bridgebio

hope through
rigorous science

JPM Presentation

2024

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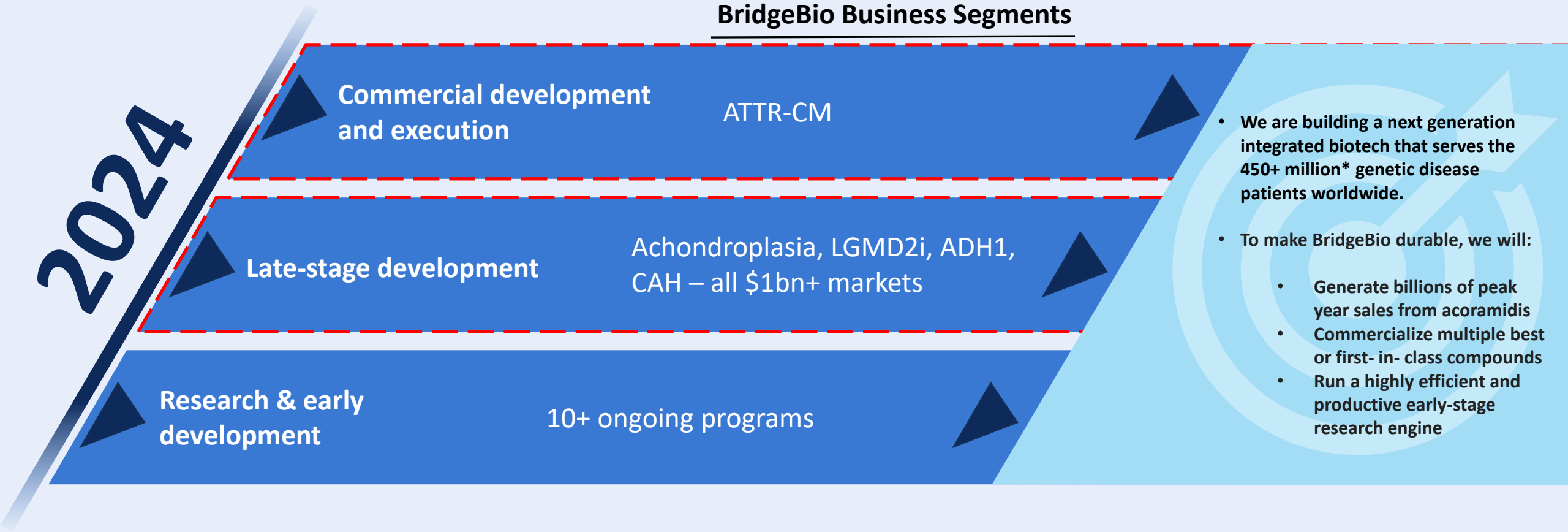
We are at the starting line

Focus for today



- **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

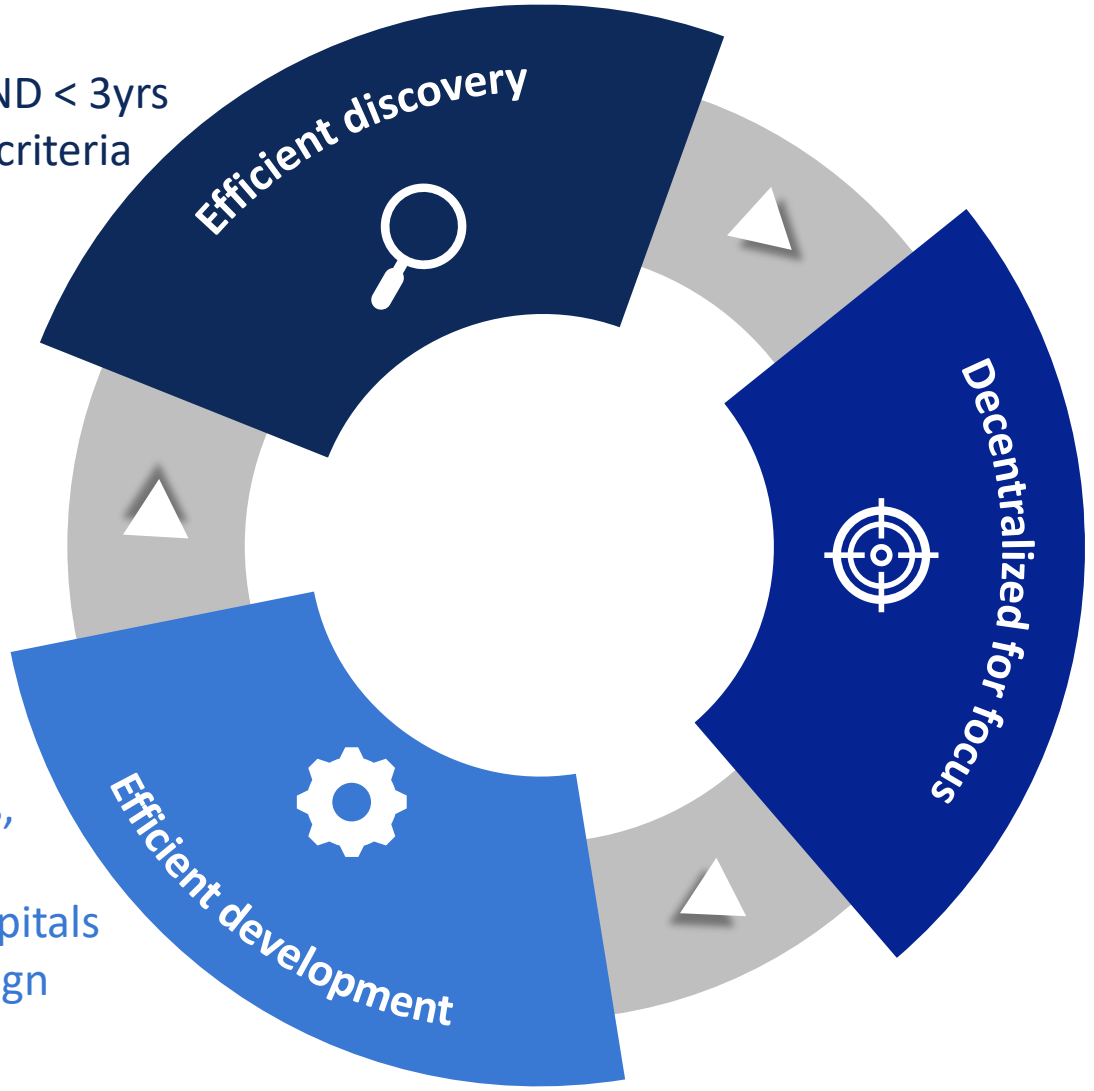
- 8,000+ genetic diseases, most without a therapy
- Higher probability of technical success versus other areas
- 100s of actionable opportunities to create first- or best-in-class drugs

