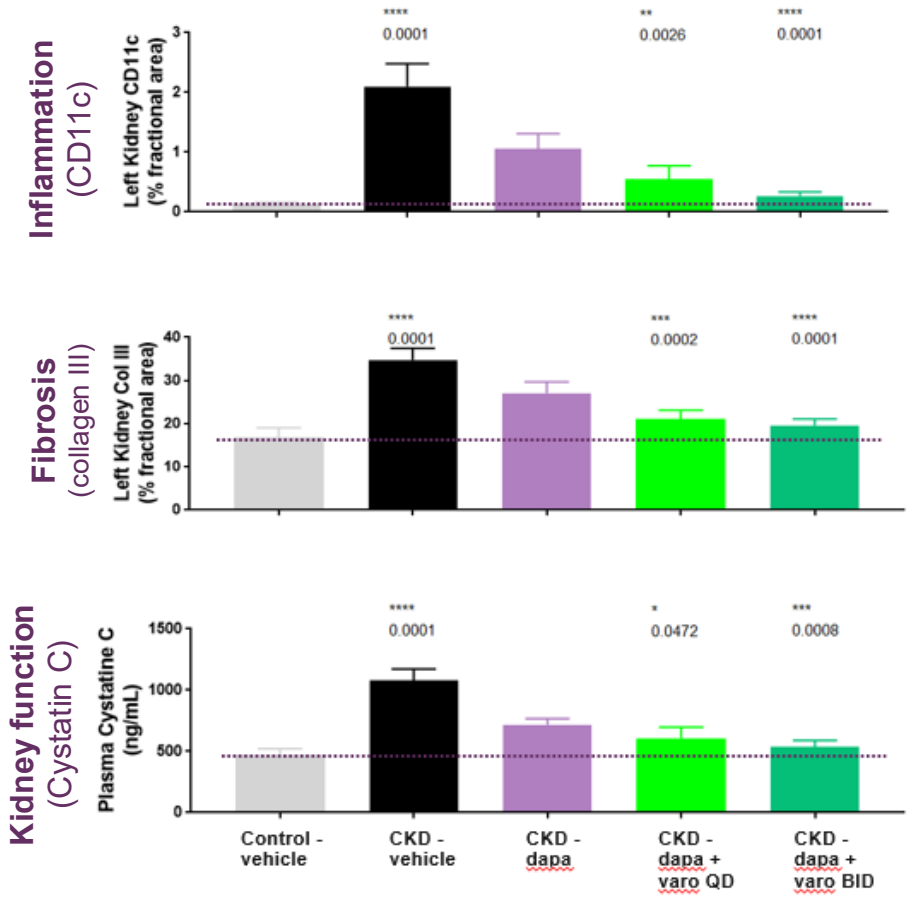


Chart data: Values expressed as mean ± 95%CI, N = 8 to 16 per group, Dunnett's Test, comparison to CKD – Dapagliflozin group; QD: once daily; BID: twice daily; varo: varoglutamstat; dapa: dapagliflozin

Continuing to evolve IP strategy based on scientific evidence

Bolstering IP portfolio on multiple levels: Solid IP strategy spanning composition of matter and indication / dosing patents

Recent updates

- Received **Notice of Allowance** for **new varoglutamstat composition of matter (COM) patent in the U.S.** following accelerated examination process – exclusivity expected to reach 2044; ROW expansions expected by YE 2025
- Filed **new combination patent application** for **QPCT/L inhibitors** (varoglutamstat and VY2149) in combination with SGLT-2 inhibitors based on recent experimental data
- Filed **additional IP on medical use** for varoglutamstat and backup compounds/VY2149, as well as on **dosing regimens** and on the **use** of varoglutamstat and related structures (e.g. VY2149) **for the treatment of kidney diseases**

Strong IP Portfolio

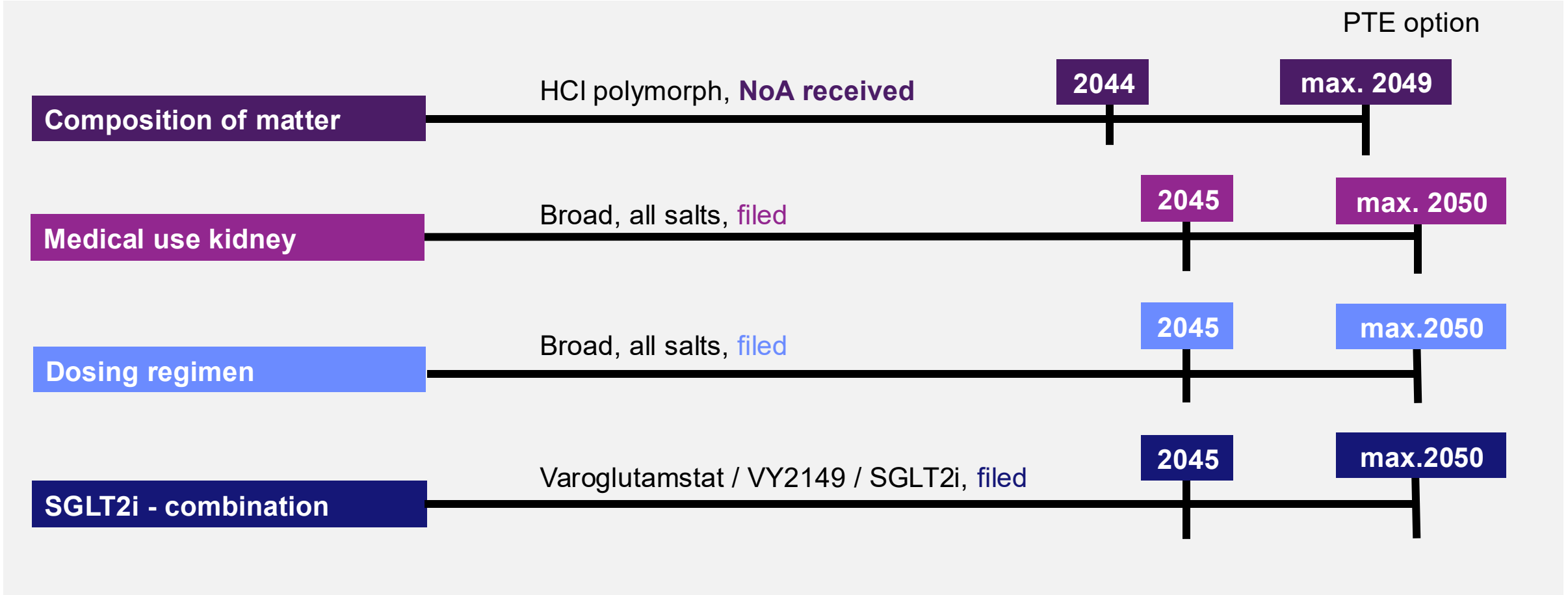
22 patent families comprising >400 national patent applications & issued patents, predominantly on COM patent for QPCT/L inhibitors[1]

