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): January 8, 2024

BridgeBio Pharma, Inc.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-38959**	**84-1850815**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**
3160 Porter Dr., Suite 250 **Palo Alto, CA** **(Address of Principal Executive Offices)**		**94304** **(Zip Code)**

Registrant's Telephone Number, Including Area Code: (650) 391-9740

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:

☐ 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 each exchange on which registered**
Common Stock, par value $0.001 per share	BBIO	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 8.01 Other Events.

On January 8, 2024, BridgeBio Pharma, Inc., or the Company, presented a business update at the 42nd Annual J.P. Morgan Healthcare Conference. A copy of the Company's presentation slides, which has been published on the Company's website, is filed as Exhibit 99.1 to this current report on Form 8-K and is incorporated by reference herein.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit	Description
99.1	Slides from BridgeBio Pharma, Inc.'s JP Morgan Presentation, dated January 8, 2024
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.

BridgeBio Pharma, Inc.

Date: January 8, 2024

By: /s/ Brian C. Stephenson
Brian C. Stephenson
Chief Financial Officer

bridgebio

hope through
rigorous science

JPM Presentation

2024

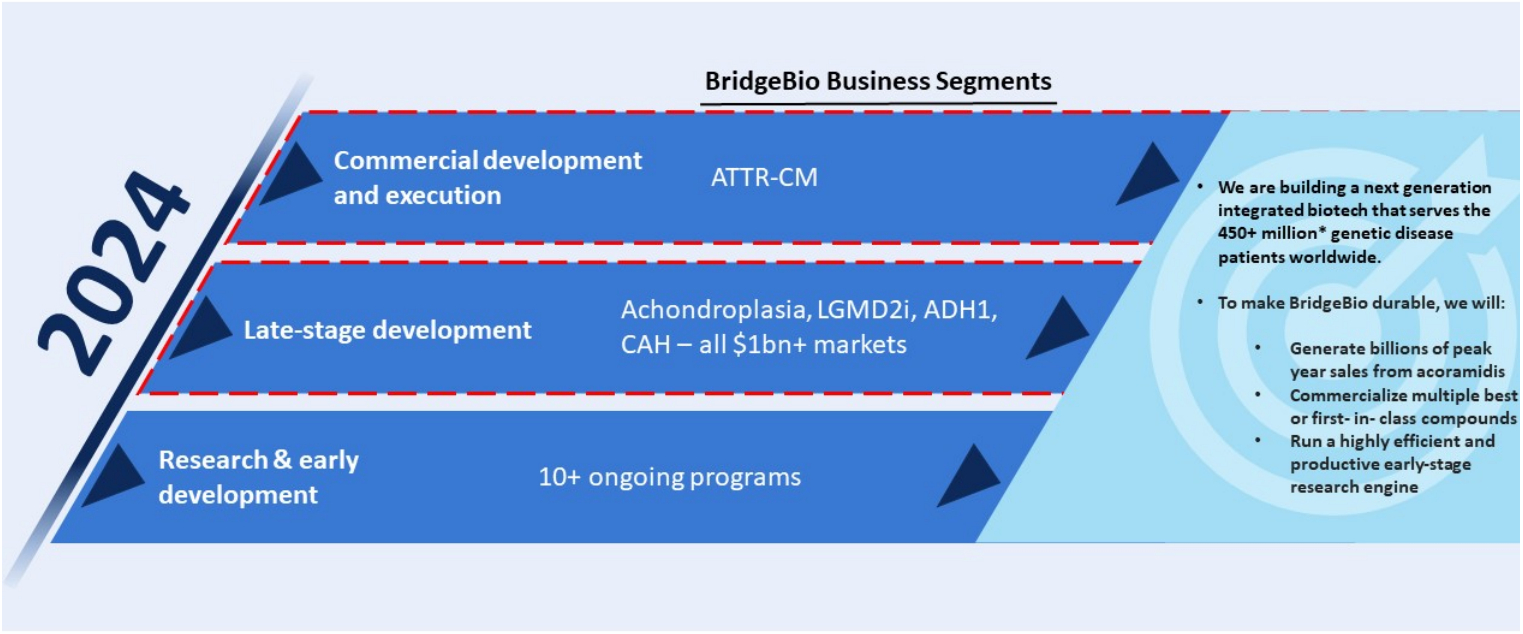
Forward-Looking Statement and Disclaimer

The 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, and other clinical programs; the progress of our ongoing and planned clinical trials; the availability of data from our clinical trials of our product candidates; the potential benefits of our product candidates; the planned interactions with the FDA or other regulatory agencies, the timing and expectations of any potential regulatory submission and filing; the timing and success of any potential commercial launch of our product candidates, 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. Such statements reflect the current views of the Company with respect to future events and are subject to known and unknown risks, including business, regulatory, economic and competitive risks, uncertainties, contingencies and assumptions about the Company, including, without limitation, risks inherent in developing therapeutic products, and those risks and uncertainties described under the heading "Risk Factors" in the Company's most recent Annual Report on Form 10-K filed with the U.S. Securities and Exchange Commission ("SEC") and in subsequent filings made by the Company with the SEC, which are available on the SEC's website at www.sec.gov. In light of these risks and uncertainties, many of which are beyond the Company's control, the events or circumstances referred to in the forward-looking statements, express or implied, may not occur. The actual results may vary from the anticipated results and the variations may be material. You are cautioned not to place undue reliance on these forward-looking statements, which speak to the Company's current beliefs and expectations only as of the date of the presentation. Except as required by law, the Company disclaims any intention or responsibility for updating or revising any forward-looking statements made or presented at the presentation in the event of new information, future developments or otherwise. No representation is made as to the safety or effectiveness of the product candidates for the therapeutic use for which such product candidates are being studied. Certain information communicated at the presentation may relate to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of the presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, certain information to be communicated at the presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, such research has not been verified by any independent source.

