



MetaVia

MetaVia Inc.
*Transforming
Cardiometabolic
Diseases*

Investor Presentation
May 2026

Nasdaq: MTVA
www.metaviatx.com



Forward-Looking Statements

This presentation includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements include all statements that do not relate solely to historical or current facts and can be identified by the use of words such as “believes”, “expects”, “anticipates”, “may”, “will”, “should”, “seeks”, “approximately”, “intends”, “projects”, “plans”, “estimates” or the negative of these words or other comparable terminology (as well as other words or expressions referencing future events, conditions or circumstances). Forward-looking statements are predictions, projections and other statements about future events that are based on current expectations and assumptions and, as a result, are subject to risks and uncertainties. These forward-looking statements include, but are not limited to, statements regarding the market size and potential growth opportunities of our current product candidates; the safety, efficacy, tolerability and other potential benefits, such as weight loss, associated with our current product candidates; the competitive differentiators of our current product candidates; our planned clinical trial activities for our current product candidates; and the expected timeline for topline data release dates. Many factors could cause actual future events to differ materially from the forward-looking statements in this presentation, including, without limitation, those risks associated our history of net losses, the sufficiency of our existing cash on hand to fund operations and raising additional capital; adverse global economic conditions; our ability to execute on our commercial strategy; the timeline for regulatory submissions; the ability to obtain regulatory approval through the development steps of our current and future product candidates; the ability to realize the benefits of the license agreement with Dong-A ST Co. Ltd. (the "License Agreement"), including the impact on our future financial and operating results; the cooperation of our contract manufacturers, clinical study partners and others involved in the development of our current and future product candidates; potential negative interactions between our product candidates and any other products with which they are combined for treatment; our ability to initiate and complete clinical trials on a timely basis; our ability to recruit subjects for its clinical trials; whether we receive results from our clinical trials that are consistent with the results of pre-clinical and previous clinical trials; impact of costs related to the License Agreement, known and unknown, including costs of any litigation or regulatory actions relating to the License Agreement; the effects of changes in applicable laws, regulations or Nasdaq listing rules; and the effects of changes to our stock price. These forward-looking statements are based on information currently available to us and our current plans or expectations and are subject to a number of known and unknown uncertainties, risks and other important factors that may cause our actual results, performance or achievements expressed or implied by the forward-looking statements. These and other important factors are described in detail in the “Risk Factors” section of our Annual Report on Form 10-K for the year ended December 31, 2025, and our other filings with the Securities and Exchange Commission.

While we may elect to update such forward-looking statements at some point in the future, except as required by law, we disclaim any obligation to do so, even if subsequent events cause our views to change. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. These forward-looking statements should not be relied upon as representing our views as of any date subsequent to this presentation.

This presentation also may contain estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.



Market Opportunity: Obesity and MASH

MetaVia is Positioned to Pursue Two *Fast-Growing, Multi-Billion Dollar Markets*

- **Obesity: A Massive Global Therapeutic Market**
 - **650M+ adults worldwide** are clinically obese
 - Market expected to grow from ~\$10B today to **\$80B–\$130B+ annually by 2030**
- **MASH: Emerging Multi-Billion Dollar Category**
 - An estimated **5–6% of adults globally** may have MASH, especially in obesity & diabetes populations
 - Until recently, **no approved drug therapies**
 - Analysts forecast a **\$20B–\$35B+** annual market as treatments enter the clinic and gain coverage
 - **Combination therapies** expected to be standard, increasing lifetime value per patient



Clinical Stage Biotech Focused on Cardiometabolic Diseases

Targeting **Obesity and MASH** with a Pipeline of **Next Generation Therapeutics**

- **DA-1726:**

- ✓ Potential **best-in-class profile** for weight loss, glucose control, direct liver benefit and safety shown in Phase 1 studies
 - At 48 mg (no titration) (at Day 54) **-9.1% weight loss, -3.8-inch reduction in waist, -0.22 HbA1c, and -23.7% liver stiffness (VCTE), mostly mild to moderate side effects**
- ✓ **Well-tolerated at 48 mg**; now optimizing tolerability with planned **stepwise titration up to 64 mg**
 - Part 3a (One-step): 16 mg (4 weeks) → 48 mg (12 weeks)
 - Part 3b (Two-step): 16 mg (4 weeks) → 32 mg (4 weeks) → 64 mg (8 weeks)
- Data expected by YE 2026

- **Vanoglipel (DA-1241)**

- ✓ Phase 2a in presumed MASH **met primary endpoint** and demonstrated **direct liver benefit**
- ✓ **Significant HbA1c reductions** at 100 mg vs placebo at Week 16
- Additional exploratory endpoints including MRI-PDFF to be presented at major medical conferences
- Actively seeking **combination/licensing partner**

Strong Leadership Team



Executive Management



Hyung Heon Kim, Chief Executive Officer

- 20+ years of experience in M&A, financing and corporate governance
- 10+ years of licensing, M&A and compliance with Dong-A Group
- Former General Counsel/SVP at Dong-A ST and Dong-A Socio Group
- BA Soonghsil University, JD Washington University School of Law



Marshall H. Woodworth, Chief Financial Officer

- 35+ years of financial experience
- 20+ years working with life science investors and analysts
- CFO of Nevakar Inc., Braeburn Pharmaceuticals Inc., Aerocrine AB and Furiex Pharmaceuticals Inc.
- BS University of Maryland, MBA Indiana University

Non-Executive Management



Mi-Kyung Kim, Ph.D., RPh, Chief Scientific Officer

- 25+ years in drug discovery research at Dong-A ST
- Specialized in diabetes, obesity, MASH, immune-mediated diseases
- Ph.D., RPh, College of Pharmacy, Ewha Womans University



Chris Fang, MD, Advisor/Consulting Chief Medical Officer

- 20+ years of experience in clinical development, R&D and medical affairs
- Career focused on obesity, MASH, diabetes and other indications
- Held key roles at Eli Lilly, IQVIA, Acer Health and Johnson & Johnson
- BA UCLA, Master of Health Science John Hopkins, MD Cornell, MBA Wharton



Robert Homolka, SVP Clinical Operations

- 35+ years in pharmaceutical and biotech development
- Sr. director of clinical operations in Adiso Therapeutics
- Director of clinical operations at Shire/Takeda pharmaceuticals
- Director of experimental trial management at AstraZeneca



Multiple Near-Term Catalysts to Drive Shareholder Value

	2025	2026	2027		
DA-1726 Obese Otherwise Healthy	√ Q2/Q3 2025 Phase 1 Additional SAD/MAD Studies <i>To explore maximum tolerated dose</i>	√ Q4 2025 Phase 1 Additional SAD/MAD data	√ Q1 2026 Phase 1 Part 3 Initiation	Q4 2026 Phase 1 Part 3 Data Readout	1H 2027* Phase 2 Obesity Otherwise Healthy Study Initiation
Obese with MASH					1H 2027* Phase 2 Obesity MASH Study Initiation
Vanoglipel (DA-1241)		H1 2026 Meeting with FDA			

*These milestones assume regulatory and clinical success, which is not guaranteed

*Gray boxes are prospective future studies, the timing and occurrence of which are subject to various factors



MetaVia

DA-1726

A Novel **GLP1R/GCGR**
Dual Agonist for the
Treatment of **Obesity**



DA-1726: Mechanism of Action - Reduces Appetite & Boosts Burning of Calories



Dual-Acting Therapy Leveraging the GLP-1 and Glucagon Pathways (3:1 Ratio)

DA-1726 (Oxyntomodulin Analogue)

- Mimics a natural gut hormone released after meals

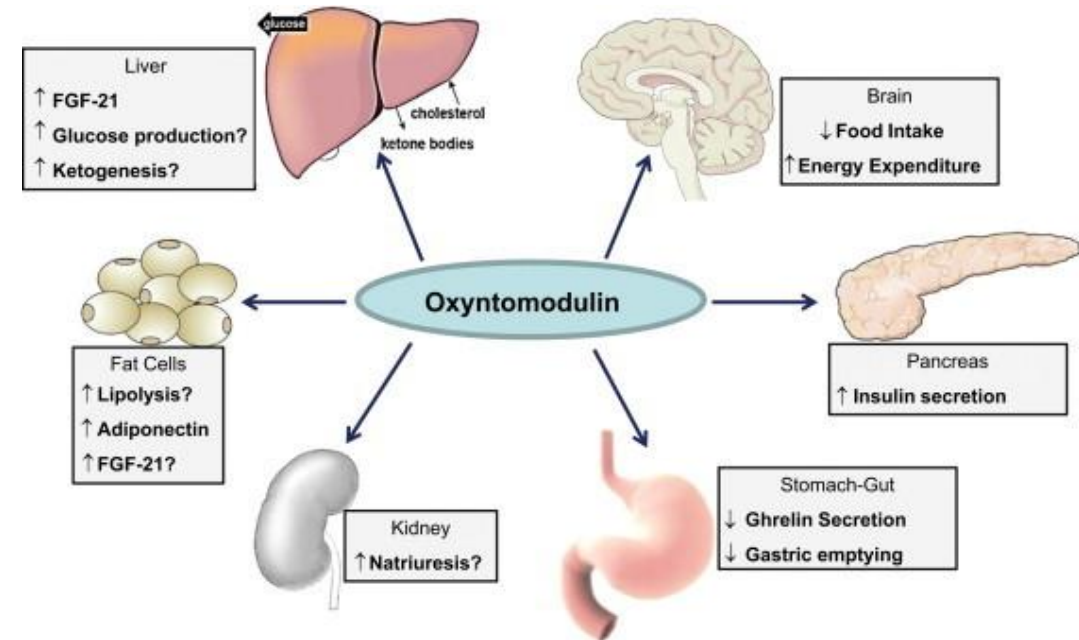
GLP-1 Receptor Activation (3x)

