May 2026

Corporate Presentation

Definium™ THERAPEUTICS

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There are numerous risks and uncertainties that could cause actual results, plans and objectives to differ materially from those expressed in forward-looking statements, including history of negative cash flows, limited operating history, incurrence of future losses, availability of additional capital, compliance with laws and regulations, difficulty associated with research and development, risks associated with clinical trials or studies, heightened regulatory scrutiny, early stage product development, clinical trial risks, regulatory approval processes, novelty of the psychedelic inspired medicines industry, our ability to maintain effective patent rights and other intellectual property protection for our product candidates, our expectations regarding the size of the eligible patient populations for our lead product candidates, if approved and commercialized; our ability to identify third-party treatment sites to conduct our trials and our ability to identify and train appropriate qualified healthcare practitioners to administer our treatments; the pricing, coverage and reimbursement of our lead product candidates, if approved and commercialized; the rate and degree of market acceptance and clinical utility of our lead product candidates, in particular, and controlled substances, in general; as well as those risk factors described in the Company's Annual Report on Form 10-K for the fiscal year ended December 31, 2025 under headings such as “Special Note Regarding Forward-Looking Statements,” and “Risk Factors” and “Management's Discussion and Analysis of Financial Condition and Results of Operations” and other filings and furnishings made by the Company with the securities regulatory authorities in all provinces and territories of Canada which are available under the Company's profile on SEDAR+ at www.sedarplus.ca and with the SEC on EDGAR at www.sec.gov.

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Cautionary Note Regarding Regulatory Matters
The United States federal government regulates drugs through the Controlled Substances Act. DT120 ODT is a proprietary, pharmaceutically optimized form of lysergide D-tartrate and DT402, or R(-)-MDMA, is our proprietary form of the R-enantiomer of MDMA (3,4-methylenedioxymethamphetamine). Lysergide and MDMA are Schedule I substances under the Controlled Substances Act. While the Company is focused on programs using psychedelic or hallucinogenic compounds and non-hallucinogenic derivatives of these compounds, including in DT120 ODT, DT402 and its other product candidates, the Company does not have any direct or indirect involvement with the illegal selling, production or distribution of any substances in the jurisdictions in which it operates. The Company is a neuro-pharmaceutical drug development company and does not deal with psychedelic or hallucinogenic substances except within laboratory and clinical trial settings conducted within approved regulatory frameworks. The Company's products will not be commercialized prior to applicable regulatory approval, which will only be granted if clinical evidence of safety and efficacy for the intended uses is successfully developed.

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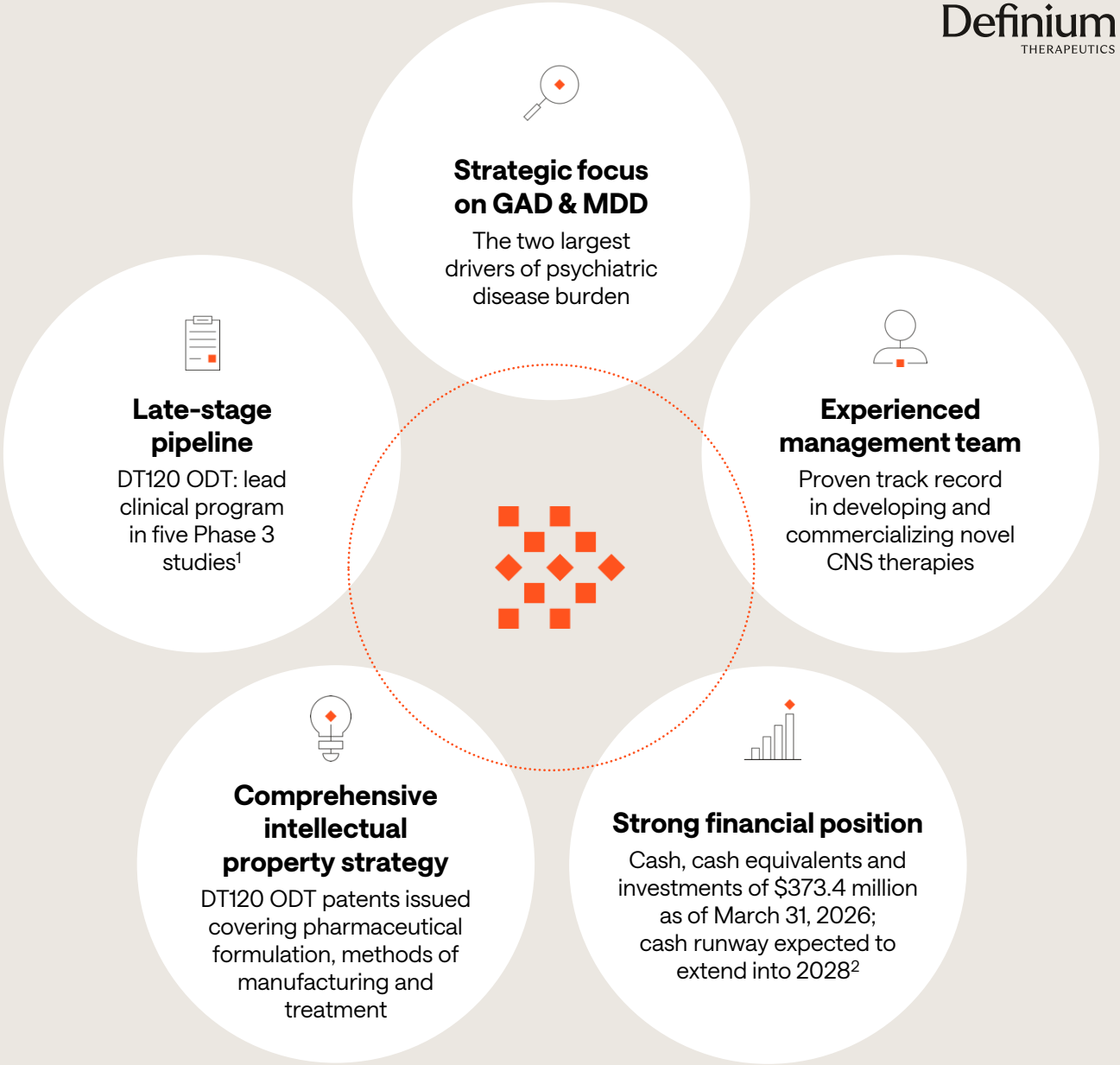
Precise science. Boundless impact.

Three Phase 3 readouts anticipated in 2026 driving potential billion-dollar commercial opportunities in GAD and MDD



1. Includes four studies in progress and one in planning.
2. Based on the Company's current operating plan and anticipated milestones.

CNS: central nervous system; GAD: generalized anxiety disorder; MDD: major depressive disorder; ODT: orally disintegrating tablet

Advancing Our Pipeline with Broad Therapeutic Potential

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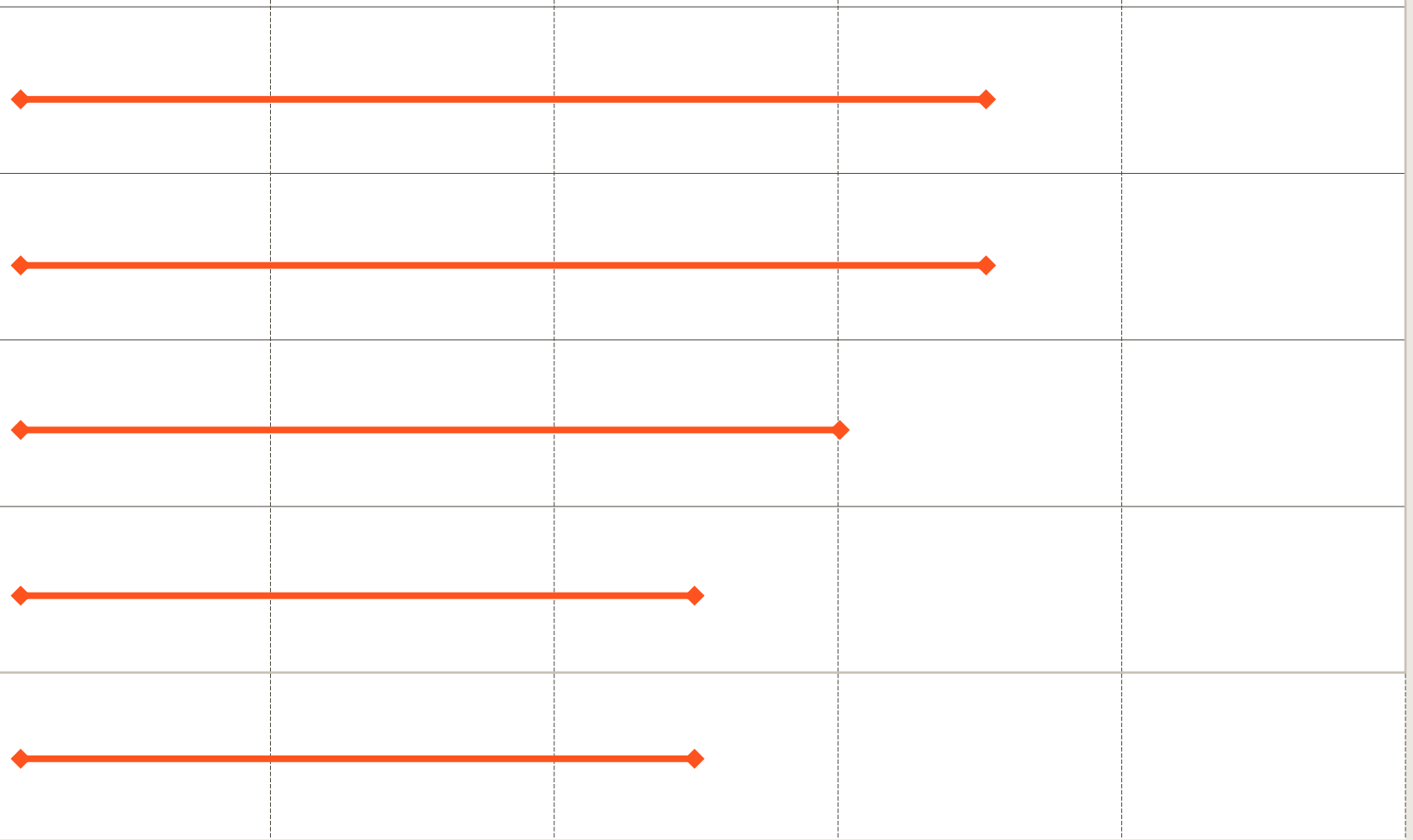
PRODUCT CANDIDATE	INDICATION	PRECLINICAL	PHASE 1	PHASE 2	PIVOTAL / PHASE 3	REGISTRATION
Lysergide tartrate ***DT120***[1]	Generalized Anxiety Disorder (GAD)[3]					
	Major Depressive Disorder (MDD)[3]					
	Posttraumatic Stress Disorder (PTSD)[4]					
	Additional Indication(s)[4]					
R(-)-MDMA ***DT402***[2]	Autism Spectrum Disorder (ASD)[3]					



1. Formerly known as MM120; rINN: lysergide tartrate.
2. Formerly known as MM402.
3. Full trial details and clinicaltrials.gov links available at definiumtx.com/clinical-digital-trials/
4. Studies in exploration and/or planning stage.

