PHARVARIS

CHAPTER-3 Topline Data

September 8, 2026

This presentation includes data for an investigational product not yet approved by regulatory authorities.

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Factors that might cause such a difference include, but are not limited to, uncertainty in the outcome of our interactions with regulatory authorities, including the FDA; the expected timing, progress, or success of our clinical development programs, especially for deucrictibant immediate-release capsules and deucrictibant extended-release tablets, which are in late-stage global clinical trials; the outcome of regulatory approvals, including the outcome of our NDA and MAA for the on-demand treatment of acute attacks of HAE; our ability to replicate the efficacy and safety demonstrated in the RAPIDe-1, RAPIDe-2, RAPIDe-3, CHAPTER-1, and CHAPTER-3 Phase 2 and Phase 3 studies in ongoing and future nonclinical studies and clinical trials, such as CREAATE; risks arising from epidemic diseases, which may adversely impact our business, nonclinical studies, and clinical trials; our ability to potentially use deucrictibant for alternative purposes, for example to treat acquired angioedema due to C1-INH deficiency (AAE-C1INH); the value of our ordinary shares; the timing, costs and other limitations involved in obtaining regulatory approval for our product candidates, including deucrictibant immediate-release capsules and deucrictibant extended-release tablets, or any other product candidate that we may develop in the future; our ability to establish commercial capabilities or enter into agreements with third parties to market, sell, and distribute our product candidates; our ability to compete in the pharmaceutical industry, including with respect to existing therapies, emerging potentially competitive therapies and with competitive generic products; our ability to market, commercialize and achieve market acceptance for our product candidates; our dependence on third parties to perform critical activities related to the research, nonclinical safety and toxicology studies, development and manufacturing of our product candidates; side effects or adverse events associated with the use of our product candidates; our ability to enter into any new licensing agreements or to maintain any licensing agreements with respect to our product candidates; the expense, time and uncertainty involved in the development and consistent manufacturing and supply of our product candidates, some or all of which may never reach the regulatory approval stage; our ability to defend against costly and damaging liability claims resulting from the testing of our product candidates in the clinic or, if, approved, any commercial sales; our ability to produce sufficient amounts of drug product candidates for commercialization; our ability to raise capital when needed and on acceptable terms; regulatory developments in the United States, the European Union and other jurisdictions; our ability to protect our intellectual property and know-how and operate our business without infringing the intellectual property rights or regulatory exclusivity of others; our ability to manage negative consequences from changes in applicable laws and regulations, including tax laws (including the Biosecure Act); our ability to maintain an effective system of internal control over financial reporting; changes and uncertainty in general market conditions; disruptions at the FDA and other agencies; changes and uncertainty in general market, political and economic conditions, including as a result of inflation and the conflict between Russia and Ukraine and the conflict in the Middle East; changes in regulations and customs, tariffs and trade barriers; and the other factors described under the headings "Cautionary Statement Regarding Forward-Looking Statements" and "Item 3. Key Information--D. Risk Factors" in our Annual Report on Form 20-F and other periodic filings with the Securities and Exchange Commission. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. We undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.

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CHAPTER-3 topline presenters

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Strong momentum across ODT and LTP with key milestones ahead

On-Demand Treatment
Deucrictibant IR (20 mg)

- [x] Positive RAPIDe-1 Phase 2 Data
- [x] Positive RAPIDe-3 Phase 3 Data
- [x] U.S. NDA and EU MAA Accepted
- [ ] FDA PDUFA goal April 23, 2027
- [ ] U.S. ODT Launch

