RAPIDe-2 PLS

The purpose of this **plain language summary** is to present the key final results from Part A of the RAPIDe-2 extension study.

Treatment of HAE Attacks With Oral Deucrictibant: RAPIDe-2 Part A Extension Results

Results From the Phase 2/3 RAPIDe-2 Extension Study

Deucrictibant:
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Placebo:
<pluh-**see**-bow>

Why is deucrictibant being developed?

- Although approved therapies for treating hereditary angioedema (HAE) attacks are available, there remains a need for additional treatments with clinically-proven efficacy and safety that are easy to administer.
- Deucrictibant, an investigational drug, is being developed in two different formulations for prevention and for treatment of HAE attacks. Deucrictibant is taken by mouth.
- The bradykinin B2 receptor plays an important role in HAE as it acts like a control valve that can prevent or allow fluid to move out of blood vessels into the surrounding tissues. Deucrictibant works by preventing the bradykinin B2 receptor from being open, so that leakage of fluids from the blood vessel into surrounding tissues is prevented.
- Currently, deucrictibant is only available in clinical studies as a potential future on-demand treatment for HAE attacks. It is not approved by any health authorities as a treatment for HAE.

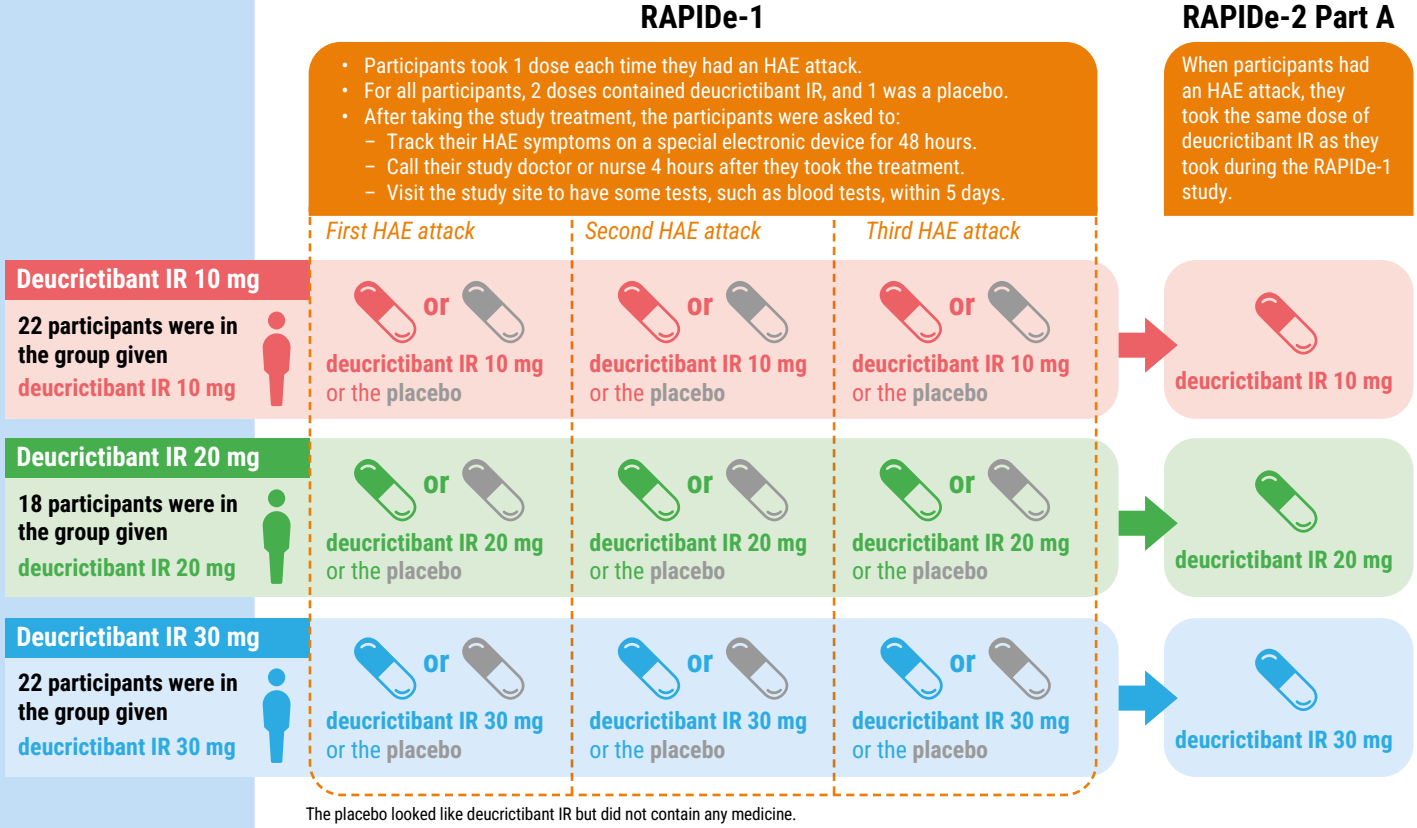
What did the RAPIDe-2 study look at?

