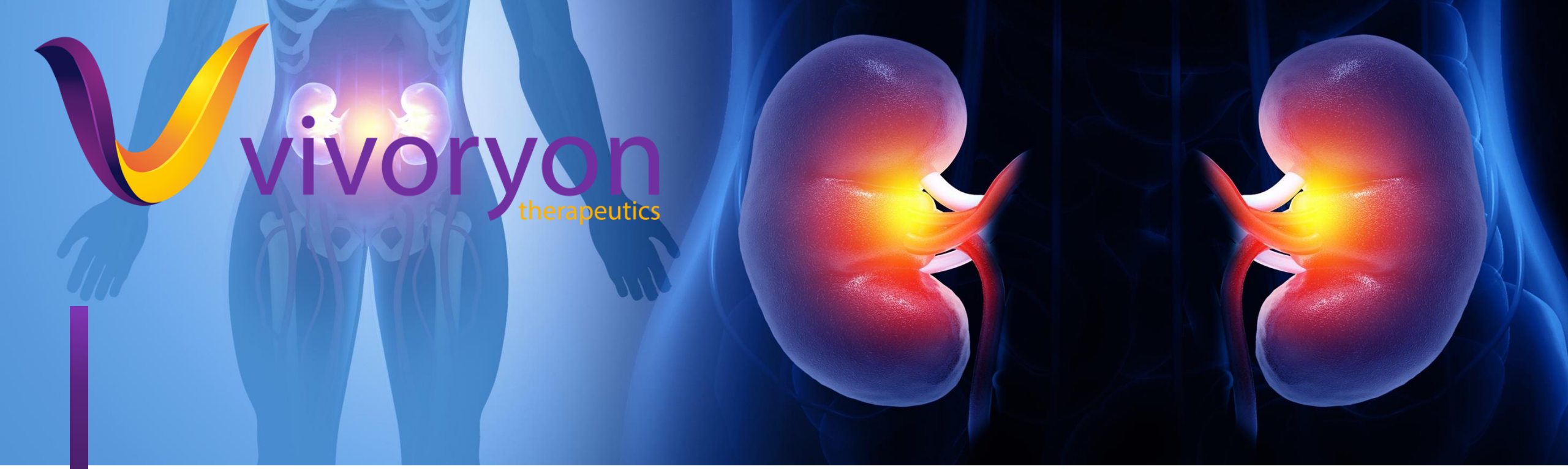

Innovation to Improve Kidney Health Outcomes
Lead Program: Varoglutamstat in Diabetic Kidney Disease

July 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.

Vivoryon: Poised to improve kidney health with varoglutamstat's novel mechanism of action and breakthrough clinical results

- Strong scientific base; novel MoA (QPCT/L inhibition); pE-CCL2 data confirms target engagement
- Two independent Phase 2 studies[1]; compelling long-term kidney function improvement
- Extensive safety data package for varoglutamstat with convenient dose escalation scheme
- Focused development plan for significant commercial opportunity in DKD and beyond
- Additional potential orphan indications e.g. Alport syndrome / Fabry disease
- Composition of matter protection in US until 2044+[2]; expansions to ROW due end 2025
- Cash runway into January 2026; actively pursuing funding and BD opportunities

[1] *VIVIAD and VIVA-MIND Phase 2 studies in early Alzheimer's disease (AD) included prospectively defined measures of kidney function as safety and other exploratory endpoints, the primary and secondary endpoints in early AD were not met;* [2] *potential for Hatch-Waxman extension of up to 5 years*

Inhibiting QPCTL has potential to halt the progressive course of kidney disease through unique approach to tackle inflammation and fibrosis

Huge unmet medical need

Current treatments do not stabilize / improve kidney function leaving significant risk of ESRD (dialysis, transplant) or cardiovascular event

Inflammation a key underlying driver

Inflammation and fibrosis have long been known as key drivers of disease yet attempts to develop effective therapeutics selectively targeting key pathways have had limited success

Targeting QPCTL to unlock inflammatory approach

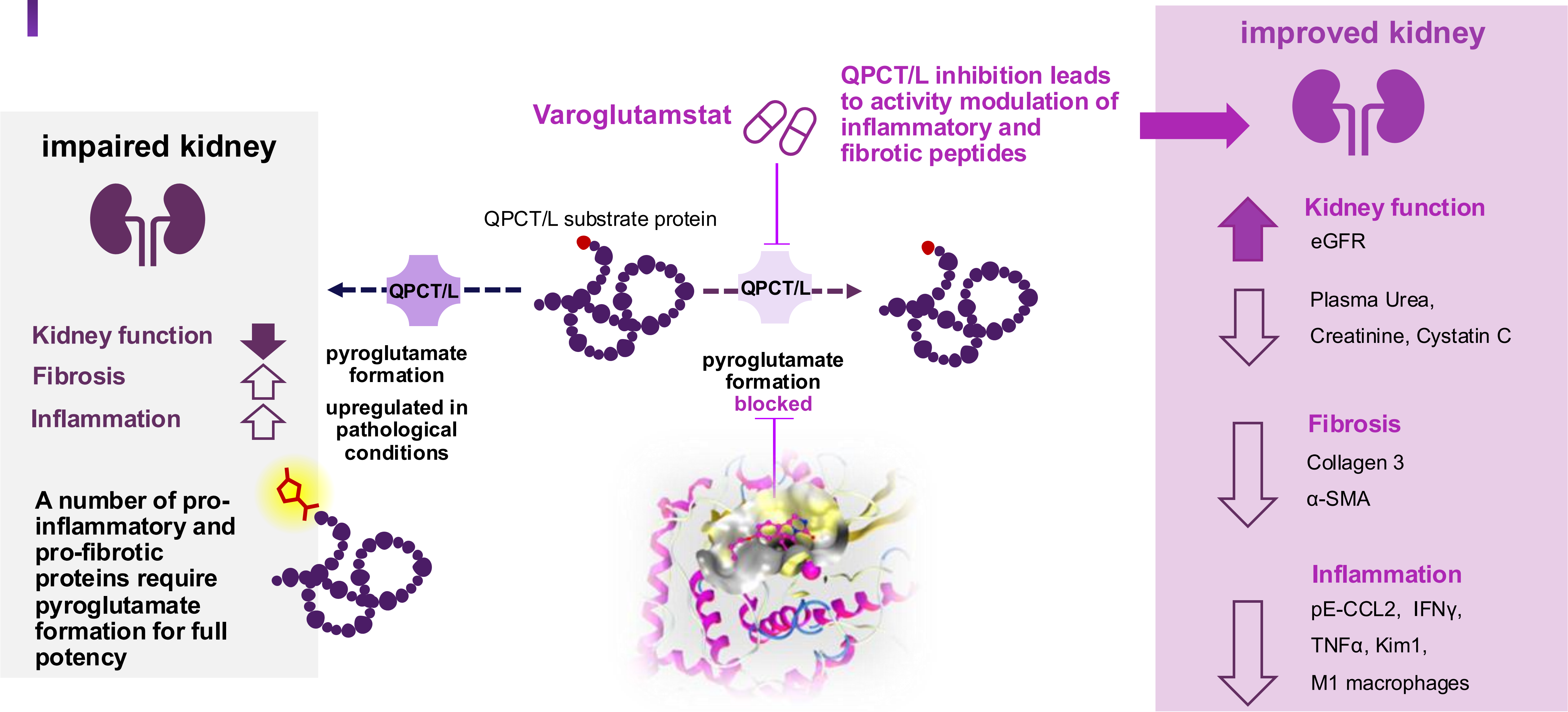
Vivoryon has identified QPCTL, an enzyme that creates pro-inflammatory pE-versions of key inflammatory proteins, as a promising target with potential to stabilize disease

Varoglutamstat

- Oral, selective QPCTL inhibitor
- Significantly improved kidney function[1] in two independent Phase 2 studies[2]
- Unprecedentedly large and sustainable effect size over two years

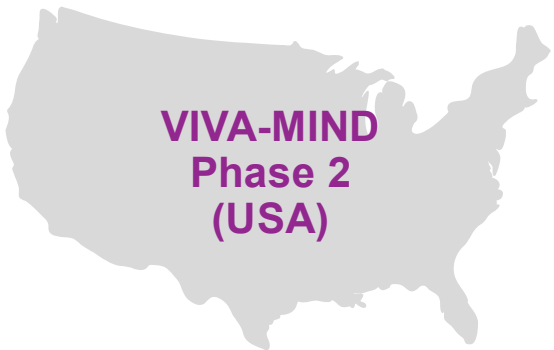
[1] Measured by estimated glomerular filtration (eGFR): rate based on creatinine, calculated using modification of diet in renal disease (MDRD) method;
[2] VIVIAD and VIVA-MIND Phase 2 studies in early Alzheimer's disease (AD) included prospectively defined measures of kidney function as safety and other exploratory endpoints.
QPCTL - Glutaminyl-peptide cyclotransferase-like protein

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



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.

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%.

