



# JP Morgan Conference

JANUARY 2025

## Who We Are

We're relentless and focused on putting patients at the center of everything we do as we strive to develop life-changing medicines

A circular inset photograph of a woman with long, wavy brown hair, wearing a light-colored blazer. She is smiling slightly and looking off-camera to the right. The background shows a wooden railing and green foliage.

*Anna*

Living with Recurrent Pericarditis

# Forward Looking Statements

This presentation (together with any other statements or information that we may make in connection herewith) contains forward-looking statements with respect to Kiniksa Pharmaceuticals International, plc (and its consolidated subsidiaries, collectively, unless context otherwise requires, “Kiniksa,” “we,” “us” or “our”). In some cases, you can identify forward looking statements by terms such as “may,” “will,” “should,” “expect,” “plan,” “anticipate,” “could,” “intend,” “goal,” “design,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “potential,” “strategy,” or “continue” or the negative of these terms or other similar expressions, although not all forward-looking statements contain these identifying words. All statements contained in this presentation that do not relate to matters of historical fact should be considered forward-looking statements, including without limitation, statements regarding our strategy; potential value drivers; potential indications; potential product candidates; potential market opportunities and competitive position; ongoing, planned and potential clinical trials and other studies; timing and potential impact of clinical data; regulatory and other submissions, applications and approvals; commercial strategy and commercial activities; expected run rate for our cash, cash equivalents and short-term investments; expected funding of our operating plan; financial guidance; and capital allocation.

These statements involve known and unknown risks, uncertainties, and other important factors that may cause our actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements, including, without limitation: delays or difficulty in enrollment of patients in, and activation or continuation of sites for, our clinical trials; delays or difficulty in completing our clinical trials as originally designed; potential for changes between final data and any preliminary, interim, top-line or other data from clinical trials; our inability to replicate results from our earlier clinical trials or studies; impact of additional data from us or other companies, including the potential for our data to produce negative, inconclusive or commercially uncompetitive results; potential undesirable side effects caused by our products and product candidates; our inability to demonstrate safety and efficacy to the satisfaction of applicable regulatory authorities; potential for applicable regulatory authorities to not accept our filings, delay or deny approval of any of our product candidates or require additional data or trials to support approval; our reliance on third parties as the sole source of supply of the drug substance and drug product used in our products and product candidates; raw material, important ancillary product and drug substance and/or drug product shortages; our reliance on third parties to conduct research, clinical trials, and/or certain regulatory activities for our product candidates; complications in coordinating requirements, regulations and guidelines of regulatory authorities across jurisdictions for our clinical trials; changes in our operating plan, business development strategy or funding requirements; and existing or new competition.

These and the important factors discussed in our filings with the U.S. Securities and Exchange Commission, including under the caption “Risk Factors” contained therein could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. These forward-looking statements reflect various assumptions of Kiniksa’s management that may or may not prove to be correct. No forward-looking statement is a guarantee of future results, performance, or achievements, and one should avoid placing undue reliance on such statements. Except as otherwise indicated, this presentation speaks as of the date of this presentation. We undertake no obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.

