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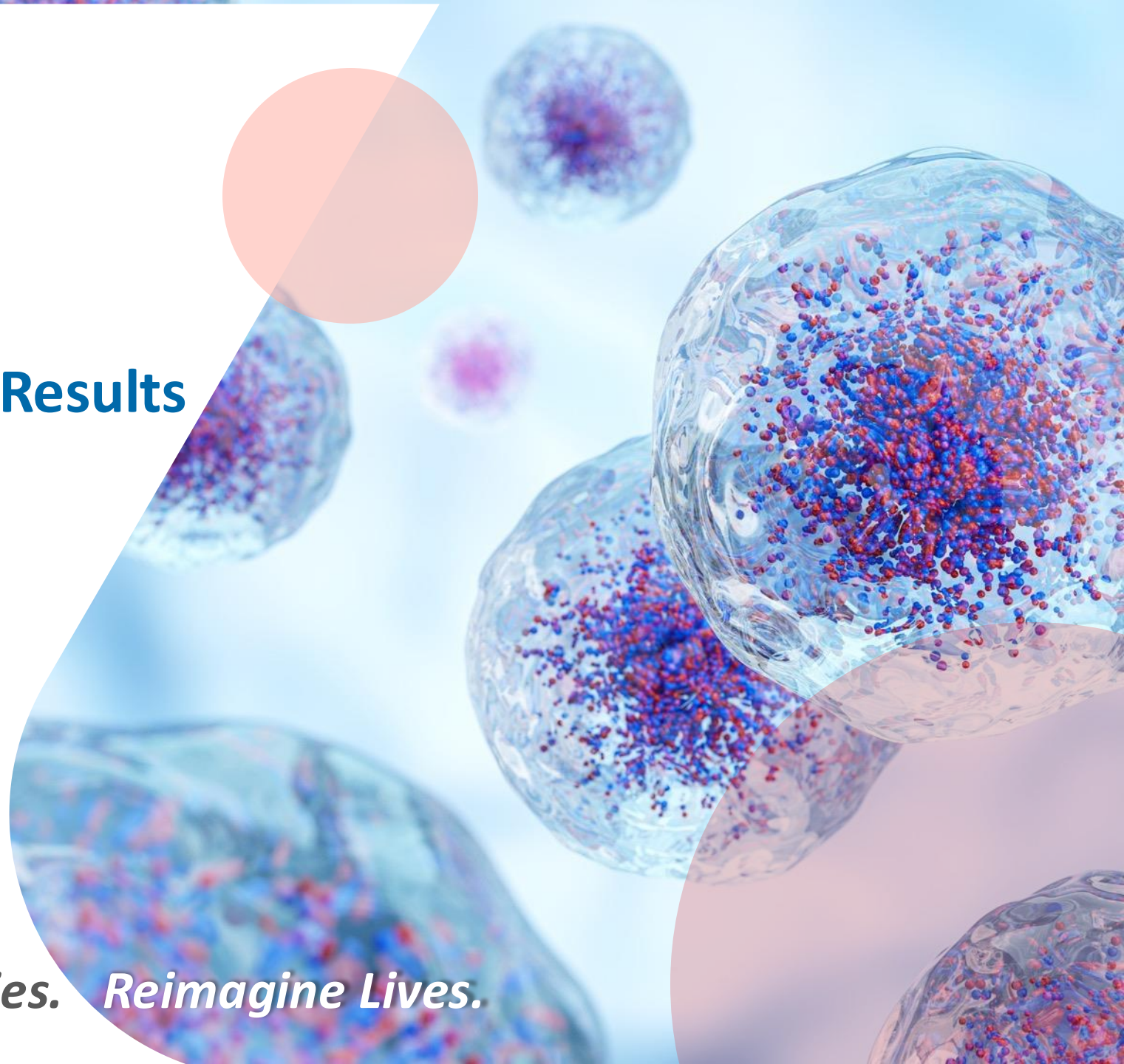
# LUMUS Phase 2b Topline Results

September 1, 2026



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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/.

# LUMUS Trial Topline Results

| | |
|---|---|
| 01 | **Opening Remarks**<br>Martin Babler, President & CEO |
| 02 | **LUMUS Trial Design and Topline Results**<br>Jörn Drappa, CMO |
| 03 | **Closing Remarks and Q&A**<br>Martin Babler, President & CEO |

# LUMUS Topline Results Summary

## Envudeucitinib in Moderate-to-Severe Systemic Lupus Erythematosus (SLE)

### Trial did not meet primary and secondary endpoints in overall trial population

- Higher than expected proportion of low interferon gene signature (IFNGS-low) patients (40%) drove high placebo response rate and reduced overall efficacy outcomes
- Generally well tolerated; no new safety signals identified
- Dose-dependent interferon-pathway target engagement confirmed via pharmacodynamic data

### Robust clinical responses observed in prespecified subgroup of patients with high interferon gene signature (IFNGS-high)

- Robust responses across primary and key secondary outcome measures
- Meaningful patient benefits consistent with type I IFN directed mechanism
- Easily identifiable subgroup representing the majority of patients with moderate-to-severe active lupus

## NEXT STEPS

### Key insights from LUMUS support clear path forward

- Incorporate learnings from LUMUS into Phase 3 design
- End of Phase 2 meeting with FDA and EMA



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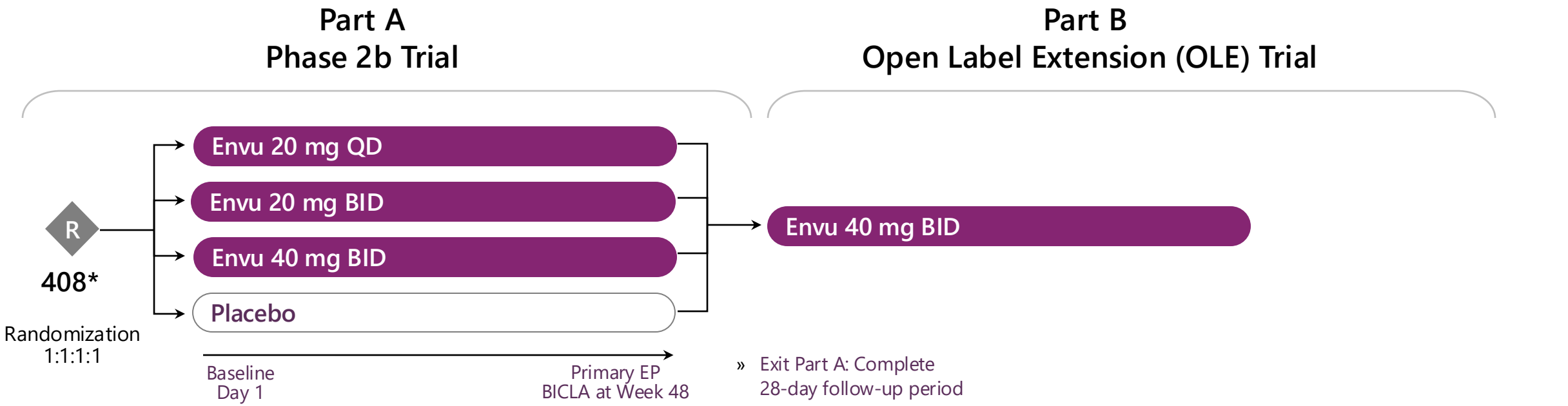
# LUMUS Phase 2b Clinical Trial Design




