



**Transforming Immune-Mediated
Disease Treatment with Precision
Engineered TYK2 Inhibitors**

Corporate Deck: August 2026

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The forward-looking statements included in this presentation are made only as of the date hereof. Alumis assumes no obligation and does not intend to update these forward-looking statements, even if new information becomes available in the future, except as required by law.

Certain of the data in this presentation are not based on head-to-head or comparator trials. Differences exist between trial designs and caution should be exercised when comparing data across trials.

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Additional Information and Where to Find It

Copies of documents filed with the SEC by Alumis are available free of charge under the SEC Filings heading of the Investor Relations section of Alumis' website at <https://investors.alumis.com/>.

Alumis' Next-Gen TYK2 Inhibitors: Two Pipelines-in-a-Pill



Positive Psoriasis Phase 3

- Envudeucitinib delivered highly significant efficacy with **leading PASI 100 responses** and early and robust improvements in skin clearance, quality of life, and symptoms



Significant Near-term Value

- Global opportunity for **Psoriasis (~\$40B) and Lupus (~\$11B) expected by 2030¹**
- High efficacy orals expected to drive market growth



Broad TYK2 Opportunity

- **Significant market opportunity (projected \$180B+²) across many indications** with potential to be addressed by TYK2 molecules. Envudeucitinib and A-005 provide two pipelines-in-a-pill
- **Additional envudeucitinib indications:** prioritizing Sjögren's disease and Cutaneous Lupus Erythematosus (CLE)³



Differentiated TYK2i's

- Envudeucitinib and A-005 are **precision engineered for 24-hour maximal target inhibition**
- Maximal inhibition translates to leading Phase 3 efficacy with balanced safety and tolerability



Anticipated Milestones

- **Envudeucitinib Psoriasis:** ONWARD3 data recently reported; NDA filing (4Q 2026)
- **Envudeucitinib SLE:** Potentially pivotal Phase 2b SLE topline data (3Q 2026)
- **A-005:** Initiation of Phase 2 biomarker trial in Parkinson's disease (1H 2027)

Positioned to Unlock the Full Potential of TYK2i Mechanism

Hypothesis validated: maximal target engagement translates into higher clinical efficacy

Power of TYK2i

Human Genetics: TYK2 loss-of-function variants protect against immune mediated disorders

Known Mechanism: TYK2 is an upstream mediator of immune disease (IL-23/IL-17, IL-12, Type I Interferon)

Clinically Validated: Efficacy in plaque psoriasis, psoriatic arthritis, CLE and SLE

Unlocking TYK2i Full Therapeutic Potential

What Matters



- Sustained and maximal TYK2 inhibition
- High kinome selectivity for TYK2
- Safety and tolerability

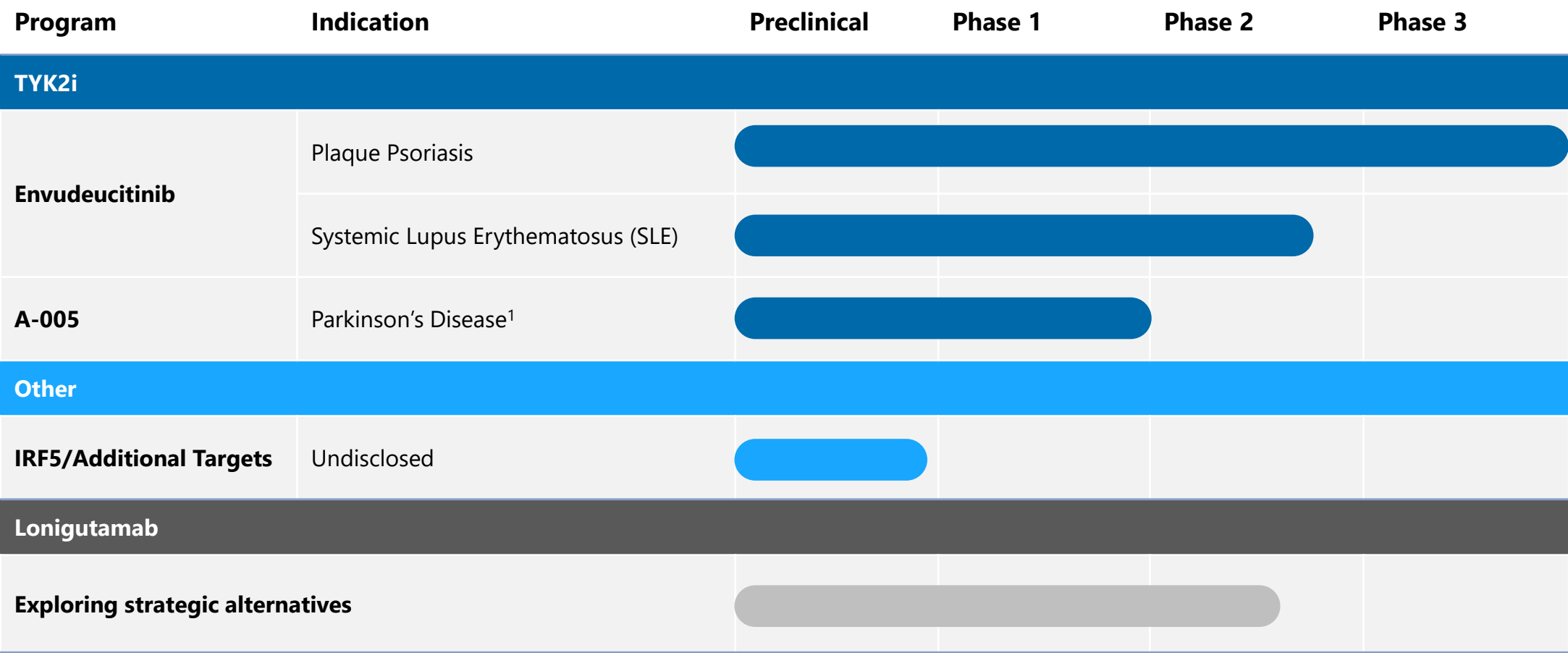
Alumis Opportunity



- Breadth of IL-23/IL-17 and Type I IFN-driven diseases
- Peripheral and CNS indications
- Portfolio optimization with multiple molecules and formulations

Late-stage Pipeline with Multiple Near-term Anticipated Milestones

Our pathway to patients



Key Achievements and Anticipated Milestones



**Envudeucitinib: Highly Selective
TYK2i Being Developed for
Moderate-to-Severe Plaque Psoriasis**



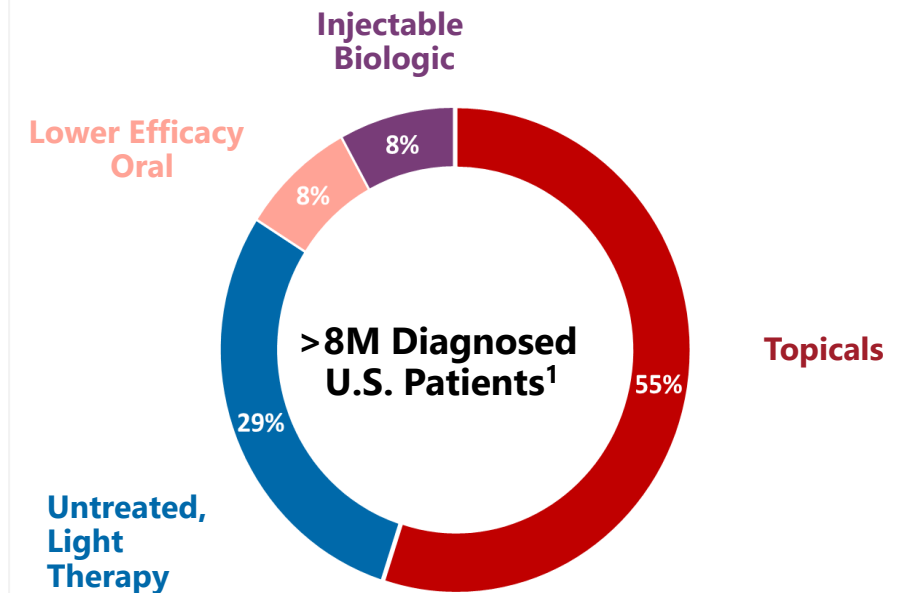
Significant Disease Burden Remains in Psoriasis

Many patients remain untreated or undertreated, despite available treatments

Significant Unmet Market Opportunity Driven by Persistent Disease, Undertreatment, and High Therapy Discontinuation

- **Persistent Symptoms:** Many patients continue to experience itch, pain, and visible skin lesions despite current therapies
- **Quality-of-Life Impact:** Psoriasis still significantly affects daily activities, social interactions, and emotional well-being
- **Inadequate Therapies:** Most patients receive treatments that provide limited benefit and do not address the systemic nature of the disease
- **Undertreatment with Low-Efficacy Options:** Fewer than 10% of patients are currently treated with high efficacy drugs including biologics²
- **High Therapy Discontinuation:** Lack of efficacy and poor tolerability lead to two-thirds of patients discontinuing oral therapies within 12 months³
- **Comorbidities and Long-Term Risk:** Psoriasis patients face elevated risks for arthritis, cardiovascular disease, and other systemic complications

Majority of Psoriasis Patients Remain Untreated or Undertreated



1. National Psoriasis Foundation. Psoriasis Statistics. Available at: <https://www.psoriasis.org/content/statistics>. Accessed December 2025.

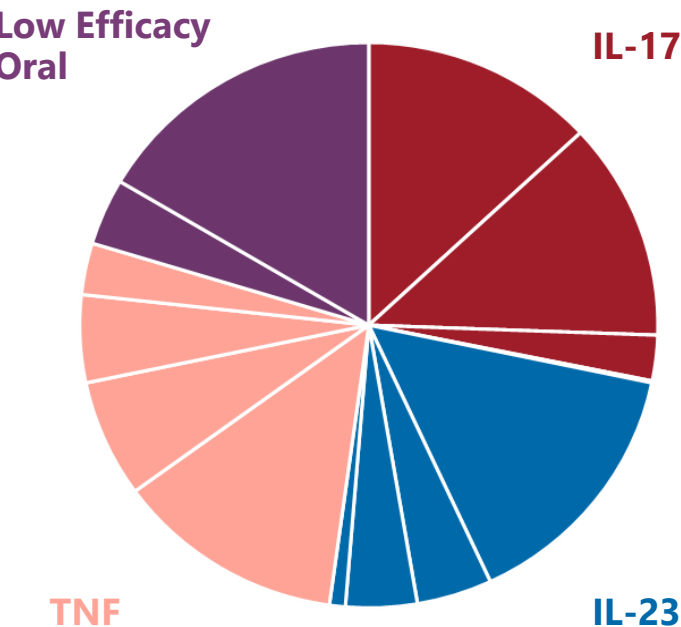
2. IQVIA Analysis, Stable and eligible newly diagnosed patients from April 2021– March 2022 utilized for longitudinal analysis; all patients have at least 24M of look forward post-Dx. Note: Last data March 2024; product and market dynamics since March 2024 not reflected here.