Multiple indications covered

Large number of medical use patents in a **variety of different indications**, incl. kidney diseases, inflammatory diseases, oncology, genetic and fibrotic diseases

[1] *As of April 28, 2025; ROW: rest of the world*

Our IP-strategy in the US aims to generate exclusivity for varoglutamstat up until at least 2044, with potential for further extensions



NoA: Notice of Allowance; PTE: patent term extension (potential for Hatch-Waxman extension of up to 5 years)

A convenient new treatment option to fill the existing gap in kidney diseases

Product profile demonstrates varoglutamstat has the potential to stabilize/counteract continuous decline in kidney function as single agent and in combination with SoC

- Single agent oral compound, in addition pre-clinical evidence for highly synergistic effect on top of SGLT2i
- First-in-class mechanism of action addressing key pathways in inflammation / fibrosis
- Statistically significant and clinically meaningful improvement of eGFR in two independent double-blind placebo-controlled studies. Effect size substantially larger in diabetes vs. non-diabetes population
- Clearly differentiated profile with >70% patients showing improvement or stabilization of eGFR in diabetes subgroup
- Excellent safety profile consistent across two years of study duration
- Composition of matter protection in US until 2044 (2049 with potential PTE)[1]; expansions to ROW due end 2025

[1]*Notice of Allowance received; PTE patent term extension (potential for Hatch-Waxman extension of up to 5 years)*

Varoglutamstat’s unique and beneficial effect on kidney function

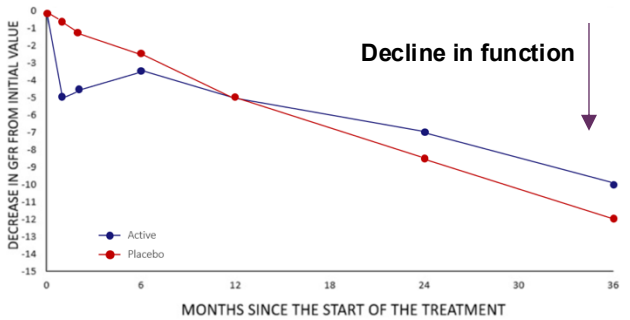
Frank Weber, CEO

Novel therapies are needed to address the rising global health challenge of kidney disease

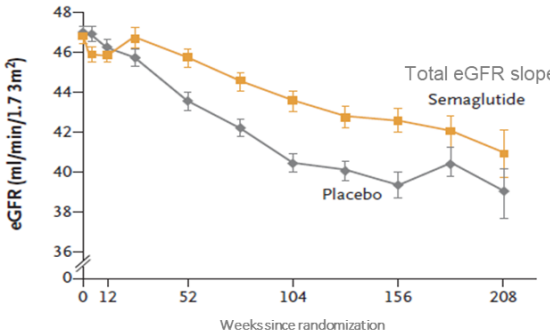
Vivoryon's varoglutamstat has potential to transform kidney outcomes

- Chronic Kidney Disease (**CKD**) is a **rising global health problem** and is set to become the fifth leading cause of years of life lost by 2040
- CKD manifests as **a progressive decline in kidney function** and can lead to significant disability and/or premature death
- **Diabetes is a major risk factor** for CKD and Diabetic Kidney Disease (**DKD**) is a **leading cause of end stage kidney disease**
- **Treatments** for CKD/DKD have advanced but **still do not halt or reverse kidney function decline** which will likely increase as the population ages
- **Inflammation is a key underlying pathway** in driving progression of DKD and other kidney disorders

Current therapies do not halt or reverse the progressive decline in kidney function characteristic of chronic kidney disease



SGLT2i effect on kidney function (eGFR ;compiled data)[1]

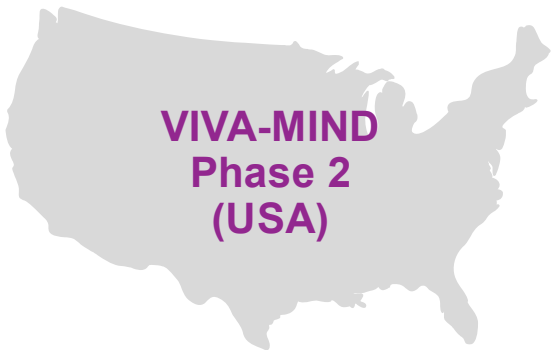


Semaglutide effect on kidney function (FLOW trial eGFR)[2]

Vivoryon is well-positioned with varoglutamstat to address the unmet medical need in kidney disease

Diabetic Kidney Disease (DKD): typically, DKD is defined by the presence of CKD characterized by persistently (≥ 3 months) elevated urinary albumin excretion (albumin-to-creatine ratio [ACR] ≥30 mg/g) and/or low eGFR (< 60mL/min/1.73 m2) in a person with diabetes (Levin et al., Kidney Int. Suppl. 2013, KDIGOgroup); U.S. Renal Data System; International Diabetes Federation (IDF) Atlas 2021; Qazi et al., EMJ Nephrol, 2022; [1]schematic based on Costanzo et al., Int. J. Mol. Sci. 2023, [2]Perkovic et al., N Engl J Med, 2024.

