KINIKSA

Every Second Counts!™

J.P. Morgan Healthcare Conference

January 11, 2021

Forward Looking Statements

This presentation (together with any other statements or information that we may make in connection herewith) contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 with respect to Kiniksa Pharmaceuticals, Ltd. (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" 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 corporate priorities and strategy; product development and prospects; potential value drivers; prospects for 2021; potential indications; potential market opportunities and competitive position; on going, planned and potential clinical trials and other studies; timing and potential impact of clinical data; mechanisms and potential of our product candidates; regulatory and other submissions, applications and approvals; commercial strategy, pre-commercialization activities and commercial launch timing; expected run rate for our cash, cash equivalents and short-term investments; expected funding of our operating plan; 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: potential delays or difficulties with our clinical trials or startup thereof; potential inability to demonstrate safety or efficacy or otherwise producing negative, inconclusive or uncompetitive results; potential for changes in final data from preliminary or interim data; potential inability to replicate in later clinical trials positive results from earlier trials and studies; impact of additional data from us or other companies; potential undesirable side effects caused by our product candidates; our reliance on third parties for manufacturing and conducting clinical trials, research and other studies; potential changes in our strategy, corporate priorities, operating plan and funding requirements; drug substance and/or drug product shortages; substantial new or existing competition; potential for applicable regulatory authorities to not accept our regulatory filings or to delay or deny approval of any of our product candidates or to require additional trials to support any such approval; complications in coordinating requirements, regulations and guidelines of regulatory authorities across jurisdictions for our clinical trials; potential impact of the COVID-19 pandemic, and measures taken in response to the pandemic, on our business and operations as well as the business and operations of our manufacturers, CROs upon whom we rely to conduct our clinical trials, and other third parties with whom we conduct business or otherwise engage, including the FDA and other regulatory authorities; and our ability to attract and retain qualified personnel. These and the other important factors are discussed under the caption "Risk Factors" in our Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (the "SEC") on November 5, 2020 and other filings subsequently filed with the SEC. 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.

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.

Building Patient-Centric Leadership in Immune-Modulating Therapies

Leveraging internal & external expertise to drive growth

4 Product Candidates; First PDUFA Date in 1Q 2021[1]

Validated Mechanisms or Strong Biologic Rationale

Targeting Debilitating Diseases with Unmet Medical Need

Pipeline-in-a-Molecule Potential Across the Portfolio

1) Rilonacept PDUFA goal date for recurrent pericarditis is March 21, 2021; PDUFA = Prescription Drug User Fee Act

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Worldwide Commercial Rights to Four Immune-Modulating Product Candidates

Program & Target	Preclinical	Phase 1	Phase 2	Phase 3	Regulatory[2]	Commercial Rights
Rilonacept[1] IL-1α & IL-1β	**Recurrent Pericarditis**				**PDUFA: 03/21/21; Orphan Drug Designation & Breakthrough Therapy Designation**	**Worldwide** (Excluding MENA)
Mavrilimumab GM-CSFRα	**Giant Cell Arteritis**				**Orphan Drug Designation**	**Worldwide**
	COVID-19 Pneumonia & Hyperinflammation					**Worldwide**
Vixarelimab OSMRβ	**Prurigo Nodularis**				**Breakthrough Therapy Designation**	**Worldwide**
KPL-404 CD40	**Severe Autoimmune Diseases**					**Worldwide**

1) Rilonacept (ARCALYST®) is approved and marketed for cryopyrin-associated periodic syndrome (CAPS) and maintenance of remission of Deficiency of Interleukin-1 Receptor Antagonist (DIRA) in the United States by Regeneron Pharmaceuticals, Inc.; 2) The FDA granted Breakthrough Therapy designation to rilonacept for recurrent pericarditis in 2019 and Orphan Drug designation to rilonacept for pericarditis in 2020; The FDA granted Orphan Drug designation to mavrilimumab for giant cell arteritis in 2020; The FDA granted Breakthrough Therapy designation to vixarelimab for the treatment of pruritus associated with prurigo nodularis in 2020; IL-1α = interleukin-1α ; IL-1β = interleukin-1β; GM-CSFRα = granulocyte macrophage colony stimulating factor receptor alpha; OSMRβ = oncostatin M receptor beta; PDUFA = Prescription Drug User Fee Act ; MENA = Middle East North Africa

Product Candidates Based on Validated Mechanisms and with Attractive Commercial Prospects

	Indication	Validated Mechanism	U.S. Current Prevalence	U.S. Current Addressable
Rilonacept	**Recurrent Pericarditis**	✓	**~40k[1]**	**~14-17k[1]**
Mavrilimumab	**Giant Cell Arteritis**	✓	**~75-150k[2]**	**~45-65k[3]**
Vixarelimab	**Prurigo Nodularis**	✓	**~300k[4]**	**~75-105k[5]**
KPL-404	**Severe Autoimmune Diseases**	✓	**TBD**	**TBD**

1) IQVIA PharMetrics Plus Claims Data 1/1/2013-3/31/2018; ClearView Analysis, UptoDate, Trinity Partners, Mayo Clin Proc. 2010 ;85 (6): 572-593; New Diagnostic Criteria for Acute Pericarditis: A Cardiac MRI Perspective, 2015 American College of Cardiology 2) Chandran AK, Udayakumar PD, Crowson CS, Warrington KJ, Matteson EL. The incidence of giant cell arteritis in Olmsted County, Minnesota, over a 60-year period 1950–2009. Scand J Rheumatol. 2015; 44(3):215–8. Labarca C, Koster MJ, Crowson CS, et al. Predictors of relapse and treatment outcomes in biopsy-proven giant cell arteritis: a retrospective cohort study. *Rheumatology (Oxford)*. 2016;55(2):347-356. Medcape; Trinity Lifesciences primary market research; Trinity Lifesciences analysis of Integrated 2016-2019 Medicare FFS & 2016-2019 IBM MarketScan Commercial & Medicare Supplemental data 3) Trinity Life Sciences –Trinity Life Sciences – EvidenceFirst Database Analysis, HCUP/Medicare Data, Quantitative Survey (n=102 rheumatologists) 4) Trinity Life Sciences – 2020 Analysis; Trinity Life Sciences - HCUP/Medicare Data; Quantitative Survey (n=100 dermatologists); Dantas, 2015, "Prevalence of dermatoses in dermatologic evaluation requests from patients admitted to a tertiary hospital for 10 years"; Mortz et al., British Journal of Dermatology, 200 5) Trinity Life Sciences Analysis; Moderate/Severe Patients inadequately controlled by topical corticosteroids

Strong Execution in 2020 Sets the Stage for a Transformational 2021

	2020	2021
Rilonacept	✓ Positive Phase 3 data in RP	**PDUFA goal date: 3/21/21; potential commercial launch in 1H 2021[1]**
Mavrilimumab	✓ Positive Phase 2 data in GCA; encouraging data in COVID-19	**Next steps for program in 1H 2021; COVID-19 data in 1H 2021**
Vixarelimab	✓ Positive Phase 2a data in PN	**Phase 2b study in PN evaluating a range of once-monthly dose regimens**
KPL-404	✓ Encouraging preliminary Phase 1 data	**Final Phase 1 data in 1H 2021**

