Cantor Conference Presentation

SEPTEMBER 2021

Forward Looking Statements

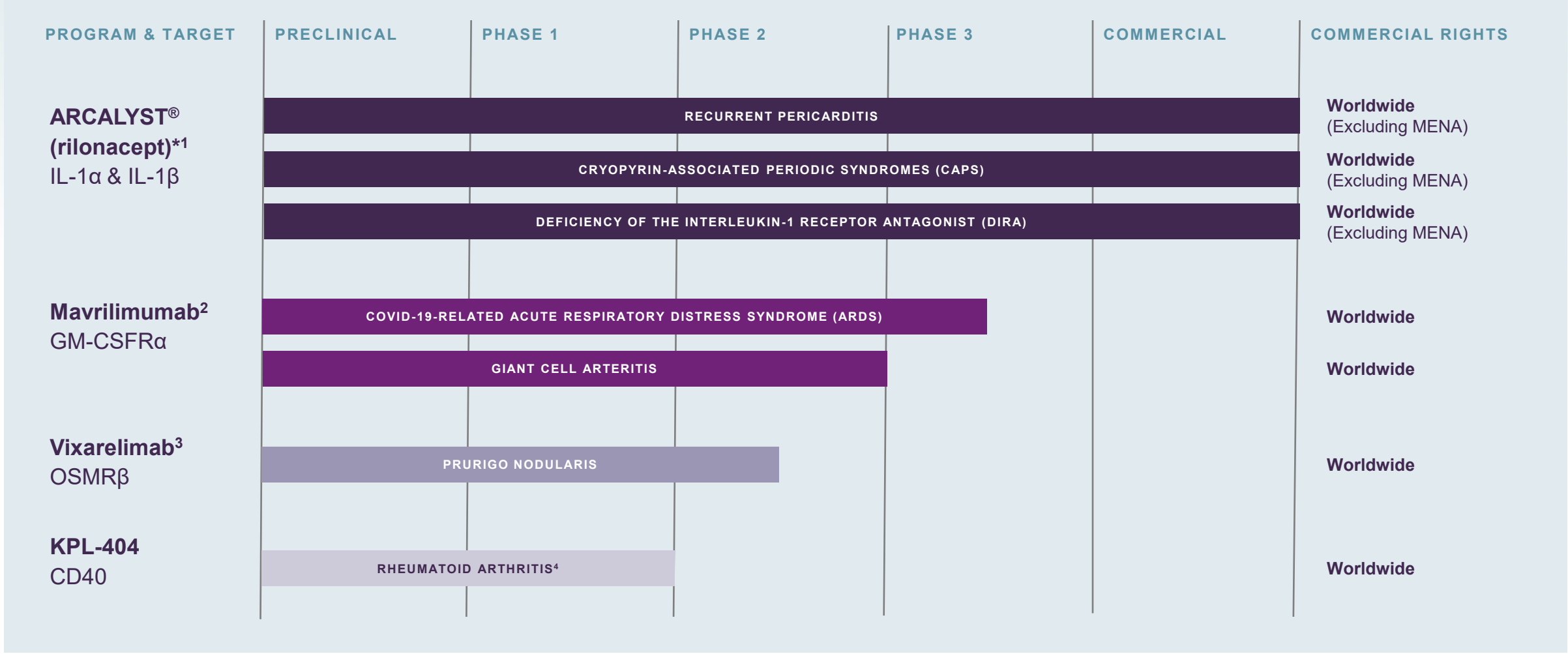
This presentation (together with any other statements or information that we may make in connection herewith) contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 with respect to Kiniksa Pharmaceuticals, Ltd. (and its consolidated subsidiaries, 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," "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 commercial and clinical 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; achievement of commercial milestones; 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; 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; our reliance on third parties for manufacturing and conducting clinical trials, research and other studies; our ability to source sufficient drug product, as needed, to meet our clinical and commercial requirements; our inability to demonstrate safety and efficacy to the satisfaction of applicable regulatory authorities; potential for applicable regulatory authorities to not accept our filings or to delay or deny approval of, or emergency use authorization for, any of our product candidates or to require additional data or trials to support any such approval or authorization; impediments delaying or preventing us from successfully executing on our commercial strategy for ARCALYST; potential changes in our strategy, clinical trial priority, operating plan and funding requirements; drug substance and/or drug product shortages; substantial new or existing competition; 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 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.

Portfolio of Four Immune-Modulating Assets



* Approved in the U.S.
1) The FDA granted Breakthrough Therapy designation to ARCALYST for recurrent pericarditis in 2019 and Orphan Drug designation to ARCALYST for pericarditis in 2020. The European Commission granted Orphan Drug designation to ARCALYST for the treatment of idiopathic pericarditis in 2020; 2) The FDA granted Orphan Drug designation to mavrilimumab for giant cell arteritis in 2020; 3) The FDA granted Breakthrough Therapy designation to vixarelimab for the treatment of pruritus associated with prurigo nodularis in 2020; 4) Kiniksa plans to initiate a Phase 2 proof-of-concept trial in patients in the fourth quarter of 2021. The planned trial will provide safety and characterization of chronic administration as well as the potential to evaluate KPL-404 across a range of other autoimmune diseases ; IL-1α = interleukin-1α ; IL-1β = interleukin-1β; GM-CSFRα = granulocyte macrophage colony stimulating factor receptor alpha; OSMRβ = oncostatin M receptor beta; MENA = Middle East and North Africa

Execution Across Portfolio of In-Licensed Immune Modulating Assets

ARCALYST
Strong commercial launch in recurrent pericarditis driven by broad physician and patient adoption, and viable reimbursement conditions ahead of payers establishing coverage policy; Q3 net revenue expected to be $9-10 million

MAVRILIMUMAB
Broad utility demonstrated across multiple indications; potential best-in-class in reducing risk of death in patients with severe COVID-19-related ARDS, Phase 3 trial ongoing with data expected in Q1 2022; clear path to Phase 3 development in GCA

VIXARELIMAB
First-in-class mechanism; Phase 2b dose-ranging trial in patients with prurigo nodularis enrolling

KPL-404
Potential best-in-class treatment option for a broad range of autoimmune diseases; expected to initiate Phase 2 proof-of-concept trial in RA in Q4 2021

BY THE NUMBERS

1 FDA-approved therapy

3 Clinical-stage assets in multiple indications

3 Orphan Drug designations

2 Breakthrough designations

40 Active and completed global clinical studies to date

200+ Passionate and dedicated employees

2015 Company founded

2021 Commercial availability of first and only FDA-approved therapy for recurrent pericarditis in the US: ARCALYST® (rilonacept)

LOCATIONS

ARDS = acute respiratory distress syndrome; GCA = giant cell arteritis

ARCALYST®

Arcalyst® (rilonacept) For Injection

IL-1α AND IL-1β CYTOKINE TRAP

DISEASE AREA: Recurrent pericarditis[1]; painful and debilitating auto-inflammatory cardiovascular disease

