bridgebio

hope through
rigorous science

Corporate Presentation

March, 2024

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This presentation may contain forward-looking statements. Statements made or presented may include statements that are not historical facts and are considered forward-looking within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Words such as "believe," "anticipate," "plan," "expect," "intend," "will," "may," "goal," "potential," "should," "could," "aim," "estimate," "predict," "continue" and similar expressions or the negative of these terms or other comparable terminology are intended to identify forward-looking statements, though not all forward-looking statements necessarily contain these identifying words. We intend these forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act and Section 21E of the Exchange Act. These forward-looking statements, including statements relating to the clinical, therapeutic and market potential of our programs and product candidates, including the timing and success of our clinical development programs, including acoramidis for the treatment of transthyretin amyloidosis, low-dose infigratinib for the treatment of achondroplasia, encaleret for the treatment of ADH1, BBP-418 for the treatment of LGMD2I, BBP-631 for CAH, and other clinical programs; the progress of our ongoing and planned clinical trials, including the expectation and timing of enrollments in clinical trials and anticipated readout; the potential benefits of our product candidates; the potential outcomes and expected timing of regulatory reviews by the U.S. Food and Drug Administration (the "FDA"); the timing and expectations of any potential regulatory submission and filing with the FDA or other regulatory agencies; the timing and success of potential commercial launch of acoramidis, if approved; the expectation and goal to make the Company durable by generating billions of peak year sales from acoramidis, if approved, commercializing multiple best or first-in-class compounds, and running a highly efficient and productive early-stage research engine; the expectation regarding the success and benefits of our partnerships; and the Company's capitalization status, financial position, strategy, business plans and goals, reflect our current views about our plans, intentions, expectations and strategies, which are based on the information currently available to us and on assumptions we have made. 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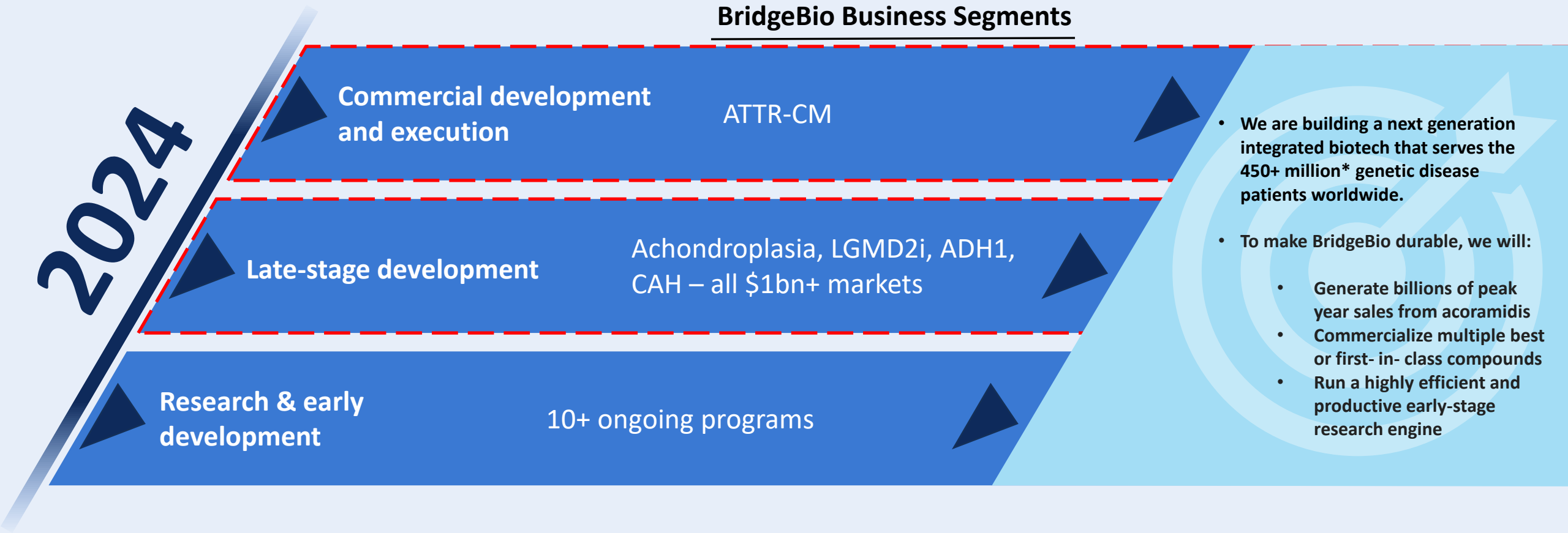
We are at the starting line

Focus for 2024



- **We are building a next generation integrated biotech that serves the 450+ million* genetic disease patients worldwide.**
- **To make BridgeBio durable, we will:**
  - **Generate billions of peak year sales from acoramidis**
  - **Commercialize multiple best or first- in- class compounds**
  - **Run a highly efficient and productive early-stage research engine**

*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7229282/#bib32

Where we play: genetic medicine, where it is still Day 1

Massive opportunity to help

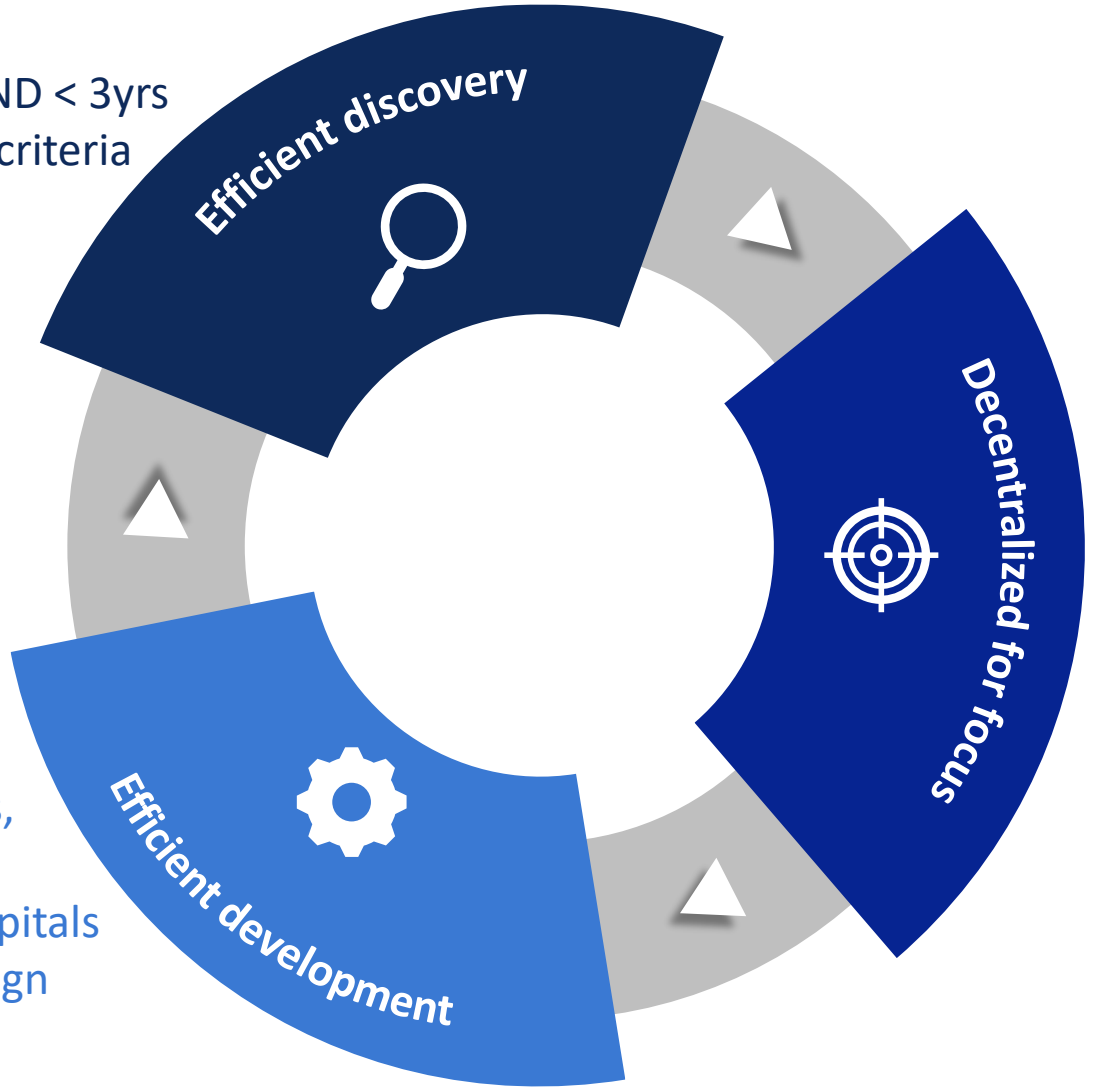
- 8,000+ genetic diseases, most without a therapy
- Higher probability of technical success versus other areas
- 100s of actionable opportunities to create first- or best-in-class drugs

Profound advances in science and medicine

- More information – UKB 500K whole genomes. The complete human reference genome
- More insight on how to go from genetic signal to function
  - Alpha Missense
- More established tools to target diseases at their source

How we play: our R&D engine is purpose-built for genetic medicine

- INDs under $10m
- Time from start to IND < 3yrs
- Fast-to-fail decision criteria



- Incented teams on only their project
- Central resources to variabilize fixed cost

- Experience across 20+ trials, 25+ countries, 500+ sites including key children's hospitals
- Deep regulatory & trial design expertise

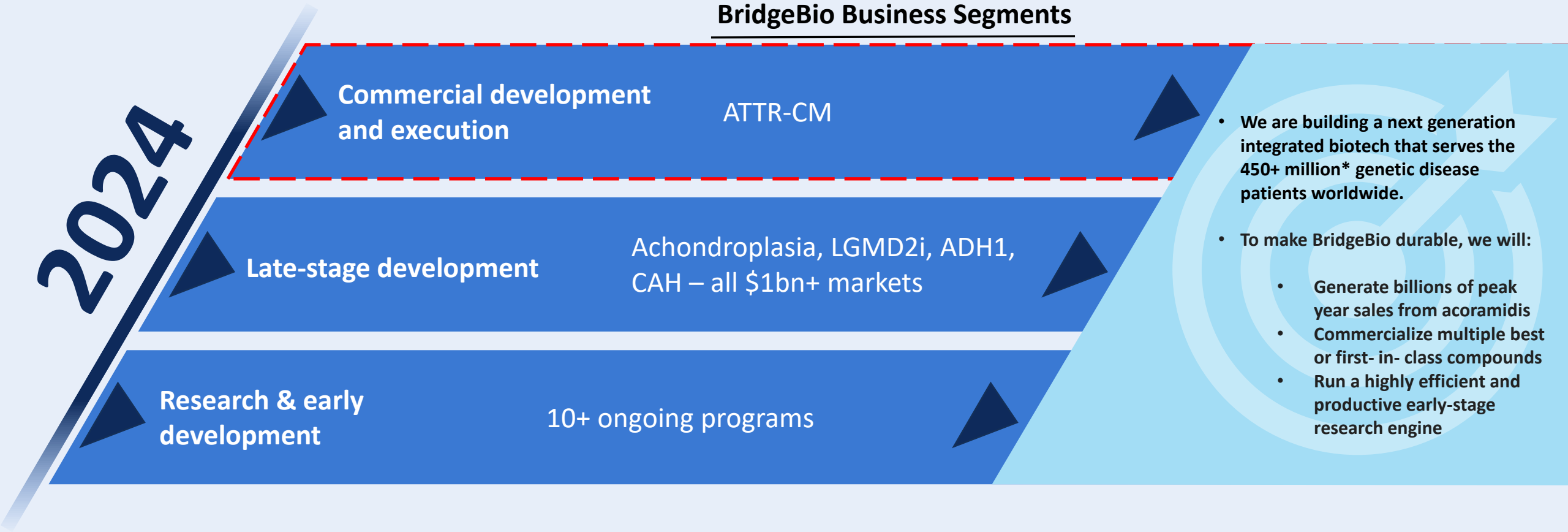
2024 Capitalization Summary

- January 18, 2024
  - A $500 million cash payment upon FDA approval from Blue Owl and CPP Investments in exchange for a 5% capped royalty on future global net sales of acoramidis
- February 7, 2024
  - Up to $100 million in near-term licensing payments from KKC for Japanese market rights to infigratinib
- March 3, 2024
  - Up to $310 million in near-term licensing payments from Bayer for Europe market rights to acoramidis
- March 5, 2024
  - A $287.5 million in gross proceeds from public follow on offering