1) If approved by the U.S. Food and Drug Administration for RP; RP = Recurrent Pericarditis; PDUFA = Prescription Drug User Fee Act; GCA = giant cell arteritis; COVID-19 = Severe COVID-19 pneumonia and hyperinflammation; PN = prurigo nodularis

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Rilonacept

IL-1α and IL-1β cytokine trap

Disease Area: Recurrent pericarditis[1]; painful and debilitating auto-inflammatory cardiovascular disease

Competition[2]: No FDA-approved therapies for recurrent pericarditis

Regulatory: U.S. Orphan Drug designation in pericarditis; Breakthrough Therapy designation in recurrent pericarditis

Status: sBLA accepted with priority review; PDUFA goal date of March 21, 2021

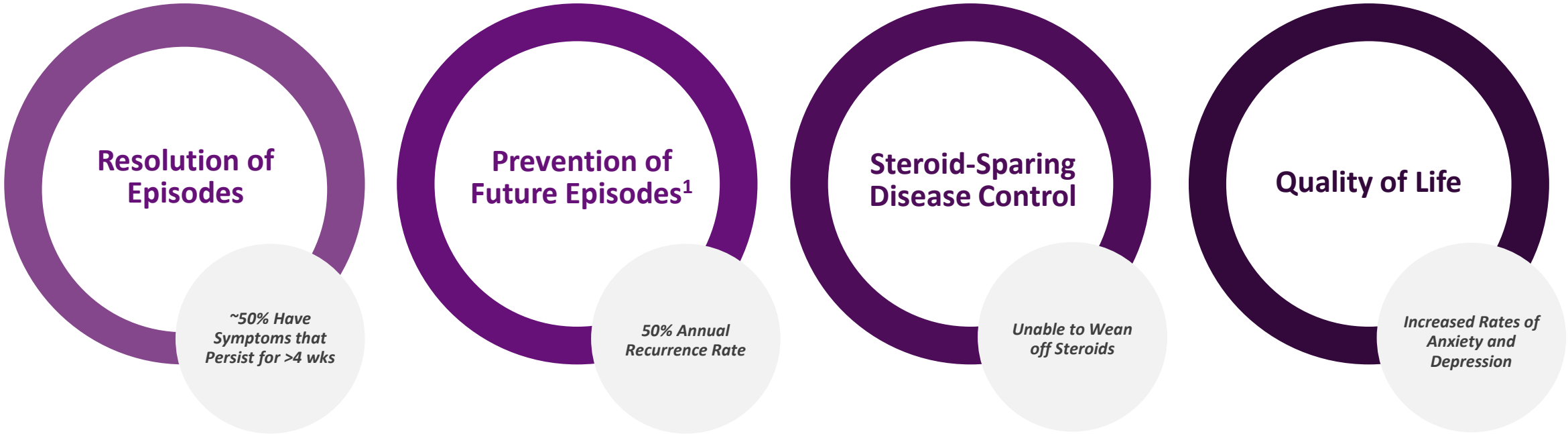
Economics: 50/50 profit split on the approved indications in the U.S.

Rights: Upon approval Kiniksa has the rights to recurrent pericarditis worldwide (excluding MENA)

1) Rilonacept (ARCALYST®) is approved and marketed for cryopyrin-associated periodic syndrome (CAPS) and maintenance of remission of Deficiency of Interleukin-1 Receptor Antagonist (DIRA) in the United States by Regeneron Pharmaceuticals, Inc; 2) Drugs@FDA: Arcalyst Prescribing Information, Ilaris Prescribing Information, Kineret Prescribing Information; Kaiser et al. Rheumatol Int (2012) 32:295–299; Theodoropoulou et al. Pediatric Rheumatology 2015, 13(Suppl 1):P155 ; Fleischmann et al, 2017 ACR/ARHP Abstract 1196; Kosloski et al, J of Clin Pharm 2016, 56 (12) 1582-1590; Cohen et al. Arthritis Research & Therapy 2011, 13:R125; Cardiel et al. Arthritis Research & Therapy 2010, 12:R192; Hong et al. Lancet Oncol 2014, 15: 656-666; IL-1α = interleukin-1α ; IL-1β = interleukin-1β;PDUFA = Prescription Drug User Fee Act; sBLA = supplemental Biologics License Application; MENA = Middle East North Africa

Key Areas of Unmet Need in Patients with Recurrent Pericarditis

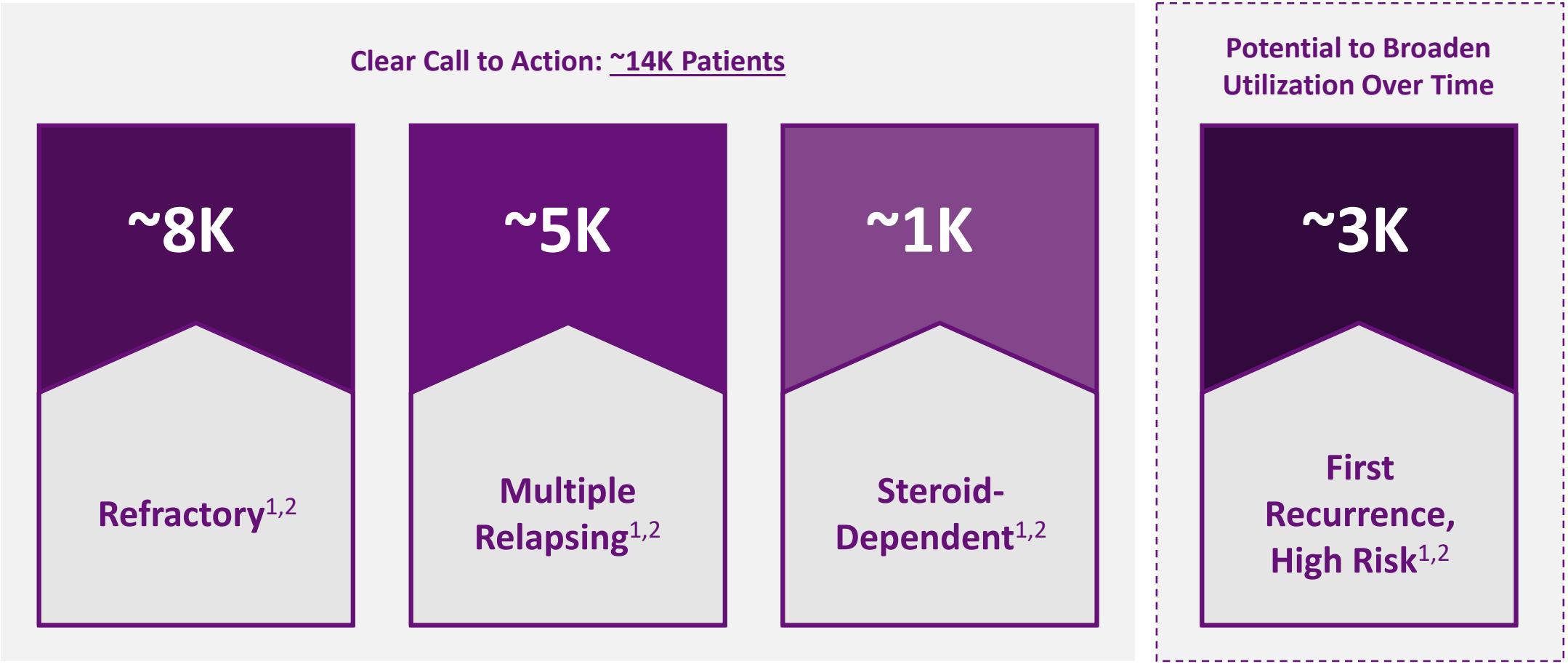
Recurrent pericarditis episodes: painful, debilitating and disruptive to quality of life



