DBV TECHNOLOGIES

Corporate Presentation I January 2026

Euronext Paris: DBV I Nasdaq: DBVT

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As of the date of this presentation, EPIT and DBV's VIASKIN® patch are investigational and have not yet been approved by the U.S. Food and Drug Administration (FDA), European Medicines Agency (EMA), or any other regulatory agencies. Some of the information contained herein regarding EPIT or Viaskin is or may be under review by FDA, EMA and other regulatory agencies as part of a biologics license application (or equivalent) and is subject to change based on such review.

Our Mission is to Develop Novel Treatments for Pediatric Food Allergy

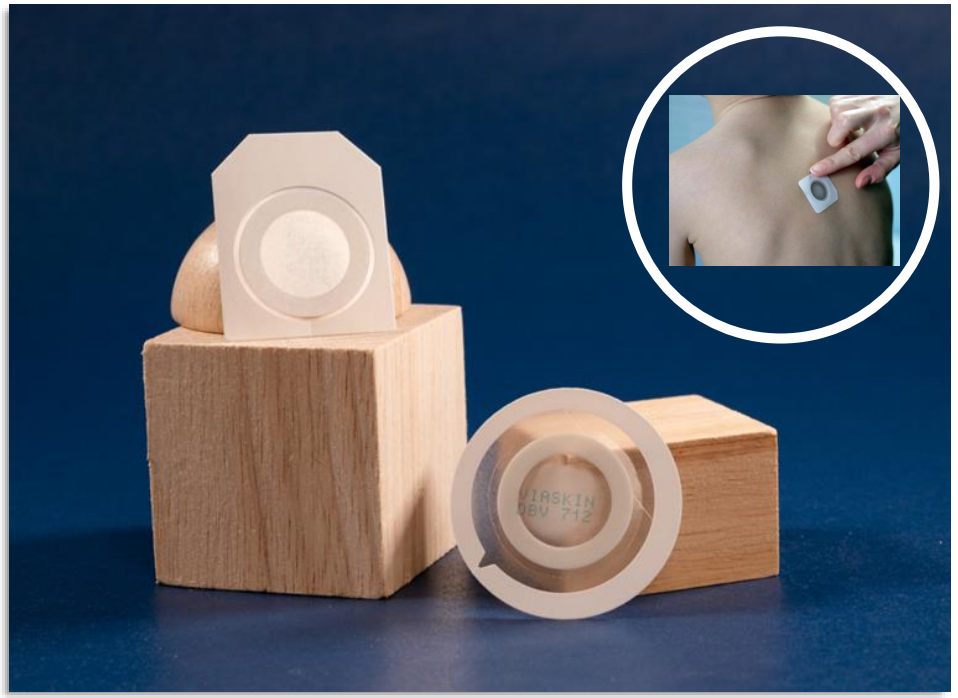
Global, late-stage, biopharmaceutical company

Committed to transforming lives of children & families living with the daily burden of food allergy

Pioneered VIASKIN® patch technology
DBV's novel approach to epicutaneous immunotherapy

VIASKIN® peanut patch as lead product, with two candidates: 1-3 YO & 4-7 YO
(1.1M+ patches administered to 1,600+ children ages 1-7 YO)

Science-driven leadership team with deep regulatory & commercial experience



Purposely designed to meet treatment goals of patients, caregivers & clinicians

Investment Highlights (US)

Two Distinct Opportunities for VIASKIN® Peanut Patch

One BLA in 4-7 YO

One BLA in 1-3 YO

Clear Regulatory Pathway for Both Programs

The **successful VITESSE Phase 3 study**, will support a BLA submission in children 4–7-YO[1]

The **successful EPITOPE Phase 3 study** to be supported by 6-month supplemental safety trial[2] (COMFORT Toddlers; Initiated June 2025[3])

Anticipated Clinical & Regulatory Milestones

- BLA submission anticipated for **1H26**[4] (eligible for priority review)[†]
- Completion of enrollment for COMFORT Toddlers & topline data
- BLA submission anticipated for **2H26** under a formalized Accelerated Approval pathway[5]

Cash Position

$69.8M of Cash and Cash Equivalents as of September 30, 2025[6]

Plus, ~$65M gross from two ATM sales in October 2025[7,8]

Plus, an additional aggregate of €168.2M in gross proceeds from exercise of warrants following positive topline data from VITESSE[9]

Fully Diluted Shares Outstanding (FDSO) of ~457M ORDs. FDSO includes shares outstanding and pre-funded warrant shares.

1. DBV Technologies Press Release. December 16, 2025; 2. DBV Technologies Press Release. April 19, 2023; 3. DBV Technologies Press Release. June 25, 2025; 4. DBV Technologies Press Release. March 24, 2025; 5. DBV Technologies Press Release. December 11, 2024; ; 6. DBV Technologies Press Release. October 28, 2025; 7. DBV Technologies Press Release. October 6, 2025; 8. DBV Technologies Press Release. October 29, 2025; 9. DBV Technologies Press Release. March 27, 2025; †VIASKIN® Peanut patch has breakthrough designation;

Significant Market Opportunity for VIASKIN® Peanut Patch

~670K Children Aged 1-7 Years Have Peanut Allergy in US[1-3]

1-3 years old	4-7 years old
280,000 Toddlers[1-3]	390,000 Children[1-3]

1. CDC National Population Projections 2014-2060 https://wonder.cdc.gov/population-projections-2014-2060.html
2. Gupta RS, et al. *Pediatrics*. 2018;142:e20181235.
3. DBV Data on File.

Square & Circular VIASKIN® Peanut Patches Are Separate Product Candidates – Two Distinct Opportunities in US

Independent Clinical & Regulatory Paths for VIASKIN® Peanut Patch in Toddlers 1–3 YO & Children 4–7 YO

Square and Circular VIASKIN® peanut patches have the same condensation chamber (foam ring & dose). Patches differ only in the size (circular patch is ~50% larger) and shape of the overlay

	Square Patch	Circular Patch
Target Age	**1-3 YO** 	**4-7 YO** 
Overlay Size	34 mm/side	44 mm diameter
Dose (Peanut Allergen Extract)	250 µg	250 µg
Anticipated BLA SUBMISSION	**2H 2026[1]**	**1H 2026[2]**
	Under Accelerated Approval Pathway[1]	**Accelerated Timeline for BLA Submission[2]**

1. DBV Technologies Press Release. December 11, 2024; 2. DBV Technologies Press Release. March 24, 2025.

Anticipated Near-Term Milestones

Upcoming Milestones & Catalysts Anticipated in 2026

CHILDREN (4-7 years)

BLA submission for 4-7 YO anticipated in 1H 2026[1]

Eligible for Priority Review (~8 Months Total Vs ~12 months Total with Standard Review)

TODDLERS (1-3 years)

Completion of enrollment of COMFORT Toddlers safety trial

COMFORT Toddlers Topline Data

BLA submission for 1-3 YO anticipated in 2H 2026[1]

1. DBV Technologies Press Release. March 24, 2025.

EMA Provided Guidance for Marketing Authorization Application (MAA) for the Circular VIASKIN® Peanut Patch in 1-7 Year Olds

The unmet need for peanut allergy in Europe is significant:

- Estimated that 615,000 children ages 1 – 7 YO in the EU have peanut allergy[1]
- Incidence of new diagnosis of ~81,000 a year[1]

Program	Patch	EMA Guidance for an MAA Submission for a 1-7 YO Indication to Consist of 3 Studies[2]:
 1-7		1 epitope: Results from successful EPITOPE Phase 3 efficacy & safety trial in 1-3 YO + 2 VITESSE: Results from successful VITESSE Phase 3 efficacy & safety trial in 4-7 YO + 3: A new safety study with circular modified patch in 1-3 YO

3 DBV has ongoing dialogue with EMA for scientific advice on safety study design elements

EMA=European Medicines Agency.

1. Nwaru B, et al. *Allergy*. 2014; 69:62-75; 2. DBV Technologies Press Release. October 22, 2024.

U.S. COMMERCIAL OPPORTUNITY
VIASKIN® PEANUT PATCH

The Peanut Allergy Epidemic

OFTEN A LIFELONG BURDEN STARTING AT AN EARLY AGE

> ***"…mass explosion of food allergy…"***
>
> - Dr. Marty Makary, FDA Commissioner 11/17/25[1]

92%
of peanut allergy cases emerge by age of 7[2]; **~80%** are lifelong[3]

41%
have an accidental exposure within 3 years of diagnosis[4]

- Reactions unpredictable and can be life-threatening
- Annual economic impact $25B[5]; impact to quality of life for caregivers/children[6]
- Limited options in pediatric age range which is the optimal time to desensitize and when caregivers have the greatest motivation to seek treatment

1. Food Allergy Fund webcast https://vimeo.com/1142274264?fl=pl&fe=sh; 2. Ewan, P. W. (1996). BMJ, 312(7038), 1074–1078. 3. Lange, L.. et al. Allergo J Int 30, 261–269 (2021). 4. Kansen HM, et al. J Allergy Clin Immunol. 2020;145:705-707.e7; 5. Gupta, R., Holdford, D., Bilaver, L., Dyer, A., Holl, J. L., & Meltzer, D. (2013). JAMA Pediatrics, 167(11), 1026. 6. Blaiss MS, et al. J Manag Care Spec Pharm. 2021;27:516-527.