- Primary endpoint: BICLA at Week 48 compared to placebo
- Key secondary endpoints: safety and tolerability, SRI-4, CLASI-50, LLDAS, reduction in corticosteroids, active joints or flares
- Includes OLE for long term safety database

*408 patients with moderately-to-severely active, autoantibody-positive SLE on background standard-of-care therapy

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# Key Topline Efficacy Endpoints

| | | 20mg QD (N=103) | 20mg BID (N=99) | 40mg BID (N=102) | Placebo (N=101) |
|---|---|---|---|---|---|
| BICLA Week 48 | Response Rate (95% CI) | 40.0 (30.6, 50.3) | 42.2 (32.1, 52.9) | 41.0 (31.7, 50.9) | 35.7 (26.7, 45.9) |
| | Delta vs. placebo* (95% CI) | 4.7 (-9.1, 18.6) | 6.9 (-7.4, 21.1) | 6.2 (-7.5, 19.9) | |
| | P-value** | 0.5018 | 0.3455 | 0.3740 | |
| SRI-4 Week 48 | Response Rate (95% CI) | 60.9 (50.7, 70.2) | 52.1 (41.5, 62.5) | 52.7 (42.8, 62.3) | 40.4 (31.0, 50.6) |
| | Delta vs. placebo* (95% CI) | 20.9 (7.2, 34.5) | 12.3 (-2.0, 26.5) | 13.9 (0.5, 27.2) | |
| | P-value** | 0.0028 | 0.0909 | 0.0417 | |

* Percentage of patients achieving response and two-sided 95% CI are based on 100 imputed datasets using Rubin's rule.
** The estimated treatment difference between each of 3 envudeucitinib treatment groups and the placebo group is analyzed using the Cochran Mantel-Haenszel (CMH) test, adjusting for the randomized stratification factors. The estimated treatment differences, along with the corresponding 2-sided p-value and the 2-sided 95% CI for the estimated treatment difference are calculated via weighted Mantel-Haenszel (MH) method, based on imputed datasets using Rubin's rule.
NRI (Non-Responder Imputation), MI (Multiple Imputation)

# LUMUS Topline Safety Summary

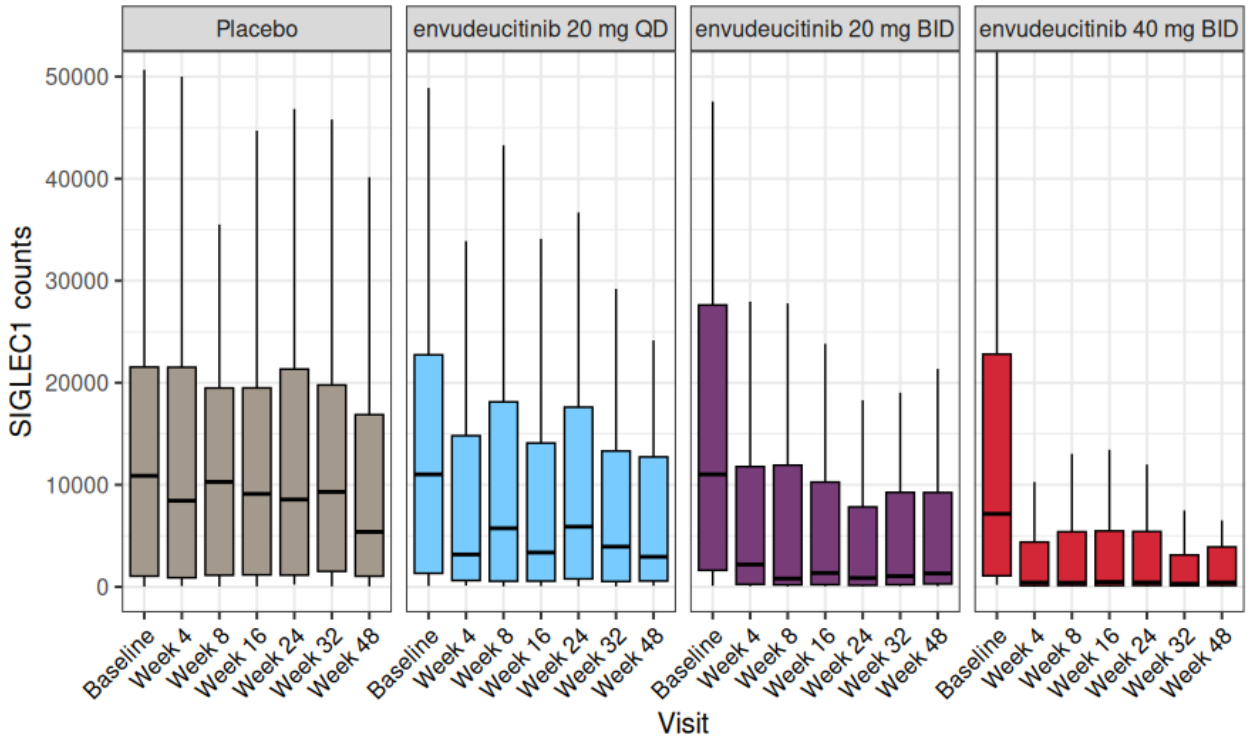
## Envudeucitinib was well-tolerated with no new safety signals observed