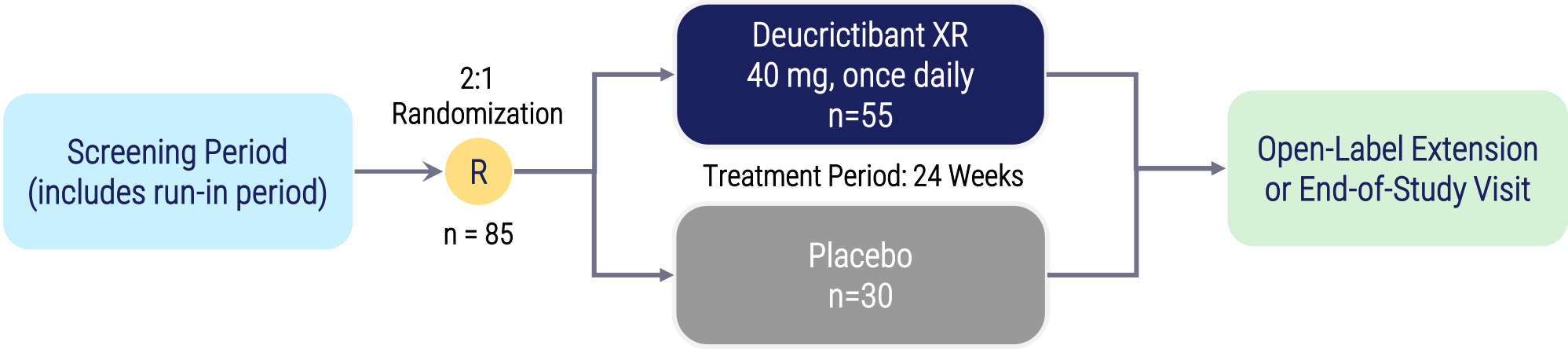
Long-Term Prophylaxis
Deucrictibant XR (40 mg/day)

- [x] Positive CHAPTER-1 Phase 2 Data
- [x] Positive CHAPTER-3 Phase 3 Data
- [ ] CREAATE Phase 3 Part 1 Data: 1Q2027
- [ ] U.S. NDA Submission: 1H2027
- [ ] U.S. LTP Launch

Note: Anticipated events listed, regulatory approval is not guaranteed, **Abbreviations:** IR: immediate-release. LTP: long-term prophylaxis. MAA: Marketing Authorization Application. NDA: New Drug Application. ODT: on-demand treatment. PDUFA: Prescription Drug User Fee Act. XR: extended-release.

CHAPTER-3 study design

First pivotal trial in prophylaxis to include all types of HAE



Key Inclusion Criteria

- Participants aged 12 years and above
- HAE Type 1/2 and HAE-nC1INH (Type 3)
- At least two investigator-confirmed attacks during run-in period

Primary Endpoint

- Time-normalized (per four weeks) number of investigator-confirmed HAE attacks during the 24-week treatment period

Key Secondary Endpoints

- HAE attacks treated with on-demand medication
- Moderate or severe HAE attacks
- Proportion of participants achieving ≥50%, 70% and 90% reduction in HAE attack rate
- Proportion of attack-free participants during treatment period
- Change from baseline in angioedema quality of life (AE-QoL)