Vivoryon has evaluated varoglutamstat's effect on kidney function in two independent randomized double-blind placebo-controlled Phase 2 studies



Similarities and differences between VIVIAD & VIVA-MIND

Parameter	VIVIAD (Europe)	VIVA-MIND (U.S.)
Patient selection	Mild AD, mean age 68 yrs	Mild AD, mean age 72 yrs
No. of patients treated	n=259	n=109
Varoglutamstat dose	300 and 600 mg BID	600 mg BID
Dose escalation period	Slow: 600 mg start week 13	Fast: 600 mg start week 9
Treatment duration	76 wks (mean) / 96 wks (max.)	46 wks (mean) / 72 wks (max.)
eGFR[1] sampling	Every 12 weeks plus week 4	Every 12 weeks plus weeks 4, 8,16
No. of patients with diabetes	n=32 (12.4%)	n=16 (14.7%)

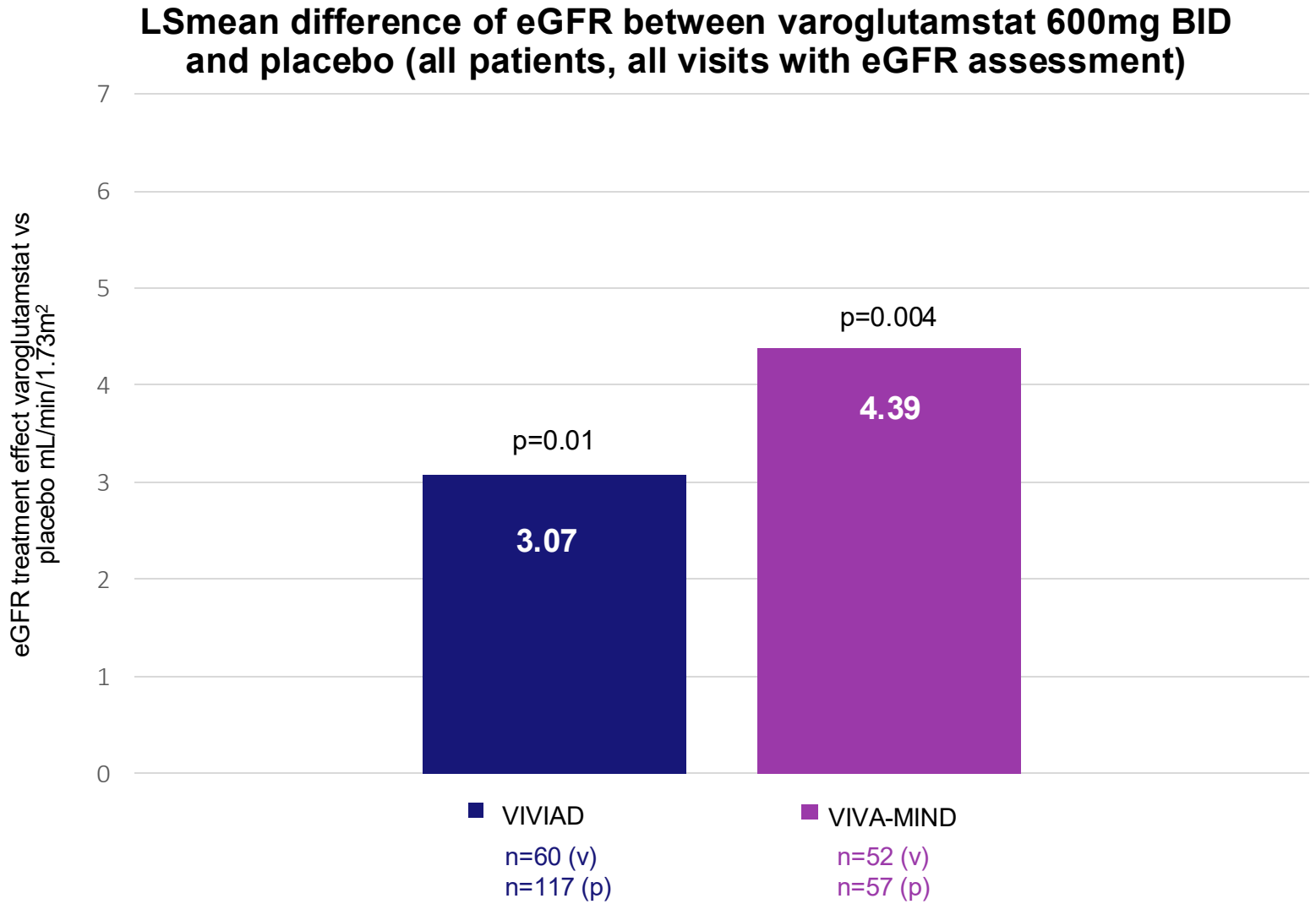
Kidney function, measured using eGFR, was a pre-specified safety / exploratory endpoint

VIVIAD: ClinicalTrials.gov IDNCT04498650; VIVA-MIND: ClinicalTrials.gov IDNCT03919162; BID: twice daily; eGFR: estimated glomerular filtration rate, based on serum creatinine samples and calculated using the modification of diet in renal disease (MDRD) method; AD: Alzheimer's disease; Diabetes subgroup defined as patients having at baseline either medical history of diabetes (type 1 or 2, and glucose tolerance impaired, hyperglycaemia in VIVA-MIND) and/or comedication with drugs used in diabetes and/or untreated with a HbA1c > 6.5%.

