Crinetics® Pharmaceuticals

Corporate Presentation

February 2026

Safe Harbor Statement

This presentation contains forward-looking statements. Crinetics Pharmaceuticals, Inc. ("Crinetics," the "company," "we," "us," or "our") cautions you that all statements other than statements of historical facts contained in this presentation are forward-looking statements. Such forward-looking statements include, but are not limited to, statements regarding: the estimates relating to market size, our ability to optimize the launch or ensure broad access to Palsonify™ or our ability to drive diagnosis and treatment for undiagnosed patients; the plans and timelines regulatory filings or approval of paltusotine outside the US; the expected timing of patient enrollment in the Phase 3 program of paltusotine for carcinoid syndrome; the expected timing of patient enrollment in additional studies of atumelnant in CAH or our plans or timing for a phase 2/3 study of atumelnant in Cushing's syndrome; the plans and timelines for the clinical development of our drug candidates, including the therapeutic potential and clinical benefits or safety profile thereof; and the expected timing for the initiation of clinical trials or the potential benefits of our development candidates in patients across multiple indications; the expected timing of additional research pipeline updates or the expected timing of the advancement of those programs; and the company's anticipated cash runway or its operating cash burn guidance. In some cases, you can identify forward-looking statements by terms such as "may," "believe," "anticipate," "could," "should," "estimate," "expect," "intend," "plan," "project," "will," "contemplate," "predict," "continue," "forecast," "aspire," "lead to," "designed to," "goal," "aim," "potential," "target," or other similar terms or the negatives thereof.

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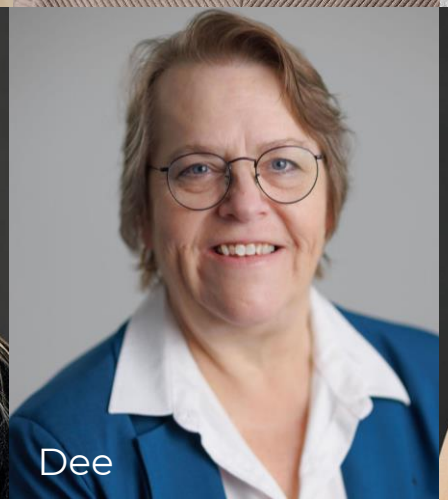
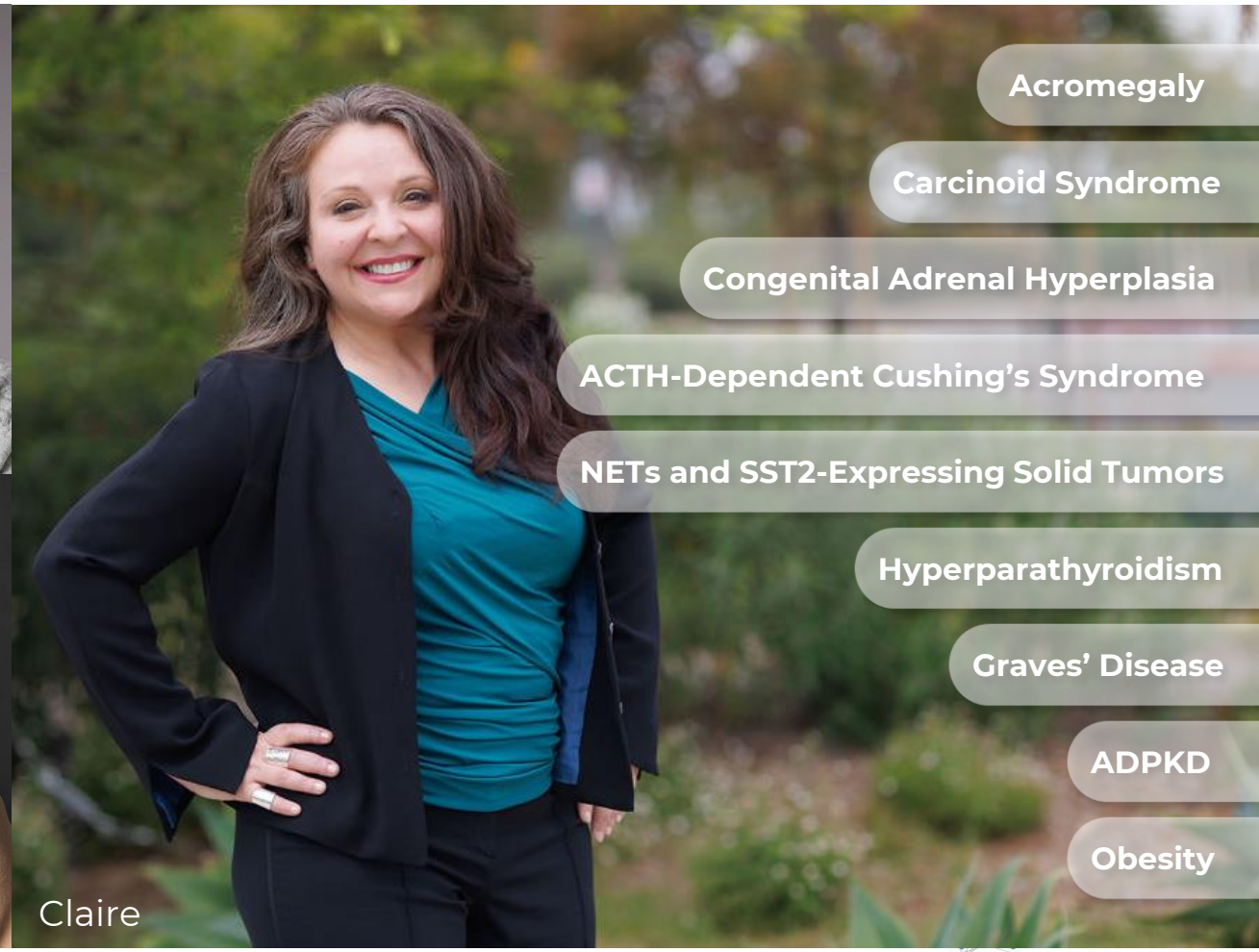
Our Mission:

To be **the world's leading endocrine company** that consistently pioneers new therapeutics to help patients better control their disease and improve their daily lives





Crinetics Pharmaceuticals

Transforming Endocrine Disease Treatment from Discovery to Commercialization

In-House Discovery

- ✓ Proven **drug-hunters** in the difficult GPCR space
- ✓ Experienced team with a **robust pipeline** (9+ programs) of wholly owned assets with IP into the 2040s
- ✓ Additional value from **continued innovation**

Proven Development

- ✓ Demonstrated execution with **5 positive global Phase 2 or 3 readouts** in ~2 years and **first FDA approval** in 2025
- ✓ Steady stream of **upcoming clinical catalysts**

Commercial Execution

- ✓ Building global **commercial capabilities** supporting our endocrinology pipeline
- ✓ **Ensuring patients have access** to the next generation of treatments

Partnering with patients every step of the way.

Continued Value Creation with Deep Pipeline of Transformative Drug Candidates

SST: somatostatin receptor type; ACTH: adrenocorticotropic hormone; NETs: Neuroendocrine tumors; TSH: thyroid-stimulating hormone; TED: thyroid eye disease; ADPKD: Autosomal dominant polycystic kidney disease; PTH: parathyroid hormone; GLP-1: glucagon-like peptide-1 receptor agonists; GIP: gastric inhibitory polypeptide; IND: Investigational New Drug Application; PDUFA: Prescription Drug User Fee Act; CHMP: Committee for Medicinal Products for Human Use.

World-class Development Leading to Global Commercialization

Paltusotine: Lead Clinical Candidate for Acromegaly and Carcinoid Syndrome

PATHFNDR-1
PHASE 3 RESULTS

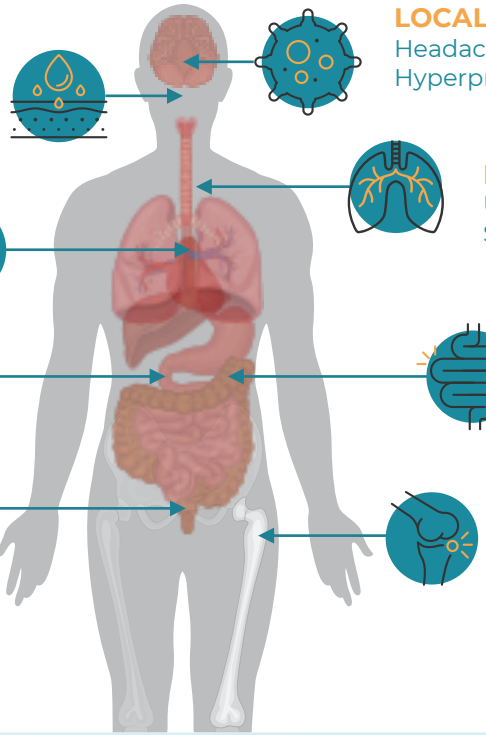
PATHFNDR-2
PHASE 3 RESULTS

CARCINOID SYNDROME
PHASE 2 RESULTS

Acromegaly Symptoms Take a Toll on Patients

Acromegaly is a rare chronic disease caused by a pituitary adenoma that secretes excess GH, resulting in hypersecretion of IGF-I[1,2]

Effects of Prolonged Exposure to IGF-I and GH[1,2]



PHYSICAL CHANGES
Alteration in facial features
Hyperhidrosis/oily skin
Tall stature/gigantism
Carpal tunnel syndrome

LOCAL TUMOR EFFECTS
Headache | Visual impairments
Hyperprolactinemia | Hypopituitarism

RESPIRATORY
Upper airway obstruction
Sleep apnea

CARDIOVASCULAR
Hypertension
Congestive heart failure
Cardiac hypertrophy

METABOLIC
Glucose tolerance
Diabetes mellitus

GASTROINTESTINAL
Colonic polyps

REPRODUCTIVE
Menstrual disturbance
Erectile dysfunction

SKELETAL
Bone and cartilage overgrowth | Abnormal growth of hands and feet
Arthritis | Vertebral fractures

Patient Symptoms[3-4]

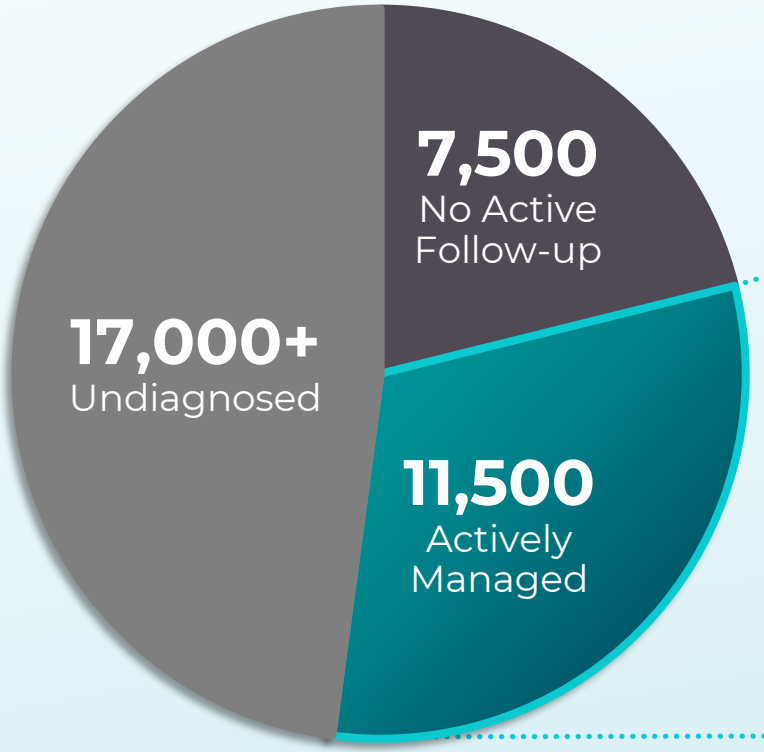
- Enlarged hands, feet, lips, nose, tongue, and jaw
- Skin changes: oily skin, thickened skin, excessive sweating
- Headaches, which may be frequent and/or severe
- Joint pain, vertebral fractures
- Peripheral neuropathy, carpal tunnel syndrome

GHRH = growth hormone-releasing hormone; IGF-I = insulin-like growth factor I.

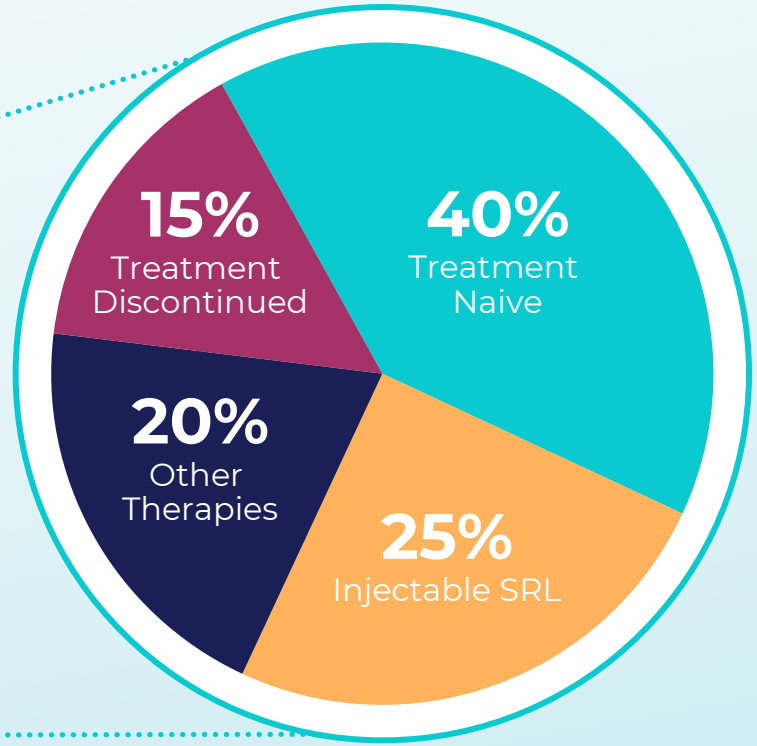
1. Colao A, et al. *Nat Rev Dis Primers*. 2019;5(1):20. **2.** Gomes-Porras M, et al. *Int J Mol Sci*. 2020;21(5):1682.
Figure adapted with permission from Colao A, et al. *Nat Rev Dis Primers*. 2019;5(1):20. **3.** Fleseriu M, et al. *Lancet Diabetes Endocrinol*. 2022;10(11):804-826.
4. Slagboom TNA, et al. *Pituitary*. 2023;23(4):319-332.

