Crinetics® Pharmaceuticals

September 25, 2025

PALSONIFY™ (paltusotine) FDA Approval

Forward Looking Statements

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.

These statements speak only as of the date of this presentation, involve known and unknown risks, uncertainties, assumptions, 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: estimates relating to market size and growth potential, which involve a number of assumptions and limitations, particularly about any projections, assumptions, and estimates of our future performance; the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk; the possibility of unfavorable new clinical data and further analyses of existing clinical data; potential delays in the commencement, enrollment and completion of clinical trials and the reporting of data therefrom; our dependence on third parties in connection with product manufacturing, research and preclinical and clinical testing; the success of our clinical trials and nonclinical studies; regulatory developments or political changes, including policies related to pricing and pharmaceutical drug reimbursement in the United States and foreign countries; unexpected adverse side effects or inadequate efficacy of our product candidates that may limit their development, regulatory approval and/or commercialization; our ability to obtain and maintain intellectual property protection for our product candidates; we may use our capital resources sooner than we expect or our cash burn rate may accelerate; and other risks described under the heading "Risk Factors" in documents we file from time to time with the Securities and Exchange Commission. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 and, except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Crinetics Pharmaceuticals

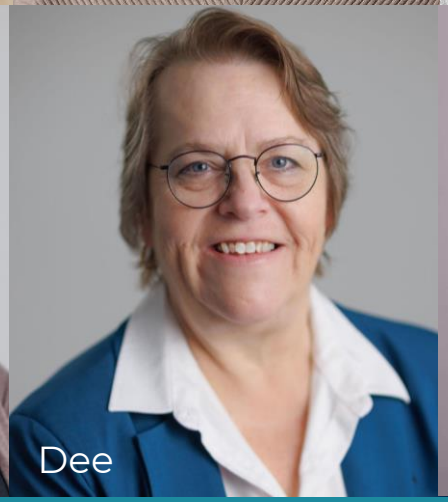
INTRODUCTORY REMARKS

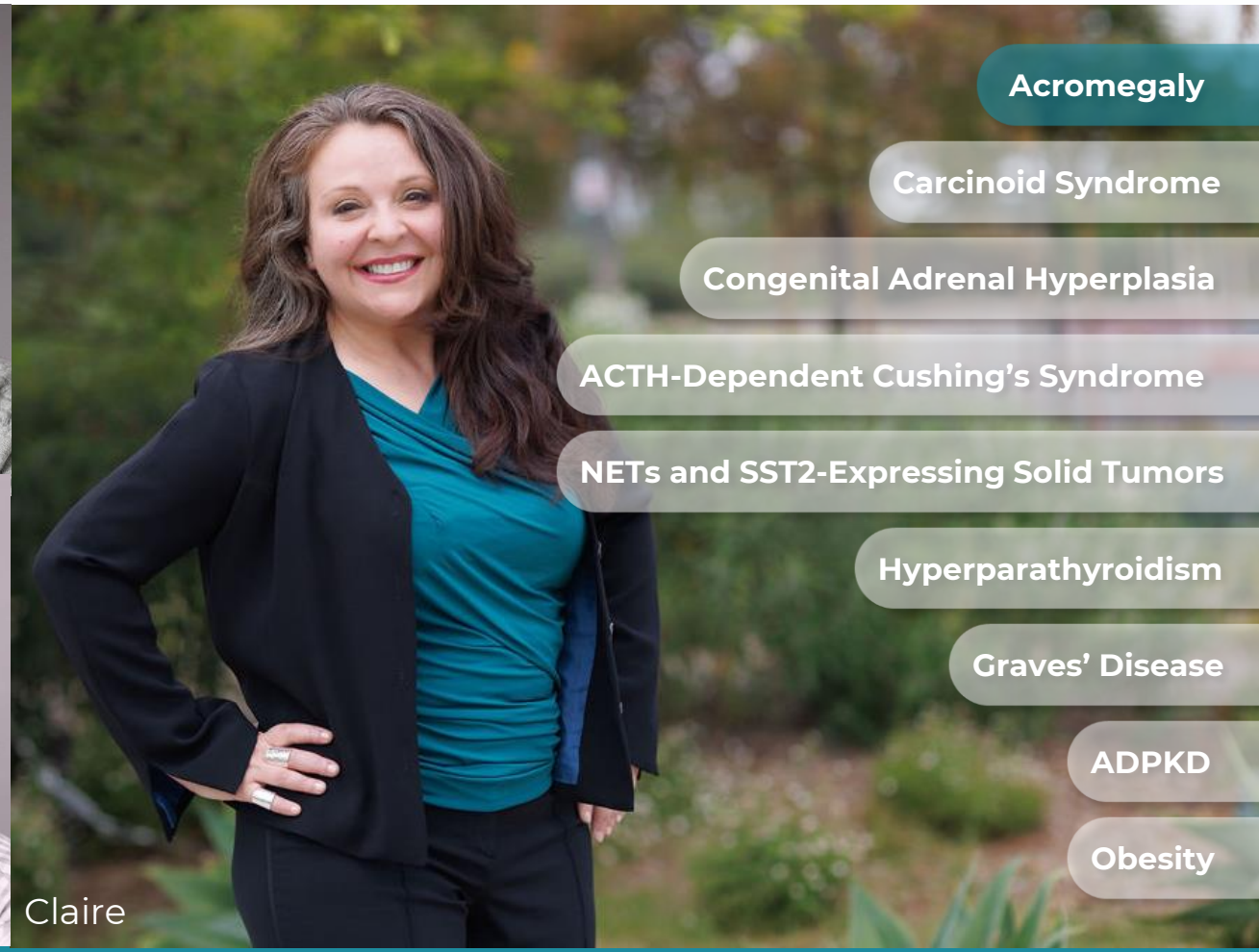
Scott Struthers, Ph.D.