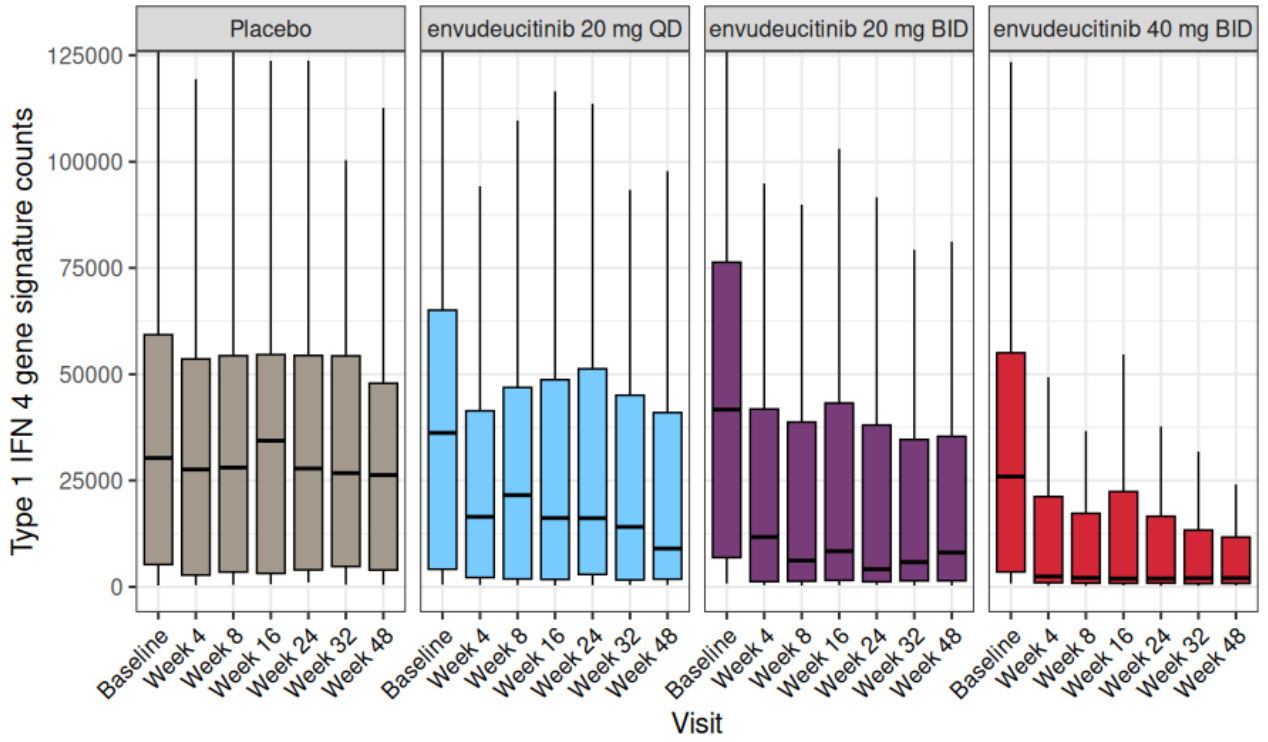
**Overall, incidence rates were lower on active treatment compared with placebo for:**

- TEAEs, grade ≥3 TEAEs, study drug related TEAEs, and TEAEs leading to study drug discontinuation
- Serious Adverse Events
- AEs of Clinical Interest including serious infections, embolic and thrombotic events

**No MACE, extended MACE, or malignancies were reported** in any treatment arms

# Pharmacodynamic Dose Response with Maximal Inhibition at the Highest Dose




LUMUS blood based RNA-seq analysis of all available subjects. Normalized gene expression values. Median values with interquartile ranges.
Type 1 IFN 4 gene signatures calculated as median normalized expression of the following genes: HERC5, IFI27, IFIT1, RSAD2.
Source: Alumis data on file

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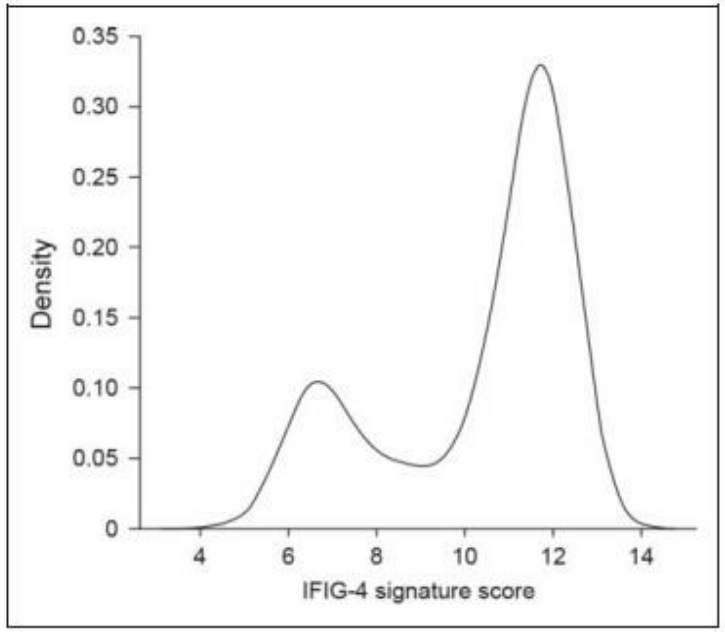
# Type I Interferon Gene Signature High Subgroup is Well-defined and Represents the Majority of Moderate-to-Severe Patients with SLE

- **Well established** bimodal type I IFN pathway activity distribution seen in SLE population, with clustering of patients into two biologically distinct "IFNGS-high" and "IFNGS-low" populations
- **IFNGS-high:** established and readily identifiable patient population (~70% ) that is highly correlated with disease burden/activity
- **IFNGS Score:** Previously shown to be associated with increased placebo response
- **In LUMUS**, IFNGS score was determined at baseline using commercially available test (mRNA 4 gene panel)




Distribution of interferon gene signature test results in patients who participated in MUSE.

Bimodal Figure ref: Brohawn, Lupus (2019) 28, 1524–1533

**Patients with IFNGS-low respond less favorably to IFN pathway-targeted therapies and show higher placebo response rates**

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Arnaud L, Furie R, Morand EF, et al. Burden of systemic lupus erythematosus in clinical practice: baseline data from the SLE Prospective Observational Cohort Study (SPOCS) by interferon gene signature. Lupus Sci Med. 2023;10(2):e001032. doi:10.1136/lupus-2023-001032. Interferon gene signature assay platforms, gene lists, and cut-off thresholds differ and not universal across published studies/sponsors.

# Baseline Demographics and Disease Characteristics

- Baseline demographics were generally well balanced across groups
- Baseline disease characteristics
  - Lower than expected proportion of interferon gene signature high
  - Lower than expected proportion of patients with severe disease

| N (%) | 20mg QD (N=103) | 20mg BID (N=99) | 40mg BID (N=102) | Placebo (N=101) |
|---|---|---|---|---|
| IFNGS-high | 64 (62.1) | 62 (62.6) | 60 (58.8) | 63 (62.4) |
| IFNGS-low | 39 (37.9) | 37 (37.4) | 42 (41.2) | 38 (37.6) |
| BILAG-2004 | | | | |
| At least one A | 50 (48.5) | 53 (53.5) | 50 (49.0) | 45 (44.6) |
| No A and ≥ 2Bs | 52 (50.5) | 45 (45.5) | 51 (50.0) | 52 (51.5) |

British Isles Lupus Assessment Group (BILAG) index measures disease activity across nine individual organ systems. Symptom severity grading: A denotes severe disease activity, B denotes moderate disease activity, and C denotes mild disease activity.

