DBV TECHNOLOGIES

Corporate Presentation I July 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.

VIASKIN is a registered trademark of DBV Technologies.

Our Mission is to Develop Novel Treatments for Pediatric Food Allergy

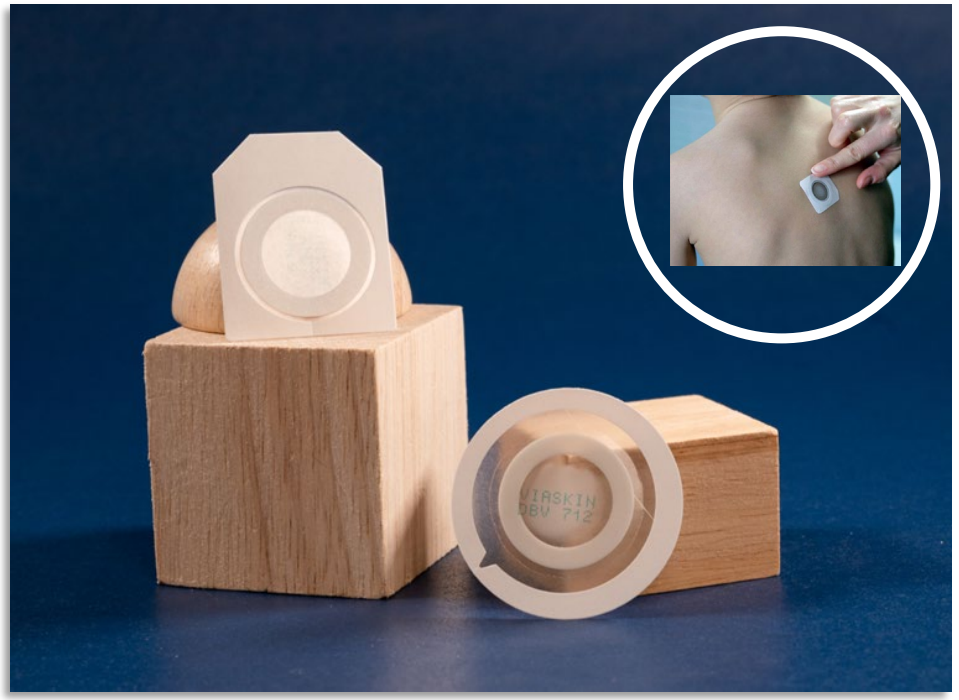
Global, late-stage, biopharmaceutical company

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

Company 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 **Q326**[4] (may be eligible for priority review)†
- Completion of enrollment for COMFORT Toddlers & topline data
- BLA submission anticipated for **2H26** under a formalized Accelerated Approval program[5]

Cash Position

Cash and Cash Equivalents
$174.9M as of June 30, 2026[6]

Fully Diluted Shares Outstanding (FDSO) of ~456.5M ORDs. FDSO includes shares outstanding and pre-funded warrant shares[7]

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. June 29, 2025; 5. DBV Technologies Press Release. December 11, 2024; 6. DBV Technologies Quarterly Report on Form 10-Q filed July 15, 2026; 7. DBV Technologies Press Release. January 16, 2026. †VIASKIN® Peanut patch has breakthrough designation;

Significant Market Opportunity for VIASKIN® Peanut Patch

Findings from a recent publication reinforce that the opportunity in peanut allergy has not changed[1,2]

- Using a survey-based, standardized methodology, a new epidemiological study (ASSESS FA) conducted by Dr. Alessandro Fiocchi and colleagues provides an updated prevalence for peanut allergy (PA) in children (< 18 years) in the U.S.
- ASSESS FA reported a 2% prevalence of PA in children. That estimate is broadly consistent with prior U.S. literature[3], including the approximate 2.2% prevalence rate previously reported by Dr. Ruchi Gupta and colleagues in 2018.
- These two independent data sets, collected approximately 7 years apart, both point to the to a U.S. pediatric peanut allergy prevalence of approximately 2%.
- Gupta reported a 95% confidence interval of 2.0% to 2.5% which overlap with the estimates across each pediatric age group in ASSESS FA.

1. Gupta RS, et al. *Pediatrics*. 2018;142:e20181235.
2. Fiocchi, et al. Prevalence of IgE-Mediated Food Allergies in Children and Adults: Results from the Multinational ASSESS FA Study , *JACI: in Practice*, 2026, O. 3. DBV data on file.

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.

Anticipated Near-Term Milestones

Upcoming Expected Milestones & Catalysts

CHILDREN (4-7 years)

BLA submission for 4-7 YO anticipated in Q3 2026[1]

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

TODDLERS (1-3 years)

COMFORT Toddlers Topline Data

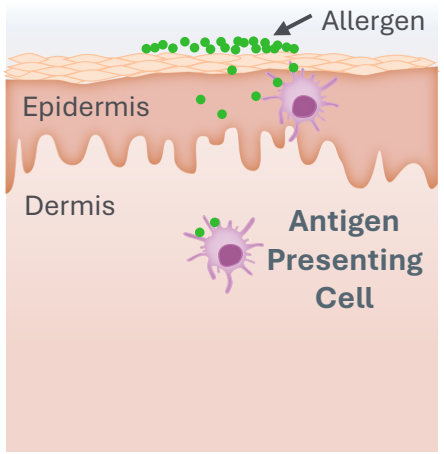
BLA submission for 1-3 YO anticipated in 2H 2026[2]

1. DBV Technologies Press Release June 29, 2026. 2. DBV Technologies Press Release. March 24, 2025.

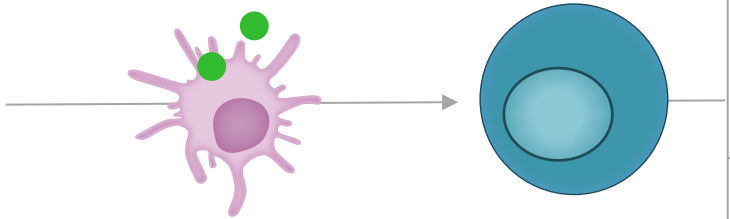
THE SCIENCE OF EPICUTANEOUS IMMUNOTHERAPY (EPIT)

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

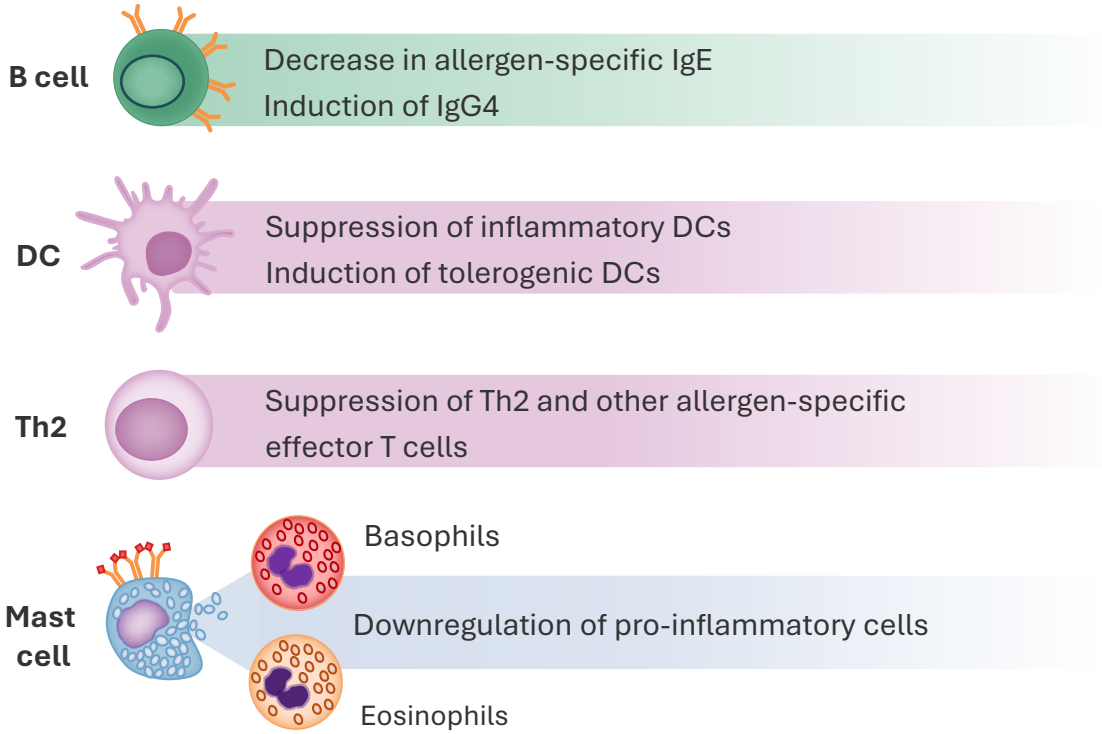
EPIT delivers allergen to the skin



Antigen Presenting Cells capture allergen and induce unique Regulatory T Cells



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

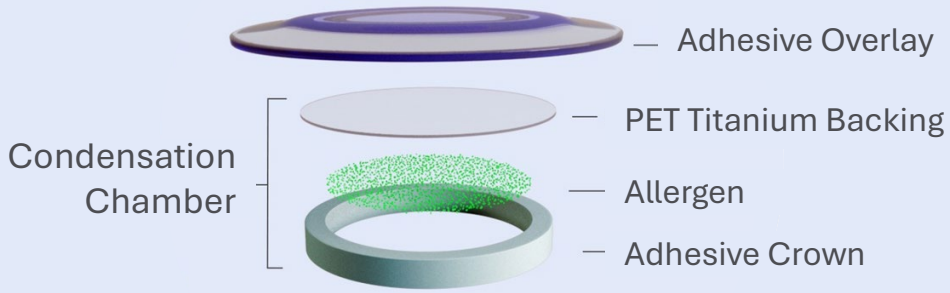


DC=dendritic cell; IgE=immunoglobulin E; IgG4=immunoglobulin G4; Th2=T-helper 2 cell.