Acromegaly Patient Reach

36,000 People Living with Acromegaly in the US



11,500 Actively Managed and Addressable in Short-Term

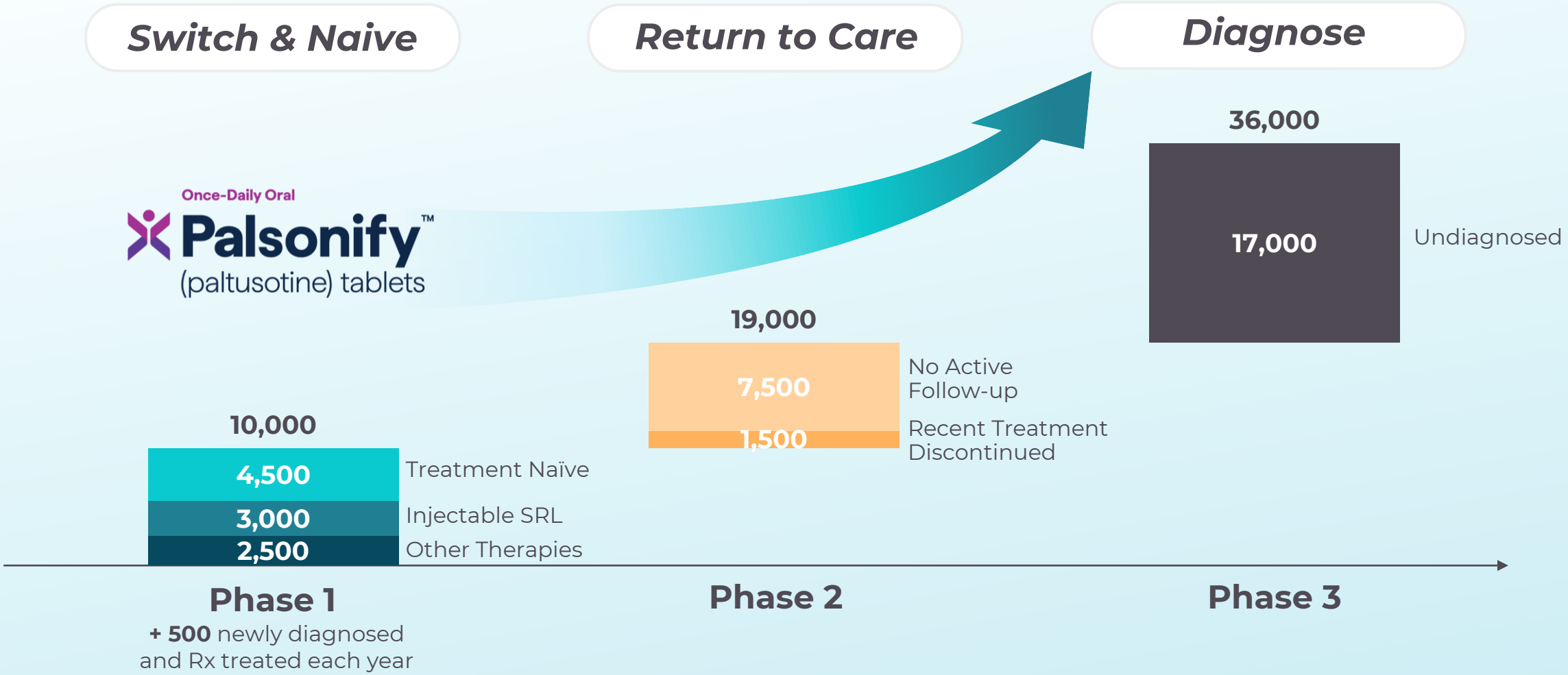


1,500/yr diagnosed

500/yr initiating pharmacotherapy

Note: Prevalence and incidence are estimates.
Sources: Crisafulli S, et al. European Journal of Endocrinology. 2021;185(2):251-263. Komodo Claims Data Analysis and Symphony Data.

Palsonify: Executing Phased Launch to Address Broader Acromegaly Patient Population



Abbreviations: SRL, Somatostatin Receptor Ligand.
Note: Market sizes are Company estimates based on a synthesis of Komodo Health claims analysis and analysis from Stratis Group and McKinsey & Company.

Acromegaly Patients Face Significant Unmet Need, Presenting a Compelling Market Opportunity

77% Reported injection site reactions after SRL treatment[1]

79% Had acromegaly symptoms worsen at end of SRL injection cycle[2]

64% Felt upset for being dependent on others for treatment[1]

ELLEN
Living with Acromegaly

"It's urgent because symptoms affect my quality of life, affect my relationships, affect my abilities to fulfill my responsibilities professionally, personally…I need to be functional."

– Patient living with acromegaly

Source: Crinetics interviews & market research

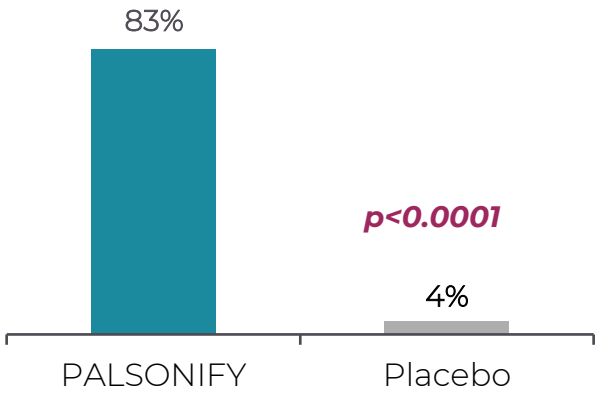
[1] Fleseriu M, Molitch M, Dreval A, et al. Disease and treatment-related burden in patients with acromegaly who are biochemically controlled on injectable somatostatin receptor ligands. Front Endocrinol (Lausanne). 2021;12:627711.

[2] Liu S, Adelman DT, Xu Y, et al. Patient-centered assessment on disease burden, quality of life, and treatment satisfaction associated with acromegaly. J Investig Med. 2018;66(3):653-660.

SRL: Somatostatin Receptor Ligands

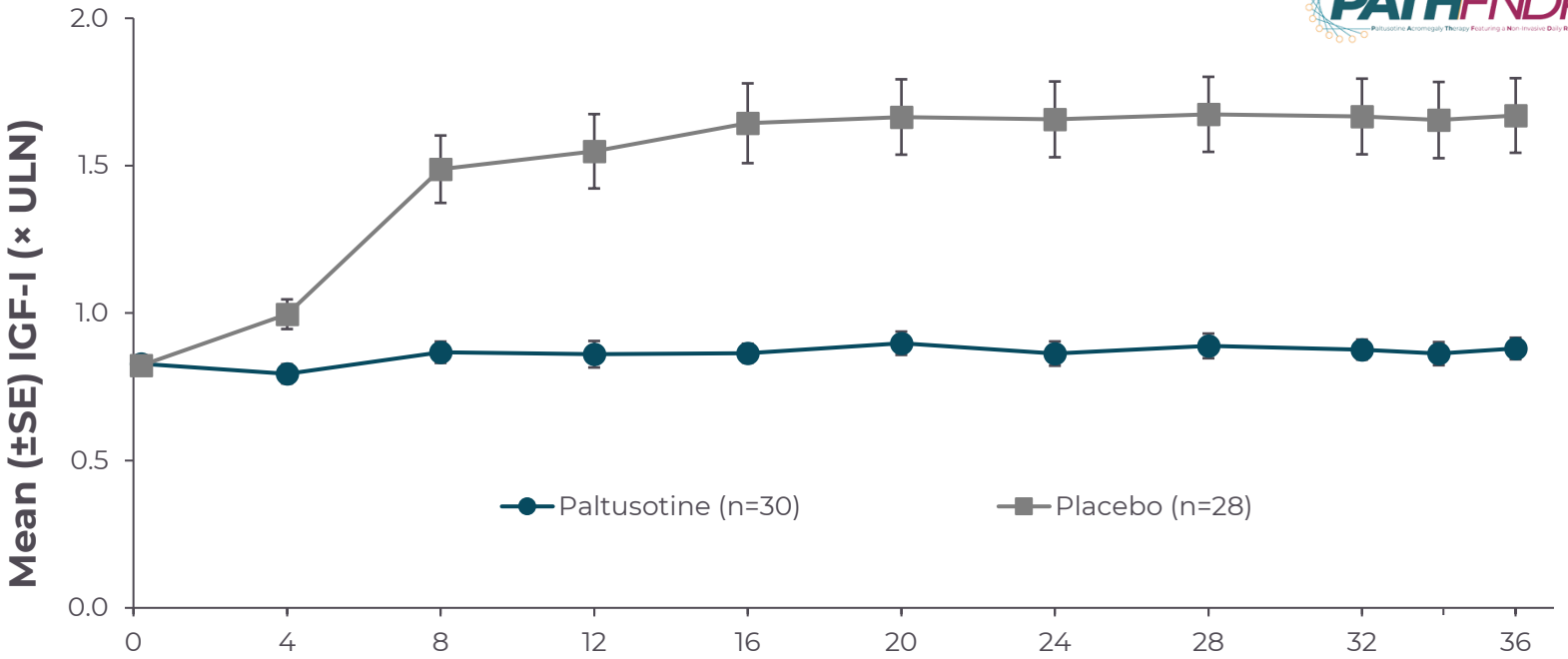
In Phase 3 Studies, PALSONIFY Achieved Rapid, Reliable and Consistent Biochemical Control in Switch Patients

Patients switching from standard-of-care



PRIMARY ENDPOINT Maintained IGF-1 ≤ 1.0xULN

PALSONIFY Treatment Maintained IGF-1 Control in Patients who Switched from SRL Injections

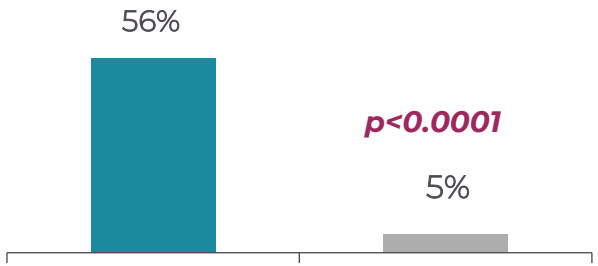


Only 1 patient taking PALSONIFY in PATHFNDR-1 had an IGF-1 above 1.1 x ULN at EOT[1]

*Last observation carried forward for patients who received rescue medication or discontinued from the study.
EOT: end of treatment (week 36 or last assessment before rescue).

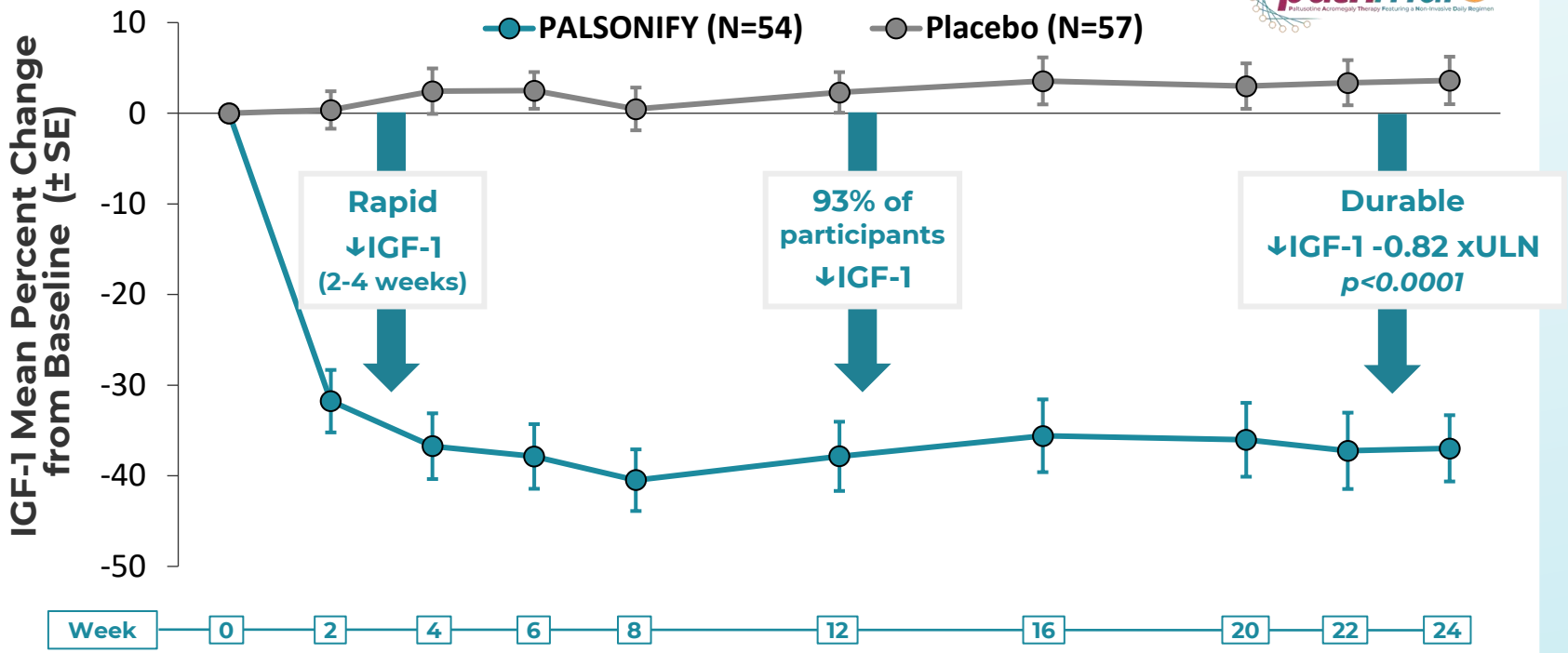
In Phase 3 Studies, PALSONIFY Achieved Rapid, Reliable and Consistent Biochemical Control in Naïve Patients