Source: Kiniksa Pharmaceuticals data on file 2019; 1) Prevention of future episodes while on treatment

Recurrent Pericarditis U.S. Prevalence Estimated to be ~40K Patients

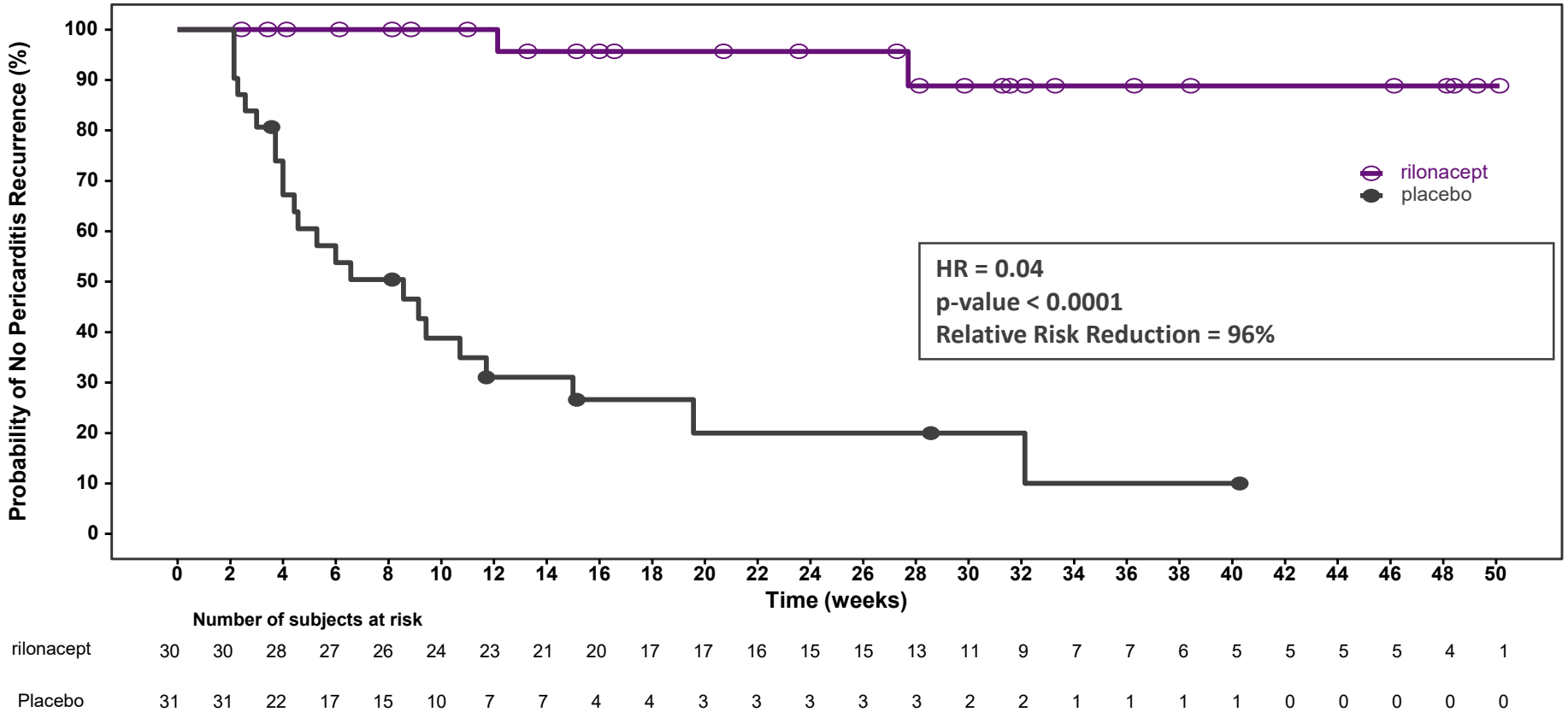
~14K patients with inadequate response to conventional therapy and persistent underlying disease



1) Klein A, Cremer P, Kontzias A, Furqan M, Tubman R, Roy M, Magestro M. Annals of Epidemiology. 2019;36:71; 2) Lin D, Majeski C, DerSarkissian M, Magestro M, Cavanaugh C, Laliberte F, Lejune D, Mahendran M, Duh M, Klein A, Cremer P, Kontzias A, Furqan M, Tubman R, Roy M, Mage. (Nov, 2019). *Real-World Clinical Characteristics and Recurrence Burden of Patients Diagnosed with Recurrent Pericarditis in the United States.* Poster session presented at the American Heart Association, Philadelphia, PA.; 3) ClearView Forecasting Analysis 2019 Q1

Highly Statistically Significant Primary Efficacy Endpoint: Time-to-First Adjudicated Pericarditis Recurrence

Pivotal Phase 3 Rilonacept Data



	Number of Patients with Recurrence[1] n (%)	Number of Weeks to Recurrence[1] Median (95% CI)
Rilonacept	2 (6.7)	NE (NE, NE)
Placebo	23 (74.2)	8.6 (4.0, 11.7)

Annualized incidence of pericarditis recurrence decreased from 4.42 episodes per year prior to the study to 0.15 episodes per year while on rilonacept treatment.

1) Mean (median, range); NE = Not Estimable; HR = hazard ratio
Klein, et. al. New England Journal of Medicine. Nov 2020

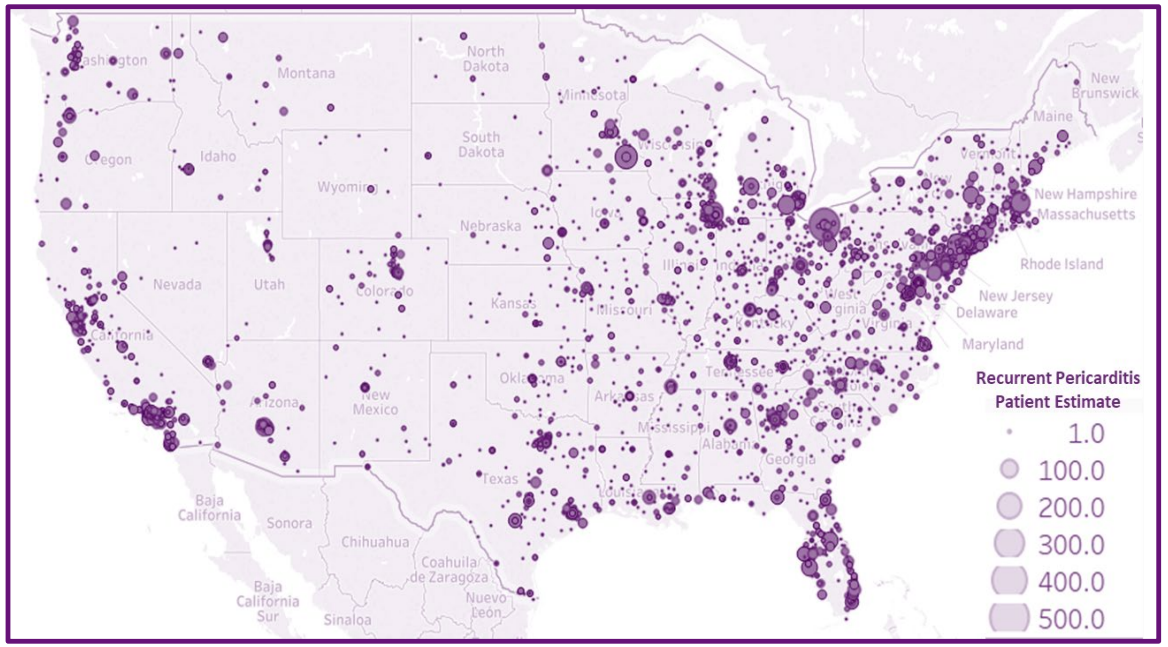
Strategic Imperatives for Potential Commercial Launch of Rilonacept in Recurrent Pericarditis