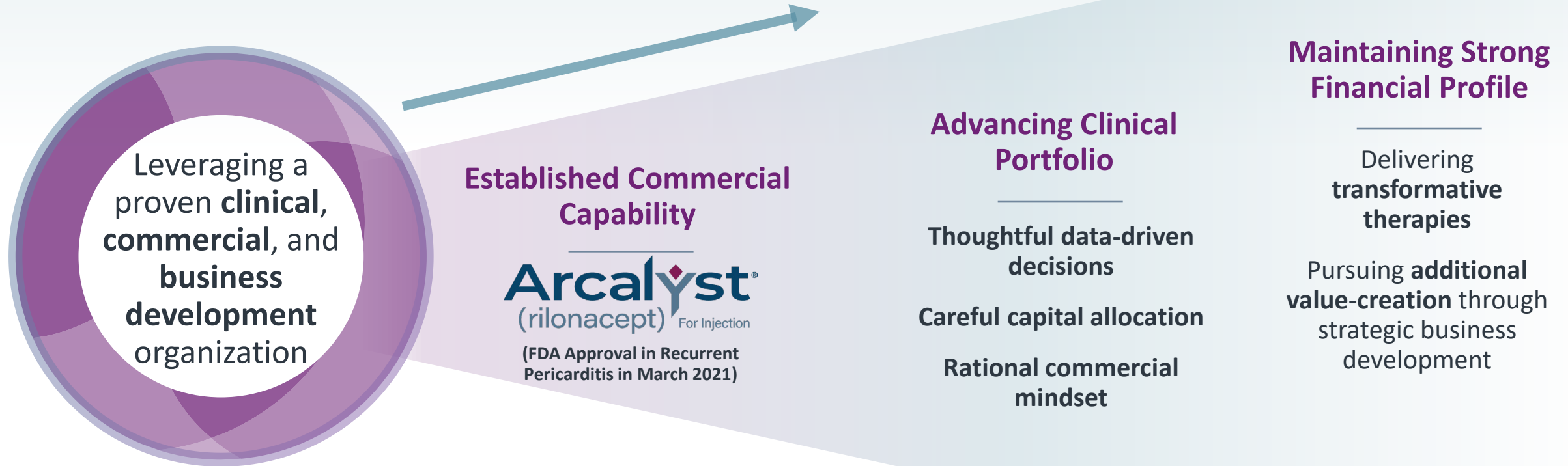
This presentation also contains estimates, projections, and/or other information regarding our industry, our business and the markets for certain of our product candidates, including data regarding the estimated size of those markets, and the incidence and prevalence of certain medical conditions. Unless otherwise expressly stated, we obtained this industry, business, market and other data from reports, research surveys, clinical trials, studies and similar data prepared by market research firms and other third parties, from industry, medical and general publications, and from government data and similar sources. Information that is based on estimates, forecasts, projections, market research, or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances reflected in this information.

ARCALYST is a registered trademark of Regeneron Pharmaceuticals, Inc. Kiniksa OneConnect is a trademark of Kiniksa Pharmaceuticals. All other trademarks are the property of their respective owners.



# Building a Generational Company Across All Stages of Drug Development

Kiniksa is an emerging leader in rare and specialty disease



Business development is a key part of our core strategy



# Advancing Commercial and Clinical Portfolio

Program	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Commercial
<b>COMMERCIAL</b>						
<b>ARCALYST® (rilonacept)<sup>1-3</sup></b> IL-1α & IL-1β Trap	<i>Recurrent Pericarditis</i>					
<b>CLINICAL</b>						
<b>Abiprubart</b> Anti-CD40	<i>Sjögren's Disease</i>					

## COLLABORATIVE STUDY AGREEMENTS

- **ARCALYST (rilonacept)** – *Mayo Clinic, Cardiac Sarcoidosis*  
IL-1α & IL-1β Trap

## OUT-LICENSING AGREEMENTS

- **ARCALYST (rilonacept)** – *Huadong Medicine, Asia Pacific Region, Excluding Japan*  
IL-1α & IL-1β Trap
- **Mavrilimumab** – *Huadong Medicine, Asia Pacific Region, Excluding Japan*  
Anti-GM-CSFRα
- **Vixarelimab** – *Genentech, Worldwide*  
Anti-OSMRβ



1) Approved in the U.S.; ARCALYST is also approved in the U.S. for cryopyrin-associated periodic syndromes (CAPS) and deficiency of the interleukin-1 receptor antagonist (DIRA);  
 2) The FDA granted Breakthrough Therapy designation to ARCALYST for recurrent pericarditis in 2019; the FDA granted Orphan Drug exclusivity to ARCALYST in March 2021 for the treatment of recurrent pericarditis and reduction in risk of recurrence in adults and pediatric patients 12 years and older. The European Commission granted Orphan Drug designation to ARCALYST for the treatment of idiopathic pericarditis in 2021;  
 3) Kiniksa has worldwide rights, excluding the Middle East and North Africa; Kiniksa granted Huadong Medicine exclusive rights in the Asia Pacific Region, excluding Japan.  
 IL-1α = interleukin-1α; IL-1β = interleukin-1β

# Clinical Portfolio Builds on Foundation of Success

Abiprubart development strategy leverages broad applicability of critical CD40-CD154 signaling pathway

## Abiprubart Development Strategy

- **Mechanism** implicated in **numerous autoimmune diseases**
- Enrolling and dosing patients in a **Phase 2b Sjögren's Disease** trial
- **Differentiated** within class