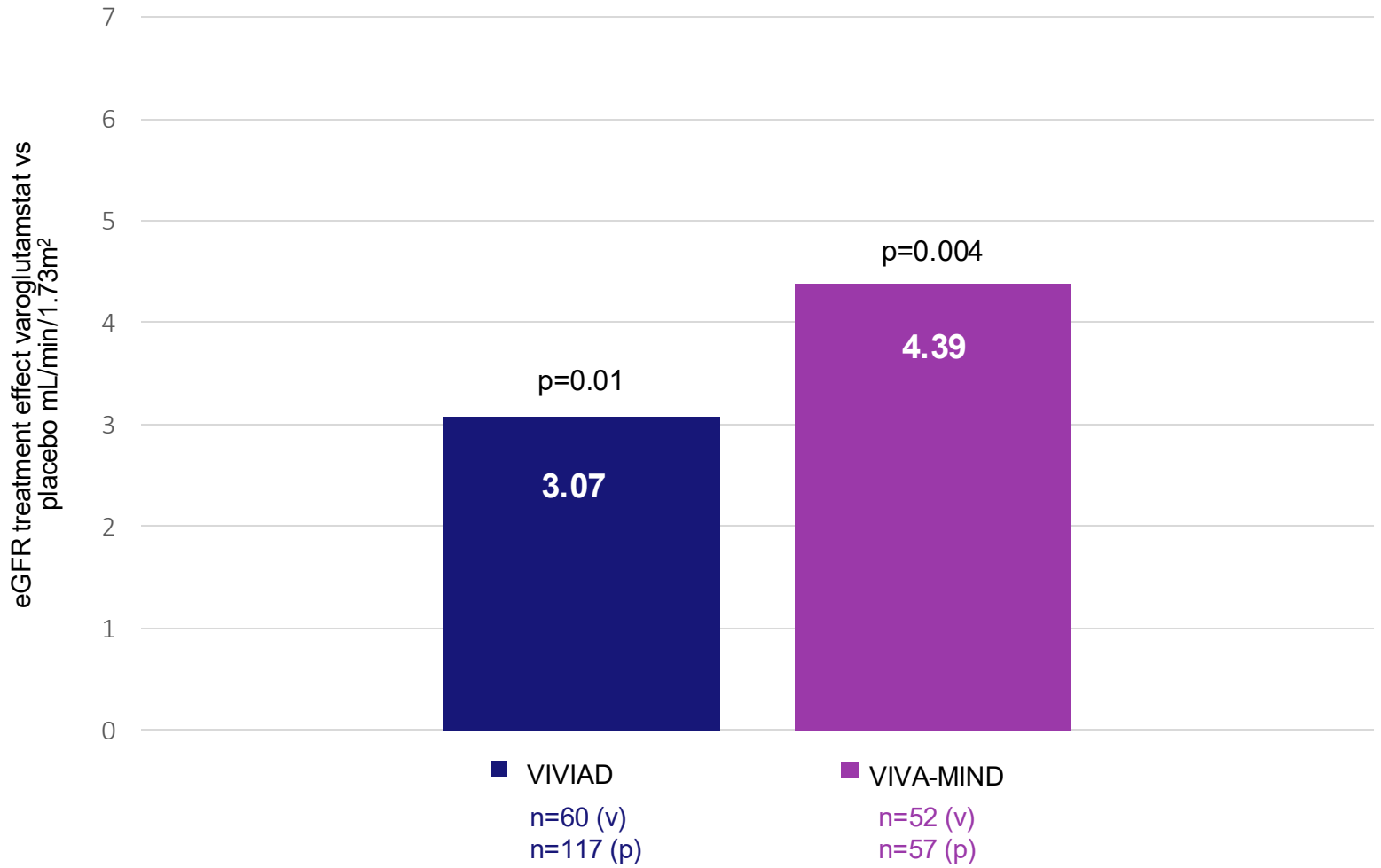
VIVIAD and VIVA-MIND both show a statistically significant and clinically meaningful improvement in eGFR over baseline

eGFR results (MDRD); all patients randomized to 600 mg BID varoglutamstat (v) and placebo (p)

eGFR treatment effect:

Difference between varoglutamstat and placebo (LSmean change from baseline)

Total population,
600 mg BID patients only,
all visits



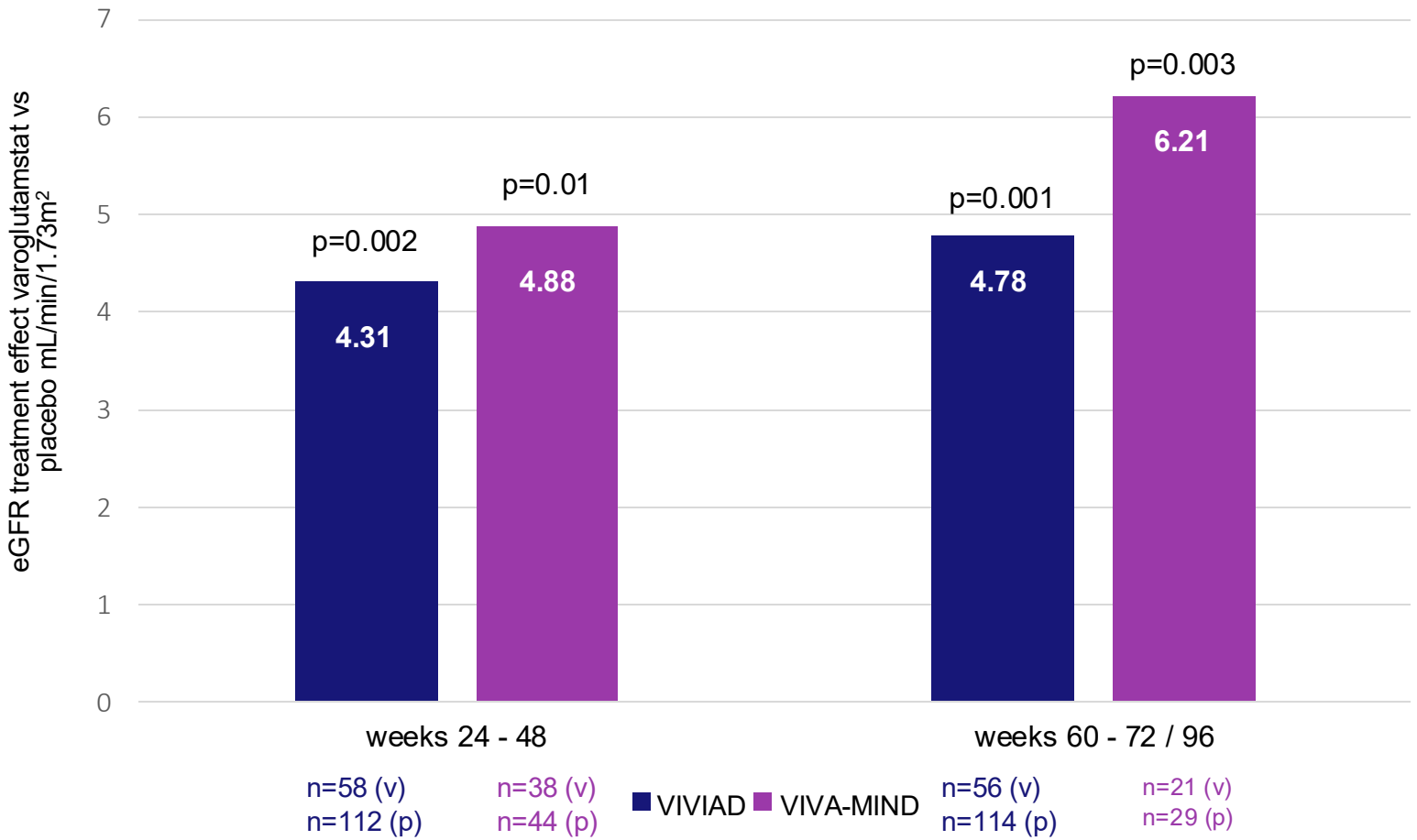
eGFR: estimated glomerular filtration rate, based on creatinine and calculated using the modification of diet in renal disease (MDRD) method. eGFR data were analysed over time using MMRM (mixed model for repeated measures) modelling including fixed effect terms for treatment, visit window and treatment-by-visit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

Consistent improvement in kidney function and effect size across distinct treatment periods in both studies

Sensitivity analysis; all patients randomized to 600 mg BID varoglutamstat (v) and placebo (p)

eGFR treatment effect:

Difference between varoglutamstat and placebo (LSmean change from baseline)



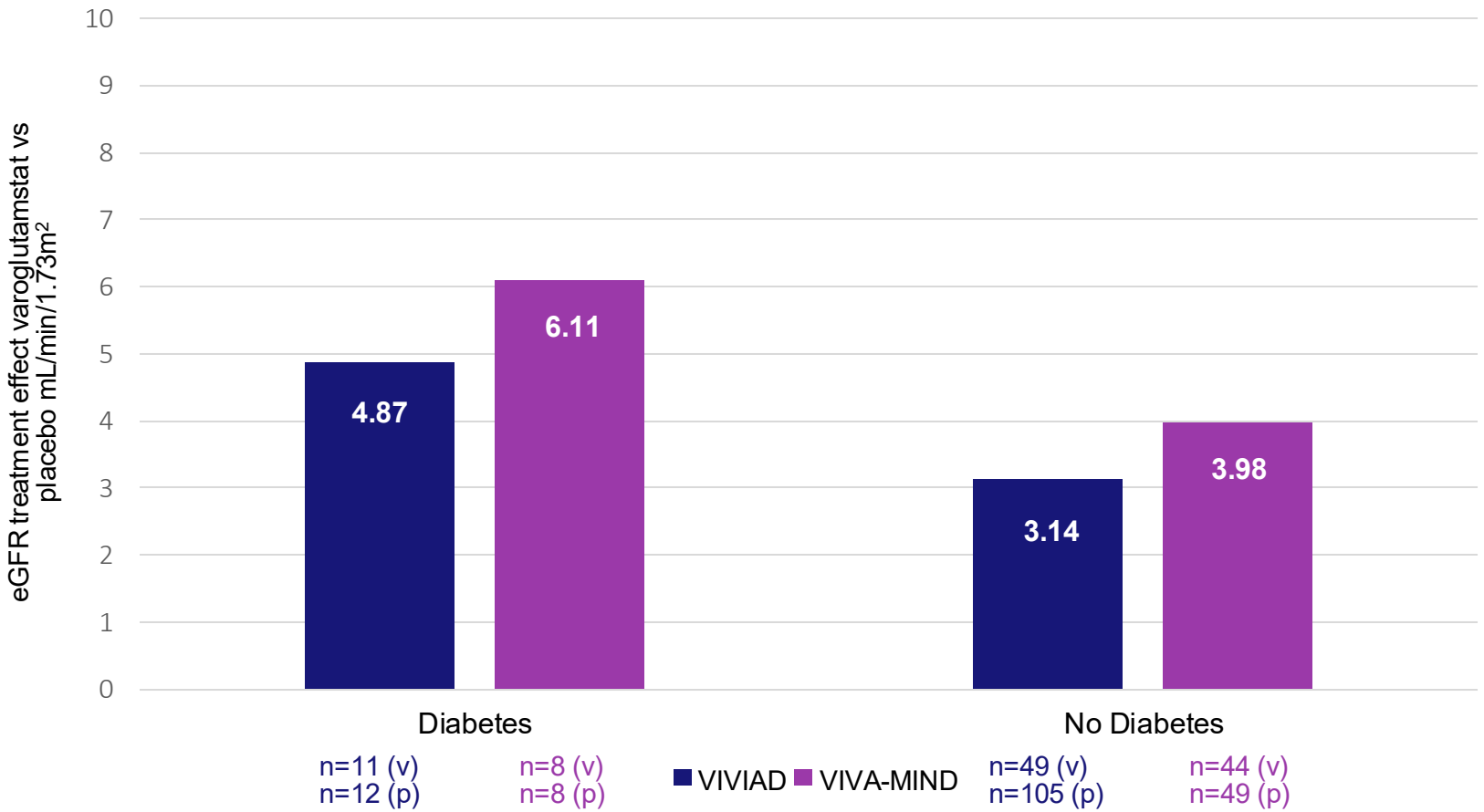
eGFR: estimated glomerular filtration rate, based on creatinine and calculated using the modification of diet in renal disease (MDRD) method. eGFR data were analysed over time using MMRM (mixed model for repeated measures) modelling including fixed effect terms for treatment, visit window and treatment-by-visit interaction using data from patients randomized to 600 mg and all visits on treatment, for VIVIAD (4 – 96 weeks) and VIVA-MIND (4 - 72 weeks); LSmean: least squares mean