R(-)-MDMA: rectus-3,4-methylenedioxymethamphetamine

01

Lysergide tartrate
DT120

Program Overview

Target Product Profile to Address Significant Unmet Need

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1
Dose[1]

5-8
Hours in the Clinic[2]

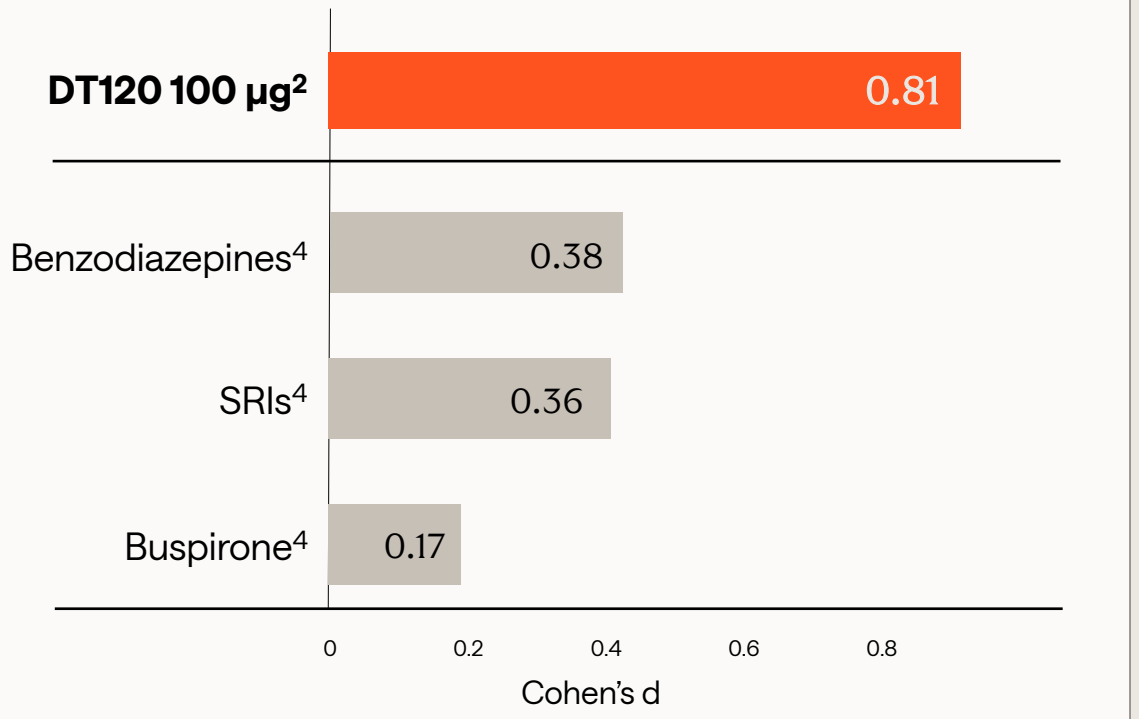
12+
Weeks of Durability[1]

50M
US Adults with GAD & MDD[3]

1. Single dose regimen is being studied in pivotal clinical trials with primary and secondary outcome measures through 12 weeks after administration. Phase 3 studies include 40 week extension phase to characterize durability of response beyond 12 weeks in participants up until the time of discontinuation or the administration of open-label DT120.
2. Required monitoring period for all participants in pivotal studies is 8 hours and requires that participants clear the End of Session Checklist.
3. Ringeisen, H., et al. (2023). Mental and Substance Use Disorders Prevalence Study (MDPS): Findings Report, Zhou, Y,. Et al. (2017). Nature. Comorbid generalized anxiety disorder and its association with quality of life in patients with major depressive disorder. RTI International and current U.S. Census data and internal company estimates.

DT120 Phase 2b Efficacy and Durability Demonstrates Potential Best-In-Class Profile[1,3]

Comparative Effect Sizes in GAD



Standardized effect size more than double the standard of care[1,2,3]

Rapid and durable response after single administration[3]

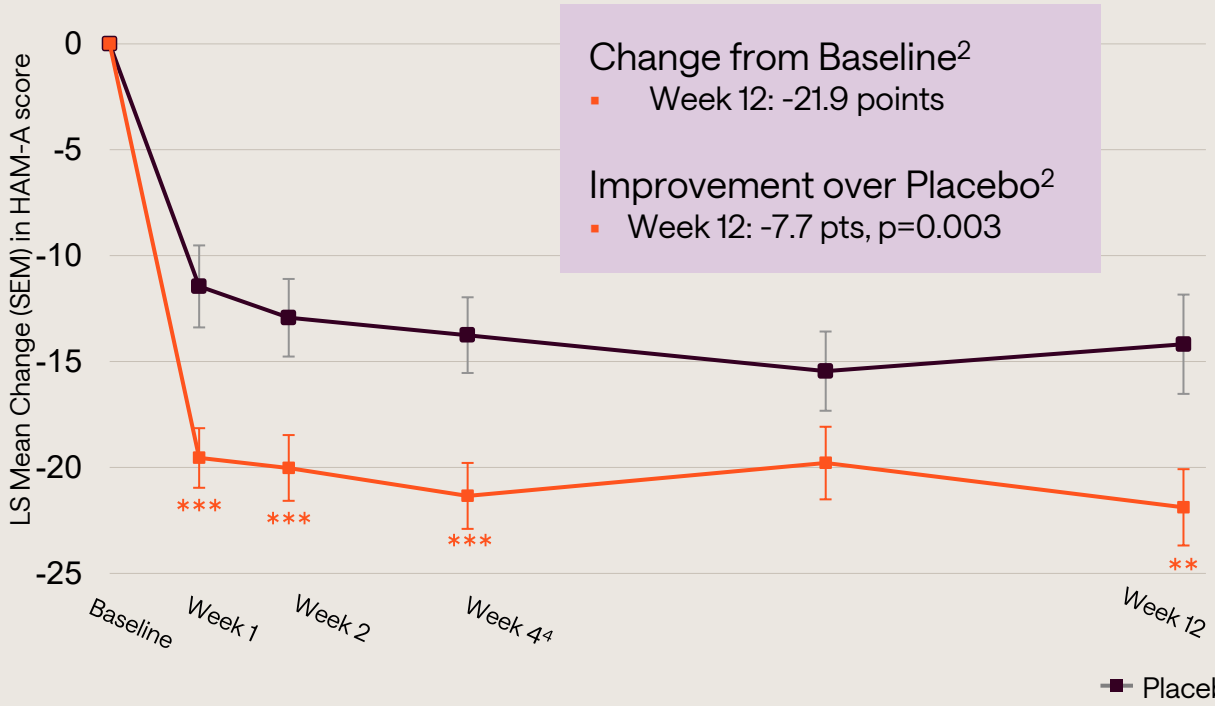
Rapid	1.8-point reduction in CGI-S within 24 hours (p<0.0001)
Durable	21.9-point improvement on the HAM-A at Week 12 (p=0.003)
Response & Remission	48% of participants in remission at Week 12[5]
Limited Adverse Event (AE) Burden	Favorable tolerability with most AEs on dosing day
Standalone Drug Effect	Observed drug effect without accompanying psychotherapy

1. Study MMED008 internal study documents and calculations. Comparisons to standard of care/other drug classes based on historical comparison not head-to-head comparison trial.
2. HAM-A scores based on ANCOVA LS Mean. in Study MMED008. Effect size based on post hoc calculation using LS Mean change between group and pooled standard deviation of week 12 HAM-A scores between groups.
3. Based on 100 µg dose group.
4. RB Hidalgo, J Psychopharmacol. 2007 Nov;21(8):864-72.
5. p-values not calculated for remission rates between groups.

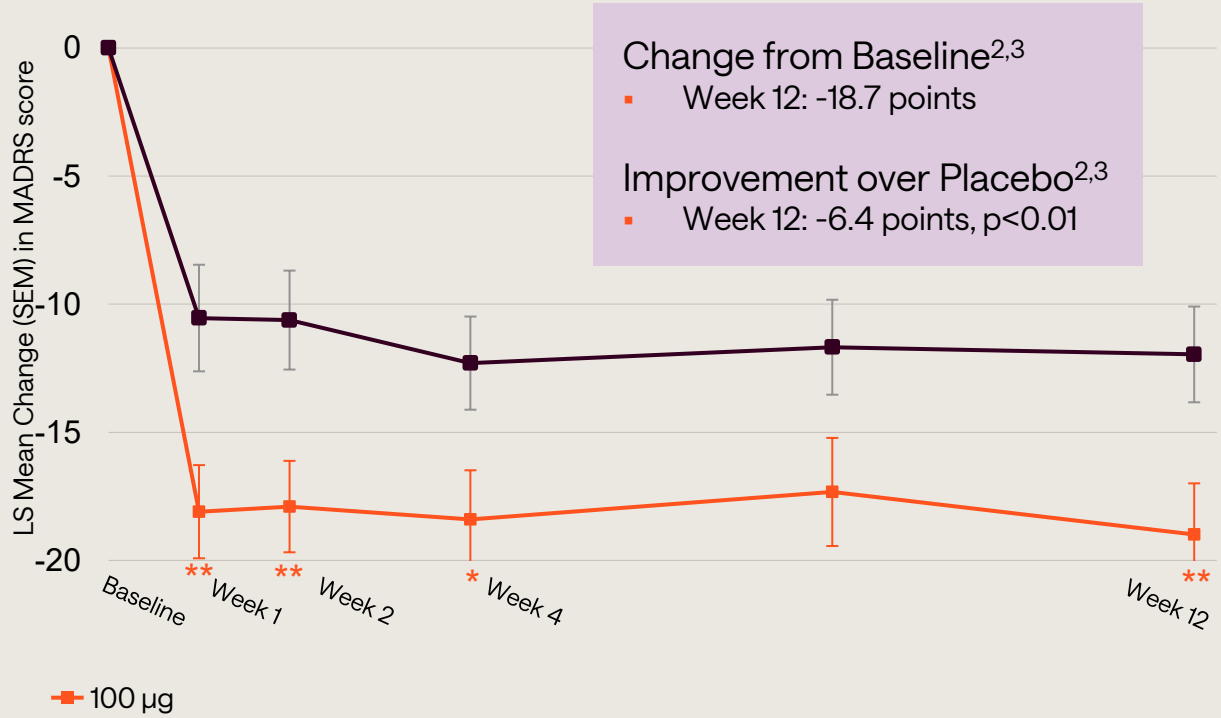
CGI-S: Clinical Global Impression – Severity scale; GAD: generalized anxiety disorder; HAM-A: Hamilton Anxiety scale; SRI: serotonin reuptake inhibitor

DT120 Showed Statistically & Clinically Significant Improvements on Anxiety and Depression Symptoms[1,2]

Primary Outcome: HAM-A Change from Baseline



MADRS Change from Baseline



*p<0.05; **p≤0.01; ***p≤0.001

1. Source: Study MMED008 internal study documents and calculations. Full analysis set population.
2. Based on 100 µg dose group.
3. Based on observed MADRS score at each timepoint.
4. Primary endpoint of the study was change in Hamilton Anxiety Scale (HAM-A) at week 4 using the MCP-Mod statistical analysis. Based on the pre-specified candidate dose response curves, the MCP-Mod model-estimated difference between 100 µg and placebo was 5.0 points versus the observed difference of 7.6 points at week 4.

µg: microgram; HAM-A: Hamilton Anxiety Rating Scale; MADRS: Montgomery-Åsberg Depression Rating Scale NOTE: Significance achieved despite study not being powered for these pairwise comparisons.

