Corporate Presentation

November 2024

Forward Looking Statements

Ventyx Biosciences, Inc. ("Ventyx" or the "Company") cautions you that statements contained in this presentation regarding matters that are not historical facts are forward-looking statements. These statements are based on the Company's current beliefs and expectations. Such forward-looking statements include, but are not limited to, statements regarding: the potential of Ventyx's product candidates, including the potential of VTX3232 to treat various neuroinflammatory diseases, including Parkinson's disease modification, the potential of VTX2735 to treat various systemic diseases, and the potential of VTX002 in UC and class-leading safety and efficacy profile; the design of clinical studies to be conducted by the Company; the total addressable market for a Parkinson's disease modifying therapy; the anticipated continued progression of the development pipeline for Ventyx's product candidates, including the anticipated timing for the initiation of a Phase 2 trial of VTX3232 subjects with obesity and cardiometabolic risk factors by year-end 2024, and the initiation of a Phase 2 trial of VTX2735 in recurrent pericarditis by year-end 2024; the timing of clinical updates for all three Phase 2 studies of VTX3232 and VTX2735 and the long term extension data from the Phase 2 study of VTX002, including the publication of any clinical data from these studies in 2025; the potential to develop an extended-release formulation of VTX2735; the regulatory pathway for VTX2735 and any expedited pathways that may be available; management's plans with respect to a potential pivotal Phase 3 trial for tamuzimodVTX002 in UC, supported by a partner or other source of non-dilutive financing; the need for a single pivotal study for VTX002; and the expected timeframe for funding Ventyx's operating plan with current cash, cash equivalents and marketable securities.

The inclusion of forward-looking statements should not be regarded as a representation by Ventyx that any of its plans will be achieved. Actual results may differ from those set forth in this presentation due to the risks and uncertainties inherent in Ventyx's business, including, without limitation: potential delays in the commencement, enrollment and completion of clinical trials; Ventyx's dependence on third parties in connection with product manufacturing, research and preclinical and clinical testing; disruptions in the supply chain, including raw materials needed for manufacturing and animals used in research, delays in site activations and enrollment of clinical trials; the results of preclinical studies and early clinical trials not necessarily being predictive of future results; interim results not necessarily being predictive of final results; the potential of one or more outcomes to materially change as a trial continues and more patient data become available and following more comprehensive audit and verification procedures; regulatory developments in the United States and foreign countries; unexpected adverse side effects or inadequate efficacy of Ventyx's product candidates that may limit their development, regulatory approval and/or commercialization, or may result in recalls or product liability claims; Ventyx's ability to obtain and maintain intellectual property protection for its product candidates; the use of capital resources by Ventyx sooner than expected; disruption to Ventyx's operations from the ongoing military conflicts in Ukraine and the Middle East, including clinical trial delays; and other risks described in Ventyx's press releases and Ventyx's filings with the Securities and Exchange Commission (SEC), including in in Part II, Item 1A (Risk Factors) of Ventyx's Quarterly Report on Form 10-Q for the quarter ended September 30, 2024, filed on or about November 7, 2024, and any subsequent filings with the SEC. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, and Ventyx undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date hereof. 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.

This presentation includes statistical and other industry and market data that we obtained from industry publications and research, surveys and studies conducted by third parties as well as our own estimates of potential market opportunities. Industry publications and third-party research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. Our estimates of the potential market opportunities for our products include several key assumptions based on our industry knowledge, industry publications, third-party research and other surveys, which may be based on a small sample size and may fail to accurately reflect market opportunities. While we believe that our internal assumptions are reliable, such assumptions have not been verified by any third party. The industry in which we operate is subject to a high degree of uncertainty and risk due to a variety of important factors that could cause results to differ materially from those expressed in the estimates made by third parties and by us.

Internally Discovered Clinical-Stage Pipeline

Addressing Major Autoimmune and Inflammatory Diseases with High Unmet Need

Target	Program	Preclinical	Phase 1	Phase 2	Phase 3	Next Anticipated Milestones
NLRP3 *CNS-Penetrant*	VTX3232	Parkinson's disease, obesity and cardiometabolic disease, other neuroinflammatory diseases				Ph 2a Parkinson's data **H1 2025** Initiate Ph 2 Obesity/CV trial by **YE 2024**
NLRP3 *Peripheral*	VTX2735	Recurrent pericarditis; other cardiovascular and systemic inflammatory diseases				Initiate Ph 2 RP trial by **YE 2024**
S1P1R	VTX002	Ulcerative colitis				Identify partner for Phase 3 trial
TYK2	VTX958	Crohn's disease				Phase 2 analysis underway

Cash, cash equivalents and marketable securities of $274.8M as of September 30, 2024, are expected to fund operations into at least the second half of 2026

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NLRP3 Inhibition

Broad Potential in Inflammatory Diseases

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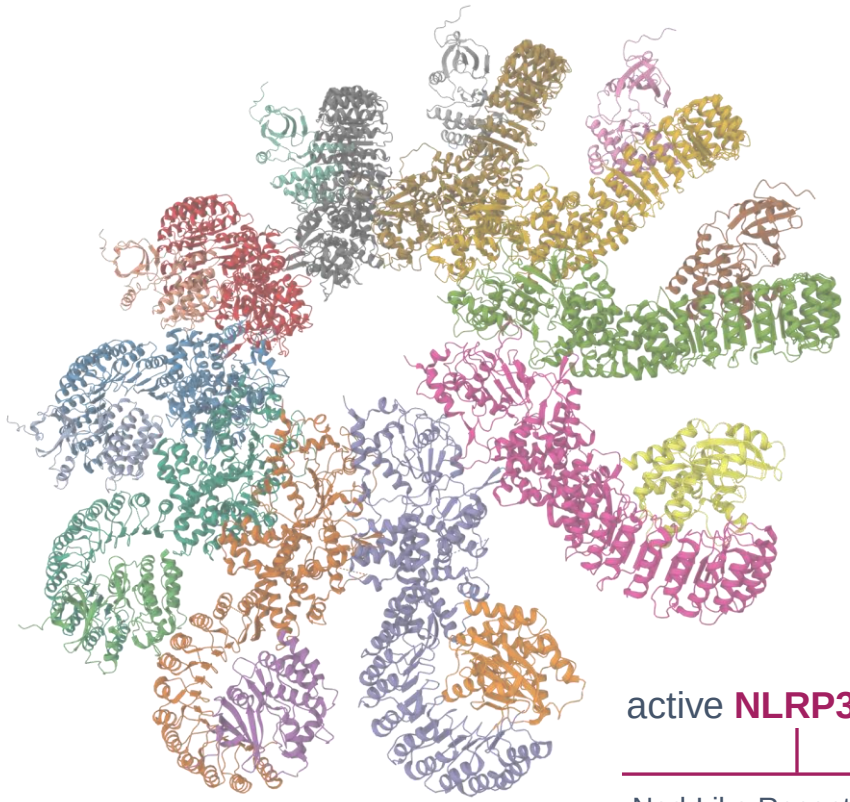
NLRP3 Inflammasome: A Key Component of Innate Immunity

Dysregulation Linked to a Broad Range of Inflammatory Diseases

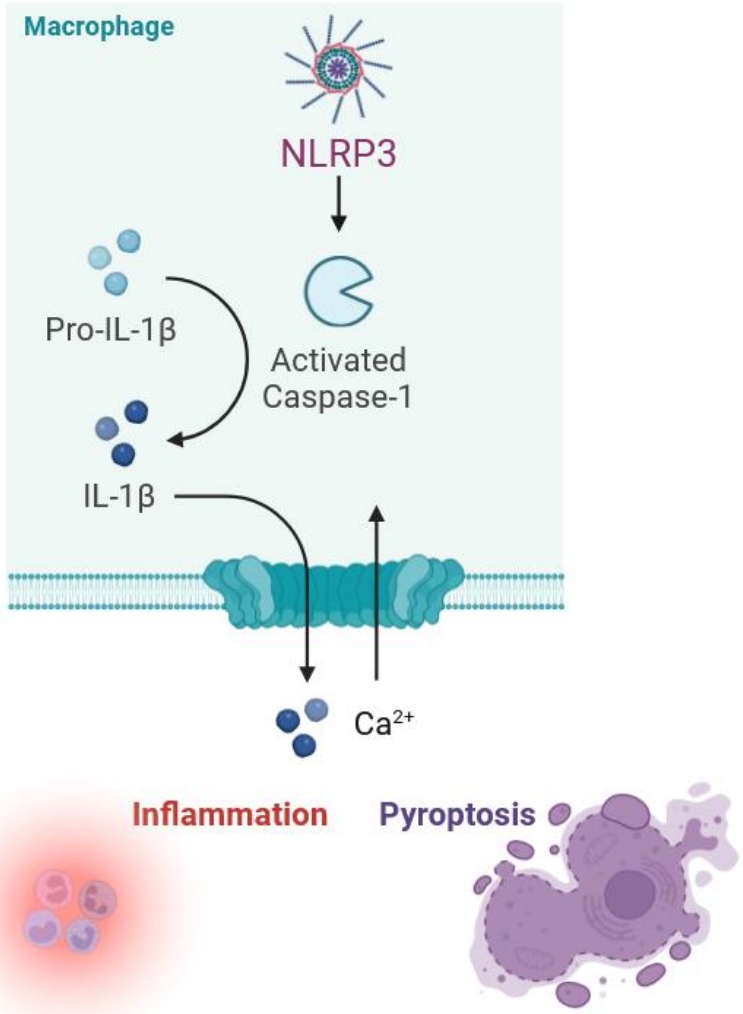


active **NLRP3** inflammasome disk

Nod-Like Receptor family
Pyrin domain containing 3

Inflammasomes are activated by molecular hallmarks of infection or cellular injury

NLRP3 mediates release of proinflammatory cytokines **IL-1β** and **IL-18** and drives a form of cell death called **pyroptosis**



NLRP3 Is a High Value Therapeutic Target

Broad Potential Across Systemic and CNS Inflammatory Disease

VTX2735

Systemic Diseases

NLRP3 inhibition has therapeutic potential in a broad range of systemic diseases, particularly where IL-1β antibodies have demonstrated therapeutic benefit

- Cardiovascular
- Dermatologic
- Rheumatic
- CAPS (FCAS)
- Other orphan indications

VTX3232

Neuroinflammatory Diseases

NLRP3 activation (inhibition) has been linked to a range of neuroinflammatory and neurodegenerative conditions with high unmet medical need

- Parkinson's Disease
- Multiple Sclerosis
- Alzheimer's Disease
- Obesity & Cardiometabolic

CNS: Central nervous system. CAPS: Cryopyrin-associated periodic syndromes. FCAS: Familial cold autoinflammatory syndrome

VTX3232

CNS-Penetrant NLRP3 Inhibitor

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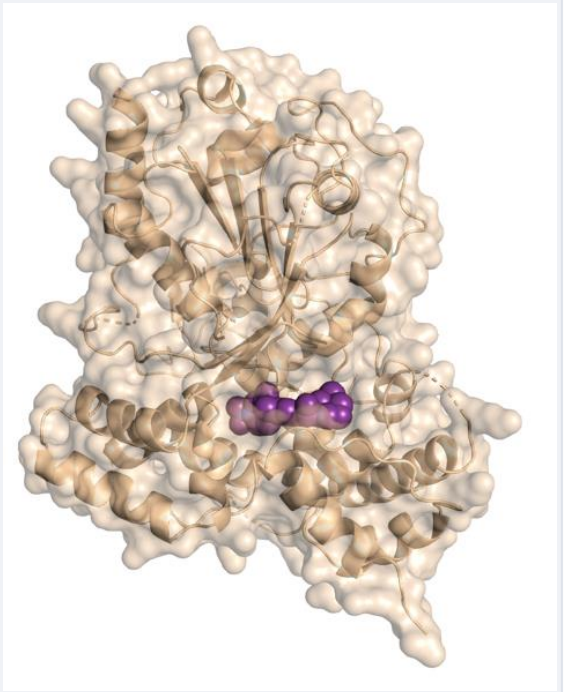
VTX3232: Phase 2-Ready CNS-Penetrant NLRP3 Inhibitor