Results are nearly identical between studies when comparing treatment effect in patients with or without diabetes, with consistently higher effect in diabetes

Subgroup analysis; with and without diabetes; 600 mg BID varoglutamstat (v) and placebo (p)

eGFR treatment effect:

Difference between varoglutamstat and placebo (LSmean change from baseline)



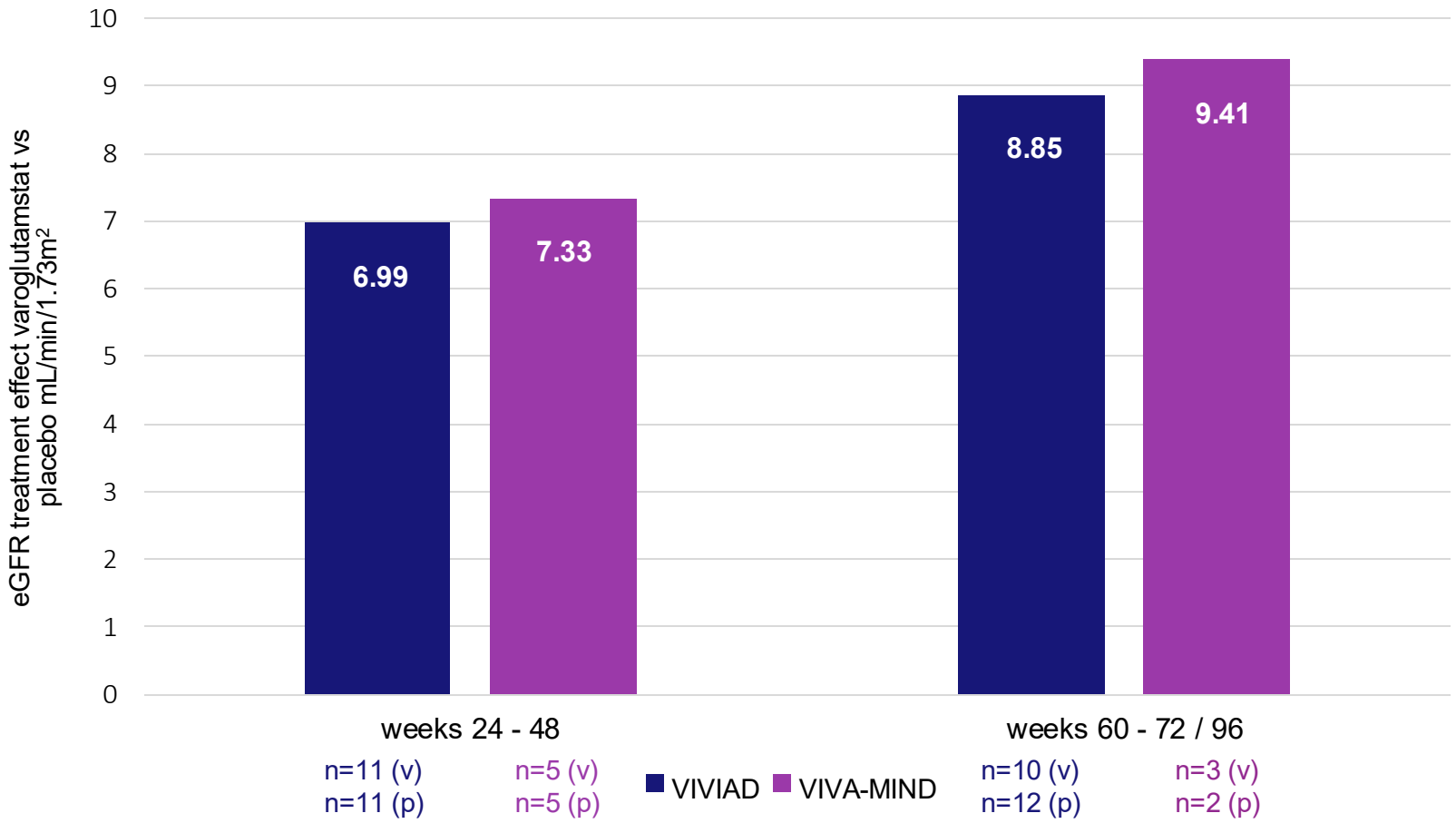
eGFR: estimated glomerular filtration rate, based on creatinine and calculated using the modification of diet in renal disease (MDRD) method. eGFR data were analysed over time using MMRM (mixed model for repeated measures) modelling including fixed effect terms for treatment, visit window and treatment-by-visit interaction using data from patients randomized to 600 mg and all visits on treatment, for VIVIAD (4 – 96 weeks) and VIVA-MIND (4 - 72 weeks). Diabetes patients identified as defined on slide 9; LSmean: least squares mean

Consistent and very strong efficacy signal and large treatment effect observed in both studies in patients with diabetes at different timepoints

Subgroup analysis; patients with diabetes; 600 mg BID varoglutamstat (v) and placebo (p)

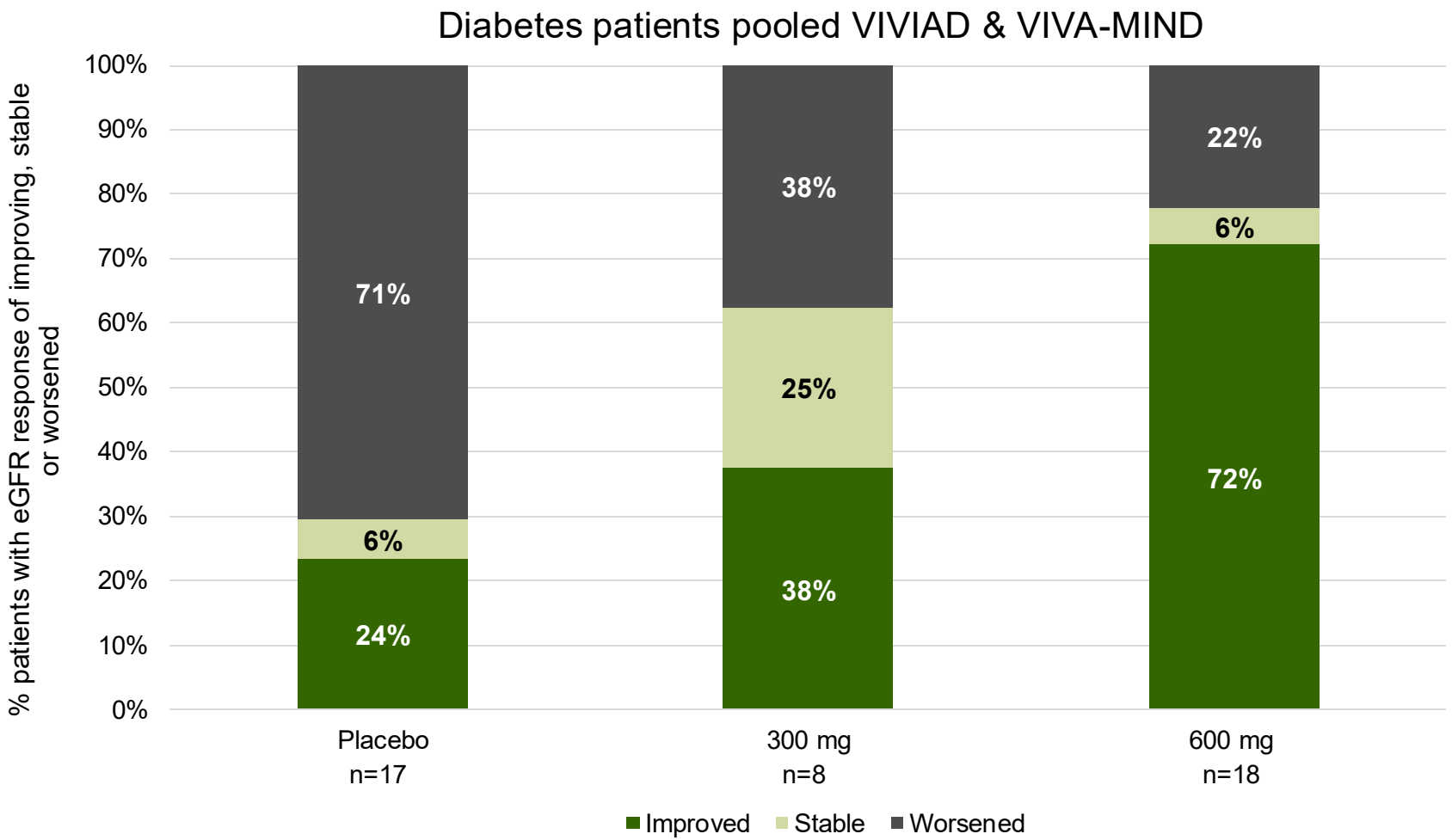
eGFR treatment effect:

Difference between varoglutamstat and placebo (LSmean change from baseline)



eGFR: estimated glomerular filtration rate, based on 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 using data from patients randomized to 600 mg and all visits on treatment, for VIVIAD (4 – 96 weeks) and VIVA-MIND (4 - 72 weeks). Diabetes patients identified as defined on slide 9; LSmean: least squares mean

