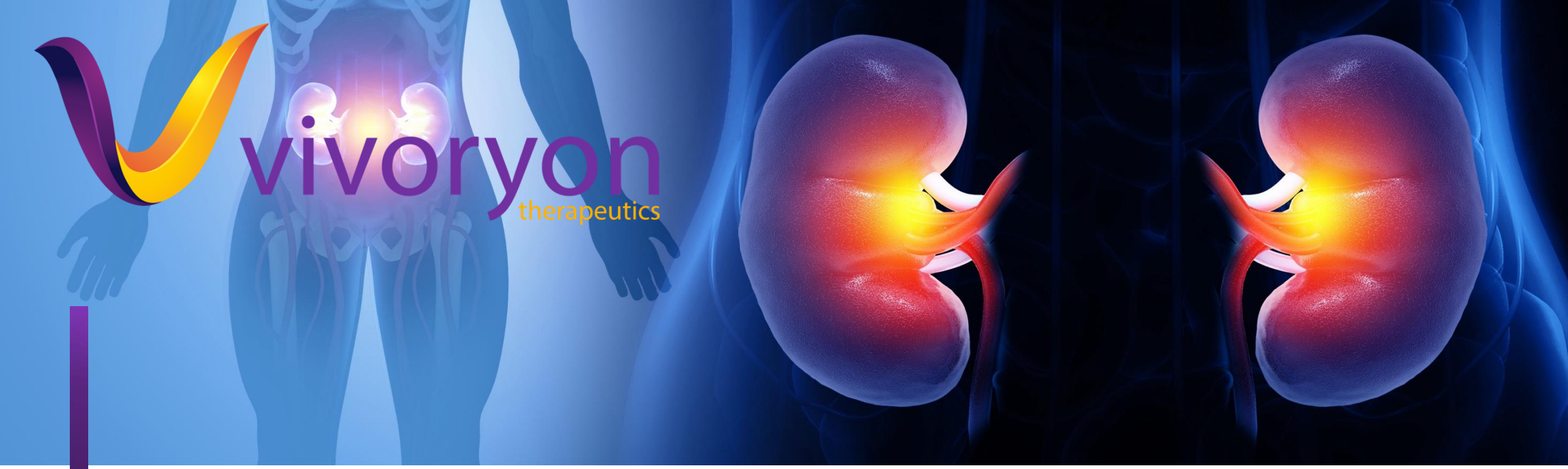

Q3 Financial Results and Business Update Webcast and Conference Call

December 4, 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.

Agenda

Recent Key Achievements

Julia Neugebauer, PhD
Chief Operating Officer

Advancing Strategic Priorities

Frank Weber, MD
Chief Executive Officer

Financial Results

Marcus Irsfeld
*Chief Financial Officer**

Q&A

Frank Weber, MD
Chief Executive Officer

Julia Neugebauer, PhD
Chief Operating Officer

Michael Schaeffer, PhD
Chief Business Officer

Marcus Irsfeld
*Chief Financial Officer**

* *Succeeding Anne Doering, who will be stepping down in December 2025*

Recent Key Achievements

Julia Neugebauer, PhD
COO

Continuing to build robust body of evidence for varoglutamstat in kidney disease and beyond

Lead Program

- Compelling kidney function & biomarker data presented for varoglutamstat at ASN 2025, the world's premier nephrology meeting
- New Ph 2 analysis of pooled data in patients with impaired kidney function (lower baseline eGFR) revealed pronounced treatment effect – supports move into Ph 2b study in DKD

Pipeline

- Renewed interest in proprietary QPCT/L inhibitors in various indications beyond kidney disease

Corporate Updates

- Successful EUR 5.1 million private placement provides flexibility and cash runway to realize strategic partnership
- Strong interest from broadened range of biopharma companies and strategic investors; negotiations ongoing
- Anne Doering to step down as Vivoryon's CFO in December 2025, following a temporary partial leave of absence; Marcus Irsfeld to assume CFO position

DKD: Diabetic kidney disease

Advancing Strategic Priorities

Frank Weber, MD
CEO

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

Current landscape

- **Treatments** for CKD/DKD have advanced with recent reports of increased evidence towards disease stabilization
- Approved therapies **still do not halt or reverse kidney function impairment**

Medical Need

- **Novel, convenient therapies** are needed that can **stabilize or improve kidney function** with the aim of **stopping progression** to kidney failure / end-stage kidney disease