Non-pharmacologically-treated patients



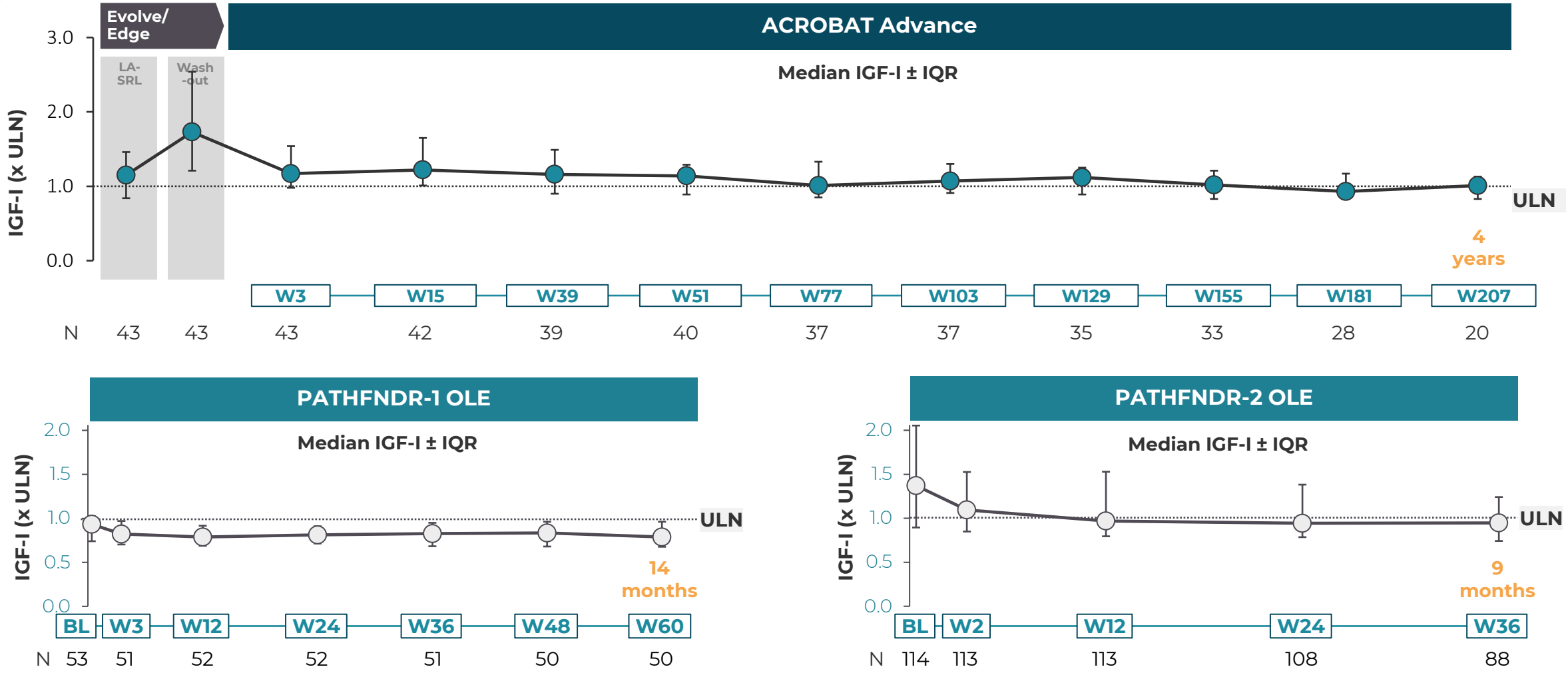
PRIMARY ENDPOINT Achieved IGF-1 ≤ 1.0xULN

Percent Change from Baseline in IGF-1 Level by Visit



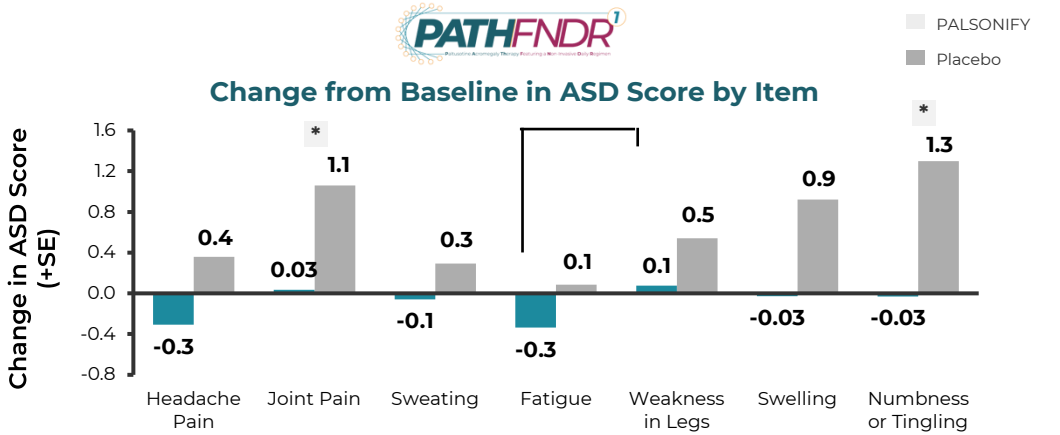
IGF-1 values measured prior to rescue or discontinuation are carried forward

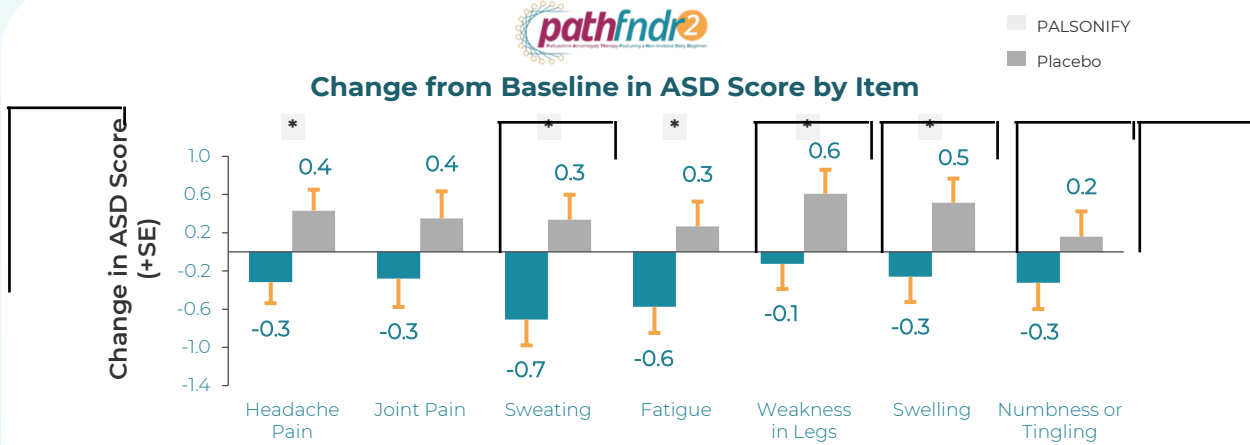
PALSONIFY Treatment Results in Long-Term Stable Biochemical Control Across a Range of Acromegaly Patients



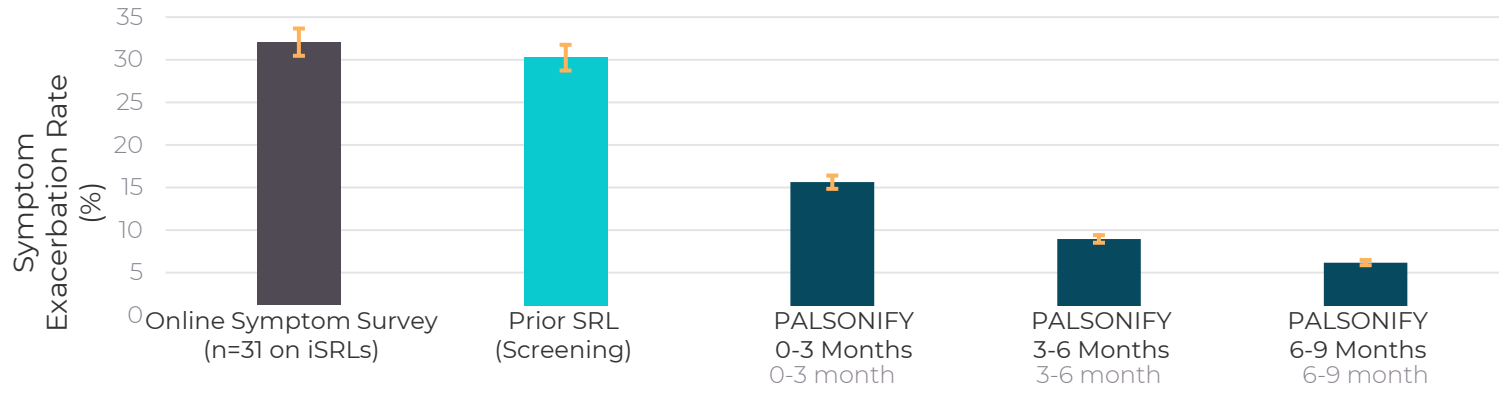
In Phase 3 Studies, PALSONIFY Achieved Consistent Control of Symptoms and Reduced Frequency of Symptom Exacerbations

Label includes trend towards reduced severity of 7 key symptoms in both randomized trials





Symptom exacerbation frequency continued to decline throughout the 9-month study



PATHFNDR 1

Exploratory Post-Hoc Analyses with Acromegaly Symptom Diary (ASD)

(Exploratory Analysis n=22, Exploratory post hoc analysis; should not be interpreted as establishing clinical significance)

Data on File. iSRL: injectable somatostatin receptor ligands; ASD: Acromegaly Symptom Diary.

PALSONIFY was Well-Tolerated with No Severe or Serious Adverse Events

Key safety outcomes from the randomized control period of Phase 3 studies

- **No serious adverse events**
  None occurred with PALSONIFY vs 2.4% with placebo
- **GI AEs resolved**
  Most GI AEs occurred within the first 2 months (median duration of 6 to 18 days), were generally mild to moderate and resolved without discontinuing PALSONIFY
- **Low discontinuation rate**
  <4% of patients taking PALSONIFY discontinued due to AEs
- **Stability or reduction in size of pituitary tumors**
  No patients receiving PALSONIFY had clinically significant increases in tumor volume, clinically significant decreases were observed in 4 patients taking PALSONIFY but not in any patients taking placebo

PATHFNDR 1
Palsusotine Acromegaly Therapy Featuring a Non-Invasive Daily Regimen

Adverse Reaction	PALSONIFY N=30 n(%)	Placebo N=28 n(%)
Diarrhea	7 (23)	3 (11)
Nausea	4 (13)	1 (4)
Decreased appetite	3 (10)	0
Palpitation	2 (7)	0
Gastroenteritis	2 (7)	0

pathfndr 2
Palsusotine Acromegaly Therapy Featuring a Non-Invasive Daily Regimen

Adverse Reaction	PALSONIFY N=54 n(%)	Placebo N=57 n(%)
Diarrhea	18 (33)	8 (14)
Abdominal pain	10 (19)	3 (5)
Nausea	5 (9)	1 (2)
Sinus bradycardia	4 (7)	0 (0)
Hyperglycemia	4 (7)	1 (2)

Severe TEAEs are arthralgia in 1 participant, peripheral swelling/fatigue/pain in extremity in 1 participant, and leukopenia in 1 participant.
Serious TEAE is cholecystitis acute

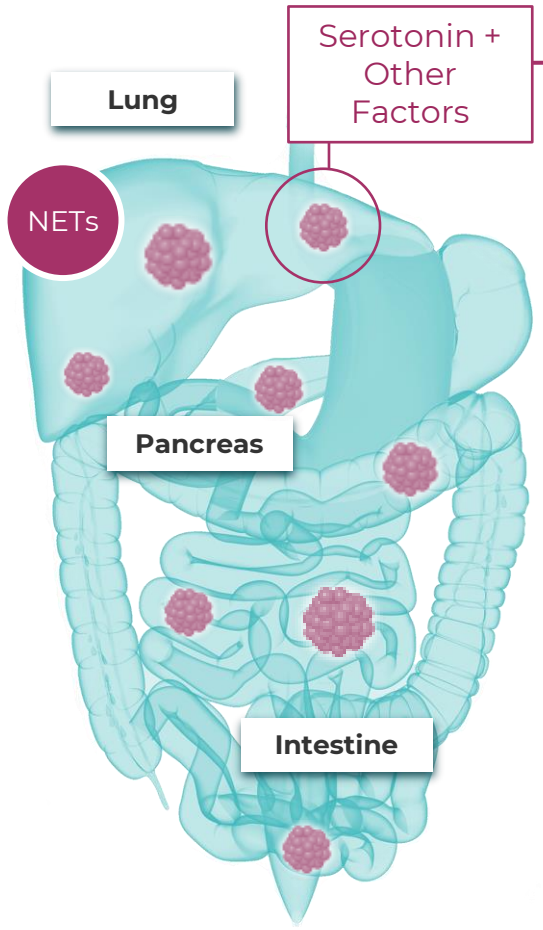
Executing on Our Strategy to Make PALSONIFY the Foundation of Acromegaly Care

Leverage synergistic field teams and targeted marketing to educate on best-in-class profile and streamline access

PATIENTS	PROVIDERS	PAYERS
Activate patients to start, switch, or resume treatment	Make PALSONIFY the therapy of choice	Demonstrate value proposition to facilitate access

ACTIVATE ADOPT ACCESS ADHERE

Carcinoid Syndrome: Second Indication for Paltusotine



Carcinoid Syndrome

Severe flushing episodes can be debilitating and potentially dangerous

Goal: *reduce frequency and severity (normal is < 1/day)*

Excess bowel movements (>3/day) are highly disruptive

Goal: *reduce frequency and urgency (normal is ≤3/day)*

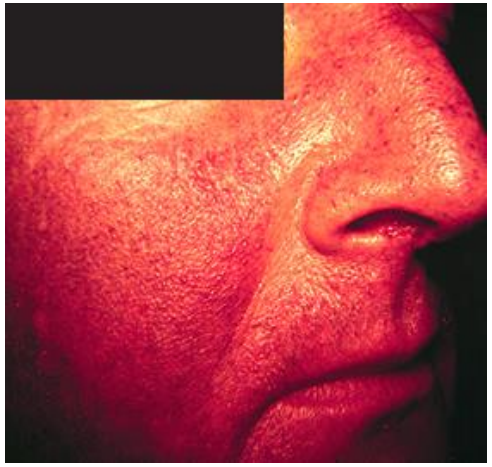
Severe and life-threatening complications: carcinoid heart disease (found in up to 50% of patients) & carcinoid crisis

Goal: *prevent severe complications*

Injected SRLs impose a high burden of care and frequently lose effectiveness before next injection

Goal: *eliminate depot and rescue injections and provide consistent control throughout the month*

Facial flushing in a patient with carcinoid syndrome



Courtesy of Stephen E Goldfinger, MD UpToDate®

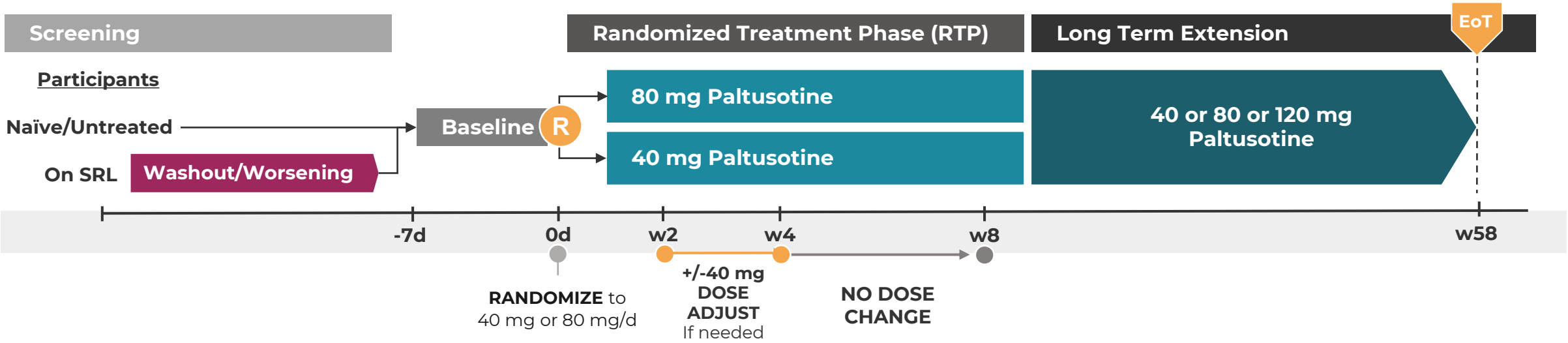
NETs: Neuroendocrine tumors; SRL: somatostatin receptor ligand.