- Reduces appetite
- Decreases food intake

Glucagon Receptor Activation (1x)

- Increases energy expenditure
- Boosts calorie burning

Combined Effect: Superior Weight Loss Potential



Physiological effects of oxyntomodulin¹

GLP1R/GCGR: glucagon-like peptide 1 receptor/glucagon receptor); GLP-1:glucagon-like peptide 1

1. Pocai A. Mol Metab.2014;3:241-51.

Competitive Landscape – Efficacy



	DA-1726	Pemvidutide ¹	Mazdutide ²	Survodutide ³	Retatrutide ⁵
Developer	MetaVia	Altimune	Innovent/Lilly	Boehringer Ingelheim/Zealand	Lilly
Status	Phase 1	Phase 3 ready	Phase 2 in US	Phase 3	Phase 3
Action	GLP-1R/GCGR (3:1)	GLP-1R/GCGR (1:1)	GLP-1R/GCGR (Unknown)	GLP-1R/GCGR (8:1)	GLP-1/GCGR/GIP (1.3:1:29.7)
Administration	Once weekly injection	Once weekly injection	Once weekly injection	Once weekly injection	Once weekly injection
Current Titration	No titration in Phase 1	No titration in Phase 1	5 Step (1.5, 3, 6, 9, 12, 16mg)	7 Step (0.3, 0.6, 0.9, 1.2, 1.8, 2.4, 3.3, 4.2, 4.8mg)	3 Step (2, 4, 8, 12mg)
Body Weight Loss in Phase 1 MAD	Phase 1 8 weeks (Day 54) (no titration) 9.1% (48 mg)	Phase 1b 12 weeks (no titration) 10.3% (1.8mg) 9% (2.4mg)	Phase 2 48 weeks -22.3% Week 8: less than 5% Week 16: between 9~10%	Placebo adjusted Phase 2 46 weeks -16.7% Week 8: less than -6%	Phase 2 48 weeks -24.2% (12mg) Week 8: between 9~10%
Fasting Glucose (mg/dL)	-12.3 mg/dL HbA1c @ 8 weeks (Day 54) (48 mg)	-0.8 mg/dL @ 12 weeks (2.4mg)	Phase 2 48 weeks (obese Healthy, 16mg) -12.3 mg/dL, HbA1c -0.6% Week 8 glucose: nominal change from baseline	Phase 1 6 weeks did not show any treatment effect at any time point Max -8.7 mg/dL, @ day 107 (close to week 16)	Phase 2 48 weeks (Obese Healthy, 12mg) -10.6 mg/dL HbA1c -0.4%
Waist Circumference (cm)	-9.8 cm @ 8 weeks (Day 54) (48 mg)	-10.2cm @ 24 weeks (2.4mg)	Phase 2 48 weeks -16.6cm (16mg) Week 8: Less than 5cm (16mg)	Up to -16cm @ 46 weeks	Phase 2 48 week 12mg -19.6cm Week 8: less than 9cm

❖ **Data in the above table were gathered from publicly available company reports, scientific journals and posters. As each clinical study presented above vary in protocol design, study population, baseline characteristics, duration, titration scheme and dose levels, this table is not intended to provide direct comparison nor a result of head-to-head study. This is only to show potential trends not direct comparison.**

1. Company presentations, including, Stephen A. Harrison et al., 2022 EASL Conference, Pemvidutide (ALT-801), a novel GLP-1/glucagon dual receptor agonist, achieves rapid and potent reductions in body weight and liver fat: Results of a placebo controlled, double blinded, first-in-human (FIH) clinical trial
2. Company presentation, Stanley H. Hsia et al., Obesity Week 2025, Mazdutide (LY3305677) in Participants With Obesity or Overweight: A Phase 2 Dose-Finding Study
3. Arvid Jungnik et al., 2022, Wiley, DOI: 10.1111/dom.14948, Matthias Blüher et al., 2023, Diabetologia DOI: 10.1007/s00125-023-06053-9, Carel W le Roux et al., Lancet Diabetes Endocrinol 2024; 12: 162-73
4. Tamer Coskun et al., 2018, Molecular Metabolism 18, DOI: 10.1016/j.molmet.2018.09.009, Juan Pablo Frias et al., 2020, Wiley, DOI: 10.1111/dom.13979
5. Shweta Urva et al., Lancet 2022; 400: 1869-81, Ania M. Jastreboff et al., N Engl J Med 2023; 389:514-26

Competitive Landscape – Adverse Events



	DA-1726	Pemvidutide ¹	Mazdutide ²	Survodutide ³	Retatrutide ⁵
Developer	MetaVia	Altimune	Innovent/Lilly	Boehringer Ingelheim/Zealand	Lilly
Status	Phase 1	Phase 3 ready	Phase 2/3	Phase 3	Phase 3
Action	GLP-1R/GCGR (3:1)	GLP-1R/GCGR (1:1)	GLP-1R/GCGR (Unknown)	GLP-1R/GCGR (8:1)	GLP-1R/GCGR/GIP (1.3:1:29.7)
Administration	Once weekly injection	Once weekly injection	Once weekly injection	Once weekly injection	Once weekly injection
Current Titration	No titration in Phase 1	No titration in Phase 1	5 Step (1.5, 3, 6, 9, 12, 16mg)	7 Step (0.3, 0.6, 0.9, 1.2, 1.8, 2.4, 3.3, 4.2, 4.8mg)	3 Step (2, 4, 8, 12mg)
Adverse Events	<i>Phase 1 (48 mg) @ 8 weeks (Day 54)</i>	<i>Phase 1 MAD (2.4mg) @ 12 weeks</i>	<i>Phase 2 (16mg) @ 48 weeks 92.2% with at least 1 TEAE</i>	<i>Phase 2 @ 46 weeks 91% TEAEs</i>	<i>Phase 2 (12mg) @ 48 weeks 92% with any AEs</i>
	83.3% mild or moderate vomiting	72.8% mild or moderate vomiting	45.1% vomiting	24% vomiting	19% vomiting
	50% mild or moderate nausea	91% mild or moderate nausea	60.8% nausea	59% nausea	45% nausea
	0% constipation	18.2% constipation	35.3% Constipation	24% constipation	16% constipation
	16.7% mild diarrhea	18.2% diarrhea	25.5% diarrhea	17% diarrhea	15% diarrhea
Discontinuations Due to AEs	Phase 1 @ 8 weeks (Day 54) , no discontinuations	Phase 1 MAD @ 12 weeks, no discontinuations 19.6% @ 48 weeks	19.6% discontinuation 2 cases of SAEs	Phase 1 @ 6 weeks 7.5% Phase 2 @ 46 weeks 24.6%	Phase 2 (12mg) @ 48 weeks 16% 2 cases of SAEs
AE of Special Interest					Hypersensitivity 13% Antidrug antibody 18% Cardiac arrhythmia 11%

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4. Tamer Coskun et al., 2018, Molecular Metabolism 18, DOI: 10.1016/j.molmet.2018.09.009
5. Shweta Urva et al., Lancet 2022; 400: 1869-81, Ania M. Jastreboff et al., N Engl J Med 2023; 389:514-26



Recent Obesity Drug Transactions

Big Pharma has Committed Over \$15 Billion in Obesity/MASH Licensing Deals in the Past 12 Months

Companies	Date	Stage	Description	Drug	Deal Structure	Deal Terms
Pfizer / Metsera	November 2025	Phase 3 Ready (Lead asset)	GLP-1, Amylin analog, Oral peptide GLP-1	MET-097i MET-233i MET-224o MET-097o	M&A	~\$7 billion
Novo Nordisk / Septerna	May 2025	Pre-IND	Oral Small Molecules Directed to GPCR Targets, Including GLP-1, GIP and Glucagon	UBT251	Exclusive Global Collaboration and License	\$200 million up front and near-term milestone payments, with up to \$2.0 billion in milestone payments
Novo Nordisk / United Biotechnology	March 2025	Phase 1 Ready	GLP-1, GIP and Glucagon	UBT251	Global License, excluding Chinese mainland, Hong Kong, Macau, or Taiwan	\$200 million up front, with up to \$1.8 billion in milestone payments
AbbVie / Gubra	March 2025	Phase 1	Long-acting amylin analog	GUB01429	Global License	\$350 million up front, with potential milestone payments up to \$1.875 billion
Roche / Zealand Pharma	March 2025	Phase 2	Amylin analogue, as stand-alone therapy & in combination with Roche's incretin, CT-388	Petrelintide (ZP8396)	Collaboration, Co-Development and Co-Commercialization	\$1.65 billion up front, with \$1.2 billion in milestones linked to Phase 3 and sales-based milestones of \$2.4 billion
Carmot Therapeutics / Roche	January 2024	Phase 1	GLP-1/GIP agonist GLP-1 GLP-1/GIP	CT-388 CT-996 CT-868	M&A	\$2.7 billion

DA-1726: Program Summary & Path Forward



DA-1726: Differentiated efficacy with *best-in-class potential* across *weight loss, glucose control, liver health, and safety*