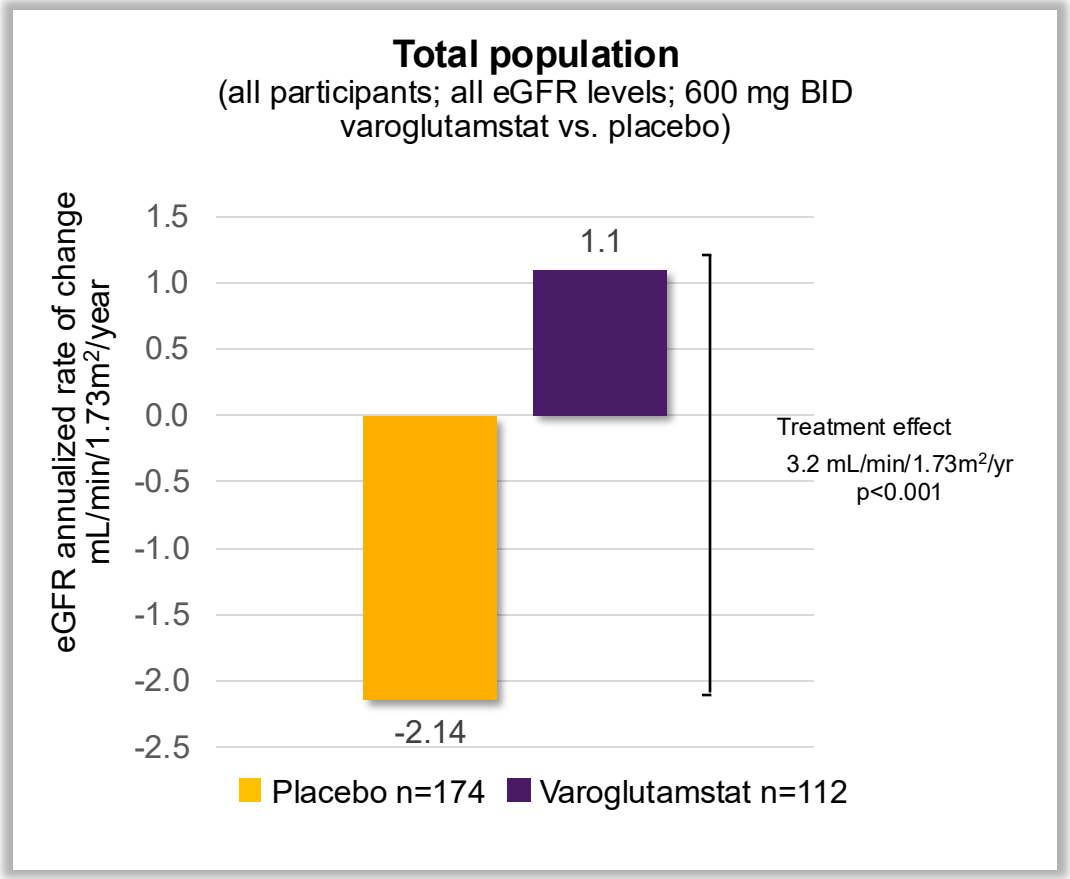
Opportunity

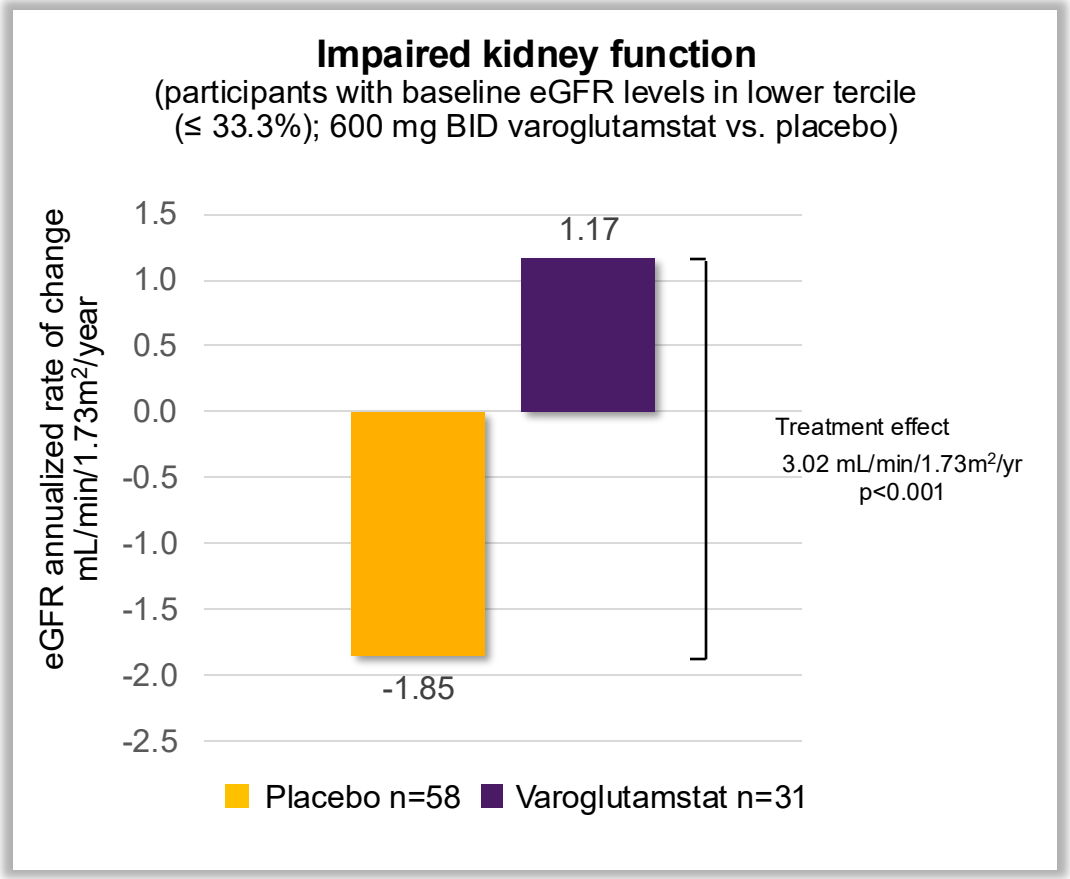
- **Varoglutamstat** is a novel, first-in-class **oral compound** that has been shown to **stabilize and partially recover** kidney function[1]
- New analysis of Ph 2 data in **patients with impaired kidney function** shows consistent, **pronounced treatment effect**