Such information is provided as of the date of the presentation and is subject to change without notice. The Company has not verified, and will not verify, any part of this presentation, and the Company makes no representation or warranty, express or implied, as to the accuracy or completeness of the information to be communicated at the presentation or as to the existence, substance or materiality of any information omitted from the presentation at the presentation. The Company disclaims any and all liability for any loss or damage (whether foreseeable or not) suffered or incurred by any person or entity as a result of anything contained or omitted from this document or the related presentation and such liability is expressly disclaimed.

We are at the starting line

Focus for today



*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

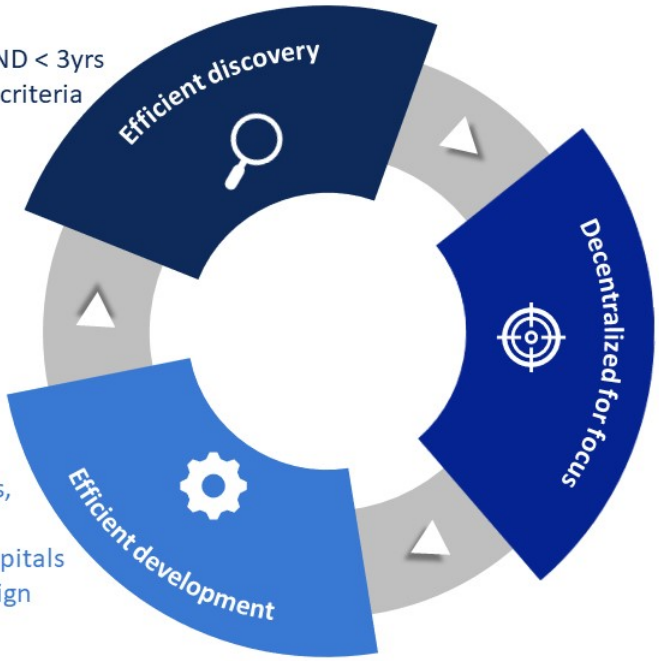
- 8,000+ genetic diseases, most without a therapy
- Higher probability of technical success versus other areas
- 100s of actionable opportunities to create first- or best-in-class drugs

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

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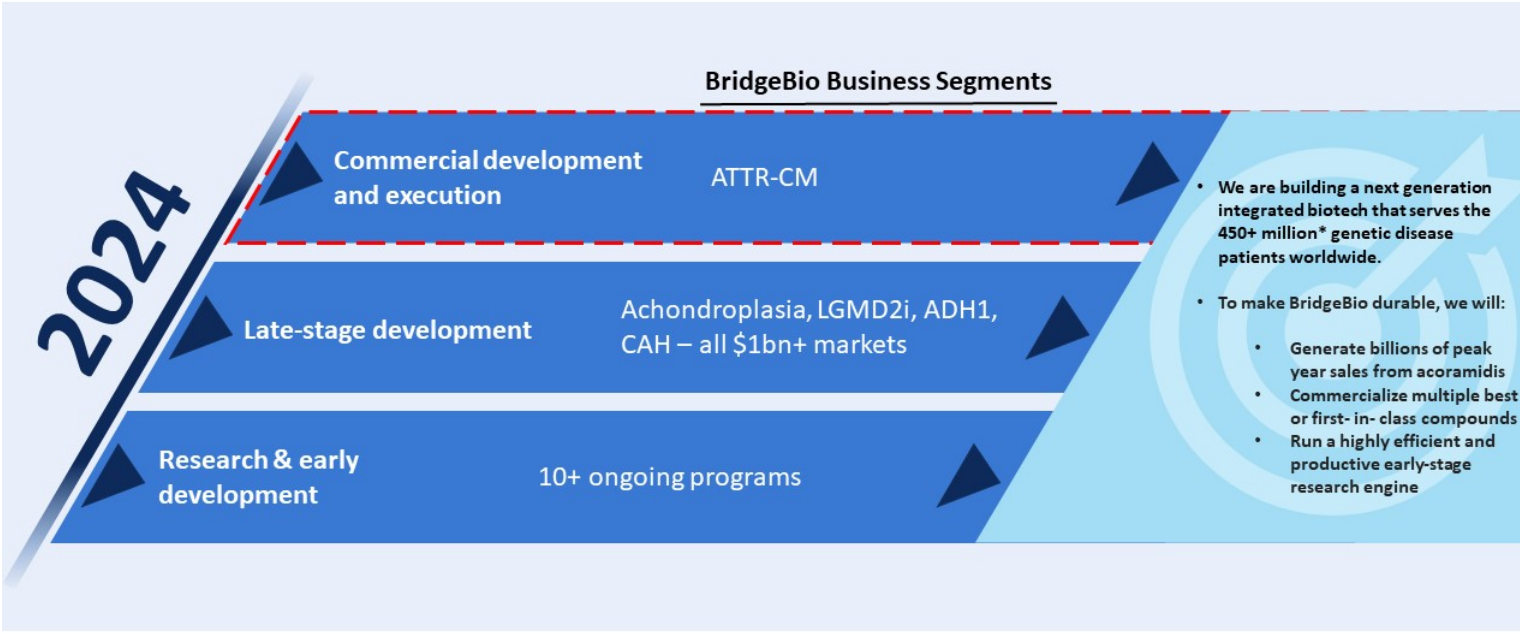
Focus for today



