PHARVARIS

Corporate Presentation

Pioneering science for patient choice

October 2026

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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.

This presentation includes data for an investigational product not yet approved by regulatory authorities. Certain information contained in this Presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this Presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

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Pioneering science for patient choice in AE-BK

DEUCRICTIBANT

Orphan drug designation in the U.S., Europe, and Switzerland[1-3]

Robust IP on CoM (granted in multiple territories, initial term to 2038) and formulations[3,4]

THREE LATE-STAGE PROGRAMS

- Deucrictibant is an investigational **oral bradykinin B2 receptor antagonist**, which utilizes a **validated mechanism** for the treatment of AE-BK[6]
- Results from multiple clinical trials support deucrictibant's potential to address unmet needs by **preventing** and/or **treating** HAE attacks[7-12]
- Ongoing pivotal Phase 3 study in AAE-C1INH potentially enables **label expansion**[13]

LARGE GLOBAL HAE MARKET

- Predicted **$4.7B market** in the U.S. in 2036[14]
- HAE prescribing information has shown that the availability of an **effective, well-tolerated,** and **convenient** alternative may drive people to **switch treatments**[15]
- Internationally, the **long-term prevention** market is likely to **grow significantly**[14]

STRONG FUNDAMENTALS

- Pivotal **Phase 3** studies are designed to **differentiate deucrictibant** from the standard of care in both prophylactic and on-demand treatment paradigms[12,13,16,17]
- Accomplished team with **track record in HAE drug development and commercialization**
- Approximately **€318M** cash and cash equivalents as of June 30, 2026

Notes: AE-BK: bradykinin-mediated angioedema. HAE: hereditary angioedema. AAE-C1INH: acquired angioedema due to C1 inhibitor deficiency. **Source:** [1]U.S. FDA OOPD listing. [2]EC Community Register of orphan medicinal products. [3]Swissmedic Rare Disease Registry, Section 1.7. [4]World Intellectual Property Organization. [5]European Patent Office. [6]Lesage et al. *Int. Immunopharmacology*. 2022. [7]Aygören-Pürsün E et al. *Lancet Haem*. 2026. [8]Maurer M et al. *Lancet Haem*. 2026. [9]Riedl MA et al. ACAAI 2025. [10]Riedl MA et al. C1INH WS 2025. [12]Riedl MA et al. AAAAI 2026. [13]NCT07266805. [14]IQVIA predictions. [15]Evaluate Pharma Uptake Curves 2008-2026. [16]NCT06669754. [17]NCT06343779.

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Bradykinin-mediated angioedema: a disease of painful, unpredictable swelling with significant unmet need

Unpredictable attacks

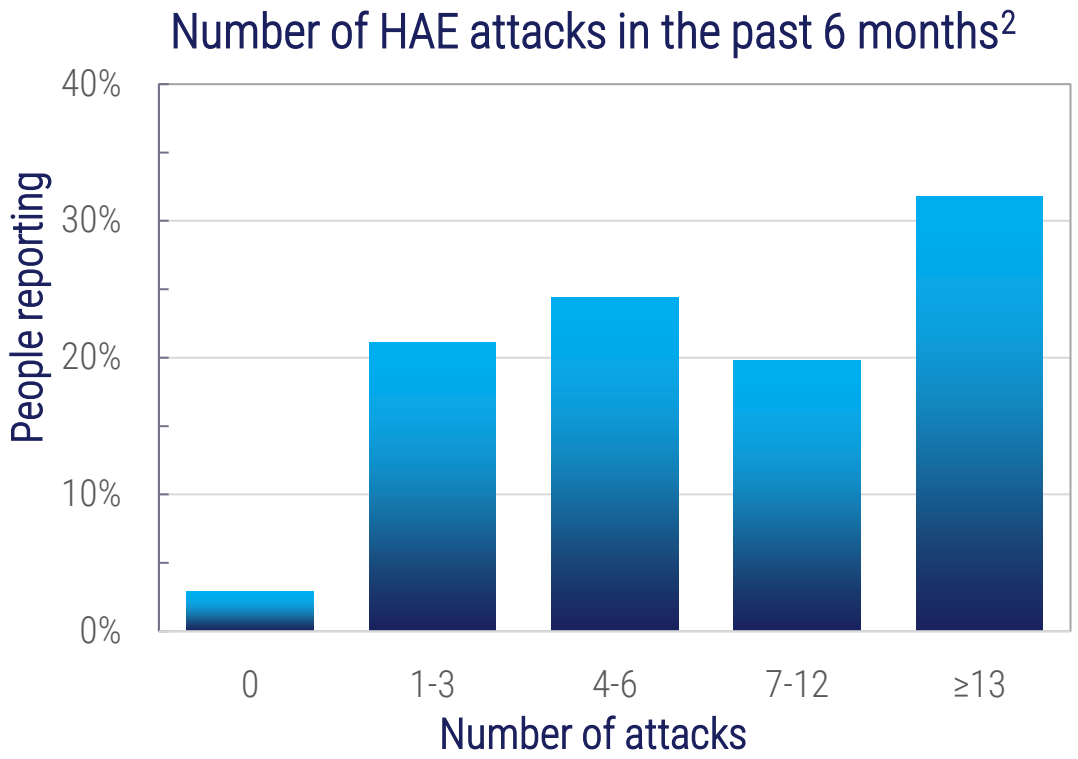
HAE attacks can be unpredictable in frequency, location, timing, and severity[1]

- Common attack locations include the extremities, face, abdomen, and larynx[2]
- If untreated, HAE attacks can last multiple days[2]

Painful and debilitating

HAE attacks are commonly painful, and quality of life and daily function is often impacted by attacks[2,3]

- Symptoms can include, nausea, diarrhea, dizziness, and life-threatening swelling in throat (laryngeal edema), associated with risk of asphyxiation[2,3]



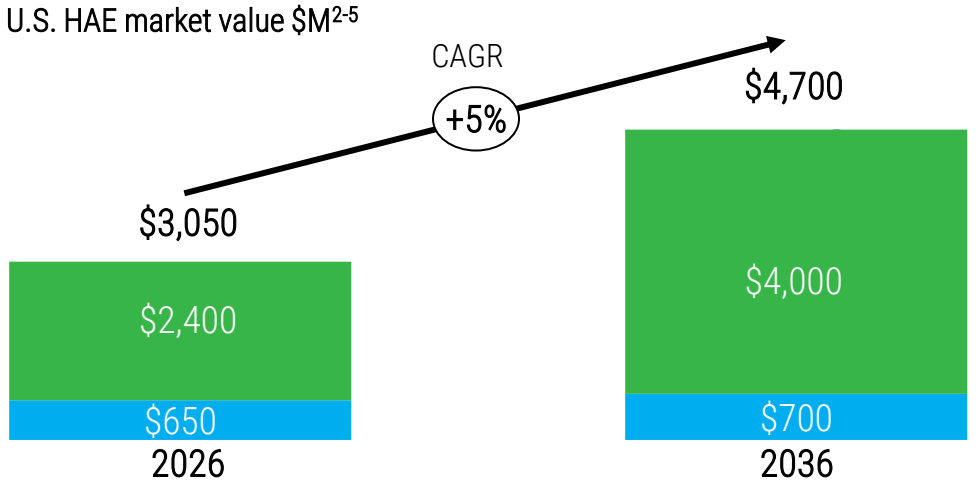
Mean: 12.5 HAE attacks in the last 6 months, ranging from 0-90 attacks

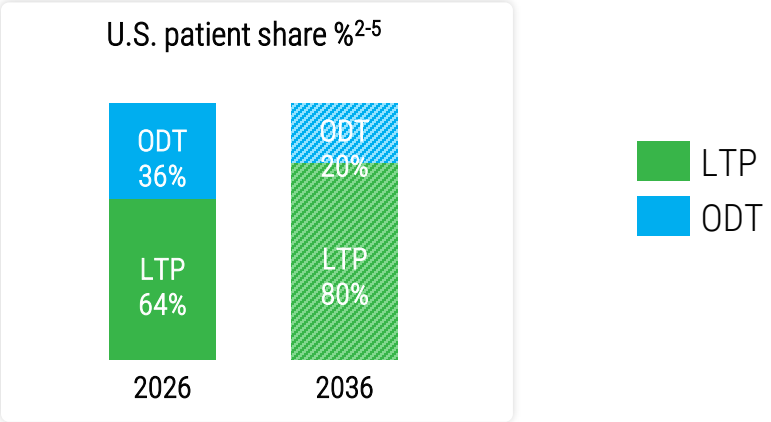
Notes: HAE: hereditary angioedema. **Source**: [1]Bork K et al. *Allergy Asthma Clin Immunol*. 2021. [2]Mendivil J et al. *Orphanet J Rare Dis*. 2021. Data reported from a web-based, multinational patient survey of a total of 242 patients, 62.4% were using long-term prophylaxis. [3]Longhurst HJ et al. *Br J Hosp Med*. 2019.