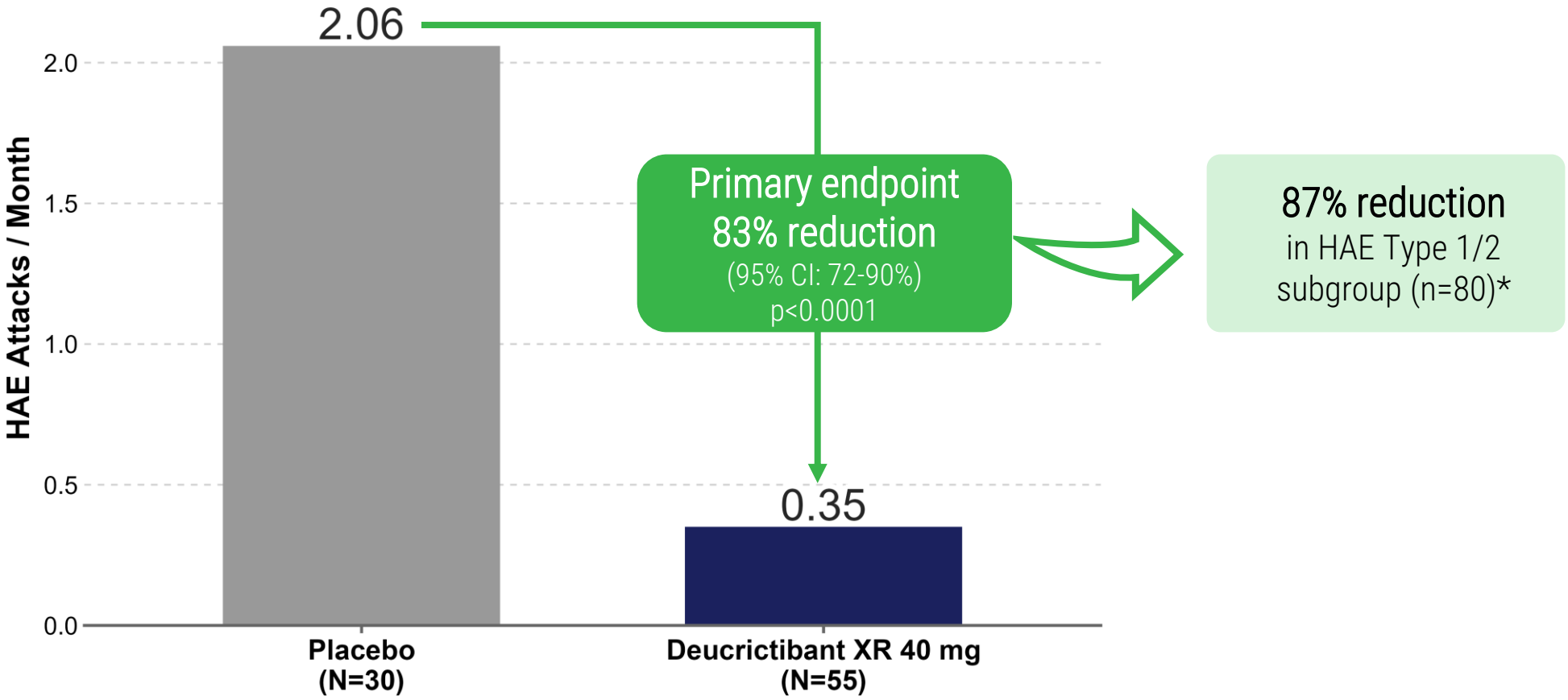
Abbreviations: HAE: hereditary angioedema. HAE-nC1INH: HAE with normal C1 inhibitor. n: number of participants. R: randomization. XR: extended-release.

Baseline demographics and disease characteristics

	Placebo N = 30	Deucrictibant XR N = 55
Age – mean, median (IQR)	39.3, 43.0 (23.0-50.0)	38.6, 40.0 (29.0-47.0)
≥12–<18 years	4 (13.3%)	4 (7.3%)
Sex – n (%): Female	22 (73.3%)	34 (61.8%)
Race – n (%)		
White	24 (80.0%)	35 (63.6%)
Asian	3 (10.0%)	13 (23.6%)
Black or African American	1 (3.3%)	1 (1.8%)
HAE Type – n (%)		
Type 1 or Type 2	28 (93.3%)	52 (94.5%)
nC1INH (Type 3)	2 (6.7%)	3 (5.5%)
Baseline HAE Attack Rate		
Mean (SD)	3.47 (1.81)	3.76 (2.04)

