August 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 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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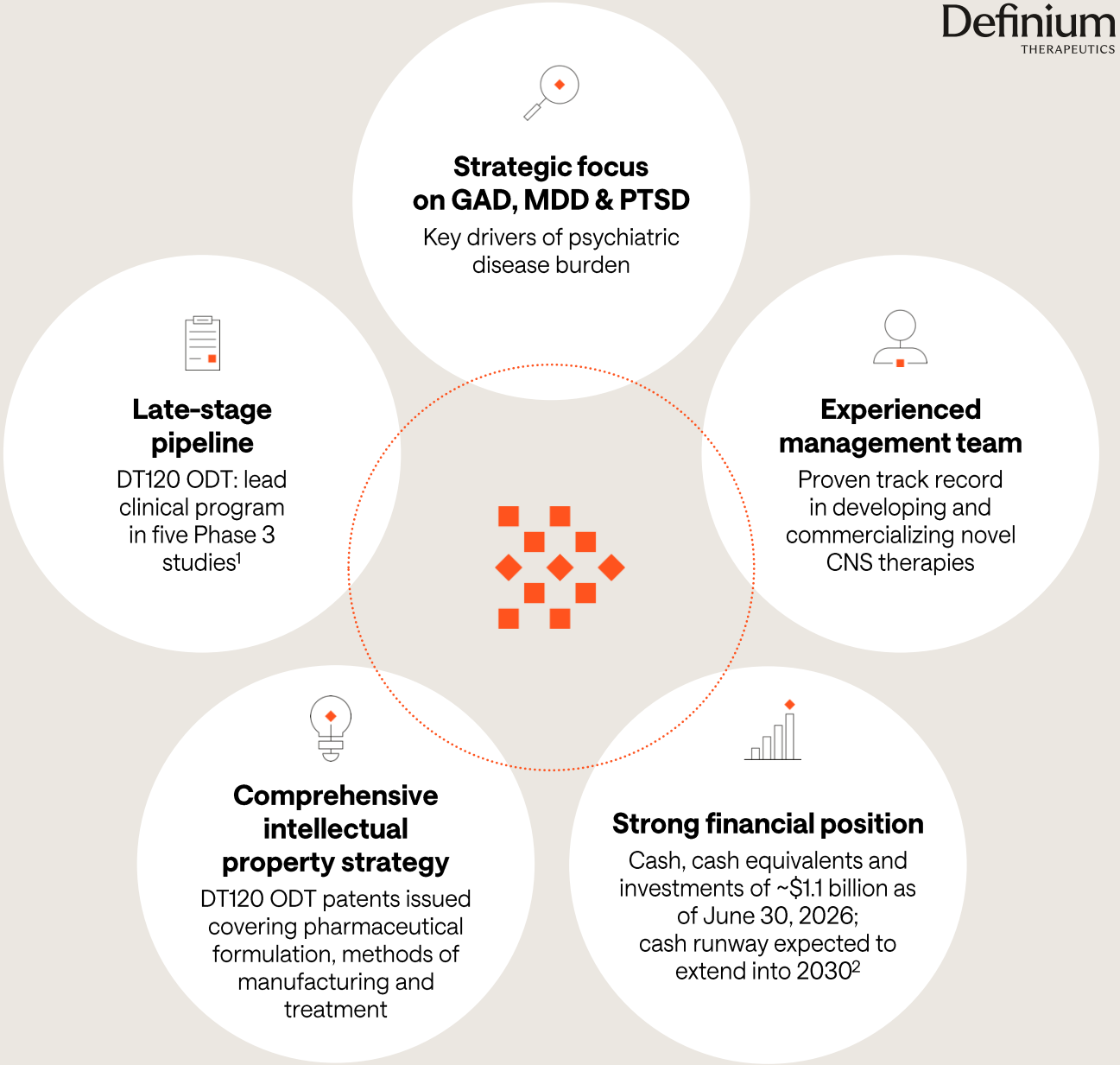
Precise science. Boundless impact.

Definium THERAPEUTICS



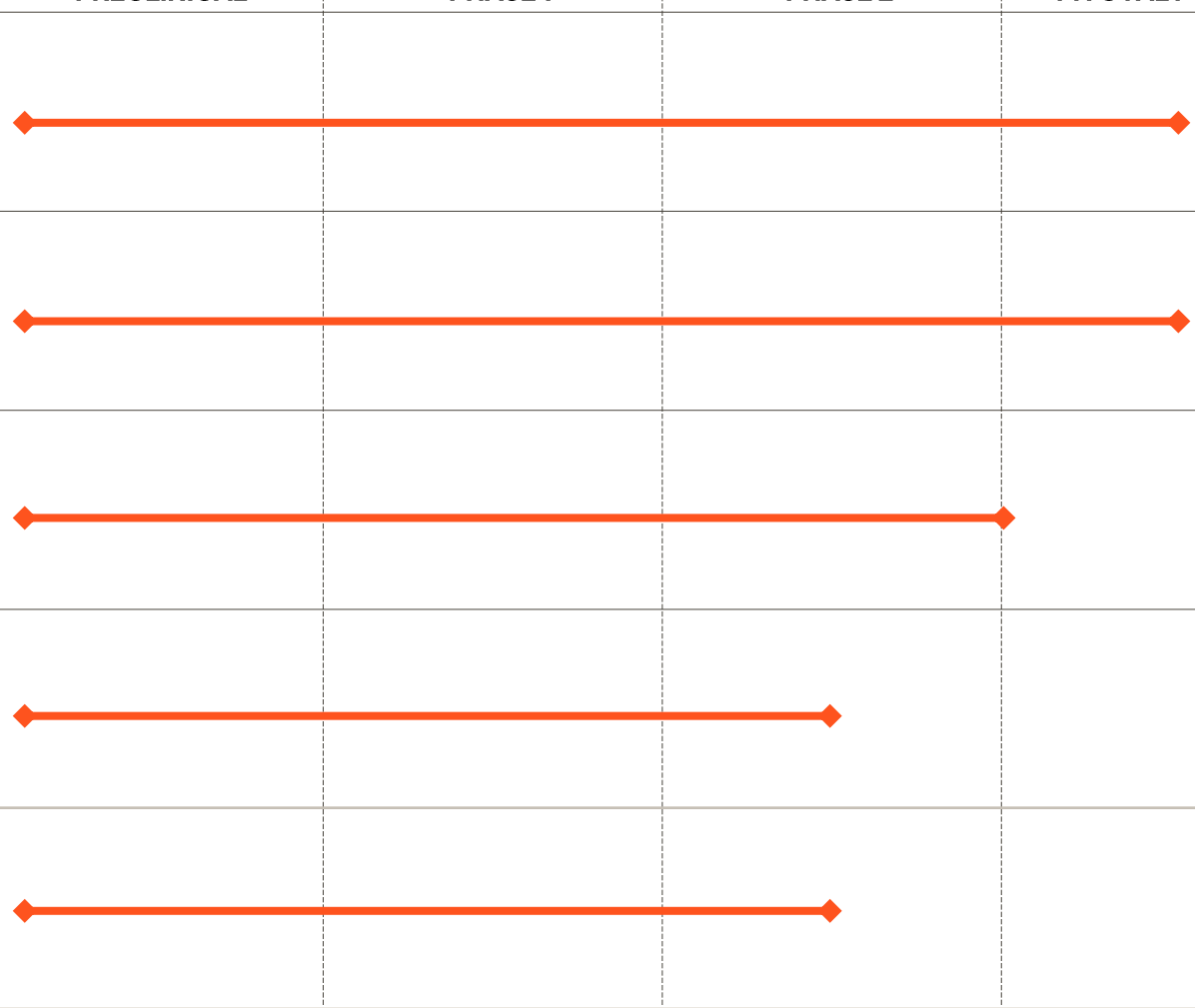
1. Includes four studies in progress and one in planning.
2. Based on the Company's current operating plan and anticipated milestones.

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

Advancing Our Pipeline with Broad Therapeutic Potential

Definium THERAPEUTICS

PRODUCT CANDIDATE	INDICATION	PRECLINICAL	PHASE 1	PHASE 2	PIVOTAL / PHASE 3	REGISTRATION
Lysergide ***DT120 ODT[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.
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.

ODT: orally disintegrating tablet; R(-)-MDMA: rectus-3,4-methylenedioxymethamphetamine

Target Product Profile to Address Significant Unmet Need

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1
Dose[1]

5-8
Hours in the Clinic[2]

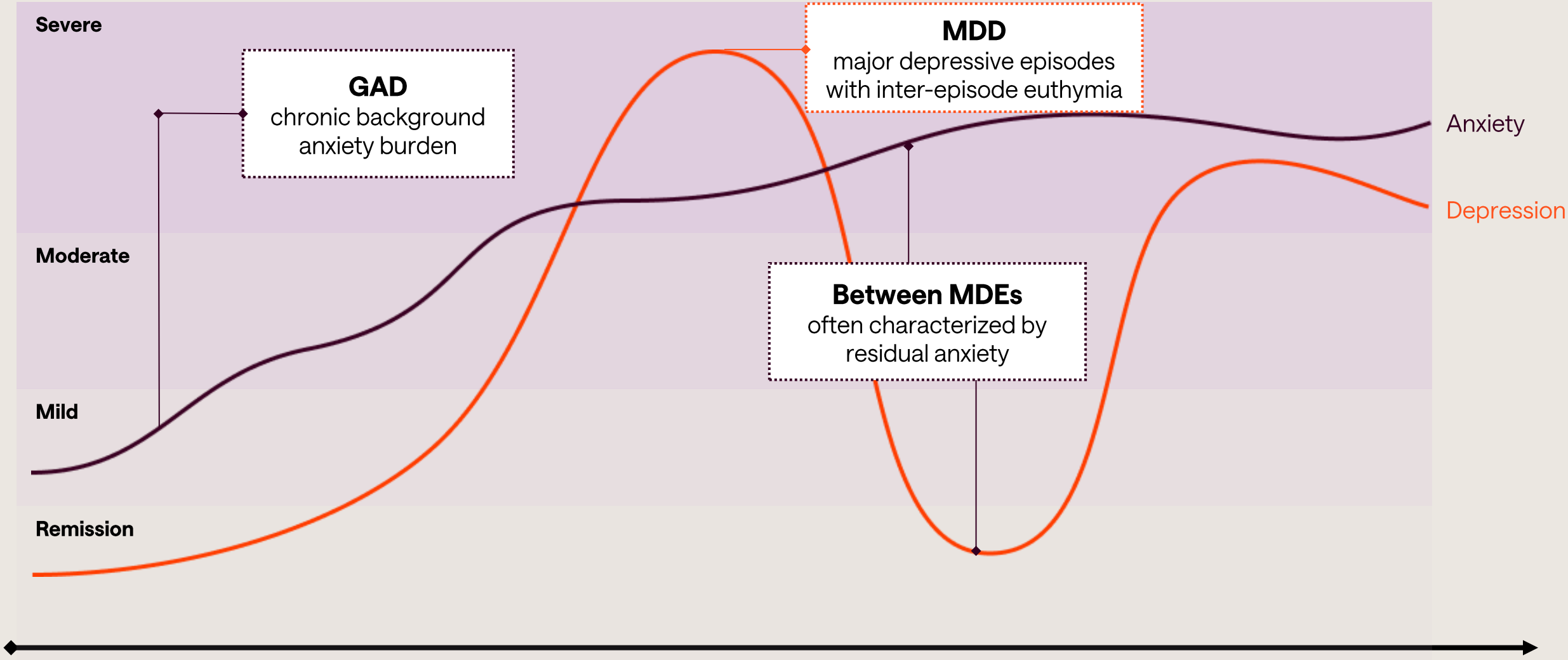
12+
Weeks of Durability[1]

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.