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

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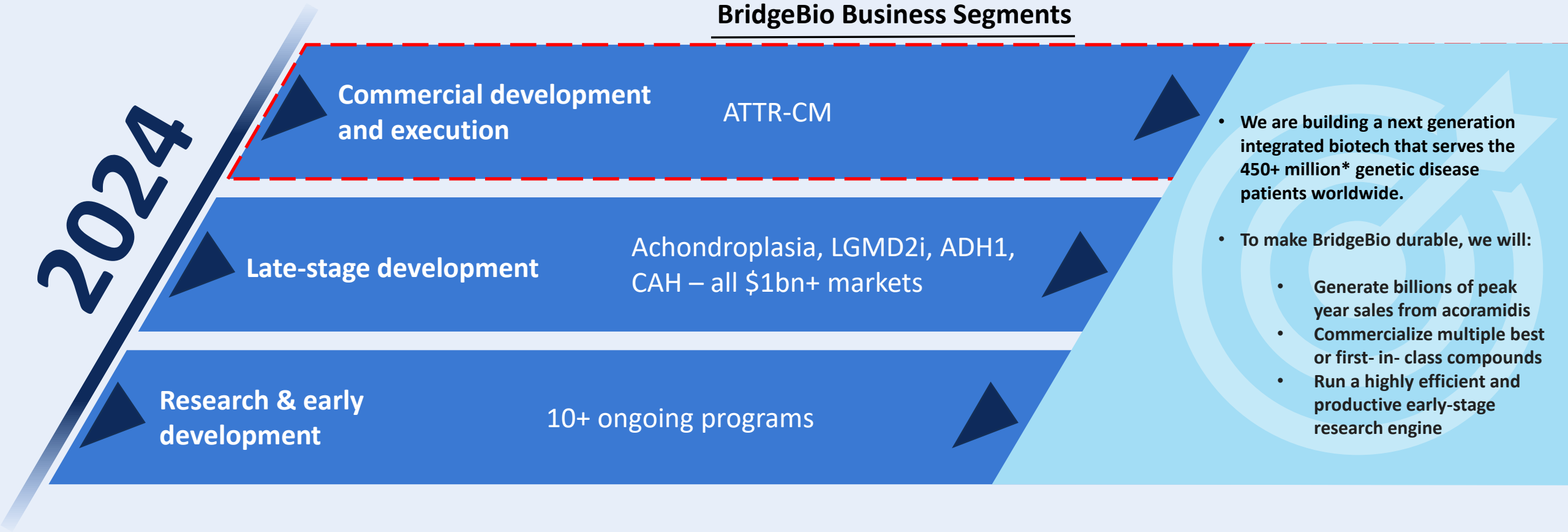
Focus for today



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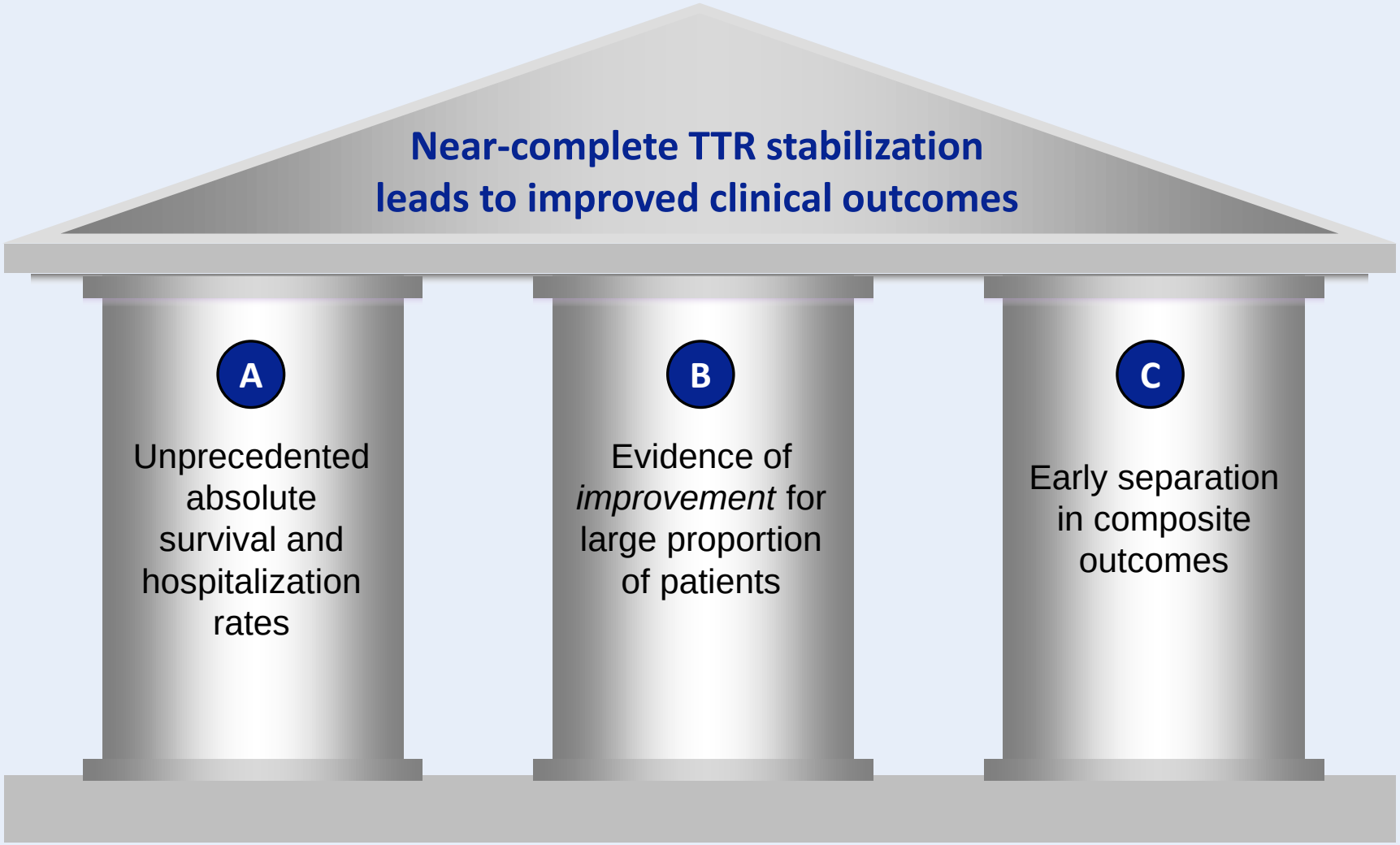
Learnings across ATTR-CM since JP Morgan 2023