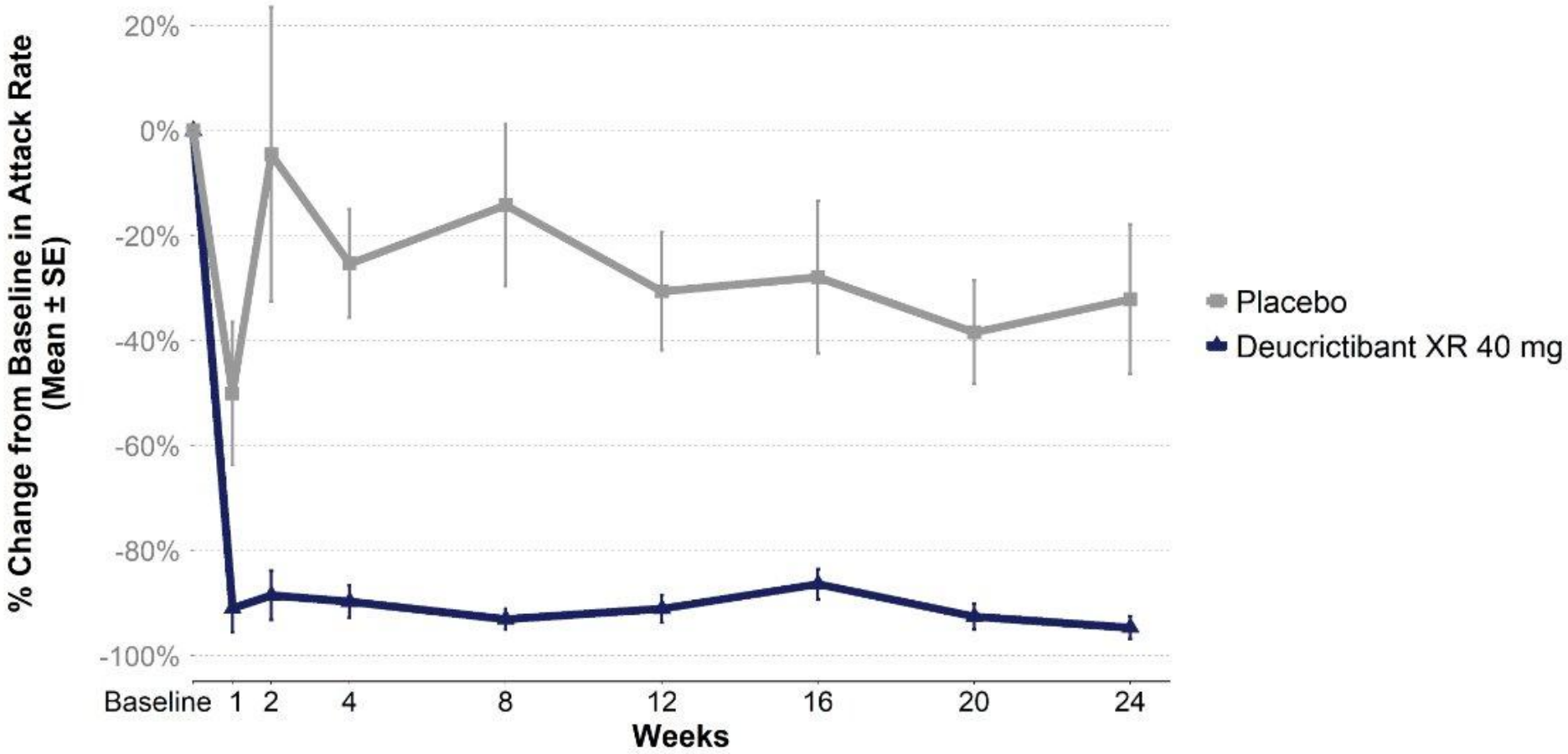
Notes: % = n/N*100% **Abbreviations:** BMI: body mass index (kg/m^2). HAE: hereditary angioedema. IQR: interquartile range. N, n: number of participants. nC1INH: HAE with normal C1 inhibitor. SD: standard deviation. XR: extended-release.

Deucrictibant XR reduced attack rate versus placebo



*Additional analysis of HAE Type 1/2, not adjusted for multiplicity. **Notes:** HAE Attacks / Month = time-normalized (per 4 weeks) number of investigator-confirmed HAE attacks during the 24-week treatment period. Results based on a Poisson regression model adjusted for treatment group, baseline attack rate, and age group. **Abbreviations:** CI: confidence interval. HAE: hereditary angioedema. N, n: number of participants. XR: extended-release.

