UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 09, 2026

Definium Therapeutics, Inc.

(Exact name of Registrant as Specified in Its Charter)

British Columbia	**001-40360**	**98-1582438**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**
One World Trade Center Suite 8500 New York, New York		**10007**
(Address of Principal Executive Offices)		**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (212) 220-6633

Mind Medicine (MindMed) Inc.
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Shares	MNMD	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On January 12, 2026, Definium Therapeutics, Inc., formerly known as Mind Medicine (MindMed) Inc. (the "Company"), posted an updated corporate presentation on its website (the "Presentation"). The Presentation discloses the Company's estimated preliminary financial information of cash, cash equivalents and investments of approximately $412 million as of December 31, 2025.

This estimate of cash, cash equivalents and investments is preliminary and subject to completion. As a result, this unaudited preliminary financial information reflects the Company's preliminary estimate with respect to such information, based on information currently available to the Company's management, and may vary from the Company's actual financial position as of December 31, 2025. The unaudited preliminary cash, cash equivalents and investments included in the Presentation and this Current Report on Form 8-K have been prepared by, and are the responsibility of, the Company's management. The Company's independent registered public accounting firm, KPMG LLP, has not audited, reviewed, compiled or completed its procedures with respect to such unaudited financial information and, accordingly, KPMG LLP does not express an opinion or any other form of assurance with respect thereto.

Item 5.03 Amendments to Articles of Incorporation or Bylaws; Change in Fiscal Year.

On January 9, 2026, the Company filed a Notice of Alteration with the Province of British Columbia Registrar of Companies to alter its Notice of Articles to change the Company's corporate name from "Mind Medicine (MindMed) Inc." to "Definium Therapeutics, Inc." (the "Amendment"). The Amendment was approved by the Company's Board of Directors on January 9, 2026. A copy of the Notice of Articles is attached as Exhibit 3.1 and the Certificate of Change of Name is attached as Exhibit 3.2 hereto and are incorporated by reference herein.

The rebranding reflects the Company's transition into its next phase of development, positioning the Company as a leader in psychiatric drug development. No action is required from the Company's shareholders. The CUSIP number for the Company's Common Shares, no par value per share (the "Common Shares"), remains unchanged. The Common Shares will continue to trade on the Nasdaq Stock Market under the new ticker symbol "DFTX" as of market open on January 13, 2026.

Item 8.01 Other Events.

On January 12, 2026, the Company issued a press release announcing the rebranding. A copy of the press release is filed herewith as Exhibit 99.1 and is incorporated by reference in this Item 8.01.

On January 12, 2026, the Company posted the Presentation on its website. A copy of the Presentation is filed herewith as Exhibit 99.2 and is incorporated by reference in this Item 8.01.

Item 9.01 Financial Statements and Exhibits.

Exhibit No.	Description
3.1	Notice of Articles, dated January 9, 2026
3.2	Certificate of Change of Name, dated January 9, 2026
99.1	Press Release, dated January 12, 2026
99.2	Corporate Presentation, posted January 12, 2026
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

DEFINIUM THERAPEUTICS, INC.

Date: January 12, 2026

By: /s/ Robert Barrow

Name: Robert Barrow
Title: Chief Executive Officer

Exhibit 3.1

BC Registry Services

Mailing Address:
PO Box 9431 Stn Prov Govt Victoria BC
V8W 9V3
www.corporateonline.gov.bc.ca

Location:
2nd Floor - 940 Blanshard Street Victoria BC
1 877 526-1526

CERTIFIED COPY
Of a Document filed with the Province of British Columbia
Registrar of Companies

KERRY TAYLOR

Notice of Articles

BUSINESS CORPORATIONS ACT

This Notice of Articles was issued by the Registrar on: January 9, 2026 04:58 PM Pacific Time

Incorporation Number: **BC0886671**

Recognition Date and Time: *Incorporated on July 26, 2010 11:01 AM Pacific Time*

NOTICE OF ARTICLES

Name of Company:
DEFINIUM THERAPEUTICS, INC.

REGISTERED OFFICE INFORMATION

Mailing Address:
1055 DUNSMUIR STREET,
SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

Delivery Address:
1055 DUNSMUIR STREET,
SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

RECORDS OFFICE INFORMATION

Mailing Address:
1055 DUNSMUIR STREET,
SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

Delivery Address:
1055 DUNSMUIR STREET,
SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

DIRECTOR INFORMATION

Last Name, First Name, Middle Name:
Gryska, David

Mailing Address:
1055 DUNSMUIR STREET
SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

Delivery Address:
1055 DUNSMUIR STREET
SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

Last Name, First Name, Middle Name:
Bruhn, Suzanne

Mailing Address:
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VANCOUVER BC V7X 1K8
CANADA

Delivery Address:
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SUITE 3000
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CANADA

Last Name, First Name, Middle Name:
Crystal, Roger

Mailing Address:
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SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

Delivery Address:
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SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

Last Name, First Name, Middle Name:
Krebs, Andreas

Mailing Address:
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CANADA

Delivery Address:
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SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

Last Name, First Name, Middle Name:
Barrow, Robert

Mailing Address:
1055 DUNSMUIR STREET
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VANCOUVER BC V7X 1K8

Delivery Address:
1055 DUNSMUIR STREET
SUITE 3000
VANCOUVER BC V7X 1K8

Last Name, First Name, Middle Name:
Vallone, Carol

Mailing Address:
1055 DUNSMUIR STREET
SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

Delivery Address:
1055 DUNSMUIR STREET
SUITE 3000
VANCOUVER BC V7X 1K8
CANADA

RESOLUTION DATES:

Date(s) of Resolution(s) or Court Order(s) attaching or altering Special Rights and Restrictions attached to a class or a series of shares:

February 24, 2020
May 27, 2021
June 1, 2022

AUTHORIZED SHARE STRUCTURE

1.	No Maximum	COMMON Shares	Without Par Value Without Special Rights or Restrictions attached

Exhibit 3.2

Number: BC0886671

CERTIFICATE
OF
CHANGE OF NAME

BUSINESS CORPORATIONS ACT

I Hereby Certify that MIND MEDICINE (MINDMED) INC. changed its name to DEFINIUM THERAPEUTICS, INC. on January 9, 2026 at 04:58 PM Pacific Time.

