

Investor Relations 2025

Building a global biotech company

D&D Pharmatech



Disclaimer

This presentation has been prepared by **D&D Pharmatech Inc.**(the “Company”) for informational purposes in its presentation to prospective institutional investors.

The information contained in this presentation should be considered in the context of the circumstances prevailing at the time and have not been independently verified.

This presentation contains certain statements that constitute forward-looking statements and describe business prospects and financial performance assessed by the Company.

These statements may include words such as “expects”, “anticipates”, “plans”, “foresees”, “(E)”and other words or phrases of similar import.

Such forward-looking statements are subject to changes and uncertainties in business environment that could cause actual results and performance to differ materially from those described or implied by the relevant forward-looking statements.

Information and opinions in this document are given at the date of the presentation and take into account the current market conditions and the Company’s business directions.

They are subject to change according to prevailing market conditions and modifications in business strategies.

None of the Company and its employees shall have any liability whatsoever for any loss arising from any use of this presentation or its contents.

This presentation does not constitute or form part of an offer, invitation or recommendation to purchase or subscribe for any securities, and no part of it shall form the basis of or be relied upon in connection with any contract, commitment or investment decision in relation to any securities.

This presentation may be used for non-profit purposes without changing its contents(the source must be indicated).

Unauthorized distribution and copy of this presentation that had a change in the content without the Company’s prior consent may be subject to legal restrictions.

Innovative biotech focusing on GLP-1 class peptide for obesity / MASH therapy

Company Profile

Company	D&D Pharmatech Inc.	CEO	Seulki Lee
Founded	November 28, 2014	Employees	62 (Ph.D., M.S. 88.4%)
IPO (KRX)	May 2, 2024 (KOSDAQ: 347850)	Business area	Development of metabolic disorder (obesity, MASH) treatments
Market Cap	KRW 961 B (as of May 13, 2025)	Address	4 th floor, 27, Geumto-ro 80 Beon-gil, Sujeng-gu, Seongnam-si, Gyeonggi-do, 13453 Rep. of Korea
Capital	KRW 5.27 B (as of Dec 31, 2024)	Website	www.ddpharmatech.com

CEO introduction

Expert in peptide design & development

Inventor of oral peptide platform technology

Associate professor, Johns Hopkins University

US National Institute of Health

Top 1%

Highly cited researchers
(Clarivate analytics, 2017)