Founder & Chief Executive Officer

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

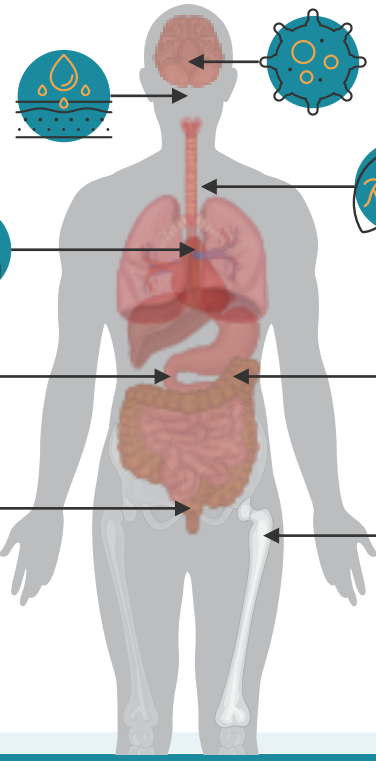




Acromegaly Symptoms Take a Toll on Patients

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-1 = insulin-like growth factor 1.

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 is a cage... I've been dealing with this a long time. And there are medicines out there that will let you live life somewhat...I'm not symptom-free...If I was better controlled, I wouldn’t have to take that 30-minute nap when I get home or feel like my head is dragging. Because of acromegaly, I stopped singing and playing music...

I have hope to actually get parts of my life back that I had thought I'd lost...I hope everyone living with acromegaly can get their song back.”

- Dave, living with acromegaly

Crinetics Pharmaceuticals

NOW FDA APPROVED

Once-Daily Oral

Palsonify™

(paltusotine) tablets

A New Era in Acromegaly Treatment

CLINICAL DATA REVIEW

Dana Pizzuti, M.D.

Chief Medical Officer

PALSONIFY's Broad Label Supported by Robust Clinical Database

Highlights of Prescribing Information

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use PALSONIFY™ safely and effectively. See full prescribing information for PALSONIFY.

PALSONIFY (paltusotine) tablets, for oral use
Initial U.S. Approval: 2025

----------INDICATIONS AND USAGE----------
PALSONIFY is a somatostatin receptor agonist indicated for the treatment of adults with acromegaly who had an inadequate response to surgery and/or for whom surgery is not an option (1).

----------DOSAGE AND ADMINISTRATION----------
- Take orally once daily with water on an empty stomach (at least 6 hours after a meal) and at least 1 hour before the next meal (2.1).
- Recommended initial dosage is 40 mg once daily. During initiation, PALSONIFY may be temporarily reduced to 20 mg once daily if needed, based on tolerability. Once adverse reactions have resolved, resume PALSONIFY 40 mg once daily (2.2).
- After 2 to 4 weeks, based on IGF-1 levels, titrate to 60 mg once daily (2.2).

----------DOSAGE FORMS AND STRENGTHS----------
Tablets: 20 mg, 30 mg (3)

----------CONTRAINDICATIONS----------
- None (4)

----------WARNINGS AND PRECAUTIONS----------
- Cholelithiasis and its Complications: Monitor periodically. If complications of cholelithiasis occur, discontinue PALSONIFY and treat appropriately (5.1).
- Hyperglycemia and Hypoglycemia: Monitor glucose and adjust antidiabetic treatment as needed (5.2).
- Cardiovascular Abnormalities: Bradycardia or conduction abnormalities may occur. Dosage adjustments of concomitantly used drugs with bradycardia effects may be necessary (5.3).
- Thyroid Function Abnormalities: Hypothyroidism may occur. Assess thyroid function periodically (5.4).
- Steatorrhea and Malabsorption of Dietary Fats: New onset steatorrhea, stool discoloration, loose stools, abdominal bloating, and weight loss may occur. If new occurrence or worsening of these symptoms are reported, evaluate for potential pancreatic exocrine insufficiency (5.5).
- Vitamin B_{12} Deficiency: Monitor vitamin B_{12} levels during treatment if indicated (5.6).

----------ADVERSE REACTIONS----------
Most common adverse reactions (≥5%) are diarrhea, abdominal pain, nausea, decreased appetite, sinus bradycardia, hyperglycemia, palpitations, and gastroenteritis (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Crinetics Pharmaceuticals, Inc. at toll-free phone 1-833-CRN-INFO or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