Rapid equilibration across BBB to reach microglial target cells

Rationally Designed and Optimized for CNS Efficacy

Highly Potent and Selective

- Hu WB IC_{50} (IL-1β) = **15 nM**
- Mu WB IC_{50} (IL-1β) = **94 nM**
- **Inhibits palmitate-induced IL-1β**
- No inhibition of other inflammasomes

Optimal PK, PD and Safety Profile

- Safe and well-tolerated in Phase 1 Study
- Equal CNS partitioning; **human Kp,uu = 0.5**
- T½ = ~17 h with high free-drug fraction
- Robust effects on inflammatory biomarkers

Pharmaceutics

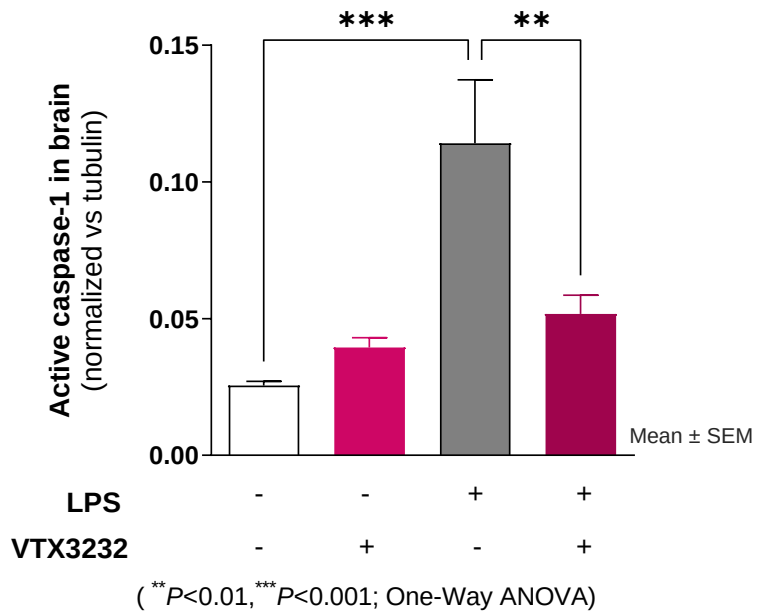
- Single polymorph
- BCS Class 1
- Solubility (pH 7.4 PB) = 0.4 mg/mL

QD dosing achieves therapeutic drug levels in the CSF

Source: Ventyx internal data. BBB, blood brain barrier; CNS, central nervous system, Kp,uu, partition coefficient

VTX3232 Efficacy In Neuroinflammation Models

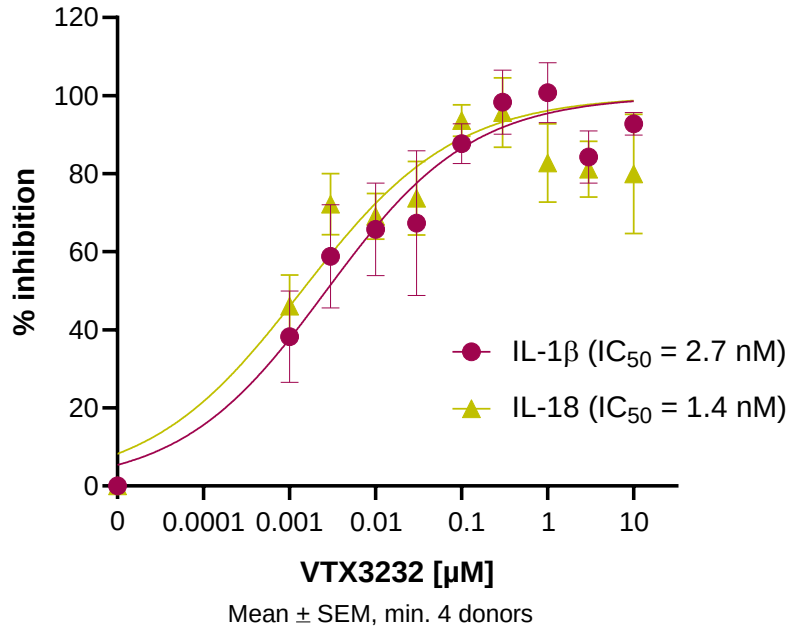
Mouse Neuroinflammation Model



(**P<0.01,***P<0.001; One-Way ANOVA)

Inhibition of caspase-1 activation (directly downstream of NLRP3)

LPS-Primed Human Microglia



Mean ± SEM, min. 4 donors

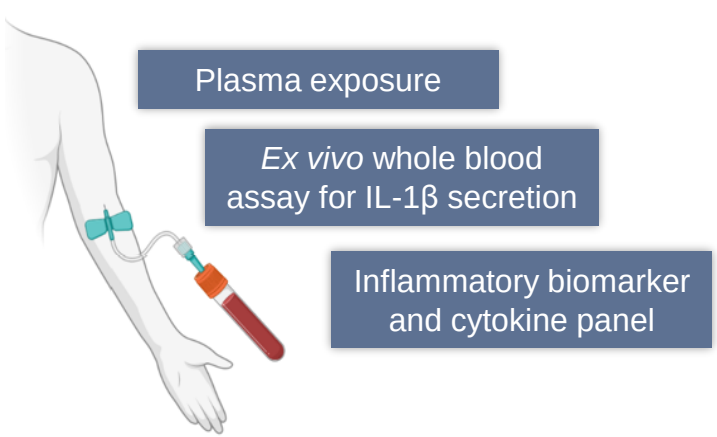
Potent inhibition of induced IL-1β & IL-18, selective vs TNFα

VTX3232 activity translates to CNS-relevant assays and models

Source: Ventyx internal data. CNS: central nervous system.

VTX3232 Phase 1 SAD and 14-Day MAD Trial in Healthy Volunteers

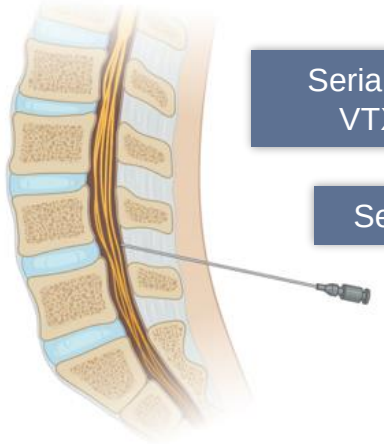
Phase 1 SAD and MAD Study Goals	Status
SAD and MAD to assess safety, tolerability and exposure	**Complete**
Ex vivo pharmacodynamic assessment of IL-1β inhibition*	**Complete**
Separate cohorts for VTX3232 exposure in CSF**	**Complete**
Plasma and CSF biomarkers	**Complete**
Relative bioavailability of VTX3232 tablets	**~100%**
Food effect study	**No food effect**



Plasma exposure

Ex vivo whole blood assay for IL-1β secretion

Inflammatory biomarker and cytokine panel



Serial CSF sampling for VTX3232 exposure

Selected biomarkers

*LPS/ATP stimulation of huWB from treated subjects in MAD
**CSF exposure is a surrogate for drug free-fraction in the brain

VTX3232 Safety Assessment

All Adverse Events Considered Mild or Moderate (Phase 1 MAD Cohorts)

		VTX3232 (MAD)				
Treatment Emergent AEs	**Placebo** (n=10)	**1 mg** (n=6)	**3 mg** (n=6)	**10 mg** (n=6)	**20 mg** (n=6)	**40 mg** (n=6)
Vomiting	1 (10%)	-	-	-	-	-
Conjunctivitis	1 (10%)	-	-	-	-	-
Constipation	1 (10%)	1 (16.7%)	-	-	-	-
COVID-19	1 (10%)	-	-	-	-	1 (16.7%)
Viral Syndrome	1 (10%)	-	-	-	-	-
Gastroenteritis	-	-	-	1 (16.7%)	-	-
Contact dermatitis	-	-	-	-	1 (16.7%)	-
Dry skin on legs	-	-	-	-	1 (16.7%)	-
Lightheaded	-	-	-	-	-	1 (16.7%)
Headache	-	-	-	-	-	1 (16.7%)
Nausea	-	-	-	-	-	1 (16.7%)
Drowsiness	-	-	-	-	-	1 (16.7%)

Note: MAD CSF cohorts are excluded in the table above as the safety profile in these cohorts is obscured by AEs related to indwelling spinal catheters.

Safety Findings

- VTX3232 was **well tolerated** in Phase 1 SAD/MAD trial
- All treatment emergent AEs considered mild or moderate (CTCAE Grade 1 or 2)
- **No dose-limiting toxicities** observed
- Safety profile supports wide therapeutic window

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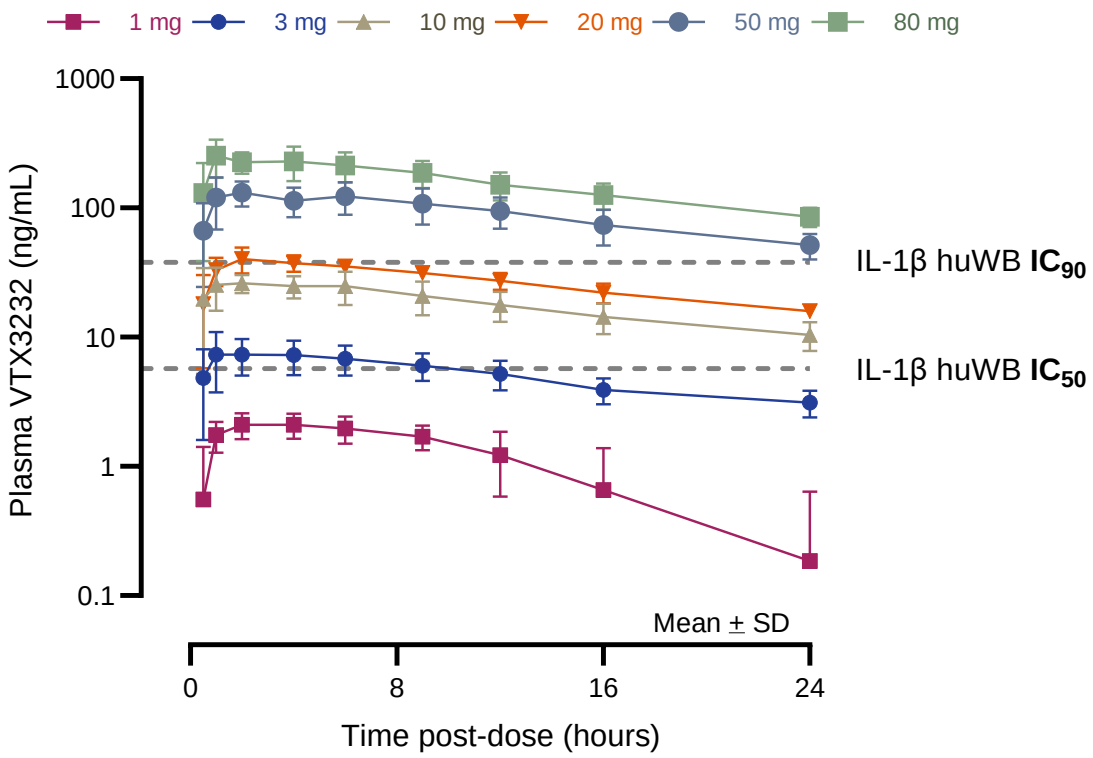
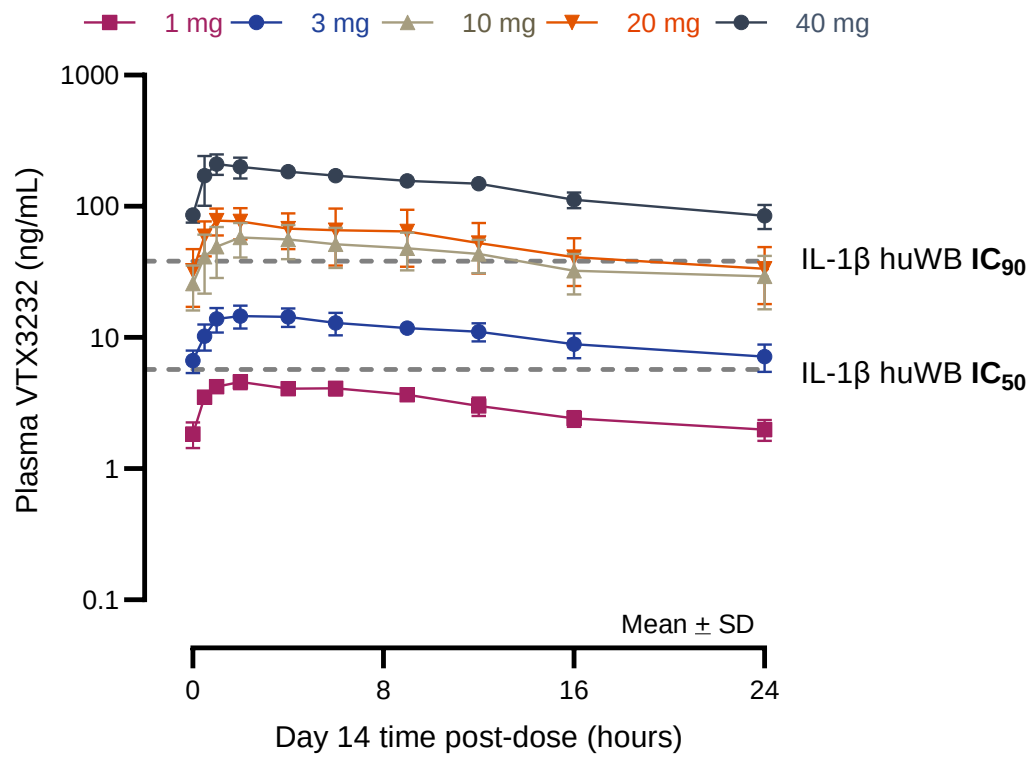
Source: Ventyx internal data.