19 grants, USD 16.5M

Department of Defense
National Institute of Health
National Academy of Science

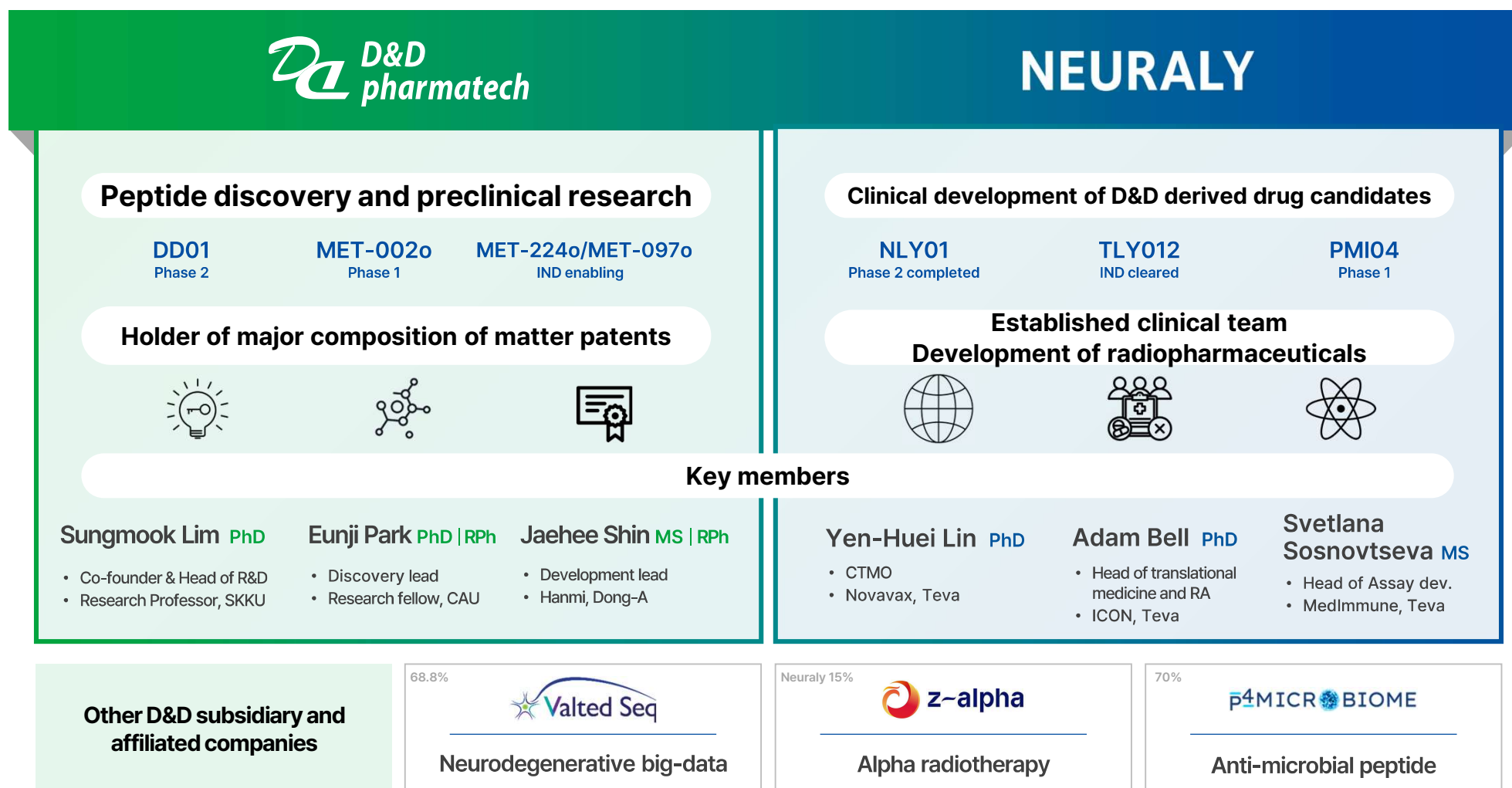
Seulki Lee

- ✓ CEO, D&D Pharmatech
- ✓ CEO, Neuraly

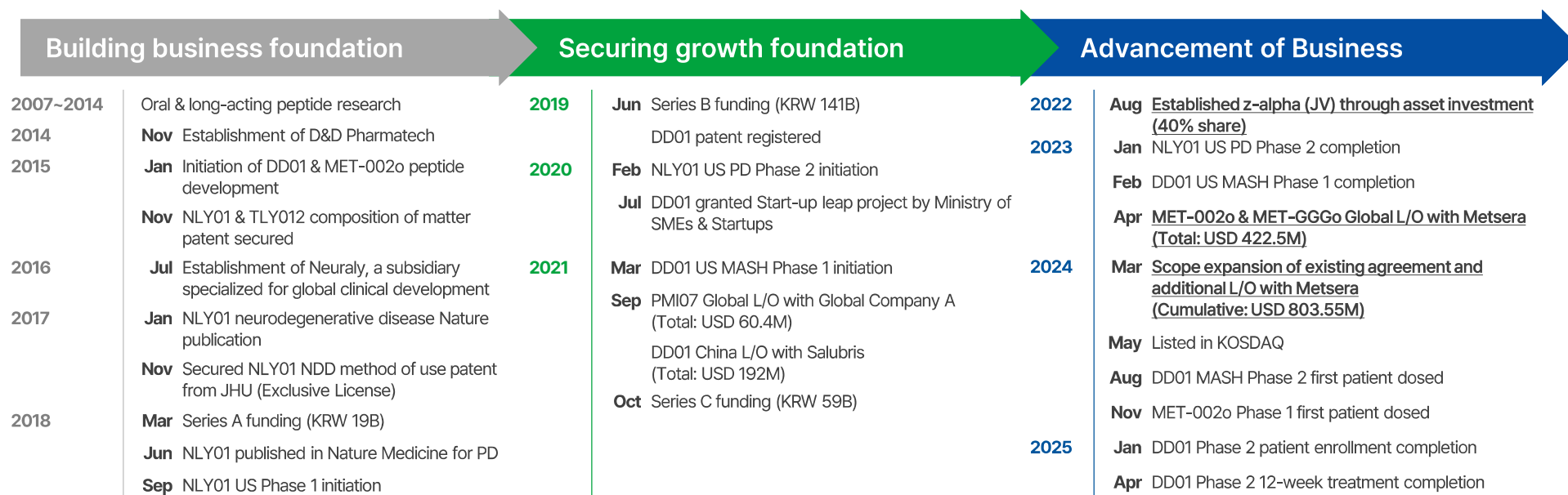
- B.S. Sungkyunkwan University
- M.S., Ph.D., GIST / Postdoc, KIST
- Postdoc, Stanford Medical School
- Postdoc, National Institute of Health



Peptide discovery by D&D and global clinical development by Neuraly



Advancing into a GLP-1 specialized company through global clinical development & out-licensing



Key Performance Index



Note 1) Total number of patents include pending applications, priority application, registered patents and patents scheduled for registration

Note 2) Recent planned funding from KDDF is not included

Biotech with feasibility & efficacy confirmed GLP-1 class portfolio



▼ Korea's largest GLP-1 class portfolio ▼

Developing a clinical efficacy-confirmed MASH therapy

GLP-1 franchise licensed-out to Metsera (oral pipeline)

