

SECURITIES AND EXCHANGE COMMISSION

FORM 8-K

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FILER

Ventyx Biosciences, Inc.

CIK: [1851194](#) | IRS No.: **832996852** | State of Incorp.: **DE** | Fiscal Year End: **1231**
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported):
March 15, 2022

Ventyx Biosciences, Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-40928
(Commission
File Number)

83-2996852
(IRS Employer
Identification No.)

662 Encinitas Blvd., Suite 250
Encinitas, CA 92024
(Address of principal executive offices, including zip code)

(760) 593-4832
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of exchange on which registered
Common Stock, \$0.0001 par value per share	VTYX	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On March 16, 2022, representatives of Ventyx Biosciences, Inc. (“Ventyx”) will be attending meetings with investors, analysts and others in connection with Barclays Global Healthcare Conference taking place on March 16, 2022 in Miami, Florida. During these meetings, Ventyx will present the slides attached as Exhibit 99.1 to this Current Report on Form 8-K, which are incorporated herein by reference.

In accordance with General Instruction B.2. of Form 8-K, all of the information furnished in this Item 7.01 and Item 9.01 (including Exhibit 99.1) shall not be deemed to be “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), and shall not be incorporated by reference in any filing under the Securities Act of 1933, as amended, or in any filing under the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit

<u>No.</u>	<u>Description</u>
99.1	Corporate Presentation, dated March 15, 2022
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

VENTYX BIOSCIENCES, INC.

By: /s/ Raju Mohan
Raju Mohan, Ph.D.
Chief Executive Officer

Date: March 15, 2022



CORPORATE PRESENTATION

FIRST QUARTER 2022

Forward Looking Statements

Ventyx cautions you that statements contained in this presentation regarding matters that are not historical facts are forward-looking statements. These statements are based on Ventyx's current beliefs and expectations. Such forward-looking statements include, but are not limited to, statements regarding: management's belief that three of Ventyx's product candidates are potentially best-in-class; the anticipated timing of commencement, enrollment and completion of clinical trials for Ventyx's product candidates; the anticipated timing of releasing data for the VTX958 MAD trial and advancing VTX958 into Phase 2 trials in psoriasis, psoriatic arthritis and Crohn's disease; the anticipated timing for releasing top-line data for the Phase 2 randomized, placebo-controlled clinical trial for VTX002 and the expectation that such trial, along with an additional Phase 3 trial, may serve as the first of two pivotal trials required for registration; the potential of Ventyx's product candidates to address a broad range of immune-mediated diseases; the anticipated timing for reporting data from the Phase 1 trial for VTX2735 in healthy volunteers and plans for advancing VTX2735 into one or more proof-of-concept trials; anticipated timing for submitting an IND application for VTX3232; plans to advance Ventyx's product candidates; 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; disruption to our operations from the ongoing global outbreak of the COVID-19 pandemic, or from the ongoing military conflict in Ukraine and the imposition of sanctions against Russia and Belarus, including clinical trial delays; Ventyx's dependence on third parties in connection with product manufacturing, research and preclinical and clinical testing; the results of preclinical studies and early clinical trials are not necessarily predictive of future results; the success of Ventyx's clinical trials and preclinical studies for its product candidates; interim results do not necessarily predict final results and one or more of the outcomes may materially change as the 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 our 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; Ventyx may use its capital resources sooner than it expects; and other risks described in Ventyx's prior communications and Ventyx's filings with the Securities and Exchange Commission (SEC), including under the heading "Risk Factors" in Ventyx's Annual Report on Form 10-Q filed on November 18, 2021, 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.

Neither the SEC nor any state securities commission has approved or disapproved of the securities of the Company or passed upon the accuracy or adequacy of this presentation. Any representation to the contrary is a criminal offense. Except as otherwise indicated, this presentation speaks as of the date hereof.

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.

Trademarks in this presentation are the property of their respective owners and used for informational and education purposes only.





INTRODUCTION & PIPELINE

VTX958 | TYK2 Inhibitor | Phase 1

VTX002 | S1P1R Modulator | Phase 2

VTX2735 | Peripheral NLRP3 Inhibitor | Phase 1

CNS NLRP3 Inhibitor | Pre-clinical

Summary | Milestones & highlights

Our Leadership Team

MANAGEMENT



Raju Mohan, PhD
CHIEF EXECUTIVE OFFICER,
FOUNDER



Martin Auster, MD
CHIEF FINANCIAL OFFICER



Chris Krueger, JD
CHIEF BUSINESS OFFICER



John Nuss, PhD
CHIEF SCIENTIFIC OFFICER



Jörn Drappa, MD, PhD
CHIEF MEDICAL OFFICER

BOARD OF DIRECTORS

Sheila Gujrathi, MD
EXECUTIVE CHAIR, VENTYX

Aaron Royston, MD
MANAGING PARTNER, VENBIO

Jigar Choksey
PRINCIPAL, THIRD POINT

Somu Subramaniam
MANAGING PARTNER, NEW
SCIENCE VENTURES

Richard Gaster, MD, PhD
MANAGING PARTNER, VENBIO

William White
CHIEF FINANCIAL OFFICER, AKERO
THERAPEUTICS

Raju Mohan, PhD
CHIEF EXECUTIVE OFFICER, VENTYX



Our Mission: To become a Leading Immunology Company

Underpinned by Strong Drug Discovery and Development Capabilities

WITH THREE, DIFFERENTIATED, CLINICAL-STAGE CANDIDATES

and a deep pipeline of preclinical programs that target immune-mediated and inflammatory disease indications

