Second Quarter 2026 Financial Results and Recent Portfolio Execution

JULY 28, 2026

Agenda

- **Introduction** | *Sanj K. Patel, Chief Executive Officer*
- **ARCALYST® Commercial Execution** | *Ross Moat, Chief Operating Officer*
- **KPL-387 Program Review**| *John F. Paolini, Chief Medical Officer*
- **Second Quarter 2026 Financial Results** | *Mark Ragosa, Chief Financial Officer*
- **Closing Remarks** | *Sanj K. Patel, Chief Executive Officer*
- **Q&A Session**

KINIKSA

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 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 forward-looking statements are based on management's current expectations. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties, and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements, including, without limitation, the following: 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, including the data from the interval analysis of our Phase 2 clinical trial of KPL-387 in recurrent pericarditis; 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; business development activities and their impact on our financial performance and strategy; changes in our operating plan, business development strategy or funding requirements; existing or new competition; current and future healthcare reforms, including those affecting the delivery of or payment for healthcare products and services; and the impact of global economic policy, including any uncertainty in national and international markets.

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.

KINIKSA

Introduction

Sanj K. Patel
Chief Executive Officer

Q2 2026 Business Highlights

Driving ARCALYST Revenue

- **Q2 2026 ARCALYST revenue of $243.6M**
- **Continued growth potential** with only **~21% penetration** into multiple recurrence population[1]
- **Full year 2026 net revenue guidance raised** to between **$980-$995 million** from previous guidance of $930-$945 million

Advancing Clinical Portfolio

- **Positive KPL-387 Phase 2 data** supported Phase 3 initiation with target product profile of **once-monthly SC dosing in liquid formulation**
- **Enrollment commenced in pivotal Phase 3 PASTORALE trial** of KPL-387 in recurrent pericarditis
- **KPL-1161 Phase 1** first-in-human trial on track to initiate by **YE 2026**

Maintaining Financial Strength

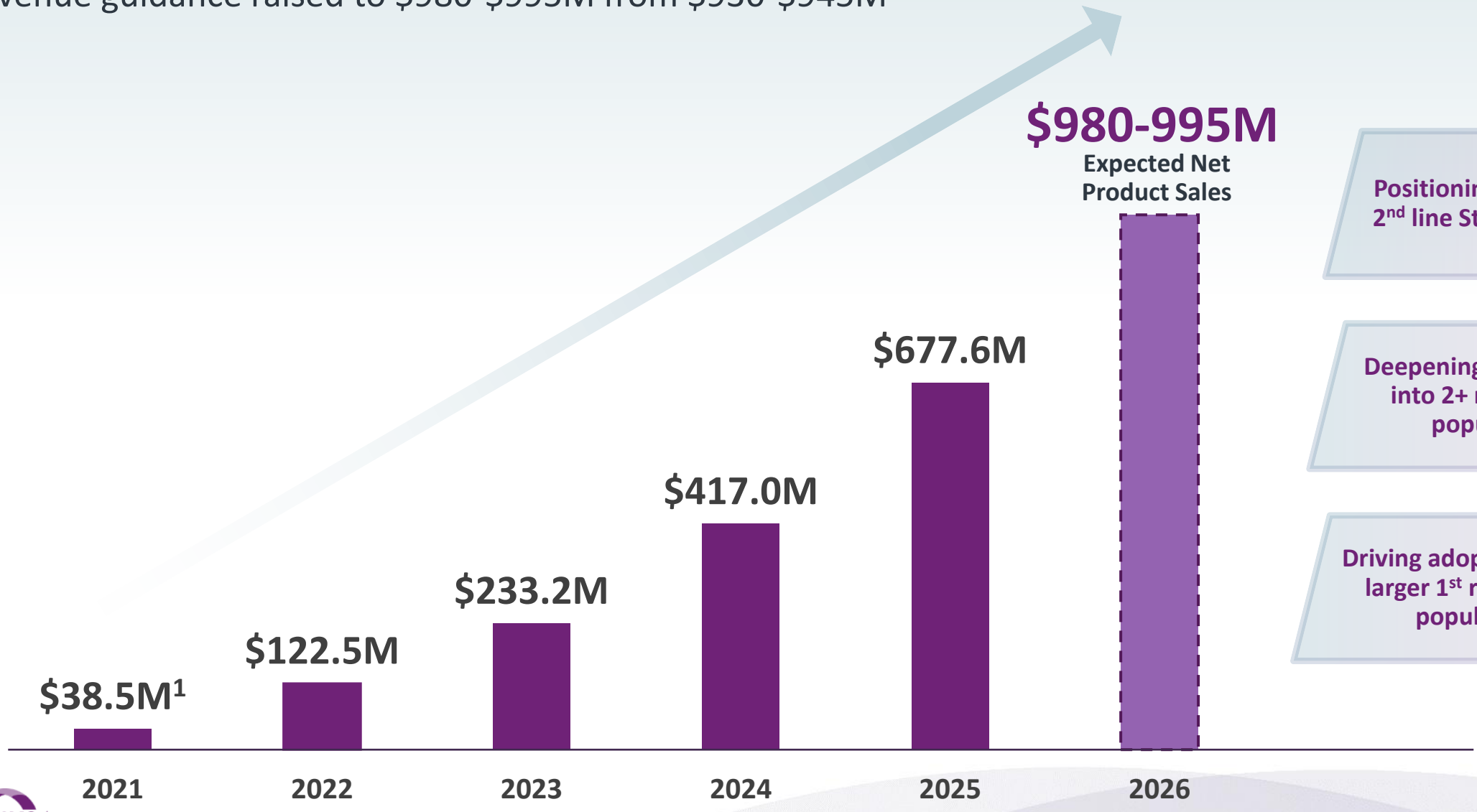
- **Q2 2026 cash reserves of ~$526M**, representing ~$58M of net cash generation for the period
- Financial strength provides capacity to **continue investing in value creating opportunities**