3. Veeva Claims Analysis.

Multiple Entry Points Available in Growing Psoriasis Market

High-efficacy orals well-positioned to capture market share in \$40B projected market by 2030¹

Estimated Market Share by Brand and MOA²



Multiple Market Dynamics Drive Opportunity for Oral and Differentiated Therapies

- **No single Brand or Mechanism of Action has dominant market share**
Otezla is the most prescribed systemic therapy
- **High switching rates**
44% of systemically treated patients switched to a new therapy in the last 12 months³
- **Access barriers**
High cost, payor restrictions, administrative hurdles limit biologic uptake, leaving space for accessible alternatives
- **Low brand loyalty**
HCPs prefer having multiple options; frequently switch/rotate therapies

1. Source: Evaluate Pharma as of December 2025.
2. Source: Veeva Claims data from 1/1/2025 to 6/30/25. Oral: apremilast, deucravacitinib; TNF: certolizumab, etanercept, Infliximab; IL-17: ixekizumab, secukinumab, bimekizuma, brodalumab; IL23: Risankizumab, guselkumab, tildrakizumab, ustekinumab.
3. Veeva Claims Analysis.

Key Drivers of Use in Psoriasis Treatment



HCP Treatment Goals:

- 1 PASI 90/PASI 100 outcomes
- 2 Low AEs
- 3 Itch relief

HCP Preferences

Simplicity

Easy regimens, minimal monitoring, and reduced administrative steps

Treating harder, earlier

Recognize that faster, more complete clearance reduces long-term disease and quality-of-life impact

“ We are definitely lacking orals because whatever we have here in terms of the orals, the efficacy is not there yet.

– Derm²



Patient Treatment Goals:

- 1 Skin clearance
- 2 Symptom relief including itch
- 3 Safety

Patient Preferences

Orals

75% of patients choose an oral over a biologic¹

Convenience

Fit with routine and lifestyle, favor flexible dosing without food restrictions

“ I'm tired. Tired of the itching, the burning, the flaking - tired of how you (psoriasis) make me feel about my own skin. You've made me self-conscious in ways I never thought possible.

– Patient²

Envudeucitinib is a Next-Generation, Highly Selective Oral Allosteric TYK2 Inhibitor

Unmet need

Oral systemic therapy that addresses immune dysregulation at its source, delivering robust skin clearance and early symptom relief that impacts quality of life

Power of TYK2

Inhibiting TYK2, a central upstream regulator of multiple psoriasis pathways, blocks both IL-23 and IL-17 to address immune dysregulation

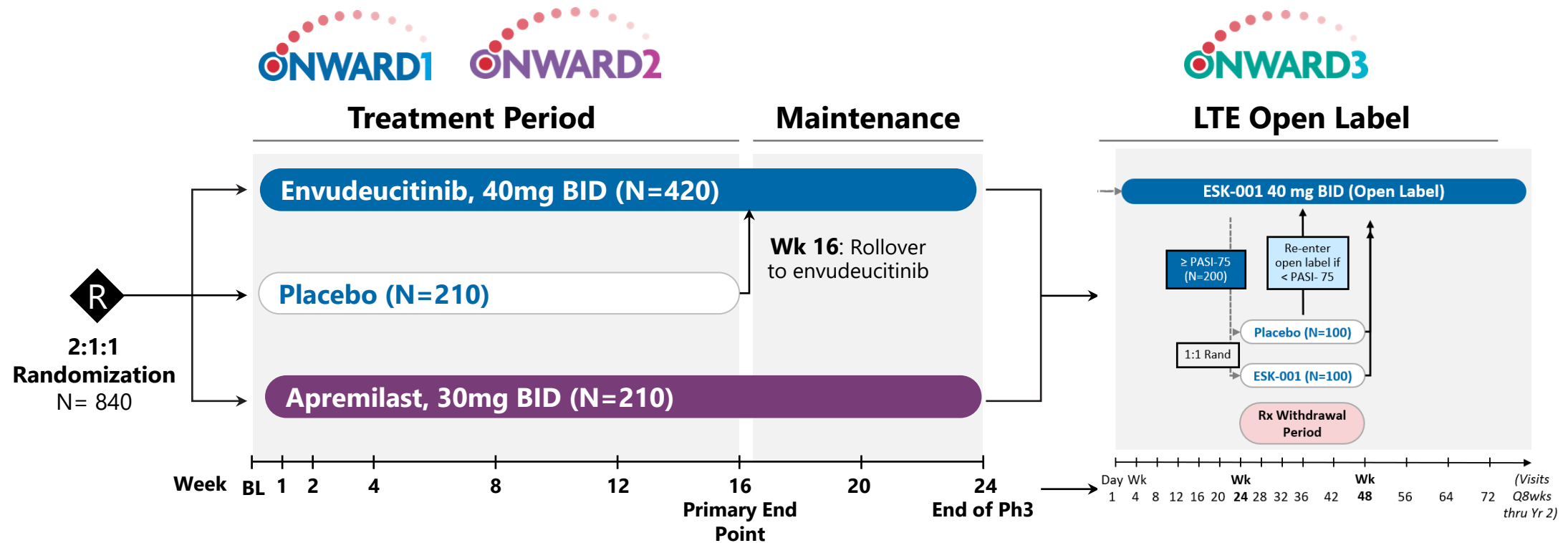
Unlocking TYK2's full potential

Envudeucitinib is precision engineered to deliver maximal 24-hour inhibition, enabling early and broad disease control^{1,2}



Phase 3 Psoriasis Clinical Program: Well-Designed and Rapidly Executed

Two Phase 3 trials and LTE to evaluate efficacy & safety of envudeucitinib in moderate-to-severe plaque psoriasis



› ONWARD1 and ONWARD2: 24-week duration, placebo and active comparator (apremilast) controlled

› ONWARD3: Long-term extension (LTE) study, includes treatment withdrawal period starting at Week 24

ONWARD3 Results: Long-Term Data Position Envudeucitinib to Set a New Standard for Plaque Psoriasis Treatment

75%

PASI 90

Patients treated with envudeucitinib up to 48 weeks (n=773, NRI)

54%

PASI 100

Complete skin clearance in the same 48-week population (NRI)

~90% / ~80%

Response maintained

Of patients entering ONWARD3 with PASI 90 and PASI 100 responses, respectively, who sustained clearance for the reported duration of the extension

Separate Integrated ONWARD1, 2 and 3 analysis: 66% PASI 90 and 47% PASI 100 at 48 weeks (n=890, NRI)

Safety and tolerability: Treatment with envudeucitinib in ONWARD3 continued to be **well tolerated, with a safety profile consistent with ONWARD1 and ONWARD2** and no new safety signals observed

ONWARD3 topline results are based on a non-responder imputation (NRI) analysis. 1,509 patients entered ONWARD3 from ONWARD1 or ONWARD2, a rollover rate of >85%. Of these, 773 came from envudeucitinib arms and received up to 48 weeks of continuous treatment (24 weeks in ONWARD1/2 and up to 24 weeks in ONWARD3). PASI, Psoriasis Area and Severity Index. Comparison of PASI 100 response rates is drawn across unrelated studies; differences exist in trial design and subject characteristics, and caution should be exercised when comparing data across unrelated studies. Envudeucitinib is investigational; not yet reviewed by regulatory agencies.

ONWARD1 and ONWARD2 Phase 3 Data Update AAD March 2026

Envudeucitinib Delivered Early and Robust Improvements in Skin Clearance, with Meaningful Improvements in Psoriasis Symptom Relief and QoL

- Leading PASI 100 skin clearance among oral plaque psoriasis therapies; consistent across ONWARD1 and 2
- Compelling differentiation and rapid improvement in patient reported outcomes
- Differentiated and attractive profile for physicians and patients

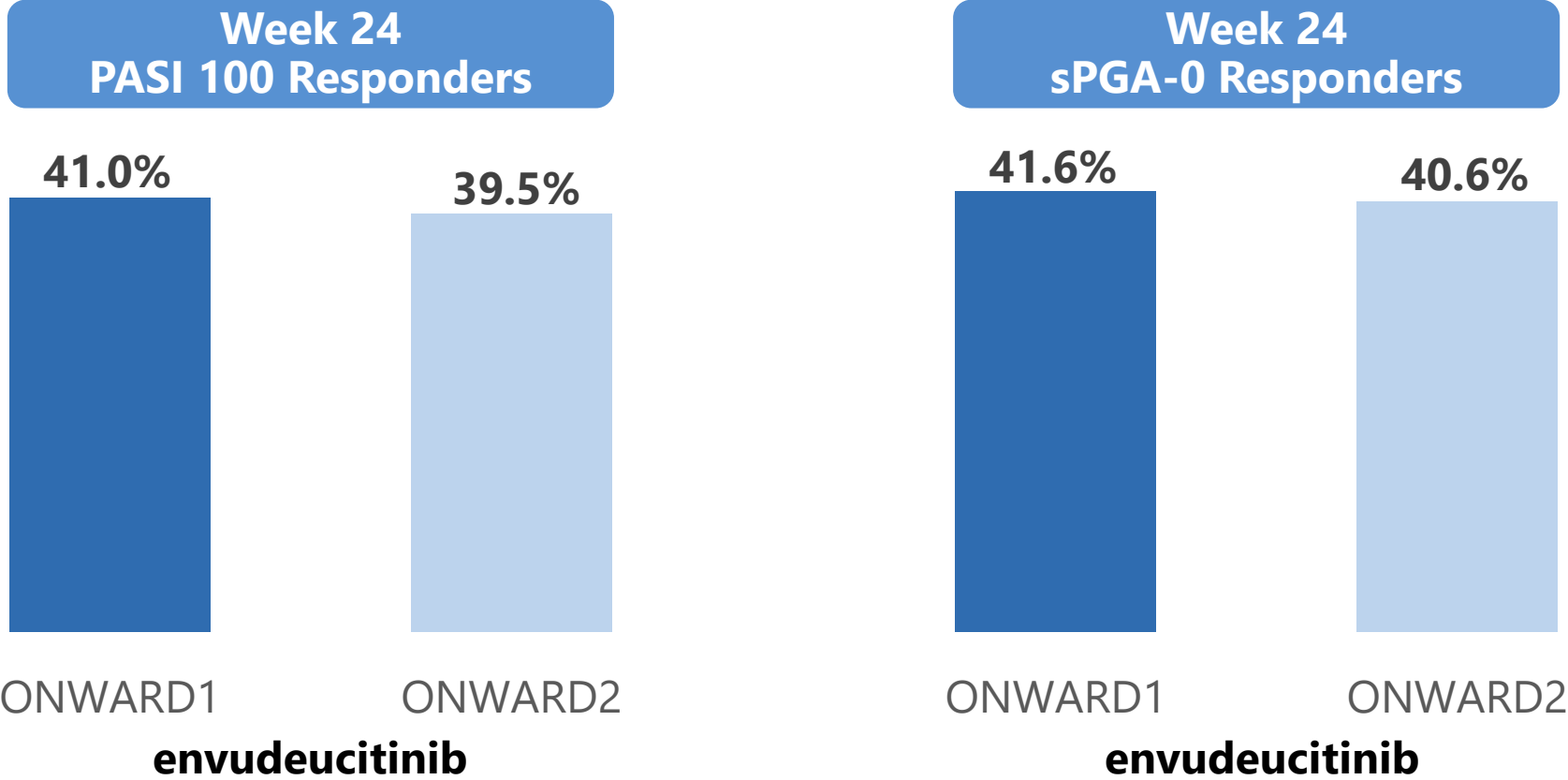
Highly statistically significant Ph3 efficacy;
robust skin clearance through Wk 24

