Processa Pharmaceuticals

Company Overview

November 2026

Vidya Therapeutics is a subsidiary of Process Pharmaceuticals, Inc.

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Processa acquired Vidya in a sign-and-close reverse merger, establishing a foundation for current I&I strategy, anchored by VT-7208

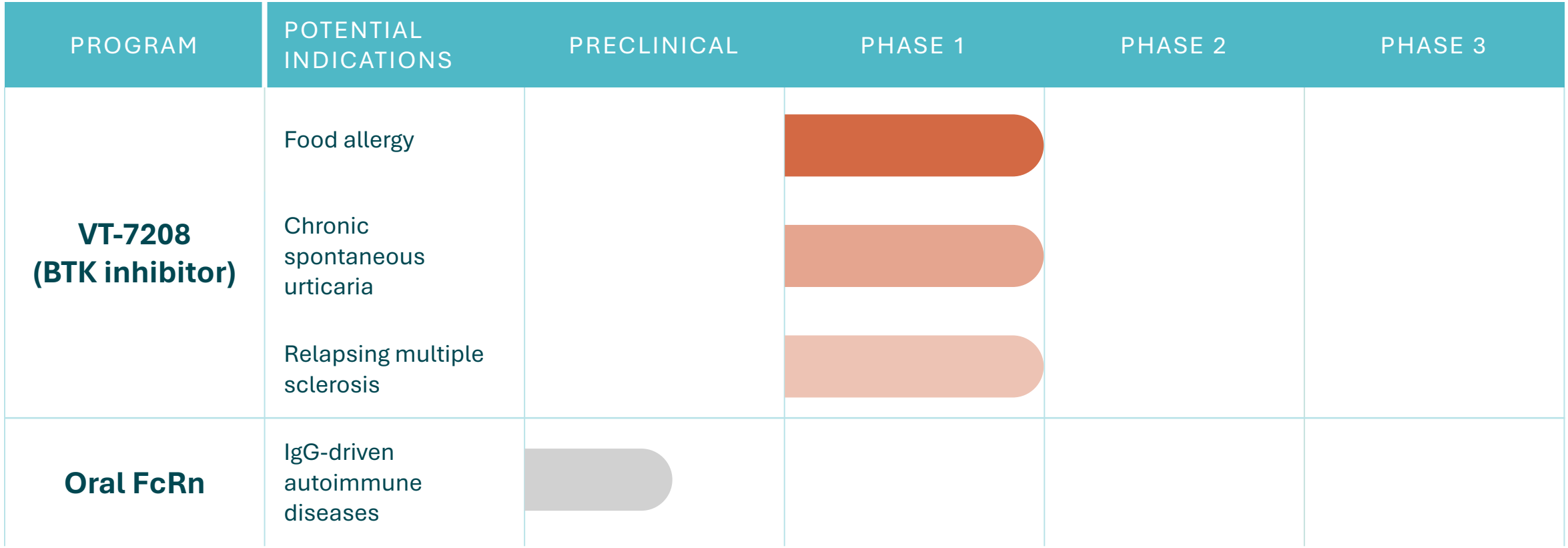
OVERVIEW	• Definitive merger agreement for a stock-for-stock transaction • Vidya's outstanding equity interests exchanged for a combination of shares of Processa common stock and newly created Series A non-voting convertible preferred stock • Concurrent $200 million PIPE investment into Processa by a syndicate of leading healthcare investors
USE OF PROCEEDS	• To advance company's pipeline and for working capital and general corporate purposes • Pro forma runway expected to fund the company into 2029, provide capital through multiple clinical milestones
MANAGEMENT & BOARD	• Sheila Gujrathi, M.D. appointed Executive Chair of Board • Leadership team strengthened with Gregory J. Flesher (COO), Craig Coburn, Ph.D. (EVP, Head of Research), Ashley Hall, J.D. (EVP, Development), and Michael P. Cruse (EVP, Business Operations)

Lead Investors of $200M PIPE

BainCapital · Janus Henderson INVESTORS · RACAPITAL · SILVERARC CAPITAL · ADAR1 Capital Management · Cormorant Asset Management · Integral · MARSHALL WACE · Octagon · SOLEUS CAPITAL

Processa Pharmaceuticals | VIDYA THERAPEUTICS

Our strategy: advancing differentiated therapeutic programs for immunological and inflammatory disease



Anticipated Milestones:

FOOD ALLERGY

- Phase 2 initiation H2'26
- Phase 2 PoC data H2'27

CSU

- Phase 2 initiation H2'26
- Phase 2 PoC data H1'28

RMS

- Phase 2 initiation H1'27
- Phase 2 PoC data H2'28

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VT-7208

A potentially best-in-class, oral, once-daily BTK inhibitor

VT-7208 expected to provide multiple value creation paths

CLINICALLY VALIDATED MECHANISM

- BTK inhibition established across autoimmune diseases
- Regulatory validation in CSU, ITP[1], GvHD [1], nrSPMS [1]
- Strong clinical signals in food allergy, relapsing MS, Sjogren's Syndrome, HS, PMN, SLE etc.