Clinical developments in the US targeting Global Market

Targeting large therapeutic markets

Obesity

Overwhelming patient population
High demand due to
increase in obese population

USD 100B

('23~'30(E) CAGR 49.5%)
2030(E) Global market size

MASH

MASH market to enter a
full-fledged growth phase
with its first MASH treatment approval

USD 108.4B

('23~'30(E) CAGR 60.1%)
2030(E) Global market size

T2DM

Gradual expansion of the market
due to increase in patient number
and emerging new drugs

USD 136.2B

('19~'29(E) CAGR 11.5%)
2029(E) Global market size

Parkinson's disease

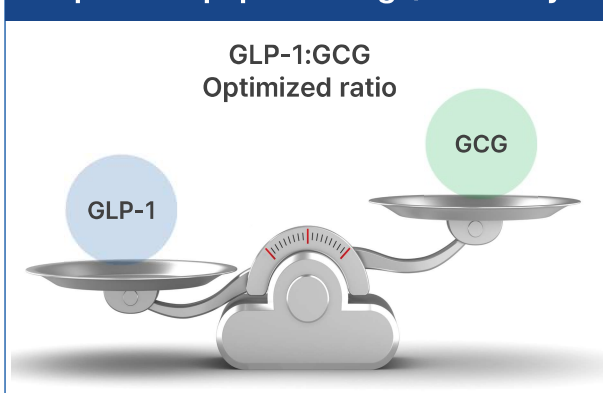
Increase in disease prevalence with
aging population with fundamental
treatment absent

USD 11.5B



('19~'29(E) CAGR 12.6%)
2029(E) Global market size

Optimized ratio of GLP-1:GCG potency + Increased half-life based on PEGylation

Optimized peptide design/discovery

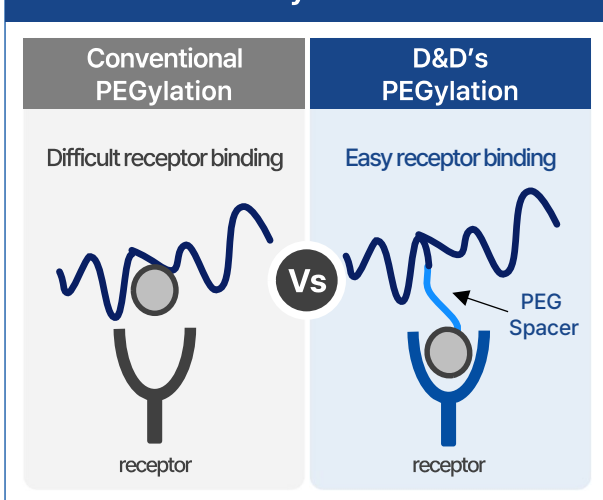


Similarity with survodutide

Company	 D&D pharmatech	 Boehringer Ingelheim
Program	DD01	Survodutide
MoA	GLP-1/GCG dual agonist	
GLP-1:GCG ratio	11:1	8:1

- Favorable GLP-1 to GCG potency profile yields **enhanced glycemic control**

PEGylation











Differentiated from survodutide

Program	DD01	Survodutide
Long-acting tech.	PEGylation	Lipidation
T _{max}	108 hours	24 hours
Half-life	~8 days (~192 hours)	~6 days (~144 hours)
PTR* (Steady state)	1.31	2.28

- Improved safety and tolerability** based on increased T_{max} and half-life
- *Peak-to-trough ratio: Lower PTR may **reduce adverse events**

Rapid and effective liver fat reduction: Unprecedented potential as a MASH treatment

Drug	DD01	Survodutide	Efinopegdutide	Pemvidutide	Tirzepatide	Semaglutide	Resmetirom	VK2809
Company								
Market cap ¹	0.6B	private (Zealand: 5.2B)	209B	0.4B	740B	310B	7B	3.3B
Development phase (MASH)	Phase 2	Phase 2	Phase 2b	Phase 2b	Phase 2	Phase 3	Approved	Phase 2b
Target	GLP-1/GCG	GLP-1/GCG	GLP-1/GCG	GLP-1/GCG	GLP-1/GIP	GLP-1	THR-β	THR-β
Route of administration	Once-weekly (S.C.)	Once-weekly (S.C.)	Once-weekly (S.C.)	Once-weekly (S.C.)	Once-weekly (S.C.)	Once-weekly (S.C.)	Once-daily (P.O.)	Once-daily (P.O.)
Subjects	Overweight/obesity, T2DM, MASLD	MASH (F1~F3)	MASLD	Obesity, MASLD	MASH (F2~F3)	MASH (F2~F3)	MASH (F2~F3)	MASH (F2~F3)
Treatment duration	4 weeks	48 weeks	24 weeks	24 weeks	52 weeks	72 weeks	52 weeks	12 weeks
Liver fat reduction ²	-51% (n=9)	-64.3% (n=46)	-72.7% (n=72)	-76.4% (n=11)	-57% (n=48)	-57% ⁵ (n=34)	-46.6% (n=323)	-55.3% (n=49)
Patients with >30% liver fat reduction ²	100%	76.9%	81.9%	100%	N/A	73.5% ⁵	N/A	87.8%
MASH resolution w/o worsening fibrosis ³	N/A	47.7% ⁴ (n=34)	N/A	N/A	52.6% (n=48)	28.8%	20.2% (n=321)	45.7% (n=44)
Fibrosis improvement w/o worsening MASH ³	N/A	36.6% ⁴ (n=34)	N/A	N/A	21.3% (n=48)	14.5%	11.7% (n=321)	22.7% (n=44)

Note 1 : Market cap as of March 3, 2025, 1 USD = 1,400 KRW

Note 2 : Confirmed through MRI-PDFF images. To compare liver fat reduction, clinical trials with MRI-PDFF results were referenced. Results compared to baseline.