COMPETITION[2]: First and only FDA-approved therapy for recurrent pericarditis

REGULATORY: U.S. Orphan Drug designation in pericarditis; U.S. Breakthrough Therapy designation in recurrent pericarditis; European Commission Orphan Drug designation in idiopathic pericarditis

STATUS: FDA-Approved

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

RIGHTS: Kiniksa has the worldwide rights (excluding MENA) to recurrent pericarditis, CAPS and DIRA

KINIKSA

1) ARCALYST is also approved and marketed for Cryopyrin-Associated Periodic Syndromes (CAPS) and maintenance of remission of Deficiency of Interleukin-1 Receptor Antagonist (DIRA) in the United States; 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; MENA = Middle East North Africa

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

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

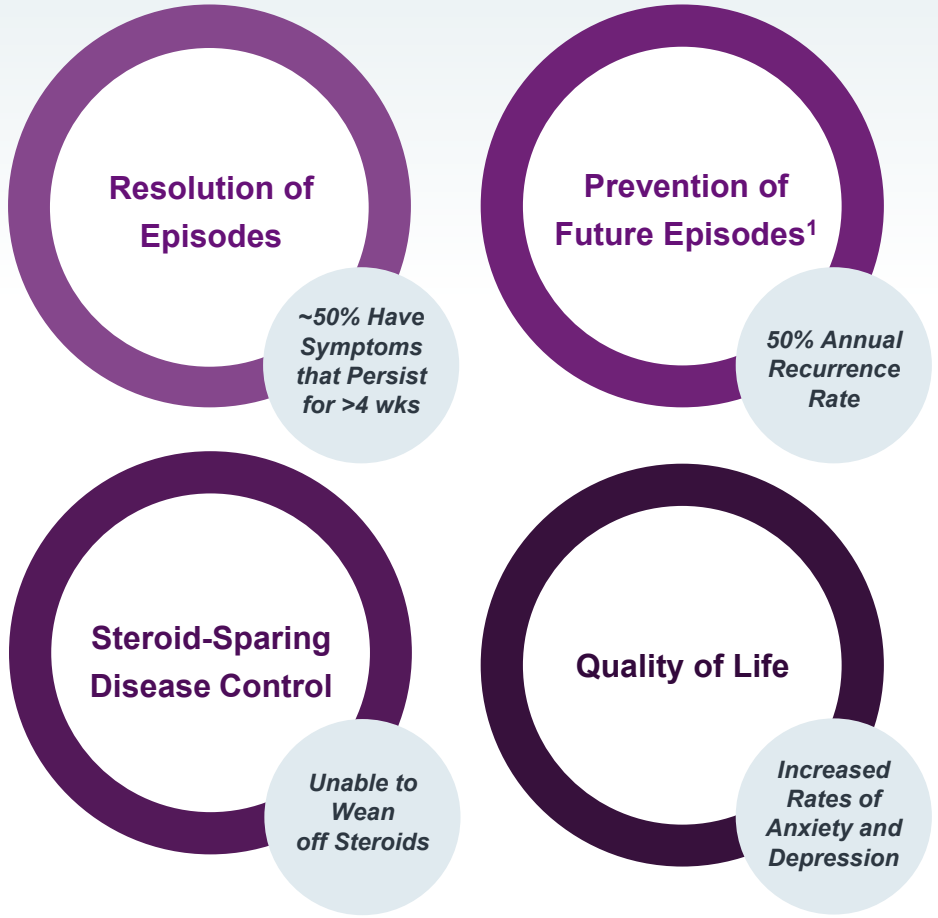
CLEAR CALL TO ACTION: ~14K PATIENTS

~8K	Refractory[1,2]
~5K	Multiple Relapsing[1,2]
~1K	Steroid-Dependent[1,2]

POTENTIAL TO BROADEN UTILIZATION OVER TIME

~3K	First Recurrence, High Risk[1,2]

Key Areas of Unmet Need in Patients with Recurrent Pericarditis



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

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

Collaborative Field Force to Drive Awareness, Overcome Access Barriers and Help Ensure Positive Patient and Physician Experience

CLINICAL SALES SPECIALISTS

- **Focus:** ~2500 HCPs across ~800 accounts
- **Responsibility:** Physician accounts, disease education, Arcalyst promotion, account and territory plans, speaker program planning

STRATEGIC ACCOUNTS

- **Focus:** ~350 payers and 5 Specialty Pharmacies
- **Responsibility:** Payer/specialty pharmacy relationship, strategic account planning, support sales team

MEDICAL SCIENCE LIAISONS

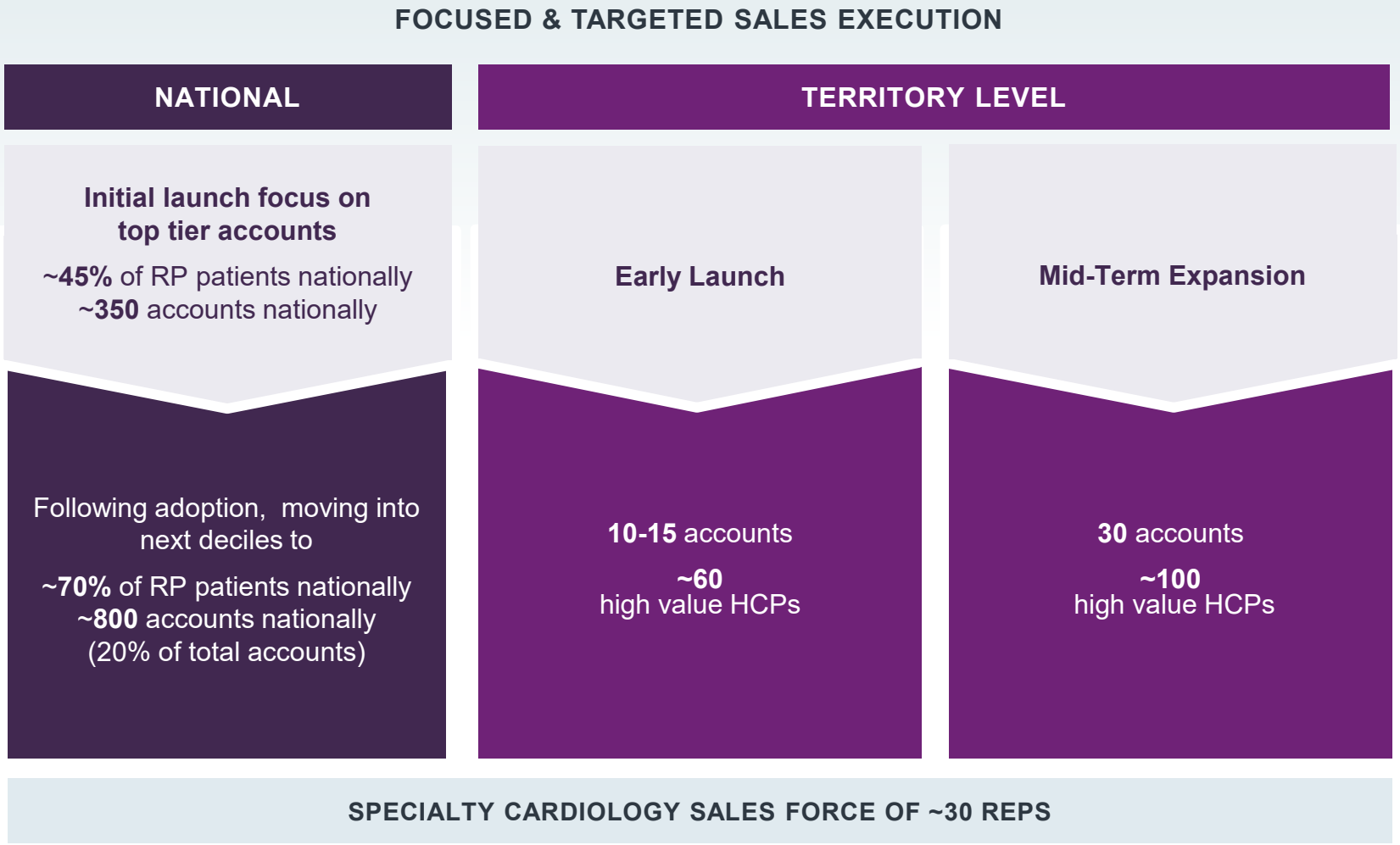
- **Focus:** Subject Matter Experts and HCPs
- **Responsibility:** Disease awareness, data dissemination, advocacy development, account and payer support, speaker management

