Evommune Corporate Presentation

September 2026

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These and other risks are described more fully in our Annual Report on Form 10-K for the year ended December 31, 2025 and our other filings with the Securities and Exchange Commission (the “SEC”) and our other documents subsequently filed with or furnished to the SEC. All forward-looking statements represent our views as of the date of this presentation. All forward-looking statements contained in this presentation speak only as of the date on which they were made. Except to the extent required by law, we undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

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Chronic Inflammation is a Global Healthcare Crisis

3 of 5

Deaths Worldwide[1]

Chronic Inflammation Destroys Lives

$90B

Annual Direct Cost[2]

Substantial Burden on the Healthcare System

>50%

I&I Therapies Fail Patients

Treatments Have Critical Limitations

234M

Patients Diagnosed with Immunological Disease[3]

Advanced Therapies >$100B Sales[4]

Evommune (EVMN) is Doing Something About It

Experienced Team

Leaders behind
~30 approved NDAs and BLAs

Distinct Mechanisms

Novel approaches to
heterogeneous diseases

Portfolio Approach

Multiple assets across
multiple indications

1. https://www.ncbi.nlm.nih.gov/books/NBK493173/. 2. Wylezinski LS, et al. PMID: 30979036. 3. GlobalData, 2023. 4. GlobalData, 2023 (US/EU5/JP forecasts).

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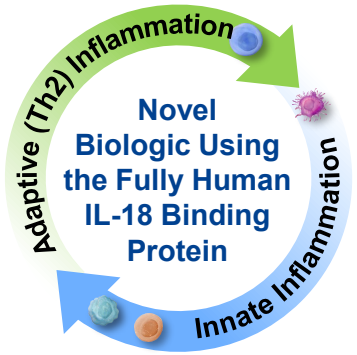
A Broad Portfolio Progressing Multiple Opportunities

EVO301 | IL-18 Biologic

IL-18 Blockade for Multi-Pathway Immunomodulation



Target Population: 6M[1]

EVO756 | Oral MRGPRX2

Targeting Sensory Neurons and Mast Cells in Migraine

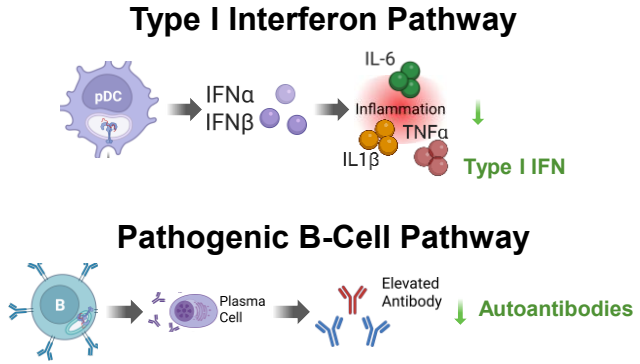
Mast Cell

Sensory Neuron

Target Population: 30M[2]

EVO646 | Oral TLR7/8

Dual Mechanism for Autoimmune Disease



Target Population: ~6M[3]

Focused on Innovative Targets with a High Probability of Success

1. Moderate-to-severe atopic dermatitis, US adults; Chiesa Fuxench ZC, et al. J Invest Dermatol 2019. 2. US/EU5/JP eligible patients estimated. Sources: Clarivate "Migraine: Disease Landscape and Forecast" (2026), AHS guidelines for migraine prevention eligibility, Buse *et al*. (2024), Silberstein *et al*. (2015), Cohen *et al*. (2024), Coppola *et al*. (2025), Sakai *et al*. (2022). 3. Evommune internal estimates based on initial potential indications.

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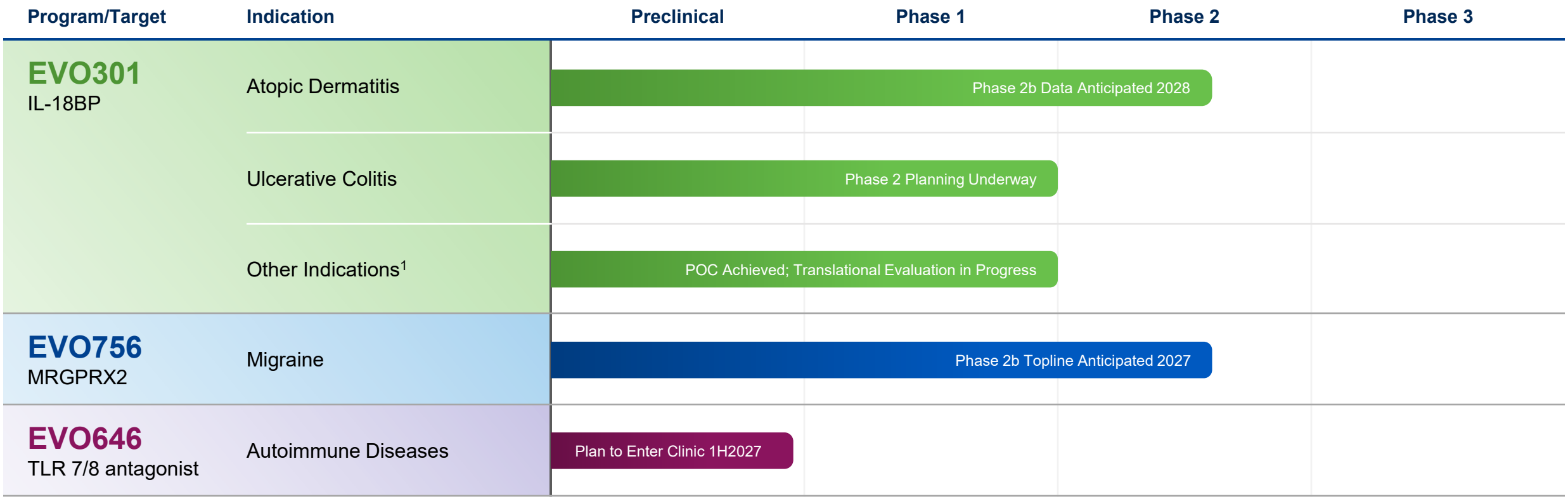
Pipeline of Potential Best-in-Class and/or First-in-Class Assets



Advancing Multiple Preclinical Programs Toward Clinical Proof-of-Concept

1. Other indications may include Crohn's disease (CD), certain cardiovascular inflammatory conditions and other additional indications where IL-18 pathway dysregulation drives disease.

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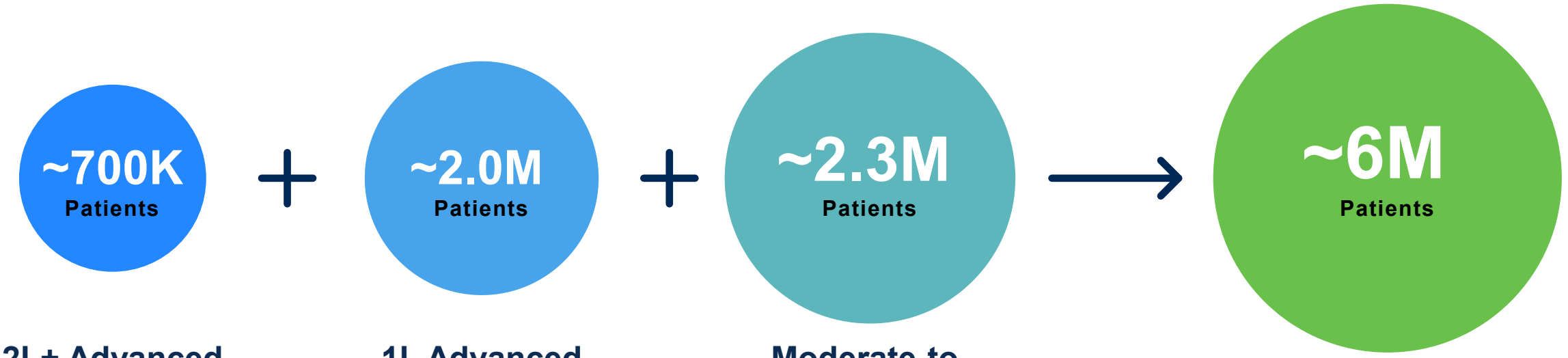
EVO301 has Multi-Billion Dollar Potential

Secure Access → Advance to 1L → AD Market Expansion → Expand into IL-18 Diseases



2L+ Advanced Therapy AD
Biologic-experienced / inadequate responders

1L Advanced Therapy AD
Initiating advanced systemic therapy

Moderate-to-Severe AD
Eligible for advanced therapies

~$60B Market

~$100B Market
IL-18–Driven Diseases
AD, UC, CD + adjacent pipeline expansion

EVO301 has the potential to become a foundational therapy in atopic dermatitis and other IL-18 driven diseases

Source: Evommune 2036 estimates based on Evaluate Pharma (2032), Datamonitor (2033) data
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EVO301: Addresses Limitations of Existing Biologics

Demonstrated Ability to Impact Multiple Drivers of AD

Biologic Pathway	Adaptive Inflammation			Innate Inflammation	Skin Barrier (IL-22)	No Conjunctivitis Signal
	TH2	TH1	TH17			
IL-18	✓	✓	✓	✓	✓	✓
DUPIXENT®	✓	✗		✓	✓	✗
EBGLYSS®	✓	✗		✓	✓	✗
ADBRY®	✓	✗		✓	✓	✗
NEMLUVIO®	✓				✓	✓

Broader inflammatory signaling of IL-18 can address endotypes not fully captured by Th2-targeted therapies

Green = impacts biological pathway; **Red** = negative effect.

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Key Milestones Ahead For Evommune (NYSE: EVMN)

Championing Innovation for Chronic Inflammation

EVO301 IL-18BP	• Plan to initiate Phase 2b in AD with subcutaneous formulation in mid-2027
EVO756 MRGPRX2	• Expect top-line data from Phase 2b migraine trial in 2027
EVO646 TLR7/8	• Plan to initiate Phase 1 in 1H 2027
Research	• Anticipate new programs entering the clinic with a steady cadence

~$287M Cash and Investments; Expected Runway Into 2029

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EVO301: Potential Best-in-Class IL-18BP Fusion Protein

Long-Acting Serum Albumin-Binding Injectable Therapeutic Fusion Protein Designed to Neutralize IL-18 Signaling

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Potential to Command Substantial Market Share in AD Market

Sales in $M	Class	Route of Administration[1]	Launch Year	2025 WW Net Sales	2025 US Net Sales	Projected CAGR	Projected Peak WW AD Net Sales in $M
DUPIXENT® (dupilumab)	IL-4/-13	Q2W SubQ	2017	$12,496	$9,234	+9%	$18,787 (2030)
Adbry® (tralokinumab-ldrm) Injection 150 mg • 300 mg	IL-13	Q2W SubQ	2021	$532	$422	+5%	$691 (2030)
Ebglyss™ (lebrikizumab-lbkz)	IL-13	Q4W or Q8W SubQ	2024	$408	$274	+24%	$2,318 (2033)
nemluvio™ (nemolizumab-ilto) for injection 30 mg	IL-31	Q8W SubQ	2024	$339	$172	+33%	$3,312 (2033)

Top AD Biologics Currently ~$17B Worldwide, Projected to be ~$30B by 2033[3]

Sales from Evaluate Pharma may represent projections (accessed Sept 2026). 1. At maintenance. 2. From '25-'26. 3. Global atopic dermatitis therapeutics market, projected at $29.5B by 2033 from $15.4B in 2024 (7.5% CAGR); Astute Analytica, Feb 2026.