ELECTRONIC CERTIFICATE

Issued under my hand at Victoria, British Columbia
On January 9, 2026

KERRY TAYLOR
Registrar of Companies
Province of British Columbia
Canada

MindMed Rebrands to Definium Therapeutics, Advancing a Leading Late-Stage Psychiatry Pipeline with Three Phase 3 Readouts Expected in 2026

Topline Data from Three Phase 3 Studies Evaluating DT120 Orally Disintegrating Tablet (ODT) for GAD and MDD Expected in 2026: Voyage in 2Q, Panorama in 2H, and Emerge Mid-Year

Company Presenting at the 44th Annual J.P. Morgan Healthcare Conference on Wednesday, January 14, at 2:15 PM PST

Company Shares Will Trade Under New Nasdaq Ticker Symbol "DFTX"

NEW YORK January 12 (BUSINESS WIRE)—Definium Therapeutics, Inc. (formerly Mind Medicine (MindMed) Inc.) (the "Company" or “Definium") unveiled its new brand today, marking a decisive step forward as the company leads psychiatry toward a transformation built on strong clinical evidence, scientific rigor, and the ambition to evolve the treatment paradigm for mental health. Definium is developing innovative, next-generation therapeutics intended to solve the underlying causes of psychiatric and neurological disorders and offer patients long-term remission rather than transient symptom reduction.

Over the past several years, the Company has offered a clear, differentiated vision and executed with discipline, positioning it as a leader in psychiatric drug development. Definium Therapeutics demonstrates this clarity and consistency, representing a confident step forward that best reflects what the Company has become and the enormous potential of what it's building for tomorrow.

"Definium Therapeutics reflects the core of who we've always been and where we're headed - disciplined execution, scientific leadership, and a vision to develop accessible treatments that can unlock healing at scale,” said Rob Barrow, Chief Executive Officer of Definium Therapeutics. “We are unwavering in our mission to forge a new era of psychiatry by applying scientific rigor to psychedelics. By retracing LSD to its origins, we aim to fully realize its clinical potential as a safe and transformative therapeutic. With three Phase 3 readouts expected in 2026, we are uniquely positioned to validate the strength of our science, advance care for patients, and continue delivering long-term value for our shareholders.”

2026 Anticipated Milestones & Events

Definium is set to deliver some of the psychiatric field’s most important data in 2026, highlighting its progress and ambition to bring novel, scalable therapies to patients underserved by today’s standard of care. The Company plans to advance DT120[1] ODT toward FDA submissions in the two largest psychiatric markets—generalized anxiety disorder (GAD) and major depressive disorder (MDD)—which together affect over 50 million people[2] in the U.S.

Definium's late-stage pipeline includes four Phase 3 trials—two each for GAD and MDD—anchored by its lead candidate, DT120 ODT, which has received FDA Breakthrough Therapy Designation for GAD. In parallel, the Company is advancing its commercial strategy and operational readiness to support a best-in-class care model and prepare for the potential launch of DT120 ODT, if approved and marketed. Definium also continues to advance its early-stage pipeline, having dosed the first patient in a Phase 2a study of DT402[3] in adults with autism spectrum disorder (ASD).

Expected this year:

- **2Q 2026**: Analyst Day highlighting pivotal programs, pipeline and path to commercialization
- **2Q 2026**: Topline data from Voyage – the first Phase 3 study of DT120 ODT in GAD
- **2H 2026**: Topline data from Panorama – the second Phase 3 study of DT120ODT in GAD
- **Mid-year 2026**: Topline data from Emerge – the first Phase 3 study DT120 ODT in MDD
- **Mid-year 2026**: Initiation of Ascend – the second Phase 3 study of DT120 ODT in MDD
- **2026**: Initial data from DT402 - early signs of efficacy study in ASD

"Definium Therapeutics marks a defining moment in our evolution as we move from shaping what's possible in psychiatry to setting a new standard for what's next," said Stephanie Fagan, Chief Corporate Affairs Officer of Definium Theraeutics. "'*Definio'* speaks to our clear sense of direction and scientific precision, and '*infinitum'* to being open to what hasn't been done before and the impact we can have on the world. Together, they capture how Definium is moving psychiatry forward for patients and providers—guided by transparency, trust and collaboration with all our stakeholders—measured by the lives we hope to transform."

In conjunction with the rebrand, the Company's Nasdaq ticker symbol will change to "DFTX" effective at market open on January 13, 2026.

J.P. Morgan Healthcare Conference Webcast

A live audio webcast will be available to investors and other interested parties and can be accessed here.

The audio webcast replay will be available 24 hours after the webcast and active on the investor relations section of Definium's website for 30 days.

About Definium Therapeutics

The mission of Definium Therapeutics is to forge a new era of psychiatry by applying scientific rigor to psychedelics, with the goal of developing accessible treatments that unlock healing at scale. Guided by a recognition that patients deserve more than better, Definium is relentlessly advancing a new generation of therapeutics intended to address underlying causes of psychiatric and neurological disorders. By turning evidence into impact, Definium aims to change the trajectory of today's mental health care crisis and enable a healthier future. Headquartered in New York, Definium Therapeutics trades on Nasdaq under the symbol "DFTX" (effective January 13, 2026).

For more information, visit www.definiumtx.com and follow Definium Therapeutics on Instagram, LinkedIn and X.

Forward-Looking Statements

Certain statements in this news release related to the Company constitute "forward-looking information" within the meaning of applicable securities laws and are prospective in nature. Forward-looking information is not based on historical facts, but rather on current expectations and projections about future events and are therefore subject to risks and uncertainties which could cause actual results to differ materially from the future results expressed or implied by the forward-looking statements. These statements generally can be identified by the use of forward-looking words such as "will", "may", "should", "could", "intend", "aim", "estimate", "plan", "anticipate", "expect", "believe", "potential" or "continue", or the negative thereof or similar variations. Forward-looking information in this news release includes, but is not limited to, statements regarding the Company's anticipated topline readout (Part A results) for the Phase 3 Voyage study of DT120 ODT in GAD in the second quarter of 2026; the Company's anticipated topline readout (Part A results) for the Phase 3 Panorama study for DT120 ODT in GAD in the second half of 2026; the Company's anticipated topline readout (Part A results) for the Phase 3 Emerge study for DT120 ODT in MDD in mid-2026; the Company's plans to initiate the Phase 3 Ascend study of DT120 ODT in MDD in mid-2026; the Company's expectations to host an analyst day in the second quarter of 2026; the Company's beliefs regarding potential benefits of its product candidates; the Company's anticipated readout of initial data from its Phase 2a study of DT402 for the treatment of ASD in 2026; and potential additional indications for DT120 ODT and DT402. There are numerous risks and uncertainties that could cause actual results and the Company's plans and objectives to differ materially from those expressed in the forward-looking information, including history of negative cash flows; limited operating history; incurrence of future losses; availability of additional capital; compliance with laws and regulations; legislative and regulatory developments, including decisions by the Drug Enforcement Administration and states to reschedule any of our product candidates, if approved, containing Schedule I controlled substances, before they may be legally marketed in the U.S.; difficulty associated with research and development; risks associated with clinical studies or studies; heightened regulatory scrutiny; early stage product development; clinical study risks; regulatory approval processes; novelty of the psychedelic inspired medicines industry; ability to maintain

effective patent rights and other intellectual property protection; as well as those risk factors discussed or referred to herein and the risks, uncertainties and other factors described in the Company's Annual Report on Form 10-K for the fiscal year ended December 31, 2024 and its Quarterly Reports on Form 10-Q for the fiscal quarters ended March 31, 2025, June 30, 2025 and September 30, 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 U.S. Securities and Exchange Commission on EDGAR at www.sec.gov. Except as required by law, the Company undertakes no duty or obligation to update any forward-looking statements contained in this release as a result of new information, future events, changes in expectations or otherwise.