DT120 Demonstrated Profound Changes in GAD Severity[1]

HAM-A Severity & Clinical Symptoms

Very Severe
Symptoms are incapacitating

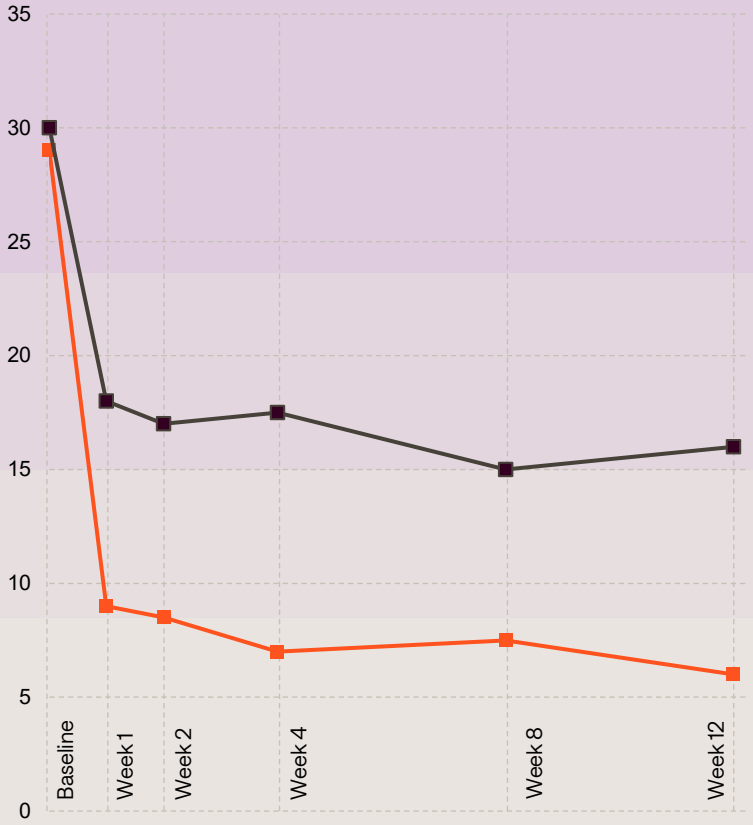
Severe (≥24)
Symptoms are severe and persistent or result in severe distress or marked impairment in functioning

Moderate (15-23)
Symptoms are more frequent, with moderate distress or limited interference with usual activities

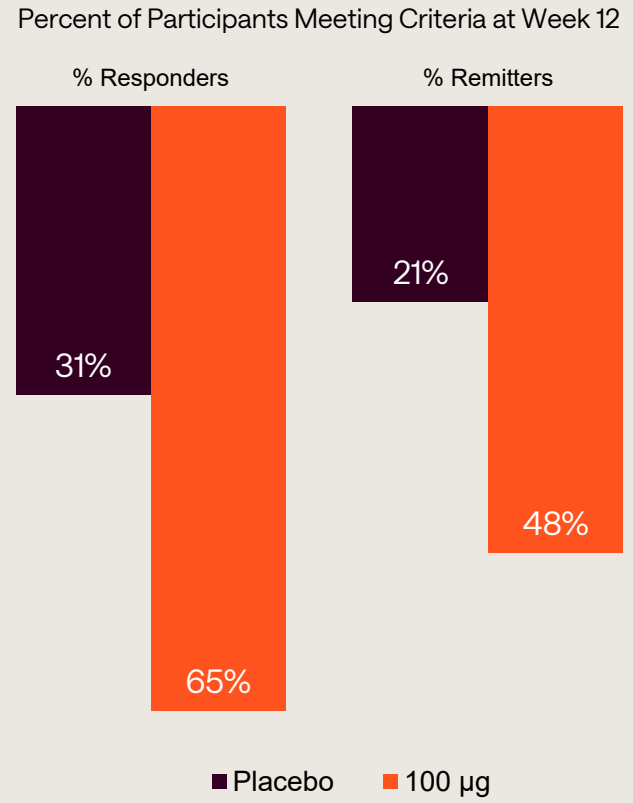
Mild (8-14)
Symptoms are infrequent, with no impairment and no more than mild distress

Remission (≤7)
Symptoms are absent, insignificant, or clearly due to causes other than anxiety

Median HAM-A Through Week 12



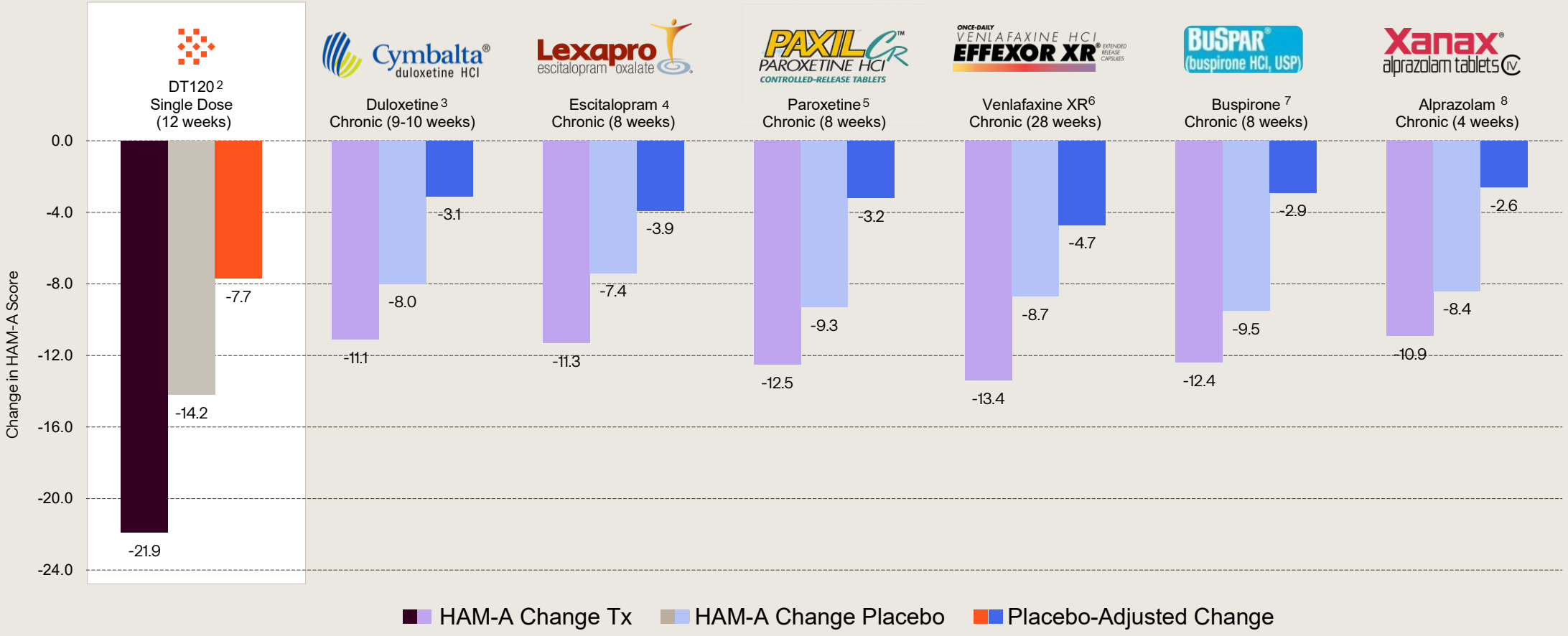
HAM-A Response & Remission at Week 12[2]



1. Source: Study MMED008 internal study documents and calculations. Full analysis set population.
2. Response is a 50% or greater improvement on HAM-A score; Remission is a HAM-A score of ≤7; p-values not calculated.

µg: microgram; HAM-A: Hamilton Anxiety Rating Scale

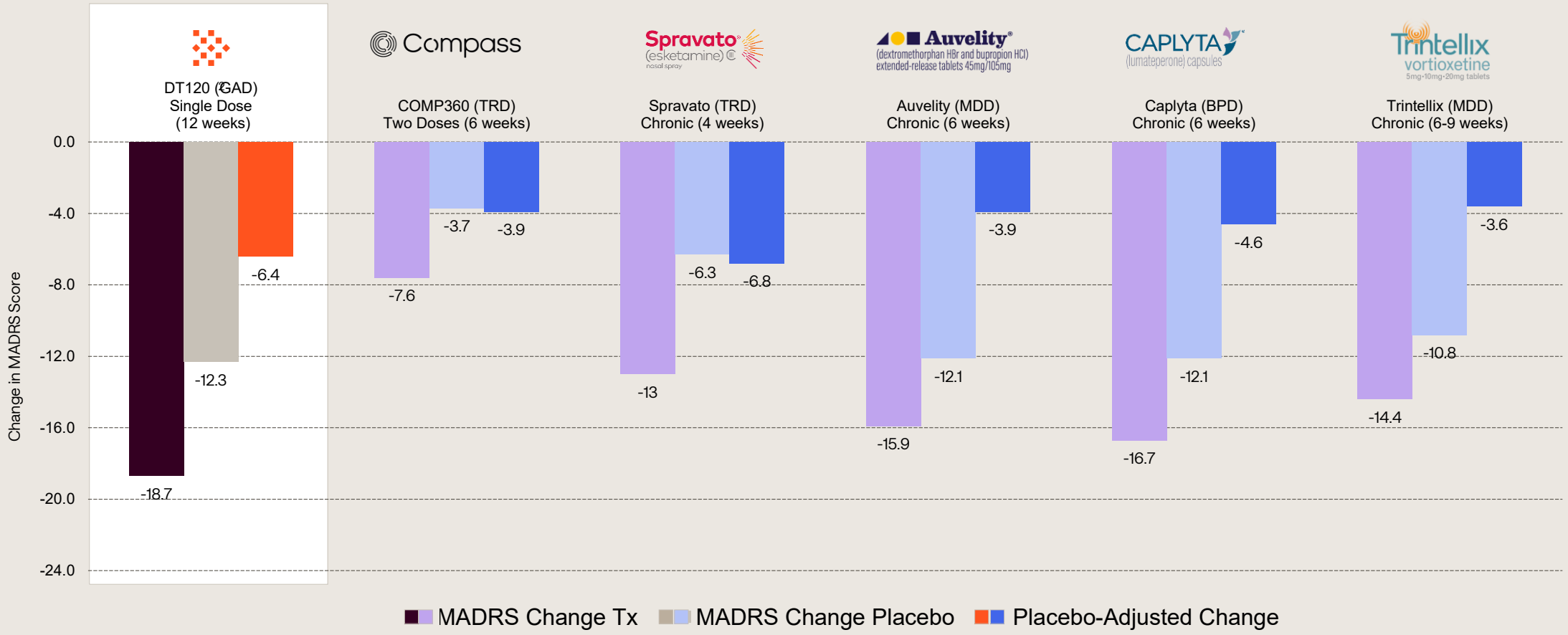
DT120's Clinical Activity Stands Out Compared to Approved GAD Treatments[1]



1) The information presented in this slide is derived from multiple clinical trials, each conducted under distinct protocols and settings. As such, these data may not be directly comparable due to the lack of a head-to-head comparison. Differences in trial design, patient demographics, and other variables may account for variations in the observed outcomes. Study results for each drug are intended to be representative, however, multiple trials of the approved treatments have been conducted with varying results, including results that may have demonstrated a larger or smaller treatment effect than those presented. BuSpar and Xanax are approved for anxiety disorders which include GAD.; 2) R Robison, JAMA. 2025 Sep 4; e2513481. doi:10.1001/jama.2025.13481; 3) C Allgulander, Curr Med Res Opin. 2007;23(6):1245–1252; 4) JRT Davidson, Depress Anxiety. 2004;19(4):234–240; 5) K Rickels K, Am J Psychiatry 2003; 160:749-756. 2005;62(9):1022–1030; 6) AJ Gelenberg AJ, JAMA. 2000;283(23):3082–3088; 7) JJ Sramek JJ, Journal of Clinical Psychiatry. 1996;57(7):287–291; 8) K Rickels, Arch Gen Psychiatry. 2005;62(9):1022–1030.

