Crinetics® Pharmaceuticals

May 8, 2025

First Quarter 2025 Financial Results and Business Update

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 plans and timelines for the FDA and EMA responses to regulatory filings and the commercial launch of paltusotine, if approved; 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 finalizing the protocol 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 expected timing for the initiation of late stage trials for our nonpeptide drug conjugate development candidate (CRN09682); or the filing of INDs for our PTH antagonist, TSH antagonist, SST3 agonist, or the potential benefits of our development candidates in patients across multiple indications or the expected timing of the advancement of those programs or of the progression toward candidate selection for oral GLP-1 nonpeptide and oral GIP nonpeptide; the expected timing of additional research pipeline updates; our plans to put a in place a field force; and the company's anticipated cash runway. 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: topline and initial data that we report may change following a more comprehensive review of the data related to the clinical studies and such data may not accurately reflect the complete results of a clinical study, and the FDA and other regulatory authorities may not agree with our interpretation of such results; the risk that interim results of a clinical trial do not necessarily predict final results and that one or more of the clinical outcomes may materially change as patient enrollment continues, following more comprehensive reviews of the data, and as more patient data become available; 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 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; 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.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

Crinetics Pharmaceuticals

Crinetics Has Never Been Stronger

First anticipated commercial **launch** this year

Deep pipeline with **2** late-stage programs in **4** indications

World-class R&D capabilities, **4** candidates in preclinical

IP rights into 2040s

$1.3B of cash, cash equivalents & investments

Extensive internal **endocrinology expertise**

Corporate dedication to **patients** and **science**

Crinetics Pharmaceuticals

Preparing for a Successful Launch of Paltusotine

Building Strong Foundational Infrastructure

...for paltusotine and the pipeline in the US and globally

- ✓ **Field force** in place by summer
- ✓ Ongoing **engagement with payers**
- ✓ **Market research** and **ad boards** with patients, HCPs and payers
- ✓ Long-standing partnership with **patient advocacy** organizations

Increasing Education and Awareness

- ✓ MSLs in the field **visiting endocrinologists**
- ✓ Evidence generation and **new publications** in progress
- ✓ Large presence at **medical congresses**

AACE® American Association of Clinical Endocrinology

Paltusotine: PDUFA Date of September 25, 2025

ACTIVATE | ADOPT | ACCESS | ADHERE

4 Paltusotine is an investigational drug. Commercial launch of paltusotine is dependent on regulatory approval
HCP: Healthcare practitioner; MSL: Medical Science Liaison.

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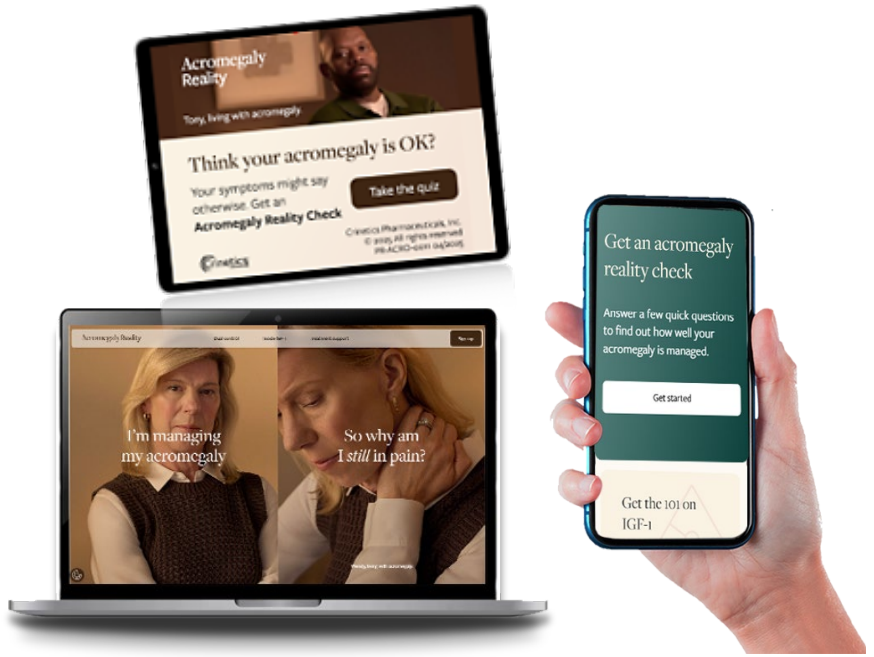
CrinetiCARE and Other Patient Resources Launched to Support the Acromegaly Community

CrinetiCARE™

Patient Support Hub

Acromegaly Reality

Disease State Education



EDUCATE **ENGAGE** **EMPOWER**

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Compelling Value Proposition for Paltusotine

Faster Disease Control
Titration to optimal level in weeks

Reduce Treatment Burden
Injectable SRLs difficult to administer

Maintain Symptom Control
Limit breakthrough symptoms

Improve Patient Adherence
Once-daily oral dosing

Paltusotine is an investigational compound that is currently under review by the FDA and other health authorities. It has not been approved, and its safety and effectiveness have not been established.