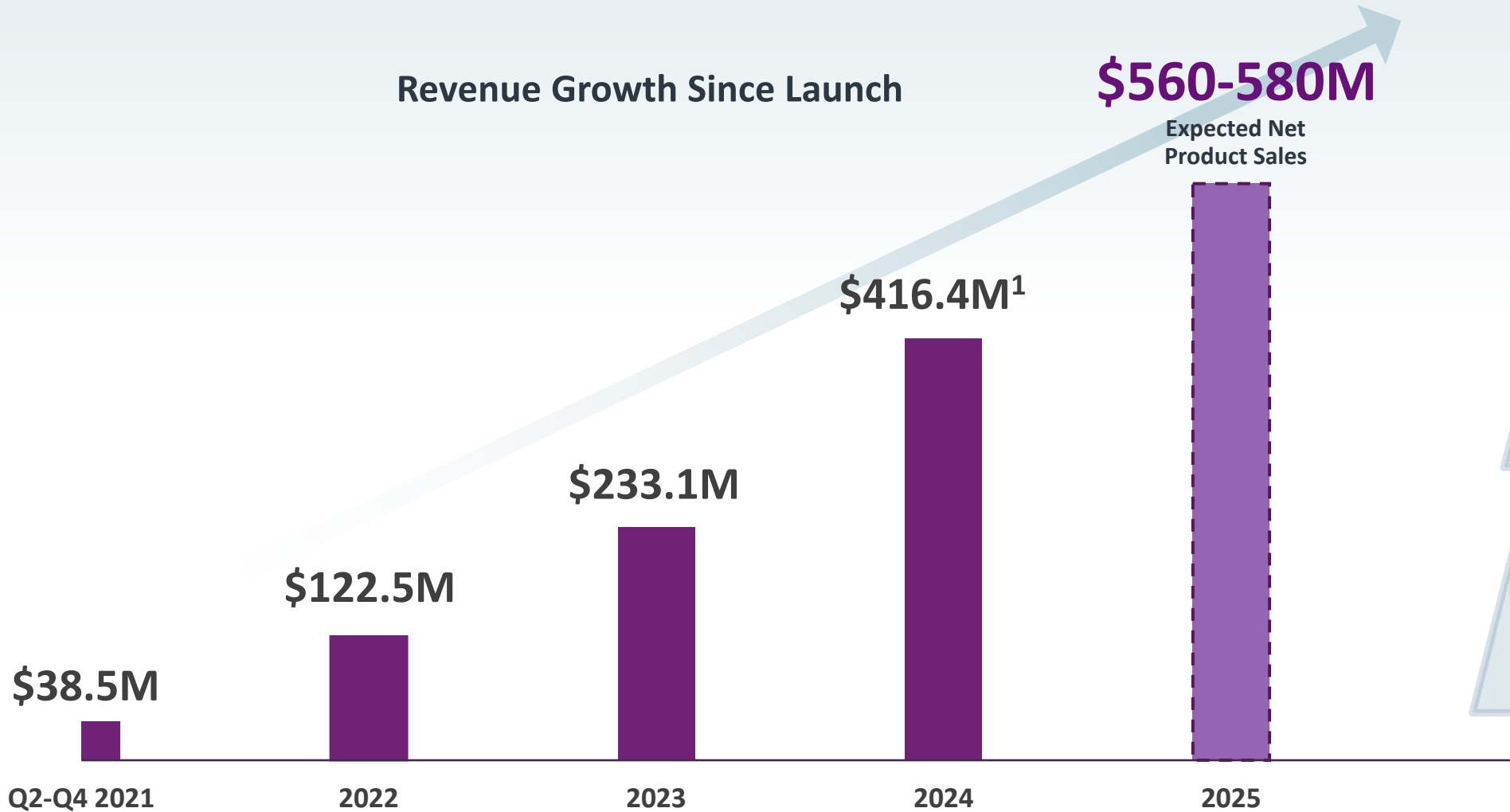
### Sjögren's Disease

- **Significant market** with no FDA-approved therapies
- **External de-risking** for CD40-CD154 mechanism
- **High concentration liquid formulation**
- Only program evaluating **monthly subcutaneous** dose in Sjögren's Disease

# Kiniksa Presents a Unique and Compelling Value Proposition

Commercialization led to significant growth and franchise profitability

### Revenue Growth Since Launch



Strong and Profitable  
ARCALYST Revenue  
Growth

Advancing Clinical  
Portfolio

Strategic Business  
Development



1) ARCALYST 2024 net product revenue (unaudited)