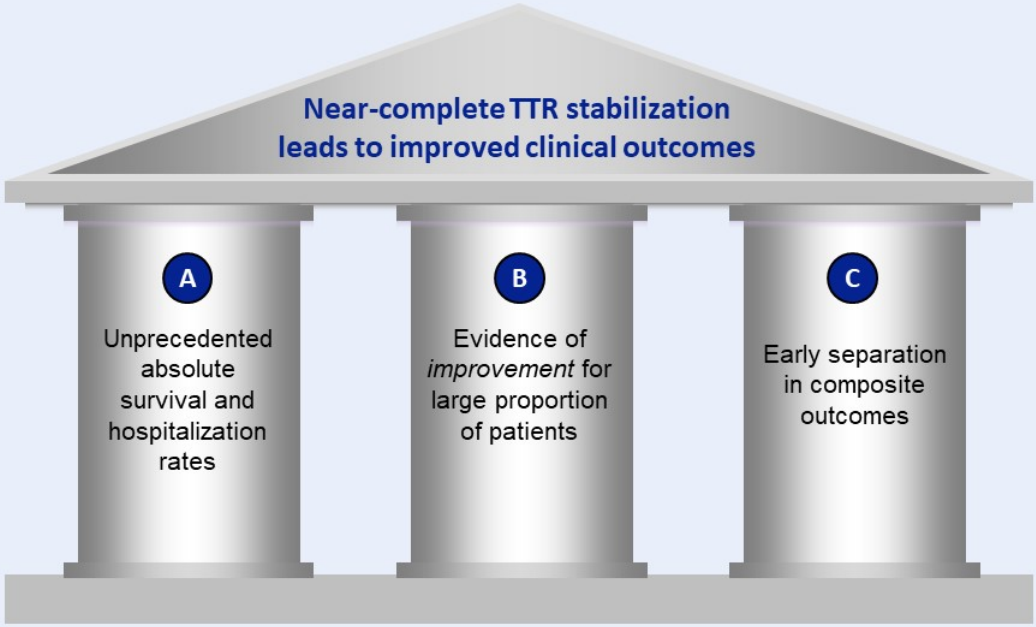
*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7229282/#bib32