Current Treatment Options Are Often Not Ideal for Patients & Their Families[1-4]

Oral Immunotherapy (Approved[‡] & Non-Proprietary)

Complex dose escalation schedule, requiring multiple visits to an allergist's office that can each last >1 hour

Avoidance of certain activities (sports, strenuous physical activities & hot showers/baths) within 3 h of dose

Increased risk of an allergic reaction to OIT dose if patient is ill (e.g., viral infection), very tired or missing sleep, stressed, or exercising

Requirement to eat peanut every day at the same time regardless of potential fear of ingesting peanut or aversion to taste

Non-proprietary OIT refers to in-house methods conducted by some OIT allergists; [‡]PALFORZIA® is an FDA approved version of OIT and is approved in children aged 1-17 YO.

Omalizumab (anti-IgE Monoclonal Antibody)[#]

Fear of injection:

- Requires injection(s) 1-2 times per month[4,5]
- Potentially painful injection site reactions[5]

Not disease modifying[4]

- Patient needs to continue therapy indefinitely

Long-term immunological effects of blocking IgE in young children are currently unknown

- Approval in children (1-17 YO) based on one study where 45 children (1-5 YO) were on active treatment (versus 23 children on placebo)[6]

[#]XOLAIR (Omalizumab) was approved by the FDA in Feb 2024 for children and adults (aged 1-55 YO) with one or more food allergies.

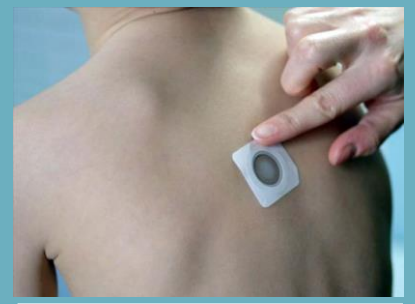
90% of allergists see the need for additional options in the treatment of pediatric peanut allergy[7]

1. Chu DK, et al. *Lancet.* 2019;393(10187):2222-2232; 2. Mack DP, et al. *Clin Exp Allergy.* 2022;52:1391-1402; 3. Plessis AA, et al. *Allergy, Asthma & Clinical Immunology*. 2024;20:54; 4. Sampson HA, et al. *Ann Allergy Asthma Immunol*. 2024;132: 569-571; 5. XOLAIR. Package insert. Genentech Inc; February 2024; 6. Supplement to: Wood R, et al. *N Engl J Med*. 2024;390: 889-899; 7. Based on primary market research conducted by Kaleio on behalf of DBV among 30 allergists in the United States conducted in October 2024. Survey question: "To what extent is there a need for additional options in the treatment of pediatric peanut allergy?"

VIASKIN® Peanut Patch – A Potential Treatment for Peanut Allergy That Can Be Easily Incorporated into the Busy Lives of Families

Potential Benefits of Epicutaneous Immunotherapy with VIASKIN® Peanut Patch

- ☑ Applied at home, once a day onto child's back
- ☑ No treatment escalation requiring frequent doctor's appointments
- ☑ No interruptions to daily routines*
- ☑ No increased risk of side effects due to illness, missed sleep, or stress
- ☑ No oral peanut ingestion required
- ☑ No injection required
- ☑ Potentially disease modifying therapy[1-3]



VIASKIN® Peanut patch harnesses the powerful immune properties of the skin to progressively desensitize patients to peanut allergen

Daily exposure = 250 µg peanut protein (~1/1000th of a peanut kernel)

*In DBV's Phase 3 efficacy trials, there were no restriction on daily activities (e.g., exercise/sports, swimming or bathing).

1. Fleischer DM, et al. Long-term, open-label extension study of the efficacy and safety of Epicutaneous immunotherapy for peanut allergy in children: PEOPLE 3-year results. *Journal of Allergy Clin Immunol.* 2020;146(4):863-874; 2. Brown-Whitehorn T, et al. Sustained unresponsiveness to peanut after long-term peanut epicutaneous immunotherapy. *Journal of Allergy Clin Immunol. Pract*. Volume 9. 2021;9(1):524-526; 3. Mondoulet L, et al. Gata3 hypermethylation & Foxp3 hypomethylation are associated with sustained protection & bystander effect following epicutaneous immunotherapy in peanut-sensitized mice. *Allergy*. 2019;74(1):152-164.

PEANUT ALLERGY MARKET DYNAMICS

The Patients

670K Children

ages 1 to 7 years old [1,2]

DBV will leverage its strong relationships with Advocacy Groups

The Prescribers

4,500 Allergists

in the US[1,2]

50 to 70-person specialty sales force can cover 90% of Allergists

The Payers

50 Payers

cover +85% of lives

8 – 10 account managers can build strong managed care access

1. CDC National Population Projections 2014 2060 https://wonder.cdc.gov/population projections 2014 2060.html 2 Gupta RS, et al. Pediatrics . 2018;142: 3. Savage J, et al. J Allergy Clin Immunol Pract. 2016;4:196-203

PEANUT ALLERGY MARKET DYNAMICS

Pediatricians

60K Pediatricians
in the US

PEDs overwhelmingly follow the AAP guidance to refer families to an Allergist for immunotherapy

- DBV will partner with the American Academy Pediatrics (AAP) to educate Pediatricians (PEDs) on the benefits of Viaskin Peanut treatment
- Call-to-action will be to urgently refer patients to an Allergist

Parents

7.2M Millennials
born between 1981 and 1996

Most millennials turn to digital spaces for health information and advice

- DBV will launch a digital and social-media campaign to activate parents
- Call-to-action will be to initiate a shared-decision making conversation with their child's Allergist about Viaskin Peanut treatment

External Engagements: HCP Interactions Designed to Activate, Learn, and Inform

HCP engagement, driven by the MSL team, is aimed at educating and gathering expert insights through 1:1 meetings, congress activities, and advisory boards

2026 Advisory Boards

Insights gathering across geographies and specialties

ACAAI 2025

Record-breaking Product Theater attendance

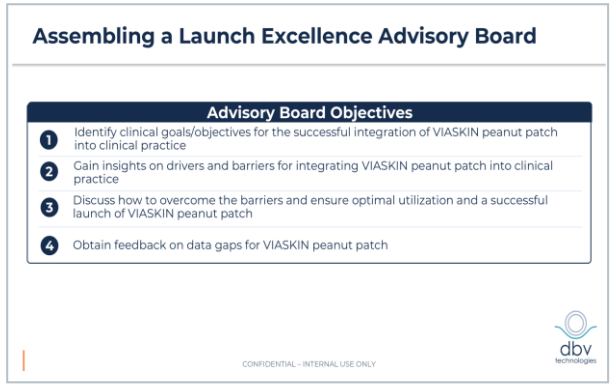
2026 Regional Advisory Board Series

VIASKIN Peanut Patch: Expert Allergy Forum
Hear from regional experts in the allergy and immunology space to inform launch strategy

Description
- Coordinate up to 12 advisory board meetings
  - Assumes meetings will be planned to occur at 2026 regional congresses
  - Assumes up to 11 regional meetings with allergist MD/DOs – 1 per MSL region
  - Assumes up to 1 APP meeting with allergist NP/PAs
- Utilize the 2025 analytics outputs to identify 8-10 **regional leaders** (MDs/DOs/NPs/PAs) in the allergy and immunology space
- Understand community and regional practice patterns and how best to integrate VIASKIN peanut patch into clinical practice

Core Benefits
- Expand HCP reach beyond key KOLs to include more clinical focused HCPs (MDs/DOs/NPs/PAs) and regional clinical leaders and leverage regional insights and practice patterns to optimize the integration of VIASKIN peanut patch into clinical practice
- Learn from regional leaders about how best to inform their peers and hopefully encourage utilization of VIASKIN peanut patch in patients upon FDA approval

30 CONFIDENTIAL – INTERNAL USE ONLY dbv technologies



Assembling a Launch Excellence Advisory Board

Advisory Board Objectives
1. Identify clinical goals/objectives for the successful integration of VIASKIN peanut patch into clinical practice
2. Gain insights on drivers and barriers for integrating VIASKIN peanut patch into clinical practice
3. Discuss how to overcome the barriers and ensure optimal utilization and a successful launch of VIASKIN peanut patch
4. Obtain feedback on data gaps for VIASKIN peanut patch