# Built a Robust Commercial Organization Delivering a Successful Launch Serving Recurrent Pericarditis Patients



## Specialty Field Force

Tenured in rare and **cardiovascular** diseases



## Patient & Physician Marketing

Clear **call to action** through **highly targeted** and segmented approach



## Value & Access

Compelling **value proposition** creating high payer approval rate



## Comprehensive Patient Services

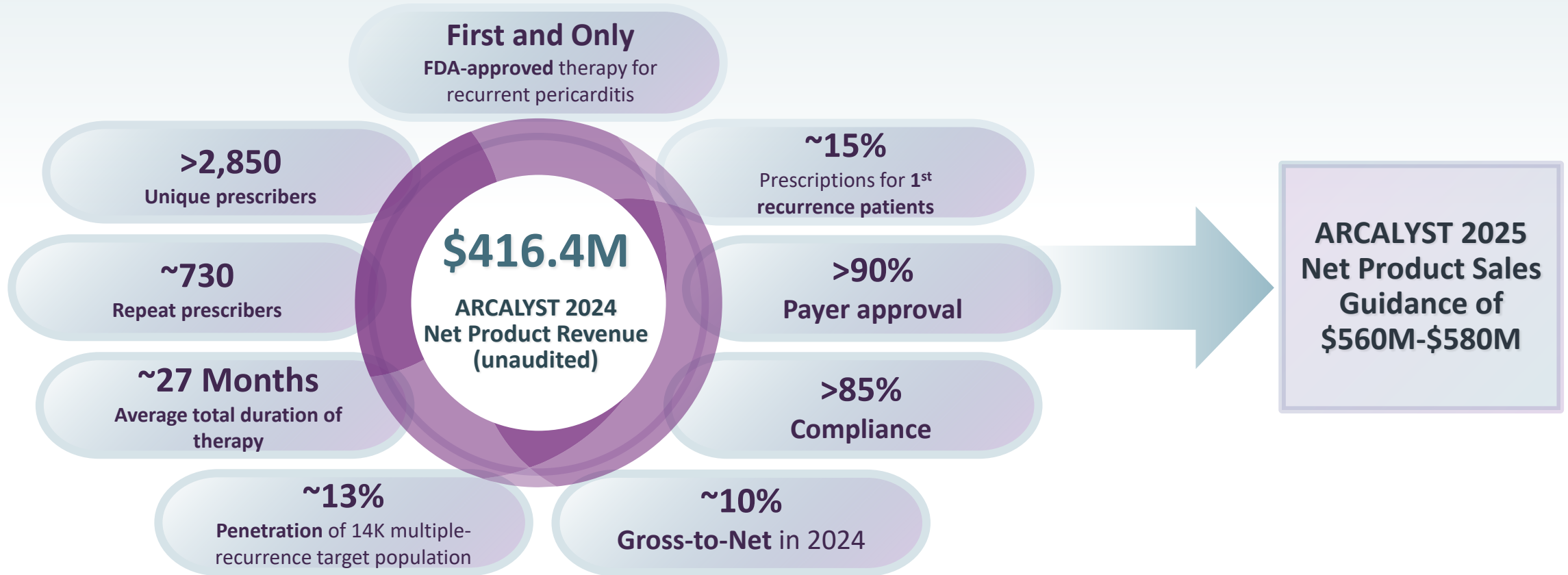
Providing **personalized, end-to-end support** for patients