Broad and meaningful clinical benefits emerged early; QoL and itch improvements appeared before PASI 90 skin clearance

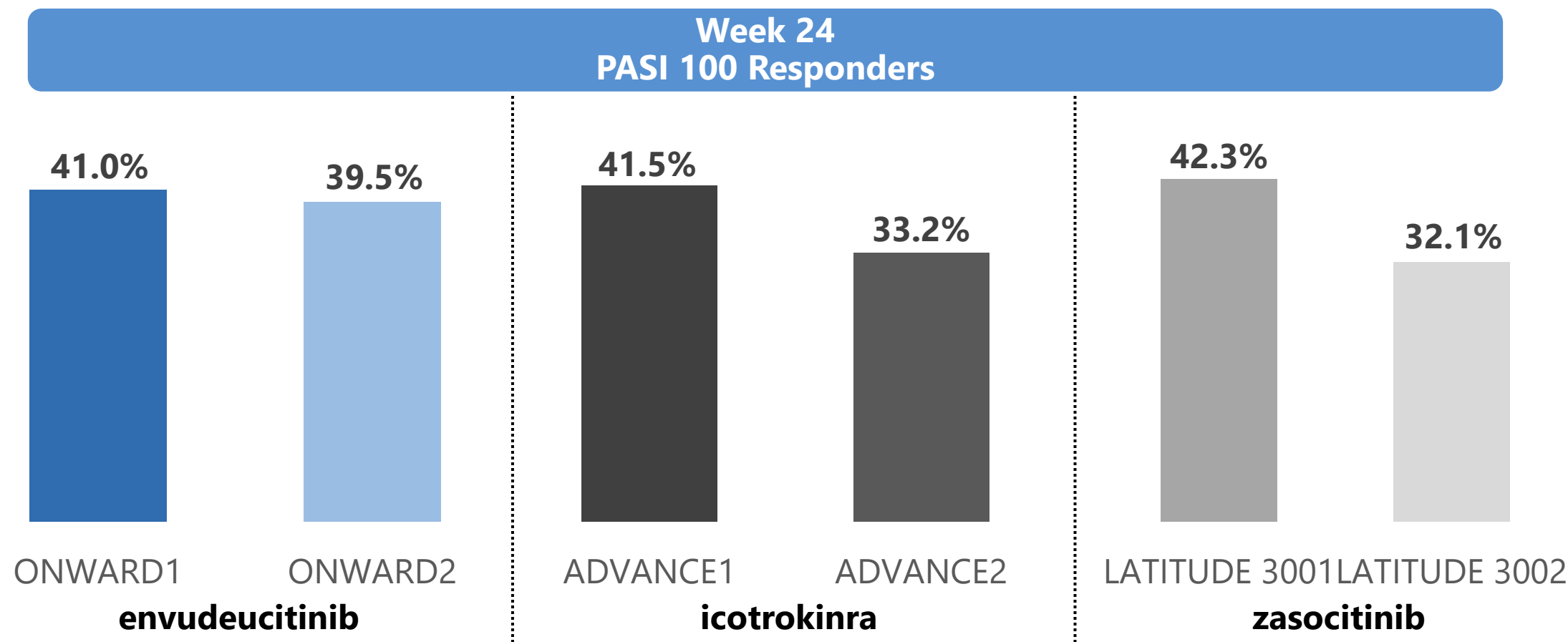
Early onset of action;
PASI 90 responses emerged as early as Wk 4

Generally well tolerated;
safety profile consistent with Phase 2

Envudeucitinib Demonstrated Reproducibility Between ONWARD1 and ONWARD2 and Consistency Across PASI 100 and sPGA-0 Responses



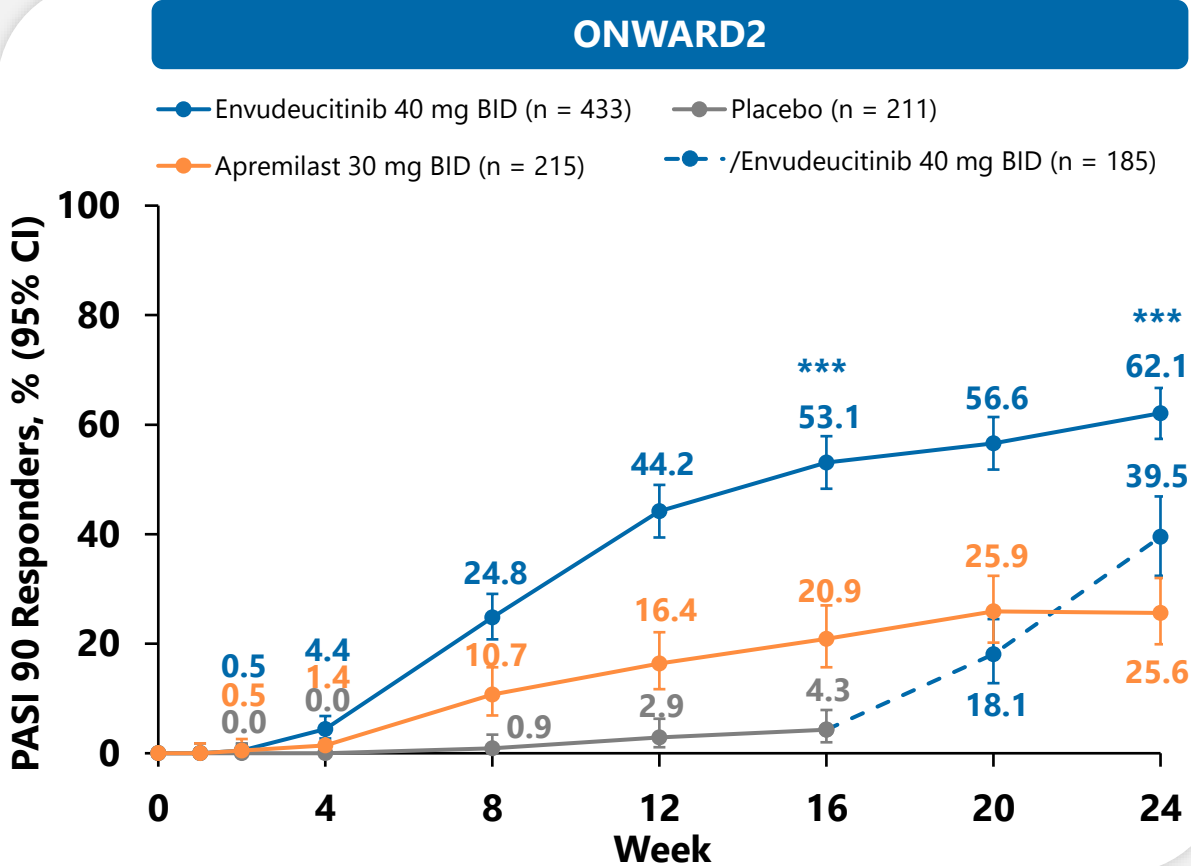
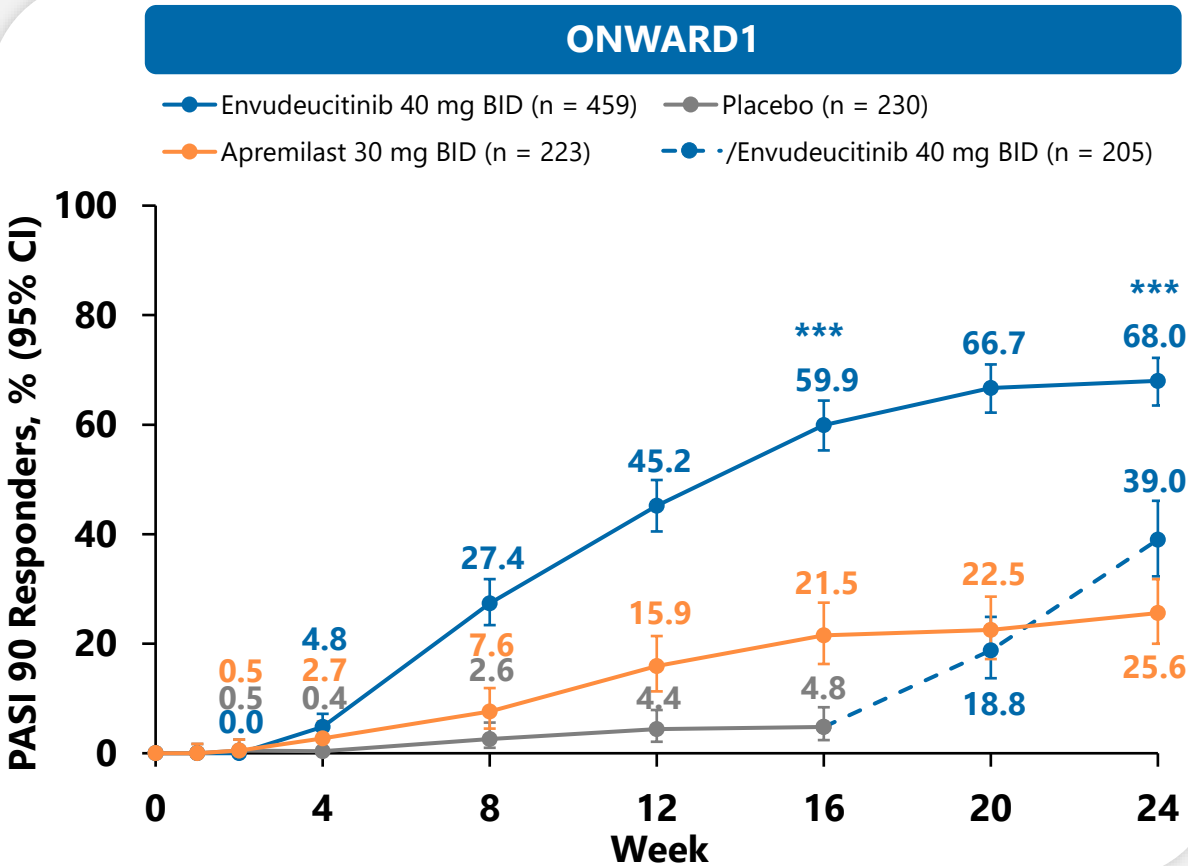
Envudeucitinib: Leading PASI 100 Skin Clearance



Envudeucitinib data presented from ONWARD 1 and ONWARD 2 trials (AAD 2026).
Icotrokinra data presented from ICONIC-ADVANCE 1 and ICONIC-ADVANCE 2 trials (Stein Gold L. et. al Lancet, 2025).
Zasocitinib data presented from LATITUDE-PsO-3001 and LATITUDE-PsO-3002 (AAD 2026).
Note: The results of this retrospective post hoc cross-trial comparison may not be directly comparable. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data cross unrelated studies.