GAD: generalized anxiety disorder, Tx: treatment

DT120 Delivers Clinical Activity that Stands Apart from Latest Generation of Treatments for Depression Symptoms[1]



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2. Depression treatments include those indicated for MDD, TRD and BPD. Only includes results from Phase 3 studies for which MADRS data are available and which were studied as a monotherapy. Results for approved drugs as reported on US Prescribing Information. In instances with multiple studies, the most favorable US study results presented. Compass Pathways results based on Study COMP005

Adj: adjunctive; BPD: bipolar depression; GAD: generalized anxiety disorder; MDD: major depressive disorder; TRD: Treatment Resistant Depression;Tx: treatment

Scientific Rigor in DT120 Phase 2b Provides Confidence for Phase 3 Program

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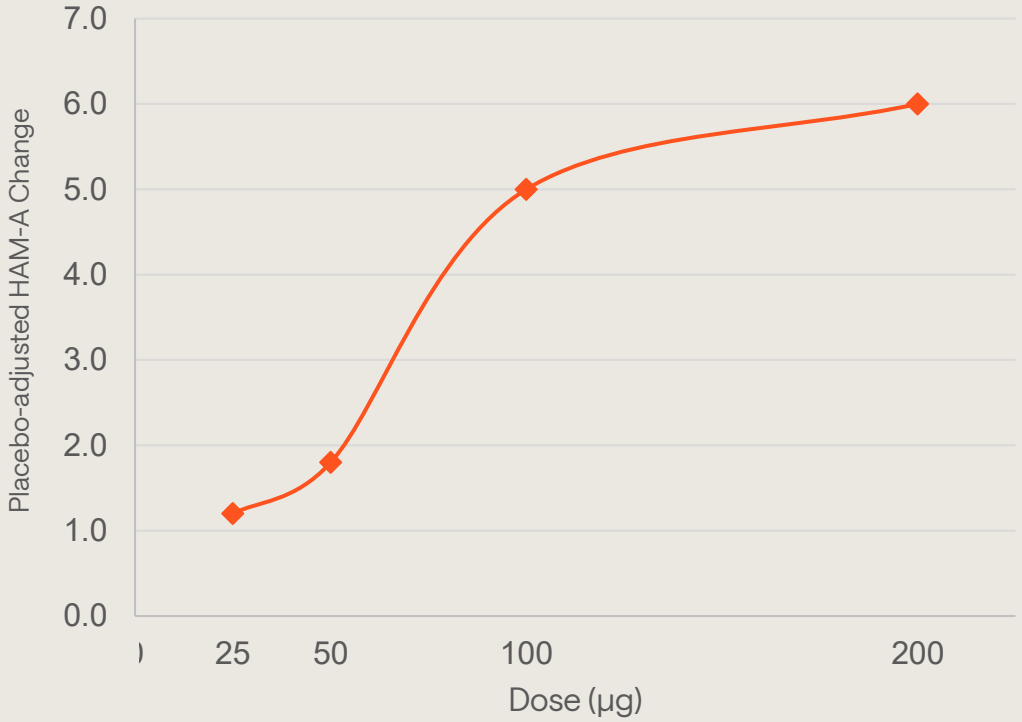
Key Findings

- Statistically significant dose response in Phase 2b
- Model supports 100 µg as optimal dose
- Results not explainable by “functional unblinding” supporting robustness of drug effect

Model-Based Dose-Response Curve[1]



1. Study MMED008 internal study documents and calculations.

DT120 was Well-Tolerated with Adverse Events Mostly Limited to Dosing Day[1]

Favorable tolerability profile	▪ Virtually all (99%) adverse events (AEs) were mild-to-moderate in severity ▪ Minimal (2.5%) treatment emergent AEs (TEAEs) led to study withdrawal ▪ No drug-related serious AEs (SAEs)[2]
No SAEs related to study drug	▪ Only SAE was in 50 µg dose group and deemed unrelated[2] ▪ AE profile consistent with historical studies and drug class
No suicidal behavior or suicidality signal[3]	▪ No suicidal or self-injurious behavior ▪ No indication of increased suicidality or suicide-related risk ▪ ≤2 participants per arm reported suicidal ideation during the study

1. Source: Study MMED008 internal study documents and calculations. Safety population.
2. One serious adverse event (SAE) was observed in the 50 µg dose group: panic attack on study day 98 that was deemed not related to treatment.
3. Suicidality assessment based on reported adverse events.

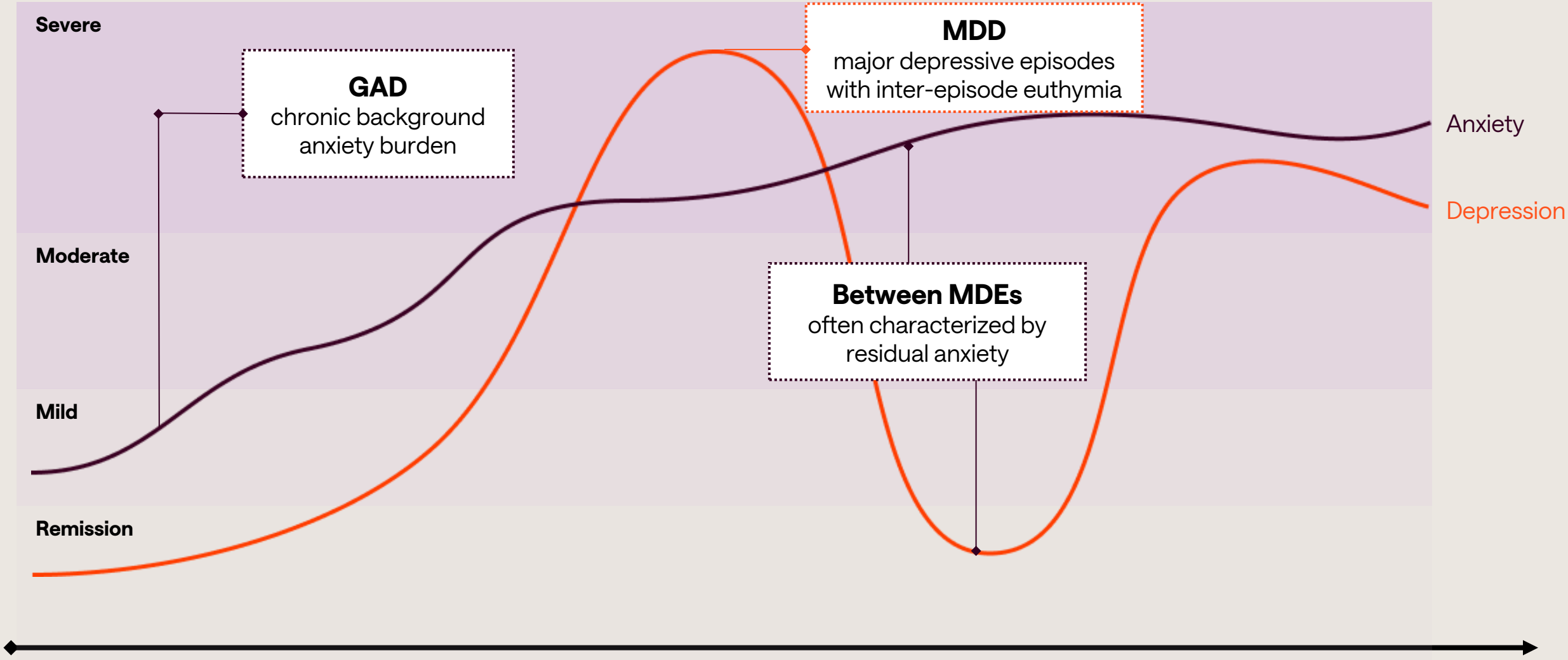
02

Anxiety & Depression

Understanding the Patient Journey

AE: adverse events; MDE: major depressive episode; PCP: primary care physician; Rx: prescription; SGA: second generation antipsychotic; SRI: serotonin reuptake inhibitors (including selective serotonin and selective serotonin and norepinephrine reuptake inhibitors); Tx: treatment

Interplay Between GAD & MDD Highlights Opportunity for a Dual Intervention[1]



1. Conceptual illustration of disease progression in comorbid GAD and MDD.

GAD: generalized anxiety disorder; MDD: major depressive disorder; MDE: major depressive episode

Clinical Outcome Assessments in GAD and MDD Share Many Domains

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Hamilton Anxiety Scale (HAM-A)[1]

Range: 0-56

1. Anxious mood – worry, fear
2. Tension – restlessness, inability to relax
3. Fears – of dark, strangers, being alone, etc.
4. Insomnia
5. Intellectual – concentration, memory
6. Depressed Mood
7. Somatic (muscular) – aches, twitching
8. Somatic (sensory) – tinnitus, blurred vision
9. Cardiovascular symptoms – palpitations, chest pain
10. Respiratory symptoms – shortness of breath
11. Gastrointestinal symptoms – nausea, cramps
12. Genitourinary symptoms – frequency, libido changes
13. Autonomic symptoms – dry mouth, sweating
14. Behavior during interview – fidgeting, restlessness

Montgomery-Åsberg Depression Rating Scale (MADRS)[2]

Range: 0-60

1. Apparent sadness
2. Reported sadness
3. Inner Tension
4. Reduced Sleep
5. Reduced Appetite
6. Concentration Difficulties
7. Lassitude
8. Inability to Feel (Anhedonia)
9. Pessimistic Thoughts
10. Suicidal Thoughts

Psychological effects

Physical effects

1. Source: Hamilton M.The assessment of anxiety states by rating. Br J Med Psychol 1959; 32:50–55.
2. Source: Montgomery, S. A., & Åsberg, M. (1979). A new depression scale designed to be sensitive to change. British Journal of Psychiatry, 134(4), 382–389.

03

DT120 ODT Phase 3 Program

Positioned for Success

Robust Phase 3 DT120 ODT Development Program Aiming for Broad Label

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Generalized Anxiety Disorder (GAD)

Voyage

n=214[1]
1:1 randomization

DT120 ODT
vs. Placebo

- **Part A:** 12-week DB, RCT
- **Part B:** 40-week Extension with OL Treatment

Panorama

Target n=200[1]
2:1:2 randomization

DT120 ODT
vs. Placebo
including 50 µg control

- **Part A:** 12-week DB, RCT
- **Part B:** 40-week Extension with OL Treatment

Major Depressive Disorder (MDD)

Emerge

n=149
1:1 randomization

DT120 ODT
vs. Placebo

- **Part A:** 12-week DB, RCT
- **Part B:** 40-week Extension with OL Treatment

Ascend

Target n=175[2]
2:1:2 randomization

DT120 ODT
vs. Placebo
including 50 µg control

- **Part A:** 12-week DB, RCT
- **Part B:** 40-week Extension with OL Treatment

Posttraumatic Stress Disorder (PTSD)

Haven

Target n=200[2]
1:1 randomization

DT120 ODT
vs. Placebo

- **Part A:** 12-week DB, RCT
- **Part B:** 40-week Extension with OL Treatment

1. Studies employ an adaptive design with interim blinded sample size re-estimation ("SSRE") based on nuisance parameters (e.g. patient retention rate, variability of primary outcome measure) which allows for an adjustment of the sample size of up to 50% to maintain statistical power. Planned sample size indicated prior to any adjustments in accordance with the sample size re-estimation.
2. Clinical study designs subject to change based on ongoing regulatory discussion and review, including of Phase 3 clinical trial protocols.