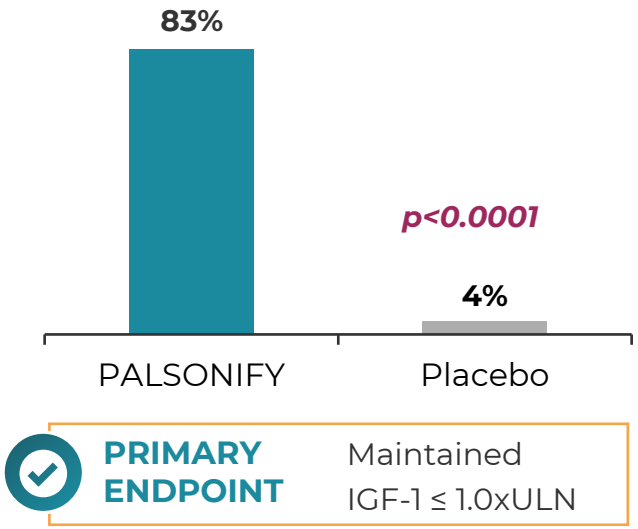
----------DRUG INTERACTIONS----------
- Strong CYP3A4 Inducers: may decrease paltusotine exposure. May require PALSONIFY dosage increase (2.3, 7.1).
- Moderate CYP3A4 Inducers: may decrease paltusotine exposure. May require PALSONIFY dosage increase (2.3, 7.1).
- Proton Pump Inhibitors: may decrease paltusotine exposure. May require PALSONIFY dosage increase (2.3, 7.1)
- Cyclosporine: may decrease cyclosporine exposure. May require cyclosporine dosage adjustment (7.2).

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Prescribing Information and Instructions for Use of PALSONIFY are available here

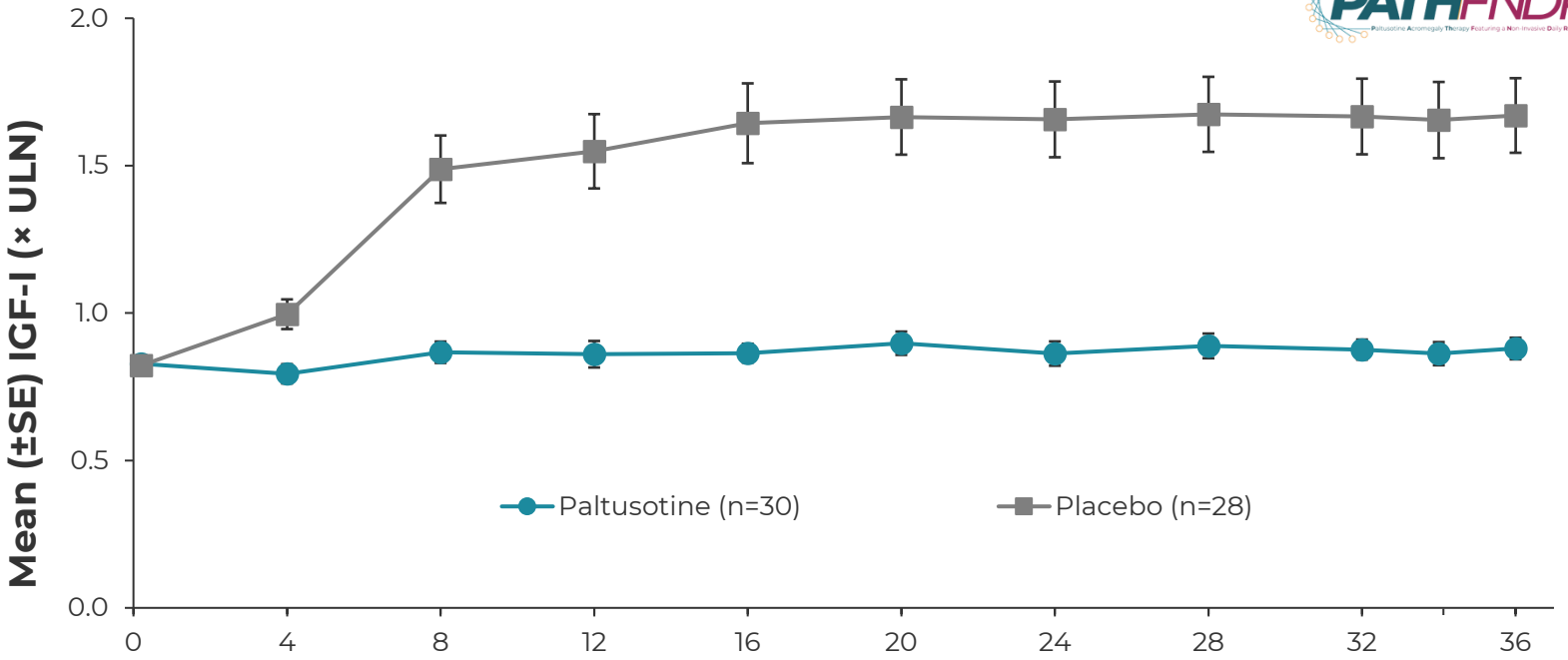
In Phase 3 Studies, PALSONIFY Achieved Rapid, Reliable and Consistent Biochemical Control in Switch Patients

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

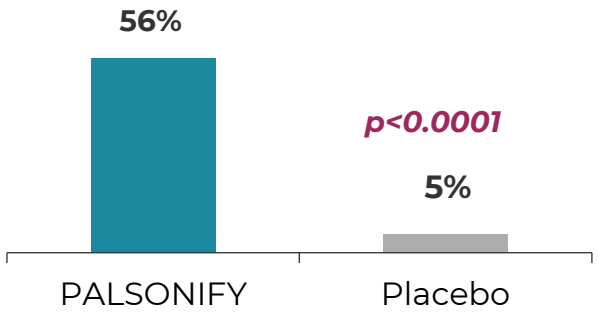


Only 1 patient taking PALSONIFY in PATHFNDR-1 had an IGF-1 above 1.1x ULN at EOT*

*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)