GAD: generalized anxiety disorder; MDD: major depressive disorder

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

01

Program Overview

Lysergide DT120 ODT

Robust Phase 3 DT120 ODT Development Program Aiming for Broad Label

Generalized Anxiety Disorder (GAD)

Voyage

n=214
1:1 randomization

DT120 ODT
vs. Placebo

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

Met All Primary & Key Secondaries[2]

Panorama

n=245
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

Anticipated Topline Readout September 2026

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

Met All Primary & Key Secondaries[2]

Ascend

Target n=165[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

Anticipated Topline Readout 2027

Posttraumatic Stress Disorder (PTSD)

Haven

Target n=200[1]
1:1 randomization

DT120 ODT
vs. Placebo

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

Anticipated Study Initiation 2027

1. Clinical study designs subject to change based on ongoing regulatory discussion and review, including of Phase 3 clinical trial protocols
2. Includes the primary endpoint and all hierarchically controlled key secondary endpoints.

DB: double blind; ODT: orally disintegrating tablet; OL: open-label; RCT: randomized controlled trial; Δ: placebo-adjusted delta

Continuing to Build Potentially Practice-Changing Evidence with Consistent Large Effect Size

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	Generalized Anxiety Disorder (GAD)			Major Depressive Disorder (MDD)	
	Phase 2b Study MMED008	Voyage	Panorama	Emerge	Ascend[2]
Primary endpoint[1] DT120 vs. placebo	**-7.7** ***-21.9 DT120 vs. -14.2 placebo*** at Week 12	**-5.4** ***-11.6 DT120 vs. -6.2 placebo*** at Week 12	*Anticipated Topline Readout September 2026*	**-8.1** ***-13.3 DT120 vs. -5.2 placebo*** at Week 6	*Anticipated Topline Readout 2027*
p-value	**<0.01**	**<0.0001**	TBD	**<0.0001**	TBD
Cohen's d	**0.81**	**0.81**	TBD	**0.83**	TBD

1. Primary endpoint in Voyage is the change from baseline in HAM-A total score at Week 12; in Study MMED008 the primary endpoint was change from baseline in HAM-A total score at week 4. Primary endpoint in Emerge and Ascend is the change from baseline in MADRS score at Week 6.
2. Clinical study designs subject to change based on ongoing regulatory discussion and review, including of Phase 3 clinical trial protocols

HAM-A: Hamilton Anxiety Rating Scale; MADRS: Montgomery-Åsberg Depression Rating Scale; ODT: orally disintegrating tablet; OL: open-label; RCT: randomized controlled trial; Δ: placebo-adjusted delta; TBD: to be determined

Multiple Programs with Shared Development Strategy

PHASE 3 STUDY[1]

Part A
12 Week Randomized, Double-Blind

Part B
40 Week Extension with Opportunity for Open-Label Treatment (OLT)[2]

Voyage
Emerge
Haven[3]

Single Dose

- DT120 ODT 100 µg
- Placebo

Panorama
Ascend[3]

Single Dose

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

Up to four OLT of DT120 ODT 100 µg

Follow-up Observation
PHQ-9 , GAD-7 or PCL-5 biweekly
and Central HAM-A, MADRS or CAPS-5 monthly
or when PHQ-9 or GAD-7 ≥ 10 or PCL-5 ≥ 30

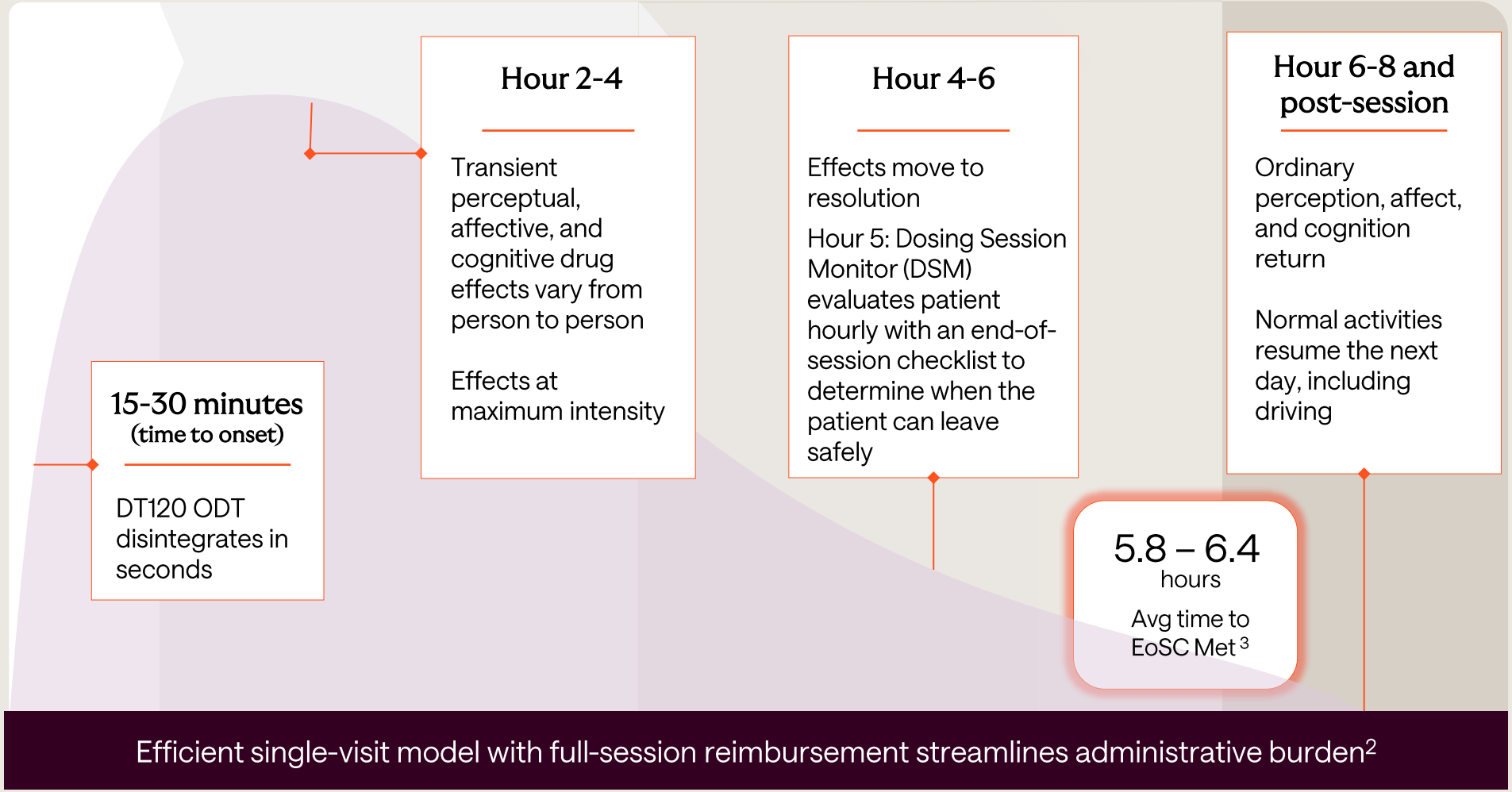
Potential Treatment
Eligible for OLT when severity is moderate or worse
HAM-A ≥ 16 , MADRS ≥ 20 or CAPS-5 ≥ 23

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

1. Source: Definium internal study documents.
2. Parameters for treatment in the open label portion of Haven are still being determined.
3. Clinical study design subject to change based on ongoing regulatory discussion and review, including of Phase 3 clinical trial protocols.

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

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

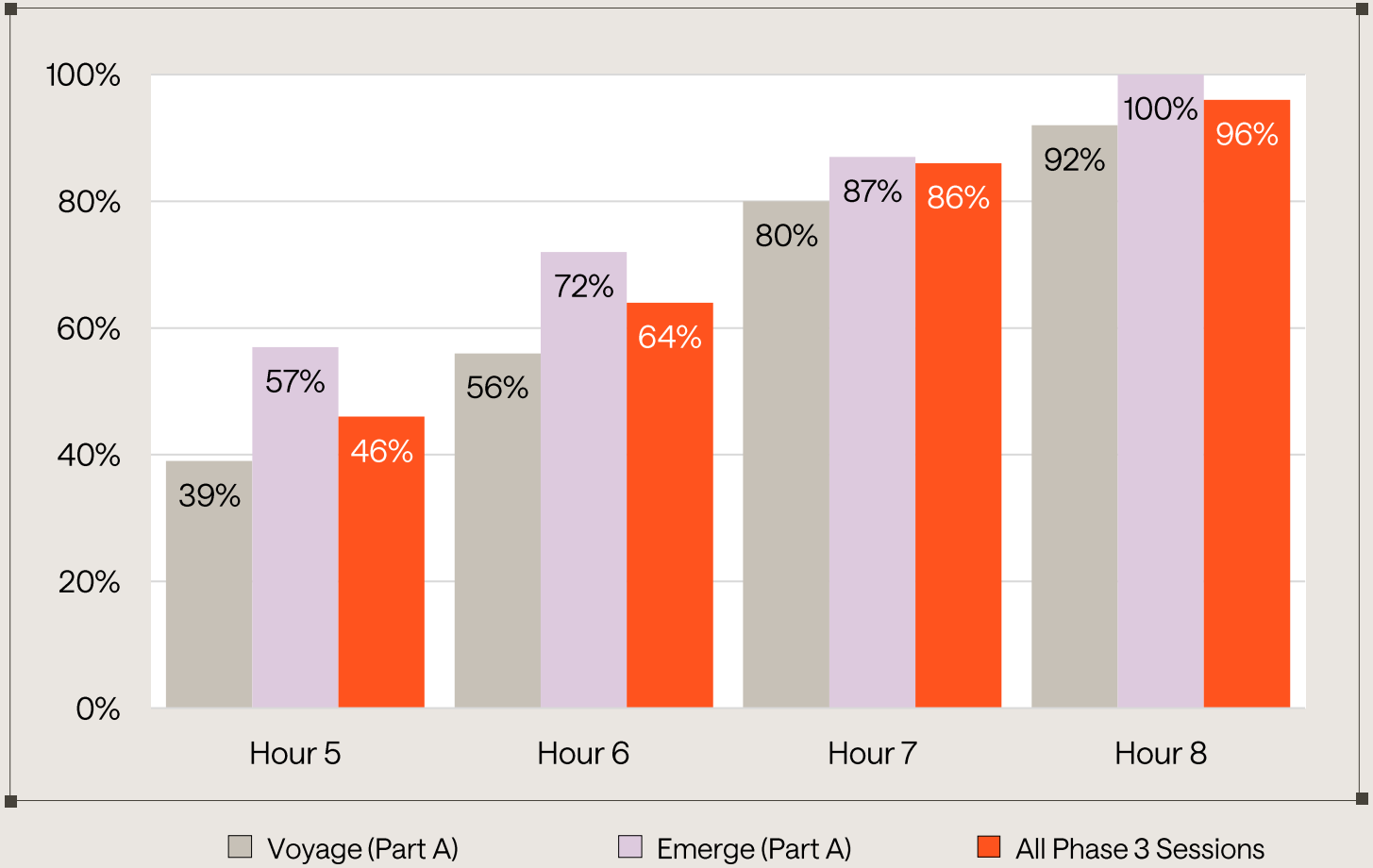


1. Dosing and monitoring paradigm based on Phase 3 clinical protocols. Required monitoring period for all participants in pivotal studies is 8 hours and requires that participants clear the End of Session Checklist.
2. Existing coding systems could potentially be applied or be changed for DT120. Reimbursement and coding for DT120 have yet to be established.
3. Average time to EoSC was 5.8 hours in the Emerge study (Part A) and 6.4 hours in the Voyage study (Part A).