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In line with treatment guidelines, the U.S. HAE market is expected to grow over the next decade

- The goals of HAE treatment are to achieve **complete control** of the disease and to **normalize people's lives**, which can only be achieved through long-term prophylaxis[1]
- People with HAE should be **evaluated for LTP at every visit**, taking **disease activity**, **burden**, and **control**, as well as patient **preference** into consideration for an individualized decision to start prophylaxis[1]
- **All attacks** (regardless of location or severity) should be **considered for treatment,** and attacks should be treated **as early as possible**[1]
- All patients should have sufficient **ODT medication for at least two attacks** and **carry their ODT medication at all times**[1]





Notes: HAE: hereditary angioedema. LTP: long-term prophylaxis. ODT: on-demand therapy. CAGR: compound annual growth rate. **Source:** [1]Maurer M, et al. *Allergy*. 2022. [2]IQVIA market evolution and company data. [3]Evaluate Pharma uptake curves 2008-2026. [4]SEC filings (BioCryst, CSL Behring, Pharming, Takeda). [5]Company research and analysis.

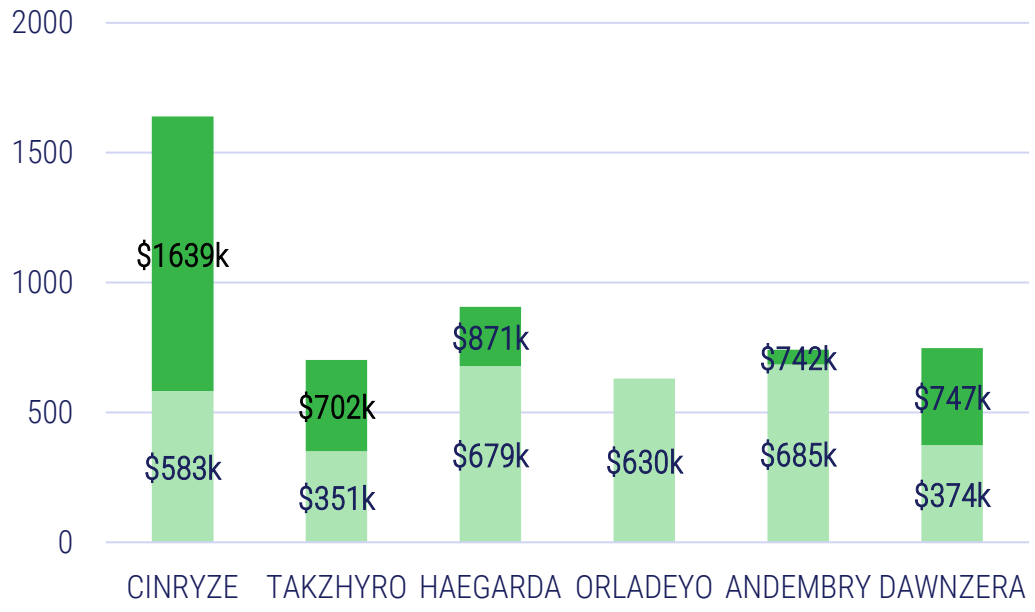
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Pricing corridors for HAE branded products remain favorable

Current pricing dynamics in the U.S.

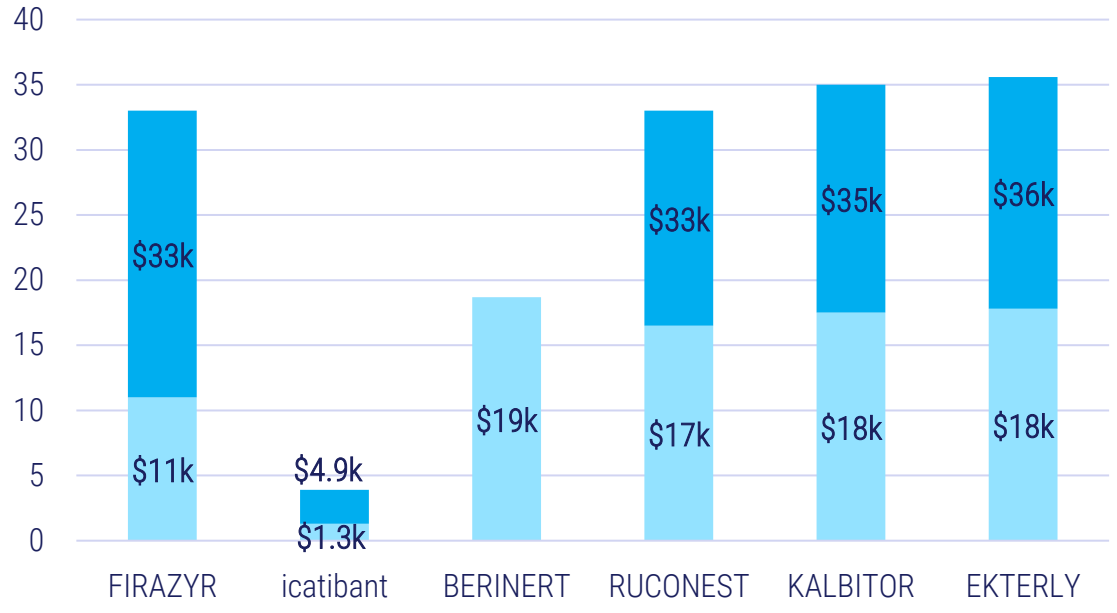
Annual WAC for currently approved LTPs

*Current Pricing**



WAC per attack for currently approved ODTs

*Current Pricing**



Note: HAE: hereditary angioedema. LTP: long-term prophylaxis. ODT: on-demand therapy. WAC: wholesale acquisition cost.
*represents the range based on the minimum (light) and maximum (dark) approved dose for all therapies, FDA recommended dosing. Assumes 365 days per year and 30.4 days per month. Weight assumptions for adults: 80kgs.
Source: Global Data, POLI database 2026 WAC prices in the U.S. in USD.