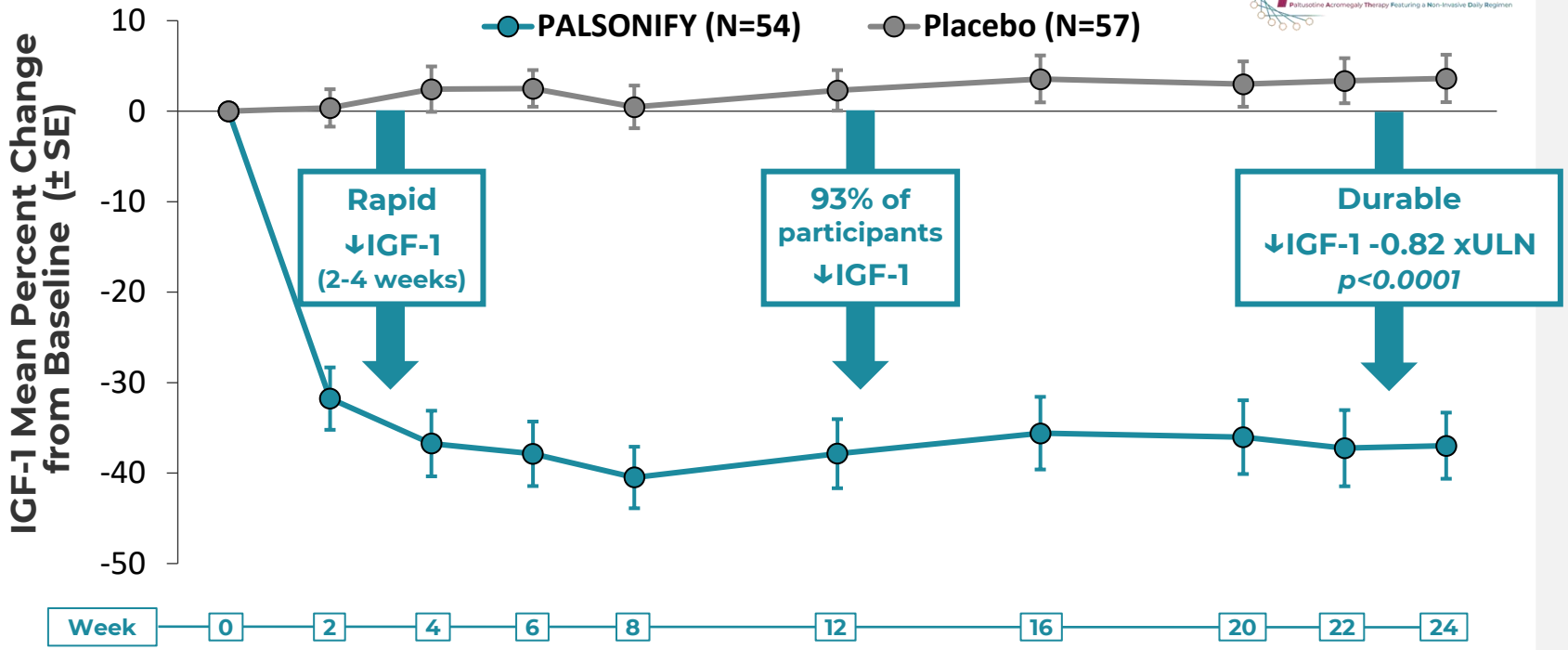
In Phase 3 Studies, PALSONIFY Achieved Rapid, Reliable and Consistent Biochemical Control in Naïve Patients

Non-Pharmacologically-Treated Patients



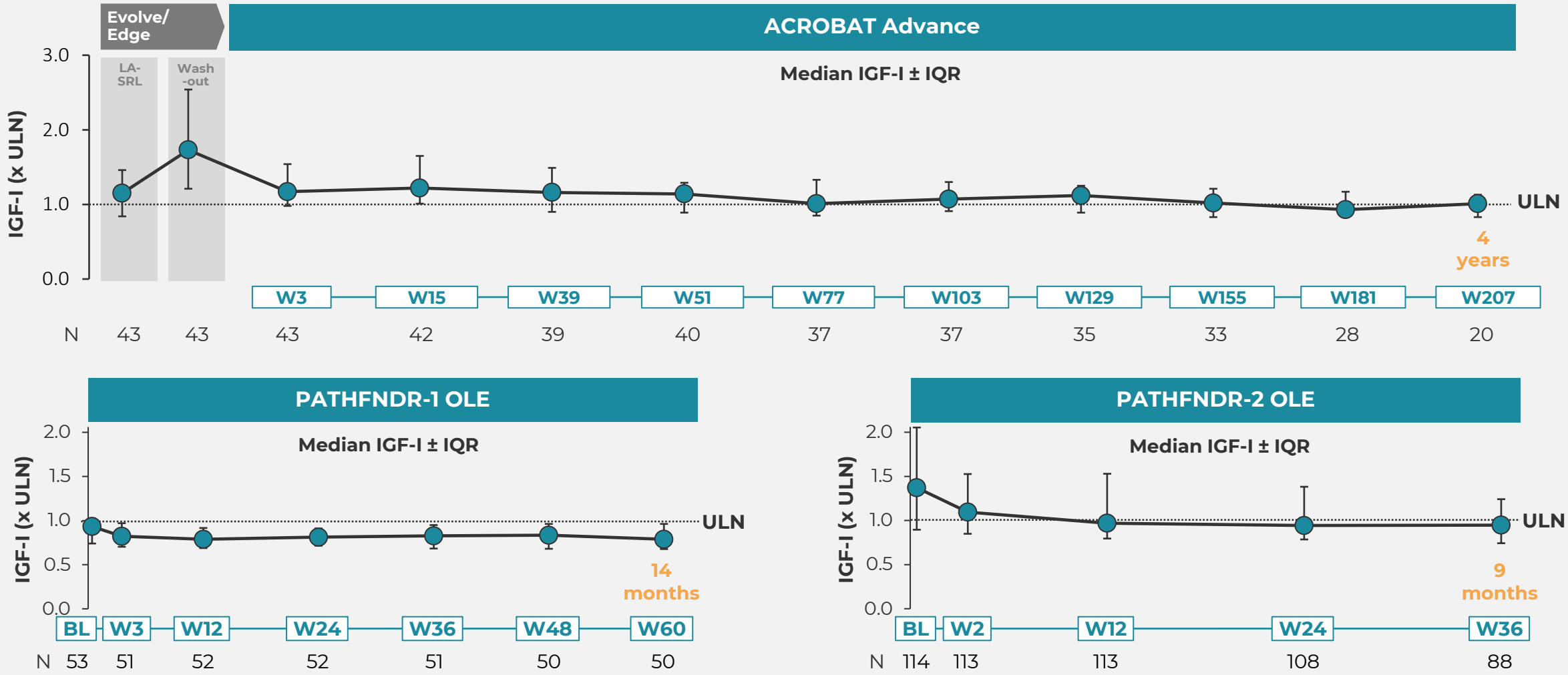
PRIMARY ENDPOINT Achieved IGF-1 ≤ 1.0xULN

