November 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, the Company’s Quarterly Report on Form 10-Q for the quarterly period ended March 31, 2026, and the Company’s Quarterly Report on Form 10-Q for the quarterly period ended June 30, 2026, 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

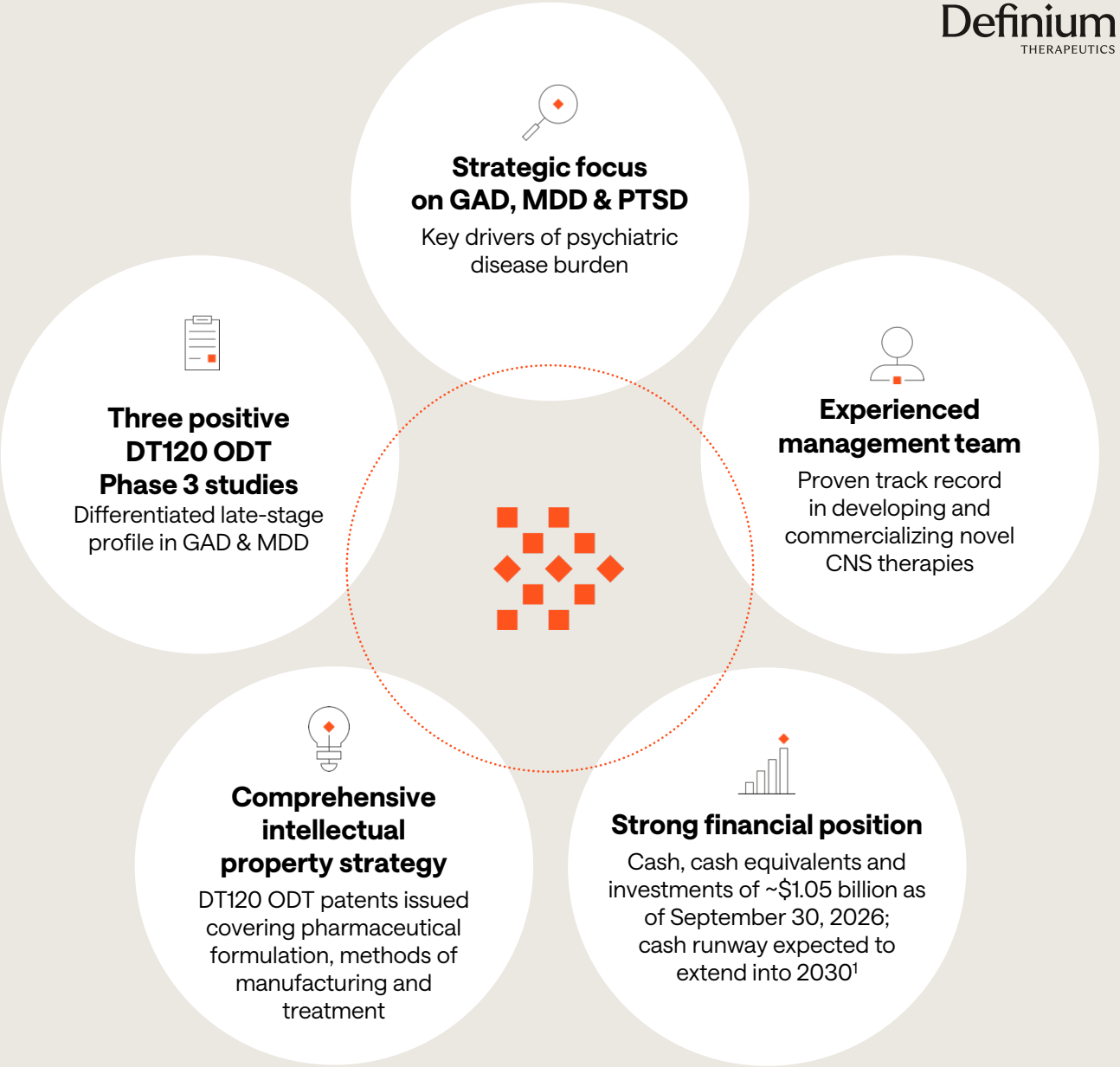
The United States federal government regulates drugs through the Controlled Substances Act. DT120 ODT is a proprietary, pharmaceutically optimized form of lysergide and DT402, or R(-)-MDMA, is our proprietary form of the R-enantiomer of MDMA (3,4-methylenedioxymethamphetamine). Lysergide and MDMA are 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.

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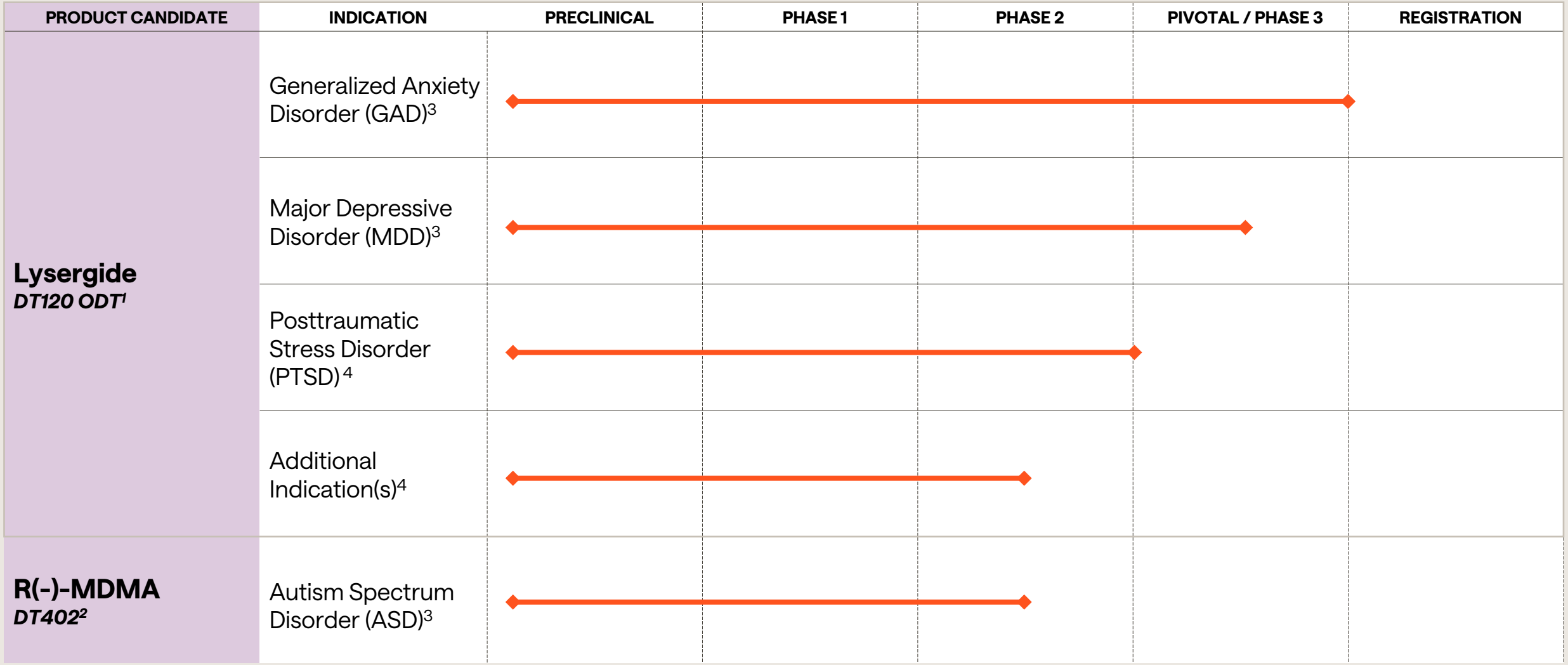


1. Based on the Company's current operating plan and anticipated milestones.

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

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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

01

Program Overview

DT120 ODT

lysergide



DT120 ODT 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

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

Met All Primary & Key Secondaries[2]

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

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 (OLTx)[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[4]
- Placebo

Primary Endpoint[5]

Up to four OLTx of DT120 ODT 100 µg

Follow-up Observation
Screening instrument: biweekly
Outcome assessment: monthly or triggered by screening instrument[5]

Potential Treatment
Eligible for OLTx when symptom severity on outcome assessment is moderate or worse[5]

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.
4. Panorama included a DT120 ODT 50 µg control arm (n=52) that was not designed or powered for statistical comparisons.
5. Screening instrument used in respective studies is PHQ-9 for MDD, GAD-7 for GAD and PCL-5 for PTSD. Screening instrument cutoffs to trigger outcome assessment are PHQ-9 ≥ 10 for MDD, GAD-7 ≥ 10 for GAD and PCL-5 ≥ 30 for PTSD. Outcome assessment used in respective studies is HAM-A for GAD, MADRS for MDD and CAPS-5 for PTSD.Moderate or worse symptoms defined as HAM-A ≥ 16 , MADRS ≥ 20 or CAPS-5 ≥ 23
6. Primary endpoint in respective studies is MADRS at week 6 for MDD, HAM-A at week 12 for GAD and CAPS-5 at week 8 for PTSD.

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

Compelling Evidence Across Four Late-Stage Trials with Complementary Designs[1]

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Generalized Anxiety Disorder (GAD)

Major Depressive Disorder (MDD)

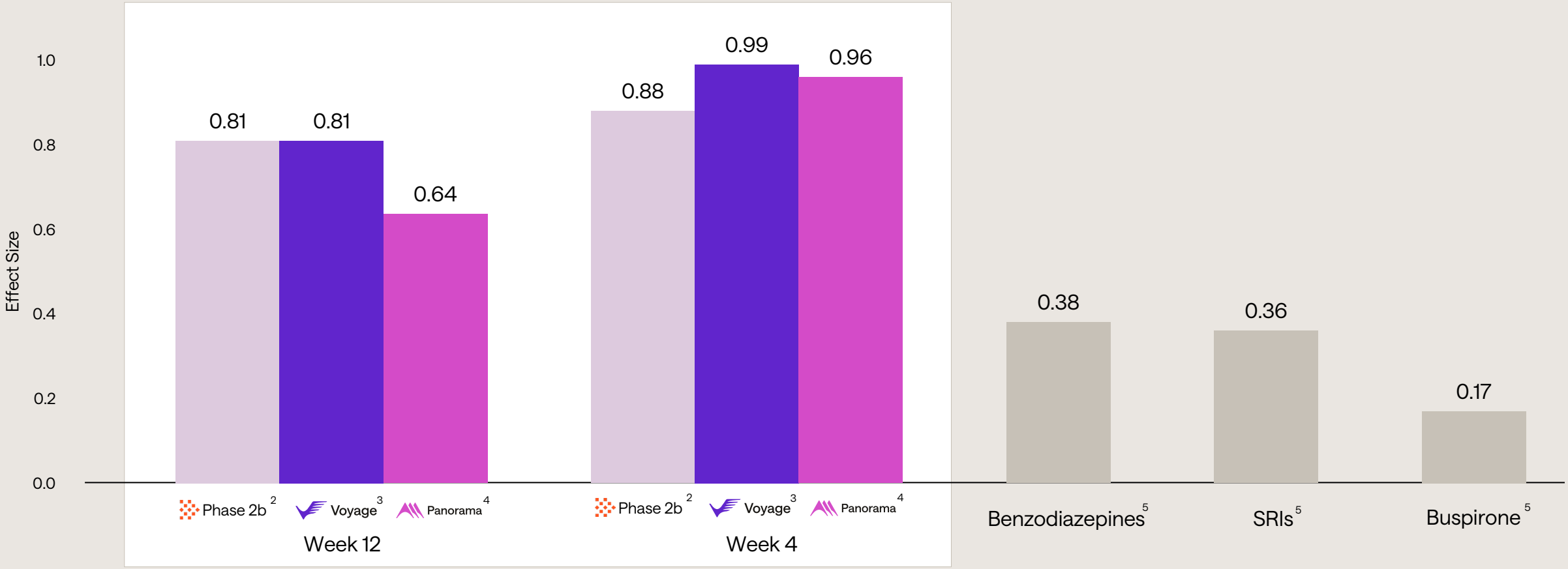
	Phase 2b Study MMED008	Voyage	Panorama	Emerge
Design	**5 arms**	**2 arms**	**3 arms**	**2 arms**
Baseline HAM-A	**30.2**	**27.9**	**28.0**	**17.1**
Baseline MADRS	**27.2**	**13.5**	**13.4**	**34.5**
Pooled endpoint SD	**11.1**	**7.2**	**8.4**	**10.4**
Primary endpoint[2] DT120 100 µg vs. placebo	**-7.7** p<0.01 HAM-A at Week 12	**-5.4** p<0.0001 HAM-A at Week 12	**-5.1** p<0.0001 HAM-A at Week 12	**-8.1** p<0.0001 MADRS at Week 6

Robust data package aligned with FDA guidance supports advancement of NDA submission for DT120 ODT

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.
2. Primary endpoint in Voyage and Panorama 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 was the change from baseline in MADRS score at Week 6.