EOSC: End of Session Checklist; ODT: orally disintegrating tablet

DT120 ODT Dosing Session Duration Supports Translation into Clinical Practice[1]

Time to End of Session Checklist (EoSC) Clearance



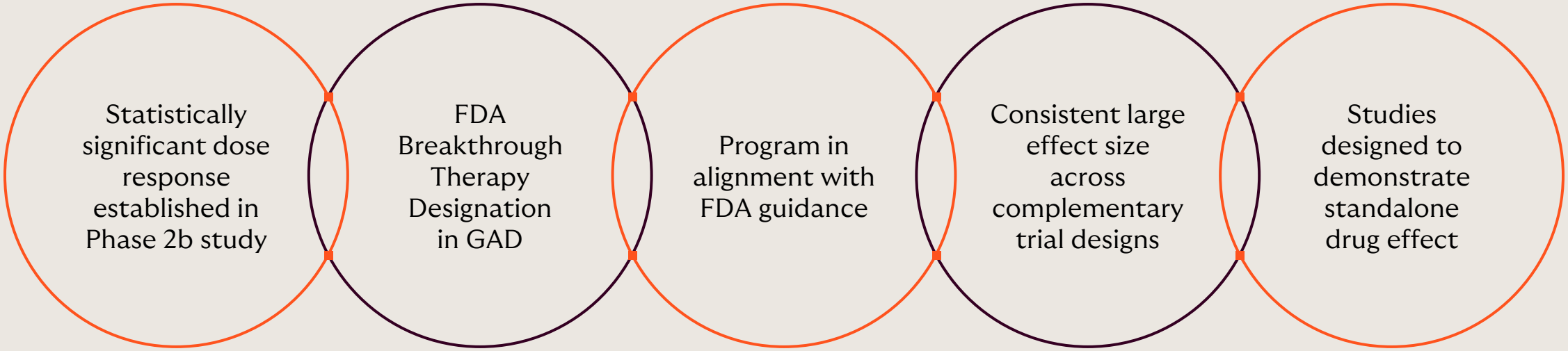
Key Highlights

- Average time to clearance of EoSC of ~6 hours
- Over 95% participants clear EoSC by hour 8[2]
- Emerging evidence of predictable 5 to 8 hour sessions

1. Source: Voyage and Emerge study documents. Safety population in study part A. Time at which participant first meets End of Session Checklist criteria.
2. Based on Interim analysis of EoSC as of August 10, 2026 from all dosing sessions in Emerge and Voyage and open-label dosing sessions in Panorama.

ODT: orally disintegrating tablet;EoSC: End of Session Checklist

DT120 ODT Program Oriented to Support NDA Strategy and Beyond



GAD: generalized anxiety disorder; NDA: new drug application; ODT: orally disintegrating tablet

02

Positive Voyage Phase 3 Topline Data

Lysergide DT120 ODT

Voyage - Results Demonstrate Potential Best-in-Class Efficacy in Generalized Anxiety Disorder[1]

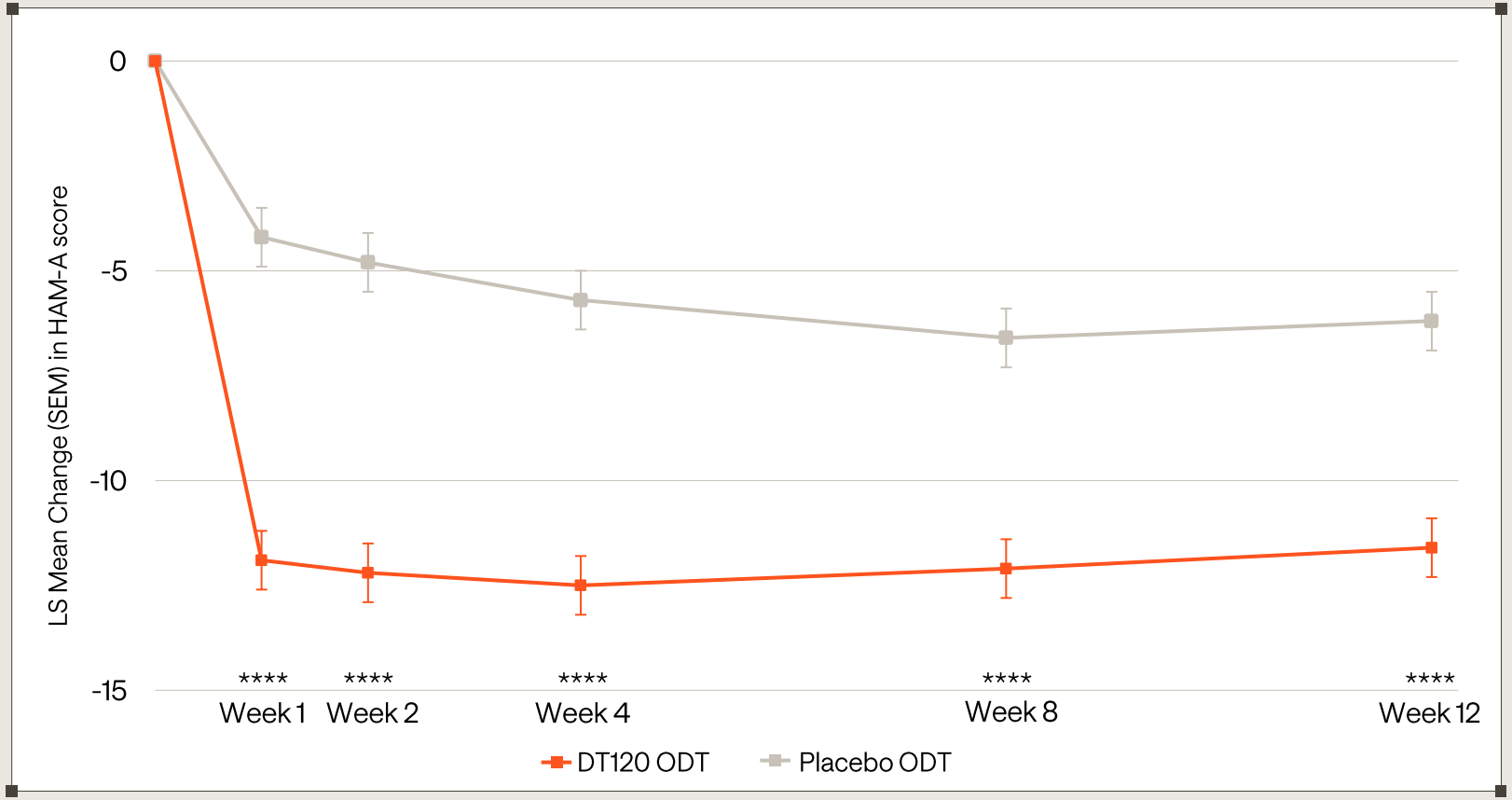
Rapid, robust and durable efficacy after single dose	▪ All primary and key secondary endpoints highly statistically significant ▪ 5.4 point HAM-A improvement over placebo at week 12 primary endpoint (p<0.0001) ▪ 7.7 point HAM-A improvement over placebo at week 1 (p<0.0001) ▪ 0.8 point CGI-S improvement over placebo at day 2 (p<0.0001)
Limited side effect burden	▪ DT120 ODT generally well tolerated and no new safety signals were identified[2] ▪ No suicidality signal observed or suicidal behavior
Efficient session dynamics	▪ 6.4 hour average time to clear End of Session Checklist (EoSC) ▪ 92% participants cleared EoSC by 8 hours

1. Source: Voyage study documents. Safety population in study part A (through week 12)
2. At the time of the analysis, a total of 13 participants reported a treatment emergent serious adverse event across all studies of DT120, including 1 SAE deemed treatment-emergent in Part B of Voyage, resulting in an SAE rate of approximately 1.7% across studies and populations. Part B safety data are expected to be shared in a future presentation.

AE: adverse event; CGI-S: Clinical Global Impression-Severity Scale; MADRS: Montgomery-Åsberg Depression Rating Scale; MDD: major depressive disorder; ODT: orally disintegrating tablet; SAEs: serious adverse events

Voyage - DT120 ODT Showed Statistically & Clinically Significant HAM-A Improvements at All Timepoints[1,2]

Primary Endpoint: HAM-A Change from Baseline to Week 12



****p<0.0001

Highlights

Change from Baseline[2]

- Week 1: -11.9 points
- Week 4: -12.5 points
- Week 8: -12.1 points
- Week 12: -11.6 points