48 mg Key Takeaways

Potential best-in-class metabolic profile

- **Strong efficacy without titration:** (at Day 54)
 - **-9.1% body weight**
 - **-3.8 inches waist circumference**
 - **-0.22 HbA1c**
 - **-23.7% liver stiffness (VCTE)**
- **Broad benefit profile:** weight loss, glucose control, and direct liver impact
- **Well-tolerated at 48 mg,** supporting further dose optimization

Next Steps

Advancing dose optimization

- **Tolerability optimization with stepwise titration up to 64 mg**
 - **Part 3a (One-step):** 16 mg (4 wks) → 48 mg (12 wks)
 - **Part 3b (Two-step):** 16 mg (4 wks) → 32 mg (4 wks) → 64 mg (8 wks)
- **Data readout expected by YE 2026**
- **16-week study in obese patients**
 - First patient in targeted **1H 2026**



MetaVia

Vanoglipel (DA-1241)

*Orally Available, Potential
First-in-Class **GPR119**
Agonist for the Treatment of
Metabolic Dysfunction-Associated
Steatohepatitis (**MASH**)*





Vanoglipel (DA-1241): Targeting MASH at Its Source

GPR119 Activation

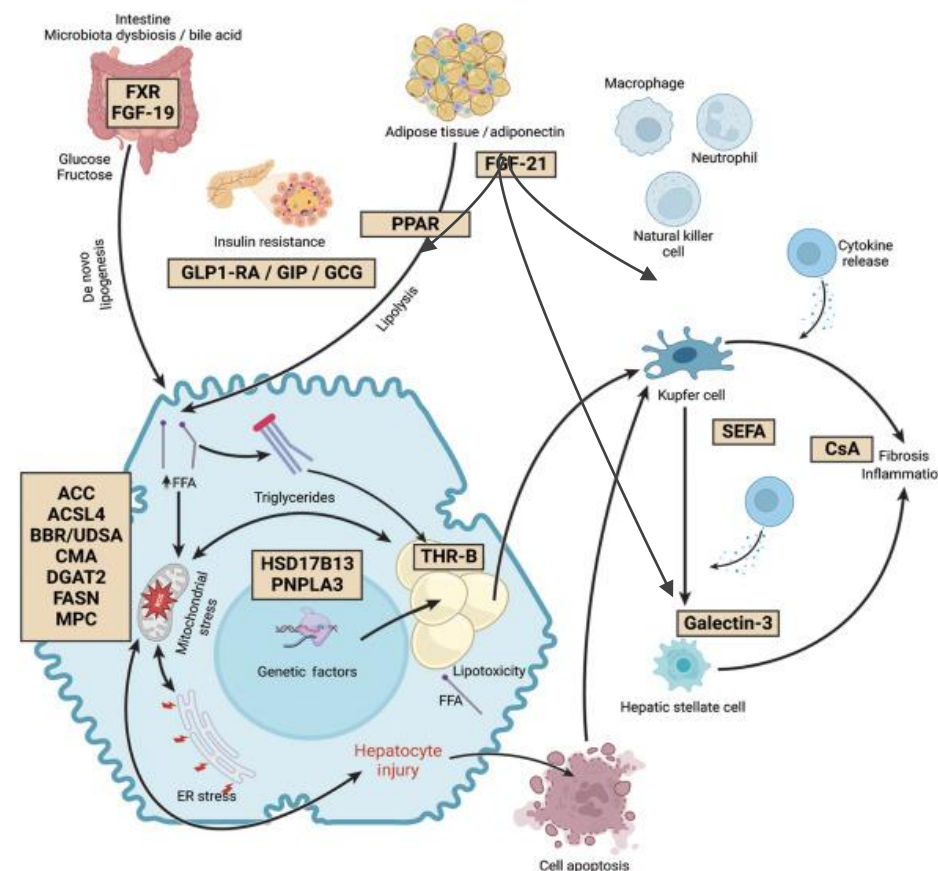
- Found on key **liver and immune cells** driving MASH
- **Acts directly in the liver**, not just indirectly

Potential Benefits in MASH and Metabolism

- Reduce liver fat and inflammation
- Slow or reverse liver scarring (fibrosis)
- **Post-meal blood sugar lowering** in type 2 diabetes (Phase 1 data)

Combination Potential

- Can potentially be used **with other MASH treatments** to enhance efficacy



Harrison et al., Clinical Gastroenterology and Hepatology, 2023;21(8):2001-2014



Vanoglipel: Liver Protection and Blood Sugar Benefits in MASH

Key Phase 2a Results (randomized, double-blind, 16 weeks, placebo-controlled):

- ✓ **Liver function improved:** ALT reduced by **22.8 U/L**
- ✓ **Inflammation & fibrosis markers improved:** suggesting liver health benefits
- ✓ **Enhanced glucose control** in patients with type 2 diabetes
- ✓ **Well-tolerated:** no treatment-related discontinuations (only 1 in placebo)
- ✓ **Safe in combination therapy**

Vanoglipel Combos with SEMA or EFX Boost Liver Benefits in Mouse MASH Model



Support the therapeutic *potential of combining GPR119 agonists with GLP-1 RAs or FGF-21 analogues* for the treatment of MASH:

- ✓ Combination therapy improved liver health—ALT, cholesterol, fat, inflammation, and fibrosis—more than single drugs
- ✓ 94% of combo-treated mice showed significant liver score improvement
- ✓ Reduced liver and blood inflammatory markers with Vanoglipel alone and with EFX
- ✓ Tissue and gene analyses confirmed stronger anti-inflammatory and anti-fibrotic effects
- ✓ Additional anti-fibrotic potential suggested by Hhip upregulation
- ✓ Vanoglipel didn't cause extra weight loss—remained weight-neutral



Vanoglipel: Summary & Next Steps

*Clinical Data Supports Development as Monotherapy or in Combination: **High Unmet Need***

Clinical Rationale & Opportunity

- Vanoglipel is a **novel GPR119 therapy** for MASH and metabolic diseases
- Demonstrated **liver protection** and **glucose control** in Phase 1 & 2a
- Safe and well tolerated, including in **combination therapy**
- Large market opportunity: **MASH ~\$20B by 2032**; growing interest in combination therapies (Madrigal, Novo Nordisk, Roche)

Key Clinical Highlights

- **ALT & liver enzymes improved; HbA1c lowered**
- **Additive benefits** in combination therapy in preclinical models
- **Strong IP protection**, including composition-of-matter patents

Next Steps

- Additional exploratory endpoints including **MRI-PDFF to be presented at major medical conferences**
- **MetaVia has begun partnering discussions**, seeking early indications of interest



MetaVia

Financials
and
Capitalization





Cash Balance and Capitalization Table

Financial Snapshot	As of March 31, 2026
Cash and cash equivalents	\$13.7 million
Debt	None

Capitalization Table as of March 31, 2026	Common Stock Equivalents
Common Stock	5,164,370
Warrants (WAEP \$7.28) ⁽¹⁾	10,107,106
Options (WAEP \$4,240.22)	420
Restricted Stock Units	138,613
Fully Diluted	15,410,509

1. Includes (i) 2026 Series C warrants to purchase 4,508,361 shares with an exercise price of \$3.10; (ii) 2026 Series D warrants to purchase 4,508,361 shares with an exercise price of \$3.10; (iii) 2026 Pre-funded warrants to purchase 367,740 shares with an exercise price of \$0.001; (iv) 2024 Series B milestone-based warrants to purchase 693,962 shares with an exercise price of \$43.23 per share; (v) 2024 Placement Agent warrants to purchase 11,564 shares of with an exercise price of \$54.0375 per share; (vi) 2022 Series B warrants to purchase 16,176 shares with an assumed exercise price of \$0.00 per share; and (vii) 2021 warrants to purchase 942 shares with an exercise price of \$15,919.20 per share. No ratchets, price resets or anti-dilution provisions.



Strong Clinical Progress Across Two High-Impact Programs

Targeting *Obesity and MASH* with a Pipeline of *Next Generation Therapeutics*

- **DA-1726:**

- ✓ Potential **best-in-class profile** for weight loss, glucose control, direct liver benefit and safety shown in Phase 1 studies
 - At 48 mg (no titration) (at Day 54)-**9.1% weight loss, -3.8-inch reduction in waist, -0.22 HbA1c, and -23.7% liver stiffness (VCTE), mostly mild to moderate side effects**
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- ✓ **Significant HbA1c reductions** at 100 mg vs placebo at Week 16
- Additional exploratory endpoints including MRI-PDFF to be presented at major medical conferences
- Actively seeking **combination/licensing partner**



Positioned for Value Creation in Two High-Growth Markets

- **High-Impact Clinical Programs**
 - **DA-1726:** Obesity program in a rapidly expanding drug class
 - **Vanoglipel:** Novel oral therapy targeting MASH
- **Large, Growing Addressable Populations**
 - **Obesity:** broad population with increasing treatment adoption
 - **MASH:** high unmet need, growing clinical recognition and screening
 - Big pharma validating space via major acquisitions and licensing deals
- **Multiple Paths to Shareholder Value**
 - Upcoming clinical milestones can meaningfully de-risk valuation
 - Potential partnership/licensing opportunities
 - Expanding regulatory clarity in both indications



MetaVia

Thank You!