Note 3 : Placebo adjusted results

Note 4 : Results from F2-F3 patients

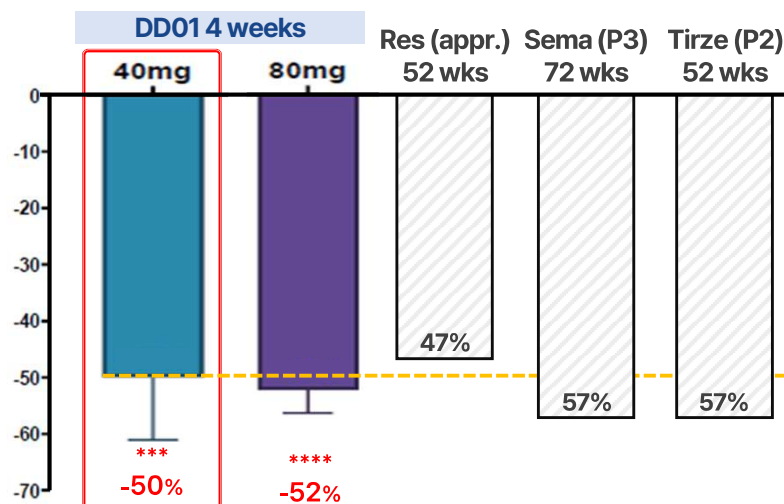
Note 5 : P2 results are shown (NCT02970942, 0.4 mg QD). Semaglutide MASH P3 data not publicly available.

Robust liver fat reduction observed at Week 4 in Phase 1,
supporting a positive outlook for the Phase 2 primary endpoint at Week 12

DD01 Phase 1 efficacy results

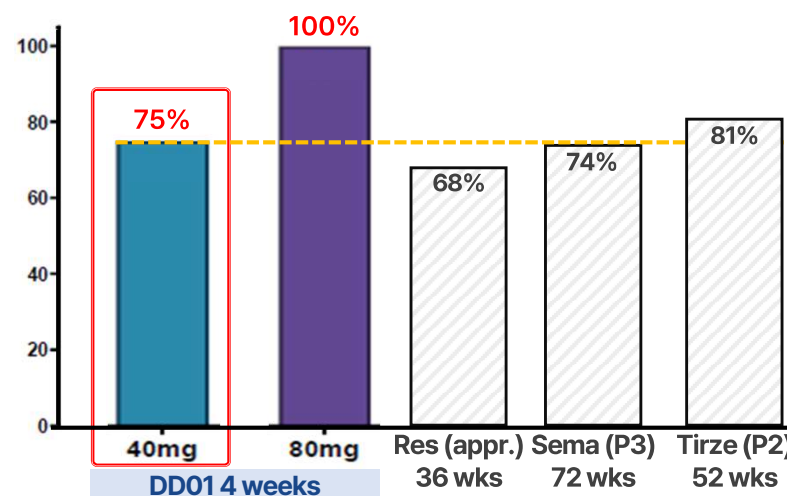
Retrieved from ADA2023 and EASL2023 posters

Liver fat reduction (MRI-PDFF)



Phase 2 active dose

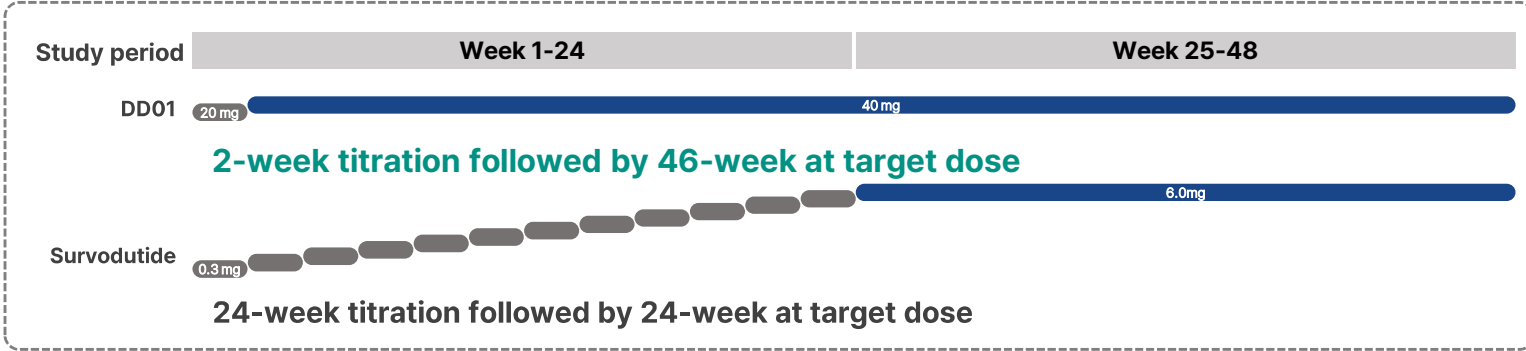
Proportion of patients with $\geq 30\%$ liver fat reduction