Attack reduction achieved within one week and sustained throughout the study

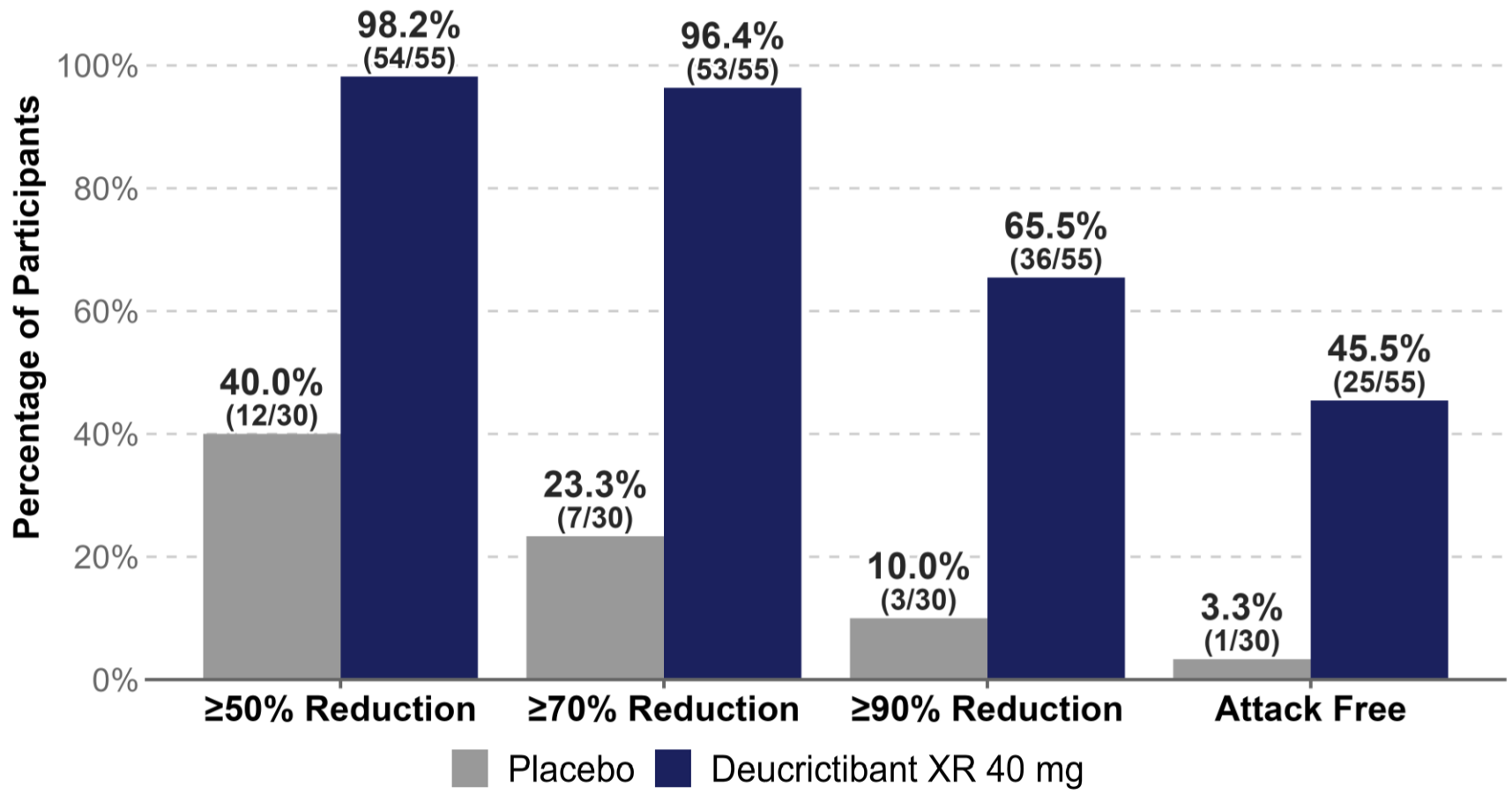


	Baseline	1	2	4	8	12	16	20	24
DEU XR (n)	55	55	55	55	55	55	55	55	55
Placebo (n)	30	30	30	30	30	29	29	29	29

