

Durability of Response to a Single Dose of Oral Deucricitbant for On-Demand Treatment of Hereditary Angioedema Attacks

Joshua S. Jacobs¹, Danny M. Cohn², Henriette Farkas³, Sorena Kiani-Alikhan⁴, H. Henry Li⁵, Michael E. Manning⁶, Giorgio Giannattasio⁷, Yumeng Li⁸, Ming Yu⁸, Marc A. Riedl⁹

¹Allergy and Asthma Clinical Research, Walnut Creek, CA, USA; ²Amsterdam UMC, University of Amsterdam, Department of Vascular Medicine, Amsterdam Cardiovascular Sciences, Amsterdam, The Netherlands; ³Hungarian Angioedema Center of Reference and Excellence, Department of Internal Medicine and Haematology, Semmelweis University, Budapest, Hungary; ⁴Royal Free London NHS Foundation Trust, Department of Immunology, London, UK; ⁵Institute for Asthma and Allergy, Chevy Chase, MD, USA; ⁶Allergy, Asthma and Immunology Associates, Ltd., Scottsdale, AZ, USA; ⁷Pharvaris GmbH, Zug, Switzerland; ⁸Pharvaris GmbH, Lexington, MA, USA; ⁹University of California San Diego, Division of Allergy and Immunology, La Jolla, CA, USA.

Key takeaways

In post-hoc analyses of two studies, the response to a single dose of deucricitbant immediate-release (IR) capsule was durable and the majority of hereditary angioedema (HAE) attacks that achieved symptom relief and resolution maintained a durable response without recurrence of symptoms.

Efficacy	Durable response	
~85% of attacks that were treated with a single dose of deucricitbant IR capsule in RAPiDe-2	95–100% of attacks that achieved symptom relief and resolution with 1 deucricitbant IR capsule had a durable response without symptom recurrence in RAPiDe-1	98–100% of attacks that achieved symptom relief and resolution with 1 deucricitbant IR capsule had a durable response without symptom recurrence in RAPiDe-2

Background

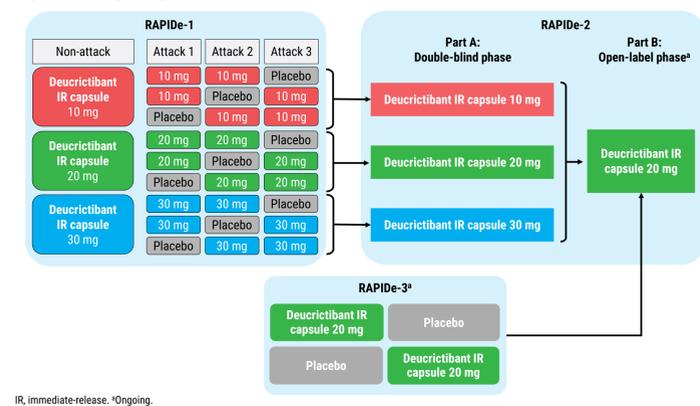
- Hereditary angioedema (HAE):** a bradykinin-mediated condition with painful swelling attacks affecting multiple locations in the body.¹
- Unmet need:** guidelines recommend HAE attacks are treated as early as possible.²⁻⁴ Parenteral administration often leads to on-demand treatment of HAE attacks being delayed or forgone.⁵⁻⁹
- Treatment response:** a rapid and durable response to on-demand treatment through complete resolution is paramount to abate the physical, functional, and emotional burden associated with symptoms and to enable the prompt restart of daily activities.^{6,10}
- Deucricitbant:** a selective, investigational, orally administered, bradykinin B2 receptor antagonist under development for both prophylactic and on-demand treatment of HAE attacks.¹¹⁻¹⁸

Objective

To assess the durability of effects following a single dose of deucricitbant immediate-release (IR) capsule for treatment of HAE attacks in the placebo-controlled RAPiDe-1 trial (NCT04618211)* and in the RAPiDe-2 open-label long-term extension study (NCT05396105)*.