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# Primary and Key Secondary Efficacy Endpoints at Week 48: by Baseline IFNGS Score

Lumus
a lupus study

| | | Baseline IFNGS-high | | | | Baseline IFNGS-low | | | |
|---|---|---|---|---|---|---|---|---|---|
| Endpoint | | 20mg QD (N=64) | 20mg BID (N=62) | 40mg BID (N=60) | Placebo (N=63) | 20mg QD (N=39) | 20mg BID (N=37) | 40mg BID (N=42) | Placebo (N=38) |
| BICLA | Response rate (%) | 40.7 | 49.5 | 52.6 | 28.6 | 39.0 | 30.0 | 24.4 | 47.5 |
| CLASI -50% Reduction | Response rate (%) | 58.9 | 65.7 | 61.5 | 25.0 | 49.1 | 58.3 | 33.3 | 85.7 |
| SRI-4 | Response rate (%) | 67.7 | 57.8 | 60.9 | 33.1 | 49.7 | 42.6 | 40.9 | 52.5 |
| Reduction in Corticosteroid by Week40 and Maintenance Through Week 48 | Response rate (%) | 67.7 | 52.9 | 58.1 | 45.5 | 33.3 | 75.0 | 33.3 | 75.0 |
| Active Joint Count-50% Reduction | Response rate (%) | 78.9 | 65.7 | 65.1 | 50.2 | 72.6 | 60.6 | 34.6 | 73.7 |
| LLDAS Response | Response rate (%) | 36.7 | 40.3 | 38.3 | 17.0 | 23.5 | 22.6 | 26.4 | 30.3 |
| ≥ 1 Severe Flare | Proportion (%) | 12.5 | 14.5 | 13.3 | 22.2 | 15.4 | 8.1 | 16.7 | 10.5 |



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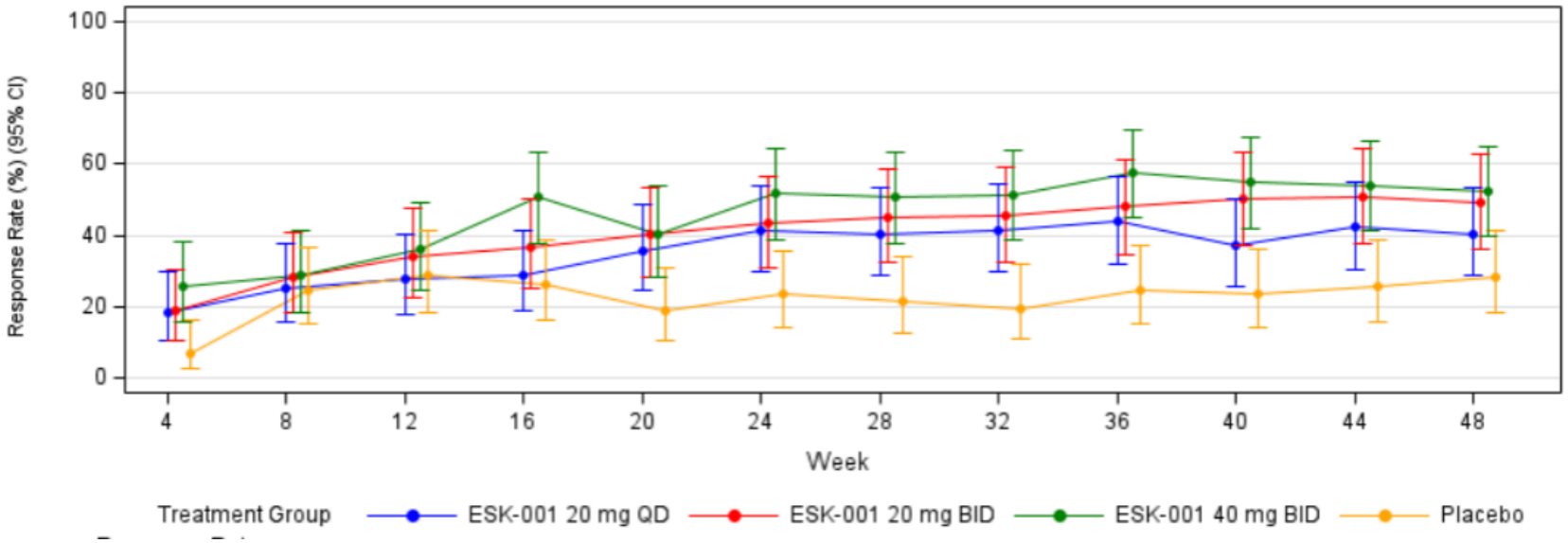
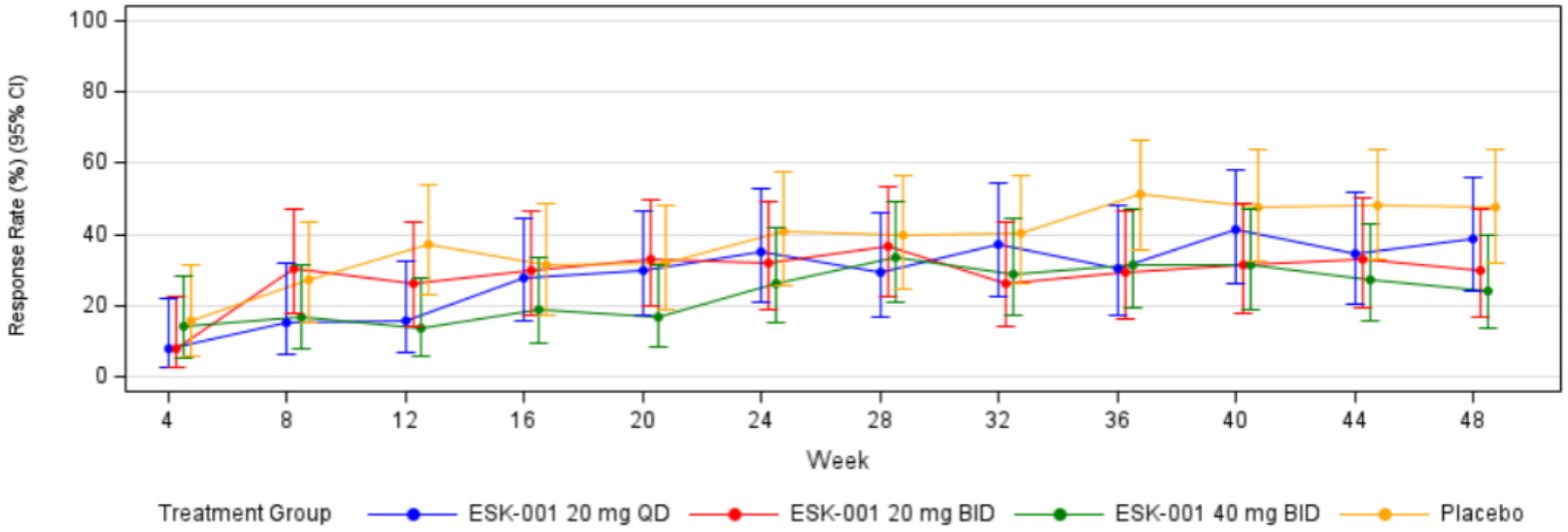
# BICLA by Visit : Baseline IFNGS Score (High vs Low)