HAM-A: Hamilton Anxiety Rating Scale; MADRS: Montgomery-Åsberg Depression Rating Scale, SD: standard deviation

DT120's Efficacy Stands Out Against Approved GAD Treatments[1]



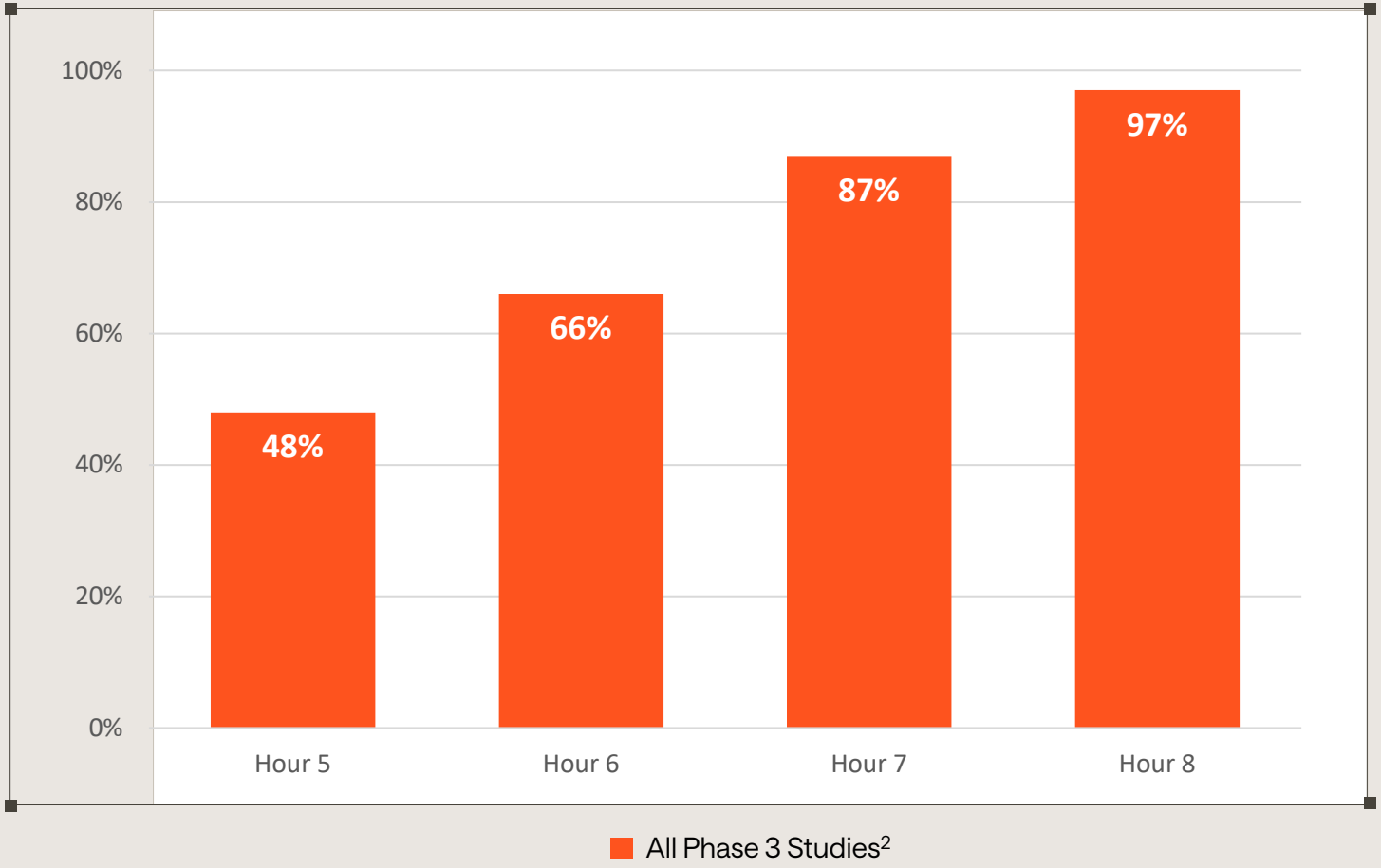
DT120 effect size consistently larger than GAD standard of care

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. Buspirone and benzodiazepines are approved for anxiety disorders which include GAD; 2) R Robison, JAMA. 2025 Sep 4; e2513481. doi:10.1001/jama.2025.13481 ; 3) Source: Voyage study documents; 4) Source: Panorama study documents; 5) RB Hidalgo, J Psychopharmacol. 2007 Nov;21(8):864-72

GAD: generalized anxiety disorder, SRI: serotonin reuptake inhibitors

1,000+ DT120 ODT Dosing Sessions Demonstrated a Scalable Path to Clinical Practice[1]

Time to End of Session Checklist (EoSC) Clearance



Highlights

- Consistent average time to clearance of EoSC of ~6 hours across studies[1]
- Two thirds of participants clear EoSC at hour 6[1]
- 97% of participants (n=1,061[2]) clear EoSC by hour 8
- Emerging evidence of predictable 5-8 hour sessions

1. Source: Respective study documents. Safety population in study part A (100 µg). Time at which participant first meets End of Session Checklist criteria.
2. Based on Interim analysis of EoSC as of September 10, 2026 from all dosing sessions in Emerge, Voyage and Panorama.

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

DT120 ODT 100 µg Has Demonstrated a Favorable and Consistent Tolerability Profile Across Pivotal Readouts[1]

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Favorable tolerability profile

- AE profile consistent with prior studies and known pharmacology
- Most adverse events (AEs) mild-to-moderate in severity
- Most treatment emergent AEs (TEAEs) occurred and resolved on dosing day
- No drug related serious adverse events (SAEs) [2]

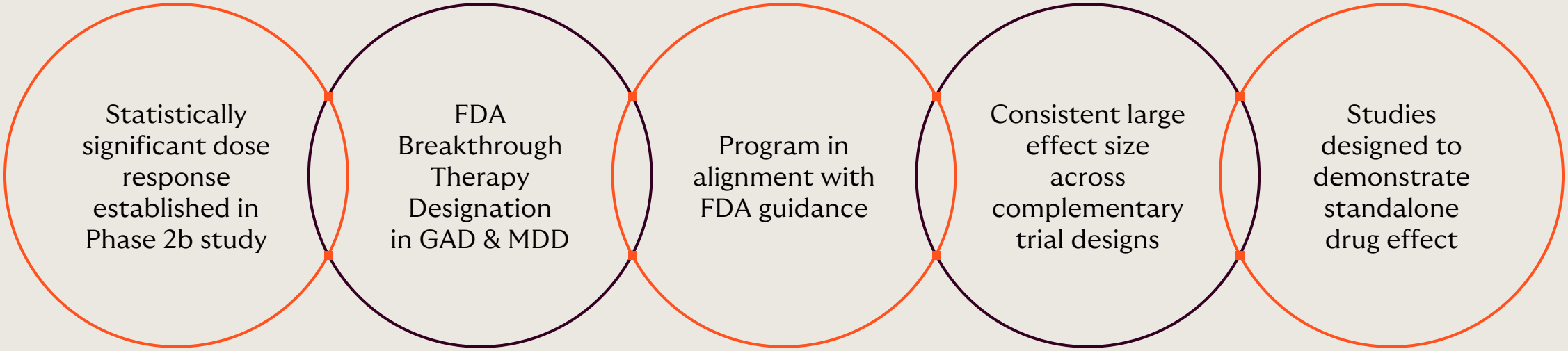
No suicidal behavior or suicidality signal[3]

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

1. Source: Voyage, Panorama and Emerge study documents. Safety population in study part A (through week 12).
2. As of September 14, 2026, a total of 14 participants reported a treatment emergent serious adverse event across all studies of DT120, including 1 SAE deemed treatment-related in Part B of Voyage, resulting in an SAE rate of approximately 1.45% 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.

C-SSRS: Columbia-Suicide Severity Rating Scale; ODT: orally disintegrating tablet

DT120 ODT Program Oriented to Support NDA Strategy[1] and Beyond



1. Regulatory filing strategy for GAD & MDD to be discussed at pre-NDA meeting.

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

02

Positive Panorama Phase 3 Topline Data

DT120 ODT

lysergide



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

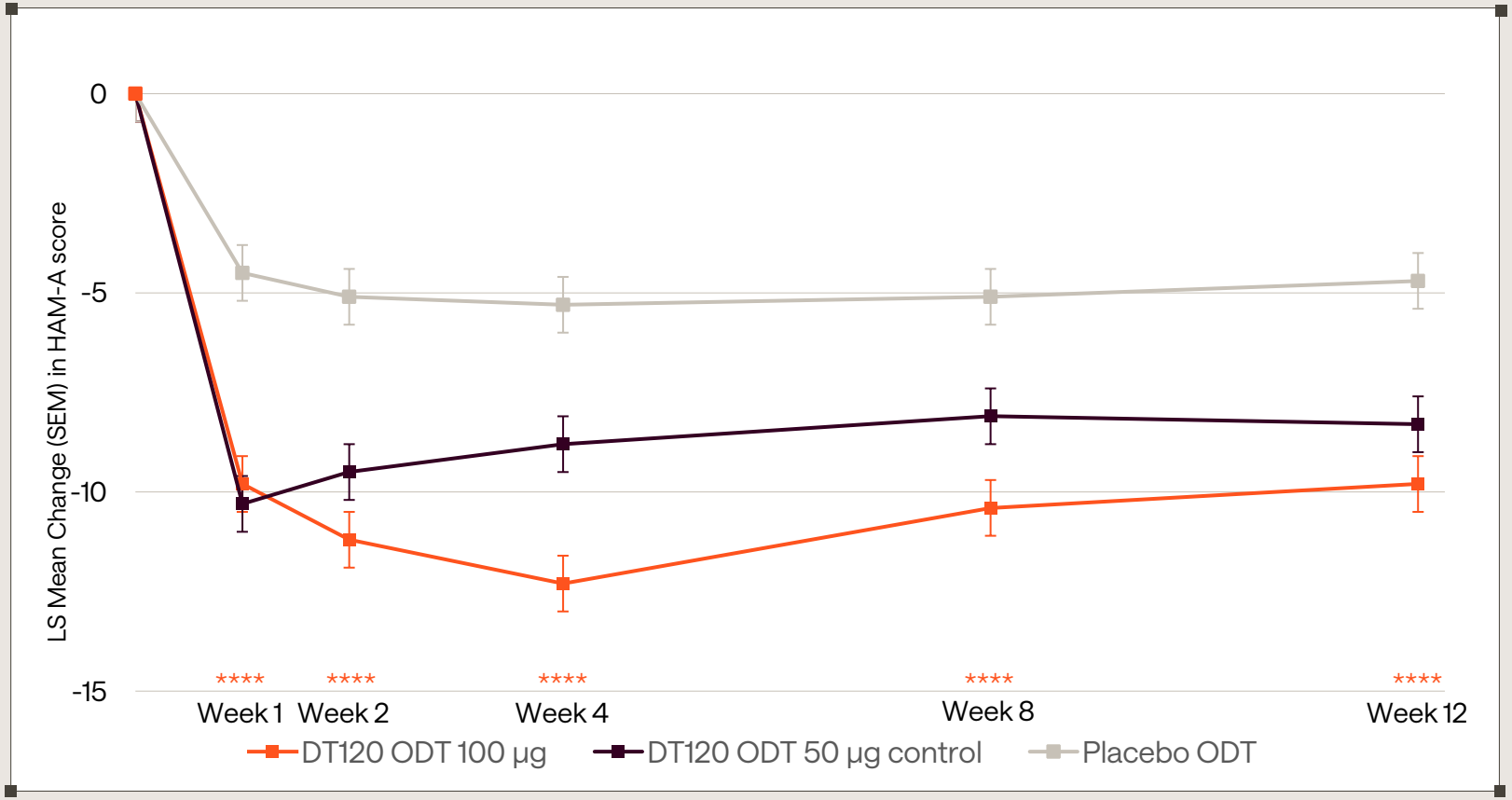
Rapid, robust and durable efficacy after single dose	▪ All primary and key secondary endpoints highly statistically significant ▪ 5.1 point HAM-A improvement over placebo at week 12 primary endpoint ($p<0.0001$) ▪ 5.3 point HAM-A improvement over placebo at week 1 ($p<0.0001$) ▪ 0.8 point CGI-S improvement over placebo at day 2 ($p<0.0001$) ▪ Results consistent with Phase 2 dose-response data
Limited side effect burden	▪ DT120 ODT 100 µg was generally well tolerated with no new safety signals identified ▪ No suicidality signal or suicidal behavior
Efficient session dynamics	▪ 6.2 hour average time to clear End of Session Checklist (EoSC) ▪ 94% participants cleared EoSC by 8 hours