References:

1. Formerly known as MM120.
2. 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.
3. Formerly known as MM402.

For further information, please contact:

Investors:
Gitanjali Jain
VP, Head of Investor Relations
ir@definiumtx.com

Media:
media@definiumtx.com

January 2026

Corporate Presentation

Definium™
THERAPEUTICS

Disclaimer

This presentation (the "Presentation") has been prepared by Definium Therapeutics, Inc. ("Definium", the "Company", "we", "our" or "us") solely for informational purposes. This Presentation does not constitute an offering of, or a solicitation of an offer to purchase, securities of Definium and under no circumstances is it to be construed as a prospectus or advertisement or public offering of securities. Any trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of the products or services of Definium. Any amounts are in USD unless otherwise noted. Definium's securities have not been approved or disapproved by the U.S. Securities and Exchange Commission (the "SEC") or by any state, provincial or other securities regulatory authority, nor has the SEC or any state, provincial or other securities regulatory authority passed on the accuracy or adequacy of this Presentation. Any representation to the contrary is a criminal offense.

Cautionary Note Regarding Forward-Looking Statements

This Presentation contains, and our officers and representatives may from time to time make, "forward-looking statements" within the meaning of applicable securities laws and are prospective in nature. Forward-looking statements are not based on historical facts, but rather on current expectations and projections about future events and are therefore subject to risks and uncertainties which could cause actual results to differ materially from the future results expressed or implied by the forward-looking statements. These statements generally can be identified by the use of forward-looking words such as "will", "may", "should", "could", "intend", "estimate", "plan", "anticipate", "expect", "believe", "potential", "continue", "budget", "scheduled", "forecasts", "intends", "anticipates", "projects" or the negative thereof or similar variations. Forward-looking statements in this Presentation include, but are not limited to, statements regarding the anticipated design, timing, progress and results of our investigational programs for DT120 oral disintegrating tablet ("ODT"), a proprietary, pharmaceutically optimized form of lysergide D-tartrate (including the anticipated topline readouts for the Voyage, Panorama, Emerge and Ascend studies), DT402, also referred to as R(-)-MDMA, and any other product candidates; our ability to identify new indications for our lead product candidates beyond our current primary focuses; the success and timing of our development activities; the success and timing of our planned clinical trials; our ability to meet the milestones set forth herein; the likelihood of success of any clinical trials or of obtaining U.S. Food and Drug Administration ("FDA") or other regulatory approvals; our beliefs regarding potential benefits of our product candidates; opinions of potential providers, patients and payors regarding our product candidates, if approved and commercialized; our ability to maximize operational efficiencies through our trial designs; strategies to address drug class methodological considerations; our preliminary cash, cash equivalents and investments as of December 31, 2025; our cash runway funding operations into 2028 based on our current operating plan and anticipated milestones; our pre-launch strategy; the potential commercial opportunity for DT120 ODT, if approved, including total addressable market; the potential delivery model for DT120 ODT, if approved; the potential for the markets that we are anticipating to access; protection of our intellectual property; and the potential for psychedelics as a class of treatment options in psychiatry.

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, 2024 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 in the Company's subsequent Quarterly Reports on Form 10-Q 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.

Any forward-looking statement made by Definium in this Presentation is based only on information currently available to the Company and speaks only as of the date on which it is made. Except as required by law, the Company undertakes no duty or obligation to update any forward-looking statements contained in this Presentation as a result of new information, future events, changes in expectations or otherwise.

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.

Market and Industry Data

This Presentation includes market and industry data that has been obtained from third party sources, including industry publications. Definium believes that the industry data is accurate and that the estimates and assumptions are reasonable, but there is no assurance as to the accuracy or completeness of this data. Third party sources generally state that the information contained therein has been obtained from sources believed to be reliable, but there is no assurance as to the accuracy or completeness of included information. Although the data is believed to be reliable, Definium has not independently verified any of the data from third party sources referred to in this Presentation or ascertained the underlying economic assumptions relied upon by such sources. References in this Presentation to research reports or to articles and publications should not be construed as depicting the complete findings of the entire referenced report or article. Definium does not make any representation as to the accuracy of such information.

Precise science. Boundless impact.

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

1. Includes three studies in progress and one in preparation.
2. Cash, cash equivalents and investments as of December 31, 2025 is ~$412 million. This preliminary unaudited financial information presented is an estimate based on information available to management as of the date of this presentation, has not been reviewed or audited by the Company's independent registered accounting firm, and is subject to change. These funds are expected to fund operations into 2028 based on the Company's current operating plan and anticipated milestones.

GAD: generalized anxiety disorder; MDD: major depressive disorder; ODT: orally disintegrating tablet

Definium THERAPEUTICS

Strategic focus on GAD & MDD
The two largest drivers of psychiatric disease burden

Late-stage pipeline
DT120 ODT: lead clinical program in four Phase 3 studies[1]

Experienced management team
Proven track record in developing and commercializing novel CNS therapies

Comprehensive intellectual property strategy
DT120 ODT patents issued covering pharmaceutical formulation, methods of manufacturing and treatment

Strong financial position
Cash, cash equivalents and investments of ~$412 million as of December 31, 2025; cash runway expected to extend into 2028[2]

Psychiatry Needs Better

Anxiety & Depressive Disorders Represent a Massive and Growing Unmet Need

GAD & MDD Prevalence

>50 million[1]

GAD & MDD Annual Growth Rate

5%+[2]

Average Time to Rx discontinuation in GAD

<90 days[3]

1. 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.
2. Terlizzi EP and Zablotsky B (2024). Symptoms of Anxiety and Depression Among Adults, calculations on file.
3. Data on file. Louie D, et al. Treatment Patterns for Newly Diagnosed Generalized Anxiety Disorder (GAD): Insights from Real-World Evidence. Presentation at ACNP 2026.