Lumus
a lupus study

Baseline: IFNGS-high




Baseline: IFNGS-low

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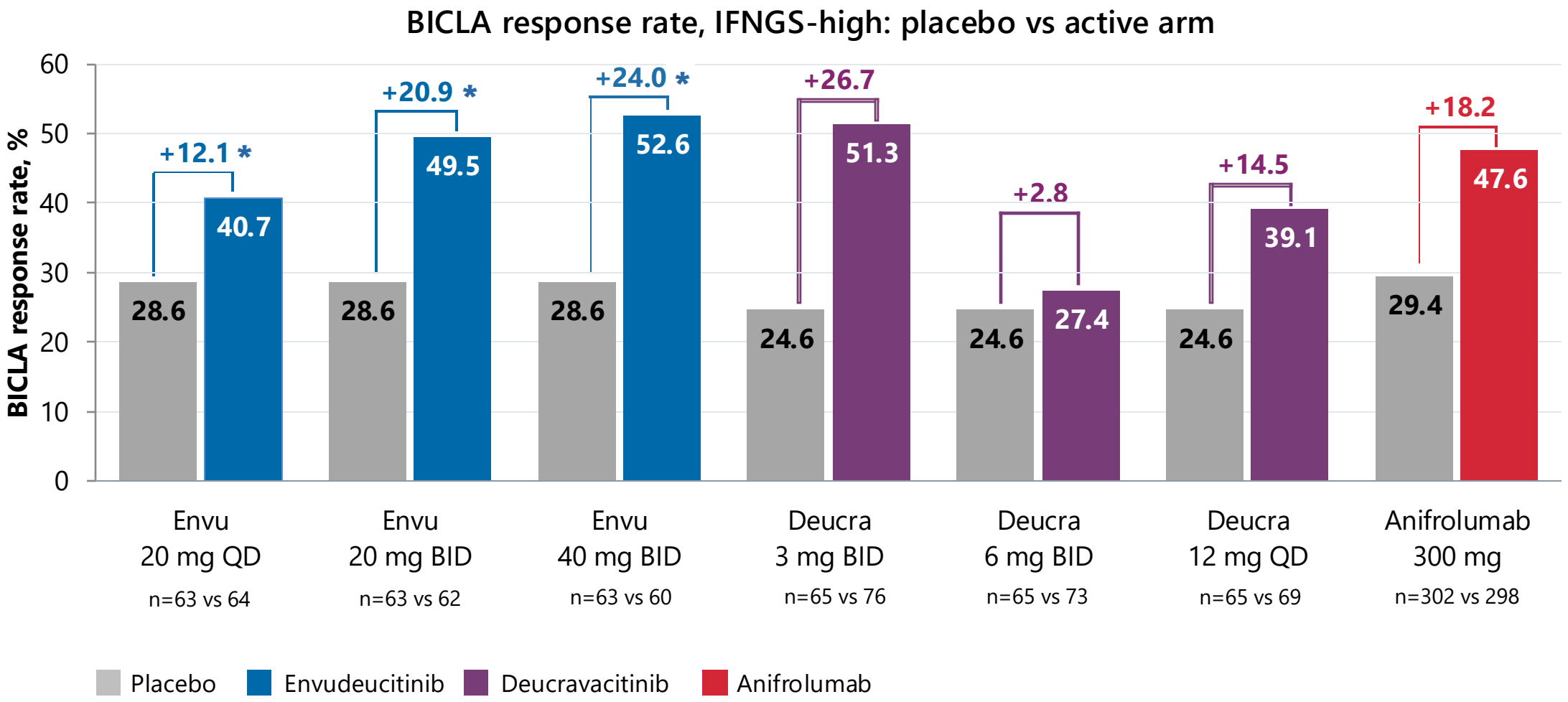
# BICLA Response in IFNGS-high Patients

## LUMUS, PAISLEY and TULIP-1/2 Studies




IFNGS-high subgroup; n shown as placebo vs active (randomized/dosed). Anifrolumab pooled TULIP-1/2 wk 52 (n=302 vs 298).1 Deucravacitinib PAISLEY wk 48 (n=65 vs 76/73/69).2,3 Envudeucitinib LUMUS wk 48 (n=63 vs 64/62/60).4 Cross-trial comparison, not head-to-head: trials differ in population, background therapy, endpoint timing, and IFNGS assay and cut-off. Deucravacitinib and envudeucitinib are investigational in SLE. 1. Vital EM, et al. Ann Rheum Dis 2021;80:1435-1444. 2. Morand EF, et al. Arthritis Rheumatol 2023;75(2):242-252. 3. Wu C, et al. Lupus Sci Med 2023 (LSO-077). 4. Alumis Inc. Data on file. Study LUMUS Part A, NCT05966480. Envudeucitinib is an investigational therapy not reviewed or approved by any regulatory agency.

* Covariate-adjusted treatment difference for 20mg QD, 20mg BID and 40mg BID are 11.6, 21.3 and 24.0, respectively

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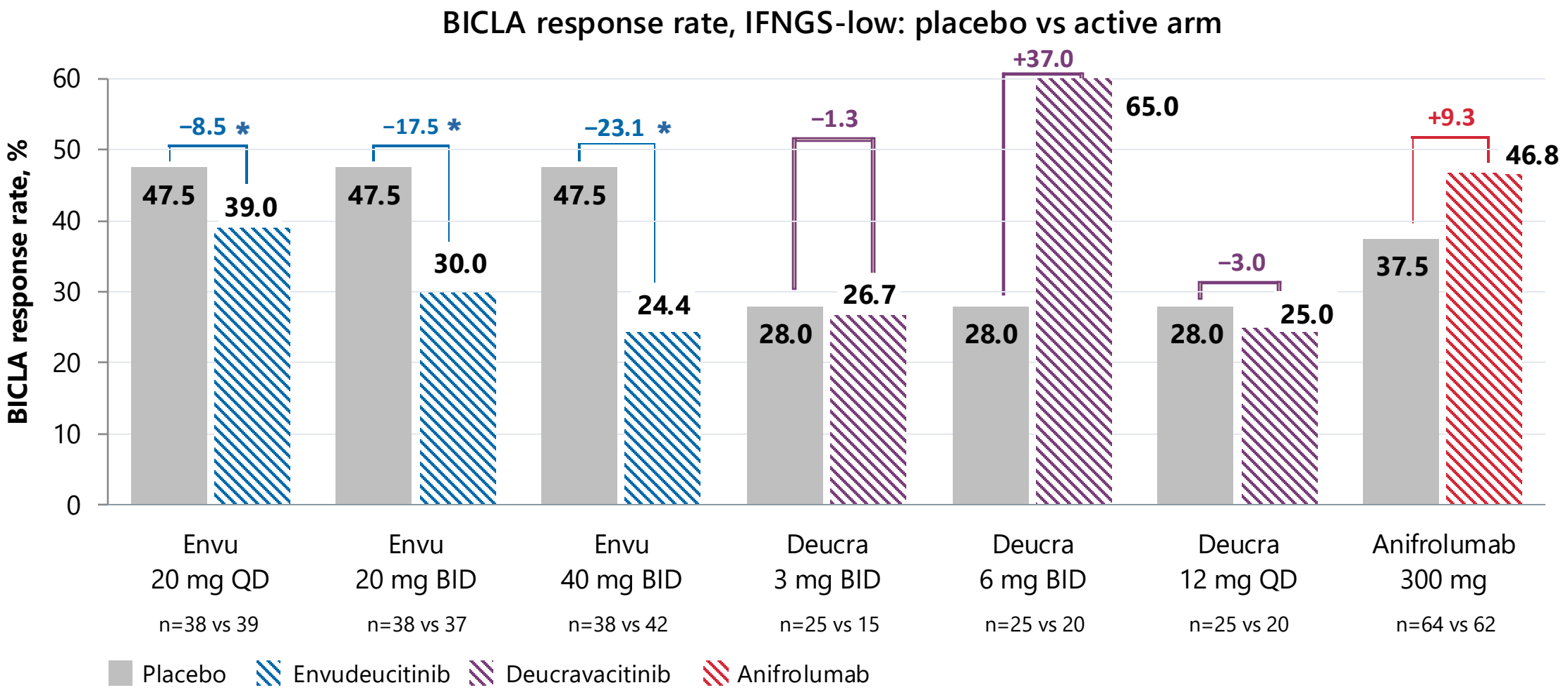
# BICLA Response in IFNGS-low Patients