Learnings across ATTR-CM since JP Morgan 2023

- **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



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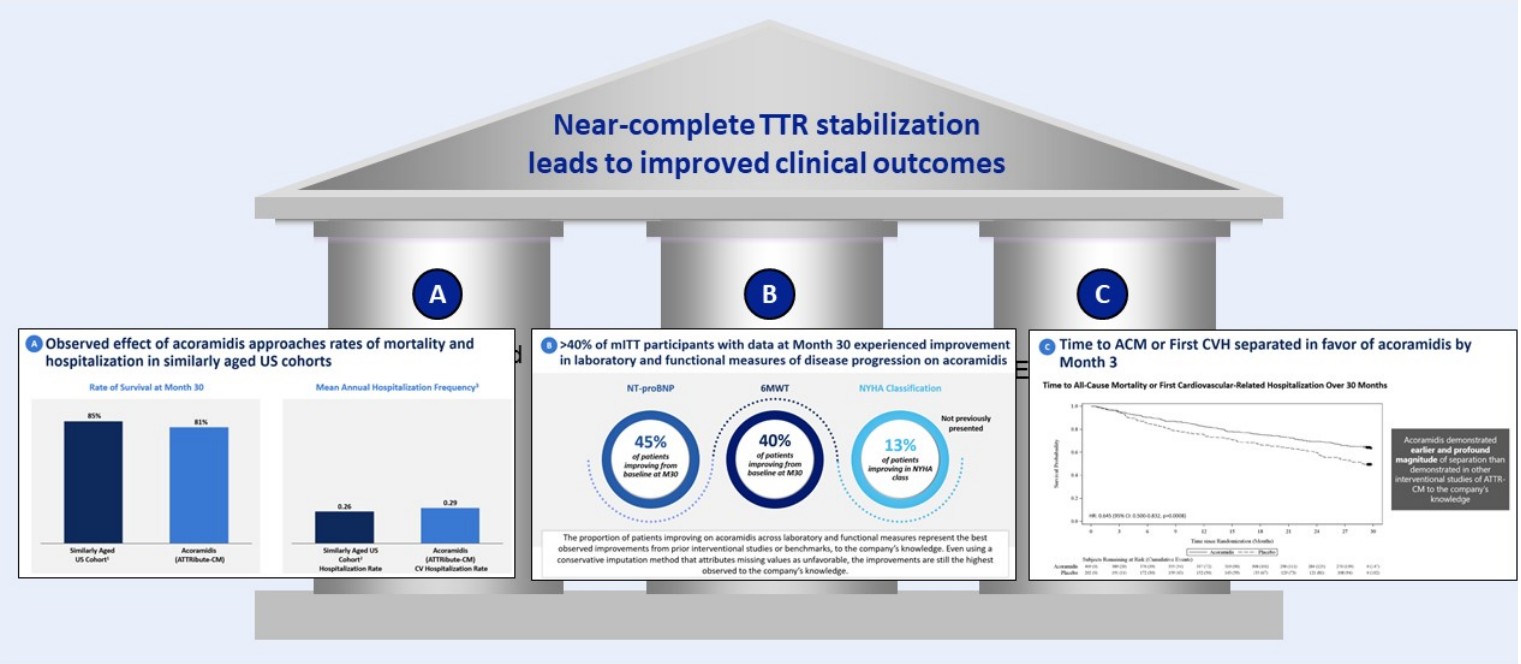
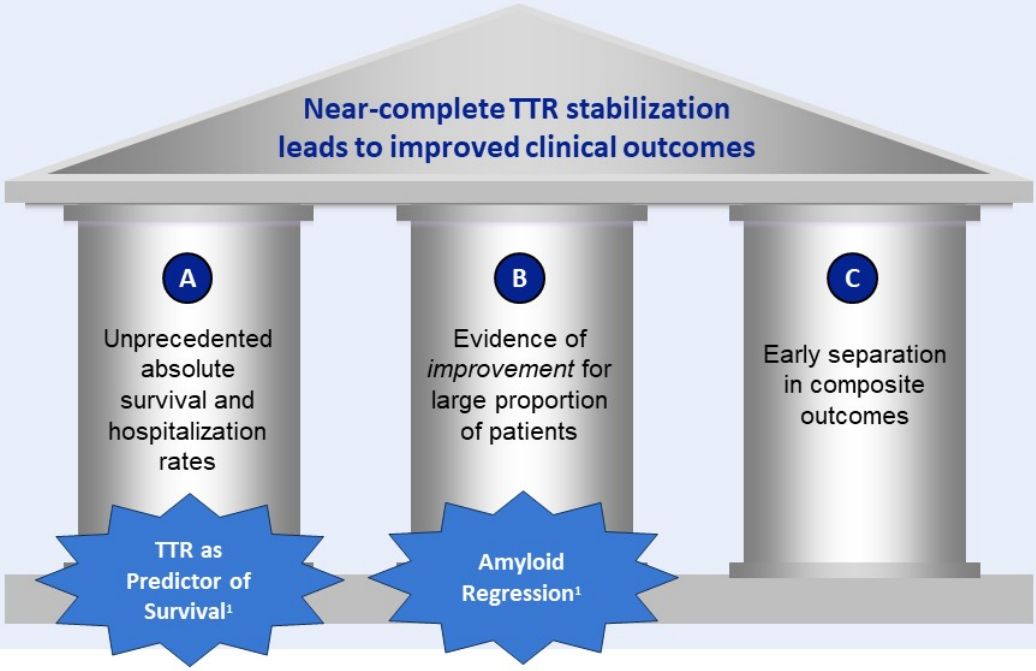
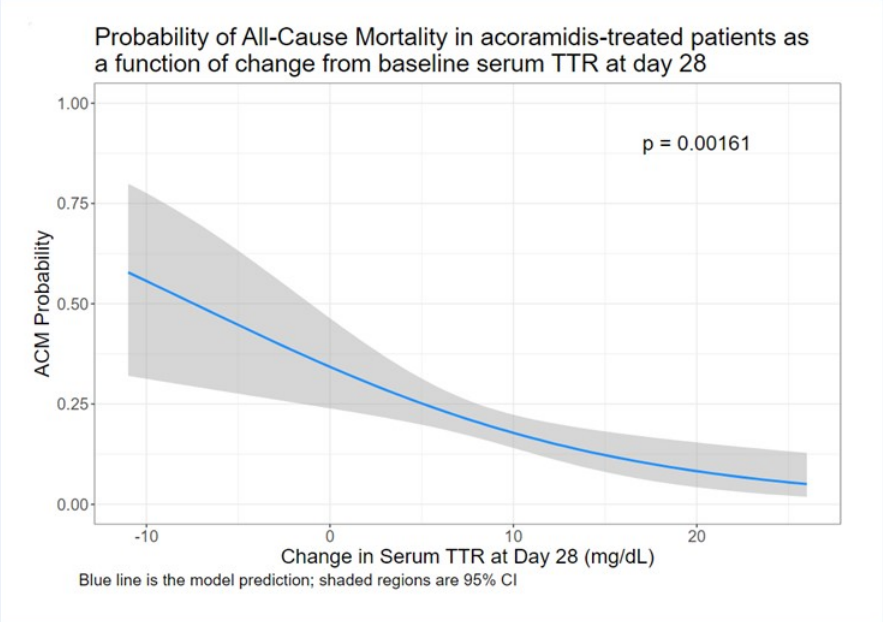