Phase 2 Study Design: Evaluating Safety, PK and Efficacy of Paltusotine in Carcinoid Syndrome Patients

Protocol: 8-week, open-label, parallel, randomized 2-dose study followed by a Long Term Extension phase

Key Eligibility Criteria:

- Treatment naïve or currently untreated and actively symptomatic –*OR*- controlled on SRL therapy and symptom worsening upon washing out of treatment
- Positive SSTR expression
- Grade 1 or 2 NET



1 Primary Endpoint

Safety and tolerability of Paltusotine

2 Secondary Endpoint

Pharmacokinetics of Paltusotine

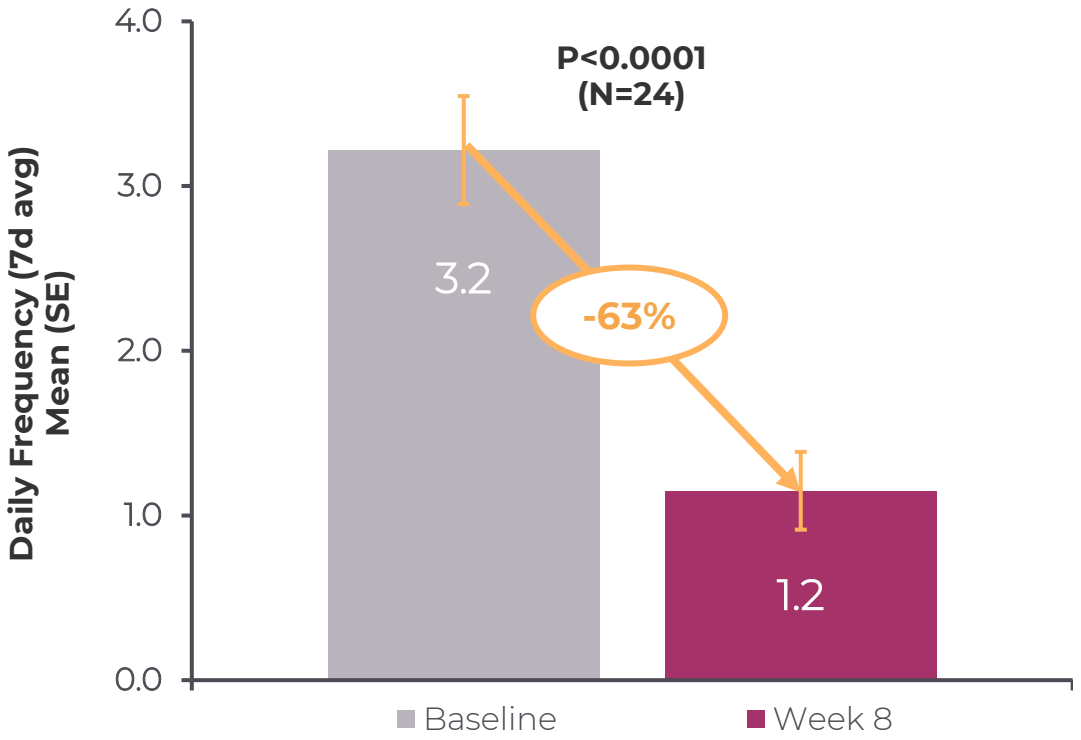
Exploratory Efficacy Endpoints

Bowel movement and flushing frequency and severity markers, octreotide rescue use, biomarkers, PRO measures

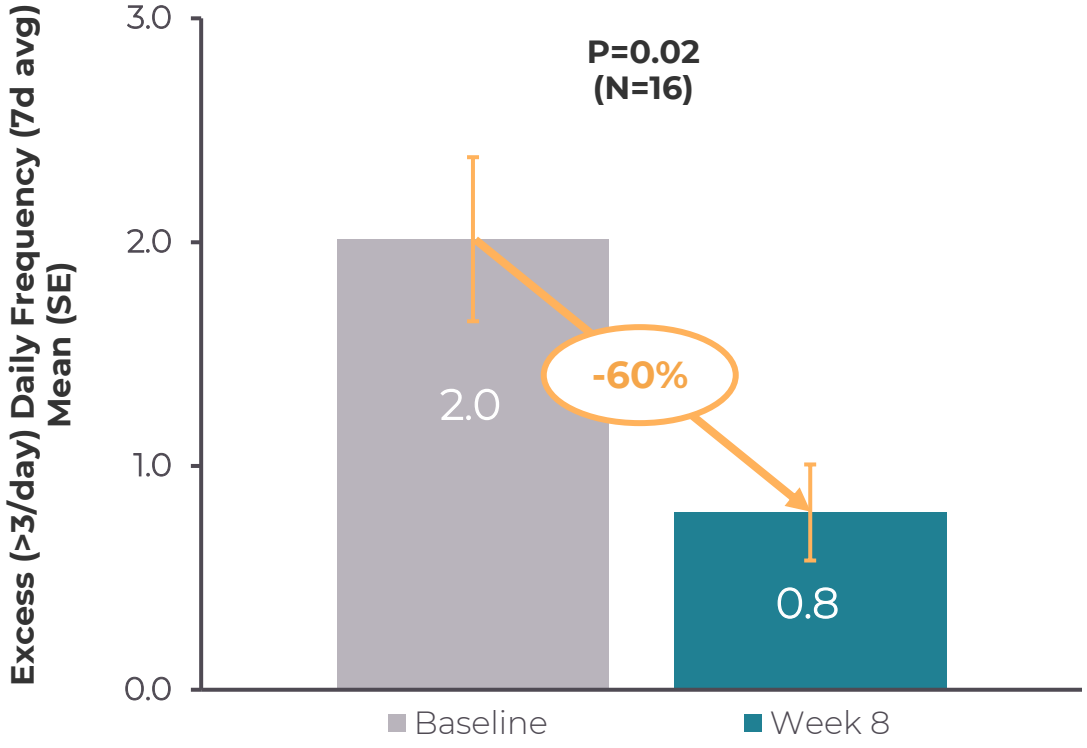
EoT = end of treatment; NET = Neuroendocrine tumor; PK = Pharmacokinetics; PRO = patient reported outcome; SRL = somatostatin receptor ligand; SSTR = somatostatin receptor.

Paltusotine Reduced Frequency of Key Carcinoid Syndrome Symptoms in Phase 2 Study

Flushing Frequency For Patients with >1/day at Baseline



Excess Bowel Movement* Frequency For Patients with >3/day at Baseline



*Excess bowel movements (BM) were defined as daily bowel movements above the upper limit of normal (3 per day).

Paltusotine: Promising Potential for a Second Indication of Carcinoid Syndrome

Substantial Patient Impact

18-34K people
with carcinoid syndrome in the U.S. treated with SRLs[1]
Patients on painful monthly SRLs injections often have breakthrough symptoms

Positive Phase 2 Data

- Flushing frequency reduced by 63%
- Excess bowel movement frequency reduced by 60%
- Well tolerated, with safety profile consistent with other paltusotine clinical studies
- Preliminary investigator-assessed progression free survival (PFS) rate of 74% following one year of treatment

Phase 3 Trial Underway

- First patient randomized in **November 2025**
- 20+ sites activated
- OLE to evaluate PFS and effect in real-world setting

Paltusotine is under investigation for the treatment of carcinoid syndrome.
CS = Carcinoid Syndrome
[1] SEER 17 & SEER 8 (Surveillance, Epidemiology, and End Results) Health Advances analysis, data on file

CAREFNDR Phase 3 Study of Paltusotine in Carcinoid Syndrome

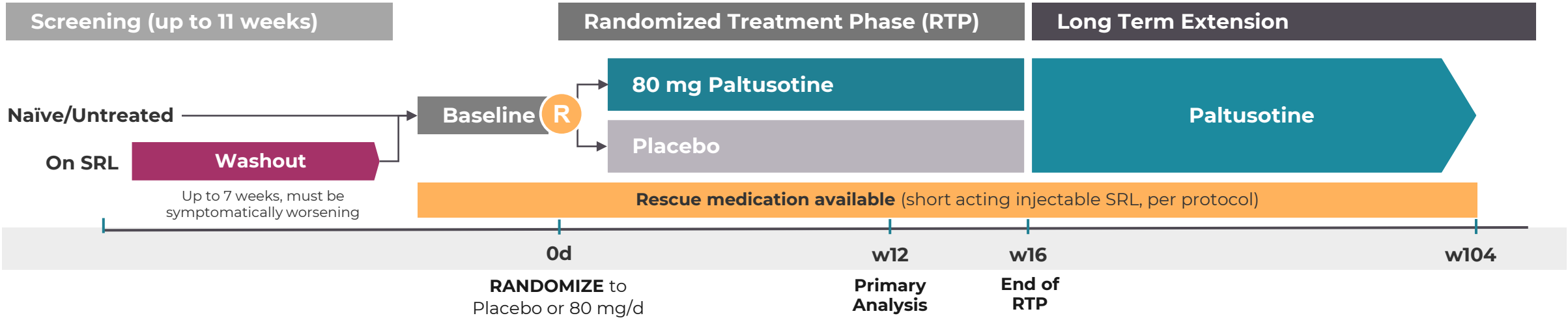
Study Size:

141 patients, 2:1 randomization

Key Eligibility Criteria:

- Treatment naïve or currently untreated and actively symptomatic –*OR*- controlled on SRL therapy and symptom worsening upon washing out of treatment
- Grade 1 or 2 NET, Positive SSTR expression

CARcinoid Syndrome Efficacy Study
CAREFNDR
Featuring a Noninvasive Daily Regimen



1 Primary Endpoint

Change from baseline in frequency of flushing

2 Key Secondary Endpoint

Change from baseline in bowel movement frequency

Additional Efficacy Endpoints

Flushing severity, bowel movement urgency, OLE to include assessment of tumor control (PFS)

EoT: end of treatment; NET: Neuroendocrine tumor; PRO: patient reported outcome; SRL: somatostatin receptor ligand; SSTR: somatostatin receptor.

World-class Development to Grow the Late-Stage Pipeline

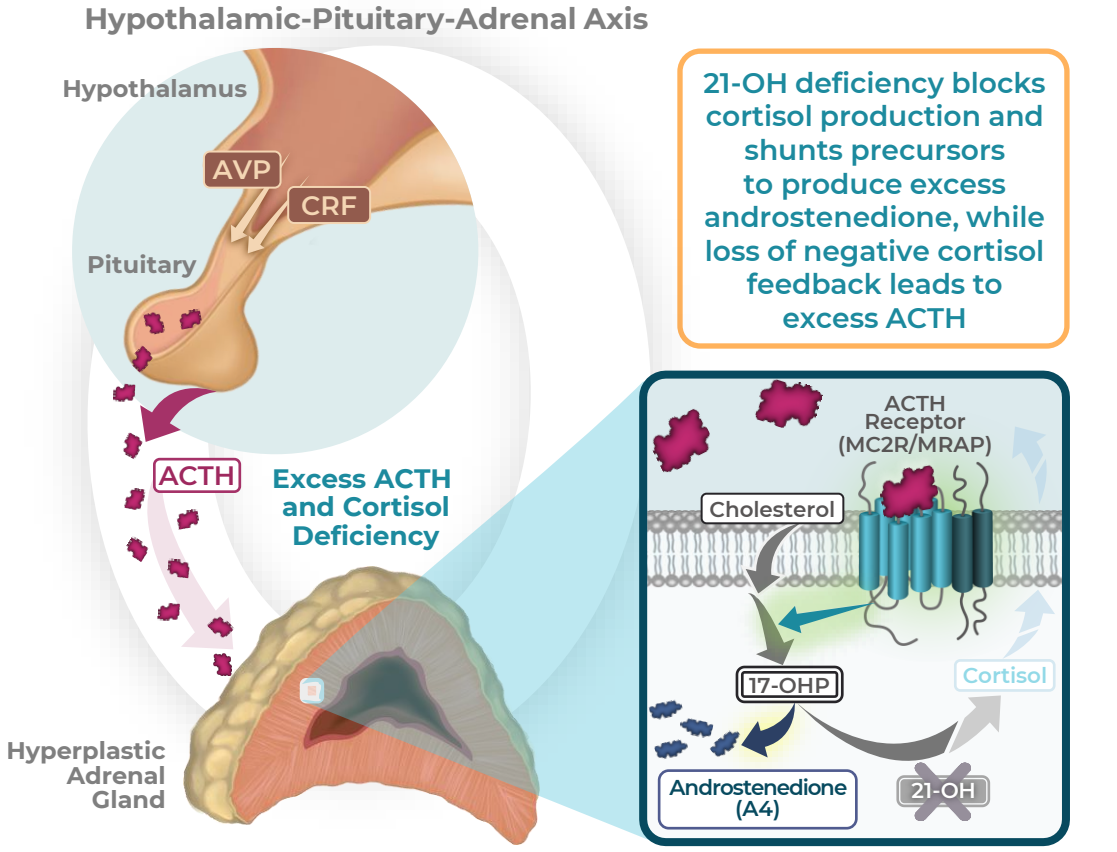
Atumelnant: In Development for Congenital Adrenal Hyperplasia and Cushing's Disease

