RAPIDe-3 PLS

The purpose of this **plain language summary** is to present the key final results from the RAPIDe-3 study.

Treatment of HAE Attacks With Oral Deucrictibant:

Results from the Phase 3 RAPIDe-3 Study

Deucrictibant:
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Placebo:
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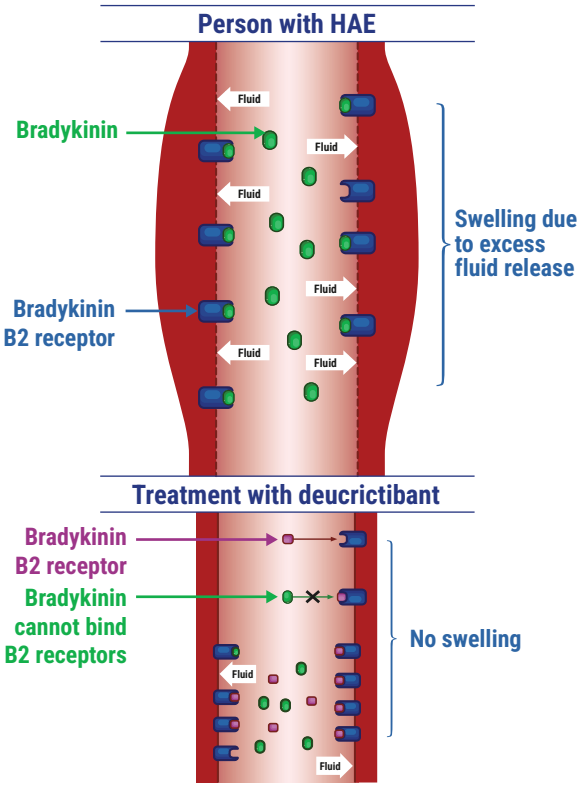
Why is deucrictibant being developed?

- 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 the prevention and 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 is thought to work 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.[1,2] It is not approved by any health authorities as a treatment for HAE.



What do we know so far?

- RAPIDe-1 and RAPIDe-2 were clinical studies investigating deucrictibant immediate-release (IR) capsule as a potential on-demand treatment for HAE attacks.
  - Results from these studies:
    - Deucrictibant IR is generally well tolerated.
    - Initial improvement in the severity of symptoms was reported in the first few hours after treatment with deucrictibant IR.

What did the RAPIDe-3 study look at?

- RAPIDe-3 was a clinical study looking at the on-demand use of deucrictibant IR for treatment of HAE attacks in a larger group of participants.[3]
- The aim of the RAPIDe-3 study was to find out if taking deucrictibant IR accelerates reduction of symptoms and resolution of HAE attacks.[3]
- Deucrictibant IR is taken orally.

1. If deucrictibant IR capsule can lead to early onset of symptom relief in adults and adolescents with HAE
2. If deucrictibant IR worked well for HAE attacks based on patient-reported relief and HAE symptom resolution
3. Side effects of deucrictibant IR treatment

Deucrictibant:
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Placebo:
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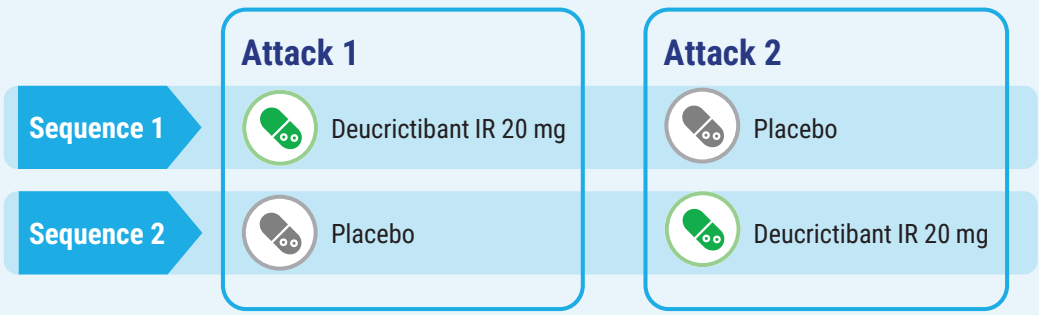
What happened in the RAPIDe-3 study?