GvHD/ABBVIE



ITP/SANOFI



CSU/NOVARTIS



INDICATION EXPANSION POTENTIAL

Parallel **development in CSU, food allergy and relapsing MS** enables potential for near-term validation and long-term upside

Indication expansion potential

- Neuroinflammation
- Systemic – Auto-antibody and rheumatologic diseases such as SLE and RA[2]

CLEAR UNMET NEED / LARGE ADDRESSABLE MARKETS

CSU: >1.7M U.S. patients[1]

- Uncontrolled on H1 anti-histamines

Food allergy: ~17M U.S. patients[2]

- Current treatment avoidance or emergency rescue

RMS: ~1M U.S. patients[3]

- Progression despite treatment

PPMS: ~150K U.S. patients[4]

- Progression on ocrelizumab

nrSPMS: >100K U.S. patients[5]

- No currently available treatments

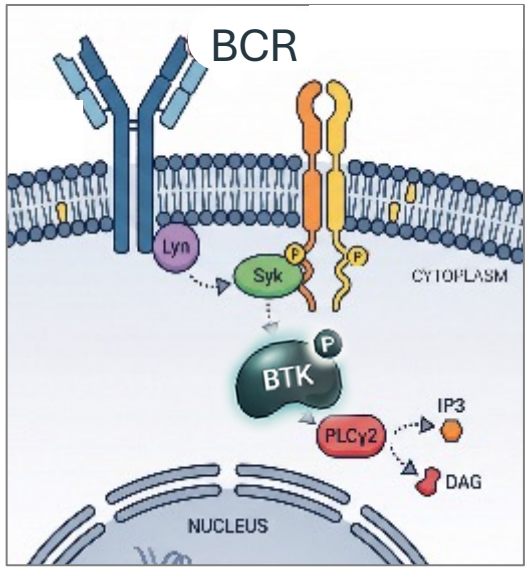
[1] Annals of Allergy, Asthma & Immunology; AJMC; [2] Xolair marketing materials; University of Nebraska Food Allergy Research & Resource Program; [3] National MS Society; 76th Annual Meeting of the American Academy of Neurology (AAN); [4] National MS Society; Neuropsychopharmacology Reports; [5] National MS Society; Journal of Neurology

Note: patient population estimated on this slide reflect management's estimates based on publicly available third-party data as of July 2026 and are subject to change

BTK is a compelling target

BTK offers the potential to modulate both adaptive and innate immune pathways

B-CELLS (ADAPTIVE)



BCR signaling drives

- Proliferation
- Antigen presentation
- Autoantibody production
- Cytokine secretion

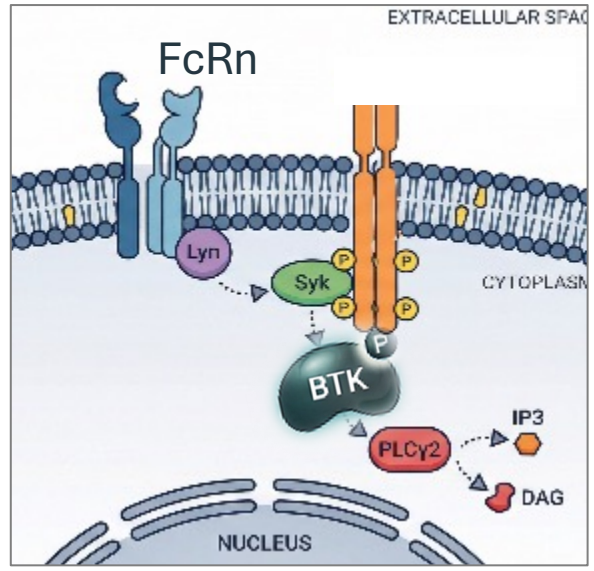
CENTRAL IMMUNE SIGNALING NODE



BTK's dual role

- Links adaptive and innate immunity across peripheral and CNS compartments

MYELOID CELLS (INNATE)