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

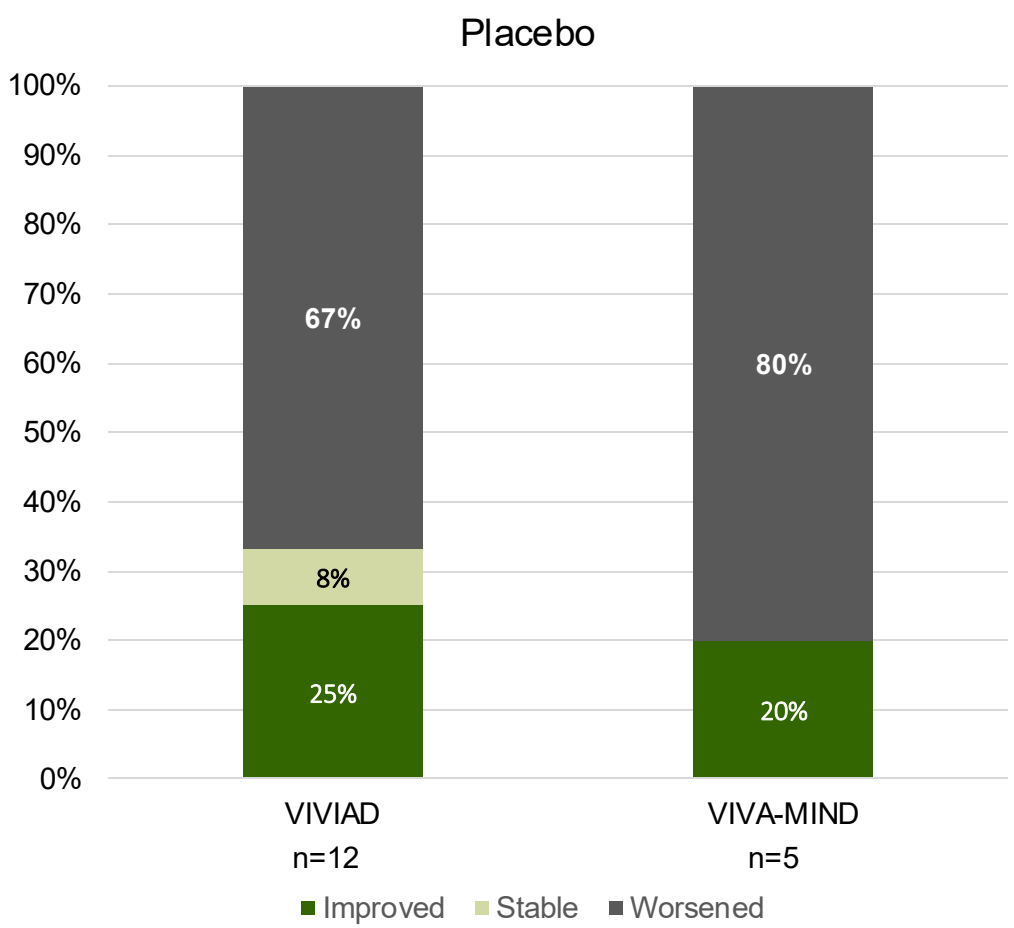
Response analysis (proportional odds)

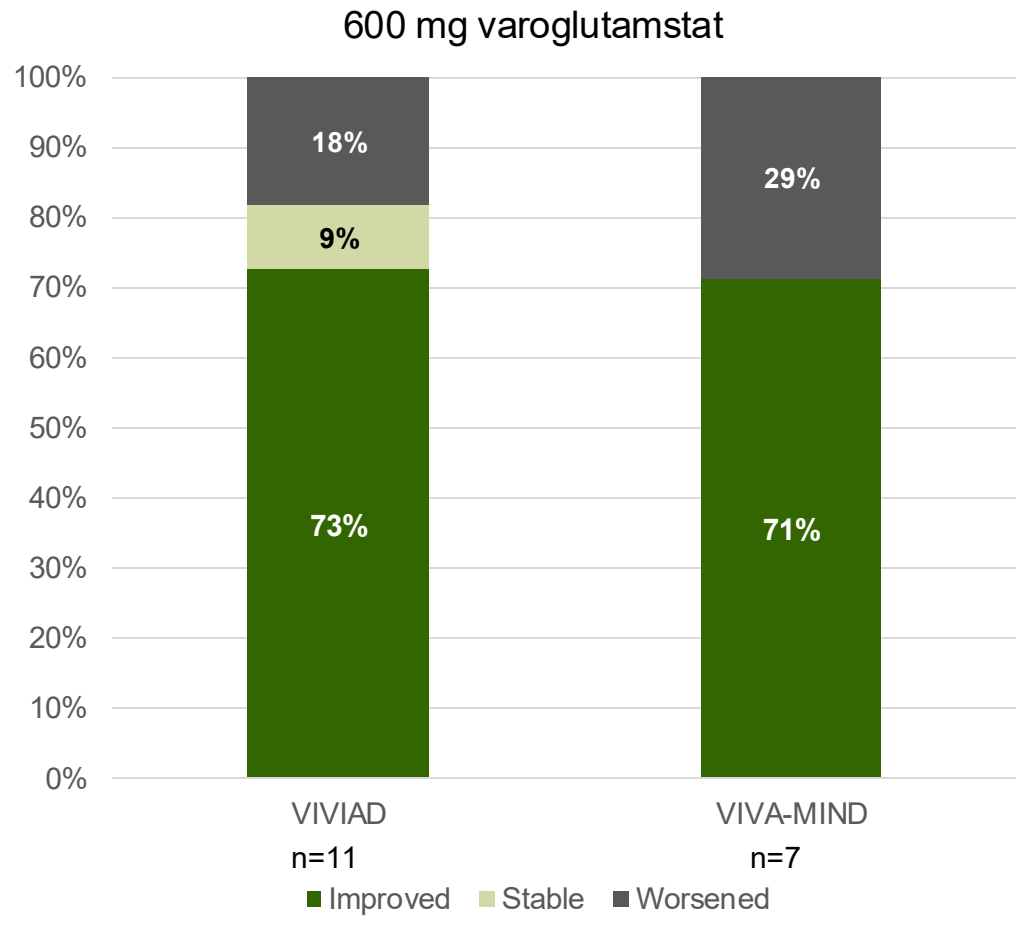
300 mg vs placebo
2.91, 95% CI (0.55, 15.53), p=0.2106

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

Sensitivity analysis: side by side comparison of responder analysis in diabetes patients shows high consistency between studies in diabetes patients



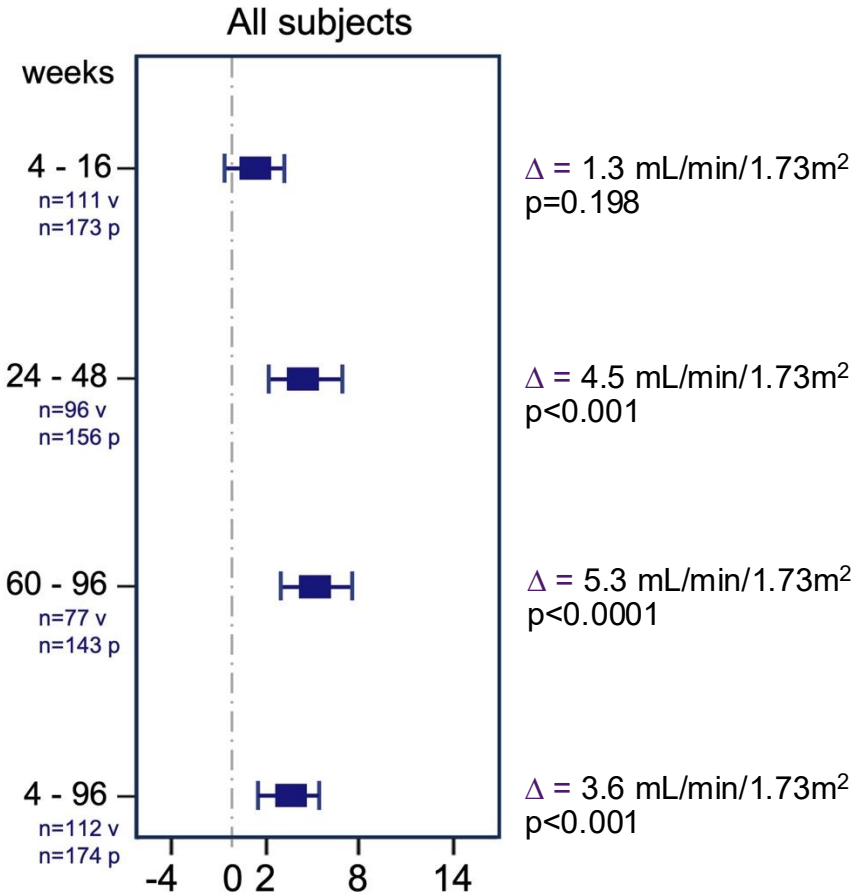


Classification of eGFR response (change mean eGFR (week 12-EOT) vs. baseline, mL/min/1.73m^2):
Improved: ≥ 2 mL above baseline, Stable: ≥ 0 - < 2 mL above baseline, Worsened: < 0 mL below baseline

Data based on mean eGFR (week 12 – EOT) vs. baseline; data from VIVIAD and VIVAM-MIND studies 600 mg BID dose vs. placebo; 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

VIVIAD and VIVA-MIND: Meta-analysis shows strong effect on eGFR

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



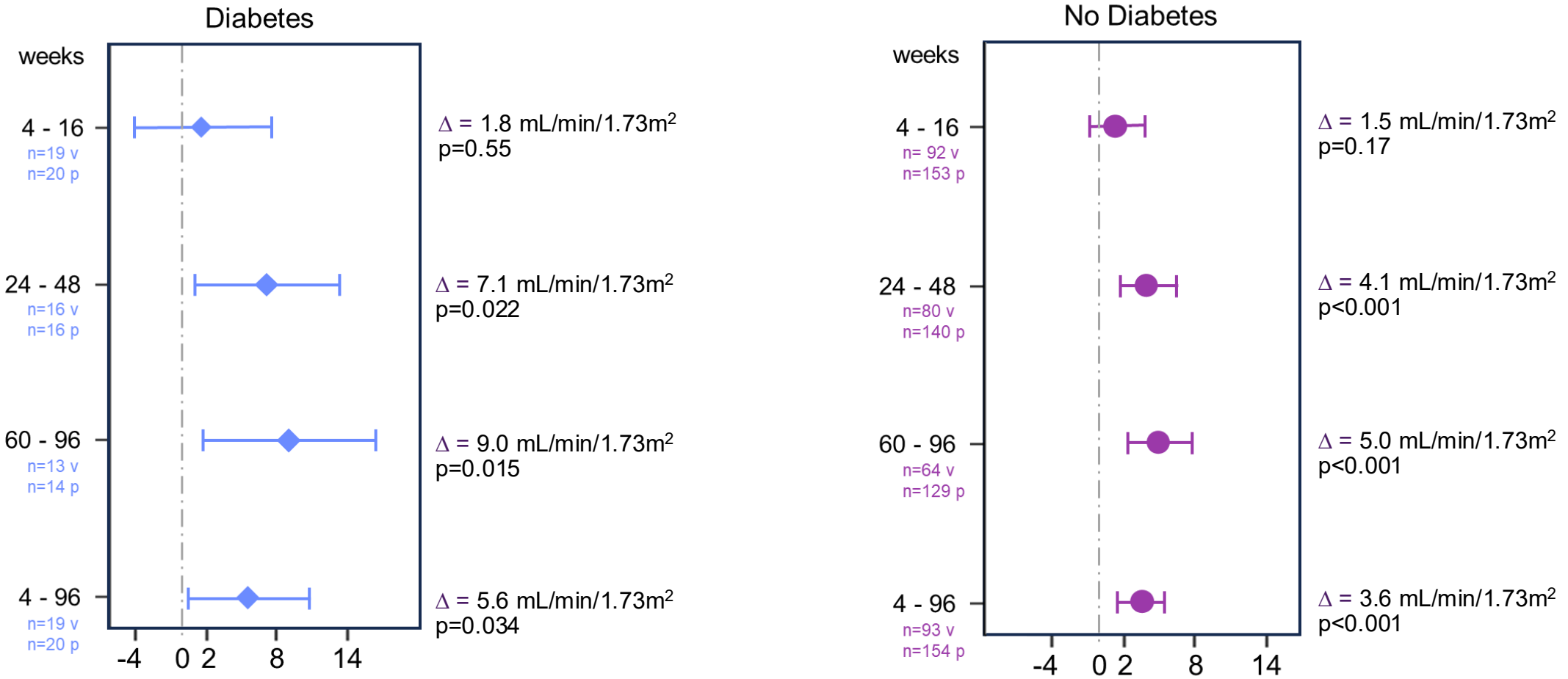
Treatment effect and 95% confidence intervals (mL/min/1.73m²)
0: No treatment effect; > 0: Improvement of eGFR (MDRD);
n: Number of patients in the varoglutamstat (v) and placebo (p) group