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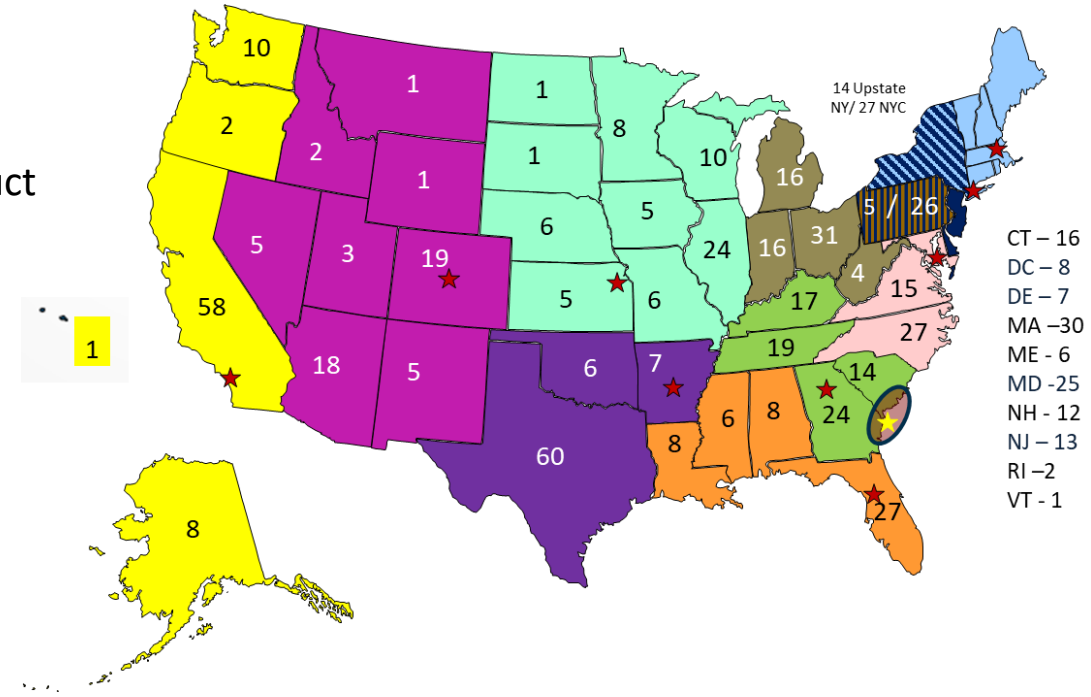
MSL Territory Mapping†



†. Subject to modification

VIASKIN Peanut is a breakthrough patch with the potential to revolutionize treatment in a large market with significant unmet need

DIFFERENTIATION:

Ability to address peanut allergy with a non-invasive patch that creates sustainable differentiation

SIZEABLE MARKET AT LAUNCH:

Launch momentum in 1-7 YO will be driven by ~670k children, the majority are currently not desensitizing; avoid + epi

INTENT FOR BROAD UTILIZATION:

Allergists see a significant role for VP, as a complement with avoidance and epi to desensitize EARLY in a child's life

ALLERGIST Writing & PED Referral:

Nearly 60% of peanut allergic children are cared for by allergists today and pediatricians follow guidance to refer

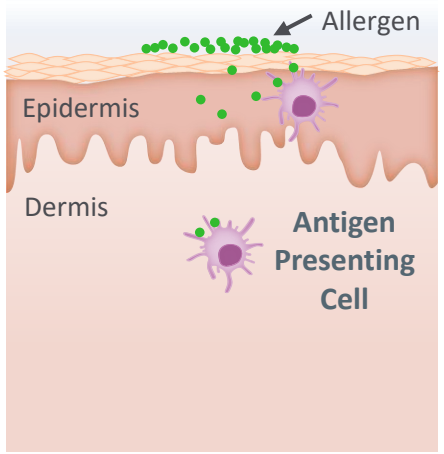
STRONG POTENTIAL FOR PAYER ADOPTION:

Payer dynamics and early research suggest favorable access and value potential for VIASKIN Peanut

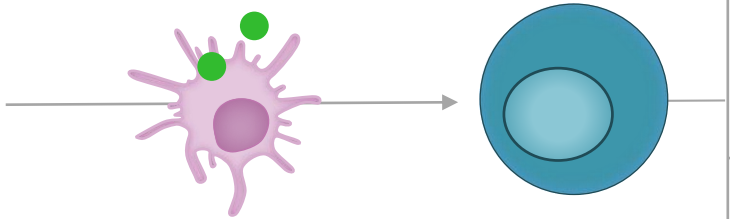
THE SCIENCE OF EPICUTANEOUS IMMUNOTHERAPY (EPIT)

Epicutaneous Immunotherapy (EPIT) Aims to Re-educate the Immune System Thus Suppressing the Allergic Response[1-7]

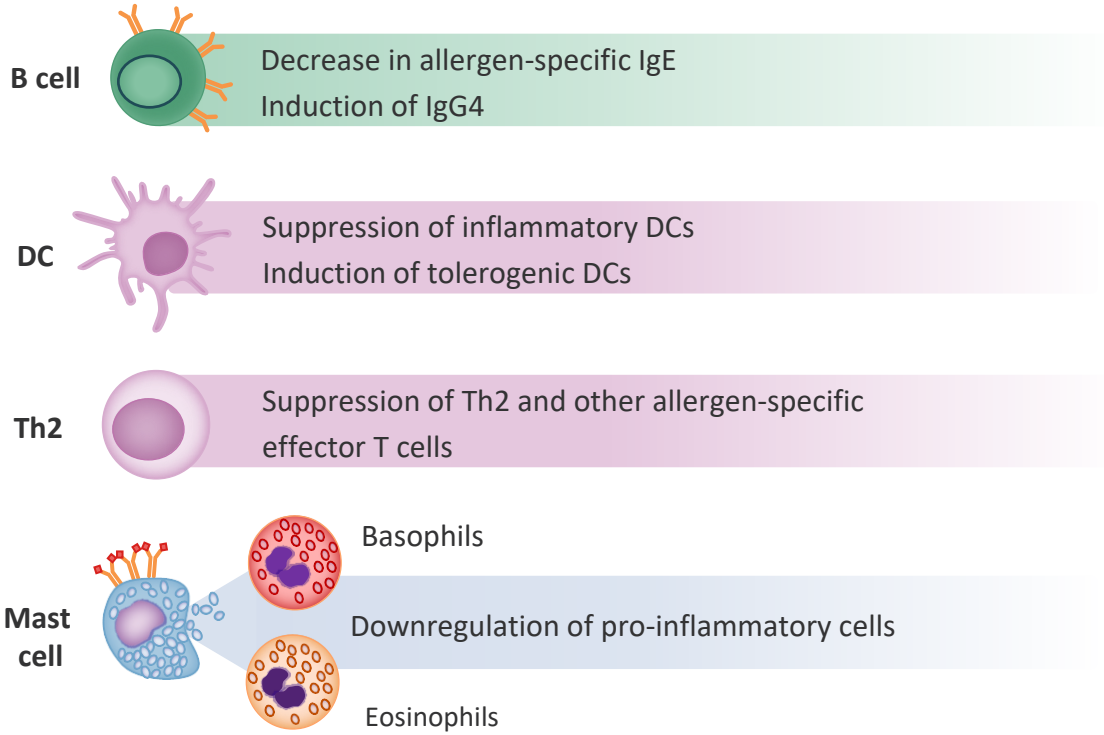
EPIT delivers allergen to the skin



Antigen Presenting Cells capture allergen and induce unique Regulatory T Cells



Regulatory T Cells act on the immune system to suppress the allergic response

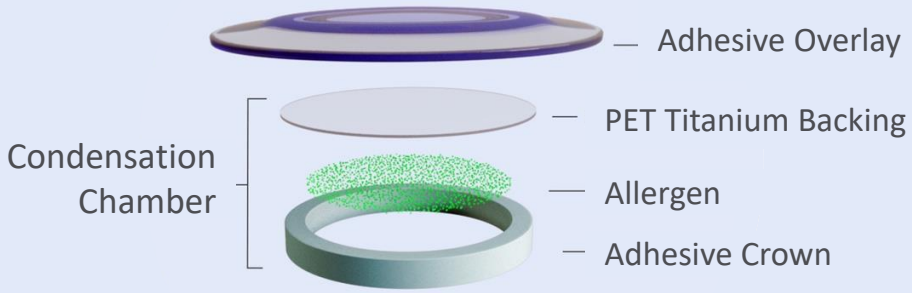


DC=dendritic cell; IgE=immunoglobulin E; IgG4=immunoglobulin G4; Th2=T-helper 2 cell.