OUR INTERNALLY-DISCOVERED SMALL MOLECULE DRUGS

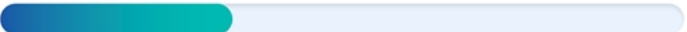
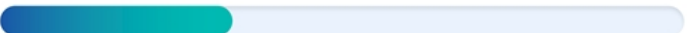
allow us to own 100% commercial rights to our entire portfolio with long patent lives for all product candidates

OUR EXPERIENCED TEAM AND OUR INTERNAL R&D ENGINE

continue to generate candidates with potential to address diseases with high unmet need

Broad Pipeline of Candidates With Multiple Near-Term Catalysts

Addressing Established Inflammatory and Immunology Markets with a Wholly Owned Product Portfolio

TARGET	PROGRAM	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	NEXT ANTICIPATED MILESTONES
TYK2	VTX958	 <p>Potential indications include psoriasis, psoriatic arthritis, Crohn's disease and others</p>				Complete Phase 1 MAD H1 2022 Initiate Phase 2 POC trial(s) H2 2022
S1P1R	VTX002	 <p>Ulcerative Colitis</p>				Report topline Phase 2 data 2023
NLRP3 <i>Peripheral</i>	VTX2735	 <p>Potential indications include cardiovascular, hepatic, renal, and rheumatologic diseases</p>				Complete Phase 1 H1 2022 Initiate Phase 2 POC trial(s) H2 2022
NLRP3 <i>CNS-penetrant</i>	VTX3232	 <p>Neuroinflammatory diseases</p>				Complete IND-enabling studies 2022 File IND Q4 2022

Pipeline Targeting Large Well-Established Markets

INDICATION*	PATIENTS IN THE U.S.	GLOBAL DRUG REVENUE* (2020)	TARGET POPULATION
Psoriasis <i>Dermatology</i>	~8M	~\$20B	25-30% MODERATE-TO-SEVERE
Crohn's disease <i>IBD</i>	~700K	~\$13B	30-40% MODERATE-TO-SEVERE
Ulcerative colitis <i>IBD</i>	~1M	~\$7B	30-40% MODERATE-TO-SEVERE
Psoriatic arthritis <i>Rheumatology</i>	~1M	~\$4B	40-60% MODERATE-TO-SEVERE
SLE <i>Rheumatology</i>	Up to 500K	~\$1B	

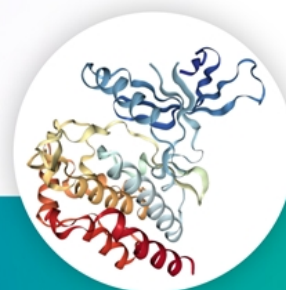


Sources: Evaluate Pharma, Company Estimates, Wall Street Research
*Global drug revenue refers to the total market across all severity levels

Notes: SLE = systemic lupus erythematosus; *Group of indications based on current mid/late-stage trials for BMS's allosteric TYK2 inhibitor deucravacitinib; global commercial sales totaled \$10.65B for biologics targeting IL-12/23 and IL-23 in 2020



**ORALLY BIOAVAILABLE
selective allosteric
inhibitor of TYK2**



VTX958 Program Summary

Allosteric, Selective TYK2 Inhibitor

Potentially Differentiated TYK2 Inhibitor

- Selective, **allosteric** TYK2 inhibitor
- TYK2 functional selectivity can potentially differentiate clinical profile vs. less selective TYK2 inhibitors

Clinically Validated Target

- Well established clinical efficacy in psoriasis, IBD and psoriatic arthritis with biologics targeting IL-12/IL-23 and IL-23* pathways
- These pathways also the target of allosteric TYK2 inhibitors
- Phase 3 PoC in psoriasis has been demonstrated** by BMS' allosteric TYK2 inhibitor deucravacitinib