TRD: treatment-resistant depression

Psychiatry is Limited by Today's Treatment Options

Outdated Frameworks

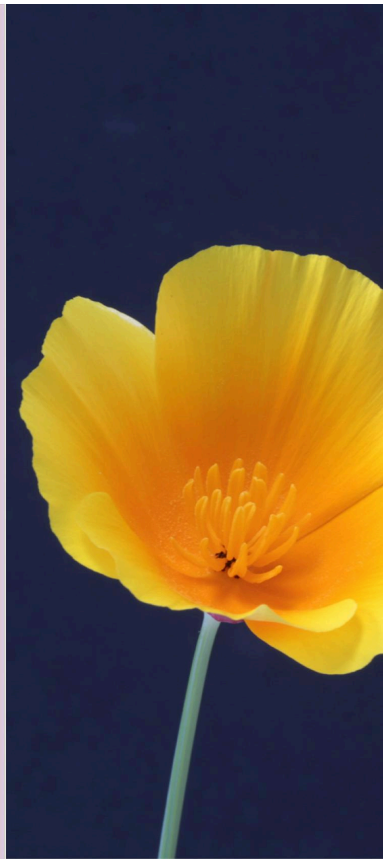
- Language and labels (e.g. TRD) reflect symptom management not recovery

Recycled Mechanisms

- New drugs, similar efficacy
- Limited differentiation over decades

Outcomes Lag Behind Need

- Large and persistent unmet demand
- Escalating societal and human cost



Advancing Our Pipeline with Broad Therapeutic Potential

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

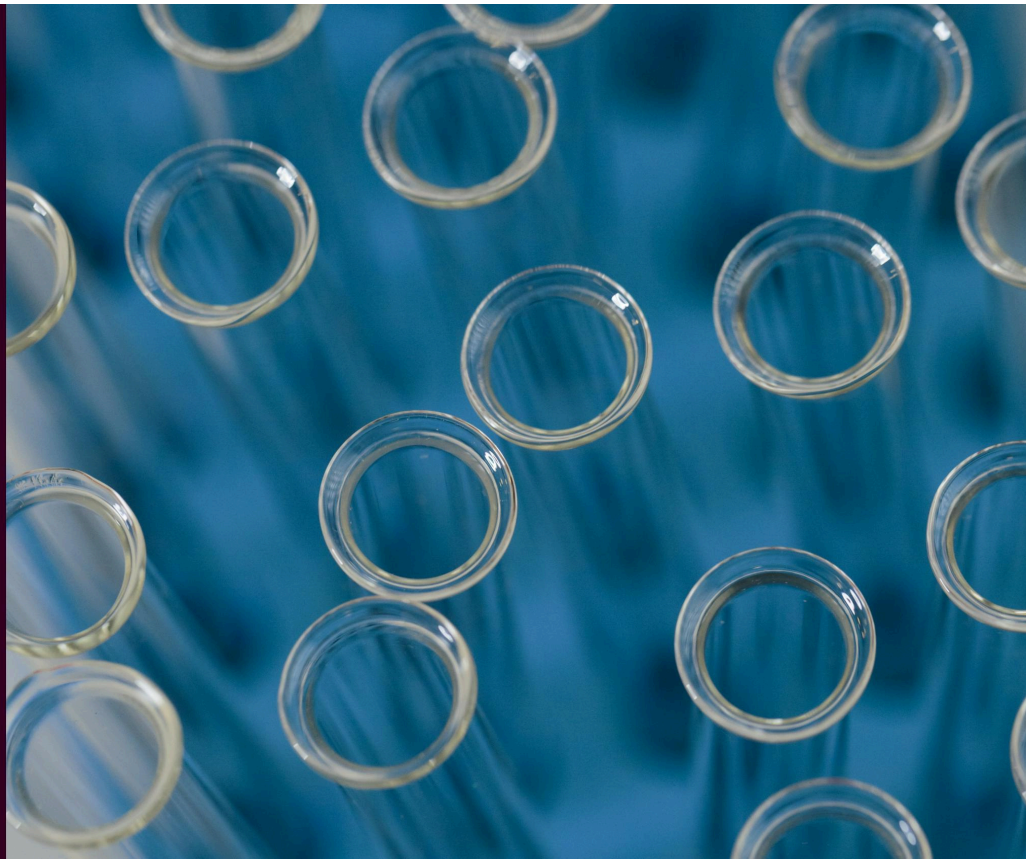
ODT: orally disintegrating tablet; R(-)-MDMA: rectus-3,4-methylenedioxymethamphetamine

01

DT120 ODT

Lysergide tartrate

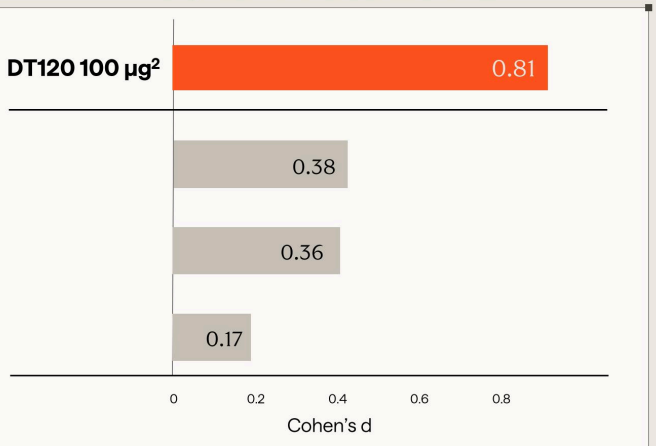
Program Overview



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

Definium THERAPEUTICS

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

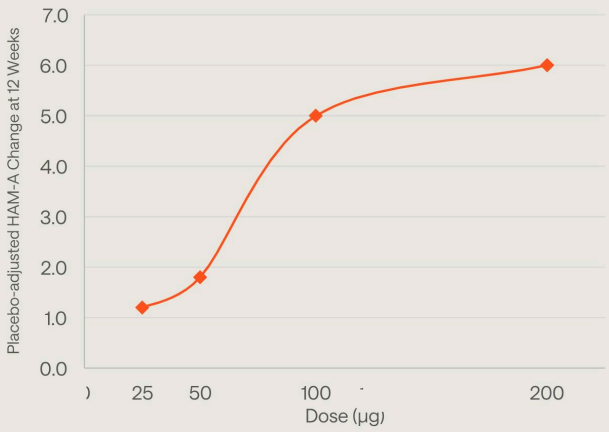
Scientific Rigor in Phase 2b Provides Confidence for Phase 3 Program

Definium THERAPEUTICS

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]