*Vanessa*

Living with Recurrent Pericarditis

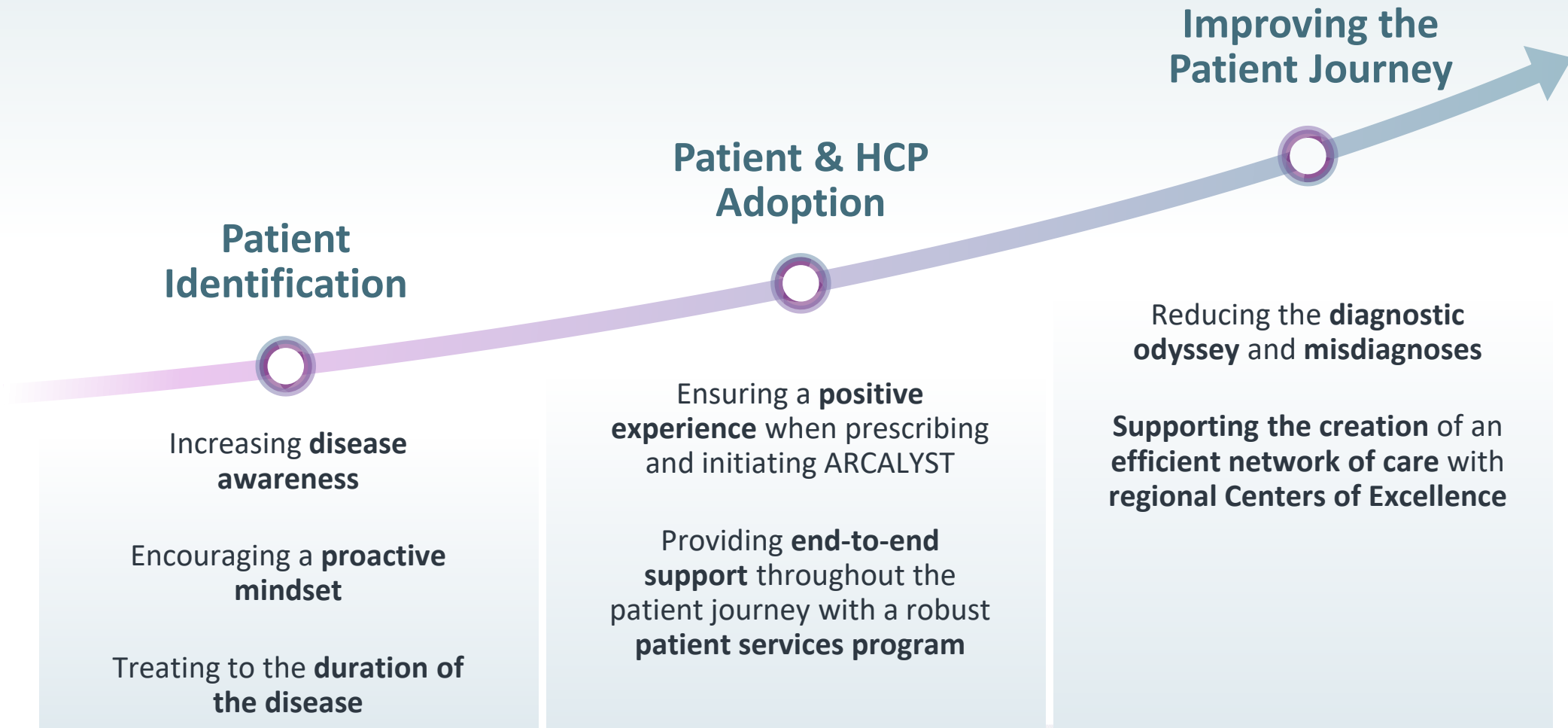
# Driven Robust and Sustained Growth and are Well-Positioned for Continued Growth in Recurrent Pericarditis