KINIKSA ONECONNECT™

- **Focus**: Patients and caregivers, HCPs seeking reimbursement support for their patients
- **Responsibility:** Optimize patient and customer experience with Arcalyst and Kiniksa, provide seamless initiation, reimbursement, and adherence support

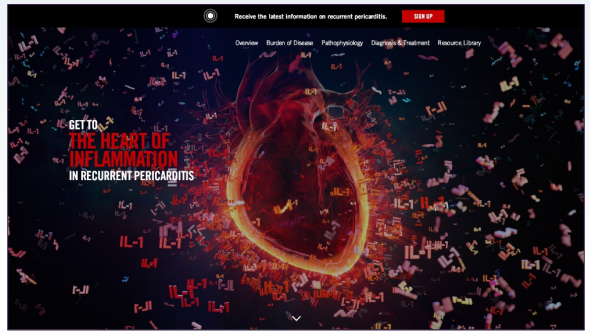
HCP = health care provider

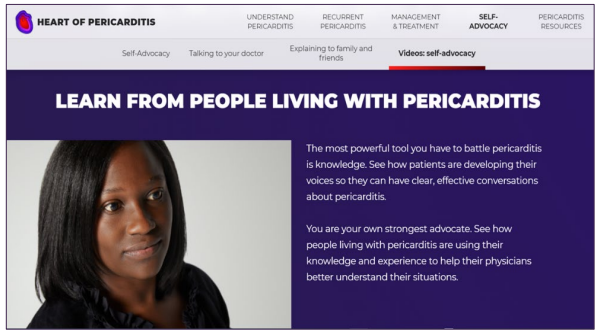
Specialty Cardiology Salesforce Expected to Reach ~70% of U.S. Recurrent Pericarditis Patients



Comprehensive Support for Patients Through Kiniksa OneConnect™

DISEASE AWARENESS AND ARCALYST PROMOTION





PATIENT ADVOCACY SUPPORT

PERICARDITIS ALLIANCE

AUTOINFLAMMATORY ALLIANCE formerly known as The NOMID Alliance

MYOCARDITIS FOUNDATION

THE PATIENT ACCESS LEADS PROVIDE ONE-ON-ONE SUPPORT, INCLUDING:

- Insurance coverage determination
- Explanation of benefits verification
- Assistance with prior authorizations and appeals
- Injection training support and education with ARCALYST Nurse Educators
- Identification of possible sources of financial assistance
- Help with ARCALYST shipment and delivery

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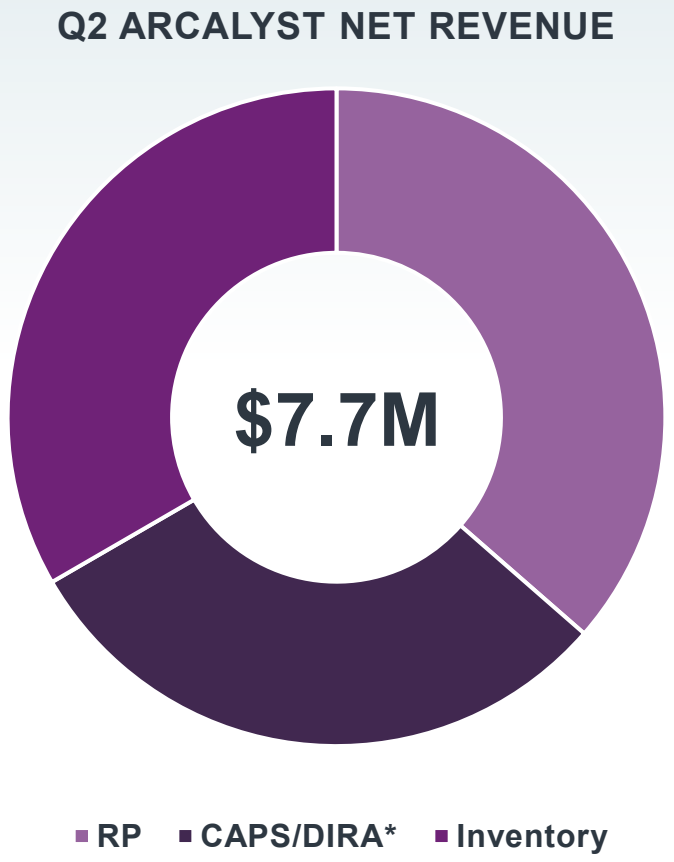
First Launch Quarter Resulted in the Successful Transition of Existing Patients and Strong Demand in Recurrent Pericarditis (RP)

NET REVENUE

- $7.7 million

REVENUE DRIVERS

- Q2 revenue relatively evenly split between RP, CAPS/DIRA, and initial channel inventory build
- Solid execution led to robust CAPS and DIRA patient continuation of therapy with demand at/near historical levels
- Q2 ending inventory weeks on hand was higher than is expected in subsequent quarters
- Strong RP demand is the primary growth driver with high conversion rate of RHAPSODY patients and new to brand patients



KINIKSA IS EXPECTING Q3 ARCALYST REVENUE OF $9.0-10.0M

Driven by robust anticipated growth in RP demand

*Includes prescriptions for other indications

MAVRILIMUMAB

MONOCLONAL ANTIBODY INHIBITOR TARGETING GM-CSFRα

DISEASE AREA: COVID-19-related acute respiratory distress syndrome (ARDS); Giant Cell Arteritis (GCA): chronic inflammatory disease of medium-to-large arteries