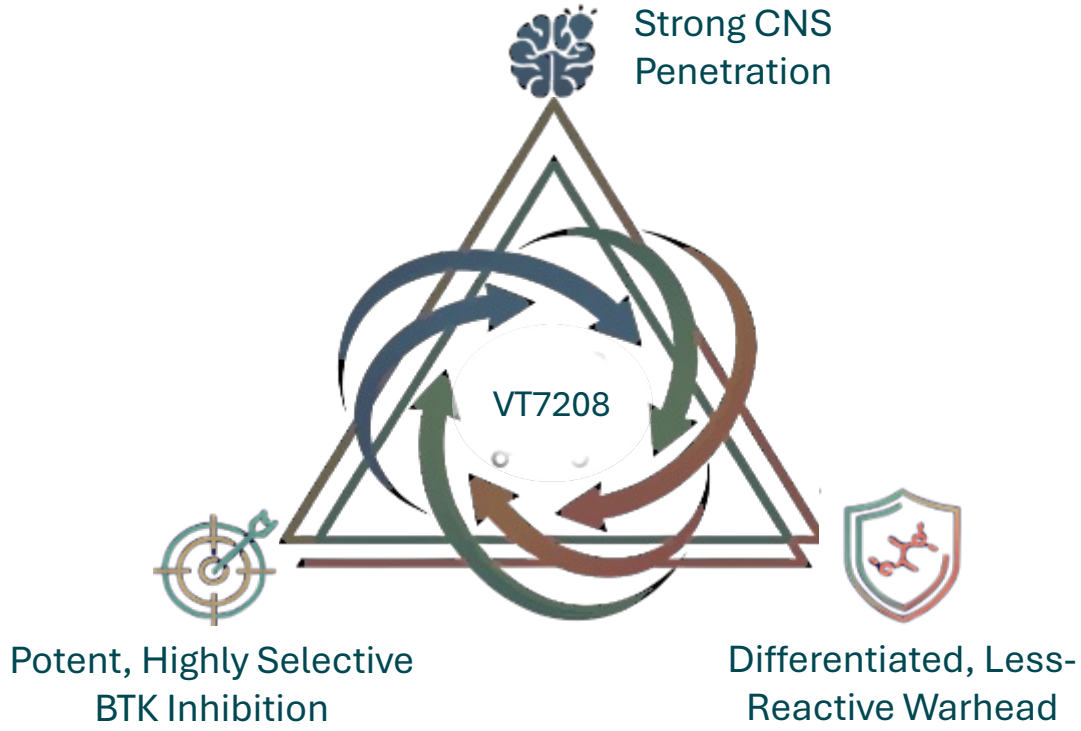
FcRn signaling drives

- Myeloid cell activation
  - Microglia, basophils, mast cells
- Cytokine secretion
- Demyelination

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Strong and differentiated preclinical profile supports advancement into the clinic

- Potent *in vitro* and *in vivo* with strong peripheral and CNS target engagement
- Consistent efficacy observed across disease models
- Clean metabolic profile with predictable PK
- Low liver enzyme elevation and DILI[1] risk
- Completed chronic GLP tox with substantial safety margins
  - >50x C_{max} and >100x AUC
- Low, once-daily oral dose

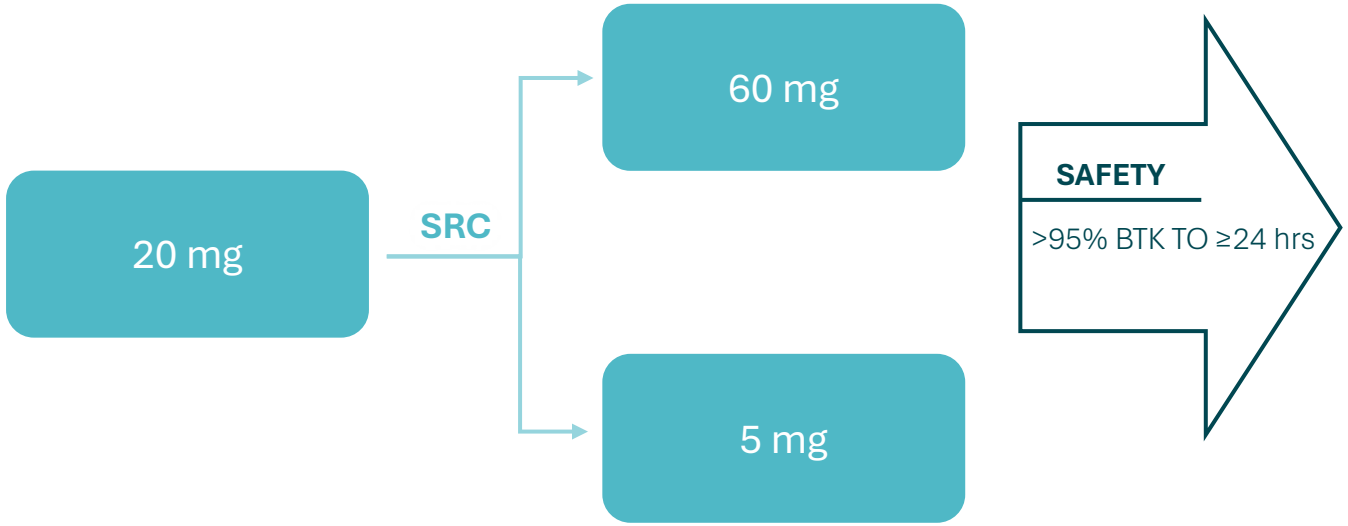


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[1] DILI – Drug-induced liver injury

VT-7208 Phase 1 study design enables efficient dose escalation and translational readouts; currently advancing into Phase 2 PoC