Sources: Kiniksa data on file through 12/31/2024



# Our Team is Experienced Building and Executing on Commercial Strategy

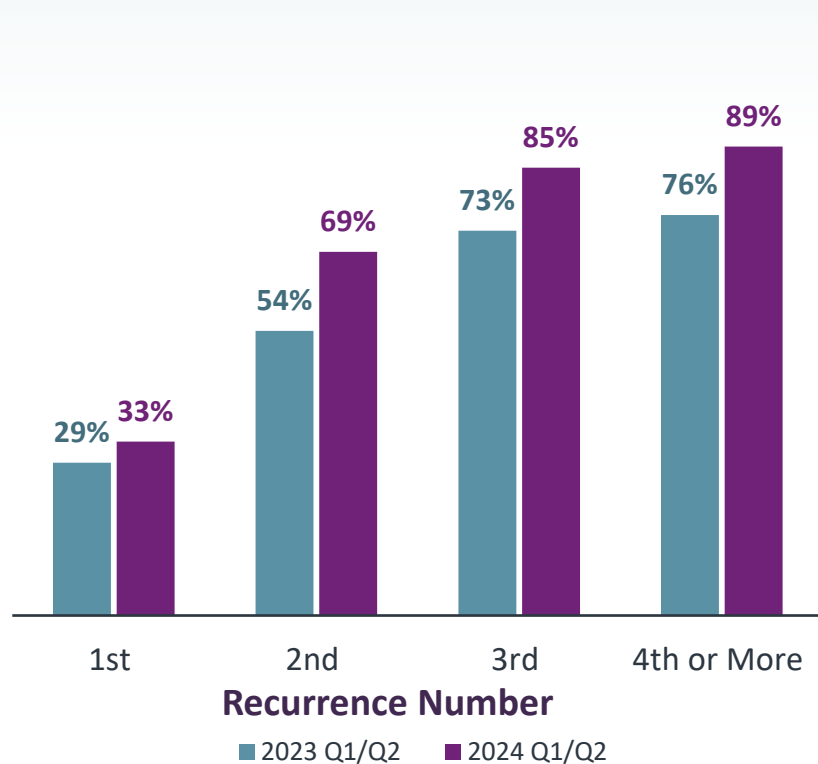


# Our Strategy is Already Shifting ARCALYST Utilization Earlier in Disease

Market research suggests ~15% of prescriptions are for 1<sup>st</sup> recurrence patients; ~85% for multiple recurrence patients

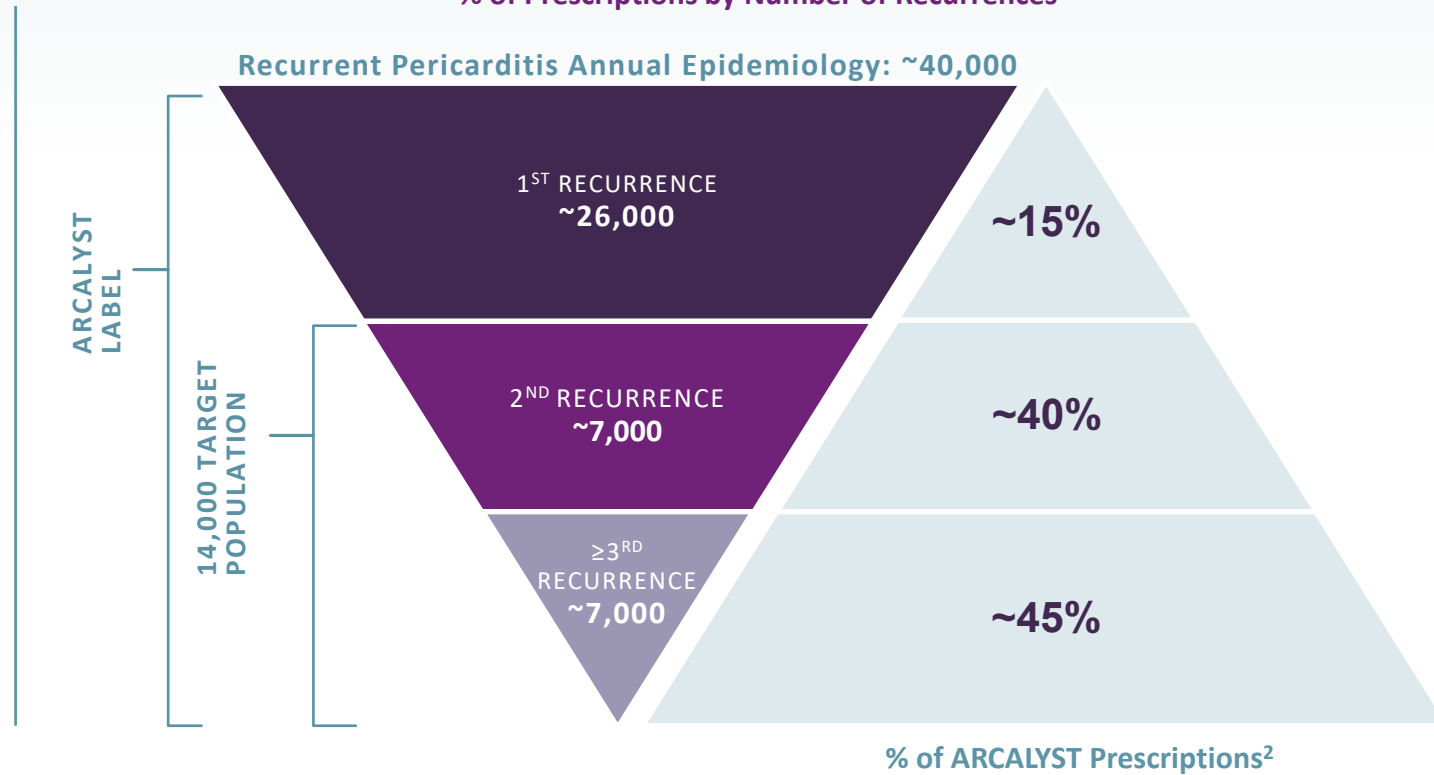
## Physicians Report a Growing Consideration to Prescribe ARCALYST Across All Stages of Disease