Unmet Need	Standard of Care	Payer Reimbursement	Patient Support
Drive awareness and understanding of recurrent pericarditis and the role of inappropriate IL-1 production	**Aim for rilonacept to be the product of choice for the treatment and prevention of recurrent pericarditis**	**Demonstrate product benefits, establish rapid payer coverage, & navigate potential access barriers**	**Optimize the patient and customer experience with rilonacept and Kiniksa**
• 'Heart of Inflammation' disease awareness campaign and website • Continued presence at scientific congresses • Advocacy engagement, podcasts and videos	• Specialty cardiovascular sales force • Efficient digital marketing • Peer to Peer speaker program • Patient support network • Scientific Congress Exhibits and Symposia (ACC, ESC, AHA)	• Compelling value proposition and supportive tools (value dossier and budget impact model) • Comprehensive payer engagement plan • Specialty pharmacy network distribution	• High-touch patient support, reimbursement services, patient financial assistance, initiation support (Quick Start), injection training • Partner with the pericarditis community to improve advocacy, education and support for affected patients

Specialty Cardiology Salesforce Expected to Reach ~70% of U.S. Recurrent Pericarditis Patients

Estimated Recurrent Pericarditis Patients by Account

Strategy Targeting



Focused & Targeted Sales Execution

National	Territory Level	
Initial launch focus on top tier accounts **~45%** of RP patients nationally **~350** accounts nationally	**First 3 months**	**Within the First Year**
Following adoption, moving into next deciles to **~70%** of RP patients nationally **~800** accounts nationally (20% of total accounts)	**10-15** accounts **~60** high value HCPs	**30** accounts **~100** high value HCPs

Specialty cardiology sales force of ~30 reps

HCP = Health Care Provider

Mavrilimumab

Monoclonal antibody inhibitor targeting GM-CSFRα

Disease Areas: Giant Cell Arteritis (GCA): chronic inflammatory disease of medium-to-large arteries; COVID-19 Pneumonia and Hyperinflammation

Competition[1]: Only one FDA-approved therapy for GCA, but unmet needs remain

Regulatory: U.S. Orphan Drug designation in GCA

Status: Positive Phase 2 data in GCA reported in Q4 2020; Phase 2 data from Phase 2/3 in severe COVID-19 pneumonia and hyperinflammation expected in 1H 2021

Economics: Clinical, regulatory and sales milestones; tiered royalty on annual net sales

Rights: Worldwide

1) Cortellis,;UpToDate; Correspondence, Trial of Tocilizumab in Giant-Cell Arteritis, NEJM, 2017; GM-CSFRα = granulocyte macrophage colony stimulating factor receptor alpha

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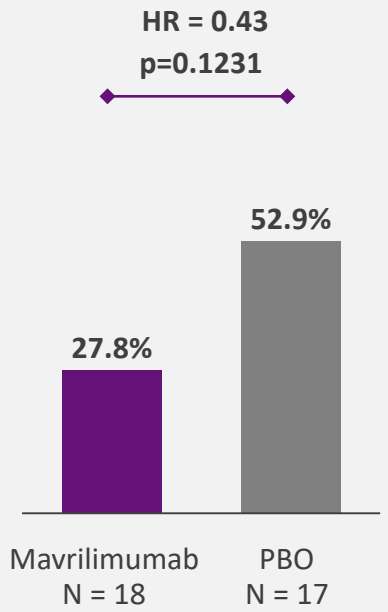
Unmet Need and Commercial Opportunity for Safe and Effective GCA Therapies

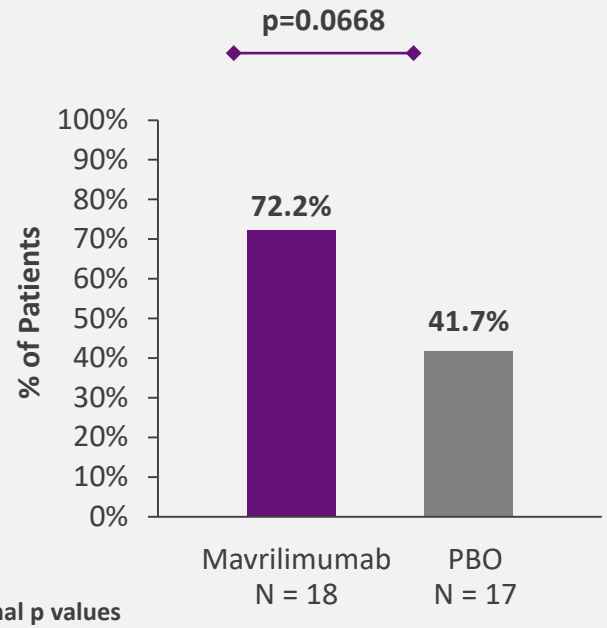
Mavrilimumab Phase 2 giant cell arteritis data[1]

Relapsing/Refractory Cohort

Patients With Flare by Week 26



Sustained Remission at Week 26



*Nominal p values

Remaining Unmet Need

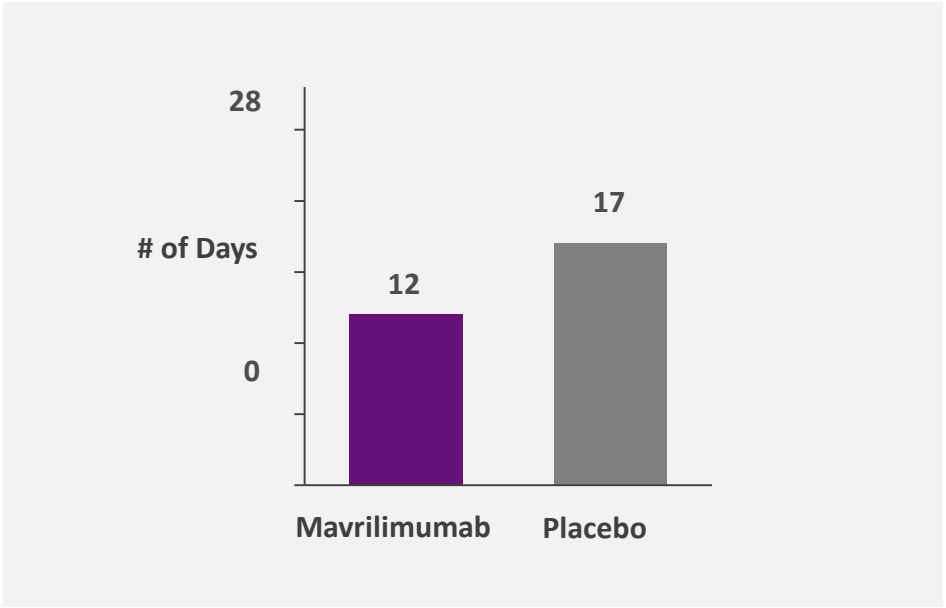
- Cumulative U.S. GCA prevalence expected to grow 50% by 2035[2]
- ~50% of relapse / refractory patients are unable to achieve sustained remission within 1-year of starting treatment with approved biologics[3]
- Mechanistic (GM-CSFRα vs. IL-6) and administrative (Q2WK vs QWK) differentiation
- Well-tolerated safety profile particularly important given large elderly patient population