- **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



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

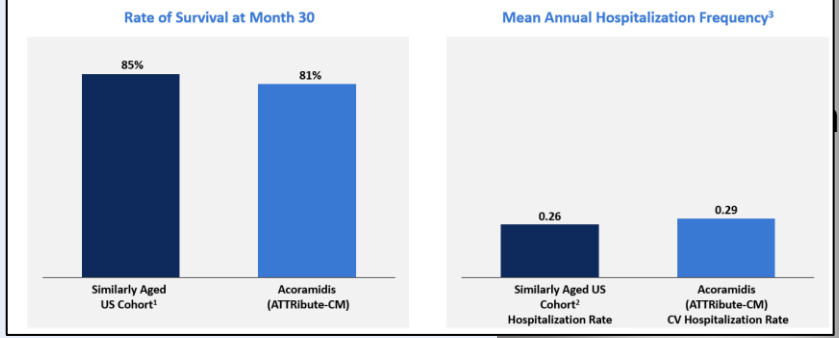
Near-complete TTR stabilization leads to improved clinical outcomes

A

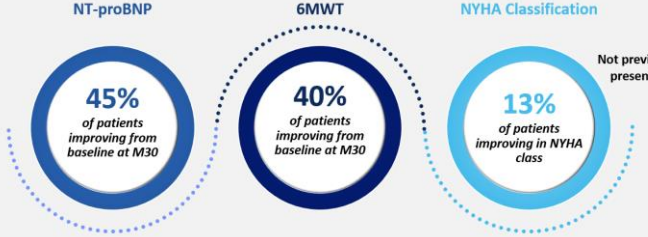
B

C

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

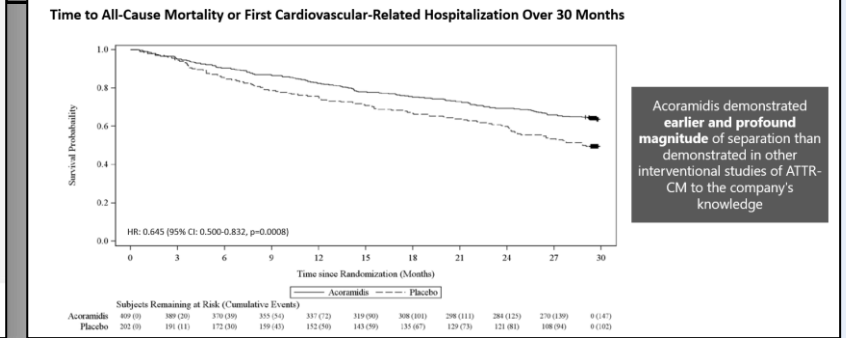


B >40% of mITT participants with data at Month 30 experienced improvement in laboratory and functional measures of disease progression on acoramidis



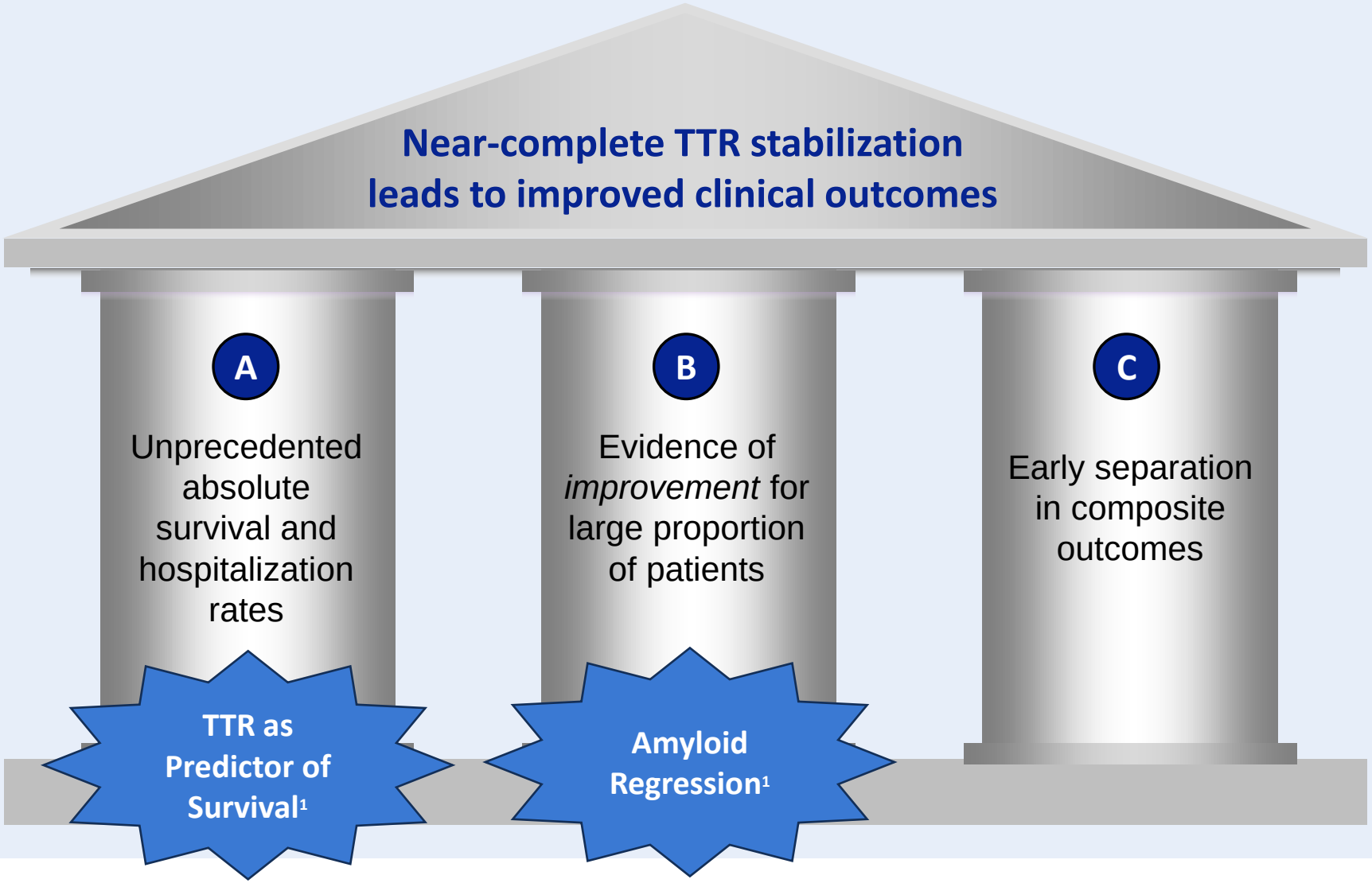
The proportion of patients improving on acoramidis across laboratory and functional measures represent the best observed improvements from prior interventional studies or benchmarks, to the company's knowledge. Even using a conservative imputation method that attributes missing values as unfavorable,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