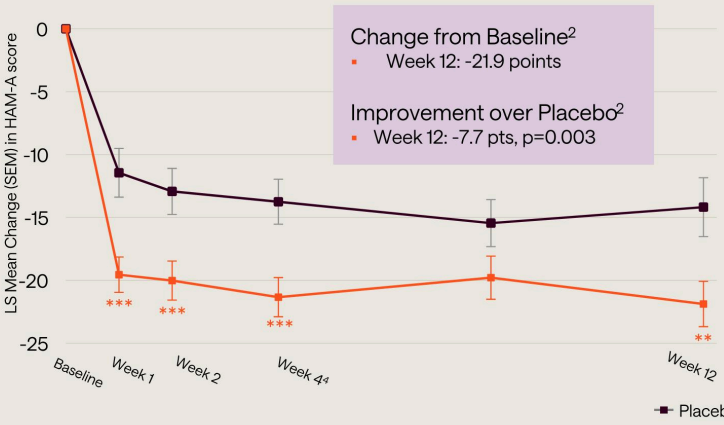


1. Study MMED008 internal study documents and calculations.

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

Definium THERAPEUTICS

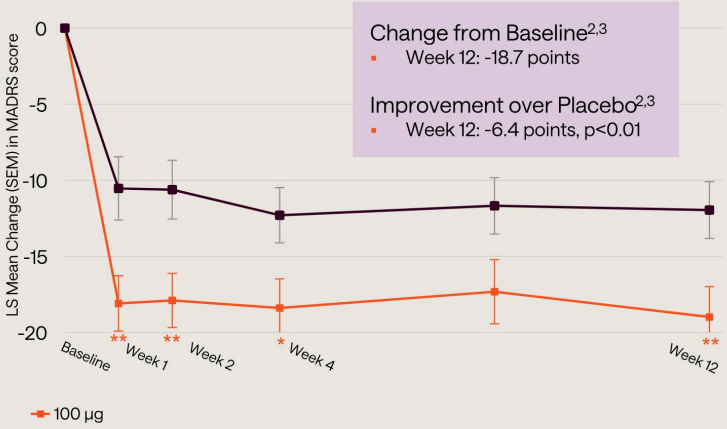
Primary Outcome: HAM-A Change from Baseline



Change from Baseline[2]
- Week 12: -21.9 points

Improvement over Placebo[2]
- Week 12: -7.7 pts, p=0.003

MADRS Change from Baseline



Change from Baseline[2,3]
- Week 12: -18.7 points

Improvement over Placebo[2,3]
- Week 12: -6.4 points, p<0.01

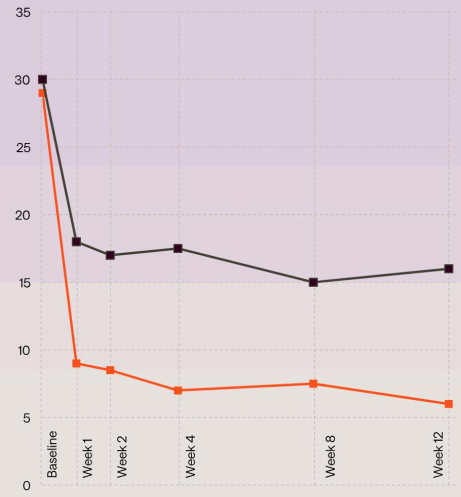
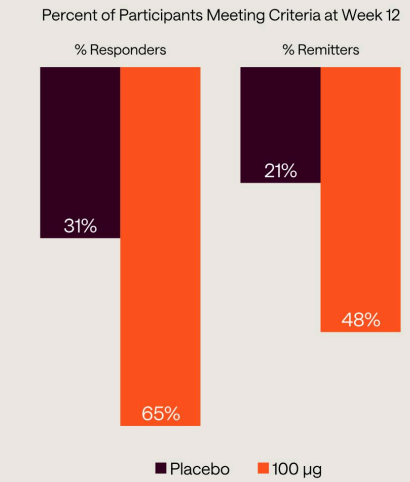
Placebo 100 µg

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

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 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.

Rigorous Development Approach Addresses Key Regulatory Considerations

Definium THERAPEUTICS

Complementary clinical study designs intended to generate robust evidence

- Phase 2b and 3 studies intended to address key regulatory considerations for psychedelics
- 50 µg control dose in Panorama and Ascend intended to further mitigate effects of functional unblinding
- Central raters blinded to treatment allocation and visit number to minimize bias

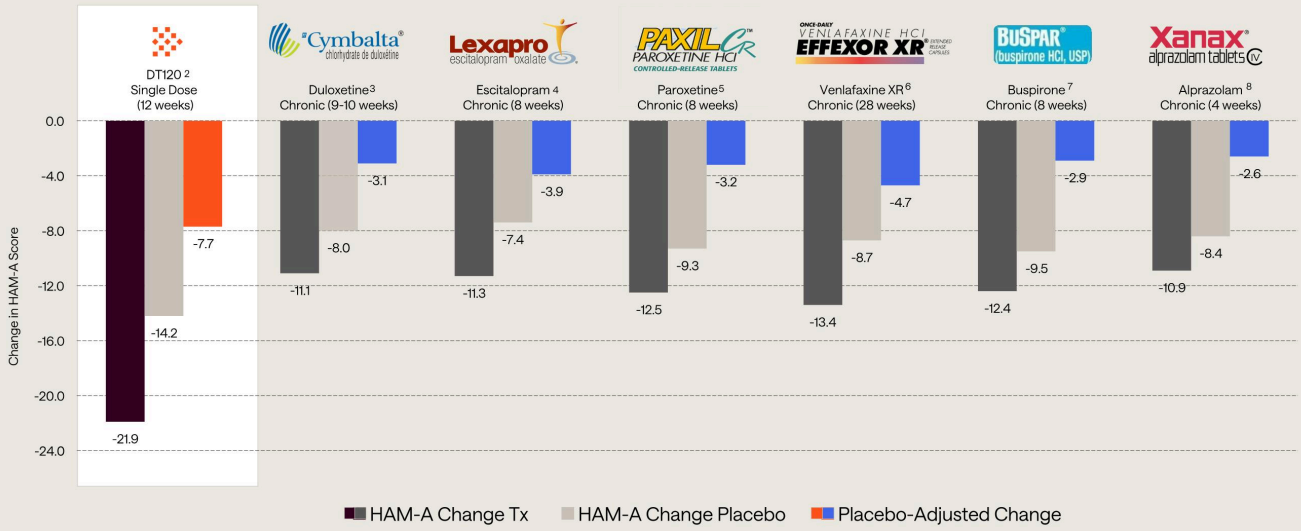
First study in the field to evaluate dose-dependent efficacy

- Phase 2b study established dose-response across four doses of DT120: 25, 50, 100 and 200 µg
- 100 µg selected as optimal dose for Phase 3 program

Phase 3 program builds on learnings from Phase 2b study

- Placebo response expected to moderate with 1-1 randomization in Phase 3 studies
- Offers open-label treatment opportunities which are intended to improve participant retention
- Potentially provides information on real world treatment patterns

DT120's Clinical Activity Stands Out Compared to Approved GAD Therapies



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.
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