Envudeucitinib Resulted in Rapidly Increasing, Statistically Significant PASI 90 Response Rates vs Placebo and Apremilast

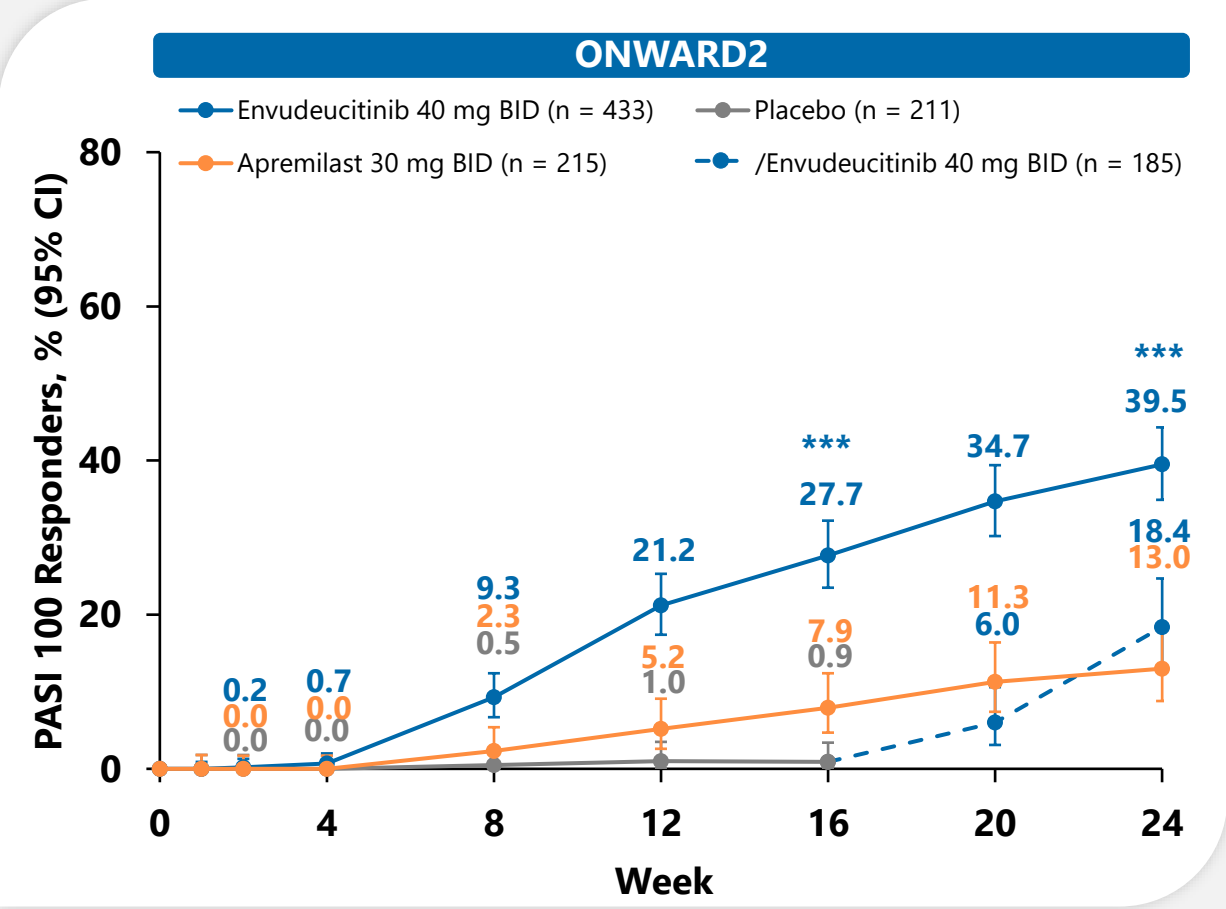
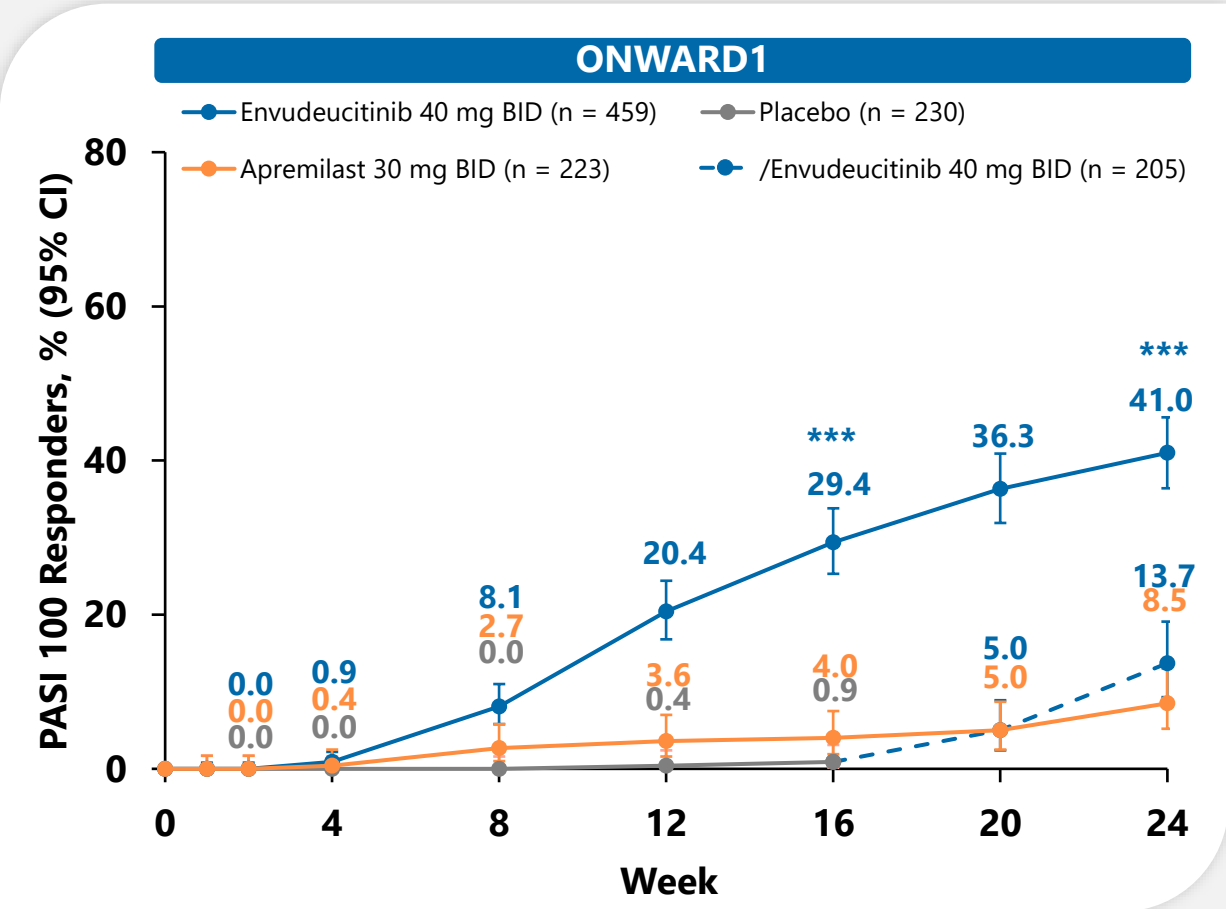
Early onset of action: separation vs placebo observed at Week 4



Intention-to-treat population. The 95% CIs and *P*-values of the treatment differences were based on the Cochran-Mantel-Haenszel test adjusted for stratification factors. Nonresponder imputation was applied for missing data. ****P* < 0.0001 vs placebo and apremilast. BID, *bis in die* (twice daily); CI, confidence interval; PASI 90, ≥90% improvement in Psoriasis Area and Severity Index.

Envudeucitinib Demonstrated Robust and Progressive Improvement in PASI 100 Response Rates Over Time