COMPETITION[1]: Therapeutic options for patients hospitalized with COVID-19-related ARDS are limited; 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; Data from Phase 3 trial in severe COVID-19-related ARDS expected in Q1 2022

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

RIGHTS: Worldwide

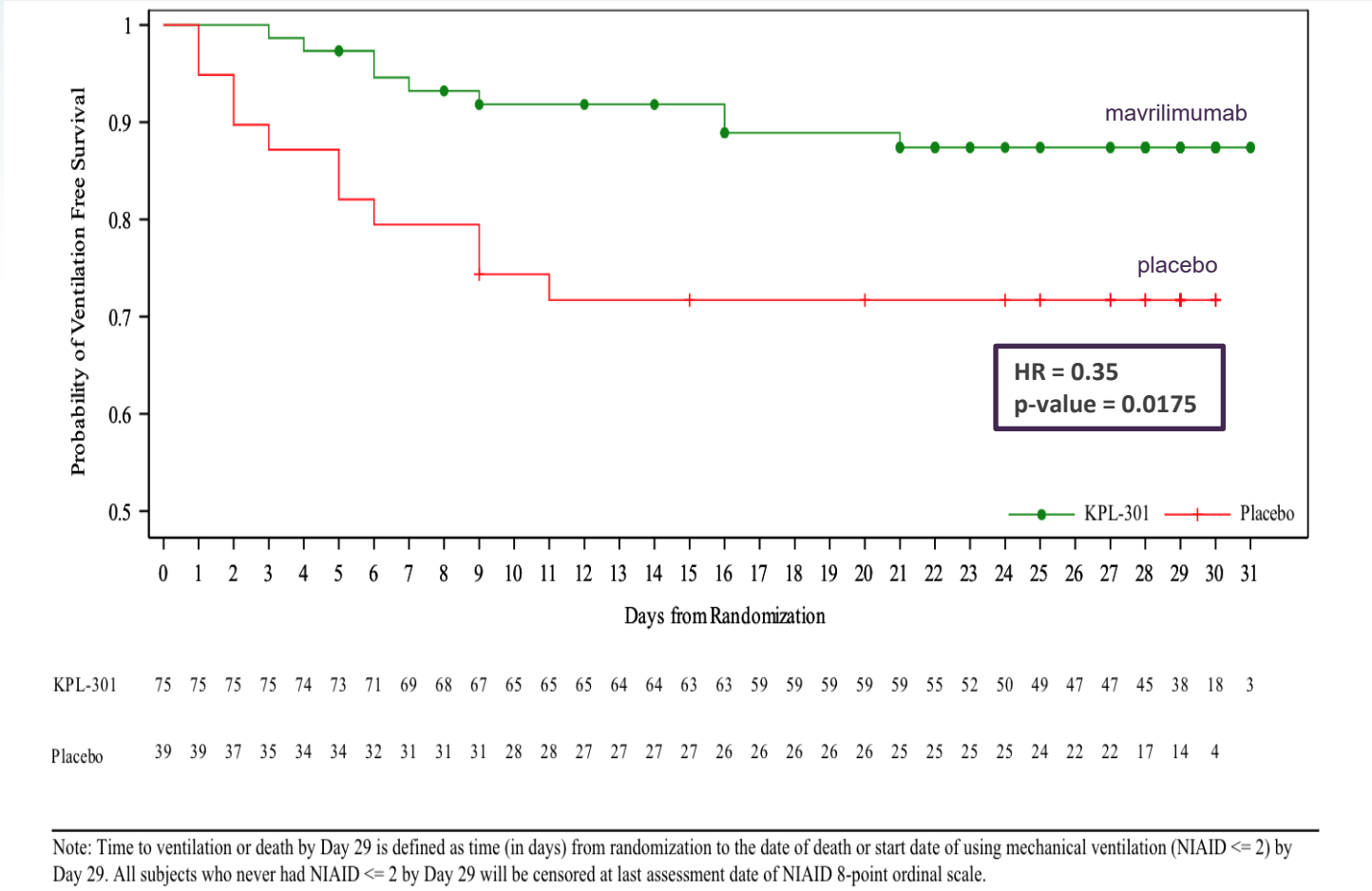
1) Cortellis,;UpToDate; Correspondence, Trial of Tocilizumab in Giant-Cell Arteritis, NEJM, 2017; GM-CSFRα = granulocyte macrophage colony stimulating factor receptor alpha

Mavrilimumab Reduced the Risk of Mechanical Ventilation or Death by 65% Versus Placebo at Day 29 Pooled Across Dose Levels

Phase 2 data from the Phase 2/3 trial of Mavrilimumab in COVID-19-related ARDS

Baseline Demographics & Characteristics:

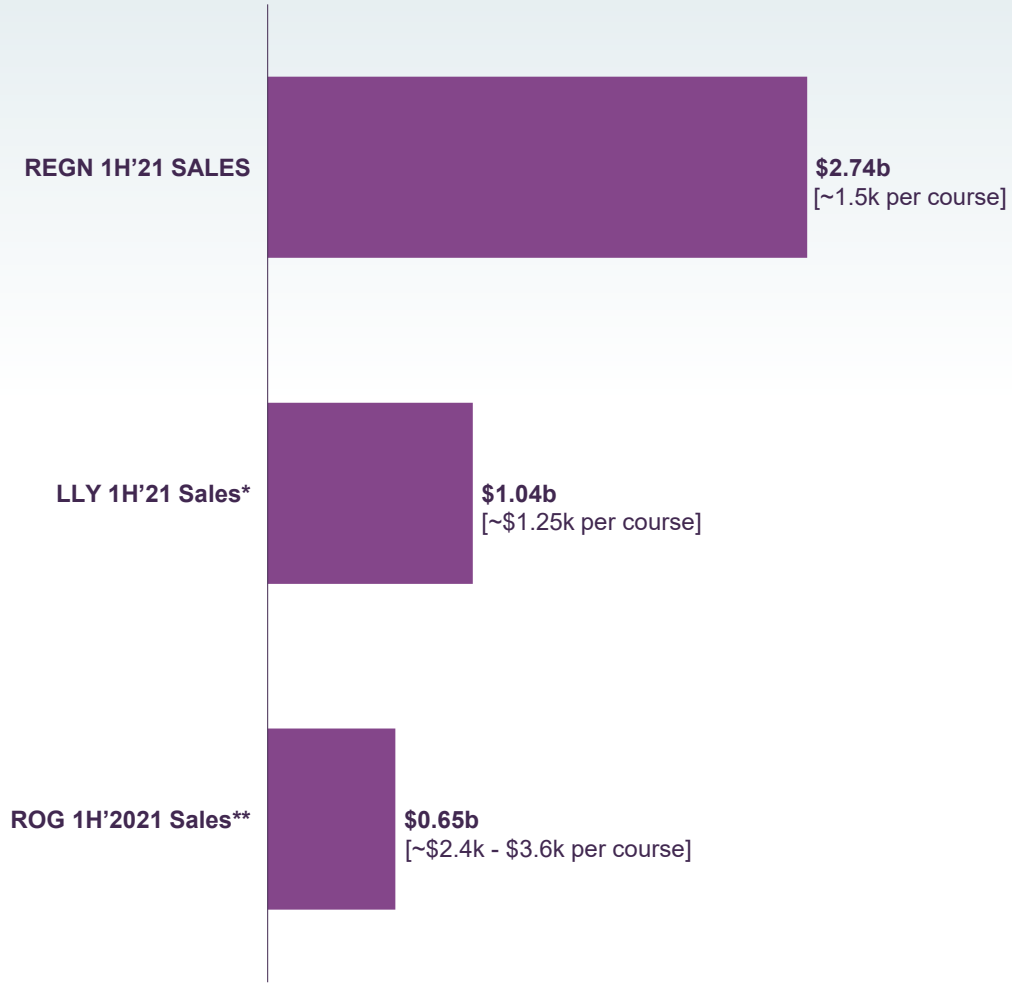
- 43% non-whites, 57% males enrolled
- 96% received corticosteroids/dexamethasone
- 29% received antivirals/remdesivir
- Randomized number of patients by country
  - Brazil (37.72%)
  - United States (31.58%)
  - South Africa (27.19%)
  - Peru (2.63%)
  - Chile (0.88%)