[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*

New analysis from Phase 2 program showed consistent and pronounced treatment effect in patients with impaired kidney function (low baseline eGFR)

Effect size fully maintained in patients with impaired kidney function (baseline eGFR lower 33%), consistent with results for all participants in the total population

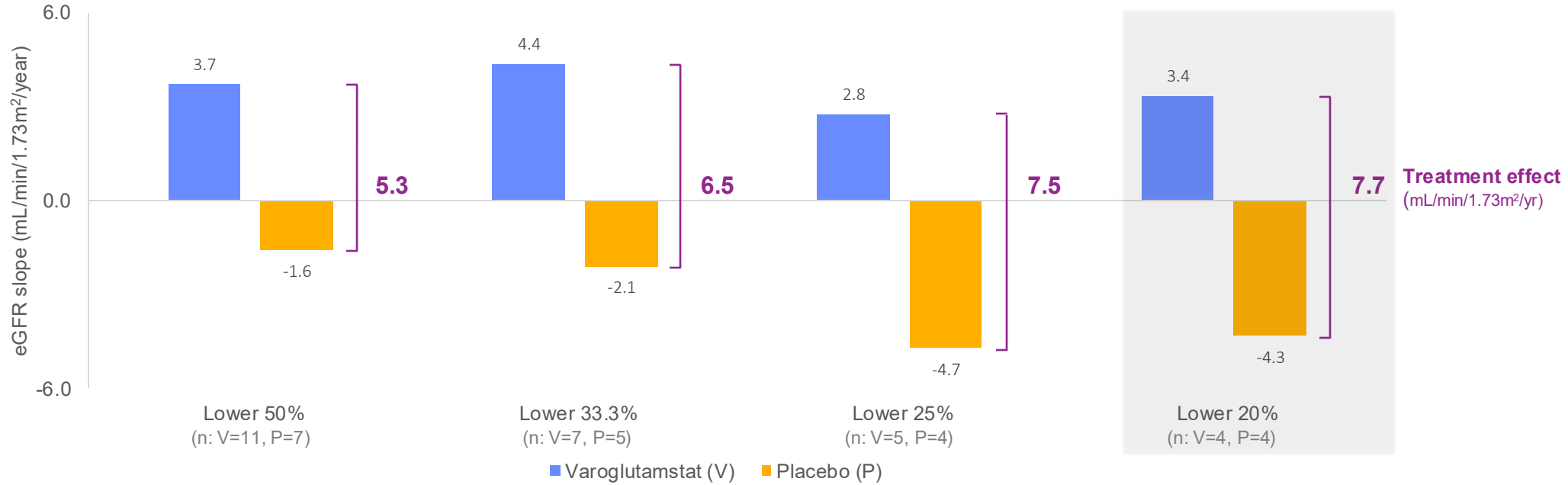




*eGFR = estimated glomerular filtration rate based on creatinine and calculated using modification of diet in renal disease (MDRD) method. Random coefficients analysis (slope) based on pooled clinical data from the VIVIAD and VIVA-MIND studies. * ≤ 33.3% centile, corresponds to ≤ 72 mL/min/1.73m², mean at baseline 62.8 mL/min/1.73m²; number of patients at week 12*

Varoglutamstat showed consistent and strong improvement of eGFR in patients with lower baseline eGFR values and diabetes