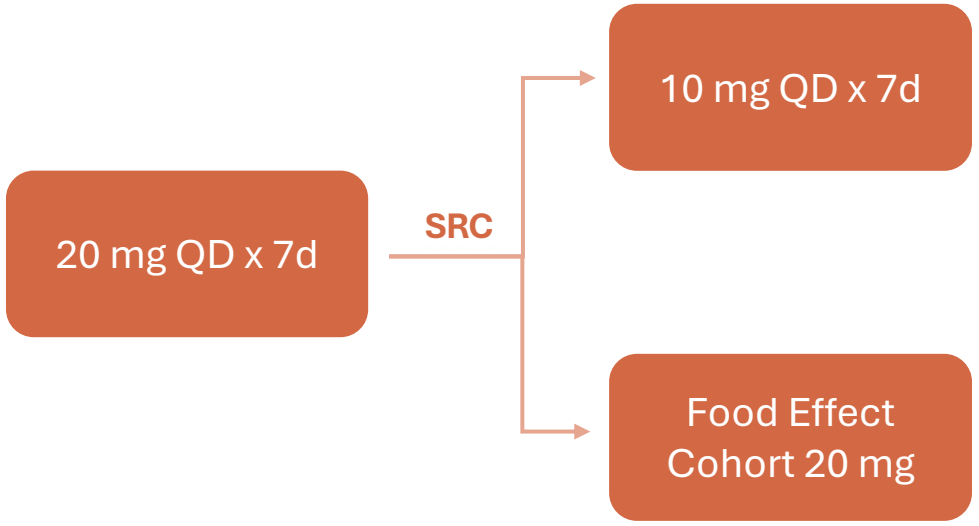
SINGLE ASCENDING DOSE



SAFETY

>95% BTK TO ≥24 hrs

MULTIPLE ASCENDING DOSE



6 VT-7208:2 PBO per cohort; food cohort 8 VT-7208

Primary objective:
Safety and tolerability

Secondary objectives:

- SAD & MAD: PK profile, including fasted vs.fed
- SAD & MAD: Blood BTK target occupancy and target engagement
- MAD: CSF exposure (Days 1 & 7)

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VT-7208's Phase 1 study results demonstrated favorable safety profile and tolerability profile

PARAMETER	SAD			FOOD COHORT	MAD (QDX7)	
	5 mg	20 mg	60 mg	20 mg	10 mg	20 mg
SAEs	0/6	0/6	0/6	0/8	0/6	0/6
Grade 3 or higher	0/6	0/6	0/6	0/8	0/6	0/8
Related AEs	0/6	1/6 Headache (G1)	0/6	1/8 Headache (G1)	0/6	0/6
CS lab abnormalities	0/6	0/6	0/6	0/8	0/6	0/6
CS vital sign/ECG abnormalities	0/6	0/6	0/6	0/8	0/6	0/6

6:2 per cohort; food cohort 8 VT-7208
CS – Clinically Significant

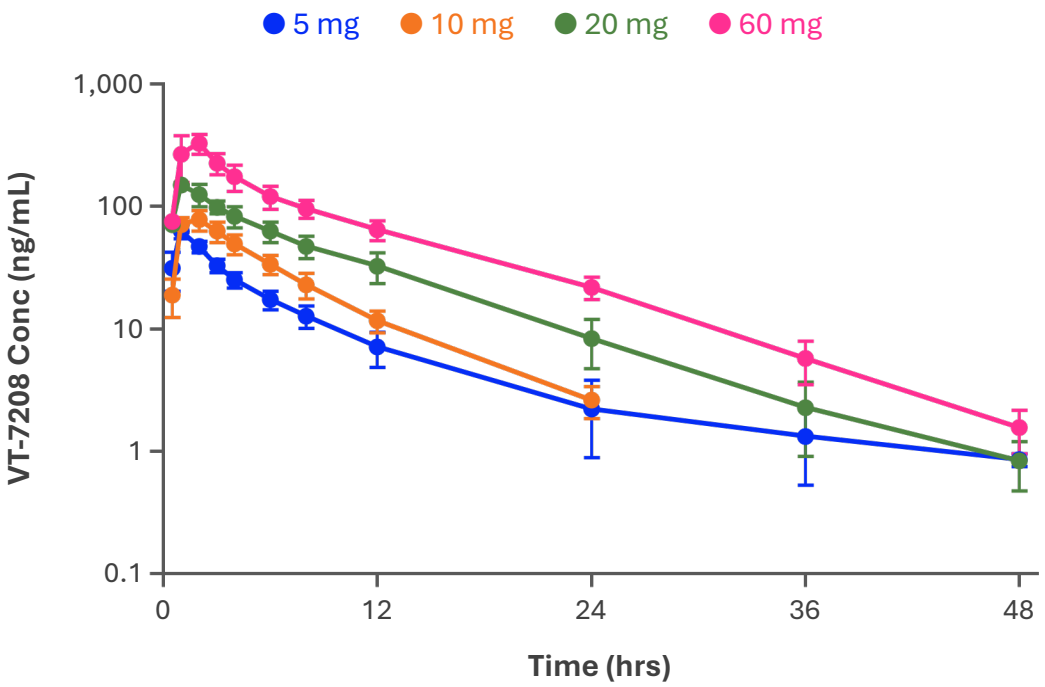
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- Generally well-tolerated across all evaluated dose levels, with **no dose-limiting toxicities observed**
- No serious adverse events reported and no treatment-related discontinuations
- **No liver safety signal or bleeding-related events** observed