Investor Contacts:

Rx Communications Group

Michael Miller

+1 917.633.6086

mmiller@rxir.com

MetaVia

Marshall Woodworth

+1 919.749.8748

marshall.woodworth@metaviatx.com





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Appendix





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DA-1726

A Novel **GLP1R/GCGR**
Dual Agonist for the
Treatment of **Obesity**



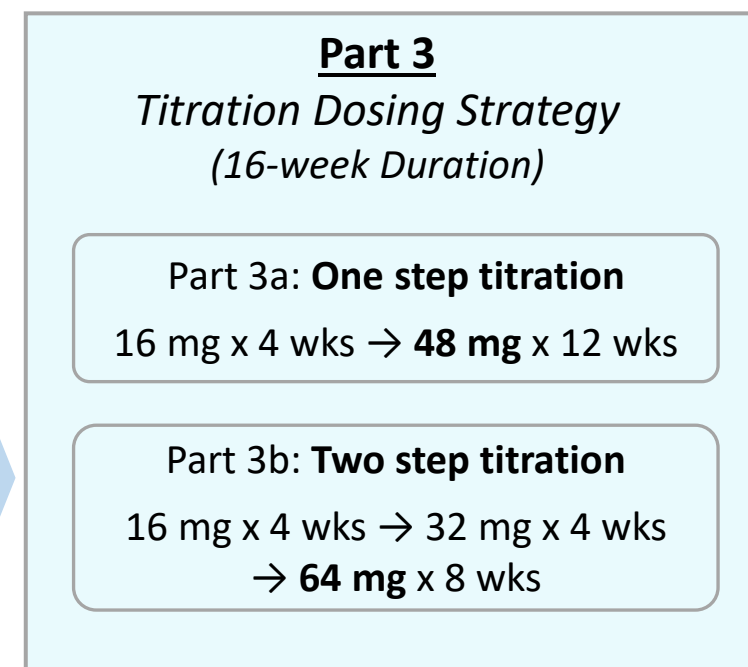
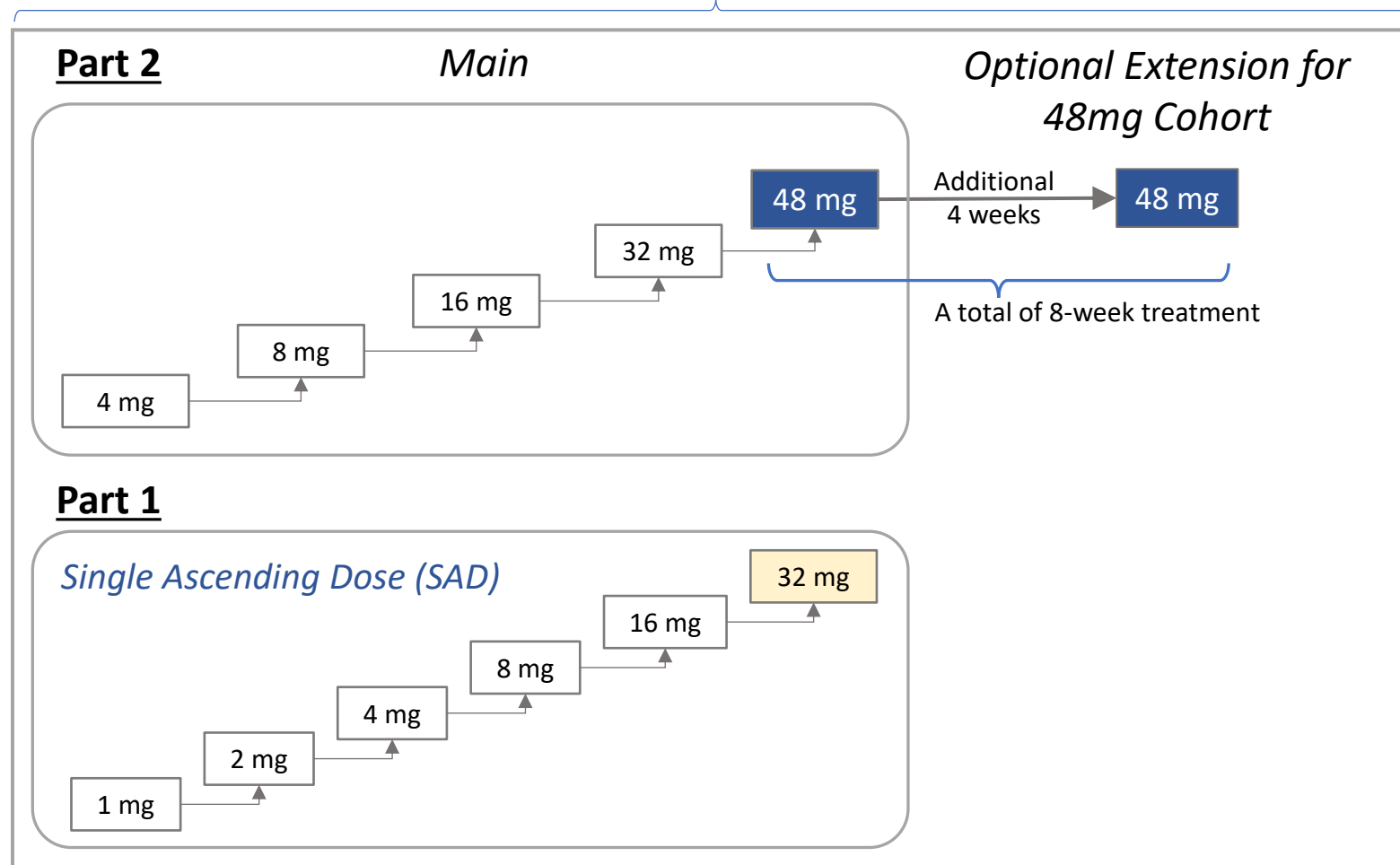


DA-1726: Phase 1 Clinical Program

Carefully planned to evaluate safety and efficacy of DA-1726 and dosing strategy to inform Phase 2 design