Patients on acoramidis are surviving more and going to the hospital less



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

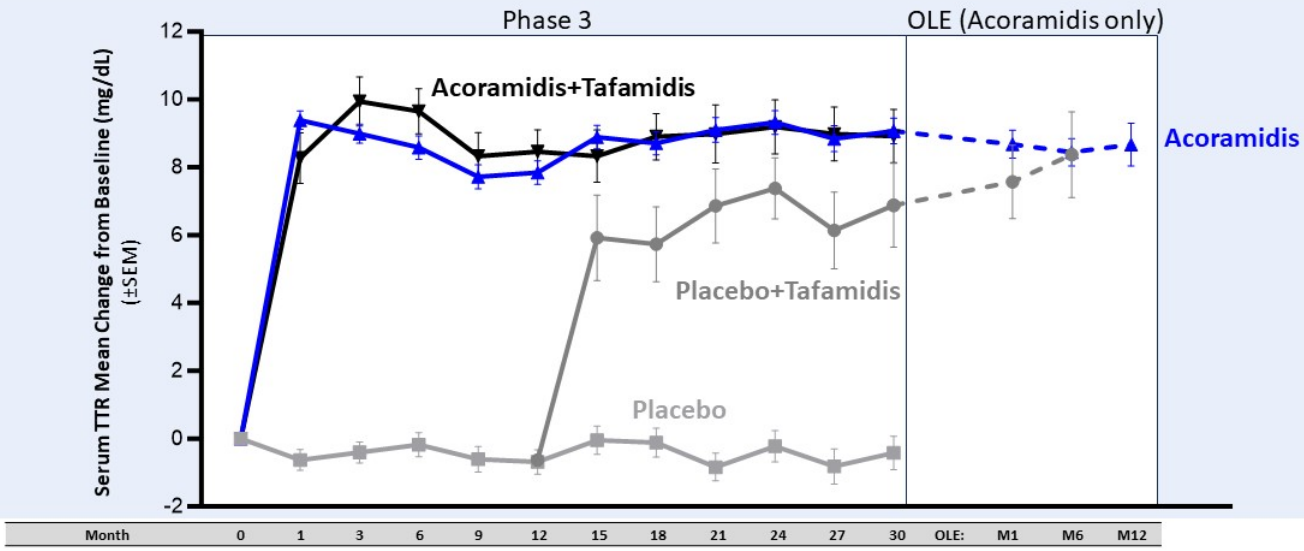
A Data from ATTRibute-CM demonstrate early increase in serum TTR is an independent predictor of improved survival in ATTR-CM



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

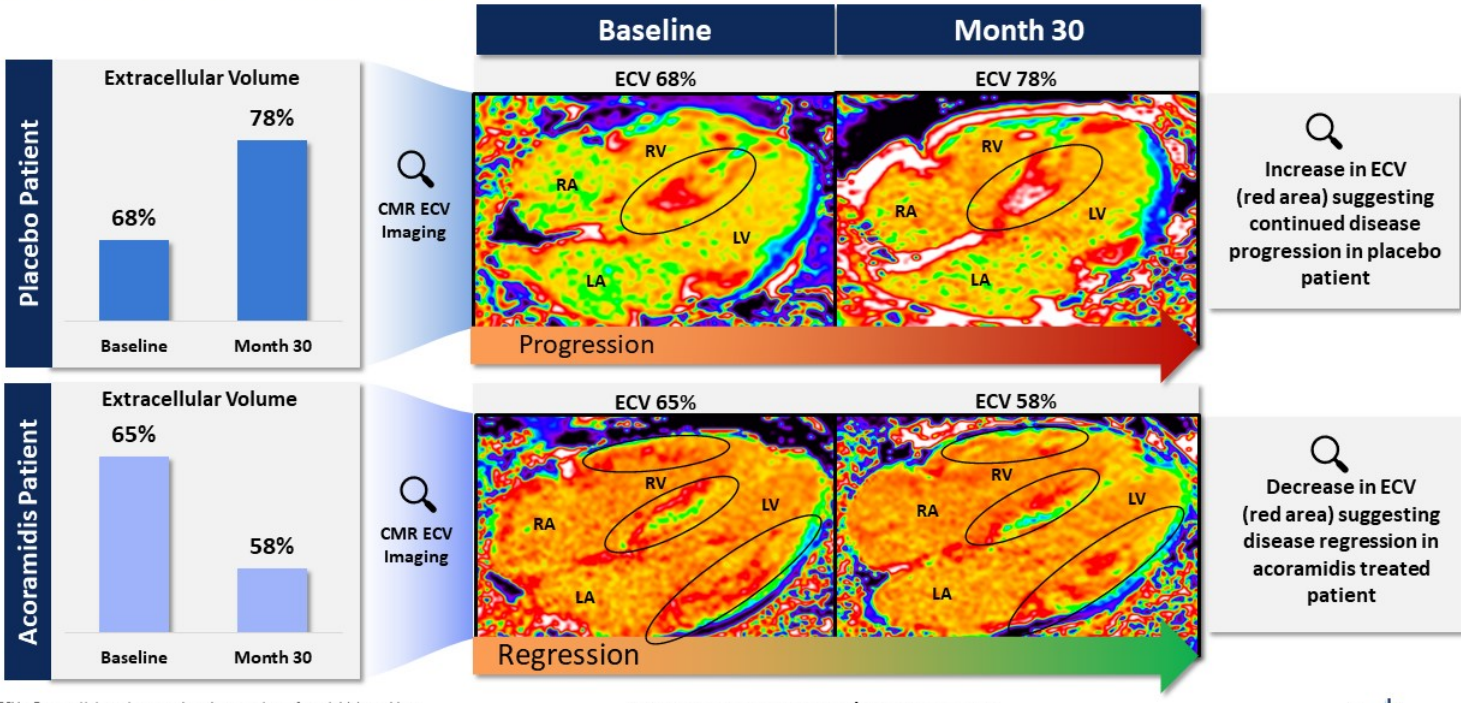
Source: Preliminary analyses (modeled data) from ATTRibute-CM. Comprehensive analysis to come in 2024.