1. Source: Panorama study documents. Safety population in study part A (through week 12)

CGI-S: Clinical Global Impression-Severity Scale; HAM-A: Hamilton Anxiety Scale; ODT: orally disintegrating tablet

Panorama - DT120 ODT 100 µg 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 (DT120 100 µg vs placebo)

Highlights

Change from Baseline[2]

	100 µg	50 µg
Week 1:	-9.8	-10.3
Week 4:	-12.3	-8.8
Week 8:	-10.4	-8.1
Week 12:	-9.8	-8.3

Improvement over Placebo[2]

	100 µg	50 µg
Week 1:	-5.3	-5.8
Week 4:	-7.0	-3.5
Week 8:	-5.3	-3.0
Week 12:	-5.1	-3.6

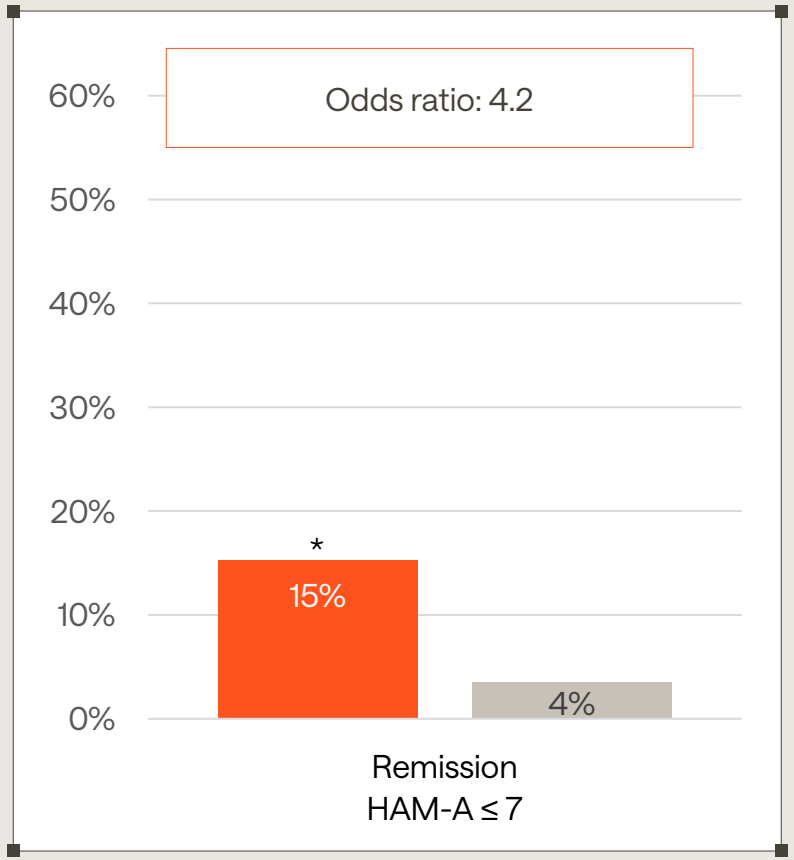
1. Source: Panorama study documents. ITT population. Panorama included a DT120 ODT 50 µg control arm (n=52) that was not designed or powered for statistical comparisons.
2. Primary endpoint of the study was change in HAM-A at week 12 between 100 µg and placebo using a Mixed-Effects Model Repeated Measures (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

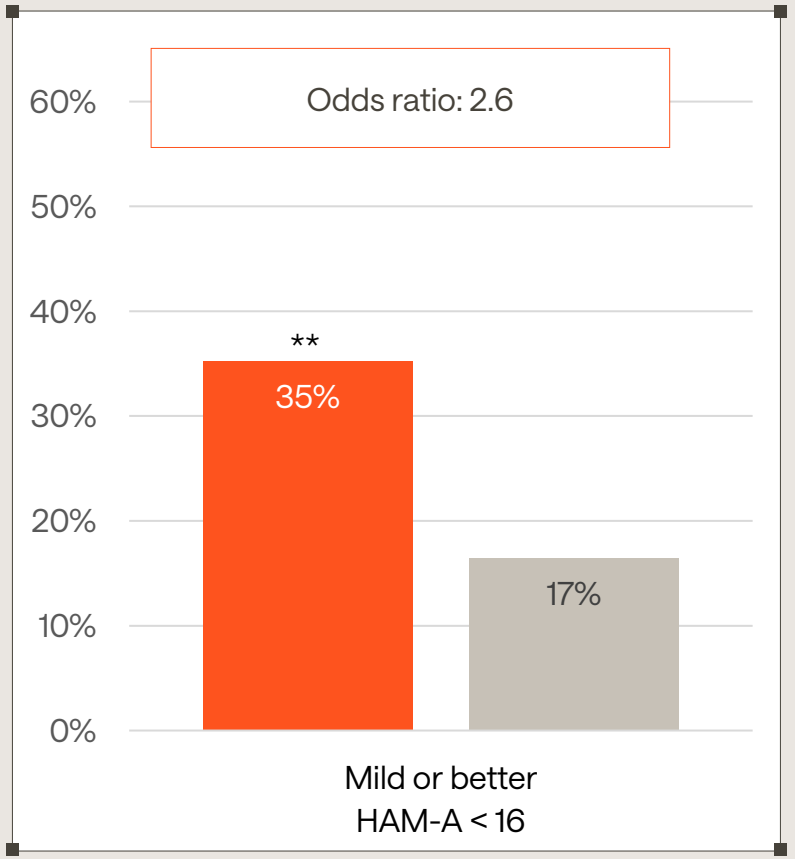
Panorama - DT120 ODT 100 µg Effects Supported by Robust, Clinically Significant Response and Remission Rates[1]

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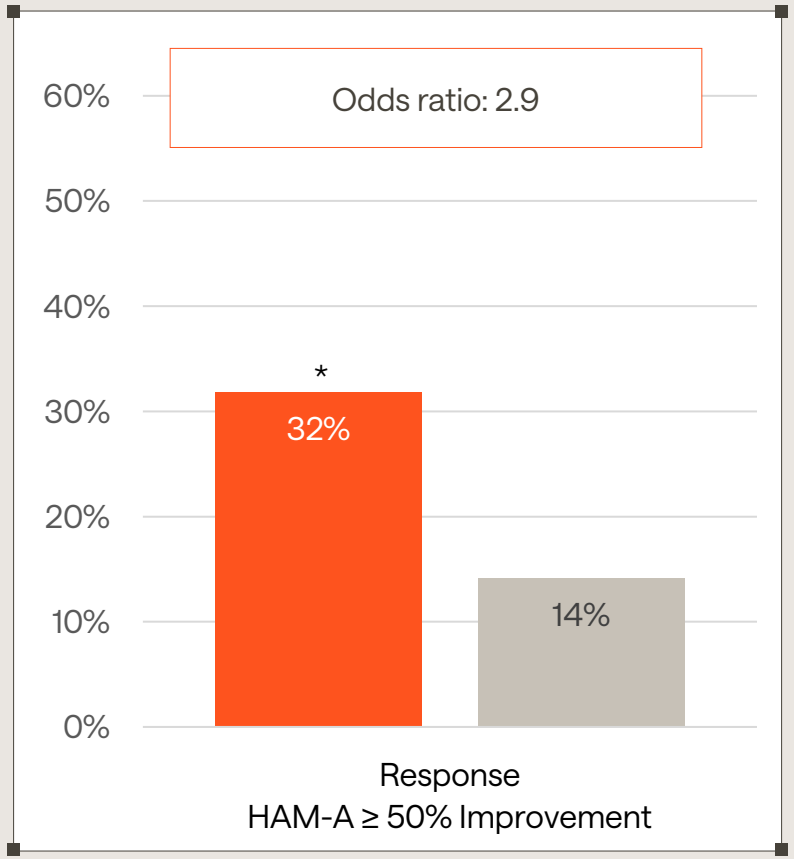
Remission Rate at Week 12