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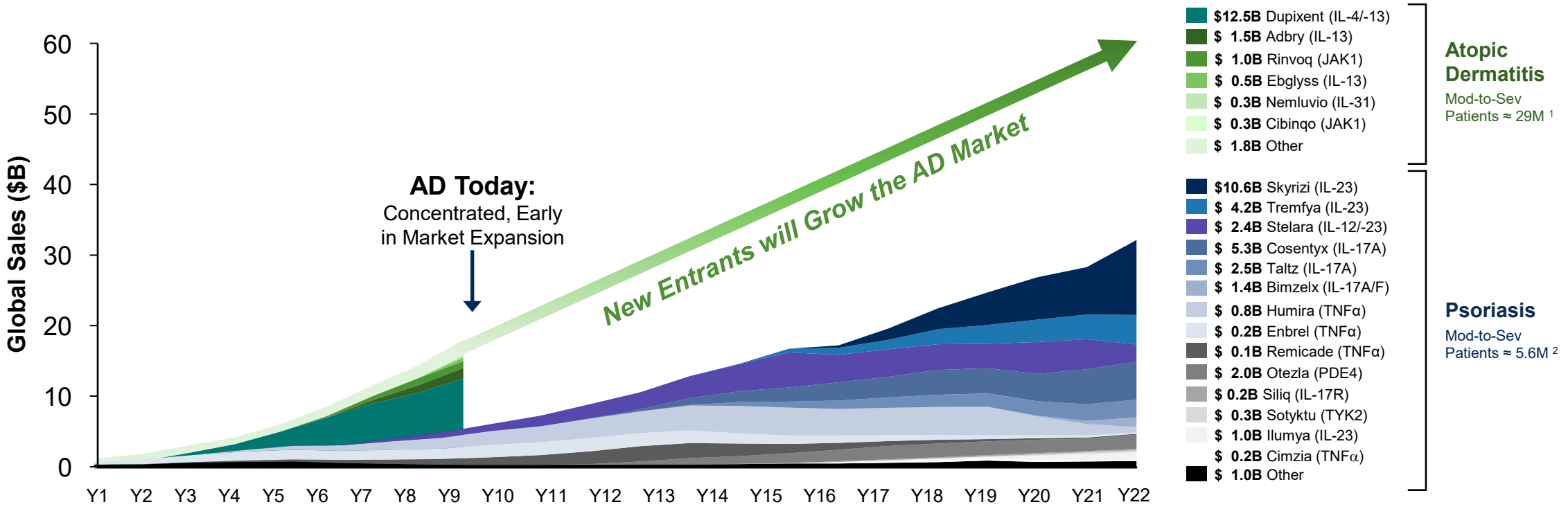
Proven Playbook, Larger Market: AD Could Reach ~$60B

10 of 14 Psoriasis Advanced Therapies Became Blockbusters
AD Has ~5x the Patients



40% of Psoriasis Patients Have Cycled Through 3+ Biologics, AD Needs Many More Options

Per Evaluate Pharma (May represent projections and not actual sales); "Year 1" for AD represents 2017 (year of Dupixent launch); "Year 1" for Psoriasis represents 2004 (year of Enbrel launch in plaque psoriasis); 1. Total estimated prevalence in adult and pediatric populations from Decision Resources DL&F; 2. Total estimated prevalence in adult and pediatric populations; Estimated per psoriasis.org, datacenter.aecf.org, Armstrong et al. (2021), Paller et al. (2018), Tannenbaum et al. (2022), Helmick et al. (2014), Rosario-Jansen et al. (2025). Note this slide contains registered trademarks not owned by Evommune. AD market size from Evaluate and internal analyses.

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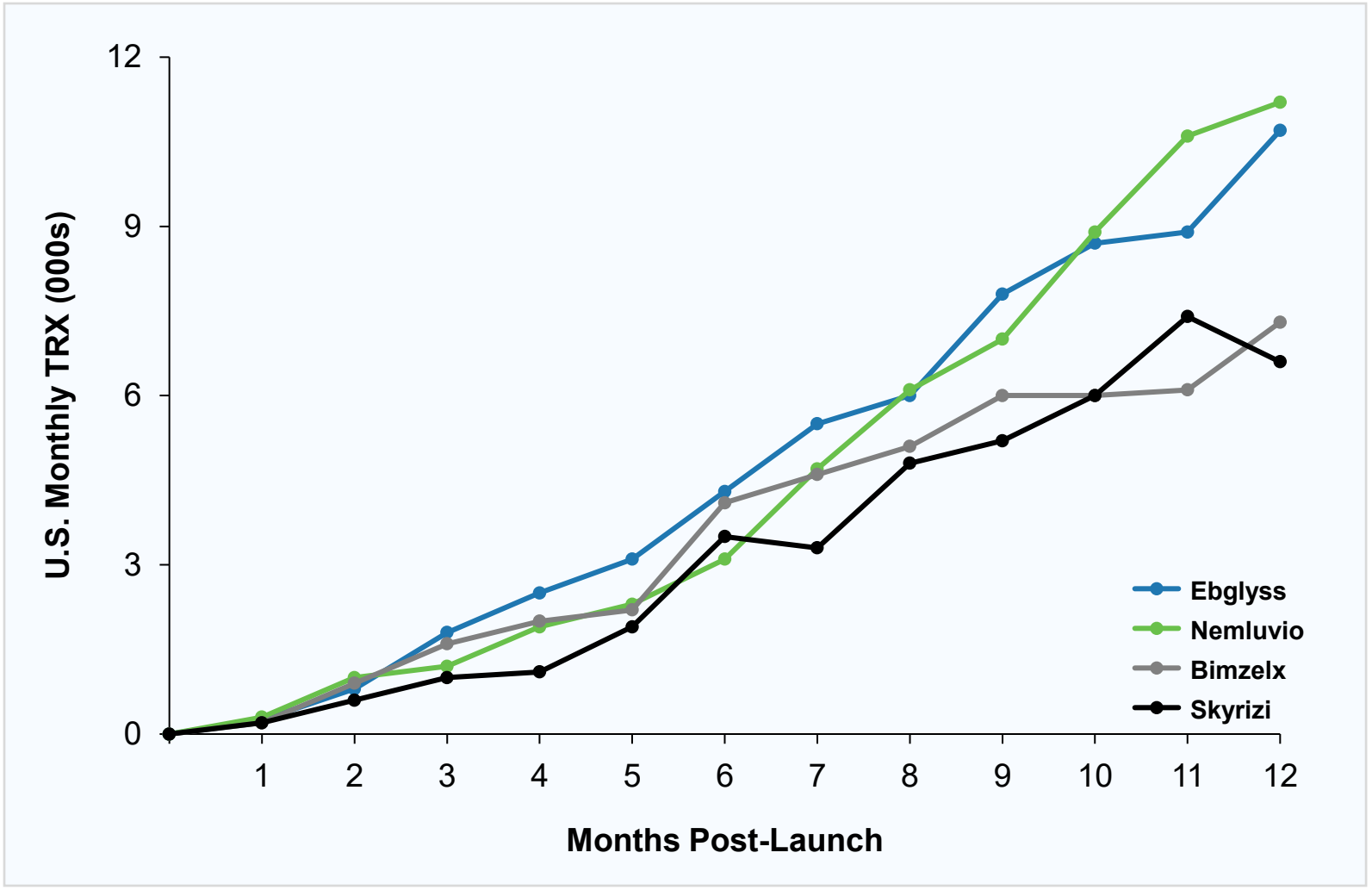
EBGLYSS and NEMLUVIO AD Launches Outpace Historical Psoriasis Launches

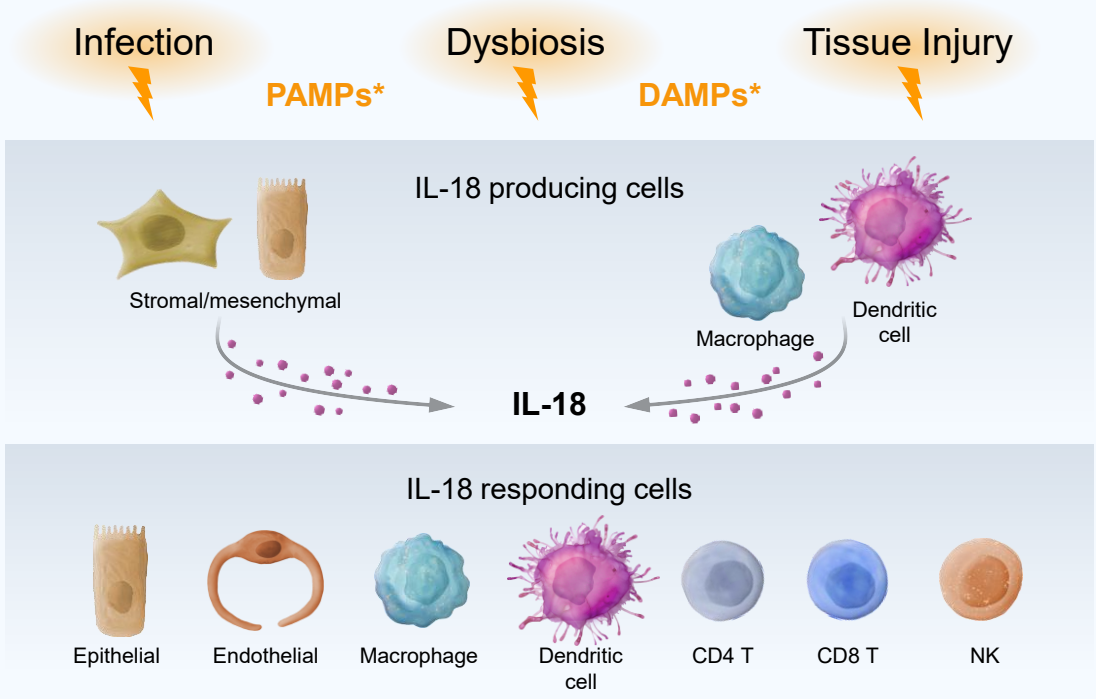


Both EBGLYSS and NEMLUVIO, Launched in 2024, Each Projected for $2.5B+ Global Sales

Sources: IQVIA, based on New to Brand prescriptions.