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



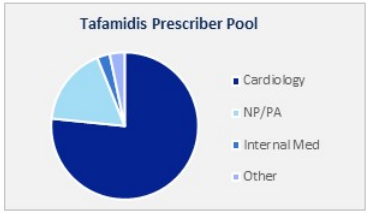
ECV = Extracellular volume, an imaging correlate of amyloid deposition
Source: Preliminary sample of ATTRibute-CM CMR imaging

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



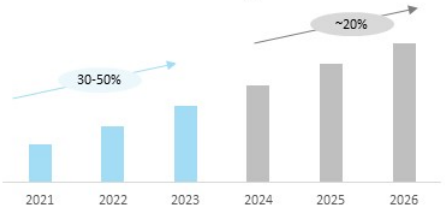
ATTR-CM prescriber market is concentrated

<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

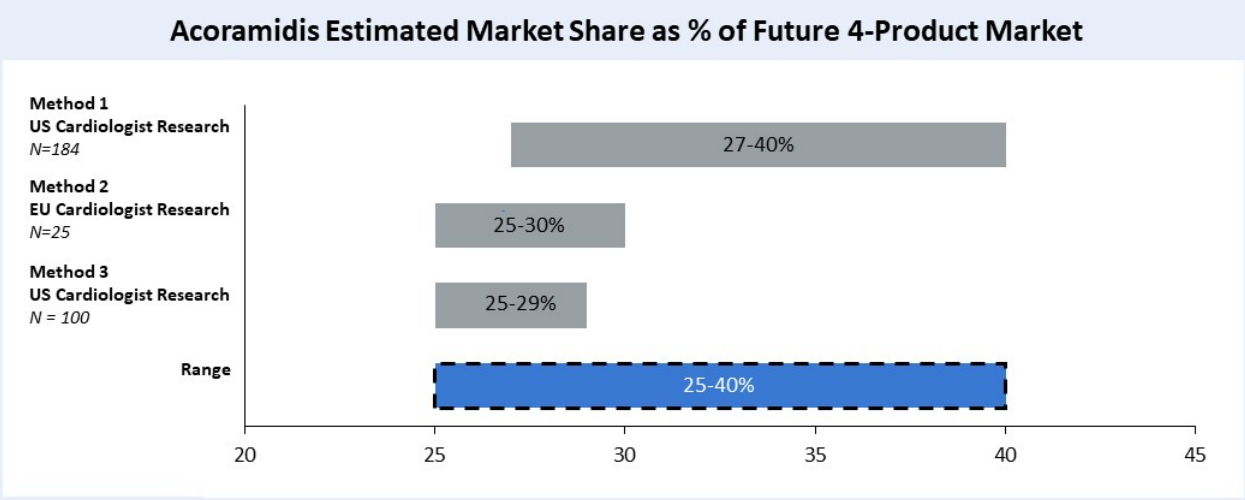
Continued Evidence Generation

- 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

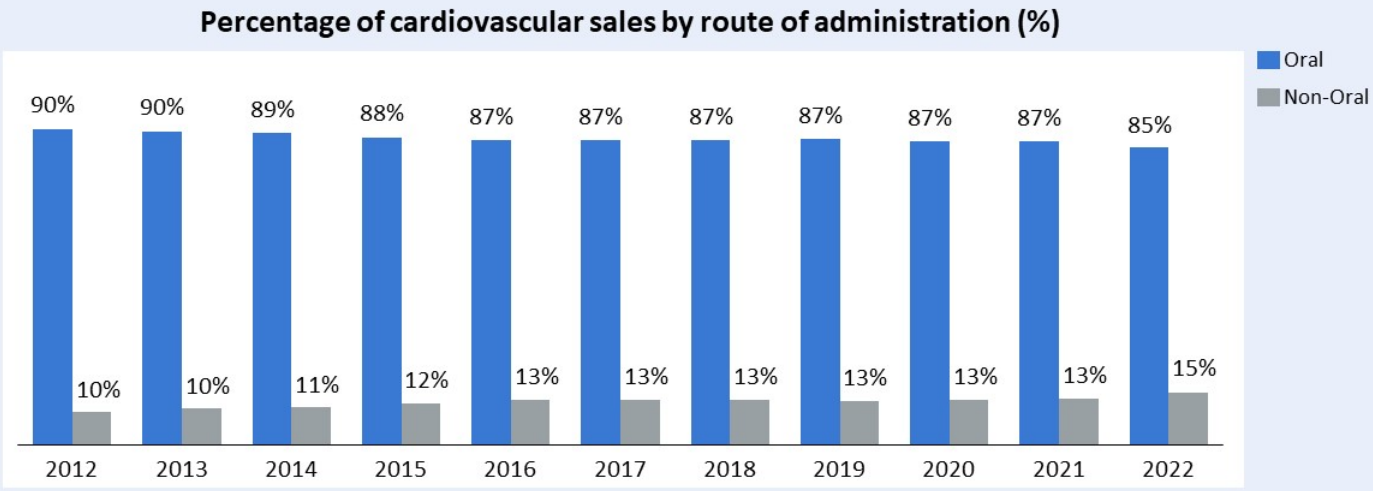
Independent market research estimates 25-40% market share for acoramidis in a future 4-product market