Mild or Better at Week 12



Response Rate at Week 12



DT120 ODT 100 µg Placebo ODT

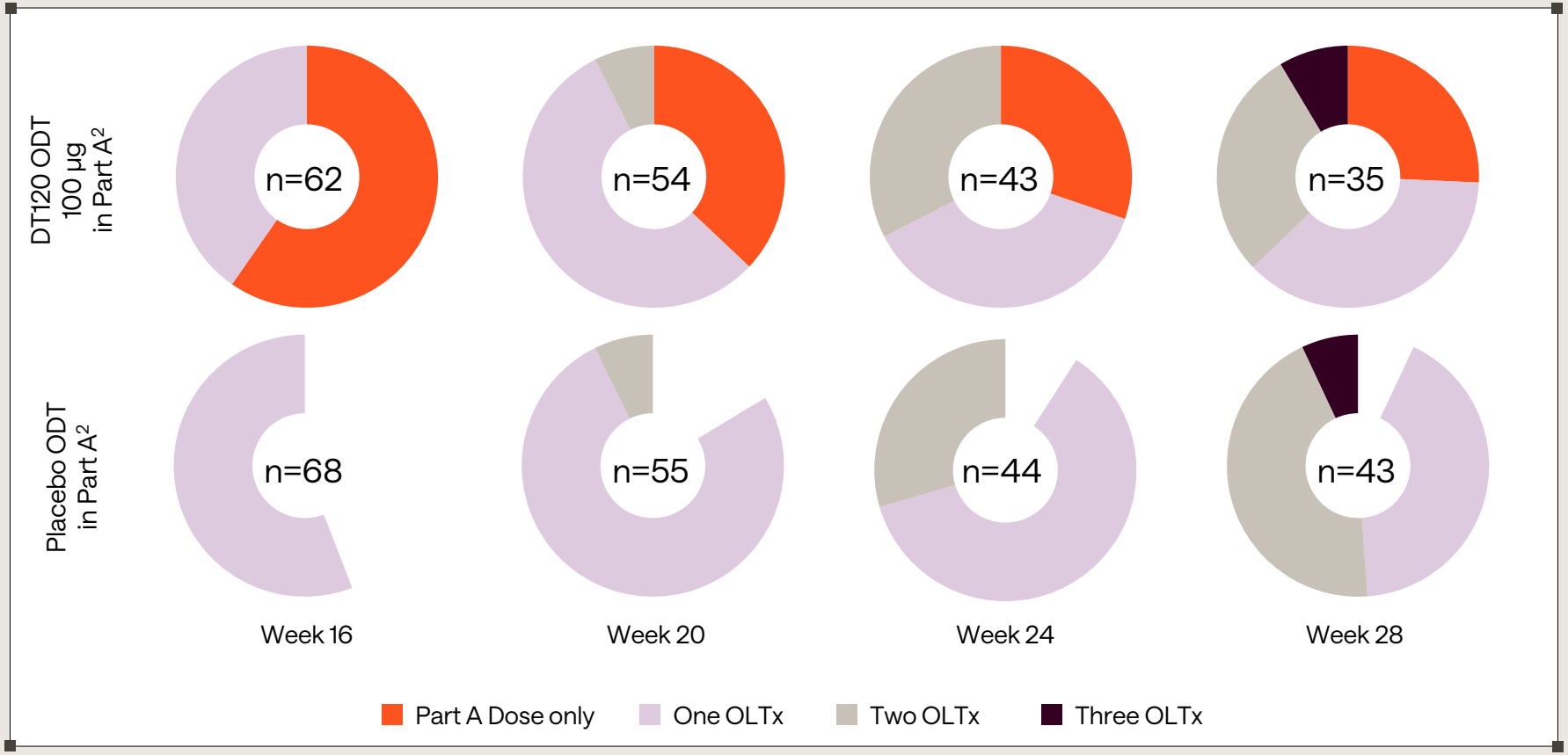
** p<0.01; *p<0.05

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

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

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

Summary of Cumulative DT120 ODT Doses through Week 28

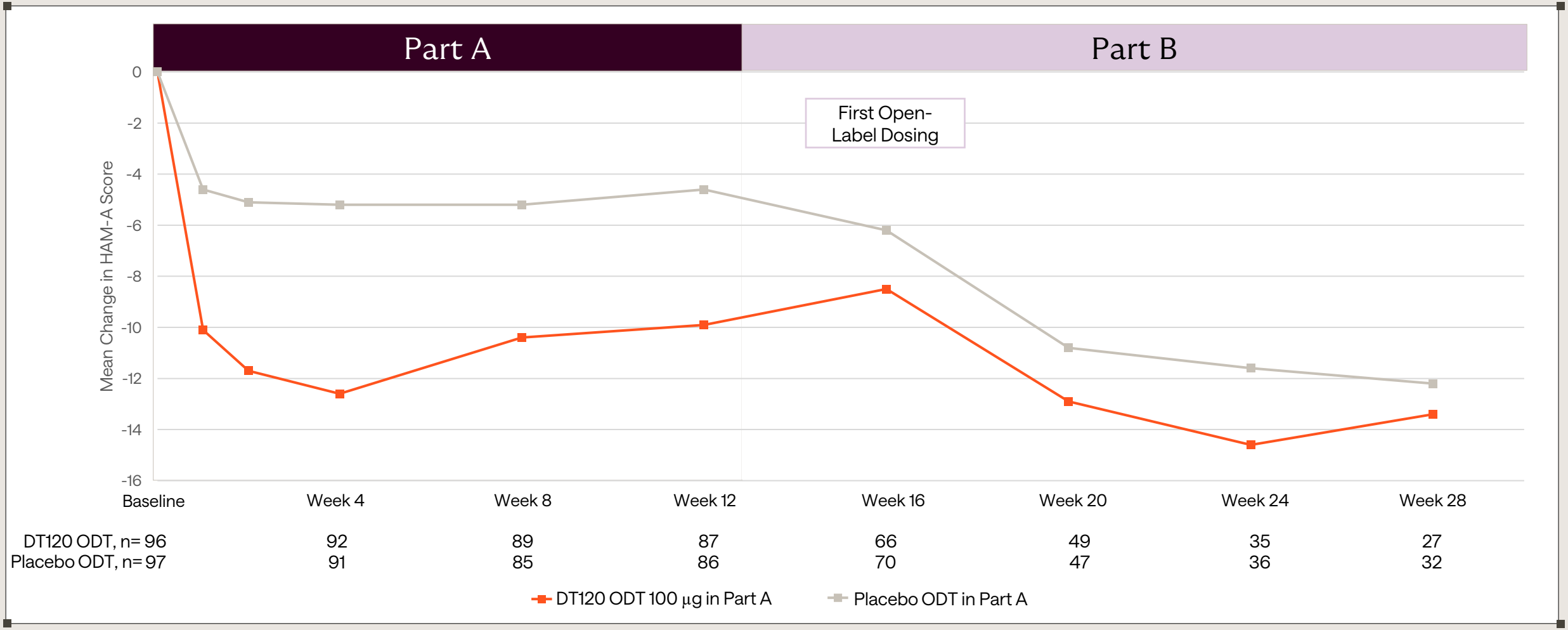


1. Based on interim analysis as of August 11, 2026. Extension population. Interim analysis based on partial data and subject to change. 50 µg cohort not included due to small n.
2. n is the number of participants in the Extension population who had the specified number of doses up to the corresponding visit.

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

Panorama - HAM-A Scores Improved Further with Additional Treatments in Part B

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



1. Based on interim analysis as of August 11, 2026. ITT Part A+B population with treatment policy strategy. Interim analysis based on partial data and subject to change. 50 µg cohort not included due to small n.
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 Voyage Phase 3 Topline Data

DT120 ODT

lysergide



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

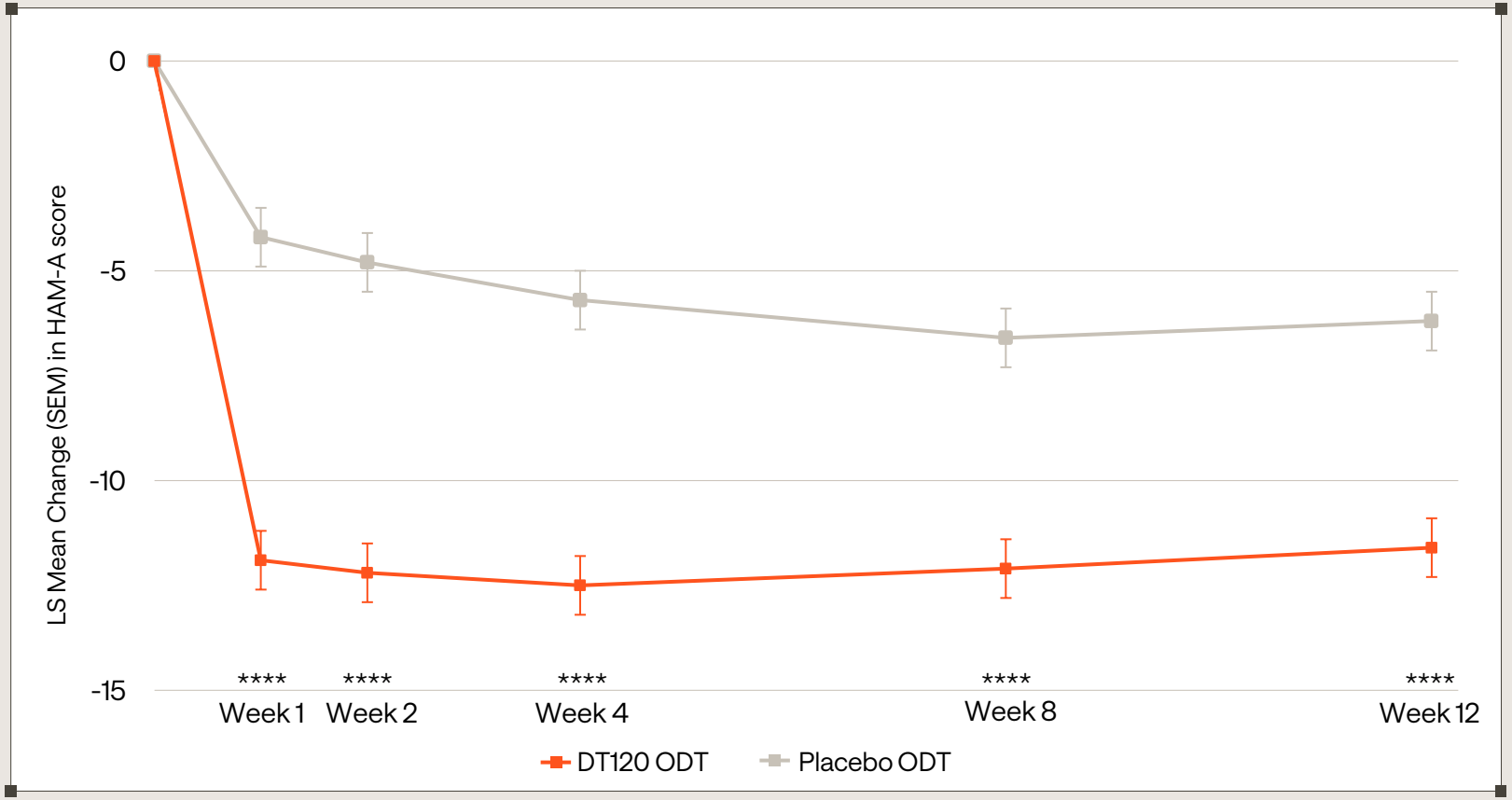
Rapid, robust and durable efficacy after single dose	▪ All primary and key secondary endpoints highly statistically significant ▪ 5.4 point HAM-A improvement over placebo at week 12 primary endpoint ($p<0.0001$) ▪ 7.7 point HAM-A improvement over placebo at week 1 ($p<0.0001$) ▪ 0.8 point CGI-S improvement over placebo at day 2 ($p<0.0001$)
Limited side effect burden	▪ DT120 ODT 100 µg 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 100 µg 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]

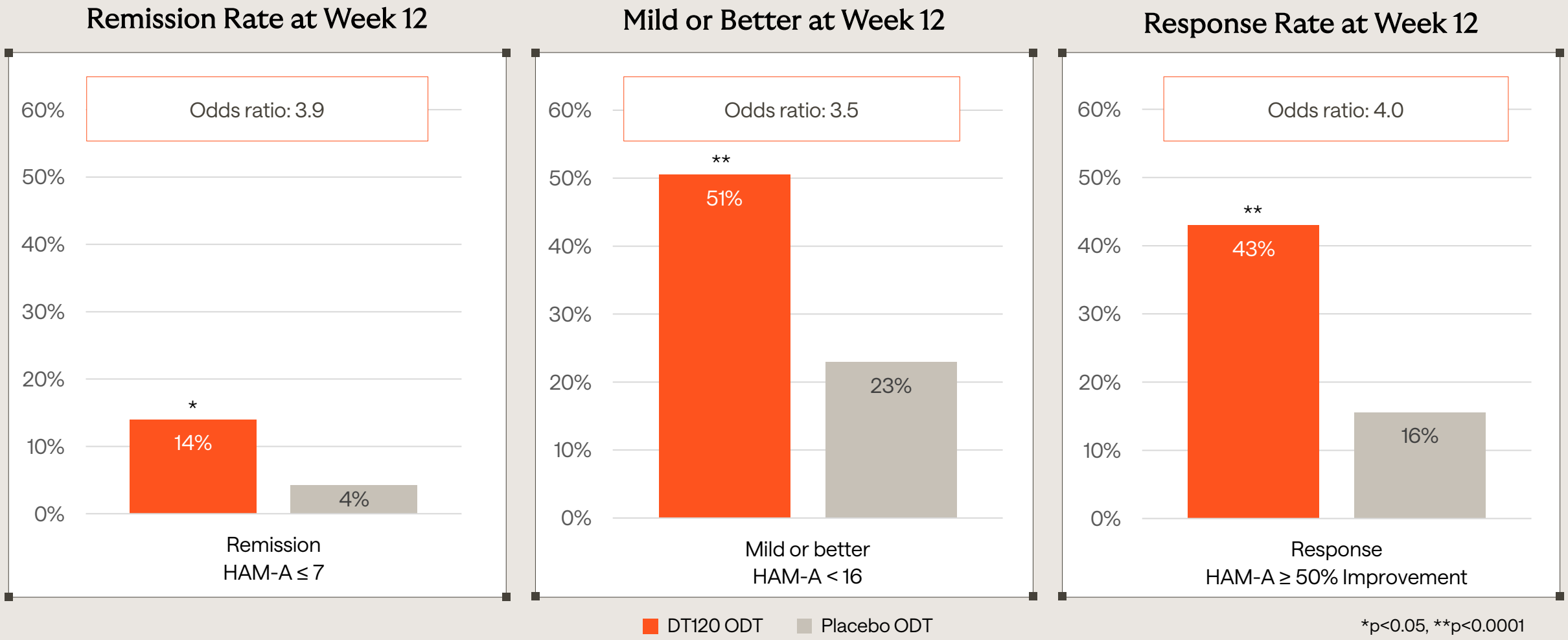
- Week 1: -7.7 points
- Week 4: -6.8 points
- Week 8: -5.5 points
- Week 12: -5.4 points

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 100 µg Effects Supported by Robust, Clinically Significant Response and Remission Rates[1]