Robust Phase 3 DT120 ODT Development Program Aiming for Broad Label

Aligned clinical trial designs across indications maximize operational efficiencies

Generalized Anxiety Disorder (GAD)

Voyage

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

DT120 ODT
vs. Placebo

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

Anticipated Topline Readout – 2Q 2026

Panorama

n=250[1,2]
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

Anticipated Topline Readout – 2H 2026

Primary Endpoint HAM-A at Week 12
(90% powered to detect a 5-point difference)[3]

Major Depressive Disorder (MDD)

Emerge

n=140[2]
1:1 randomization

DT120 ODT
vs. Placebo

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

Anticipated Topline Readout - Mid 2026

Ascend

n=175[1,2]
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

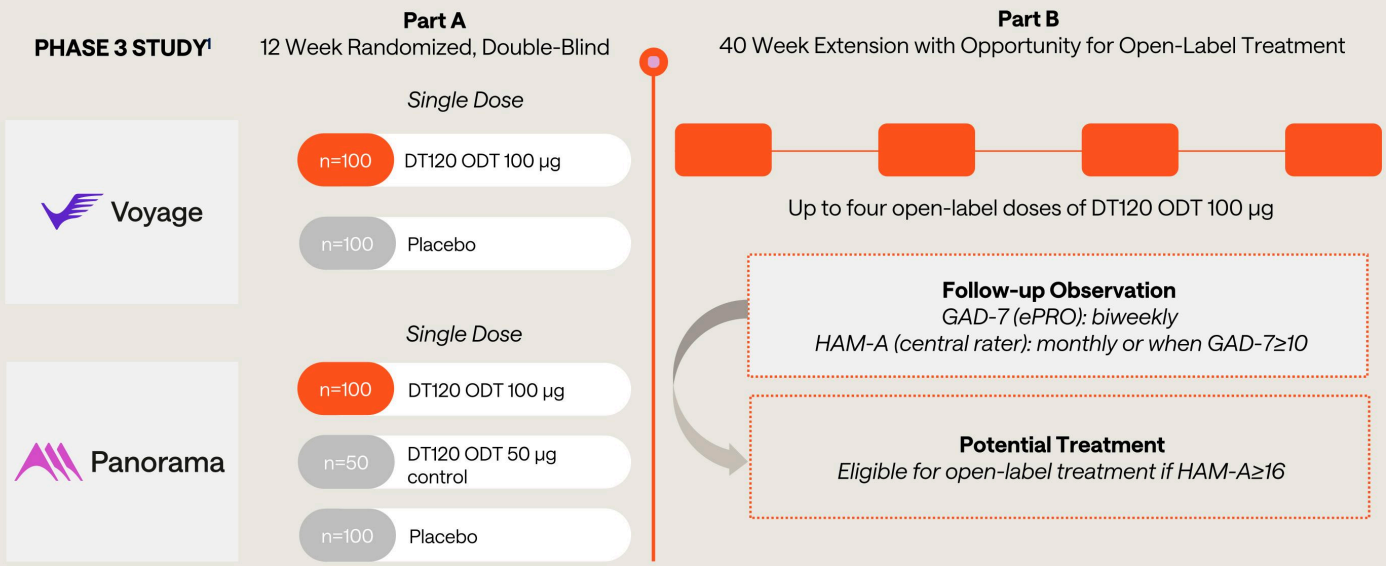
Planned Study Initiation - Mid 2026

Primary Endpoint MADRS at Week 6
(80% powered to detect a 5-point difference)[3]

1. Studies employ an adaptive design with interim blinded sample size re-estimation based on nuisance parameters (e.g. patient retention rate, variability of primary outcome measure) which allows for an increase of sample size up to 50% to maintain statistical power.
2. Clinical study designs subject to ongoing regulatory discussion and review, including of Phase 3 clinical trial protocols.
3. Power analysis based on additional assumptions including variance and subject evaluability; realized study power may differ from a priori power estimation.

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

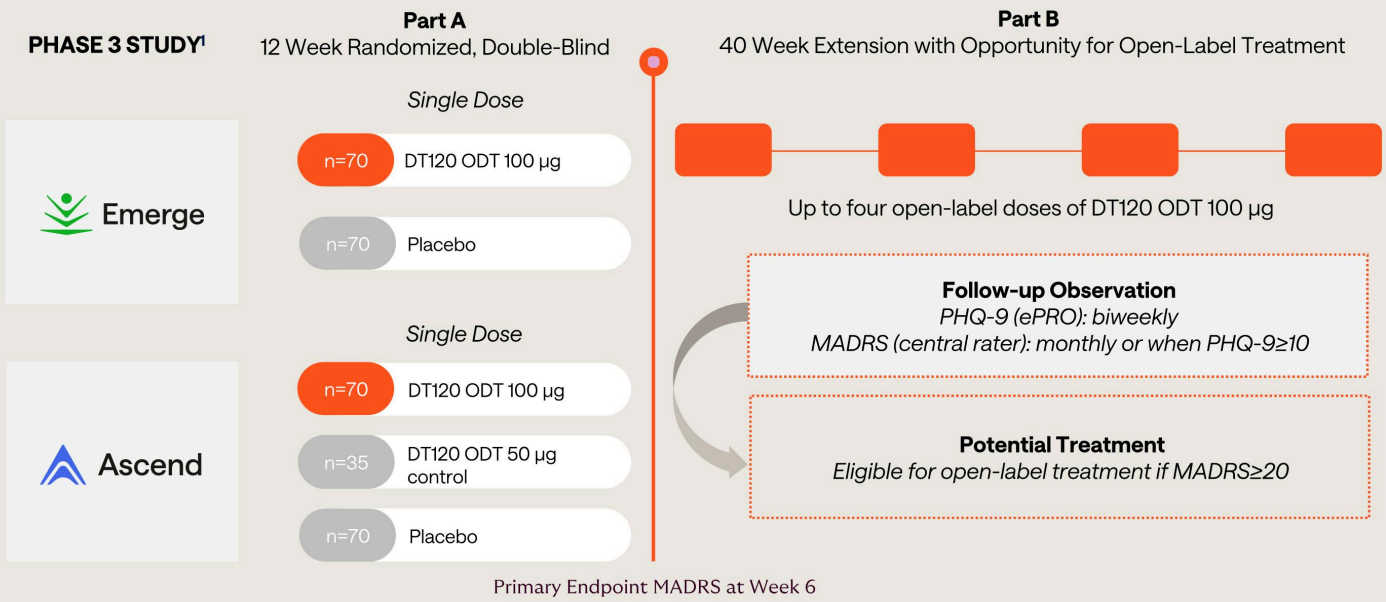
Two Complementary Pivotal GAD Study Designs



1. Studies will employ an adaptive design with interim blinded sample size re-estimation based on nuisance parameters (e.g. patient retention rate, variability of primary outcome measure) to attempt to maintain statistical power. Clinical study designs subject to ongoing regulatory discussion and review, including of Phase 3 clinical trial protocols.