## LUMUS, PAISLEY and TULIP-1/2 Studies




IFNGS-low subgroup — small n, wide CIs; n shown as placebo vs active (randomized/dosed). Anifrolumab pooled TULIP-1/2 wk 52 (n=64 vs 62).1 Deucravacitinib PAISLEY wk 48 (n=25 vs 15/20/20).2,3 Envudeucitinib LUMUS wk 48 (n=38 vs 39/37/42).4 Cross-trial comparison, not head-to-head: trials differ in population, background therapy, endpoint timing, and IFNGS assay and cut-off. Deucravacitinib and envudeucitinib are investigational in SLE. 1. Vital EM, et al. Ann Rheum Dis 2021;80:1435-1444. 2. Morand EF, et al. Arthritis Rheumatol 2023;75(2):242-252. 3. Wu C, et al. Lupus Sci Med 2023 (LSO-077). 4. Alumis Inc. Data on file. Study LUMUS Part A, NCT05966480. Envudeucitinib is an investigational therapy not reviewed or approved by any regulatory agency.

* Covariate-adjusted treatment difference for 20mg QD, 20mg BID and 40mg BID are -7.4, -17.4 and -23.0, respectively

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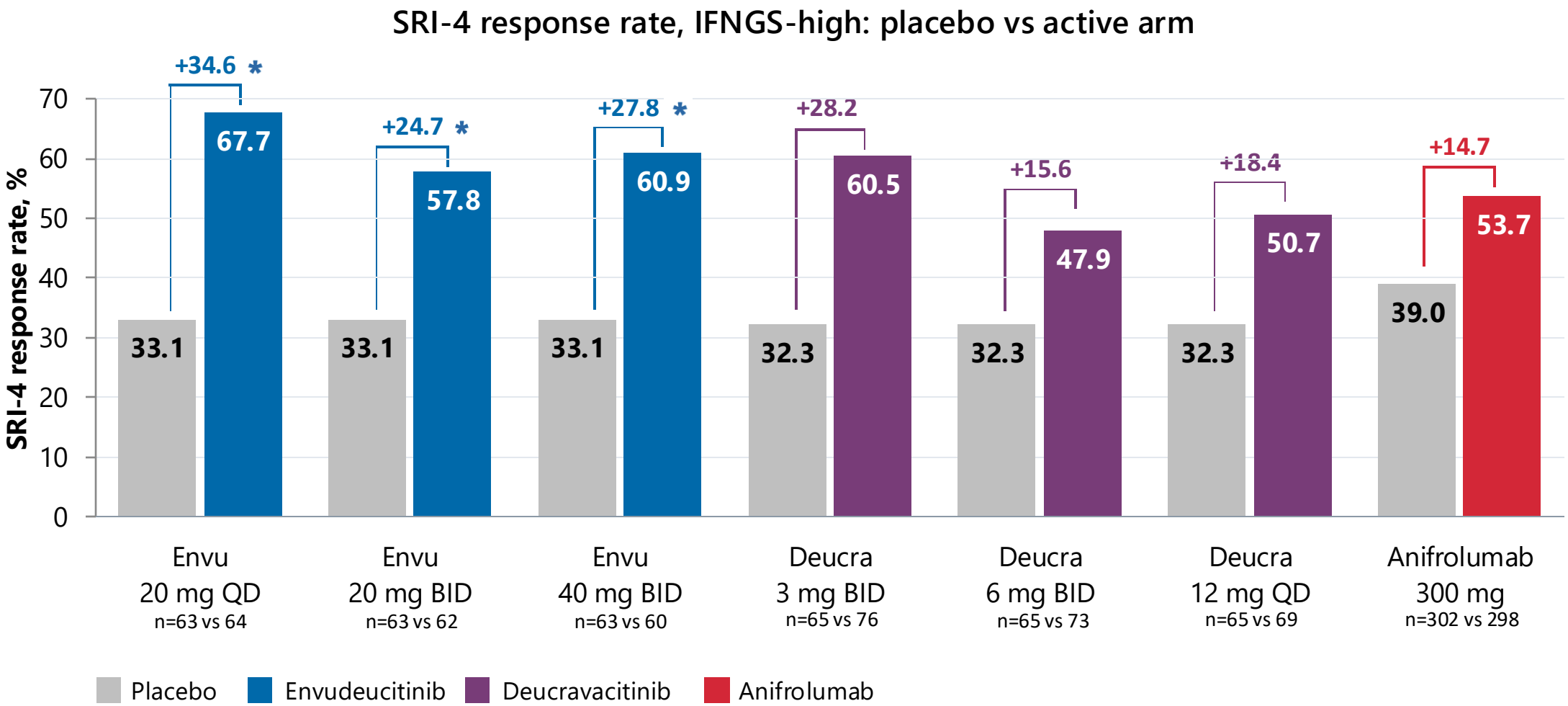
# SRI-4 Response in IFNGS-high Patients

## LUMUS, PAISLEY and TULIP-1/2 Studies




IFNGS-high subgroup; n shown as placebo vs active (randomized/dosed). Anifrolumab pooled TULIP-1/2 wk 52 (n=302 vs 298).1 Deucravacitinib PAISLEY wk 32 (n=65 vs 76/73/69).2,3 Envudeucitinib LUMUS wk 48 (n=63 vs 64/62/60).4 Cross-trial comparison, not head-to-head: trials differ in population, background therapy, endpoint timing, and IFNGS assay and cut-off. Deucravacitinib and envudeucitinib are investigational in SLE. 1. Vital EM, et al. Ann Rheum Dis 2021;80:1435-1444. 2. Morand EF, et al. Arthritis Rheumatol 2023;75(2):242-252. 3. Wu C, et al. Lupus Sci Med 2023 (LSO-077). 4. Alumis Inc. Data on file. Study LUMUS Part A, NCT05966480. Envudeucitinib is an investigational therapy not reviewed or approved by any regulatory agency.