Notes: Results are descriptive and based on observed data. Points represent mean percentage change from baseline in attack rate; error bars indicate standard errors. **Abbreviations:** DEU XR: deucrictibant extended-release. n: number of participants. SE: standard error. XR: extended-release

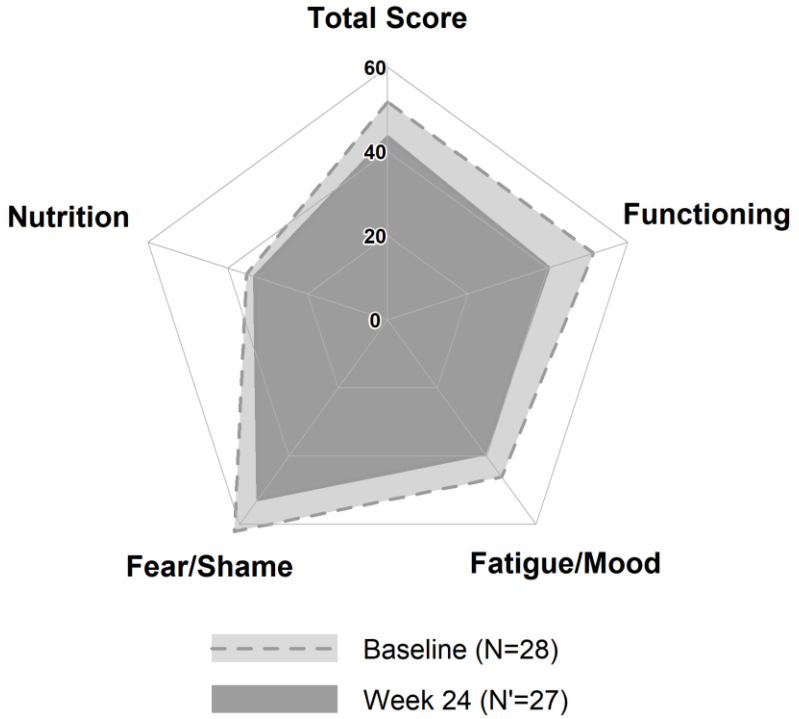
Robust reductions in attack rate from baseline with deucrictibant XR

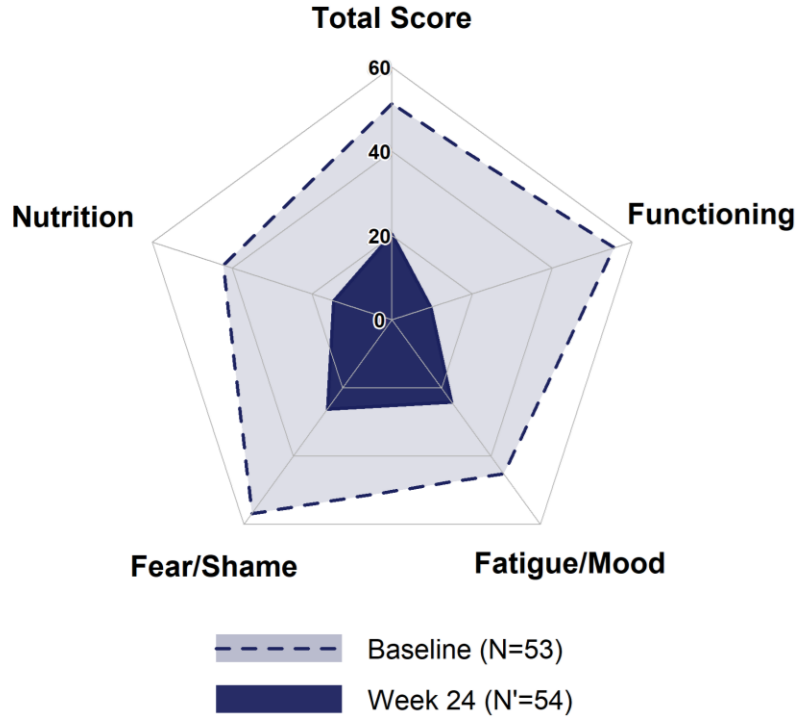
All other secondary efficacy endpoints were achieved with statistically significant results