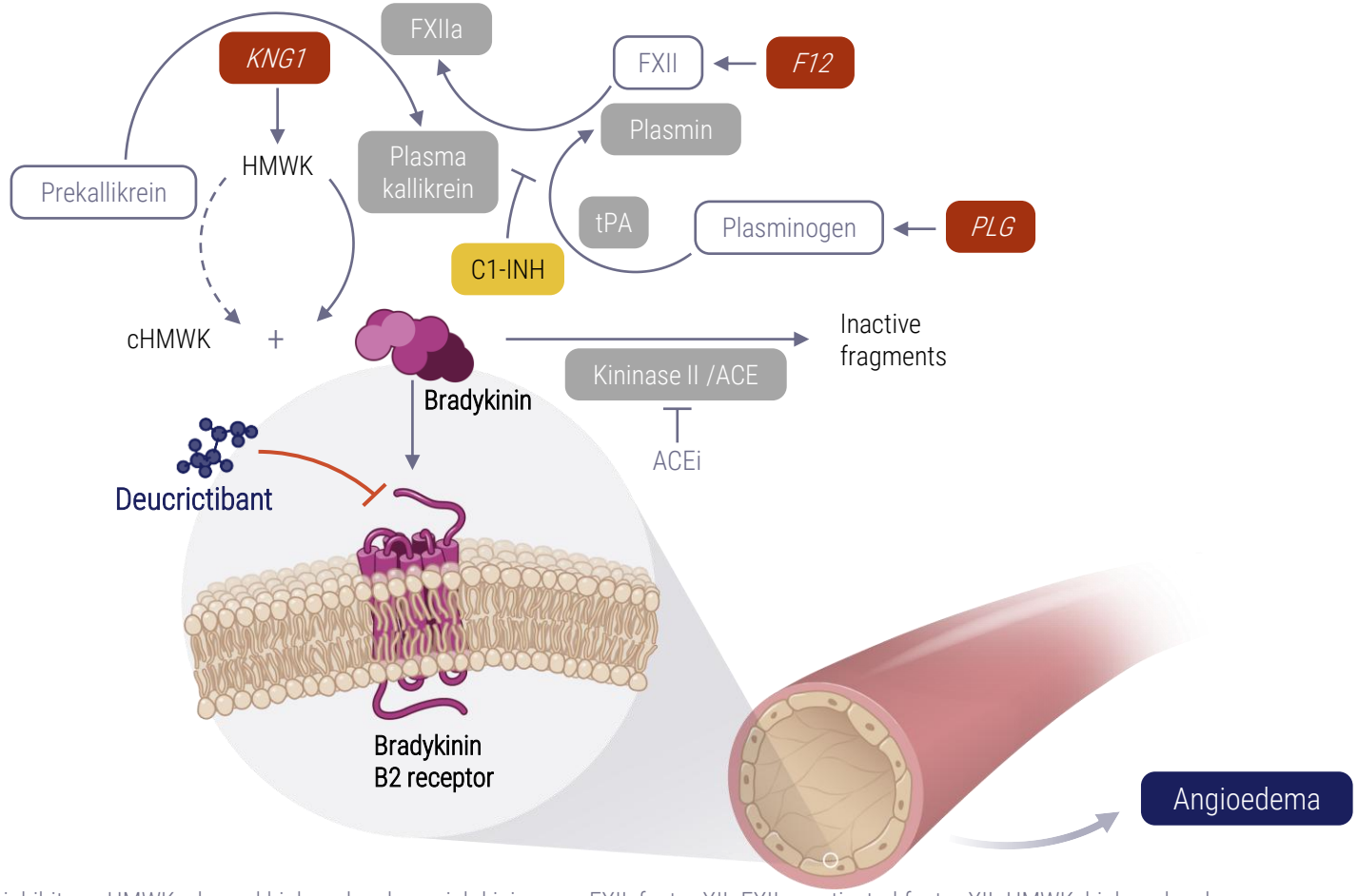
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Bradykinin B2 receptor antagonism is a foundational mechanism to prevent and treat bradykinin-mediated angioedema attacks[1,2]

Deucrictibant is a **bradykinin B2 receptor antagonist** in development for **prevention and treatment of AE-BK attacks**[4-8]

Directly blocks the main mediator of swelling and inflammation[1-4]

Has potential to prevent or treat bradykinin-mediated angioedema attacks **irrespective of source of bradykinin**[7-10]



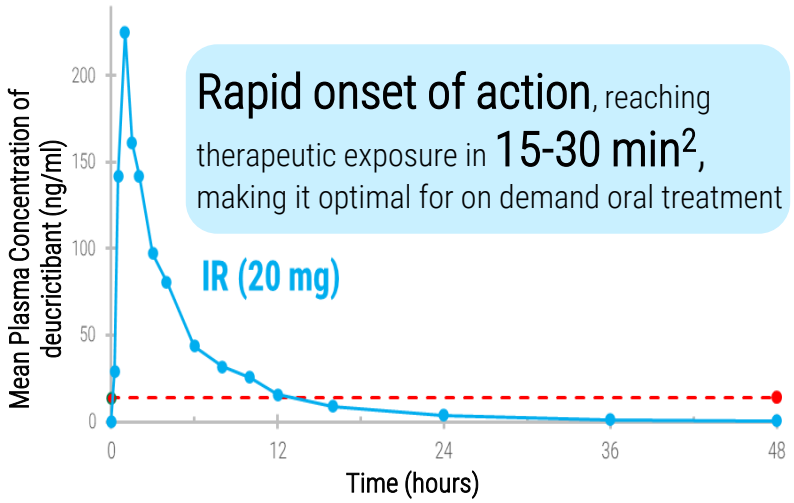
Note: AE-BK: bradykinin-mediated angioedema. ACE: angiotensin-converting enzyme. ACEi: ACE inhibitor. cHMWK: cleaved high molecular weigh kininogen. FXII: factor XII. FXIIa: activated factor XII. HMWK: high molecular weigh kininogen. KNG1: kninogen-1. tPA: tissue plasminogen activator. **Source:** [1]Maurer M, et al. *Allergy*. 2022. [2]Zuraw BL *World Allergy Orphan J*. 2010. [3]Lumry WR et al. *Allergy Asthma Proc*. 2020. [4]Riedl MA et al. *Clin Rev Allergy Immunol*. 2026. [5]Aygören-Pürsün E et al. *Lancet Haem*. 2026. [6]Maurer M et al. *Lancet Haem*. 2026. [7]Riedl MA et al. *The Lancet*. 2026. [8]Riedl MA et al. ACAAI 2026. [9]Petersen RS et al. *J Allergy Clin Immunol*. 2024. [10]Lange M et al. *J Allergy Clin Immunol*. 2025.

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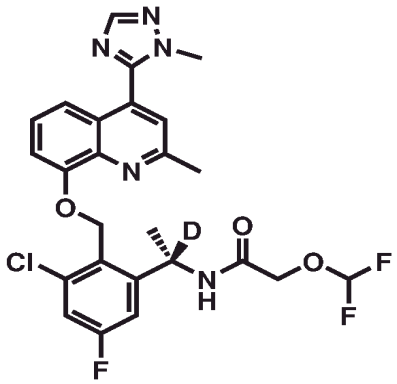
Orally administered deucrictibant has the potential to effectively manage AE-BK for both ODT and LTP

Deucrictibant is an investigational bradykinin B2 receptor antagonist in development for treatment and prevention of HAE attacks by blocking the bradykinin signaling responsible for attacks[1-3]

Deucrictibant for ODT
Immediate-release capsule

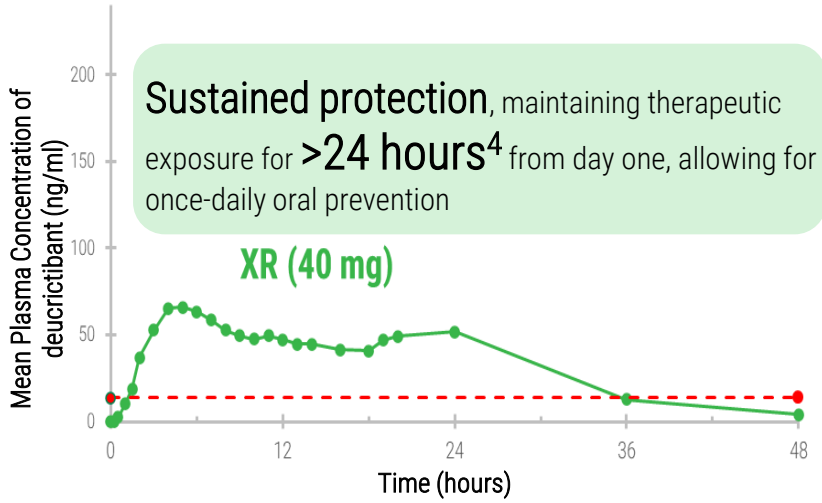


Rapid onset of action, reaching therapeutic exposure in **15-30 min**[2], making it optimal for on demand oral treatment



deucrictibant

Deucrictibant for LTP
Extended-release tablet



Sustained protection, maintaining therapeutic exposure for **>24 hours**[4] from day one, allowing for once-daily oral prevention

Notes: AE-BK: bradykinin-mediated angioedema. LTP: long-term prophylaxis. ODT: on-demand treatment. Source: [1]Riedl MA et al. *Clin Rev Allergy Immunol*. 2026. [2]Riedl MA et al. *The Lancet*. 2026. [3]NCT06343779. [4]Zhang Z et al. AAAAI2026.