CUSHING'S DISEASE PHASE 2 INITIAL FINDINGS

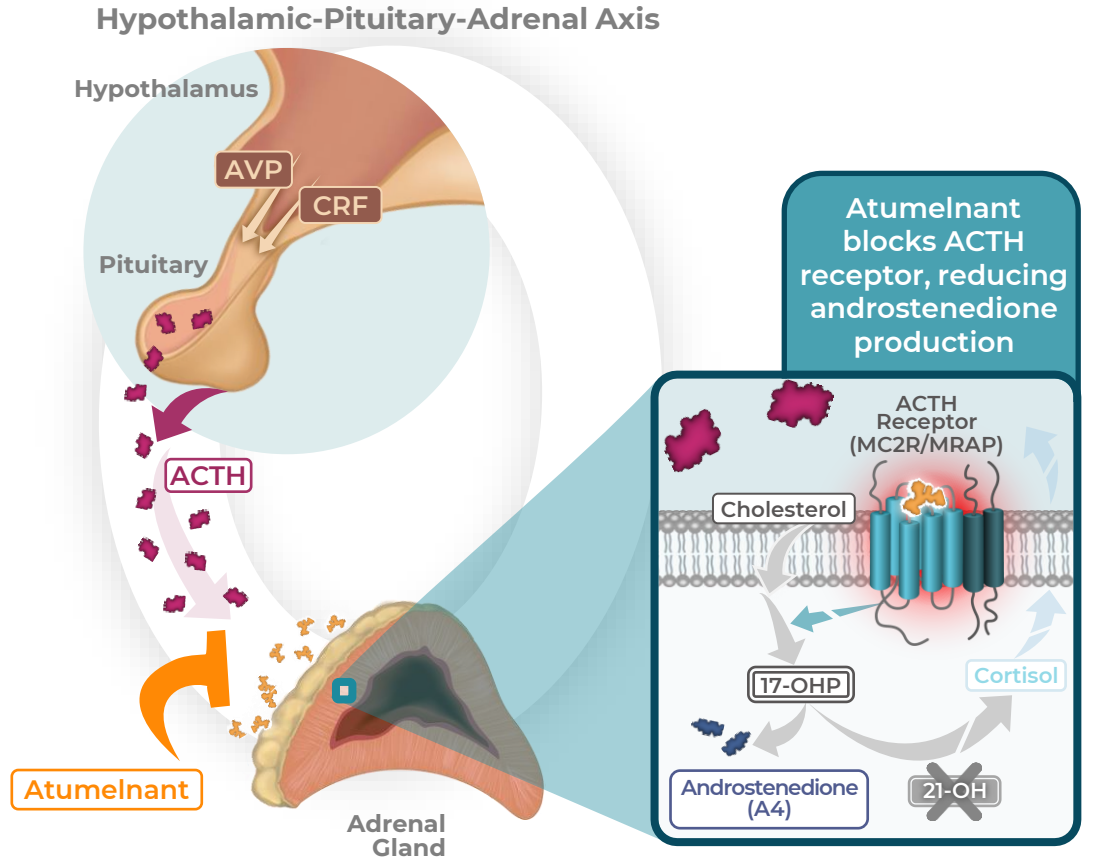
CAH PHASE 2 TOPLINE RESULTS RELEASE

Atumelnant: The First Oral, Daily ACTH Antagonist is in Development for Congenital Adrenal Hyperplasia

Disruptions in the HPA Axis Causing CAH



Atumelnant Mechanism of Action in CAH



Reference: Kim SH, Han S, Zhao J, et al. Discovery of CRN04894: A novel potent selective MC2R antagonist. *ACS Med Chem Lett.* 2024;15(4):478-485.

Abbreviations: ACTH, adrenocorticotrophic hormone; **AVP**, arginine vasopressin; **CRF**, corticotropin-releasing factor; **17-OHP**, 17-hydroxyprogesterone; **21-OH**, 21-hydroxylase; **MC2R**, melanocortin type 2 receptor; **MRAP**, melanocortin 2 receptor accessory protein.

CAH Affects ~17,000 Addressable Adult and Pediatric Patients in the US

Treatment Goals in Adults with CAH

- Reduction of A4 and other androgens to address hyperandrogenism, which can manifest as excessive facial hair, acne and polycythemia
- Restore normal menstrual cycles and fertility in women
- Shrink testicular adrenal rest tumors, alleviate pain and restore fertility in men
- Eliminate excessive exposure to glucocorticoids to minimize related adverse effects including weight gain, cardiovascular issues, diabetes, and osteoporosis

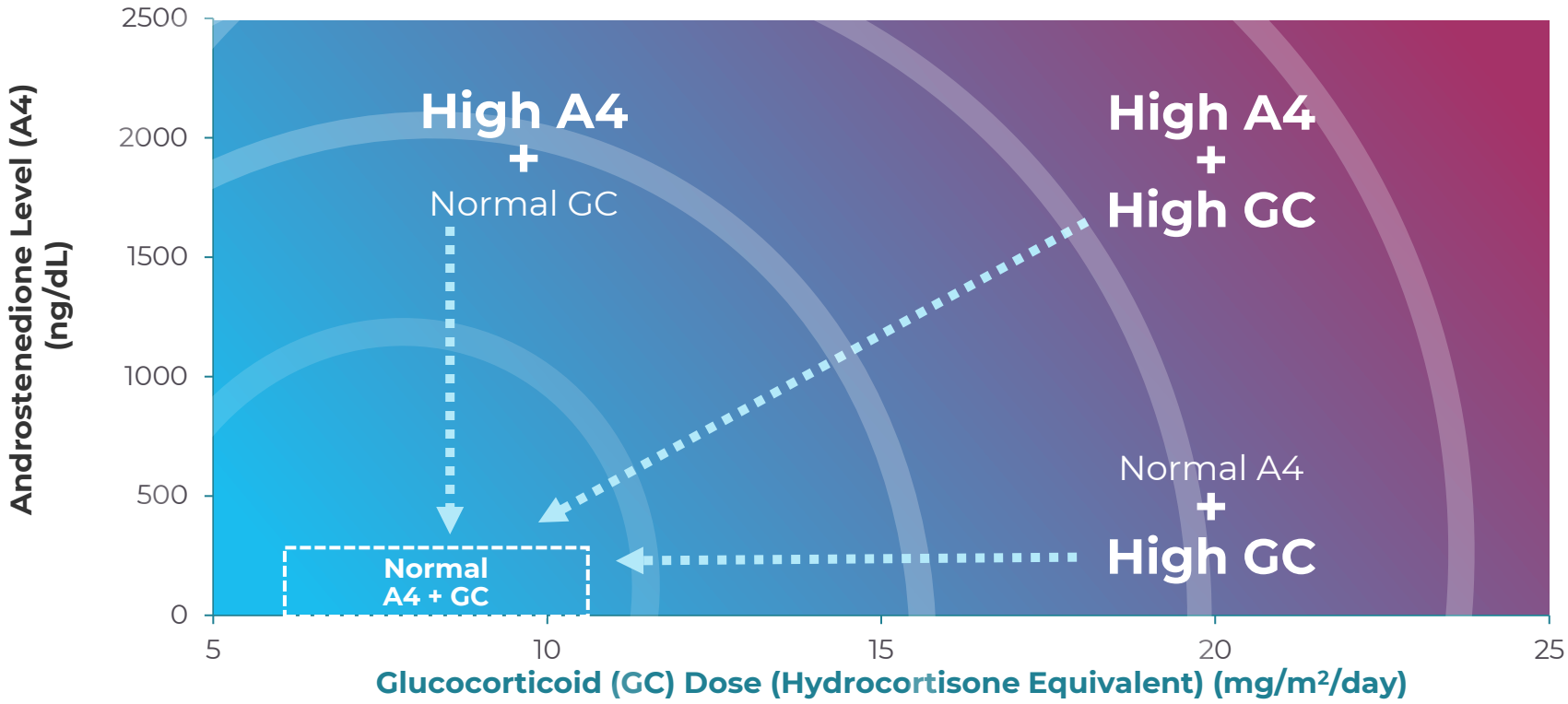
CAH Has a Range of Clinical Implications

"I have to keep my meds with me all the time and set alarms to take them…weight gain, fatigue, and mental health are all challenges."

– Abram, Living with CAH

Amanda's Daughter
Living with CAH

Atumelnant Vision: Healthier Hormone Levels for People Living with CAH



A single pill taken once a day that eliminates excess ACTH driven adrenal activation *and its clinical sequalae* for people struggling with Congenital Adrenal Hyperplasia

Atumelnant is an investigational drug currently in Phase 3 studies for the treatment of CAH.

Phase 2 Study of Atumelnant in Congenital Adrenal Hyperplasia (CAH)

Key Eligibility Criteria

N=34-40

- Male or female participants ≥18 to 75 years. Age: ≥16 years (US)
- Classic 21-hydroxylase deficiency
- On ≥15mg Hydrocortisone equivalent daily dose
- A4 >1.5xULN

Treatment Arms:

- 4 cohorts, each 12 weeks (N=6-12)

80 mg Once Daily (PM Dosing) (n=11)

40 mg Once Daily (PM Dosing) (n=11)

120 mg Once Daily (PM Dosing) (n=6)

80 mg Once Daily (AM Dosing) + GC Reduction (n=6-12)

Open-Label Extension to Include Patients from All 4 Cohorts

Pre-trial glucocorticoid therapy (dose and regimen) maintained throughout the study for first 3 cohorts

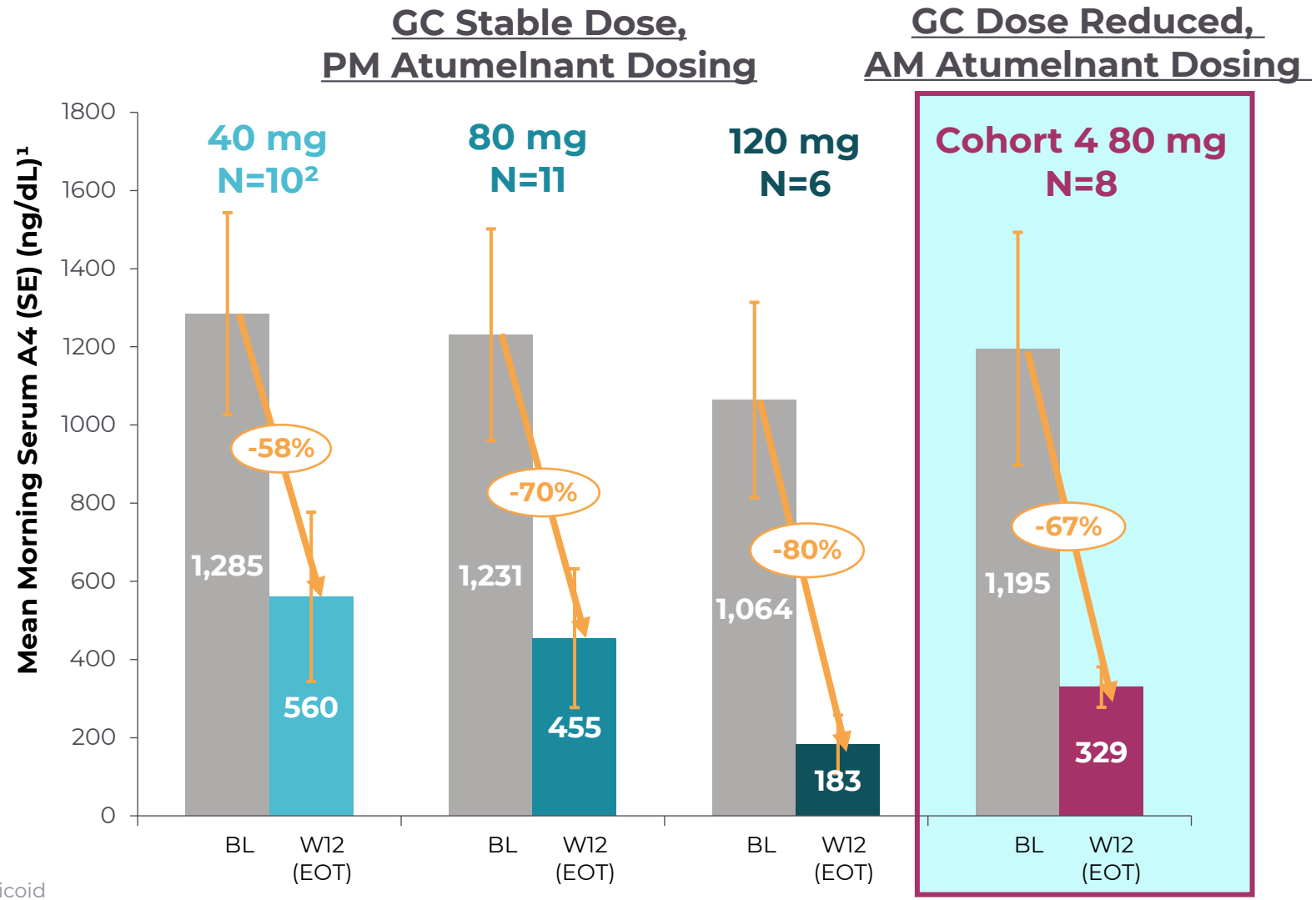
Objectives: Evaluate the Safety, Efficacy, and Pharmacokinetics of Atumelnant

Primary Endpoint: Change from baseline in morning serum A4 at week 12
Secondary Endpoint: Change from baseline in morning serum 17-OHP at week 12
Primary Safety Assessment: Incidence of TEAEs throughout the study

A4: Androstenedione; ULN: Upper limit of normal; GC: Glucocorticoid; 17-OHP: 17 hydroxyprogesterone; TEAE: Treatment emergent adverse event. Baseline is defined as the last morning window value (i.e. the average of any early morning samples on or after 06:00 but prior to 11:00) prior to the first dose of atumelnant.

Rapid, Substantial and Sustained A4 Reductions, the Key Biomarker for CAH Disease Control

- All dose cohorts had substantial decreases vs. baseline, with the magnitude of response increasing with dose
- In Cohort 4, reducing glucocorticoid (GC) doses had no meaningful impact on magnitude of reduction in A4 levels
- Morning dosing of atumelnant in Cohort 4 also had no discernible impact on A4 reduction
- Additional data to be generated in ongoing open-label extension



BL = Baseline, W12 = Week 12; EOT = End of Therapy. GC = Glucocorticoid
[1] Percentage declines shown on chart represent the means of individual percentage declines observed
[2] 1 participant had a missing week 12 value (taken outside time window).