- *DD01 Phase 1 participants: patients included*
 - ✓ Confirmed superior/comparable liver fat reduction efficacy after 4 weeks of treatment
 - ✓ Achieved 75% in proportion of patients with $\geq 30\%$ liver fat reduction in Phase 1 (4 weeks), which is the primary endpoint of Phase 2 (confirmed within a relatively short treatment period)
 - High likelihood of achieving Phase 2 primary endpoint with a longer treatment duration (12 weeks) and a larger patient population compared to the successful Phase 1 trial

Primary endpoint at week 12; FDA approval criteria to be confirmed at week 48
Short titration (2 weeks) followed by a longer treatment period at the target dose (40mg)

Study design (NCT06410924)

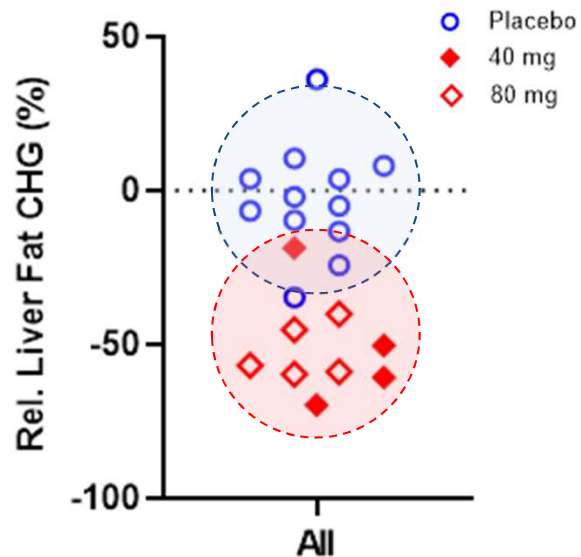
Objective	To evaluate the efficacy of DD01 in patients with MASLD/MASH compared to placebo (N=67)
Primary endpoint	MRI-PDFF at week 12 (proportion of patients achieving more than 30% liver fat reduction)
Secondary and explanatory endpoints	<ul style="list-style-type: none">Liver fat reduction at week 12 and week 48Biopsy at week 48 (MASH resolution, Fibrosis improvement)
Additional study design	<ul style="list-style-type: none">Randomized, double-blind, placebo-controlled, once weekly S.C. administration for 48 weeksDose Titration: 40 mg (2-week titration with 20mg, 46-week therapeutic dose with 40 mg)  <p>The diagram illustrates the study timeline from Week 1 to Week 48. It is divided into two main periods: Week 1-24 and Week 25-48. DD01 treatment starts at 20 mg in Week 1 and increases to 40 mg by Week 2, remaining at 40 mg through Week 48. Survodutide treatment starts at 0.3 mg in Week 1 and increases to 6.0 mg by Week 24, remaining at 6.0 mg through Week 48. Text annotations specify '2-week titration followed by 46-week at target dose' for DD01 and '24-week titration followed by 24-week at target dose' for Survodutide.</p>

MRI-PDFF in 50 patients who have completed 12-week treatment (as of end of MAR 2025)
More than 30% of the participants have shown $\geq 70\%$ liver fat reduction

DD01 Phase 1 & Phase 2 Liver fat reduction profile

Phase 1 (4 weeks)