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

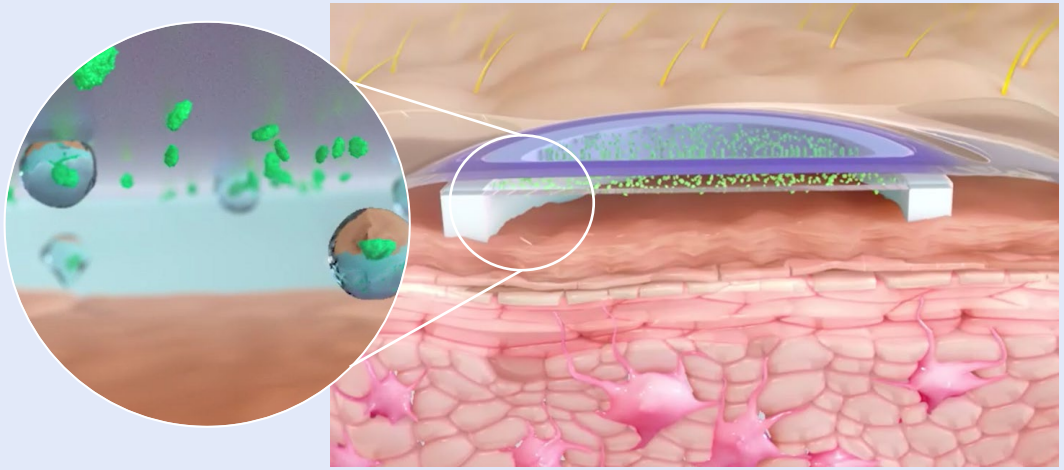
VIASKIN® Patch: Our Innovative Approach to Epicutaneous Immunotherapy[1-3]

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.

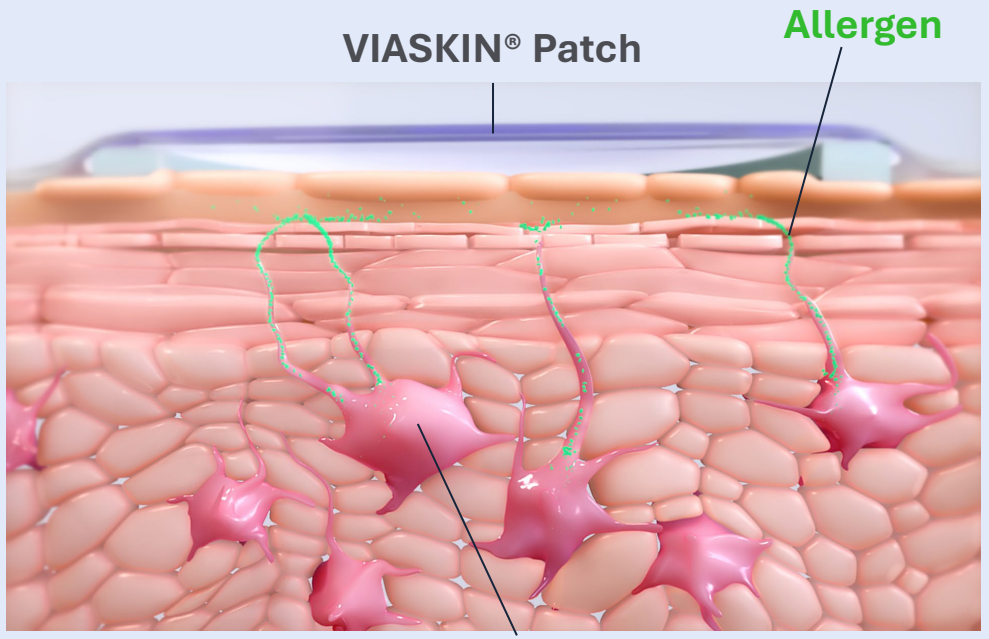
VIASKIN® Patch Uses Minimal Amounts of Allergen Designed to Induce Desensitization[1-3]

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

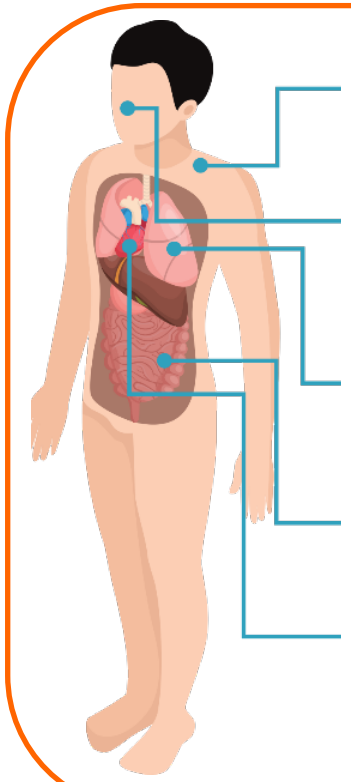


Langerhans Cell
(capturing allergen in the outer layer of the epidermis)

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

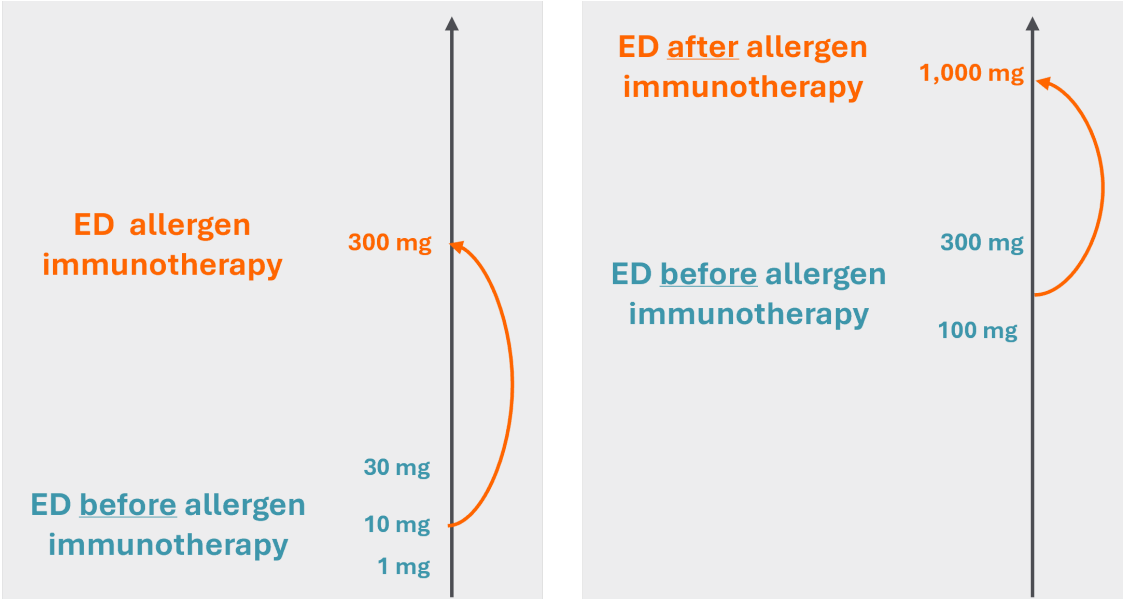
UPPER RESPIRATORY: sneezing/itching, frequent sniffing, periocular swelling, rubbing of nose and/or eyes

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.

dbv technologies

U.S. COMMERCIAL OPPORTUNITY VIASKIN® PEANUT PATCH

The Peanut Allergy Epidemic

OFTEN A LIFELONG BURDEN STARTING AT AN EARLY AGE

92%

of peanut allergy cases emerge by age of 7[1];
~80% will not outgrow their allergy[2]

41%

have an accidental exposure within 3 years of diagnosis[3]

- Reactions unpredictable and can be life-threatening
- Annual economic impact $33B[4]; impact to quality of life for caregivers/children[5]
- Limited options in pediatric age range which is the optimal time to desensitize and when caregivers have the greatest motivation to seek treatment

1. Ewan, P. W. (1996). BMJ, 312(7038), 1074–1078. 2. Lange, L.. et al. Allergo J Int 30, 261–269 (2021). 3. Kansen HM, et al. J Allergy Clin Immunol. 2020;145:705-707.e7; 4. FARE Food Allergy Facts and Statistics for the US (April 2024); see also Gupta, R., Holdford, D., Bilaver, L., Dyer, A., Holl, J. L., & Meltzer, D. (2013). JAMA Pediatrics, 167(11.), 1026.5. 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.