- Deucrictibant IR (20 mg) or matching placebo were taken by mouth to treat two HAE attacks where participants did not have breathing difficulties.
- Participants were placed in one of two treatment sequences:



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

- 88 participants had a paired attack: one attack treated with deucrictibant IR, and one attack treated with placebo.

Who took part in the RAPIDe-3 study?

134 participants were enrolled at 59 sites across 24 countries on 6 continents

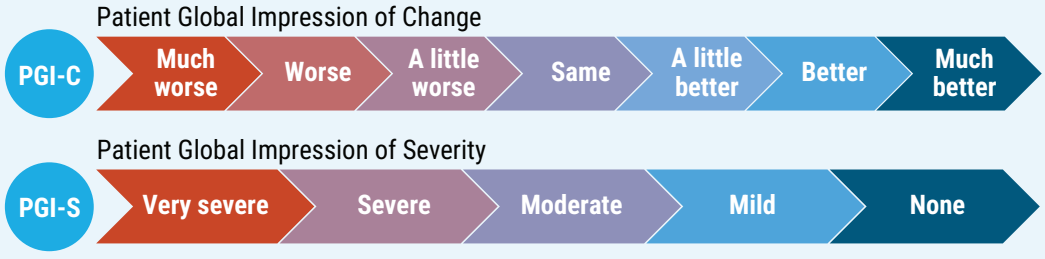
Adolescents (aged 12 to 18 years) and adults (aged 18 to 75 years) participated in the study

Participants with HAE type 1 and type 2 and normal C1 inhibitor were included

Some participants took long-term prophylaxis for HAE

How did RAPIDe-3 measure if deucrictibant IR worked well for HAE attacks?

- Assessments included time to:
  - **End of progression:** Symptoms are no longer getting worse, marks the earliest timepoint when participants can feel that a treatment has started to work
  - **Onset of symptom relief:** Symptoms are improving
  - **Substantial symptom relief:** Symptoms continue to improve over time. Some symptoms may improve more quickly than others
  - **Complete symptom resolution:** The attack is over and all symptoms have resolved
- Participants used the PGI-C and PGI-S scales to report on their HAE symptoms:



Deucrictibant:
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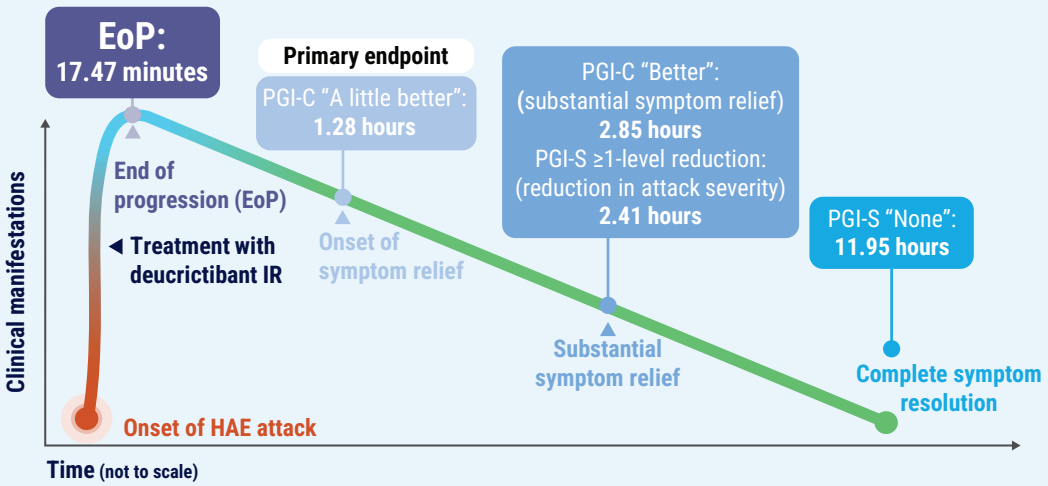
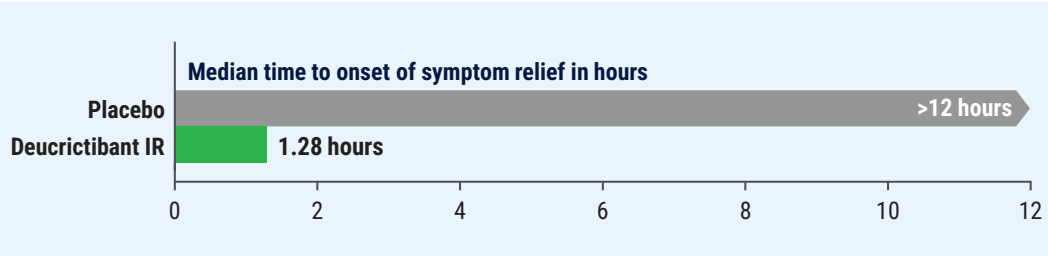
What were the final results from the RAPIDe-3 study?