KINIKSA

1) As of Q2 2026.
SC = subcutaneous

2026 ARCALYST Net Product Sales Guidance

Revenue guidance raised to $980-$995M from $930-$945M



- Positioning ARCALYST as 2nd line Standard of Care
- Deepening penetration into 2+ recurrence population
- Driving adoption among larger 1st recurrence population

1) 2021 = 9 months of availability (Q2-Q4).

KPL-387 Pivotal Phase 3 Trial Now Enrolling & Dosing Patients

PASTORALE

A Phase 3 Study of Participants with Recurrent Pericarditis Evaluating the Efficacy and Safety of KPL-387[1]

KPL-387 Development Program

- Advancing **potential additional treatment option** for patients with recurrent pericarditis
- Pivotal trial follows on **successful RHAPSODY design and registrational endpoint**
- Evaluating KPL-387 target product profile of **once-monthly SC dosing in liquid formulation**

KPL-387 Development Program Designed to Enable 2028/2029 Launch

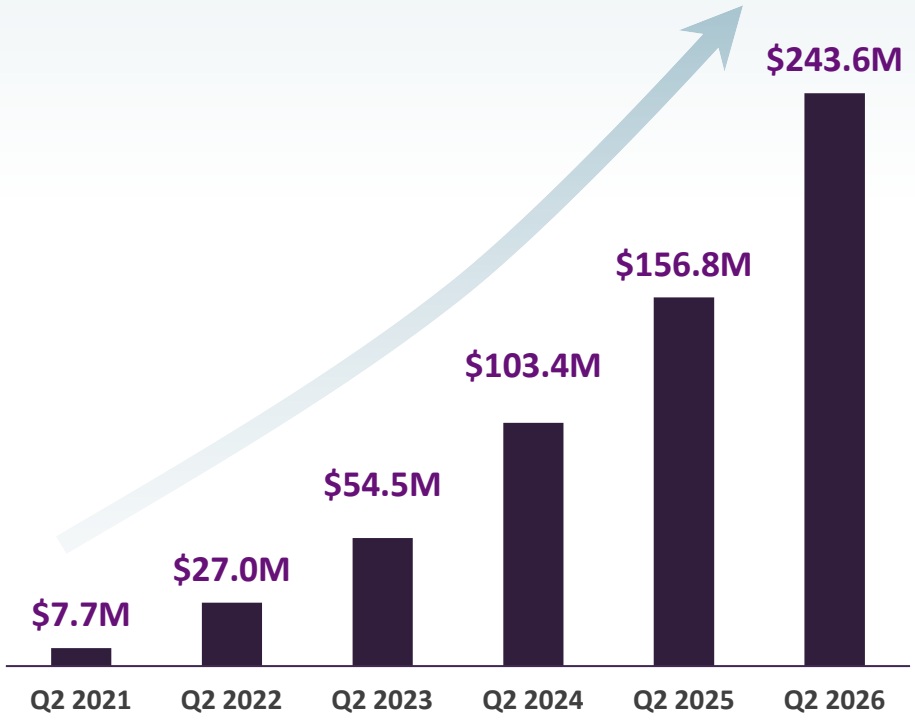