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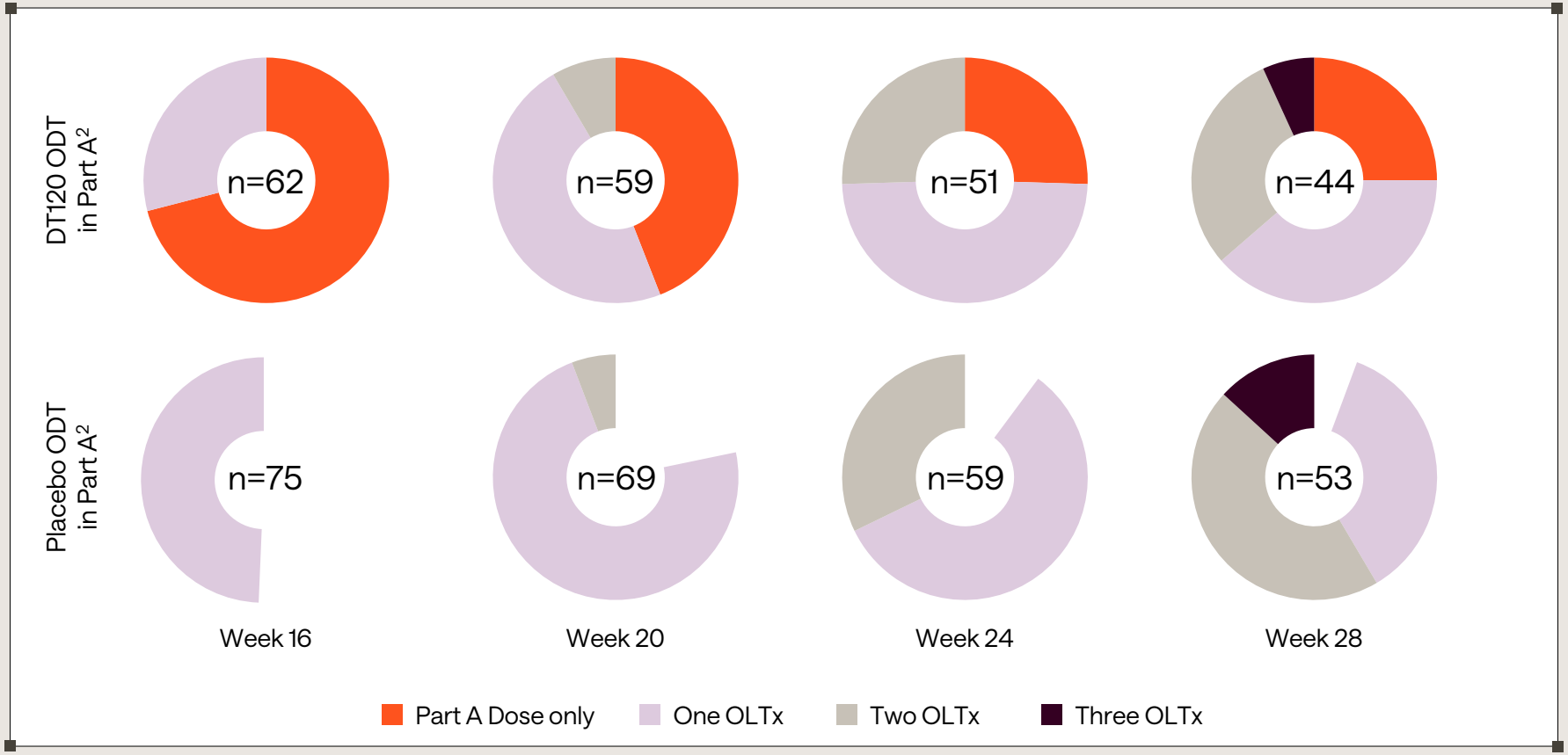


1. Source: Voyage study documents. ITT population. Pre-planned secondary endpoints.

HAM-A: Hamilton Anxiety Rating Scale; 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

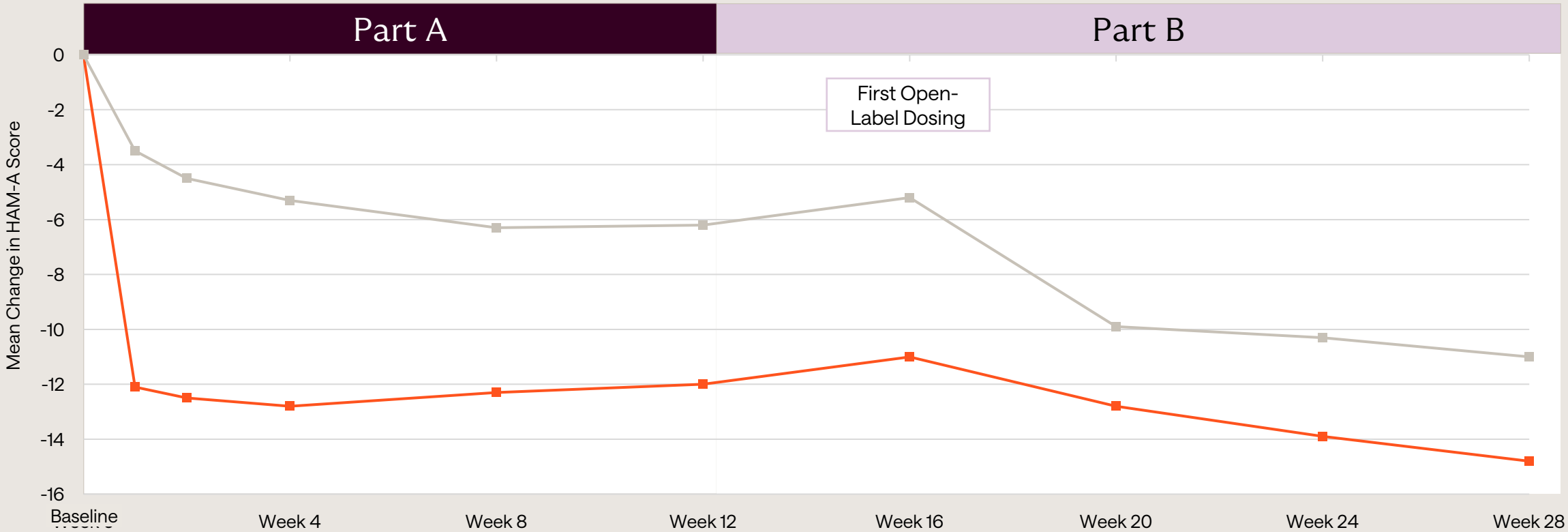


1. Based on interim analysis as of July 15, 2026. Extension population. Interim analysis based on partial data and subject to change.
2. n is the number of participants in the Extension population who had the specified number of doses up to the corresponding visit.

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

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Positive Emerge Phase 3 Topline Data

DT120 ODT

lysergide



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

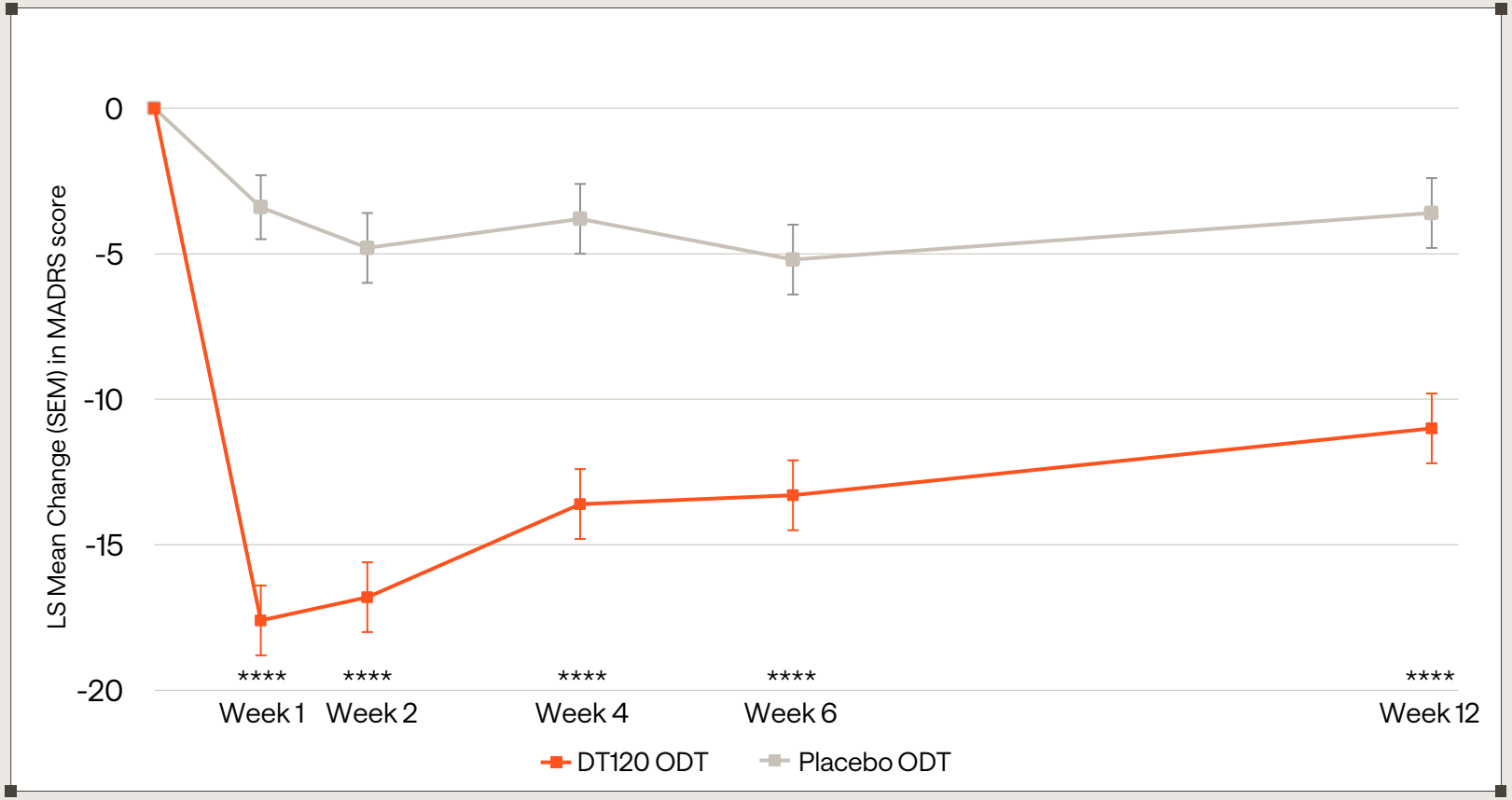
Rapid, robust and durable efficacy after single dose	▪ All primary and key secondary endpoints highly statistically significant ▪ 8.1 point MADRS improvement over placebo at week 6 primary endpoint (p<0.0001) ▪ 7.3 point MADRS improvement over placebo at week 12 (p<0.0001) ▪ 0.9 point CGI-S improvement over placebo at day 2 (p<0.0001)
Limited side effect burden	▪ DT120 ODT 100 µg 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 100 µg 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]

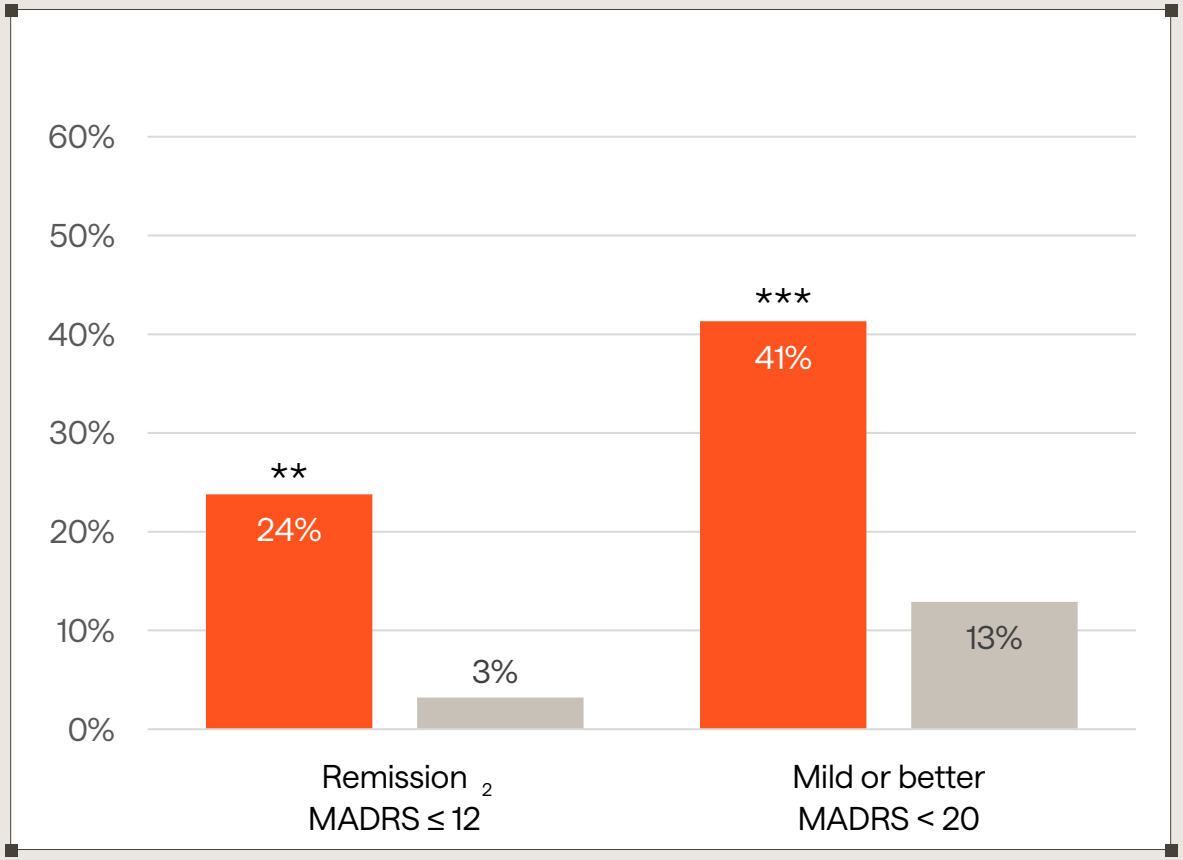
- Week 1: -14.2 points
- Week 4: -9.8 points
- Week 6: -8.1 points
- Week 12: -7.3 points

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.