- Meta-analysis includes all patients on placebo and all patients randomized to 600 mg varoglutamstat BID of both studies (patients randomized to 300 mg BID in VIVIAD not included)
- Improvement of eGFR – kidney function is demonstrated in the total population
- Difference of change from baseline between varoglutamstat and placebo becomes significant at week 24
- Treatment effect is maintained for 2 years

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 creatinine, calculated using modification of diet in renal disease (MDRD) method; Meta analysis of change from baseline (MMRM) in varoglutamstat-treated patients vs. placebo

VIVIAD and VIVA-MIND: Meta-analysis shows 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/1.73m^2)
0: No treatment effect; > 0: Improvement of eGFR (MDRD);
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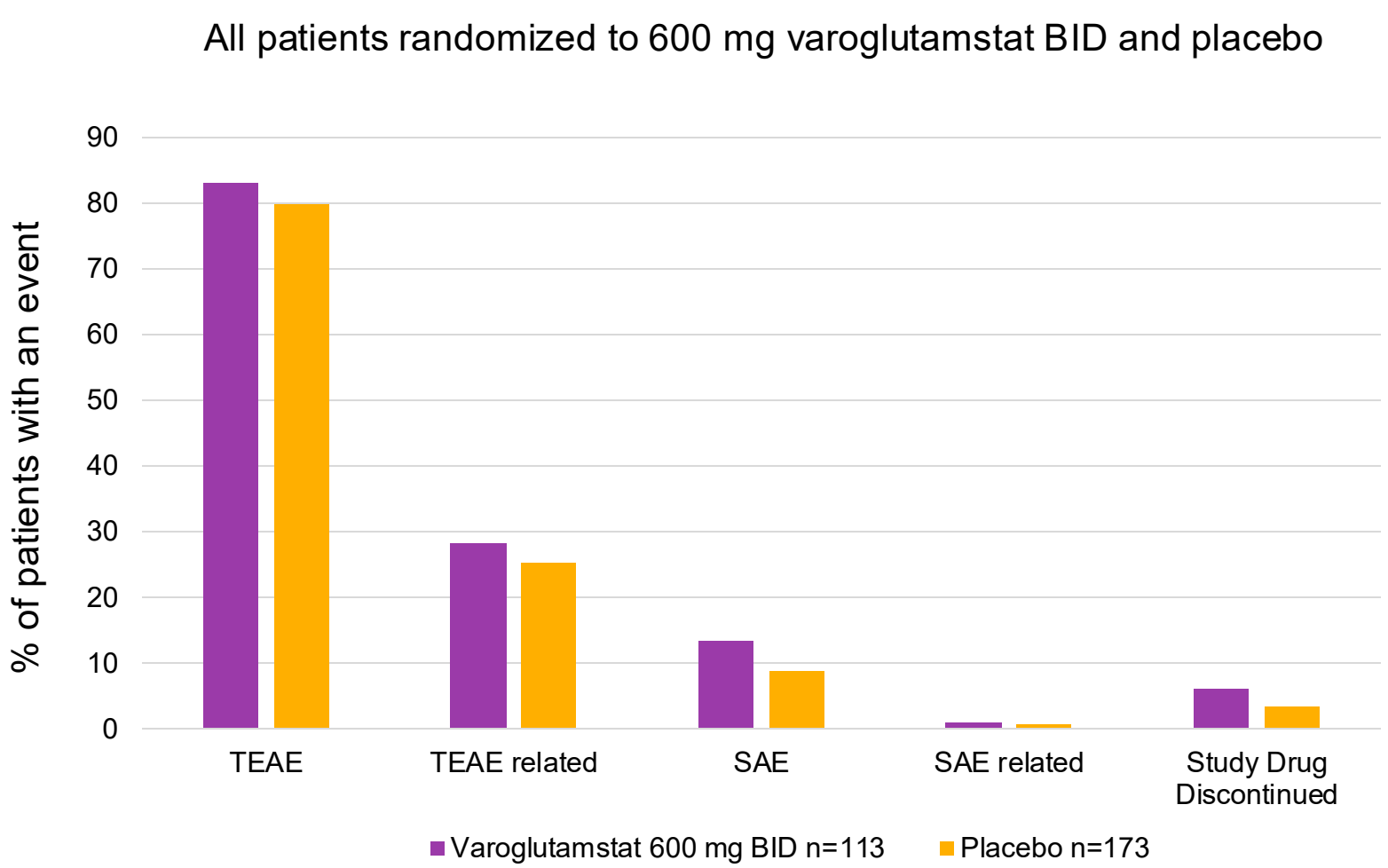
VIVIAD Phase 2b in early AD included investigation of kidney function (eGFR) over up to 96 weeks; VIVA-MIND Phase 2 study in early AD included investigation of kidney function (eGFR) over up to 72 weeks; eGFR: estimated glomerular filtration rate based on creatinine, calculated using modification of diet in renal disease (MDRD) method; Meta analysis of change from baseline (MMRM) in varoglutamstat-treated patients vs. placebo

Safety: pooled analysis of VIVIAD and VIVA-MIND 600 mg varoglutamstat is well tolerated



Extensive safety package
(# / duration)

Pharmacology / Phase 1

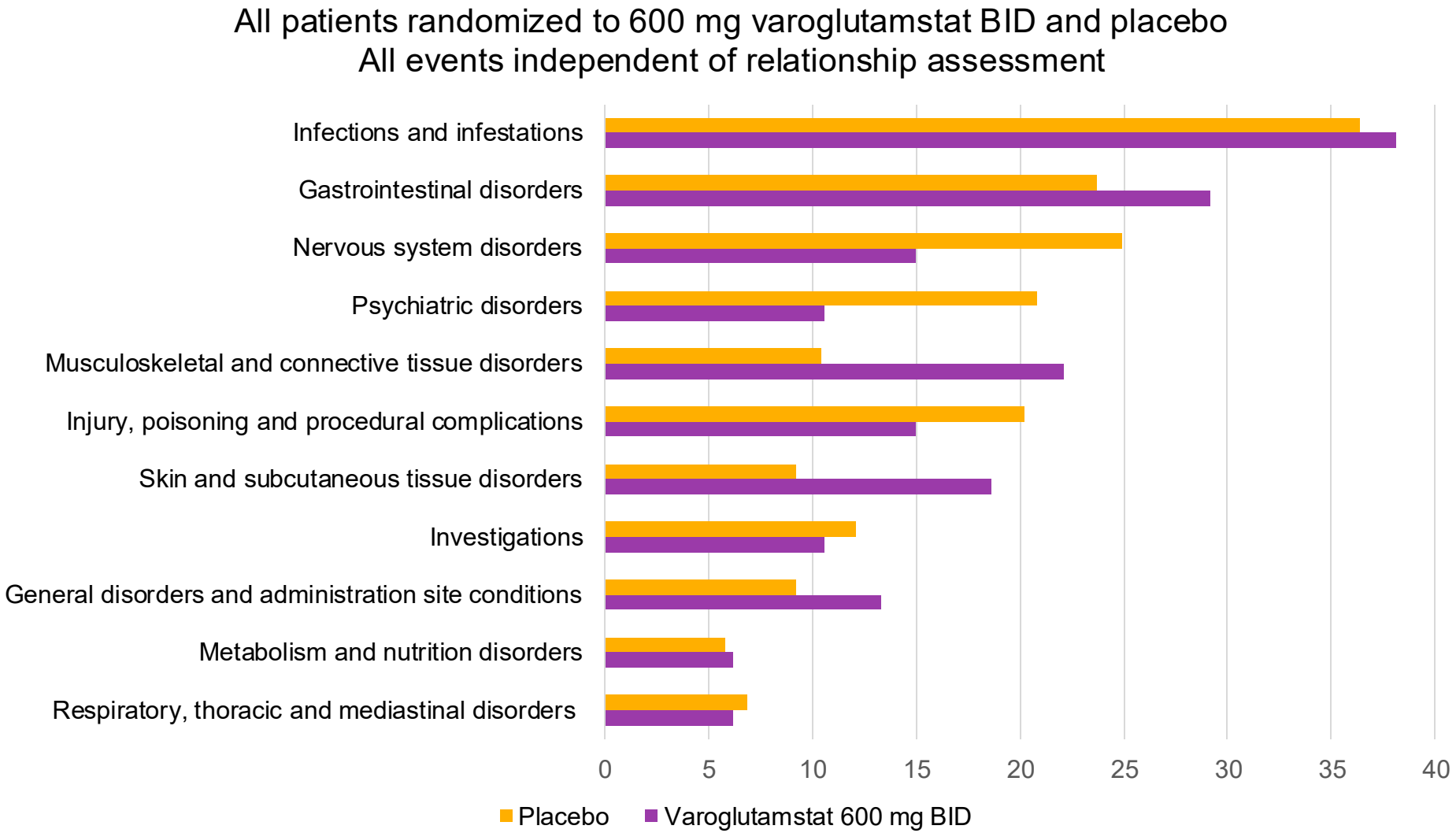
- Phase 1 study: large trial with 205 subjects
- Human ADME / mass balance study completed

Phase 2 double-blind, placebo-controlled

- Phase 2a study: 120 patients, 12 weeks
- VIVIAD Phase 2b study: 259 patients, avg. treatment duration ~80 weeks
- VIVA-MIND Phase 2 study: 109 patients treated, avg. treatment duration ~46 weeks