1) NCT07010159
SC = subcutaneous

ARCALYST Commercial Execution

Ross Moat
Chief Operating Officer

Expanding Adoption of IL-1α & IL-1β Inhibition Driving ARCALYST Sales

Year-Over-Year Net Revenue Growth



Key Executional Priorities

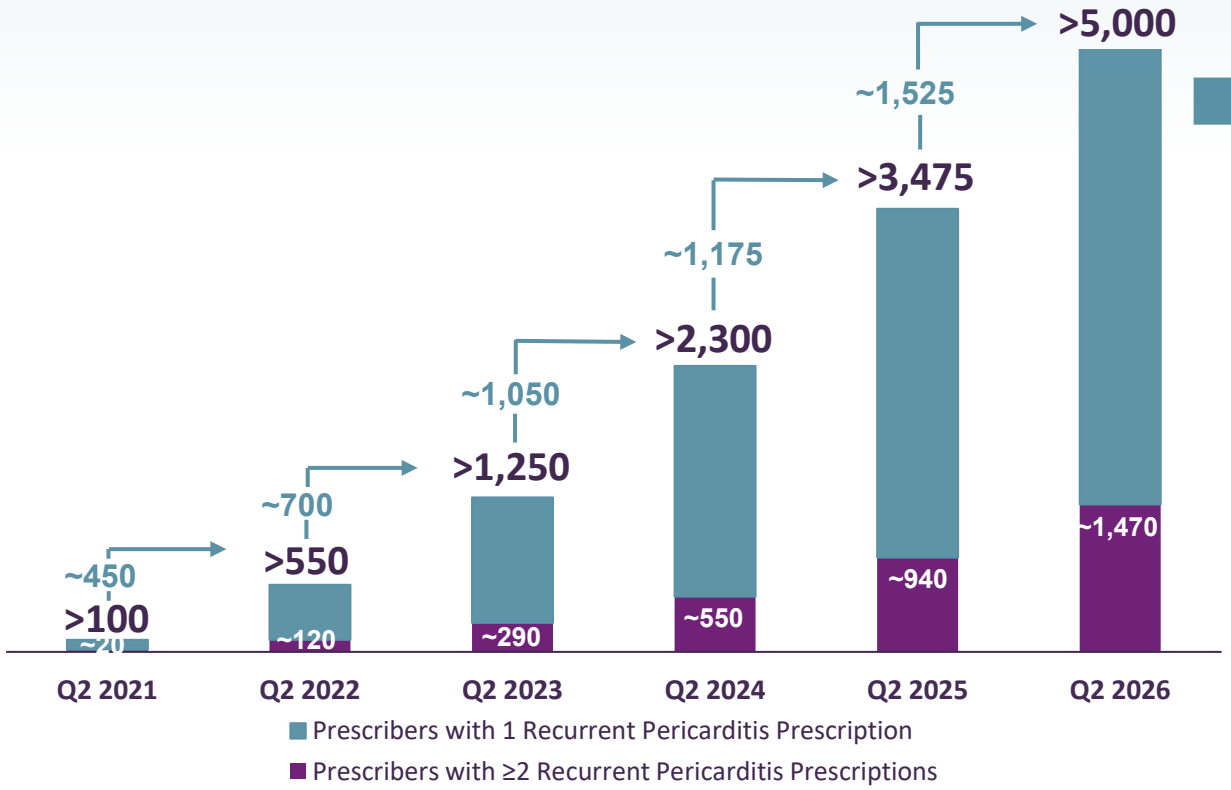
January 2026		1H 2026
Expand the prescriber base around the evolved treatment paradigm	→	**Building a pool of prescribers who understand and educate others on the new way to treat Recurrent Pericarditis**
Utilize AI capabilities to target RP prescribers more efficiently	→	**Efficiently positioning field resources at the right place and time, with the right messaging**
Advance direct to patient digital marketing	→	**Reaching RP patients through *Heart's Home™* targeted DTC campaign**
Drive awareness of 2025 ACC Concise Clinical Guidance on IL-1 inhibition	→	**Growing physician adoption in updated positioning of IL-1 inhibition**