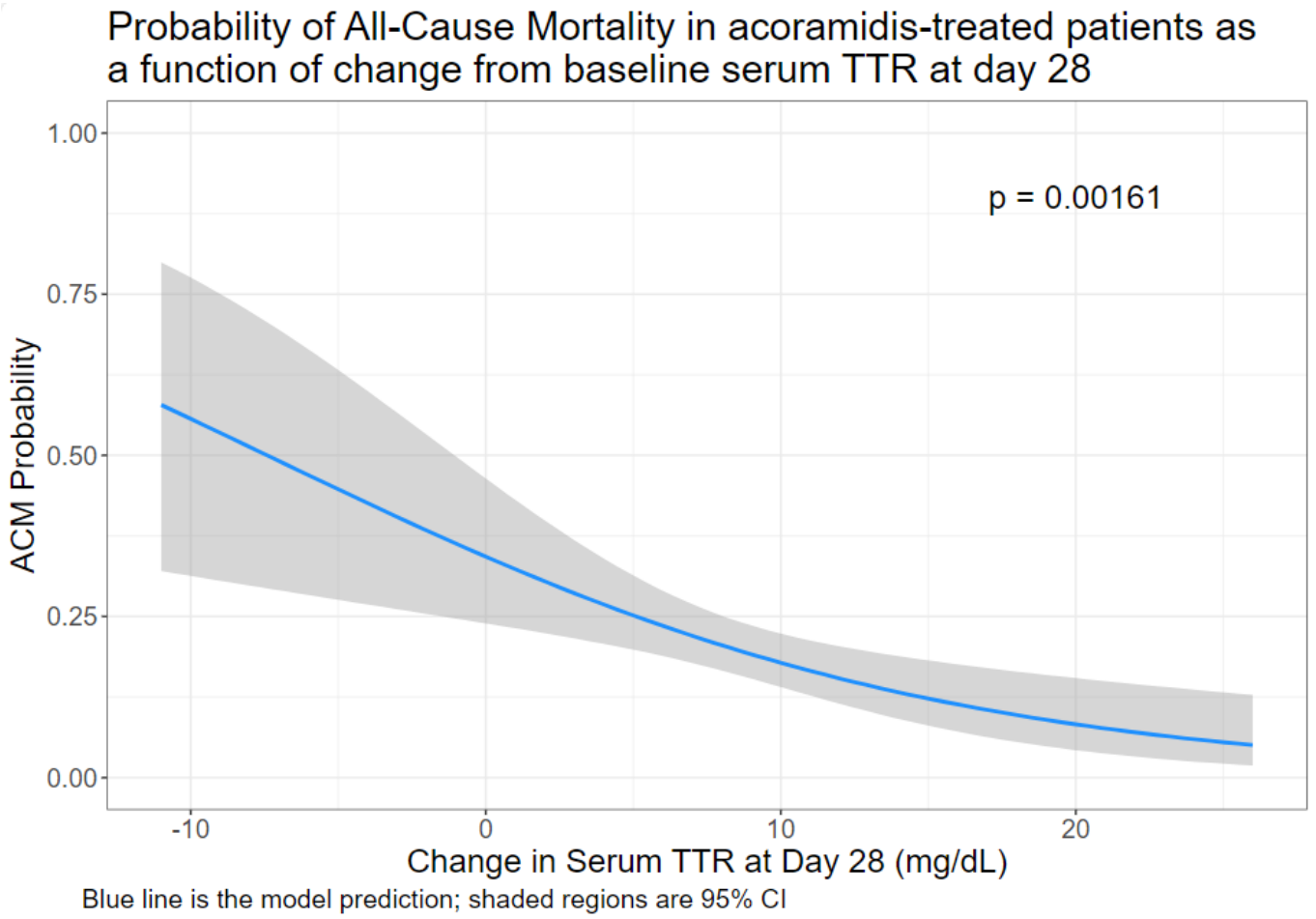
Acoramidis demonstrated **earlier and profound magnitude** of separation than demonstrated in other interventional studies of ATTR-CM to the company's knowledge