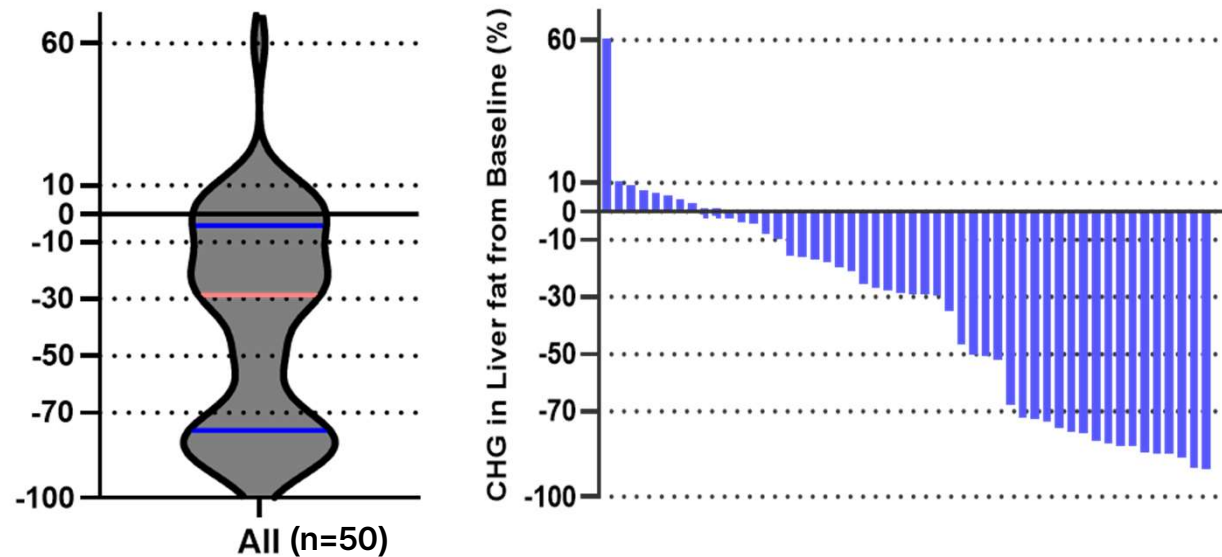
Placebo, 40mg and 80mg active group (n=21)



Placebo group: -34.8 ~ 36.1%
Active group: -18.8 ~ -69.7%

Phase 2 (12 weeks)

Placebo and active group (blinded data, n=50)

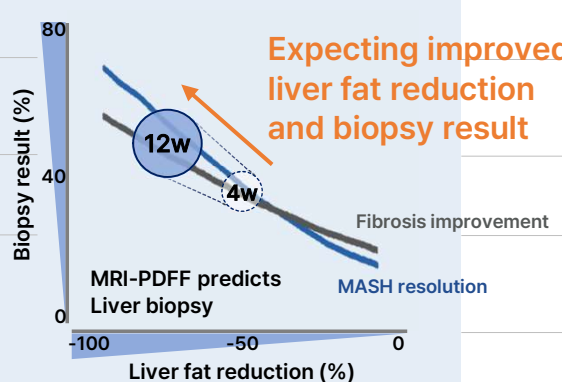


Median 25% or 75% quartile

Superior/comparable efficacy and safety profile compared to the competitor are expected

Clinical result comparison (vs survodutide)



Clinical study	Program / Study	DD01 P1	DD01 P2	Survodutide P2*
	Treatment period	4 weeks (40mg, n=4)	12 weeks (40mg, n=TBC)	48 weeks (6mg, n=46)
	Development status	Completed	On-going (Completed 12-week treatment)	Completed
Efficacy	Liver fat content	-49.9%		-64.3%
	Liver fat patients achieving ≥30% LFR	75%		76.9%
	Glucose control HbA1c	-0.3%		-0.78%
	FDA approval criteria MASH resolution	n/a		47.7%#
	Fibrosis improvement			36.6%#
Safety	Discontinuation\$	-	Maintaining low discontinuation rate to date	23%
	Clinical design (titration)	Not applied	2 weeks (2 tiers in total)	24 weeks: Half of overall period (12 tiers in total)

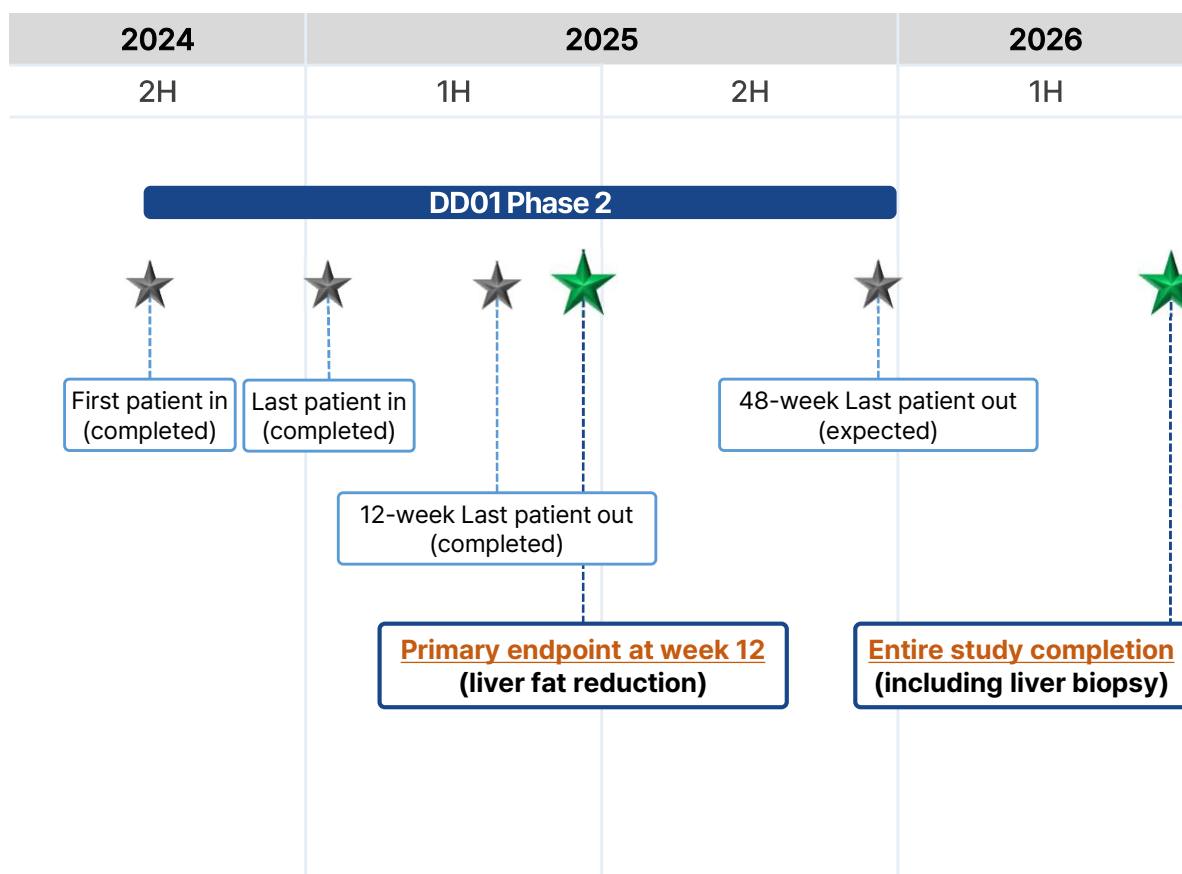
*Actual treatment (All)