VTX3232 Phase 1 SAD and 14 Day MAD Pharmacokinetics

Single Ascending Dose



Multiple Ascending Dose



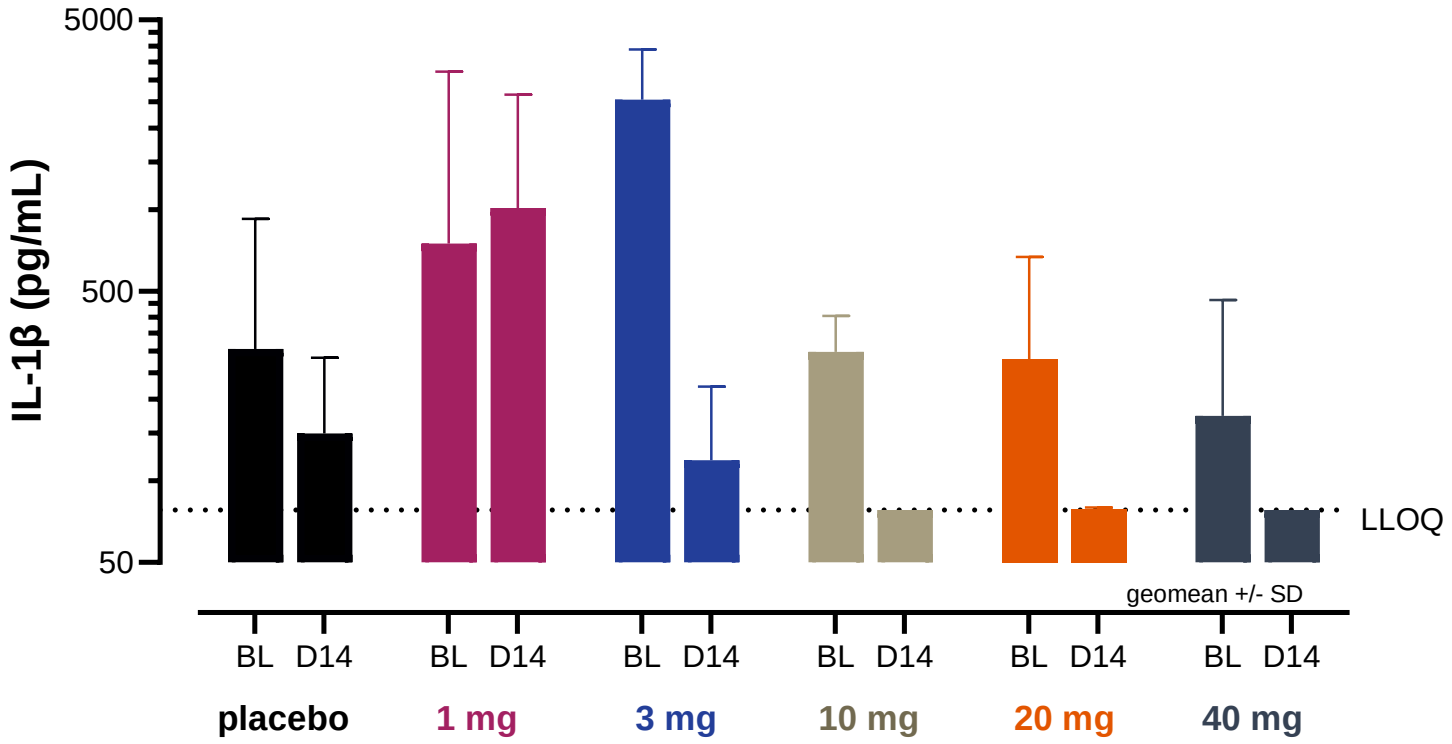
Dose-related, linear exposure from 1 mg to 80 mg

3 mg QD achieves **24 h IL-1β IC_{50}** coverage

Source: Ventyx internal data.

VTX3232 Whole Blood *Ex Vivo* Stimulation Assay

Potent Target Engagement Demonstrated At and Above 3 mg QD



1. Lower Limit of Quantitation (LLOQ)= 78 pg/mL. All subjects below LLOQ were assigned a value of 78 pg/mL.
2. Day 14 pre dose (D14). Pre dose baseline (BL).

Data Summary

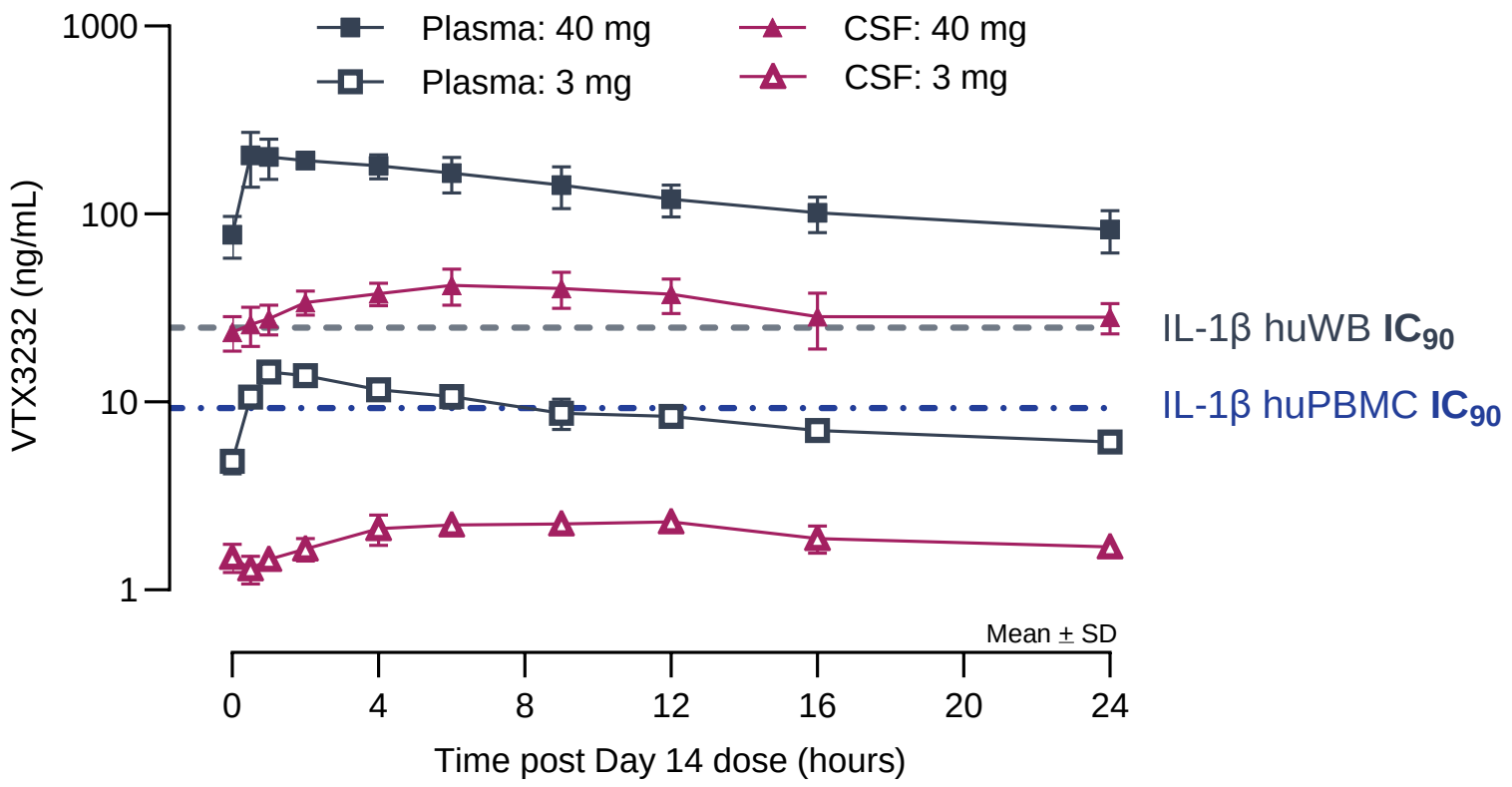
Blockade of NLRP3 mediated IL-1β is maintained at Day 14 with repeat dosing

Maximal inhibition achieved at doses of 10 mg QD and higher

Source: Ventyx internal data.

VTX3232 Pharmacokinetics in Cerebrospinal Fluid (CSF)

Matched Plasma & CSF Exposure in MAD Cohorts



Data Summary

VTX3232 achieves comparable exposures in both plasma and CSF

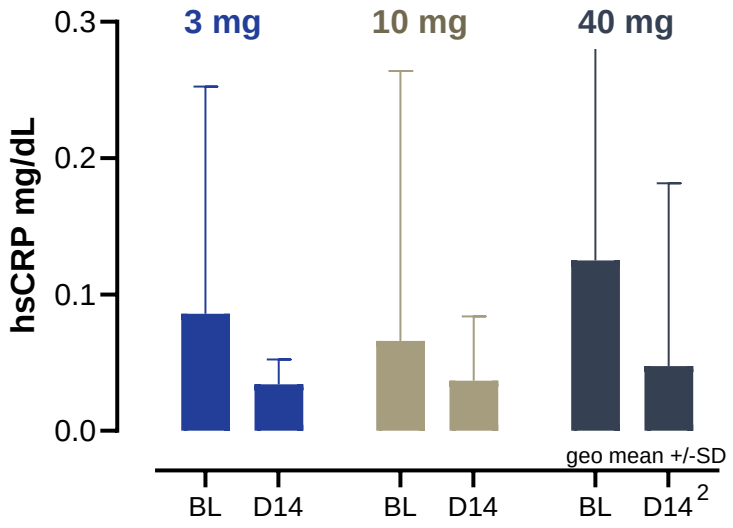
40 mg QD **exceeds CSF IC_{90} for 24 h**, achieving robust target coverage for NLRP3 in microglia for neuroinflammatory conditions

Source: Ventyx internal data.

