Jefferies Global Healthcare Conference in London

NOVEMBER 17, 2025

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; 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.

Well Capitalized and Growth Oriented, Focused on Addressing Unmet Needs by Bringing Novel Therapies to Patients Suffering from Debilitating Diseases

Building on our successful foundation by prioritizing development of novel therapies for cardiovascular indications

Arcalyst® (rilonacept) For Injection

Established leadership in recurrent pericarditis market

More than **$1 billion** in revenue since launch

Continued growth potential with only **~15% penetration** into multiple recurrence population[1], with **additional upside in 26,000 1st recurrence patients**

Expected 2025 ARCALYST revenue of **$670 to $675M**

Advancing Clinical Portfolio

Developing **KPL-387** in **recurrent pericarditis**

KPL-387 granted **U.S. Orphan Drug Designation** for pericarditis

Phase 2/3 trial initiated; Phase 2 dose-focusing data expected in **2H 2026**

IND-enabling activities with **KPL-1161**

Maintaining Strong Financial Position

Q3 2025 cash reserves of **~$352M**

Thoughtful capital allocation

Financial strength provides optionality to **invest** in additional **value creation opportunities**

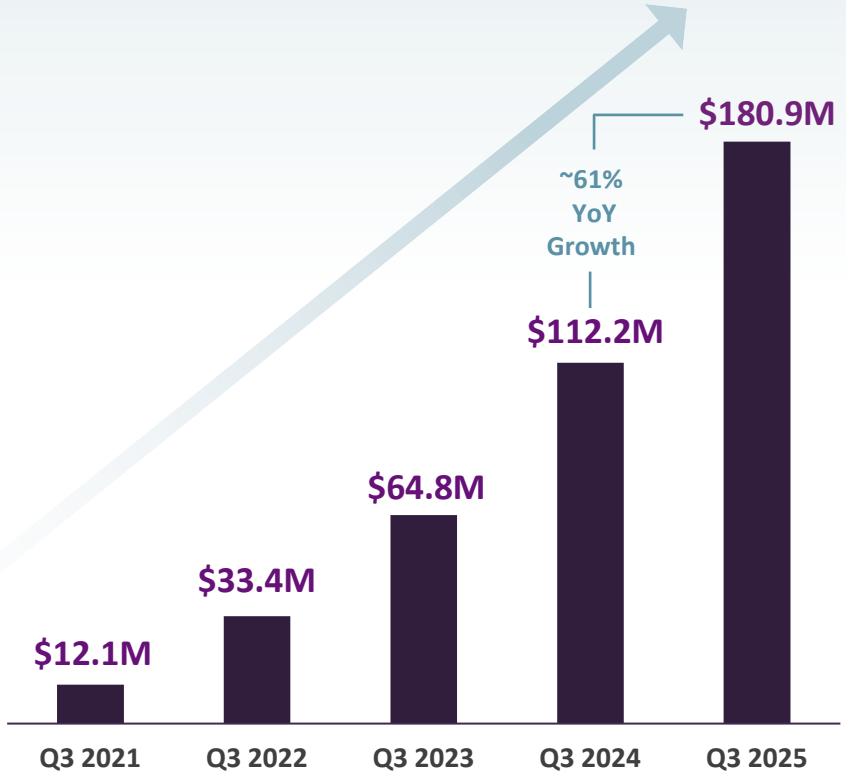
Current operating plan expected to remain **cash flow positive** on an annual basis