Acoramidis 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

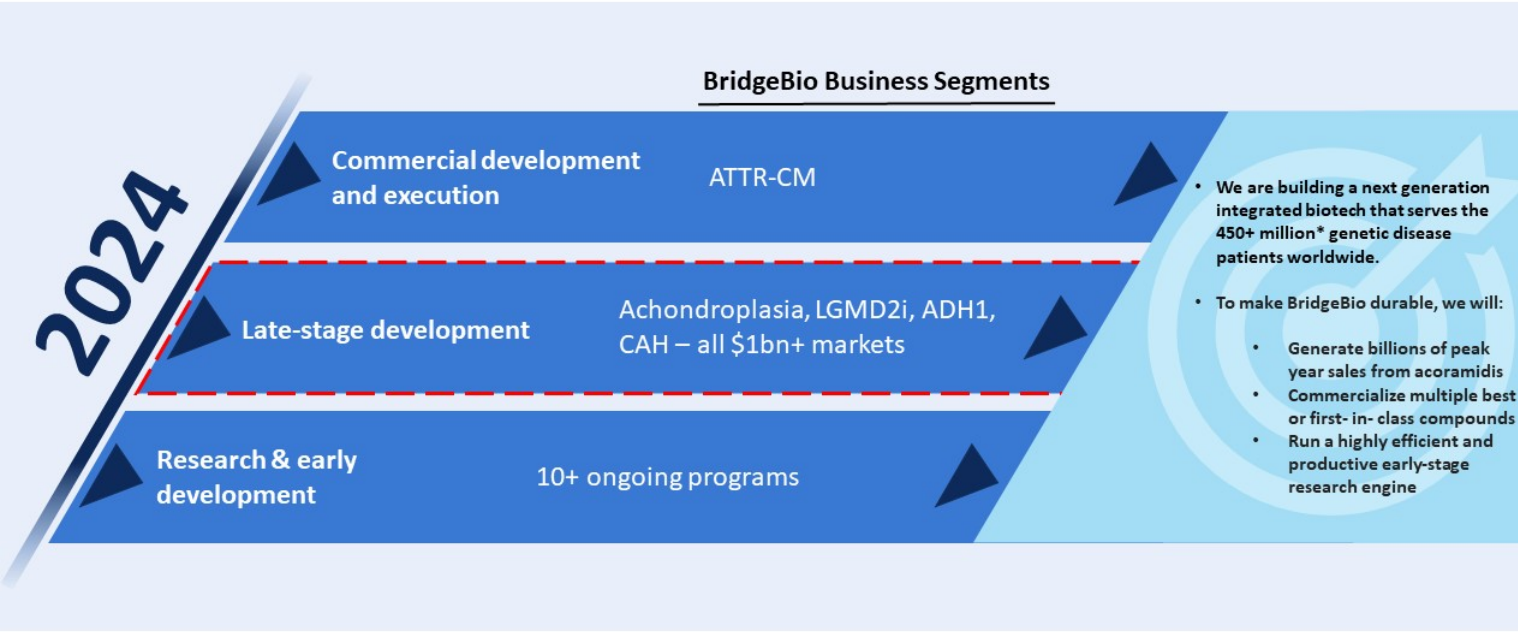
Execute lifecycle management
Initiate primary prevention study (ACT-EARLY) and QD Formulation
2024

Additional Clinical Data from ATTRibute-CM
Future medical meetings

Anticipated FDA Approval and Commercial Launch
2H 2024

We are at the starting line

Focus for today



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

Low-dose oral FGFR inhibitor (infigratinib) for achondroplasia

Genetic Driver
FGFR3 gain-of-function

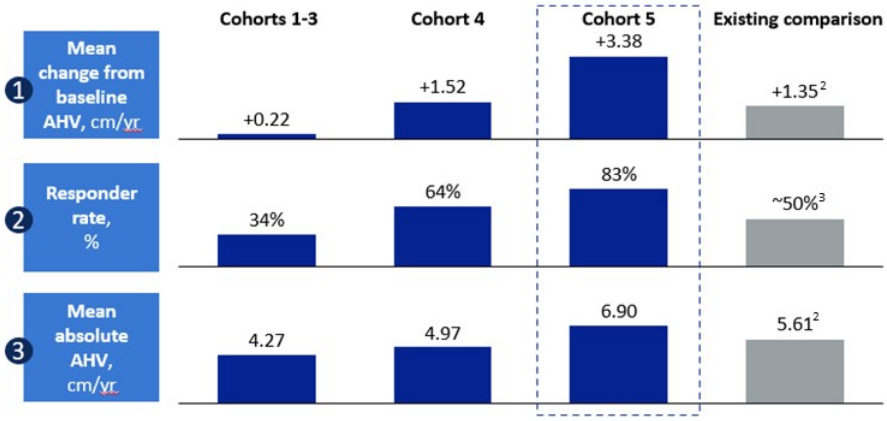
Design Principles
Best-in-class (oral, potential greater efficacy, no hypotensive or injection-site reactions)

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 this year



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)

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

Genetic Driver
FKRP partial loss-of-function mutation

Stage
Phase 3

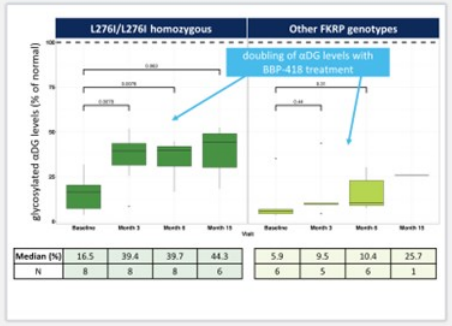
Total addressable market
$1Bn+

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

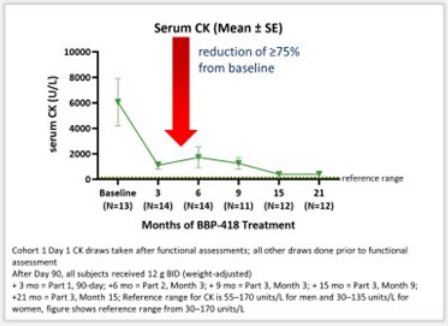
Long-term data from ongoing Phase 2 study presented at major muscle meetings in 2023[1]