1. Mondoulet L, et al. *J Allergy Clin Immunol*. 2015;135:1546-57; 2. Mondoulet L, et al. *Allergy*. 2019;74:152-164; 3. Moingeon P, Mascarell L. *Sem Immunol*. 2017;30:52-60;
4. Feuille E, Nowak-Wegrzyn A. *Allergy Asthma Immunol Res*. 2018;10:189-206; 5. Tordesillas L, et al. *Immunity*. 2017;47(1):32-50; 6. Dioszeghy V, et al. *Cell Mol Immunol*. 2017;14:770-782.
7. Reviewed by Hervé PL, et al. Recent advances in epicutaneous immunotherapy and potential applications in food allergy. *Frontiers in Allergy* 2023; Vol 4: https://doi.org/10.3389/falgy.2023.1290003

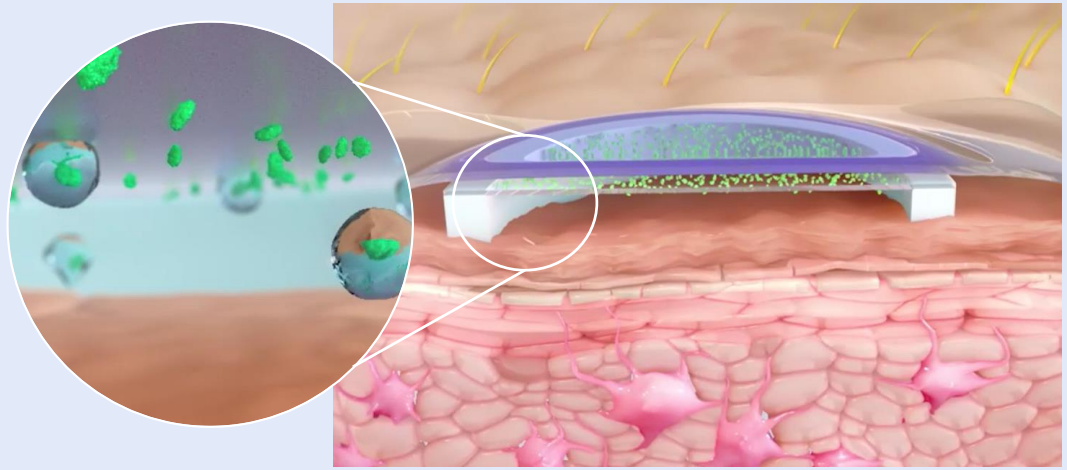
VIASKIN® Patch: Our Innovative Approach to Epicutaneous Immunotherapy[1-3]

A Novel Drug-Device Combination for Delivering Allergen Immunotherapy



Condensation Chamber

formed by adhesive crown, allergen and titanium backing, secured by adhesive overlay



Allergen Solubilization

Occurs within condensation chamber when natural epidermal water loss solubilizes dry antigen on titanium backing

1. Dioszeghy V, et al. *J Immunol.* 2011;186:5629-5637; 2. Mondoulet L, et al. *Immunotherapy.* 2015;7:1293-1305; 3. Fleischer DM et al. *Allergy Asthma Proc.* 2020; 41(5):326-335.

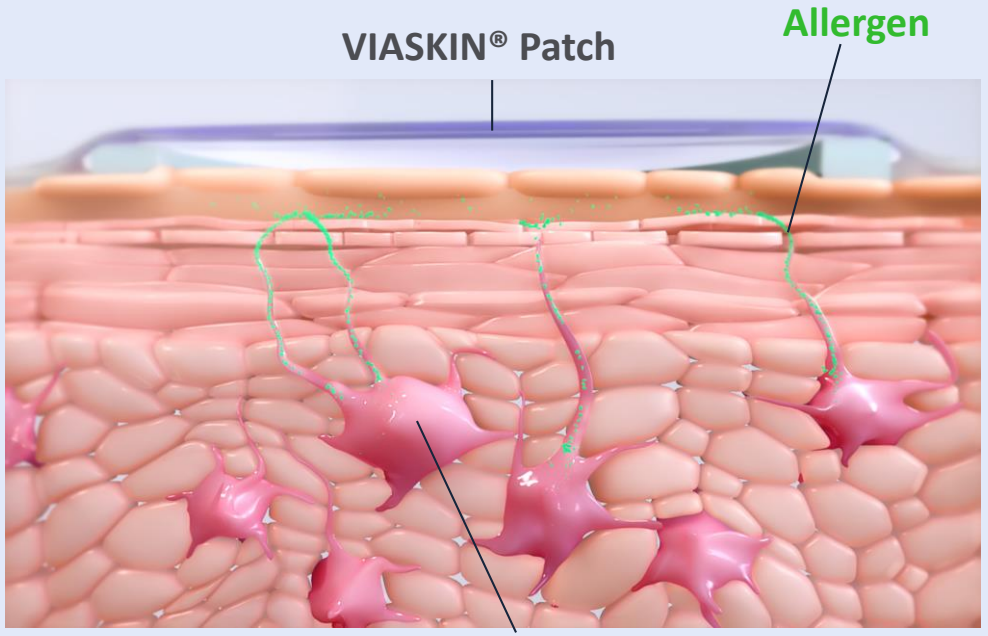
VIASKIN® Patch Uses Minimal Amounts of Allergen to Induce Desensitization[1-3]

1/1000th of a peanut is applied daily to the skin
3 years of treatment with VIASKIN® Peanut patch (250 µg) is equivalent in exposure amount to 1 peanut kernel

Solubilized allergen is captured by specialized Antigen Presenting Cells (**Langerhans cells**) in the epidermis

Langerhans cells process allergen, migrate to lymph nodes where they present fragments of allergen to T-cells, leading to a specific immune response that suppresses the allergic reaction

Allergen delivered via VIASKIN is **not detected in the bloodstream** in animal models

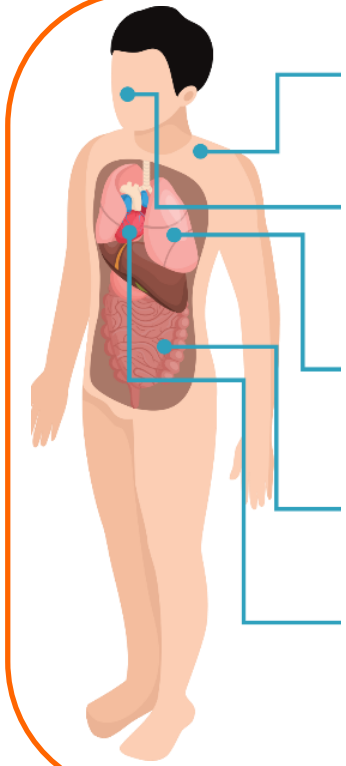


Langerhans Cell
(capturing allergen in the outer layer of the epidermis)

1. Dioszeghy V, et al. *J Immunol.* 2011;186:5629-5637; 2. Mondoulet L, et al. *Immunotherapy.* 2015;7:1293-1305; 3. Mondoulet L, et al. *Clin Transl Allergy*. 2012;2:22.

Desensitization is Measured by Increases in Eliciting Dose (ED)

ED = the amount of allergen that induces allergic symptoms[1]:



SKIN: erythematous rash, scratching, hives, lip or face swelling

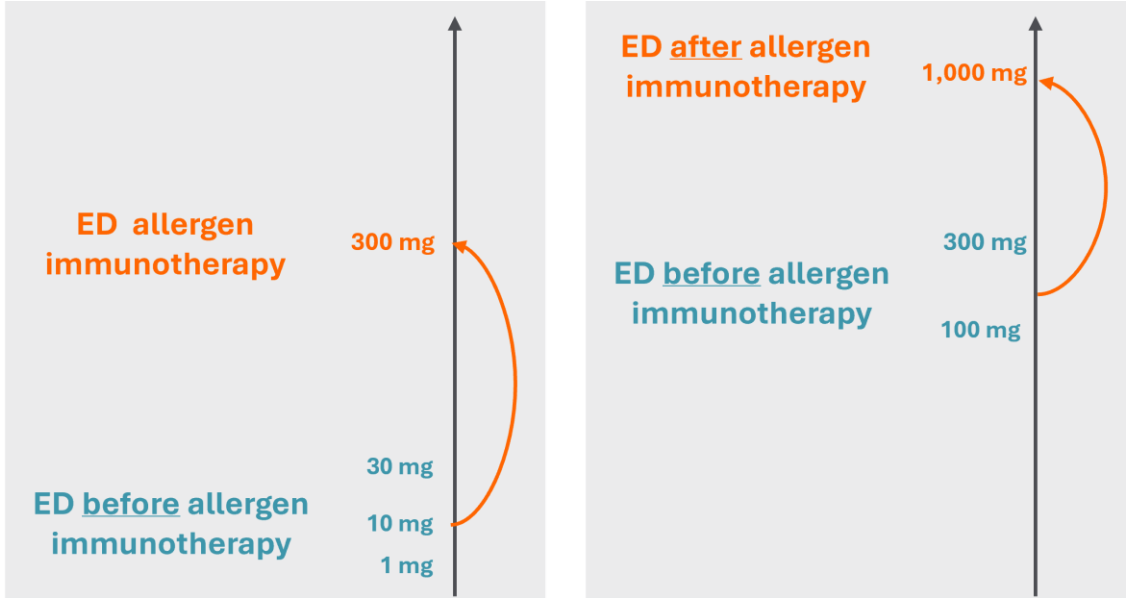
UPPER RESPIRATORY: sneezing/itching, frequent sniffing, periocular swelling, rubbing of nose and/or eyes

LOWER RESPIRATORY: wheezing, cough, hoarseness throat tightness/pain

GASTROINTESTINAL: nausea, abdominal pain, itchy moth/throat, vomiting, diarrhea

CARDIOVASCULAR/NEUROLOGIC: weakness, dizziness, tachycardia, drop in blood pressure, change in mental status

Decrease in Reaction Risk with Increased ED Following Allergen Immunotherapy



Modeling* data suggest increasing a patient's ED decreases the risk of an allergic reaction[1]

Increasing a patient's eliciting dose from **1**, **10**, or **30 mg** to **300 mg** or **100** or **300 mg** to **1,000 mg** via allergen immunotherapy is predicted to reduce their risk of an allergic reaction by **≥99%**

*The Quantitative Risk Analysis model inputs variables including the clinical threshold for peanut-allergic individuals and the exposure dose of peanut residue to predict the allergenic risk associated with the exposure to residual peanut protein. ED=eliciting dose.