% of Prescribers Considering ARCALYST by Recurrence<sup>1</sup>



## Intention to Prescribe is Translating to Actual Prescribing Across All Stages of the Disease

% of Prescriptions by Number of Recurrences<sup>2</sup>



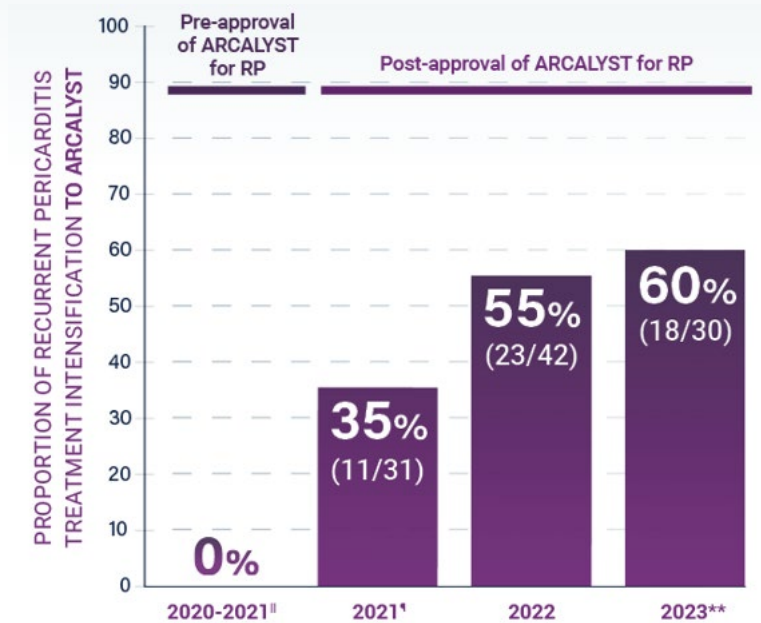
1) HCP market research 2024; 200 Cardiologists / Rheumatologists;  
2) Kiniksa data on file.

# ARCALYST Has Evolved the Treatment Paradigm For Recurrent Pericarditis

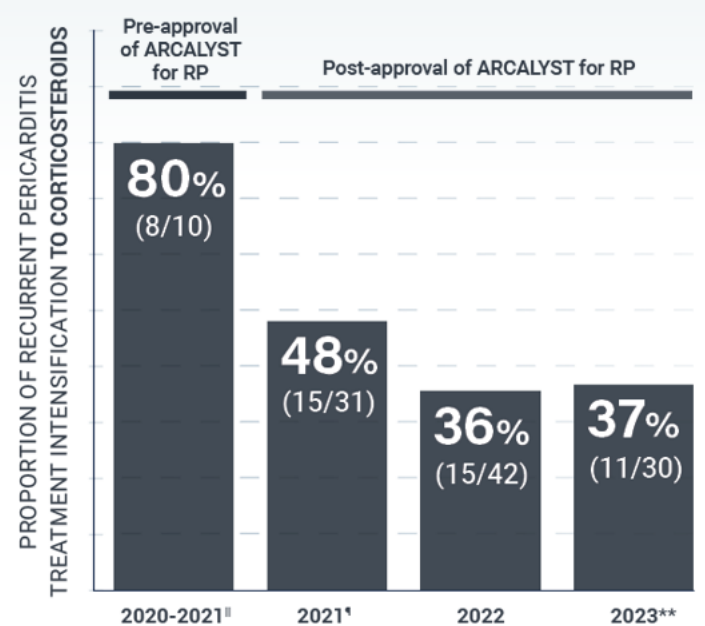
Our RESONANCE registry is collecting real-world evidence from 29 expert centers over a 6-year observation period

TREATMENT CHOICE OVER TIME IN PATIENTS FAILING ASPIRIN/NONSTEROIDAL ANTI-INFLAMMATORY DRUGS/COLCHICINE (N=113)<sup>1\*</sup>