BridgeBio has runway into at least 2H 2026, and is well capitalized to launch acoramidis and fully enroll our late-stage Phase 3 clinical trials for Achondroplasia, Limb Girdle Muscular Dystrophy Type 2i, and Autosomal Dominant Hypocalcemia Type 1 in 2024.

We are at the starting line

Focus for 2024



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Important ATTR-CM learnings

- **Acoramidis provides unprecedented absolute survival and hospitalization rates**
  - As a highly potent next generation stabilizer, acoramidis demonstrated absolute survival and hospitalization rates approaching age-matched general population[1,2,3]
  - Acoramidis demonstrated separation at 3-months on ACM+CVH, the earliest known separation to date[4]
  - Stabilization levels achieved with acoramidis statistically correlate with downstream mortality at unprecedented levels[5]

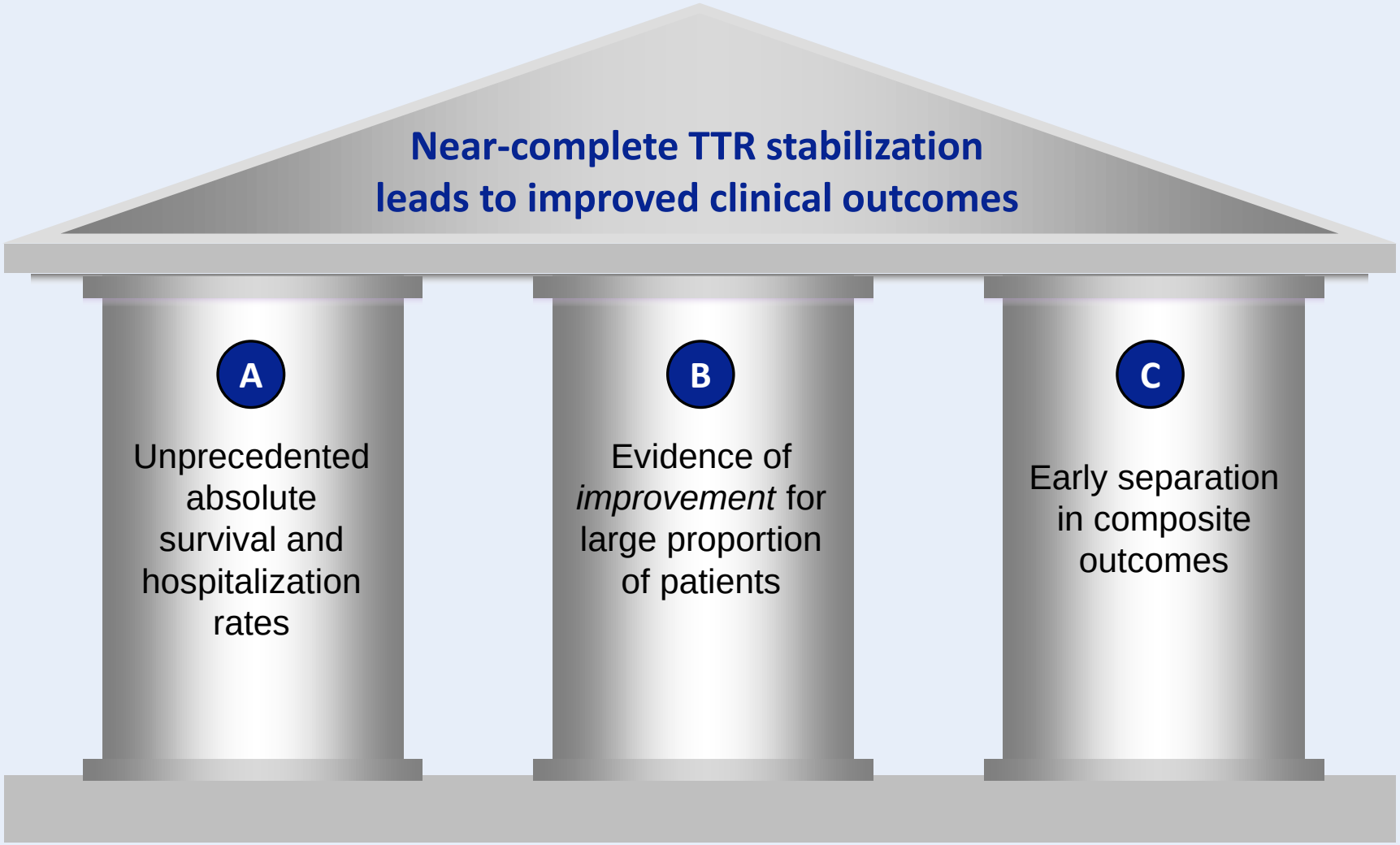
- **Dramatic clinical improvements, independent of novel therapies**
  - Clinical context has dramatically improved for ATTR-CM patients
  - Placebo arm of ATTRibute-CM outperformed active tafamidis arm of ATTR-ACT[6]

- **ATTR-CM market is durable and growing**
  - Continued increase in diagnosis rates for ATTR-CM
  - The market is growing at approximately 15% Q on Q[7]
  - EU Opposition Division heard arguments regarding the validity of tafamidis claims in the polymorph patent and agreed with Pfizer, upholding the novelty and inventiveness claims, setting the expectation that Vyndaqel will maintain market exclusivity through Aug. 2035 in EU[8]

- **Increased awareness around identifying progressors on existing treatment**
  - Significant remaining unmet need in ATTR-CM despite current on-market therapies
  - Ability to identify "non-responders“, those progressing on existing treatment, via NT-proBNP is ever improving

[1]ssa.gov. [2]US Department of Health & Human Services 2018. [3]Natural history reflects US Medicare non-neonatal, non-maternal inpatient stays. ATTRibute-CM data reflect cardiovascular-related hospitalizations. [4]ATTRibute-CM data, Kaplan-Meier of Composite ACM/CVH. [5]Preliminary analyses (modeled data) from ATTRibute-CM. Comprehensive analysis to come in 2024. [6]Masri et al., HFSA 2023 “A Multicenter Study Of Real-world Outcomes Of Tafamidis In Transthyretin Amyloid Cardiomyopathy”. Note: Direct cross-study comparisons may suggest misleading similarities or differences. [7]Corporate SEC Filings. [8]European Patent Office, Opposition Division, File #EP3191461

Patients on acoramidis are surviving more and going to the hospital less



Patients on acoramidis are surviving more and going to the hospital less

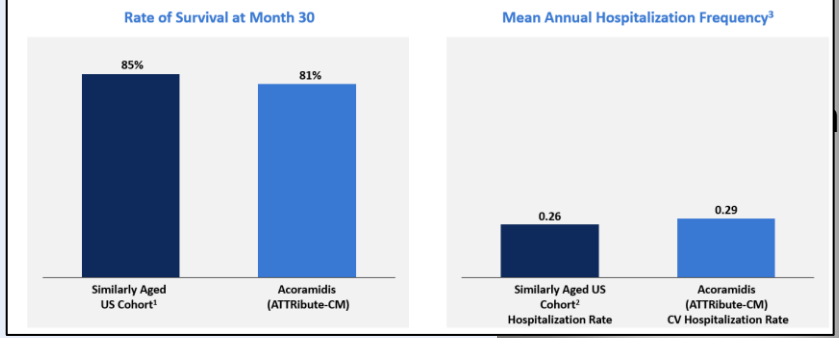
Near-complete TTR stabilization leads to improved clinical outcomes

A

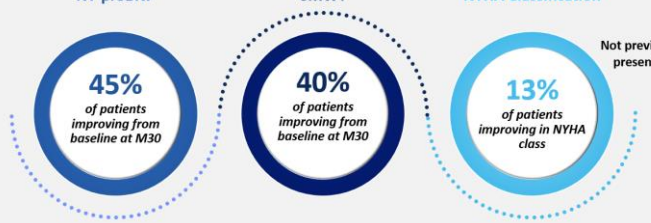
B

C

A Observed effect of acoramidis approaches rates of mortality and hospitalization in similarly aged US cohorts

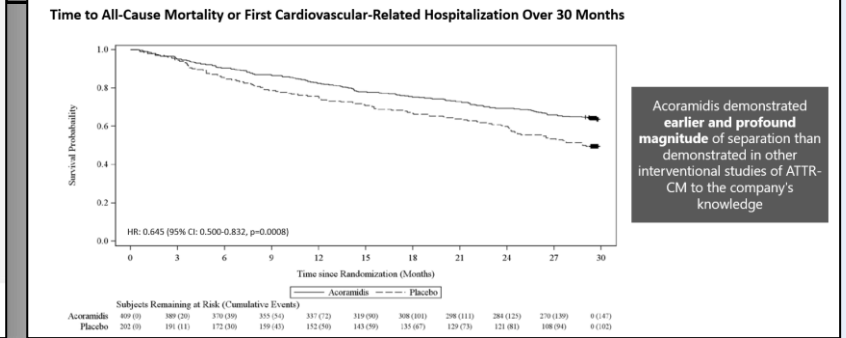


B >40% of mITT participants with data at Month 30 experienced improvement in laboratory and functional measures of disease progression on acoramidis