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



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

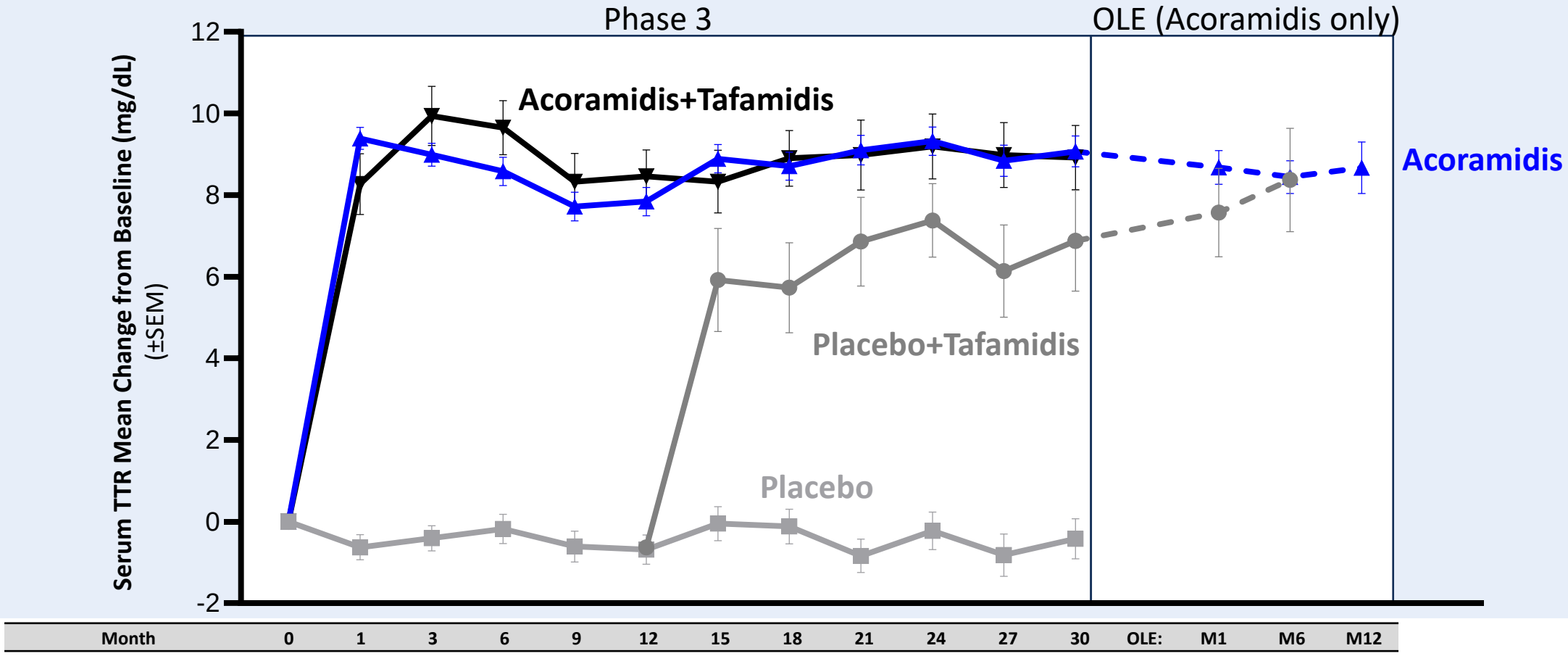
A Data from ATTRibute-CM demonstrate early increase in serum TTR is an independent predictor of improved survival in ATTR-CM



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

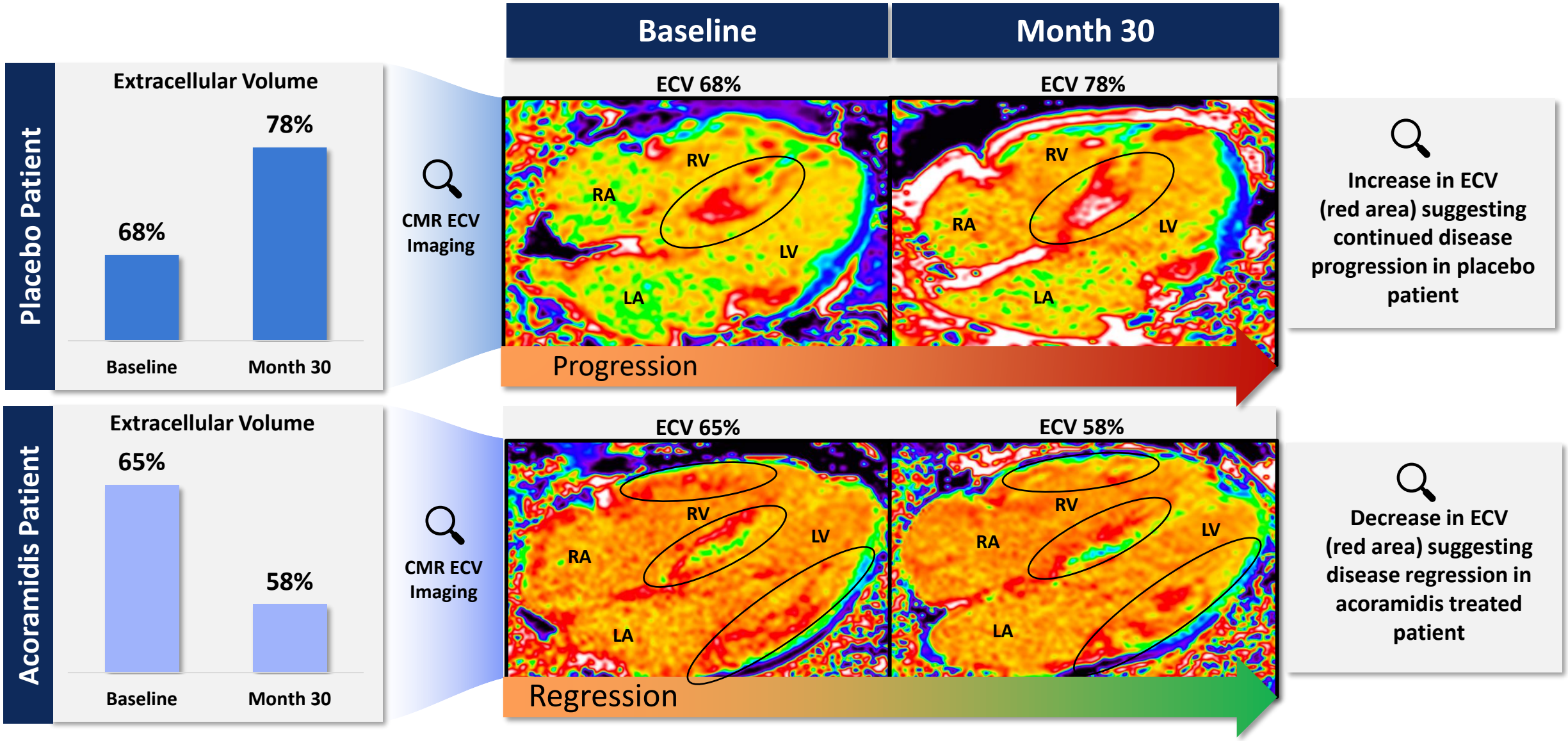
Source: Preliminary analyses (modeled data) from ATTRibute-CM. Comprehensive analysis to come in 2024.