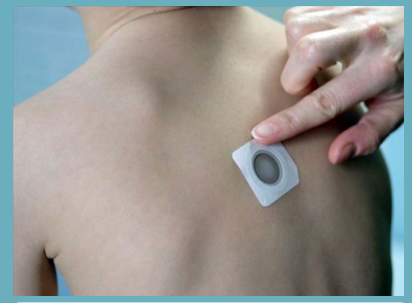
90% of allergists see the need for additional options in the treatment of pediatric peanut allergy[7]

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

>2% of Children

ages 1 to 7 years old [1-3]

DBV plans to leverage its strong relationships with Advocacy Groups

The Prescribers

4,500 Allergists

in the US[4]

DBV expects a 50 to 70-person specialty sales force to cover 90% of Allergists

The Payers

50 Payers

cover +85% of lives

DBV expects an 8 to 10 account manager team to build strong managed care access

1. Population base: U.S. Census Bureau, 2023. 2. Gupta RS, et al. *Pediatrics*. 2018;142:e20181235. 3. Fiocchi, et al. Prevalence of IgE-Mediated Food Allergies in Children and Adults: Results from the Multinational ASSESS FA Study , *JJACI: in Practice*, 2026, O . 4. DBV Data on File.

PEANUT ALLERGY MARKET DYNAMICS

Pediatricians

60K Pediatricians
in the US

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

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

Parents

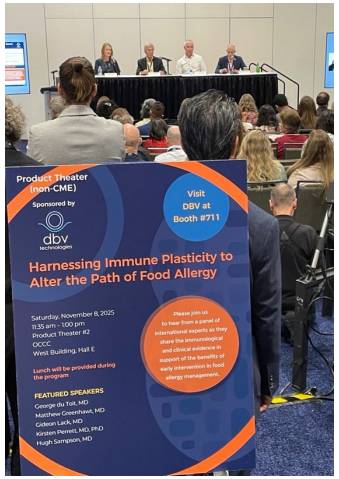
7.2M Millennials
born between 1981 and 1996

Most millennials turn to digital spaces for health information and advice

- DBV plans to 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, if approved

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

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

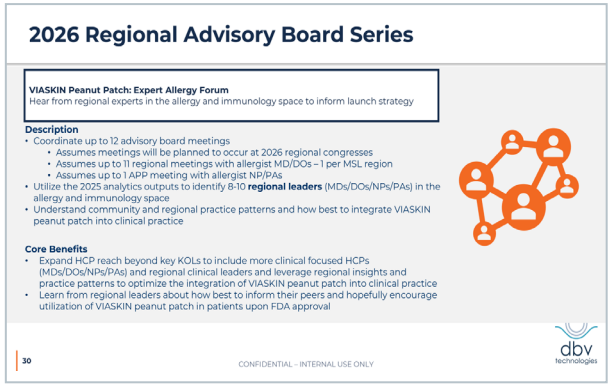


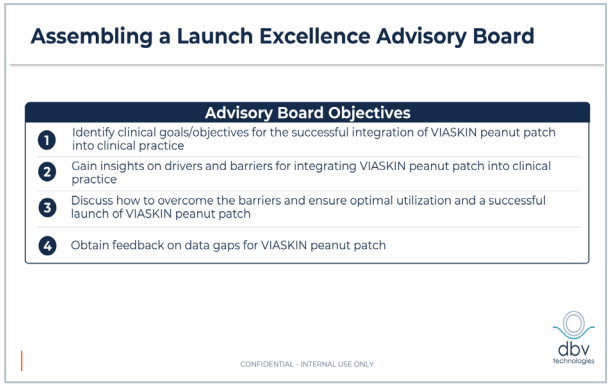
2026 Advisory Boards

Insights gathering across geographies and specialties

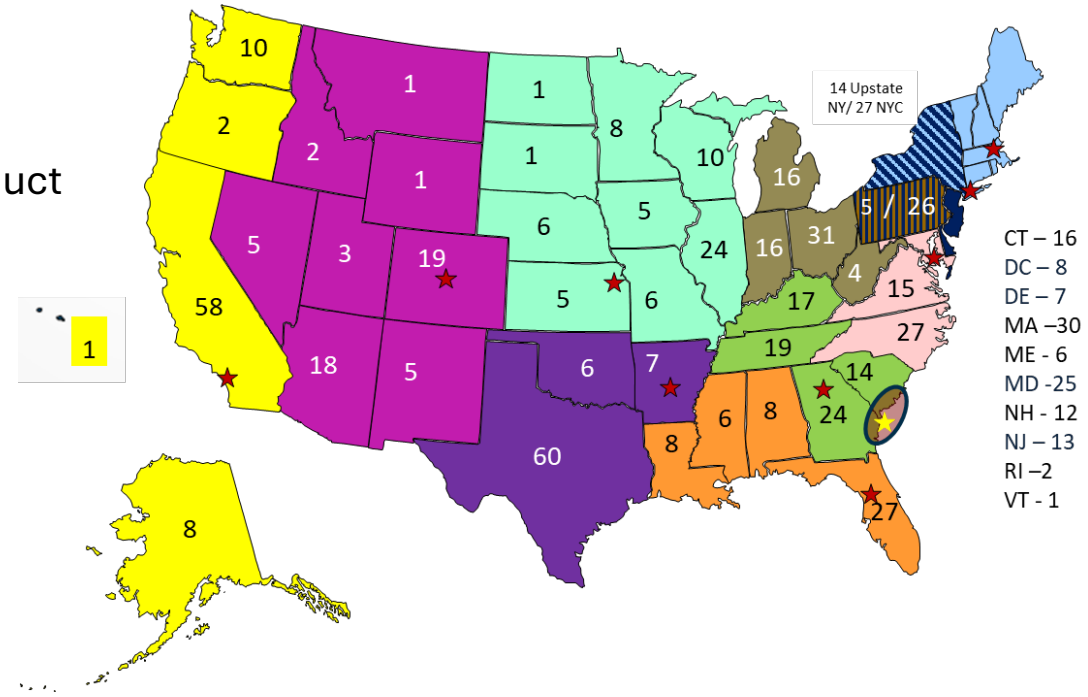
ACAAI 2025

Record-breaking Product Theater attendance





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, if approved

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 expected to be driven by >2% of children, the majority are currently not desensitizing; avoidance plus epinephrine is standard of care

INTENT FOR BROAD UTILIZATION:

Allergists see a significant role for VIASKIN Peanut, 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 suspected peanut allergic children to an allergist

STRONG POTENTIAL FOR PAYER ADOPTION:

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

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 µg 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**