Completed

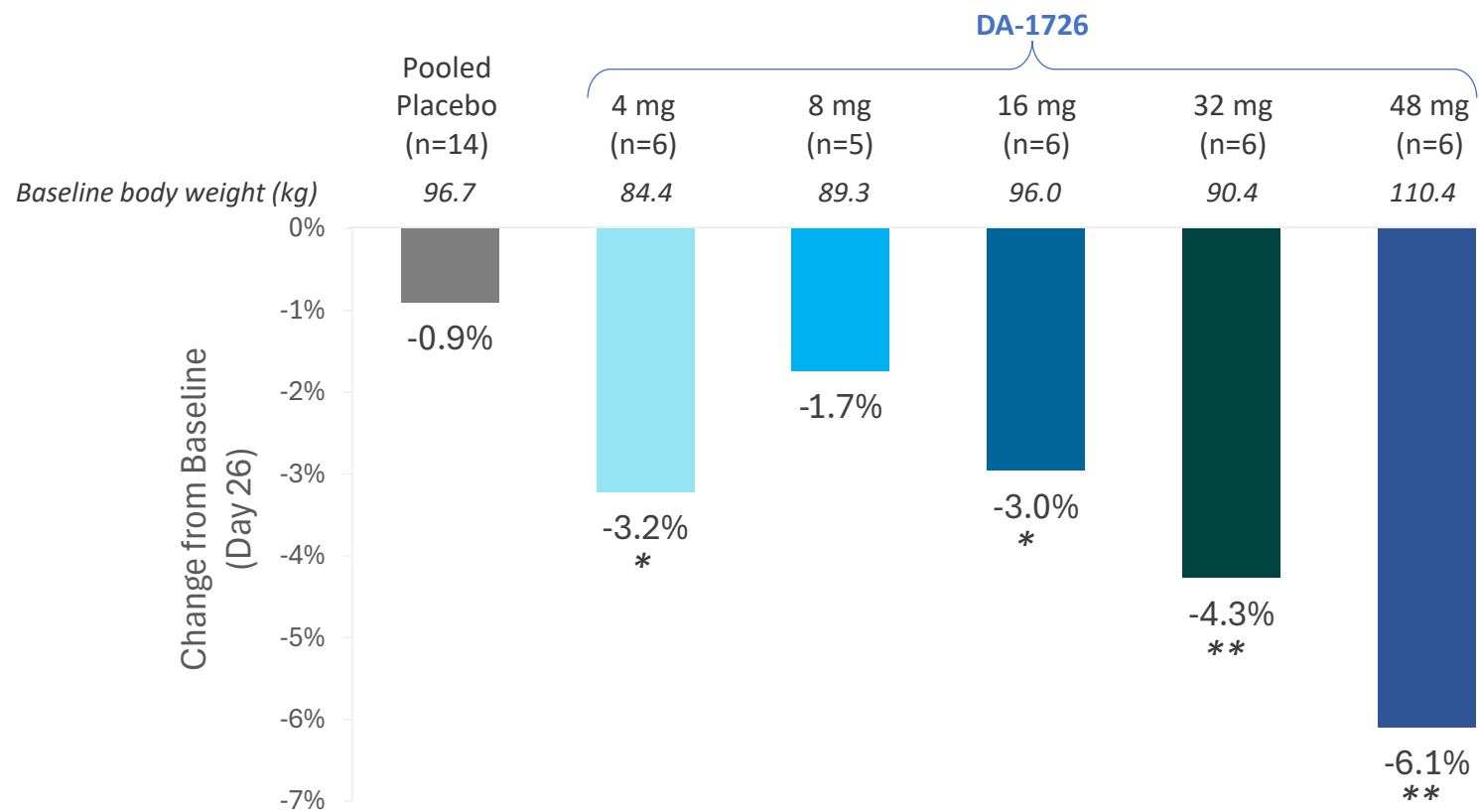
Q1 2026 Initiation





DA-1726 Phase 1 MAD Study: Body Weight Loss on Day 26

Compelling, dose-dependent body weight loss seen in doses > 8 mg



* $p < 0.05$ vs. placebo; ** $p < 0.001$ vs. placebo

DA-1726 Phase 1 MAD Study: Body Weight Loss in 48 mg Cohort

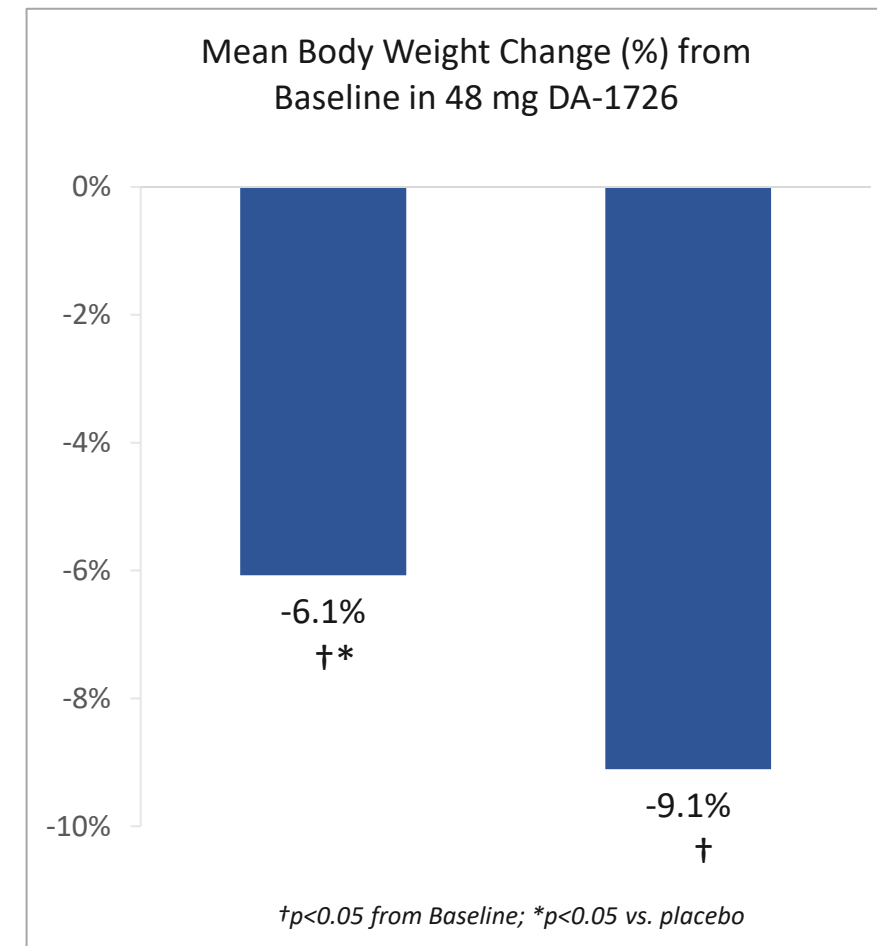


	Mean Body Weight	Mean Body Weight Change from Baseline	
	Baseline	Day 26	Day 54
DA-1726 48 mg	110.4 kg	-6.1% (-6.6 kg)	-9.1% (-9.6 kg)
Placebo	109.0 kg	-0.2% (-0.3 kg)	-2.8% (-3.1 kg)*
Placebo adjusted		-5.9%	-6.3%
Placebo adjusted excluding outlier*		-5.1%	-7.7%

*One placebo subject in the extension period reported implementing no carbohydrate diet while participating in the study which may have led to a substantial weight loss.

Potentially best-in-class weight loss seen in 48 mg DA-1726 with no titration

64 mg DA-1726 with 2-step titration dosing to be evaluated in Part 3



DA-1726 Phase 1 MAD Study: Waist Circumference Change in 48 mg Cohort

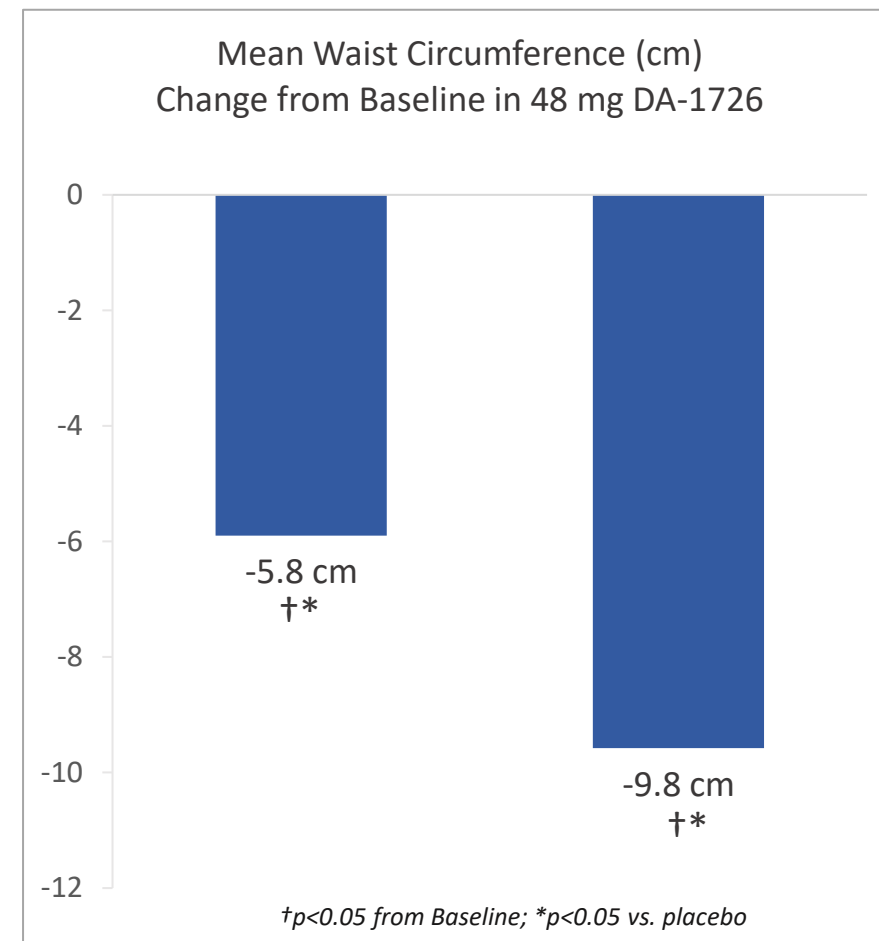


	Mean Waist Circumference	Mean Waist Circumference Change from Baseline	
	Baseline	Day 26	Day 54
DA-1726 48 mg	118.7 cm	-5.0% (-5.8 cm)	-8.5% (-9.8 cm)
Placebo	122.7 cm	-0.3% (-0.3 cm)	-1.2% (-1.5 cm)*
Placebo adjusted		-4.7%	-7.3%
Placebo adjusted excluding outlier*		-3.7%	-7.7%

*One placebo subject in the extension period reported implementing no carbohydrate diet while participating in the study which may have led to a substantial weight loss.

The placebo outlier on no carbohydrate diet did not have a substantial reduction in waist circumference (-1.7% [-2 cm]) relative to the subject's weight loss (-4.3% [-4.4 kg]) on Day 54

Indicator of DA-1726's effect on reducing waist circumference

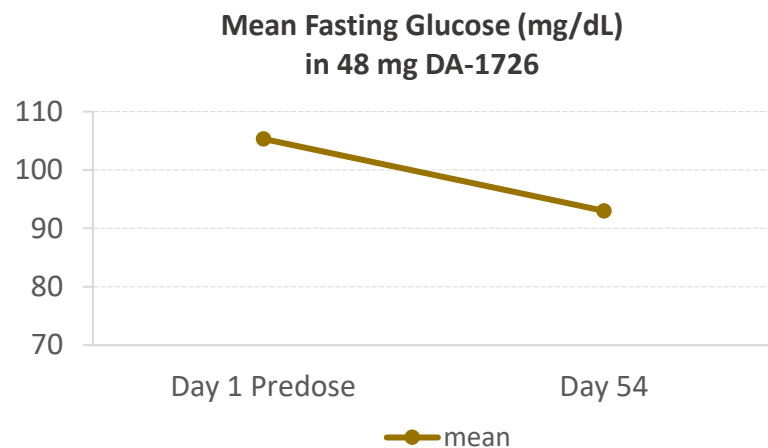


DA-1726 Phase 1 MAD Study: Glucose Control in 48 mg Cohort (Day 54)



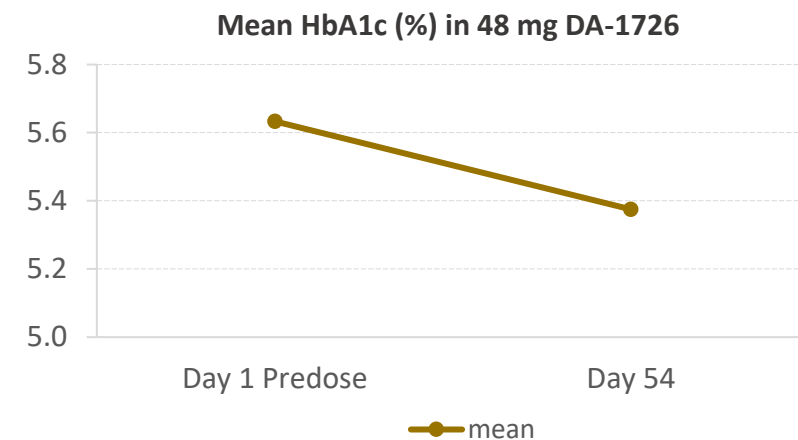
Mean Fasting Glucose

	Baseline	Day 54
DA-1726 48 mg	105.3 mg/dL	93 mg/dL
Placebo	91.3 mg/dL	83 mg/dL



Mean HbA1c

	Baseline	Day 54
DA-1726 48 mg	5.6%	5.4%
Placebo	5.4%	5.3%



Potentially best-in-class glucose control with mean HbA1c change by -0.22% point in non-diabetic subjects after 8 weeks of 48 mg DA-1726 treatment