Note: Time to ventilation or death by Day 29 is defined as time (in days) from randomization to the date of death or start date of using mechanical ventilation (NIAID <= 2) by Day 29. All subjects who never had NIAID <= 2 by Day 29 will be censored at last assessment date of NIAID 8-point ordinal scale.

L Pupim et al, (2021). Mavrilimumab improves outcomes in Phase 2 trial in non-mechanically ventilated patients with severe COVID-19 pneumonia and systemic hyperinflammation, *Annals of Rheumatic Disease* 80 (Issue Suppl 1). http://dx.doi.org/10.1136/annrheumdis-2021-eular.5012

Significant Market Opportunity for COVID-19 Treatments



"Regeneron's COVID-19 antibodies rake in $2.6B, reflecting their market dominance and blowing away estimates"

Fierce Pharma 8/5/2021

"Eli Lilly Profit Rises, Helped by COVID-19 Drug Sales"

The Wall Street Journal 1/29/2021

"Roche warns of global Actemra shortage as delta variant drives huge spike in demand for COVID-19 patients"

Fierce Pharma 8/17/2021

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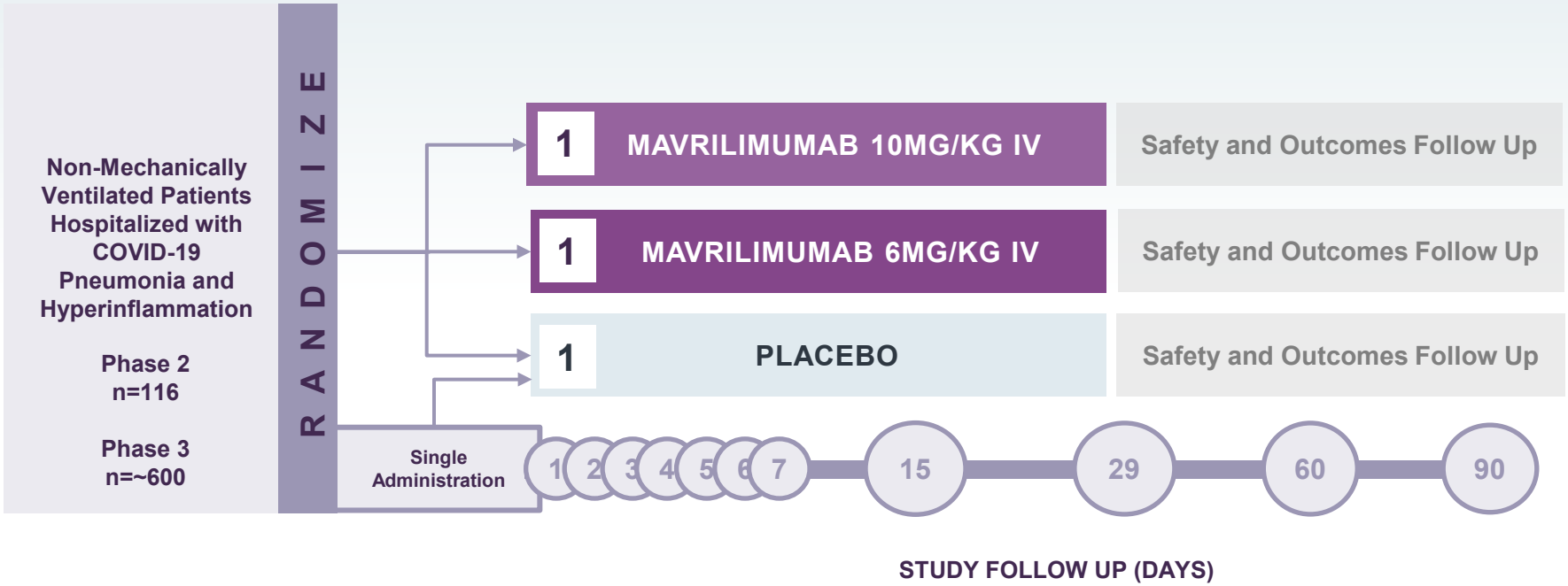
* LLY Q2 2021 sales dropped to ~$180m owing to lack of efficacy of antibody cocktail against delta variant. Baricitinib EUA approval was end of Q2
** Estimate based on reported growth of 30% YoY in 2020 and 22% YoY for 2Q 2021

Phase 3 Clinical Trial of Mavrilimumab in COVID-19-Related ARDS

KEY INCLUSION CRITERIA

- Positive COVID-19 test within 14 days prior to randomization
- Hospitalized for COVID-19
- Bilateral pneumonia on chest x-ray or computed tomography
- Active fever or recently documented fever within 72 hours prior to randomization
- Clinical laboratory results indicative of hyper-inflammation
- Non-ventilated; requiring supplemental oxygen to maintain oxygen saturation (SpO2) ≥ 92% and not-intubated
- All patients should receive best standard of care, including steroids and antivirals, according to investigator judgement



PRIMARY EFFICACY ENDPOINT:

- Proportion of patients alive and without mechanical ventilation at Day 29

SECONDARY EFFICACY ENDPOINTS:

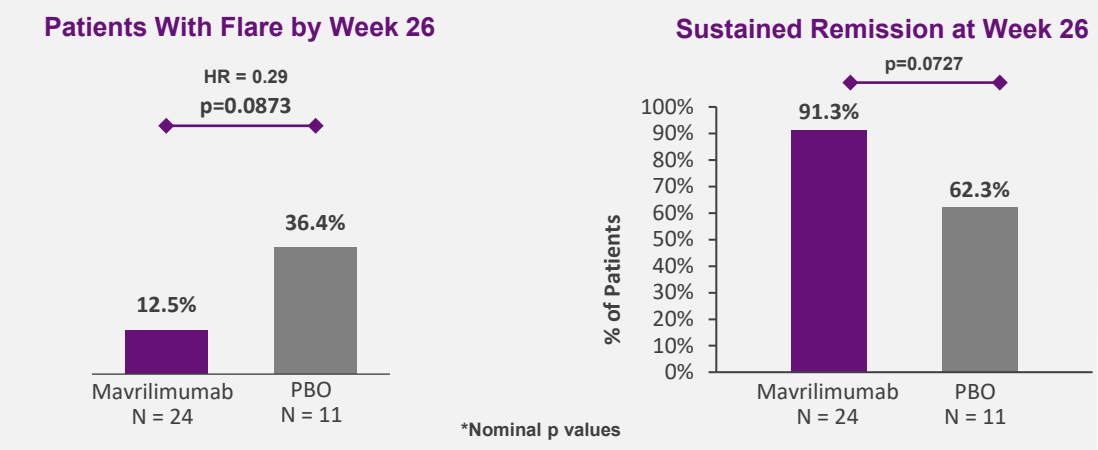
- Mortality rate at Day 29
- Ventilation-free survival (time to ventilation or death) by Day 29
- Overall survival by Day 29

ARDS = acute respiratory distress syndrome

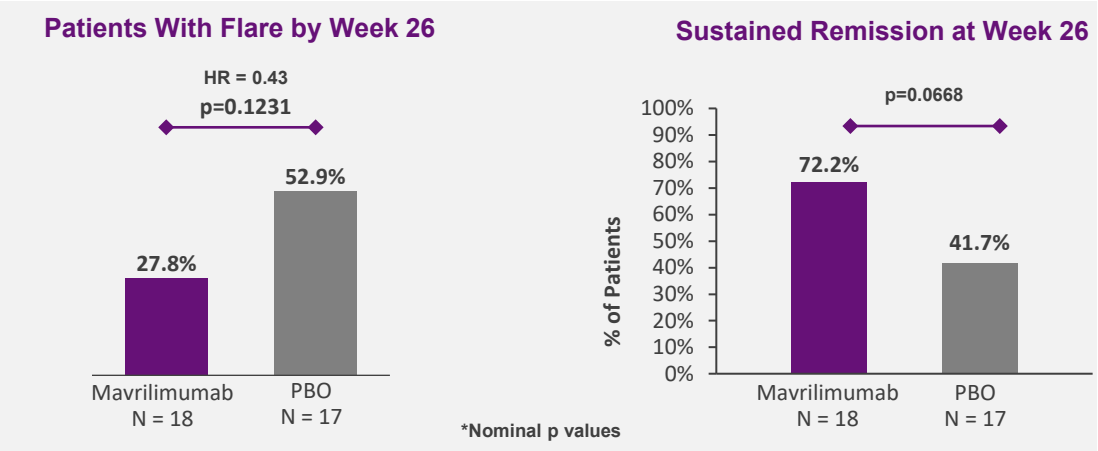
Unmet Need and Commercial Opportunity for Safe and Effective GCA Therapies

Mavrilimumab Phase 2 giant cell arteritis data[1]

NEW-ONSET GCA



RELAPSING/REFRACTORY GCA



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 one 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

KINIKSA

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

VIXARELIMAB

MONOCLONAL ANTIBODY INHIBITOR TARGETING OSMRB

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 a Phase 2b clinical trial, 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

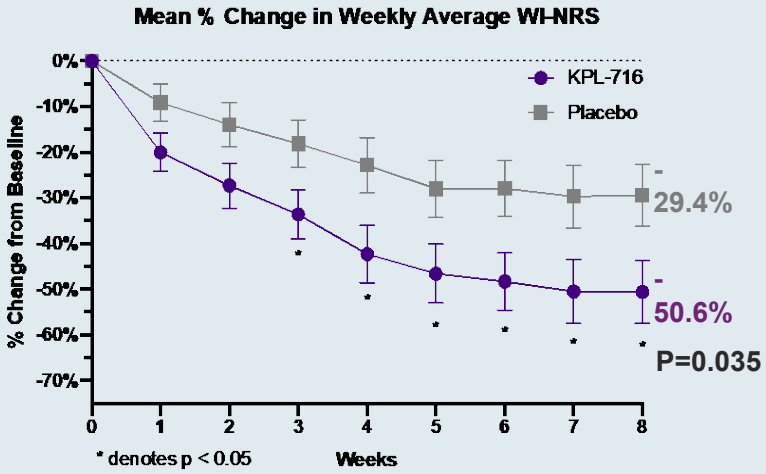
Dual Mechanism Offers Potential Pruritus Relief and Nodule Improvement