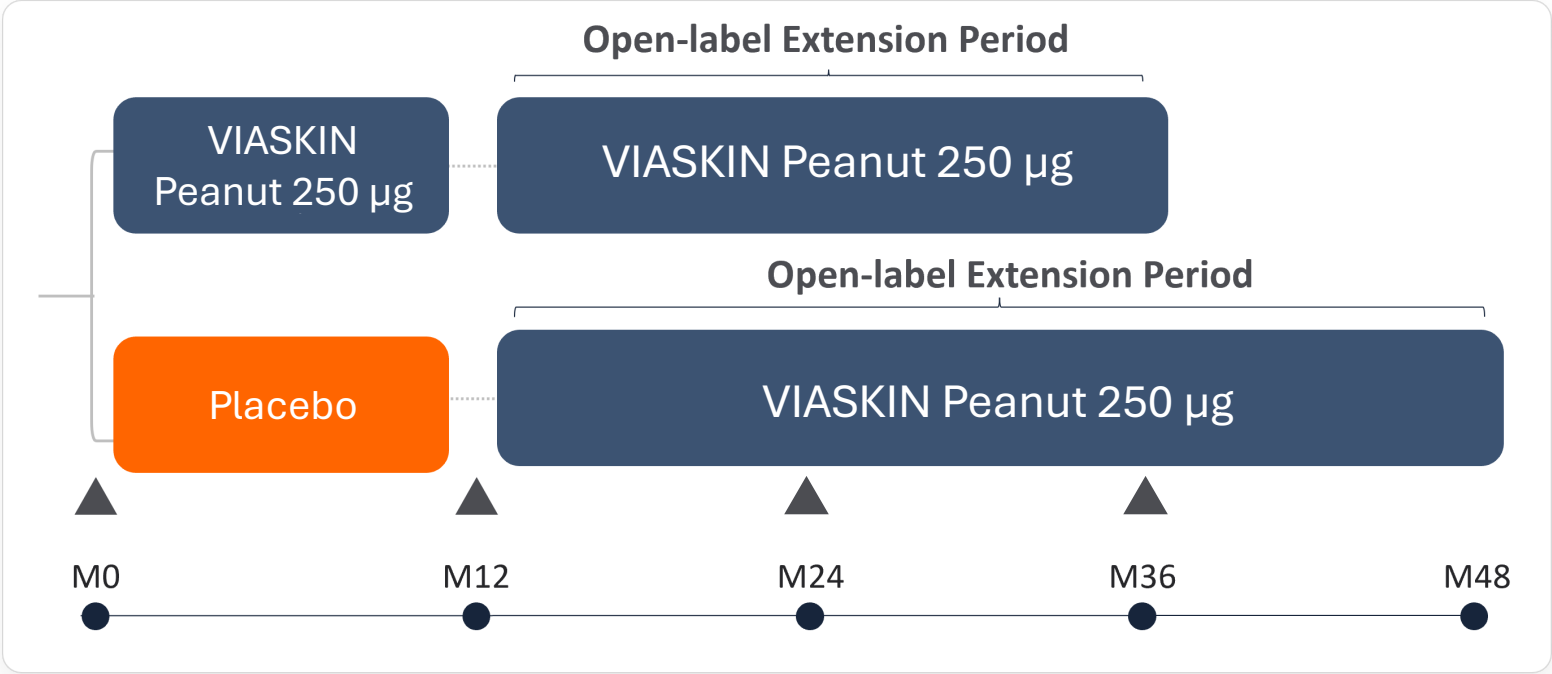
Primary endpoint:

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

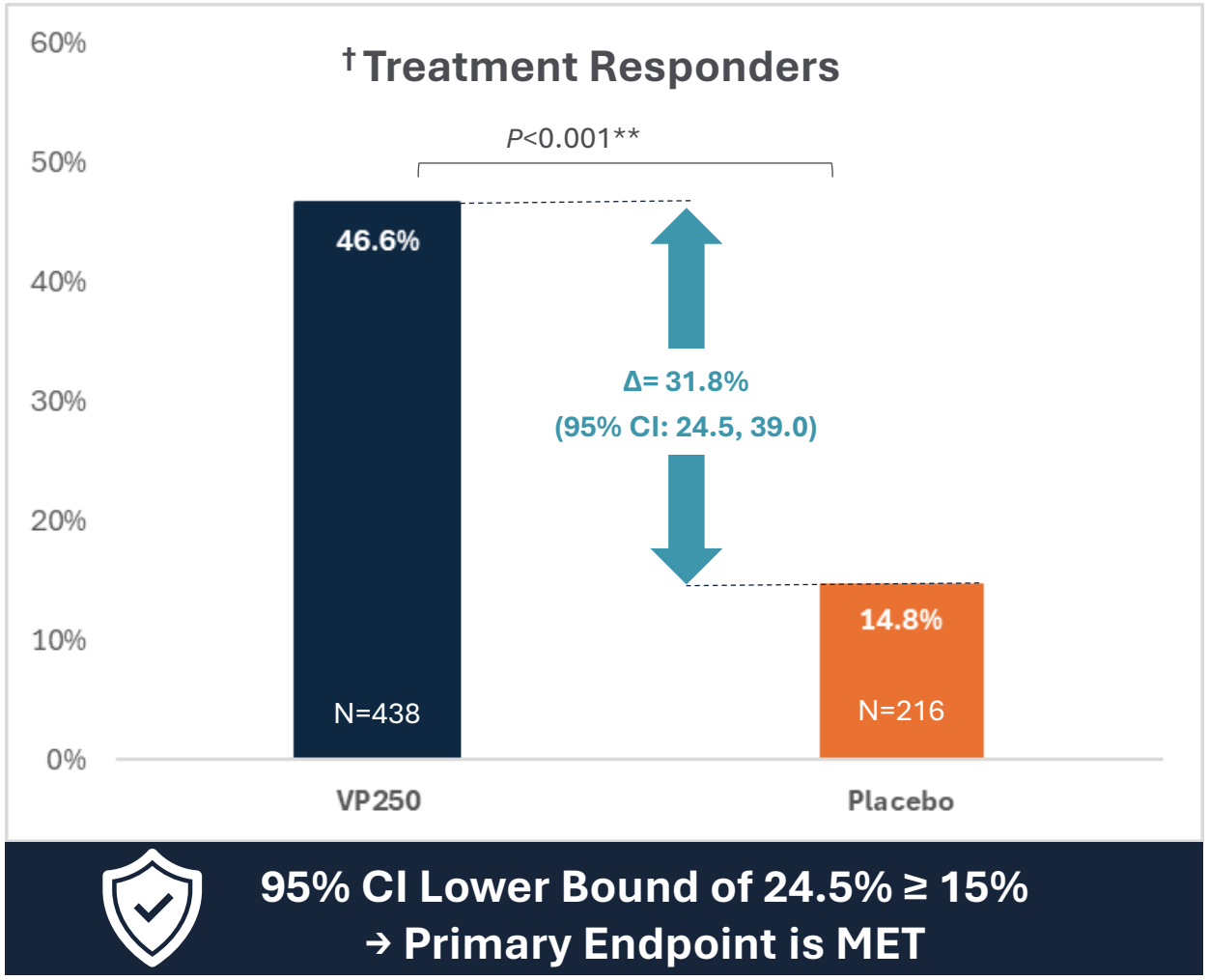
If ED=100 mg at baseline, responder if ED ≥600 mg at M12



▲ DBPCFC=Double-Blind Placebo-Controlled Food Challenge

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



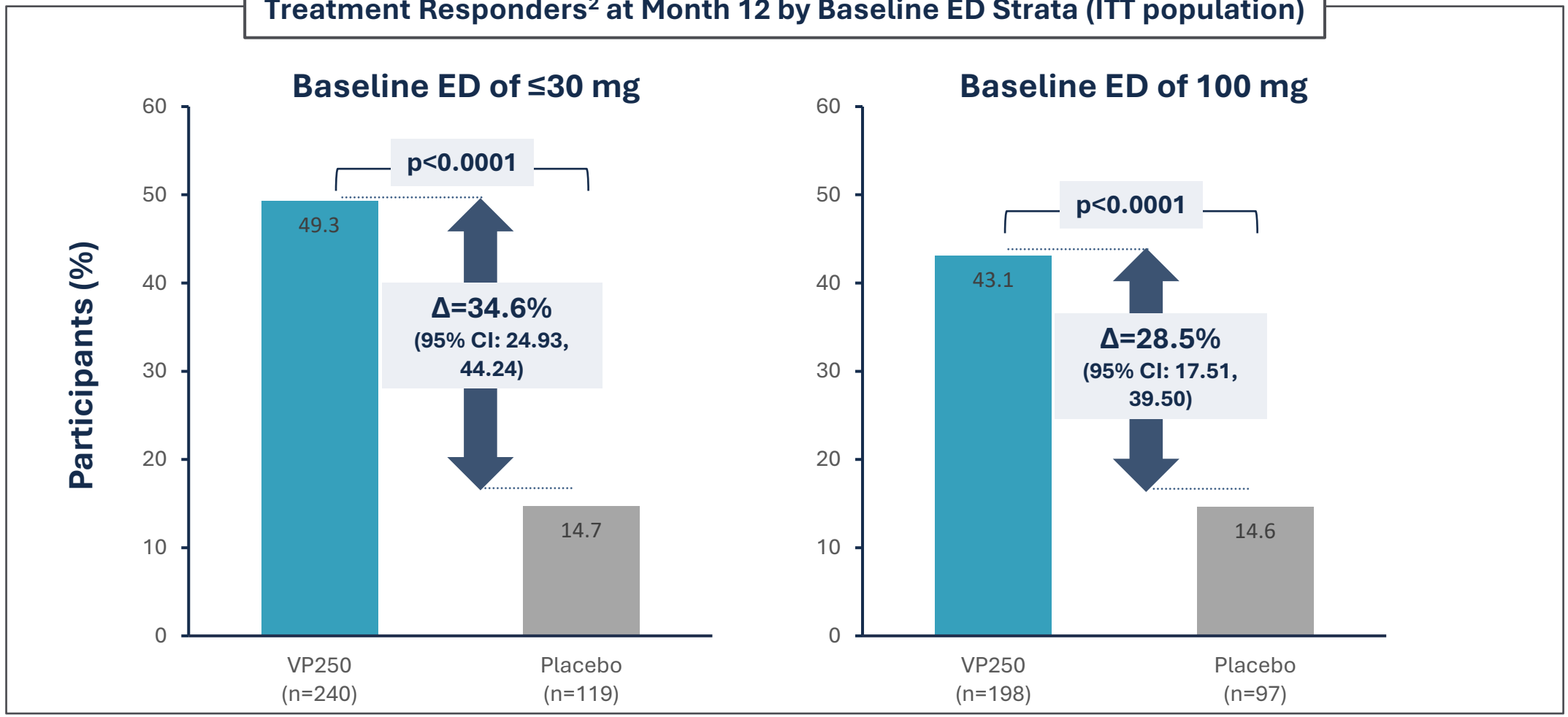
The treatment effect observed in **VITESSE (31.8%)** is consistent with the treatment effect observed in the Phase 3 **EPITOPE (33.4%)** study in 1-3-year-olds