1) Statistically significant primary (p=0.0263) and secondary endpoint (p=0.0038); consistent trend of efficacy in relapsing/refractory cohort; 2) Chandran AK, Udayakumar PD, Crowson CS, Warrington KJ, Matteson EL. The incidence of giant cell arteritis in Olmsted County, Minnesota, over a 60-year period 1950–2009. Scand J Rheumatol. 2015; 44(3):215–8.; Labarca C, Koster MJ, Crowson CS, et al. Predictors of relapse and treatment outcomes in biopsy-proven giant cell arteritis: a retrospective cohort study. *Rheumatology (Oxford)*. 2016;55(2):347-356.; Medcape; Trinity Lifesciences primary market research; Trinity Lifesciences analysis of Integrated 2016-2019 Medicare FFS & 2016-2019 IBM MarketScan Commercial & Medicare Supplemental data; 3) Trinity Partners Primary Market Research; Stone et al., NEJM 2017

Encouraging Trends of Decreased Mortality and Duration of Mechanical Ventilation

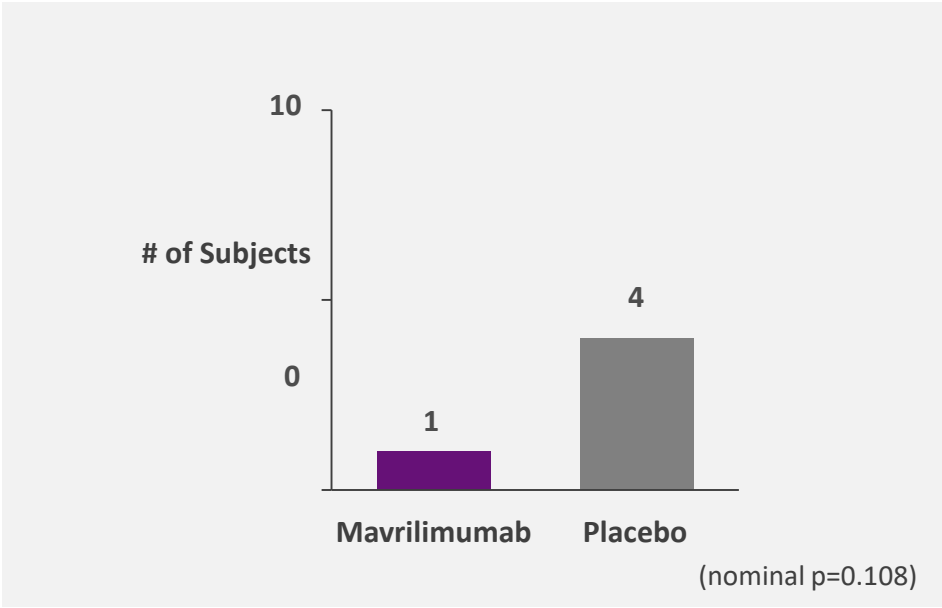
U.S. investigator-initiated study in patients with severe COVID-19 pneumonia and hyperinflammation[1]

Median (IQR) Duration of Mechanical Ventilation



- 4 of the 5 patients who progressed to mechanical ventilation in the mavrilimumab arm had recovered by Day 28.
- All 4 patients in the placebo arm who progressed to mechanical ventilation had died by Day 28.

Death by Day 60



- There was 1 death (4.8%) in the mavrilimumab arm by Day 28, compared to 3 deaths (15.8%) in the placebo arm (nominal p=0.222). By Day 60 there was 1 death (4.8%) in the mavrilimumab arm, compared to 4 deaths (21.1%) in the placebo arm (nominal p=0.108).

1) There was a 20.5% relative increase in the primary efficacy endpoint, the proportion of patients alive and off supplemental oxygen at Day 14 (mavrilimumab: 57.1% [n=21]; placebo: 47.4% [n=19]; nominal p=0.536). There was a 20.7% relative increase in the secondary efficacy endpoint, the proportion of patients alive and without respiratory failure at Day 28 (mavrilimumab: 95.2%; placebo: 78.9%; nominal p=0.172). There was no difference in serious adverse events between the mavrilimumab arm and the placebo arm.

Potential Broad Utility

Next steps for development of mavrilimumab expected in 1H 2021

Mavrilimumab Data Across 3 Indications:

Giant Cell Arteritis

Phase 2 trial of mavrilimumab in giant cell arteritis achieved both the primary and secondary efficacy endpoints with statistical significance

Severe COVID-19 Pneumonia and Hyperinflammation

Encouraging and similar trends in mortality shown in 28-day clinical outcomes data from the open-label treatment protocol in Italy and U.S. IIS

Rheumatoid Arthritis

Mavrilimumab was dosed in over 550 patients with rheumatoid arthritis through Phase 2b clinical studies in Europe and achieved prospectively-defined primary and secondary efficacy endpoints

Mavrilimumab has been shown to be well-tolerated in giant cell arteritis, severe COVID-19 pneumonia and hyperinflammation, and rheumatoid arthritis clinical trials

Vixarelimab

Monoclonal antibody inhibitor targeting OSMRβ

Disease Area: Prurigo Nodularis (PN); chronic inflammatory skin disease with pruritic nodules

Competition[1]: No FDA-approved therapies for PN

Regulatory: U.S. Breakthrough Therapy designation for the treatment of pruritus associated with prurigo nodularis

Status: Enrolling and dosing in Phase 2b clinical trial in Q4 2020 evaluating a range of once-monthly dose regimens

Economics: Clinical, regulatory and sales milestones; tiered royalty on annual net sales

Rights: Worldwide

1) Journal of the American Academy of Dermatology - Analysis of Real-World Treatment Patterns in Patients with Prurigo Nodularis: https://www.jaad.org/article/S0190-9622(19)32744-6/pdf ; OSMRβ = oncostatin M receptor beta