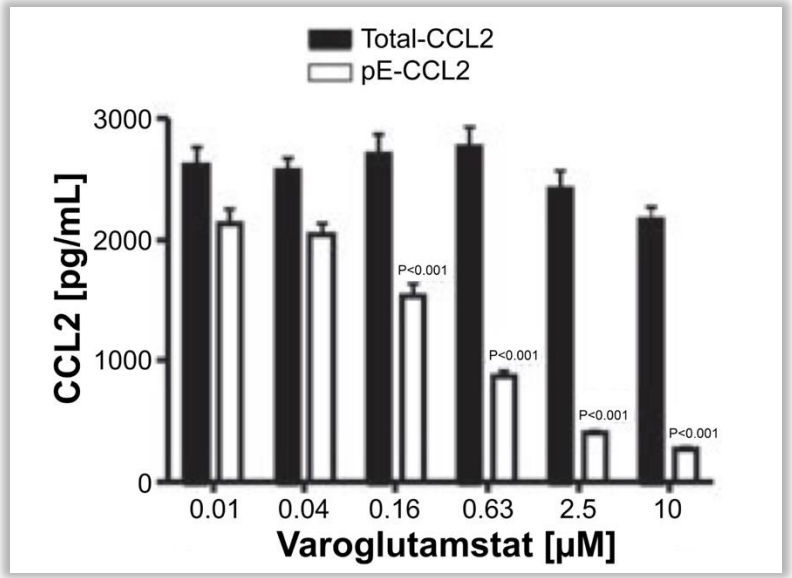
TEAE: Treatment Emergent Adverse Event; SAE: Serious Adverse Event

Pooled safety analysis VIVIAD and VIVA-MIND: TEAE by system organ class

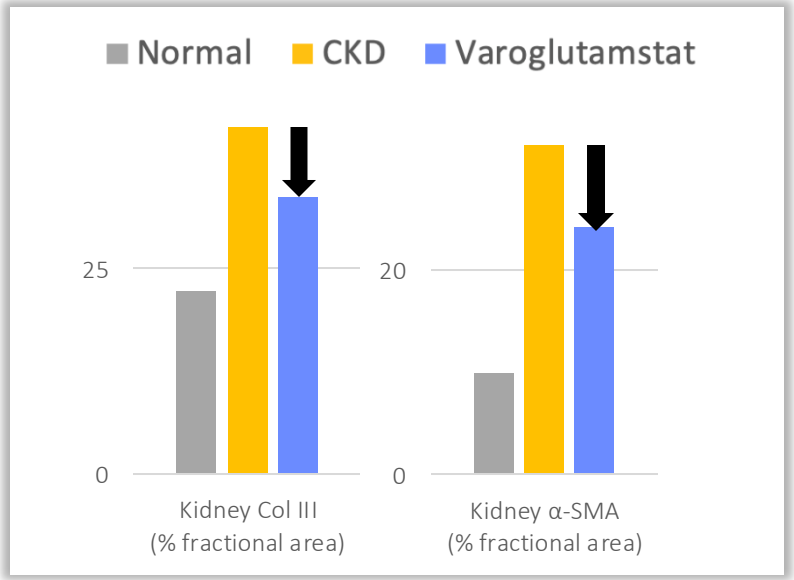


TEAE: Treatment Emergent Adverse Event; A 5% cut-off (aggregated) was applied.

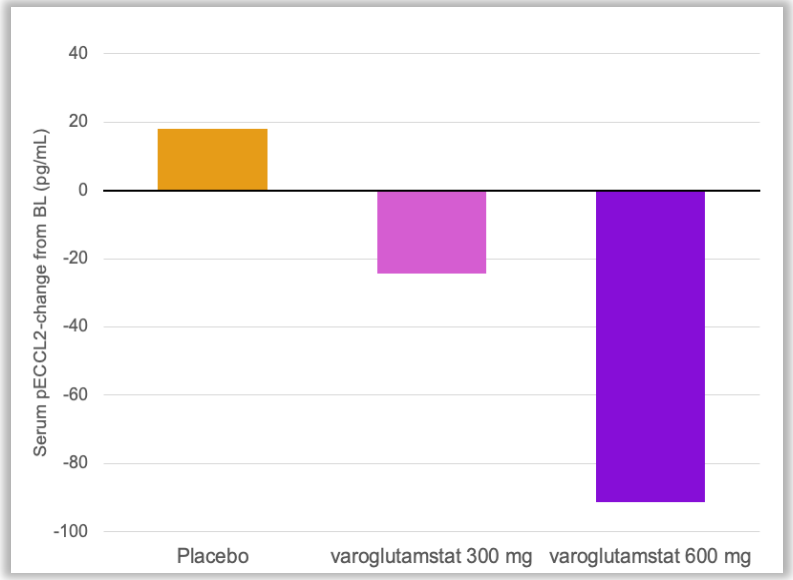
Robust evidence demonstrating inhibition of intracellular QPCTL decreases activity of pro-inflammatory cytokines and kidney fibrosis



Decrease of pE-CCL2 levels by QPCT/L inhibitor application. LPS-stimulation of RAW264.7 cells. Analysis of varoglutamstat effect on total-CCL2 and pE-CCL2.



Histological changes show improvement of kidney Col-III and α-SMA. Adenine-induced mouse model of CKD.



Median reduction in pE-CCL2 levels compared to baseline with varoglutamstat. VIVIAD, total population, at week 48.

Company data, and adapted from Cynis et al., Int. J Exp Path, 2013

Varoglutamstat: Potential to become a convenient new oral therapy to transform the treatment of kidney disease

Medical Need

Therapies that can stabilize or improve kidney function for majority of patients

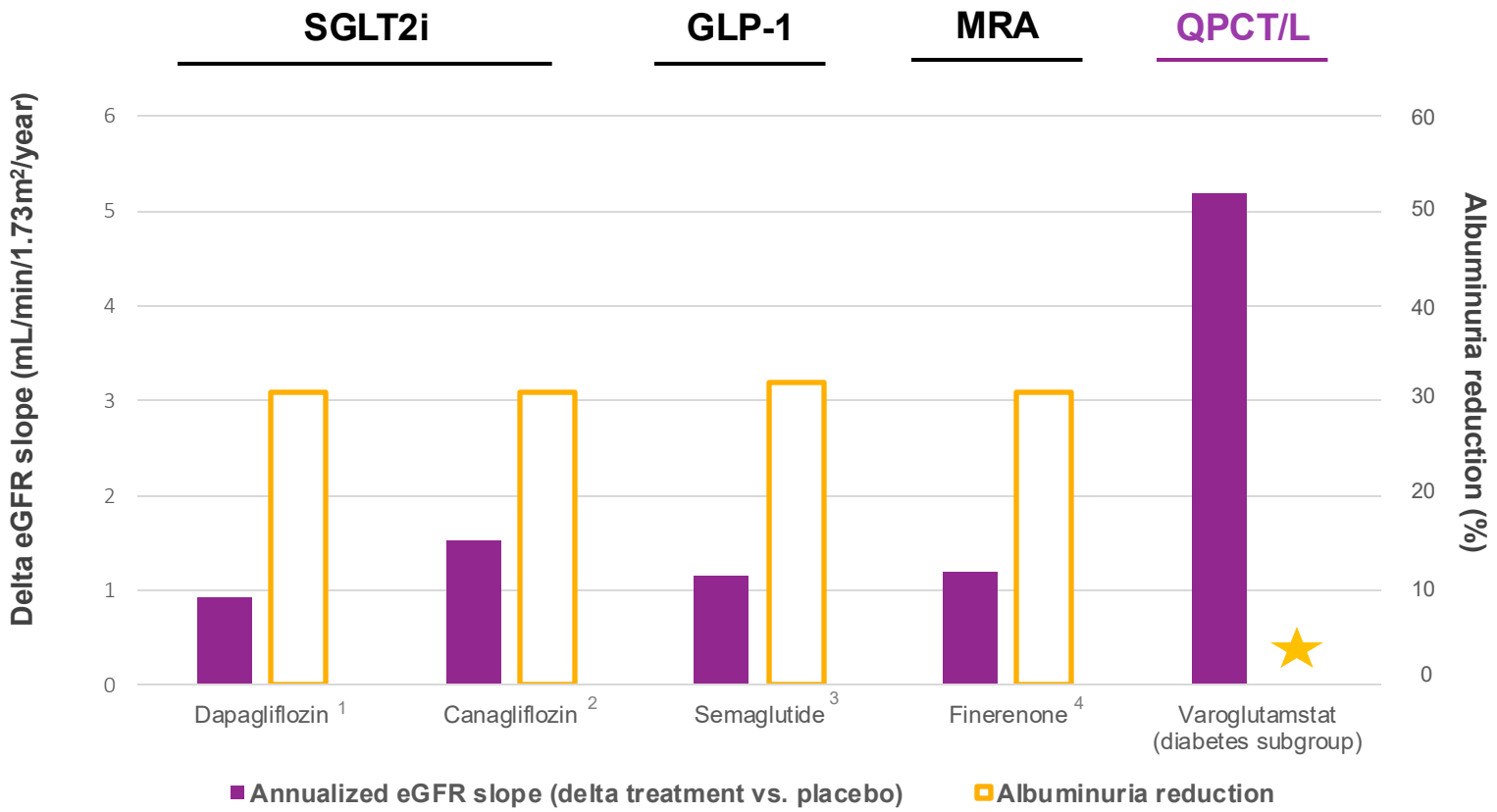
Opportunity

Varoglutamstat is a first-in-class **single agent** oral compound that has been shown to **stabilize and partially recover** kidney function

- Clear development path to market
- Future program based on robust available data
  - ✓ Statistically significant and clinically meaningful improvement in eGFR
  - ✓ Effects observed in two independent Phase 2 studies
  - ✓ Substantially larger effect size in participants with diabetes
  - ✓ Excellent safety profile consistent across two years of study duration
  - ✓ Highly synergistic effect on top of current DKD SoC
  - ✓ Planned Phase 2b in DKD stage 3b/4 to evaluate effect in target population[1]

[1] *Subject to funding / partnership; DKD: Diabetic kidney disease; SoC: standard of care*

Effect size substantially higher than observed with current standard of care (SGLT2i / GLP-1)