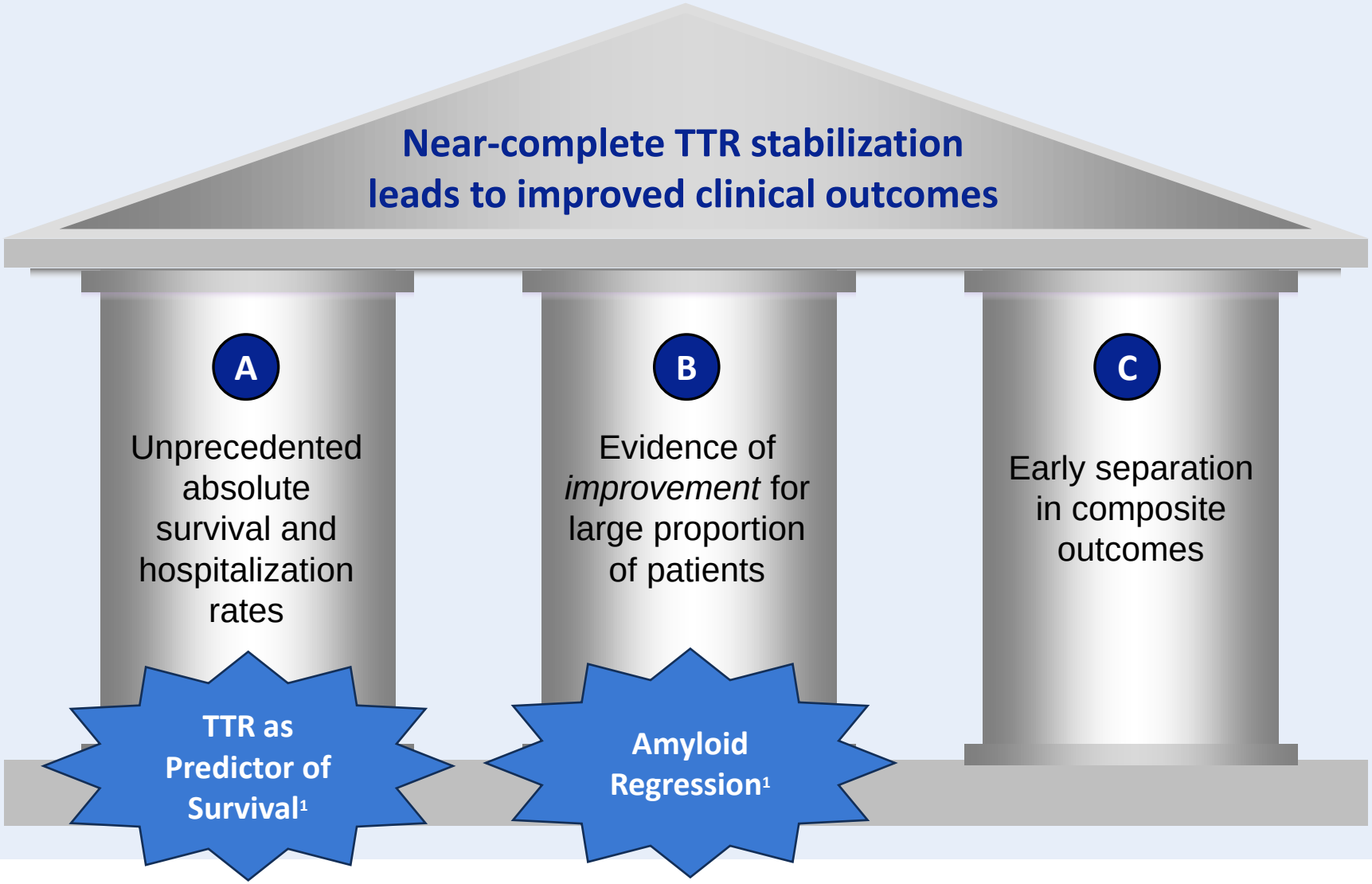
The proportion of patients improving on acoramidis across laboratory and functional measures represent the best observed improvements from prior interventional studies or benchmarks, to the company's knowledge. Even using a conservative imputation method that attributes missing values as unfavorable, the improvements are still the highest observed to the company's knowledge.

C Time to ACM or First CVH separated in favor of acoramidis by Month 3



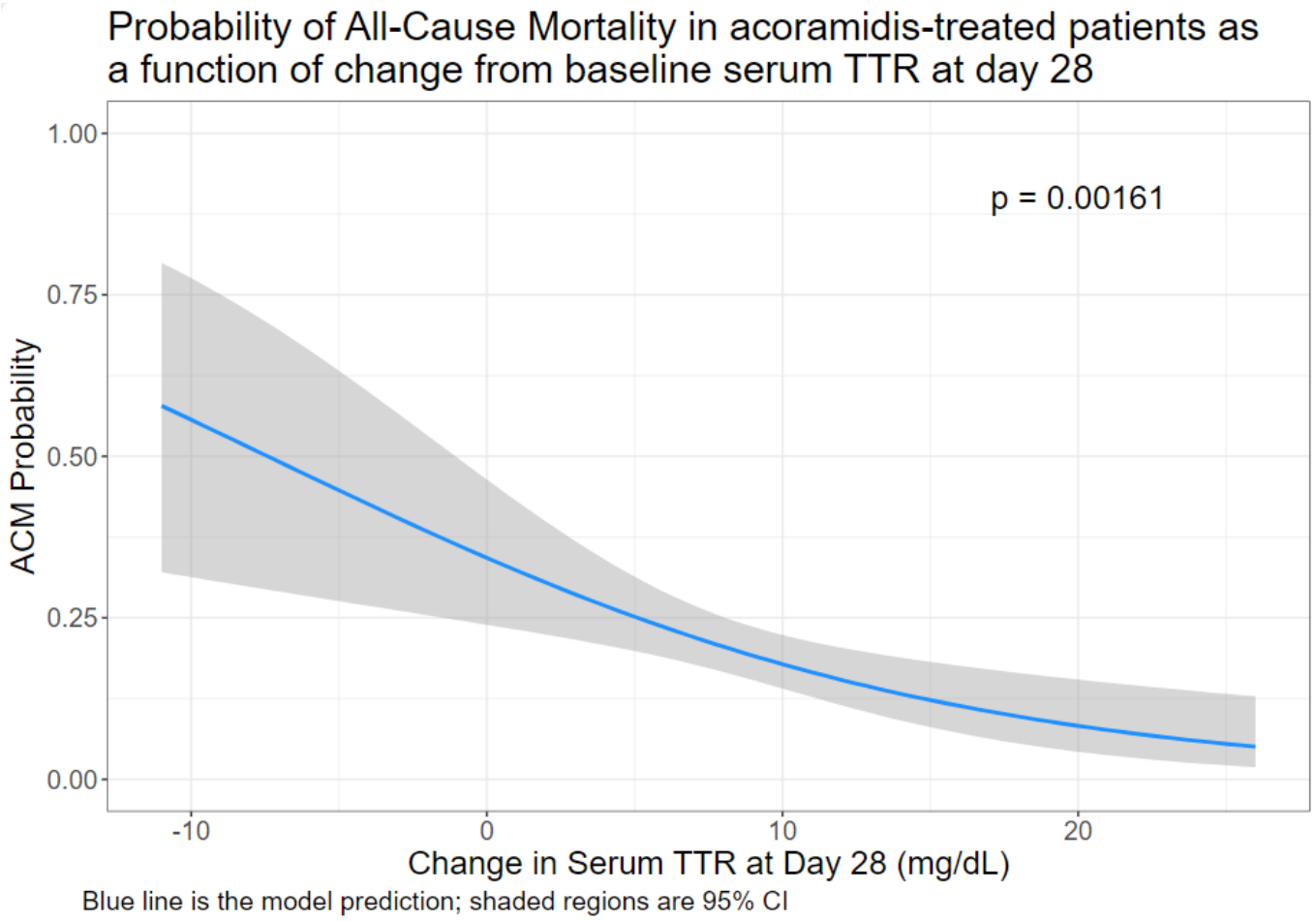
Acoramidis demonstrated **earlier and profound magnitude** of separation than demonstrated in other interventional studies of ATTR-CM to the company's knowledge

Patients on acoramidis are surviving more and going to the hospital less



[1] Preliminary analyses from ATTRibute-CM. Comprehensive analysis to come in 2024.

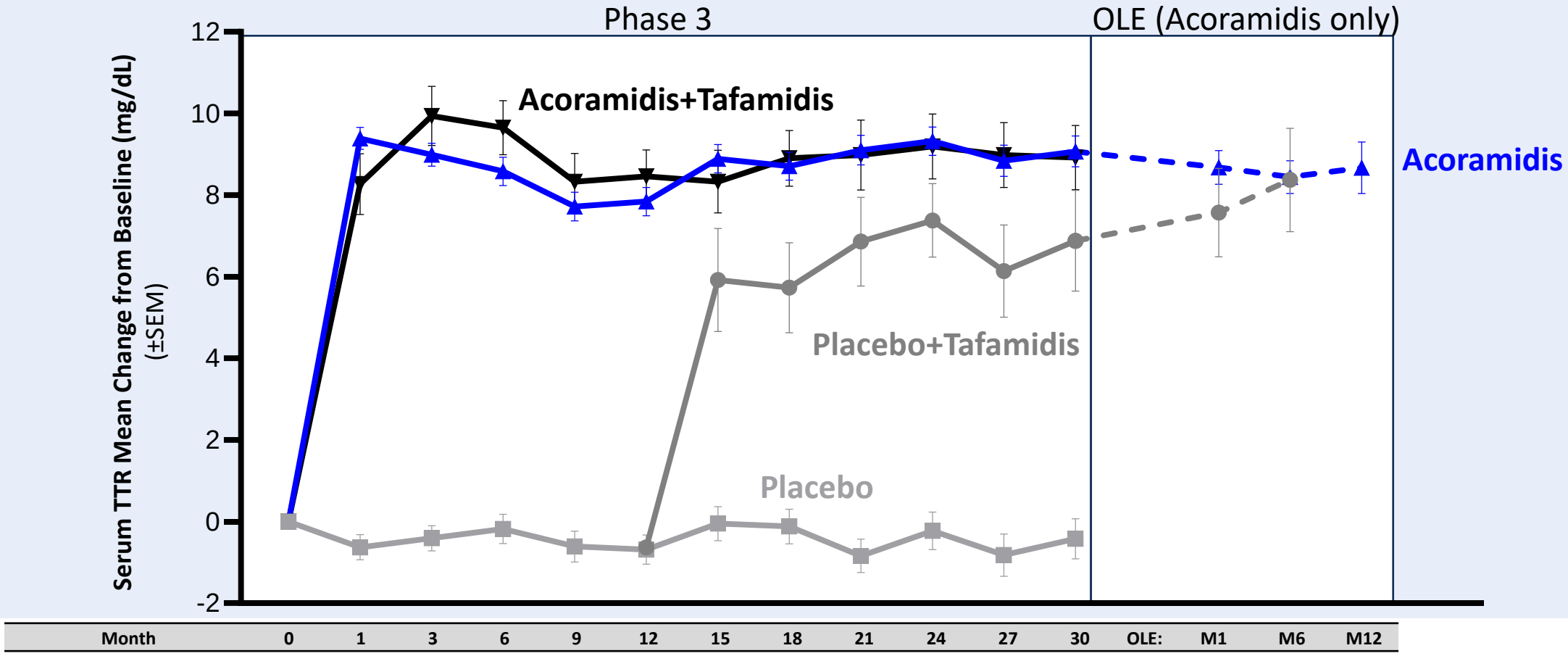
A Data from ATTRibute-CM demonstrate early increase in serum TTR is an independent predictor of improved survival in ATTR-CM



Statistical modeling demonstrates that acoramidis-mediated increase in serum TTR at Day 28 is an independent predictor of survival.