DB: double blind; HAM-A: Hamilton Anxiety Rating Scale; MADRS: Montgomery-Åsberg Depression Rating Scale; ODT: orally disintegrating tablet; OL: open-label; RCT: randomized controlled trial

Multiple Programs with Shared Development Strategy

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PHASE 3 STUDY[1]

Voyage
Emerge
Haven

Panorama
Ascend

Part A
12 Week Randomized, Double-Blind

Single Dose

- DT120 ODT 100 µg
- Placebo

Single Dose

- DT120 ODT 100 µg
- DT120 ODT 50 µg control
- Placebo

Part B
40 Week Extension with Opportunity for Open-Label Treatment

Up to four open-label doses of DT120 ODT 100 µg

Follow-up Observation
ePRO: biweekly
Central ClinRO: monthly or when ePRO>threshold

Potential Treatment
Eligible for open-label treatment when ClinRO>moderate

Primary Endpoint:
MDD: MADRS at Week 6
GAD: HAM-A at Week 12
PTSD: CAPS-5 at Week 8

Source: Definium internal study documents.

ClinRO: clinician reported outcome; ePRO: electronic patient reported outcome; MADRS: Montgomery-Åsberg Depression Rating Scale; MDD: Major Depressive Disorder; ODT: orally disintegrating tablet

SSREs Complete and Support Confidence in Decisive Phase 3 Outcomes

	Phase 2b Study MMED008[1,2]	Voyage		Panorama	
	Observed	Planned	SSRE Outcome	Planned	SSRE Outcome
Enrollment Target		200	200	250	200
Standard Deviation	9.7	10.0	Observed: 7.8 MMRM: 6.2	10.0	Observed: 7.6 MMRM: 7.4
Non-evaluable rate[3]	25%	15%	10%	15%	6%
Power for Δ=5 points[3]		90%	>99%	90%	99%
Minimum detectable difference[4]		3.0	1.8	3.0	2.4

1. Internal study documents.
2. Robison, Reid et al. "Single Treatment With MM120 (Lysergide) in Generalized Anxiety Disorder: A Randomized Clinical Trial." JAMA vol. 334,15 (2025): 1358-1372. doi:10.1001/jama.2025.13481
3. Non-evaluable rate based on data not available within visit analysis window as defined in study statistical analysis plan.
4. SSREs conducted 12 weeks after enrollment of 50% of target sample size. Raw standard deviation based on observed cases at timepoint of interest. MMRM SD derived from model-based residual standard error. Power calculation based on the assumption that SSRE-observed nuisance parameters and revised target enrollment are maintained in final population and analysis. Minimum detectable difference refers to the placebo-adjusted difference above which a p-value less than 0.05 could be expected in the final analysis and are based on the SSRE-observed nuisance parameters assuming such parameters are maintained in final population and analysis; based on current enrollment at time of analysis.

◐: placebo-adjusted difference on primary endpoint; MMRM: Mixed Models or Repeated Measures; SD: standard deviation; SSRE: sample size re-estimation

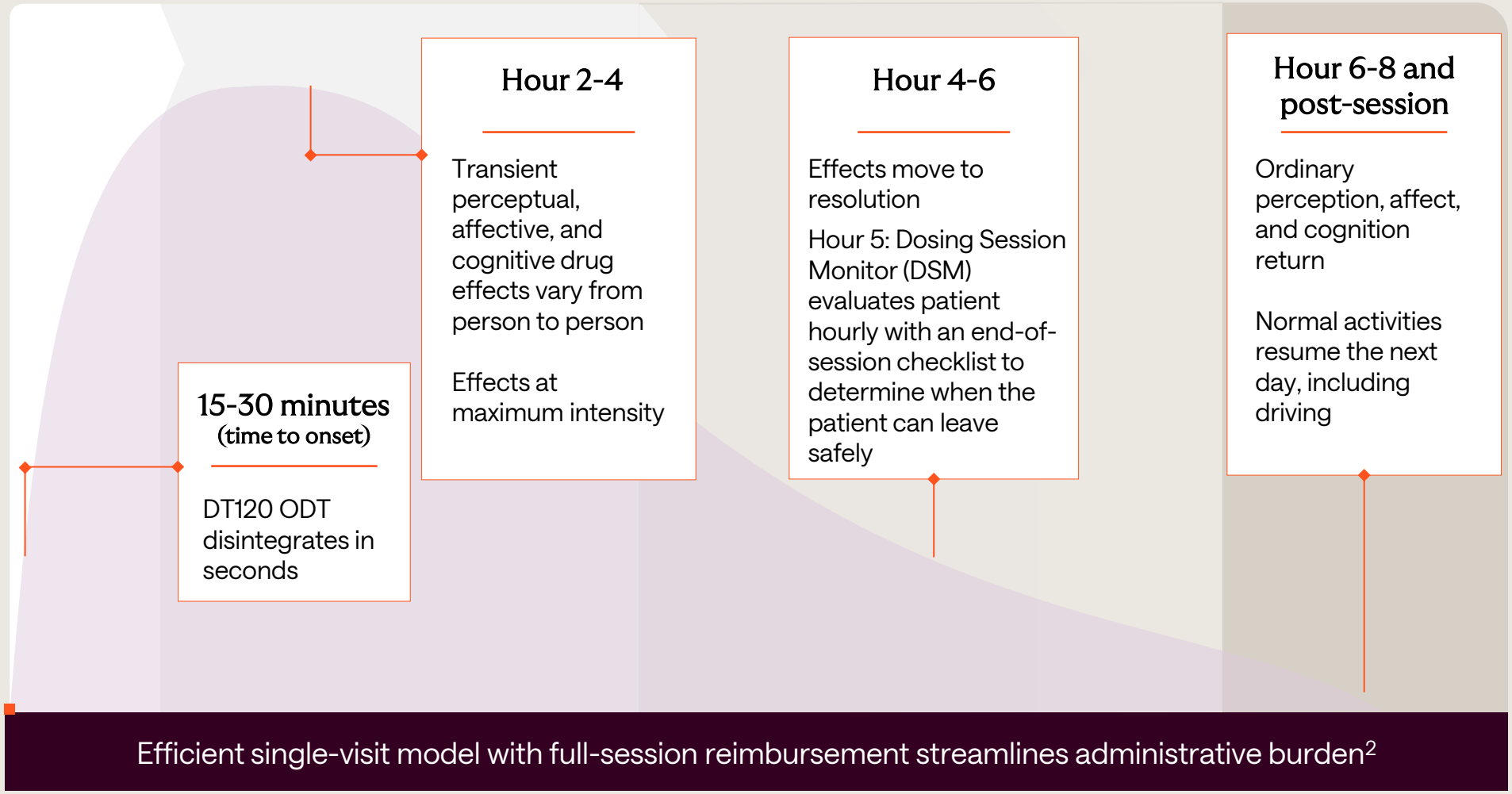
DT120 ODT Treatment Paradigm: Standalone Drug Effects with No Psychotherapeutic Intervention[1]

	Pre-treatment	During treatment	Post-treatment
DT120 Patient Journey	✓ Pre-treatment activities consist of a comprehensive informed consent process ✓ Eligibility evaluation	✓ Continuous monitoring by DSMs ✓ Music, eye shades, reading, writing ✓ Concludes when EOSC criteria met	✓ Follow-up visits for assessment only
Not Part of Patient Journey	x No “preparation” therapy	x No “assisted therapy” x No psychotherapy and no therapeutic intervention beyond study drug	x No “integration” therapy x No ongoing therapeutic engagement as part of clinical trial activities

1. Source: Study MMED008 internal study documents.

DSM: dosing session monitor; EOSC: end of session checklist

Clinical Dosing Paradigm with Potential Translatability to Efficient Real-World Delivery[1,2]



1. Dosing and monitoring paradigm based on Phase 3 clinical protocols. Required monitoring period for all participants in pivotal studies is 8 hours and requires that participants clear the End of Session Checklist.
2. Existing coding systems could potentially be applied or be changed for DT120. Reimbursement and coding for DT120 have yet to be established.

ODT: orally disintegrating tablet

Evolution of Patient Monitoring based on Clinical Evidence & Anticipating Real-World Setting

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Phase 2 Study	Pivotal-Stage Studies
23 Total Criteria	**8 Item Scale**
Expansive Research-oriented Checklist • Patient-reported physical status • Patient-reported mental status • Assessed mental status (7 criteria) • Sensory & Psychomotor status (5 criteria) • DSM-5 Criteria for Hallucinogen Intoxication (9 criteria)	**Practice-oriented End of Session Checklist** • EOSC intended to inform & reflect requirements under potential REMS program • Refined based on discussions with the FDA
8-12 Hour Research Monitoring to Inform Phase 3 Study Design[1]	**5-8 Hour Monitoring via EOSC**[2] to Inform Real-World Conditions of Safe Use

1. 12-hour monitoring requirement based on inclusion of 200 µg dose of DT120 in Phase 2b
2. The required monitoring period in pivotal studies of DT120 is 8 hours and requires that participants clear the End of Session Checklist.

EOSC: End of Session Checklist

Putting the Numbers in Perspective[1]

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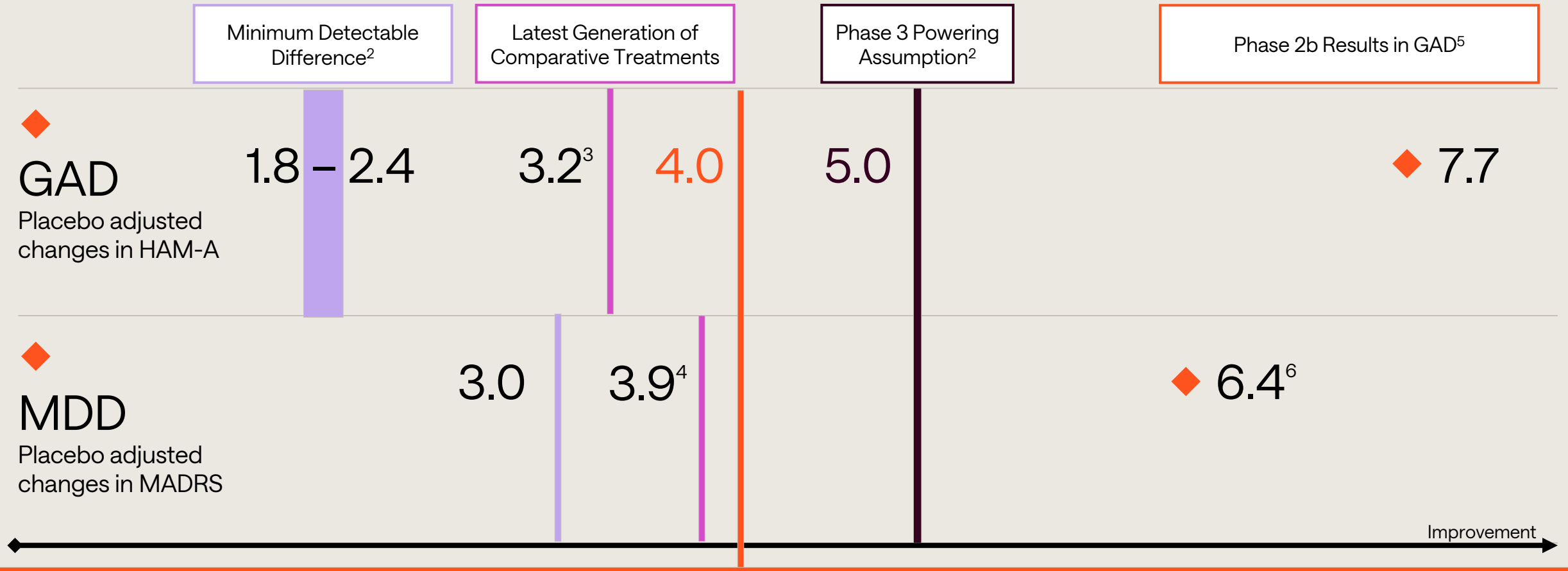