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

†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.

Significantly Greater Proportion of Treatment Responders Observed With VP250, Regardless of Baseline ED Strata[1]

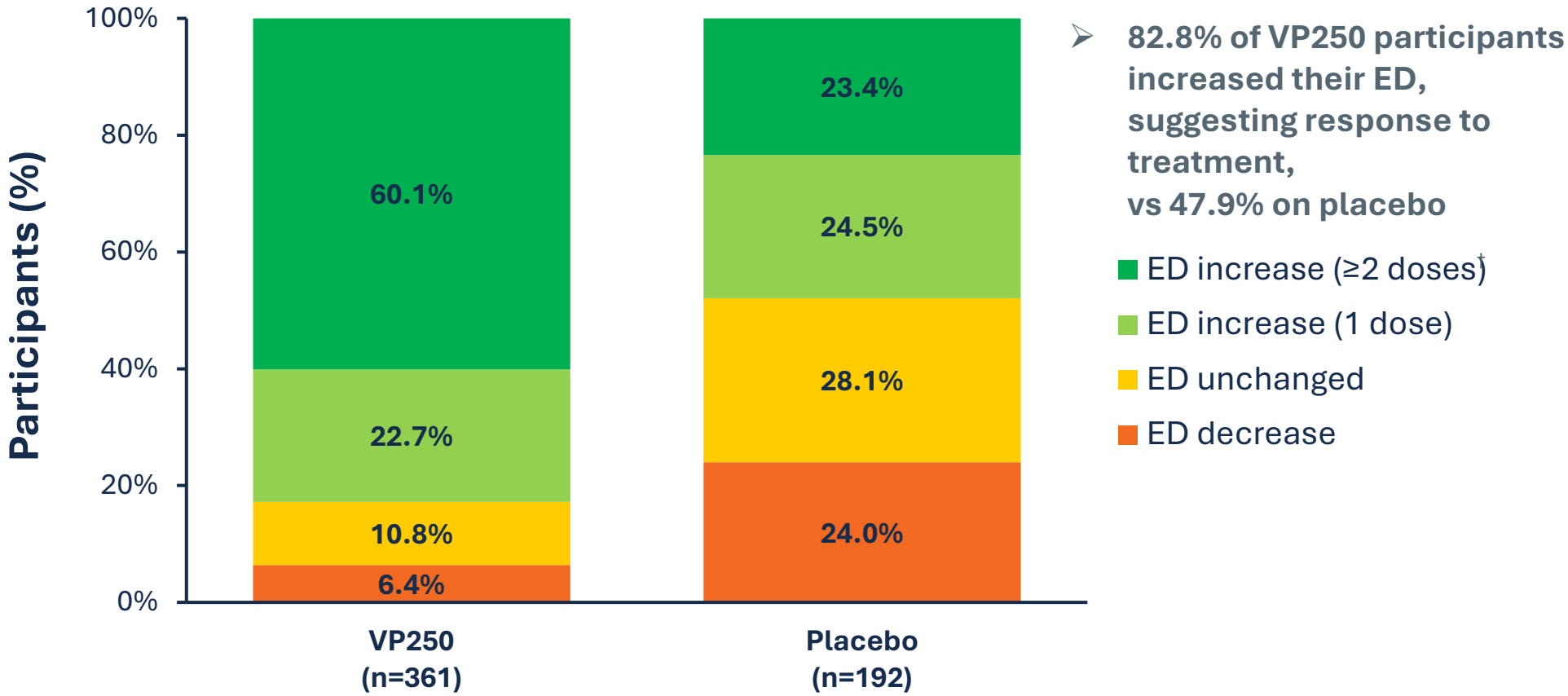
Treatment Responders[2] at Month 12 by Baseline ED Strata (ITT population)



1. DBV Technologies Press Release. February 28, 2026; 2. Responders were defined as children with a baseline ED ≤30 mg who achieved an ED ≥300 mg of peanut protein at month 12, or children with a baseline ED of 100 mg who achieved an ED ≥600 mg of peanut protein at month 12. CI, confidence interval; ED, eliciting dose; ITT, intent-to-treat; VP250, VIASKIN® peanut patch containing 250 µg of peanut protein. DBV Technologies. Data on file, 2026.

The Majority of VP250 Participants Increased Their Eliciting Dose by at Least Two Doses[1]

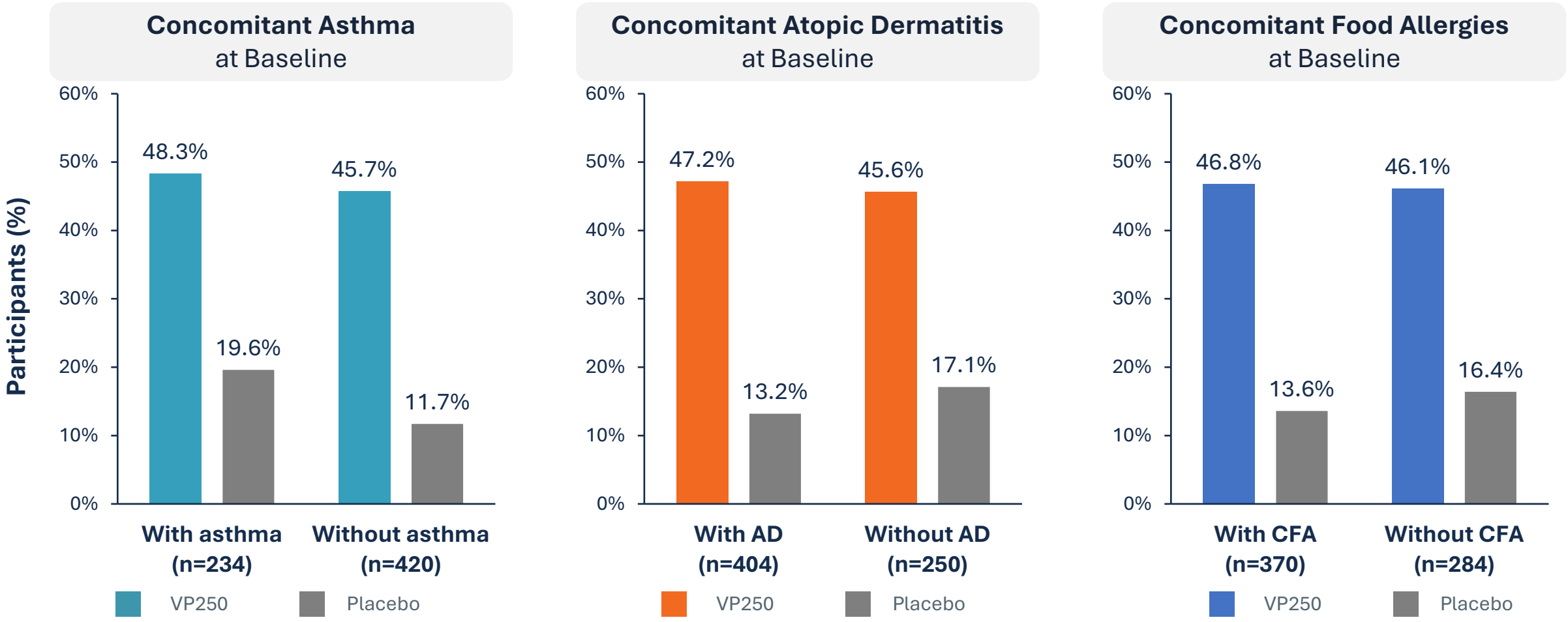
Changes in Eliciting Dose at Month 12[2]



- 82.8% of VP250 participants increased their ED, suggesting response to treatment, vs 47.9% on placebo

1. DBV Technologies Press Release. February 28, 2026; 2.Among participants who completed the month 12 DBPCFC. †Doses given during the DBPCFC: 1 mg, 3 mg, 10 mg, 30 mg, 100 mg, 300 mg, 600 mg, 1000 mg. DBPCFC, double-blind, placebo-controlled food challenge; ED, eliciting dose; VP250, VIASKIN® peanut patch containing 250 µg of peanut protein. DBV Technologies. Data on file, 2026.