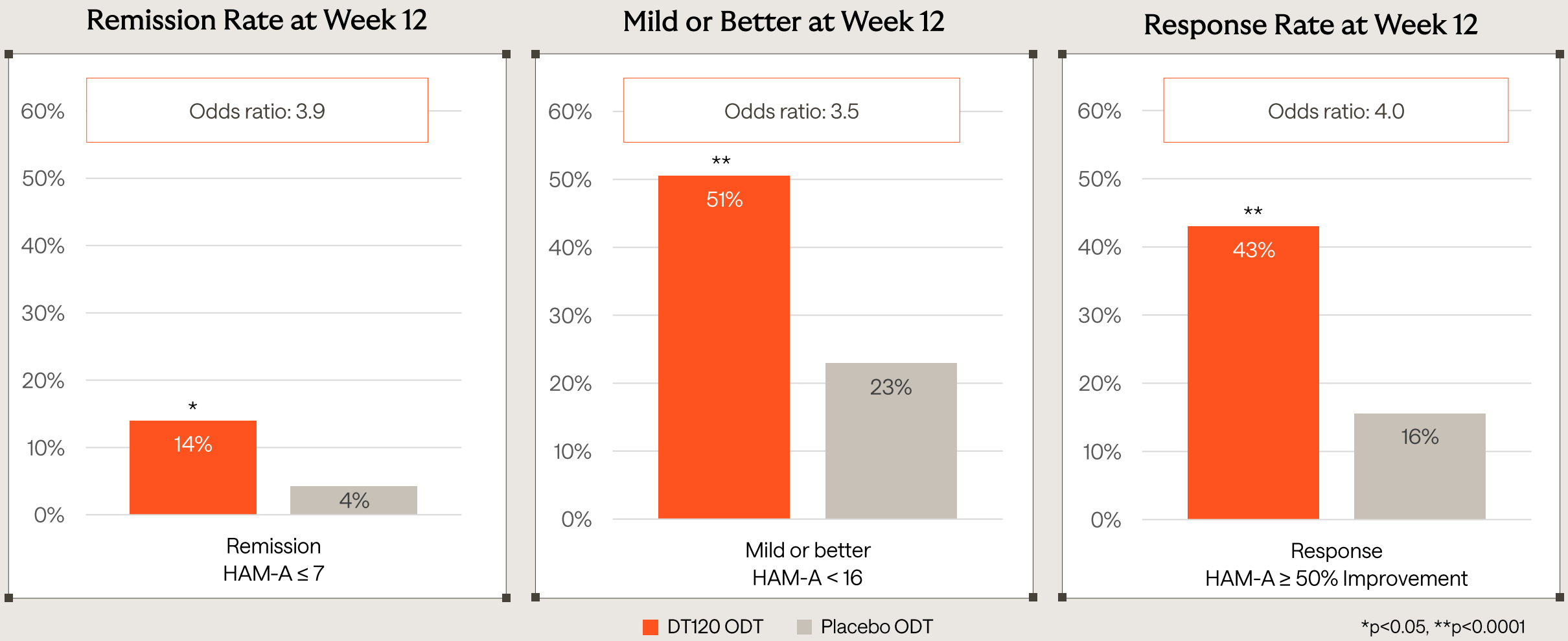
Improvement over Placebo[2]

- Week 1: -7.7 points
- Week 4: -6.8 points
- Week 8: -5.5 points
- Week 12: -5.4 points

1. Source: Voyage study documents. ITT population.
2. Primary endpoint of the study was change in HAM-A at week 12 using a Mixed-Effects Model Repeated Measures (MMRM) statistical analysis with reference-based imputation.

HAM-A: Hamilton Anxiety Rating Scale; LS Mean: least squares mean; ODT: orally disintegrating tablet; SEM: standard error of the mean

Voyage - DT120 ODT Effects Supported by Robust, Clinically Significant Response and Remission Rates[1]



1. Source: Voyage study documents. ITT population. Pre-planned secondary endpoints.

HAM-A: Hamilton Anxiety Rating Scale; ODT: orally disintegrating tablet

Voyage - DT120 ODT was Generally Well-Tolerated and Consistent with Prior Clinical Experience[1]

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Favorable tolerability profile

- AE profile consistent with prior studies of DT120
- All adverse events (AEs) were mild-to-moderate in severity
- Most treatment emergent AEs (TEAEs) occurred and resolved on dosing day
- No serious adverse events (SAEs) in DT120 ODT arm[2]

No suicidal behavior or suicidality signal[3]

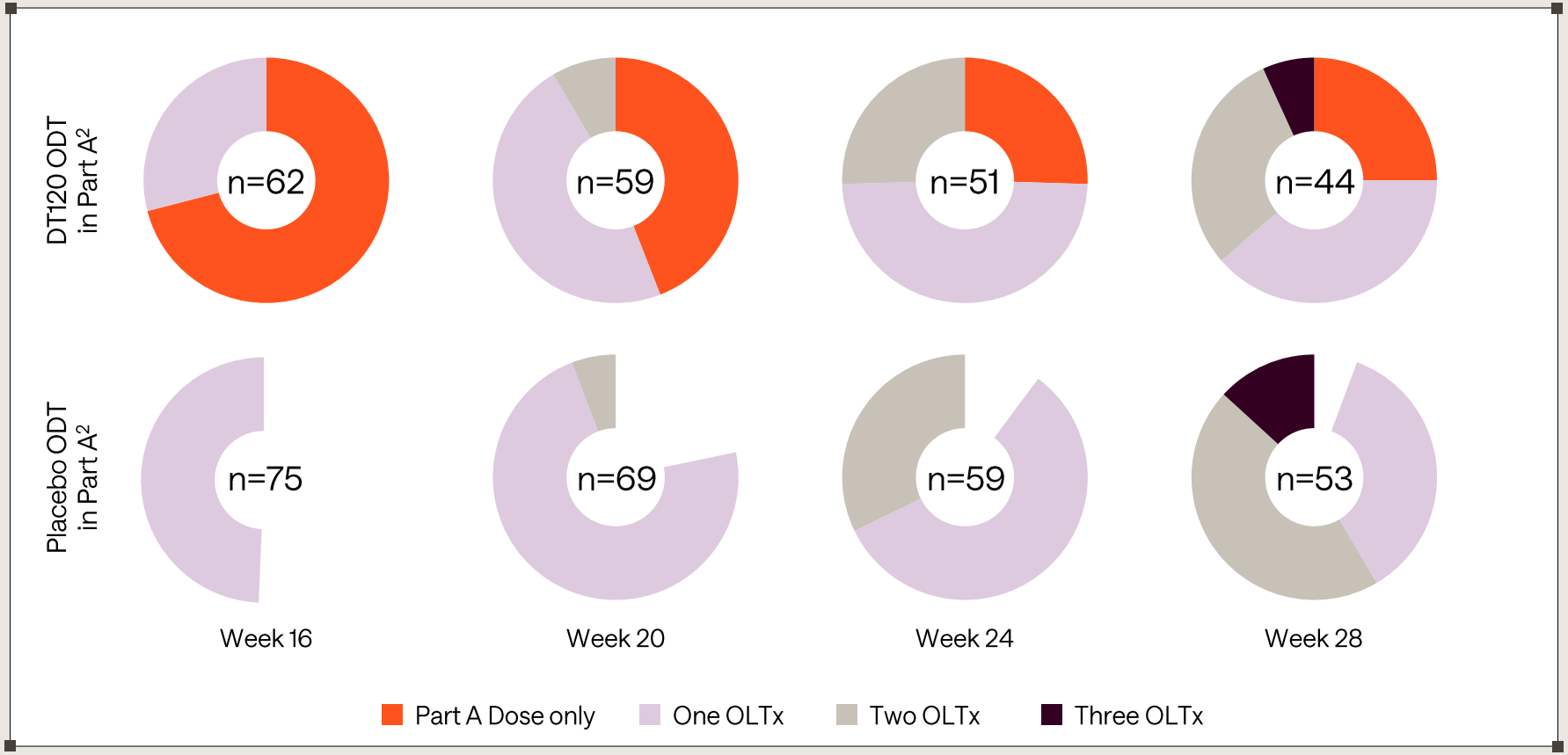
- No suicidal or self-injurious behavior
- No indication of increased suicide-related risk

1. Source: Voyage study documents. Safety population in study part A (through week 12).
2. At the time of the analysis, a total of 13 participants reported a treatment emergent serious adverse event across all studies of DT120 ODT, including 1 SAE deemed treatment-emergent in Part B of Voyage, resulting in an SAE rate of approximately 1.7% across studies and populations. Part B safety data are expected to be shared in a future presentation.
3. Participant suicidality assessment based on changes in C-SSRS.

ODT: orally disintegrating tablet

Voyage - Treatment Patterns in Part B Provide Early Insights into Paradigm beyond 12 Weeks[1]

Summary of Cumulative DT120 ODT Doses through Week 28

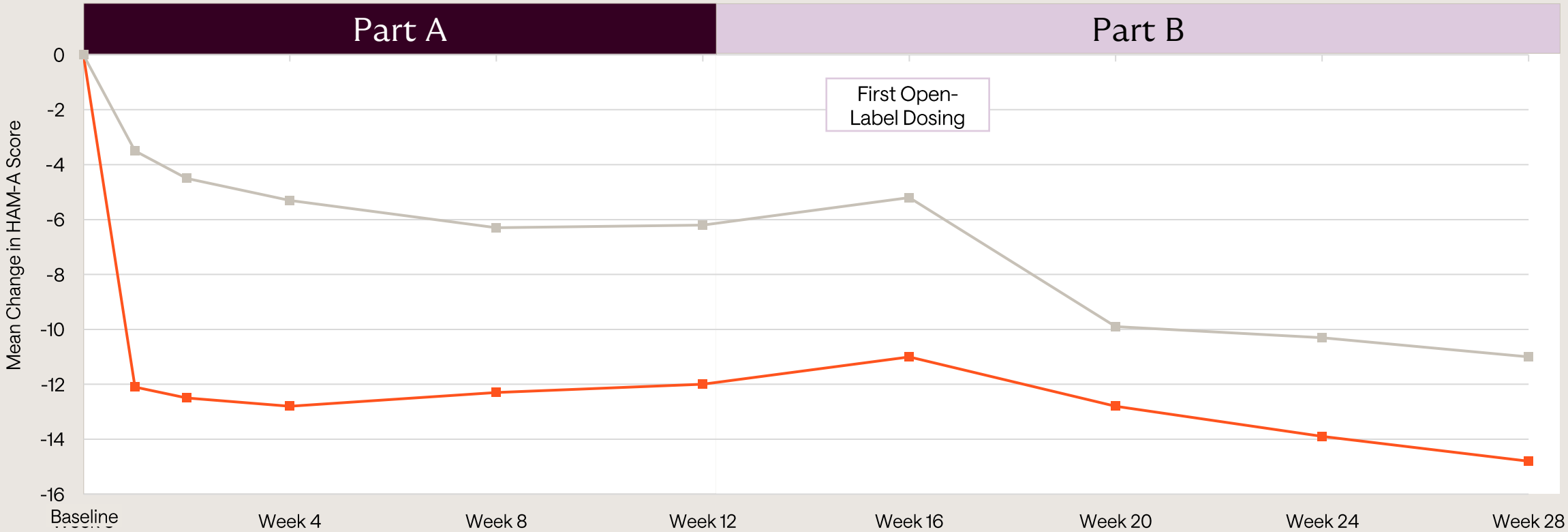


1. Based on interim analysis as of July 15, 2026. Extension population. Interim analysis based on partial data and subject to change.
2. n is the number of participants in the Extension population who had the specified number of doses up to the corresponding visit.

ITT: intent-to-treat; ODT: orally disintegrating tablet; OLTx: open-label treatment

Voyage - HAM-A Scores Improve Further with Additional Treatments in Part B

HAM-A Scores through Week 28[1,2]



	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28
DT120 ODT, n=107	101	98	94	62	55	41	37
Placebo ODT, n=107	101	96	97	77	51	49	34

1. Based on interim analysis as of July 15, 2026. ITT Part A+B population with treatment policy strategy. Interim analysis based on partial data and subject to change.
2. n is the number of participants in the ITT Part A+B population with non-missing HAM-A score at Baseline and the respective visit.