Atumelnant Continues to be Well Tolerated with No Serious Adverse Events Reported

Phase 2 (N=38[1])

Cohort 1 – 3 (N=28) (Stable GC doses)

- Well tolerated, no serious adverse events and no treatment-related severe adverse events
- No discontinuations
- 1 participant at 120 mg experienced AST/ALT increases without increases in bilirubin and with values reverting to baseline off study drug

Cohort 4 (N=10[1]) (GCs reduced)

- Well tolerated, no serious adverse events and no treatment-related severe adverse events
- No discontinuations due to adverse events
- No hepatic transaminase adverse events

OLE (N=25 to date[2]) (GCs reduced)

- 7 participants now have exposure ≥20 weeks, of which 1 participant has reached >40 weeks of treatment
- Well tolerated, no serious adverse events and no treatment-related severe adverse events
- No discontinuations
- No hepatic transaminase adverse events

- Over 750 weeks of cumulative CAH patient exposure from the Phase 2 and OLE
- >200 participants have received atumelnant to date across the clinical development program, including healthy volunteer, clinical pharmacology, Cushing's and CAH studies

[1] Two subjects withdrew consent in Cohort 4.
[2] As of December 31, 2025, N=25 participants enrolled. OLE data based on limited data snapshot as of December 12, 2025.
Atumelnant is an investigational drug currently in Phase 3 studies for the treatment of CAH.

Atumelnant Data to Date Show Promising Profile for the Treatment of CAH

Substantial Patient Impact

~12K Adults

~5K Children

Currently Living with CAH in the U.S.

Positive Phase 2 Data

- Rapid and sustained mean A4 reductions of up to 80% as soon as 2 weeks and sustained at 12 weeks across all cohorts
- A4 reductions maintained in Cohort 4 while GC doses reduced to physiologic levels in 7 of 8 patients
- Well tolerated, with favorable benefit/risk profile

Phase 3 Program Underway

- First patient randomized in **December 2025**
- Pediatric trial to initiate in 1H2026
- Phase 2 OLE ongoing to gather incremental data on longer duration of treatment, and will include patients rolling over from Phase 3

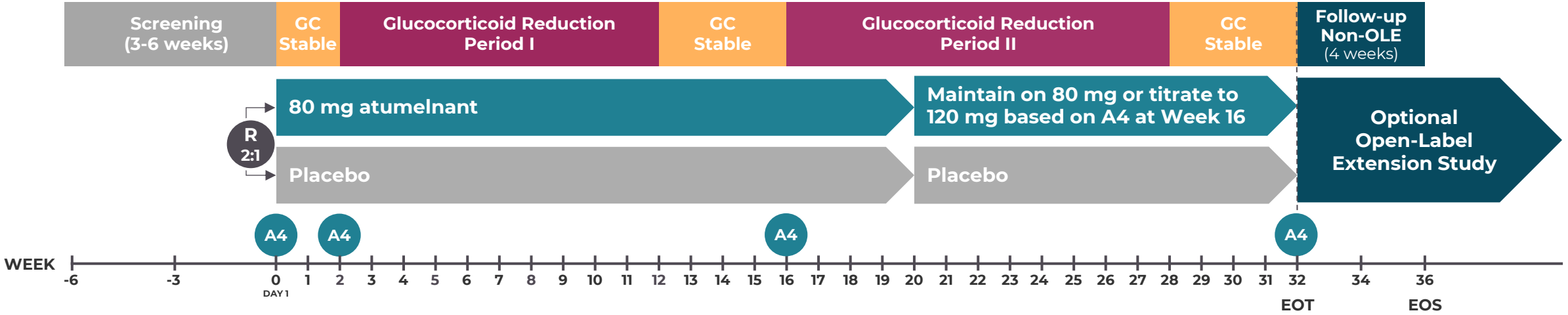
Atumelnant is an investigational drug currently in Phase 3 studies for the treatment of CAH.

Phase 3 Adult CAH Study Designed to Achieve Both A4 And GC Normalization

Key Eligibility Criteria (N = 150):

- Male or female participants ≥ 18 to 75 years.
- Classic 21-hydroxylase deficiency
- Stable GC dose for 2 months
- A4 >ULN[1] with supraphysiologic GC dose (≥11 mg/m^2/day)
- A4 >ULN[1] with physiologic GC dose (<11 mg/m^2/day)
- Normal A4[2] with supraphysiologic GC dose (≥14 mg/m^2/day)

Calm-CAH



1 Primary Endpoint

Proportion of participants with morning **post-GC** A4 ≤ ULN who are on physiologic GC replacement at Week 32

2 Key Secondary Endpoints

- Percent change from baseline in serum morning **pre-GC** A4 at week 2
- Percent change from Baseline in serum early morning **pre-GC** 17-OHP at week 32
- Proportion of participants with morning **pre-GC** A4 ≤ULN who are on physiologic GC replacement at Week 32
- Percent change from baseline in GC daily dose when **post-GC** A4 ≤ULN at week 32

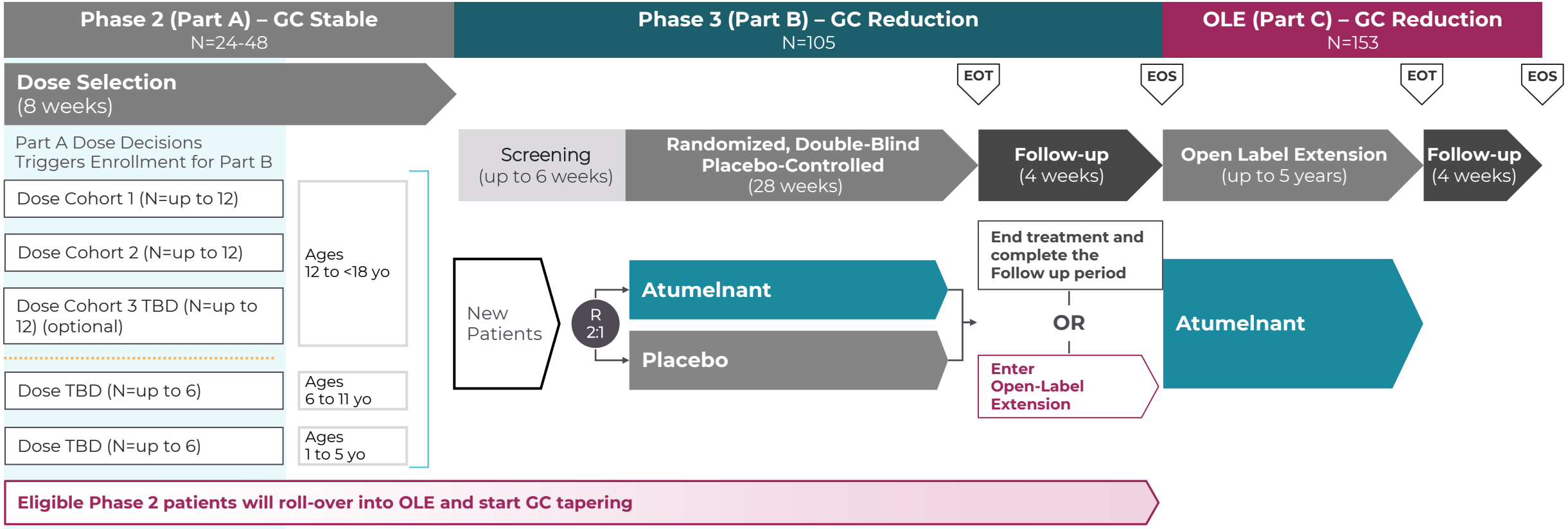
3 Other Secondary Endpoints

- Defined to evaluate the impact of atumelnant on the clinical signs, symptoms, co-morbidities and outcomes of CAH

[1]Approximate ULN is 150 ng/dL for males and 200 ng/dL for females.
[2]Normal A4 defined as above mid-range to ≤ULN.
A4: Androstenedione; GC: Glucocorticoid; ULN: Upper limit of normal; OLE: Open-label extension

Pediatric CAH: Global Phase 2/3/OLE Operationally Seamless Study

Balance-CAH



1 Primary Endpoint

- Phase 2: Change from baseline in morning serum A4 at Week 8
- Phase 3: Percent change from baseline in GC daily dose at Week 28 while serum early morning A4 ≤ ULN
- OLE: Change from baseline in morning serum A4 over time

2 Key Secondary Endpoints (Phase 3)

- Change from baseline in morning serum A4 at Week 4
- Change from baseline in morning serum 17-OHP at Week 4
- Proportion of participants with physiologic GC dose while serum early morning A4 <ULN at Week 28

Key Eligibility Criteria

- Male or female participants 1 to <18 years.
- Classic 21-hydroxylase deficiency
- Stable GC dose for 1 month
- A4 > ULN with supraphysiologic GC dose (≥11 mg/m^2/day)

Establishing Uncompromising CAH Treatment Goals

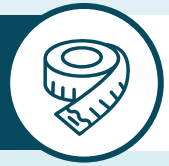
Androgen and GC Normalization

Establishing the uncompromising treatment goal of normal adrenal androgens (A4 ≤ULN) with physiologic glucocorticoid replacement

GC as Replacement, Not Treatment

Early and extended period for **glucocorticoid reduction** designed to achieve physiologic GC doses with the intent to **replace missing cortisol rather than to treat CAH**

Tailored Therapy



GC reduction periods and **PD guided dose escalation** (80 to 120 mg) allows treatment to be tailored to the individual patient's needs

Broad Patient Population

Inclusive of patients who can benefit from either androgen normalization, GC normalization or both

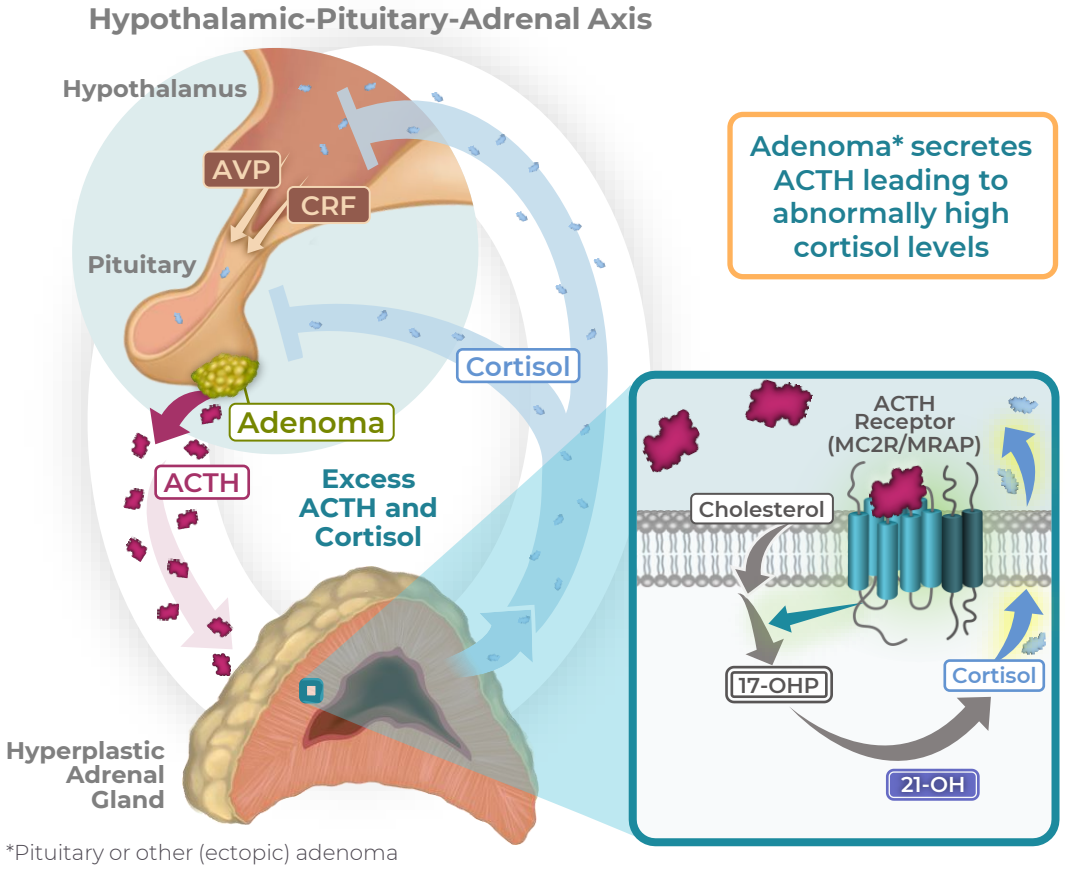
Clinical Outcomes

New disease-specific patient-reported outcomes tool (CAHSIS PRO*) and inclusion of metabolic parameters and other **signs and symptoms of CAH** (menses, BMI, blood pressure, glucose, lipids, bone density, polycythemia, etc.)