Pre-diabetic subjects with mean HbA1c of 6% at baseline was reduced to 5.5% by Day 54

DA-1726 Phase 1 MAD Study: VCTE in 48 mg Cohort (Day 54)

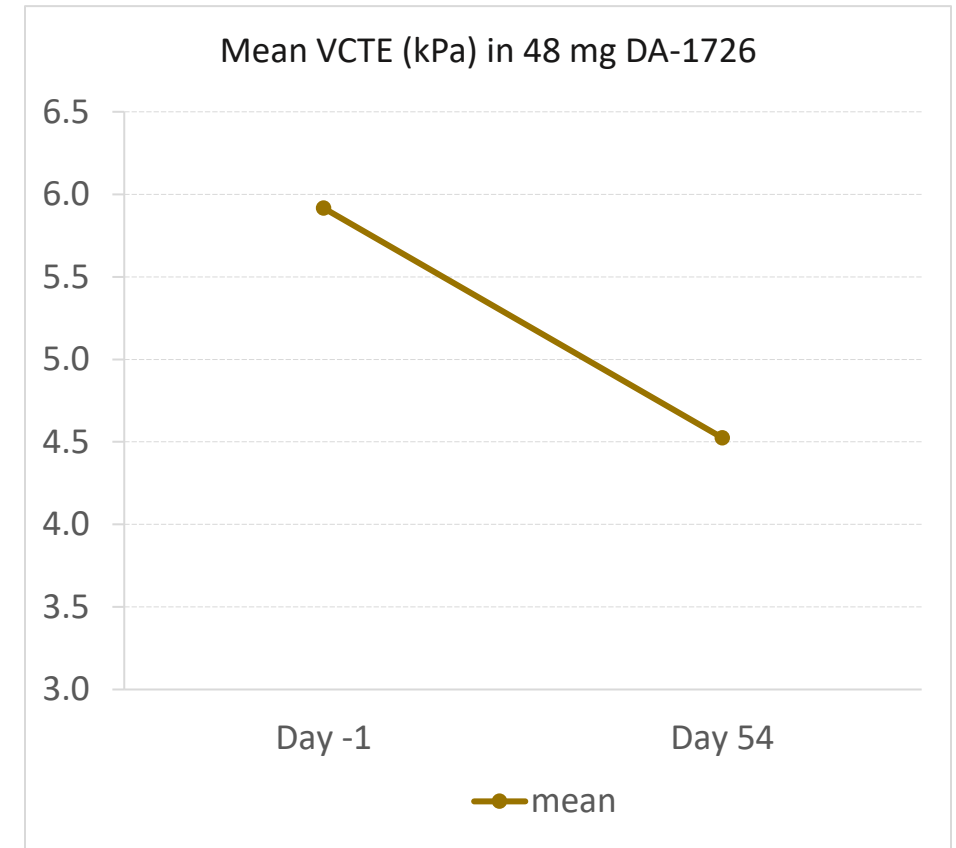


Mean VCTE

	Baseline	Day 54
DA-1726 48 mg	5.9 kPa	4.5 kPa
Placebo	5.1 kPa	6 kPa

VCTE (FibroScan®) is the most widely used imaging-based non-invasive test for liver stiffness, with <6.0 kPa being F0-F1 in fibrosis. FDA indicated that VCTE can be a non-invasive biomarker in development of MASH drugs.

Regardless of the placebo outlier, 8 weeks of DA-1726 treatment showed significant reduction in VCTE indicating its effects in liver inflammation and stiffness.





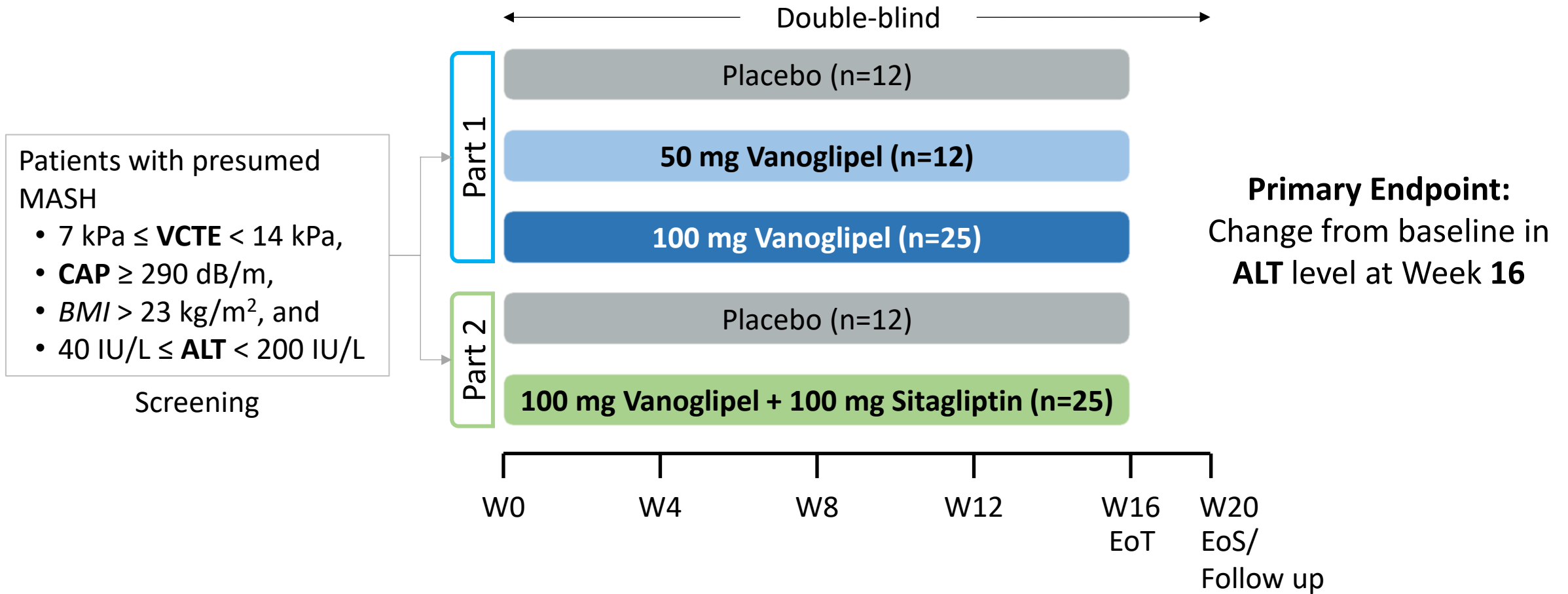
MetaVia

Vanoglipel (DA-1241)

*Orally Available, Potential
First-in-Class GPR119
Agonist for the Treatment of
Metabolic Dysfunction-associated
Steatohepatitis (MASH)*