IL-18 Immune Rebalancing: Modulate Innate and Adaptive Inflammation for Potential Disease Remission

Involved in Innate and Adaptive Immune Processes



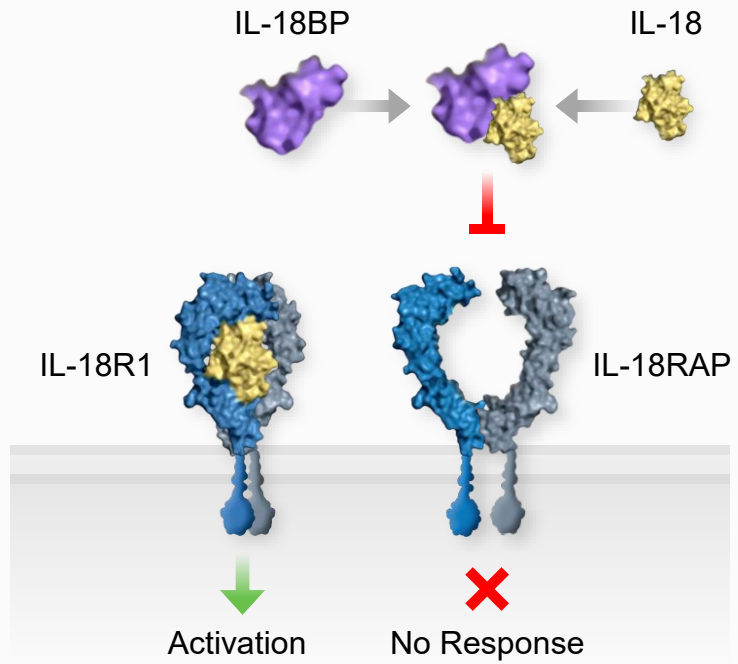
Tissue Pathophysiology

- Th1, 2, 17 Differentiation
- Inflammatory Infiltrates
- Inflammatory Cytokines
- Autoimmunity
- Pathogen Clearance
- Angiogenesis
- Epithelial Barrier

Clinical Manifestations

- Chronic Inflammation
- Barrier Dysfunction
- Infection
- Tissue Damage

IL-18BP Therapeutic Approach



PAMPs: Pathogen-associated molecular patterns; DAMPs: Damage-associated molecular patterns

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EVO301: Long-Acting IL-18 Neutralizer Designed for Tissue Targeting

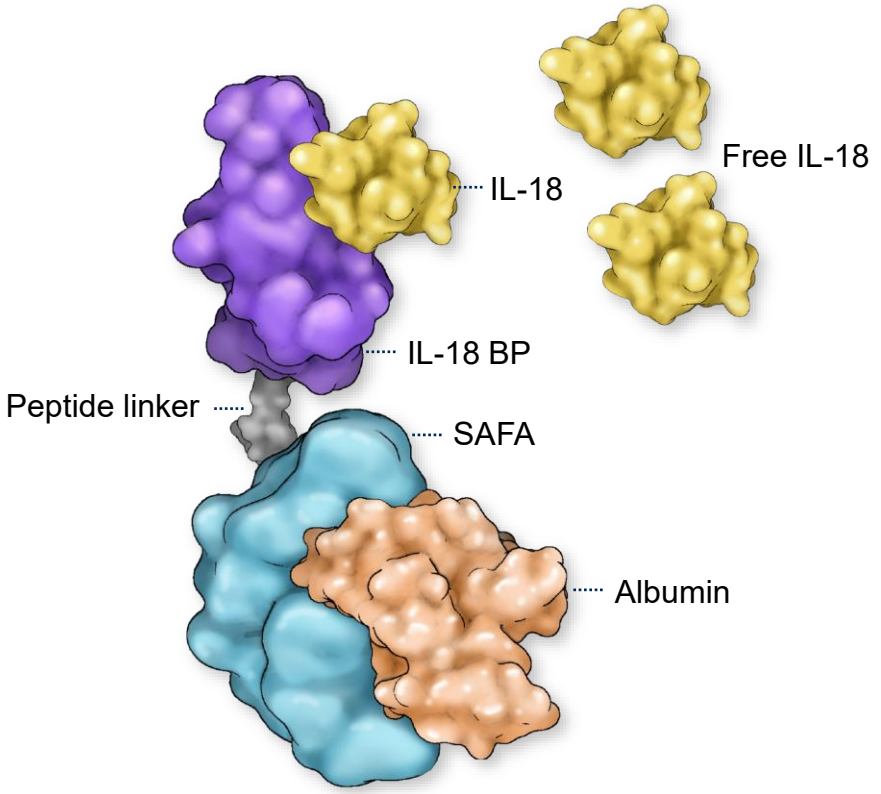
SAFA and IL-18BP Fused Via Peptide Linker for Extended Neutralization of IL-18 Activity

SAFAbody™ Platform Technology

- $T_{½}$ extension: FcRn-mediated recycling of HSA
- Efficient tissue distribution:
  - Smaller size (MW ~65 kD) and HSA binding

IL-18 Binding Protein (IL-18BP)

- High binding affinity and specificity
- Native fully human sequence



SAFA - Anti-Serum Albumin Fab-Associated. HSA – Human Serum Albumin SAFABODY™ is a trademark of AprilBio Co., Ltd.

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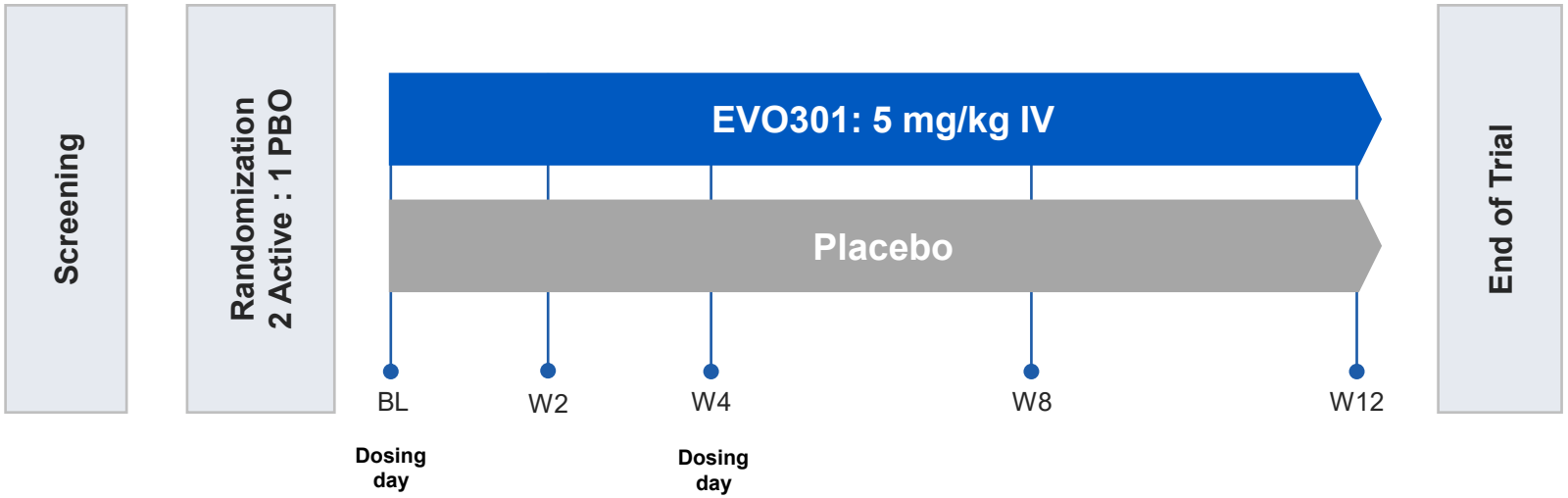
EVO301 Phase 2a Proof of Concept Trial Design

Adults with Moderate-to-Severe Atopic Dermatitis (N = 70)

Randomized, Double-Blind, Parallel Group, Placebo-Controlled Trial



AD Population

- EASI ≥16
- vIGA ≥3
- BSA ≥10%

Primary Endpoint

- Percent change from EASI at Week 12 (Bayesian)

Pharmacokinetics

Target Engagement

EASI = Eczema Area and Severity Index; vIGA = Validated Investigator Global Assessment; BSA = Body Surface Area; BL = Baseline; PBO = Placebo. Trial identifier: NCT06723405

EVO301 Achieved the Primary Endpoint

Phase 2a Proof-of-Concept Trial in Moderate-to-Severe Atopic Dermatitis (N=70)

34%

placebo-adjusted EASI improvement at week 8 (33% at week 12)

23%

of patients achieved IGA 0/1 at week 12 vs 0% on placebo

Highly significant EASI reductions vs placebo

at weeks 4, 8, and 12

No treatment-related serious or severe AEs

Biomarkers and secondary endpoints moved with EASI

PK supports at least Q4-week dosing

Phase 2a Profile Supports Potential Best-in-Class Monotherapy in Atopic Dermatitis