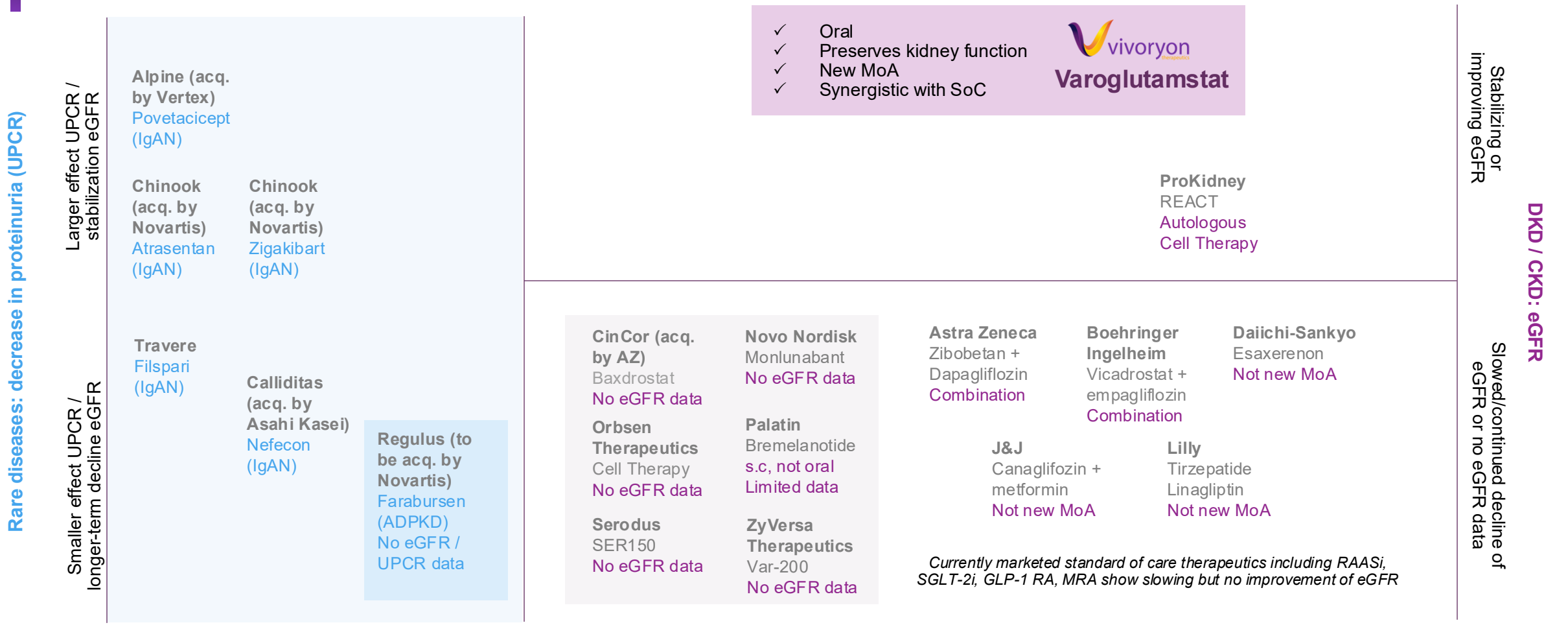


★ Conducted qualitative assessment, no increase in albuminuria observed; analysis of albuminuria planned for next Phase 2b study

Note: data comparisons are for illustrative purposes and not from head-head-studies or comparable patient populations, timelines or methods; Data for varoglutamstat is from pooled slope analysis for VIVIAD / VIVA-MIND Phase 2 study, diabetes subgroup; SGLT2 – sodium glucose cotransporter-2 inhibitor class; GLP-1 Glucagon-like peptide class; MRA: mineralocorticoid receptor antagonist; QPCT/L – varoglutamstat inhibits the glutaminyl cyclases QPCT and QPCTL; eGFR: estimated glomerular filtration rate;

[1] Heerspink et al. N Engl J Med, 2020; [2] Perkovic et al., N Engl J Med, 2019;[3] Perkovic et al., N Engl J Med, 2024; [4] Bakris et al., N Engl J Med, 2020

Varoglutamstat's ability to stabilize and partially recover kidney function sets it apart in the kidney space and supports its potential to transform disease outcomes

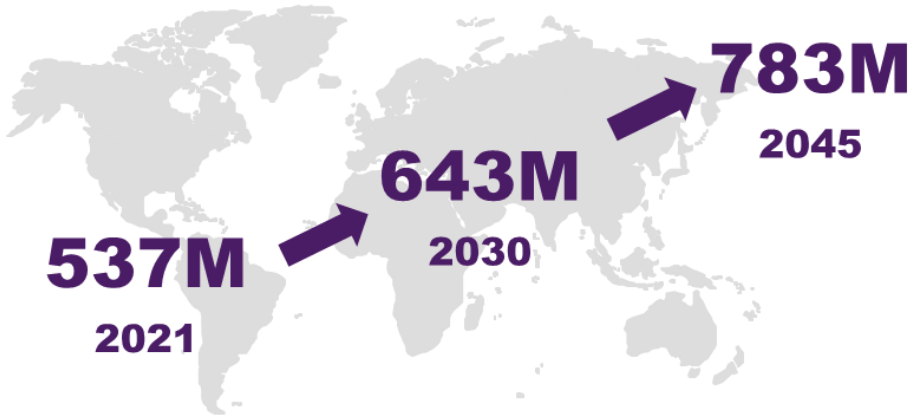


eGFR: estimated glomerular filtration rate; The above graphic includes select development / marketed drug candidates in the rare and CKD/DKD space and is for representation purposes only; data comparisons are for illustrative purposes and not from head-head-studies or comparable patient populations, timelines or methods; IgAN: IgA Nephropathy; ADPKD: autosomal dominant polycystic kidney disease; acq: acquisition / to be acquired by.

Initial target market represents an attractive patient opportunity with potential label expansion to earlier stages of DKD / CKD

Diabetes is a significant and growing global challenge

(adults aged 20-79 years with diabetes, worldwide)[1]

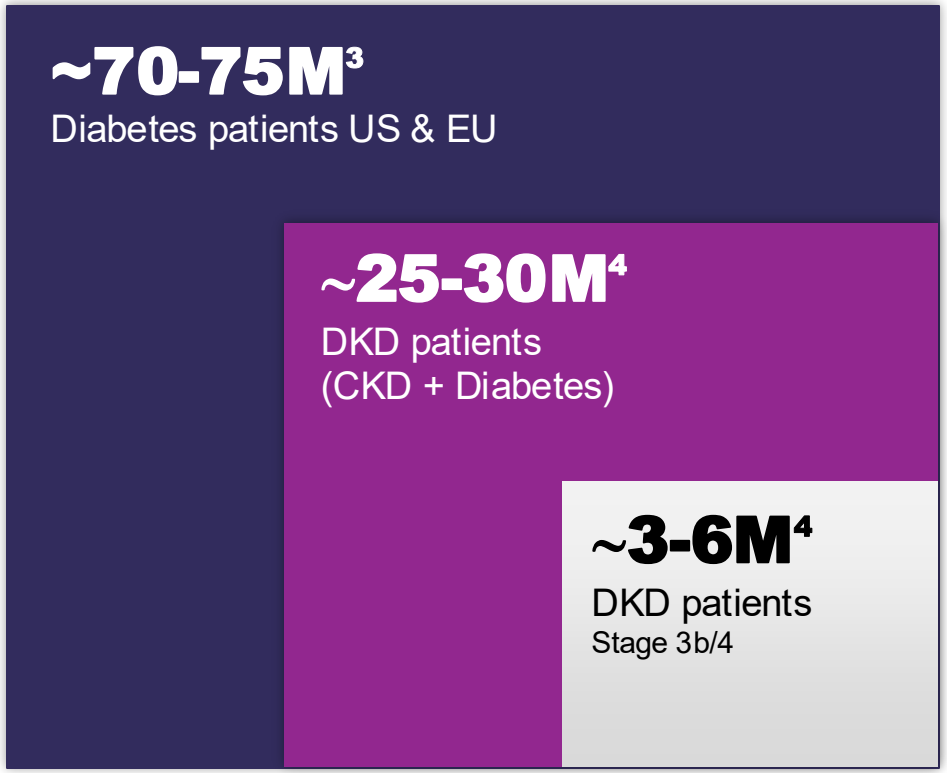


~40%

of people with diabetes may develop diabetic kidney disease (DKD)[2]

1 in 10

people with diabetes may end up with end-stage kidney disease[2]



Total prevalent population

[1]International Diabetes Federation (IDF) Atlas 2021; [2]Qazi et al., EMJ Nephrol, 2022; [3]CDC National Diabetes Statistics Report 2024; Eurostat 2017; CDC Chronic Kidney Disease in the United States, 2023; Brück et al., J Am Soc Nephrol, 2015; Sundström et al., The Lancet, Regional Health Europe, 2022; [4]Prevalent population assumptions based on internal analyses using a combination of public sources and management estimates, including Wu et al., BMJ Open Diabetes Research and Care, 2016; Feng et al., Kidney Med, 2022, CDC Kidney Disease Surveillance System (NHANES); This information may prove to be inaccurate because this information cannot always be verified with complete certainty due to the limits on the availability and reliability of raw data, the voluntary nature of the data gathering process and other limitations and uncertainties.

New Study: Efficient study design to confirm the treatment effect in patients with advanced DKD[1]

Primary Goal	◆ Aiming to confirm the efficacy of varoglutamstat 600mg BID on eGFR in people with advanced diabetic kidney disease in an efficient and timely manner
Key Metrics and Considerations	◆ Double-blind randomized placebo-controlled multi-center study ◆ Patients with T2DM with stage 3b/4 CKD on top of SoC incl. SGLT2-i ◆ Adequately powered for meaningful data readout ◆ No. of patients: ~100 – 150 ◆ Topline data ~24 months; design could include interim analysis at ~15 months to give earlier proof-of-concept[2] ◆ Typical trial cost approx. €12 -18m - dependent on patient number

[1] Draft trial considerations as part of scenario planning; study start and final trial design subject to additional financing / partnership; [2] timelines refer to from study start.
BID: twice daily; T2DM: type 2 diabetes mellitus; CKD: Chronic Kidney Disease; SoC: standard of care; SGLT2-i: sodium-glucose cotransporter-2 inhibitor

Pipeline focused on kidney disorders and inflammatory/fibrotic diseases

	Program	Approach	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	Status
Inflammatory/fibrosis incl. kidney	DKD (Varoglutamstat/PQ912)	SMI QPCT/L		*POC in VIVIAD & VIVA-MIND results*				Preparing for Phase 2b DKD study
	Kidney orphan diseases (Varoglutamstat/PQ912)	SMI QPCT/L			Pre-IND			Pre-clinical orphan disease models
	Kidney disorders, fibrotic/inflammatory (VY2149)	SMI QPCT/L			Pre-IND			
	Fibrotic indications (NCE)	SMI Meprin			Research program			
Alzheimer's disease	Varoglutamstat (PQ912)	SMI QPCT/L						AD program: discontinued after negative topline data March 2024 (VIVIAD) & December 2024 (VIVA-MIND)
	Varoglutamstat (SIM0408, PQ912)	SMI QPCT/L		*CTA approval in China*				Partnered with Simcere in Greater China; under evaluation
	PBD-C06	mAb N3pE amyloid			Pre-IND			Partnered with Simcere in Greater China; under evaluation

