Crinetics® Pharmaceuticals

November 6, 2025

Third Quarter 2025 Financial Results and Business Update

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: estimates relating to market size, or our ability to drive diagnosis and treatment for undiagnosed patients; our ability to effectively commercialize PALSONIFY, the expected timing of initiation of a Phase 3 program for paltusotine for carcinoid syndrome, a Phase 3 program for atumelnant for CAH and for a Phase 2/3 program of atumelnant for ACTH-dependent Cushing's syndrome; the plans and timelines regulatory filings or approval of paltusotine outside the US; 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 expected timing through which our cash, cash equivalents, and short-term investments will fund our operating plans 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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Crinetics Pharmaceuticals

INTRODUCTORY REMARKS

Scott Struthers

Founder & Chief Executive Officer

PALSONIFY: A New Era in Acromegaly Treatment

Once-Daily Oral

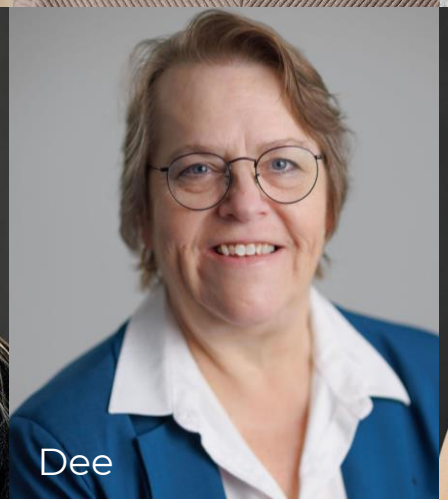
Palsonify™

(paltusotine) tablets

- Broad Label with Strong Clinical Data on Biochemical and Symptom Control Sets the Foundation for a Strong Commercial Launch of PALSONIFY

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



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Palsonify Launch: Early Momentum and Upcoming Key Metrics

Strong Start of Palsonify Launch

- Patients transitioning from OLE
- Prescribers from PTC and community settings with stronger than expected engagement from community
- Early indicators of payer coverage

What We Will Share in January

- **Palsonify Revenue***
- **New Patient Starts**
- **Number of Prescribers**
- **Characterization of Payer Progress**

OLE: Open Label Extension Study. PTC: Pituitary Treatment Center.
*Unaudited

Three-Phase Strategy for Helping More People with Acromegaly Get the Care They Need

Continued Value Creation with Deep Pipeline of Transformative Drug Candidates

Program	Preclinical	Phase 1	Phase 2	Phase 3	Registration	Upcoming Milestones
Paltusotine (SST2 agonist)	PATHFNDR					*Approved September 25, 2025*
	pathfndr2					CHMP Opinion (1H 2026)
	CAREFNDR					Phase 3 (2H 2025)
Atumelnant (ACTH antagonist)	Calm-CAH					Phase 3 in Adult (2H 2025)
	Balance-CAH					Phase 2/3 in Pediatric (2H 2025)
						Phase 2/3 (1H 2026)
CRN09682 (SST2+ NDC)	BRAVESST2 STUDY					Phase 1/2
TSH antagonist						
SST3 agonist						
PTH antagonist						
Oral GLP-1 nonpeptide						
Oral GIP nonpeptide						

Partners

SANWA KAGAKU KENKYUSHO CO., LTD. (SKK)
Japan Development and Commercialization Partner for Paltusotine

Radionetics Oncology
Licensee of targeted, nonpeptide radiopharmaceuticals

loyal
Licensee of CRN01941 for veterinary use

*Graves disease includes hyperthyroidism and Graves' orbitopathy (TED). SST: somatostatin receptor type; ACTH: adrenocorticotropic hormone; NDC: Nonpeptide drug conjugate. 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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Carcinoid Syndrome: CAREFNDR Phase 3 for Paltusotine