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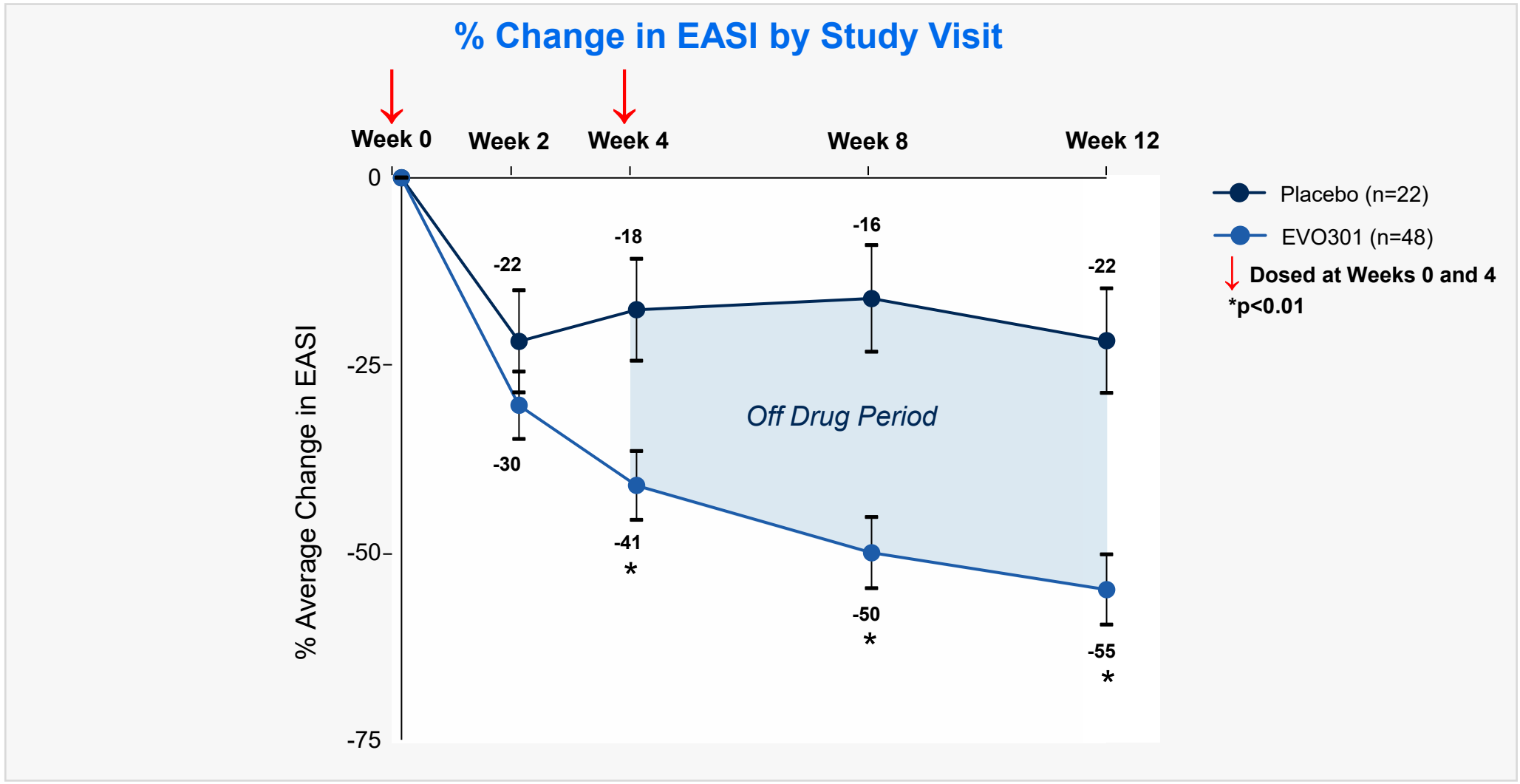
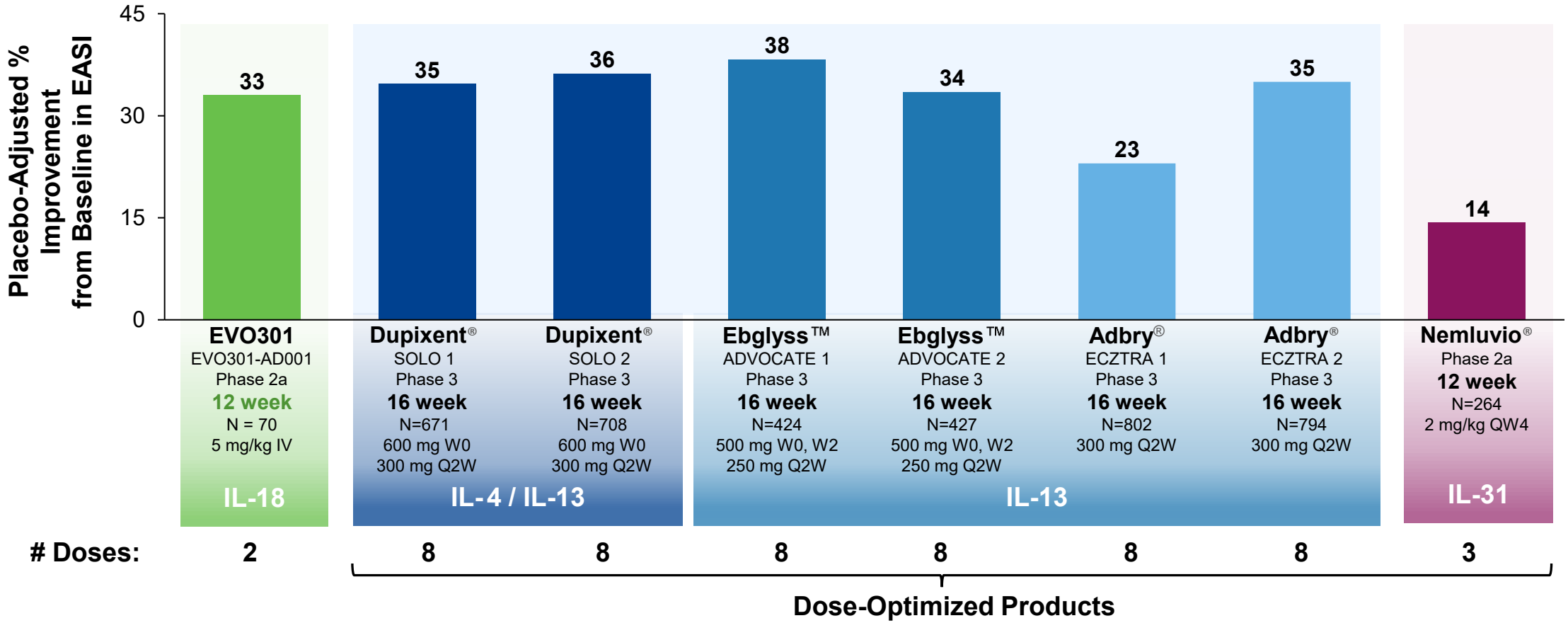
Phase 2a Trial in AD Demonstrated Statistically Significant Efficacy Across Time Points



% Average change in EASI is LS Mean

EVO301 Demonstrated Comparable Activity at 12 Weeks to Dose-Optimized Marketed Biologics at 16 Weeks



EVO301: No Clinically Significant Lab Abnormalities
No Conjunctivitis Reported (as is Common with Other Biologics in AD)

For illustrative purposes only. Not a head-to-head comparison. Differences exist between trial designs and study characteristics, and caution should be exercised when comparing across trials. Sources: Silverberg *et* al. (2016), Silverberg *et* al. (2023), Wollenberg *et* al. (2020), Ruzicka *et al*. (2017).

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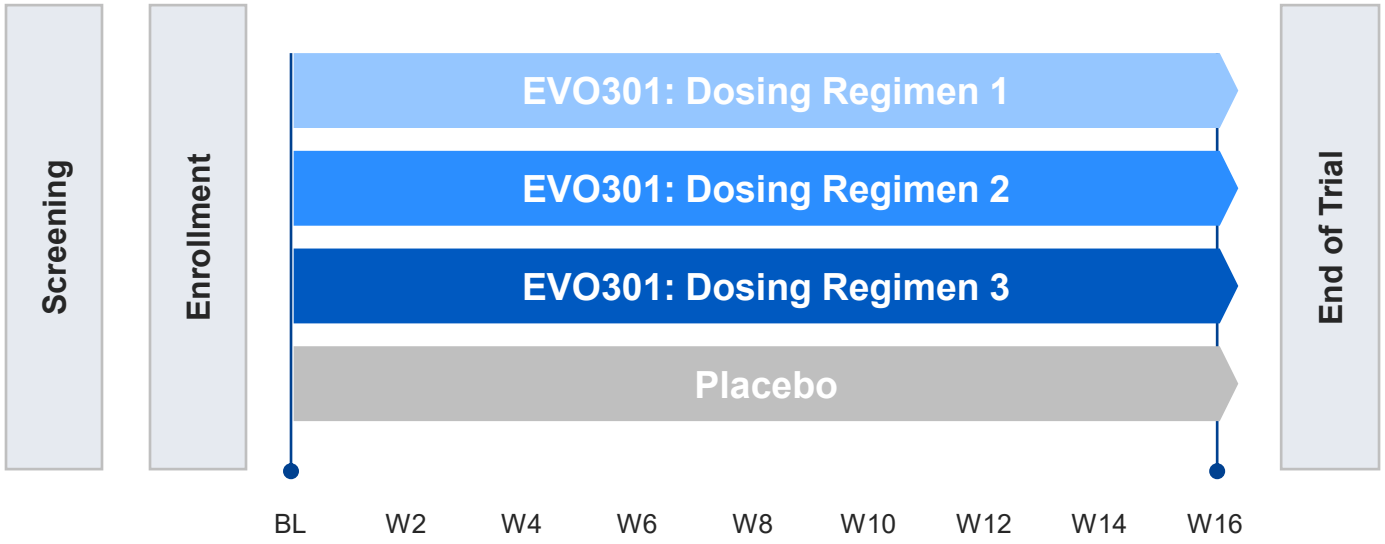
Planned EVO301 Phase 2b Dose-Ranging Trial in AD

Trial Initiation Expected Mid-2027

Adults with Moderate-to-Severe Atopic Dermatitis (N ≈ 180)

Randomized, Double-Blind, Placebo-Controlled Trial



Plan to explore Q2W and Q4W Regimens

Primary Endpoint

- % CFB in EASI at Week 16

Key Secondary Endpoints

- EASI-50, EASI-75, and EASI-90
- Change in vIGA
- Change in Pruritus-NRS
- Proportion of patients achieving ≥4 point reduction in Pruritus-NRS
- Change in BSA affected

Exploratory & Biomarkers

- QoL
- Biomarkers
- Target Engagement

EASI = Eczema Area and Severity Index; vIGA = Validated Investigator Global Assessment; Pruritus-NRS = Pruritus Numerical Rating Scale; BSA = Body Surface Area; BL = Baseline, QoL = Quality of Life Q4W = Every four week dosing, Q2W = Every two week dosing, CFB = Change from Baseline.