#F2-F3 patients, same criteria as the participants targeted for FDA approval, placebo-adjusted (n=34)

\$Discontinuation rate in subjects meeting the same eligibility criteria as in DD01 Phase 2

All patients completed 12-week treatment and underwent MRI-PDFF in April 2025
 Topline data to be unveiled in June 2025

Phase 2 expected timeline



	Expected timeline	Completed	Note
2024 Aug	First patient in	✓	-
Jan	Last patient in	✓	-
Apr	12-week Last patient out	✓	-
2025 Jun	Primary endpoint (liver fat reduction)		Subject to disclosure
Dec	48-week Last patient out		-
2026 Jun	Entire study completion (including liver biopsy)		Subject to disclosure

Metsera has secured more than \$800M within 2 years since its founding, including IPO
Oral program in clinical stage in-licensed from D&D; additional products to follow

Clinical pipeline (Metsera)

STRATEGY	PROGRAM Target / Mechanism	DISCOVERY	IND / CTA- ENABLING	PHASE I	PHASE 2	ANTICIPATED MILESTONES
FULLY BIASED, MONTHLY GLP-1 RA	MET-097i Fully Biased GLP-1 RA			Phase 2b ongoing		Phase 2b weekly preliminary readout mid 2025. Phase 2b monthly preliminary readout year end 2025 / early 2026.
AMYLIN AGONISM + GLP-1 RA	MET-233i Amylin Analog			Phase 1 ongoing		Phase 1 preliminary readout mid 2025
	MET-233i + MET-097i Amylin Analog + Fully Biased GLP-1 RA					Phase 1 preliminary readout late 2025, if sufficient safety has been established in MET-233i Phase 1 and if successful in initiating Phase 1
ORAL PEPTIDE PLATFORM (MOMENTUM)	MET-224 _o / MET-097 _o Fully Biased GLP-1 RA		IND-enabling studies ongoing			Phase 1/2 preliminary readout late 2025, after completion of IND-enabling studies and if successful in initiating study
	MET-002 _o GLP-1 RA			Phase 1 ongoing		
NEXT-GENERATION COMBINATIONS	MET-034i GIP RA		IND-enabling studies ongoing			Phase 1 preliminary readout late 2025 if successful in initiating study
	MET-067i Glucagon Analog		IND-enabling studies ongoing			

Oral pipeline (disclosed)

Metsera's oral NuSH pipeline

-  MET-002_o
Prototype MOMENTUM peptide
-  MET-224_o
FB*, HALO-lipidated GLP-1RA
-  MET-097_o
FB*, HALO-lipidated GLP-1RA
-  MET-AMY_o
HALO-lipidated oral amylin
-  MET-GGG_o
HALO-lipidated triple agonist