KINIKSA

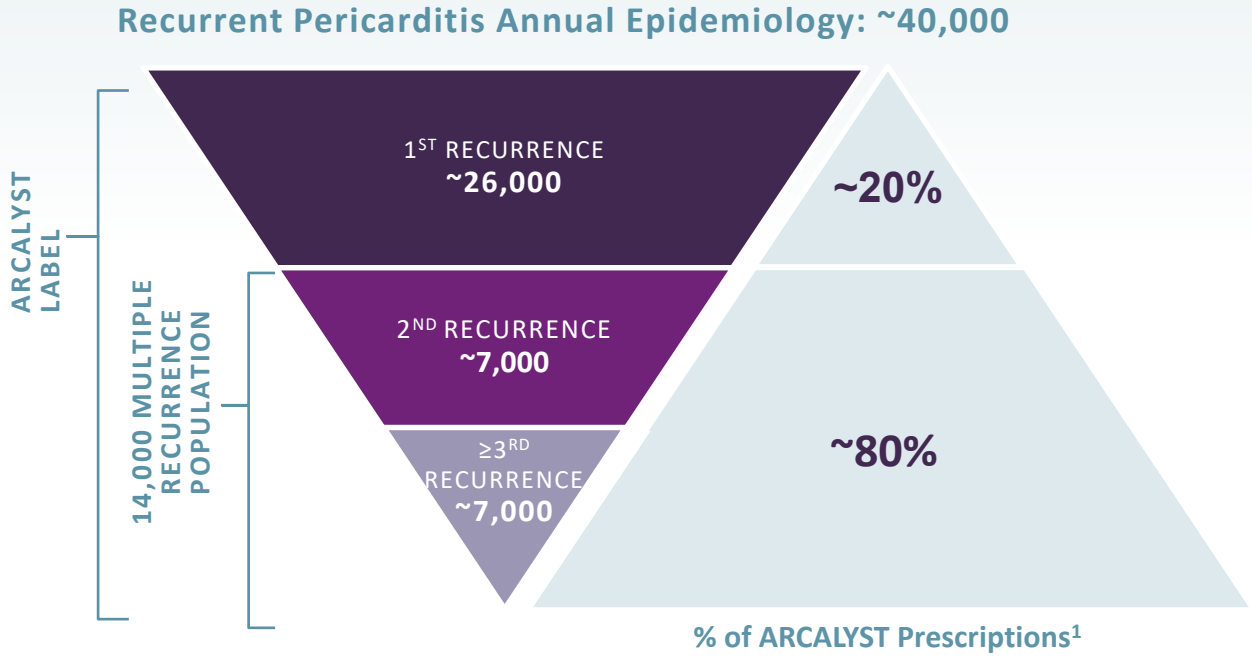
1) As of Q2 2025.

Driven Substantial Growth in ARCALYST Sales, Driven by an Expanding Adoption of IL-1α & IL-1β Inhibition

Year-Over-Year Net Revenue Growth



% of Prescriptions by Number of Recurrences[1]