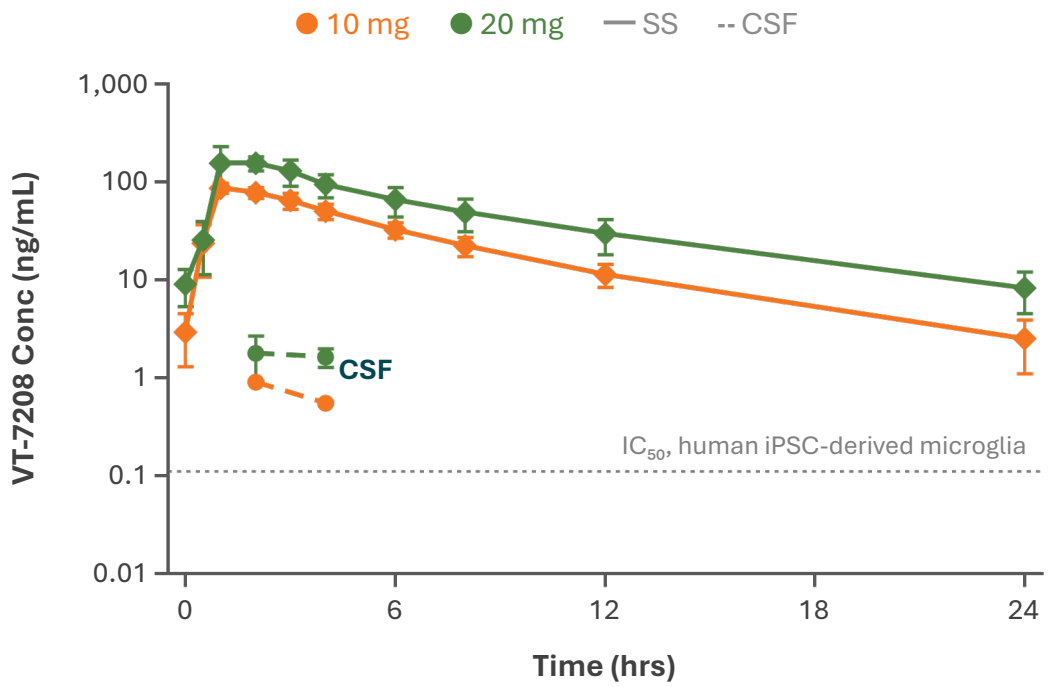
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VT-7208's predictable PK supports low, once-daily oral dosing