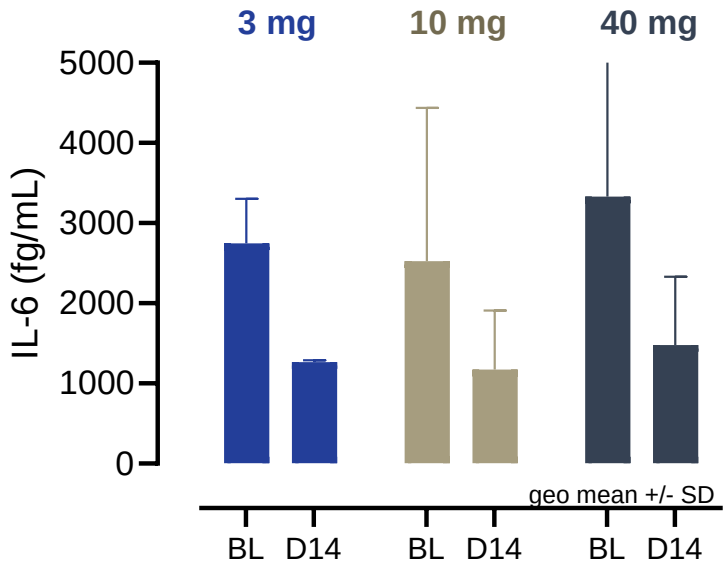
VTX3232 Effects on Inflammatory Biomarkers

Reduction in hsCRP and IL-6 Comparable to that Achieved by Canakinumab* (IL-1β mAb)

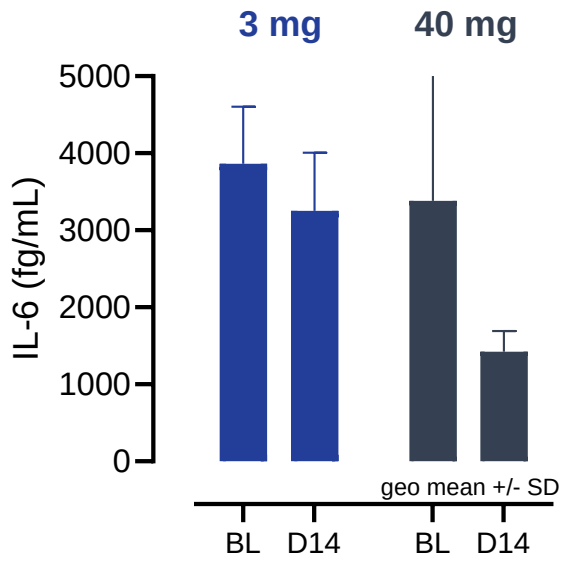
Plasma hsCRP



Plasma IL-6



CSF IL-6



Systemic inflammation biomarker hsCRP lowered by as much as 55%

IL-6 lowered by as much as 46% in plasma

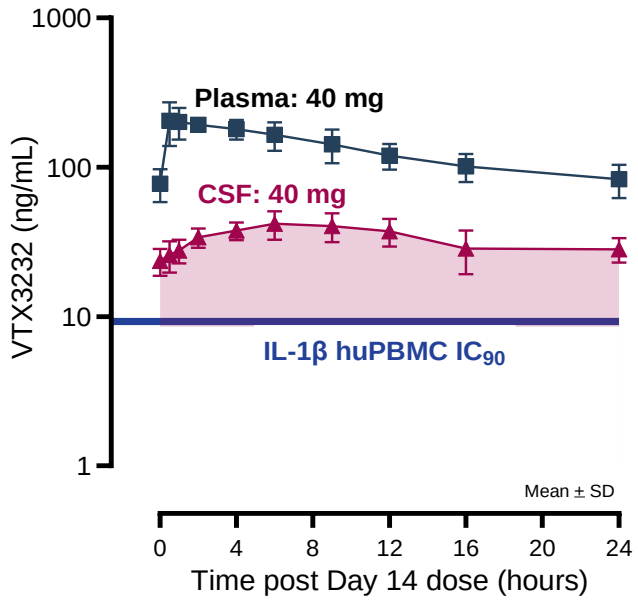
*Canakinumab: 35-40% hsCRP and IL-6 reduction based on literature reported values for canakinumab[1]

1. Ridker PM, MacFadyen JG, Everett BM *et al.*. *Lancet* 2018; 391:319-28; Ridker PM, Libby P, MacFadyen JG *et al. Eur Heart J.* 2018; 39:3499-507.
2. Day 14 pre dose samples not available for 40mg cohort. Data 2hr post dose displayed.
Source: Ventyx internal data. BL: pre-dose baseline. D14: Day 14 pre-dose samples, unless otherwise noted.

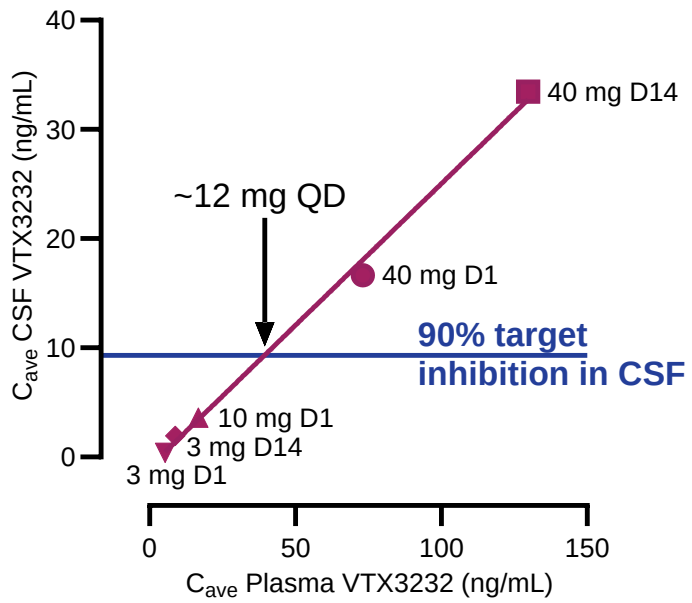
Conclusions from the Phase 1 Trial of VTX3232 in NHV

Potentially Class-leading Safety and Efficacy Profile for Neuroinflammatory Diseases

40 mg QD Dose: Target Coverage



Data Predict Low Efficacious Doses



- **Well-tolerated** in healthy volunteers
- **Robust target coverage achieved in the plasma and CNS**
- **Potent, dose-dependent PD effect** in *ex vivo* IL-1β assay and on inflammatory biomarkers
- **CSF IL-1β IC_{90} coverage for 24h at 40 mg QD**
- **Data predict target coverage $\geq$ IC_{90} at doses $\geq$ 12 mg**

VTX3232: Potential First-Mover Position in NLRP3-Mediated Neuroinflammation

Highly Potent & Selective

- Structurally unique, unrelated to MCC-950
- K_d < 1 nM to NLRP3 NACHT domain
- IC_{50} = 13 nM hu WB, 2.7 nM in microglia
- Selective vs AIM2/NLRC4
- Doses >3 mg suppress IL-1β release for >24 h

High CNS Target Coverage

- T½ = ~17 h with high free fraction
- High CNS penetration; human Kp,uu = 0.5
- 3 mg QD repeat dosing maintains CSF IC_{50} coverage
- 40 mg QD repeat dosing exceeds CSF IC_{90} coverage

Promising Safety Profile

- No CYP, hERG, or transporter interactions
- No toxicological signals for further non-clinical study
- Well-tolerated in all SAD/MAD dose groups

Phase 2 Ready

- IP position secure; patent application published 09/23
- Multi-kilo API production complete
- Solid-oral dosing form with high bioavailability

VTX3232 Has Potential for Disease Modification in Parkinson's Disease

Strong Mechanistic Rationale and High Unmet Need

High Unmet Need

- **~1 million** U.S. patient prevalent population (2nd most common neurodegenerative disease)
- **No disease-modifying therapies** approved for Parkinson's disease

Large Addressable Market

- **>$4B annual market** for symptomatic therapies in 2021[1]
- Estimated **~$10-$15B+ annual TAM** for first disease-modifying therapy[2]

Strong Biologic Rationale

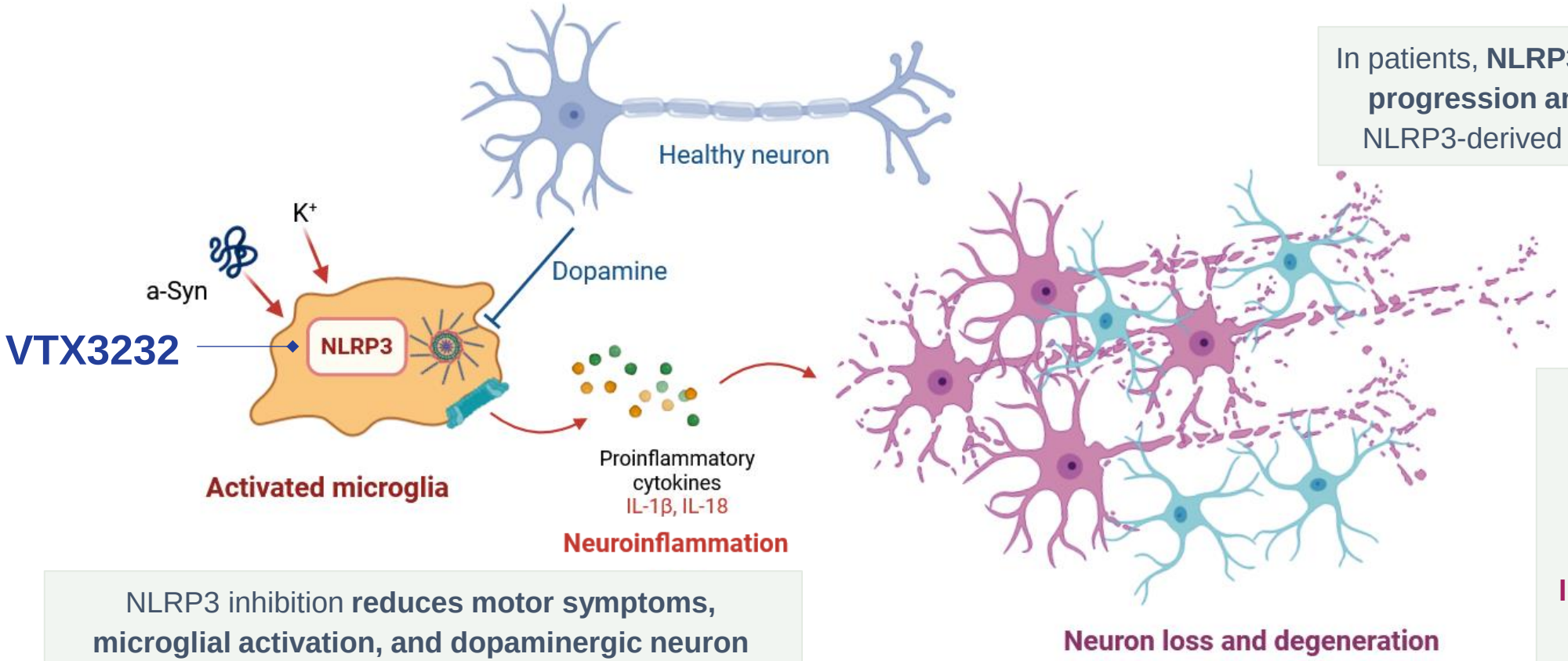
- **Neuroinflammation** is central to Parkinson's disease pathogenesis
- **Strong evidence** in preclinical models and PD patient samples for NLRP3 as a **key driver** of neuronal degeneration

Source: 1. Grand View Research Parkinson's disease market report; 2. ClearView Healthcare Partners market research for internal use.