~21% Penetration of Multiple-Recurrence Population as of the End of Q2 2026

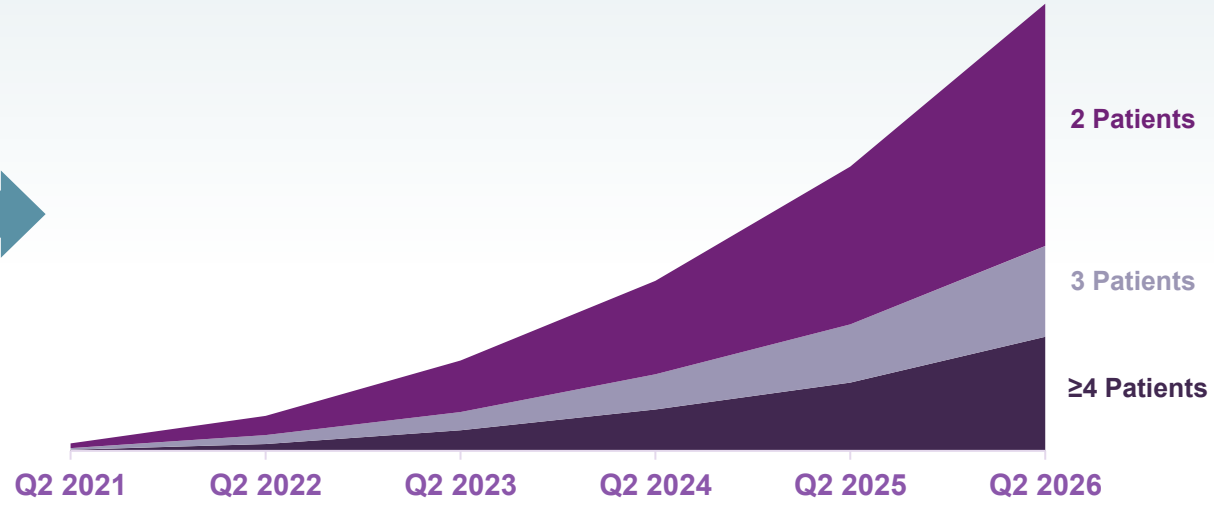
KINIKSA

Expanding Breadth and Depth of ARCALYST Prescribing

Total and Repeat Prescribers of ARCALYST for Recurrent Pericarditis Patients



The Growing Repeat Prescriber Base is Delivering >50% of All New Patient Prescriptions