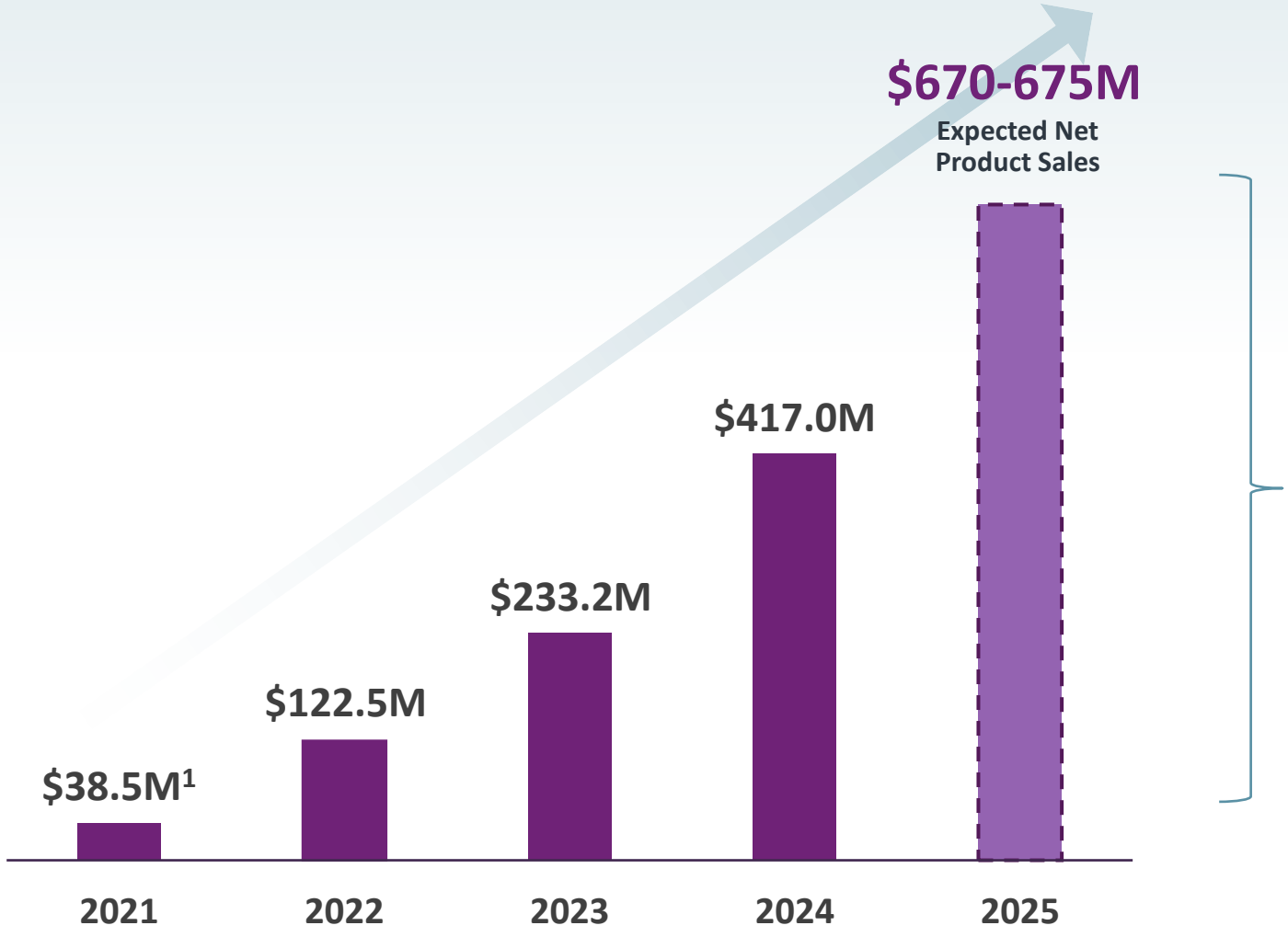


ARCALYST is being used earlier in the disease, and is becoming the new Standard of Care

Significant Opportunity Ahead with ~15% Penetration of Multiple-Recurrence Population as of the End of Q2 2025

1) Data since launch through 9/30/2025.

Continued Commercial Performance and Increases in Active Commercial Patients has Resulted in Raising ARCALYST Net Revenue Guidance for 2025



Robust Commercial Strategy Focused On:

- **Promote to the full scope of the broad label** to identify more patients
- Ensure **positive prescriber experience** to support **repeat prescribing**
- Support creation of an **efficient network of care** with regional **pericardial disease centers**
- Driving recognition of recurrent pericarditis as a **chronic, multi-year disease** that requires a highly-efficacious and well-tolerated treatment that inhibits IL-1a&b **throughout the course of disease**

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

KPL-387 Aims to Address Key Patient Needs and Expand IL-1 Inhibition Market

The **vast majority** of surveyed HCPs report that an efficacious IL-1α & IL-1β inhibitor with the **target profile of KPL-387** would be **best positioned** to **address unmet needs** of patients living with recurrent pericarditis and is likely to **expand the market**

Key Needs Filled

- **Less frequent dosing**
- **Streamlined preparation**
- **Patient-friendly administration**

Patient Preferences

~75% Of all RP patients prefer the KPL-387 target profile over available **commercial and investigational therapies**

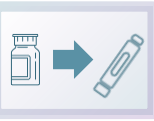
~70% Of all RP patients would be willing to stay on a monthly autoinjector for **longer, with fewer missed doses**, compared to a weekly subcutaneous dosing presentation