Percent Change from Baseline in IGF-1 Level by Visit



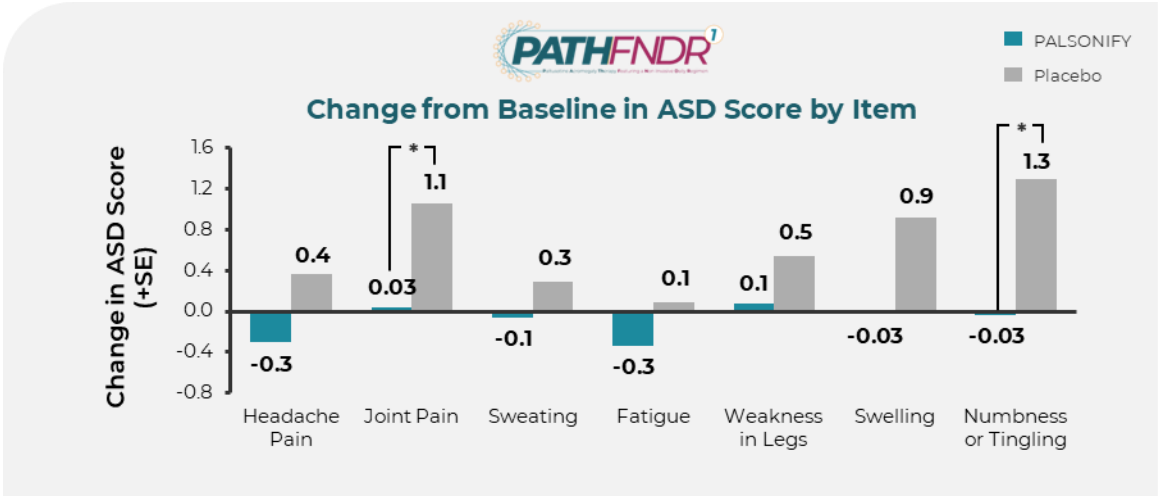
IGF-1 values measured prior to rescue or discontinuation are carried forward

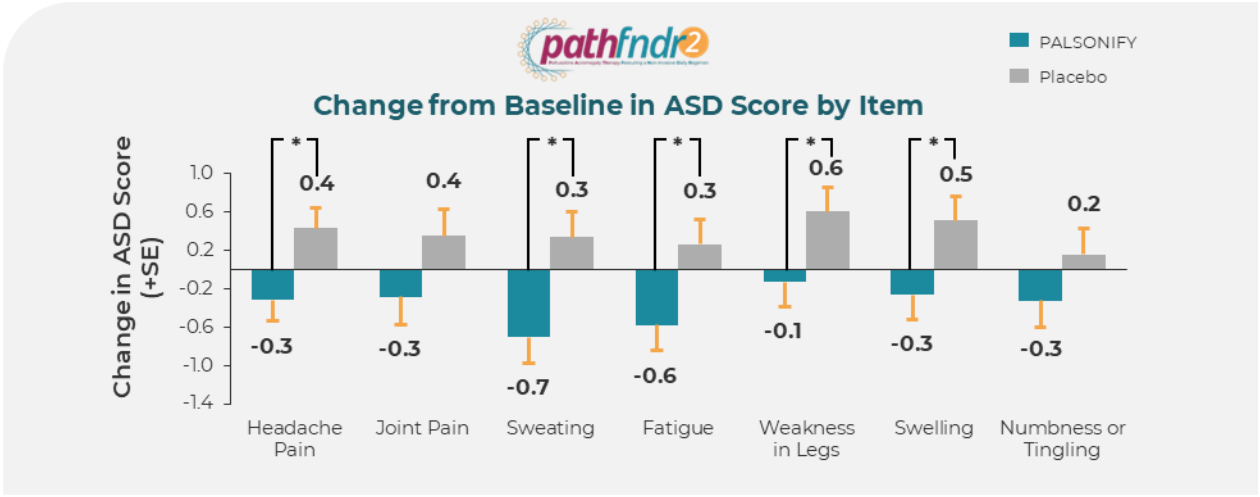
PALSONIFY Treatment Results in Long-Term, Stable Biochemical Control Across a Range of Acromegaly Patients