Notes: Attack rate = time-normalized (per 4 weeks) number of investigator-confirmed HAE attacks during the 24-week Treatment Period. **Abbreviations:** XR: extended-release.

Meaningful quality of life improvement with deucrictibant XR





Change from baseline in AE-QoL total score	Placebo	Deucrictibant XR 40 mg
Baseline Mean	51.74	51.33
Change from Baseline at Week 24 (LS Mean)	-8.70	-32.23
Difference vs Placebo (95% CI)		**-23.53 (-32.15, -14.92)**
		p <0.0001

Notes: N and N': participants with ≥ non-missing score among the four domain scores and the total score, at baseline and Week 24, respectively. **Abbreviations:** AE-QoL: Angioedema Quality of Life. CI: confidence interval. LS: least squares. XR: extended-release.

Deucrictibant XR treatment was well tolerated

Treatment-Emergent Adverse Events (TEAEs) – n (%)	Placebo (N=30)	Deucrictibant XR (N=55)
Any TEAEs	17 (56.7)	42 (76.4)
Maximum Grade 1	6 (20.0)	15 (27.3)
Maximum Grade 2	11 (36.7)	23 (41.8)
Maximum Grade 3	0	3 (5.5)
Maximum Grade 4	0	1 (1.8)
Maximum Grade 5	0	0
Study drug related TEAEs	3 (10.0)	11 (20.0)
Treatment-emergent serious adverse events (SAEs)	0	1 (1.8)
Study drug related SAEs	0	0
TEAEs leading to study drug discontinuation	1 (3.3)	1 (1.8)

Notes: Data based on Safety Analysis Set, which includes all enrolled participants who received any dose of study drug. TEAEs are defined as adverse events that start after the first administration of study drug, or medical conditions that are present prior to the first administration of study drug but worsen following the first administration of study drug. TEAE grade based on CTCAE (common terminology criteria for adverse events). "Related to study drug" is based on investigator's assessment as indicated on the CRF. % = n/N*100%. **Abbreviations:** CRF: case report form; N: number of participants. n: number of participants with event. SAE: serious adverse event. TEAE: treatment-emergent adverse event. XR: extended-release.

Deucrictibant XR demonstrated meaningful attack rate reduction vs placebo with a well-tolerated safety profile

Early protection

Sustained prevention

Oral convenience

- Primary endpoint met with 83% reduction versus placebo ($p<0.0001$) across all HAE types and with 87% reduction in HAE Type 1/2
- All secondary efficacy endpoints met with statistical significance
- Early-onset protection within one week, sustained throughout the study
- Well-tolerated, with no treatment-related serious adverse events reported

Abbreviations: HAE: hereditary angioedema. XR: extended-release.