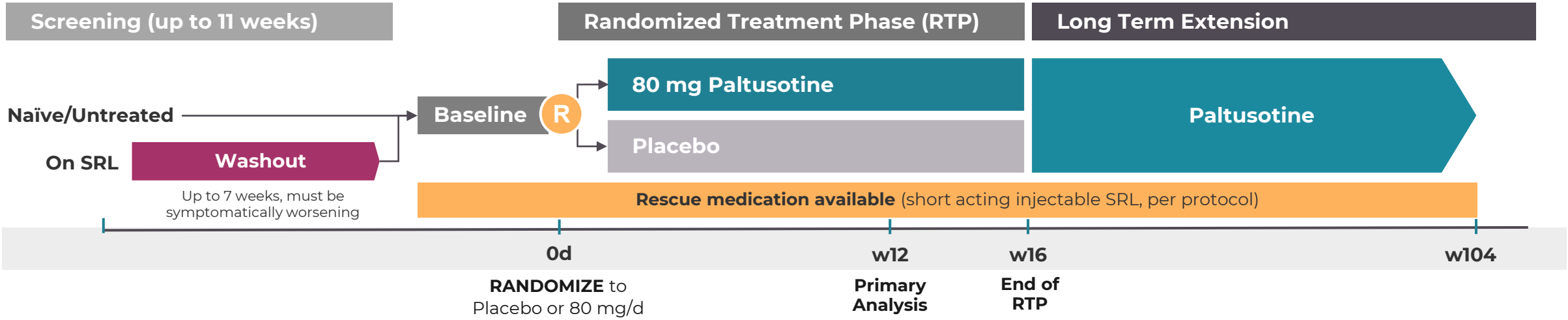
Trial Size:

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. **Paltusotine is under investigation for the treatment of carcinoid syndrome.**

NETs & SST2+ Tumors: CRN09682 Phase 1/2 Study Will Be Proof of Concept for NDC Platform

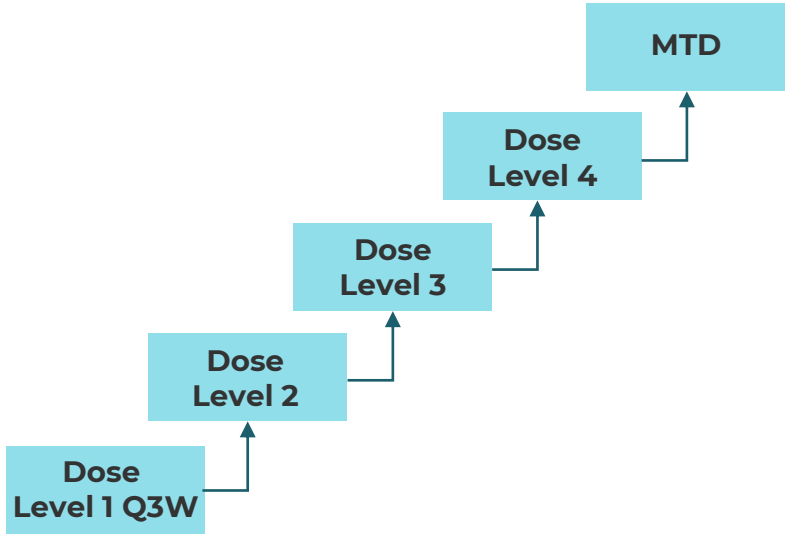
BRAVESST2 STUDY

Key Eligibility Criteria:

- Metastatic or locally advanced inoperable NETs, NECs or other solid tumors
- Tumor progression on or after last line of therapy
- Positive SSTR expression by FDA approved SSTR PET/CT
- No carcinoid syndrome

Ph 1: Dose Escalation

- Bayesian Optimal Interval design, n=3-6/cohort



FDA cleared starting dose

Ph 2: Dose Expansion*

- n=approximately 25/cohort

Recommended Expansion Dose

- **Cohort 1: Pancreatic NET Well-differentiated**
- **Cohort 2: ex-Pancreatic NET Well-differentiated**
- **Cohort 3: NEC Poorly Differentiated (includes SCLC)**
- **Cohort 4: Other Solid Tumors (e.g. Breast, Head-Neck)**

*representative of potential cohorts

Key Endpoints

- Safety & tolerability of CRN09682
- Define DLT/MTD and select Expansion Dose
- PK of CRN09682 and MMAE

Efficacy Endpoints

- Measure preliminary anti-tumor activity of CRN09682: ORR, DOR, PFS by RECIST v1.1

DLT: Dose limiting toxicity; DOR: duration of response; MTD: Maximum tolerated dose; MMAE: monomethyl auristatin E; NEC: Neuroendocrine carcinoma; NET: Neuroendocrine tumor; ORR: objective response rate; PFS: progression free survival; PK: pharmacokinetics; Q3W: every 3 weeks; SCLC: small cell lung cancer); SSTR: somatostatin receptor; WD: well-differentiated

Adult CAH: Design and Status, Phase 2 Atumelnant

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)

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

80 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 includes Patients from All 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