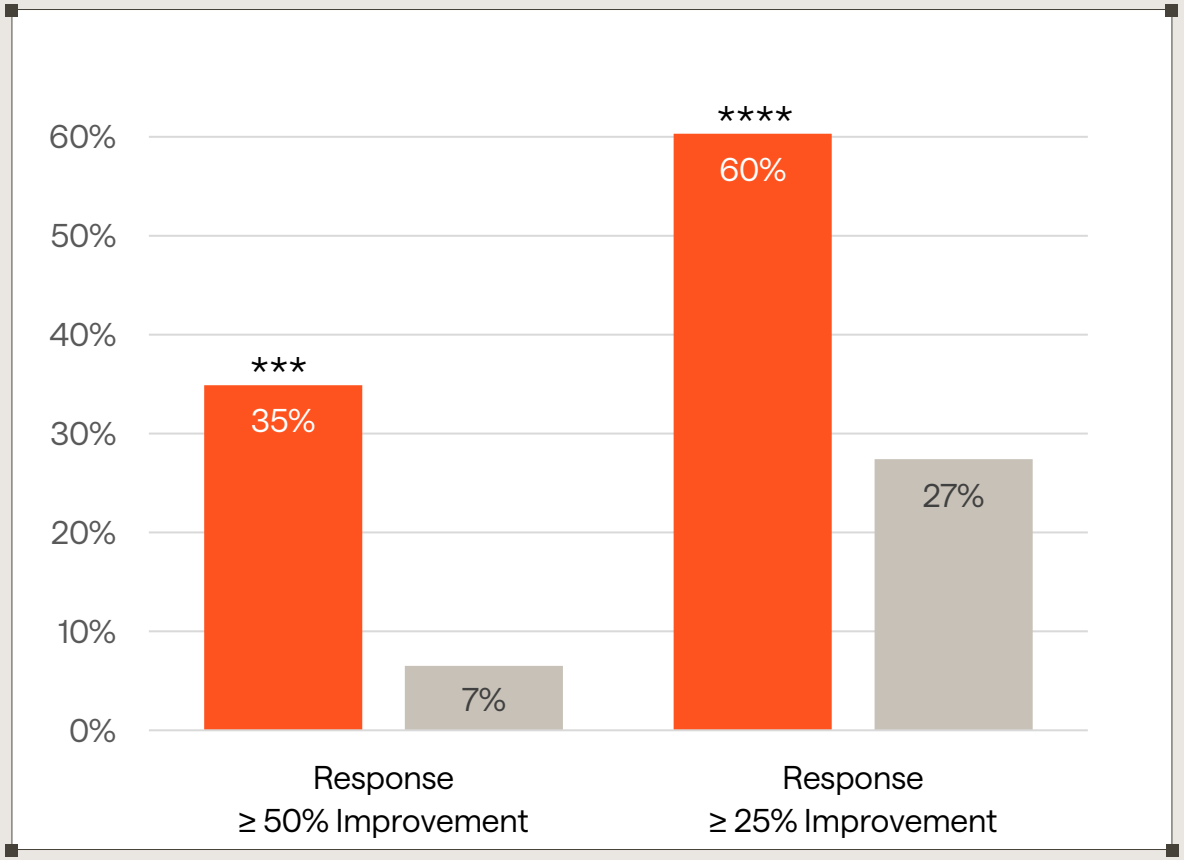
LS Mean: least squares mean; MADRS: Montgomery-Åsberg Depression Rating Scale; ODT: orally disintegrating tablet; SEM: standard error of the mean

Emerge - DT120 ODT 100 µg 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

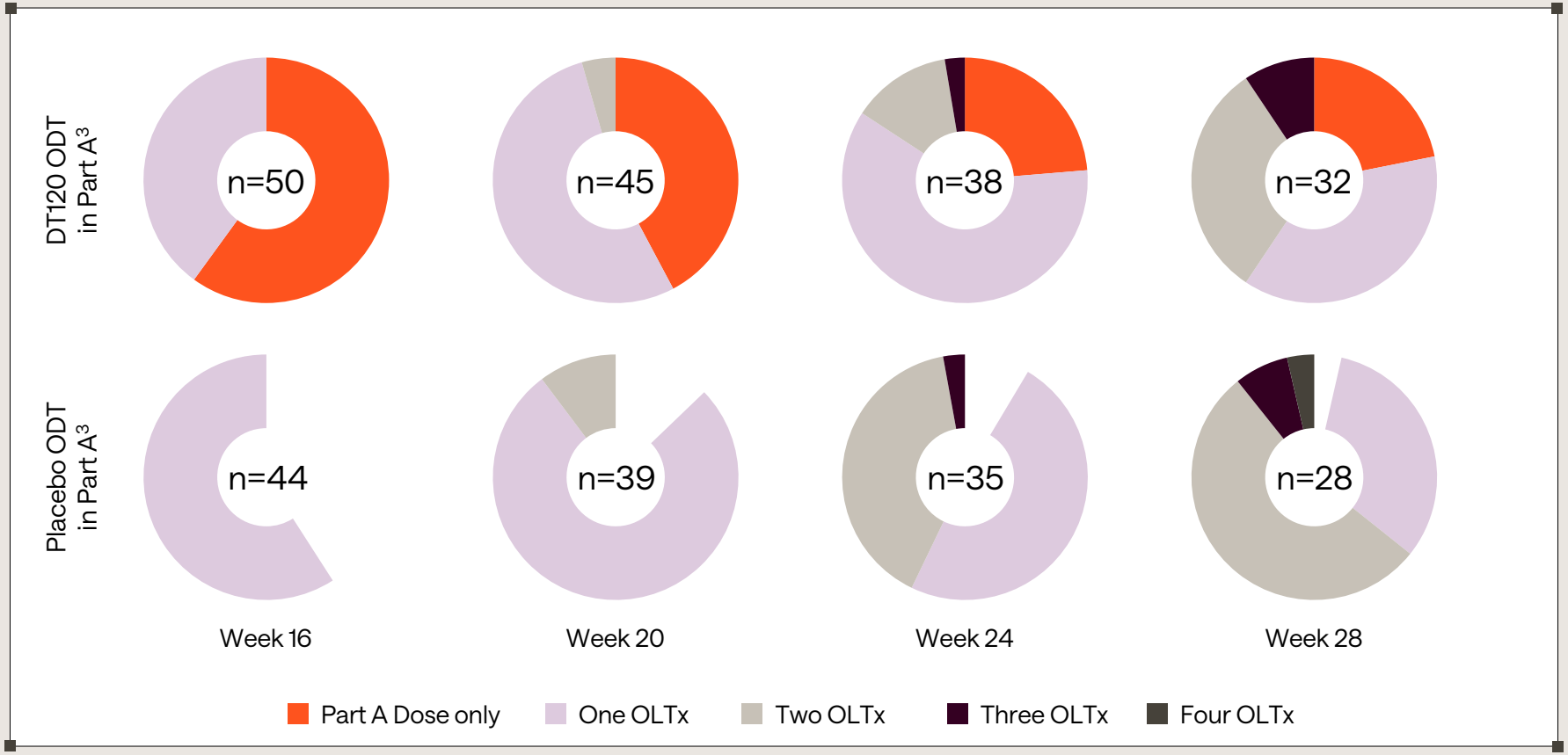
DT120 ODT Placebo ODT

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

Summary of Cumulative DT120 ODT Doses through Week 28

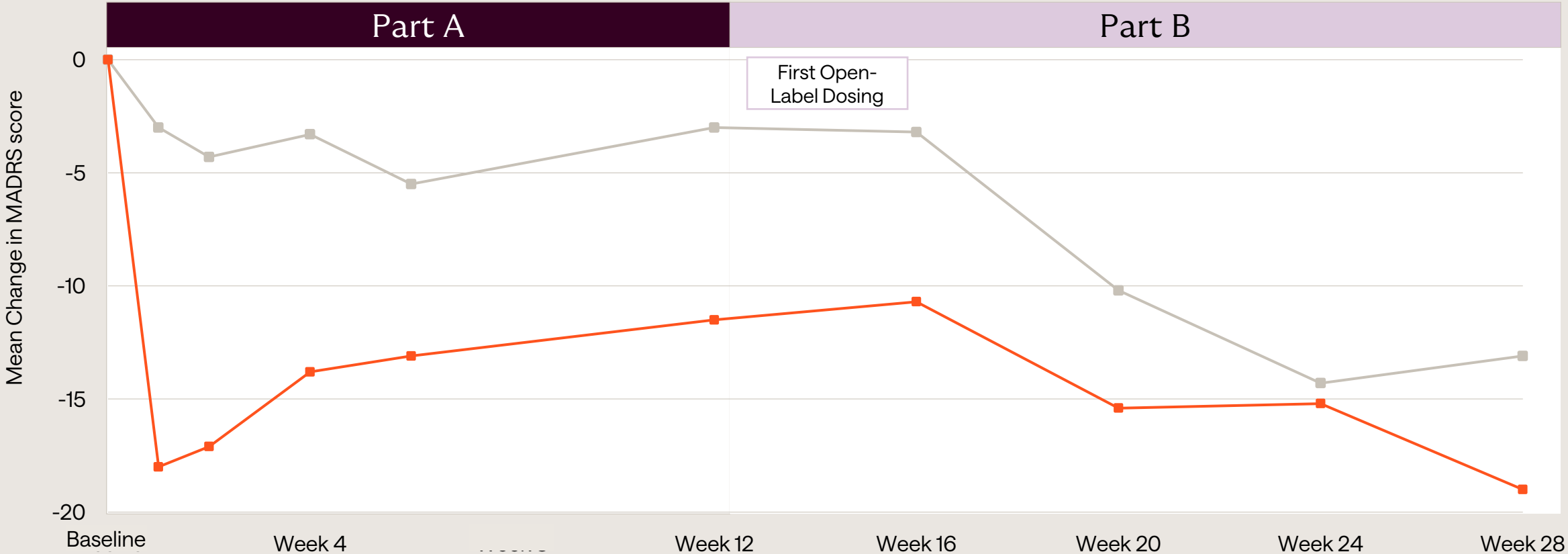


1. Based on interim analysis as of May 21, 2026. ITT Part A+B population. Interim analysis based on partial data and subject to change.
2. Only includes participants who received DT120 ODT in Part A.
3. n is the number of participants in the Extension population who had the specified number of doses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

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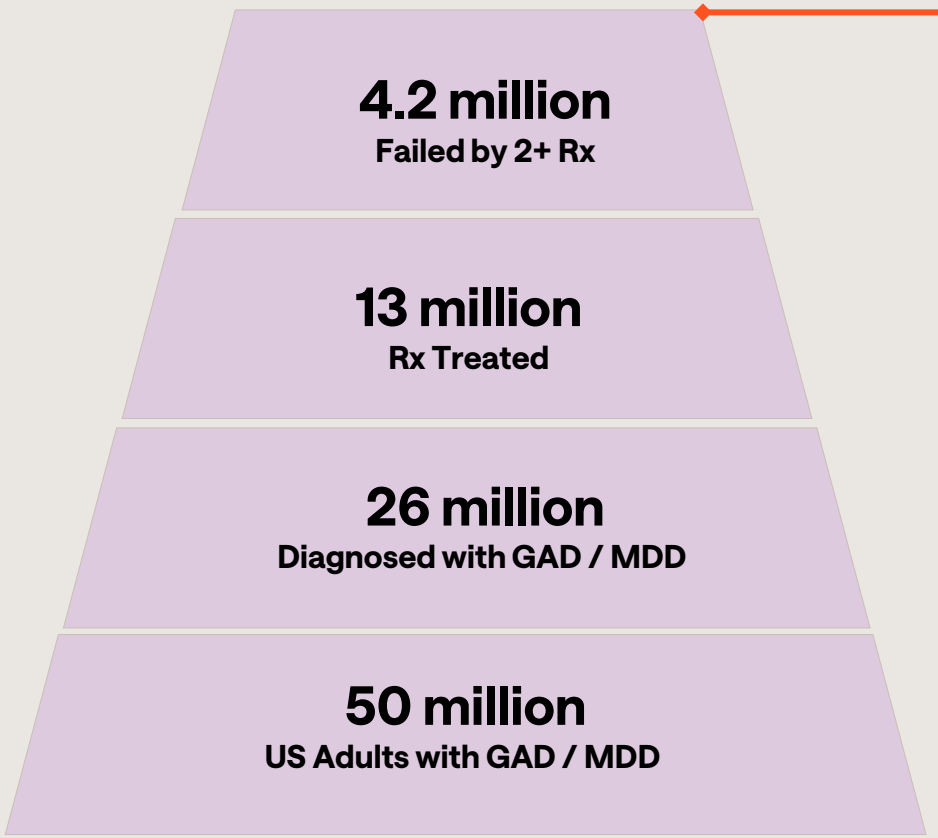
Commercial Framework