Participants with diabetes & reduced kidney function
(baseline eGFR levels in lower percentiles within the diabetes subgroup*;
Treatment effect (annualized rate of change in eGFR / eGFR slope) 600 mg BID varoglutamstat vs. placebo)



eGFR slope (mL/min/1.73m²/year): Random coefficients and MMRM calculations on pooled data from VIVIAD and VIVA-MIND in diabetic patients in the lower percentile.
**Diabetes subgroup defined as patients having at baseline either medical history of diabetes (type 1 or 2, and glucose tolerance impaired, hyperglycaemia) and/or comedication with drugs used in diabetes and/or untreated with a HbA1c > 6.5%; table data rounded to one decimal place; number of patients in the varoglutamstat treatment group (V) or the placebo group (P) at week 12*

Development opportunities for QPCT/L inhibitors range across many immune-mediated diseases characterized by inflammation and fibrosis

Broad potential for QPCT/L inhibitors: Multiple avenues to value generation

Leveraging proprietary QPCT/L platform and core expertise
to generate additional development and partnership opportunities

Primary focus

Diabetic kidney disease

Varoglutamstat shown to effectively reduce inflammation and fibrosis and to stabilize/ partially recover kidney function:

- **Diabetic kidney disease** (DKD, Phase 2b planned)[1]

Near-term opportunities

Rare kidney diseases

MoA and preclinical evidence provide strong rationale for exploring QPCT/L inhibitors beyond DKD, e.g.:

- **Fabry disease** (initial podocyte data)
- **Alport disease**
- **FSGS**
- **Cystic kidney diseases** (e.g. ADPKD)

Mid-term opportunities

Other immune-mediated diseases

Strong evidence for benefit of QPCT/L inhibitors on inflammation and fibrosis supports expansion into other organ systems, e.g.:

- **MASH / MASLD** (STAM mouse model: anti-inflammatory and anti-fibrotic effects)[2]
- **Cardiovascular diseases** (cuff-induced accelerated atherosclerosis in ApoE3*Leiden mice: reduction of cholesterol, pE-CCL2, infiltrated monocytes and neointima formation)[3]
- **IBD** (mouse model: ameliorated DSS-induced colitis symptoms)[4]
- **Septic arthritis** (Staph. aureus-induced mouse model: alleviated development and progression of experimental septic arthritis)[5]
- **MS** (MOG-induced EAE mouse model: protective effect against the development of EAE)[4]

[1] Subject to funding / partnership; [2] Cynis et al. 2013; [3] Cynis et al., 2011; [4] unpublished data; [5] Hellvard et al., 2013;
FSGS: Focal segmental glomerulosclerosis; MASH: Metabolic dysfunction-associated steatohepatitis;
MASLD: Metabolic dysfunction-associated steatotic liver disease; IBD: inflammatory bowel disease; MS: multiple sclerosis

Financial Results

Marcus Irsfeld
CFO

Key financial figures

In €k	Nine months ended Sep 30, 2025	Nine months ended Sep 30, 2024
Revenue	0	0
Research & Development expenses	(3,667)	(12,582)
General & Administrative expenses	(4,005)	(4,897)
Net loss for the period	(7,622)	(17,143)

In €k	Sep 30, 2025	Dec 31, 2024
Cash & cash equivalents	2,529	9,365

Key Financials

- In October, the Company successfully completed a private placement of new ordinary shares in the amount of EUR 5.1 million (not included in cash & cash equivalents above)[1]
- Including proceeds from private placement, cash runway now well into Q3 2026
- Actively pursing strategic financing / partnership opportunities

[1] *As a consequence, including the additional 3,380,500 new ordinary shares issued, the Company's number of shares outstanding increased to 29,614,337*

Summary

Vivoryon's approach and expertise positions company for future growth and supports development of innovative oral therapies for kidney disease and beyond

High medical need in kidney disease

- **No approved therapies available that can stabilize kidney function** long-term
- **Sizable population** in major markets US, EU and globally
- **Exciting therapeutic space** with strong interest from biopharma companies and strategic investors

Varoglutamstat poised to address unmet needs

- **First-in-class** QPCT/L inhibitor with **convenient oral administration**; CoM **patent until at least 2044**
- **Large unprecedented treatment effect** and excellent tolerability profile in Ph 2 studies in elderly patients[1]
- New analysis shows consistent, **pronounced effect in patients with impaired kidney function**

Broad potential for QPCT/L inhibitors

- **Planned Ph 2b in DKD stage 3b/4** to evaluate varoglutamstat in target population[2]
- **Renewed interest** in proprietary QPCT/L inhibitors beyond kidney
- **Continued active engagement** with medical, investor and biopharma communities

[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; [2] Subject to funding / partnership; CoM composition of matter patent

Q&A

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