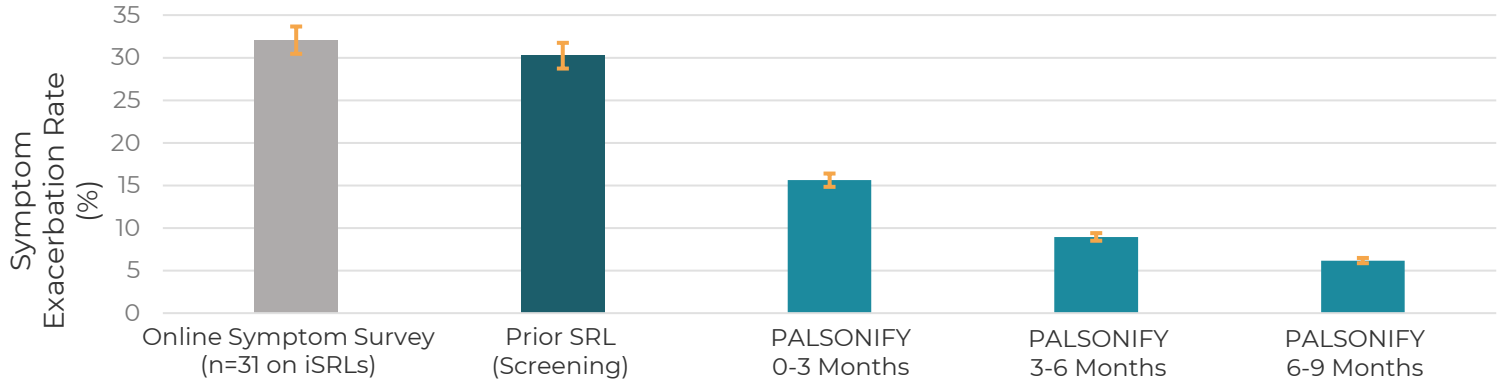
In Phase 3 Studies, PALSONIFY Achieved Consistent Control of Symptoms and Reduced Frequency of Symptom Exacerbations

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





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



PATHFNDR1

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 (Paltusotine 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 (Paltusotine 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)

GI: Gastrointestinal; AEs: Adverse Events.

COMMERCIAL LAUNCH STRATEGY

Isabel Kalofonos

Chief Commercial Officer

Four Pillars to Optimize the Launch of PALSONIFY

ACTIVATE

SHIFT THE MINDSET

Success isn't just about IGF-1 control, it's about helping patients feel better and live better

ADOPT

WIN ON EFFICACY

Switch and naïve patients deserve a therapy that works fast, lasts and controls symptoms