DKD: diabetic kidney disease; SMI: small molecule inhibitor; IND: investigational new drug; NCE: novel chemical entity; CTA: Clinical Trial Application; mAb: monoclonal antibody

QPCTL inhibitors have a large market potential: Development opportunities across a range of diseases driven by underlying inflammation / fibrosis

DKD / CKD / earlier stages

Replication of a sustained improvement of kidney function in two independent Phase 2 studies[1]

Initial focus on stage 3b/4 DKD given high unmet need and large effect in diabetes subgroup

Opportunity to expand market potential by moving into earlier and later stage DKD / CKD

Rare kidney diseases

e.g. Alport / Fabry disease

Novel mode of action, effect on inflammatory markers and observed effect on kidney function holds promise for QPCTL inhibitors in certain rare diseases

Disorders progressing through inflammation & fibrosis

e.g. NAFLD

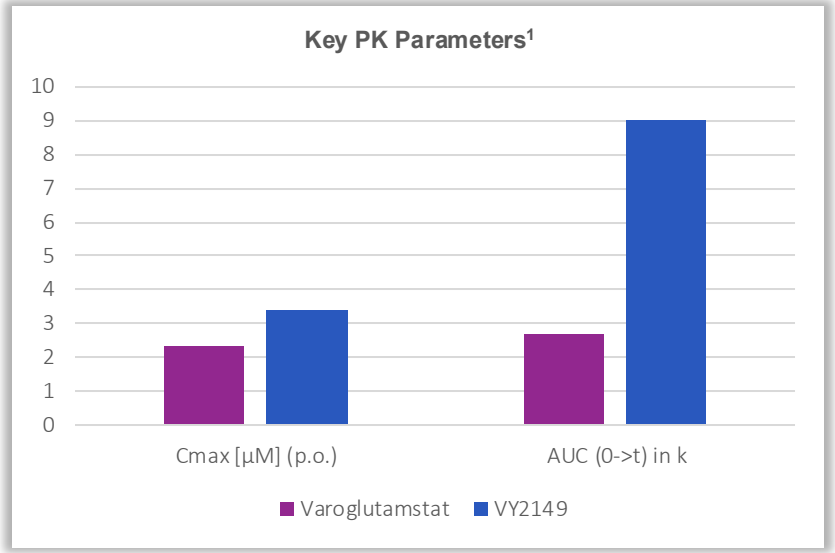
NAFLD is the most prevalent form of liver disease which may advance to metabolic dysfunction-associated steatohepatitis ("MASH") and cirrhosis

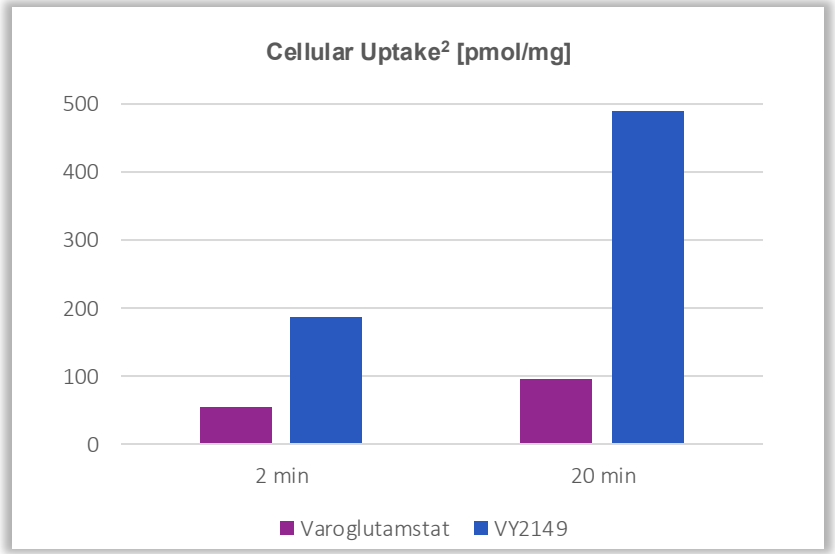
In vivo proof of concept in NAFLD mice[2]

[1] VIVIAD and VIVA-MIND Phase 2 studies in early Alzheimer's disease (AD) included prospectively defined measures of kidney function as safety and other exploratory endpoints, the primary and secondary endpoints in early AD were not met; [2] Cynis et al., 2013

New development compound VY2149 shows improved cellular uptake, PK profile and superior outcomes in kidney animal studies

- Higher intracellular QPCTL inhibition translates to better activity, lower doses and the opportunity for once daily dosing
- Pre-clinical stage follow-on candidate VY2149, has shown improved molecular properties including
  - Improved peak concentration (Cmax) of VY2149 compared to varoglutamstat at comparable bioavailability upon oral dosing
  - Markedly increased overall drug exposure (AUC)
  - Significantly higher passive uptake into cells
- Assessment of once daily dosing for VY2149 in an animal model has shown strong effects on eGFR, creatinine, cystatin C levels and α-SMA levels and collagens

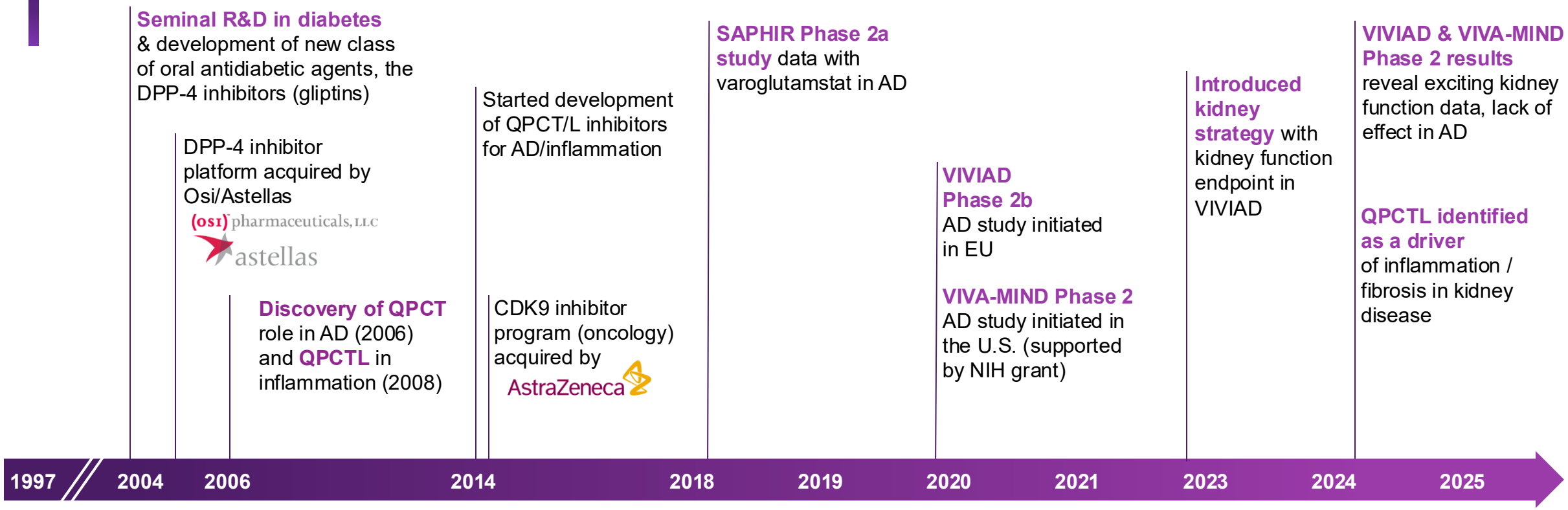




[1] *Single low dose (10mg/kg); p.o.= oral; PK = pharmacokinetics); AUC = Area under the curve; Cmax = peak concentration*

[2] *Passive uptake into HEK293 cells incubated for 2 vs. 20 min with 1 µM compound in medium (37°C); reported as pmol/mg protein of a reference protein.*

Vivoryon: A history of groundbreaking discoveries and developments

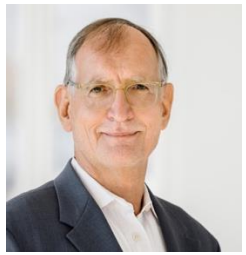


AD: Alzheimer's disease

A trusted company: Senior management team with a strong track record

Management

Frank Weber, MD
Chief Executive Officer



InterMune · Merck · ZBiotech Zambon Biotech

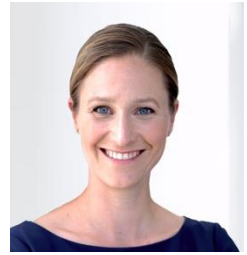
Anne Doering, CFA
Chief Financial Officer

BioNTech · Merck · Franklin Templeton

Michael Schaeffer, PhD
Chief Business Officer

sirion · crelux a WuXi AppTec company · crenano

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

Decades of collective experience in biopharma industry, e.g.:

First approved drug in pulmonary fibrosis

Successful development of biomarker driven oncology & diabetes programs

M&A and business development **expertise** from transactions with large biopharma

Know-how in life science research & development, biophysical and structure-based drug discovery

Strong financial, capital markets and legal **experience**

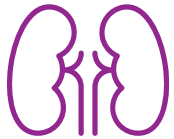
Vivoryon: Poised to improve kidney health with varoglutamstat's novel mechanism of action and breakthrough clinical trial results

Addressing unmet needs in areas of high commercial potential

Mission is to improve **kidney health** and ultimately reduce rate of transplant / dialysis in **DKD/CKD/other** potential indications

Unique oral asset with MOA targeting inflammation

Developed first in class oral **QPCTL inhibitor;** only one in clinic to show **improvement in kidney function** in elderly population[1]



Compelling Phase 2 results replicated in two independent studies

Unprecedently large and **sustainable improvement** in kidney function, especially in 'diabetes' subgroup; **large long-term safety data base**

Actionable, risk-contained plan for Phase 2b trial in DKD[2]

Next steps in target population founded on statistical insights from **robust, long-term Phase 2 data**

Extensive intellectual property portfolio[3]; pipeline of additional early-stage QPCTL inhibitors; experienced management team with track record in inflammation and business development

[1] VIVIAD and VIVA-MIND Phase 2 studies in early Alzheimer's disease (AD) included prospectively defined measures of kidney function as safety and other exploratory endpoints, the primary and secondary endpoints in early AD were not met; [2] Subject to funding / partnership; [3] Composition of matter patent protection expected to 2044+ with additional potential for Hatch-Waxman extension of up to 5 years

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