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Deucrictibant differentiated profile for LTP and ODT

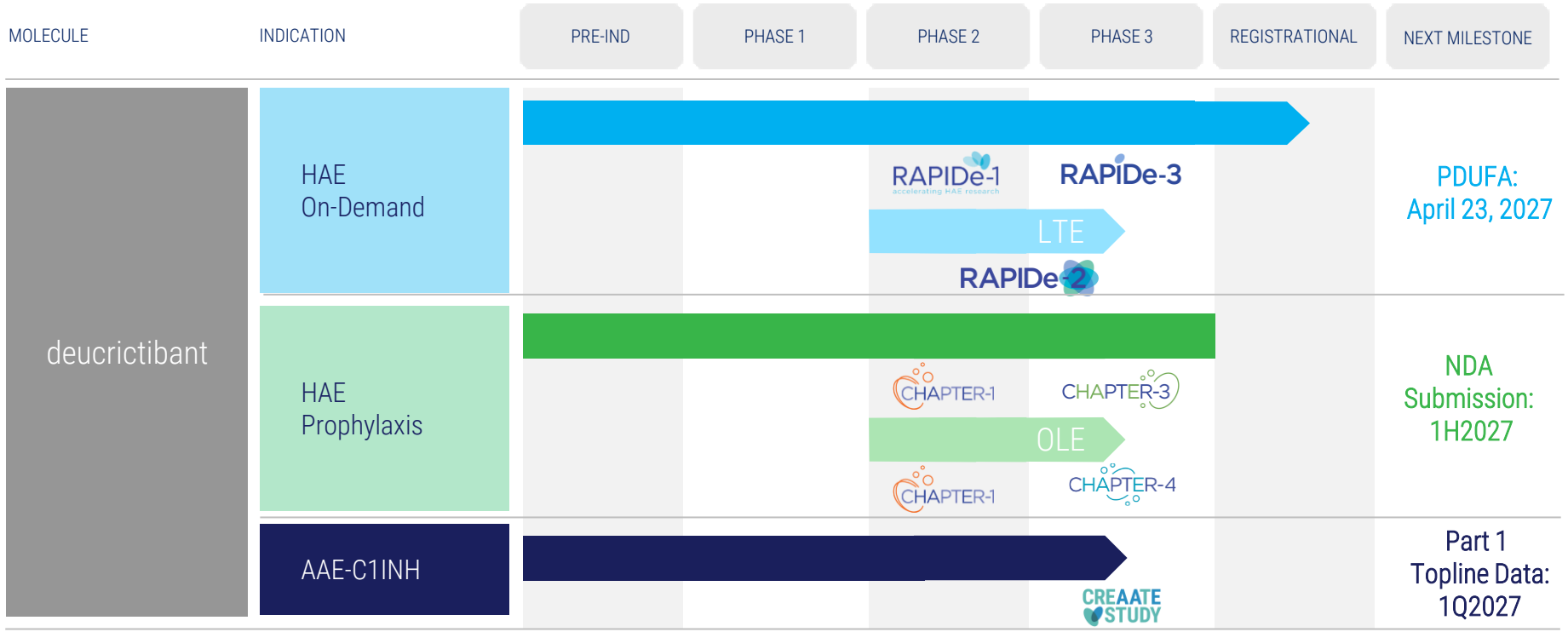
		LTP	ODT
Oral LTP or ODT formulations	**Deucrictibant is the only HAE drug**[1] in development that allows for oral administration **in both prophylaxis and on-demand**[2]	✓	✓
Single oral pill	**Specific formulations** with **injectable-like efficacy™** allow for **once-daily dosing**[3] (LTP) or **rapid, single-capsule resolution**[4] of most HAE attacks (ODT)	✓	✓
Rapid to steady state	Deucrictibant XR has the potential to achieve pharmacokinetic steady state within 2-3 days, providing **protection against HAE attacks on the initial day** of LTP initiation[3,5]	✓	
Rapid absorption	Deucrictibant IR rapidly reaches therapeutic exposure resulting in an end of progression™ in **~17.5 minutes**, time to symptom relief in **1.28 hours**, substantial symptom relief in **2.41 hours**, and complete symptom relief in **11.95 hours**[4]		✓
Durable effective exposure	A durable effective exposure can potentially result in a **high rate of single-capsule attack resolution**[4]		✓

Notes: AE-BK: bradykinin-mediated angioedema. LTP: long-term prophylaxis. ODT: on-demand therapy. XR: extended-release tablet formulation of deucrictibant. IR: immediate-release capsule formulation of deucrictibant. The terms injectable-like efficacy and End of Progression are registered trademarks of Pharvaris GmbH.

Sources: [1]Company research. [2]Lesage et al. IDDST 2024. [3]Zhang Z et al. AAAAI2026. [4]Riedl MA et al. AAAAI2026. All data reported are median times.

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Wholly-owned pipeline focused on bradykinin B2 receptor mechanism

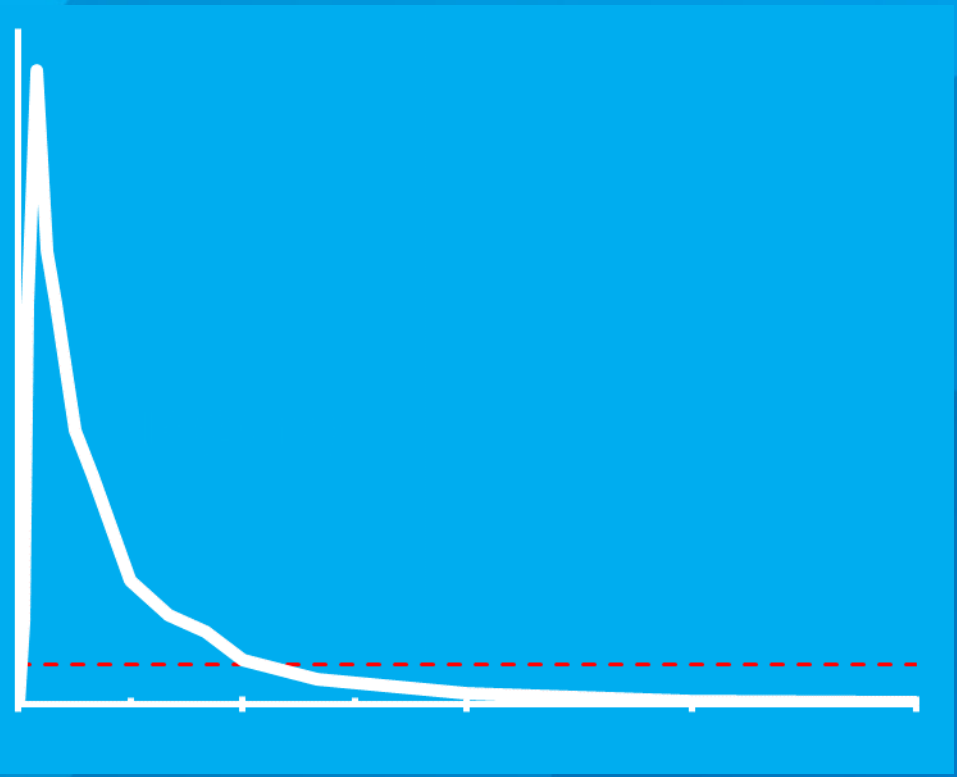


Notes: AAE-C1INH: acquired angioedema due to C1 inhibitor deficiency. HAE: hereditary angioedema. LTE: long-term extension. OLE: open-label extension. NDA: New Drug Application. PDUFA: Prescription Drug User Fee Act target date.
Source: RAPIDe-1 (NCT04618211). RAPIDe-2 (NCT05396105). RAPIDe-3 (NCT06343779).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