Beneficial kidney function effect consistently observed in both VIVIAD and VIVA-MIND

Two independent studies confirm statistically significant and clinically meaningful improvement in eGFR

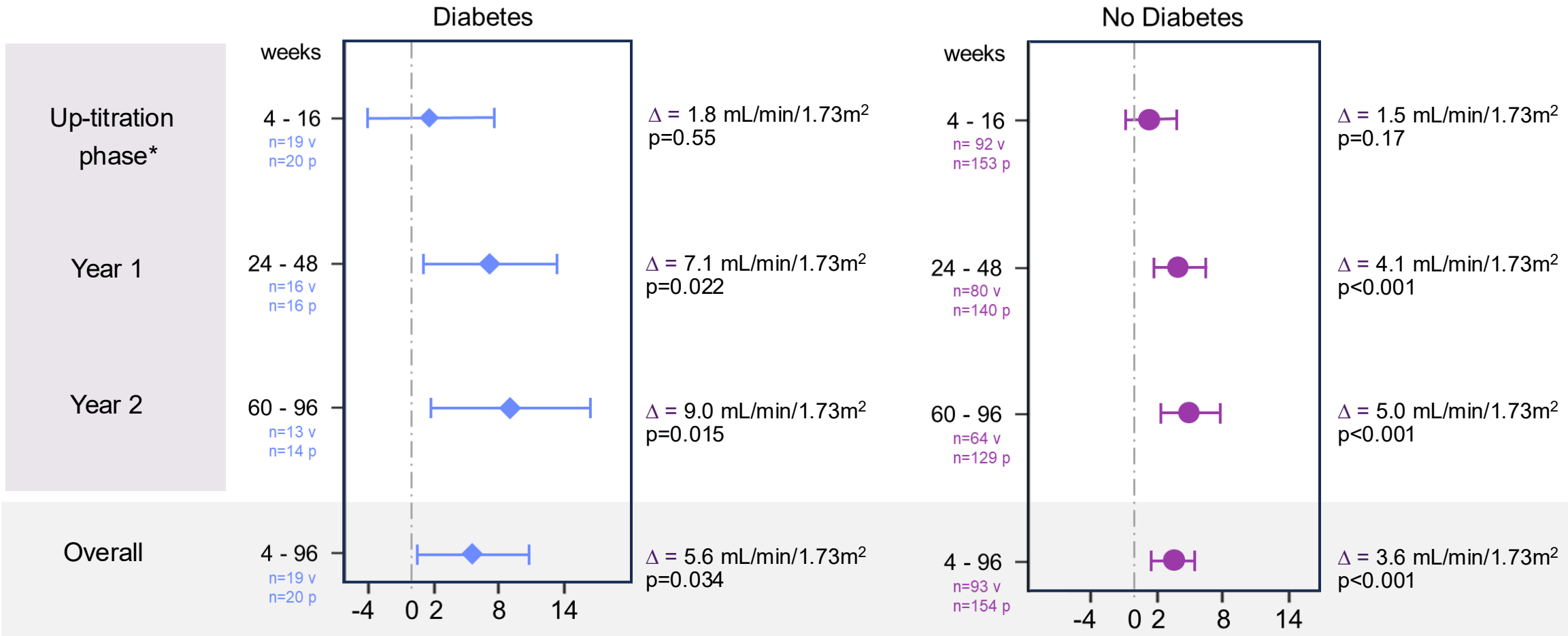
Effect size approximately 3x higher compared to SGLT2i or GLP-1 agonists



eGFR: estimated glomerular filtration rate, based on serum creatinine and calculated using the modification of diet in renal disease (MDRD) method. eGFR data were analysed over time using MMRM (mixed model for repeated measures) modelling including fixed effect terms for treatment, visit window and treatment-by-visit interaction as well as additional co-variates same as used for the respective primary endpoints as defined in the SAP using data from patients randomized to 600 mg BID and placebo of all visits on treatment, for VIVIAD (4 – 96 weeks) and VIVA-MIND (4 – 72 weeks).

VIVIAD and VIVA-MIND: Meta-analysis confirms a robust treatment effect and a larger effect size in diabetes versus non-diabetes patients

Difference of change from baseline between varoglutamstat (v) and placebo (p) of eGFR (MDRD)