~75% Of ARCALYST-naïve patients would be more willing to take an injectable therapy **if presented in an autoinjector**

*"It [would be] **easy to use** because there is no need to mix and wait for it to work. The autoinjector [would] make it simple. It [would] also be **more convenient to take it once a month.**" – ARCALYST patient*

HCP Preferences

~92% Report high likelihood of prescribing KPL-387 for **new patients**, in the context of available commercial and investigational therapies



Current ARCALYST patients demonstrate high compliance and adherence, but HCPs receptive to switching **upon patient request**

HCPs indicate a sizable **increase in proportion of patients likely to use an IL-1α & β inhibitor** if KPL-387 comes to market

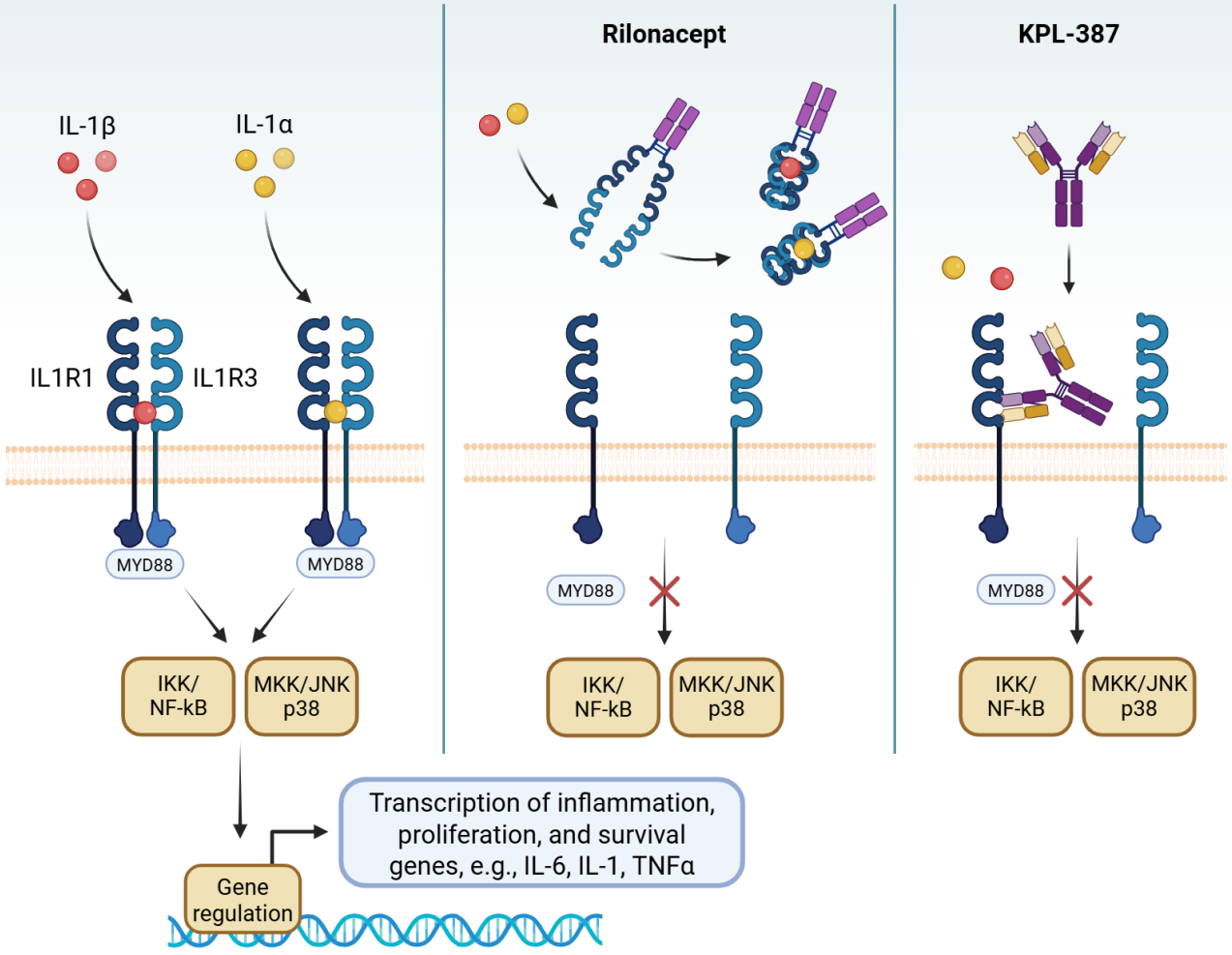
*"The dosing regimen of once monthly versus once weekly is a **game changer** for patients." – Physician*