We believe a 4.0+ point placebo-adjusted difference, along with safety and durability, could represent a **best-in-class profile**

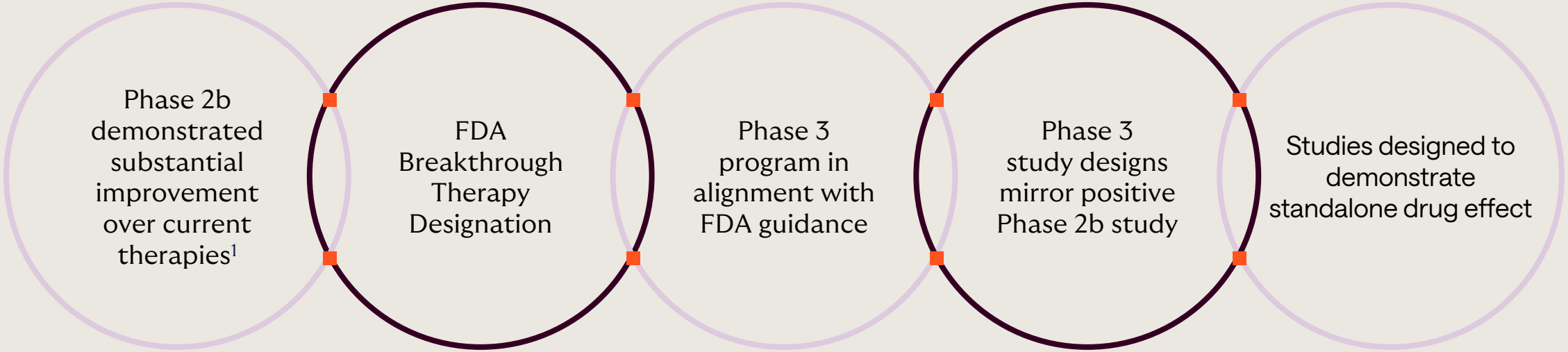
1. The information presented in this slide on comparative treatments is derived from multiple clinical trials, each conducted under distinct protocols and settings. As such, these data may not be directly comparable due to the lack of a head-to-head comparison. Differences in trial design, patient demographics, and other variables may account for variations in the observed outcomes. Study results for each drug are intended to be representative, however, multiple trials of the approved treatments.
2. Based on Phase 3 clinical trial protocols and SSRE results. Data on file.
3. Median placebo-adjusted change of comparative treatments for GAD (see slide 19)
4. Median placebo-adjusted change of comparative treatments for depression symptoms (see slide 20)
5. R Robison, JAMA. 2025 Sep 4; e2513481. doi:10.1001/jama.2025.13481
6. MADRS change from Baseline to week 12 was a secondary endpoint in Study MMED008.

Why We Believe DT120 ODT Is Well Positioned for Phase 3 Success

Definium THERAPEUTICS

- Strong Phase 2b results with effects on anxiety and depression symptoms
- Phase 3 design enhancements support patient retention
- Existing and expanded key research site relationships
- Continuous hands-on oversight of trial execution
- Collaborative FDA dialogue informing Phase 3 design
- Alignment with FDA Industry Guidance & ICH Guidelines

Accelerating DT120 ODT on a Disciplined Path to NDA Submission



Ready for Expeditious Path to Submission upon Phase 3 Completion

1. Study MMED008 internal study documents and calculations. Comparisons to standard of care/other drug classes based on historical comparison not head-to-head comparison trial.

NDA: new drug application; ODT: orally disintegrating tablet

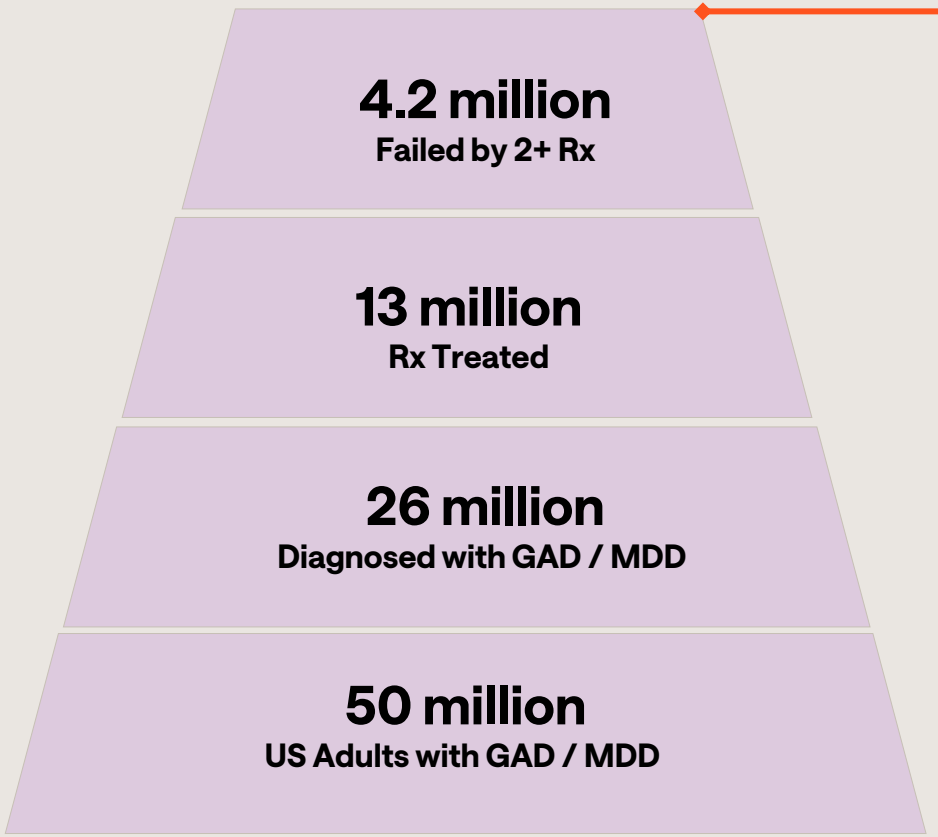
04

Lysergide tartrate

DT120 ODT

Commercial Framework

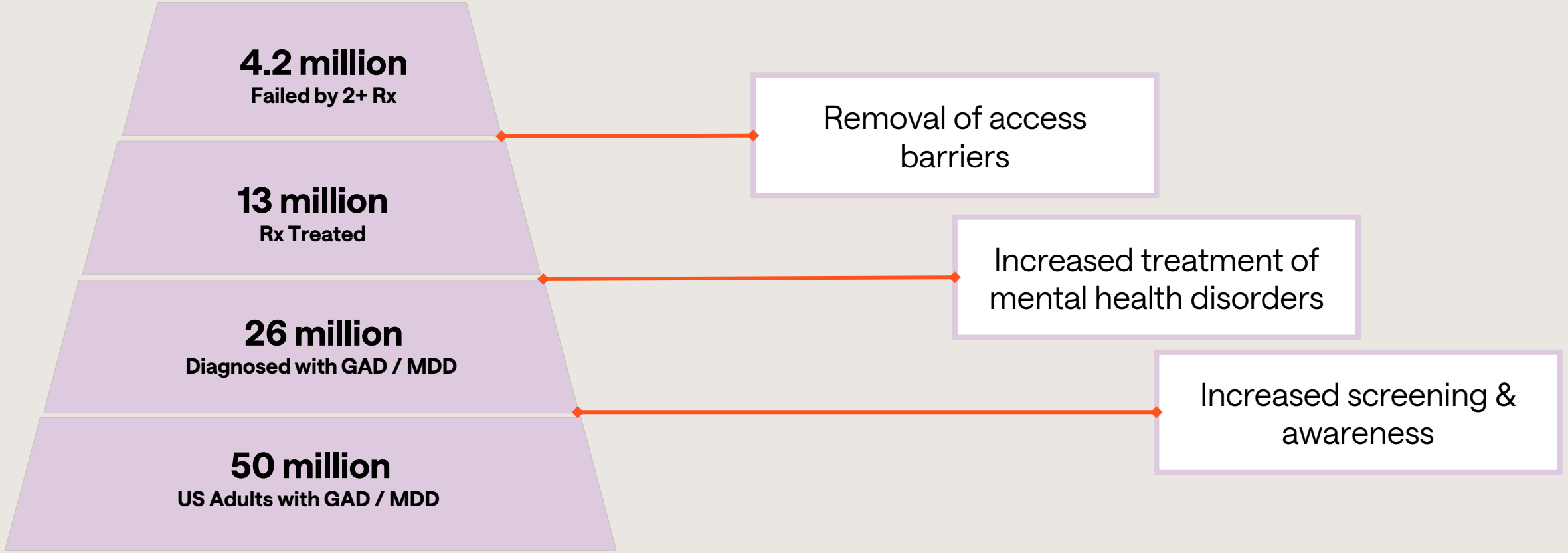
The Near-Term Opportunity & Launch



- Large & Growing Unmet Need
- Strong Patient Desire & Willingness
- Large & Expanding Treatment Network
- Payer Understanding & Intent

Source: Ringeisen, H., et al. (2023). Mental and Substance Use Disorders Prevalence Study (MDPS): Findings Report, Zhou, Y,. Et al. (2017). Nature. Comorbid generalized anxiety disorder and its association with quality of life in patients with major depressive disorder. RTI International and current U.S. Census data and internal company estimates. Veeva COMPASS Open Claims Analysis Data on File, 2017 – 2025.

Launch is Only the Starting Point for a Broader DT120 Market Opportunity



Source: Ringeisen, H., et al. (2023). Mental and Substance Use Disorders Prevalence Study (MDPS): Findings Report, Zhou, Y,. Et al. (2017). Nature. Comorbid generalized anxiety disorder and its association with quality of life in patients with major depressive disorder. RTI International and current U.S. Census data and internal company estimates. Veeva COMPASS Open Claims Analysis Data on File, 2017 – 2025.

Psychiatry Continues to Evolve Toward Faster, More Targeted Intervention[1-5]

Definium THERAPEUTICS

Pre-1950s

Institution-centered care

Limited care in asylums.

Early ECT, sedatives

1950-1970

Pharmacology-based treatment

Medication options in outpatient setting.