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Deucrictibant immediate-release capsules

On-Demand



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People with HAE want effective on-demand therapies in a well-tolerated, convenient oral form



of patients **delay treating** their HAE attacks[1], which lead to **attacks that…**

- are **~2x** more likely to **increase in severity** over time (with >one-hour delay)[2]
- last up to **4x longer** (with >eight-hour delay)[2]

Patients want an option that is **highly effective…**

Up to **44%** **redosing rates** with currently available ODT[3]

…and are **less cumbersome** to administer…

Up to **28%** report injections are too **painful**[4]

…so there are **no reasons to delay** treatment for attacks **"severe enough" to treat**

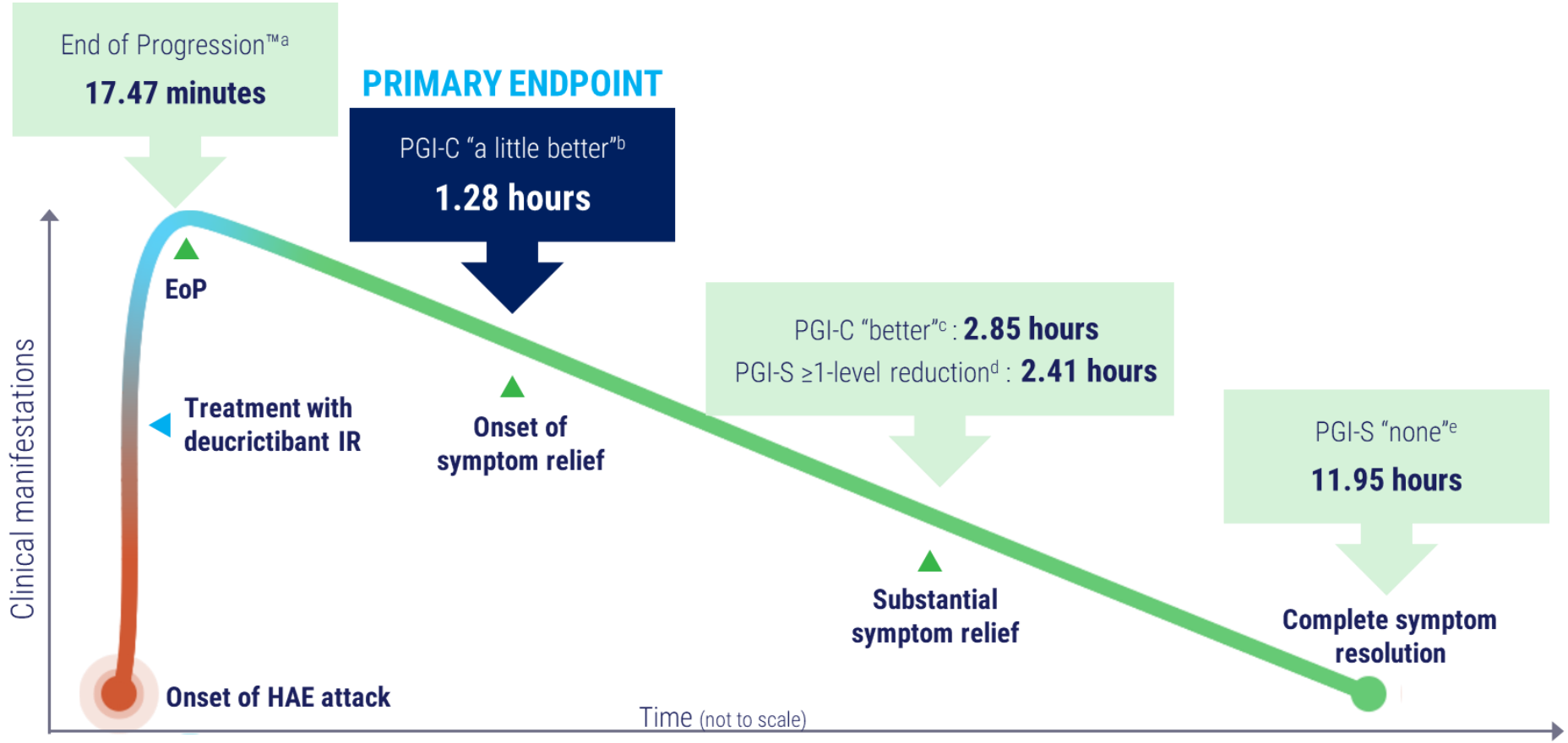
32% **saved** doses for severe attacks[2]

50% Up to 50% of patients do **NOT carry rescue** medication with them[5]

Notes: HAE: Hereditary Angioedema. ODT: On-Demand Treatment. **Sources:** [1]Betschel SD et al. *Allergy Asthma Clin Immunol*. 2024. [2]Christiansen S et al. *Ann Allergy Asthma Immunol*. 2024. [3]Bernstein JA et al. *J Manag Care Spec Pharm*. 2020. [4]Mendivil J et al., *Allergy Asthma Clin Immunol*. 2023. [5]Data on File.

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RAPIDe-3 data confirm rapid symptom relief and complete symptom resolution of deucrictibant*