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



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

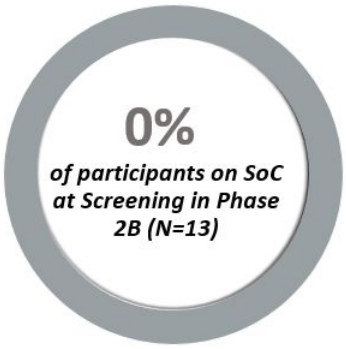
Total addressable market
$1Bn+

Design principles
First-in-class disease-modifying treatment

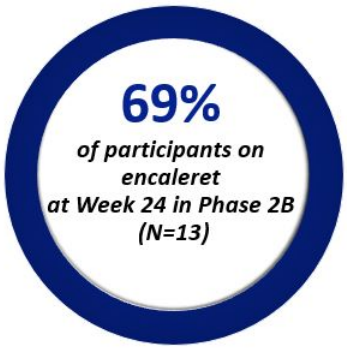
Key next steps
- Enrollment behind schedule owing to slow start-up at key academic investigational sites, but now progressing strongly
- Phase 3 readout expected early-2025

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)

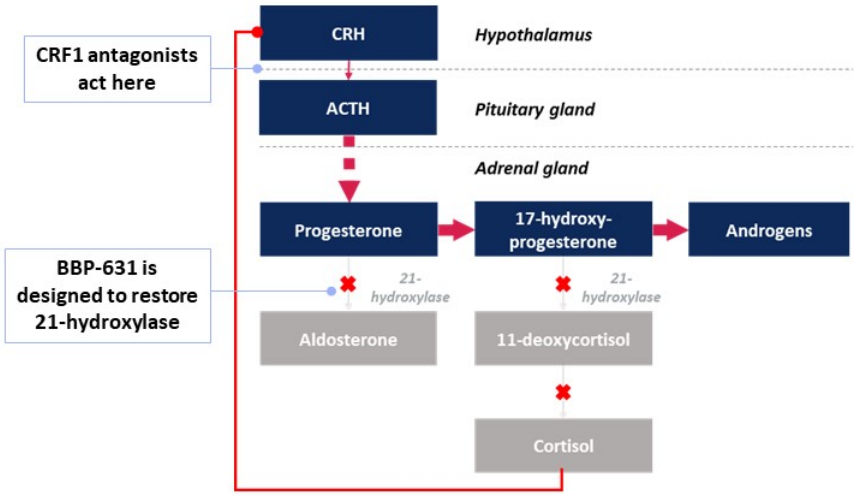
Genetic Driver
Loss of 21-hydroxylase

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

Stage
Phase 2

Total addressable market
$2Bn+

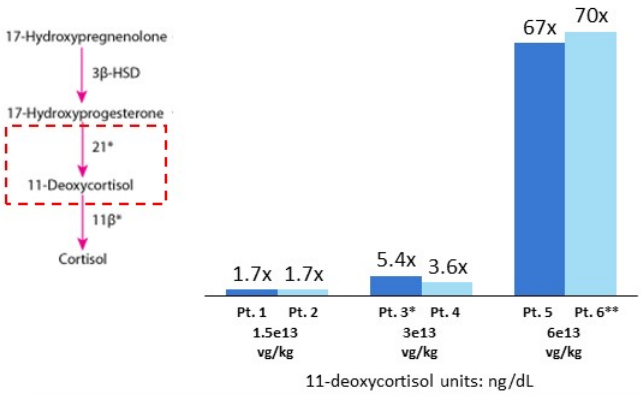
Loss of 21-hydroxylase in CAH causes loss of cortisol, and shunting of 17OHP into androgens



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…

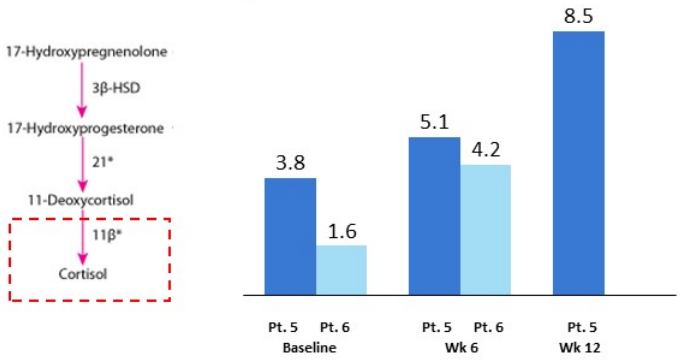
Fold increase in 11-deoxycortisol from baseline to Wk 12



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: $560mn of cash and equity investments[1] with expected strategic optionality afforded by our diversified portfolio and large late-stage assets

[1]As of last earnings report 11/2/2023, BridgeBio Ended the third quarter with $522 million in cash, cash equivalents, and short-term restricted cash, and $38 million of investments in equity securities