Deucravacitinib in Phase 2/3 for Crohn's disease, psoriatic arthritis, lupus

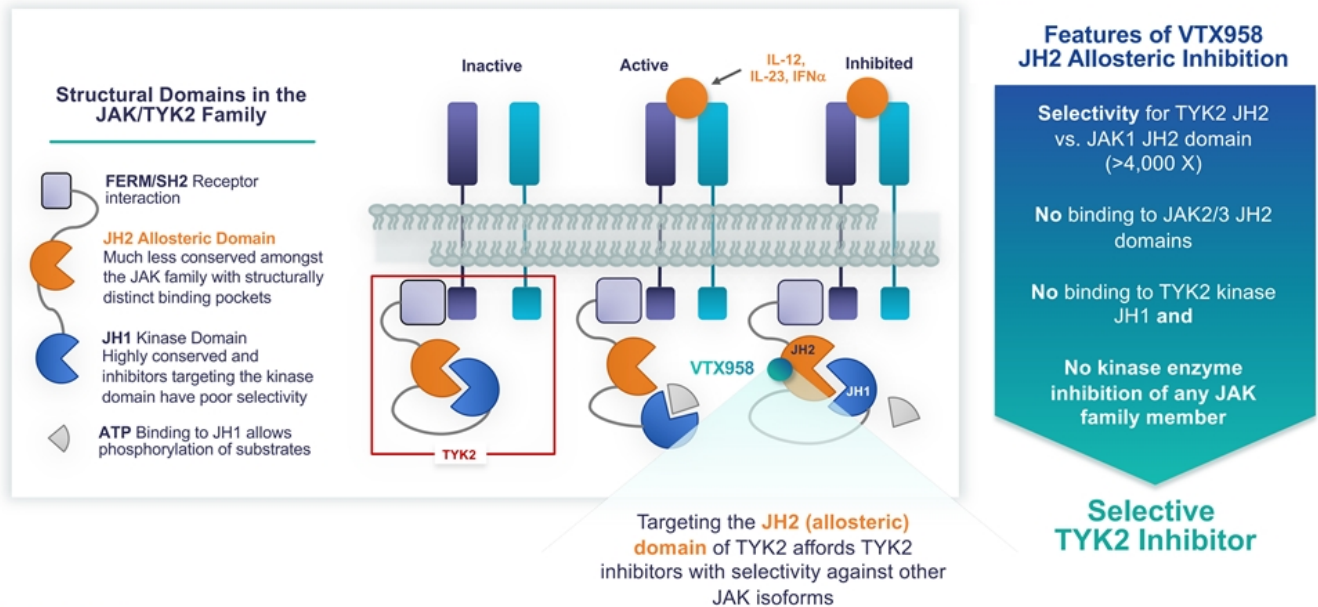
Large Addressable Markets

- Multiple autoimmune disorders in dermatology, IBD, renal and rheumatology total \$45B WW



Includes approved drugs Stelara™ (JNJ), Tremfya® (JNJ), Skyrizi™ (ABBV), Ilumya™ (Sun Pharma) and others in late-stage development (mirikizumab (LLY), brazikumab (AZN))
**Deucravacitinib efficacy reported on 16-week primary endpoint of PASI-75 (75% reduction of psoriasis affected area and severity) at AAD 21; p<0.0001 vs placebo and Otezla® in POETYK-1; p=0.0003 vs. Otezla in POETYK-2; See slide 14 for more detail on \$45B worldwide market

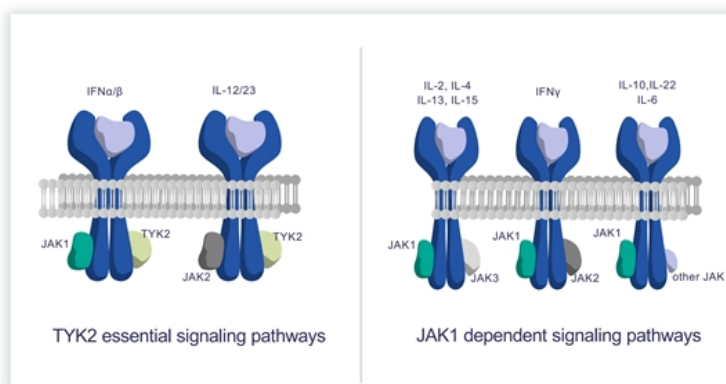
Allosteric Inhibitor VTX958 Binds Selectively to the TYK2 JH2 Domain



VTX958 More Selective than Deucravacitinib for TYK2 JH2 Domain

Inhibits TYK2 Pathways (IL-12, IL-23, IFN α) while Avoiding the JAK1/2/3 Pathways

	DEUCRAVACITINIB	VTX958
TYK2-JH2 Binding K_d	0.009 nM	0.058 nM
JAK1-JH2 Binding K_d	0.43 nM	240 nM
Selectivity (fold)	48	>4,000



VTX958 Selectively Targets IL-12, IL-23 and IFN α

VTX958 Potently Inhibits TYK2 Pathways

Selective and potent inhibition of IL-12/23 and Type I interferon axis allows targeting pathways driving immune-mediated diseases

VTX958 Has No Measurable Inhibition of JAK1-Mediated Pathways

Lack of inhibition of IL-6, IL-10 and other protective cytokines may avoid potential AEs associated with less selective inhibitors

PROINFLAMMATORY INNATE & TH1/TH17 CYTOKINES			
Psoriasis Patient PBMC			
DRUG	IL-12 IC ₅₀ (nM)	IL-23 IC ₅₀ (nM)	IFN α IC ₅₀ (nM)
VTX958	35	5	12
deucravacitinib	10	10	5

PLEIOTROPIC CYTOKINES WITH PROTECTIVE FUNCTIONS					
DRUG	IL-22 IC ₅₀ (nM)	IL-10 IC ₅₀ (nM)	IFN γ IC ₅₀ (nM)	IL-4 IC ₅₀ (nM)	IL-6 IC ₅₀ (nM)
VTX958	>10,000	>10,000	>10,000	>10,000	>10,000
deucravacitinib	114	20	350	249	464

KEY TAKEAWAYS

- Potent activity against IL-23, a key cytokine implicated in psoriasis and other indications
- Broad therapeutic window with VTX958 may allow for higher exposures in Phase 2/Phase 3 studies