1. Baumert JL, et al. *J Allergy Clin Immunol Pract*. 2018;6:457-465.

VIASKIN® Peanut Patch Program in Children Ages 4-7 Years Old

VITESSE

VITESSE Study Design

- **654 subjects ages 4-7 YO (vs target enrollment of 600[1])**
- **Largest immunotherapy clinical trial for this patient population[2]**
- **DBV's CIRCULAR VIASKIN® Peanut patch (containing 250 mg peanut protein extract)**

Global Phase 3 Trial

Randomized, double-blind, placebo-controlled

- **654 subjects** Randomized 2:1
- Inclusion Criterion Baseline ED ≤100 mg
- **86 sites in US, Canada, UK, Europe, Australia**

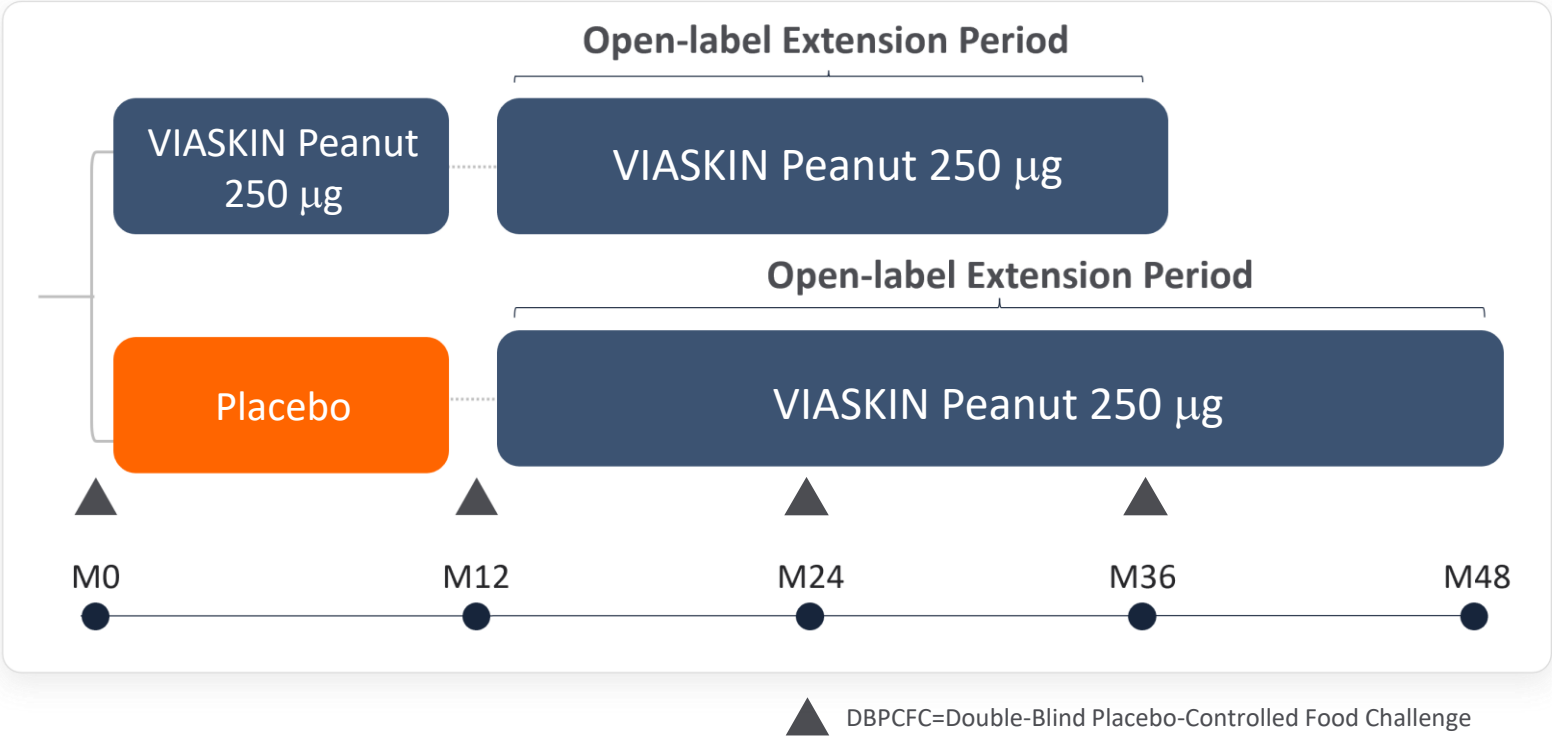
Primary endpoint:

Difference between % of treatment responders in the active vs. placebo group after 12 months

Treatment responder (assessed by DBPCFC) defined as:

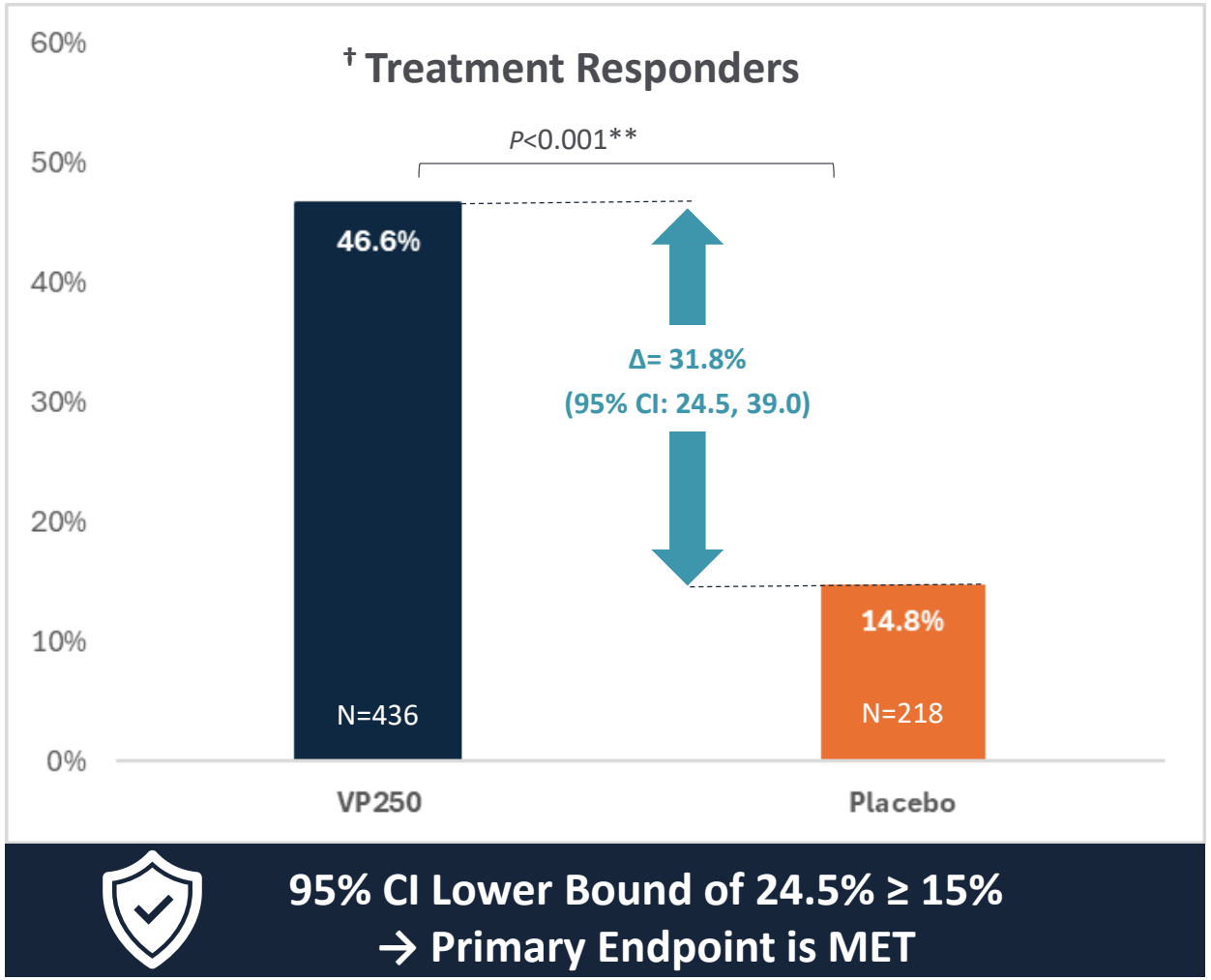
If ED ≤30 mg at baseline, responder if ED ≥300 mg at M12