* Covariate-adjusted treatment difference for 20mg QD, 20mg BID and 40mg BID are 34.0, 25.0 and 27.8, respectively

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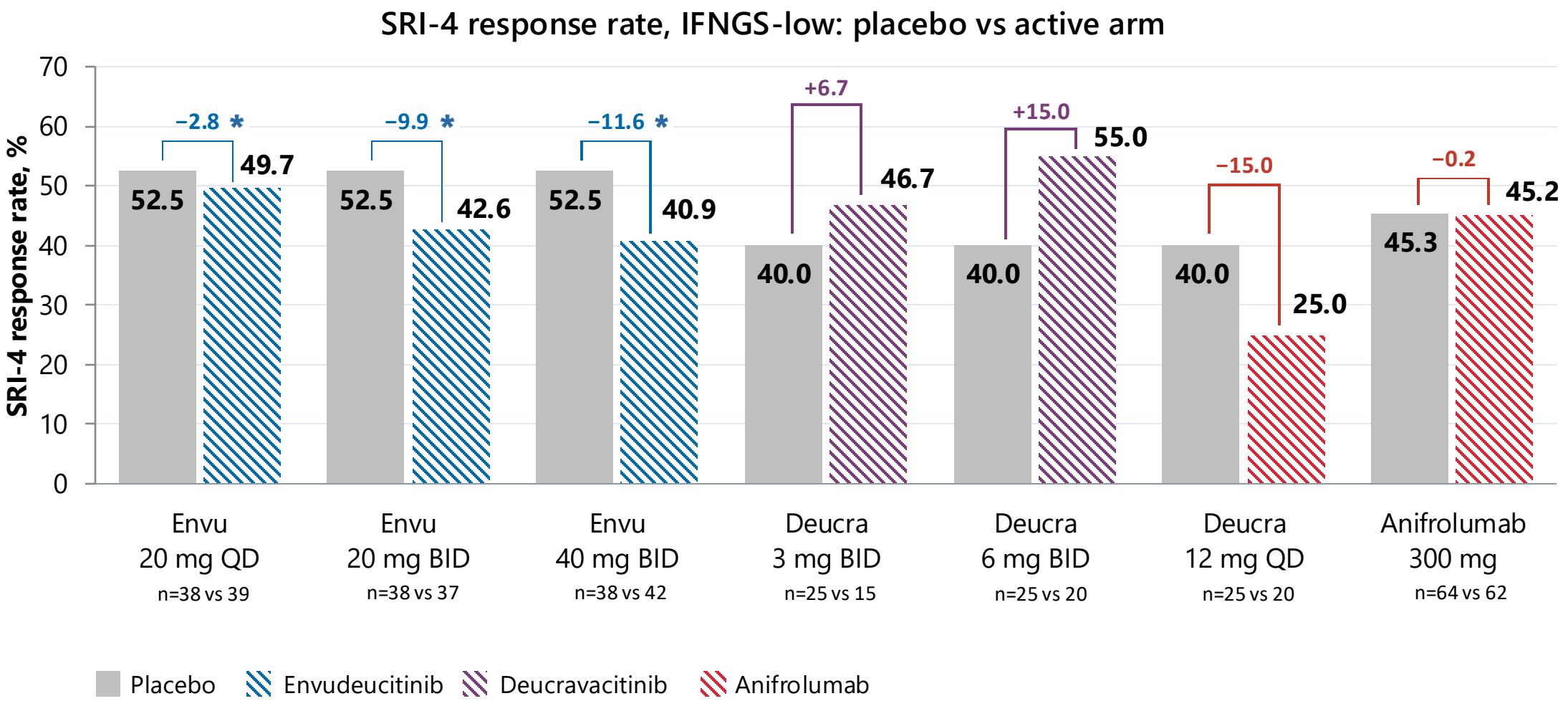
# SRI-4 Response in IFNGS-low Patients

## LUMUS, PAISLEY and TULIP-1/2 Studies




IFNGS-low subgroup — small n, wide CIs; n shown as placebo vs active (randomized/dosed). Anifrolumab pooled TULIP-1/2 wk 52 (n=64 vs 62; -0.2 p=0.986 NS).1 Deucravacitinib PAISLEY wk 32 (n=25 vs 15/20/20).2,3 Envudeucitinib LUMUS wk 48 (n=38 vs 39/37/42).4 Cross-trial comparison, not head-to-head: trials differ in population, background therapy, endpoint timing, and IFNGS assay and cut-off. Deucravacitinib and envudeucitinib are investigational in SLE. 1. Vital EM, et al. Ann Rheum Dis 2021;80:1435-1444. 2. Morand EF, et al. Arthritis Rheumatol 2023;75(2):242-252. 3. Wu C, et al. Lupus Sci Med 2023 (LSO-077). 4. Alumis Inc. Data on file. Study LUMUS Part A, NCT05966480. Envudeucitinib is an investigational therapy not reviewed or approved by any regulatory agency.

* Covariate-adjusted treatment difference for 20mg QD, 20mg BID and 40mg BID are -1.7, -9.6 and -11.3, respectively

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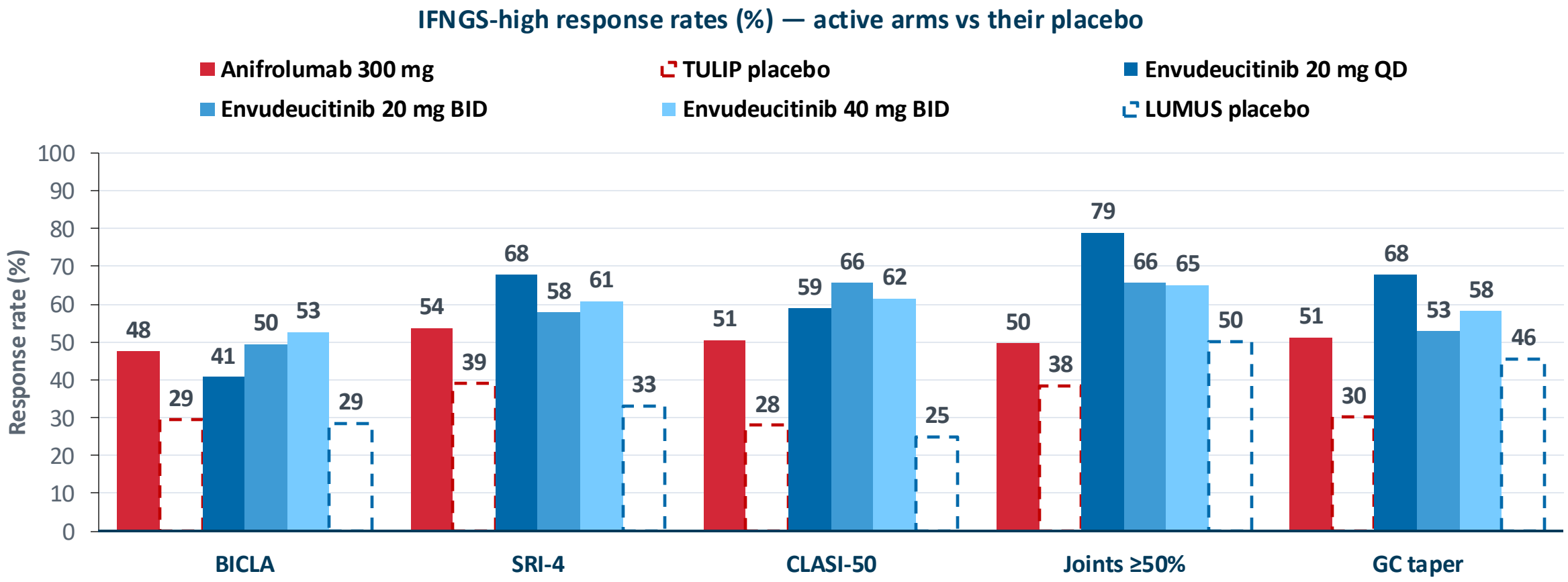
# Primary and Key Secondary Endpoints: Robust Response Plus Clear Separation from Placebo