VTX958 Phase 1 SAD Results Support Clinical Advancement

Safety	Pharmacokinetics	Pharmacodynamics
Well-tolerated across all cohorts; all AEs observed were mild and not dose- or time-of-dose dependent	No dose-saturation observed; PK and absorption profiles suggest continued absorption throughout GI tract	Dose-dependent VTX958-mediated effect on TYK2 signaling observed in both <i>in vivo</i> gene expression studies and <i>ex vivo</i> stimulation assays

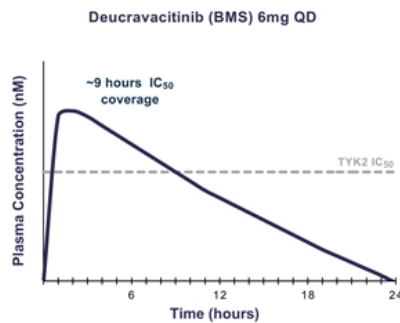


NOTE: SAD = single ascending dose; AE= adverse event; dose-related exposures are observed at all doses

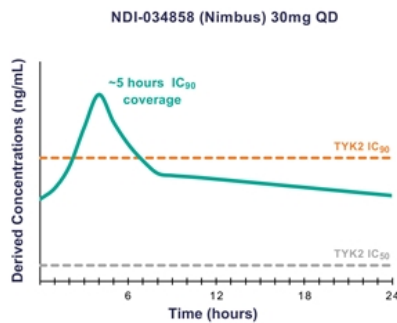
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Targeting a Best-in-Class Exposure Profile With VTX958

Allosteric TYK2 Inhibitors – Target Coverage



Source: Adapted from Chimalakonda et al., 2020.

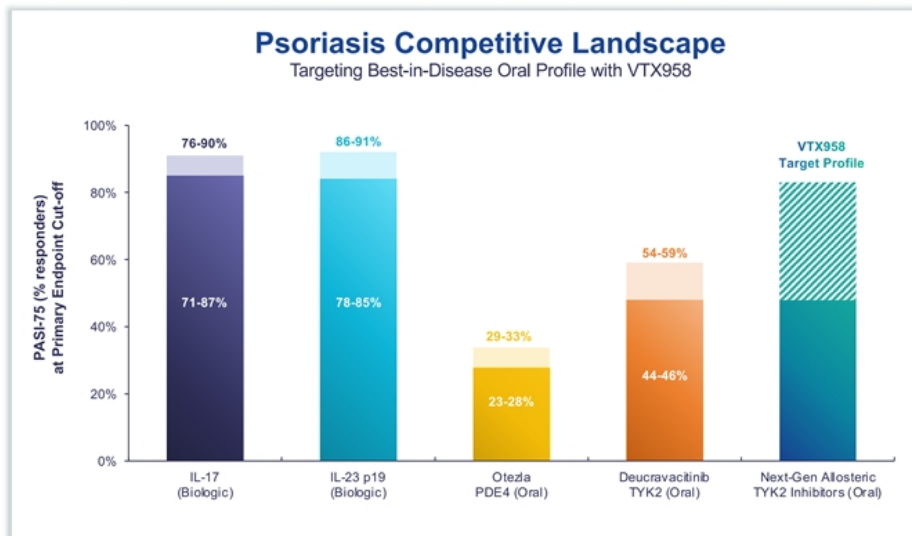


Source: Adapted from Nimbus 2022 JPM conference presentation.

VTX958 Target Profile

- Maximize TYK2 pathway suppression (IC_{50} and IC_{90}) with once-daily oral dosing
- Wide safety margin enabling higher doses and exposures:
 - Potential for improved efficacy in PsO + PsA with greater TYK2 inhibition
 - Higher exposures may be necessary to achieve efficacy in Crohn's disease

VTX958 Profile Expected to Drive Clinical Differentiation



KEY TAKEAWAYS

- Current oral options in PsO are substantially less efficacious than biologics
- Greater TYK2 suppression may produce **improved efficacy** compared to other oral agents, with potential to approach leading biologics
- Significant opportunity for a best-in-disease oral agent in psoriasis, a **>\$20B global market**



Note: Solid area represents pbo-adjusted response rate; dashed area indicates total observed response rate; primary endpoint cut-off ranges from Week 10 to Week 16
Sources: Company reports and FDA labels for approved anti-IL-17 and anti-IL-23 biologics

Unlocking the Opportunity in Crohn's Disease

Several-fold Higher Doses Required in Crohn's*

Agent	PsO Dose	Crohn's Dose
Skyrizi (IL-23)	150mg Q12W Subcutaneous	600mg IV Q4W (induction) 360mg SC (maintenance)
Tremfya (IL-23)	100mg Q8W Subcutaneous	200mg / 600mg / 1200mg** IV Q4W induction
Stelara (IL-12/23)	40mg / 90mg Q12W Subcutaneous	260mg / 390mg / 520mg IV induction dose
Humira (TNFα)	80mg (SC induction) 40mg Q2W maintenance	160mg (SC induction) 40mg Q2W maintenance