ACCESS

ENSURE ACCESS

Removing friction to help more patients get the therapy that is right for them

ADHERE

DRIVE ADHERENCE

With the right support, patients stay on therapy longer and see better outcomes

Experienced Team in Place with Comprehensive Engagement Plan

36 Sales Team

14 Medical Science Liaisons

5 Nurse Educators

6 CrinetiCARE Specialists

4 Field Reimbursement Liaisons

4 Payer National Account Directors

Sales Talent Metrics

Mean years of experience

19.7 years in pharma/biotech

9.2 years in rare disease

8.7 years in endocrinology

~3,600 Community HCP Targets

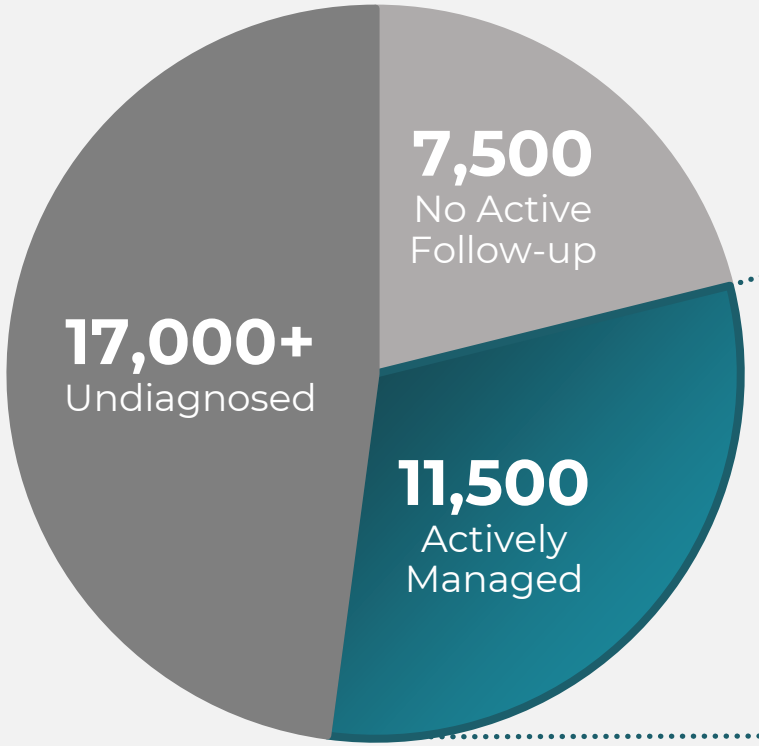
~1,800 PTC + Academic HCP Targets

45 Core Pituitary Treatment Centers

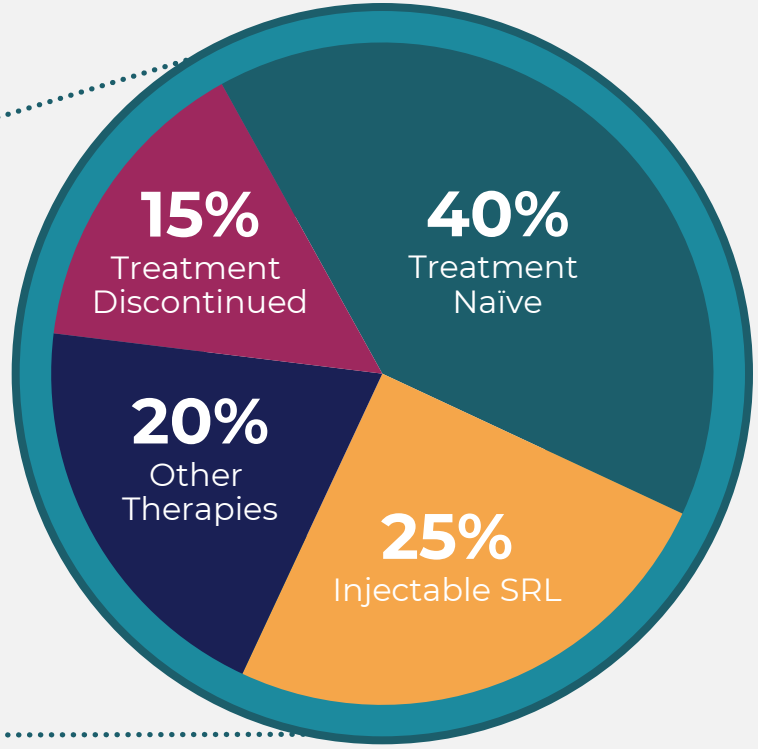
60% of patients are treated in the community

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.

Education and Engagement Required to Empower Patients to Demand More

PATIENT ACTIVATION

ACROMEGALY REALITY

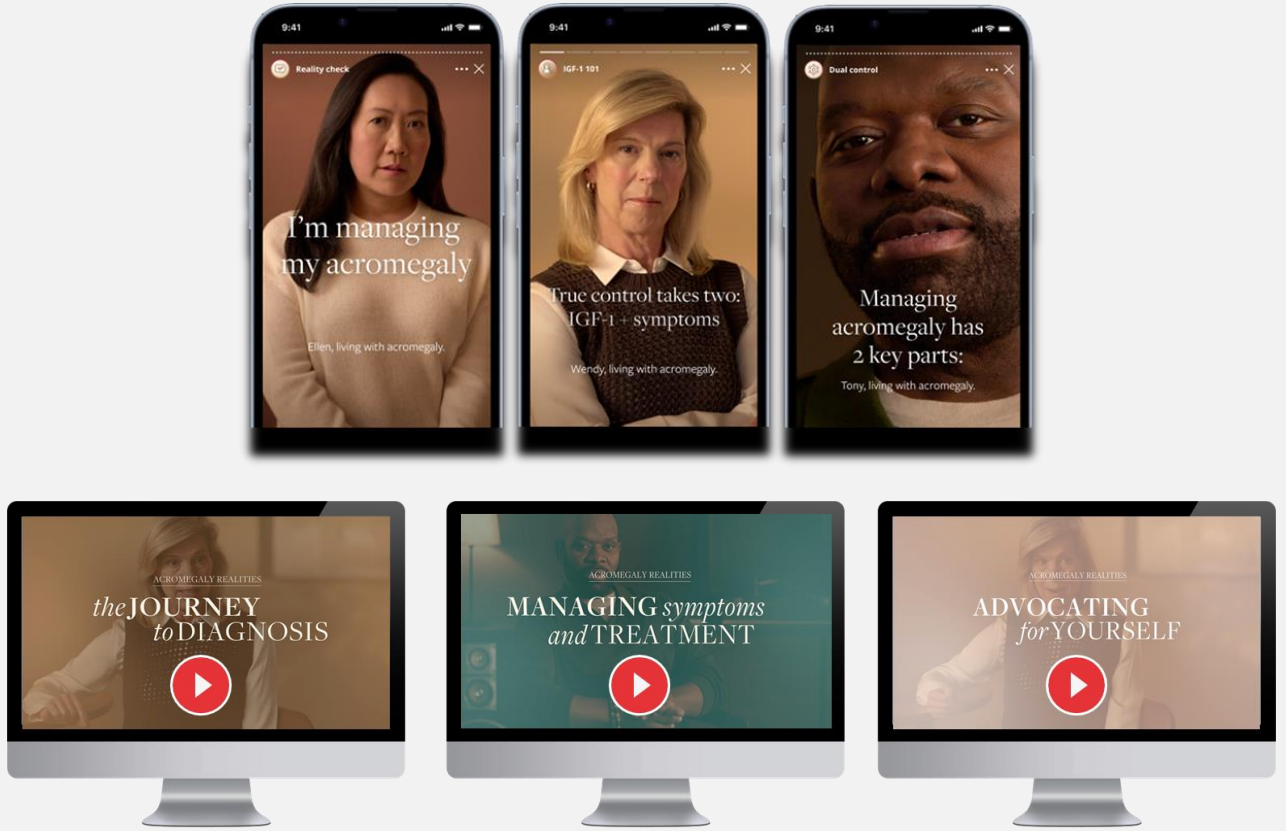
Disease education campaign to raise awareness of the lived realities of acromegaly and support earlier recognition and diagnosis