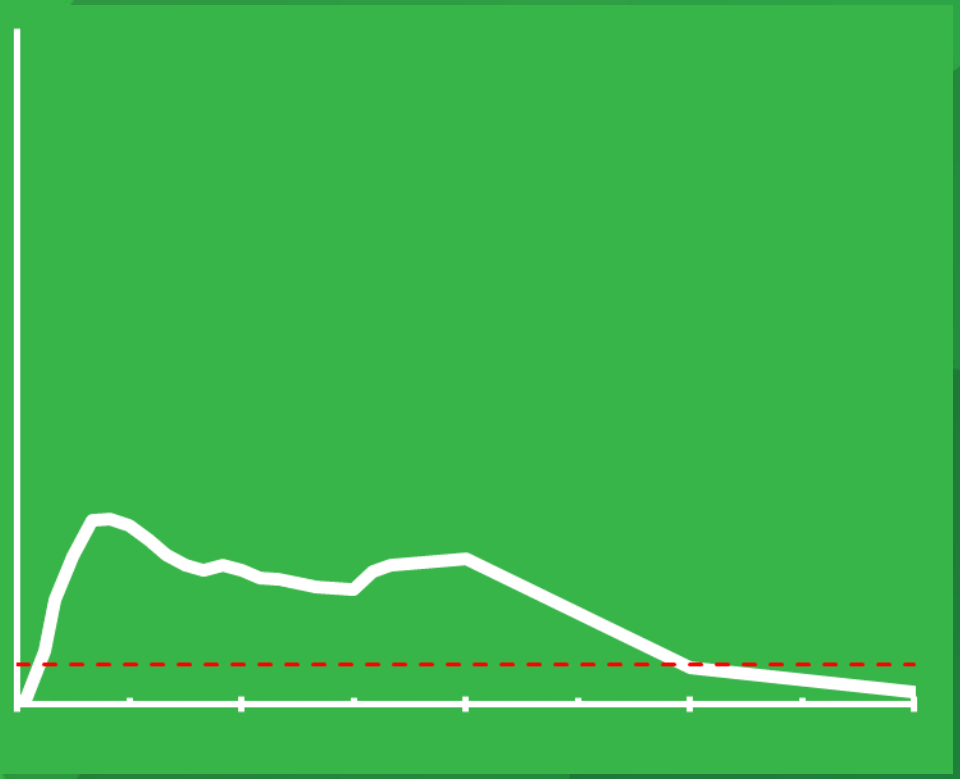


Notes: * vs placebo, median time to event; outcomes of placebo-treated attacks (not visualized) refer to data on file. [a]End of Progression (EoP): defined as the earliest post-treatment timepoint after which all subsequent PGI-C ratings are stable or improved within 12 hours post-treatment. The term End of Progression is a registered trademark of Pharvaris GmbH. [b]PGI-C "a little better": Primary endpoint as time to onset of symptom relief, defined as PGI-C rating of at least "a little better" for 2 consecutive timepoints within 12 hours post-treatment. [c]PGI-C "better": Time to substantial symptom relief, defined as achieving PGI-C rating of at least "better" for 2 consecutive timepoints within 12 hours post-treatment [d]PGI-S ≥1-level improvement: Time to substantial symptom relief by Patient Global Impression of Severity (PGI-S), defined as achieving ≥1-level improvement in PGI-S from pre-treatment for 2 consecutive timepoints within 12 hours post-treatment. [e]PGI-S "none": Time to complete symptom resolution, defined as achieving PGI-S rating of "none" within 48 hours post-treatment.
Source: Riedl MA et al. *The Lancet*. 2026.

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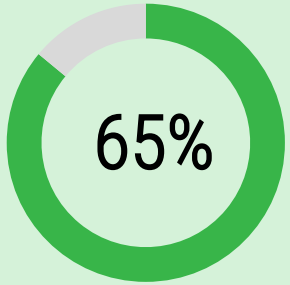
Deucrictibant extended-release tablets

Long-Term Prophylaxis



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People with HAE are seeking highly effective, well-tolerated and convenient prophylactic therapies



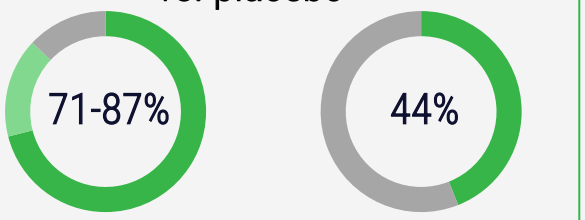
of patients are **not satisfied with their current LTP**[1]…

… **~20%** of patients taking LTP **switch or discontinue*** with a mean time to first LTP switch of **1.88 months**†,[2]

… **~30%** of those who switch do so **multiple times**†,[2]

Patients want an **oral** treatment with **injectable-like efficacy**™…

Mean monthly attack reduction vs. placebo[2-7]



Data are from independent studies

…that is **well-tolerated**…

~25% **discontinuation rate** in clinical trials of current oral LTP, mainly due to **adverse events (pain, GI AEs‡)** or lack of perceived efficacy[8,9]

~40% **drop off rate** with the **current oral** by the **first year**[10]

…and is **easy** and **painless to administer**

98% would **prefer an oral** LTP for HAE[11]

Notes: * ~7% of patients switch LTPs and ~13% of patients discontinue their LTP; † Switching data obtained from analysis of 1,149 patients with 12 months to 6.5 years of continuous coverage; ‡Vomiting, diarrhea and gastroesophageal reflux disease; Injectable-like efficacy is a trademark of Pharvaris GmbH. **Abbreviations:** AE: Adverse Event; GI: Gastrointestinal; HAE: Hereditary Angioedema; LTP: Long-Term Prophylaxis; **Sources**: [1]Harris Poll in HAE, 2025; [2]Tachdjian et al., *Journal of Allergy and Clinical Immunol.* 2025. [3]Lanadelumab, USPI. [4]C1 esterase inhibitor subcutaneous, USPI. [5]Longhurst et al., *N Engl J Med.* 2017. [6]C1 esterase inhibitor [human], USPI. [7]Berotralstat, USPI. [8]Farkas et al., *Clin Transl Allergy.* 2021. [9]Wedner et al., *J Allergy Clin Immunol Pract*. 2021. [10]Q1 2025 BioCryst Pharmaceuticals Inc Earnings Call. 2025. [11]Geba et al., *J Drug Assess.* 2021.

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CHAPTER-3 and CHAPTER-4 study designs

Global Phase 3 studies of deucrictibant for prophylaxis of HAE attacks



CHAPTER-3 Enrollment

- Target enrollment of approximately 81 adolescents and adults living with HAE
- 2:1 randomization
- **Top-line data anticipated in the third quarter of 2026**

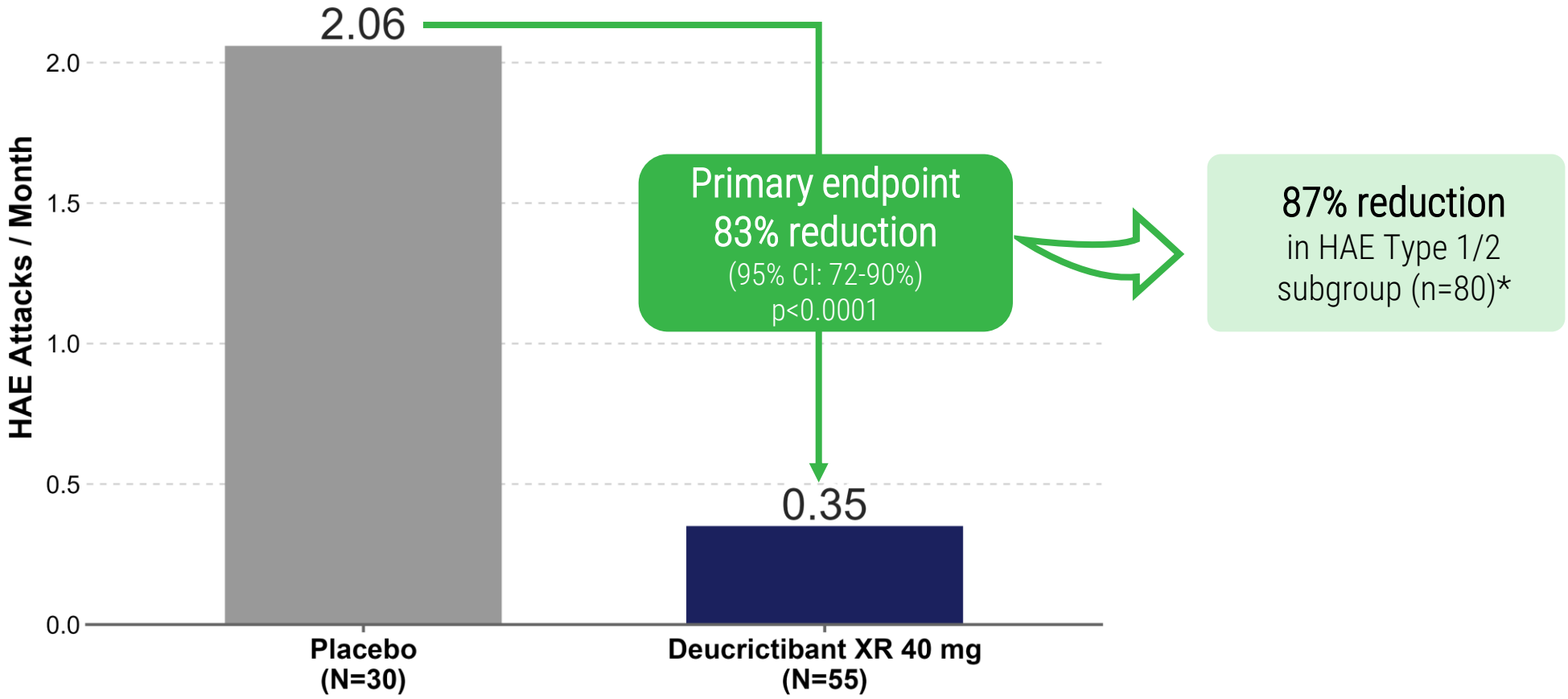
CHAPTER-3 Objectives

- Evaluation and characterization of investigator-confirmed HAE attacks during 24-week treatment period
- Incidence of treatment-emergent adverse events
- Evaluation of deucrictibant XR pharmacokinetics
- Measure of change in participant-reported health-related quality of life

Notes: HAE: hereditary angioedema. XR: extended-release tablet. **Source:** Zanichelli A et al. C1-INH WS 2025. CHAPTER-3 (NCT06669754). CHAPTER-4 (NCT06679881).