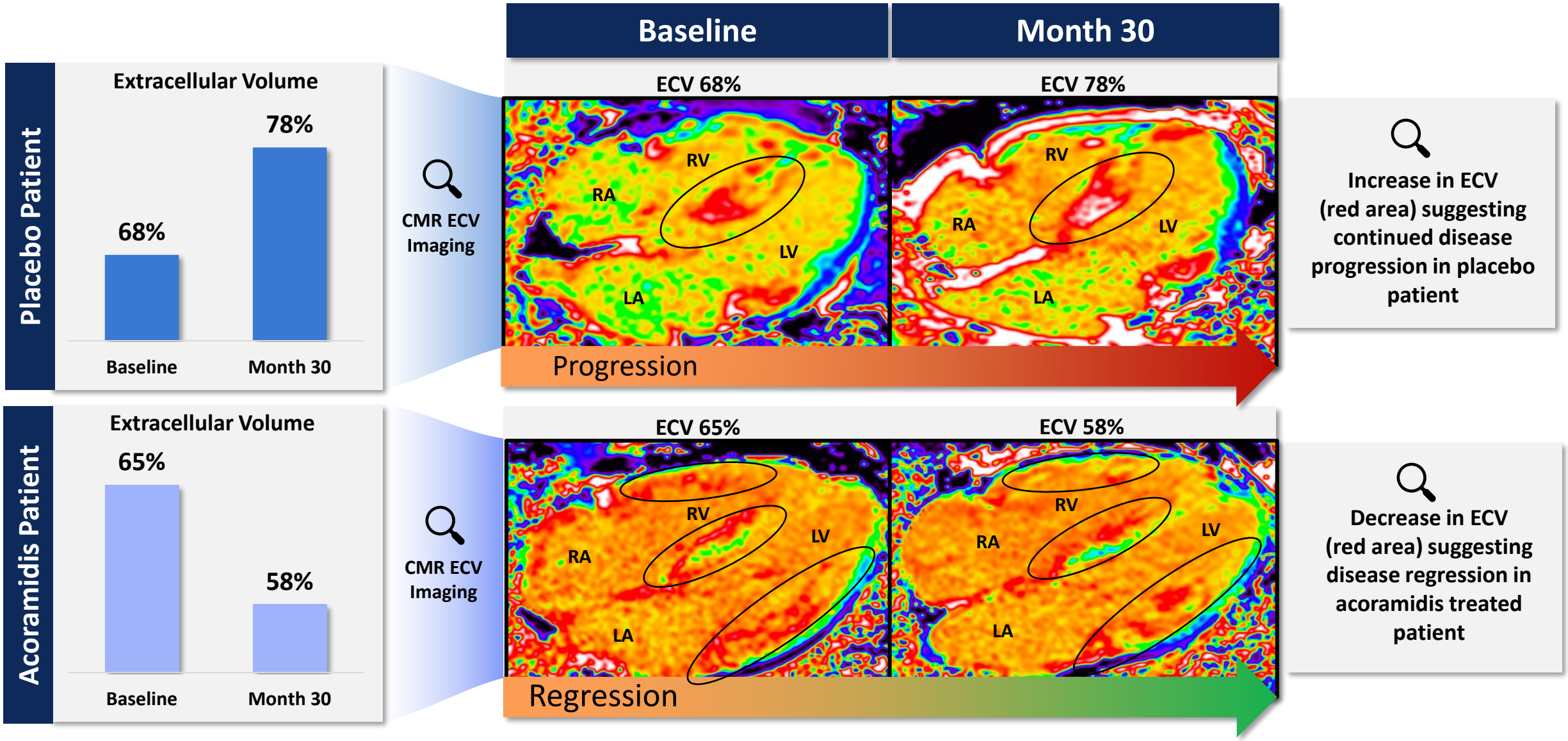
Source: Preliminary analyses (modeled data) from ATTRibute-CM. Comprehensive analysis to come in 2024.

A Higher serum TTR levels may be available to patients who switch from a partial stabilizer to a potent, near-complete stabilizer



Source: Data from ATTRibute-CM and OLE; The sample collection date is at least 14 days after tafamidis start date AND no more than 14 days after the tafamidis end date. OLE results are not shown for Acoramidis+Tafamidis or Placebo groups due to ongoing analyses. In OLE, fraction of Acoramidis only patients continuing was n=222 of the n=234 at month 30, and fraction of Placebo+Tafamidis patients that qualify for OLE, given the above collection dates, was n=21 of n=33

B Preliminary evidence of amyloid regression on CMR imaging demonstrated in ATTRibute-CM imaging sub-study



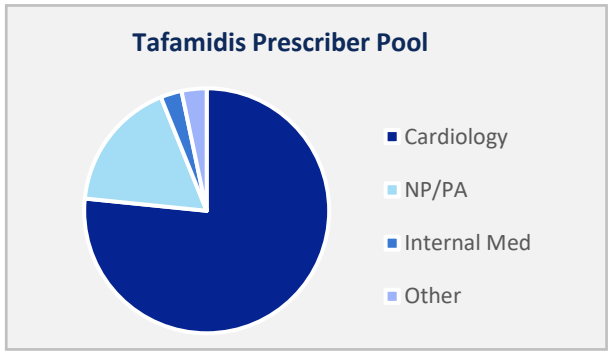
ECV = Extracellular volume, an imaging correlate of amyloid deposition
Source: Preliminary sample of ATTRibute-CM CMR imaging

Note: Preliminary analyses / work in progress. Comprehensive analysis to come in 2024.

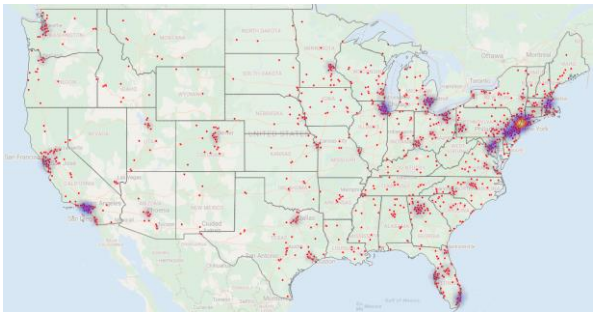
Precision targeting along with a dedicated and experienced commercial team will lead to an optimal global launch

State of Market

Current tafamidis prescribers are made up mostly of cardiologists



ATTR-CM prescriber market is concentrated

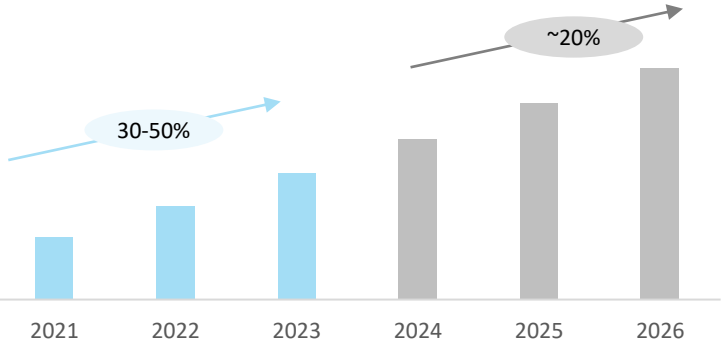


<100 US COEs* hold significant influence with prescribers & communicate overall product value

Future State

Prescriber Pool Evolution

The TAF prescriber base has been growing at 30-50% annually



How we will win / how we will capitalize on this opportunity

- **We are building a customer facing team that is sized to effectively maximize the opportunity**
- **We have hired a commercial team with strong CV experience and existing relationships with COEs**
- **Undiagnosed patients and unmet need with currently approved medications fuels future market growth**

Sources: Data on file
*COEs = Centers of Excellence

Commercial strategy and go-to-market plans in place to establish acoramidis as the backbone of ATTR-CM treatment upon launch in 2024

Backbone of Therapy

- Reinforce benefits of near-complete stabilization
- Differentiate from partial stabilizers and partial knockdowns

Access & Affordability

- Ensure broad and sustained access and affordability
- Design best-in-class patient and provider support

Continued Evidence Generation

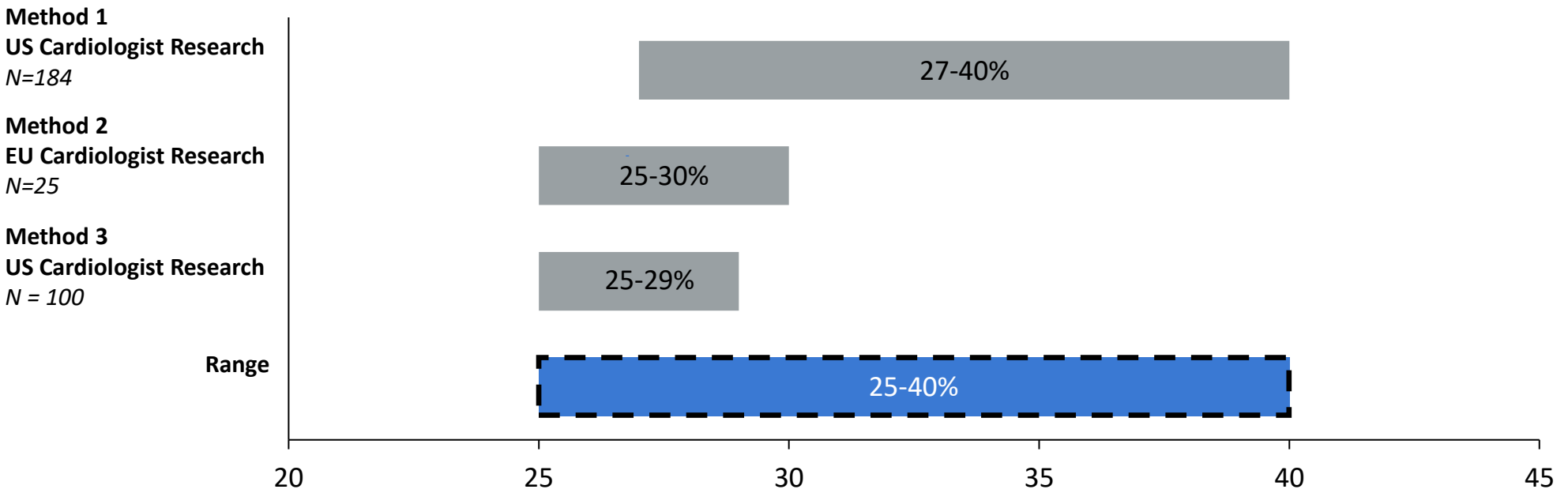
- Additional analyses from ATTRibute-CM
- Generate new evidence to support diagnosis and treatment

Dedicated Focus

- Dedicated commercial and field-based team with singular focus on serving patients with ATTR-CM

Independent market research estimates 25-40% market share for acoramidis in a future 4-product market