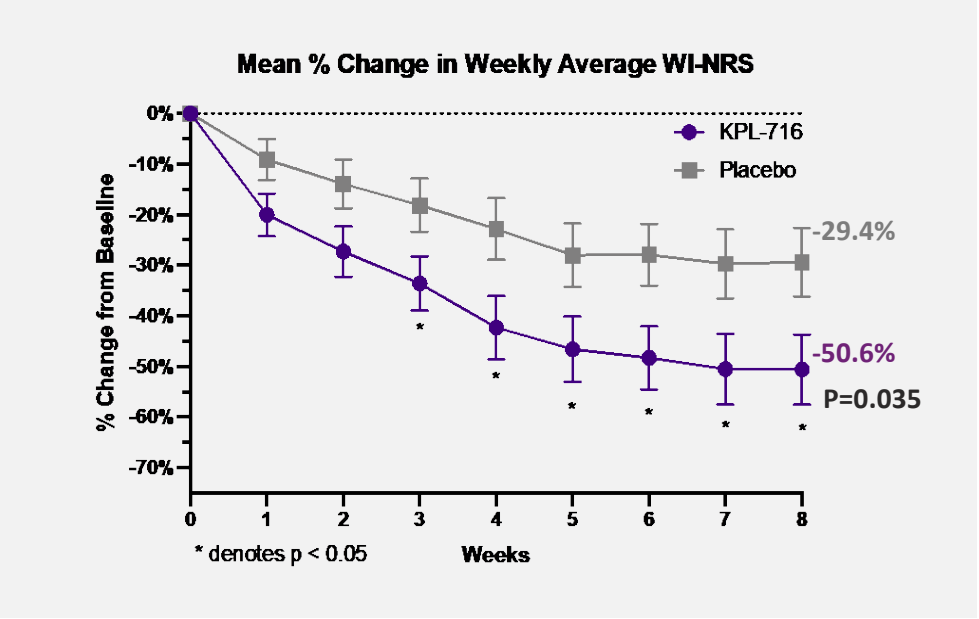
Dual Mechanism Offers Potential Pruritus Relief and Nodule Improvement

Vixarelimab Phase 2a prurigo nodularis data

Vixarelimab is the only mAb targeting OSMRβ, which mediates signaling of key cytokines (IL-31 & OSM)

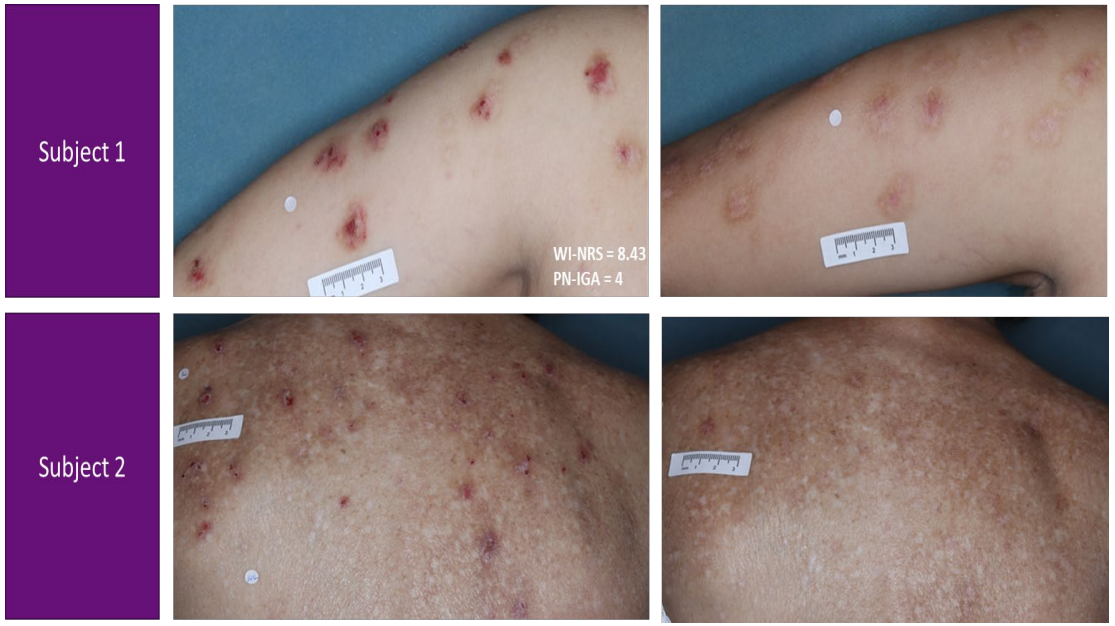
Primary Efficacy Endpoint

Mean change in weekly-average WI-NRS at Week 8 was -50.6% in vixarelimab recipients compared to -29.4% in placebo recipients (p=0.035).



Secondary Efficacy Endpoint

30.4% of vixarelimab recipients achieved a PN-IGA score of 0/1 at Week 8 compared to 7.7% of placebo recipients (p=0.032).



Representative Treatment Response

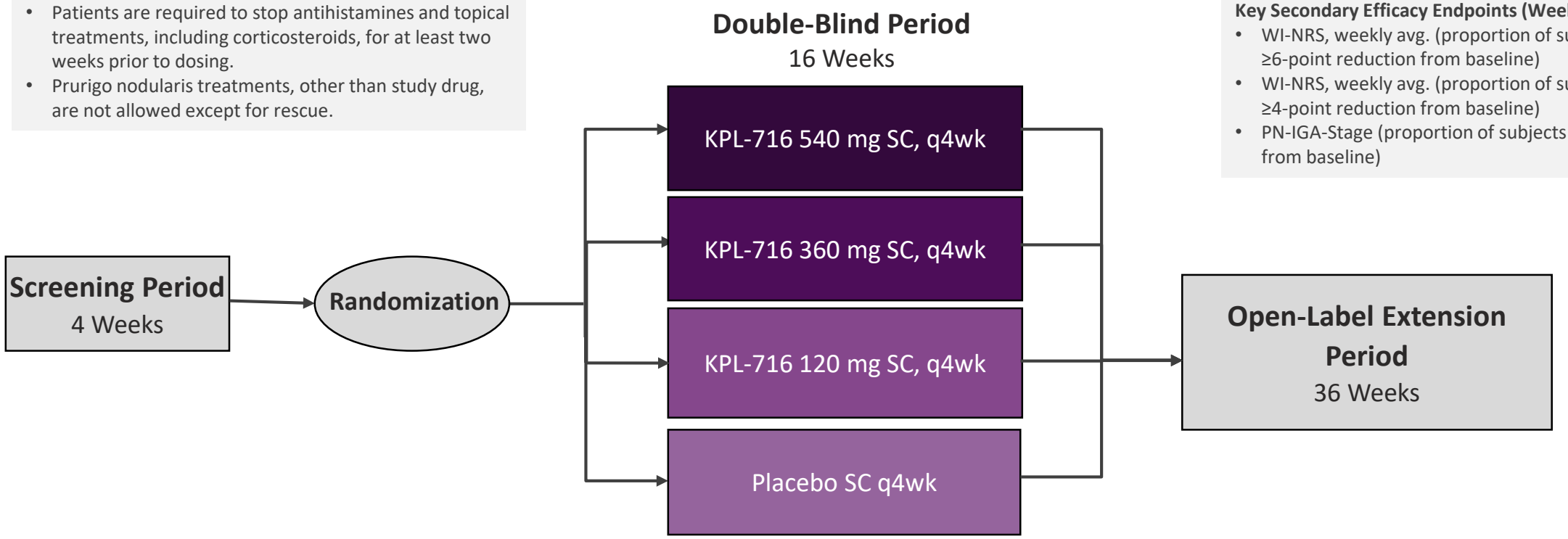
mAb = monoclonal antibody; OSMRβ = oncostatin M receptor beta; IL-31 = interleukin-31; OSM = oncostatin M; WI-NRS = Worst-Itch Numeric Rating Scale; PN-IGA = prurigo nodularis-investigator's global assessment

Vixarelimab Phase 2b Dose-Ranging Study in Prurigo Nodularis

Enrollment and dosing of patients commenced in Q4 2020

Expected to enroll approximately 180 patients

- Moderate-to-severe prurigo nodularis experiencing severe pruritus.
- Patients are required to stop antihistamines and topical treatments, including corticosteroids, for at least two weeks prior to dosing.
- Prurigo nodularis treatments, other than study drug, are not allowed except for rescue.