If ED=100 mg at baseline, responder if ED ≥600 mg at M12



1. DBV Technologies Press Release. October 22, 2024; 2. DBV Technologies Press Release. September 23, 2024;

The VITESSE Phase 3 Study Met the Primary Endpoint



The treatment effect observed in **VITESSE (31.8%)** is consistent with the treatment effect observed in the Phase 3 **EPITOPE (33.4%)** study in 1-3-year-olds

** $P=10^{-17}$

†If ED ≤30 mg at baseline, responder if ED ≥300 mg at M12; If ED =100 mg at baseline, responder if ED ≥600 mg at M12.
VP250=VIASKIN® Peanut patch 250 µg; CI=Confidence Interval; ED=Eliciting Dose.

VITESSE Safety Summary

- Safety results consistent with prior trials, which now encompass over 1,600 children and more than 1.1 million patch applications
- The most common Treatment Emergent Adverse Events (TEAEs) observed during VITESSE were mild-to-moderate local skin reactions at the patch application site
- Discontinuations due to TEAEs were low at 3.2% in the treatment arm compared to 0.5% of in the placebo arm
- No treatment-related serious TEAEs
- Treatment-related anaphylaxis was low at 0.5% (n=2)
- Treatment compliance was 96.2%; patch adhesion in-line with the company's expectations

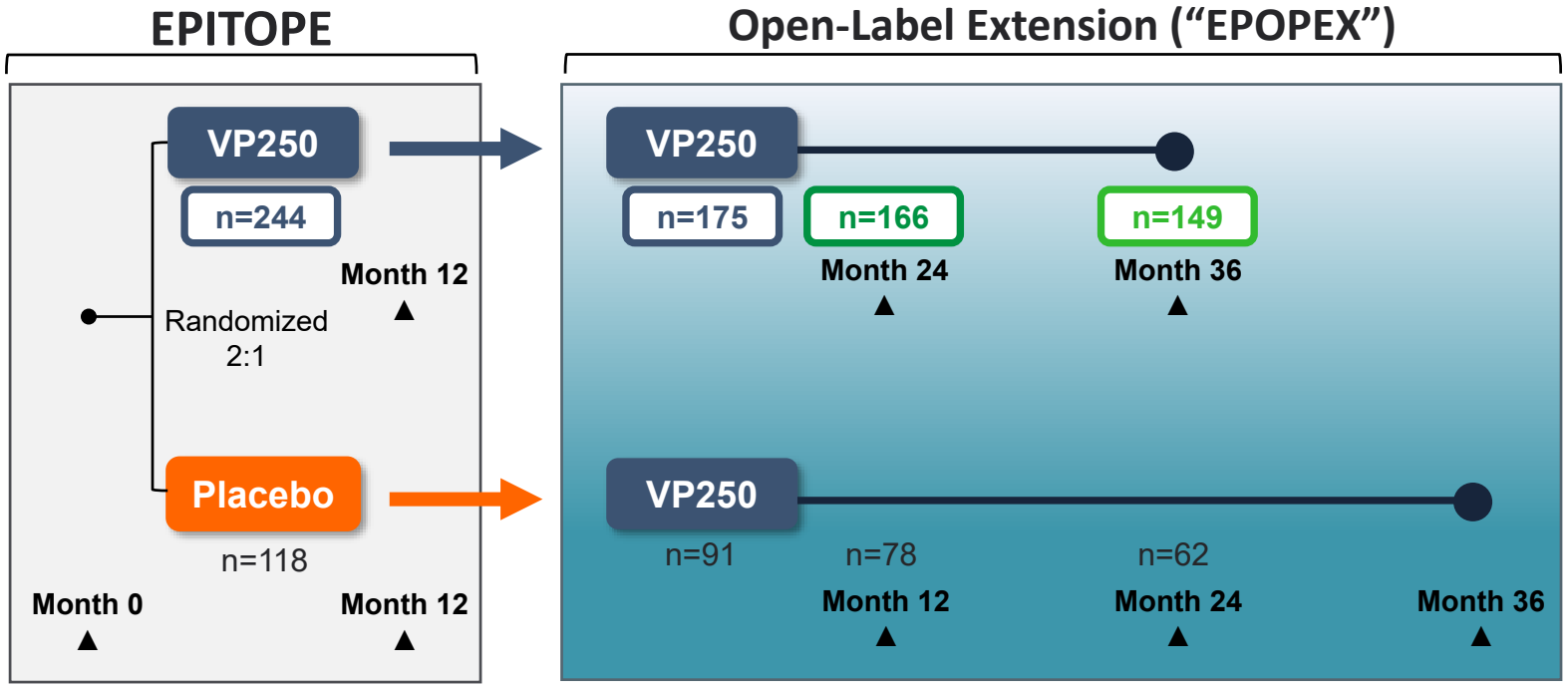
epitope

COMFORT toddlers

VIASKIN® Peanut Patch Program in Toddlers (Ages 1–3-Years Old)

Phase 3 EPITOPE: VIASKIN® Peanut Patch in Toddlers 1-3 Years of Age

Study Design for EPITOPE Pivotal Global Study[1] & Open-Label Extension (OLE) to EPITOPE Study[2]



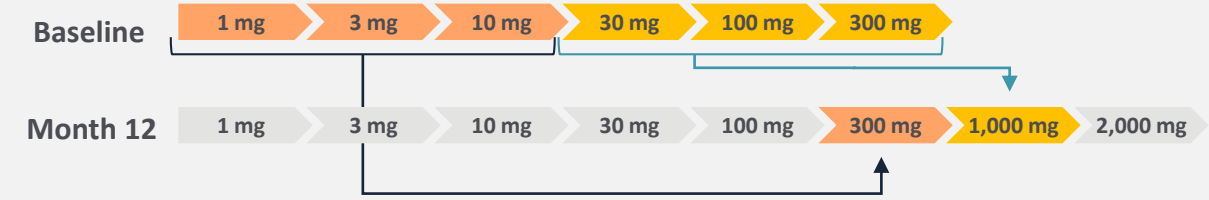
High % of subjects opted to stay on VP250 after Year 1 EPITOPE through 36 Months[3,4]

- 95% of VP250 subjects who entered OLE underwent DBPCFC at Month 24
- 85% of VP250 subjects who entered OLE underwent DBPCFC at Month 36

▲DBPCFC = Double-Blind Placebo-Controlled Food Challenge

Primary endpoint = difference between % of treatment responders in the active versus placebo group after 12 months:

Treatment responder (assessed by DBPCFC) defined as:
If ED ≤10 mg at baseline, responder if ED ≥300 mg at Month 12
If ED >10 mg at baseline, responder if ED ≥1,000 mg at Month 12



VP250=VIASKIN® Peanut patch 250 µg; ED=eliciting dose.

1. Greenhawt M, et al. Phase 3 Trial of Epicutaneous Immunotherapy in Toddlers with Peanut Allergy. *N Engl J Med.* 2023;388:1755-1766; 2. Greenhawt M, et al. EPOPEX, Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-allergic Toddlers: 1-year Open-Label Extension to EPITOPE. Oral Presentation at ACAAI Meeting Nov 2023; 3. DBV Technologies Press Release. January 8, 2025; 4. Greenhawt M, et al. EPOPEX, Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-allergic Toddlers: Results After 3 Years of Treatment. Presentation at Eastern Food Allergy & Comorbidity Conference. January 9-12, 2025.