## IFNGS-high response rates for LUMUS and TULIP-1/2 studies




In IFNGS-high, every active arm greater than placebo on all five endpoints

Absolute % responders. Anifrolumab pooled TULIP-1/2 n=81-302 per arm; envudeucitinib n=60-64 per arm. Dashed = placebo.

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# Key Next Steps

- Preparing for End of Phase 2 meetings with FDA and EMA to discuss:
  - Benefit observed in IFNGS-high patients in LUMUS across doses, and primary and key secondary endpoints
  - Phase 3 design and sizing
- Confirm Phase 3 dose, define enrollment criteria related to desired IFNGS status
- Further characterize responder population (biomarker)
- Ongoing partnering discussions

# Key Achievements and Anticipated Milestones

| | |
|---|---|
| ✓ **1Q26** | **Envu** – Psoriasis Phase 3 Topline Data for 16- and 24-week Endpoints |
| ✓ **1Q26** | **Envu** – Psoriasis Phase 3 Additional Data Presented at AAD |
| ✓ **1H26** | **Lonigutamab** – Completion of Strategic Review |
| ✓ **2Q26** | **TYK2 Franchise Development Strategy (Envu and A-005)** – Evaluation of Additional Indications |
| ✓ **2H26** | **Envu** – Psoriasis ONWARD3 Topline Data |
| ✓ **3Q26** | **Envu** – SLE Phase 2b Topline Data |
| ○ 2H26 | **Envu** – Psoriasis Phase 2 Two-Year Safety Data |
| ○ Q426 | **Envu** – Psoriasis NDA Submission |
| ○ 1H27 | **A-005** – Initiate Phase 2a biomarker study |
| ○ 2027 | **Phase 1 trial Initiation** – next clinical candidate (new target) |

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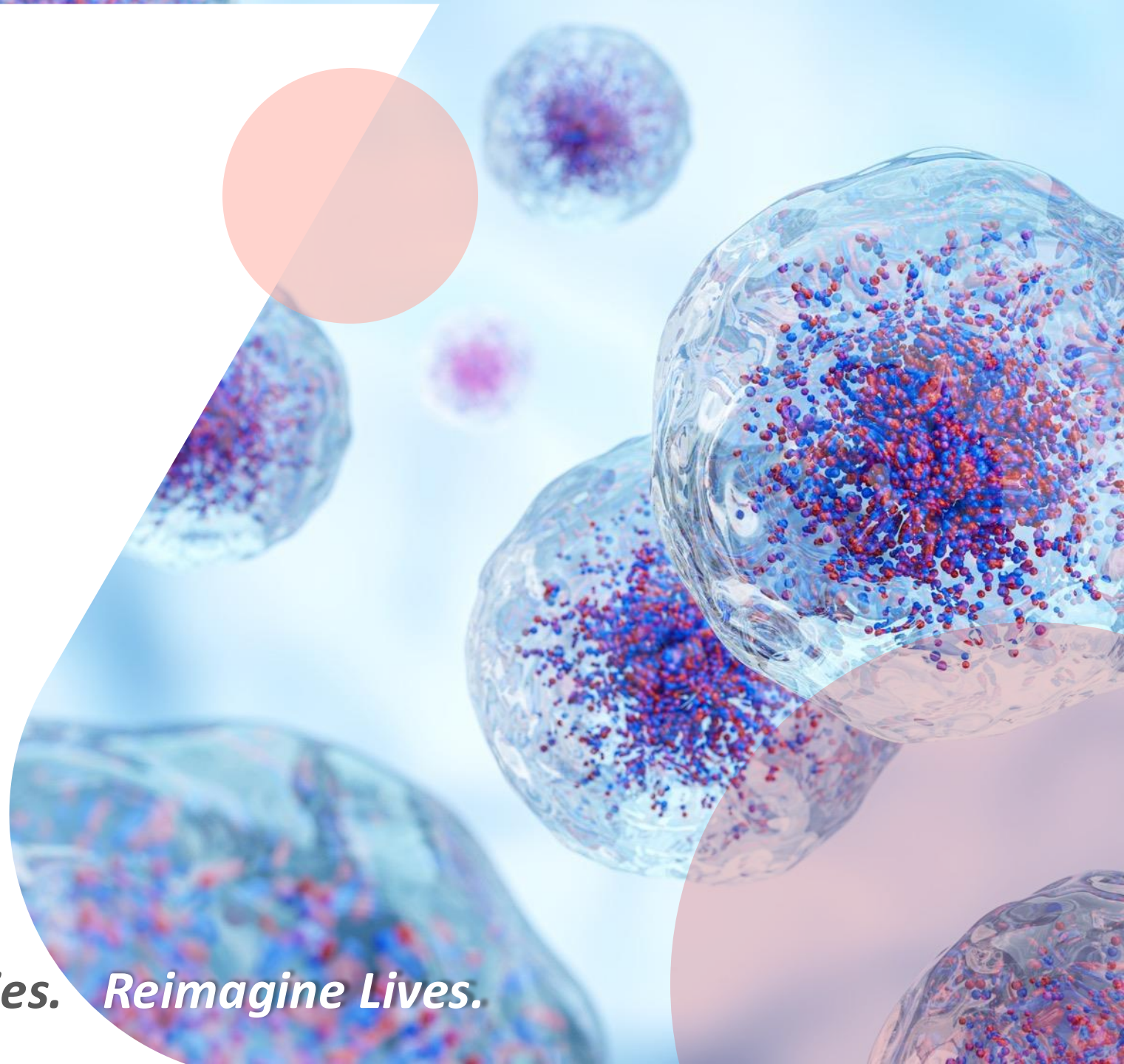
# Thank You

## Q&A



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