TCAs, MAOIs, antipsychotics

1980-Early 2000s

Office-based psychiatry

Pharmacological treatments

SRIs

2005-2019

Interventional & digital emergence

Directly targets brain circuitry.

VNS, TMS

2020-Today

Transformative care

Rapid-acting inpatient treatments with durable results.

Esketamine, psychedelics, including DT120

Custodial System → **Outpatient Shift** → **Chronic Disease Model** → **Episodic Care** → **Precision Approach**

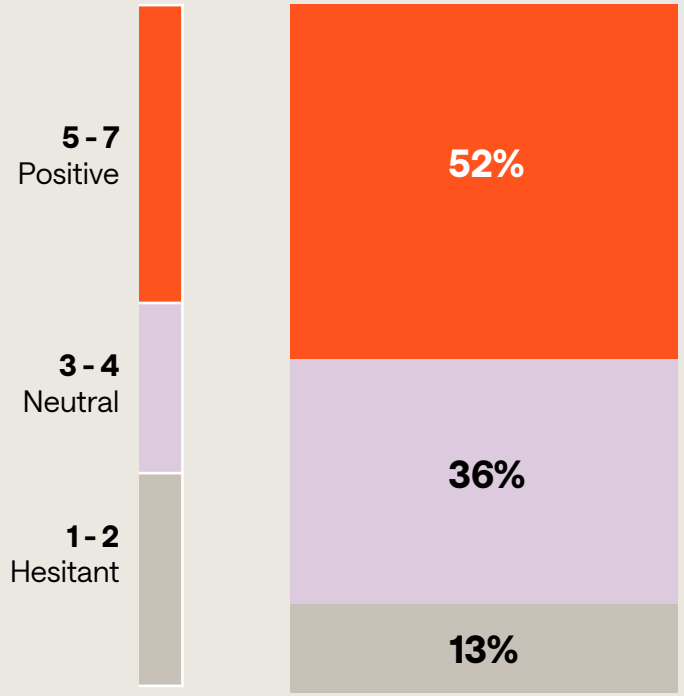
From medication to devices, psychiatry has continually embraced innovation to expand treatment options

1. Potash JB et al. *Psychiatr Res Clin Pract.* 2025;7(2):80-90; 2. Karrouri R et al. *World J Clin Cases.* 2021;9(31):9350-9367; 3. Williams NR et al. *J Clin Psychiatry.* 2014;75(8):895-7;
4. Backman I. The Rise of Interventional Psychiatry. Accessed: Apr 16 2026. https://medicine.yale.edu/news/yale-medicine-magazine/article/the-rise-of-interventional-psychiatry/; 5. Robison R et al. *JAMA.* 2025;334(15):1358-1372.

ECT: electroconvulsive therapy; MAOIs: monoamine oxidase inhibitors; SRI: serotonin reuptake inhibitors (including selective serotonin and selective serotonin and norepinephrine reuptake inhibitors); TCAs: tricyclic antidepressants; TMS: transcranial magnetic stimulation; VNS: vagus nerve stimulation

Growing Psychiatrist Awareness and Positive Sentiment Support DT120 Adoption Potential

Psychiatrist Perception of Psychedelic Treatments[2]



Psychiatrist Perception of DT120

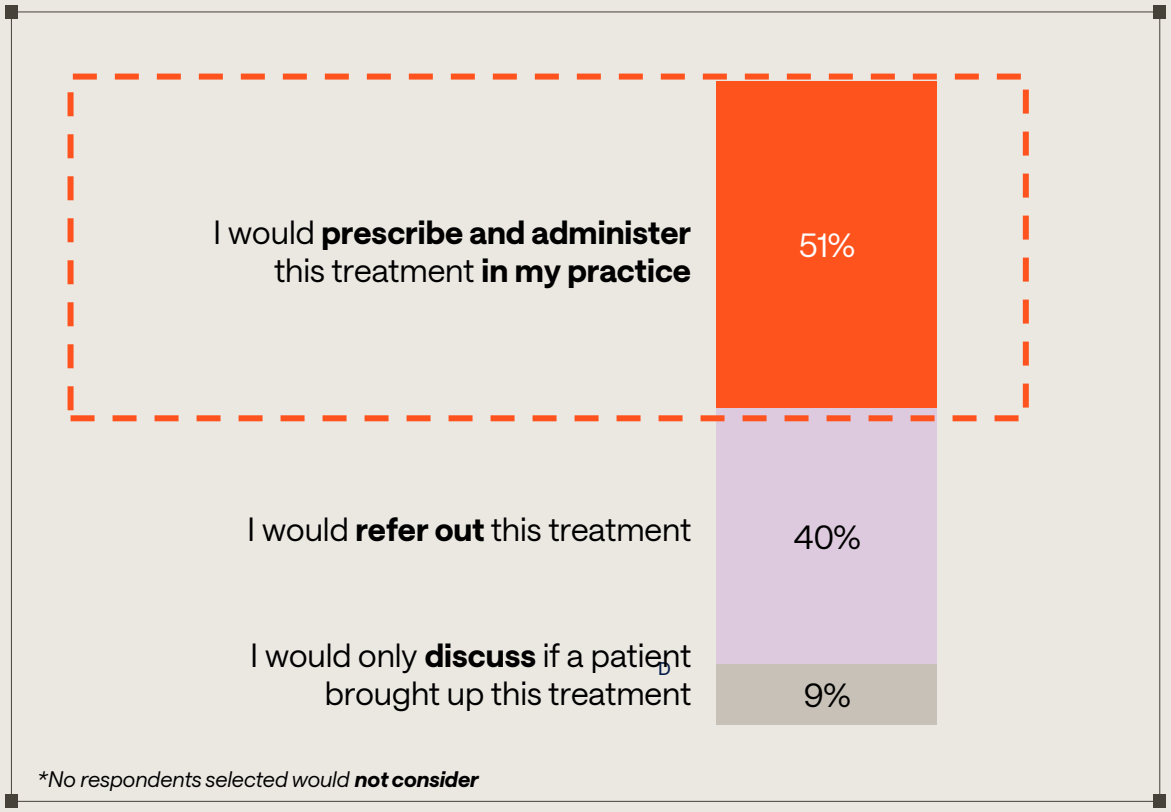
- 58% HCPs surveyed have positive views of DT120 profile[1]
- HCPs cite quick onset of action, symptom resolution, response and MOA as top attributes[1]
- Awareness of DT120 has sharply increased from 27% to 64% in the last two waves of research (2024 to 2026)[2]

1. GAD Demand Study 2024 Among Total HCP Respondents (n=273). Percentage based on top 3 box (scale 1-7)
2. DT120 Awareness and Perception Tracking: Wave 3, 2026. Total prescribers (n=135).

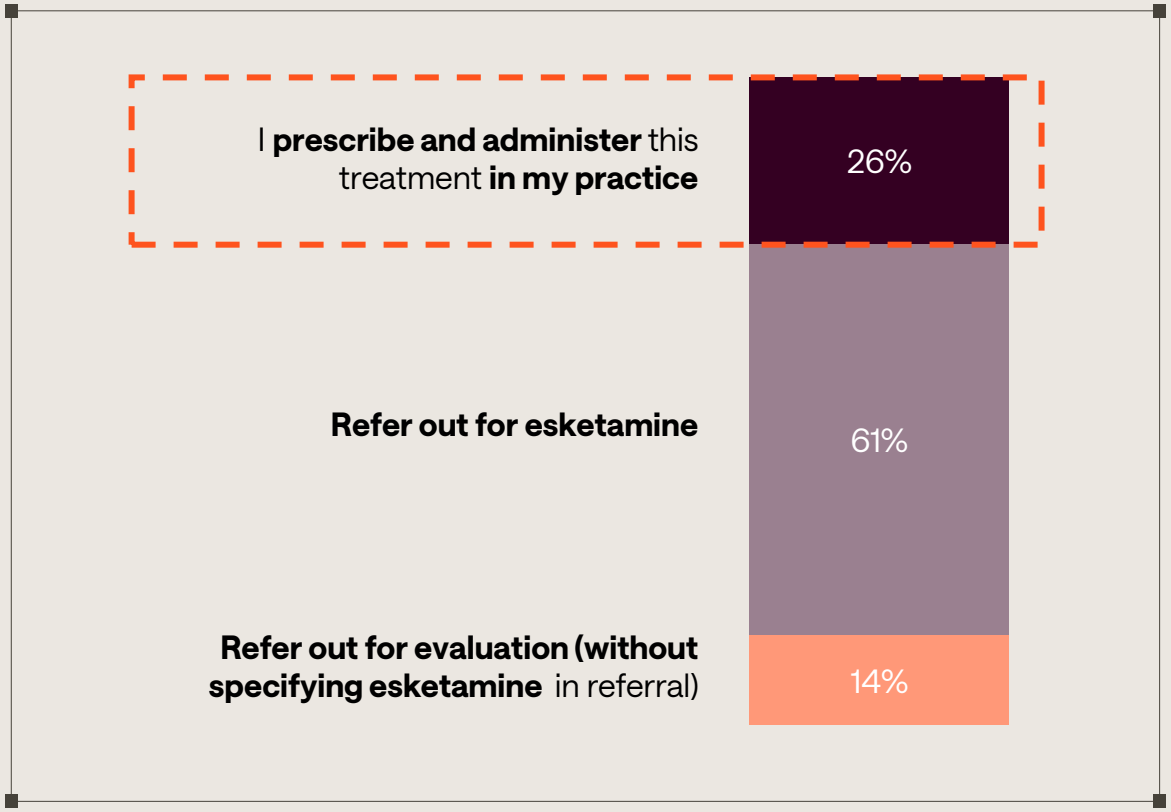
HCP: healthcare professional; MOA: mechanism of action

Strong In-Practice Intent Among High-Priority HCPs

DT120[1]