SRLs: Somatostatin receptor ligands

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Updated Design and Status: Phase 2 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)

TOUCAHN

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 trial 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.

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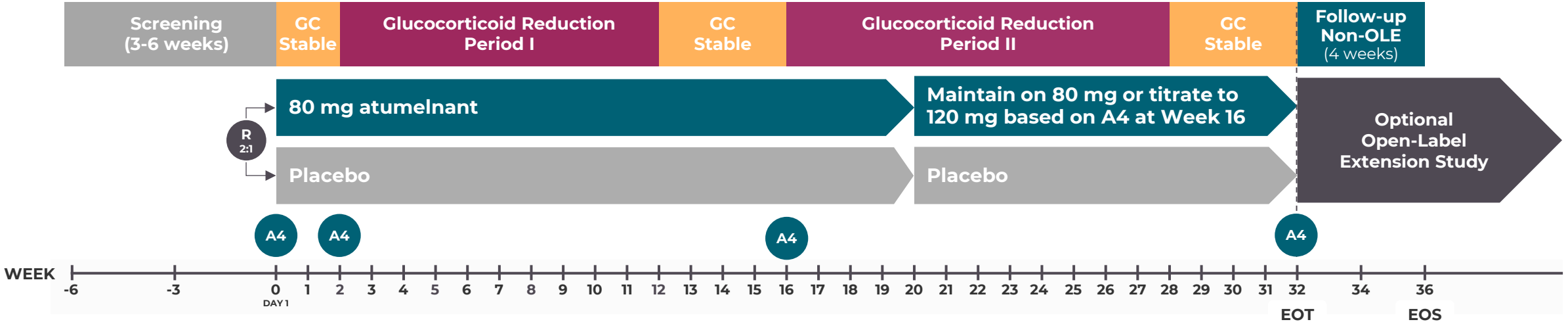
Global Phase 3 CAH Trial Designed to Assess Normalization of Androgen *and* Glucocorticoids

Calm-CAH

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/m²/day)
- A4 > ULN[1] with physiologic GC dose (<11 mg/m²/day)
- Normal A4[2] with supraphysiologic GC dose (≥15 mg/m²/day)



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 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

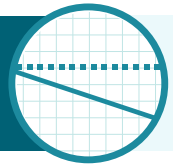
[1] Approximate ULN is 150 ng/dL for males and 200 ng/dL for females.
[2] Normal A4 defined as above mid-range to ≤ULN.
A4: Androstenedione; GC: Glucocorticoid; ULN: Upper limit of normal; OLE: Open-label extension

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

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Continued Value Creation with Deep Pipeline of Transformative Drug Candidates

Program	Discovery	IND-Enabling	Phase 1	Phase 2	Phase 3	Registrational	Upcoming Milestones
Paltusotine (SST2 agonist)	Acromegaly (US)						PDUFA Date (September 2025)
	Acromegaly (EU)						CHMP Opinion (1H 2026)
	Carcinoid syndrome						Phase 3 (2H 2025)
Atumelnant (ACTH antagonist)	Congenital adrenal hyperplasia (adult)						Phase 3 in Adult (2H 2025)
	Congenital adrenal hyperplasia (pediatric)						Phase 2/3 in Pediatric (2H 2025)
	Cushing's disease						Phase 2/3 (2H 2025)
Nonpeptide drug conjugate (CRN09682)	NETs and SST2-expressing solid tumors						Phase 1/2
TSH antagonist	Graves' disease & TED						IND
SST3 agonist	ADPKD						IND
PTH antagonist	Hyperparathyroidism						IND
Oral GLP-1 nonpeptide	Obesity						Candidate Selection
Oral GIP nonpeptide	Obesity						Candidate Selection

Partners

SANWA KAGAKU KENKYUSHO CO., LTD.
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

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Financial Results

(in millions)	Three months ended March 31,	
	2025	2024
Revenues	**$ 0.4**	**$ 0.6**
R&D Expenses	(76.2)	(53.3)
SG&A Expenses	(35.5)	(20.8)
Net Loss	**$(96.8)**	**$(66.9)**
Common Stock Outstanding	93.7 million[1]	78.9 million[2]

[1] Shares of common stock outstanding as of May 2, 2025
[2] Shares of common stock outstanding as of May 6, 2024

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$1.3 Billion Cash Balance Funds Current Operating Plan into 2029

$1.3 Billion

Cash, cash equivalents, & investments as of March 31, 2025

Into 2029

Cash runway based on current operating plan

$340 Million - $380 Million

Reiterating 2025 operating cash burn guidance

Supports Strategic Initiatives Including:

- Anticipated launch of paltusotine and commercial infrastructure build
- Pipeline programs and innovation from discovery
- Optionality to prioritize or pursue opportunities to enhance value across our portfolio

Crinetics Pharmaceuticals

Serving our Patients

Our mission is to build the leading endocrine company that consistently pioneers new therapeutics to help patients better control their disease and improve their daily lives

Ellen K.
Acromegaly Patient

THANK YOU

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