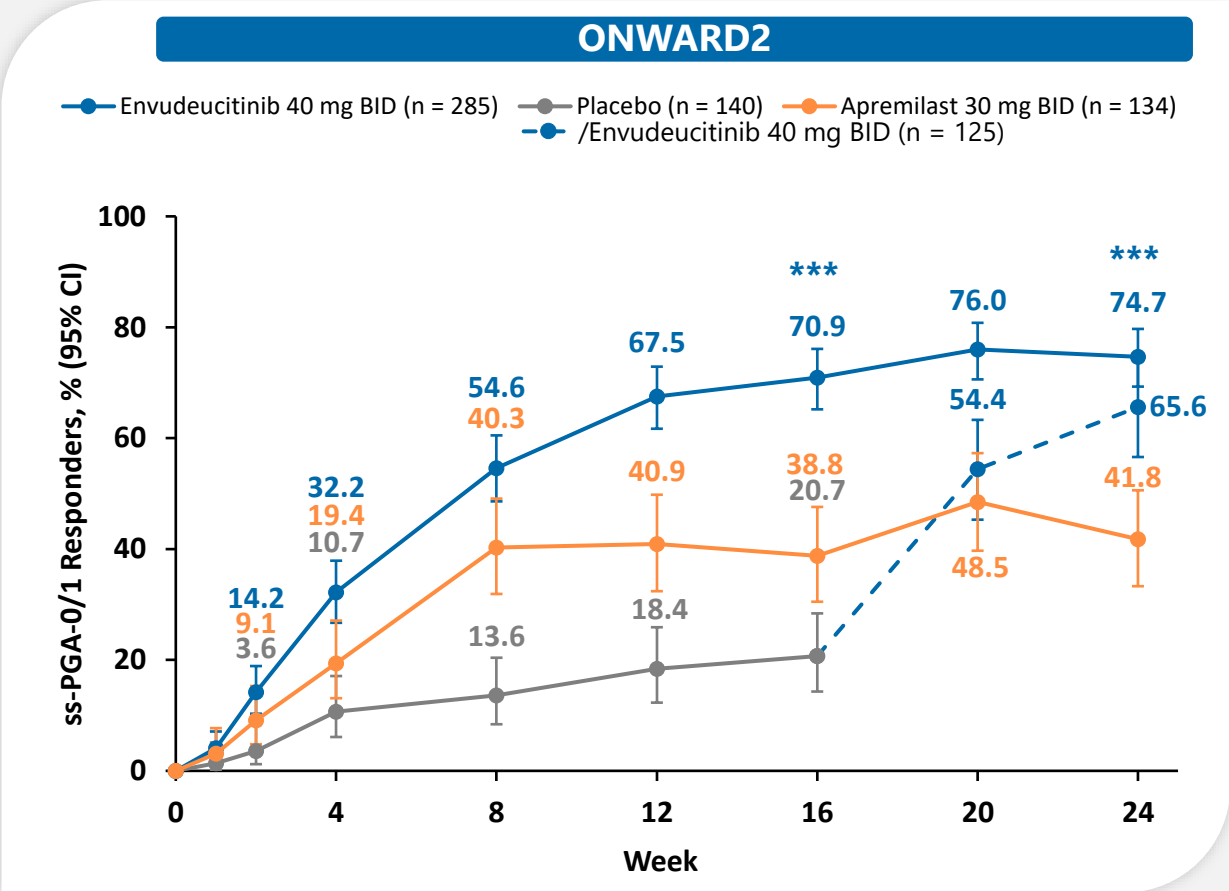
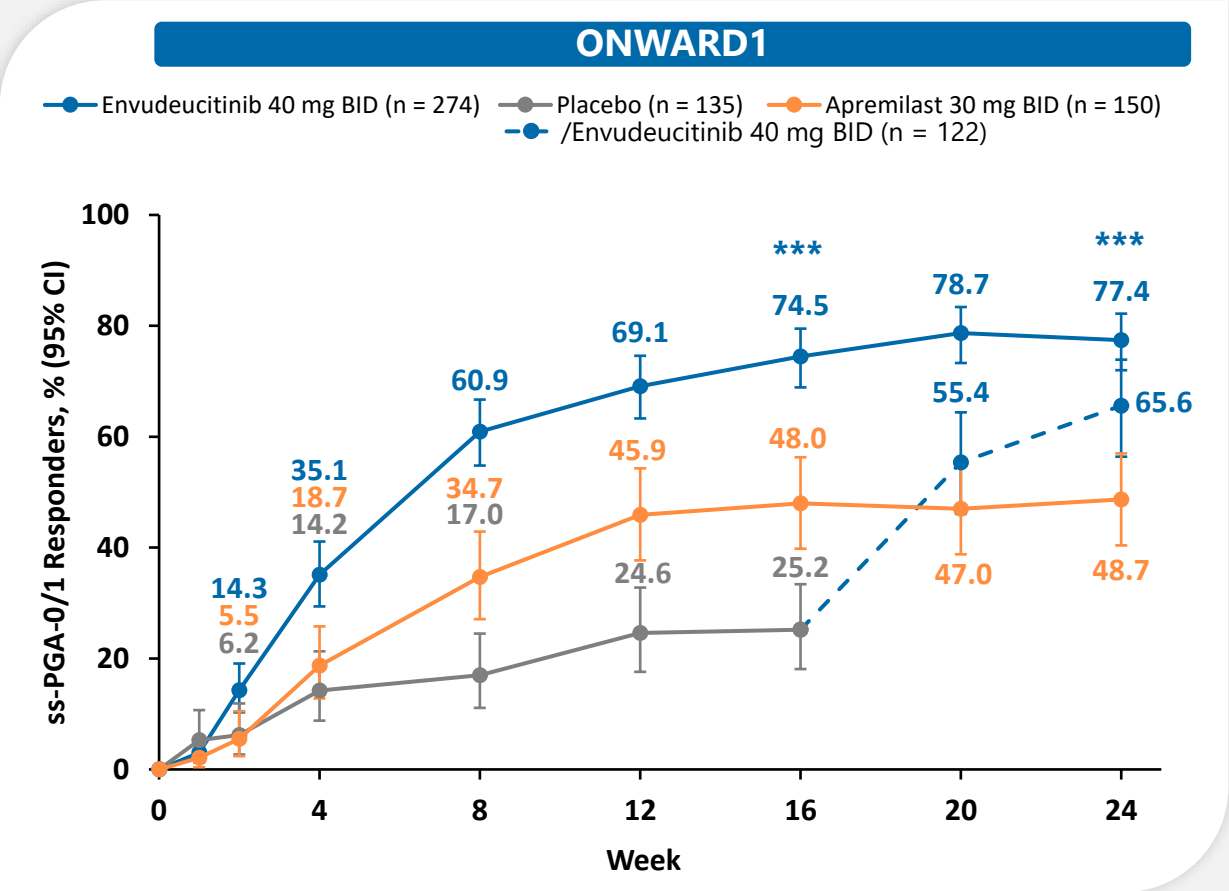
Approximately 40% complete skin clearance at Week 24 without evidence of plateau



Intention-to-treat population. The 95% CIs and *P*-values of the treatment differences were based on the Cochran-Mantel-Haenszel test adjusted for stratification factors. Nonresponder imputation was applied for missing data. ****P* < 0.0001 vs placebo and apremilast.
 BID, *bis in die* (twice daily); CI, confidence interval; PASI 100, 100% improvement in Psoriasis Area and Severity Index.

Rapid, Significant, and Sustained Scalp Psoriasis Improvement With Envudeucitinib

Approximately 3 in 4 patients receiving envudeucitinib achieved ss-PGA-0/1^a at Week 24, with over 30% response as early as Week 4

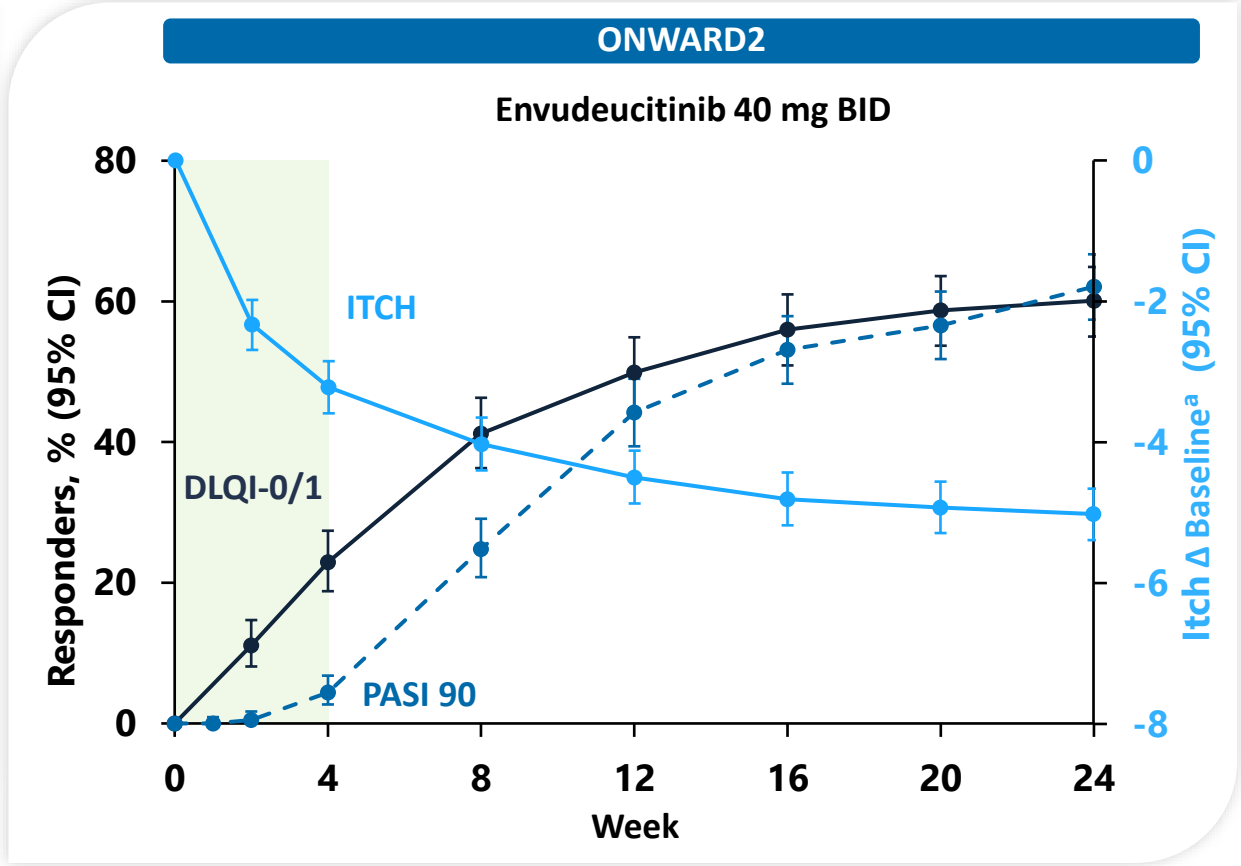
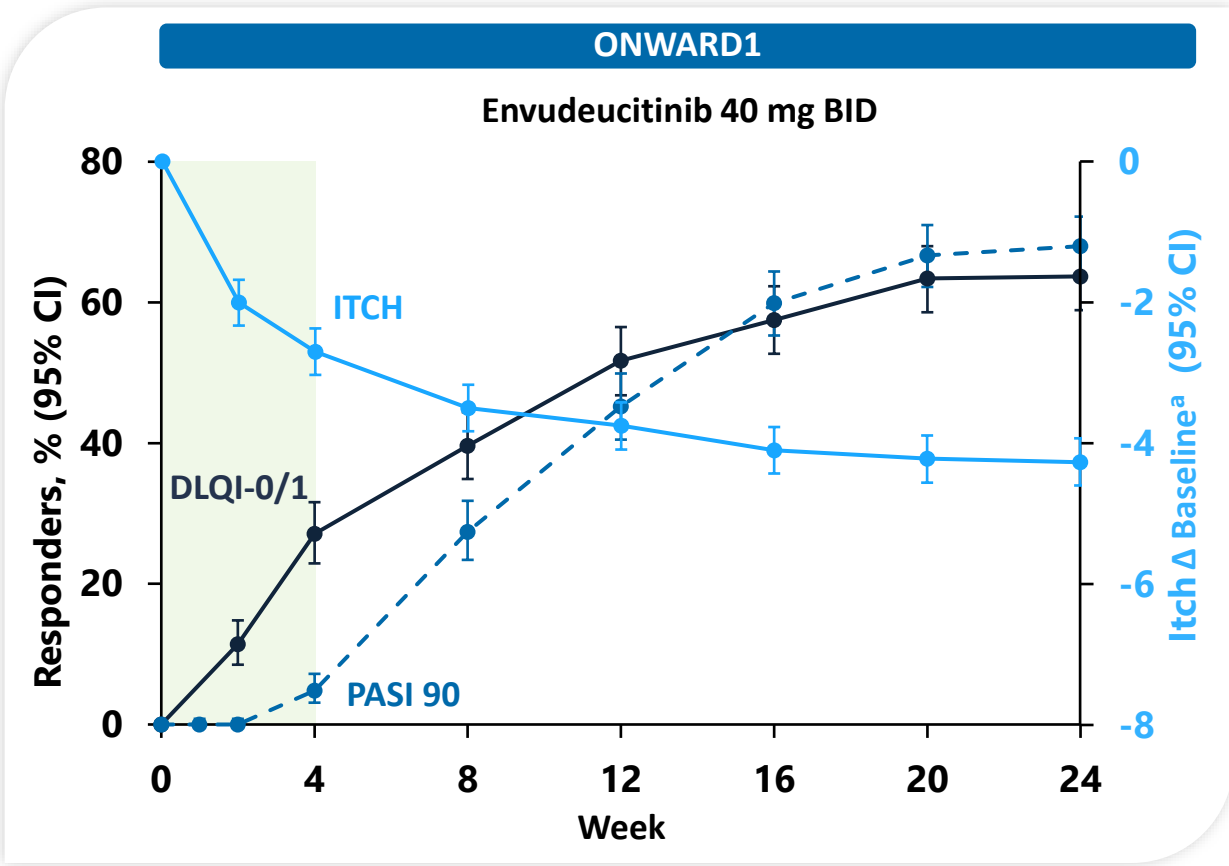