Treatment Responder Rates were Significantly Greater with VP250 versus Placebo, Regardless of Comorbidity Status[1,2]



1. DBV Technologies Press Release. June 8, 2026; 2. Responders were defined as children with a baseline ED ≤30 mg who achieved an ED ≥300 mg of peanut protein at month 12, or children with a baseline ED of 100 mg who achieved an ED ≥600 mg of peanut protein at month 12. AD, atopic dermatitis; CFA, concomitant food allergy; ED, eliciting dose. DBV Technologies. Data on file, 2026.

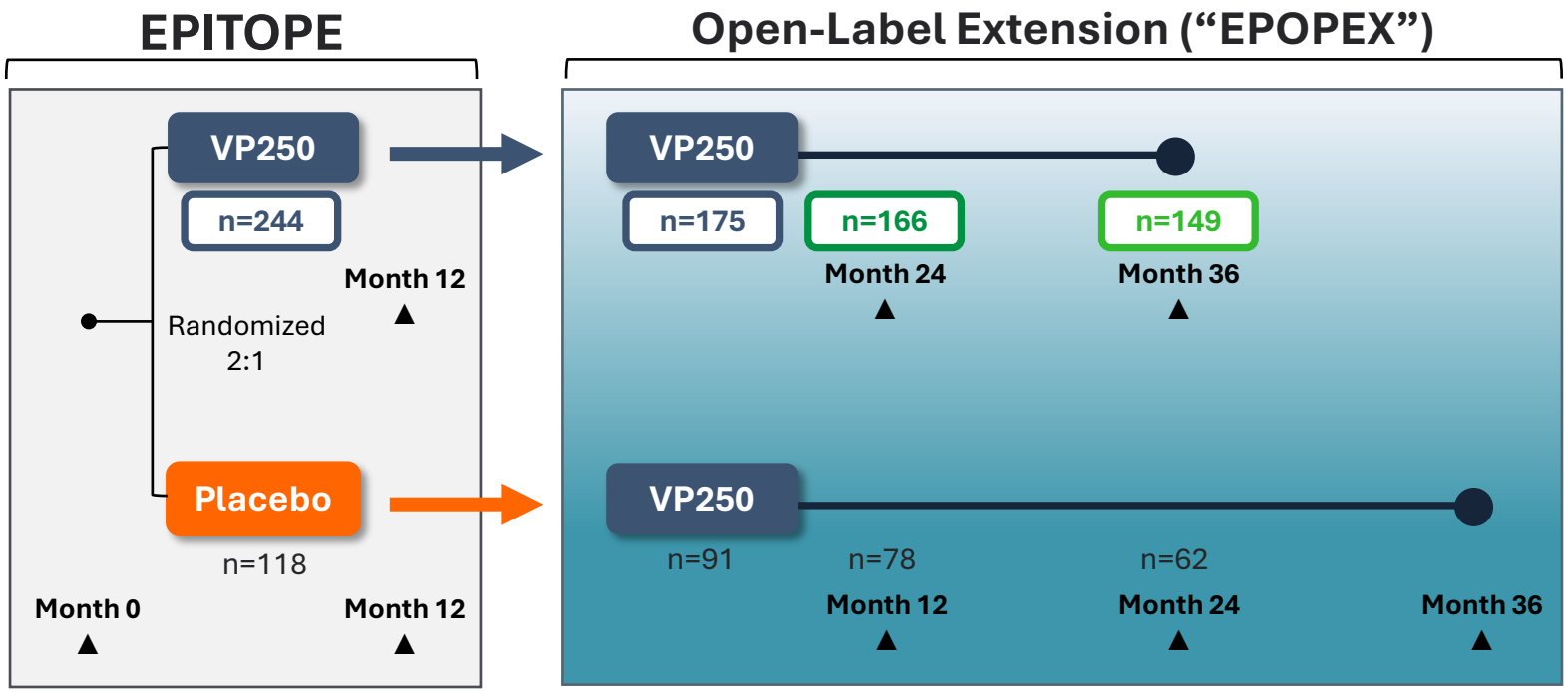
VITESSE Safety Summary

- 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 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% in the placebo arm
- No treatment-related serious TEAEs
- Treatment-related anaphylaxis was low at 0.5% (n=2)
- Treatment compliance was 96.1%; patch adhesion in-line with the company's expectations

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]



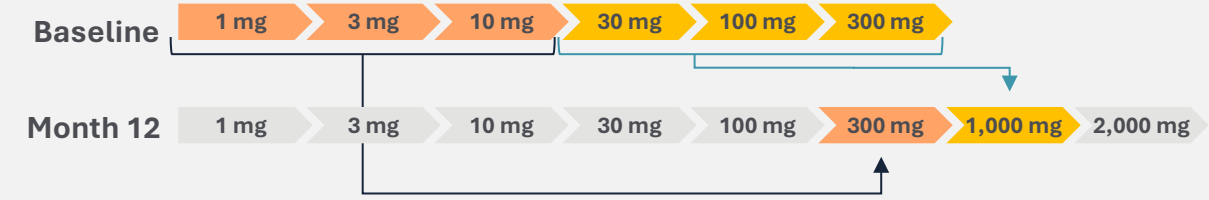
High % of subjects opted to stay on VP250 after Year 1 EPITOPE through 36 Months[3,4]

- 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

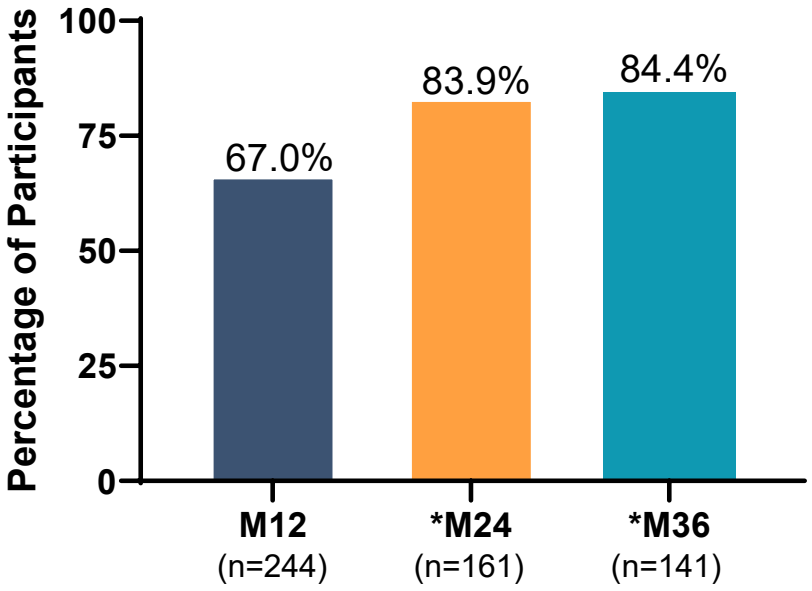
VP250=VIASKIN® Peanut patch 250 µg; CI=confidence interval; ED=eliciting dose; AE=adverse event.

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.