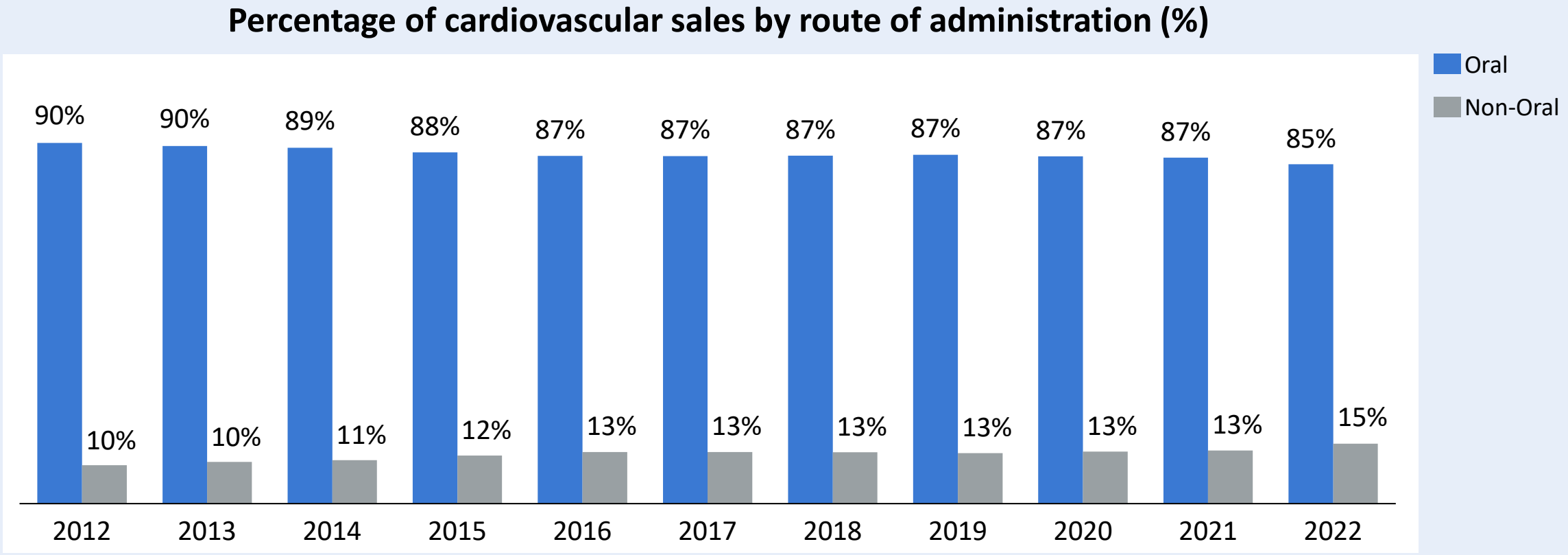
Acoramidis Estimated Market Share as % of Future 4-Product Market



Acoramidis is poised to command significant market share regardless of potential positive knockdown data in 2024.

Source: Market Research

Cardiovascular markets are dominated by orally administered products



With oral products dominating 85% of cardiovascular sales in 2022, cardiologists are best educated and equipped to administer oral therapeutics

Source: Evaluate Pharma

Acoramidis go-to-market strategy in place ahead of anticipated 2024 launch with robust lifecycle plans underway

Detailed Results from ATTRibute-CM
European Society of Cardiology August 2023
American Heart Association November 2023

Submit New Drug Application (NDA) with FDA
November 2023

Submit additional regulatory filings (EMA & others)
2024

Execute lifecycle management
Initiate primary prevention study (ACT-EARLY) and QD Formulation
2024

Additional Clinical Data from ATTRibute-CM
Future medical meetings

Anticipated FDA Approval and Commercial Launch
2H 2024

Bayer Partnership Overview

Deal overview

- BridgeBio grants Bayer an exclusive license to commercialize acoramidis in Europe[1]

Selection process

- Best Owner: Bayer brings a strong heritage in CV and established commercial infrastructure
- Maximal Shared Value: Meaningful near-term economics & the ability to participate in EU market growth to build an enduring company

Key Financial terms

Up to $310M
Near-term payments

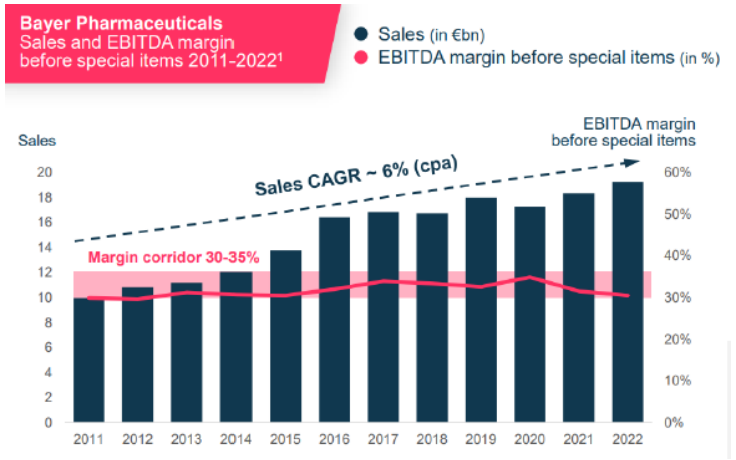
Future Sales
Additional milestone payments

Low Thirties %
Tiered royalty on net sales

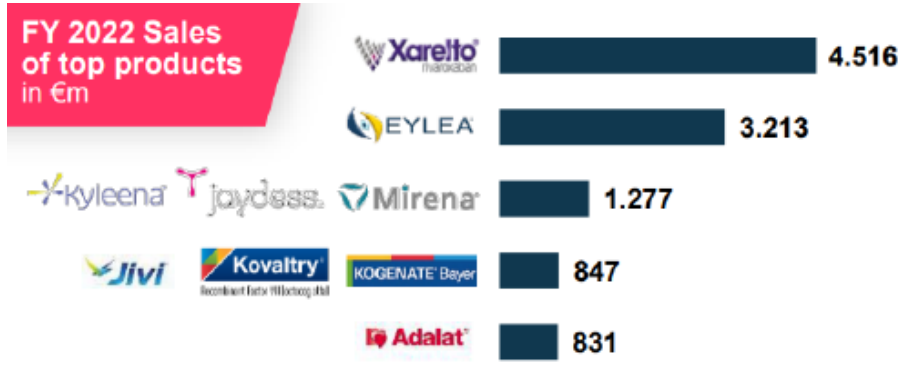
[1]Europe territory includes European Economic Area, UK, Switzerland, and Turkey.

Bayer has extensive EMEA cardiovascular infrastructure

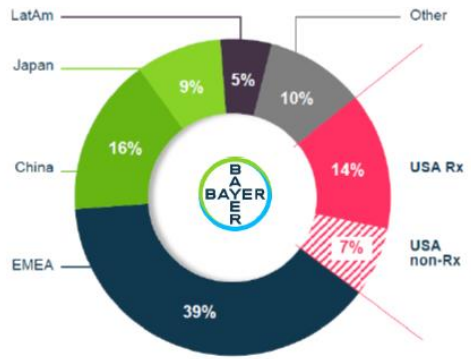
Multi-billion commercial organization



EMEA owned and licensed revenues



Top commercial region is EMEA



Top therapeutic area is cardiovascular

Key elements to watch from HELIOS-B

- Subgroup analysis (on and off tafamidis)
- Time to separation for first event of (ACM and CVH)→ acoramidis demonstrated separation at 3 months
- Relative Risk Reductions (RRR)
  - Cardiovascular-related Mortality (CVM)→ *acoramidis achieved 30% RRR at 30 months on CVM*[1]
  - Cumulative frequency of Cardiovascular-related Hospitalizations (CVH)→ *acoramidis achieved 50% RRR at 30 months on CVH*[2]
- Efficacy <u>at 30 months</u> (vs. 36 months)
- Results on biomarkers indicative of progression (serum TTR and NT-proBNP)

[1]14.9% in acoramidis vs. 21.3% for placebo. CV-mortality is any all-cause mortality event adjudicated as due to a cardiovascular or undetermined cause. [2]Negative binomial regression with treatment group and stratification factors was used to analyze the cumulative frequency of adjudicated CV-related hospitalization

Acoramidis demonstrates highly statistically significant efficacy at 30-months (p=0.0008) with ACM and CVH using Andersen-Gill (AG) analysis[1]

Key Differences Between AG and 2-component FS Analysis

- **Deaths and (multiple) hospitalizations contribute equally in AG; deaths contribute before hospitalizations in FS**
- **Hospitalizations contribute primarily via timing in AG vs. via total counts in FS**
- **AG does not consider relevant biomarker information (NT-proBNP) or QOL measures (6MWD)**

Regardless of statistical method employed (AG or FS), acoramidis demonstrates highly statistically significant results at 30 months.

[1]Internal analysis on file. FS = Finkelstein-Schoenfeld method.

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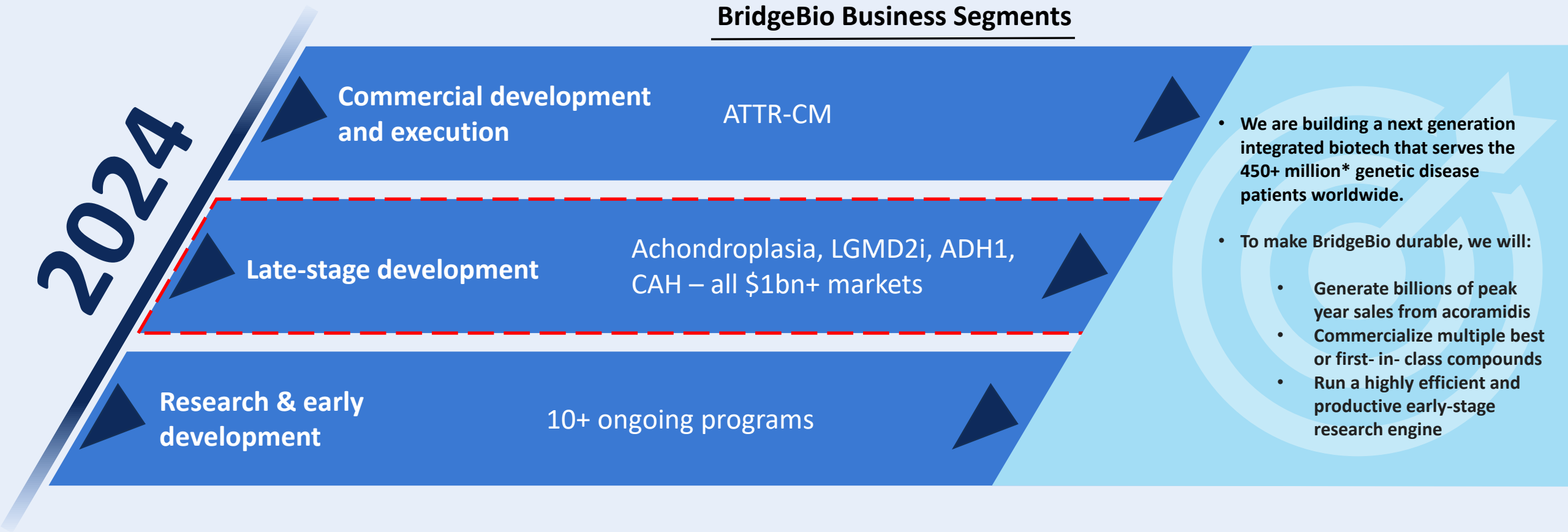

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Low-dose oral FGFR inhibitor (infigratinib) for achondroplasia