Vixarelimab Phase 2a prurigo nodularis data

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

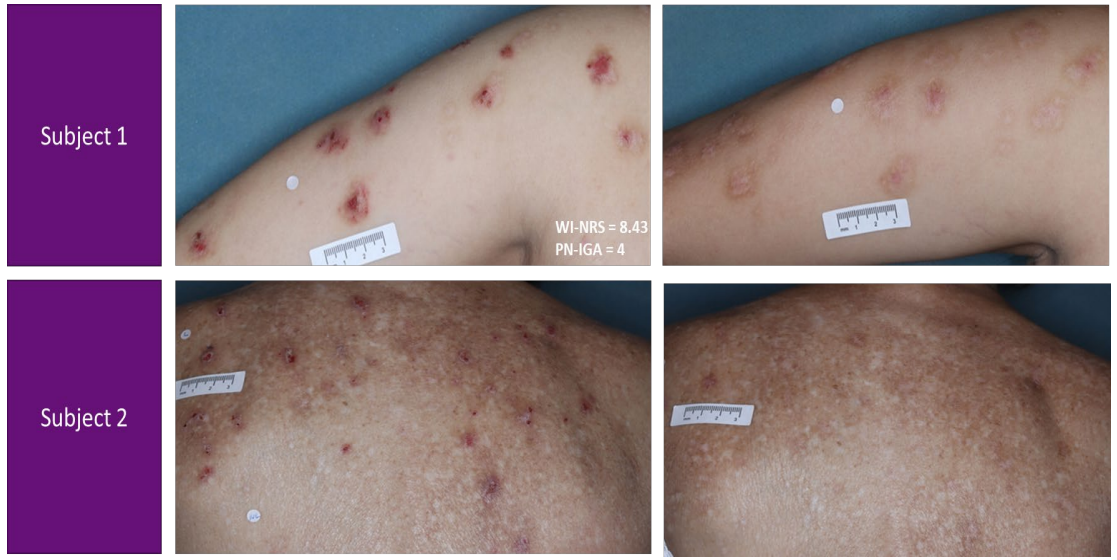
PRIMARY EFFICACY ENDPOINT

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

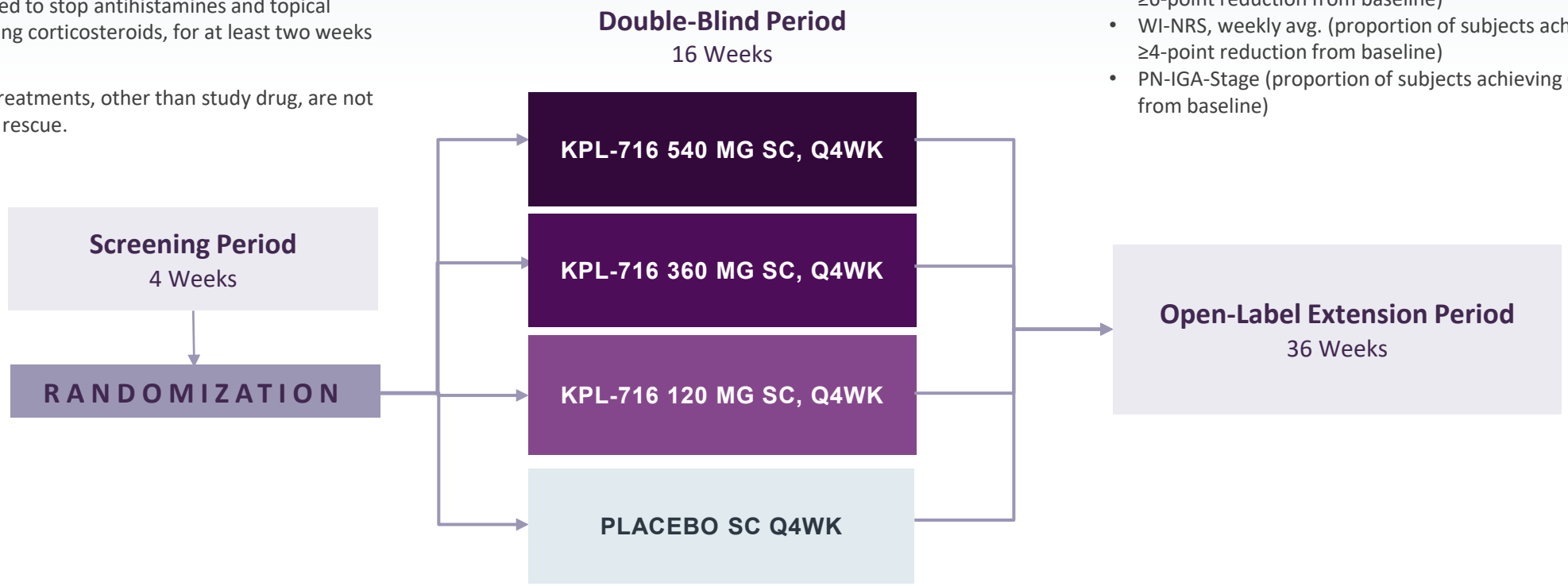
mAb = monoclonal antibody; OSMRβ = oncostatin M receptor beta; IL-31 = interleukin-31; OSM = oncostatin M; WI-NRS = Worst-Itch Numeric Rating Scale; PN-IGA = prurigo nodularis-investigator's global assessment

Vixarelimab Phase 2b Dose-Ranging Study in Prurigo Nodularis

Enrollment and dosing of patients commenced in Q4 2020

EXPECTED TO ENROLL APPROX. 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: Rheumatoid Arthritis; a chronic inflammatory disorder affecting many joints; External proof-of-concept previously established in broad range of autoimmune diseases: Sjogren's disease, systemic lupus, solid organ transplant and Graves' disease[1]

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

STATUS: Phase 1 single-ascending-dose study in healthy volunteers completed and supports further development in patients with optionality for testing SC and/or IV dosing; Expect to initiate Phase 2 proof-of concept trial in patients in Q4 2021

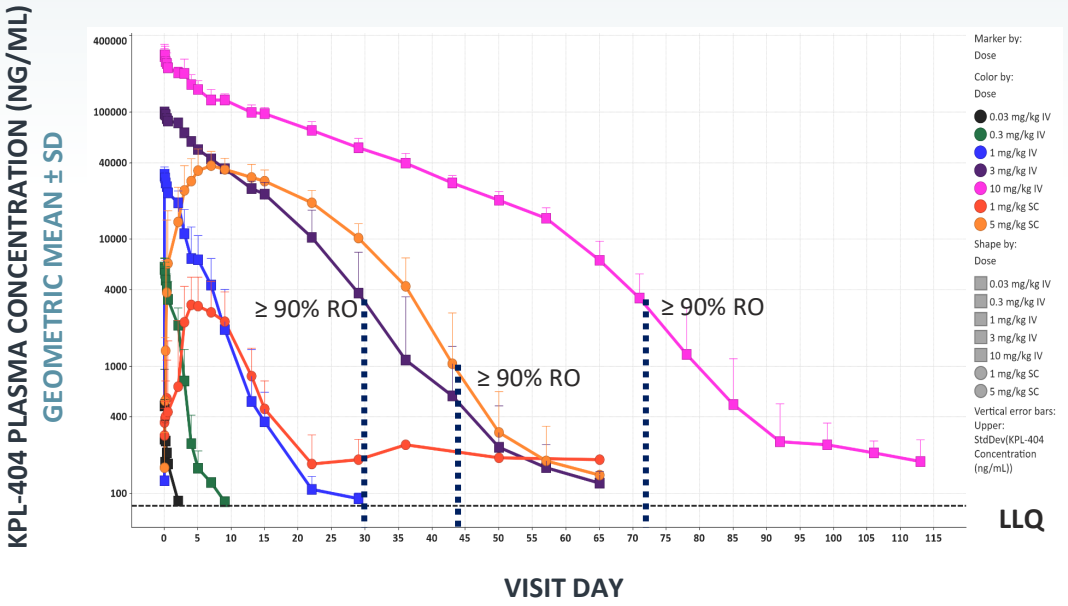
ECONOMICS: Clinical and regulatory milestones and royalty on annual net sales