HAM-A: Hamilton Anxiety Rating Scale; LS Mean: least squares mean; ODT: orally disintegrating tablet

03

Positive Emerge Phase 3 Topline Data

Lysergide DT120 ODT

Emerge - Results Demonstrate Potential Best-in-Class Efficacy in Major Depressive Disorder

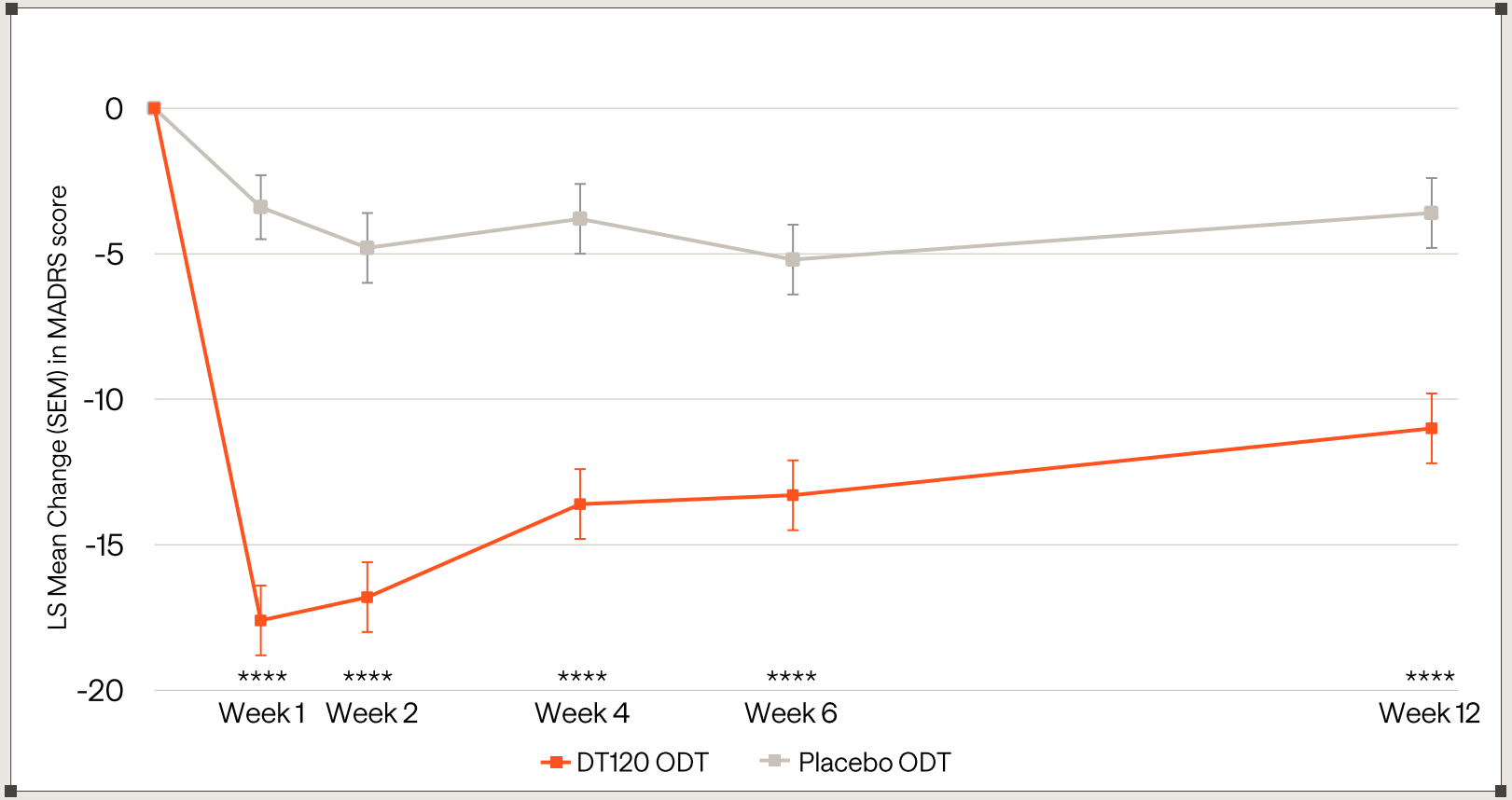
Rapid, robust and durable efficacy after single dose	▪ All primary and key secondary endpoints highly statistically significant ▪ 8.1 point MADRS improvement over placebo at week 6 primary endpoint (p<0.0001) ▪ 7.3 point MADRS improvement over placebo at week 12 (p<0.0001) ▪ 0.9 point CGI-S improvement over placebo at day 2 (p<0.0001)
Limited side effect burden	▪ DT120 ODT generally well tolerated ▪ No SAEs[1] or suicidality signal
Efficient session dynamics	▪ 5.8 hour average time to clear End of Session Checklist (EoSC) ▪ All participants cleared EoSC by 8 hours

1. No serious adverse events have been observed in the Emerge study at the time of the data analysis.

CGI-S: Clinical Global Impression-Severity Scale; MADRS: Montgomery-Åsberg Depression Rating Scale; MDD: major depressive disorder; ODT: orally disintegrating tablet; SAEs: serious adverse events

Emerge - DT120 ODT Showed Statistically & Clinically Significant Improvements on MADRS at All Timepoints[1,2]

Primary Endpoint: MADRS Change from Baseline to Week 6



****p<0.0001

Highlights

Change from Baseline[2]

- Week 1: -17.6 points
- Week 4: -13.6 points
- Week 6: -13.3 points
- Week 12: -11.0 points

Improvement over Placebo[2]

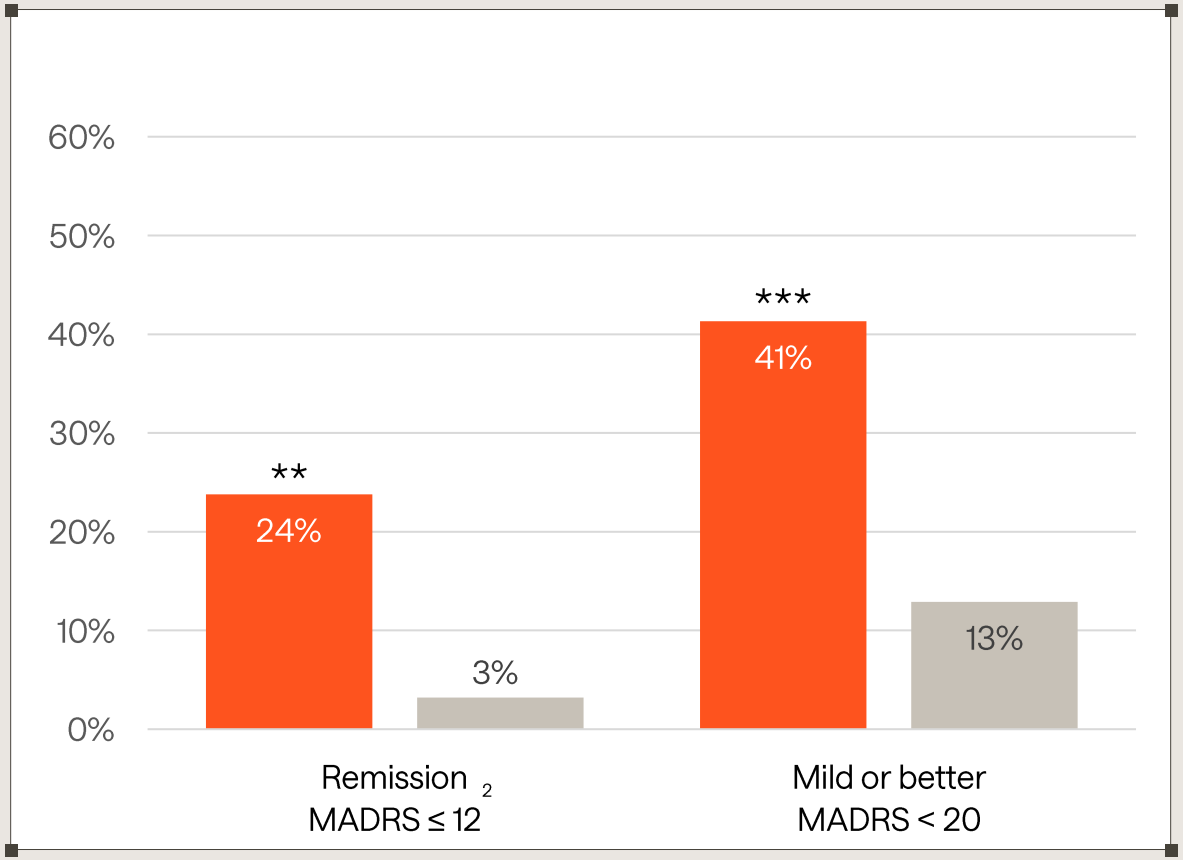
- Week 1: -14.2 points
- Week 4: -9.8 points
- Week 6: -8.1 points
- Week 12: -7.3 points

1. Source: Emerge study documents. ITT population.
2. Primary endpoint of the study was change in MADRS at week 6 using a Mixed-Effects Model Repeated Measures (MMRM) statistical analysis with reference-based imputation.

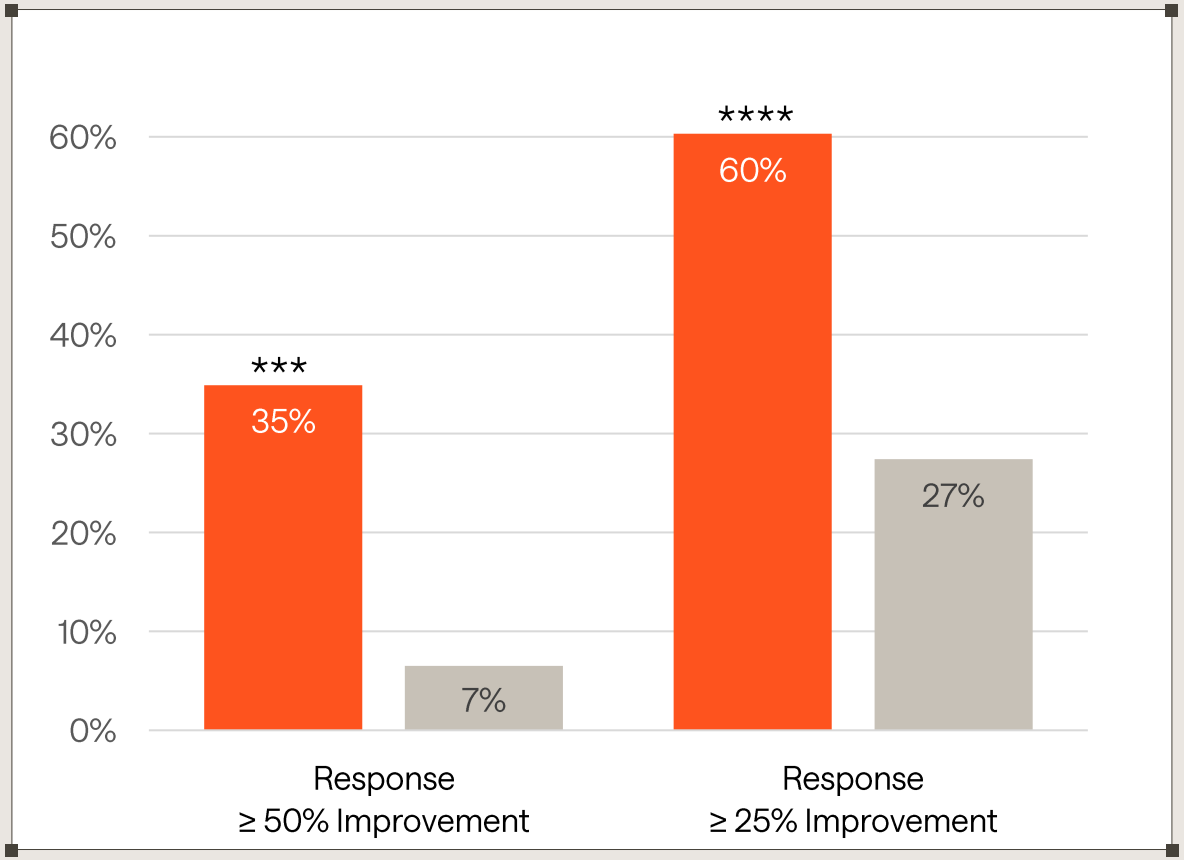
LS Mean: least squares mean; MADRS: Montgomery-Åsberg Depression Rating Scale; ODT: orally disintegrating tablet; SEM: standard error of the mean