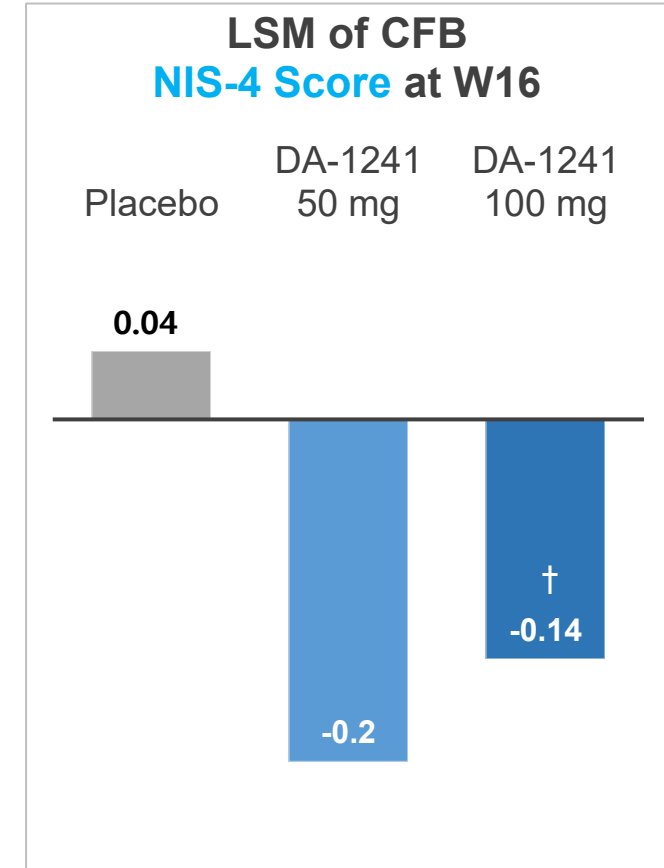
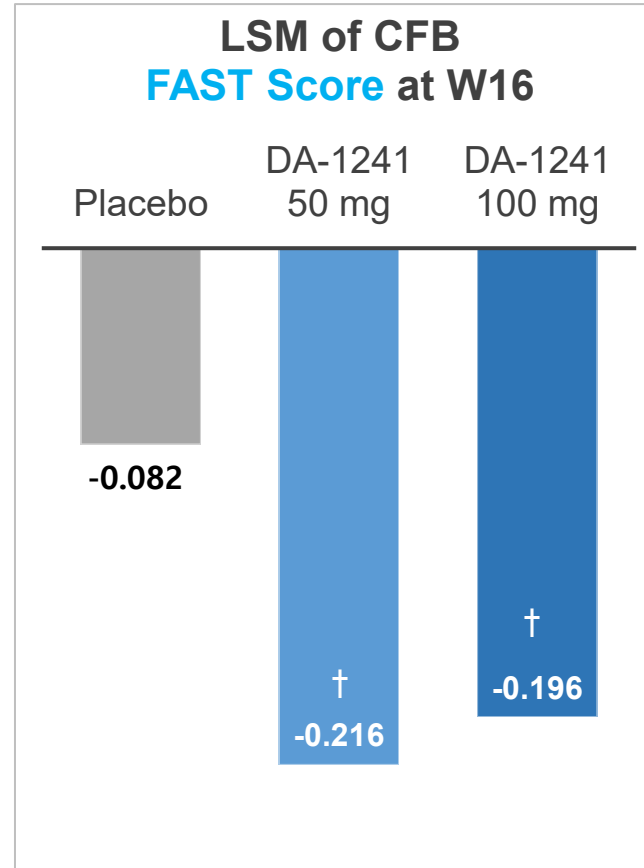
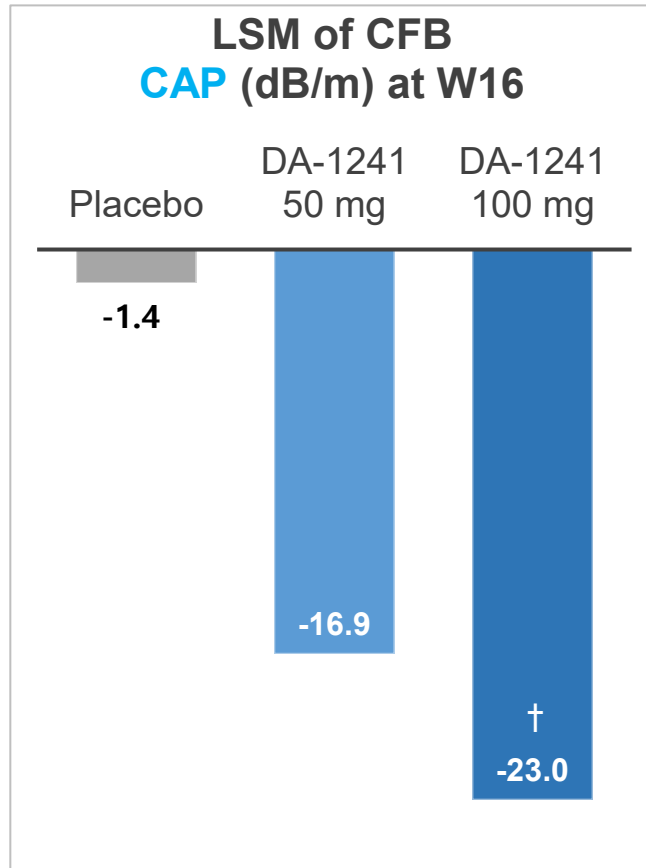
Phase 2a, 16-week, Randomized Double-blind, Placebo-controlled in Patients with Presumed MASH



ALT=alanine aminotransferase; BMI=body mass index; CAP=controlled attenuation parameter; EoT=end of treatment; EoS=end of study; MASH=metabolic dysfunction associated steatohepatitis; VCTE=vibration controlled transient elastography; W=week

Vanoglipel **Monotherapy** vs. Placebo

Vanoglipel Reduced CAP Indicating Liver Fat Reduction and Improved At-risk MASH Biomarkers Including FAST and NIS-4 Scores



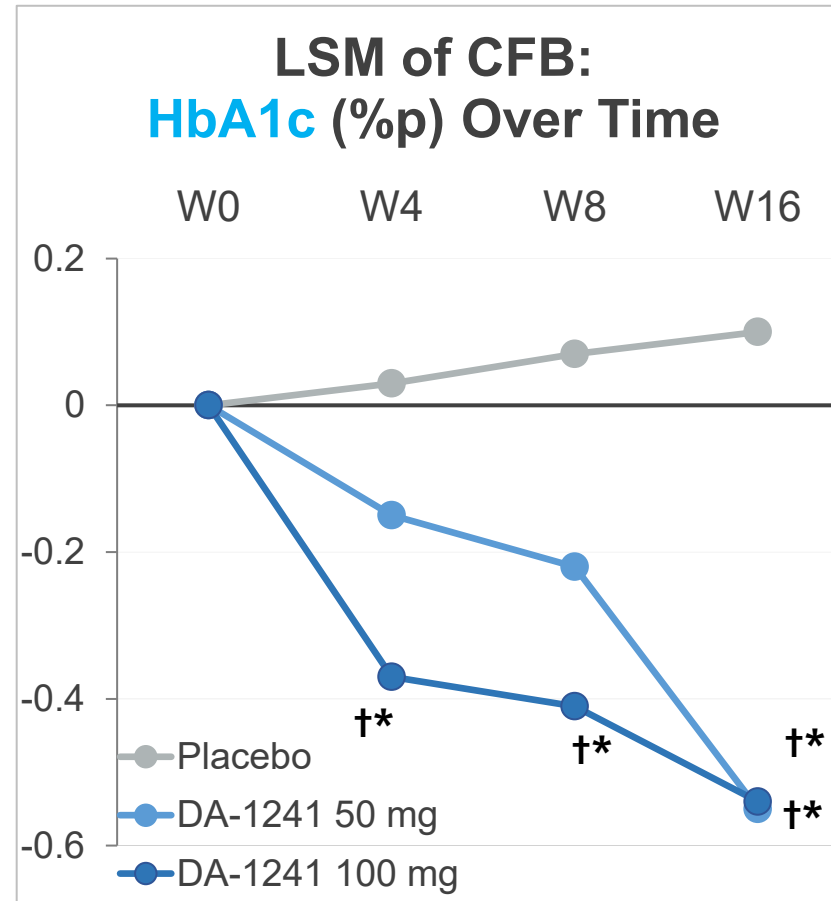
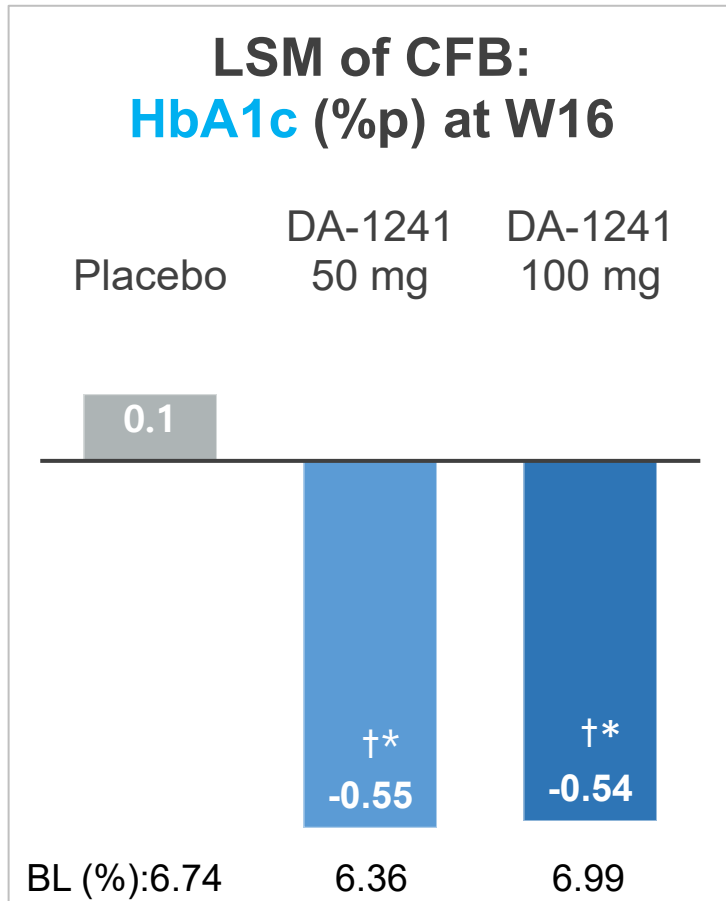
In subjects with $40 \leq \text{ALT} < 200$ U/L at baseline: Placebo (n=21); DA-1241 50 mg (n=9); DA-1241 100 mg (n=17)

†95% CI not crossing 0

ALT=alanine aminotransferase; AST=aspartate aminotransferase; CAP=controlled attenuation parameter; CFB=change from baseline; CI=confidence interval; FAST=Fibroscan-AST; NIS-4=; LSM=least square mean
Loomba R, et al. EASL 2025.