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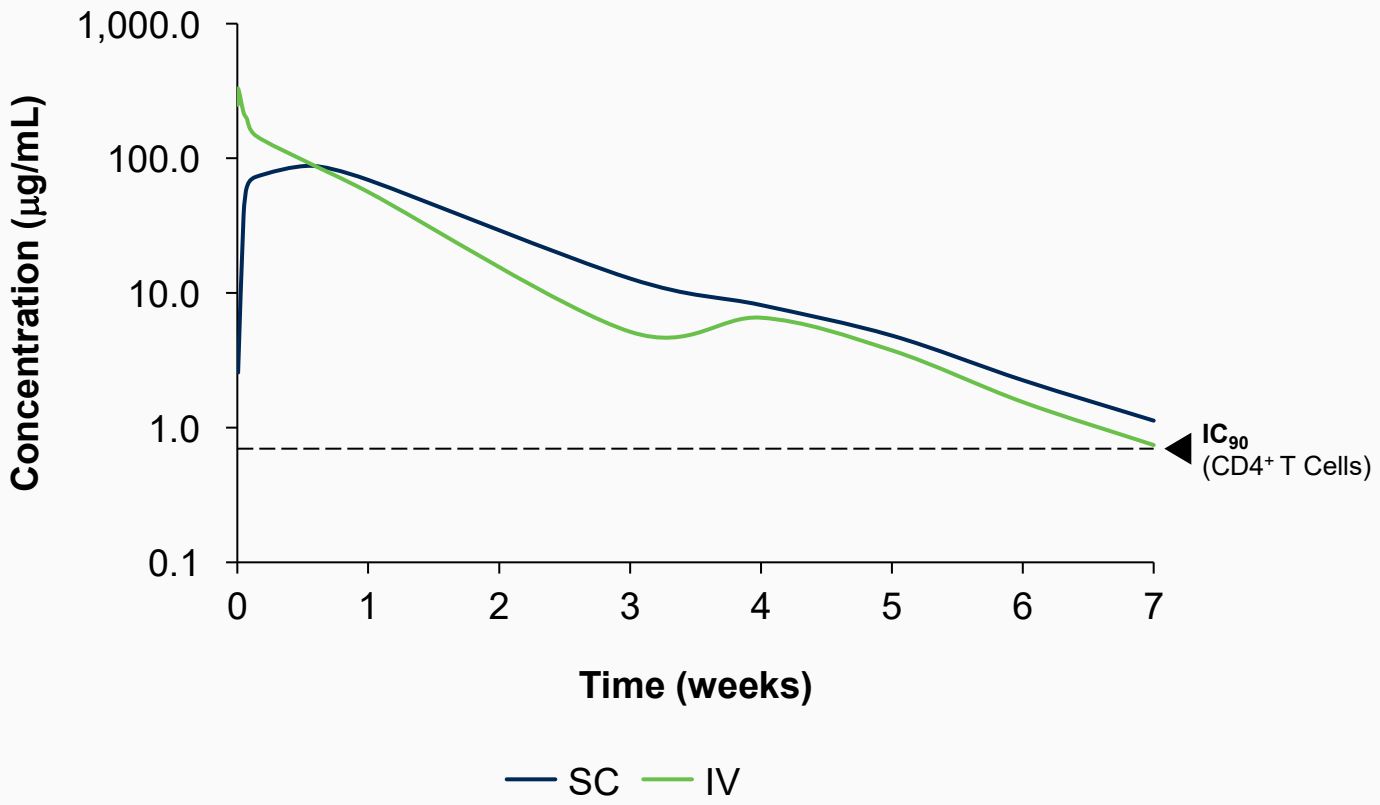
EVO301 Subcutaneous Formulation Exposure Consistent with IV

Comparable Nonclinical Serum Exposure



Key PK Parameters

Parameters	10 mg/kg (N = 3/group)	
	Intravenous (IV)	Subcutaneous (SC)
C_{max} (µg/mL)	343	90
AUC (µg•hr/mL)	**~27,000**	**~27,000**
T_{max} (hr)	0.83	72
$T_{1/2}$ (hr)	101	168

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EVO756: Oral MRGPRX2 Antagonist

Potential First- and Best-in-Class Dual Mechanism Modulates Both Peripheral Sensory Neurons and Mast Cells

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EVO756: Targeting Major Unmet Need in Migraine Prevention

~30M

Patients Eligible for Preventative Therapy[1]

EVO756 – Defining the Next Wave of Preventatives

1. **Oral Dosing**
2. **Novel Dual Mechanism**
3. **First-Line Potential**

1. US/EU5/JP eligible patients estimated. Sources: Clarivate “Migraine: Disease Landscape and Forecast” (2026), AHS guidelines for migraine prevention eligibility, Buse *et al*. (2024), Silberstein *et al*. (2015), Cohen *et al*. (2024), Coppola *et al*. (2025), Sakai *et al*. (2022).

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Strong Scientific Rationale for EVO756 in Migraine

Disease-Relevant Expression	MRGPRX2 is expressed in human trigeminal neurons and meningeal mast cells
Preclinical Validation	*in vivo* headache models support pathogenic role for MRGPRX2
Translational Insights	Multiple MRGPRX2 ligands induce migraine in humans
Clinical Validation	mAb inhibition of MRGPRX2 ligand (PACAP) shows clinical benefit in-line with CGRPs

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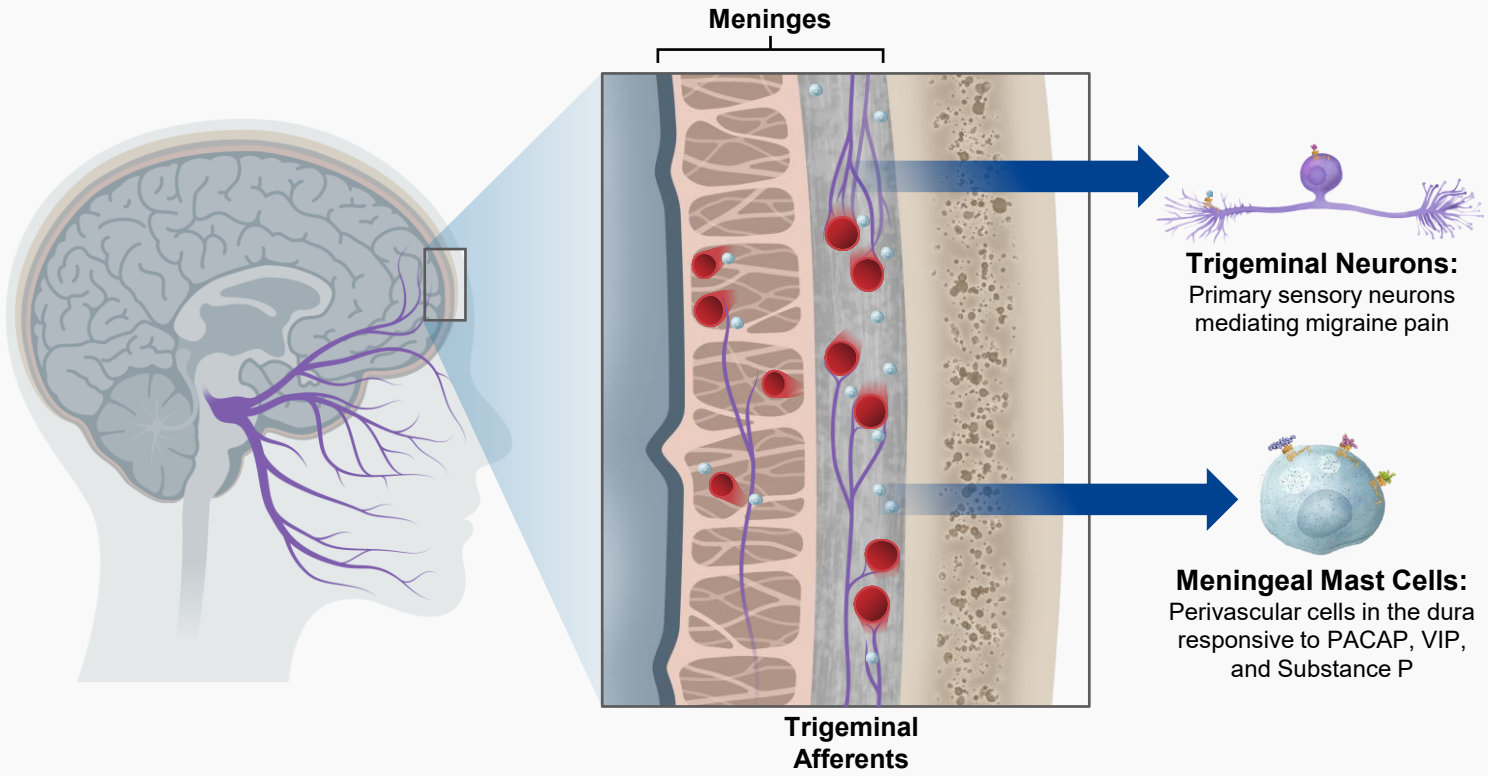
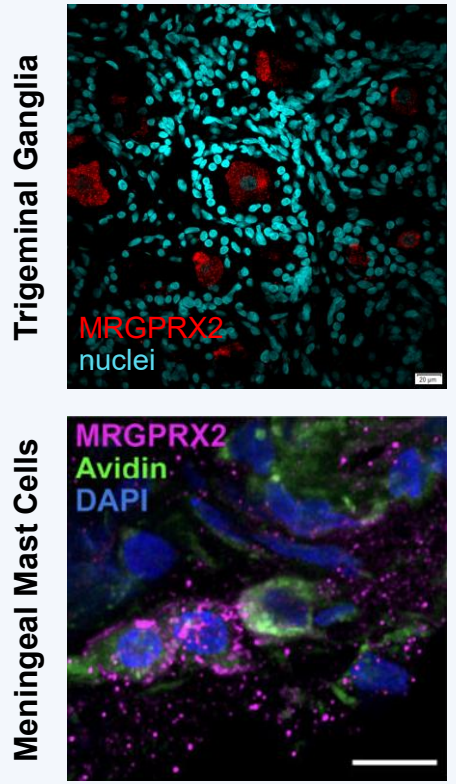
MRGPRX2: Positioned to Address Neuronal and Mast Cell Drivers of Migraine

MRGPRX2 Mediates Neuropeptide Signaling Associated with Migraine (PACAP, VIP, Substance P)



Expression Confirmed in Disease-Relevant Tissues



Source: Evommune internal data (trigeminal neurons; *in situ* hybridization on human tissue samples), PMID: 40712576 (meningeal mast cells)

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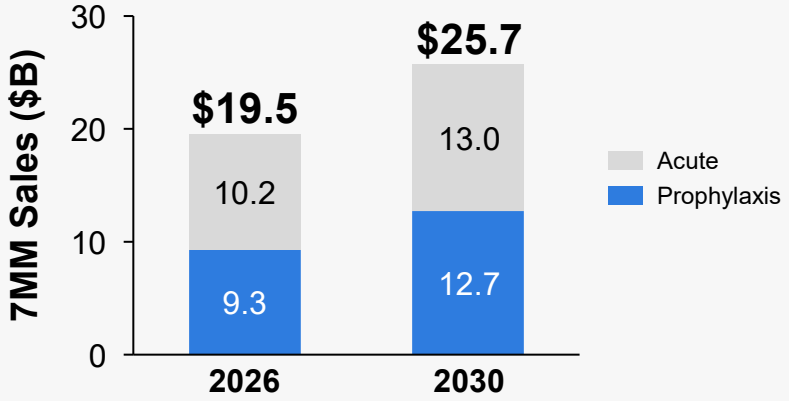
High Demand for Preventative Migraine Therapy