SINGLE ASCENDING DOSE



MULTIPLE ASCENDING DOSE

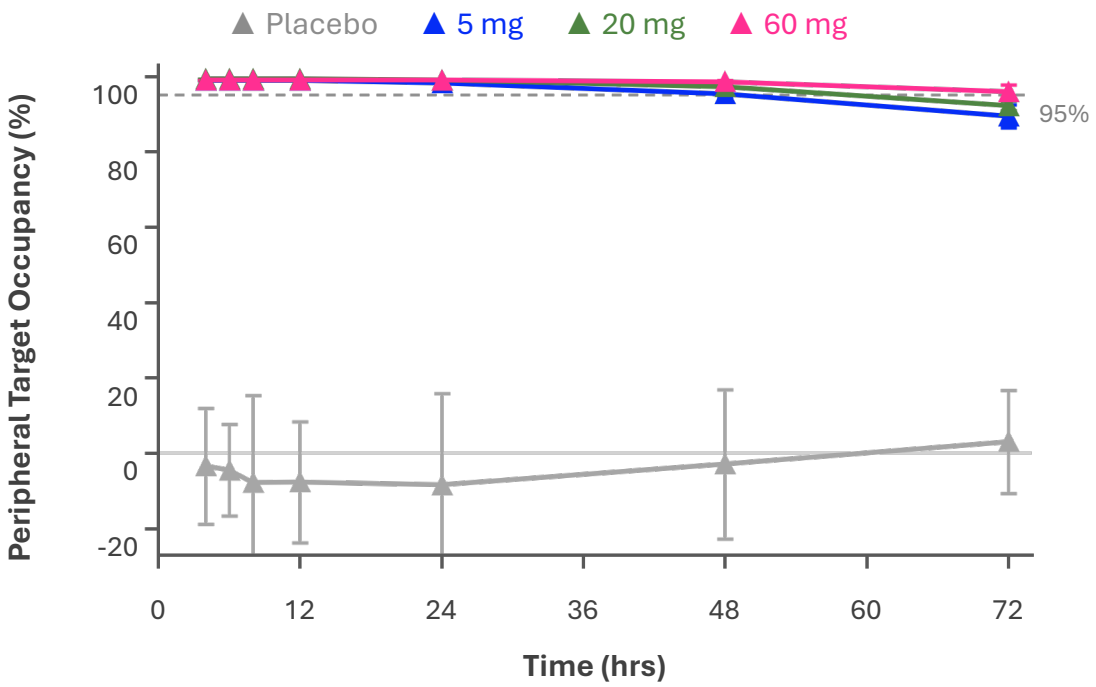


- **Predictable PK profile**, consistent with preclinical characterization
- Near **dose-proportional increases** in exposure observed with escalating doses of VT-7208
- Median $T_{1/2}$ (~6 hours) supports **once-daily dosing**, with **low systemic accumulation**

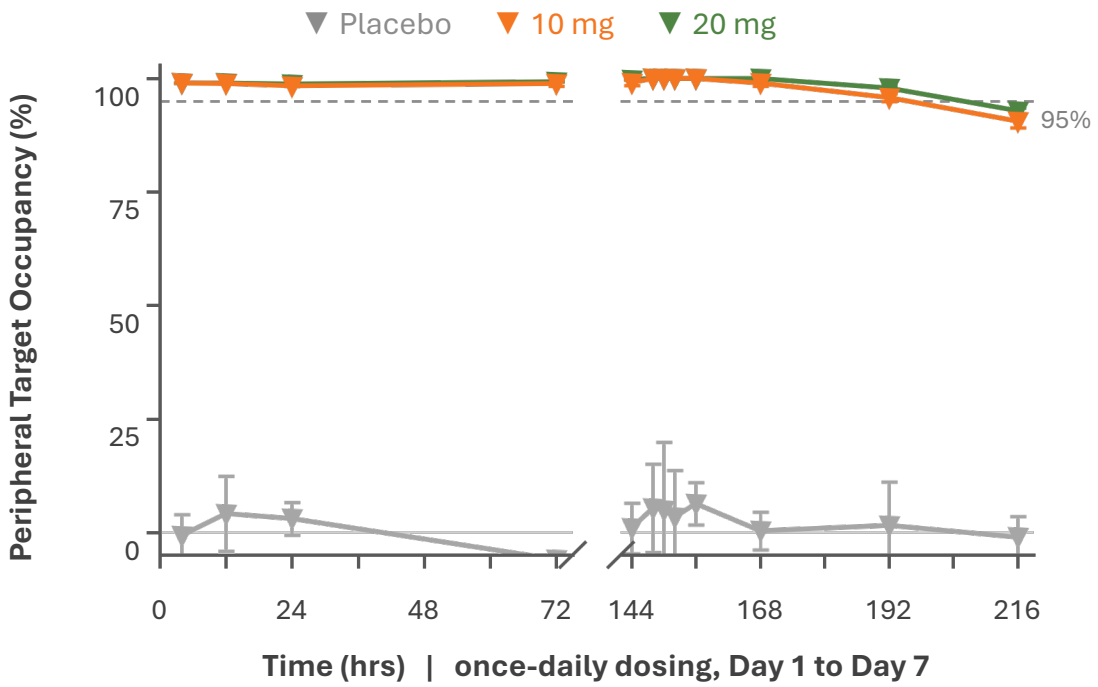
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VT-7208 demonstrated robust and sustained BTK target occupancy at ≥ 5 mg/day