NLRP3 Is a Promising Therapeutic Target in Parkinson's Disease

Neuroinflammation Plays a Central Role in Parkinson's Pathogenesis

There is a growing body of evidence for NLRP3 inhibition as a **potential disease-modifying approach** that may prevent dopaminergic neurodegeneration and clinical symptoms



In patients, **NLRP3 expression is linked to progression and risk of disease**, and NLRP3-derived cytokines are increased

NLRP3 inhibition **reduces motor symptoms, microglial activation, and dopaminergic neuron loss** in multiple distinct animal models of PD

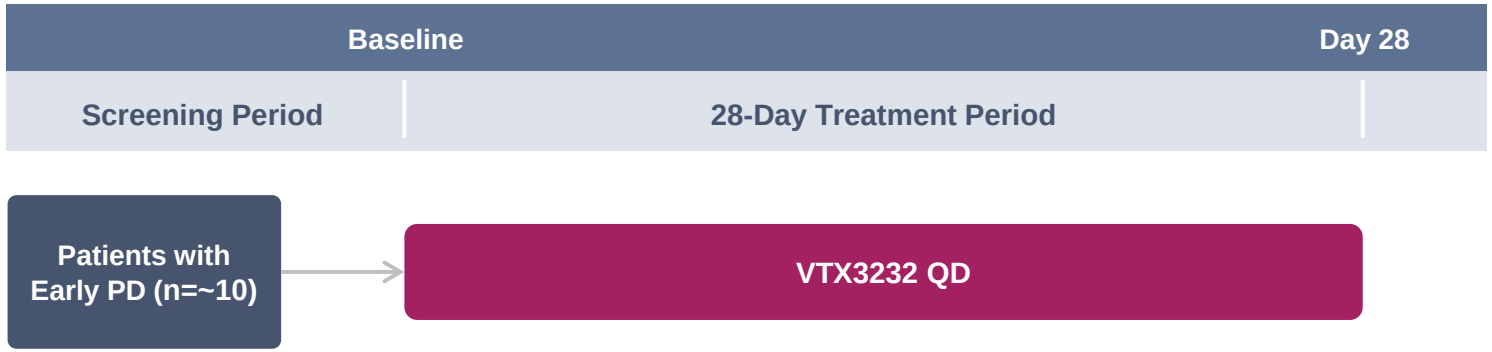
Neuroinflammation through excess NLRP3 activity may be the mechanistic link driving neuronal cell death in PD

Source: Liang T et al. 2022 Front. Pharmacol. 13:845185. Ising, C et al. Nature 575, 669–673 (2019). Panicker et al. Neuron. 2022;110(15):2422-2437.e9. Grotemeyer, A. et al., *J Neuroinflammation* 20, 79 (2023). Huang et al., *J Nueroimmunology*, Volume 354, 2021, 577543. Gordon et al., *Sci. Transl. Med.* 10,eaah4066(2018).

Phase 2a Trial in Participants with Early Parkinson's Disease

Disease-Relevant Biomarkers and Exploratory Neuroimaging

- **Topline data from a Phase 2a trial in participants with early Parkinson's disease are expected in H1 2025**
  - Impact on relevant plasma and CSF biomarkers: hsCRP, IL-1β, IL-18, α-synuclein, NfL, Aβ40/42
  - Impact on microglial inflammation via neuroimaging (TSPO-PET, exploratory)
- **Test of therapeutic hypothesis that CNS NLRP3 inhibition will result in reduced inflammation and disruption of PD pathophysiology**



Objectives

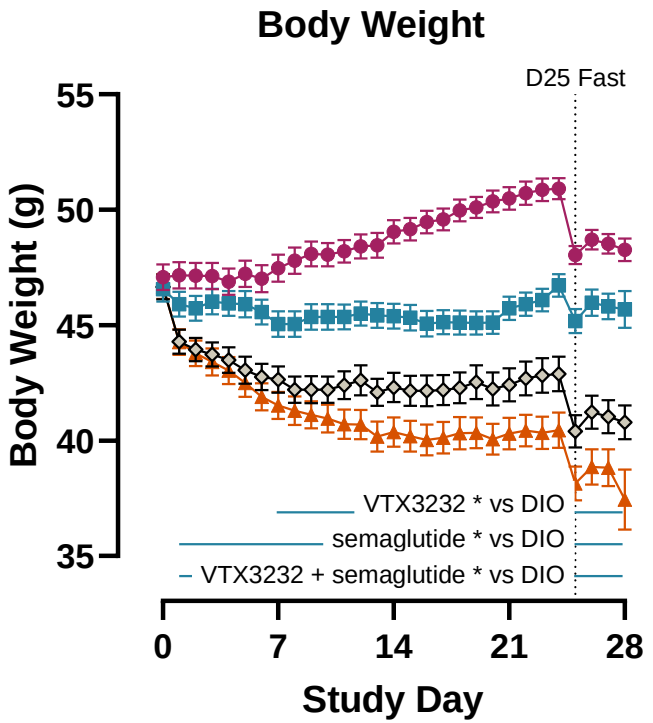
- Safety and tolerability
- Disease and NLRP3-related biomarkers in plasma and CSF
- Neuroimaging for microglial inflammation (exploratory)

PD: Parkinson's disease.

NLRP3 Is Emerging as a Potential Important Target in Obesity

The NLRP3 Inflammasome in Obesity and Related Metabolic Disease

- **The NLRP3 inflammasome is emerging as an important axis in obesity and obesity-related metabolic disease**
  - Obesity is a chronic inflammatory condition associated with release of NLRP3-related cytokines such as IL-1β and IL-6
  - This inflammation may drive a range of metabolic disorders, including insulin resistance, diabetes, and atherosclerosis
  - Calorie restriction and exercise-mediated weight loss are associated with reduced expression of NLRP3 and decreased systemic inflammation[1]
  - In preclinical studies, NLRP3 activation is associated with obesity-related insulin resistance[1]
- **VTX3232 demonstrates broad cardiometabolic benefits in diet-induced obesity (DIO) mouse model**
  - Reduced food intake and decreased body weight
  - Decreased markers of systemic inflammation (IL-1β, IL-6, fibrinogen)
  - Improved markers of metabolic function (decreased cholesterol, triglycerides, insulin resistance, and HbA1c)



VTX3232 20 mg/kg BID orally; Semaglutide 10 μg/kg QD subcutaneously; mean ± SEM, * p <0.05 or more highly significant at all indicated timepoints, Mixed effects ANOVA, Sidak's post-hoc test.

Source: 1. Vandanmagsar et al., *Nat Med.* 2011 Feb;17(2):179-88. doi: 10.1038/nm.2279. Ventyx internal data.

Phase 2 Trial of VTX3232 in Obese Participants with Elevated CV Risk

Measuring Key Inflammatory Biomarkers and Changes in Body Composition

- **A 12-week randomized, placebo-controlled trial of VTX3232 in obese participants with elevated CV risk is expected to initiate by YE 2024**
  - Adult participants with obesity and additional cardiovascular and cardiometabolic risk factors
  - Evaluate the safety of VTX3232 as a monotherapy and in combination with a GLP-1 receptor agonist
  - Other endpoints include inflammatory and metabolic biomarkers and change in body weight

Endpoints

- Safety and tolerability
- Inflammatory biomarkers
- Cardiometabolic biomarkers
- Change in body weight

Note: preliminary trial design, subject to change pending regulatory feedback.

VTX2735

Peripheral NLRP3 Inhibitor

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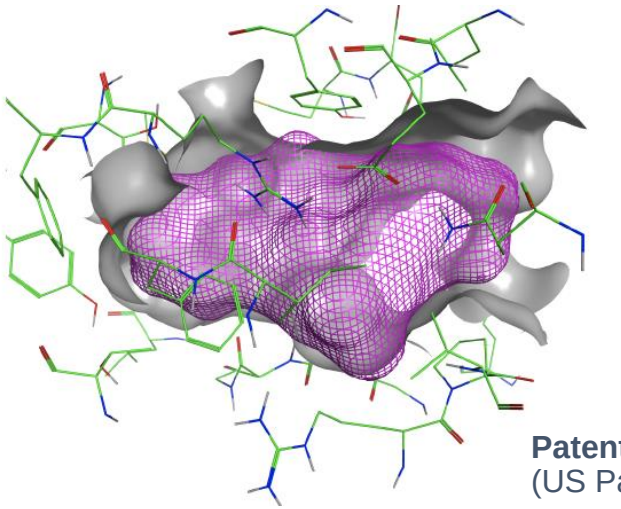
VTX2735: A Potent & Selective Peripheral NLRP3 Inhibitor

Phase 2 Ready for Systemic Inflammatory Diseases

Highly Potent & Selective

- hu WB IC_{50} (IL-1β) = 80 nM
- No inhibition of other inflammasomes



Patent granted
(US Pat. No. 11,603,375)

Nonclinical & Phase 1 Package

- Demonstrated PD and *in vivo* efficacy in rodent models
- High exposures & target coverage achieved in Phase 1
- Promising clinical safety profile
  - No signals that raise safety concerns that require further nonclinical study for genetox, safety pharmacology and phototoxicity
  - Chronic tox studies initiated, to finish H2 2024
  - Current tox data support 3 months of human dosing
- Potent inhibitor in PBMC from CAPS (FCAS) patients

Phase 2 proof-of-concept study in CAPS patients (FCAS) completed

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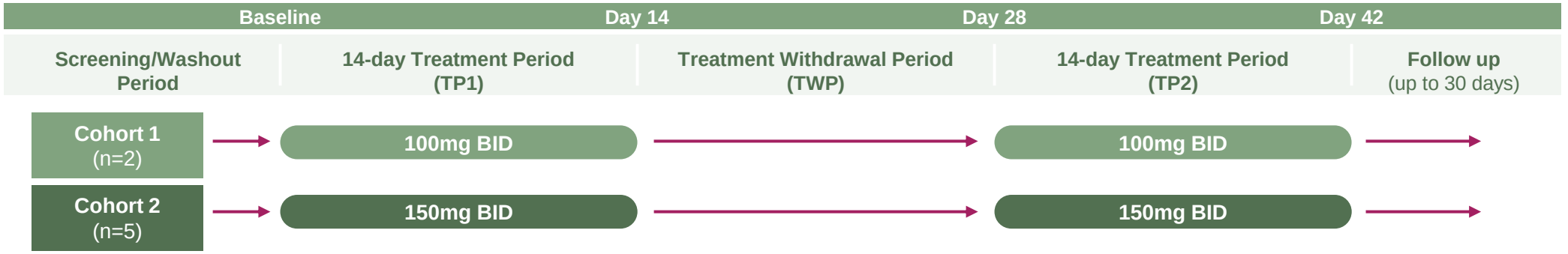
Source: Ventyx internal data. CAPS: Cryopyrin-associated periodic syndromes. FCAS: Familial cold autoinflammatory syndrome. WB: whole blood

VTX2735 Phase 2 Open-Label Trial in CAPS (FCAS)

Trial Design and Participants

- **CAPS** is an ultra rare condition driven by **excess NLRP3 activity; FCAS is the most common subtype**
- Following washout of SoC, VTX2735 dosed for 14 days in two treatment periods (TP1 and TP2, 28 days total)
- **Key endpoints:** safety/tolerability and improvement in Key Symptom Score (**KSS**, mean of 5 symptom scores)
  - **Pharmacodynamic assessments:** hsCRP; acute phase reactants (SAA, IL-1α, IL-1β, IL-6, and IL-18)
- **7 participants enrolled** (diverse NLRP3 mutations, prior SoC therapies, and symptoms)
  - 5 participants completed the trial; 1 withdrew consent after TP1 and 1 withdrew due to lack of efficacy