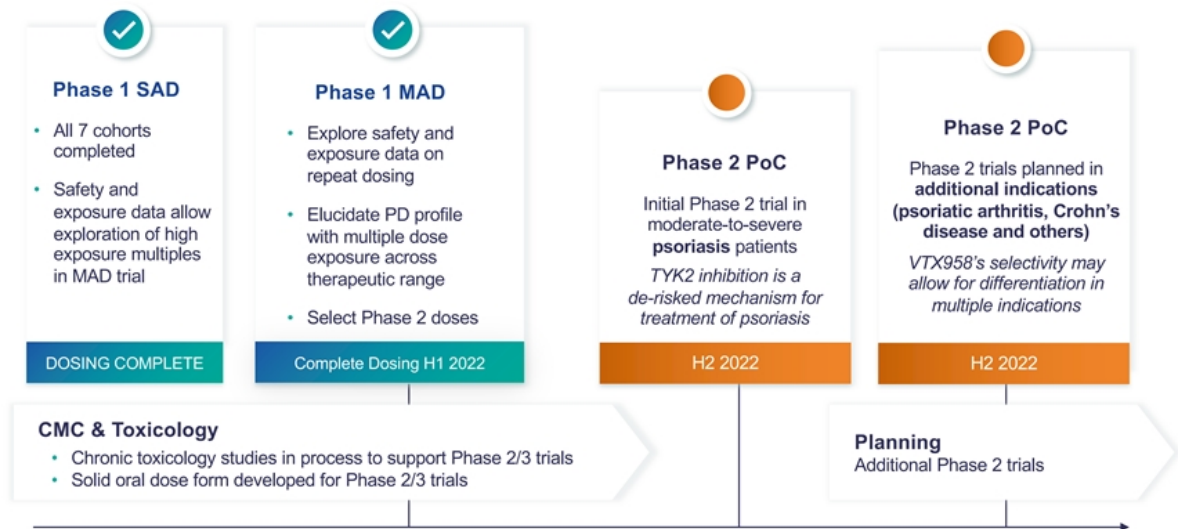
Greater Exposures Needed for TYK2 Inhibitor Efficacy in Crohn's

- Biologics data suggest **substantially higher exposures** are required for efficacy in Crohn's vs. PsO
- Maximizing TYK2 target coverage expected to differentiate VTX958 from other TYK2 inhibitors
- Selectivity, safety and tolerability considerations may limit the Crohn's opportunity for other TYK2 inhibitors
- Optimized profile of VTX958 may unlock a major market opportunity in Crohn's, a **>\$13B global market**



Source: FDA labels for approved drugs/indications; Skyrizi represents dose submitted for FDA approval. Note: maintenance dose unless otherwise specified.
 **Represents Phase 2 doses; specific Phase 3 doses not disclosed.

VTX958 Clinical Development Plan





PERIPHERALLY RESTRICTED S1P1R MODULATOR

**with potential for treatment
of ulcerative colitis**



VTX002 Program Summary

Phase 2 S1P1R Modulator for Ulcerative Colitis

Potentially Differentiated S1P1R Modulator

- Selective S1P1R modulator
- Differentiated on key parameters
- Demonstrated pharmacodynamic activity in Phase 1 trial
- Pursuing clinical development plan in both treatment-naïve and biologic-experienced patients

Clinically Validated Target

- S1P1R modulators approved for MS and UC with clinical trials ongoing in other indications
- BMS' ozanimod approved for UC in May 2021

Large Addressable Markets

- Ulcerative colitis is lead indication totaling up to \$7B in worldwide revenue

VTX002 Differentiates on Multiple Key Parameters vs. Competitors

Potential for Differentiated Clinical Profile in UC Patients

Sustained lymphocyte reduction up to 65% across multiple doses in MAD trial

Safety Profile

No SAEs, elevated LFTs, abnormal PFTs or macular edema

No Drug-Drug Interactions

No CYP inhibition; no food effect; favorable profile for patients with co-morbidities

Fast Onset of Action Faster Lymphocyte Recovery

No long-acting circulating metabolites
Optimal half life (t~20h)

Ability to Dose Titrate

Potential to avoid first-dose cardiac monitoring in label

Peripherally Restricted

Very low CNS penetration; not a repurposed MS drug; potential to avoid macular edema

VTX002 Differentiates on Multiple Key Parameters vs. Competitors

Differentiating Parameter	Ozanimod	Etrasimod	VTX002
Receptor Selectivity	S1P 1,5	S1P 1,4,5	S1P 1,5
Lymphocyte Suppression in Healthy Volunteers	1 mg, ~60%	2 mg, 69%	40 mg, ~65%
Lymphocyte Suppression in UC Patients*	1 mg, 49%	2 mg, 40%	TBD
CYP450 Interactions	Yes	No	No
Liver Enzyme Elevations	Yes	No	No
Active Metabolites	Yes	No	No
Half-life	19 h, Met 10-13 d	33 h	~20 h
Fast Lymphocyte Recovery Time	No	Yes	Yes
First Dose Heart Rate Reduction	Yes	Yes	Yes
Dose Titration	Yes	No	Yes
First Dose Monitoring	No	TBD	TBD



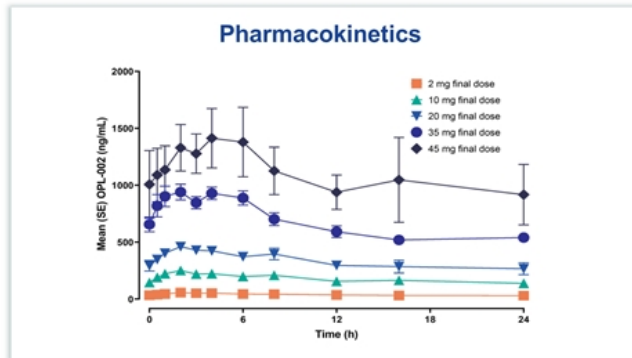
Source: NEJM (2016), Gastroenterology (2020)