Limited Therapeutic Diversity
Only CGRP inhibitors and neurotoxin

Inadequate Efficacy
~45% of patients do not achieve 50% improvement and have ≥8 monthly migraine days

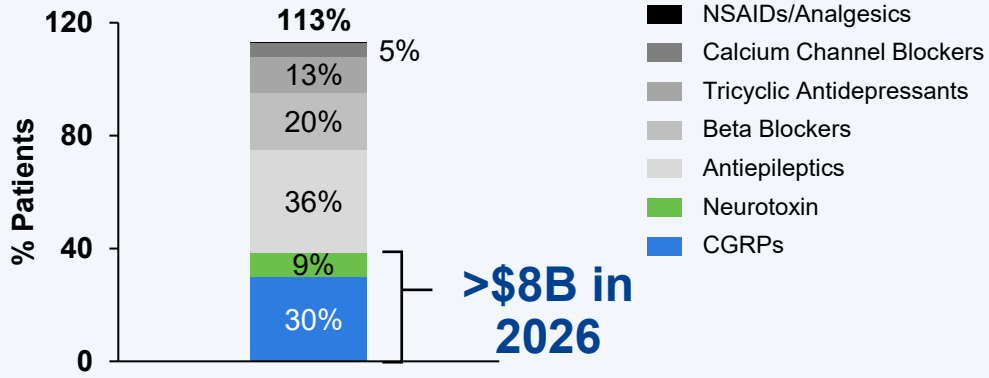
Tolerability Challenges Remain
CGRPs associated with constipation, hypertension, Raynaud's, nausea, allergic and injection site reactions

Prevention Drives ~50% of $25B Migraine Market



>75M People Living with Migraine in 7 Major Markets

Most Patients Remain on Legacy Preventives — Targeted Therapies Drive Sales

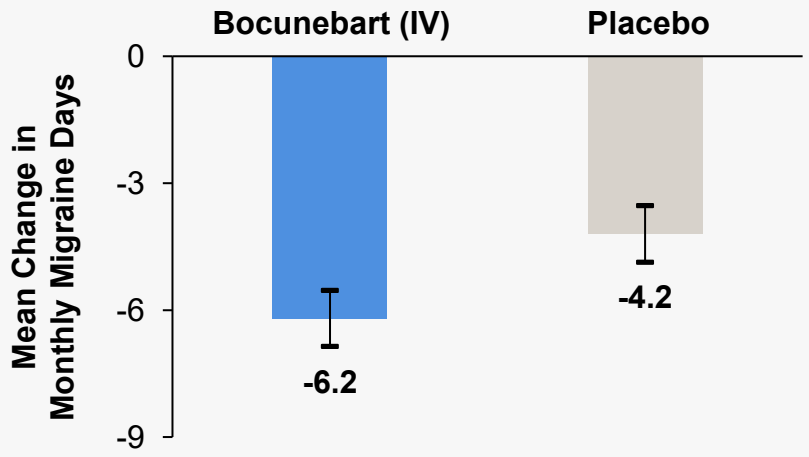


~30M Patients Eligible for Preventative Therapy in 7 Major Markets

Sources: Clarivate "Migraine: Disease Landscape and Forecast" (2026), AHS guidelines for migraine prevention eligibility, Buse *et al.* (2024), Silberstein *et al.* (2015), Cohen *et al.* (2024), Coppola *et al.* (2025), Sakai *et al.* (2022). Note: Sales represent 7 Major Markets (US, EU5, Japan); Percent of patients by therapy type exceeds 100% due to co-prescribing; % patient numbers by therapy reflect US patient breakdown., AHS Consensus Statement

PACAP Inhibition Achieves CGRP-Like Efficacy in Migraine Prophylaxis

Lundbeck's Bocunebart Reduced Monthly Migraine Days by ~2



- Magnitude of benefit consistent with marketed CGRP inhibitors

Second Neuropeptide Axis Validated in Migraine Prevention

- PACAP is a key neuropeptide trigger of migraine attacks
- Antibody blockade reduced migraine frequency in controlled clinical study
- Effect size falls within range observed for approved CGRP therapies

Note: Lundbeck's bocunebart is a humanized mAb that neutralizes PACAP. Results above from Phase 2 a study in migraine prophylaxis (HOPE; N=237; single IV administration of bocunebart in patients that were a mix of episodic and chronic migraineurs). Source: Clinicaltrials.gov NCT05133323. Direct comparisons cannot be made in the absence of head-to-head trials because of differences in trial design, patient population and other factors.

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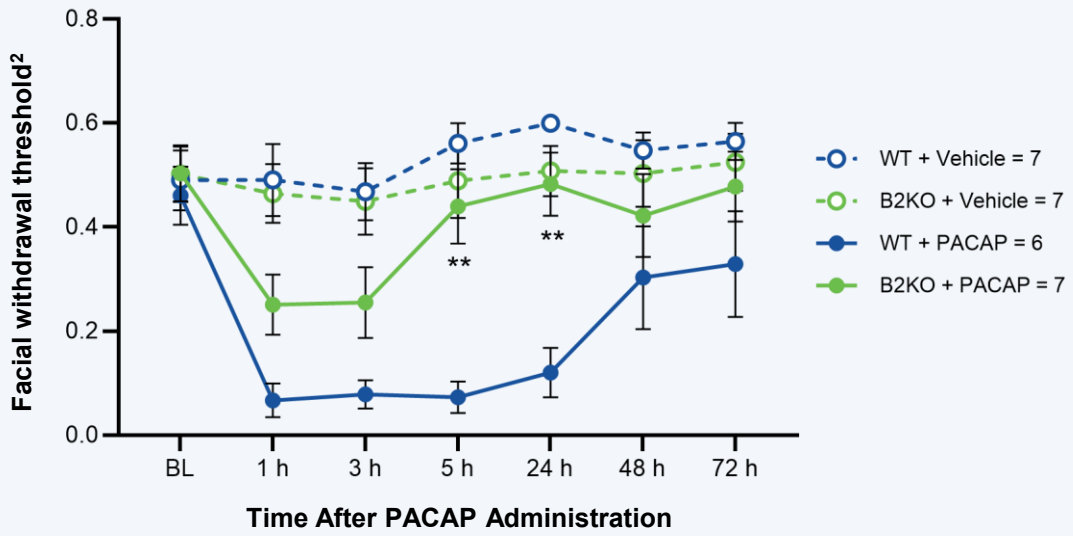
PACAP Triggers Migraine via MRGPRX2[1]

MRGPRX2 Ligand PACAP Induces Headache *in vivo*

1. PACAP injected directly to meninges of wild type and knockout models

2. Facial withdrawal threshold used as functional pain readout

Knockout of MRGPRX2[1] Reduced PACAP-Induced Migraine Symptoms

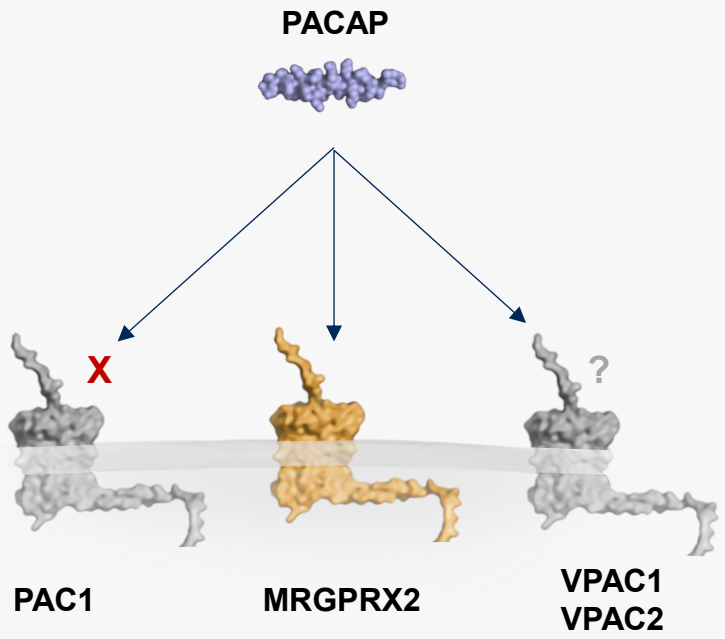


- *in vivo* data support functional role of MRGPRX2[1] signaling in migraine

1. Mrgprb2 is rodent homologue. 2. In grams, measured via Orbital von Frey assessment. Source: Internal Evommune data. Confirms data published in PMID: 37516794.

3 Neuropeptides that Trigger Migraine Are Known MRGPRX2 Ligands”

PACAP Impact in Migraine Is Primarily through MRGPRX2



PACAP Receptor	Relevant Tissue Expression	Preclinical Evidence?	Clinical Validation In Migraine?
PAC1	**Neurons**[1]	Limited	✗
VPAC1 **VPAC2**	**Cranial vessels** Neurons (?)	Limited	*Not evaluated*
MRGPRX2	**Mast Cells** **Sensory Neurons**	✓	Topline Data Expected 2027

1. Trigeminal sensory neurons, brainstem pain circuits, hypothalamus, cortex, thalamus. Note: In addition to MRGPRX2 PACAP binds PAC1, VPAC1, VPAC2, but PAC1 inhibition (Amgen’s AMG301: PAC1 blocking mAb.) does not show therapeutic benefit in migraine. Sources: PMID: 33231489, PMID: 39085771, PMID: 37706270.