- Participants experienced ***end of progression*** of attack symptoms, onset of symptom relief, substantial symptom relief, and complete resolution of HAE symptoms faster with deucrictibant IR than with placebo.



- For participants taking deucrictibant IR, onset of symptom relief was faster than those taking placebo.



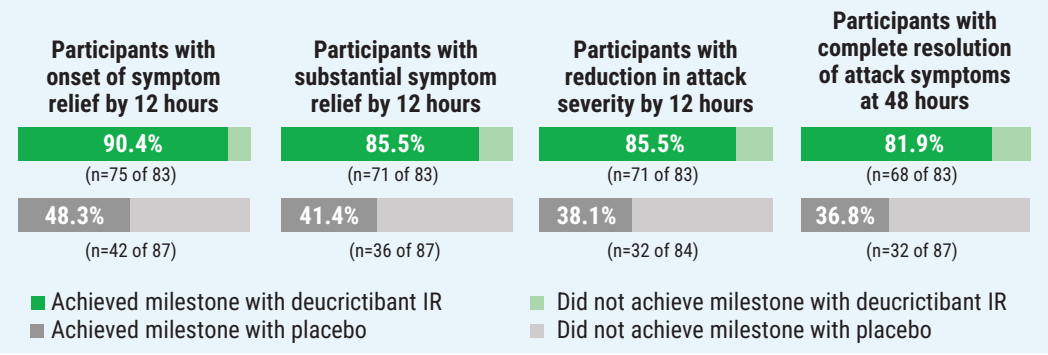
- At 4 hours post-treatment, 83.1% of participants who had taken deucrictibant IR had onset of symptom relief versus 27.6% of those taking placebo.
- The time to ***end of progression*** of attack symptoms was significantly faster for participants taking deucrictibant IR compared with those taking placebo.

Median time to end of progression

17.47 minutes
Deucrictibant IR

228.67 minutes
Placebo

- More participants taking deucrictibant IR had onset of symptom relief, substantial symptom relief, reduction in attack severity, and complete resolution of attack symptoms than those taking placebo within the pre-specified time windows.



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Placebo:
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- For people taking deucrictibant IR, HAE attack symptoms completely resolved sooner than those taking placebo.

Median time to complete resolution of HAE symptoms

11.95 hours
Deucrictibant IR

>48 hours
Placebo

Did participants have side effects?

- None of the participants had severe or serious side effects considered related to deucrictibant IR within three days of treatment.
- None of the participants stopped deucrictibant IR treatment due to side effects.
- Two participants experienced a single event of fatigue within three days of treatment, one of which was considered unrelated to deucrictibant IR treatment.

What were the main findings of the RAPIDe-3 study?

Compared with those taking placebo, participants treating their HAE attack with deucrictibant IR had:

1. **Significantly faster onset of symptom relief in** **1.28 hours**
2. **Faster end of progression of HAE attack symptoms in** **17.47 minutes**
3. **Earlier complete symptom resolution in** **11.95 hours**

Deucrictibant IR treatment was generally well tolerated, with no severe or serious side effects.

Who sponsored the RAPIDe-3 study?

- This study was sponsored by Pharvaris B.V.
- Pharvaris B.V. would like to thank everyone who has taken part in the RAPIDe-3 study.

Where can I find further information?

- For more information on this study please visit: https://clinicaltrials.gov/study/NCT06343779
- 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.

References

1. Maurer M, et al. Lancet Haem. 2026; In press.
2. Aygören-Pürsün E, et al. Lancet Haem. 2026; In press.
3. Riedl MA, et al. Poster presented at the AAAAI 2026 Annual Meeting, Philadelphia, PA, USA.

Date of first presentation of RAPIDe-3 data: **February 2026**

Date of summary: **March 2026**

For further information on the RAPIDe-3 trial or deucrictibant, please visit www.pharvaris.com or reach out to Pharvaris medical affairs.

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