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



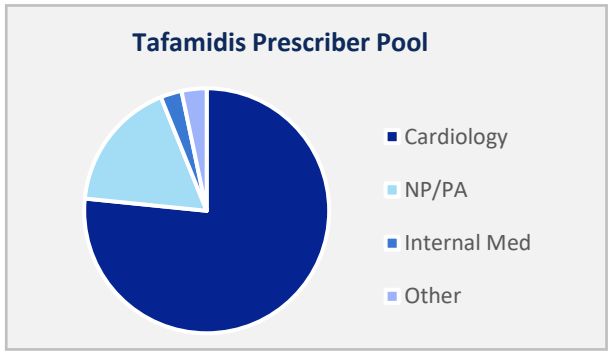
ECV = Extracellular volume, an imaging correlate of amyloid deposition
Source: Preliminary sample of ATTRibute-CM CMR imaging

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

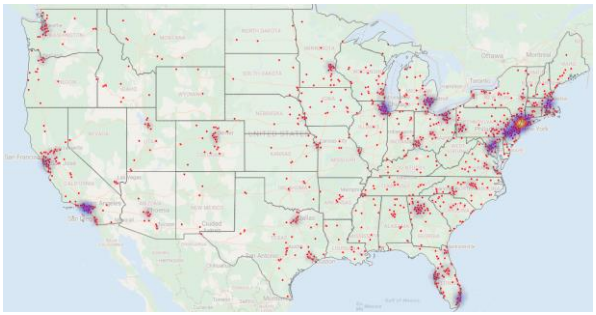
Precision targeting along with a dedicated and experienced commercial team will lead to an optimal global launch

State of Market

Current tafamidis prescribers are made up mostly of cardiologists



ATTR-CM prescriber market is concentrated

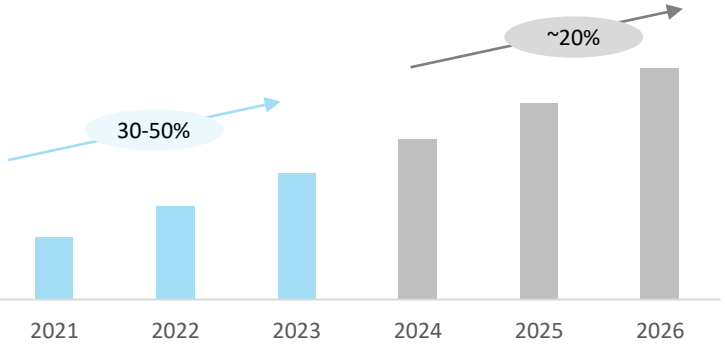


<100 US COEs* hold significant influence with prescribers & communicate overall product value

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

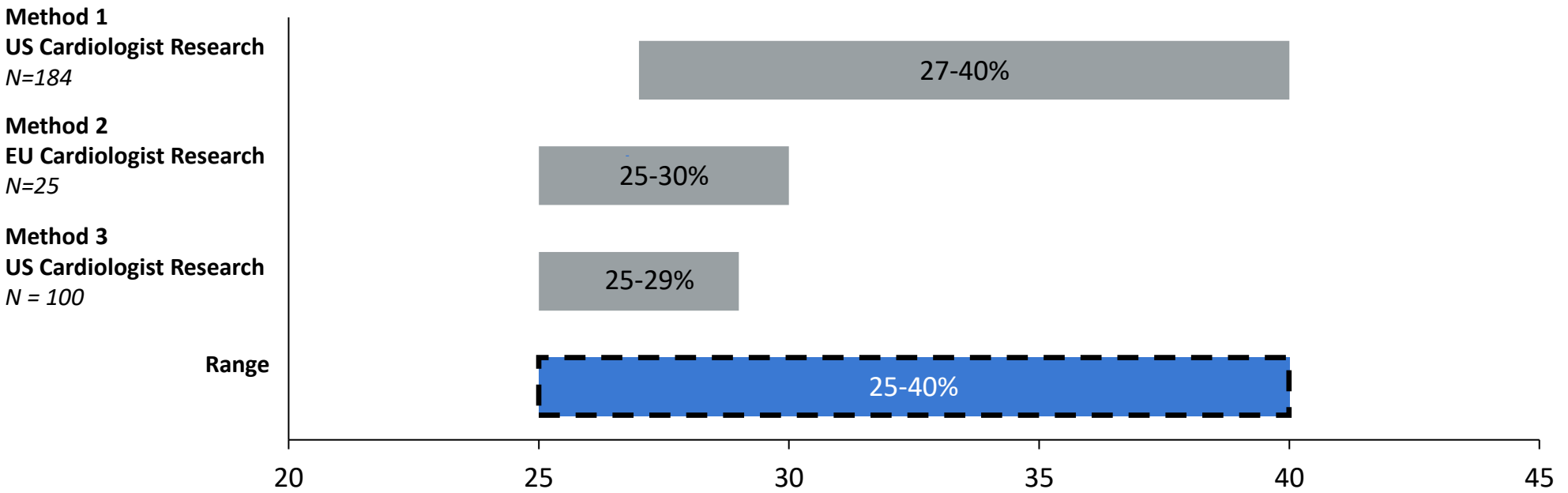
- Additional analyses from ATTRibute-CM
- Generate new evidence to support diagnosis and treatment