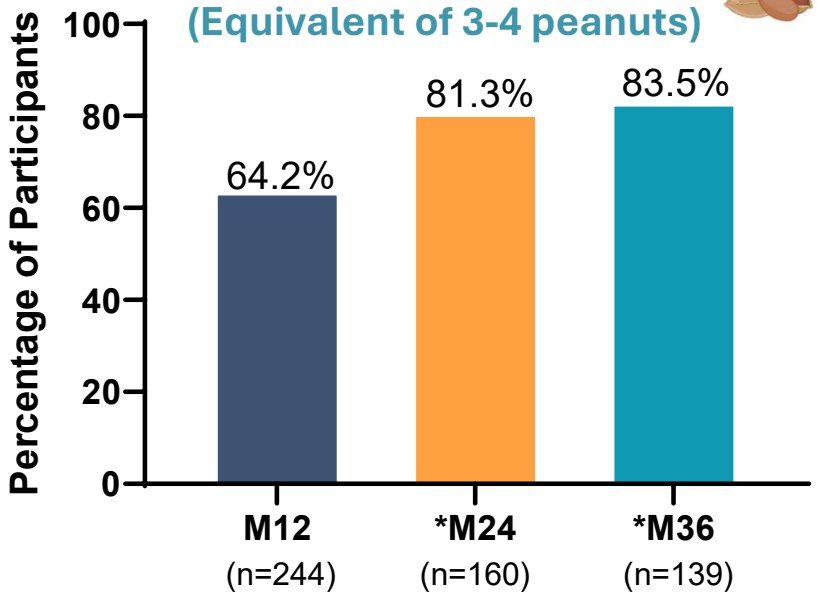
EPITOPE Open-Label Extension Shows Continued Improvement in Treatment Response in Toddlers Through 36 MO[1-4]

- 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)



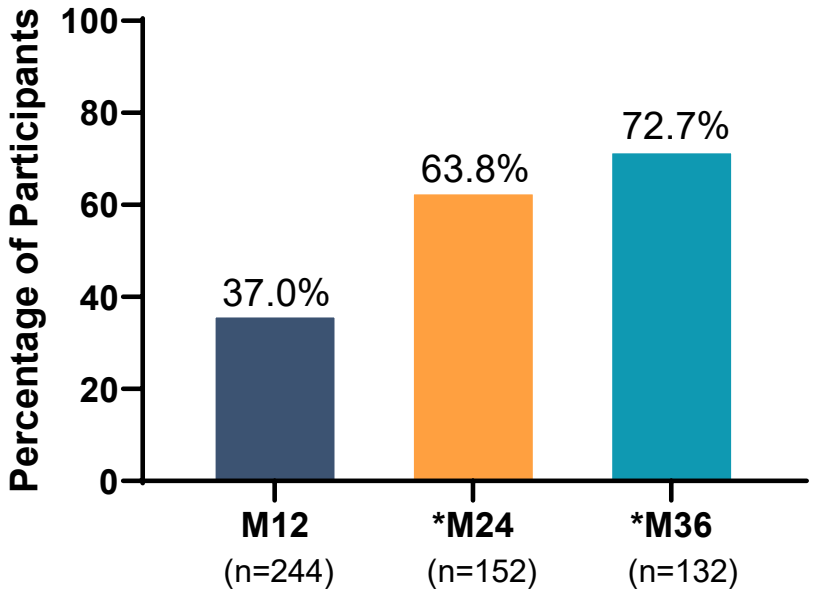
In EPITOPE, placebo participants (2-4 YO) who received VIASKIN® Peanut patch in the OLE study showed consistent improvement in efficacy over the course of 36 months[2-4]

†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.

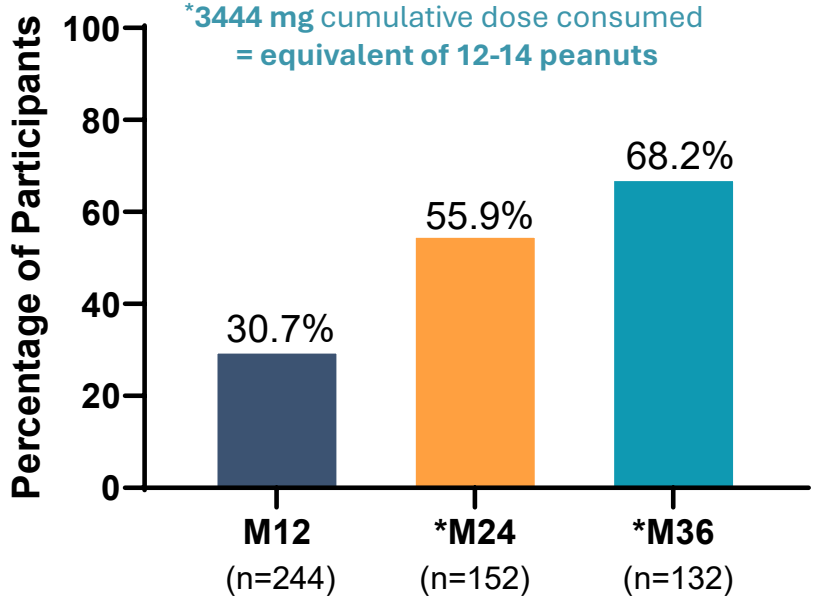
Data from EPITOPE Open-Label Extension Show Continued Improvement in Treatment Response in Toddlers Through 36 MO[1-4]

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



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.

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

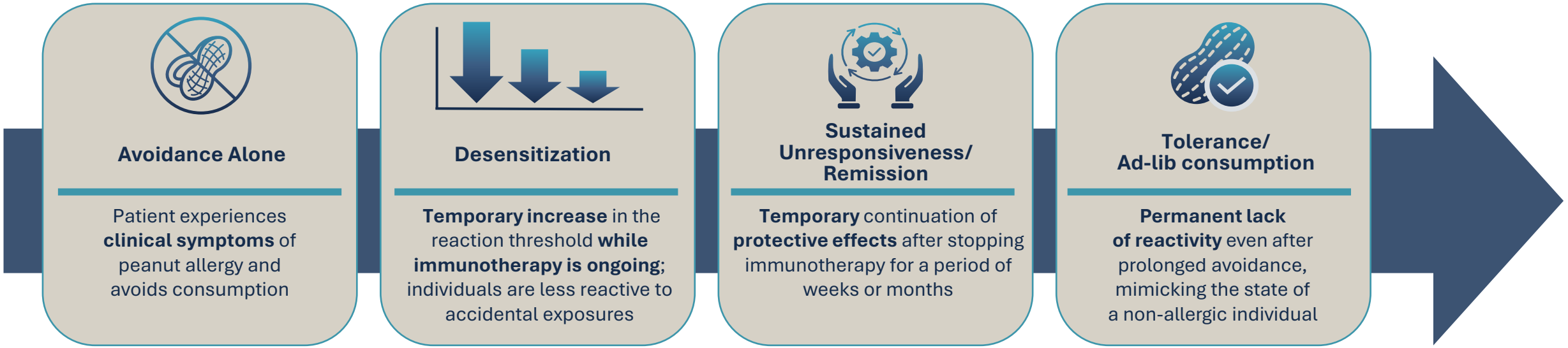
1. DBV Technologies Press Release. December 11, 2024. 2. DBV Technologies Press Release. October 22, 2024. † PALFORZIA and XOLAIR are FDA-approved for the treatment of peanut allergy. †† Post-marketing study will also provide adhesion data to support DBV Technologies' proposed labeling strategy.

VIASKIN® Peanut Patch Program in Infants (Ages 6–12-Months Old)

THRIVE study

Potential for Ad-Lib Consumption of Peanut in Infants With Peanut Allergy

- Peanut allergy is associated with significant patient and caregiver burden including risk of anaphylactic reactions, dietary restrictions, limitations on daily activities, anxiety, and social isolation, which lead to impaired quality of life[1,2]
- Food allergy immunotherapy studies typically focus on desensitization or sustained unresponsiveness outcomes; however, for some patients and caregivers, **ad-lib consumption is the ultimate treatment goal**[3-6]



Ad-lib consumption may offer benefits beyond protection from accidental exposure, including reduced treatment burden, increased dietary flexibility, and improvements in child and caregiver quality of life[3]

1. Lieberman JA, et al. *Allergy*. 2021;76(5):1367-1384; **2.** Chan E, et al. *Ann Allergy Asthma Immunol*. 2020;124(5):479-486; **3.** Anagnostou A. *Expert Rev Clin Immunol*. 2023;19(6):561-563; **4.** Moran TP, et al. *Curr Opin Immunol*. 2013;25(6):781-787; **5.** Wasserman RL. *J Food Allergy*. 2022;4(2):102-105; **6.** Flom JD, et al. *J Allergy Clin Immunol Pract*. 2025;13(4):741-744.