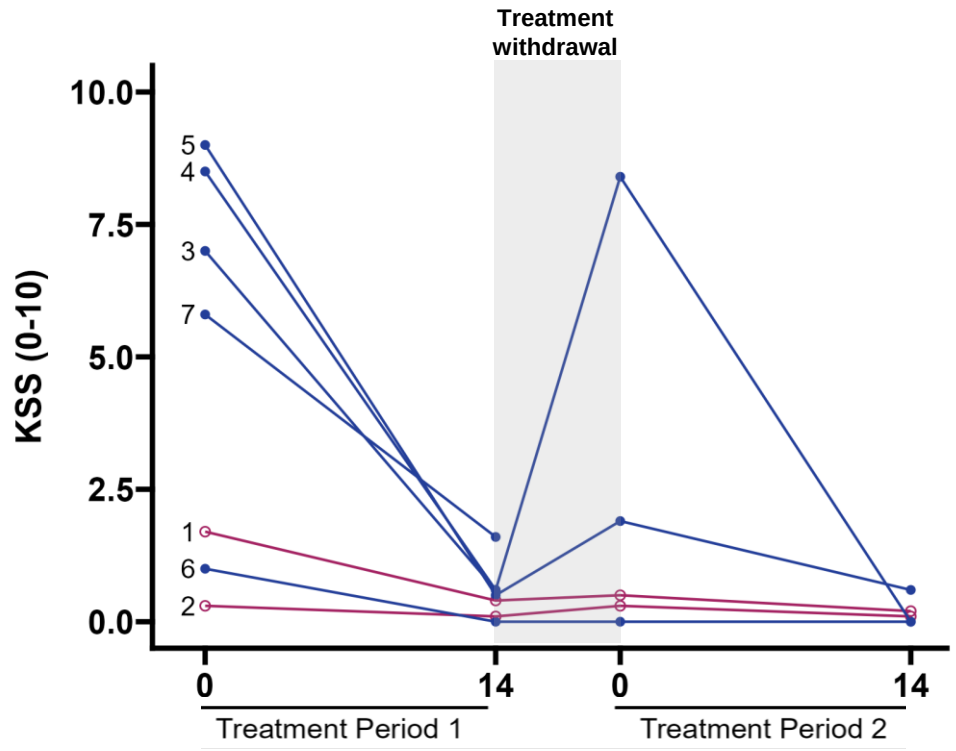


Source: Ventyx data on file.

Treatment with VTX2735 Drives Reductions in Disease Activity

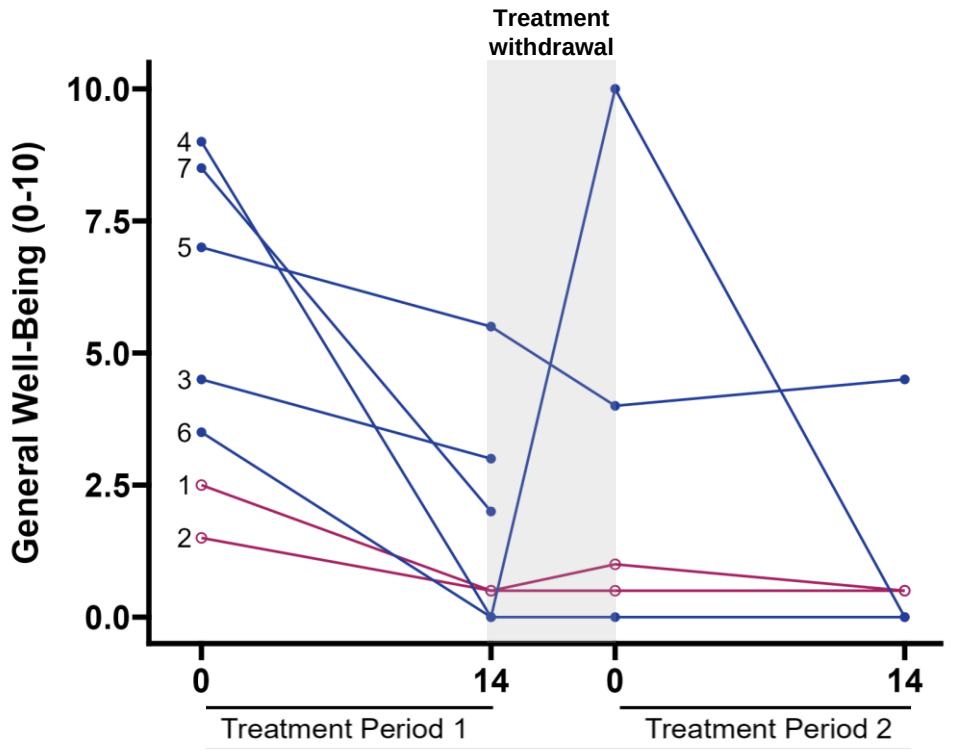
Disease Activity as Assessed by Key Symptom Score (KSS) and General Well-Being

Key Symptom Score (0-10)*
Daily mean of five symptom scores



Mean 85% reduction during Treatment Period 1

General Well-Being (0-10)*
"Considering all the ways FCAS affects you, please rate how you are doing"



Mean 68% reduction during Treatment Period 1

100 mg BID 150 mg BID

Source: Ventyx data on file (07 March 2024). *Note: One participant did not complete Treatment Period 1; the final measurement prior to study discontinuation is reported.

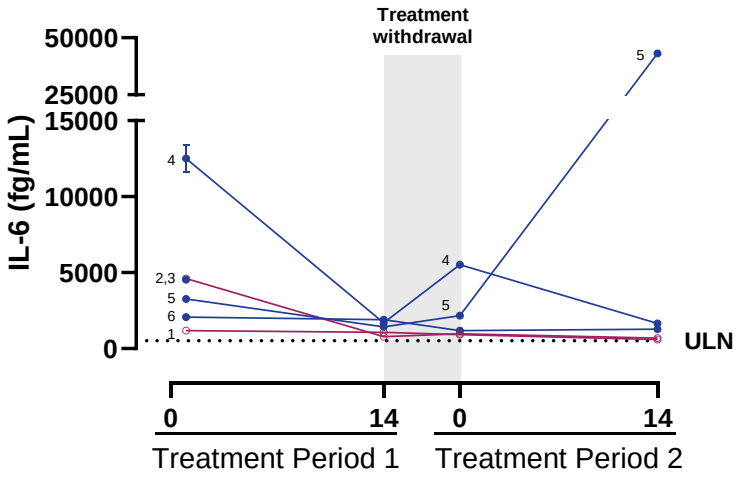
VTX2735 Biomarker Changes

Reductions in IL-6, hsCRP and SAA Observed as Expected with NLRP3 Inhibition

- The pleiotropic cytokine **IL-6** induces acute-phase reactant proteins, including C-reactive protein (**CRP**) and Serum amyloid A (**SAA**)
- Treatment with VTX2735 **reduced plasma IL-6, hsCRP, and SAA** in patients with elevations at baseline, consistent with reductions in disease activity
  - Lack of baseline elevations in some patients is likely attributable to long half-life of SoC antibodies (canakinumab)

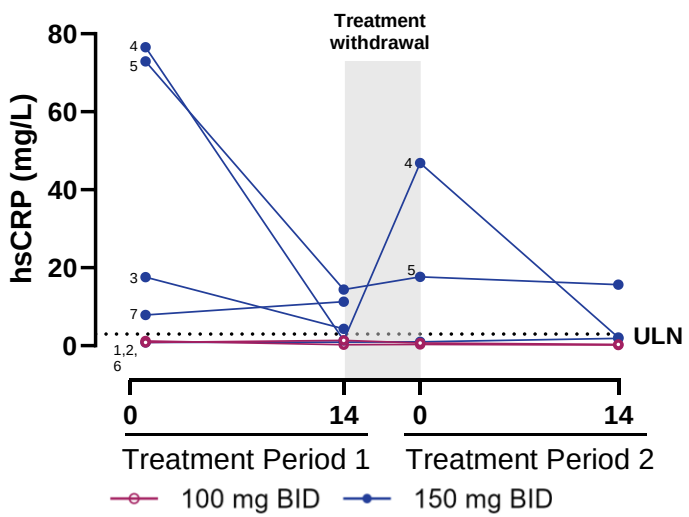
IL-6

Interleukin 6



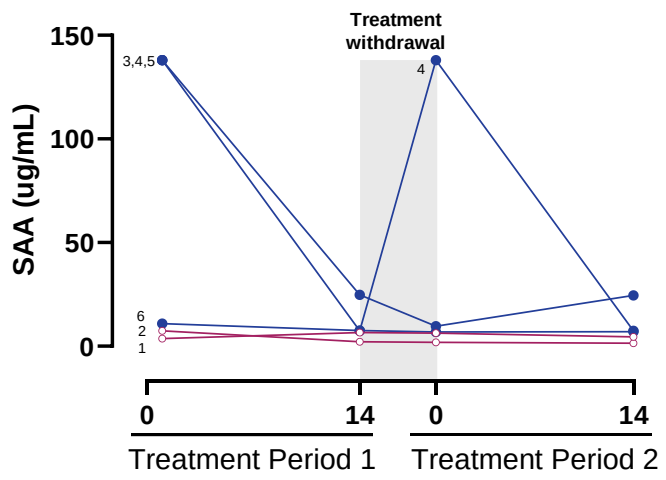
hsCRP

High-sensitivity C-reactive Protein



SAA

Serum amyloid A



Source: Ventyx data on file. *Note: One participant did not complete Treatment Period 1; the final measurement prior to study discontinuation is reported. No IL-6 or SAA data available for Participant No. 7

Conclusions from the Phase 2 Trial of VTX2735 in FCAS Patients

Clinical Proof of Concept Achieved in CAPS Patients

- **VTX2735 showed clinically-meaningful effects on disease activity and relevant biomarkers**
- **VTX2735 was well-tolerated**
  - All adverse events were mild or moderate and resolved without treatment interruption
- **These data represent a major milestone for VTX2735 and for NLRP3 inhibition**
  - **Dr. Hal Hoffman (UCSD):** “Results similar to what we have seen in IL-1 inhibition studies” (Ilaris, Kineret, etc.)
  - Particularly impressive in a treatment-experienced population

VTX2735 is a Phase 2 Ready Peripheral NLRP3 Inhibitor

Highly Potent & Selective

- Structurally unique, selective inhibitor of NLRP3
- Potent inhibitor of NLRP3 with IC_{50} = 80 nM in human whole blood assay
- Highly potent vs. CAPS mutation variants

Biologic-like Activity in CAPS Trial

- Concentration dependent suppression of IL-1β *ex vivo*
- Reduction in hsCRP and other inflammation markers (IL-6, SAA, neutrophils)
- Clinically-meaningful benefits observed in CAPS patients

Promising Safety Profile

- No CYP, hERG or transporter interactions
- No toxicological signals of concern
- Well-tolerated in all Phase 1 SAD/MAD dose groups and Phase 2 CAPS trial

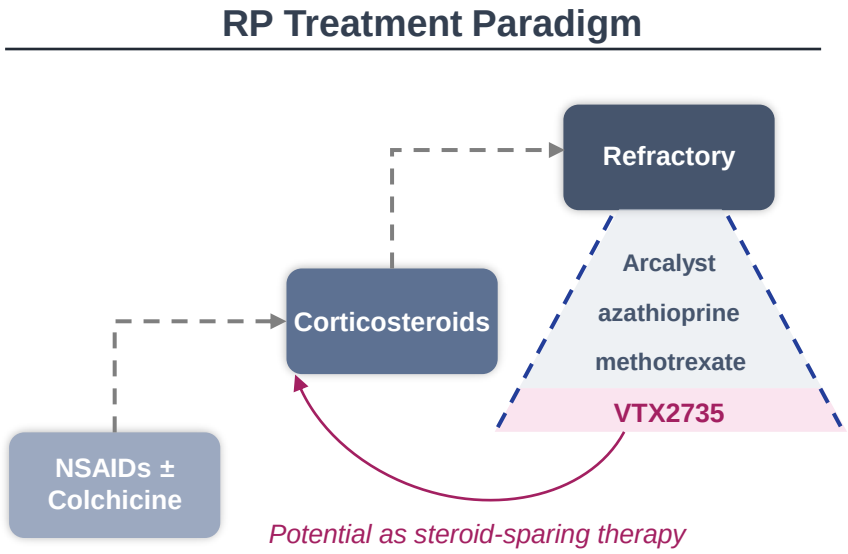
Phase 2 Ready

- IP position secure; patent issued (US Pat. No. 11,603,375)
- Multi-kilo API production completed
- Extended-release dosing form in development