DT120 ODT

lysergide



The Near-Term Opportunity & Launch



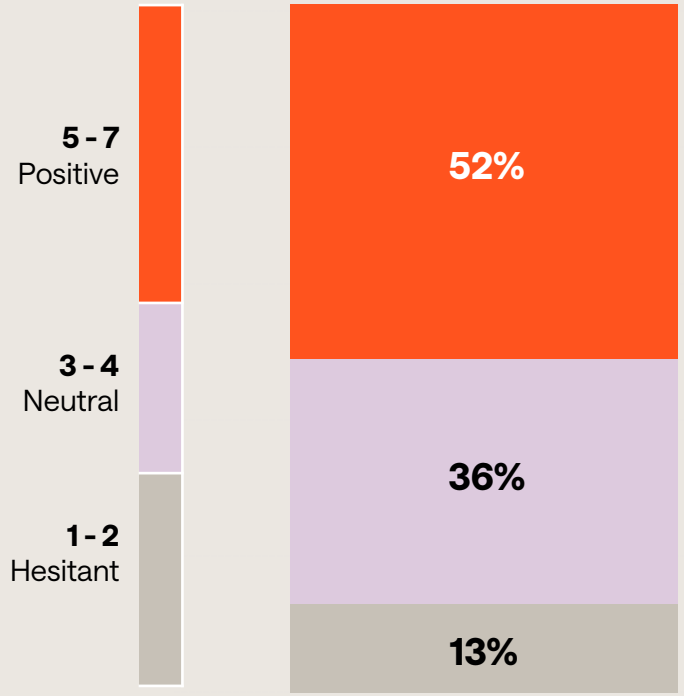
- Large & Growing Unmet Need
- Strong Patient Desire & Willingness
- Large & Expanding Treatment Network
- Payer Understanding & Intent

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

Growing Psychiatrist Awareness and Positive Sentiment Support DT120 ODT Adoption Potential

Psychiatrist Perception of Psychedelic Treatments[2]



Psychiatrist Perception of DT120

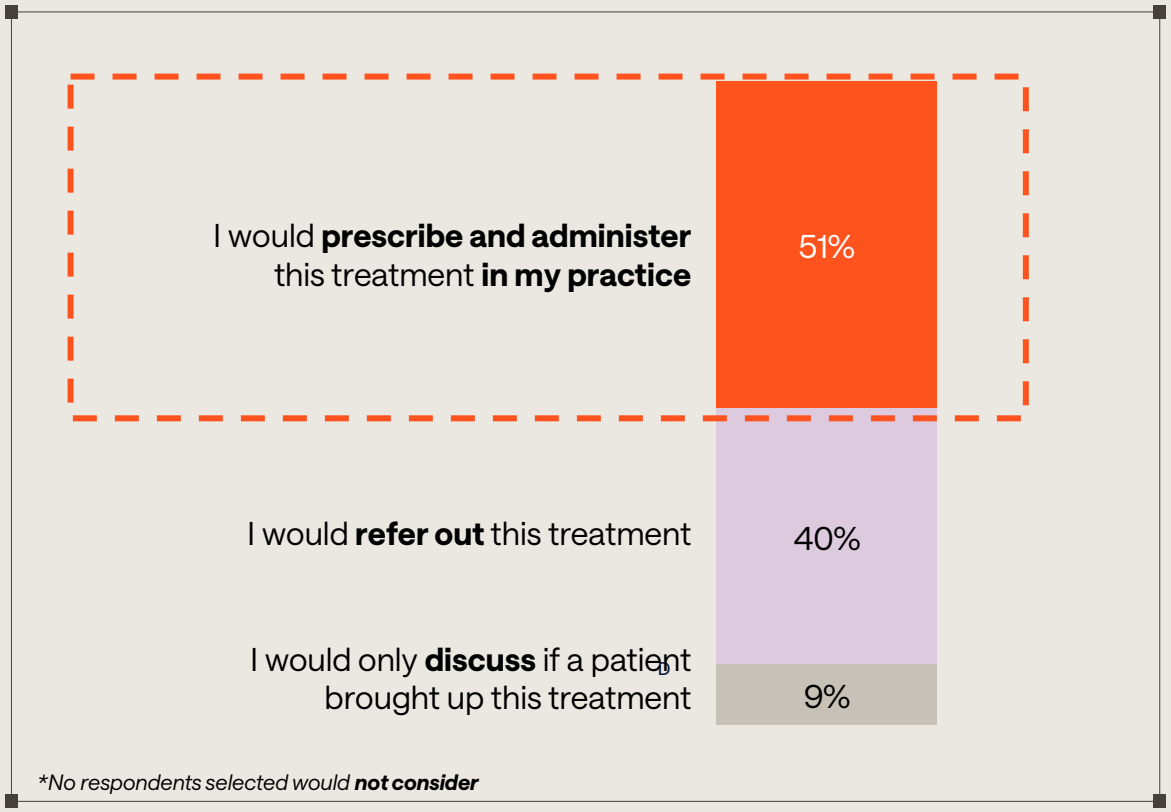
- 58% HCPs surveyed have positive views of DT120 profile[1]
- HCPs cite quick onset of action, symptom resolution, response and MOA as top attributes[1]
- Awareness of DT120 has sharply increased from 27% to 64% in the last two waves of research (2024 to 2026)[2]

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

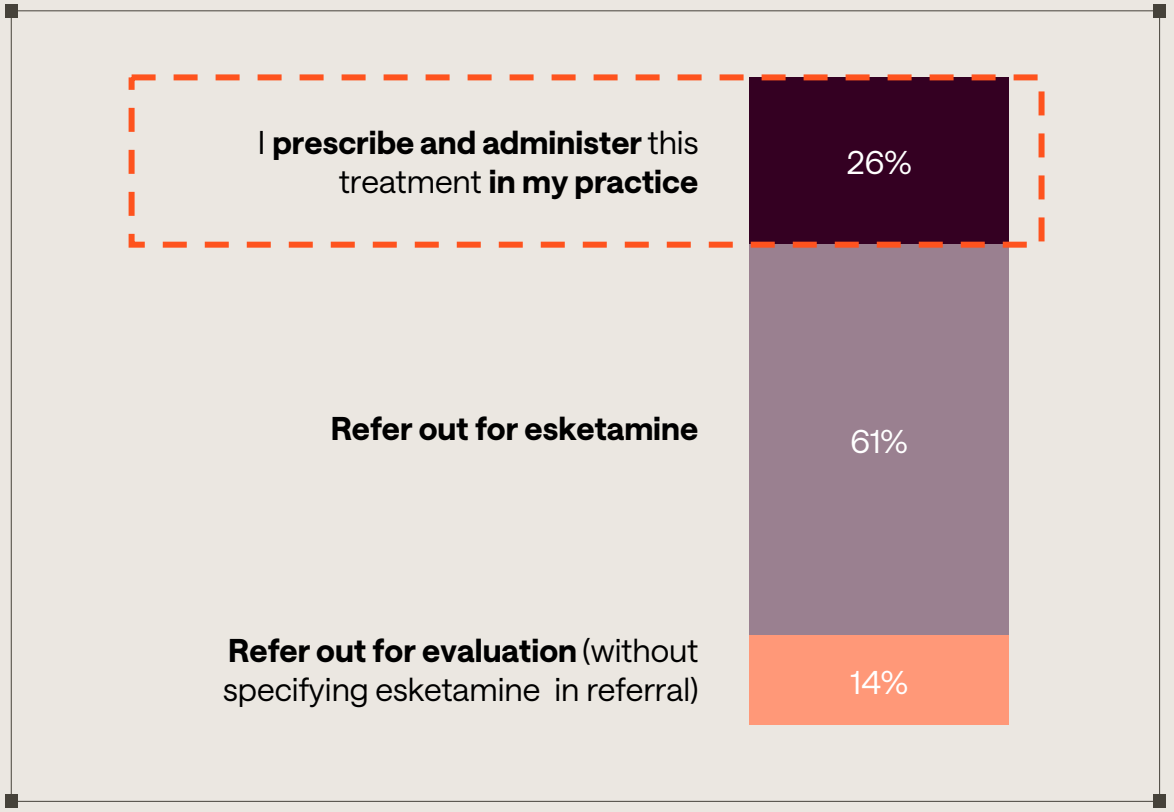
Strong In-Practice Intent Among High-Priority HCPs

DT120 ODT[1]



No respondents selected would **not consider*

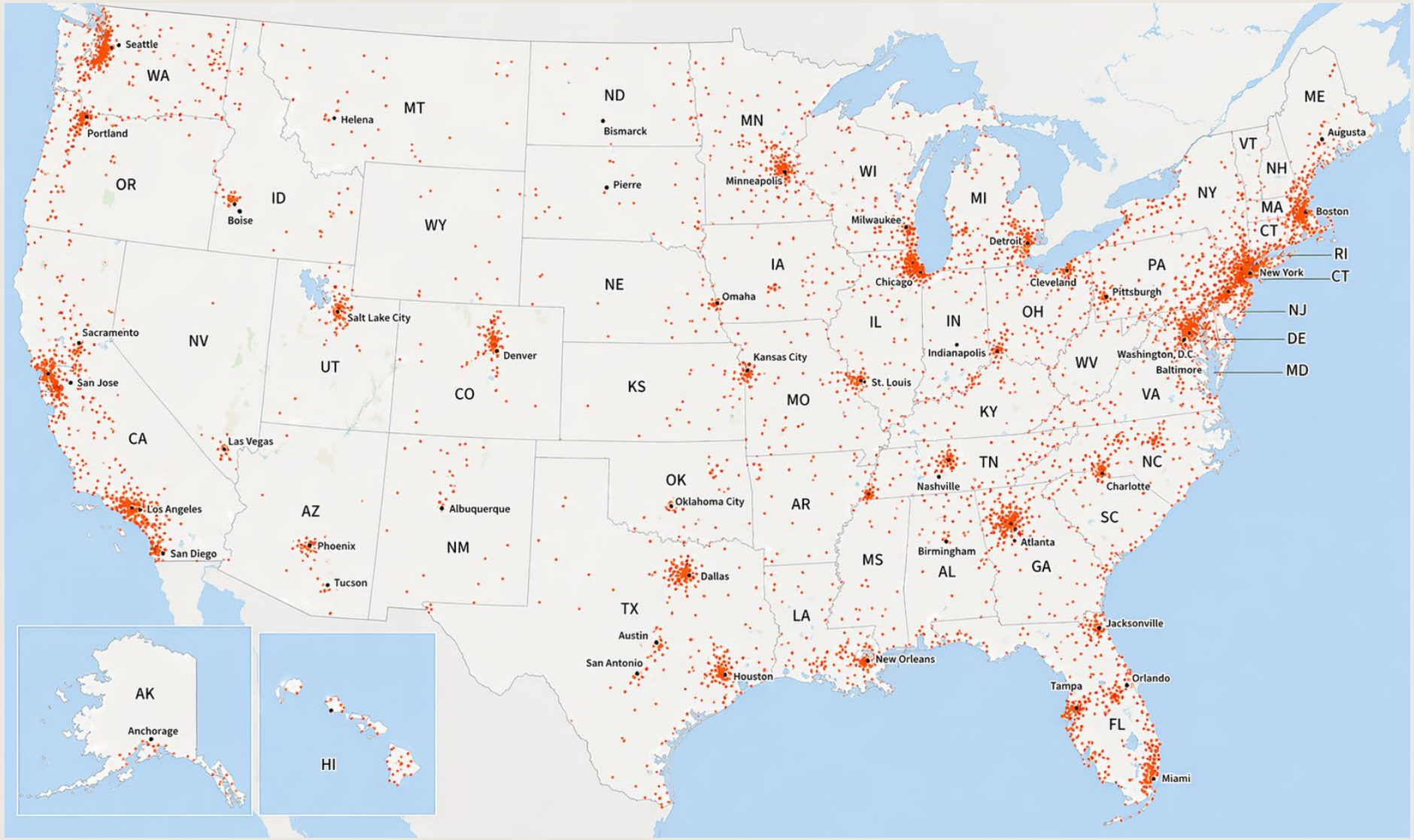
Esketamine[1]



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 Yields Significant Opportunity Given Large and Growing Delivery Ecosystem

Definium THERAPEUTICS

2	24	~4,000	100K	$5B
patients per month	patients per year	interventional psychiatry clinics[1]	patients treated	Potential Gross Revenue Opportunity[2]

1. Represents approximately half of estimated number of sites in the Spravato® REMS program. https://www.spravatohcp.com/find/treatment-center/
2. Assumes midpoint of surrogate pricing range for Spravato®. The price of DT120 ODT has not been established.