Source: Kiniksa data on file.

KPL-387: Potential Important Treatment Option for Recurrent Pericarditis

John Paolini
Chief Medical Officer

Advancing Leading IL-1α & IL-1β Inhibition Franchise with KPL-387



KPL-387

- Fully human IgG2 **monoclonal antibody**
- **Binds to IL-1R1**, inhibiting **both** IL-1α & IL-1β cytokine-mediated signaling
- **IL-1α and IL-1β inhibition is well-established** and **well-tolerated**
- **Monthly** dosing potential with **single subcutaneous self-injection** in **liquid formulation**

IL-1R1 = interleukin-1 receptor 1; IL-1R3 = interleukin-1 receptor 3; IL-1α = interleukin-1 alpha; IL-1β = interleukin-1 beta; IgG2 = immunoglobulin G2; MYD88 = myeloid differentiation primary response 88; IKK = IkappaB kinase; NF-κB = nuclear factor-kappa B; MKK = mitogen-activated protein kinase kinase; JNK = jun N-terminal kinase; p38 = p38 mitogen-activated protein kinase; IL-6 = interleukin 6; TNFα = tumor necrosis factor-alpha

Registrational Program Includes Pivotal and Supplemental Components

KPL-387 Development Program

	Phase	Study Design & Type	Patient Population	Treatment Duration
Pivotal Study	***Phase 3***	Event-Driven, Double-Blind, Placebo-Controlled, Randomized-Withdrawal Study[1]	Qualifying Pericarditis Episode	Event-Driven
Supplemental Studies	***Phase 1***	SAD/MAD Study	Healthy Participants	Single Dose & 12 Weeks (MAD)
	Phase 2	Dose-Focusing Study[1]	Qualifying Pericarditis Episode	24 Weeks
		Transition to KPL-387 Monotherapy Dosing & Administration Study[2]	Well-Controlled Recurrent Pericarditis[3]	16 Weeks
	LTEs	Eligible Patients Completing Phase 2 Dose-Focusing Study[1]		Up to 24 Months Additional Treatment[4]
		Eligible Patients Completing Phase 2 Transition to KPL-387 Monotherapy Dosing & Administration Study		Up to 24 months Additional Treatment[4]
		Eligible Patients Completing Phase 3 Pivotal Study[1]		Up to 24 Months Additional Treatment[4]

1) NCT07010159; 2) Supplemental study evaluating the efficacy/safety of dosing regimens used to transition patients with well-controlled RP to KPL-387 monotherapy from stable prior treatment with standard therapies; 3) No recurrence within 3 months prior to baseline; CRP < 0.5 mg/dL within 14 days of Baseline and NRS ≤ 3 at Baseline; no clinical worsening or suspicion of impending recurrence; 4) Up to 24 months or the time KPL-387 is approved for commercial use in that region to treat recurrent pericarditis.

LTE = long-term extension; SAD = single ascending dose; MAD = multiple ascending dose

Kiniksa is Well Positioned for Future Success & Value Generation

Execution across commercial and clinical-stage portfolio sets stage for continued advancement

Maximizing Current Commercial Opportunity

2025 ARCALYST net revenue expected to be **$670 - $675M**

Advancing Clinical Portfolio

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Expect to remain **cash flow positive** on an annual basis

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