SINGLE ASCENDING DOSE



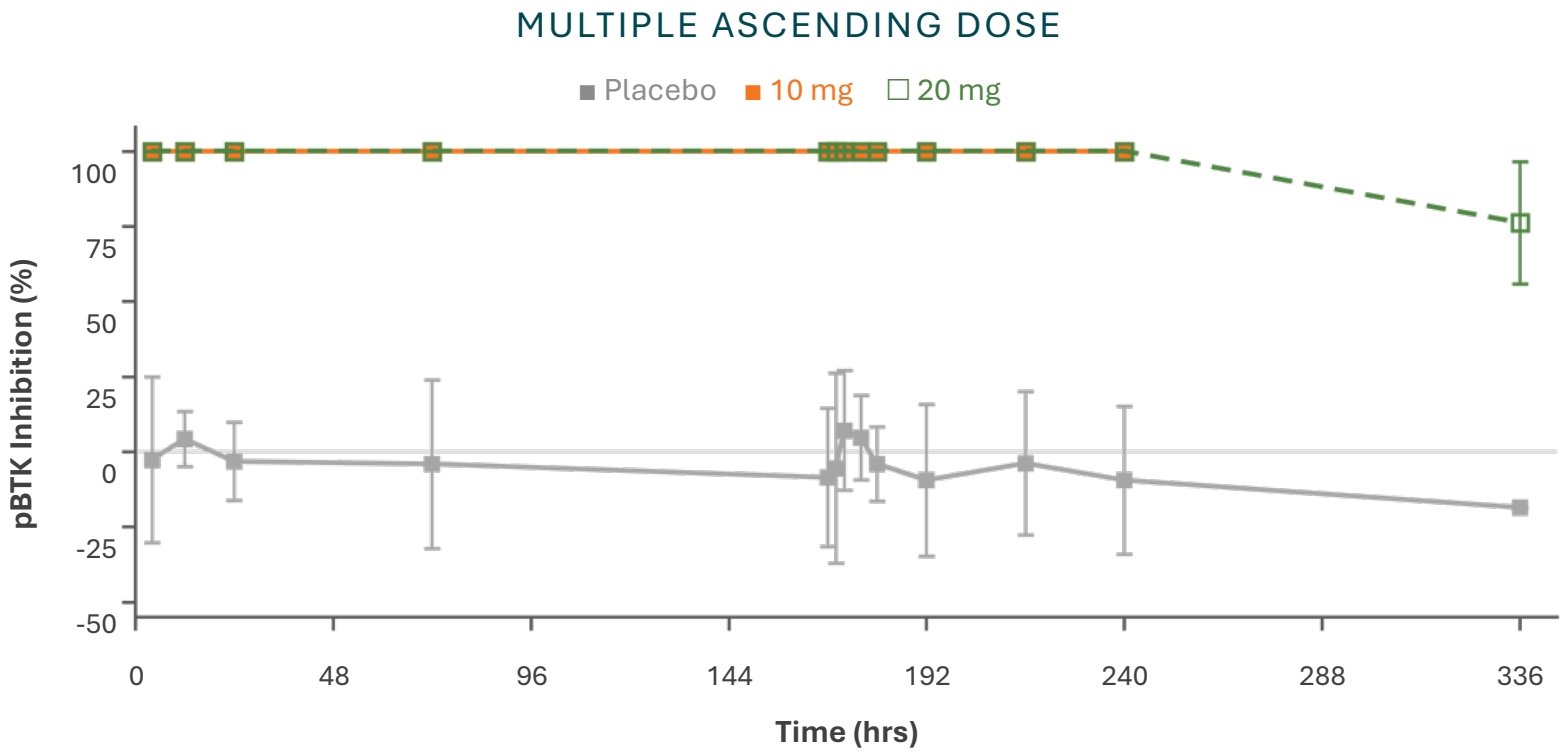
MULTIPLE ASCENDING DOSE



Occupancy persists ≥95% for 48 hours after the last dose, far outlasting plasma exposure (~6 h T½) and supporting low-dose, once-daily therapy

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Robust and sustained inhibition of pBTK demonstrated modulation of signaling pathway



- Sustained inhibition of pBTK demonstrates the potential for durable pharmacodynamic activity
- Integrated PK, target occupancy, and CNS exposure data support advancement of VT-7208 into Phase 2

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VT-7208 Phase 1 complete; now advancing into Phase 2 PoC studies in Food Allergy, CSU, & Relapsing MS with data expected in 2027 and 2028

TARGET / ASSET	PRECLINICAL	TRANSLATIONAL	CLINICAL	STRATEGIC
✓ Validated biology	✓ Low risk of hepatotoxicity	✓ Predictable PK supporting once-daily oral dosing	✓ Well-defined PoC studies	✓ Capital-efficient execution
✓ Differentiated chemistry, pharmacology, ADME, PK	✓ Robust clinical activity across BTK-dependent models	✓ Robust BTK TO and CNS exposure	✓ Predictable clinical and regulatory pathways	✓ Partnering and lifecycle options
		✓ Favorable safety profile with no dose-limiting toxicities observed	✓ Near-term data value-inflection points expected	✓ Multi-billion-dollar addressable market

Oral FcRn antagonist

Potentially best-in-class, preclinical oral neonatal Fc receptor (FcRn) antagonist

Oral FcRn antagonist program complements VT-7208 against a clinically validated immune target

ANNOUNCED OCTOBER 2026

1

Partnership

Research collaboration and exclusive option with Generian Pharmaceuticals

2

Modality

Macrocyclic peptide against a clinically validated target in IgG-mediated autoimmune disease