Core Focus to Enable Commercial Impact & Success

Definium THERAPEUTICS



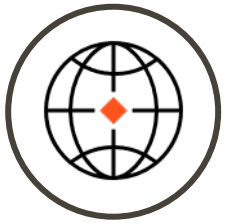
Patient

- Treatment Education
- Access & Navigation
- Logistical Barrier Support



Provider

- Access Support
- Reimbursement Support
- Referral & Treatment Coordination



Site of Care

- Site Readiness
- Operational Enablement
- Treatment-Day Logistics

INTEGRATED COMMERCIAL SUPPORT MODEL

Connecting patients, providers and sites of care

We are committed to delivering the best patient and provider experience to maximize impact

06

Program Overview

R(-)-MDMA DT402



Positive Initial Results in DT402 Phase 2a Study in Autism Spectrum Disorder (ASD)[1]

Definium THERAPEUTICS

Study Design	▪ 200 mg single-dose, single arm, open-label study in up to 20 adults with ASD ▪ Dose established in Phase 1 SAD to characterize pharmacodynamic and clinical effects ▪ Measure socialization, communication and other functional outcomes

Efficacy Results	▪ Sufficient efficacy evidence to stop the study after 5 participants dosed
	▪ Drug exposure associated changes observed:
	  ▪ Reduced rigidity and fixation
	  ▪ Increased engagement in social settings
	  ▪ Increases in empathy and closeness to others
	  ▪ Reductions in anxiety and irritability

Tolerability	▪ DT402 was well tolerated ▪ Most common adverse events were euphoria, fatigue and enhanced relaxation

1. Source: DT402 study documents. Study endpoints were considered exploratory and were not powered to draw statistical conclusions.

About Autism Spectrum Disorder (ASD) and Next Steps

Definium THERAPEUTICS

COMMON

ASD affects millions of individuals in the U.S.

1 in 31

U.S. 8-year old children were identified with ASD in 2022, representing ~3.2% of children across CDC surveillance communities[1]

DEFINED BY TWO CORE SYMPTOM DOMAINS

ASD is characterized by persistent differences in:



Social communication and interaction

- Challenges with social reciprocity
- Differences in nonverbal communication
- Difficulty developing and maintaining relationships



Restricted interests and repetitive behaviors

- Repetitive movements, behaviors or speech
- Highly focused interests
- Preference for routines and sameness

Symptoms are typically recognizable in the first two years of life and can affect functioning across school, work and daily life[2]

We plan to commence a clinical study to investigate the safety and clinical activity of multiple dosing paradigms in 2027

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.
2. https://www.nimh.nih.gov/health/publications/autism-spectrum-disorder?ref

07

Summary



Building a Psychiatry Powerhouse with Two Distinct Drivers[1]

Definium THERAPEUTICS

Clinical & Regulatory Execution

- Positive Emerge Topline Data
- Positive Voyage Topline Data
- Positive Panorama Topline Data
- Positive Initial DT402 Data in ASD 2026
- NDA for DT120 ODT
- Ascend TLR

Value Creation

- Optimizing Patient Care Model
- Expanding Site of Care Engagement & Commercial Footprint
- Accelerating Scheduling & Reimbursement
- **Commercial Launch GAD & MDD**

Commercial Execution

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
~$1.05 billion
as of September 30, 2026

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

Shares Outstanding
136.9 million[1]
as of November 2, 2026

Third Quarter 2026 Operating Expenses
$72.3 million
- R&D - $46.2 million
- G&A - $26.1 million

1. Excludes 0.4 million pre-funded warrants outstanding as of November 2, 2026

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

2026 – Recent Completed Milestones

Emerge (MDD)
Positive Topline Data | June 2026

Voyage (GAD)
Positive Topline Data | Aug 2026

Panorama (GAD)
Positive Topline Data | Sept 2026

MDD
BTD | Sept 2026

DT402 (ASD)
Positive Initial Data | Nov 2026

2026 – Anticipated Milestones

DT120 NDA
Pre-NDA Meeting | 4Q 2026

2027 – Anticipated Milestones

DT120 NDA
Filing | 1H 2027

DT120 Commercial Day
Event | 1H 2027

DT120 Ascend (MDD)
Topline Readout | 2027

DT120 Haven (PTSD)
Ph. 3 Study Initiation | 2027

DT402 (ASD)
Ph. 2 Study Initiation | 2027

Definium™

THERAPEUTICS

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

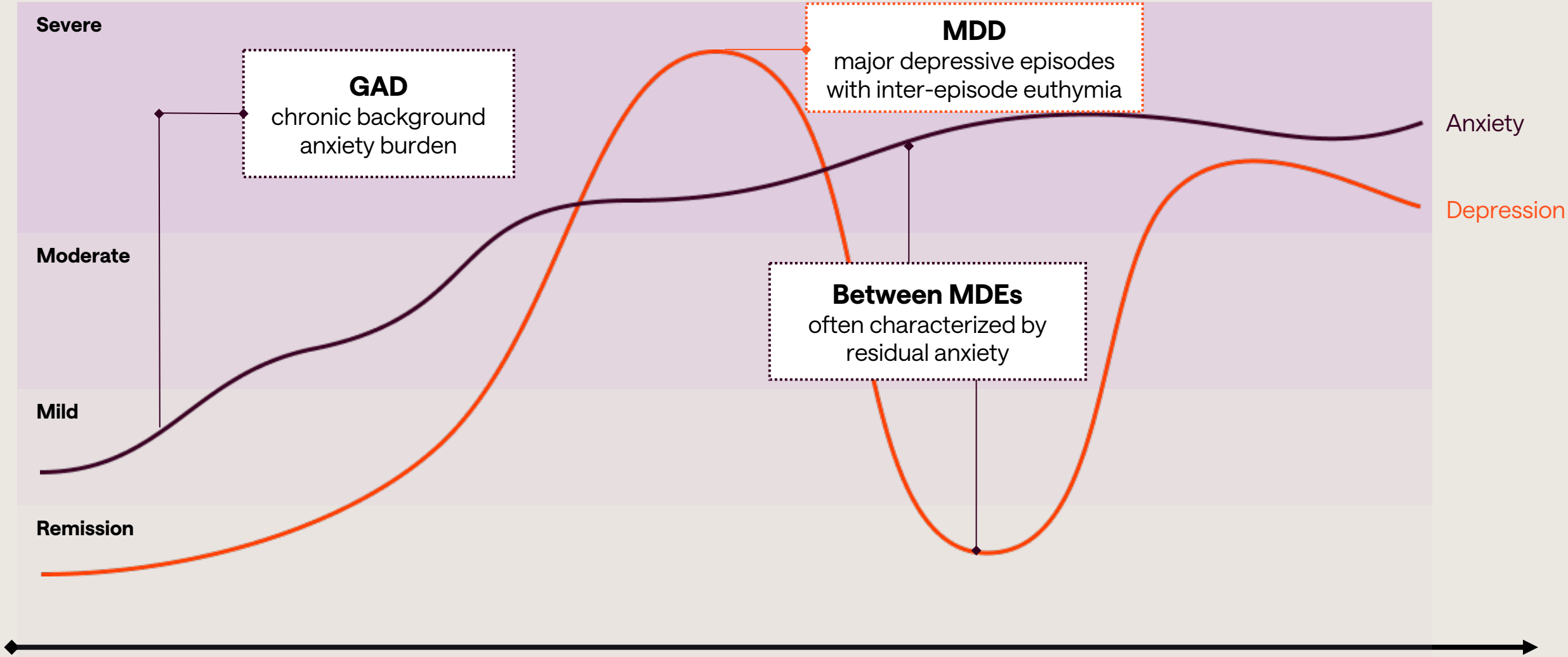
1. Apparent sadness
2. Reported sadness
3. Inner Tension
4. Reduced Sleep
5. Reduced Appetite
6. Concentration Difficulties
7. Lassitude
8. Inability to Feel (Anhedonia)
9. Pessimistic Thoughts
10. Suicidal Thoughts

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.

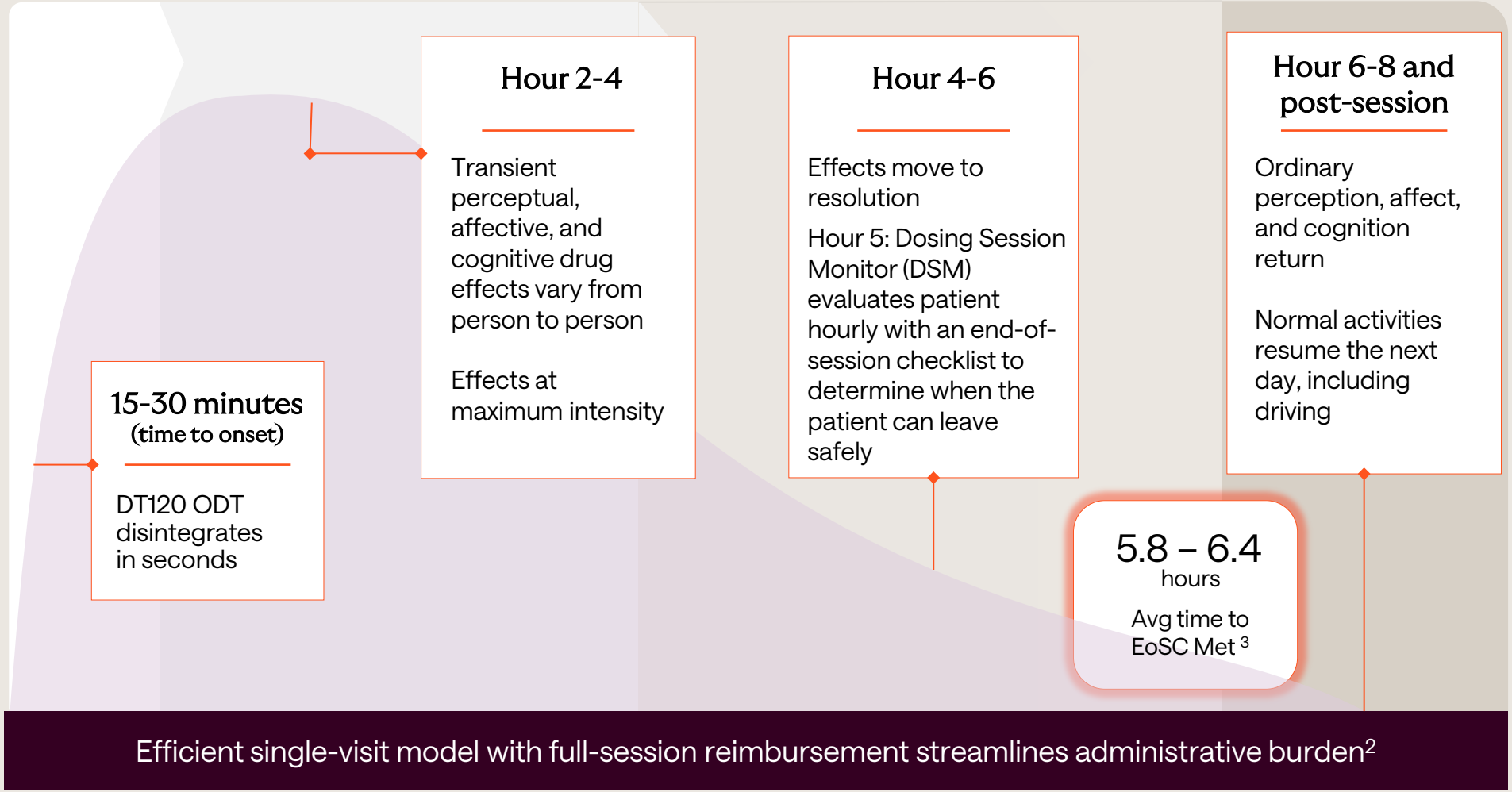
Interplay Between GAD & MDD Highlights Opportunity for a Dual Intervention[1]



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

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

Clinical 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) , 6.4 hours in the Voyage study (Part A)., and 6.2 hours in the Panorama study (Past A).

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