Genetic Driver
FGFR3 gain-of-function

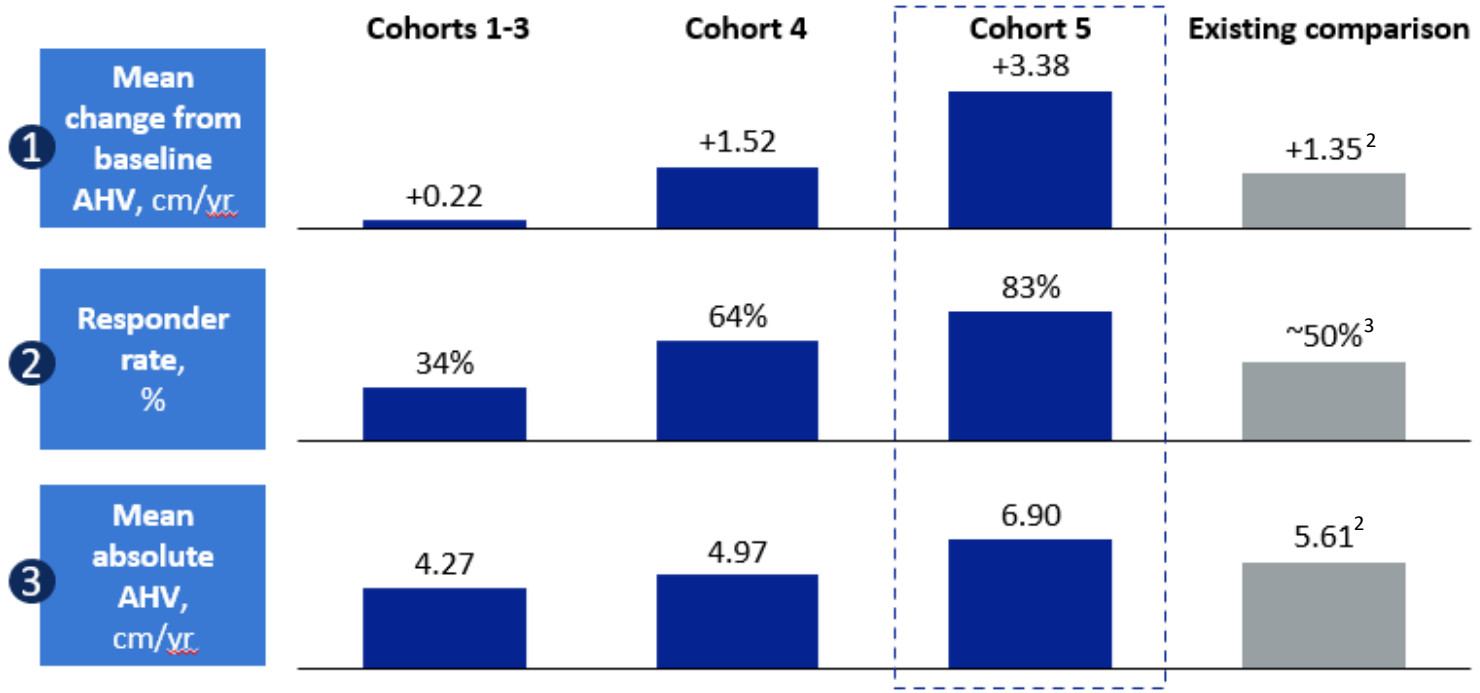
Design Principles
Best-in-class (oral, potential greater efficacy, no hypotensive or injection-site reactions)

Stage
Phase 3

Total addressable market
$5Bn

Notes on status
- Achon Ph3 FPI achieved
- Robust enrollment (ahead of timelines) with LPI expected in 1H24[1] and study completion in 2025
- Hypochon. clinical program to initiate in 2024

Data from Cohort 5 of Phase 2 study of infigratinib presented in 2023

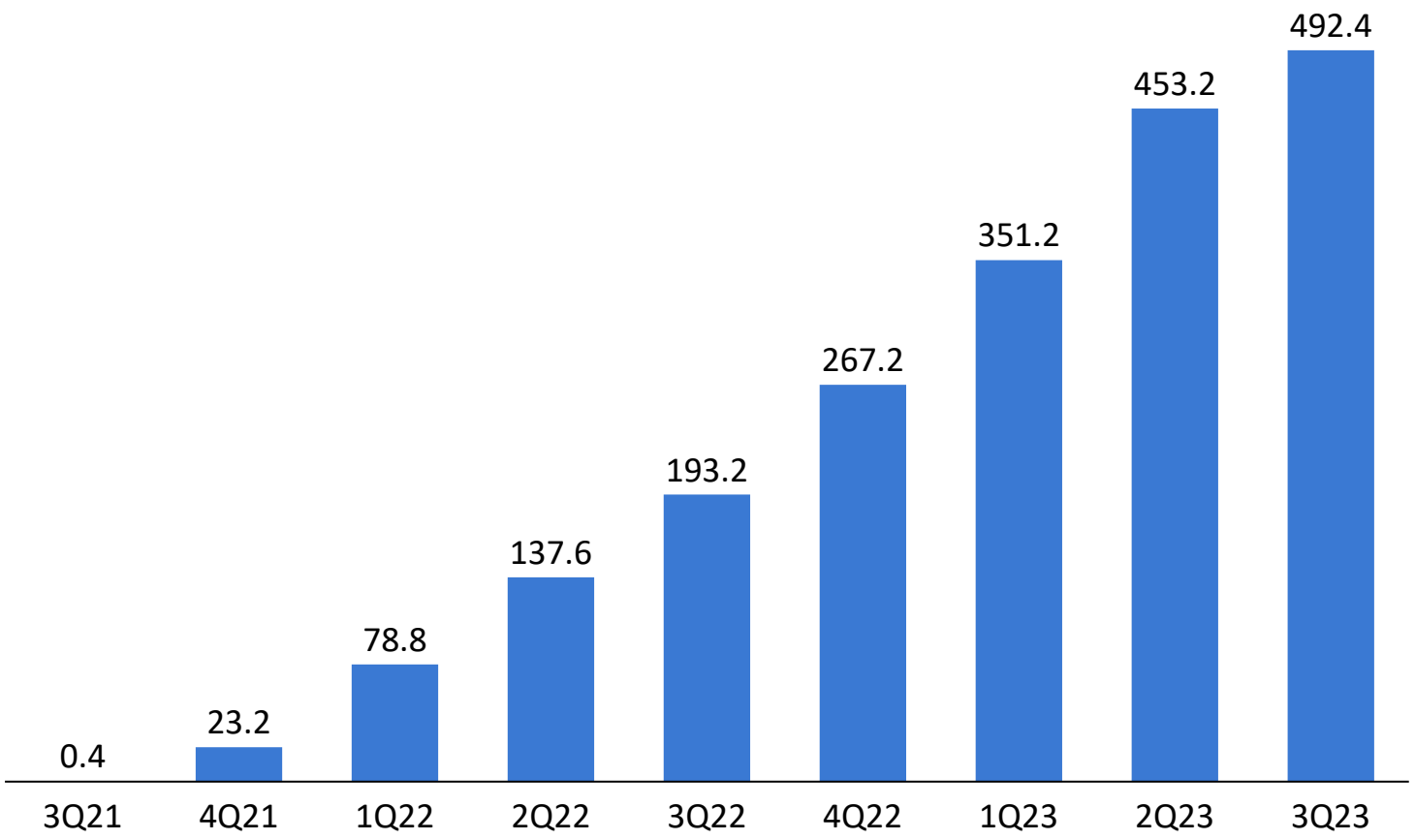


Cohort 5 has demonstrated a well-tolerated safety profile, with:
- 0 severe adverse events
- 0 adverse events assessed as drug-related
- 0 discontinuations due to adverse events
- No accelerated advancement of bone age or worsening of body proportions

[1]PROPEL observational lead in study; [2]Savarirayan 2020; [3]FDA Summary Basis of Approval (imputed from individual waterfall charts)

Achondroplasia is a large, proven commercial market annualizing at ~$500mn today with limited penetration of the treatable pool

Annualized achondroplasia product sales ($mn WW, annualized by quarter)



- We expect continued market growth driven by uptake into the treatable population
- Given the strength of our data to date and highly advantaged oral route of administration (vs the approved daily injectable), we anticipate capturing majority share of this large expandable category

Source: BMRN company filings, press releases and presentations

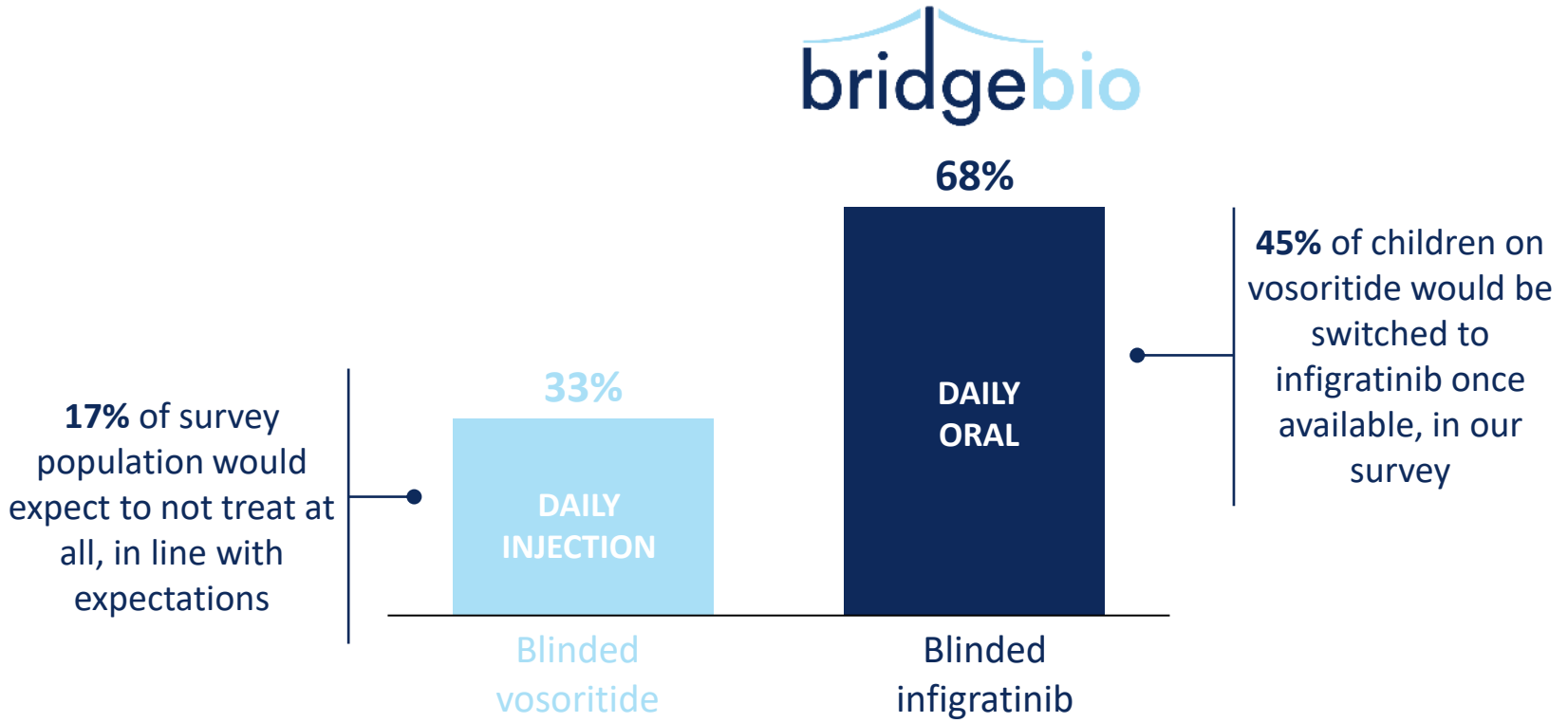
Market research validates the importance of infigratinib's oral route of administration, suggesting majority share even without an efficacy edge

- Blinded survey of a representative sample of 54 HCPs who treat ACH (50/50 academic/community)
- We tested preference for a blinded infigratinib TPP vs blinded vosoritide TPP ***with equivalent efficacy***
- The blinded infigratinib TPP closely matches the Cohort 4 profile, with upside potential for cohort 5
- Oral ROA is a major draw vs injectables

"Our daughter was in the BMRN trial, but we had to discontinue because of the trauma we experienced as a family due to the daily injections. How can I learn about enrolling in QED's trial?"