Methods

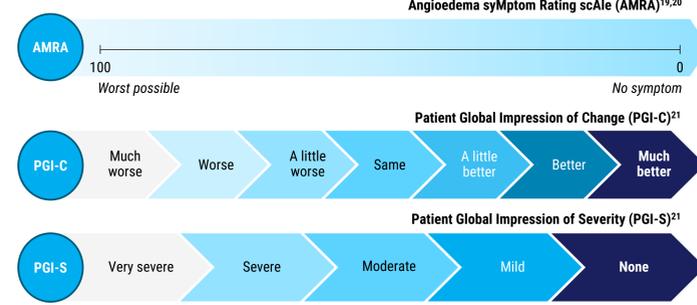
Figure 1. Study design



IR, immediate-release. *Ongoing.

Methods

Figure 2. Efficacy assessment scales



- RAPiDe-1:** a Phase 2, double-blind, placebo-controlled, randomized, crossover, dose-ranging trial of deucricitbant IR capsule for on-demand treatment of HAE attacks.
- Eligible participants:** adults with HAE type 1 or type 2 (HAE-1/2); ≥ 3 attacks in the last 4 months or ≥ 2 attacks in the last 2 months prior to screening; access to and experience with use of on-demand medications.
- RAPiDe-2:** a two-part, Phase 2/3 long-term extension study. Part A participants were adults who had completed RAPiDe-1.

Post hoc analysis of both studies

- Durability of response:** the achievement and maintenance of serial milestones of symptom relief and resolution without recurrence of symptoms following a single dose of deucricitbant.
 - Symptom recurrence:** following the achievement of each pre-specified efficacy milestone, symptom recurrence was defined as any instance of the milestone no longer being met within 24 hours post-treatment.

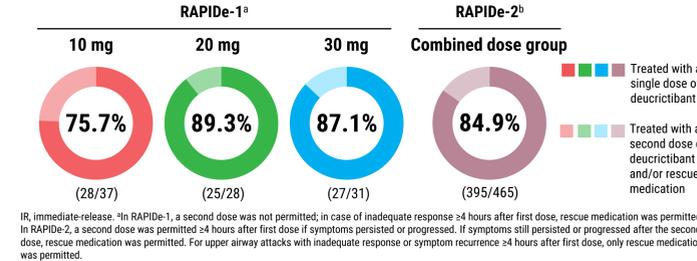
Results

Data

- The RAPiDe-1 results included 96 HAE attacks treated with deucricitbant by 57 participants.
- The final RAPiDe-2 Part A results included 465 HAE attacks treated with deucricitbant by 19 participants.

Efficacy

Figure 3. Majority of attacks were treated with a single dose of deucricitbant IR capsule within 24 hours



IR, immediate-release. *In RAPiDe-1, a second dose was not permitted; in case of inadequate response ≥ 4 hours after first dose, rescue medication was permitted. In RAPiDe-2, a second dose was permitted ≥ 4 hours after first dose if symptoms persisted or progressed. If symptoms still persisted or progressed after the second dose, rescue medication was permitted. For upper airway attacks with inadequate response or symptom recurrence ≥ 4 hours after first dose, only rescue medication was permitted.

Results

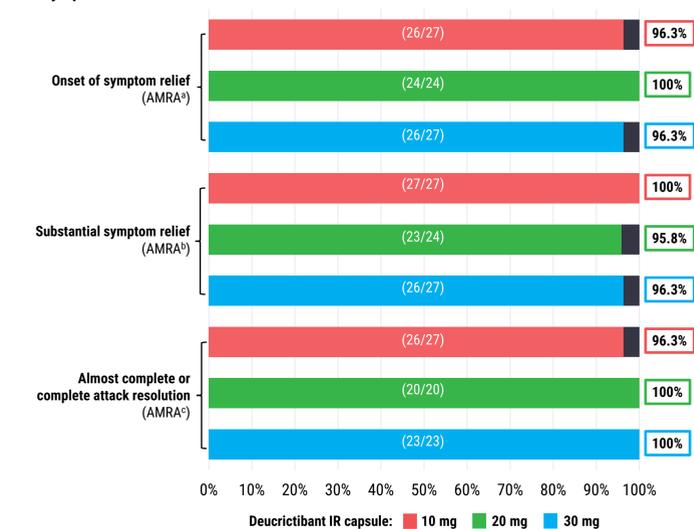
Table 1. Majority of attacks treated with a single dose of deucricitbant IR capsule achieved key efficacy endpoints