Intention-to-treat population. The 95% CIs and *P*-values of the treatment differences were based on the Cochran-Mantel-Haenszel test adjusted for stratification factors. Nonresponder imputation was applied for missing data. ^aIn patients with baseline ss-PGA ≥ 3 . ****P* < 0.0001 vs placebo at Week 16 and apremilast at Week 24. BID, *bis in die* (twice daily); CI, confidence interval; ss-PGA-0/1, scalp-specific Physician's Global Assessment 0 (clear) or 1 (almost clear).



Benefits in Itch Reduction and Quality of Life Visible Before Skin Clearance

Patients receiving envudeucitinib showed robust, early improvements in DLQI and itch that preceded PASI 90 responses



Intention-to-treat population. For DLQI and PASI 90, the 95% CIs and *P*-values of the treatment differences were based on the Cochran-Mantel-Haenszel test adjusted for stratification factors. Nonresponder imputation was applied for missing data. For itch, LSMs, CIs, and *P*-values are based on MMRM. ^aLSM change from baseline in worst pruritus NRS.

BID, *bis in die* (twice daily); CI, confidence interval; DLQI, Dermatology Life Quality Index; DLQI-0/1, DLQI 0 or 1; LSM, least-squares mean; MMRM, mixed model for repeated measures; NRS, numeric rating scale; PASI 90, ≥90% improvement in Psoriasis Area and Severity Index.

Envudeucitinib is investigational; not yet reviewed by regulatory agencies 20



Envudeucitinib's Differentiated and Attractive Profile for Physicians and Patients

Skin Clearance

- Leading and consistent PASI 100 skin clearance among oral plaque psoriasis therapies
 - Early onset of action; PASI 90 responses emerged as early as Week 4
 - Clear or almost clear scalp psoriasis as early as Week 4

Patient Reported Outcomes

- Improvements across burdensome symptoms highlight early onset and broad clinical benefit
 - Rapid and profound improvements in Quality-of-life measures
 - Meaningful itch relief was apparent before PASI 90 skin clearance

Safety

- Generally well tolerated through Week 24 in ONWARD trials; safety profile consistent with Phase 2 program
 - No clinically significant lab abnormalities observed
 - No TB reactivations

Upcoming Data

- ONWARD3: Wk 48 results on LT efficacy & safety/tolerability, durability & maintenance
- Additional special areas (palmoplantar, nails)
- Biomarker analysis

ONWARD1 and ONWARD2 Pooled Safety Through Weeks 16 and 24

n (%)	Envudeucitinib 40 mg BID n = 890	Through Week 16		Envudeucitinib 40 mg BID only n = 890	Through Week 24		
		Placebo n = 441	Apremilast 30 mg BID n = 438		Placebo to Envudeucitinib 40 mg BID n = 390	Overall Envudeucitinib 40 mg BID n = 1280	Apremilast 30 mg BID n = 438
≥1 TEAE	524 (58.9)	166 (37.6)	223 (50.9)	563 (63.3)	130 (33.3)	693 (54.1)	248 (56.6)
≥1 SAE	19 (2.1)	5 (1.1)	5 (1.1)	24 (2.7)	1 (0.3)	25 (2.0)	6 (1.4)
TEAE leading to treatment discontinuation	30 (3.4)	7 (1.6)	9 (2.1)	31 (3.5)	4 (1.0)	35 (2.7)	12 (2.7)
TEAE grade ≥3	42 (4.7)	14 (3.2)	18 (4.1)	48 (5.4)	7 (1.8)	55 (4.3)	23 (5.3)
Most-frequent TEAEs (≥5%)^a							
Nasopharyngitis	64 (7.2)	21 (4.8)	16 (3.7)	92 (10.3)	18 (4.6)	110 (8.6)	26 (5.9)
Headache	92 (10.3)	11 (2.5)	40 (9.1)	97 (10.9)	11 (2.8)	108 (8.4)	42 (9.6)
Upper respiratory tract infection	43 (4.8)	7 (1.6)	16 (3.7)	57 (6.4)	2 (0.5)	59 (4.6)	21 (4.8)
Acne	53 (6.0)	3 (0.7)	3 (0.7)	60 (6.7)	17 (4.4)	77 (6.0)	3 (0.7)
Nausea	20 (2.2)	4 (0.9)	23 (5.3)	20 (2.2)	0	20 (1.6)	23 (5.3)
Diarrhea	14 (1.6)	11 (2.5)	36 (8.2)	16 (1.8)	1 (0.3)	17 (1.3)	36 (8.2)

- › Envudeucitinib showed low rates of SAEs and AEs leading to discontinuation, with no clusters of events
 - No deaths; no MACE or cytopenia signals; no TB reactivation^b
- › No clinically significant laboratory abnormalities were observed across lipid, hematologic and chemistry panels, with comparable variability across treatment arms throughout the study
- › At Week 24, low incidence of serious infections (0.7%) and malignancies (0.2%) observed in patients treated with envudeucitinib

Safety analysis population; pooled ONWARD1 and ONWARD2 data. ^aTEAEs occurring in ≥5% of patients in any treatment arm through either Week 16 or Week 24.

^bThirty-nine patients with latent or treated TB were enrolled.

AE, adverse event; BID, *bis in die* (twice daily); MACE, major adverse cardiovascular event; SAE, serious AE; TB, tuberculosis; TEAE, treatment-emergent AE.

2026 is Expected to be a Breakout Year for Envudeucitinib

Precision engineered oral TYK2i with differentiated profile

Psoriasis: Potential best-in-disease oral (Ph3 data)

Confirmed TYK2 viability as oral IL-23/IL-17 pathway inhibitor

- ☒ ONWARD1 & 2 met all primary and secondary endpoints
- ☒ Maximal IL-23/IL-17 pathway inhibition clinically demonstrated in psoriasis
- ☒ Phase 3 data presentation at AAD
- ☐ Additional long-term psoriasis data expected 2H 2026
- ☐ Anticipated NDA filing Q4 2026

SLE: Potential oral category leader

Evaluating TYK2 viability as Type I IFN pathway inhibitor

- ☐ Phase 2b LUMUS SLE topline results expected Q3 2026
- ☐ Designed as a potentially pivotal trial
- ☐ Potential additional clinical benefit of maximal, oral IFN pathway inhibition in SLE

Setting the stage for strategic optionality

Envudeucitinib for Systemic Lupus Erythematosus (SLE)



High Disease Burden and Unmet Need in SLE

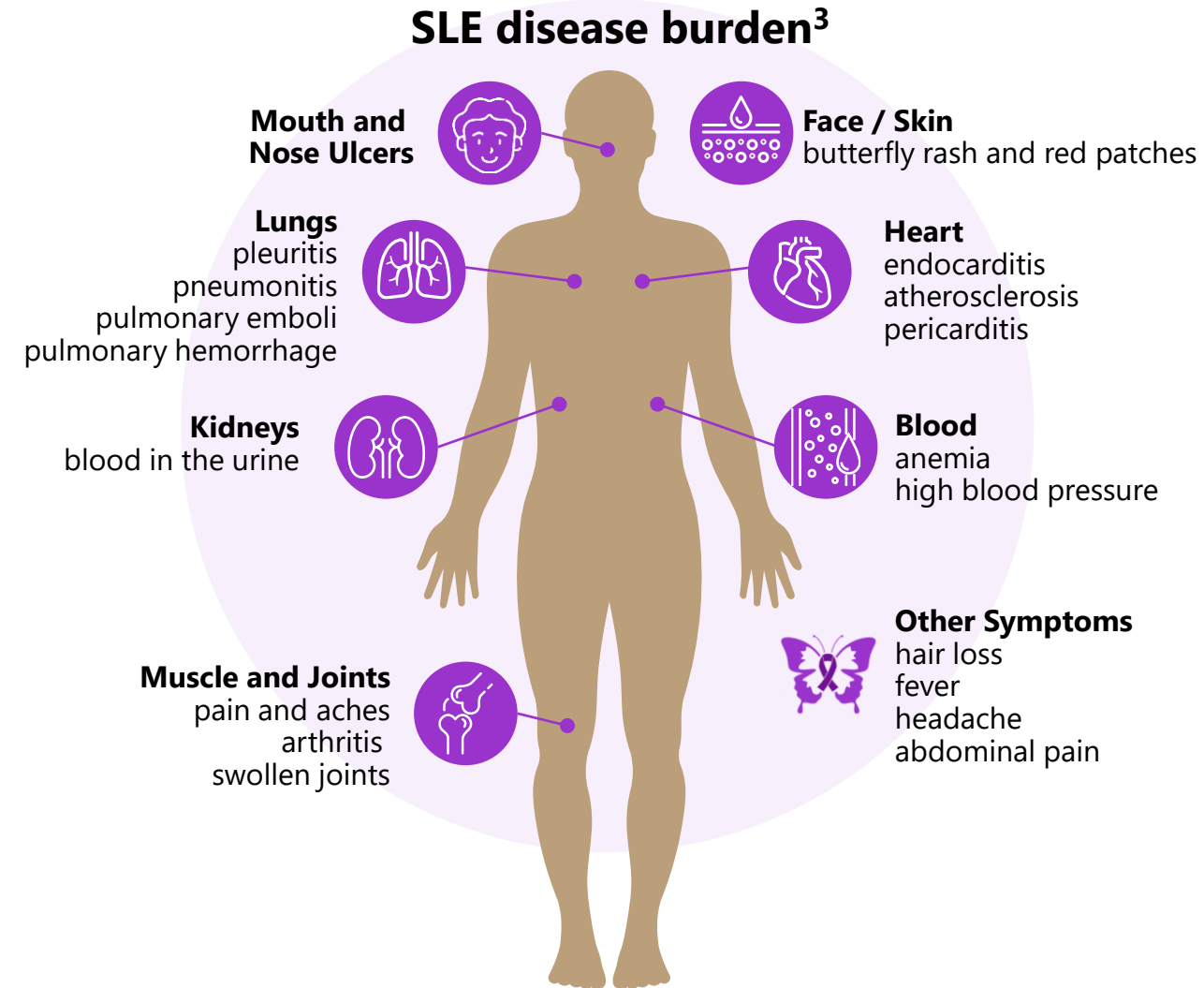
Highly efficacious oral therapy could transform treatment and outcomes