Primary Efficacy Endpoint (Week 16):

- WI-NRS (% change from baseline in weekly average)

Key Secondary Efficacy Endpoints (Week 16):

- WI-NRS, weekly avg. (proportion of subjects achieving ≥6-point reduction from baseline)
- WI-NRS, weekly avg. (proportion of subjects achieving ≥4-point reduction from baseline)
- PN-IGA-Stage (proportion of subjects achieving 0 or 1 from baseline)

WI-NRS = Worst-Itch Numeric Rating Scale; PN-IGA = prurigo nodularis-investigator's global assessment

KPL-404

Monoclonal antibody inhibitor interaction between CD40 and CD40L

Disease Area: External proof-of-concept previously established in broad range of autoimmune diseases: Sjogren's disease, systemic lupus, rheumatoid arthritis, solid organ transplant and Graves' disease[1]

Scientific Rationale[2,3]: Attractive target for blocking T-cell dependent, B-cell–mediated autoimmunity

Status: RO and TDAR suppression shown through Day 29 at 3mg/kg IV in Phase 1; Data to-date support subsequent study in patients, including potential monthly IV or SC monthly administration; Final data from all cohorts expected in 1H 2021

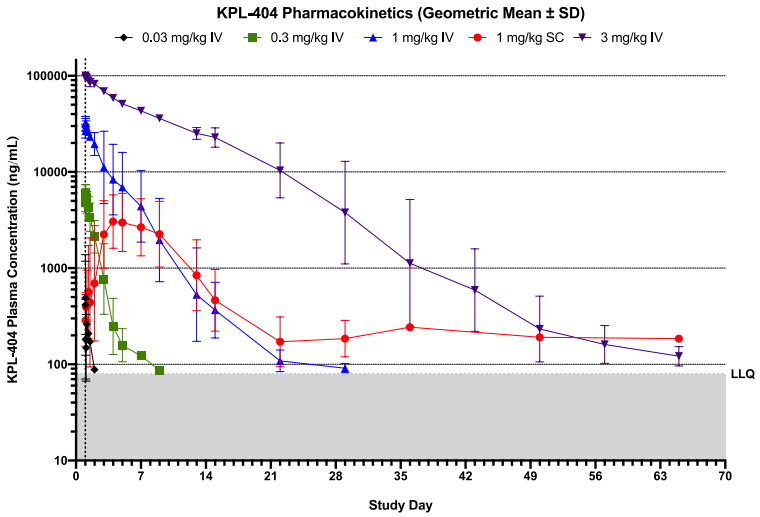
Economics: Clinical and regulatory milestones and royalty on annual net sales

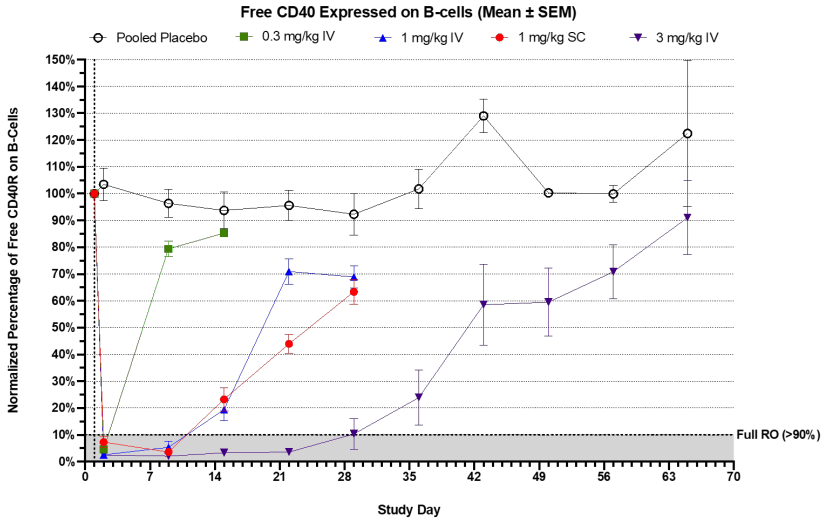
Rights: Worldwide

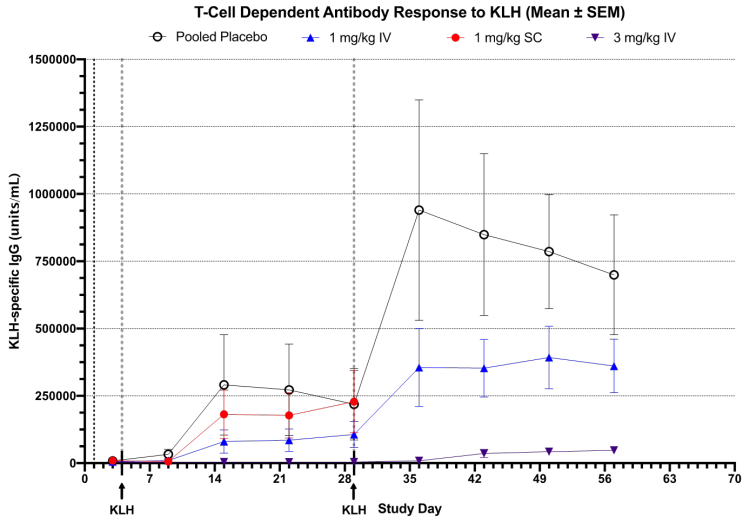
1) Poster presentation at the Keystone Symposia: Antibodies as Drugs: New Horizons in the Therapeutic Use of Engineered Antibodies: KPL-404, a CD40 antagonist, blocked antigen-specific antibody responses in an in vivo NHP model and demonstrated strong PK/PD correlation; 2) Elgueta, et al. Immunol Rev 2009, 229 (1), 152-172; 3) Peters, et al. Semin Immunol 2009, 21 (5) 293-300; CD40L = CD40 ligand; RO = receptor occupancy; TDAR = T-cell Dependent Antibody Response

RO and TDAR Suppression Shown Through Day 29 at 3mg/kg IV

Preliminary KPL-404 Phase 1 data







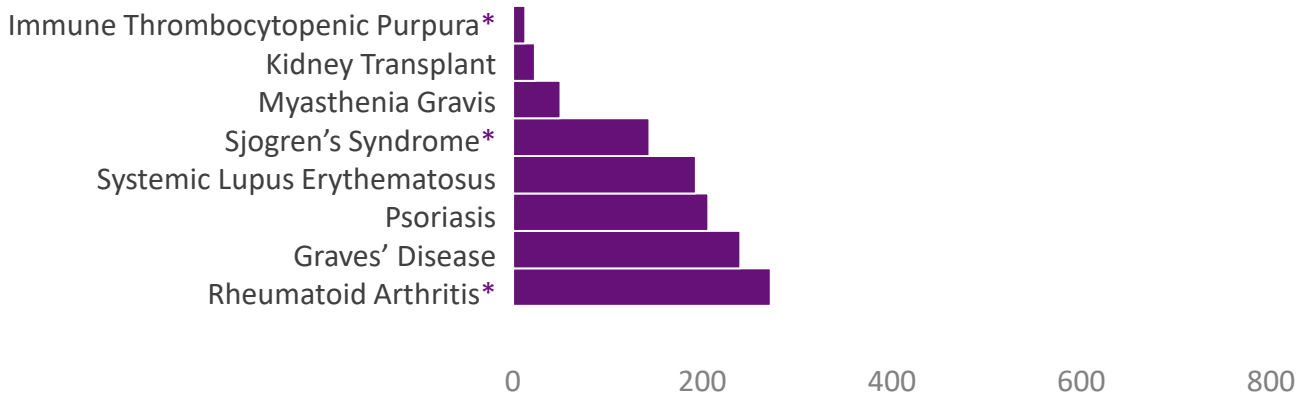
Preliminary data support subsequent study in patients, including potential monthly intravenous or subcutaneous administration