*Ph2 UC ALC reduction from baseline: 1mg ozanimod (49%), 2mg etrasimod (40%)

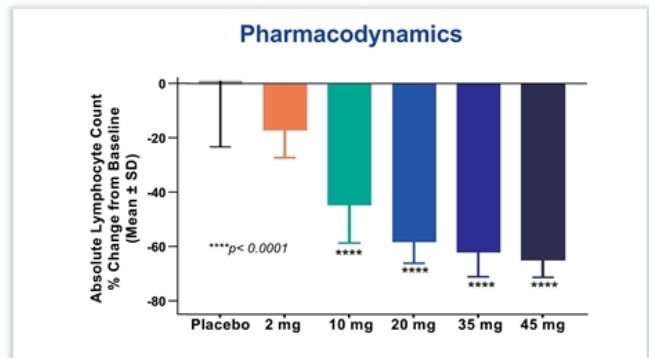
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Phase 1 MAD Results: Dose-Dependent Exposure and Lymphocyte Reduction

Absolute Lymphocyte Count (ALC) Reductions of 40-50% Correlated with Clinical Efficacy Observed in UC*



- $T_{1/2}$ of ~20 hours
- Dose-proportionate exposure after single and multiple doses of VTX002 with steady-state reached after 4 to 7 days of target-dose exposure

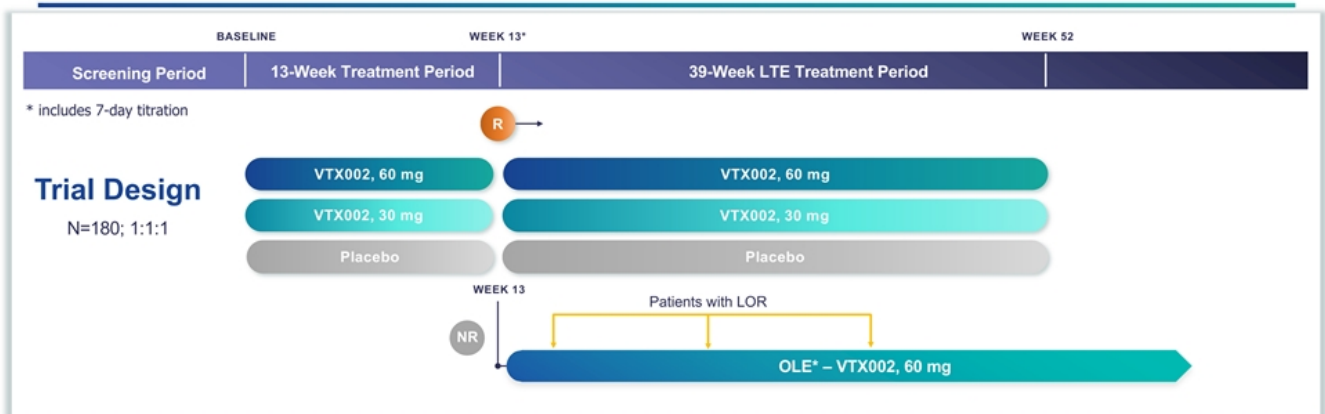


- Demonstrated consistent, sustained reduction of lymphocytes up to 65% across multiple dose groups

Phase 2 Induction Trial in Moderate-to-Severe Ulcerative Colitis

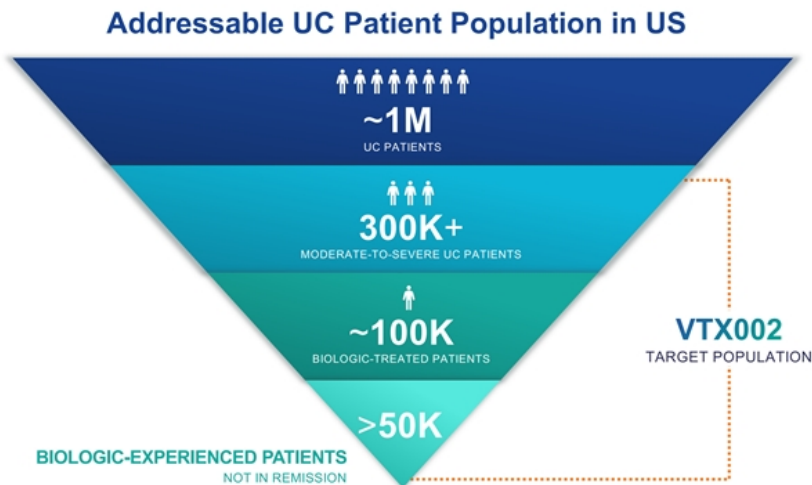
KEY TAKEAWAYS

- Powered for primary endpoint of clinical remission
- Trial may serve as the first of two pivotal trials required for registration



Note: Phase 2 tablet doses of 30mg and 60mg provide comparable VTX002 exposure as Phase 1 suspension doses of 20mg and 40mg, respectively
*Induction and OLE non-responder dosing includes 7-day titration period followed by 12 weeks of placebo or VTX002 dose