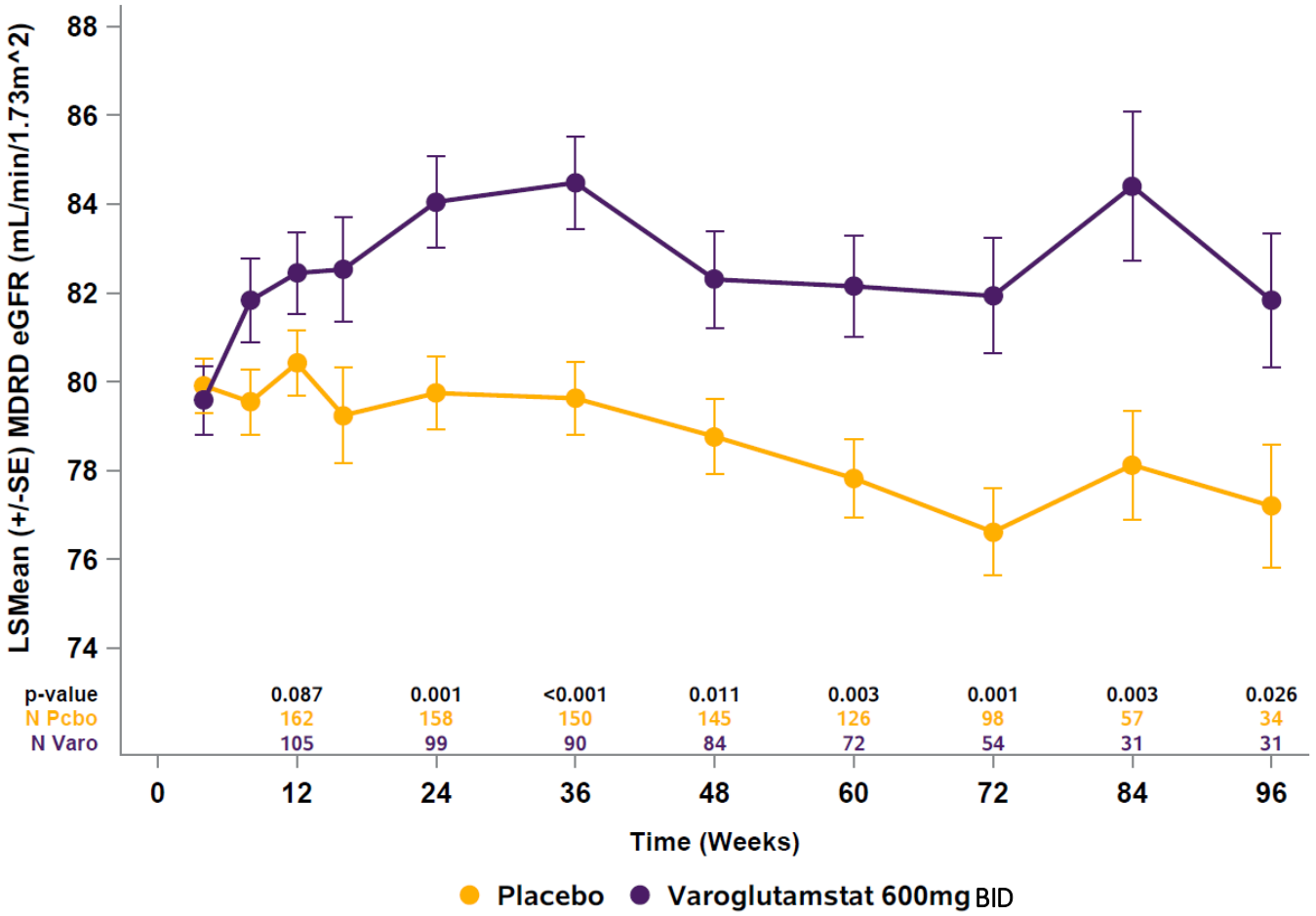
Treatment effect and 95% confidence intervals (mL/min/1.73m²)

0: No treatment effect; > 0: Improvement of eGFR (MDRD);

n: Number of patients in the varoglutamstat (v) and placebo (p) group with a least one data point in the indicated time span

*VIVIAD Phase 2b in early AD included investigation of kidney function (eGFR) over up to 96 weeks; VIVA-MIND Phase 2 study in early AD included investigation of kidney function (eGFR) over up to 72 weeks; eGFR: estimated glomerular filtration rate based on serum creatinine, calculated using modification of diet in renal disease (MDRD) method; Meta analysis of change from baseline (MMRM) in varoglutamstat-treated patients vs. placebo; * Up-titration phase: includes weeks 4, 8 (DE only), 12 in VIVIAD, weeks 4, 8 in VIVA-MIND, full-dose weeks 12, 16 in VIVA-MIND*

Change in eGFR over time; pooled data from VIVIAD and VIVA-MIND (MMRM); **All subjects**; 600mg BID varoglutamstat