HCP survey of vosoritide vs. infigratinib showing equivalent efficacy

% of children with achondroplasia seeking treatment who would potentially receive each product

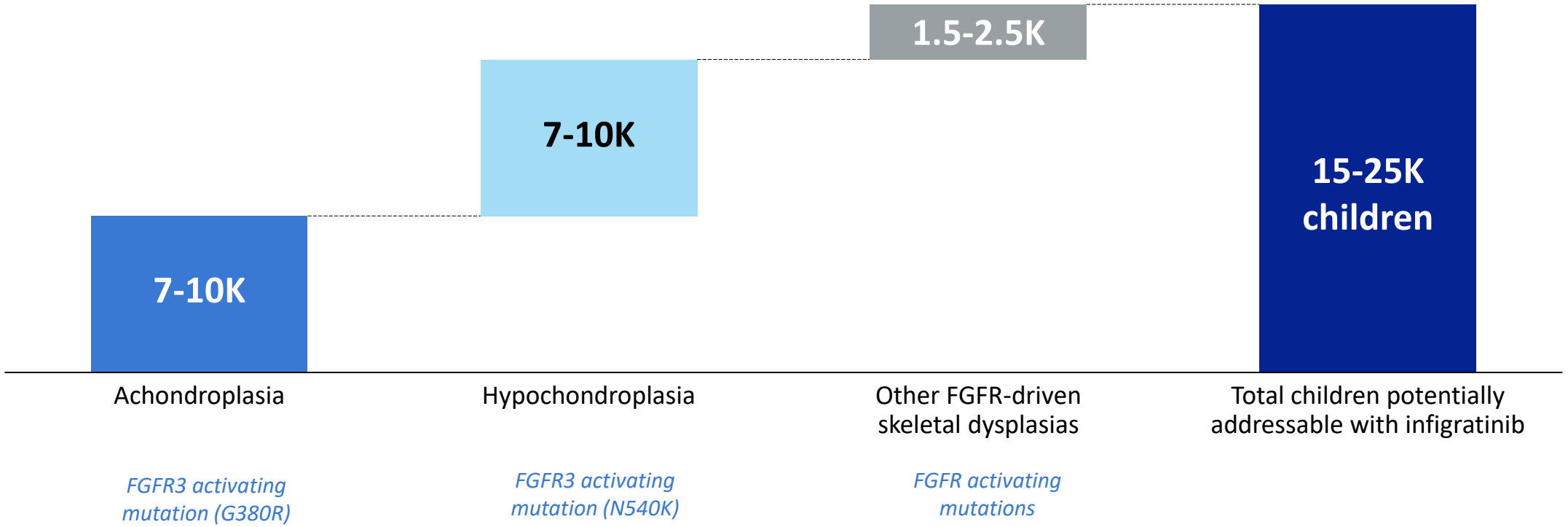


We see room for significant market share upside with a best-in-class efficacy profile

Source: US market research testing blinded product profiles for vosoritide and infigratinib among HCPs who treat children with achondroplasia; responses weighted by specialty (31 endos, 23 geneticists).

FGFR-driven skeletal dysplasias represent a large unmet medical need

Children eligible for FGFR inhibitor treatment in the US and Europe



BridgeBio is committed to developing a treatment option for children with FGFR-driven conditions

Source: CDC birth estimates; EU Eurostats birth estimates; Foreman et al 2020 Am J Med Genet; Bober et al 2020 Gene Reviews; Wenger et al 2020 Gene Reviews; Al-Namman et al 2019 J Oral Biol Craniofac Res

BBP-418 for Limb-Girdle Muscular Dystrophy Type 2I

Genetic Driver
FKRP partial loss-of-function mutation

Stage
Phase 3

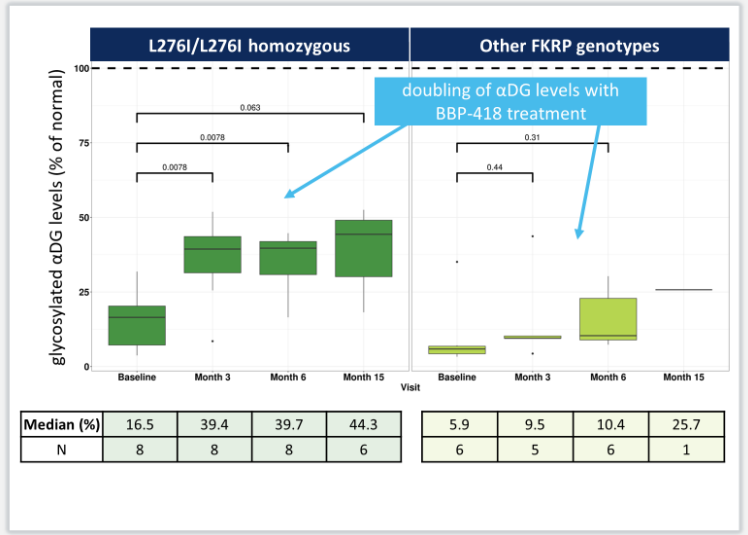
Total addressable market
$1Bn+

Design principles
First-in-class disease modifying treatment

Key next steps
- Phase 3 is enrolling rapidly (ahead of projections)
- Completion of enrollment expected 1H24 for interim analysis in 1H25

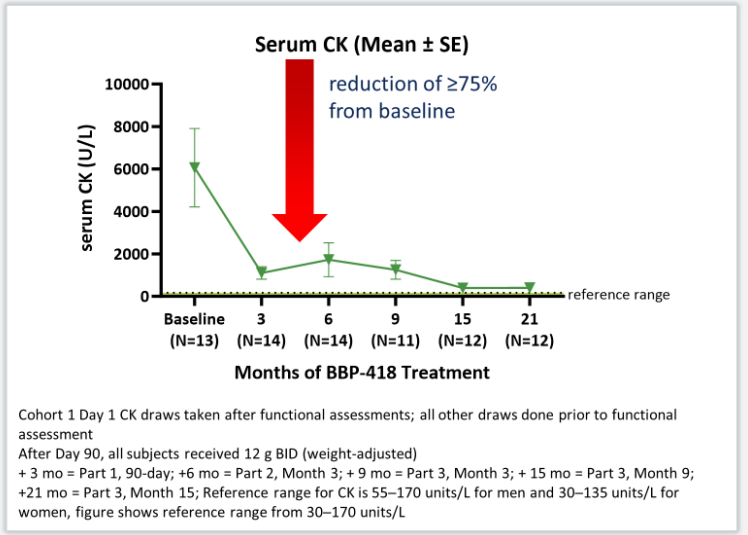
Long-term data from ongoing Phase 2 study presented at major muscle meetings in 2023[1]

Increase in glycosylated αDG post treatment with BBP-418 (median ± 95% CI)



	L276I/L276I homozygous				Other FKRP genotypes			
Median (%)	16.5	39.4	39.7	44.3	5.9	9.5	10.4	25.7
N	8	8	8	6	6	5	6	1

Reduction in mean serum creatine kinase (CK) post treatment with BBP-418



Cohort 1 Day 1 CK draws taken after functional assessments; all other draws done prior to functional assessment
After Day 90, all subjects received 12 g BID (weight-adjusted)
+ 3 mo = Part 1, 90-day; +6 mo = Part 2, Month 3; + 9 mo = Part 3, Month 3; + 15 mo = Part 3, Month 9; +21 mo = Part 3, Month 15; Reference range for CK is 55–170 units/L for men and 30–135 units/L for women, figure shows reference range from 30–170 units/L

The Phase 3 interim analysis endpoint is change from baseline in glycosylated αDG levels vs. placebo.

Key secondary endpoints include change from baseline in forced vital capacity (FVC) and 100-meter timed test (100mTT).

[1]World Muscle Society presentation, October 2023

Encaleret for autosomal dominant hypocalcemia type 1 (ADH1)

Genetic Driver
Gain-of-function variants in the calcium sensing receptor

Stage
Phase 3

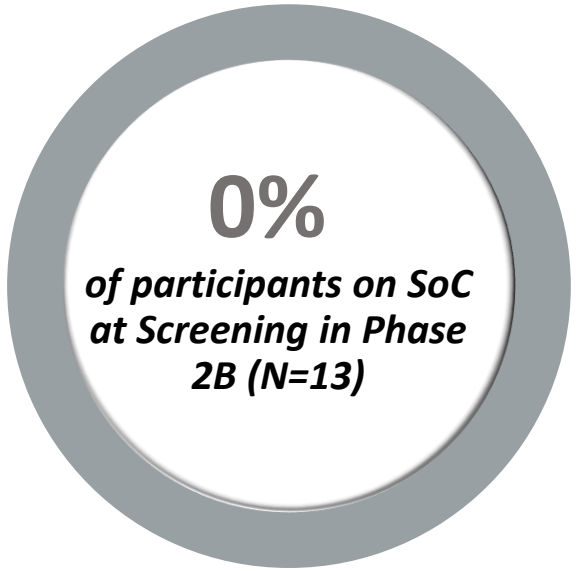
Total addressable market
$1Bn+

Design principles
First-in-class disease-modifying treatment

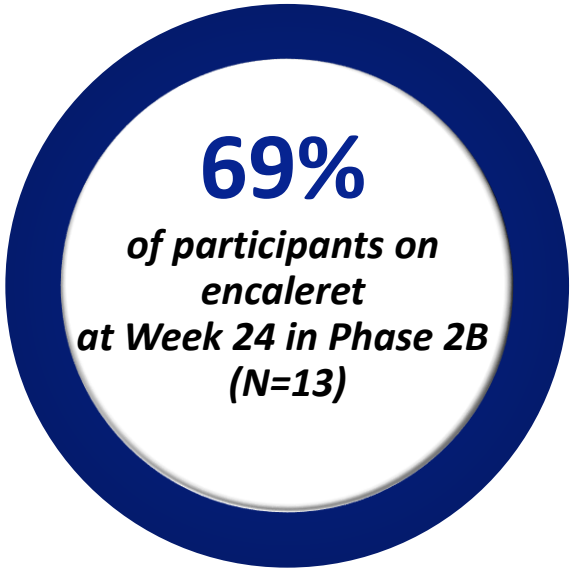
Key next steps
- Enrollment behind schedule owing to slow start-up at key academic investigational sites, but now progressing strongly
- Phase 3 readout expected early-2025

Encaleret has the potential to restore physiologic mineral homeostasis in patients with ADH1

Current Standard of Care (SoC)
% of individuals achieving target blood and urine calcium levels[1]



Encaleret
% of individuals achieving target blood and urine calcium levels[1]



Phase 2B results demonstrated rapid and sustained normalization of serum calcium, urine calcium, and serum PTH in response to encaleret therapy. No serious adverse events were reported with encaleret.[2]

[1]As specified by the primary endpoint of the CALIBRATE Phase 3 Study. [2]Gafni R.I., NEJM, 2023, 389;13 (1245-47).