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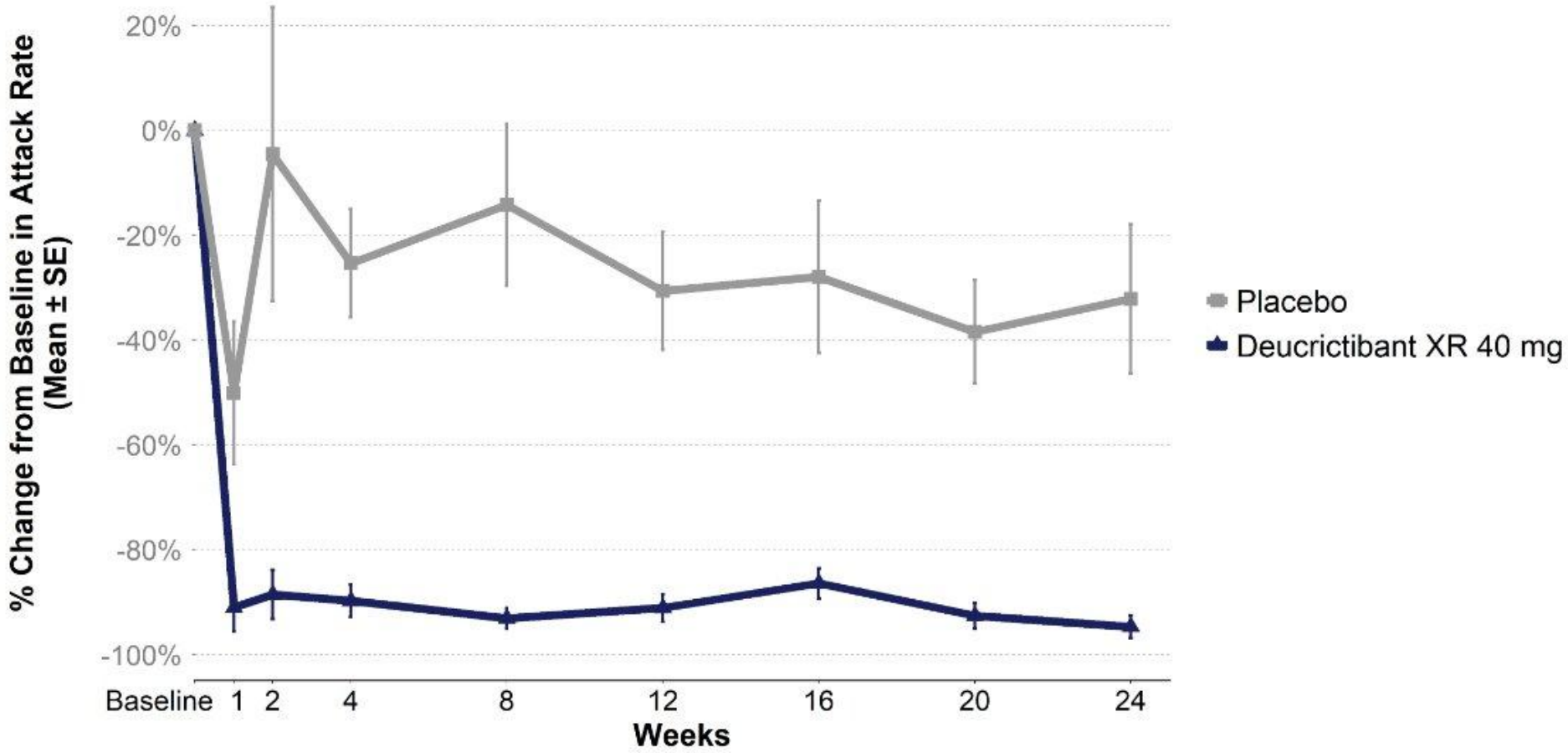
Deucrictibant XR reduced attack rate versus placebo



*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.

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Attack reduction achieved within one week and sustained throughout the study



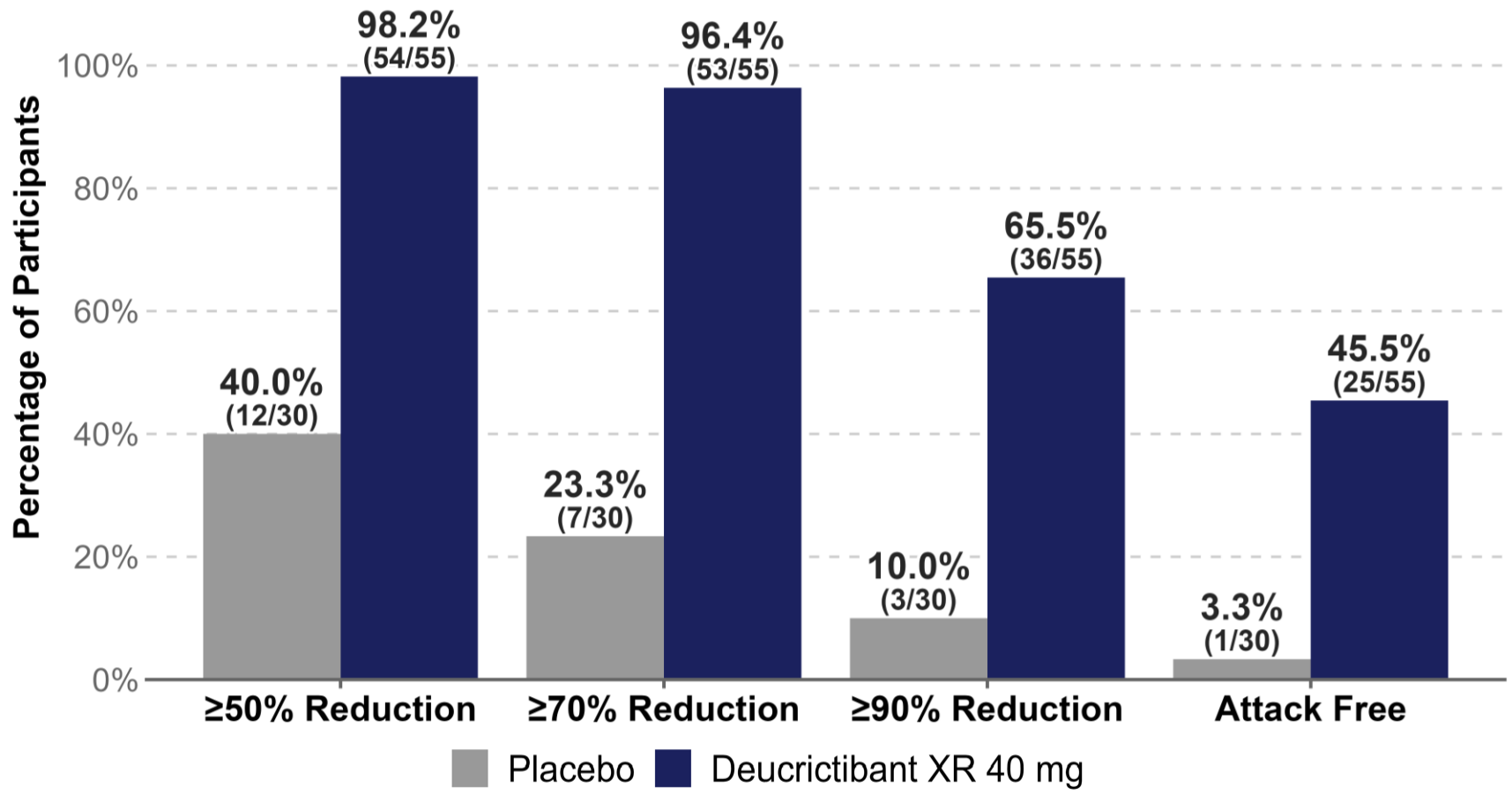
	Baseline	1	2	4	8	12	16	20	24
DEU XR (n)	55	55	55	55	55	55	55	55	55
Placebo (n)	30	30	30	30	30	29	29	29	29