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

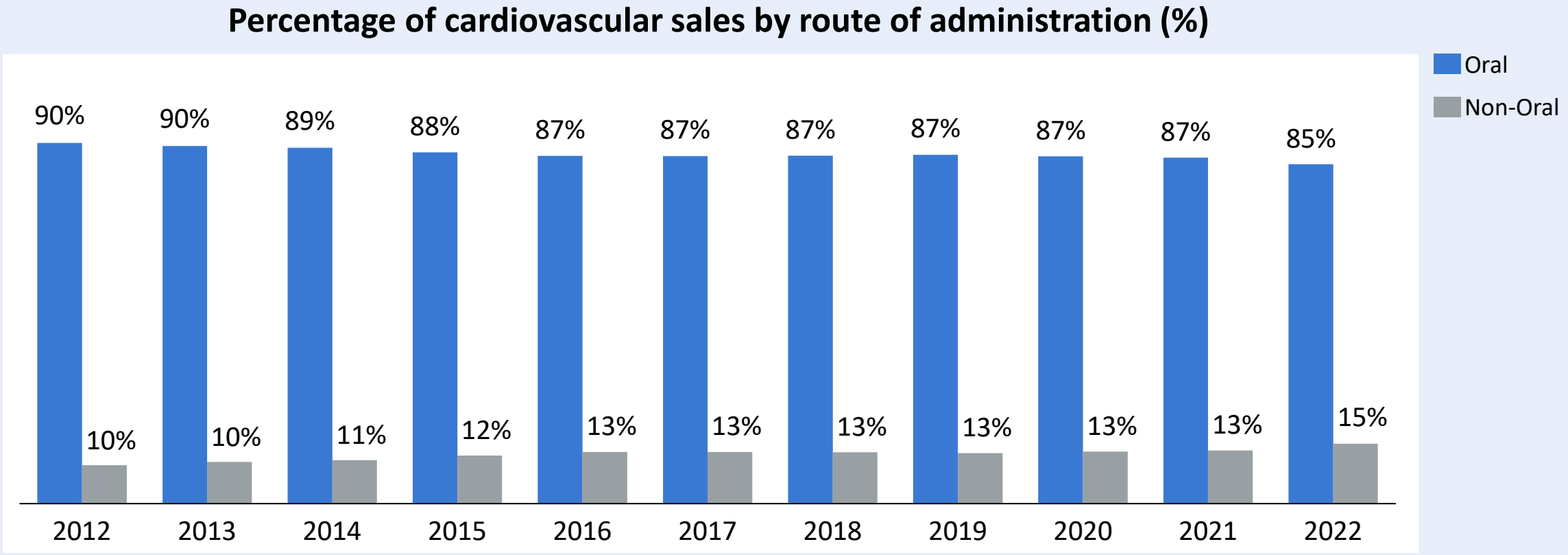
Acoramidis Estimated Market Share as % of Future 4-Product Market



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

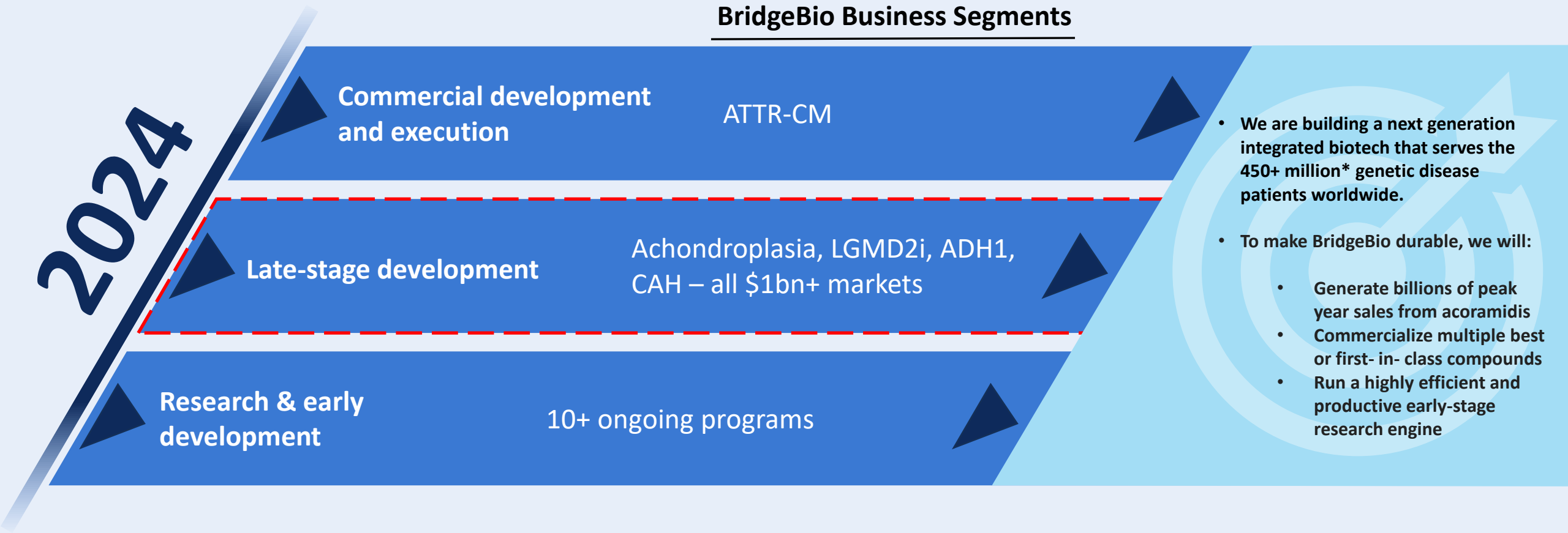
Execute lifecycle management
Initiate primary prevention study (ACT-EARLY) and QD Formulation
2024