All oral pipeline and a triple agonist in-licensed from D&D

Simultaneous development of multiple products fueled by substantial funding

Injectable			Oral			
Mono-agonist	MET-097i	MET-233i	MET-002o	MET-224o	MET-097o	MET-AMYo
	<ul style="list-style-type: none">GLP-1 agonistApplied Metsera's long-acting tech.; HALO™ (Half-life 380 hrs: longest among existing products)11.3% WL in 12 weeks (Phase 2a)Phase 2b on-going	<ul style="list-style-type: none">Amylin agonistHALO™ appliedFor combination therapy (GLP-1 + Amylin)Phase 1 on-going	<ul style="list-style-type: none">GLP-1 agonistPrototype for ORALINK evaluation and formulation optimizationPhase 1 on-going <div><i>Optimized formulation to be applied</i></div>	<ul style="list-style-type: none">GLP-1 agonistHALO™ applied (Comparable half-life to MET-097i)To apply optimal formulation studied from MET-002oIND enablingPreliminary efficacy result within 2025	<ul style="list-style-type: none">GLP-1 agonistOral MET-097iIND enablingPreliminary efficacy result within 2025	<ul style="list-style-type: none">AmylinHALO™ appliedPreclinical
Multi-agonist	Triple agonist (DD15)	MET-097i Combo	MET-GGGo		Dual agonist (DD14)	
	<ul style="list-style-type: none">GLP-1/GCG/GIP triple agonistDevelopment status undisclosed	<ul style="list-style-type: none">Combination therapy with MET-097i<ul style="list-style-type: none">GIP (MET-034i)GCG (MET-067i)	<ul style="list-style-type: none">GLP-1/GCG/GIP triple agonistHALO™ appliedPreclinical		<ul style="list-style-type: none">GLP-1/GIP dual agonistDevelopment status undisclosed	

MET-002o formulation study on-going;
MET-224o/MET-097o efficacy readout expected within 2025

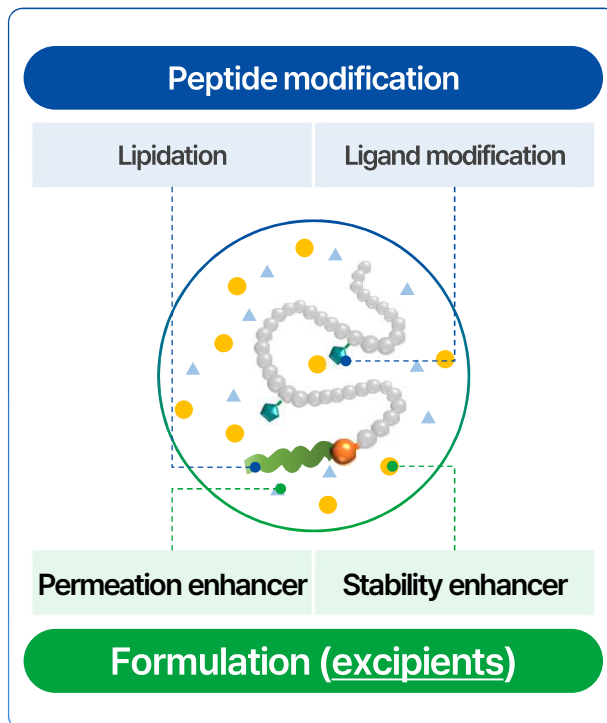
Expected timeline

Program	2024	2025		2026
	2H	1H	2H	1H
MET-002o	<i>Initiated in Nov 2024</i> Phase 1			
MET-224o	<i>Formulation optimization with MET-002o</i> <div><div>Initiation schedule undisclosed</div><div>Phase 1/2</div><div><i>Efficacy result within 2025</i></div></div>			
MET-097o	<div><div>Initiation schedule undisclosed</div><div>Phase 1/2</div><div><i>Efficacy result within 2025</i></div></div>			
MET-AMYo	<i>Clinical timeline undisclosed</i>			
MET-GGGo				
Oral dual agonist (DD14)				
Injectable triple agonist (DD15)				

Note) Metsera - TD Cowen 45th Annual Health Care Conference, March 4, 2025

Multiple excipients required to enhance oral peptide absorption
Safety and scalability are critical criteria for commercialization

Oral peptide technology (ORALINK)



Key considerations

Safety of excipients

- Safety study is required for excipients used in oral peptide technologies

Scalability

- Scalability for commercial manufacturing must be validated

ORALINK evaluation

- ✓ Active licensing deal with partner (Metsera) → Completed feasibility evaluation
- ✓ Confirmed safety through Phase 1 and GLP toxicity studies
- ✓ No specialized or dedicated manufacturing facilities required
- ✓ Reduced CoGS based on improved oral bioavailability

DD01 Phase 2 topline data to be available by June 2025

MET-224o/MET-097o weight loss effect to be confirmed within 2025 (by Metsera)

Major catalyst events (2025-1H26)

	Mid 2025	End 2025	Mid 2026
MASH Treatment (DD01)	✓ <u>Phase 2 primary endpoint results (Liver fat reduction at week 12)</u>	✓ Phase 2 last patient out (n=67) ✓ Licensing deal to be pursued based on primary endpoint results	✓ <u>Biopsy results at week 48 (including FDA approval criteria)</u>
Obesity Treatment (with Metsera)	✓ <u>MET-224o phase 1 initiation (expected)</u>	✓ <u>MET-224o/MET-097o weight loss effect</u>	✓ IND ready for additional programs