CrinetiCARE™

Comprehensive patient support services to assist with access, adherence and personalized care throughout the treatment journey

PATIENT ADVOCACY

Strengthening patient engagement through events, surveys and toolkits designed to elevate the patient voice and build community



Omnichannel Approach to Support Patients with an Acromegaly Diagnosis

Pre-Launch Engagement with Payers to Facilitate Post-Launch Formulary Access

Strong value proposition to payers includes:

Unprecedented Safety and Efficacy
Ability to achieve rapid biochemical and symptom control based on Phase 3 data

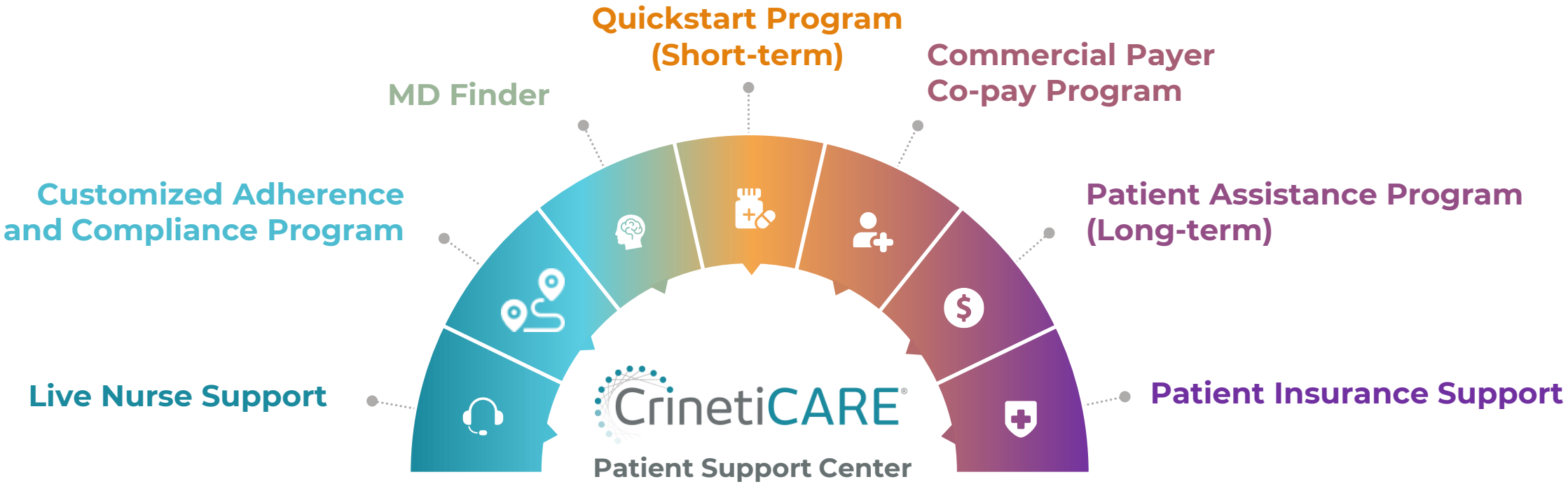
Maintain Control
Limit patient and societal burden of uncontrolled acromegaly

Optimize Treatment Paradigm
Ensure patients getting intended clinical benefit

Improve Patient Adherence and Outcomes
Once-daily oral dosing

Note: Payer mix is an estimate

Supporting Patients at Every Step of Their Journey



*All CrinetiCARE programs are subject to eligibility requirements and changes. Criteria above do not represent all criteria for each program. Must be U.S. resident or U.S. territory resident. Restrictions apply.

Tony, living with acromegaly

A New Era in Acromegaly Has Started

Palsonify is here to transform acromegaly care

- Broad Label and Strong Data
- Patient Focus
- Experienced Team

CLOSING REMARKS

Scott Struthers, Ph.D.

Founder & Chief Executive Officer

Palsonify is Just the Beginning: Building the Foundation for Our Pipeline

Program	Discovery	IND-Enabling	Phase 1	Phase 2	Phase 3	Registration	Approved
Paltusotine (SST2 agonist)	PATHFNDR: Acromegaly (US)						
	pathfndr2: Acromegaly (EU)						
	CAREFNDR: Carcinoid syndrome						
Atumelnant (ACTH antagonist)	Calm-CAH: Congenital adrenal hyperplasia (adult)						
	Balance-CAH: Congenital adrenal hyperplasia (pediatric)						
	ACTH dependent Cushing's syndrome						
Nonpeptide drug conjugate (CRN09682)	NETs and SST2-expressing solid tumors						
TSH antagonist	Graves' disease (hyperthyroidism and TED)						
SST3 agonist	ADPKD						
PTH antagonist	Hyperparathyroidism						
Oral GLP-1 nonpeptide	Obesity						
Oral GIP nonpeptide	Obesity						

Partners

SKK

Japan Development and Commercialization Partner for Paltusotine

Radionetics Oncology

Licensee of targeted, nonpeptide radiopharmaceuticals

loyal

Licensee of CRN01941 for veterinary use

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.

Crinetics Pharmaceuticals

THANK YOU

Q&A