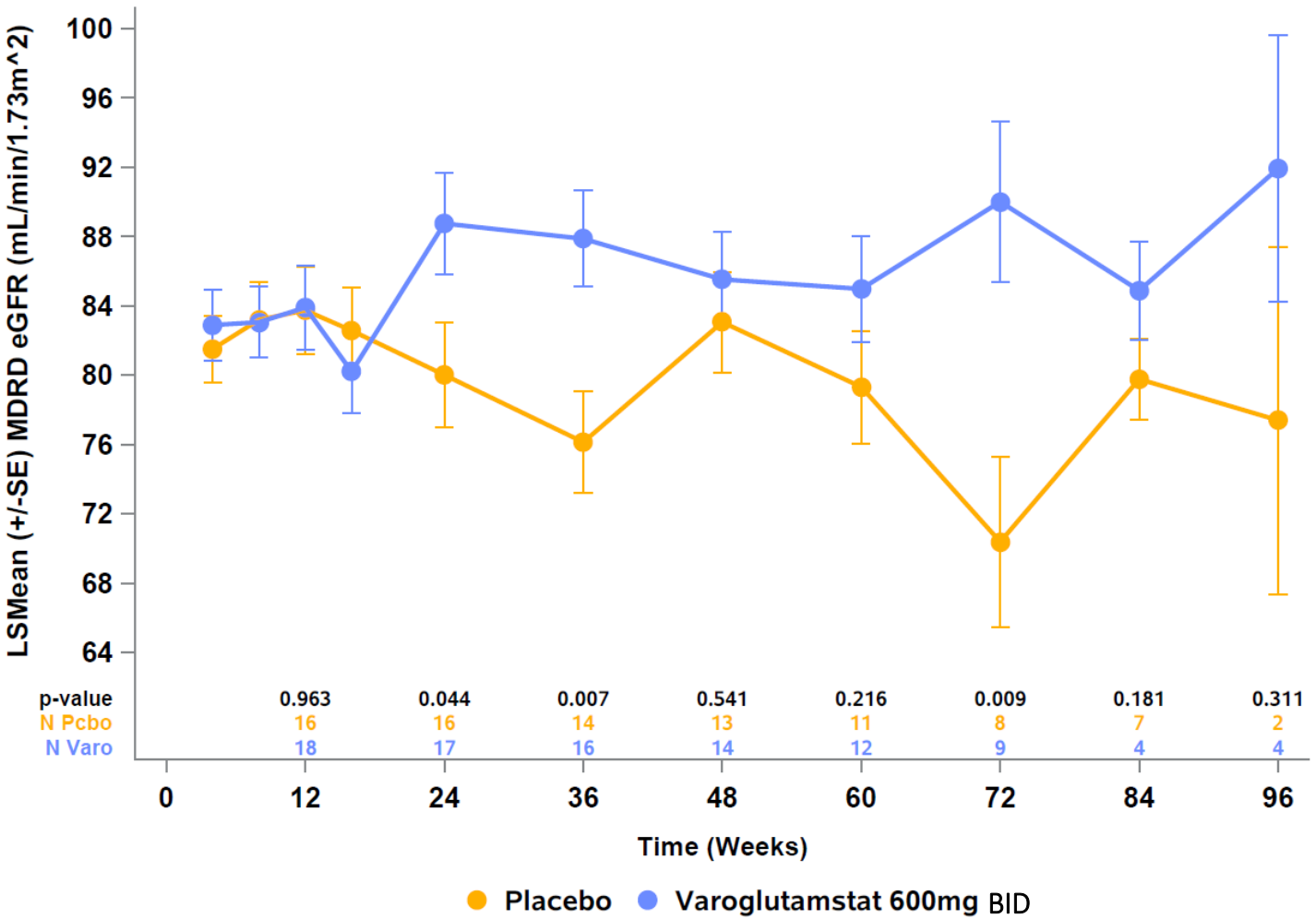


Varoglutamstat

- Clear and consistent separation after 24 weeks
- Effect stable and maintained above baseline for 2 years
- Placebo patients decline mildly

eGFR: estimated glomerular filtration rate, based on serum creatinine and calculated using the modification of diet in renal disease (MDRD) method. eGFR data were analysed over time using MMRM (mixed model for repeated measures) modelling including fixed effect terms for study, treatment, visit window and treatment-by-visit interaction as well as baseline and study using data from patients randomized to 600mg BID and placebo of all visits on treatment, for VIVIAD (4 – 96 weeks) and VIVA-MIND (4 – 72 weeks). Within subject error modelled using an unstructured covariance matrix.

Change in eGFR over time; pooled data from VIVIAD and VIVA-MIND (MMRM); **Diabetes subgroup**; 600mg BID varoglutamstat