GAD: generalized anxiety disorder; GAD-7: diagnostic tool used to screen for and assess the severity of generalized anxiety disorder; HAM-A: Hamilton Anxiety Rating Scale; ODT: orally disintegrating tablet

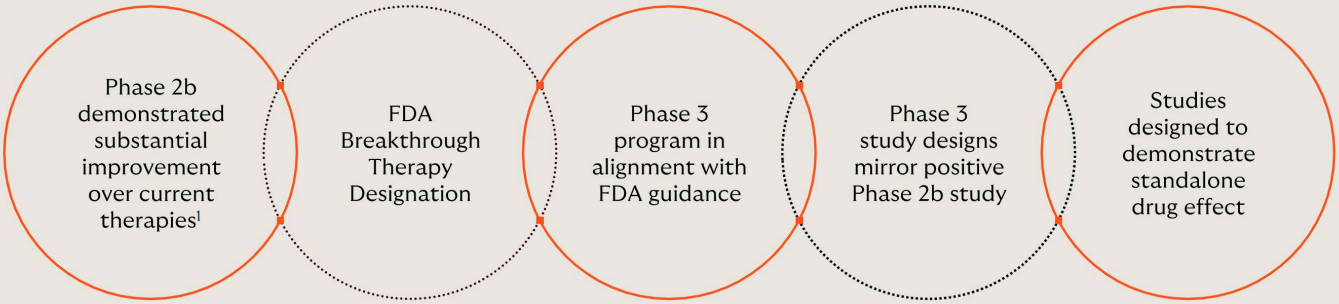
Two Complementary Pivotal MDD Study Designs



1. Clinical study designs subject to ongoing regulatory discussion and review, including of Phase 3 clinical trial protocols.

MADRS: Montgomery-Åsberg Depression Rating Scale; MDD: Major Depressive Disorder; ODT: orally disintegrating tablet; PHQ-9: a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression

Regulatory Elements Support DT120 ODT NDA Strategy



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.

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

02

DT120 ODT

Lysergide tartrate

Commercial Framework

Large, Identified, Accessible Opportunity for DT120 ODT

Definium THERAPEUTICS

High Unmet Need

Significant Limitations of Existing Treatments

Poor efficacy, tolerability, and persistence

Poor Efficacy

- Slow onset of effect[1]
- Low response and remission rates[2-4]
- Low Rx persistence[5]

Poor Tolerability

- Weight gain[6]
- Sexual dysfunction[6]
- Tolerance and dependence[7]

~50% Discontinue SRIs in first 4 mos. in GAD[8,9]

~22% Rx persistence at 12 mos. in MDD[5]

Potential Paradigm Shifting Clinical Profile

Potential Best-In-Class Therapy

Sustained clinical response from a single administration[10]

Rapid onset of effect

High response rates

High remission rates

Durable response

Intermittent dosing potentially reduces the risk of adverse long-term effects

Efficient Go To Market Strategy

Existing Referral and Administration Infrastructure

Identifiable HCPs and patients suffering from the burden of inadequate treatment

Based on claims data

~7,000
Psychiatrists see >50% of likely DT120 ODT patients[11]

Anticipate scalable delivery model in diverse care settings

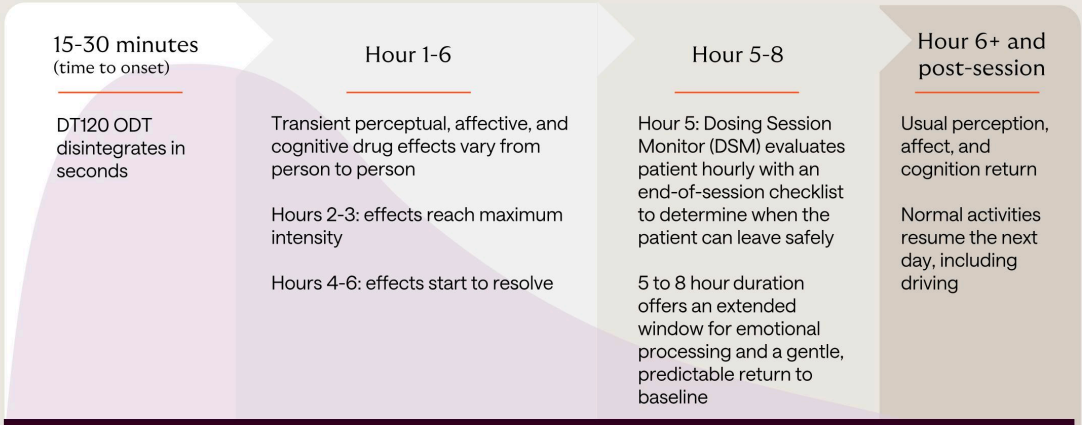
Positive practice economics anticipated to expand sites of care

1. Bandelow B et al. World J Biol Psychiatry. 2008;9(4):248-312. 2. Ansara ED. Ment Health Clin. 2020;10(6):326-334. 3. Fagan HA, Baldwin DS. Expert Rev Neurother. 2023;23(6):535-548. 4. Garakani A et al. Front Psychiatry. 2020;11:595584. 5. Keyloun KR et al. CNS Drugs. 2017;31(5):421-432. 6. Cascade E et al. Psychiatry (Edgemont). 2009;6(2):16-18. 7. National Institute for Health and Care Excellence. Anxiety disorders. Quality standard QS53. February 6, 2016. Accessed July 10, 2025. https://www.nice.org.uk/guidance/qs53. 8. Bull SA et al. Ann Pharmacother. 2002;36:578-584. 9. Berger A et al. BMC Psychiatry. 2011;11:193. 10. Jacobsen PL et al. American Psychiatric Association Annual Meeting. May 4-8, 2024. New York, NY; 11. Based on internal company estimates.

GAD: generalized anxiety disorder; HCP: healthcare provider; MDD: major depressive disorder; ODT: orally disintegrating tablet; Rx: prescription; SSRI: selective serotonin-reuptake inhibitor

DT120 ODT Clinical Dosing Paradigm with Potential Translatability to Efficient Real-World Delivery[1,2]

Definium THERAPEUTICS



Efficient single-visit model with full-session reimbursement streamlines administrative burden

- Patients are supported by DSMs, healthcare professionals who passively observe and offer comfort care such as assistance with food or restrooms breaks.
- Psychotherapy is not offered or required but may be added outside a dosing session based on a decision between a provider and patient to support individual goals and needs.