Significant Systemic Lupus SLE disease burden

- **Chronic autoimmune disease** affecting ~3.4M people worldwide; prevalence rising globally¹
- **Multi-organ involvement** drives morbidity & reduced quality of life
- **Fatigue, pain, and flares** disrupt daily life and emotional well-being

Limited treatment options

- **Current standard-of-care** relies on non-specific immunosuppressants, causing serious complications and reduced life expectancy
- **Two biologics dominate the market despite modest efficacy**; belimumab and anifrolumab represent the majority of market share and are expected to exceed \$3B in combined sales in 2026²



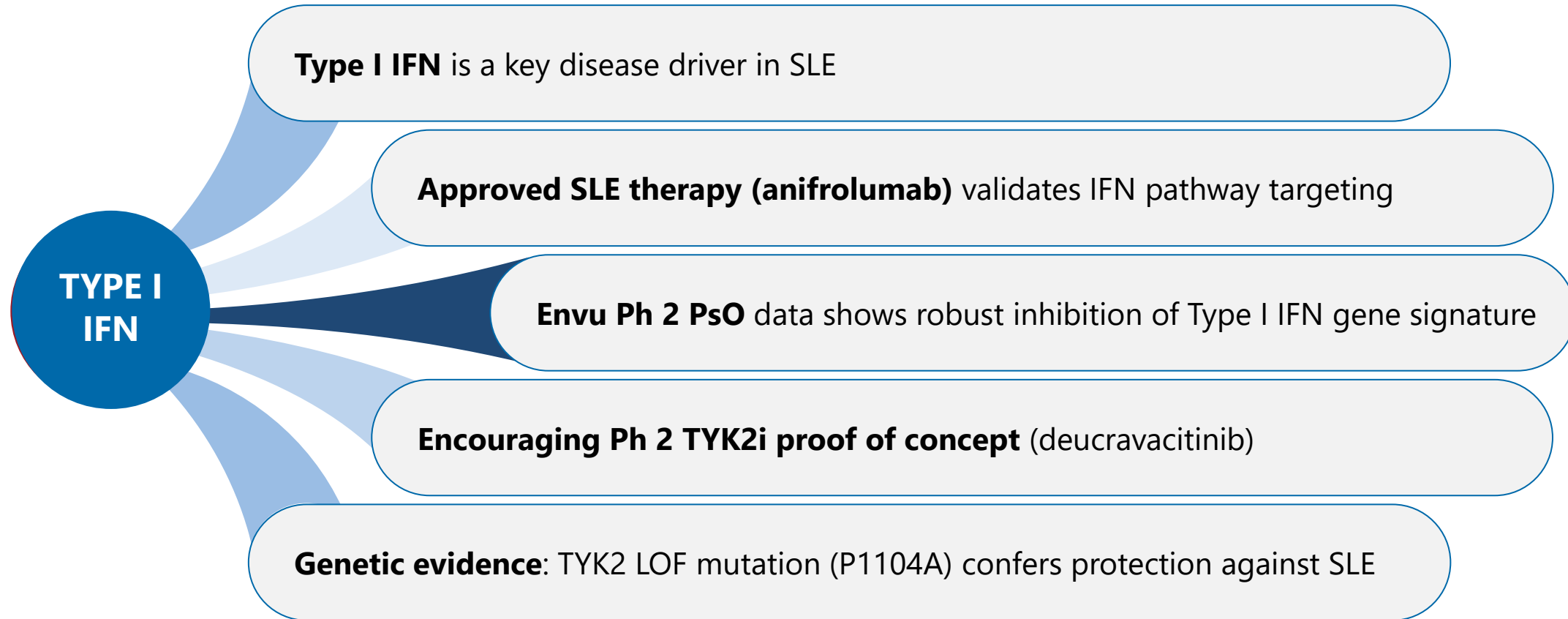
1. Current patient estimates from Tian J, Zhang D, Yao X, Huang Y, Lu Q. Global epidemiology of systemic lupus erythematosus: a comprehensive systematic analysis and modelling study. Ann Rheum Dis. 2023 Mar; 82(3):351-356. doi: 10.1136/ard-2022-223035. Epub 2022 Oct 14. PMID: 36241363; PMCID: PMC9933169.

2. Evaluate Pharma as of January 2026.

3. Siegel CH; Sammaritano LR. Systemic Lupus Erythematosus: A Review. JAMA. 2024;331(17):1480–1491.

Strong Clinical & Scientific Rationale to Unlock SLE Opportunity

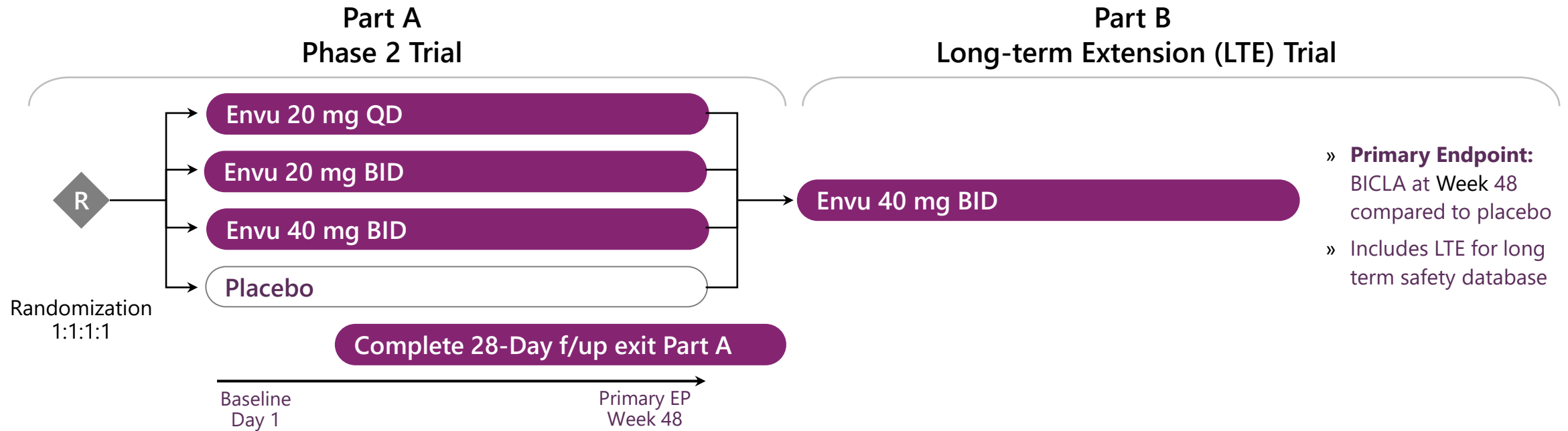
Envudeucitinib oral therapy has potential to transform SLE therapy by targeting Type I IFN



Narayan N, Hoffman J, Langrish C, Ucpinar S, Corpuz P, Mittleman B, Tilley M. ESK-001, an Allosteric TYK2 Inhibitor, Maximally Suppresses Type 1 Interferon, a Therapeutic Pathway Central to SLE and CLE. Arthritis Rheumatol. 2024; 76 (suppl 9); Morand EF, Pike M, Merrill JT, et al. Deucravacitinib, a TYK2 inhibitor, in systemic lupus erythematosus: Phase II RCT. Arthritis & Rheumatology. 2023;75:242–252; Hoi A, Igel T, Mok CC, Arnaud L. Systemic lupus erythematosus (Seminar). The Lancet. 2024; 403: 2326–2338.; Dendrou CA, Cortes A, Shipman L, et al. Resolving TYK2 locus genotype-to-phenotype differences in autoimmunity. Science Translational Medicine. 2016; 8 (363): 363ra149.

LUMUS Phase 2b Trial: Topline Results Expected Q3 2026

Designed for high probability of clinical success and speed to market



Lumus trial incorporates key learnings from past SLE trials

- Lumus trial requires stringent disease activity criteria
- Rigorous enrollment and outcome adjudication processes
- Real time data consistency checks
- Concomitant medications minimized; steroid taper incorporated
- Extensive and ongoing site training in endpoint assessments



- Lumus trial fully enrolled (n=408)
- Lumus could enable potential accelerated regulatory pathway with one additional confirmatory Phase 3 trial

**A-005: Phase 2 Ready
CNS-Penetrant Allosteric TYK2i**



A-005, our CNS Penetrant TYK2 Inhibitor, has Potential to Add Substantial Value to TYK2 Franchise

Broadening TYK2i Opportunities

- Broader tissue penetration to address inflammation on both sides of blood brain barrier
- Within the CNS compartment, A-005 modulates astrocytes and microglia, key drivers of neuroinflammation
- Initial development for Parkinson's disease; additional opportunities in other neuroinflammation-driven diseases and orphan peripheral immune-mediated diseases

TYK2i in Parkinson's Disease

- Inflammation increasingly implicated as driver of PD progression⁽¹⁾
- IFN signature associated with worse disease in PD patients⁽²⁾
- IL-17A causal for onset of PD in human genetic analyses⁽³⁾
- A-005 offers opportunity to bring maximal TYK2 inhibition of IL-17/23 and IFN pathways to the CNS compartment

Phase 2 Program

- Phase 2 biomarker trial in Parkinson's disease patients planned 1H 2027
- A-005 achieved maximal target inhibition in CNS and periphery in Phase 1 healthy volunteers⁽⁴⁾
- Favorable safety and tolerability profile demonstrated in Phase 1

(1) Yacoubian, et al., Movement Disorders, 2023; Potashman, Parkinsonism & Related Disorders, 2025.