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

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

Robust reductions in attack rate from baseline with deucrictibant XR

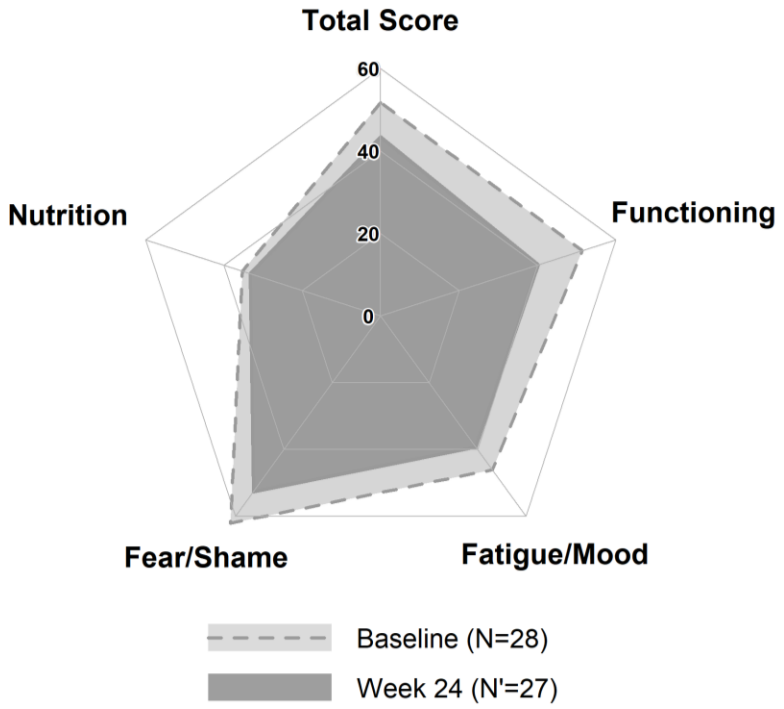
All other secondary efficacy endpoints were achieved with statistically significant results

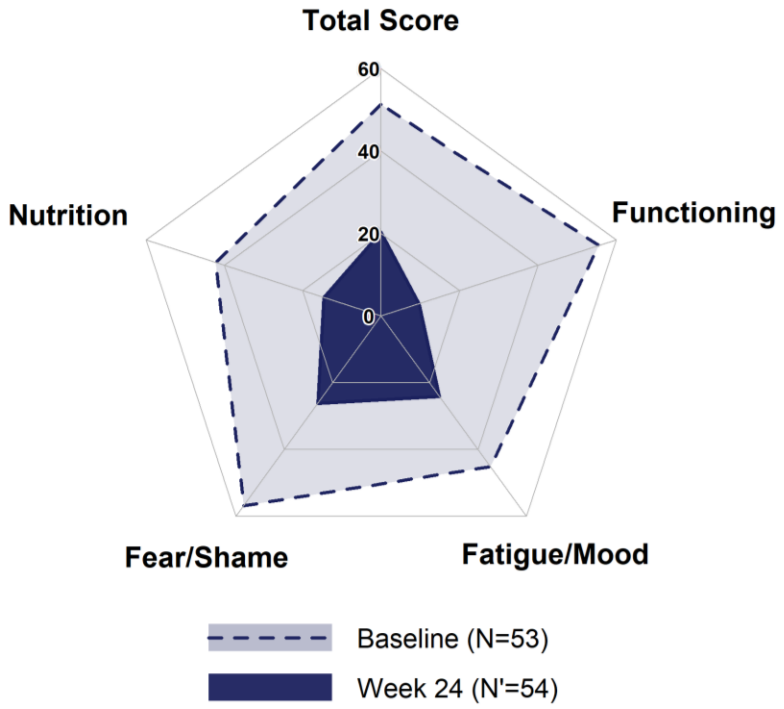


Notes: Attack rate = time-normalized (per 4 weeks) number of investigator-confirmed HAE attacks during the 24-week Treatment Period. **Abbreviations:** XR: extended-release.

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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.

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Deucrictibant XR treatment was generally 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.

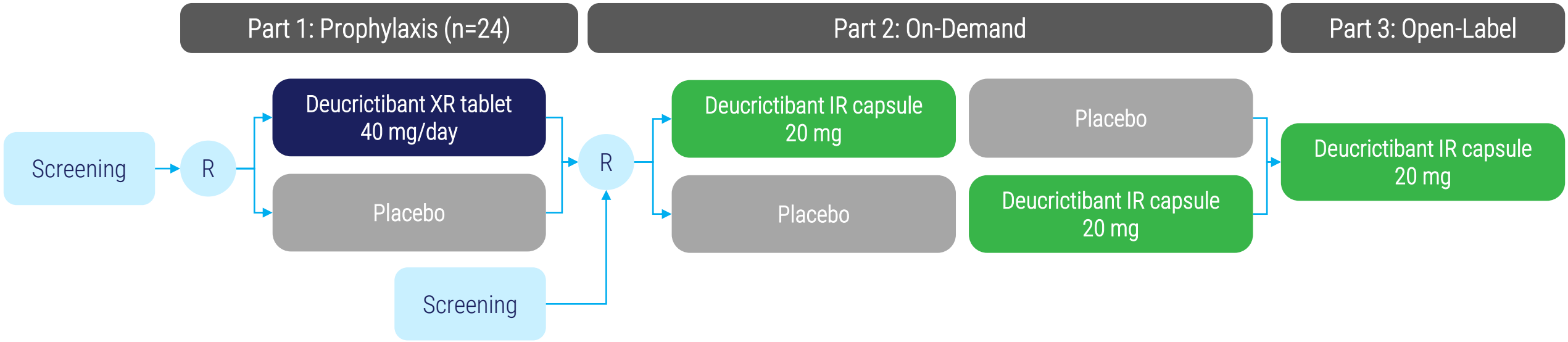
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Acquired Angioedema due to C1-Inhibitor Deficiency (AAE-C1INH)

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CREAATE: deucrictibant for treatment of AAE-C1INH

Pivotal, global Phase 3 for both prophylaxis and on-demand treatment



Primary objectives

Part 1
Efficacy of deucrictibant XR tablet vs. placebo for prophylaxis against AAE-C1INH attacks (12 weeks)

Part 2
Efficacy of deucrictibant IR capsule vs. placebo as on-demand treatment on time to symptom relief (PGI-C "better") during AAE-C1INH attacks

Part 3
Safety and tolerability of deucrictibant IR capsule for on-demand treatment of AAE-C1INH attacks

Notes: AAE-C1INH: acquired angioedema due to C1INH deficiency. IR: immediate-release. R: randomization. XR: extended-release. **Source:** NCT07266805.

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Pharvaris Vision

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Our aspiration is 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.

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