Positive Month 12 Results from Phase 3 EPITOPE Study with Primary Endpoint Met & with a Favorable Safety & Tolerability Profile

PRIMARY ENDPOINT MET [1-3]

67.0% of participants on VP250 were responders vs 33.5% on placebo (p<0.001)

95% CI lower bound of 22.4% ≥ 15% → Primary endpoint met

OTHER ENDPOINTS [1-3]

64.2% of participants reached an ED of ≥1000 mg (equivalent of 3 peanuts; ≥8x more than the typical amount consumed upon accidental exposure[3] vs 29.6% on placebo)

Shift towards reduction in symptom severity following 12 months of VP250 treatment relative to placebo (p<0.001)

≥95% compliance

SAFETY [1-3]

VP250 was well-tolerated, consistent with other trials with VP250

Serious treatment-related AEs occurred in 0.4% of subjects treated with VP250 vs 0% in the placebo group

Treatment-related anaphylaxis occurred in 1.6% in the VP250 group and none in the placebo group

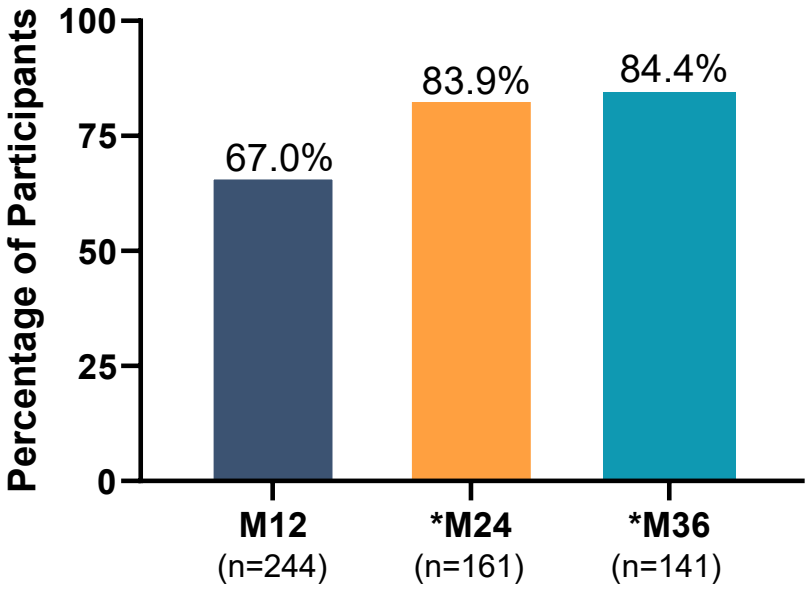
VP250=VIASKIN® Peanut patch 250 µg; CI=confidence interval; ED=eliciting dose; AE=adverse event.

1. Greenhawt M, et al. Phase 3 Trial of Epicutaneous Immunotherapy in Toddlers with Peanut Allergy. *N Engl J Med.* 2023;388:1755-1766.
2. Togias A. Good News for Toddlers with Peanut Allergy. *N Engl J Med.* 2023;388:1814-1855.
3. DBV Technologies Press Release. April 19, 2023.

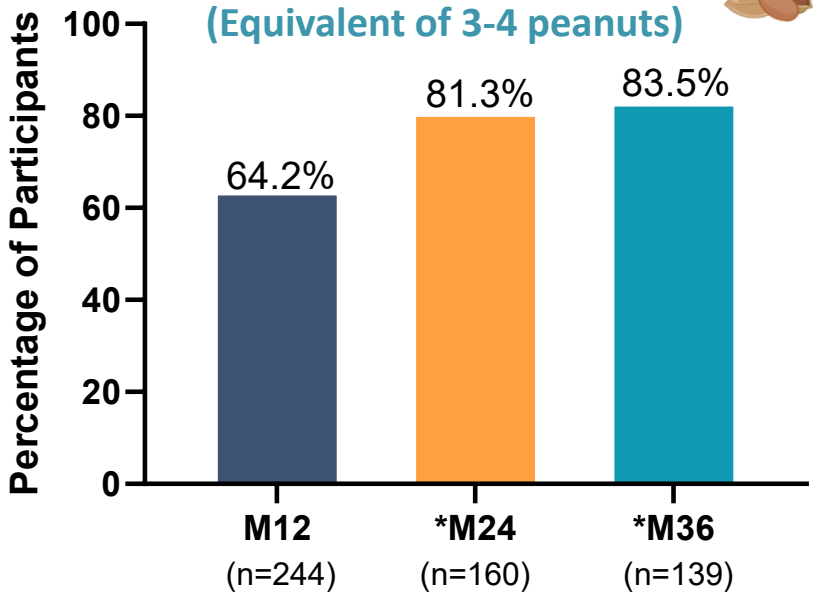
EPITOPE Open-Label Extension Shows Continued Improvement in Treatment Response in Toddlers Through 36 MO[1-4]

- 175 subjects entered OLE study (out of 244 randomized to receive VP250 in EPITOPE[1])
- 166 subjects (95%) of those in the OLE underwent DBPCFC at Month 24
- 149 subjects (85%) underwent DBPCFC at Month 36

Treatment Responders†



Eliciting Dose ≥1000 mg (Equivalent of 3-4 peanuts)



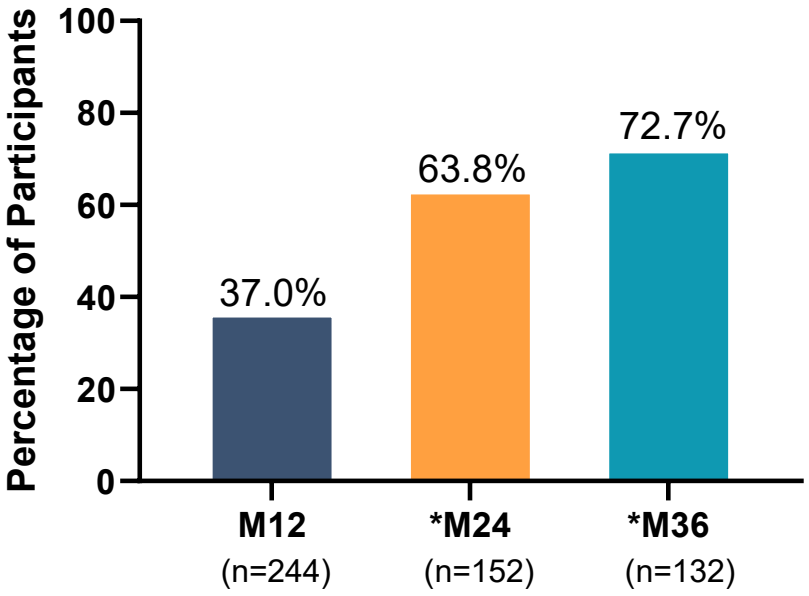
In EPITOPE, placebo participants (2-4 YO) who received VIASKIN® Peanut patch in the OLE study showed consistent improvement in efficacy over the course of 36 months[2-4]

†In EPITOPE, a treatment responder (assessed by DBPCFC) was defined as: If ED ≤10 mg at baseline, responder if ED ≥300 mg at M12; If ED >10 mg at baseline, responder if ED ≥1000 mg at M12.
*Number of subjects with non-missing food challenge endpoint. VP250=VIASKIN® Peanut patch 250 µg; OLE=Open Label Extension; DBPCFC=Double-Blind Placebo-Controlled Food Challenge.

1. Greenhawt M, et al. Phase 3 Trial of Epicutaneous Immunotherapy in Toddlers with Peanut Allergy. *N Engl J Med.* 2023;388:1755-1766; 2. Greenhawt M, et al. Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-Allergic Toddlers: Open-Label Extension to EPITOPE. *J Allergy Clin Immunol Pract*. 2025;13:1176-1187; 3. Greenhawt M, et al. EPOPEX, Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-allergic Toddlers: Results After 3 Years of Treatment. Presentation at Eastern Food Allergy & Comorbidity Conference. January 9-12, 2025. 4. Greenhawt, M et al. Long-Term Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-Allergic Toddlers: EPOPEX End-of-Study Results. Presentation at The American College of Allergy, Asthma & Immunology. November 6-10, 2025.

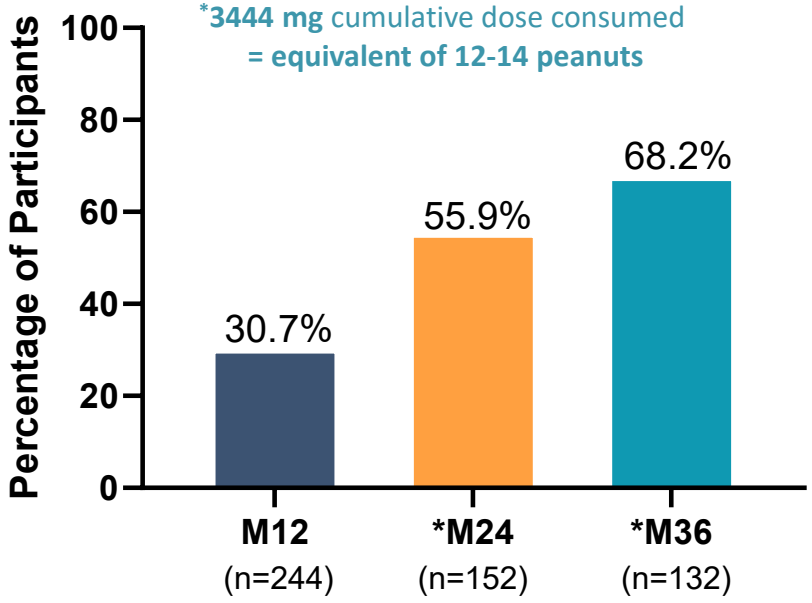
Data from EPITOPE Open-Label Extension Show Continued Improvement in Treatment Response in Toddlers Through 36 MO[1-4]

Eliciting Dose ≥2000 mg (Equivalent of 6-8 peanuts)



Completed Food Challenge* Without Meeting Stopping Criteria

*3444 mg cumulative dose consumed
= equivalent of 12-14 peanuts



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*Number of subjects with non-missing food challenge endpoint. VP250=VIASKIN® Peanut patch 250 µg; OLE=Open Label Extension; DBPCFC=Double-Blind Placebo-Controlled Food Challenge.