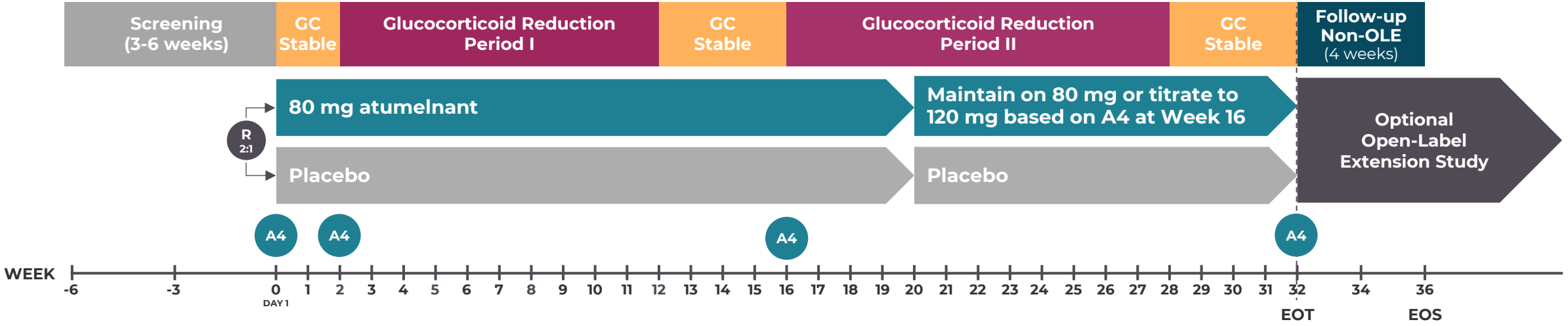
A4: Androstenedione; ULN: Upper limit of normal; GC: Glucocorticoid; 17-OHP: 17 hydroxyprogesterone; TEAE: Treatment emergent adverse event. Baseline is defined as the last morning window value (i.e. the average of any early morning samples on or after 06:00 but prior to 11:00) prior to the first dose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

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

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)

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 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

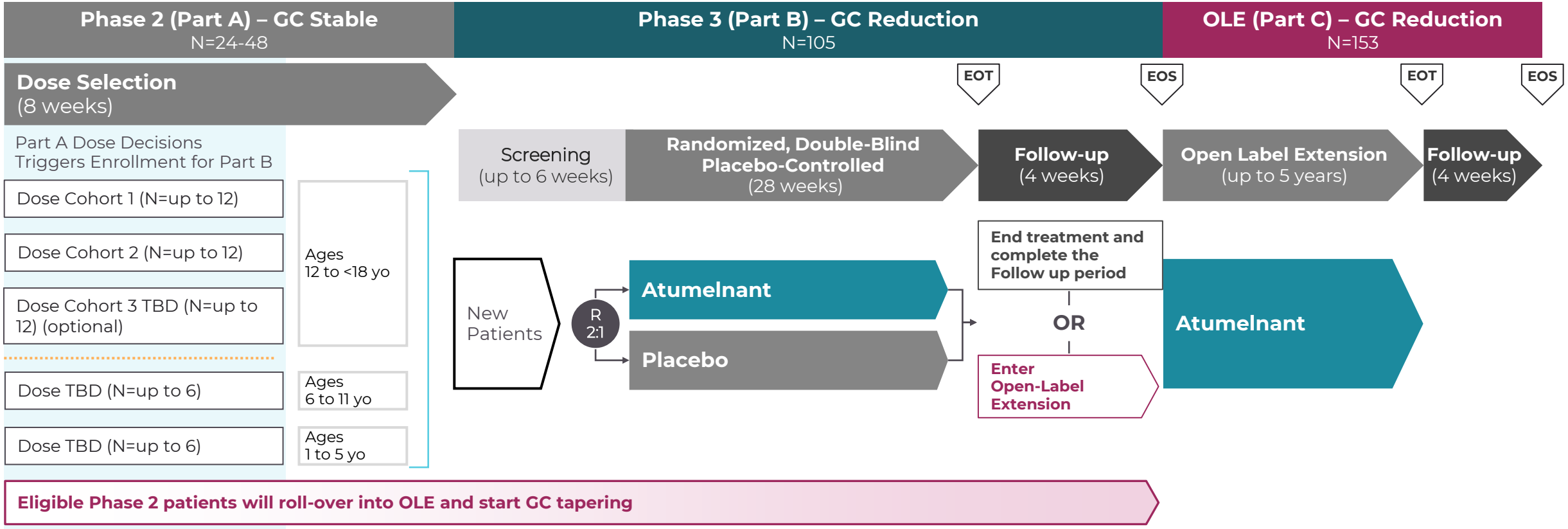
3 Other Secondary Endpoints

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 Trial

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)

R=Randomization; EOT=End of Treatment; EOS=End of Study. CAH=congenital adrenal hyperplasia; GC=glucocorticoid.