BBP-631 for congenital adrenal hyperplasia (CAH)

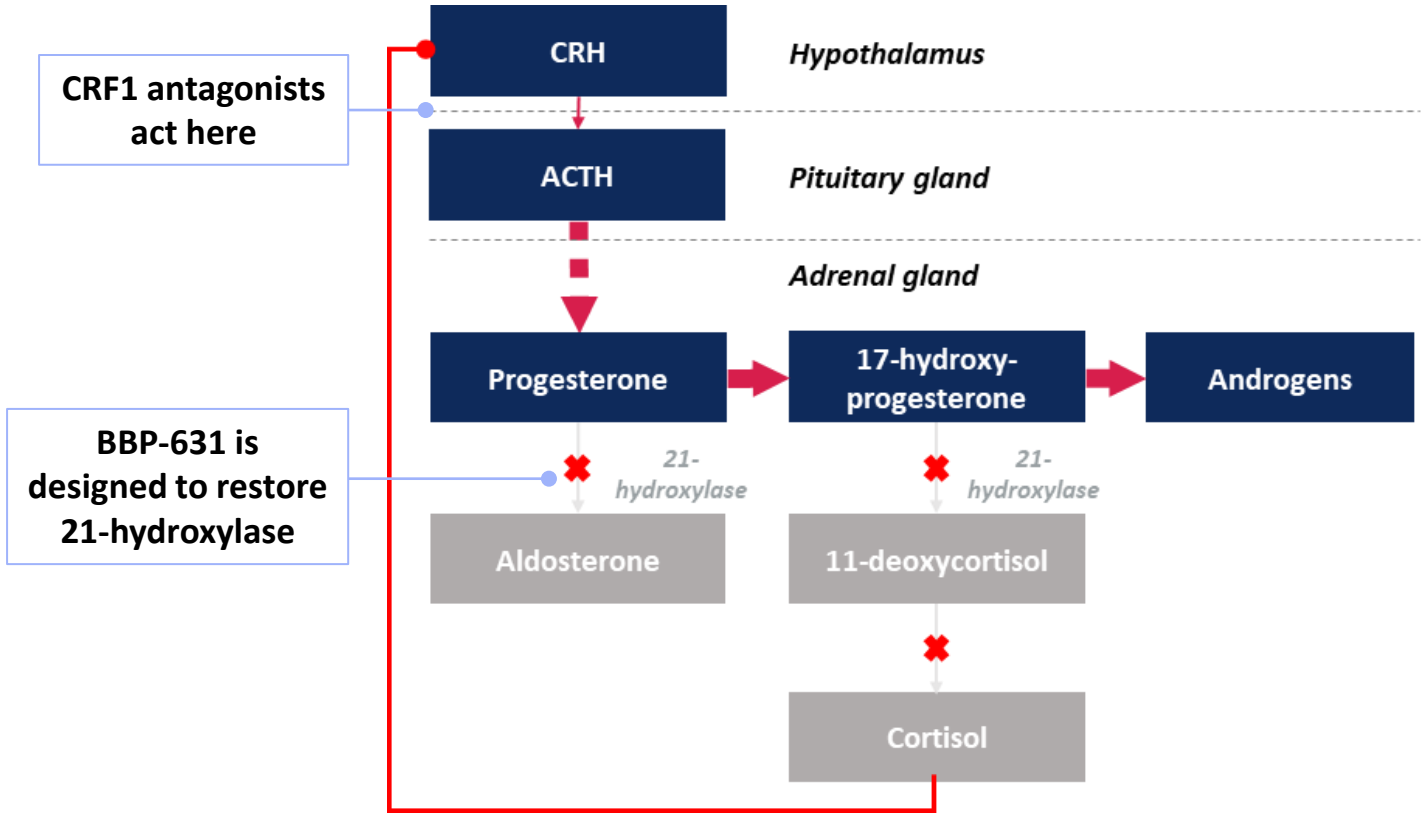
Genetic Driver
Loss of 21-hydroxylase

Design Principle
Best-in-class efficacy (upstream and downstream effects)

Stage
Phase 2

Total addressable market
$2Bn+

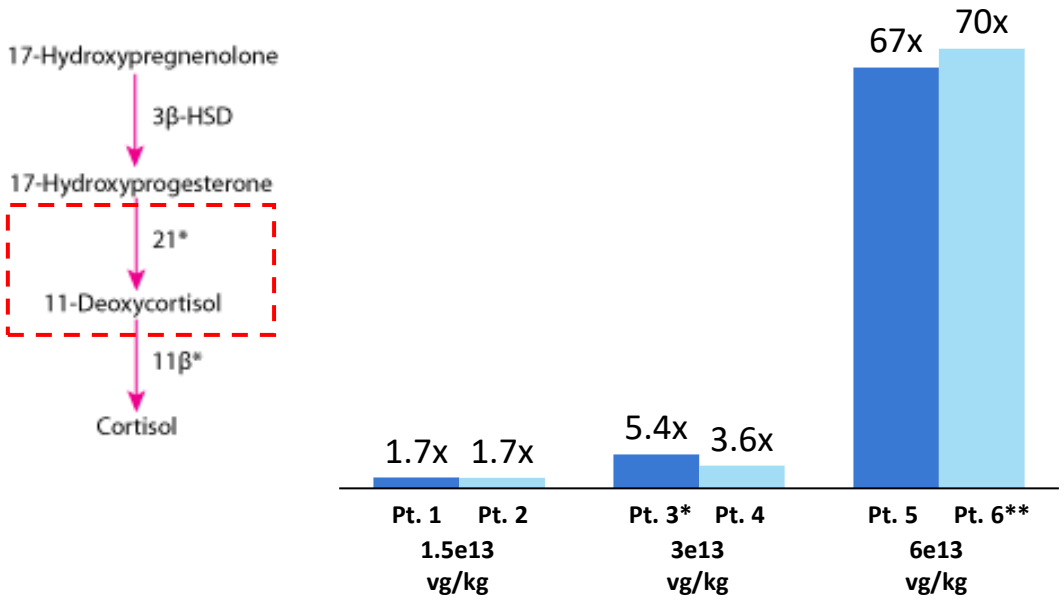
Loss of 21-hydroxylase in CAH causes loss of cortisol, and shunting of 17OHP into androgens



Early data show that BBP-631 is the first therapeutic option enabling classic CAH patients to increase endogenous cortisol production; more follow-up is needed

Transgene is active: We are seeing consistent, dose-dependent increases in 11-deoxycortisol…

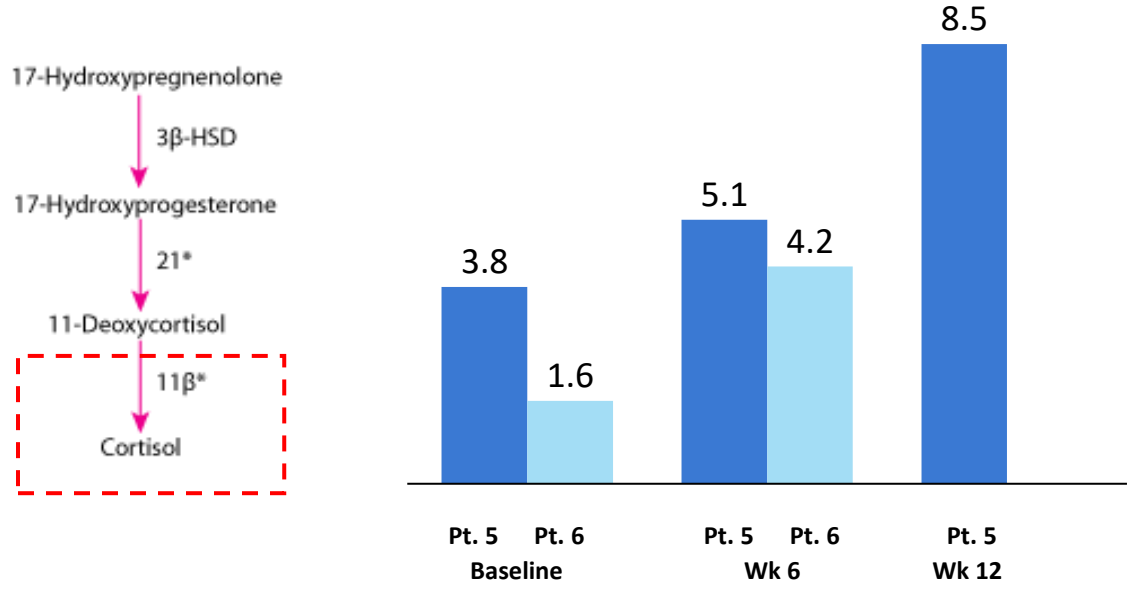
Fold increase in 11-deoxycortisol from baseline to Wk 12



11-deoxycortisol units: ng/dL

…Which is translating to early signs of cortisol production for both participants at 6e13 vg/kg

In-clinic cortisol levels measured post-ACTH stim



Cortisol units: µg/dL

Given the steep dose response seen to date and our bar for transformative data, we have commenced dosing Cohort 4 (1.2e14 vg/kg), with initial data available in Q3 2024

*Wk 12 not available; Wk 18 measurement used instead
** Pt. 6 only has 6 weeks of in-clinic measurement data available to date

2024 at a high level

Launch Acoramidis: Establish acoramidis as the backbone of therapy in ATTR-CM

Fully enroll our ongoing Phase 3 trials, and readout Phase 2 in CAH: Complete enrollment for achondroplasia, ADH1, LGMD2I, and make a go/no-go Phase 2 decision on our CAH program

Establish a strong financial position: $452mn of cash and equity investments[1] plus gross near term proceeds of up to $1.2bn from our Q1 2024 capital campaign[2] provides runway into at least 2H 2026

[1]As of last earnings report 2/22/2024, BridgeBio Ended the fourth quarter with $393 million in cash, cash equivalents, and short-term restricted cash, and $59 million of investments in equity securities
[2]Q1 2024 capital campaign had 4 prongs: (i) $500mn upon FDA approval of acoramidis in exchange for 5% royalty on future net sales; (ii) Up to $310mn in upfront payment and near-term milestones alongside tiered royalties beginning in the low-thirties percent for acoramidis in Europe; (iii) $100mn in upfront payment and high-twenties percent royalties on sales of infigratinib in Japan; & (iv) $287.5mn in gross proceeds from March 2024 public offering.