Emerge - DT120 ODT Effects Supported by Robust, Statistically Significant Response and Remission Rates[1]

Remission Rate at Week 6



Response Rate at Week 6



**p<0.01, ***p<0.001, ****p<0.0001

DT120 ODT Placebo ODT

1. Source: Emerge study documents. ITT population. Pre-planned secondary endpoint.
2. Remission rates using a cutoff of MADRS ≤10 was 24% for DT120 ODT compared to 3% for placebo ODT.

MADRS: Montgomery-Åsberg Depression Rating Scale; ODT: orally disintegrating tablet

Emerge - DT120 ODT was Generally Well-Tolerated and Consistent with Known Pharmacology[1]

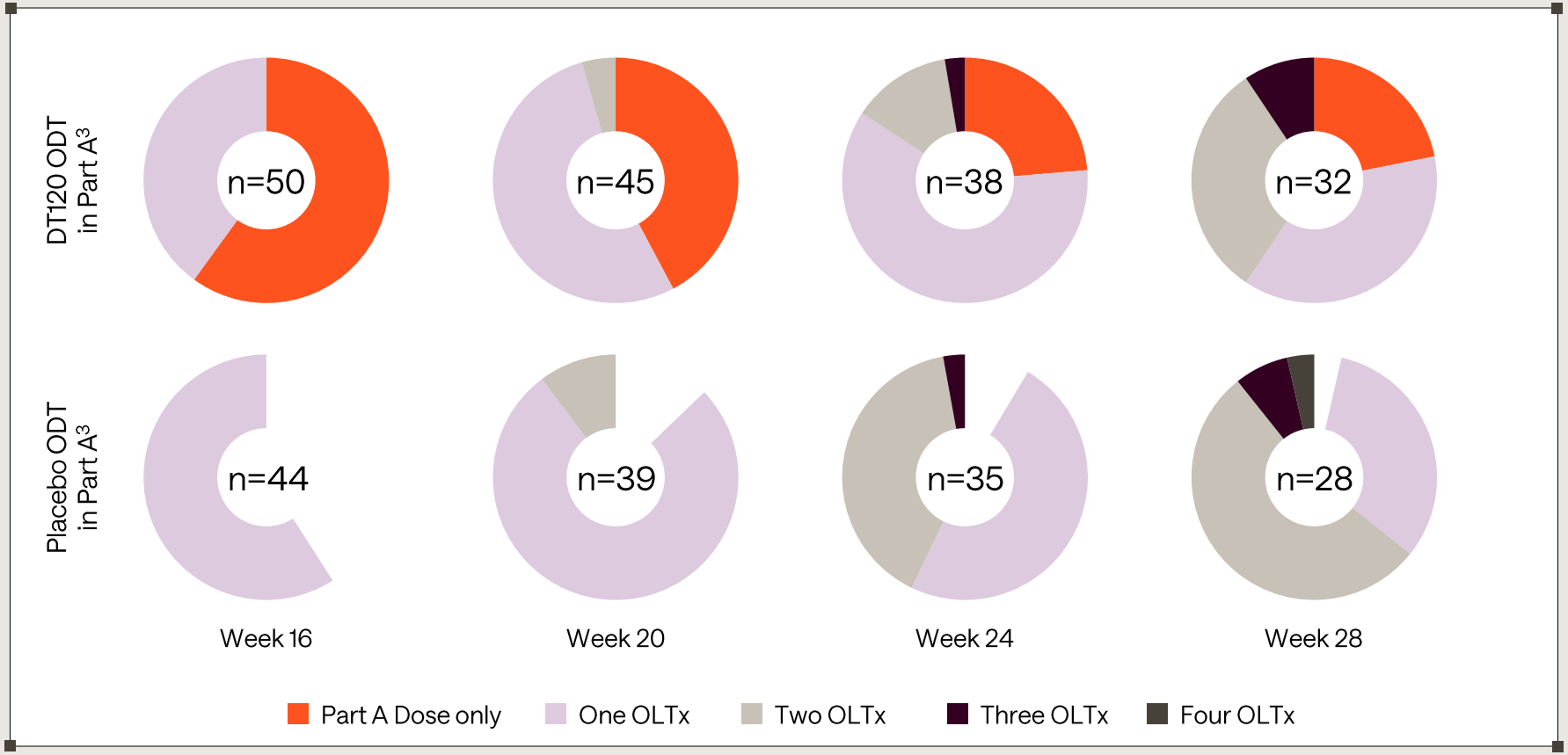
Favorable tolerability profile	▪ AE profile consistent with prior studies of DT120 ▪ 99% of adverse events (AEs) were mild-to-moderate in severity[2] ▪ Most treatment emergent AEs (TEAEs) occurred and resolved on dosing day ▪ No TEAEs led to study withdrawal
No SAEs[3]	▪ No serious adverse events (SAEs)
No suicidal behavior or suicidality signal[4]	▪ No suicidal or self-injurious behavior ▪ No indication of increased suicidal ideation or suicide-related risk

1. Source: Emerge study documents. Safety population in study part A (through week 12).
2. The one severe adverse event that occurred was a recurrence of chronic back pain occurring approximately 6 weeks after dosing.
3. No serious adverse events have been observed in the Emerge study at the time of the data analysis.
4. Suicidality assessment based on changes in C-SSRS.

ODT: orally disintegrating tablet

Emerge - Treatment Patterns in Part B Provide Early Insights into Paradigm beyond 12 Weeks[1,2]

Summary of Cumulative DT120 ODT Doses through Week 28

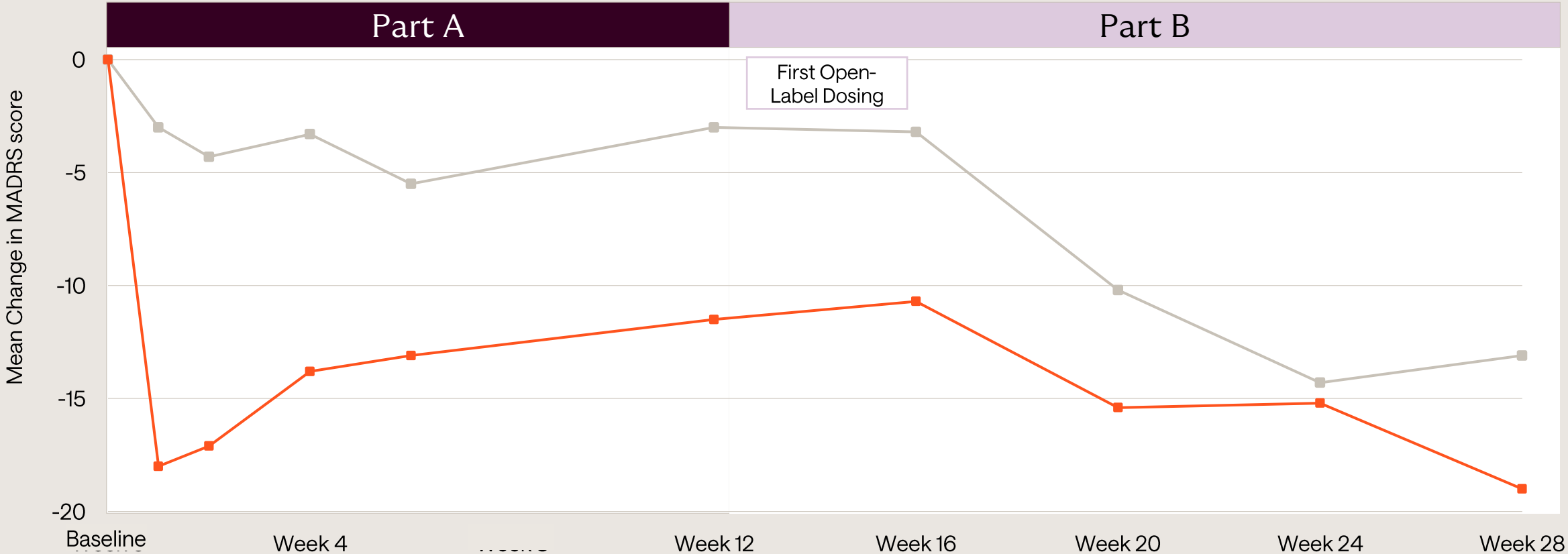


1. Based on interim analysis as of May 21, 2026. ITT Part A+B population. Interim analysis based on partial data and subject to change.
2. Only includes participants who received DT120 ODT in Part A.
3. n is the number of participants in the Extension population who had the specified number of doses up to the corresponding visit.

ODT: orally disintegrating tablet; OLTx: open-label treatment

Emerge - MADRS Scores Improve Further with Additional Treatments in Part B

MADRS Scores through Week 28[1,2]



1. Based on interim analysis as of May 21, 2026. ITT Part A+B population. Interim analysis based on partial data and subject to change.
2. Source: Emerge study documents. ITT Part A+B population.with treatment policy strategy.