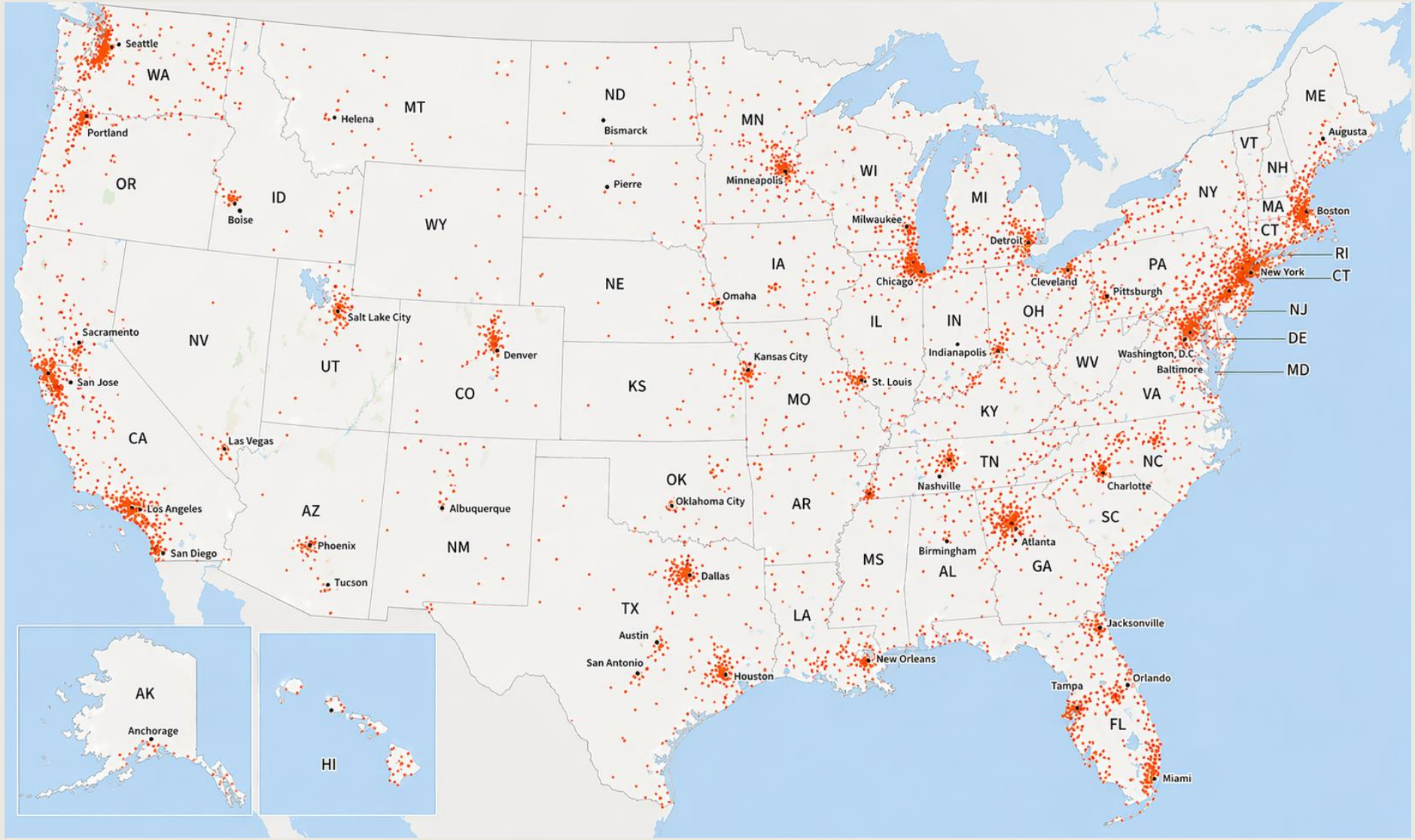
Esketamine[1]



1. GAD Target Validation Market Research, 2025. High-priority HCPs represent deciles 7-10 of GAD prescribers. In the conduct of market research, DT120 was blinded as "Treatment X" to respondents.

Predictive Analytics Help Focus Resources Where Adoption Potential Is Highest

Definium THERAPEUTICS

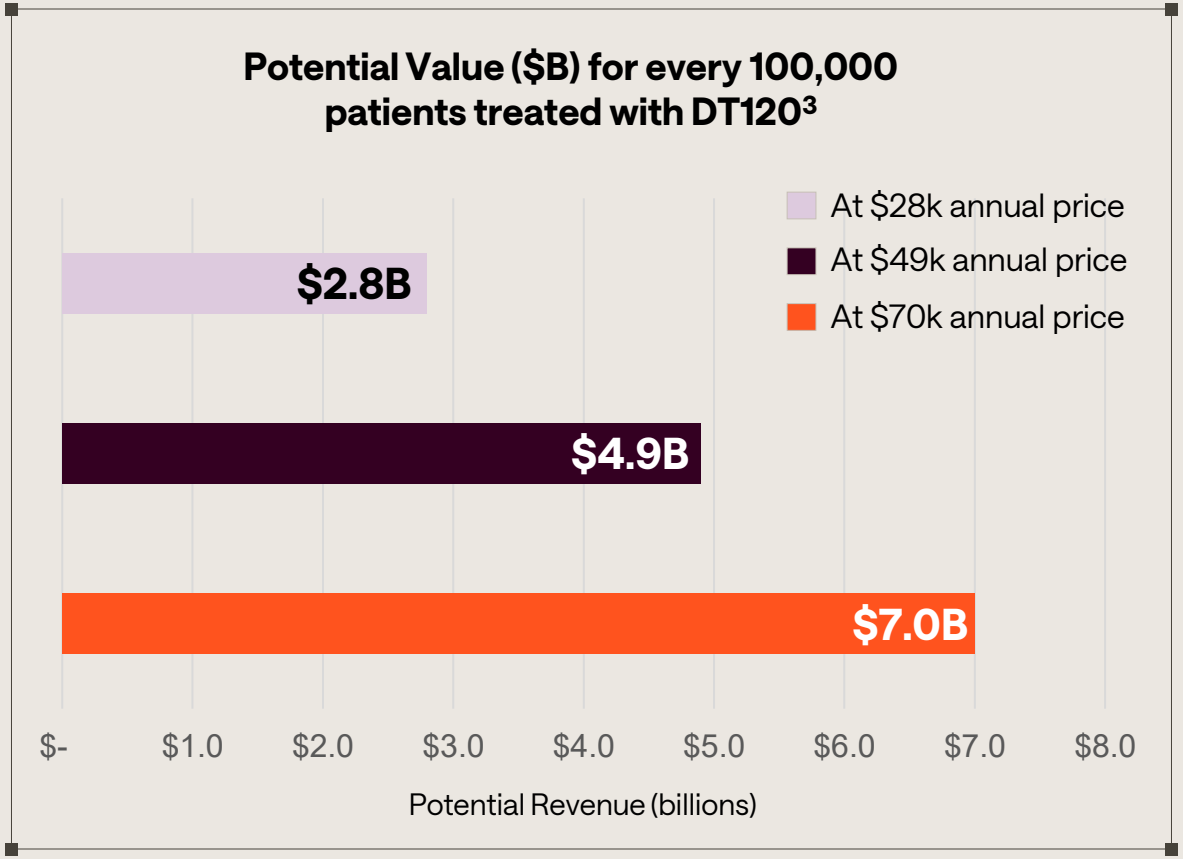


Priority GAD & MDD Prescribers

Modest Adoption in Target Population Supports Blockbuster Revenue Opportunity

4.2 million patients have been failed by 2 or more treatments[1]

$2 billion revenue opportunity per 1% penetration[2]



1. Source: Claims Analysis Data on File, 2026
2. Assuming median Spravato® surrogate pricing range; the price of DT120 has not been established.
3. Range is based on Spravato surrogate low dose, low frequency ($28k) to high dose, high frequency ($70k) annually. Market Research, Data on file, 2026

05

R(-)-MDMA
DT402

Program Update

DT402 Phase 2a Study in Autism Spectrum Disorder (ASD)

Completed Phase 1 study in 2024

- Single-ascending dose study in healthy adult volunteers characterized the tolerability, pharmacokinetics and pharmacodynamics of DT402
- DT402 was well-tolerated at doses up to 255 mg with no SAEs or TEAEs leading to discontinuation, supporting advancement into Phase 2 clinical trials

Phase 2a study underway

- Single-dose, open-label study to assess early signals of efficacy of DT402 in treating core social and communication symptoms of ASD in up to 20 adult participants
- Study endpoints designed to characterize pharmacodynamics and clinical effects of DT402 in adults with ASD, including on multiple functional biomarkers
- Initial data anticipated in 2026

About ASD

- ASD is a neurodevelopmental condition characterized by persistent challenges with social communication, restricted interests and repetitive behavior
- US prevalence of approximately 1 in 31 children[1] with no approved pharmacotherapies for the treatment of core symptoms of ASD

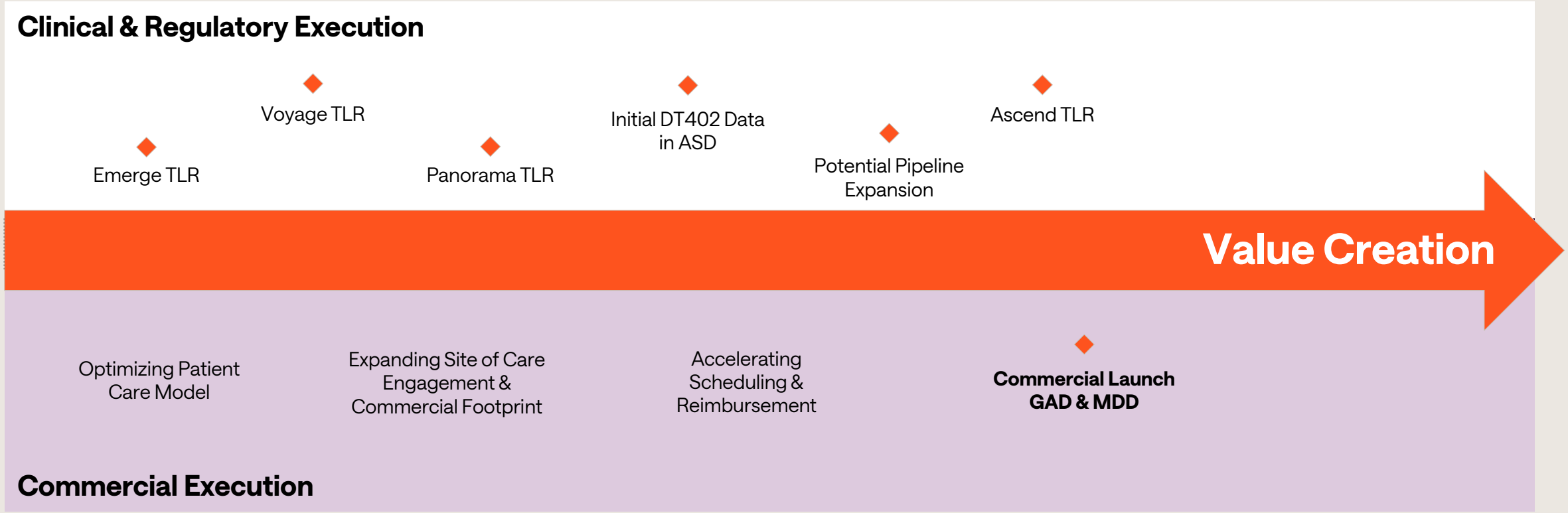
1. Shaw KA, Williams S, Patrick ME, et al. Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years — Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022. MMWR Surveill Summ 2025;74(No. SS-2):1–22. DOI: http://dx.doi.org/10.15585/mmwr.ss7402a1

SAE: serious adverse event; TEAE: treatment-emergent adverse event

06

Summary

Value Creation Opportunity Shaped by Two Distinct Drivers[1]



1. Timing estimates subject to clinical progress and regulatory interactions.

ASD: autism spectrum disorder; GAD: generalized anxiety disorder; TLR: topline data readout

Financial Summary & Anticipated Milestones

Cash, Cash Equivalents & Investments
$373.4 million
as of March 31, 2026

Credit Facility
Up to $120 million
($41 million outstanding)
as of March 31, 2026

Shares Outstanding
109.1 million[1]
as of April 30, 2026

First Quarter 2026 Operating Expenses
$59.2 million
- R&D - $41.5 million
- G&A - $17.7 million

1. Excludes 0.4 million pre-funded warrants outstanding as of April 30, 2026

ASD: autism spectrum disorder; GAD: generalized anxiety disorder; G&A: general & administrative; MDD: major depressive disorder; R&D: research and development

Definium THERAPEUTICS

Topline Data Readouts

Emerge (MDD)
Topline Readout | late 2Q 2026

Voyage (GAD)
Topline Readout | early 3Q 2026

Panorama (GAD)
Topline Readout | late 3Q 2026

Additional Clinical Updates

Ascend (MDD)
Study Initiation | 2Q 2026

Haven (PTSD)
Study Initiation | 2027

DT402
Initial Data in ASD | 2026

Precise science. Boundless impact.