- Strong, steady growth in **both new and repeat prescribers**, supporting long-term growth-potential
- Both physicians and patients are gaining **positive experiences with ARCALYST** as the first and only approved therapy for recurrent pericarditis
- Cardiologist market research shows a steady **increase in their level of comfort with prescribing biologics**
- **>50% of all new prescriptions in Q2 2026 came from repeat prescribers**

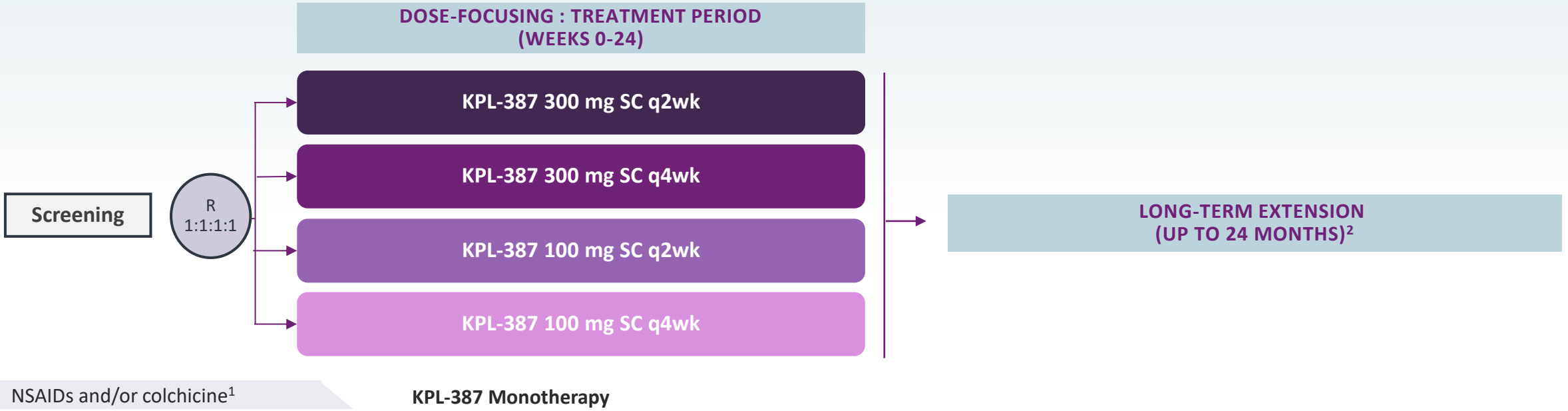
KINIKSA

KPL-387 Program Review

John F. Paolini
Chief Medical Officer

Phase 2 Dose-Focusing Study Designed to Affirm Phase 3 Dose Level

PK/PD relationship, cadence & magnitude of initial response, and duration of action in Phase 2 inform Phase 3 efficacy



Population:

- Up to ~80 patients diagnosed with RP presenting at screening with a qualifying pericarditis episode despite treatment with conventional oral therapies.

Phase 2 Primary Efficacy Endpoint

- Time to Treatment Response[3]

Phase 2 Key Secondary Endpoints

- Time to Pain Response
- Time to CRP normalization (CRP ≤ 0.5 mg/dL).

1) KPL-387 will be administered in addition to conventional oral pericarditis medications (NSAIDs and/or colchicine) from baseline to Week 1 and then weaned off pericarditis medications to achieve KPL-387 monotherapy by Week 2. Participants previously treated with glucocorticoids must have discontinued their use at least 72 hours prior to first study drug administration; 2) Up to 24 months or the time KPL-387 is approved for commercial use in that region to treat recurrent pericarditis; 3) Treatment Response is defined as Pain Response (NRS score ≤ 2 on the 11-point daily pericarditis pain NRS) and at least one CRP level ≤ 0.5 mg/dL within 7 days before or after the Pain Response.