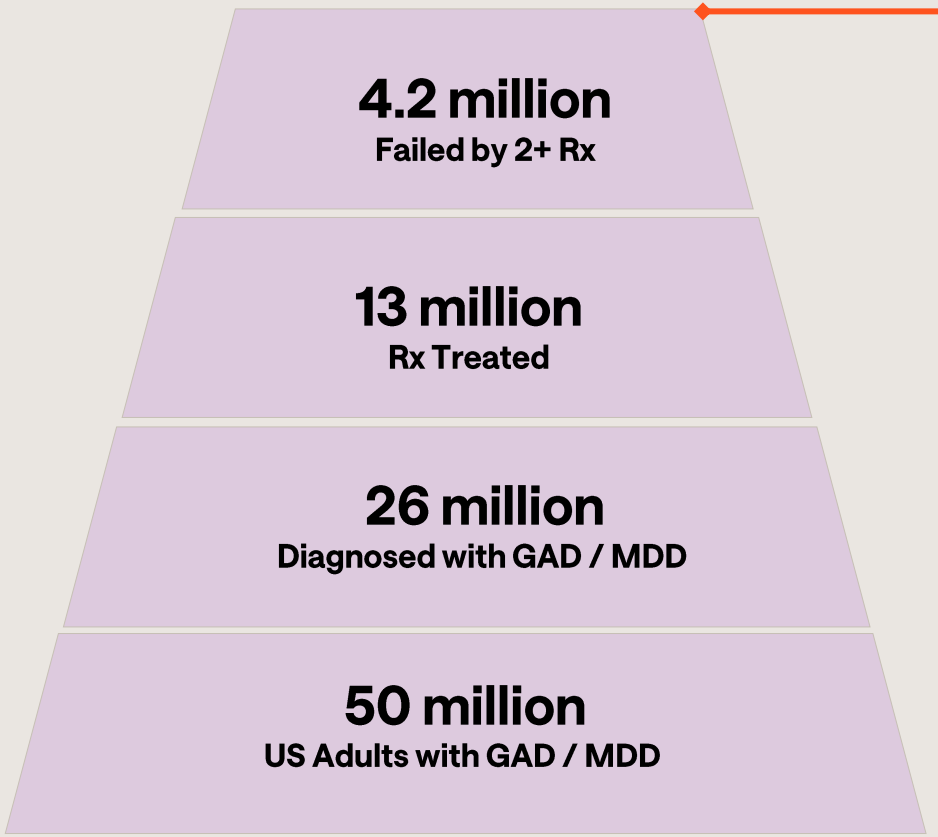
LS Mean: least squares mean; MADRS: Montgomery-Åsberg Depression Rating Scale;ODT: orally disintegrating tablet

04

Commercial Framework

Lysergide DT120 ODT

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.

GAD: generalized anxiety disorder; MDD: major depressive disorder; Rx: prescription

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

Custodial System

1950-1970

Pharmacology-based treatment

Medication options in outpatient setting.

TCAs, MAOIs, antipsychotics

Outpatient Shift

1980-Early 2000s

Office-based psychiatry

Pharmacological treatments

SRIs

Chronic Disease Model

2005-2019

Interventional & digital emergence

Directly targets brain circuitry.

VNS, TMS

Episodic Care

2020-Today

Transformative care

Rapid-acting inpatient treatments with durable results.

Esketamine, psychedelics, including DT120

Precision Approach

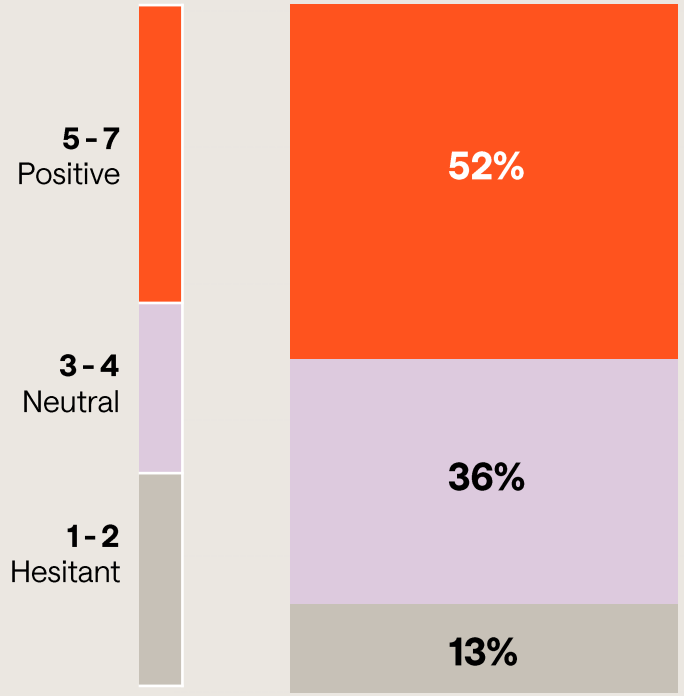
From medication to devices, psychiatry has continually embraced innovation to expand treatment options

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 ODT Adoption Potential

Psychiatrist Perception of Psychedelic Treatments[2]



Psychiatrist Perception of DT120

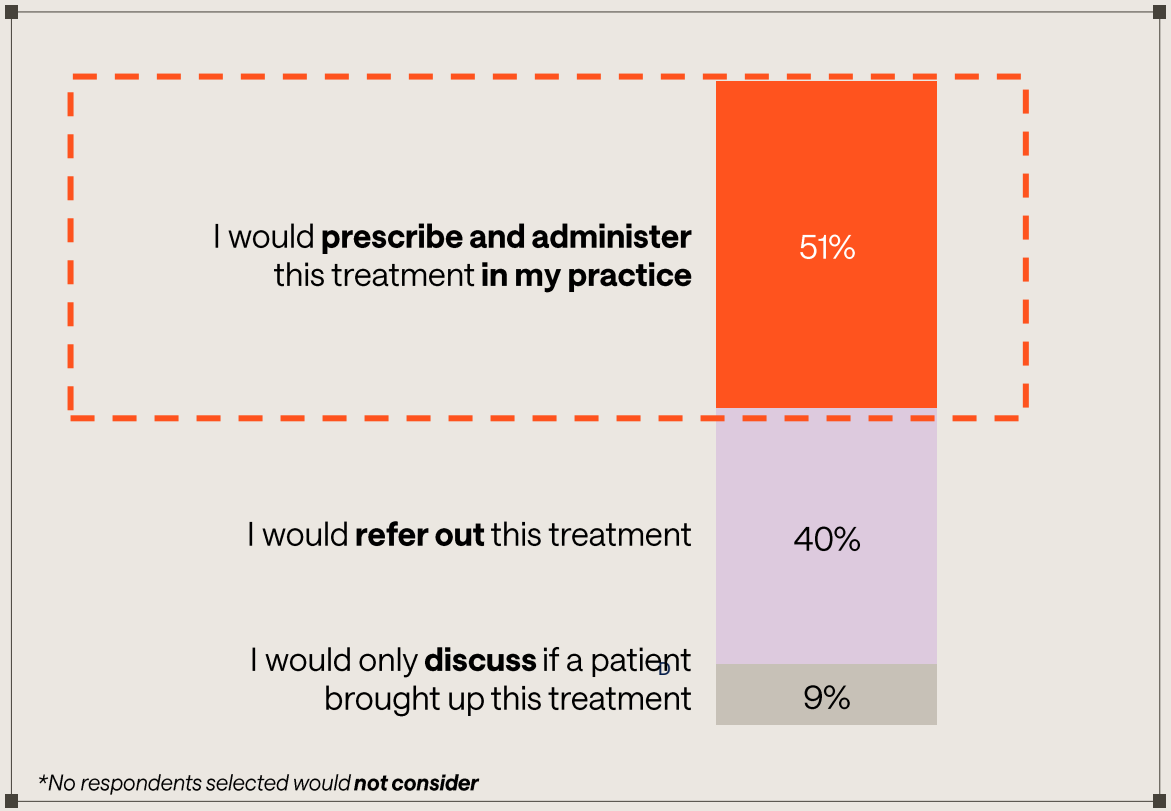
- 58% HCPs surveyed have positive views of DT120 profile[1]
- HCPs cite quick onset of action, symptom resolution, response and MOA as top attributes[1]
- Awareness of DT120 has sharply increased from 27% to 64% in the last two waves of research (2024 to 2026)[2]

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; ODT: orally disintegrating tablet

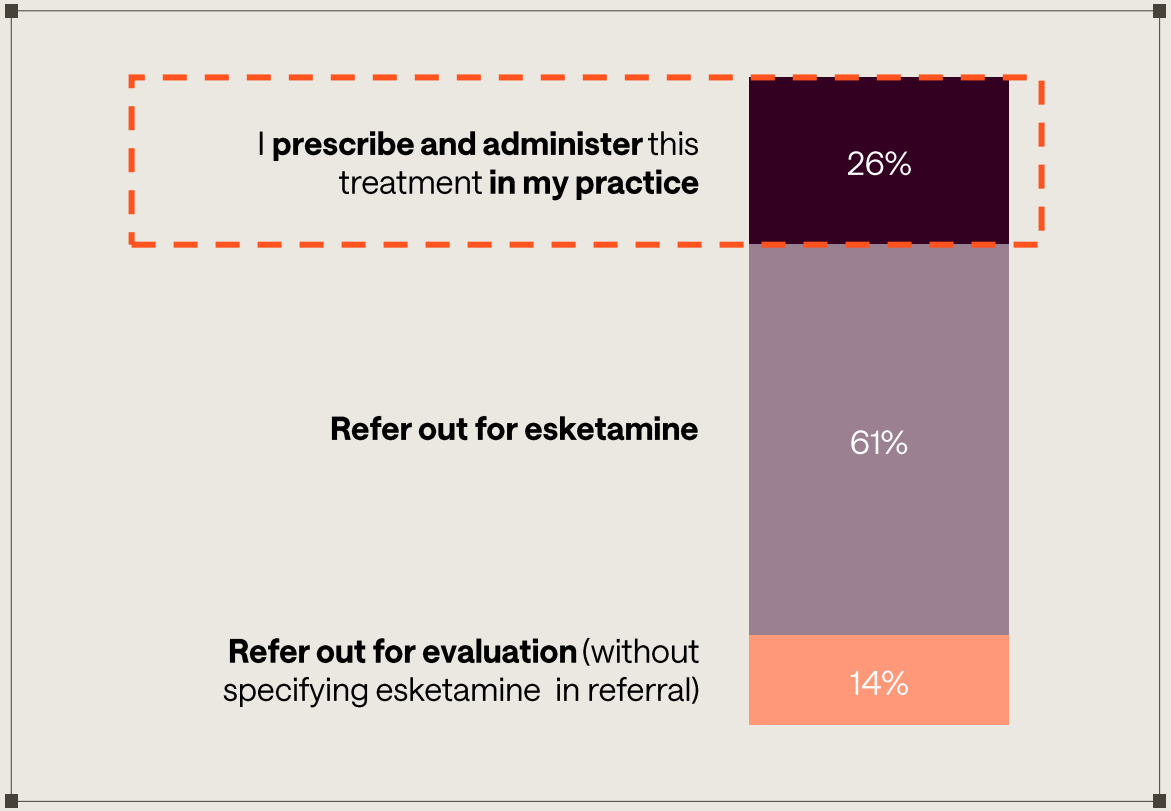
Strong In-Practice Intent Among High-Priority HCPs

DT120 ODT[1]