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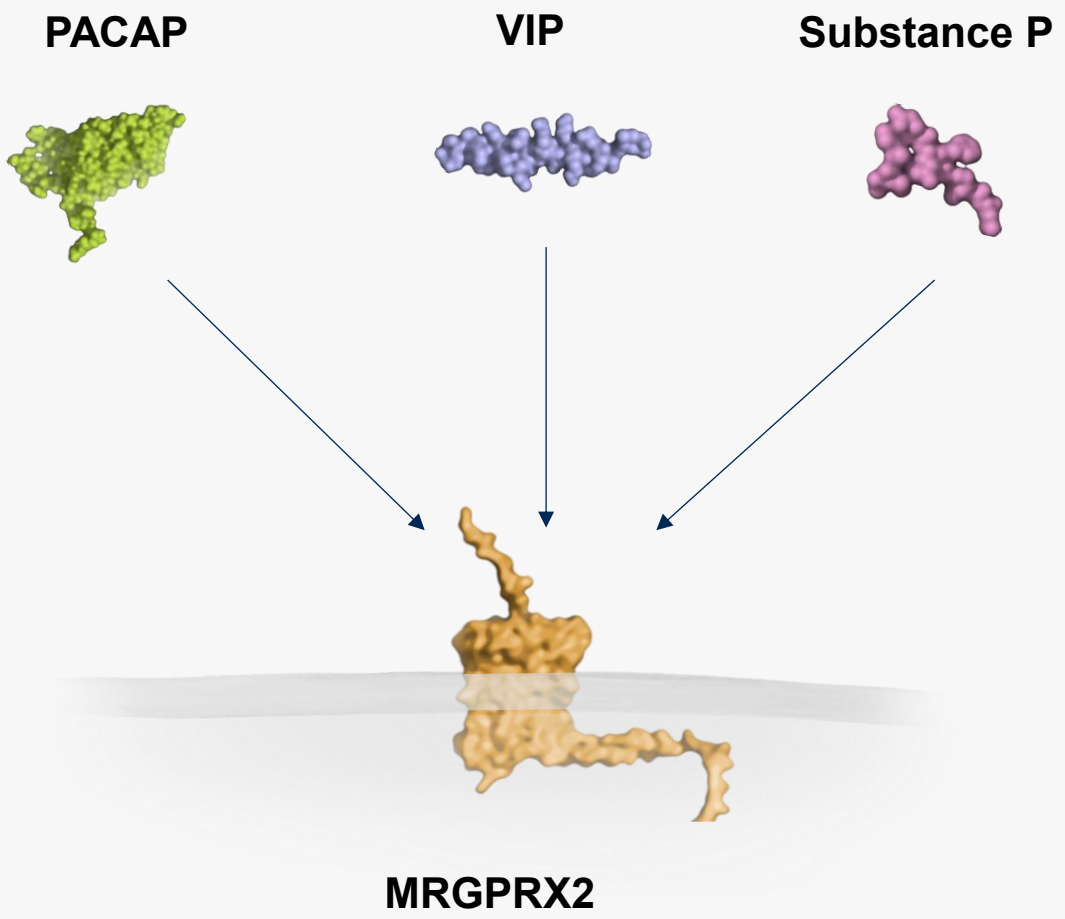
3 Neuropeptides that Trigger Migraine Signal Through MRGPRX2



Note that PACAP also binds PAC1, VPAC1, VPAC2, but PAC1 inhibition does not show therapeutic benefit in migraine.

Blocking MRGPRX2 Addresses Validated Migraine Triggers

Neuropeptide	Preclinical Evidence	Induced Headache in Humans	Clinical Validation
PACAP	✓	✓	✓
VIP	✓	✓	○
Substance P	✓	✓	○

Note that PACAP also binds PAC1, VPAC1, VPAC2, but PAC1 inhibition does not show therapeutic benefit in migraine.

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EVO756 Clinical Development Overview

Trial	Phase 1 Proof-of-Concept	Phase 2	Phase 2b
N	132	30	~330
Indication	Healthy Volunteers	CIndU	Migraine
Key Takeaways	• Well-tolerated • Clear target engagement • ~70% human skin penetration • PK supports full target coverage as low as 25mg BID	• Well-tolerated • Complete responses as early as week 1 • Clear POC achieved with 70% responders • Similar activity at 50mg BID and 300mg QD doses	**Trial Initiated in July 2026, Top-line Data Expected 2027**

Safety and Tolerability Established Across All Trials to Date including CIndU and AD

CIndU = Chronic inducible urticaria; AD = Atopic dermatitis

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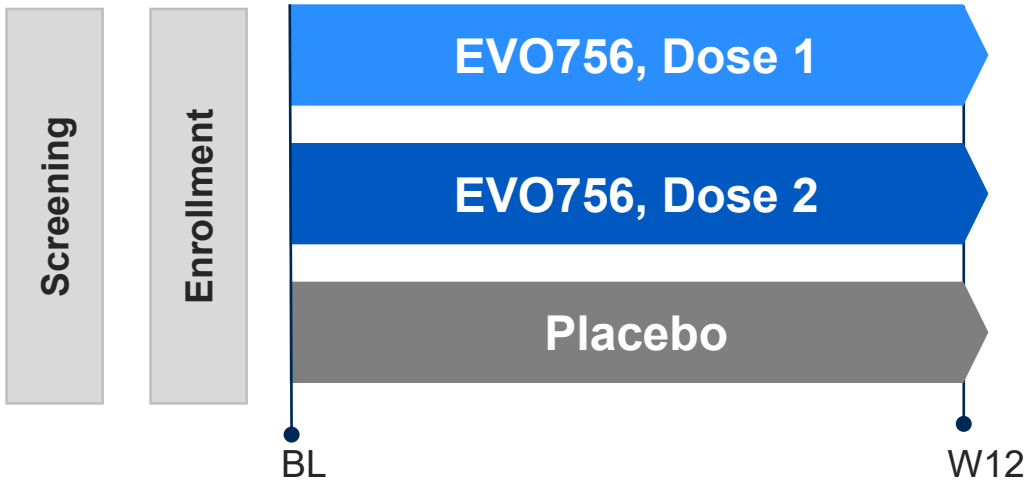
Planned Phase 2b Dose-Ranging Trial in Migraine Prophylaxis

Top-line Data Expected in 2027

Adults with Refractory Migraine ≥6 Days/Month

(N ≈ 330)

Randomized, Double-Blind, Placebo-Controlled Trial



Exploring daily doses up to100 mg

Primary Endpoint

- Mean CFB in MMD

Key Secondary Endpoints

- ≥50%, ≥75% reduction in MMD
- CFB in MHDs and MMD
- CFB in monthly acute migraine medication use

Exploratory Endpoints

- Patient subtyping
- Changes in biomarkers
- Change in migraine-specific QoL

BL = Baseline; CFB = change from baseline; MMD = monthly migraine days; MHD = monthly headache days; QoL = quality of life

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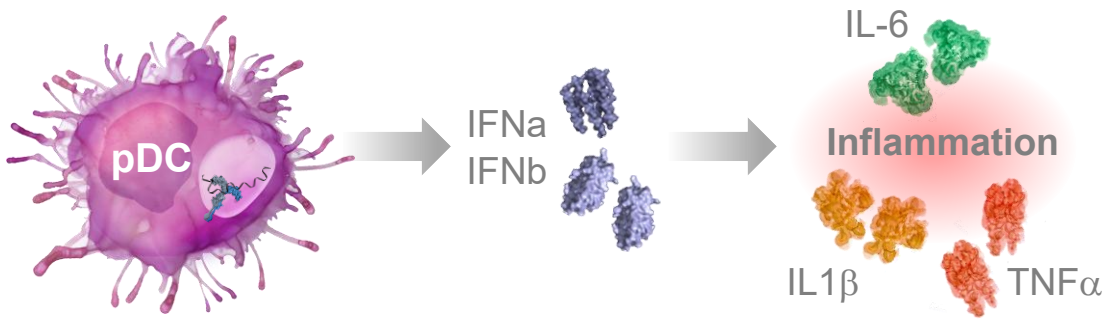
EVO646: Oral TLR7/8 Antagonist

Potential Best-in-Class Dual Mechanism (Type I Interferon and Pathogenic B-Cell / Autoantibody) for Autoimmune Disease

TLR7/8 Inhibition Suppresses Two Major Drivers of Autoimmune Disease

Type I Interferon Pathway

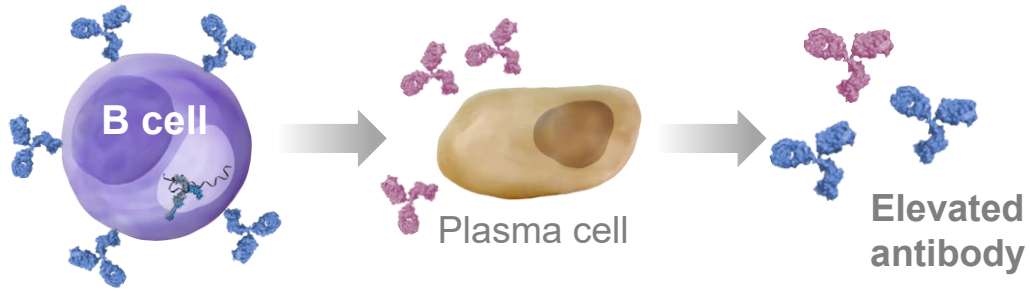
Suppresses pDC-driven type I interferon production



↓ **Type I IFN**

Pathogenic B-Cell Pathway

Reduces B-cell activation, plasmablast differentiation, and autoantibody production



↓ **Autoantibodies**

Single Target with Complementary Effects on Two Major Drivers of Autoimmune Disease

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Large Market Opportunity for TLR7/8

Autoimmune Indications: Highly Valued Segment of I&I Market

Strong Scientific Rationale for TLR7/8 in Autoimmune Diseases

Human Genetics
Strong causal link of TLR7 to autoimmune disease

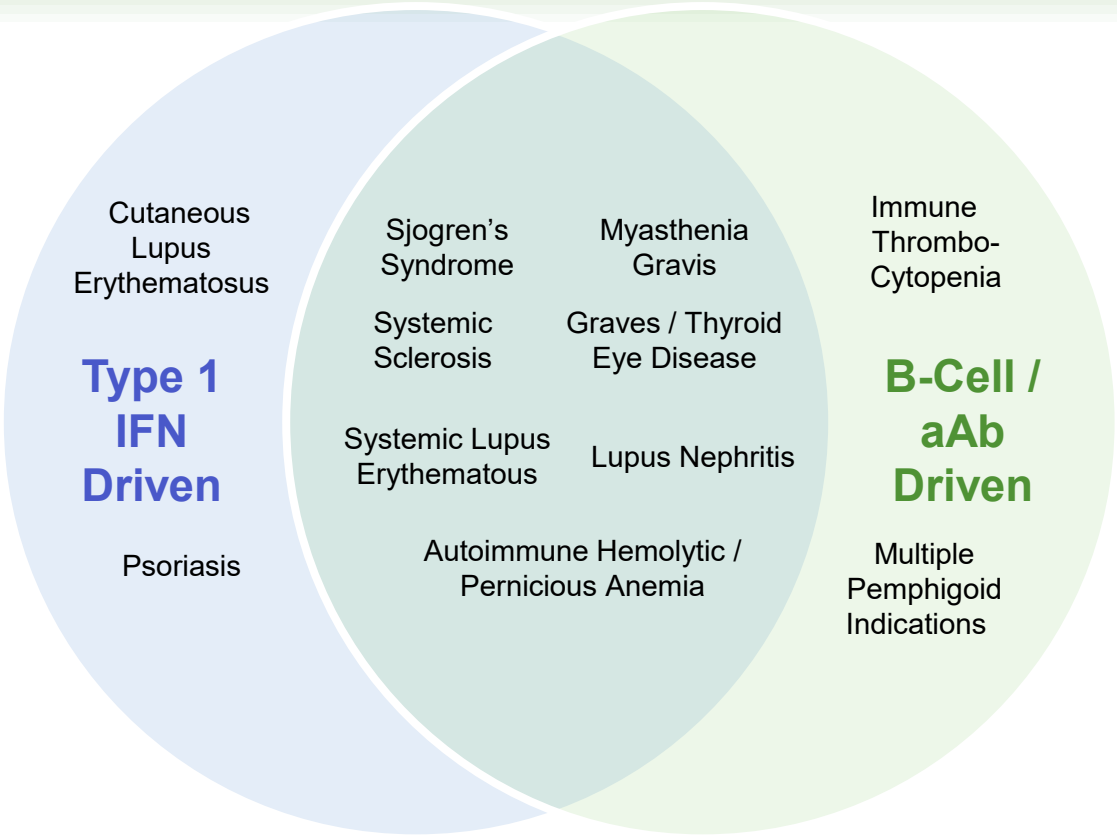
Preclinical Validation
TLR7-/- mice resistant to autoimmune/inflammatory models