Vanoglipel **Monotherapy** vs. Placebo

Significant, Rapid Reduction in HbA1c was Observed With Vanoglipel Monotherapy Suggesting Favorable Improvement in Glucose Control



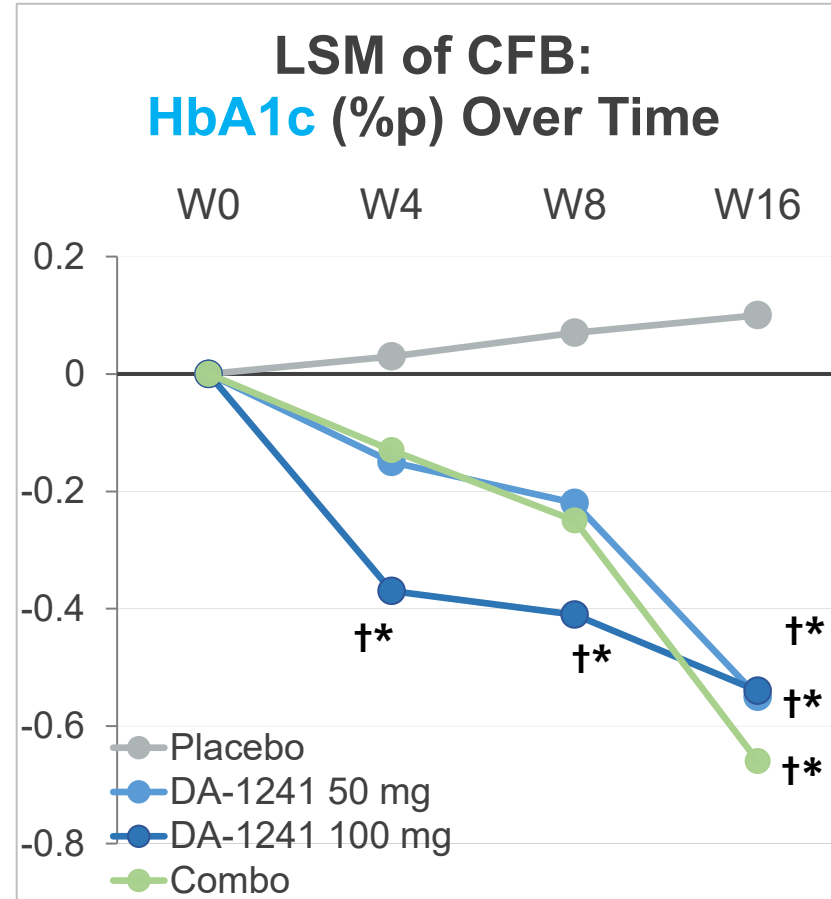
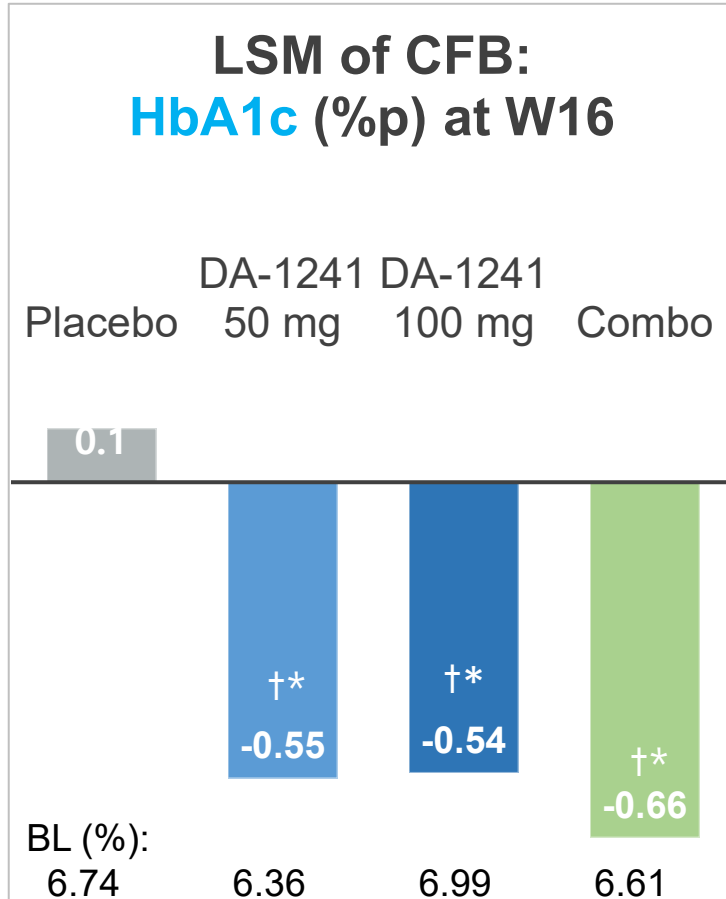
Vanoglipel 100 mg significantly decreased HbA1c as early as Week 4 in presumed MASH patients

Both doses of Vanoglipel significantly improved HbA1c at Week 16

In subjects with 40 ≤ ALT < 200 U/L at baseline: Placebo (n=21); DA-1241 50 mg (n=9); DA-1241 100 mg (n=17)
†95% CI not crossing 0

Vanoglipel 100 mg + Sitagliptin 100 mg **Combination** vs. Placebo

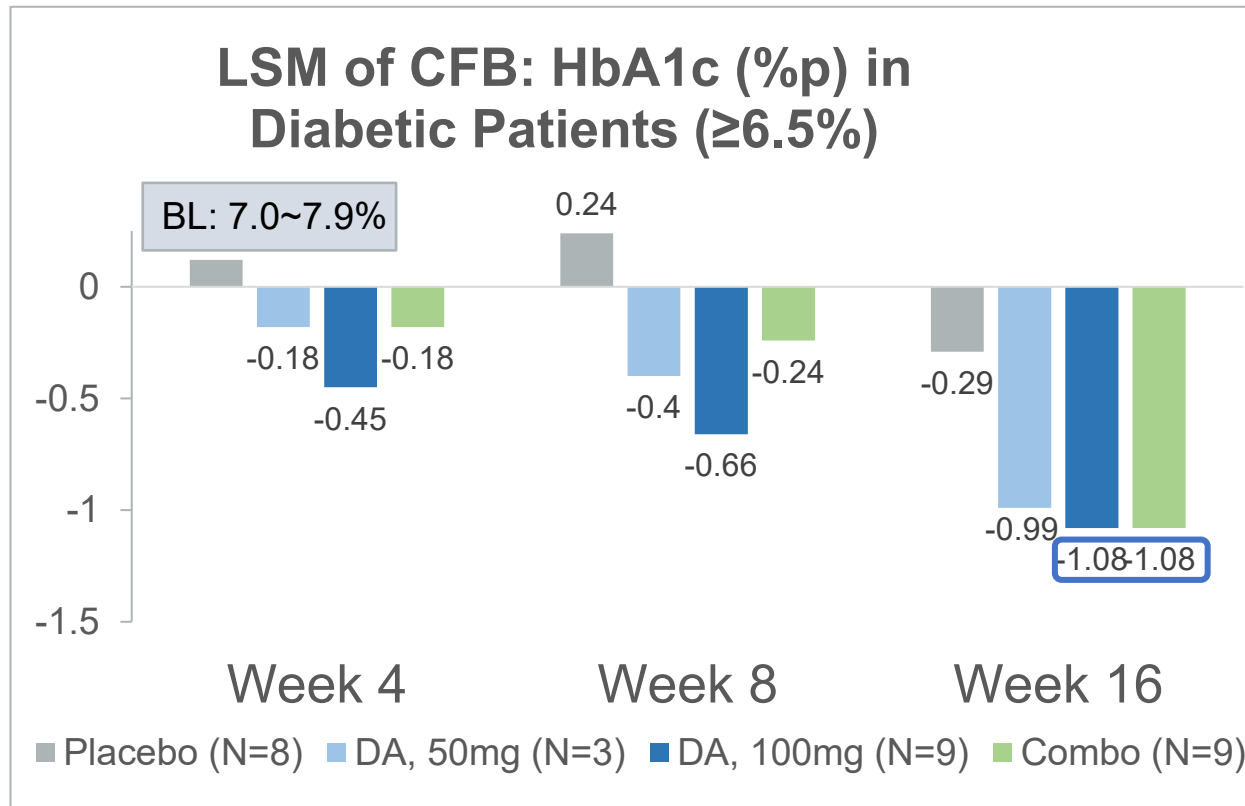
Enhanced Incretin Action With the Combination Therapy Augmented Glucose Control Leading to a Significant Reduction in HbA1c at Week 16



HbA1c reduction was enhanced at Week 16 when Vanoglipel 100 mg was combined with sitagliptin 100 mg in patients with presumed MASH

In subjects with 40 ≤ ALT < 200 U/L at baseline: Placebo (n=21); DA-1241 50 mg (n=9); DA-1241 100 mg (n=17)
†95% CI not crossing 0

Vanoglipel Efficiently Controlled Plasma Glucose in Diabetic Subjects With Presumed MASH



Greater Improvement of Glucose Control was Observed in Patients with Type 2 Diabetes

CFB=change from baseline; LSM=least square mean
Loomba R, et al. EASL 2025.

Vanoglipel Showed a Favorable Safety & Tolerability Profile With No TEAE Leading to IP Discontinuation in Patients w/Presumed MASH



Similar safety profile of the combination arm compared to placebo indicates combinability of vanoglipel with other drugs

n (%)	Placebo (N=32)	Vanoglipel 50 mg (N=14)	Vanoglipel 100 mg (N=26)	Vanoglipel 100 mg + Sitagliptin 100 mg (N=36)
Subjects with any Treatment Related AE	9 (28.1%)	4 (28.6%)	9 (34.6%)	10 (27.8%)
Mild	8 (25.0%)	4 (28.6%)	8 (30.8%)	9 (25.0%)
Moderate	1 (3.1%)	0	1 (3.8%)	1 (2.8%)
Severe	0	0	0	0
Subjects with any Treatment related SAE	0	0	0	0
Subjects with any TEAE leading to study discontinuation	0	0	0	1 (3.1%)
Subjects with any TEAE leading to study drug discontinuation	1 (3.1%)	0	0	0