No respondents selected would **not consider*

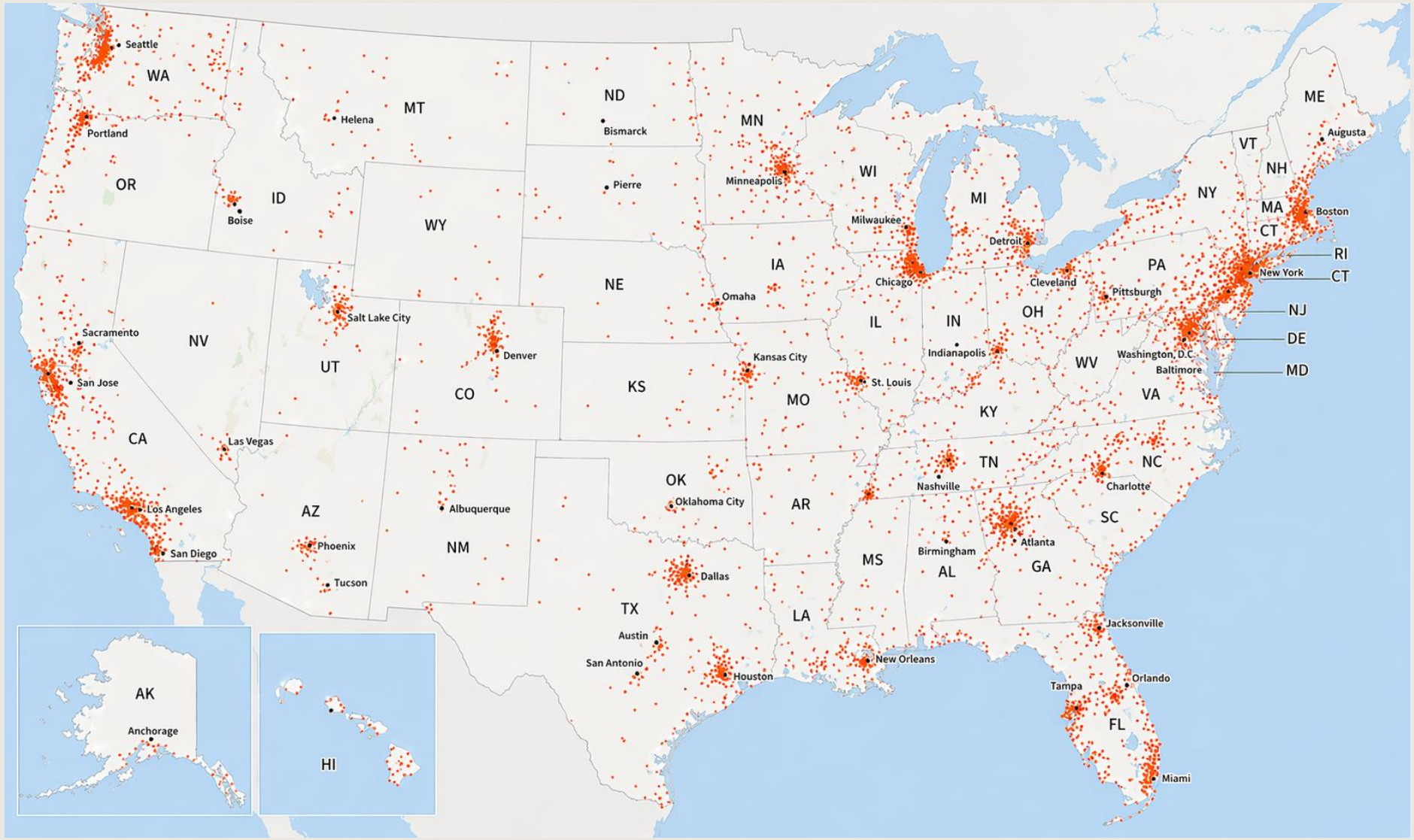
Esketamine[1]



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.

ODT: orally disintegrating tablet

Predictive Analytics Help Focus Resources Where Adoption Potential Is Highest

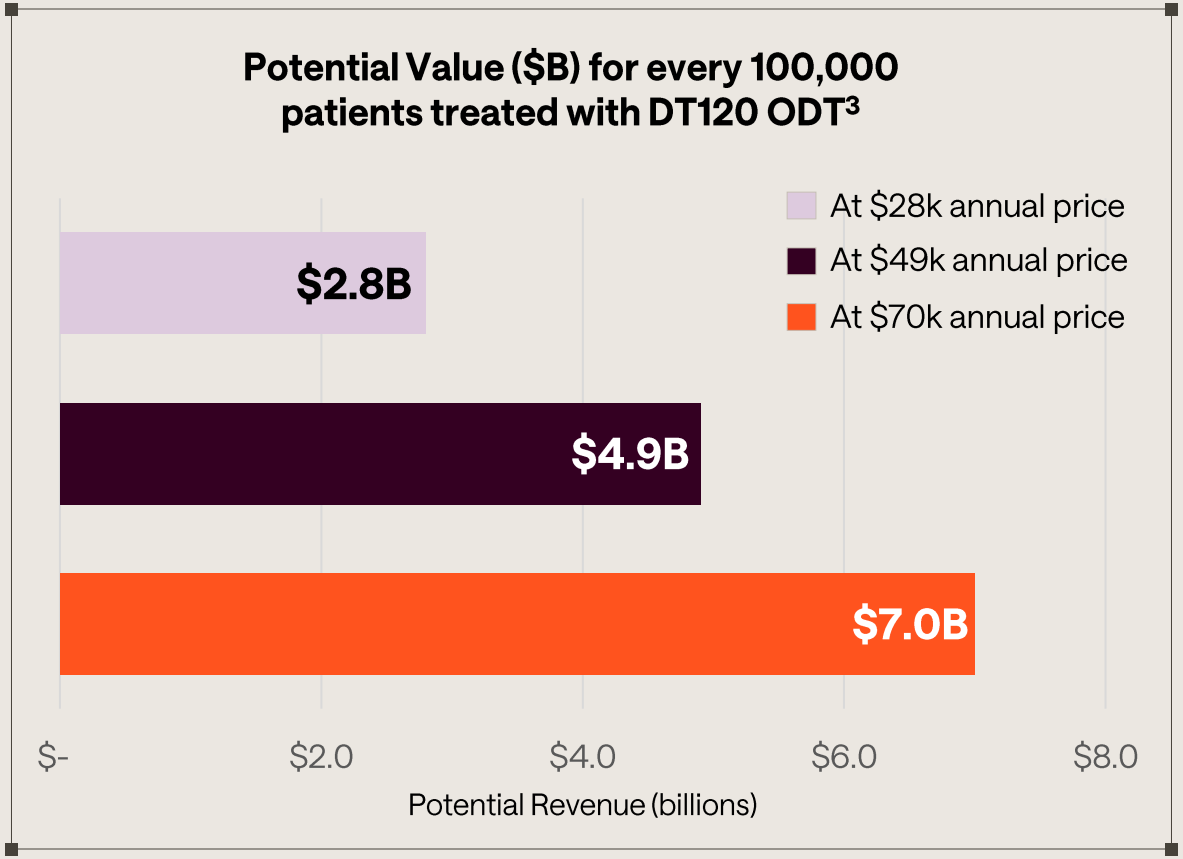


Priority GAD & MDD Prescribers

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

ODT: orally disintegrating tablet

05

Program Overview

R(-)-MDMA DT402

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

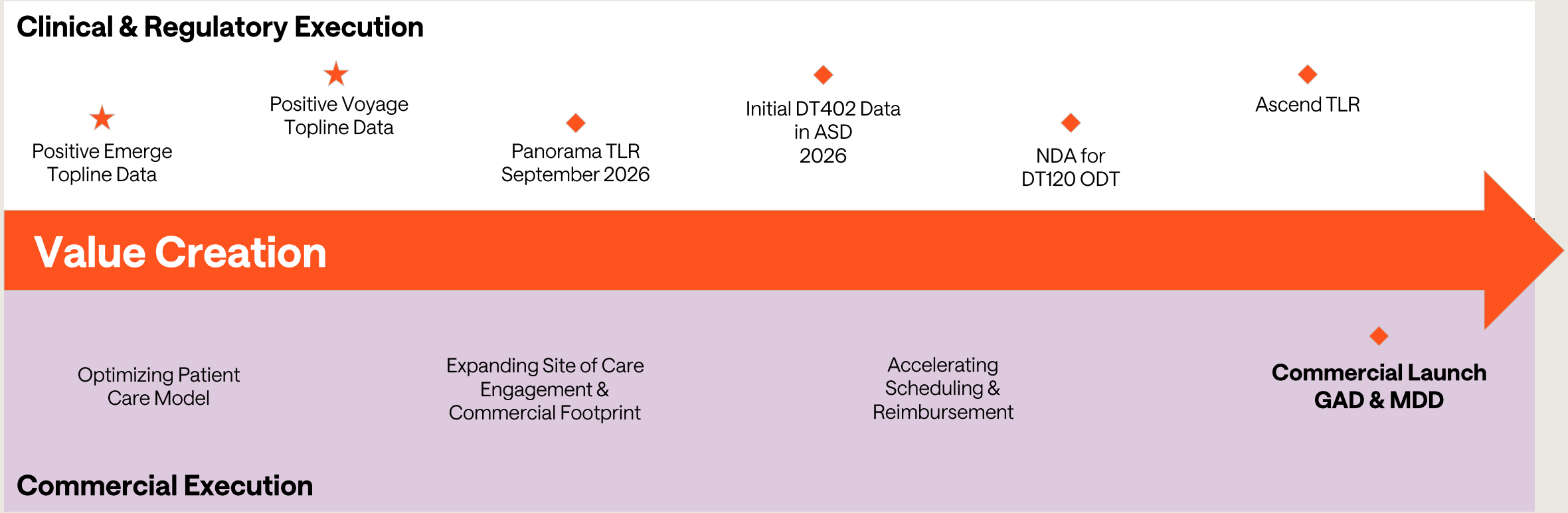
SAE: serious adverse event; TEAE: treatment-emergent adverse event

06

Summary

Building a Psychiatry Powerhouse with Two Distinct Drivers[1]

Definium THERAPEUTICS



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

ASD: autism spectrum disorder; GAD: generalized anxiety disorder; MDD: major depressive disorder; ODT: orally disintegrating tablet; TLR: topline data readout

Financial Summary & Anticipated Milestones

Cash, Cash Equivalents & Investments
~$1.1 billion
as of June 30, 2026

Credit Facility
Up to $120 million
($36.5 million outstanding)
as of June 30, 2026

Shares Outstanding
134.4 million[1]
as of July 30, 2026

Second Quarter 2026 Operating Expenses
$75.1 million
- R&D - $48.7 million
- G&A - $26.4 million

1. Excludes 0.4 million pre-funded warrants outstanding as of July 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)
Positive Topline Data | June 2026

Voyage (GAD)
Topline Readout | August 2026

Panorama (GAD)
Topline Readout | September 2026

Additional Clinical Updates

Ascend (MDD)
Topline Readout | 2027

Haven (PTSD)
Study Initiation | 2027

DT402
Initial Data in ASD | 2026

Precise science. Boundless impact.

A

Appendix

Clinical Outcome Assessments in GAD and MDD

Definium THERAPEUTICS

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.