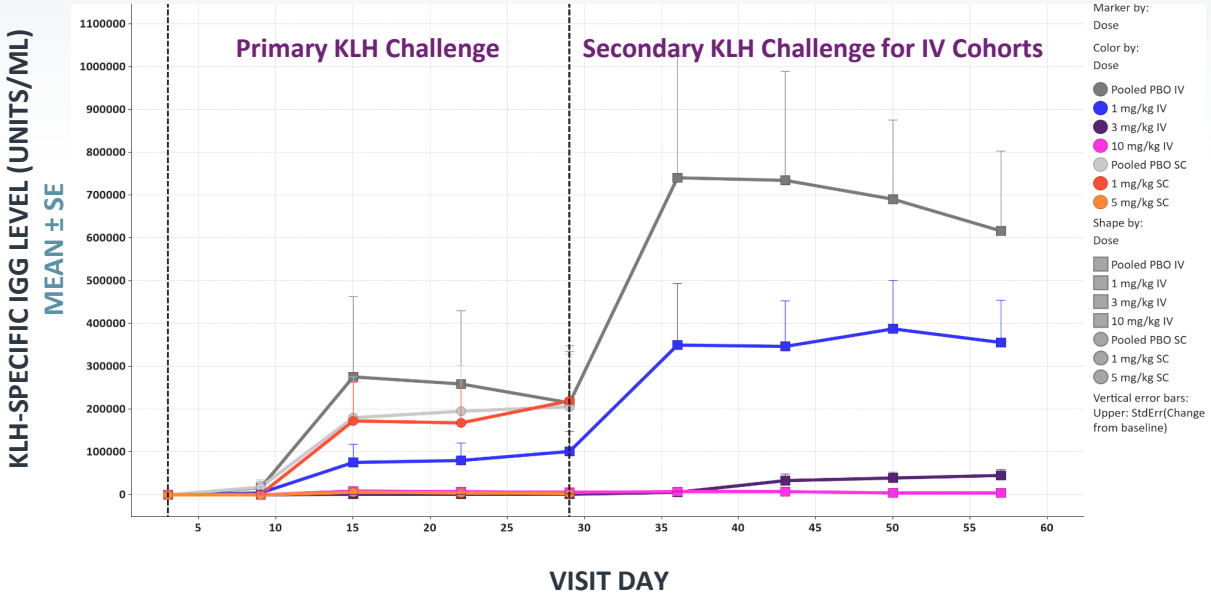
RIGHTS: Worldwide

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

Final Data from KPL-404 Single-Ascending-Dose Phase 1 Study

PK profiles for KPL-404 & T-Cell Dependent Antibody Response (TDAR) for KLH antigen challenge

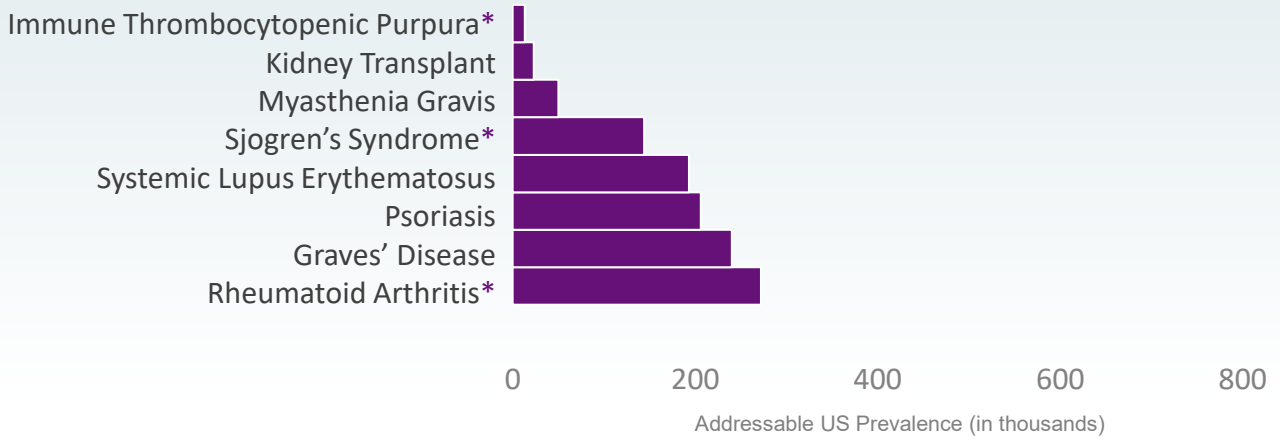




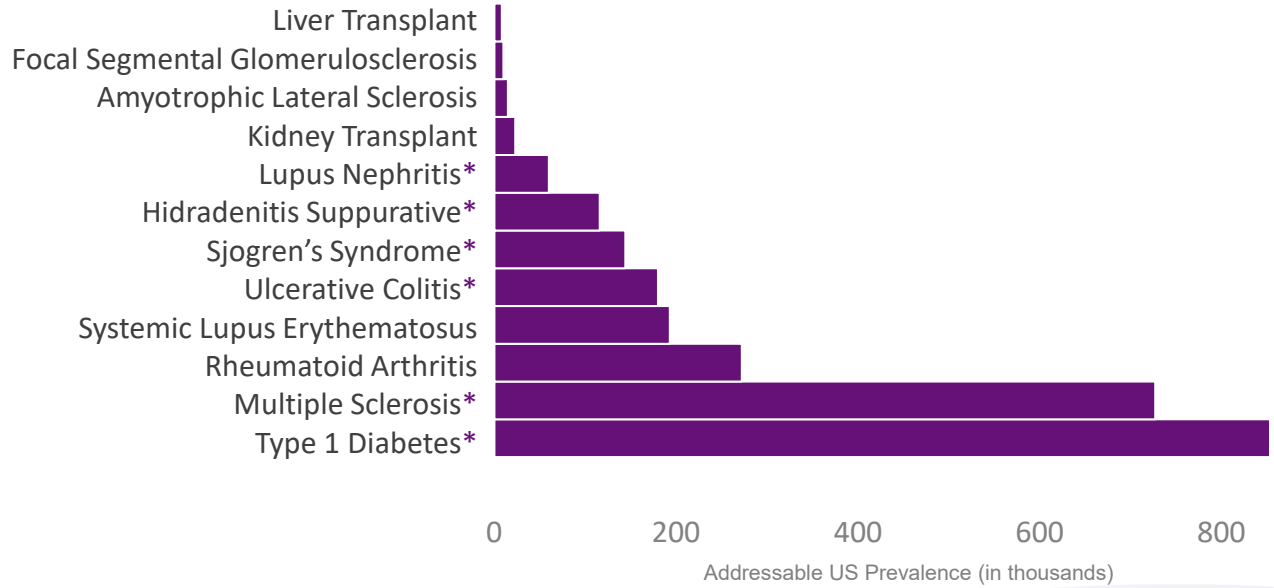
KLH = keyhole limpet hemocyanin

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

Corporate Priorities

ARCALYST
Commercial launch in recurrent pericarditis (April 2021)

MAVRILIMUMAB
Phase 3 COVID-19-related ARDS data expected Q1 2022

VIXARELIMAB
Phase 2b study in prurigo nodularis evaluating a range of once-monthly dose regimens

KPL-404
Final Phase 1 data (May 2021); plan to initiate Phase 2 proof-of-concept trial in rheumatoid arthritis in Q4 2021

CASH, CASH EQUIVALENTS AND SHORT-TERM INVESMENTS EXPECTED TO FUND OUR CURRENT OPERATING PLAN INTO 2023

KINIKSA

KINIKSA

Corporate Presentation

SEPTEMBER 2021