1. Greenhawt M, et al. Phase 3 Trial of Epicutaneous Immunotherapy in Toddlers with Peanut Allergy. *N Engl J Med.* 2023;388:1755-1766; 2. Greenhawt M, et al. Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-Allergic Toddlers: Open-Label Extension to EPITOPE. *J Allergy Clin Immunol Pract*. 2025;13:1176-1187; 3. Greenhawt M, et al. EPOPEX, Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-allergic Toddlers: Results After 3 Years of Treatment. Presentation at Eastern Food Allergy & Comorbidity Conference. January 9-12, 2025. 4. Greenhawt, M et al. Long-Term Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-Allergic Toddlers: EPOPEX End-of-Study Results. Presentation at The American College of Allergy, Asthma & Immunology. November 6-10, 2025.

Study Results of VIASKIN® Peanut Patch Consistently Demonstrate a Favorable Safety & Tolerability Profile in Toddlers[1-4]

Frequency of Treatment-Related Local Skin Reactions Are Further Reduced After 3 Years of Treatment

- Consistent with other studies[5], local application site reactions were the most reported AE; however, the **frequency of reactions reduced over 36 months**
- **Frequency of treatment-related TEAEs was reduced at Year Two and even further reduced at Year Three**
- **No subjects had treatment-related serious TEAEs during second or third year of treatment** (vs 1% in Year One), **no treatment-related permanent study discontinuations occurred in Year 3**
- **No treatment-related anaphylaxis was observed during the second or third year of treatment with VP250**

Adverse Event Category, n (%)	Year 1† (EPITOPE) (N=175)	Year 2 (OLE) (N=175)	Year 3 (OLE) (N=165)
TEAEs	175 (100%)	172 (98.3%)	145 (87.9%)
Treatment-related TEAEs	175 (100%)	161 (92.0%)	113 (68.5%)
Treatment-related serious TEAEs	1 (0.6%)	0	0
TEAEs leading to treatment discontinuation	0	1 (0.6%)	0
Treatment-related local TEAEs	175 (100%)	161 (92.0%)	111 (67.3%)
Severe treatment-related local TEAEs	37 (21.1%)	10 (5.7%)	3 (1.8%)
Treatment-emergent local AESI	40 (22.9%)	26 (14.9%)	14 (8.5%)
Treatment-related anaphylactic reaction	3 (1.7%)	0	0
Treatment-related TEAE leading to Epinephrine use	2 (1.1%)	0	0

VP250=VIASKIN® Peanut patch 250 µg; OLE=Open-Label Extension to EPITOPE; AE=adverse event; TEAEs=treatment-emergent adverse events. AESI=Adverse event of special interest.
†175 subjects entered OLE study (out of 244 randomized to receive VP250 in EPITOPE).

1. Greenhawt M, et al. Phase 3 Trial of Epicutaneous Immunotherapy in Toddlers with Peanut Allergy. *N Engl J Med.* 2023;388:1755-1766; 2. Greenhawt et al. Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-Allergic Toddlers: Open-Label Extension to EPITOPE. *J Allergy Clin Immunol Pract*. 2025;13:1176-1187; 3. DBV Technologies Press Release. January 8, 2025; 4. Efficacy and Safety of Epicutaneous Immunotherapy in Peanut-allergic Toddlers: Results After 3 Years of Treatment. Presented by Dr. M. Greenhawt at Eastern Food Allergy and Comorbidity Conference, January 9-12, 2025; 5. Pooled Safety Data from Phase 3 Studies of Epicutaneous Immunotherapy for Peanut Allergy in Children Aged 4-11 Years – Rachel Robison, MD. Presented at AAAAI Annual Meeting, February 2022.

Accelerated Approval Pathway for VIASKIN® Peanut Patch in Toddlers

FDA Accelerated Approval Pathway to Licensure Designed to Facilitate & Expedite Promising Therapies

Current FDA Guidance for Accelerated Approval (AA) Includes 3 Qualifying Criteria:

1. **Product treats a serious disease** → FDA states it is met[2]
2. **Generally provides a meaningful advantage over available therapies†** → FDA states it is met[2]
3. **Demonstrates an effect on an intermediate clinical endpoint (ICE) that is reasonably likely to predict clinical benefit** → FDA states it is met via Written Response Letter[1]

FDA Confirms an AA Pathway for VIASKIN® Peanut Patch in 1-3 YO[1]

- ✓ FDA confirmed that efficacy data from Phase 3 study EPITOPE can serve as an ICE
- ✓ Endpoint confirmed to be reasonably likely to predict efficacy in the post-marketing confirmatory study††

1. DBV Technologies Press Release. December 11, 2024.
2. DBV Technologies Press Release. October 22, 2024.

† PALFORZIA and XOLAIR are FDA-approved for the treatment of peanut allergy.

†† Post-marketing study will also provide adhesion data to support DBV Technologies' proposed labeling strategy.

SUMMARY:
VIASKIN Peanut – A Novel Drug-Device with Blockbuster Potential

- High unmet need: medical consequence of accidental peanut consumption plus the ever-present impact on child and family's quality of life
- Significant market size in BOTH indications
- Designed to meet outcome objectives of Immunotherapy: efficacy, safety, and practicality
- Actionable market: parents & allergists want treatment alternatives and like VIASKIN Peanut's profile
- Manufacturing capacity at scale to support commercialization

dbv technologies

Appendix 1

- VIASKIN Pipeline
- Manufacturing
- Intellectual Property

Our Long-Term Vision is to Realize the Full Potential of the VIASKIN® Patch Technology

Program	Discovery	Pre-clinical	Phase 1	Phase 2	Phase 3
VIASKIN® Milk Patch *(DBV135)* *– Cow's Milk Allergy; MILES: Ages 2-17 years*[1]					
VIASKIN® Milk Patch *(DBV135)* *– Eosinophilic Esophagitis; SMILEE: Ages 4-17 years*[2]					
Autoimmune and Inflammatory Disorders					
Vaccines					

EPIT=epicutaneous immunotherapy; MILES=VIASKIN Milk Efficacy and Safety; SMILEE=Study of Efficacy and Safety of VIASKIN Milk for Milk-induced EoE

1. Petroni D et al. Varying Doses of Epicutaneous Immunotherapy With Viaskin Milk vs Placebo in Children With Cow's Milk Allergy: A Randomized Clinical Trial. *JAMA Pediatr*. 2024 Apr 1;178(4):345-353.
2. Spergel JM et al. Efficacy of Epicutaneous Immunotherapy in Children With Milk-Induced Eosinophilic Esophagitis *Clin Gastroenterol Hepatol*. 2020 Feb;18(2):328-336.

Robust Intellectual Property Portfolio

IP Protection in Various Countries, Encompassing:	
Core patch technology	Condensation chamber
Mechanism of action	Epicutaneous immunotherapy (EPIT) activates the immune system by allowing the antigen to penetrate the upper layer of the epidermis (intact skin)
Manufacturing	Electrospray patch manufacturing allows for precise antigen deposits without adjuvants
Disease Areas	Peanut allergy, cow's milk allergy, EoE

Broad Geographic Coverage	Various protection across US, European nations, Australia, and Canada (and others)
Potential for Key Patent to Expire	2034†
Patent	Innovation-driven patent lifecycle management

† 2034 expiration date assumes full 5-year patent term extension ("PTE") is granted post-marketing approval.
NOTE this applies to the US only; other expiration dates may apply in other countries.

Patch Manufacturing Capabilities

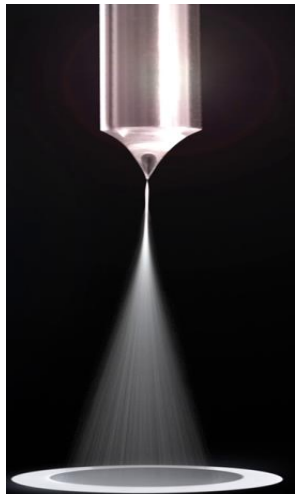
Integrated End-to-End Patch Manufacturing in Place

Source Material

Active Pharmaceutical Ingredient (API)

Final Product Process

Proprietary electrospray technology
deposits a precise antigen dose without any adjuvant on a PET titanium backing film



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