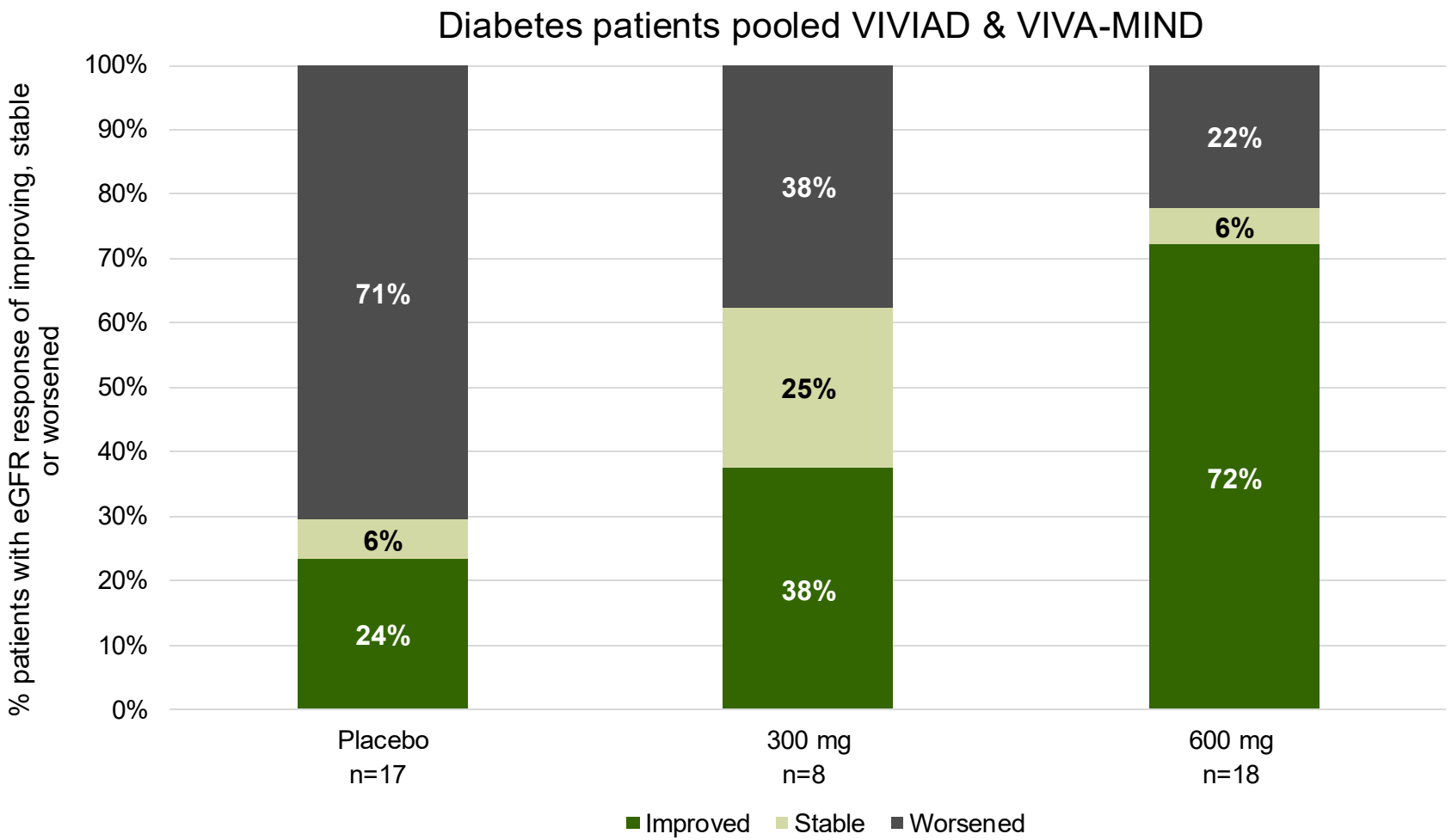


Varoglutamstat

- Clear and consistent separation after 24 weeks
- Large and stable effect maintained above baseline for 2 years
- Larger treatment effect in diabetes patients*
- Placebo patients decline as expected

*eGFR: as defined per prior slide, MDRD method. eGFR data were analysed over time using MMRM modelling including fixed effect terms for study, treatment, visit window and treatment-by-visit interaction, and baseline using data from patients randomized to 600 mg BID and placebo of all visits on treatment, for VIVIAD (4 – 96 weeks) and VIVA-MIND (4 – 72 weeks). Diabetes subgroup defined as patients having at baseline either medical history of diabetes (type 1 or 2, and glucose tolerance impaired, hyperglycaemia in VIVA-MIND) and/or comedication with drugs used in diabetes and/or untreated with a HbA1c > 6.5%. Within subject error modelled using an AR(1); *y-axis scale different from all population graph*

Responder analysis: kidney function predominantly improved or stabilized in varoglutamstat treated patients compared to a decline in the placebo group



Classification of eGFR response
(change vs. baseline, mL/min/1.73m^2)

- Improved: ≥ 2 mL above baseline
- Stable: ≥ 0 - < 2 mL above baseline
- Worsened: < 0 mL below baseline

Response analysis (proportional odds)

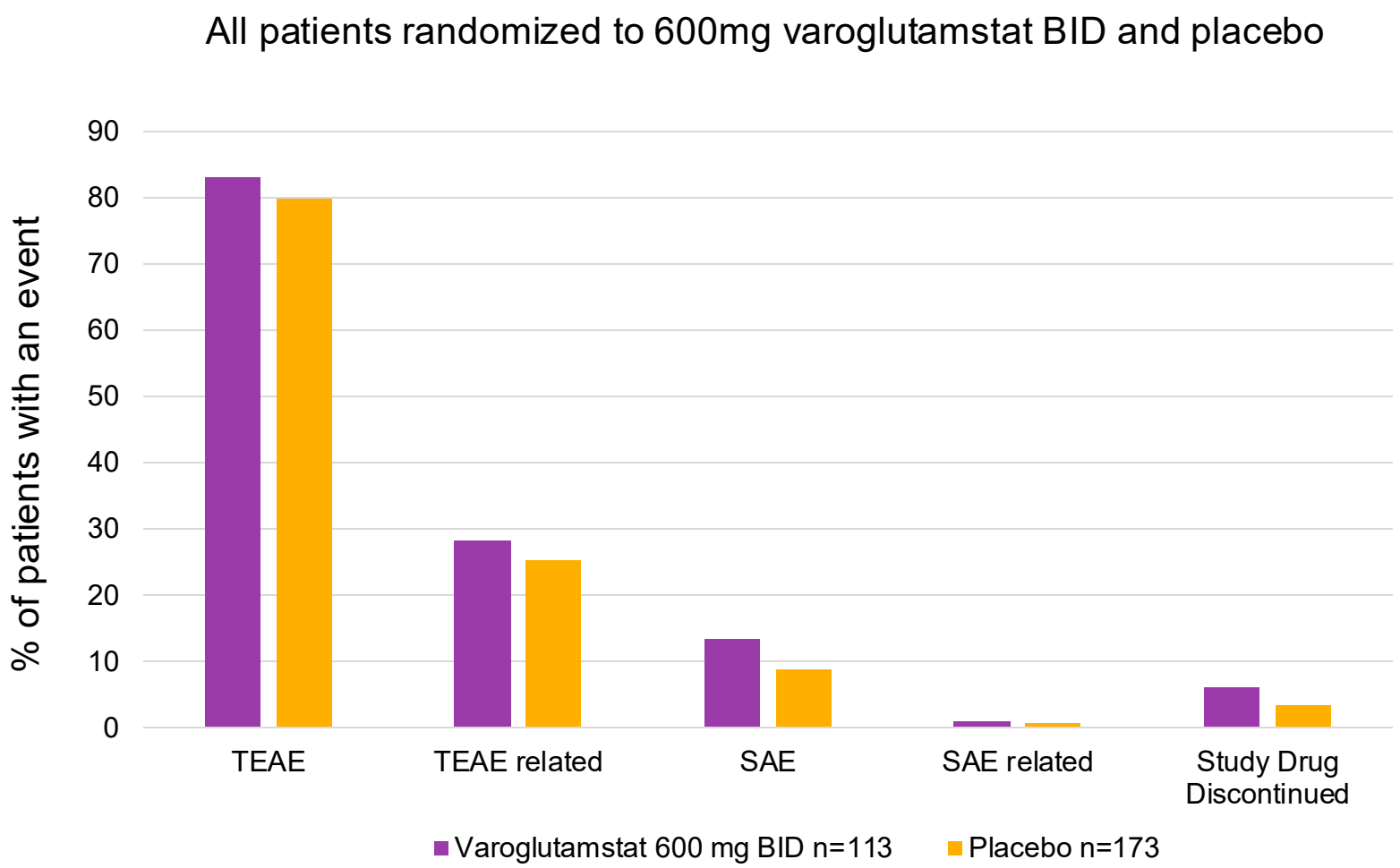
300 mg vs placebo
2.91, 95% CI (0.55, 15.53), p=0.2106