1. Dosing and monitoring paradigm based on Phase 3 clinical protocols.
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

Psychiatry is Primed for Strong Adoption of DT120 ODT

Definium THERAPEUTICS

Physicians

Motivated to prescribe

75%

believe there is a significant unmet need in GAD[1]

70%

of surveyed HCPs intend to prescribe or recommend DT120 ODT for GAD[1]

Patients

Eager for effective treatments

50%

are dissatisfied with current GAD treatments[1]

65%

with multiple GAD treatment failures interested in trying DT120 ODT[1]

Payors

Optimistic product reception & access roadmap

Had an overall **positive reaction** to the DT120 ODT TPP[1]

Benchmark DT120 ODT against other current interventional therapies for **access and pricing**[1]

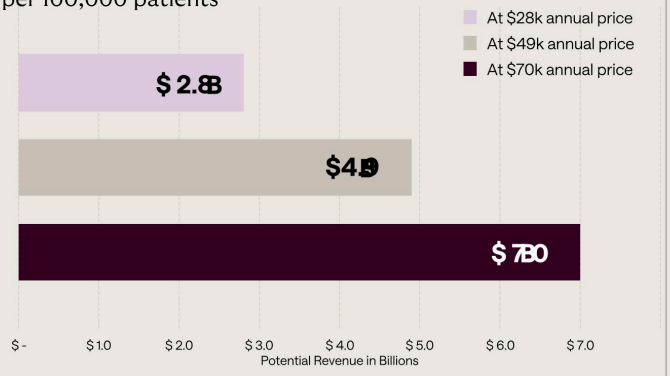
1. Market research on file.

GAD: generalized anxiety disorder; ODT: orally disintegrating tablet ; TPP: target product profile

Framing the Compelling Opportunity for DT120 ODT

Potential Annual Revenue Opportunity

per 100,000 patients



Opportunity Drivers

~27.0 million[1]	US adults receiving medication for GAD or MDD
0.4%	Market penetration to treat 100,000 patients
$28k to $70k[2]	Estimated annual pricing (analogous range) Spravato® (esketamine) CIII nasal spray

1. Calculations on file; Ringeisen, H., et al. (2023). Mental and Substance Use Disorders Prevalence Study (MDPS): Findings Report. RTI International and current U.S. Census data and internal company estimates.
2. Range is based on Spravato surrogate low dose, low frequency ($28k) to high dose, high frequency ($70k) annually. Market Research, Data on file, 2025

GAD: generalized anxiety disorder; MDD: major depressive disorder; ODT: orally disintegrating tablet

A Commercial Example: San Francisco

- San Francisco metro area is approximately 1.4% of the US population with 49 top HCPs at 44 clinics that could potentially prescribe DT120 ODT

Key San Francisco Metro Market Metrics[1]

- ✓ Total adult population: 3.8 million
- ✓ Population as a % of total US: 1.4%
- ✓ Top Target[2] HCPs: 49
- ✓ Top Target[2] Clinics: 44

San Francisco Metro Contribution (per 100k nationwide)

1,400	44	32	2-3
patients treated in SF metro	top target psychiatric clinics[2]	average patients treated per clinic	average patients treated per month per clinic

1. Data Calculations from Claims analysis for San Francisco MSA; 2025
2. Top targets include healthcare professionals (HCPs) in deciles 7-10 based on market research.

ODT: orally disintegrating tablet

03

DT402
R(-)-MDMA

Program Update

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

Completed Phase 1 study in 2024

- Single-ascending dose study in adult healthy 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

Initiated Dosing in Phase 2a study in 4Q 2025

- 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

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 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

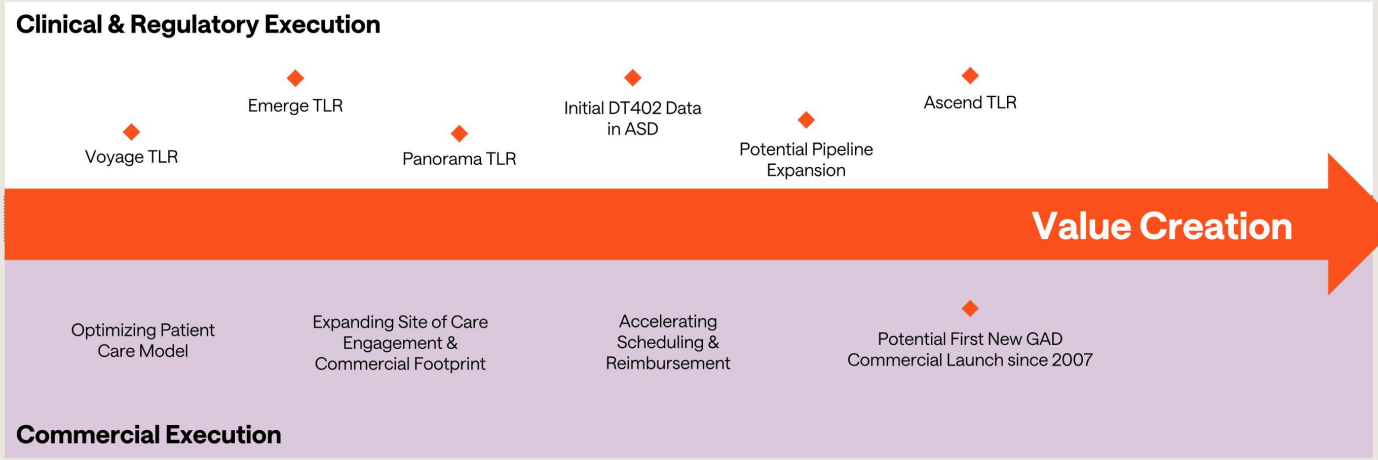
SAE: serious adverse event; TEAE: treatment-emergent adverse event

04

Summary

Program Update

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
~$412 million[1]
as of December 31, 2025

Credit Facility
Up to $120 million
($41 million outstanding)
as of September 30, 2025

Shares Outstanding
98.5 million[2]
as of October 31, 2025

Third Quarter 2025 Operating Expenses
$45.7 million
- R&D - $31.0 million
- G&A - $14.7 million

1. Cash, cash equivalents and investments as of December 31, 2025 is ~$412 million. This preliminary unaudited financial information presented is an estimate based on information available to management as of the date of this presentation, has not been reviewed or audited by the Company's independent registered accounting firm, and is subject to change.
2. Excludes 8 million pre-funded warrants outstanding as of October 31, 2025

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

- **Analyst Day** | 2Q 2026
- **Voyage (GAD)**
  Topline Readout | 2Q 2026
- **Panorama (GAD)**
  Topline Readout | 2H 2026
- **Emerge (MDD)**
  Topline Readout | Mid 2026
- **Ascend (MDD)**
  Study Initiation | Mid 2026
- **DT402**
  Initial Data in ASD | 2026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THERAPEUTICS