- RAPIDe-2 is a clinical study looking at the potential on-demand use of deucrictibant for treatment of HAE attacks.
- The ongoing RAPIDe-2 study is designed to monitor participants who, after completing the RAPIDe-1 study, continue to take deucrictibant to treat HAE attacks over longer periods of time.
- RAPIDe-2 aims to find out if taking deucrictibant for repeat HAE attacks over long periods of time increases the risks of side effects and continues to be an effective treatment of HAE attacks.
- The formulation of deucrictibant used in this study has been called deucrictibant immediate-release (IR) capsule, or deucrictibant IR.
- Deucrictibant is taken orally.

What happened in the RAPIDe-2 study?

Participants who completed the RAPIDe-1 study could choose to join the extension study called RAPIDe-2 that followed.

- Similar to RAPIDe-1, the ongoing RAPIDe-2 study aims to find out if continuing to take deucrictibant IR repeatedly over longer periods of time increases the risks of side effects and continues to accelerate reduction of symptoms and resolution of HAE attacks.
- RAPIDe-2 takes place in two parts (Part A and Part B). This summary focuses on Part A only, which is now complete.
- In RAPIDe-2 Part A, participants continued to take the same dose of deucrictibant IR as they took during the RAPIDe-1 study when they had an HAE attack.
- In both RAPIDe-1 and Part A of RAPIDe-2, the study doctors, researchers, and participants did not know which treatment and dose each participant was taking.



The placebo looked like deucrictibant IR but did not contain any medicine.

Deucrictibant:
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Placebo:
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What were the final results from Part A of the RAPIDe-2 study?

- The final Part A results are combined for all 19 participants receiving deucrictibant IR (10 mg, 20 mg, or 30 mg) during the extension period.
  - RAPIDe-2 Part A included 465 attacks from 19 participants, of which 14 were upper airway attacks. Upper airway attacks included laryngeal attacks.
- Part B is still ongoing.

The incidence of side effects considered related to deucrictibant IR treatment remained low

- To monitor the safety of potential future treatments in development, clinical studies report any side effects that happen during the study.
- None of the participants had side effects considered related to deucrictibant IR treatment.
- None of the participants had any serious or severe side effects considered related to deucrictibant IR treatment.
- None of the participants stopped taking deucrictibant IR because of the side effects.

Early-onset improvement in symptoms of HAE attacks

- After taking deucrictibant IR for an HAE attack, participants recorded over time how their symptoms changed compared with before taking deucrictibant IR, using a scale from “much worse” to “much better”. This scale is called the Patient Global Impression of Change (PGI-C).
- For half of attacks, participants started feeling relief from the symptoms of the attack in 1.1 hours or less.
- By 12 hours, participants reported that they had already started to feel relief from the symptoms of the HAE attack in 97.8% of HAE attacks.

Reduction in the severity of symptoms of HAE attacks

- After taking deucrictibant IR for an HAE attack, participants recorded how severe their symptoms felt using a scale from “very severe” to “none”. This scale is called the Patient Global Impression of Severity (PGI-S).
- For half of attacks, participants felt that the attack was less severe in 2.8 hours or less.
- By 12 hours, participants reported that the symptoms of the attack were already less severe in 96.7% of HAE attacks.

Resolution of HAE attacks

- After taking deucrictibant IR for an HAE attack, participants recorded when they felt their symptoms had completely gone away.
- For half of attacks, participants felt that the attack resolved in 10.6 hours or less.
- By 24 hours, participants reported that the attack had already resolved in 86.9% of HAE attacks.

Early-onset improvement in symptoms of HAE attacks

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In half of the attacks, this happened in 1.1 hours or less.

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Reduction in the severity of symptoms of HAE attacks

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Resolution of HAE attacks

By 24 hours, participants reported that the attack had already resolved in 86.9% of HAE attacks.

In half of the attacks, this happened in 10.6 hours or less.

86.9% of HAE attacks

Most attacks were treated with a single dose of deucrictibant IR

A single dose of deucrictibant IR was used to treat:

- 86.2% of all attacks.
- 89.2% of all attacks that resolved by 24 hours.

Deucrictibant:
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Placebo:
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What were the main findings in the RAPIDe-2 study so far?

- So far, the results of the RAPIDe-2 study showed:
  - Deucrictibant IR continued to be well tolerated when used to treat repeated HAE attacks over longer periods of time.
  - For the majority of HAE attacks, initial improvement and reduction in the severity of symptoms were reported in the first few hours after treatment with deucrictibant IR and complete resolution of symptoms was reported within 24 hours.

Are there any plans for future studies?

- A larger Phase 3 study is currently ongoing.
- Deucrictibant IR is being tested in a larger group of patients to find out more information about how well deucrictibant IR affects HAE symptoms during attacks and what side effects it may cause. This additional testing is needed before deucrictibant IR can be submitted for approval for use as a treatment outside of clinical studies.

Who sponsored the RAPIDe-2 study?

- This study is sponsored by Pharvaris. Pharvaris would like to thank everyone who has taken part in the RAPIDe-2 study.

Where can I find further information?

- For more information on this study please visit: https://clinicaltrials.gov/study/NCT05396105
- For more information about HAE, please visit:
  - HAE International (www.haei.org)
  - HAE Association (www.haea.org)
- You can also speak with your doctor about new research in HAE.

Date of first presentation of final Part A RAPIDe-2 data: **June 2025**

Date of summary: **October 2025**

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