600 mg vs. placebo
9.20, 95% CI (2.14, 39.50), p=0.028

Data based on mean eGFR (week 12 – EOT) vs. baseline; combined data from VIVIAD and VIVAM-MIND studies by dose; average treatment duration in VIVIAD was 76 weeks (70 weeks in the diabetes subgroup) and in VIVA-MIND was 46 weeks; diabetes subgroup as defined on slide 9; CI: confidence interval; Some figures do not sum to 100% due to rounding

Varoglutamstat was well tolerated in VIVIAD & VIVA-MIND

Pooled safety analysis; 600mg varoglutamstat dose



Extensive safety package
(# / duration)

Pharmacology / Phase 1

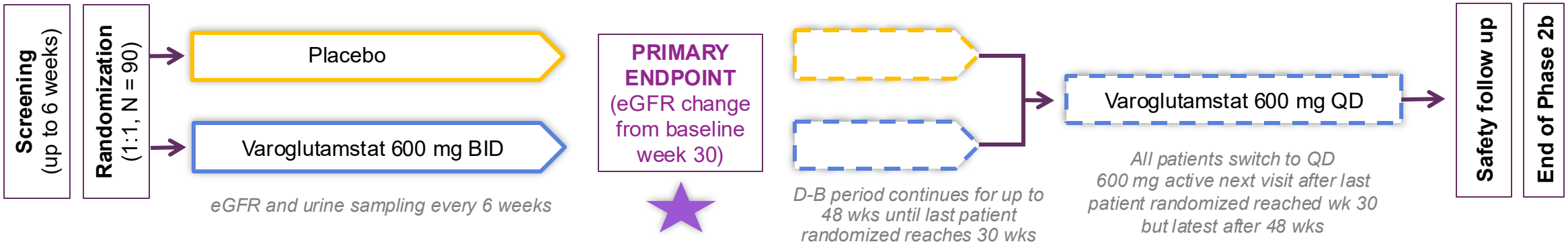
- Phase 1 study: large trial with 205 subjects
- Human ADME / mass balance study completed

Phase 2 double-blind, placebo-controlled

- Phase 2a study: 120 patients, 12 weeks
- VIVIAD Phase 2b study: 259 patients, mean treatment duration 76 weeks
- VIVA-MIND Phase 2 study: 109 patients treated, mean treatment duration 46 weeks

TEAE: Treatment Emergent Adverse Event; SAE: Serious Adverse Event

Robust evidence supports move into Phase 2b study: double-blind placebo-controlled study in patients with T2DM and CKD stages 3b+ on top of SoC[1]



Patient characteristics

- T2DM patients with Stage 3b+ CKD; all patients on standard of care medicines (SoC)

Endpoints

- **Primary:** eGFR change from baseline to last visit
- **Secondary:** UACR (albuminuria)
- **Exploratory:** Inflammatory, metabolic and fibrotic biomarkers liver transaminases, liver ultrasound (fibroscan)

Stratification

- By CKD severity
- Patients with SGLT-2 versus no SGLT-2
- Patients with GLP-1 versus without GLP-1

Estimated timeline to topline readout

~9 months	**All patients treated for min. 30 wks**	Last patient at 30 wks ◆ ~15 months	**Primary endpoint topline results** ◆ ~18 months	Further results and analysis & QD results

[1]Draft trial design; study subject to additional financing / partnership. Baseline: average of two measurements during screening / baseline 6 weeks apart; BID: twice daily; QD: once daily; T2DM: type 2 diabetes mellitus; CKD: Chronic Kidney Disease; GLP-1: Glucagon-like peptide-1; SGLT-2: sodium-glucose co-transporter-2

Conclusions

Vivoryon product strategy

Create value and robust evidence for QPCT/L inhibitors in improving kidney function in patients with CKD

2024

- Deliver two high quality Phase 2 studies: VIVIAD and VIVA-MIND
- Provide robust evidence of efficacy for an improvement in kidney function
- Design a dedicated Phase 2b study in patients with Stage 3b+ diabetic kidney disease

2025 and beyond

- Ensure the commercial viability of varoglutamstat with novel composition of matter IP
- File additional dosing and medical use patents
- Derisk future development by showing substantial benefits on top of SGLT-2 inhibitors
- Provide a novel fast follower compound - VY2149

The future of Vivoryon: Improving kidney outcomes

Strong scientific foundation

- Novel MoA
- Robust evidence of a long-term effect
- Excellent safety package
- Strong benefit on top of SoC
- QPCT/L inhibitor pipeline

Clearly defined commercial strategy

- Large population with high unmet medical need
- Unique product profile with simple oral administration
- Long IP runway expected to 2044 and beyond[1]
- Attractive time to market mid stage clinical program

Securing value creation in the future

- SEPA is a part of financial strategy offering additional flexibility
- Actively pursuing additional financing / partnership opportunities
- Enhancing management capabilities and breadth

[1] *Notice of Allowance received on new COM patent in U.S.*

Q&A

Vivoryon Therapeutics N.V.

Halle (Saale)
Weinbergweg 22
06120 Halle (Saale), Germany

Munich
Franz-Josef-Delonge-Str. 5
81249 München, Germany

IR@vivoryon.com
+49 (0)345 555 99 00

www.vivoryon.com