3

Differentiation

Potential oral alternative to today's injectable and infused FcRn therapies

4

Program progression

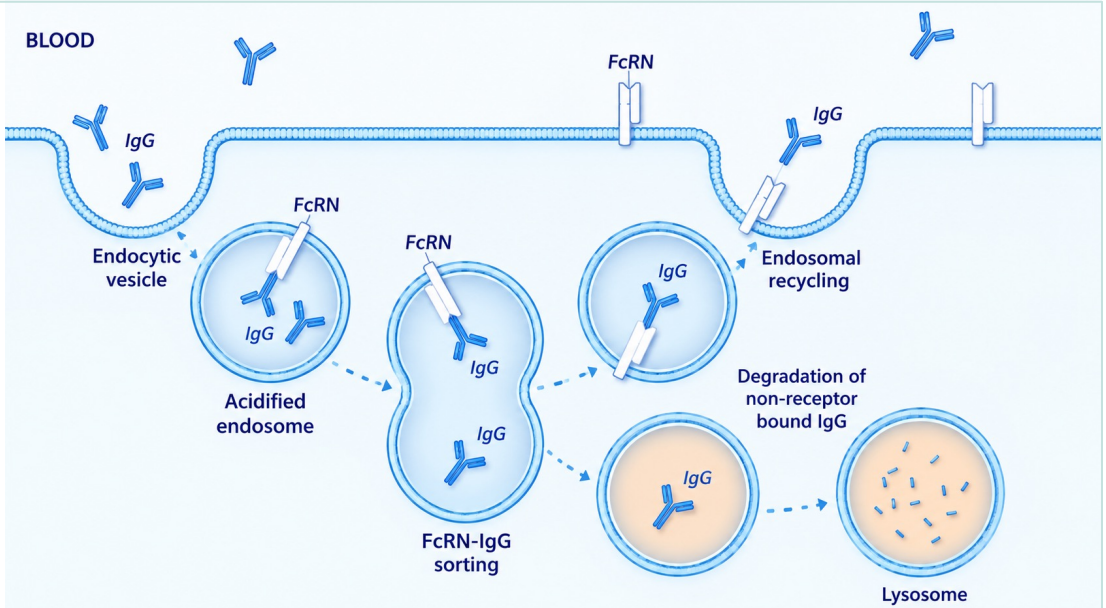
Lead optimization through development candidate nomination

Blocking FcRn clears the pathogenic IgG that drives autoimmune disease

FcRn binds IgG inside cells and recycles it back to the blood, sparing it from lysosomal degradation. This gives IgG its long half-life of ~3 weeks.

Blocking FcRn sends IgG, including disease-causing autoantibodies, to the lysosome.

Approved agents lower total IgG by roughly 60–80%.



FcRn-mediated IgG recycling

Why it matters: One mechanism → many IgG-driven diseases: MG, CIDP, ITP, wAIHA and more

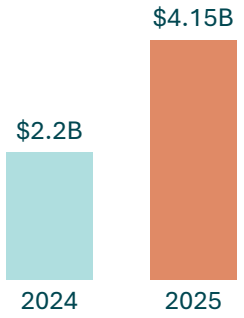
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FcRn is a commercially validated, rapidly growing therapeutic class

$4.15B

VYVGART 2025 global net sales

+90% vs. 2024



Approved FcRn Therapies

VYVGART	RYSTIGGO	IMAAVY
argenx	UCB	JnJ

A validated pathway with established prescriber infrastructure and proven commercial demand

Strong Pharma Interest for Oral Therapies Targeting Validated Biology

$2.4B

Lilly → DICE (2023)[1]

Oral IL-17 inhibitors in clinical development

$1.275B upfront

Gilead → PepStar (2026)[2]

Phase 1 oral IL-23R macrocycle

$550M upfront

argenx → Unnatural Products (2026)[3]

Oral macrocycle platform bought by the FcRn market leader (up to $1.15B)

Our goal: Develop a potent and selective orally available macrocyclic peptide for once-daily dosing

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Sources: 1. Eli Lilly and Company. Lilly to Acquire DICE Therapeutics to Advance Innovation in Immunology. Press release, June 20, 2023. 2. Gilead Sciences. Gilead to Acquire Investigational Oral IL-23R Inhibitor HCXT-2001, Strengthening Its Inflammation Pipeline in IBD. Press release, October 22, 2026. 3. argenx. argenx to Acquire Unnatural Products, Inc., Adding Peptide Discovery Engine to Broaden Immunology Capabilities. Press release, November 9, 2026.

No oral FcRn therapeutic is currently in clinical development

PROGRAM	MODALITY	STAGE
Generian / Vidya	Macrocycle	Preclinical
Argenx + Unnatural Products	Macrocycle	Preclinical
Covant	Peptide	Preclinical
	Small molecule	Early discovery
Curie	Small molecule	Preclinical
Fudan	Small molecule	Early discovery
Janssen	Small molecule	Patent / discovery
SMIN	Small molecules	Early discovery
Syneron ± AstraZeneca	Cyclic peptide	Patent / discovery

Potential exists to establish a first-in-class oral FcRn therapy | Development Candidate nomination targeted for 2H 2027

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Sources: Citeline; PitchBook; Patent registry; Company disclosures, Wu, Anal.Chem. 2025

Expected capitalization post Series A conversion

Expected capitalization	Approximate shares
Common shares outstanding (Nov 9, 2026)	2.8 million
Series A preferred, as-converted*	306.6 million
Total	**309.4 million**

* Subject to stockholder approval and applicable beneficial ownership limitations. Excludes outstanding options, restricted stock units, warrants and any potential reverse stock split.



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