Attack milestone	Pre-specified efficacy milestone	RAPiDe-1			RAPiDe-2
		10 mg	20 mg	30 mg	Combined
Onset of symptom relief	AMRA: $\geq 30\%$ reduction in AMRA-3 from pre-treatment ^a PGI-C: PGI-C rating of at least "a little better" for 2 consecutive timepoints ^b	96.4% (27/28)	96.0% (24/25)	100% (27/27)	95.2% (376/395)
Substantial symptom relief	AMRA: $\geq 50\%$ reduction in AMRA-3 from pre-treatment ^a PGI-C: PGI-C rating of at least "better" for 2 consecutive timepoints ^b	96.4% (27/28)	96.0% (24/25)	100% (27/27)	94.2% (372/395) 96.5% (381/395)
Reduction in attack severity	PGI-S: ≥ 1 -level reduction in PGI-S score ^b				95.2% (376/395)
Almost complete or complete attack resolution	AMRA: All 3 AMRA item scores (skin pain, skin swelling, and abdominal pain) ≤ 10 for 2 consecutive timepoints ^a	96.4% (27/28)	80.0% (20/25)	85.2% (23/27)	91.4% (361/395)
	PGI-S: PGI-S rating "none" ^c				88.6% (350/395)

AMRA, Angioedema symptom Rating scale (skin pain, skin swelling, and abdominal pain); IR, immediate-release; PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity. ^aAchieved by 24 hours post-treatment in RAPiDe-1 and by 12 hours post-treatment in RAPiDe-2. ^bAchieved by 12 hours post-treatment. ^cAchieved by 24 hours post-treatment.

Durability of response

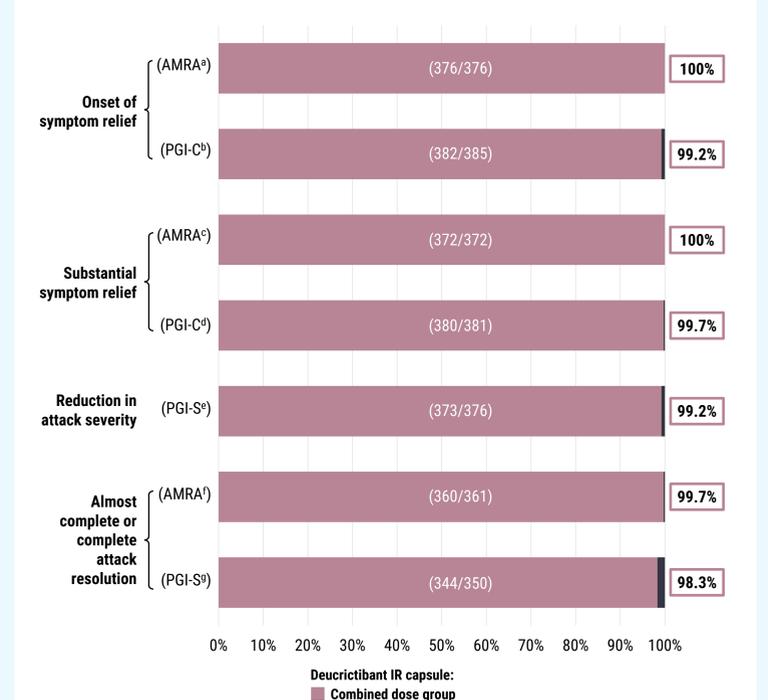
Figure 4. RAPiDe-1: 95–100% of attacks that achieved symptom relief and resolution with a single dose of deucricitbant IR capsule maintained a durable response without recurrence of symptoms



AMRA-3, 3-symptom composite Angioedema symptom Rating scale; IR, immediate-release. ^aOnset of symptom relief defined as a $\geq 30\%$ reduction in AMRA-3 composite score vs. pre-treatment by 24 hours post-treatment; recurrence of symptoms defined as subsequent occurrence of $>30\%$ reduction in AMRA-3 within 24 hours. ^bSubstantial symptom relief defined as a $\geq 50\%$ reduction in AMRA-3 composite score from pre-treatment by 24 hours post-treatment; recurrence of symptoms defined as subsequent occurrence of $<50\%$ reduction in AMRA-3 within 24 hours. ^cAlmost complete or complete attack resolution defined as time when all 3 AMRA scores have values ≤ 10 for ≥ 2 consecutive timepoints by 24 hours post-treatment; recurrence of symptoms defined as subsequent occurrence of >10 for any individual AMRA score within 24 hours.