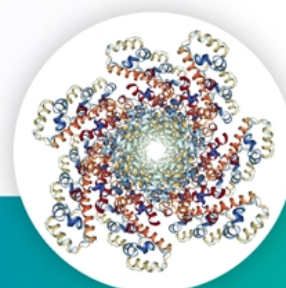
Underpenetrated Market for Biologic Refractory Patients



- Existing agents leave room for new treatments
- Novel oral agents may expand penetrance of treated moderate-to-severe UC population beyond current ~25-30%
- S1P well positioned to emerge as leading oral therapeutic class based on its attractive class efficacy/safety profile



SELECTIVE NLRP3 INFLAMMASOME INHIBITORS for systemic and CNS indications



Rationale for Targeting the NLRP3 Inflammasome

NLRP3 Inflammasome Inhibitors Target IL-1 β , a Key Driver of Inflammatory Disease

In vivo Evidence	Genetic Evidence	Clinical Validation of Downstream Target
<ul style="list-style-type: none">• The NLRP3 inflammasome can become overactive in the presence of persistent tissue damage or crystal deposits• Inflammasome activation results in release of IL-1β & IL-18 recruiting neutrophils and driving Th17 response• This leads to pyroptosis and further tissue damage	<ul style="list-style-type: none">• Gain-of-function mutations in the NLRP3 gene, associated with certain severe orphan inflammatory diseases, are classified as cryopyrin-associated periodic syndromes (CAPS)	<ul style="list-style-type: none">• IL-1β signaling, downstream of inflammasome activation, is a clinically-validated, anti-inflammatory target with biologics• Ilaris® (\$873M sales in 2020) approved for CAPS and other orphan periodic fever syndromes

NLRP3 Inhibitor Program Summary

Peripheral NLRP3 Inhibitor: VTX2735

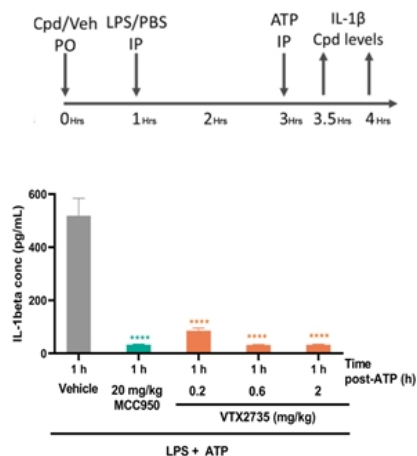
- Selective NLRP3 inhibitor
- Well tolerated in GLP safety and tox assessment
- Phase 1 ongoing, expected to complete dosing in H1 2022
- High oral bioavailability in non-clinical PK studies
- PD activity demonstrated in animal models

CNS NLRP3 Inhibitor: VTX3232

- Selective compounds generated with high CNS bioavailability
- Novel and proprietary lead series
- Plan to submit IND fourth Q4 2022
- Potential to be first, truly CNS-directed NLRP3 inhibitor to enter clinic

VTX2735 is a Selective & Orally Bioavailable NLRP3 Inhibitor

Mouse Pharmacodynamic Assay

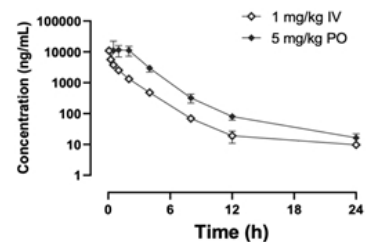


In Vitro Potency & Selectivity

	IL-1β IC ₅₀ (nM)	VTX2735
On Target	human monocytes	2
	human whole blood	48
Off Target	AIM2	>10000
	NLRC4	>10000
	NF-kb	>10000

Non-Human Primate PK

IV Clearance: 1.6 mL/min/kg; Oral Bioavailability: 80%



KEY TAKEAWAYS

- Well-tolerated preclinically in IND-enabling GLP studies
- Oral bioavailability (80%) in NHP and dose-proportional exposure that predicts potential for wide safety margins based on PK/PD modeling

VTX2735 Has Broad Activity Against Multiple NLRP3 Mutations

Potential for Differentiation in CAPS Setting*

What is CAPS?

An ultra-orphan auto-inflammatory disease caused by various mutations in NLRP3 and characterized by inappropriate release of IL-1 β and symptoms of recurrent systemic inflammation

KEY TAKEAWAY

VTX2735 blood assay data from CAPS patients suggest inhibitory activity across several mutations: FCAS, MWS and NOMID subset of CAPS patients

IC₅₀ in Blood Monocyte Assay (nM)

75%
of all CAPS patients
In North America

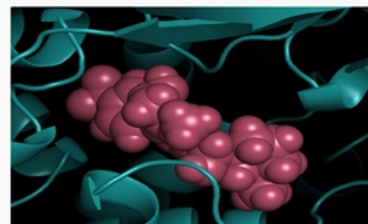
**MOST
SEVERE**

CPD	CHALLENGE	FCAS1 L353P	FCAS2 (L353P)	FCAS3 (L353P)	FCAS4 A439V/G564R	FCAS.MWS E525K/V198M	NOMID F309Y
VTX2735	LPS	117	56	166	14	24	17
MCC950	LPS	>10K	>10K	>10K	1,264	>10K	>10K