Attractive Opportunity for NLRP3 in Recurrent Pericarditis

De-risked Mechanism and Efficient Path to Market

- **Recurrent pericarditis (RP) is a debilitating autoinflammatory condition**
  - ~40,000 patient U.S. prevalent population with RP[1]
  - Autoinflammatory process characterized by IL-1β/α release (downstream of NLRP3)
- **2021 approval of Arcalyst (rilonacept) validates IL-1α/β approach (de-risking for NLRP3)**
  - Arcalyst generated $233M in 2023 sales in 2nd full year of commercial availability; consensus sales **>$800M** in 2028[2]
- **Regulatory precedent for efficient path to market**
  - Open-label Phase 2 trial followed by a single Phase 3 trial
- **A Phase 2 trial of VTX2735 in participants with recurrent pericarditis to initiate by YE 2024**
  - Open-label trial planned to evaluate safety and the impact of VTX2735 on disease-relevant biomarkers and pain scores



Source: 1. Klein et al., *J Am Heart Assoc.* 2021 Aug 3;10(15):e018950. doi: 10.1161/JAHA.120.018950; 2. Historical sales from Kiniksa investor presentation; consensus sales from Evaluate Pharma.

VTX002

S1P1 Receptor Modulator for Ulcerative Colitis

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VTX002 Phase 2 Study in Moderate-to-Severe UC

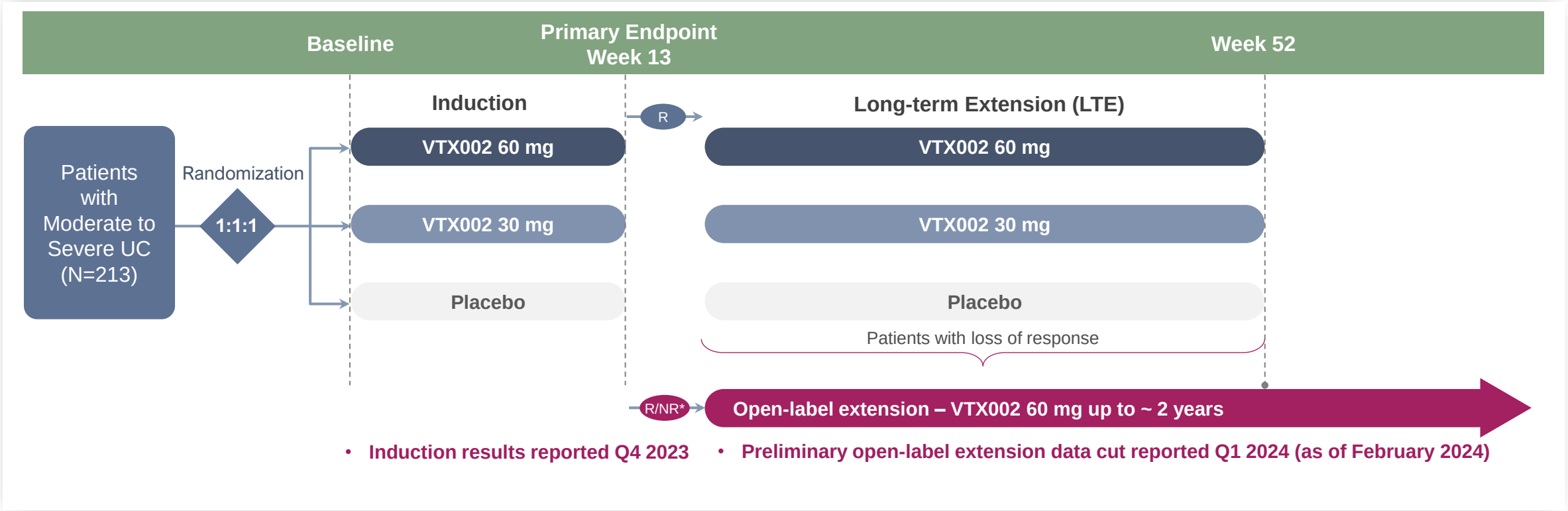
Designed to Serve as the First of Two Pivotal Trials

Key Eligibility Criteria

- Patients with moderately to severely active UC as defined by the Modified (3-component) Mayo Score
- Insufficient response, loss of response, and/or intolerance to conventional or advanced therapies

Endpoints

- **Primary Endpoint:** Clinical remission at Week 13 as defined by the Modified Mayo Score
- **Key Secondary Endpoints:** Endoscopic improvement; symptomatic remission; histologic remission; endoscopic improvement-histologic remission



* Protocol version 1 study design. All patients had the option to roll-over regardless of response status. Subsequent protocol versions had patients with NR or loss of response only enter OLE
Note: NCT05156125. MMS: Modified Mayo Score; R: responder; NR: non-responder; UC: ulcerative colitis.

Overview of VTX002 Induction Data

Robust Week 13 Clinical Remission with Differentiated Complete Endoscopic Remission

Key Takeaways from VTX002 Week 13 Data

Competitive week 13 clinical remission with differentiated endoscopic remission (MES=0)

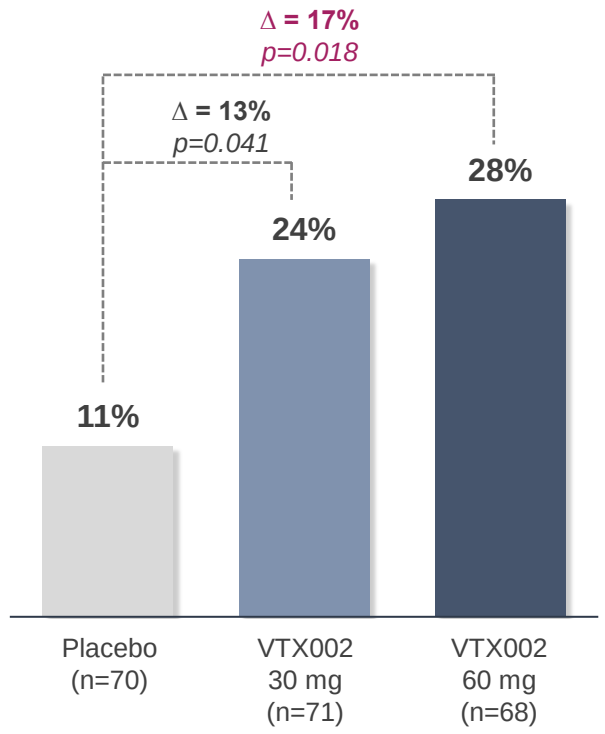
Deep remission (endoscopic and clinical remission), **symptomatic remission** and **histologic endoscopic mucosal improvement** rates further support clinical profile

Subgroup analysis demonstrated **differentiated clinical remission and endoscopic remission in patients with prior exposure to advanced therapies**

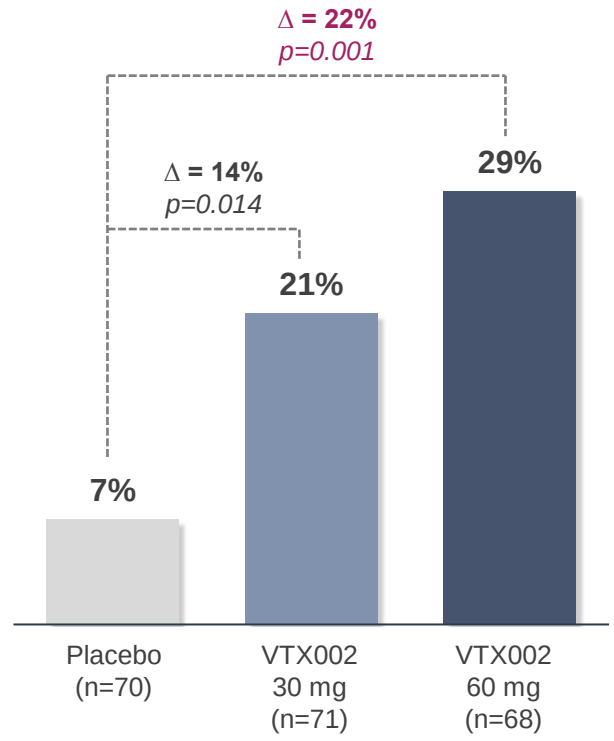
Zero cases of atrioventricular block, bradycardia, serious or opportunistic infections, or macular edema

Baseline MMS 5 to 9 (N=209): Week 13

Clinical Remission (Primary)



Endoscopic Remission (MES=0)



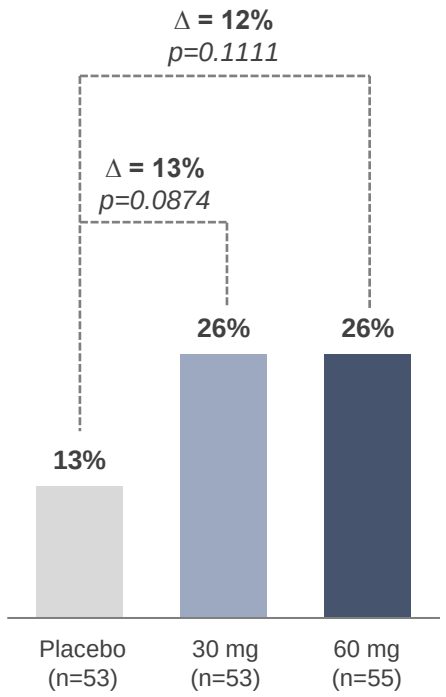
Clinical remission by modified Mayo Score (MMS) is defined as stool frequency subscore = 0 or 1, rectal bleeding subscore = 0, and endoscopic subscore ≤ 1 (excluding friability). Endoscopic remission is defined as a Mayo endoscopic subscore of 0. P-value for testing the treatment difference is based on Cochran-Mantel-Haenszel test adjusted for prior use of advanced therapies, baseline corticosteroid use and baseline disease activity. Full analysis set with non-responder imputation. Source: Ventyx data on file

Induction Subgroup Analysis: Advanced Therapy Prior Use

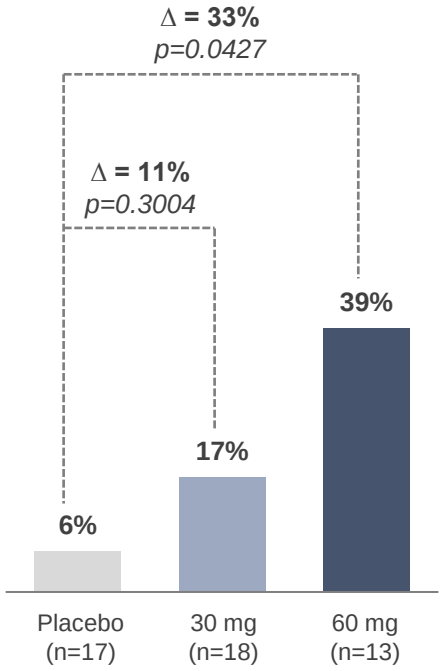
Clinical Remission and Endoscopic Remission at Week 13