Proportional use of ARCALYST<sup>‡</sup> has increased;  
P=0.0024<sup>§</sup>



Proportional use of corticosteroids has decreased;  
P=0.0169<sup>†</sup>



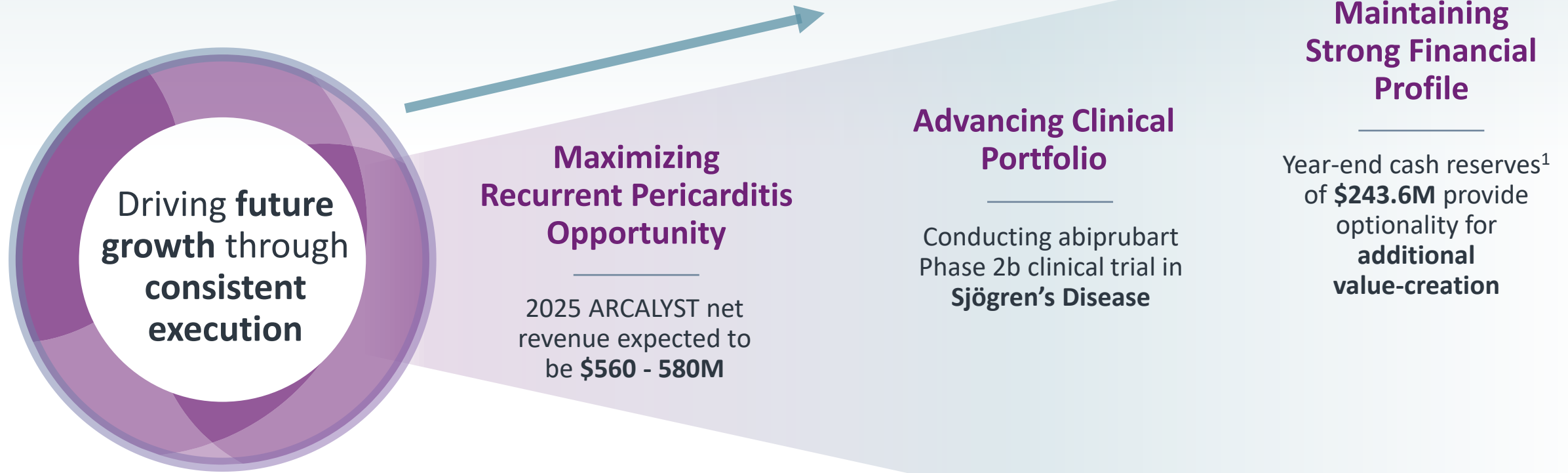
ARCALYST has increasingly become the 2<sup>nd</sup> line treatment of choice, after NSAIDs/colchicine, at leading expert centers across the U.S.



\*Failing is defined as patients who had to intensify to higher-line therapies, such as csDMARDs, corticosteroids, anakinra, or ARCALYST.<sup>†</sup>Reference group is 2020-2021. <sup>‡</sup>Of 52 patients starting ARCALYST after aspirin/NSAIDs/colchicine, 5 patients utilized steroids as a short-term bridge prior to starting ARCALYST (2 patients in 2021, 2 patients in 2022, 1 patient in 2023); 4 patients (2 patients in 2021, 2 patients in 2023) utilized anakinra as a short-term bridge prior to starting ARCALYST. <sup>§</sup>Reference group is 2021. <sup>||</sup>Partial year 2021 prior to ARCALYST availability on April 1, 2021. <sup>¶</sup>Partial year 2021 after ARCALYST availability after April 1, 2021. <sup>\*\*</sup>Data censored at last check-in visit.  
1) Cremer, PC, Garshick, M, Luis, SA, Raisinghani, A, Weber, B, Parmeswaran, V, Curtis, A, Klein, AL, Paolini, JF. Increased Adoption of IL-1 Pathway Inhibition and the Steroid-Sparing Paradigm Shift: Temporal Trends in Recurrent Pericarditis Treatment from the RESONANCE Patient Registry. Adapted from poster presented at 2024 European Society of Cardiology Congress. London, UK.

# Kiniksa is Positioned for Near- and Long-Term Success

Execution across commercial and clinical-stage portfolio sets the stage for continued advancement in 2025 and beyond



1) As used herein the term, "Cash Reserves" denotes our cash, cash equivalents and short-term investments (unaudited) as of December 31, 2024