CNS-Penetrant NLRP3 Inhibitor VTX3232

KEY TAKEAWAYS

- Novel, potent, brain-penetrant inhibitor of NLRP3
- 13 nM IC₅₀ in human whole blood IL-1 β release assay
- Unique structural chemotype vs. peripheral NLRP3 inhibitors
- Provisional application filed June 2021
- IND filing in Q4 2022; Phase 1 in Q1 2023

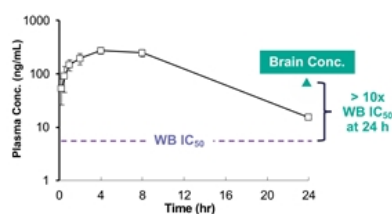


In Vitro Potency & Selectivity

	IL-1 β Assay	VTX3232 IC ₅₀ (nM)
	NLRP3 huWB	13
AIM2		>10000
NLRC4	BMDM	>10000
NF-kb		>10000

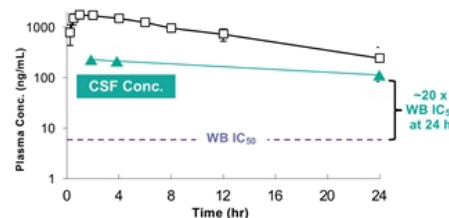
Rat PK (PO, 5mg/kg)

T_{1/2} = 4.4 h; Oral Bioavailability = 75%



Dog PK (PO, 5mg/kg)

T_{1/2} = 8 h; Oral Bioavailability = 100%



NLRP3 Program Clinical Development Plan



Our Comprehensive NLRP3 Portfolio Targets a Broad Range of Major Inflammatory Diseases

NLRP3

Systemic Diseases

Peripheral NLRP3 inhibitors are designed to treat cardiovascular, rheumatic, fibrotic and rare genetic diseases



- Cardiovascular
- Rheumatic
- Fibrotic Diseases
- Rare Genetic Diseases

Our solution: VTX2735

Neuroinflammatory Diseases

CNS-directed NLRP3 inhibitors are designed to treat a range of neurodegenerative disorders, such as Alzheimer's and Parkinson's disease



- Alzheimer's Disease
- Parkinson's Disease
- ALS

Our solution: VTX3232



PROJECTED PIPELINE CATALYSTS AND SUMMARY

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Projected Catalysts Over Next 24 Months

PROGRAMS	H1'2021	H2'2021	H1'2022	H2'2022	2023
 VTX958 Allosteric TYK2 inhibitor addressing a broad range of autoimmune disorders			Phase 1 SAD	Phase 1 MAD	Phase 2 in Multiple Indications*
 VTX002 Selective S1P1R modulator targeting UC and other immune disorders				Phase 2 Ulcerative Colitis 13-Week Induction	
 VTX2735 Peripheral NLRP3 inflammasome inhibitor for multiple inflammatory and immune conditions		IND-enabling	Phase 1 SAD/MAD	Phase 2 PoC Initiation	
 VTX CNS CNS-directed NLRP3 inflammasome inhibitor for neurodegenerative diseases		Candidate Selection	IND-enabling	Phase 1 SAD/MAD**	



*Following completion of our Phase 1 trial, we intend to initiate Phase 2 PoC trials in psoriasis, psoriatic arthritis, Crohn's disease and potentially other indications

** Following regulatory acceptance of planned Q4 2022 IND filing, we intend to initiate and conduct a Phase 1 SAD/MAD trial in healthy volunteers

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Investment Highlights

PRODUCTIVE IMMUNOLOGY PLATFORM

- **Internal R&D engine** designed to generate candidates to address autoimmune and inflammatory diseases with high unmet need
- **100% commercial rights** to entire portfolio; long patent life for all product candidates

POTENTIALLY DIFFERENTIATED MEDICINES

- **Multiple selective, oral, small molecule product candidate portfolio:**
 - **VTX958:** allosteric TYK2 inhibitor for multiple autoimmune indications
 - **VTX002:** peripherally-restricted S1P1R modulator for ulcerative colitis
 - **VTX2735:** peripheral NLRP3 inhibitor for multiple autoimmune indications
 - **VTX3232:** CNS-targeted NLRP3 inhibitor for multiple neurodegenerative indications

TARGET MAJOR INFLAMMATORY & IMMUNOLOGY DISEASE MARKETS

- **Our portfolio can address I&I markets**, such as psoriasis, IBD, and other indications
- Opportunity to disrupt existing markets dominated by biologics with varying degrees of efficacy and safety in order to:
 - ✓ Capture refractory patients
 - ✓ Expand market share of moderate-to-severe patient populations with patient-friendly oral therapy

STRONG BALANCE SHEET

- **Over \$339 million raised** from IPO and dedicated biotech investors
- **Cash balance** of \$142M as of September 30, 2021*



*Not including gross proceeds of \$174M raised in October 2021 IPO

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**CONTACT US FOR
ADDITIONAL INFORMATION:
ir@ventyxbio.com**

VENTYX BIOSCIENCES, INC.
662 ENCINITAS BOULEVARD, SUITE 250
ENCINITAS, CA 92024

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**Document and Entity
Information**

Mar. 15, 2022

Cover [Abstract]

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