Mechanistic Insights
Multimodal MoA: limiting type 1 interferons and pathogenic B-cells/auto-antibody production

Clinical POC
TLR7 inhibition demonstrated clinical benefit in CLE

TLR7/8 Potential Indications

6M Patients Initial Targeted Indications[1]



1. Evommune internal estimates based on initial potential indications.

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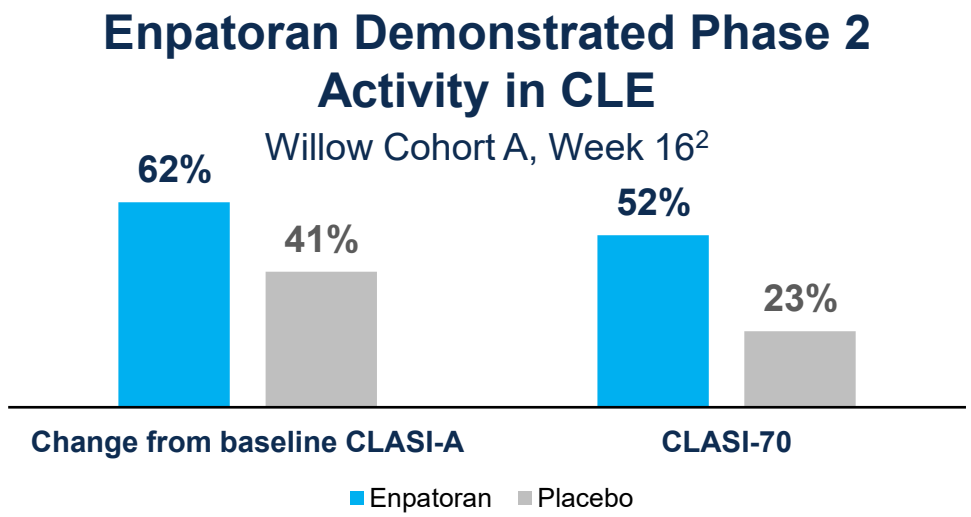
Established Clinical Validation for TLR7/8 Inhibition

Positive Phase 2 Efficacy with enpatoran Establishes Proof-of-Concept for TLR7/8 Inhibition[1]



Afimetoran[3] Validated TLR7/8 Inhibition in SLE Phase 2 Met SRI-4 Primary Across All 3 Doses[4]

~Complete TLR7/8 blockade
Low QD doses; near-complete ex vivo IL-6 inhibition

Rapid IFN-GS Suppression
8/8 CLE pts; evident by Wk1 and sustained to Wk16

Early Cutaneous Activity
CLASI-A50: 50% vs 0% PBO; mean change −43% vs −3% (small n)

1. Enpatoran is an investigational product being developed by EMD Serano 2. Enpatoran WILLOW Phase 2, Cohort A (ACR 2025)
3. Afimetoran is an investigational product being developed Beeline Medicines 4. Afimetoran Phase 2 in Systemic Lupus Erythematosus (Sept 2026)

EVO646: Strategic Approach for a Best-in-class TLR7/8 Inhibitor

Developed through Partnership with Accutar Biotech, an AI-empowered Drug Discovery Leader

Attribute	Targeted Outcome
Potency	• <10 nM IC50 against human TLR7/8
Selectivity	• >100-fold less potent at inhibiting TLR9
Dosing	• QD dosing, with ≤100 mg dosed per day • Cover the IC_{90} at trough levels
Off-Target Activity	• ≥100-fold vs off-target safety panels • Sufficient window to support C_{max} safety considerations for QD
DDI	• Minimal compound related drug-drug interaction
ADME/PK	• Standard profile to support all above points
IP	• Clear novelty and FTO

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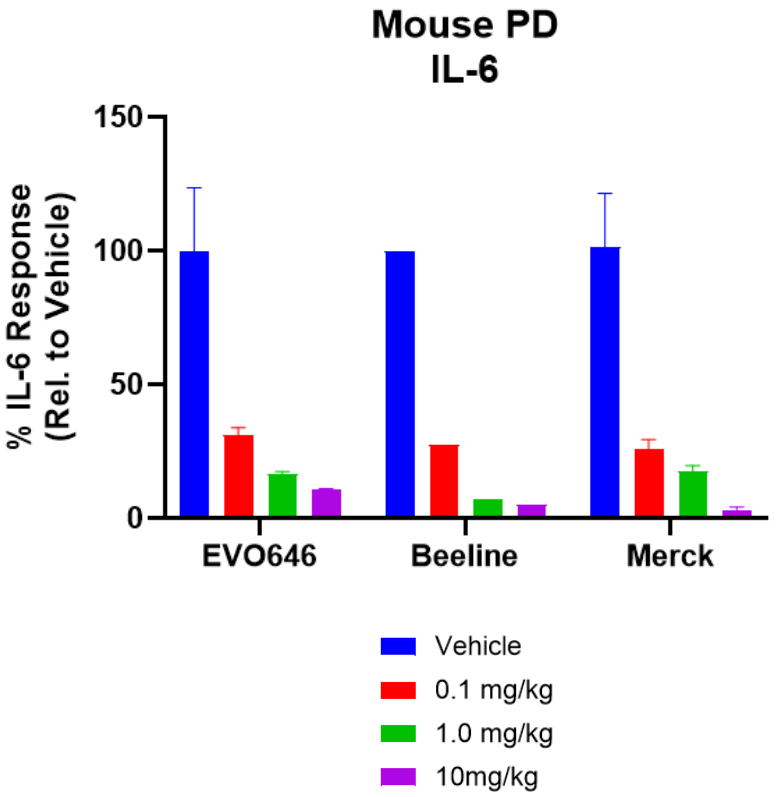
EVO646 has Best-in-Class Potential

EVO646 pairs potentially competitive potency with QD dosing and strong safety profile

	EVO646 (Evommune)	Afimetoran (BMS/Beeline)	Enpatoran (Merck Serono)
Potency (nM) (HEK293T)	6.70	1.70	11.2
In vivo* activity Mouse PD	>80% inhibition @ 1mpk	>80% inhibition @ 1mpk	>80% inhibition @ 1mpk
Dosing	QD	QD	BID
Safety	>10uM hERG 1/87 CEREP	9.29 uM hERG 6/87 CEREP	N/D *(data in progress)*

Comparable IL-6 suppression at 0.1 mg/kg



*acute R848 model → output highlights combined impact of potency, PPB, and bioavailability
CEREP hits = >50% inhibition @ 10uM

Key Milestones Ahead For Evommune (NYSE: EVMN)

Championing Innovation for Chronic Inflammation

EVO301 IL-18BP	• Plan to initiate Phase 2b in AD with subcutaneous formulation in mid-2027
EVO756 MRGPRX2	• Expect top-line data from Phase 2b migraine trial in 2027
EVO646 TLR7/8	• Plan to initiate Phase 1 in 1H 2027
Research	• Anticipate new programs entering the clinic with a steady cadence

~$287M Cash and Investments; Expected Runway Into 2029

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Thank You!

www.evommune.com

Appendix

Proven and Experienced Leadership Team Has Delivered Almost 30 NDAs and BLAs

Luis Peña
Founder, President & CEO

Eugene Bauer, MD
Founder, CMO

Kyle Carver, MBA
CFO

Jeegar Patel, PhD
CSO

Greg Moss, Esq
CBO & CLO

Janice Drew, MPH
Chief of Development Operations

Daniel Burge, MD
SVP, Clinical Development

Lou Sehl, PhD
SVP, Technical Operations

Mark Jackson, MD
SVP, Clinical Development

Leadership in >25 Companies

Dermira
(Acquired by Eli Lilly for $1.1B)

Lilly

Genentech
A Member of the Roche Group

Stiefel
(Acquired by GlaxoSmithKline for $2.9B)

Peplin
Innovation in Dermatology
(Acquired by LEO Pharma for $288M)

Proteolix

connetics
(Acquired by Stiefel for $930M)

GSK

Kadmon
(Acquired by Sanofi for $1.9B)

sanofi

Stanford Medicine

Allergan

MyoKardia
(Acquired by Bristol Myers Squibb for $13.1B)

ImClone Systems
(Acquired by Eli Lilly for $6.5B)

Cohesion
(Acquired by Angiotech for ~$50M)

Roche

Key Roles in Almost 30 NDA / BLAs

Ebglyss (lebrikizumab-lbkz) 250mg/2mL injection
REZUROCK (belumosudil) tablets
Xolair Omalizumab
cimzia (certolizumab pegol)
BOTOX OAB
eucrisa crisaborole ointment 2%
TNKase Tenecteplase
ACTIVASE ALTEPLASE
Qbrexza (glycopyrronium) cloth
Kyprolis (carfilzomib)
Lartruvo (OLARATUMAB) Injection 10 mg/mL
Portrazza necitumumab injection
Picato (ingenol mebutate) gel
SORIATANE (acitretin) Capsules
CYRAMZA (ramucirumab)
extina (ketoconazole) Foam, 2%
CAMZYOS (mavacamten) capsules
CLOVIQUE Trientine Hydrochloride Capsules, USP
Coseal Surgical Sealant
CellCept (mycophenolate mofetil)
Liletta
Kerydin (TAVABOROLE) TOPICAL SOLUTION, 5%
veltin (clindamycin phosphate and tretinoin) Gel 1.2%/0.025%
Vitagel
evoclin (clindamycin phosphate) Foam, 1%
FABIOR (tazarotene) Foam, 0.1%

Footnotes: Acquisition prices from press releases

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