A SPECIALTY LIFE SCIENCES COMPANY

Corporate Presentation

MARCH 2026

Revive Therapeutics

RVV LISTED ON CSE™

OTC: RVVTF

FRANKFURT: 31R

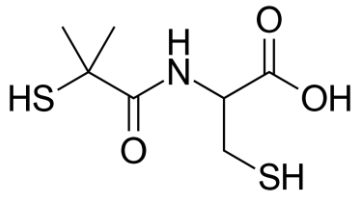
Revive Therapeutics Ltd. | Office: 1-888-901-0036 | E-mail: info@revivethera.com

FORWARD LOOKING STATEMENTS

Certain statements contained in this presentation constitute forward-looking information within the meaning of securities laws. Forward-looking information may relate to our future outlook and anticipated events or results and may include statements regarding our future financial position, business strategy, budgets, litigation, projected costs, capital expenditures, financial results, taxes and plans and objectives. In some cases, forward-looking information can be identified by terms such as “may”, “will”, “should”, “expect”, “plan”, “anticipate”, “believe”, “intend”, “estimate”, “predict”, “potential”, “continue” or other similar expressions concerning matters that are not historical facts. These statements are based on certain factors and assumptions regarding, among other things, expected growth, results of operations, performance, and business prospects and opportunities. While we consider these assumptions to be reasonable based on information currently available to us, they may prove to be incorrect. Forward looking-information is also subject to certain factors, including risks and uncertainties that could cause actual results to differ materially from what we currently expect. These factors include, among other things, the availability of funds and resources to pursue development projects, the successful and timely completion of clinical studies, and the ability to take advantage of business opportunities, the granting of necessary approvals by regulatory authorities, and general economic, market and business conditions. For more exhaustive information on these risks and uncertainties you should refer to our most recently filed Annual Information Form which is available at www.sedar.com. Forward-looking information contained in this presentation is based on our current estimates, expectations and projections, which we believe are reasonable as of the current date. You should not place undue importance on forward-looking information and should not rely upon this information as of any other date. While we may elect to, we are under no obligation and do not undertake to update this information at any particular time.

REVIVE THERAPEUTICS

Bucillamine



Focused on the development of Bucillamine for infectious diseases, inflammatory disorders and medical countermeasures

Robust patent portfolio covering methods and compositions

STRATEGY

Clinical development

- Bucillamine
  - Nerve Agent Exposure

Target Markets

- Infectious Diseases
- Medical Countermeasures
- Rare Disorders

Intellectual Property

- Novel Uses
- Formulations

FDA Designations

- Orphan Drug
- Fast Track
- Breakthrough Therapy

FDA Orphan Drug Designation

INTELLECTUAL PROPERTY PORTFOLIO

Title	Patent Status
Use of Bucillamine in the Treatment of Infectious Diseases, including COVID-19	**Granted:** Canadian Patent No. 3,172,170 (expires March 16, 2041) **Review:** US 17/912,597, Japan 2022-556099
Compositions, Methods and Uses of Bucillamine in the Treatment of a Victim Exposed to a Chemical Warfare Agent	**Review:** PCT/CA2024/000008 (US, CAD, Israel)
Use of Bucillamine in the Treatment of Gout	**Granted:** US Patent No. 9,662,305 (expires November 19, 2033)

PRODUCT PIPELINE

Focus on Infectious Diseases and Medial Countermeasures

Product	Indication	Stage of Development	Regulatory Status
Bucillamine *(Oral Tablet)*	Infectious Diseases COVID-19	Completed Phase 3	Determining next steps and international opps
Bucillamine	Medical Countermeasures Nerve Agent	Pre-clinical	Defence R&D Canada – Research funded by Suffield Research Centre, Canadian Department of National Defence

INFECTIOUS DISEASE OPPORTUNITY

Bucillamine potential for COVID-19

- Potential treatment for reduction in hospitalizations, clinical symptoms and for long COVID

Bucillamine Safety Profile

- Well-known safety profile and prescribed for arthritis in Japan and South Korea for over 30 years

Revive's clinical history with Bucillamine

- Completed Phase 3 study for COVID-19 in over 700 subjects; determining clinical application for long COVID
- Obtained 2 FDA INDs with Bucillamine and FDA orphan drug status (cystinuria, ischemia-reperfusion)
- FDA Phase 2 clinical study for acute gout flares and cystinuria

Bucillamine scientific rationale as an intervention for COVID-19 (see Appendix)

- BUC is 16x more potent than particularly N-acetylcysteine (NAC); NAC has shown to prevent acute lung injury caused by influenza virus
- BUC shown superior function in restoring glutathione and therefore greater potential to prevent acute lung injury during influenza infection
- BUC also shown to prevent oxidative and reperfusion injury in heart and liver tissues
- BUC proven safety and MOA similar to NAC, but with much higher potency

STRATEGIC PARTNERS

DRDC
RDDC
Canada

Bucillamine
Chemical Warfare

UNIVERSITY OF WATERLOO

Bucillamine
Formulation

EXPECTED MILESTONES

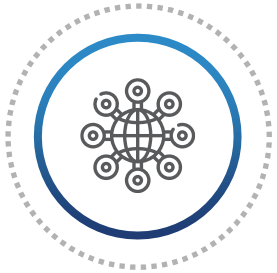
Q1 2026

- Results of Bucillamine for nerve agent exposure at DRDC

Q2 2026

- Further initiatives for Bucillamine with DRDC

TEAM



Management

- **Michael Frank**
  Chairman and CEO
- **Carmelo Marrelli**
  Chief Financial Officer