Clinical Remission

Advanced Therapy Naïve

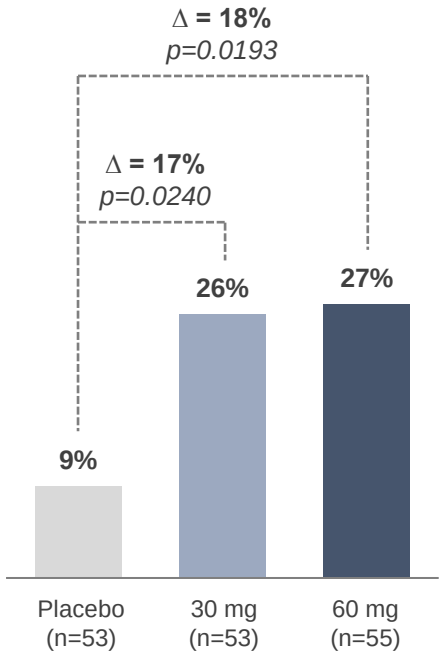


Advanced Therapy Experienced

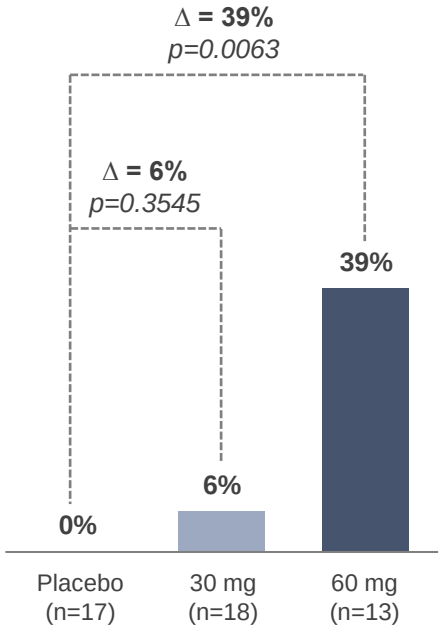


Endoscopic Remission

Advanced Therapy Naïve



Advanced Therapy Experienced



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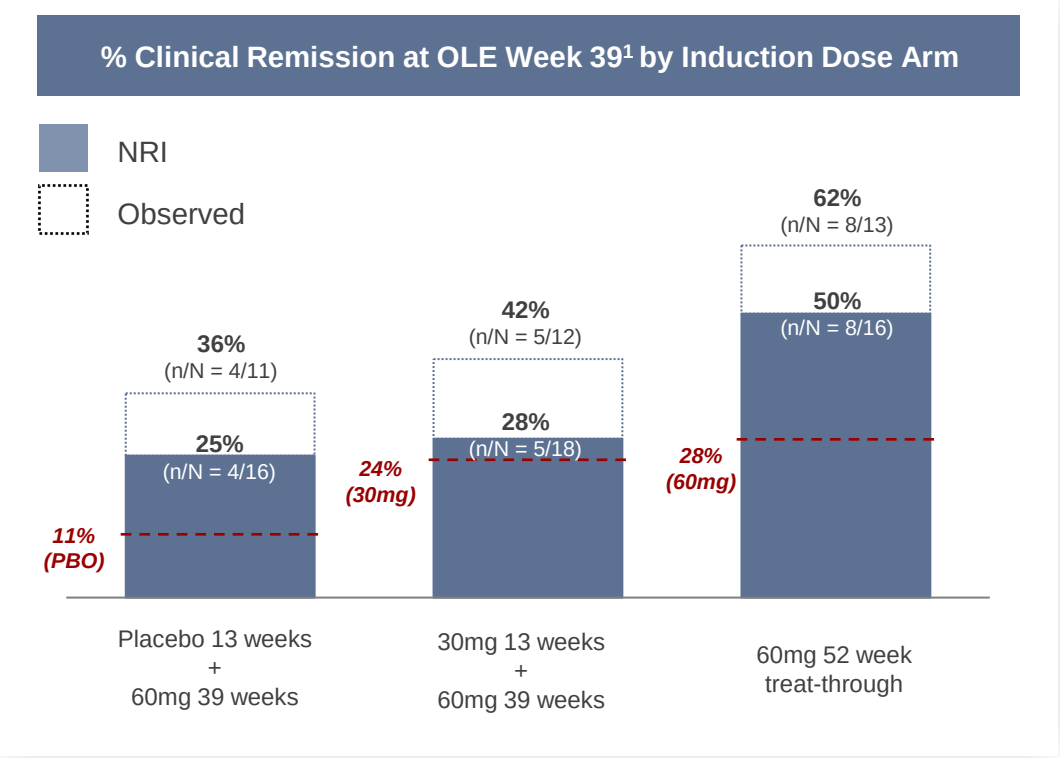
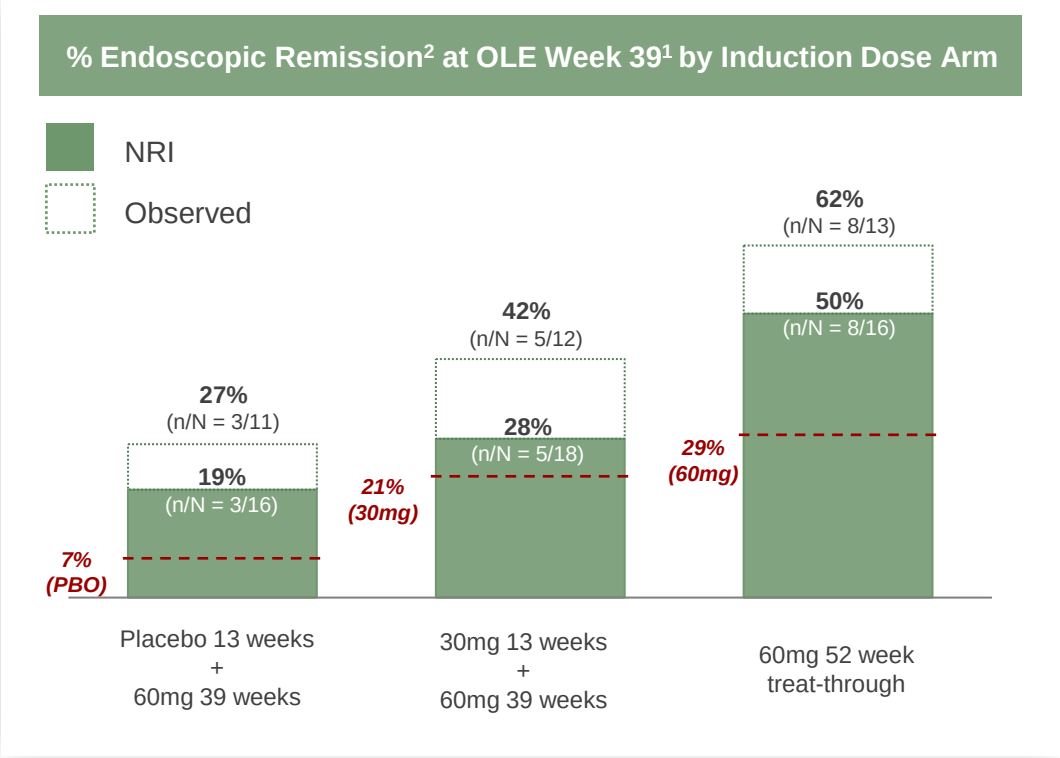
Preliminary Open-Label Extension Data

Further improvement in clinical and endoscopic remission rates at OLE week 39

% absolute endpoint rate (clinical or endoscopic remission) in induction dose arm at 13 weeks





At least half (NRI) of patients in 60mg treat-through group reach clinical remission or endoscopic remission at week 52

Note: NRI = non-responder imputation; participant discontinuations are assumed to be non-remitters

[1] Irrespective of the clinical response at the end of the 13-week induction phase; VTX002 60mg / 60mg represents 52 weeks treat-through efficacy; other groups received 60mg for 39 weeks post- induction; [2] MES =0; Source: Ventyx data on file.

Endoscopic Remission is a Consensus Long-Term Treatment Goal

Current therapeutic outcomes remain disappointing: VTX002 has demonstrated the potential to set a new bar

Current Endoscopic Remission Outcomes

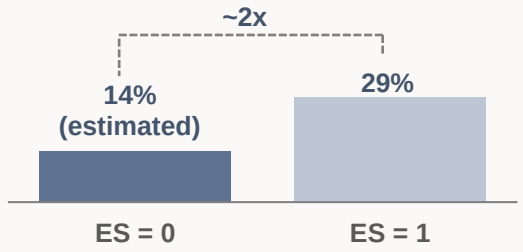
1 **The Vast Majority of Patients on Advanced Therapy Fail to Reach Endoscopic Remission, Particularly Within the Induction Period[1]:**

82-95%

Absolute % patients in Phase 3 for advanced UC agents that fail to achieve MES=0 at induction

2 **Achievement of Endoscopic Remission (MES=0) vs. Mild Endoscopic Activity (MES=1) is Associated with Improved Long-Term Patient Outcomes[2]:**

12-month risk of clinical relapse
(meta-analysis of 17 studies):



3 **Achievement of Endoscopic Remission (MES=0) is Recognized in STRIDE II[3] Guidelines as an Aspirational Target of Long-Term Treatment:**

MES=0

- **Lower risk of disease recurrence**
- **Decreased steroid use**
- **Lower rate of surgical intervention & hospitalization**
- **Superior patient-reported outcomes**

VTX002 Profile

Induction Data

- **Competitive clinical remission** and **differentiated endoscopic remission**
- Differentiated clinical and endoscopic **outcomes in prior advanced therapy subgroup**

OLE Data

- Clinical remission and endoscopic remission rates at **OLE week 39 further differentiate VTX002**
- **Differentiated endoscopic remission rates** achieved in 52-week 60mg VTX002 treat-through group
- Competitive rates of ***sustained*** **clinical and endoscopic remission:**
  - At least 38% (NRI) of patients in 60mg 52wk treat-through arm were in clinical remission at both week 13 and week 52
  - Patients in clinical remission were also in endoscopic remission

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[1] Based on analysis of Phase 3 trials for biologic and oral approved advanced agents; [2] Source: Yoon et al. Gastroenterology 2020;159(4):1262-1275.e7; [3] Source: Turner et al. Gastroenterology 2021;160:1570–1583

VTX002 Program Status

Ventyx to Identify Partner or Other Source of Non-Dilutive Financing for Phase 3

- **Preliminary OLE data continue to support the differentiated profile of VTX002 in ulcerative colitis**
- **LTE phase completed mid 2024; data to be reported at future medical meeting**
- **VTX002 is Phase 3 ready (clinical, CMC, regulatory)**
  - End of Phase 2 meeting with FDA completed; EMA Scientific Advice meeting completed
  - Phase 2 trial expected to serve as the first of two pivotal trials*
- **Ventyx to identify partner or other source of non-dilutive financing to support pivotal Phase 3 trial of VTX002 in ulcerative colitis**

*Pending alignment with regulators.

Internally Discovered Clinical-Stage Pipeline

Addressing Major Autoimmune and Inflammatory Diseases with High Unmet Need

Target	Program	Preclinical	Phase 1	Phase 2	Phase 3	Next Anticipated Milestones
NLRP3 *CNS-Penetrant*	VTX3232	Parkinson's disease, obesity and cardiometabolic disease, other neuroinflammatory diseases				Ph 2a Parkinson's data **H1 2025** Initiate Ph 2 Obesity/CV trial by **YE 2024**
NLRP3 *Peripheral*	VTX2735	Recurrent pericarditis; other cardiovascular and systemic inflammatory diseases				Initiate Ph 2 RP trial by **YE 2024**
S1P1R	VTX002	Ulcerative colitis				Identify partner for Phase 3 trial
TYK2	VTX958	Crohn's disease				Phase 2 analysis underway

Cash, cash equivalents and marketable securities of $274.8M as of September 30, 2024, are expected to fund operations into at least the second half of 2026

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