THRIVE Study Design: 48-Month, Phase 2, Single-Arm, Open-Label Trial[1]

Objective: To assess the efficacy and safety of the VIASKIN® Peanut Patch in achieving ad-lib consumption of peanut in infants with peanut allergy in a Phase 2 trial[1,2]

Participants

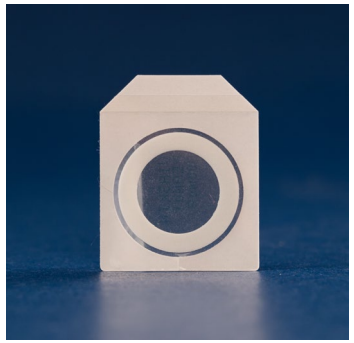
Infants aged 6 through 12 months with peanut allergy, currently following a strict peanut-free diet

Anticipated enrollment

250 participants

Screening period

Open-label treatment period with VIASKIN® Peanut Patch
(250 µg of peanut protein)



Peanut consumption period
Dietary peanut consumption regimens will be based on the month 36 food challenge results

Group 1: Consume entire month 36 food challenge without dose-limiting symptoms (DLS)*
- Discontinue VIASKIN® Peanut Patch
- Begin peanut consumption†

Group 2: Consume a single dose of 600-650 mg without DLS* but have DLS above that dose
- Continue VIASKIN® Peanut Patch
- Begin peanut consumption‡

Group 3: Did not reach a dose of at least 600 mg of peanut without DLS*
- Discontinue VIASKIN® Peanut Patch

Follow-up period
(+2 weeks)

Day 1 — Enrollment/ start treatment

Month 12

Month 24

Month 36 — Open food challenge (maximum dose: 2500 mg)

Month 48 — Group 2 subset:§ Mandatory open food challenge (maximum dose: 2500 mg)

Primary endpoint:
Achievement of ad-lib dietary peanut consumption assessed at month 48

*Consortium for Food Allergy Research DLS as defined in protocol. †Group 1 participants will consume ≥2 g of peanut protein every 2 weeks during the peanut consumption period. ‡Group 2 participants will consume ≥1 g of peanut protein every 2 weeks during the peanut consumption period. §Group 2 subset that undergoes month 48 food challenge, as defined in protocol. DLS, dose-limiting symptoms. **1.** International Standard Randomised Controlled Trial Number (ISRCTN) Registry. ISRCTN63504081. Updated June 9, 2026. Accessed June 10, 2026. https://www.isrctn.com/ISRCTN63504081; **2.** DBV Technologies. Data on file

Peanut Consumption Regimens Will Be Based on the Month 36 Food Challenge (FC) Outcome

Participants will be assigned to **one** of **three** groups based on the month 36 FC outcome; consumption regimens during months 37-48 will be based on participants' group allocation

Group 1

Participant consumes the entire FC (maximum cumulative dose: 4998 mg of peanut protein) without dose limiting symptoms (DLS)

Ad-Lib Regimen

- Discontinue VIASKIN® Peanut Patch
- Begin peanut consumption (≥2 g of peanut protein every 2 weeks)

Group 2

Participant tolerates the 600-650 mg of peanut protein dose at month 36 FC without DLS, but has DLS at higher doses, including partial consumption of those doses

Ad-Lib Regimen

- Continue VIASKIN® Peanut Patch
- Begin peanut consumption (≥1 g of peanut protein every 2 weeks)

Group 3

Participants have DLS at or below the 600-650 mg of peanut protein dose of the FC

No Ad-Lib Regimen

- Discontinue VIASKIN® Peanut Patch
- Continue peanut avoidance

DLS, dose-limiting symptoms; FC, food challenge. DBV Technologies. Data on file.

THRIVE Primary Endpoint Will Assess Efficacy and Safety of VIASKIN® Peanut Patch in Achieving Ad-Lib Consumption of Peanut

Primary endpoint: Participants in Group 1 and Group 2 will be considered to have met ad-lib consumption of dietary peanut if any **one** of the following **three** criteria are met at the end of the peanut consumption period (month 48)

Group 1: Consumed and tolerated ≥4 g of peanut protein in a single sitting on at least two separate occasions, at least once between months 43 and 48

Group 2: Consumed and tolerated at least the month 36 FC single highest tolerated dose in a single sitting on at least two separate occasions, at least once between months 43 and 48

OR

Participant tolerated and was compliant with peanut consumption ≥75% of the time

OR

Caregiver/parent-reported outcome assessment indicates **satisfaction with the participant's treatment outcome**

- **Other efficacy endpoints:** change in health-related QoL; change in caregiver assessment of treatment experience; month 36 FC outcomes, month 48 FC outcome (for group 2); change from baseline in psIgE, psIgG4, and peanut SPT wheal diameter
- **Safety endpoints:** AEs, serious AEs, AEs associated with accidental peanut consumption, AEs associated with peanut consumption during the consumption period
- THRIVE will also provide insights into the acceptability and feasibility of long-term EPIT and dietary incorporation strategies during infancy and early childhood

AE, adverse event; EPIT, epicutaneous immunotherapy; FC, food challenge; psIgE, peanut-specific immunoglobulin E; psIgG4, peanut-specific immunoglobulin G4; QoL, quality of life; SPT, skin prick test. DBV Technologies. Data on file.

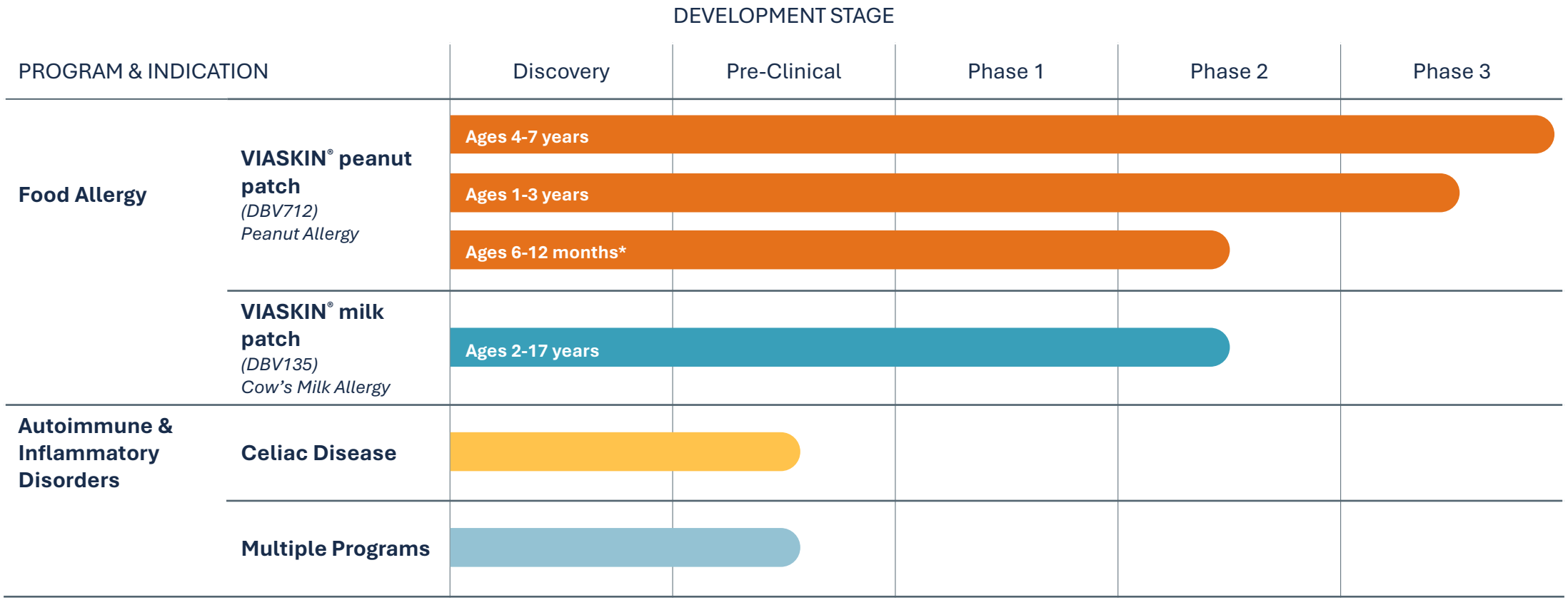
SUMMARY:
VIASKIN Peanut – A Novel Drug-Device with Significant Market Potential

- **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 the 4 to 7 and 1- to 3-year-old 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**

Appendix 1

- VIASKIN Pipeline
- Manufacturing
- Intellectual Property

OUR LONG-TERM VISION IS TO REALIZE THE FULL POTENTIAL OF THE VIASKIN® PATCH TECHNOLOGY



*Study assessing the achievement of ad-lib consumption of dietary peanut in peanut-allergic infants 6 through 12 months of age following a minimum of 3 years of treatment.

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

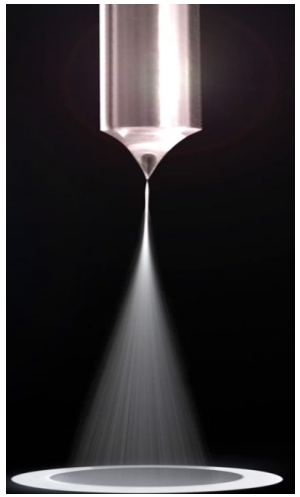
Integrated End-to-End Patch Manufacturing in Place

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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