Clinical & Regulatory

- **Dr. Kelly McKee, Jr., MD, MPH**
  Chief Scientific Officer, Consultant
- **Dr. Arshi Kizilbash, M.D.**
  Medical Advisor, Consultant
- **Dr. Onesmo Mpanju, PhD**
  FDA Regulatory Affairs, Consultant

Board of Directors

- **Michael Frank**
  Chairman and CEO
- **William Jackson**
  Director
- **Joshua Herman**
  Director
- **Christian Scovenna**
  Director
- **Andrew Lindzon**
  Director

STOCK INFORMATION

Ticker

RVV (CSE) | RVVTF (OTC) | 31R (Frankfurt)

52-Week High/Low

CAD $0.06 / $0.005

Market Cap

CAD ~ $25,000,000

Share Price

CAD $0.06 (March 13, 2026)

Capital Structure

418,564,269 common shares
35,320,334 stock options
63,317,263 warrants ($0.05 - $0.20)

APPENDIX – BUCILLAMINE SCIENTIFIC RATIONALE FOR COVID-19

Current antiviral interventions for influenza have exhibited modest efficacy, especially in improving mortality in at-risk populations, such as the elderly.[1,2] Novel antivirals have been plagued by poor oral bioavailability and lack of efficacy when not delivered early.[1] This is because these drugs mostly act to prevent the early processes of virus binding to cells or viral replication.[2] Thiols, particularly N-acetylcysteine (NAC), with antioxidant and reducing activity have been investigated as effective therapies that abrogate the potential for influenza to cause severe disease.[3,4,5] Restoration of glutathione, the major intracellular thiol antioxidant, is a critical functional activity of NAC.[6] Reactive oxygen species (ROS) generation during influenza virus infection aggravate destructive inflammation and programmed death of epithelial cells.[7] Studies in human cells and animal models have shown that NAC works to prevent acute lung injury caused by influenza virus infection through inhibition of these ROS-mediated mechanisms.[4,7] NAC has been investigated clinically and found to significantly attenuate clinical symptoms associated with influenza infection, especially in elderly at-risk patients.[5] While NAC is easily taken up by cells and has low toxicity, clinical efficacy has required long-term and high-dose administration because of modest relative potency, limiting its clinical applicability.

Bucillamine (N-(mercapto-2-methylpropionyl)-l-cysteine), which has a well-known safety profile and is prescribed in the treatment of rheumatoid arthritis in Japan and South Korea for over 30 years, is a cysteine derivative with 2 thiol groups that is 16-fold more potent than NAC as a thiol donor in vivo, giving it vastly superior function in restoring glutathione and therefore greater potential to prevent acute lung injury during influenza infection.[8] Bucillamine has also been shown to prevent oxidative and reperfusion injury in heart and liver tissues[8] and is highly cell permeable for efficient delivery into cells.[8,9] Bucillamine has unrealized potential for the treatment of influenza with both proven safety and proven mechanism of action similar to that of NAC, but with much higher potency, mitigating the previous obstacles to using thiols therapeutically. It is also reasonable to hypothesize that similar processes related to ROS are involved in acute lung injury during Cov-19 infection, possibly justifying the investigation of Bucillamine as an intervention for COVID-19.

APPENDIX – BUCILLAMINE SCIENTIFIC RATIONALE FOR COVID-19

References

1. Muthuri SG, Venkatesan S, Myles PR et al. Effectiveness of neuraminidase inhibitors in reducing mortality in patients admitted to hospital with influenza A H1N1pdm09 virus infection: a meta-analysis of individual participant data Lancet Respir Med. 2014 May;2(5):395-404. doi: 10.1016/S2213-2600(14)70041-4.

2. Duwe S. Influenza viruses – antiviral therapy and resistance. GMS Infect Dis. 2017; 5: Doc04.

3. Zhang RH, Li CH, Wang CL et al. N-acetyl-l-cystine (NAC) protects against H9N2 swine influenza virus-induced acute lung injury. Int Immunopharmacol. 2014 Sep;22(1):1-8. doi: 10.1016/j.intimp.2014.06.013.

4. Ungheri D, Pisani C, Sanson G et al. Protective effect of n-acetylcysteine in a model of influenza infection in mice. Int J Immunopathol Pharmacol. 2000 Sep-Dec;13(3):123-128.

5. De Flora S, Grassi C, and Carati L. Attenuation of influenza-like symptomatology and improvement of cell-mediated immunity with long-term N-acetylcysteine treatment. Eur Respir J 1997; 10: 1535–1541 DOI: 10.1183/09031936.97.10071535

6. Poole LB. The Basics of Thiols and Cysteines in Redox Biology and Chemistry. Free Radic Biol Med. 2015 Mar; 0: 148–157. doi: 10.1016/j.freeradbiomed.2014.11.013.

7. Mata M, Morcillo E, Gimeno C, Cortijo J. N-acetyl-L-cysteine (NAC) inhibit mucin synthesis and pro-inflammatory mediators in alveolar type II epithelial cells infected with influenza virus A and B and with respiratory syncytial virus (RSV). Biochem Pharmacol. 2011 Sep 1;82(5):548-55. doi: 10.1016/j.bcp.2011.05.014.

8. Horowitz LD. Bucillamine: a potent thiol donor with multiple clinical applications. Cardiovasc Drug Rev. 2003 Summer;21(2):77-90.

9. Sagawa A, Fujisaku A, Ohnishi K et al. A multicentre trial of bucillamine in the treatment of early rheumatoid arthritis (SNOW study). Mod Rheumatol. 2011 Jun;21(3):251-7. doi: 10.1007/s10165-010-0385-4