COMMERCIAL UPDATE

Isabel Kalofonos

Chief Commercial Officer

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**

Activating Both Naïve and Switch Patients

Reinforcing IGF-1 and Symptom Control in a Once-Daily Oral

PATIENTS

Activate patients to start, switch, or resume treatment

All 22

U.S. OLE patients in process of transitioning onto commercial product

95% | 5%

Initial mix of filled Rx medically switch | naïve patients

PATIENT ACTIVATION

ACROMEGALY REALITY

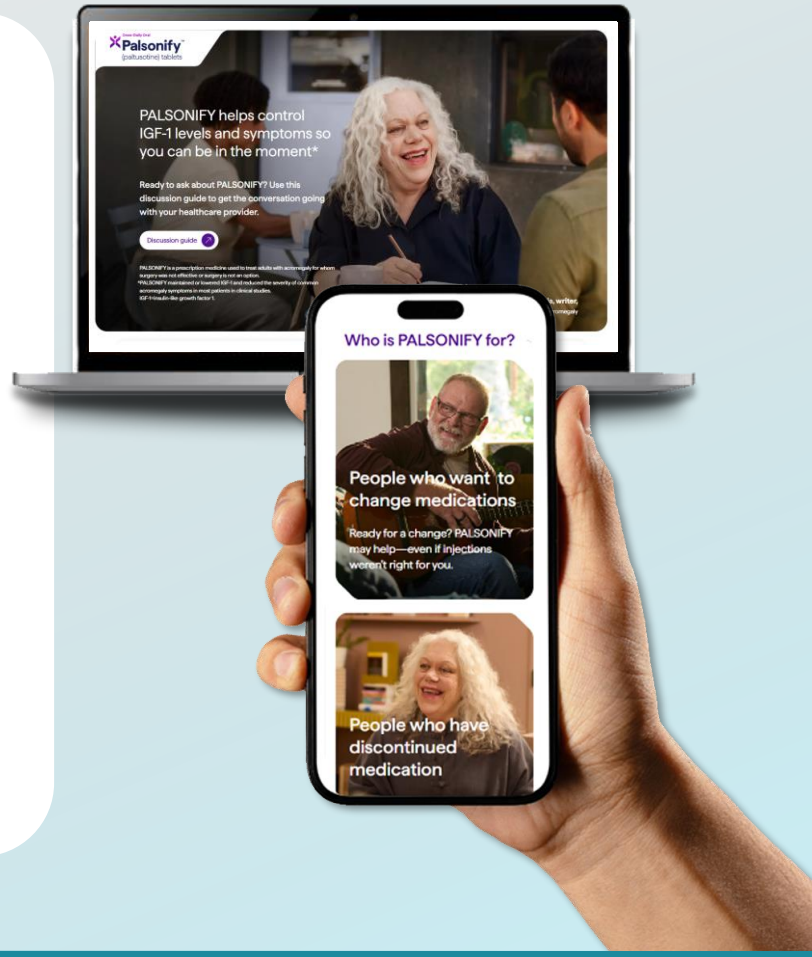
Disease education campaign to raise awareness of the lived realities of acromegaly and support earlier recognition and diagnosis

CrinetiCARE®

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

Branded campaign launched

Launched patient website, omnichannel media campaign, patient discussion guide and tools. Activated our CRM system. Nurse educators will directly support patient education.



Leading with Efficacy First to Engage Providers

PROVIDERS

Make PALSONIFY the therapy of choice

95%

Top prescriber targets reached

70% | 30%

Prescriber setting
Community | PTC

Key messages that have resonated among active prescribers:

- Strong efficacy data in both switch and naïve patients
- IGF-1 normalization and symptom improvement
- Ease of administration with a once-daily oral
- CrinetiCARE services and access support

"PALSONIFY could change the face of acromegaly treatment."

– Endocrinologist at PTC center in Massachusetts

"PALSONIFY is great for patients with uncontrolled symptoms and breakthrough symptoms."