NSAID = non-steroidal anti-inflammatory drug; RP = recurrent pericarditis; CRP = C-reactive protein; NRS = numerical rating scale (for chest pain); R = randomization; SC = subcutaneous

Phase 2 Data Supported Selection of KPL-387 300 mg SC q4wk Dose Level for Pivotal Phase 3 Study

Primary and Secondary Endpoints*	KPL-387 300 mg SC q4wk
Time to Treatment Response[1]	4.0 (3.0, 6.0) days
Time to Pain Response	4.0 (3.0, 6.0) days
Time to CRP Normalization[2]	8.0 (7.0, 9.0) days

*Reported as median (95% CI)

Participants in the 300 mg SC q4wk dose group experienced rapid and sustained Treatment Response[1], with reductions in NRS pain and inflammation[2] as soon as after the first dose

KPL-387 efficacy was durable throughout the monthly dosing interval

Treatment effects were consistent with those seen in prior studies of rilonacept in recurrent pericarditis**

KPL-387 was generally well-tolerated, consistent with the well-known safety profile IL-1 pathway inhibition

Phase 2 data presented are based on an interval analysis of the ongoing Phase 2 study and are subject to change following study completion, final data cleaning, and completion of analyses. Final results may differ from those presented herein.

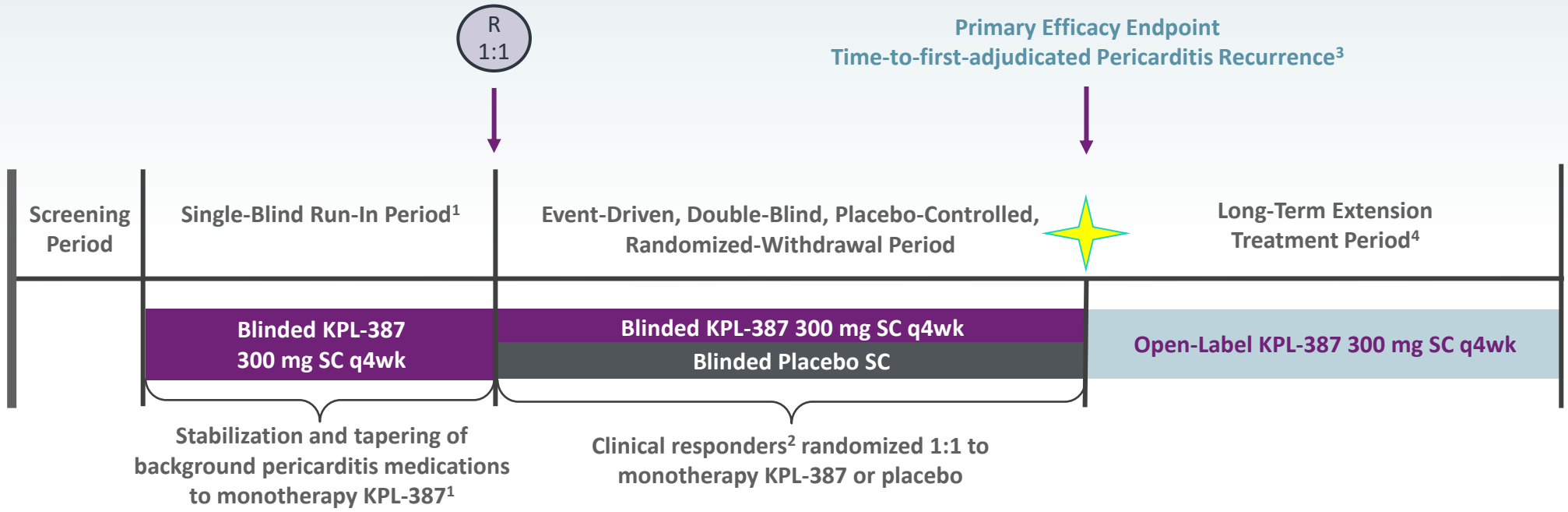
**Cross-trial comparisons may not be reliable due to differences in study protocol, patient populations, and other factors.