(2) Chen et al., Brain, Behavior, & Immunity – Health, 2025.

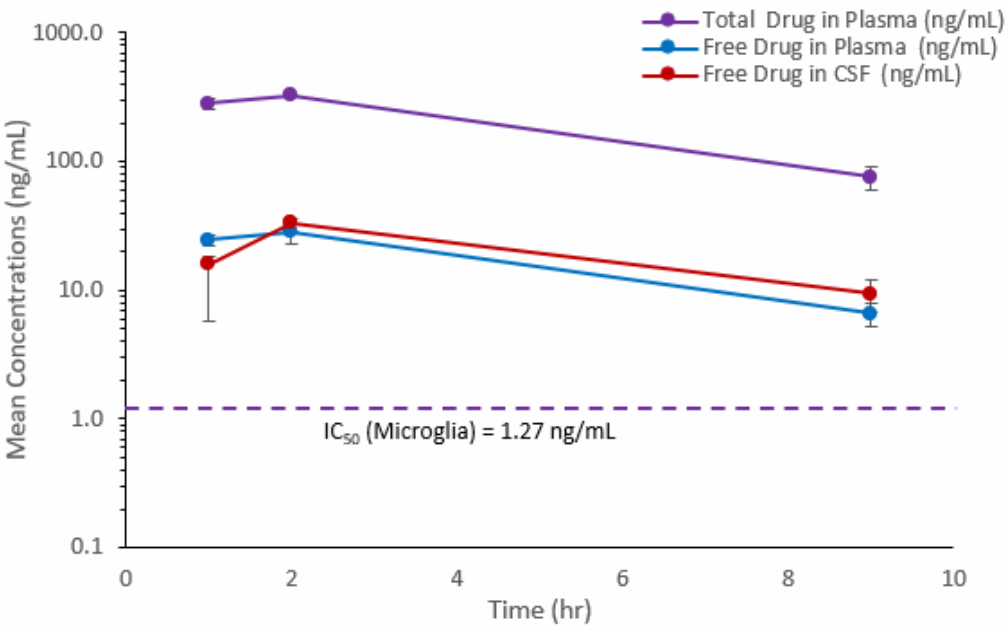
(3) ACTRIMS 2025: Graham, K. et al. A-005 astrocyte/microglia modulation (P352) & Sharma, R. et al. safety/PK in HV (P335). West Palm Beach, FL.

(4) ECTRIMS 2025: Ucpinar S et al. PK, PD & CNS penetration of A-005 in MS. Poster P299. Barcelona, Spain; Monroy-Jaramillo et al., Life, 2025; Zhang, Brain and Behavior, 2025.

A-005 Demonstrated Full CNS Penetration in Phase 1 Program

Ability to cross blood-brain barrier and achieve high levels of exposure in cerebral spinal fluid (CSF)

CSF Cohort (120 mg QD)



PK Summary: CSF Cohort (120 mg QD)

	T _{max} * (h)	C _{max} (ng/mL)	C _{9h} (ng/mL)
Plasma _{Total} , mean (SD)	1.0 (0.75-3.0)	327 (0.6)	75 (16)
Plasma _{Free} , mean (SD)	1.0 (0.75-3.0)	29 (0.1)	7 (1.4)
CSF _{Free} , mean (SD)	2.0 (2.0-2.0)	34 (10.9)	9 (2.7)
Ratio (CSF _{free} /Plasma _{free})	NA	1.2	1.4

A-005 concentration in CSF above IC90 levels measured in microglia cells *in vitro*

Milestones

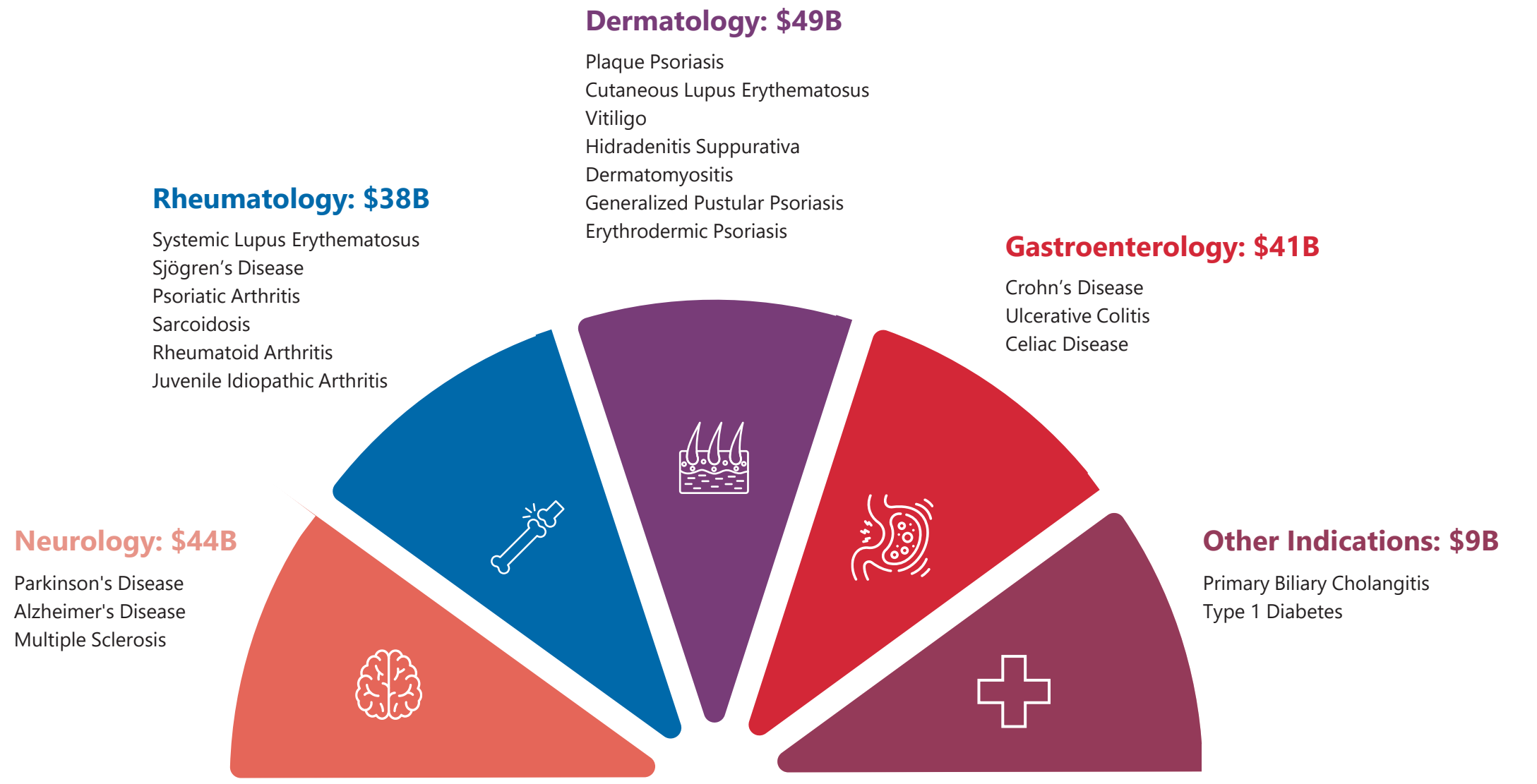


Key Achievements and Anticipated Milestones



Two Pipeline-in-a-Pill Opportunities; \$180B+ Potential Total Market Opportunity

Indications supported by genomic evidence, clinical validation, or active studies



Company Financial Summary



\$502m¹

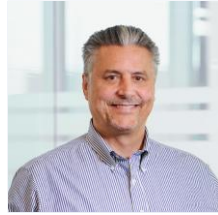
in cash, cash equivalents and
marketable securities as of
June 30, 2026

Cash runway expected into
Q4 2027

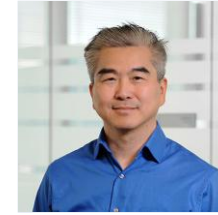
Alumis Leadership



Martin Babler
President, CEO & Chairman



Mark Bradley
Chief Development Officer



Kolbot By, PhD
Head of Technical Operations



John Schroer
Chief Financial Officer



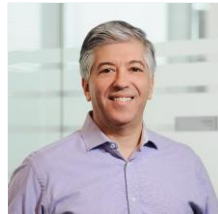
Roy Hardiman
Chief Business & Strategy Officer



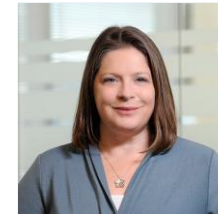
Grace Halteh
Head of Quality and Regulatory



Jörn Drappa, MD, PhD
Chief Medical Officer



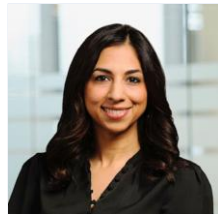
David Goldstein, PhD
Chief Scientific Officer



Claire Langrish, PhD
Head of Immunology & Translational Science



Jack Danilkowicz
Chief Commercial Officer



Sanam Pangali
Chief Legal Officer



Alumis' Next-Gen TYK2 Inhibitors: Two Pipelines-in-a-Pill



Positive Psoriasis Phase 3

- Envudeucitinib delivered highly significant efficacy with **leading PASI 100 responses** and early and robust improvements in skin clearance, quality of life, and symptoms



Significant Near-term Value

- Global opportunity for **Psoriasis (~\$40B) and Lupus (~\$11B) expected by 2030¹**
- High efficacy orals expected to drive market growth



Broad TYK2 Opportunity

- **Significant market opportunity (projected \$180B+²) across many indications** with potential to be addressed by TYK2 molecules. Envudeucitinib and A-005 provide two pipelines-in-a-pill
- **Additional envudeucitinib indications:** prioritizing Sjögren's disease and Cutaneous Lupus Erythematosus (CLE)³



Differentiated TYK2i's

- Envudeucitinib and A-005 are **precision engineered for 24-hour maximal target inhibition**
- Maximal inhibition translates to leading Phase 3 efficacy with balanced safety and tolerability



Anticipated Milestones

- **Envudeucitinib Psoriasis:** ONWARD3 data recently reported and NDA filing (4Q 2026)
- **Envudeucitinib SLE:** Potentially pivotal Phase 2b SLE topline data (3Q 2026)
- **A-005:** Initiation of Phase 2 biomarker trial in Parkinson's disease (1H 2027)



**Transforming Immune-Mediated
Disease Treatment with Precision
Engineered TYK2 Inhibitors**

Corporate Deck: August 2026