– Endocrinologist at PTC center in California

Positive Initial Response from Payers: Rapid Access

Strong value proposition to payers – expect formulary coverage in most plans within 6-9 months

PAYERS

Demonstrate value proposition to facilitate access

50% | 50%

Reimbursed | Quickstart for filled Rx

Up to 12 Months

Duration of approved prior authorizations

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

FINANCIAL UPDATE

Toby Schilke

Chief Financial Officer

Financial Results

(in millions)	Three Months Ended	
	September 30, 2025	**June 30, 2025**
Revenues	**$ 0.1**	**$ 1.0**
R&D Expenses	(90.5)	(80.3)
SG&A Expenses	(52.3)	(49.8)
Net Loss	**$ (130.1)**	**$ (115.6)**

	October 28, 2025
Common Stock Outstanding	94.9 Million
Fully Diluted Share Count*	111.9 Million

$1.1 Billion Cash Balance Funds Current Operating Plan into 2029

$1.1 Billion

Cash, cash equivalents, & investments as of September 30, 2025

Into 2029

Cash runway based on current operating plan

$340 Million - $370 Million

2025 operating cash burn guidance

Supports Strategic Initiatives Including:

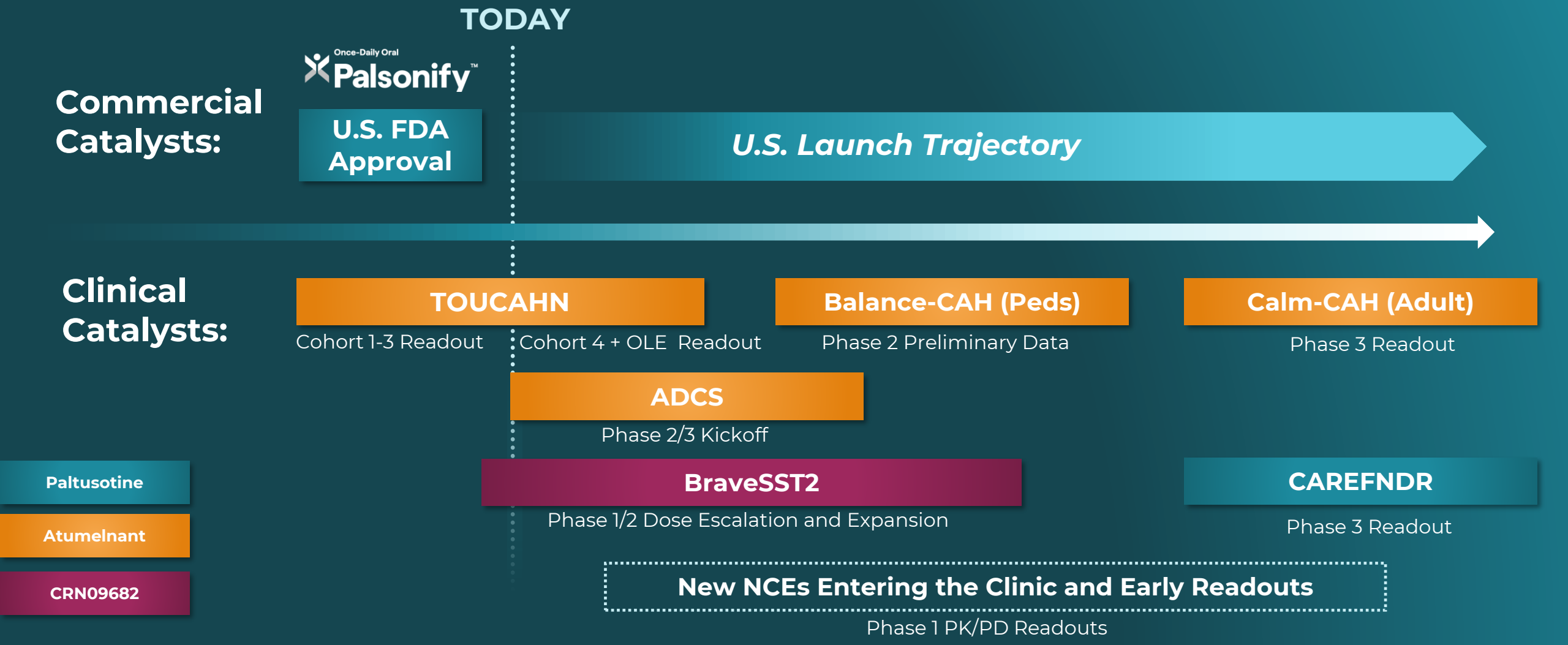
- Commercialization of PALSONIFY
- Pipeline programs and innovation from discovery
- Optionality to prioritize or pursue opportunities to enhance value across our portfolio

CLOSING REMARKS

Scott Struthers

Founder & Chief Executive Officer

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



Q&A Session

SCOTT STRUTHERS
Founder and
Chief Executive Officer

STEPHEN BETZ
Founder and
Chief Scientific Officer

ISABEL KALOFONOS
Chief Commercial Officer

TOBY SCHILKE
Chief Financial Officer

DANA PIZZUTI
Chief Medical Officer

ALAN KRASNER
Chief Endocrinologist