Final data from all cohorts expected in 1H 2021

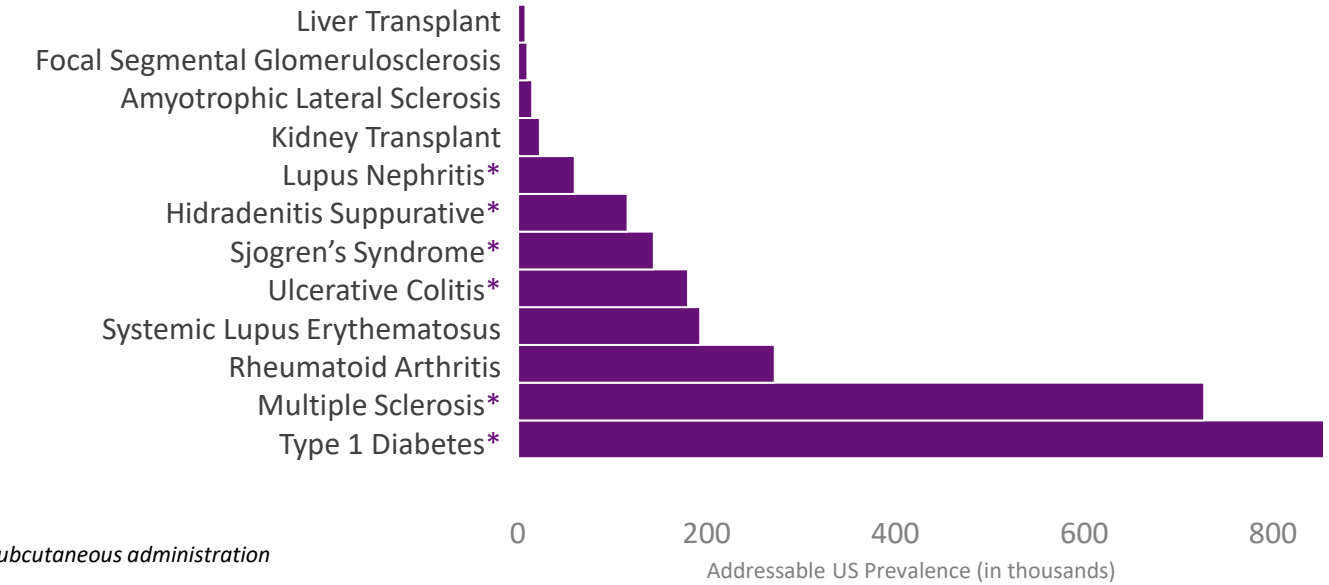
1) Free CD40R = inverse of receptor occupancy; RO = receptor occupancy; KLH = keyhole limpet hemocyanin; TDAR = T-cell dependent antibody response ; IV = intravenous

Potential for Evaluation of KPL-404 in a Broad Range of Autoimmune Diseases

Indications with Published Data[1]



Indications with Pending Data & Trials Ongoing[1]



Indication Selection Criteria

- **Robust Data or proof-of-concept supporting mechanism**
- **Differentiation vs. Competitors**
- **Commercial Attractiveness**

**Indications evaluated with subcutaneous administration*

1) With the CD40 mechanism

Sources: 2019 numbers: https://unos.org/data/transplant-trends/; Hunter et al. Prevalence of rheumatoid arthritis in the United States adult population in healthcare claims databases, 2004-2014; Rheumatol Int. 2017 Sep;37(9):1551-1557; Overall Prevalence: Maciel et al, Arthritis Care Res (Hoboken) 2017; Qin et al, Ann Rheum Dis 2015; UpToDate; Baldini et al. Prevalence of Severe Extra-Glandular Manifestations in a Large Cohort of Patients with Primary Sjögren's Syndrome; 2012 ACR/ARHP Annual Meeting, ABSTRACT NUMBER: 2185; Wallin et al. The prevalence of MS in the United States A population-based estimate using health claims data, Neurology, March 5, 2019; Somers et al.; Prevalence of Systemic Lupus Erythematosus in the United States: Preliminary Estimates from a Meta-Analysis of the Centers for Disease Control and Prevention Lupus Registries; 2019 ACR/ARP Annual Meeting ABSTRACT NUMBER: 2886; Garg et al. JAMA Dermatol. 2017;153(8):760-764. doi:10.1001/jamadermatol.2017.0201 Sex- and Age-Adjusted Population Analysis of Prevalence Estimates for Hidradenitis Suppurativa in the United States; MayoClinic.org; Yale J Biol Med. 2013 Jun; 86(2): 255–260. N Engl J Med 2016;375:2570-81; https://www.diabetesresearch.org/diabetes-statistics; Nephcure.org; Kitiyakara C, Eggers P, Kopp JB. Twenty-one-year trend in ESRD due to focal segmental glomerulosclerosis in the United States. Am J Kidney Dis. 2004 Nov;44(5):815-25; Rachakonda et al. J Am Acad Dermatol . 2014 Mar;70(3):512-6. doi: 10.1016/j.jaad.2013.11.013. Epub 2014 Jan 2. Psoriasis prevalence among adults in the United States; Yeung et al. Psoriasis severity and the prevalence of major medical co-morbidities: a population-based study; JAMA Dermatol. 2013 Oct 1; 149(10): 1173–1179; Hoover etal. Kidney Int. 2016 Sep; 90(3): 487–492. Insights into the Epidemiology and Management of Lupus Nephritis from the U.S. Rheumatologist's Perspective.

Building Value at Kiniksa

2021 Corporate Priorities

Rilonacept	*PDUFA goal date: 3/21/21; potential commercial launch in 1H 2021[1]*
Mavrilimumab	*Next steps for program in 1H 2021 and COVID-19 data in 1H 2021*
Vixarelimab	*Phase 2b study in PN evaluating a range of once-monthly dose regimens*
KPL-404	*Final Phase 1 data in 1H 2021*

Year End 2020 ~$323M Cash Reserves Expected to Fund Current Operating Plan into 2023[2]

1) If approved by the U.S. Food and Drug Administration for recurrent pericarditis; 2) As used herein the term, "Cash Reserves" means our cash, cash equivalents and short-term investments (unaudited) as of December 31, 2020; PDUFA = Prescription Drug User Fee Act; COVID-19 = Severe COVID-19 pneumonia and hyperinflammation; PN = prurigo nodularis

KINIKSA

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