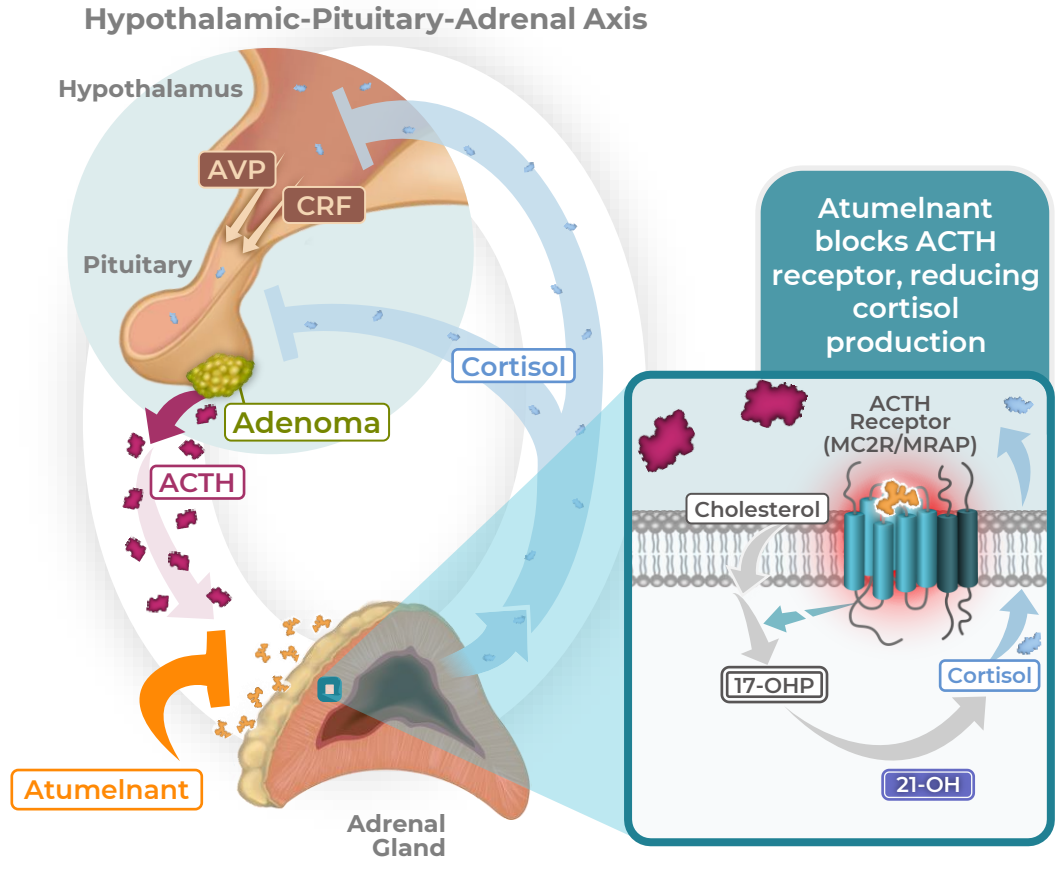
* Exploratory
Atumelnant is an investigational drug in clinical studies. Its safety and efficacy have not been established.
A4: Androstenedione; ULN: Upper limit of normal; PD: Pharmacodynamic; GC: Glucocorticoid; BMI: Body mass index; PRO: Patient-reported outcomes; BMI: body mass index

ACTH Dependent Cushing's Syndrome (ADCS): Second Indication for Atumelnant

Disruptions in the HPA Axis Causing ADCS



Atumelnant Mechanism of Action in ADCS



Reference: Kim SH, Han S, Zhao J, et al. Discovery of CRN04894: A novel potent selective MC2R antagonist. *ACS Med Chem Lett.* 2024;15(4):478-485.

Abbreviations: ACTH, adrenocorticotrophic hormone; AVP, arginine vasopressin; CRF, corticotropin-releasing factor; 17-OHP, 17-hydroxyprogesterone; 21-OH, 21-hydroxylase; MC2R, melanocortin type 2 receptor; MRAP, melanocortin 2 receptor accessory protein.

Atumelnant is an investigational drug being evaluated in clinical studies for ADCS.

ADCS Medical Treatment Remains a Significant Unmet Need for the Endocrinology Field

Unpredictable outcomes with existing therapies

Goal is to control cortisol levels (serum and urine cortisol) and reduce associated complications

~50-80% efficacy but with unpredictable adrenal insufficiency or hypercortisolism

Therapies given multiple times daily

Unacceptable delay to cortisol normalization

Titration every 2+ weeks or longer

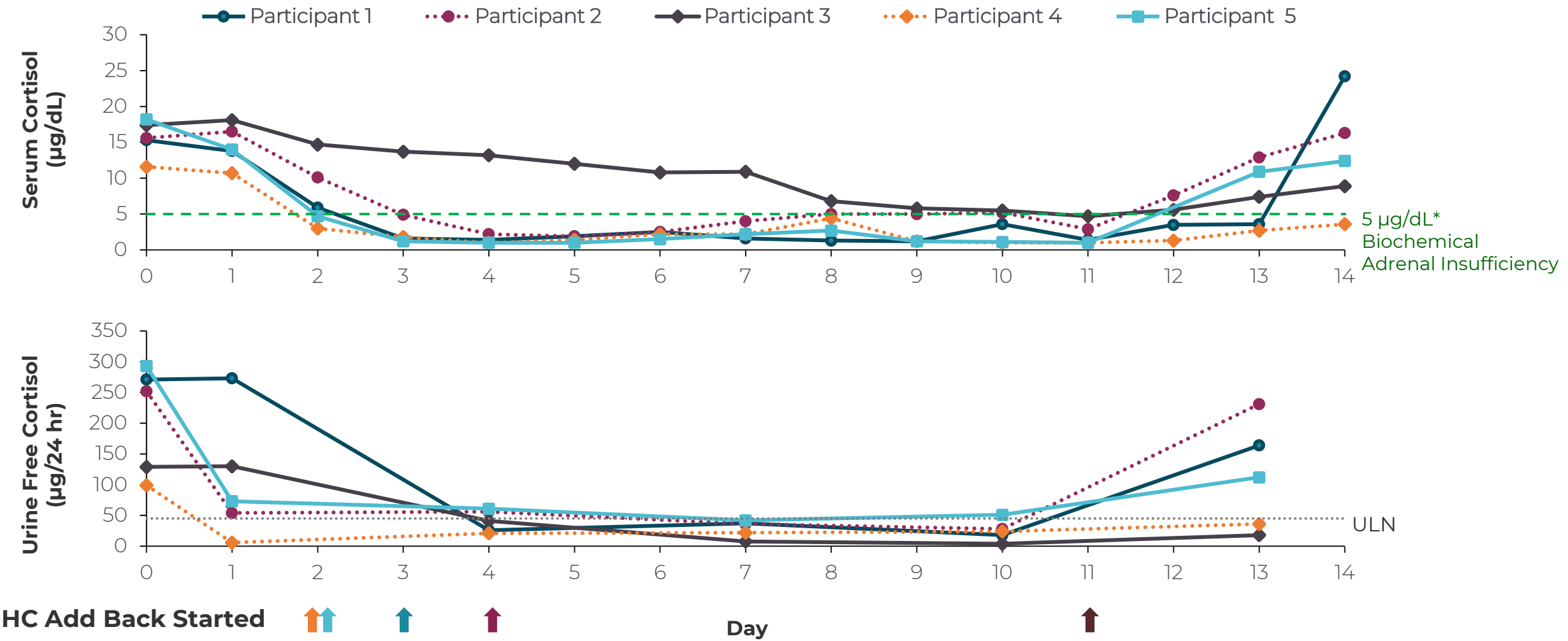
"Change in treatment should be considered if cortisol levels are persistently elevated after 2–3 months on max tolerated doses" [1]

Multiple Limiting Adverse events

- Hepatotoxicity
- Hypokalemia
- Hypertension
- Hyperandrogenism
- Hypogonadism
- QT prolongation

1. Fleseriu, Maria, et al. "Consensus on diagnosis and management of Cushing's disease: a guideline update." *The Lancet Diabetes & Endocrinology* 9:847-875, 2021.

In Phase 1b/2a, Morning Serum Cortisol: All Participants Rapidly Achieved Cortisol Levels <5 µg/dL



Note: Data shown from initial participants in a single-center in-patient investigator sponsored trial.

ACTH Dependent Cushing's Syndrome: Atumelnant Showed Profound, Rapid and Sustained Reduction of Excess Cortisol

EFFICACY

- **Morning Serum Cortisol:** All Participants Rapidly Achieved Serum Cortisol Levels <5 µg/dL
- **24-hour Urine Free Cortisol:** Sustained at or Below the ULN with Hydrocortisone Add-Back
- **Every Participant Experienced Improvement in Multiple Clinical and/or Cushing's Lab Features**

SAFETY

Atumelnant was well-tolerated

Initiate later stage clinical development in 2026

Atumelnant is an investigational drug in clinical studies. Its safety and efficacy have not been established.

World-class Discovery to Grow the Clinical Pipeline

Following the Crinetics way to create medicines to help increasingly larger numbers of people

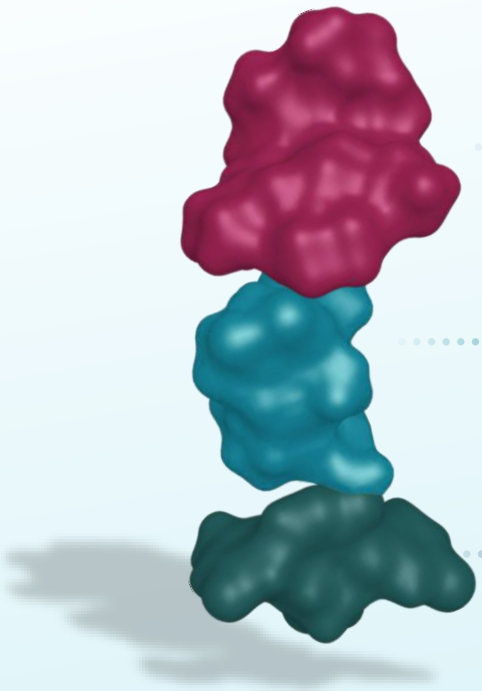
Multiple INDs Driving Next Wave of Innovation

Indication	Neuroendocrine Tumors (NETs)	Hyperparathyroidism	Graves / TED	ADPKD
Target	SST2+ NDC (CRN09682)	PTH antagonist	TSH antagonist	SST3 agonist
Approximate US Patient Population	**140K patients** with SST2+ NETs	**200K incident cases** of primary hyperparathyroidism	**3M+** patients with Graves, many develop TED	**300K+** patients with ADPKD
Potential Indications to Explore	SST2+ Tumors (HR+ Breast, Head & Neck, Thyroid, Metastatic Melanoma, etc.)	Hypercalcemia of Malignancy; Tertiary Hyperparathyroidism	Thyroid Cancer, Goiters, Pretibial Myxedema	Other Ciliopathies

Phase 1 Data Provides Multiple Opportunities for Value Creation

Note: Disease prevalence for US only
ADPKD: Autosomal dominant polycystic kidney disease; TED: Thyroid Eye Disease.

CRN09682: First Candidate from Crinetics' Nonpeptide Drug Conjugate Platform for SST2-Expressing Tumors



CRN09682
Nonpeptide drug conjugate targeting SST2 receptors

Payload

- Non-cytotoxic when linked
- Highly potent when free
- ***Interchangeable payload for future development***

Linker

- Stable in plasma
- Cleaved intracellularly

Ligand

- Selective nonpeptide SST2 agonist
- High affinity and selectivity
- Optimized internalization
- Low molecular weight
- Traditional chemical synthesis
- ***Designed for straightforward substitution with other GPCR-targeting small molecules***

Differentiation vs. Current Modalities

Anticancer Agents
(Chemotherapies, PROTAC)

- X Not tumor specific
- X Unfavorable PK/ADME
- X Narrow therapeutic index

Antibody-Drug Conjugate

- X Long half-life
- X Poor tumor penetration
- X Nonspecific uptake

Radioligand Therapies

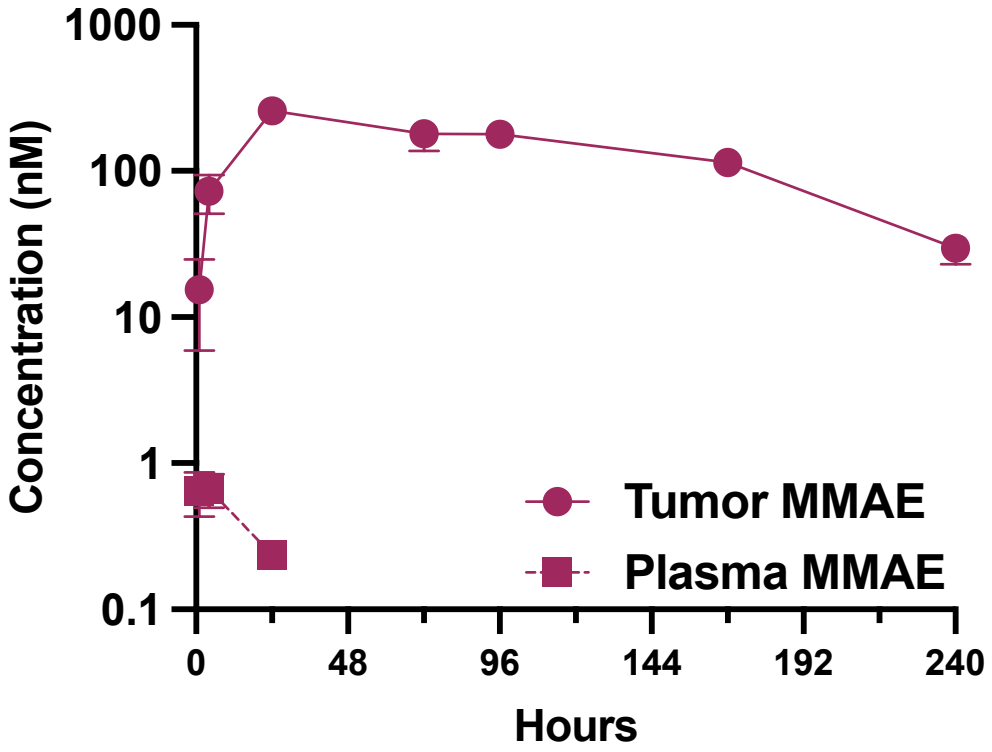
- X Limited number of cycles
- X Radionuclide supply
- X Treatment logistics
- X Radiation safety

MMAE: monomethyl auristatin E; tubulin inactivator; PROTAC: Proteolysis-targeting chimeras; PK: pharmacokinetics; ADME: Absorption, Distribution, Metabolism, and Excretion

IND Accepted for CRN09682, Phase 1/2 Initiated in NETs and SST2-Expressing Solid Tumors