Results

Figure 5. RAPiDe-2: 98–100% of attacks that achieved symptom relief and resolution with a single dose of deucricitbant IR capsule maintained a durable response without recurrence of symptoms



AMRA-3, 3-symptom composite Angioedema symptom Rating scale; IR, immediate-release; PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity. ^aOnset of symptom relief defined as a $\geq 30\%$ reduction in AMRA-3 composite score from pre-treatment by 12 hours; recurrence of symptoms defined as subsequent occurrence of $<30\%$ reduction in AMRA-3 within 24 hours. ^bOnset of symptom relief defined as PGI-C rating of at least "a little better" for 2 consecutive timepoints by 12 hours post-treatment; recurrence of symptoms defined as subsequent rating of "same" or lower within 24 hours. ^cSubstantial symptom relief defined as a $\geq 50\%$ reduction in AMRA-3 composite score from pre-treatment by 12 hours post-treatment; recurrence of symptoms defined as subsequent occurrence of $<50\%$ reduction in AMRA-3 within 24 hours. ^dSubstantial symptom relief defined as PGI-C rating of "better" for 2 consecutive timepoints by 12 hours post-treatment; recurrence of symptoms defined as subsequent rating of "a little better" or lower within 24 hours. ^eReduction in attack severity defined as PGI-S ≥ 1 point reduction from pre-treatment by 12 hours post-treatment; recurrence of symptoms defined as subsequent occurrence of <1 point reduction within 24 hours. ^fAlmost complete or complete attack resolution defined as time when all 3 AMRA scores have values ≤ 10 for ≥ 2 consecutive timepoints by 24 hours post-treatment; recurrence of symptoms defined as subsequent occurrence of >10 for any individual AMRA score within 24 hours. ^gComplete attack resolution defined as PGI-S rating of "none" at 24 hours post-treatment; recurrence of symptoms defined as subsequent occurrence of rating above "none" within 24 hours. Data for combined dose group shown (deucricitbant 10 mg, 20 mg, and 30 mg).

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

References

- Busse PJ, et al. *N Engl J Med*. 2020;382:1136-48.
- Betschel S, et al. *Allergy Asthma Clin Immunol*. 2019;15:72.
- Busse PJ, et al. *J Allergy Clin Immunol Pract*. 2021;9:132-50.
- Maurer M, et al. *Allergy*. 2022;77:191-90.S. Center for Biologics Evaluation and Research. The voice of the patient—hereditary angioedema. US Food and Drug Administration; May 2018. <https://www.fda.gov/media/113509/download>. Accessed September 22, 2025.
- Betschel SD, et al. *Allergy Asthma Clin Immunol*. 2024;20:43.
- Covella B, et al. *Future Pharmac*. 2024;4:41-53.
- Christiansen S, et al. *Ann Allergy Asthma Immunol*. 2025;134(5):570-579.
- Mendivil J, et al. Presented at: ACAAI; November 9–13, 2023; Anaheim, CA, USA.
- Petersen RS, et al. *J Allergy Clin Immunol Pract*. 2024;16:14:1621.
- RAPiDe-1 <https://www.clinicaltrials.gov/study/NCT04618211>. Accessed September 22, 2025.
- Maurer M, et al. Presented at: AAAAI; February 24–27, 2023; San Antonio, TX, USA.
- RAPiDe-2 <https://clinicaltrials.gov/study/NCT05396105>. Accessed September 22, 2025.
- RAPiDe-3 <https://www.clinicaltrials.gov/study/NCT0643779>. Accessed September 22, 2025.
- CHAPTER-1 <https://www.clinicaltrials.gov/study/NCT0669754>. Accessed September 22, 2025.
- CHAPTER-4 <https://clinicaltrials.gov/study/NCT0669754>. Accessed September 22, 2025.
- Yggren-Pürsün E, et al. Presented at: EAACI; May 31–June 3, 2024; Valencia, Spain.
- McMillan CV, et al. *Patent*. 2012;5:113-26.
- Mendivil, J, et al. Presented at: UCARE; December 7–9, 2023; Sao Paulo, Brazil.
- Cohn DM, et al. *Clin Transl Allergy*. 2023;e12288.