1) Treatment Response is defined as Pain Response (NRS score ≤ 2 on the 11-point daily pericarditis NRS pain scale) and at least one CRP level ≤ 0.5 mg/dL within 7 days before or after the day of Pain Response; 2) CRP normalization defined as CRP ≤ 0.5 mg/dL.

SC = subcutaneous; q4wk = every four weeks; NRS = Numeric Rating Scale; CRP = C-reactive protein

KINIKSA

Phase 3 Pivotal PASTORALE Trial Builds on Successful RHAPSODY Design



Population:

- Up to ~85 patients diagnosed with RP presenting at screening with a qualifying pericarditis episode despite treatment with conventional oral therapies.

Primary Efficacy Endpoint

- Time-to-first-adjudicated Pericarditis Recurrence[3]

1) Duration of the run-in period undisclosed in order to maintain study subjects blinded to the start of the randomized-withdrawal period; 2) Clinical response defined as the weekly average of daily pericarditis pain ≤ 2.0 on the 11-point NRS and a CRP level ≤ 0.5 mg/dL, while receiving monotherapy KPL-387 without a recurrence; 3) Time to Pericarditis Recurrence is defined as the time from randomization in the Randomized Withdrawal (RW) Period to the date of the first Pericarditis Recurrence for each participant. Only CEC-confirmed Pericarditis Recurrences will be considered as events for the primary efficacy analysis in the Phase 3 pivotal study; 4) Up to 24 months or the time KPL-387 is approved for commercial use in that region to treat recurrent pericarditis.
CEC = Clinical Endpoint Committee; CRP = C-reactive protein; NRS = numerical rating scale (for chest pain); R = randomization; SC = subcutaneous

Second Quarter 2026 Financials

Mark Ragosa
Chief Financial Officer

Second Quarter 2026 Financial Results

Income Statement	Three Months Ended June 30,	
	2026	2025
Product Revenue	$243.6M	$156.8M
License and Collaboration Revenue	$0.0M	$0.0M
Total Revenue	**$243.6M**	**$156.8M**
Cost of Goods Sold	$23.6M	$18.6M
Collaboration Expenses[1,2]	$88.1M	$52.4M
Research and Development	$40.9M	$18.8M
Selling, General and Administrative	$63.9M	$46.9M
Total Operating Expenses	**$216.4M**	**$136.6M**
Operating Income	**$27.2M**	**$20.2M**
Other Income, Net	$4.0M	$2.7M
Income Tax Provision	($5.7M)	($5.0M)
Net Income	**$25.4M**	**$17.8M**

Collaboration Expenses[1]	Three Months Ended June 30,	
	2026	2025
ARCALYST Net Sales	**$243.6M**	**$156.8M**
Profit Split-Eligible Cost of Goods Sold[2]	($22.7M)	($18.4M)
Commercial, Marketing, Regulatory and Other Expenses	($44.8M)	($33.6M)
ARCALYST Collaboration Operating Profit	**$176.1M**	**$104.8M**
ARCALYST Collaboration Expense	$88.0M	$52.4M
ARCALYST Out-Licensing[3]	$0.0M	$0.0M
Other Collaboration Expenses	$0.0M	$0.0M
Total Collaboration Expenses	**$88.1M**	**$52.4M**

Balance Sheet	June 30, 2026	December 31, 2025
Cash, Cash Equivalents and Short-term Investments	**$525.9M**	**$414.1M**

Figures represented to the nearest tenth; totals may not sum exactly due to rounding.
1) Subject to the terms of the definitive agreements between Kiniksa and Regeneron; 50% of ARCALYST Collaboration Operating Profit plus 50% of ARCALYST Licensing Proceeds; 2) Profit split-eligible Cost of Goods Sold = total cost of good sold less amortization of Regeneron milestone payment; 3) Revenue associated with ARCALYST Out-Licensing is included in Licensing and Collaboration Revenue.

Closing Remarks

Sanj K. Patel

Chief Executive Officer

Second Quarter 2026 Financial Results and Recent Portfolio Execution

JULY 28, 2026