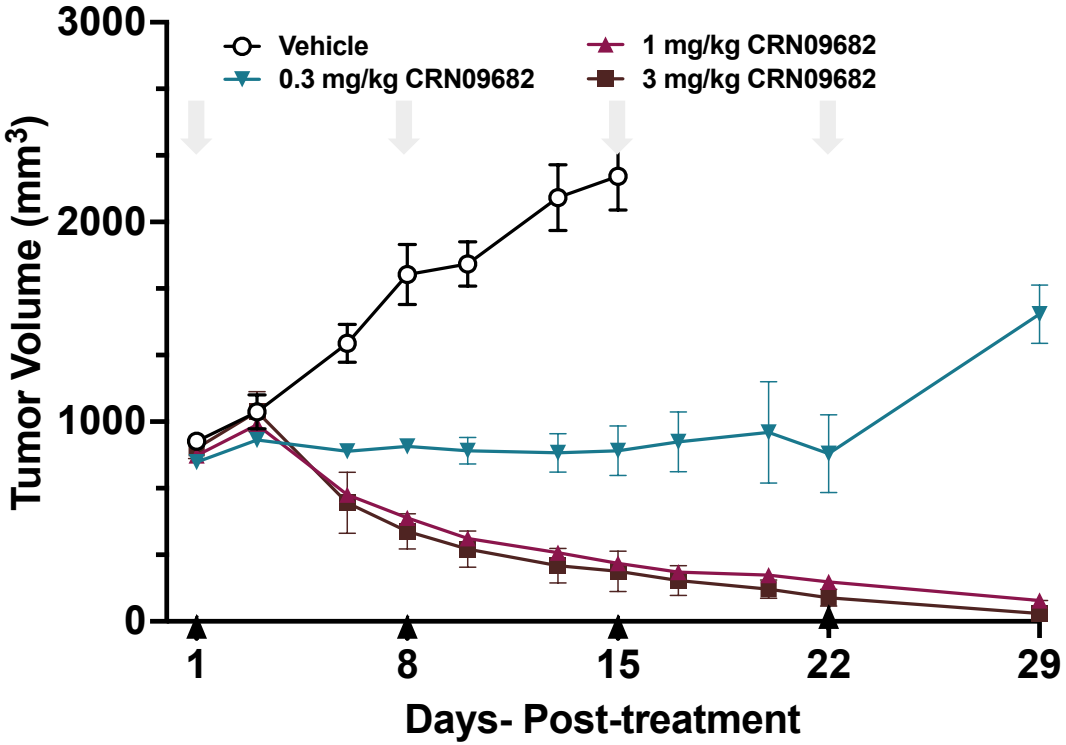
CRN09682 Selectively **Delivers MMAE to Tumors With Minimal Systemic Exposure to Free MMAE** in Mice

Concentrations of free MMAE in small cell lung tumor-bearing nude mice



CRN09682 Induces **Rapid Regression of SST2+ Small Cell Lung Tumors** in Nude Mice with High Tumor Burden

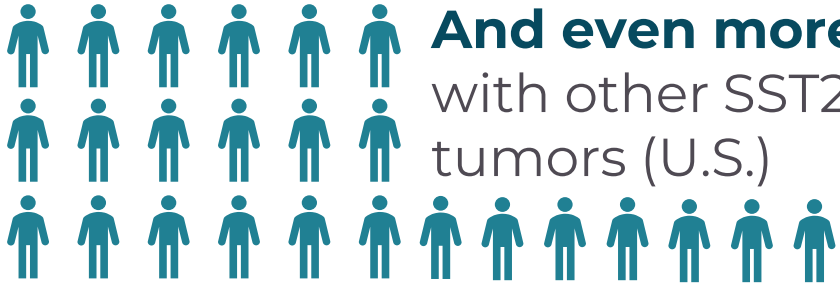
CRN09682 Efficacy study in NCI-H524 tumor model



CRN09682: Promising Potential for Neuroendocrine Tumors and Other SST2+ Tumors

Substantial Patient Impact

~11-21K people treated with antitumor agents for NETs[1] (U.S.)



And even more with other SST2+ tumors (U.S.)

Promising Preclinical Data

- Selectively delivered MMAE into SST2+ SCLC tumor model with minimal systemic exposure to free MMAE
- Induced rapid tumor regression in SCLC preclinical cell-derived tumor model in a dose-dependent manner

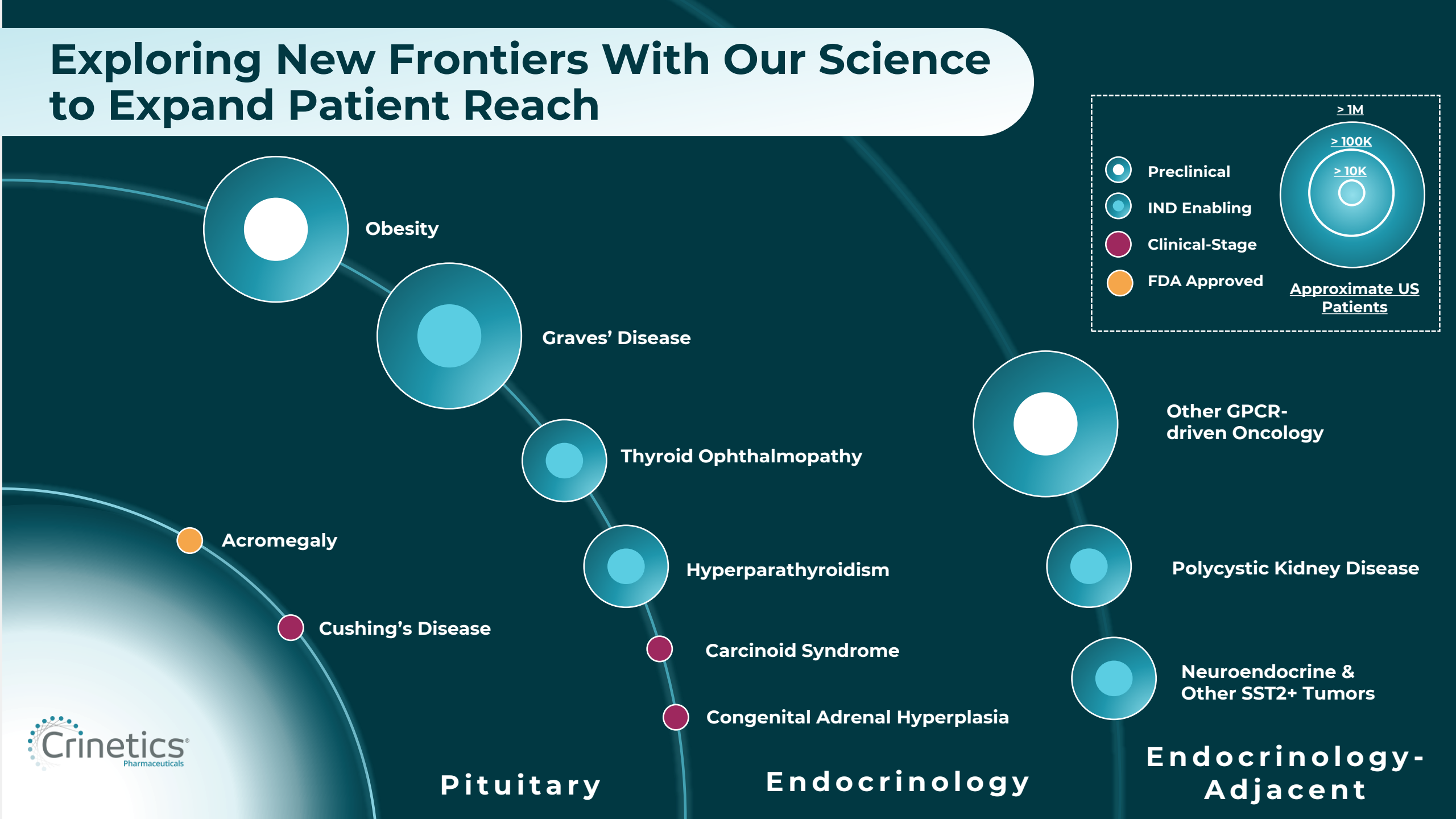
Phase 1/2 Program Underway

- First patient dosed in **November 2025**
- Phase 1 dose escalation study with Bayesian optimal interval design
- Phase 2 dose expansion study in SST2+ expressing neuroendocrine tumors, SCLC and other neuroendocrine carcinomas, and other solid tumors

MMAE: monomethyl auristatin E; NET: Neuroendocrine tumor; SCLC: small cell lung cancer); SSTR: somatostatin receptor

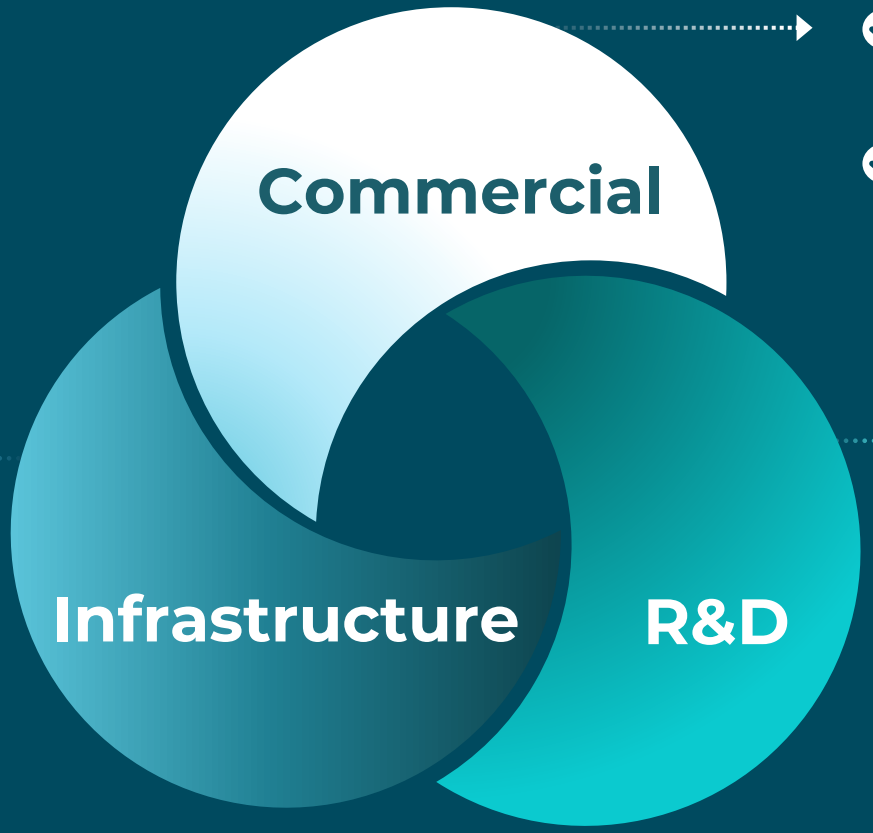
[1] SEER 17 & SEER 8 (Surveillance, Epidemiology, and End Results), Health Advances analysis, data on file.

Exploring New Frontiers With Our Science to Expand Patient Reach



2025: A Breakout Year

- Launched PALSONIFY™ (paltusotine)
- Demonstrated Early Success Towards Market Leadership



- Built Fully-Integrated Pharmaceutical Company
- Well-Funded well into 2030

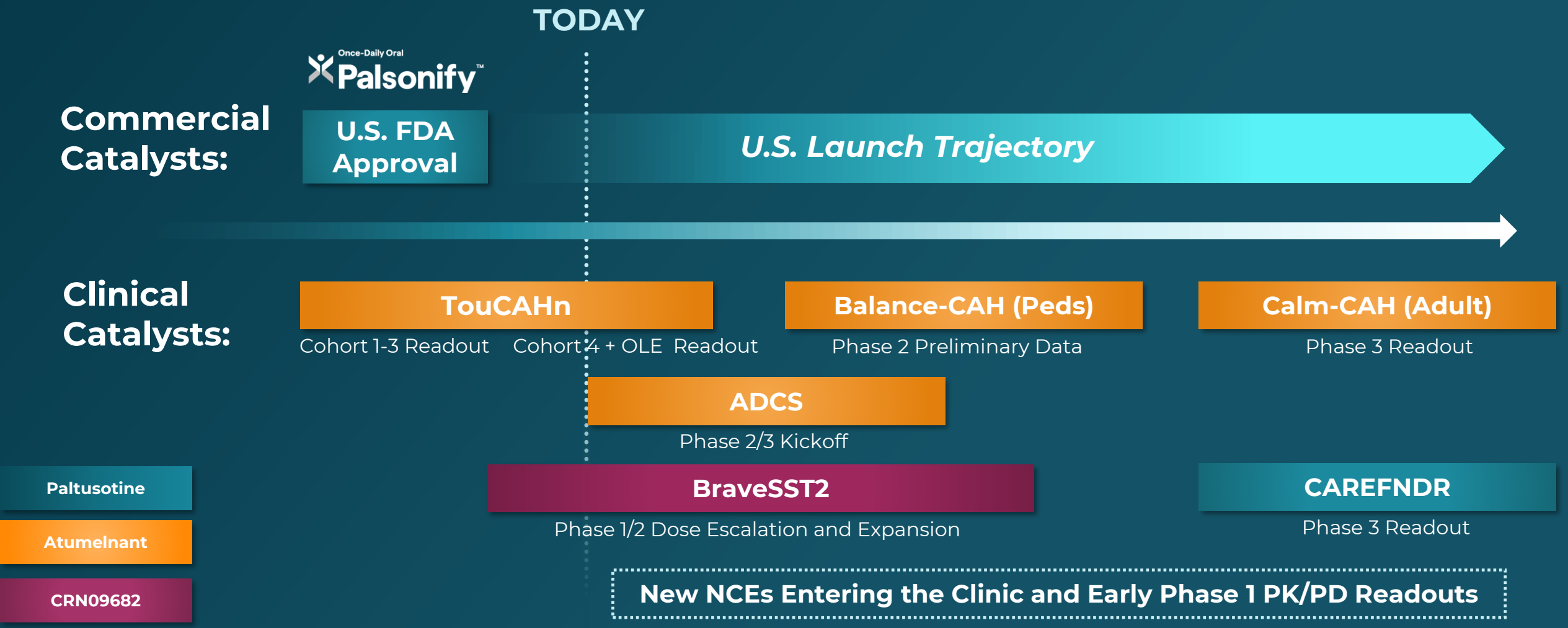
- Presented Positive Phase 2 Data on Atumelnant Showing Potential to Transform CAH Treatment
- Initiated Phase 3 Studies in CS and Adult CAH and Phase 1/2 in NETs

Preliminary and Unaudited ~$1.4 Billion in Cash, Cash Equivalents, and Investments[1]

1 As of January 8, 2026; includes the net proceeds from our recent underwritten public offering of common stock that closed on January 8, 2026.

CAH = Congenital Adrenal Hyperplasia; CS = Carcinoid Syndrome. NETs = Neuroendocrine Tumors.

Poised to Deliver Multiple Commercial & Clinical Catalysts in the Next 24+ Months



Abbreviations: ADCS, ACTH-dependent Cushing's Syndrome

Vision 2030:
Emerging as the Premier Endocrinology Business

Sustainable Growth
Funded by Revenue

2 **Marketed Products**

4 **Approved Indications**

7+ **Clinical Pipeline Candidates**

Pipeline Expansion
Fueled by Internal Innovation

The vision for 2030 is aspirational and subject to significant risks, including the successful completion of ongoing and future clinical programs, regulatory review and approval by relevant authorities, and market conditions.