Aspire to become a bradykinin-mediated angioedema market leader

1 ODT

2 LTP

3 Beyond HAE

ODT Market Leadership

Deliver effective control of attacks with reduced treatment burden

Preferred LTP Option

Deliver injectable-like efficacy with the convenience of an oral therapy

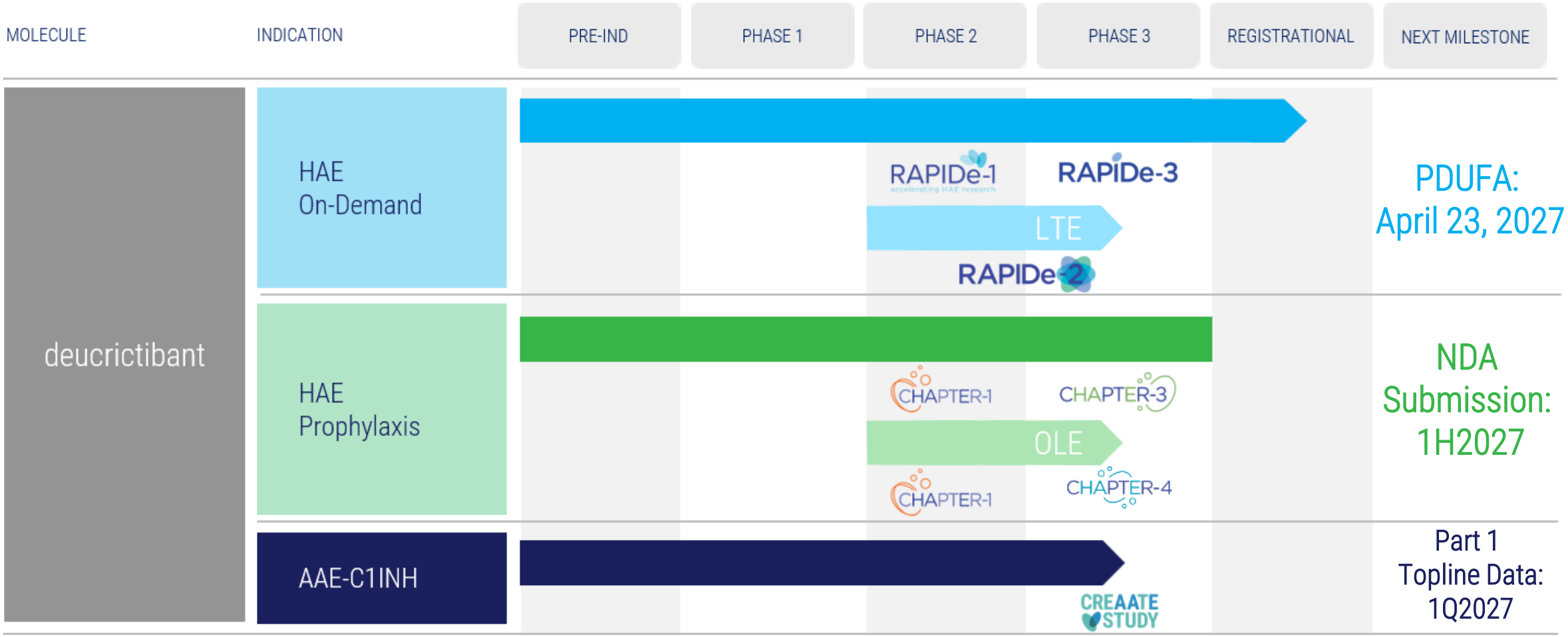
Leverage B2R Platform

Expand across AE-BK and other bradykinin-mediated diseases to build a differentiated franchise

One molecule. Multiple opportunities.
A path to leadership in HAE and beyond, through innovation in B2R biology.

Note: Statements and objectives are aspirational. **Abbreviations:** AE-BK: bradykinin-mediated angioedema. B2R: bradykinin B2 receptor. HAE: hereditary angioedema. LTP: long-term prophylaxis. ODT: on-demand treatment.

Near-term value drivers



Note: Dates are anticipated. **Abbreviations:** AAE-C1INH: acquired angioedema due to C1 inhibitor deficiency. HAE: hereditary angioedema. LTE: long-term extension. OLE: open-label extension. NDA: New Drug Application. PDUFA: Prescription Drug User Fee Act target date. **Source:** RAPIDe-1 (NCT04618211). RAPIDe-2 (NCT05396105). RAPIDe-3 (NCT06343779). CHAPTER-1 (NCT05047185). CHAPTER-3 (NCT06669754). CHAPTER-4 (NCT06679881). CREAATE (NCT07266805).

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