Additional Clinical Data from ATTRibute-CM
Future medical meetings

Anticipated FDA Approval and Commercial Launch
2H 2024

We are at the starting line

Focus for today



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

Low-dose oral FGFR inhibitor (infigratinib) for achondroplasia

Genetic Driver
FGFR3 gain-of-function

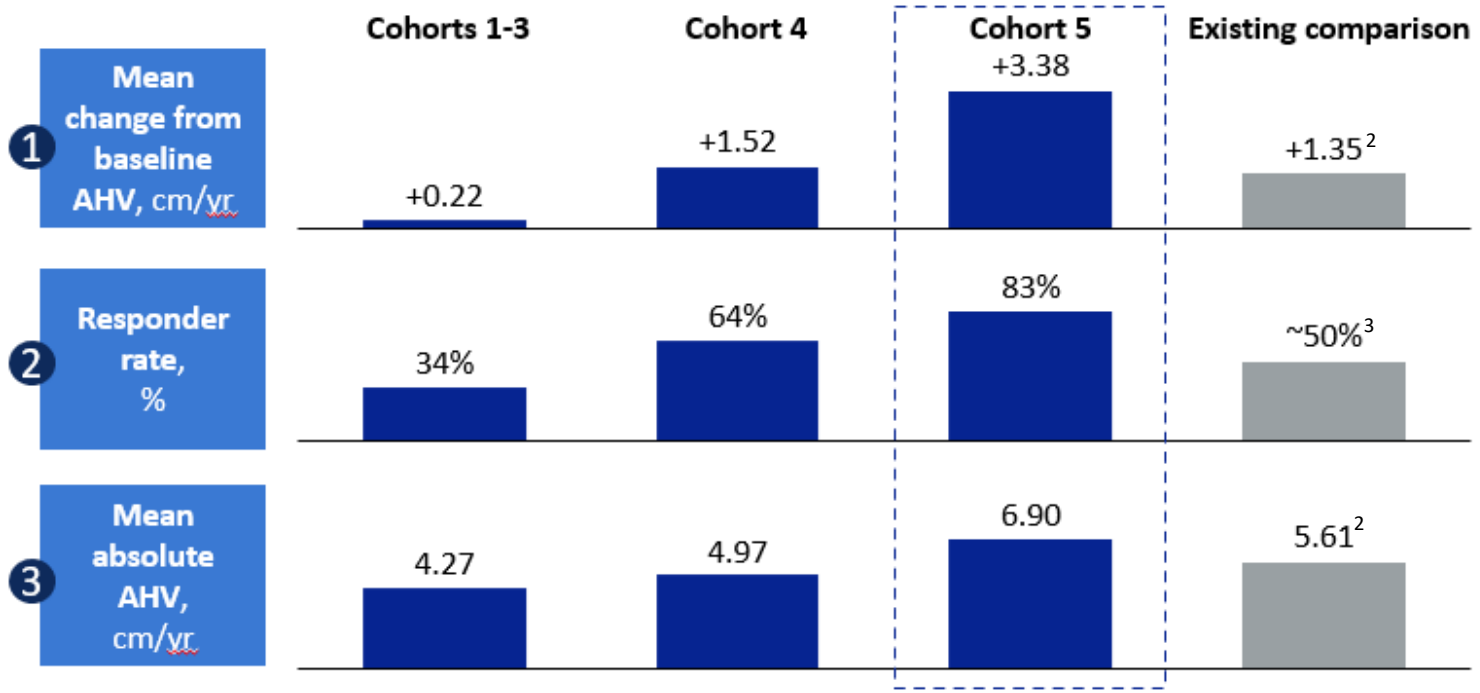
Design Principles
Best-in-class (oral, potential greater efficacy, no hypotensive or injection-site reactions)

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

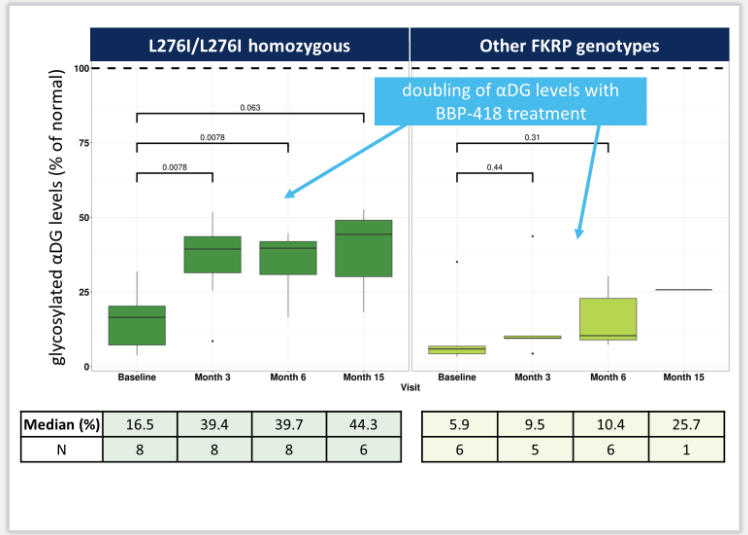
Total addressable market
$1Bn+

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

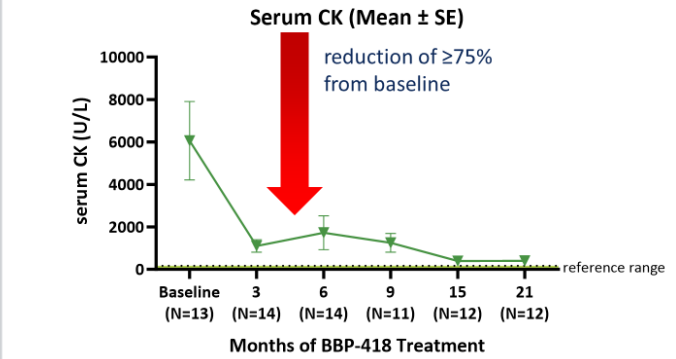
Long-term data from ongoing Phase 2 study presented at major muscle meetings in 2023[1]

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



	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

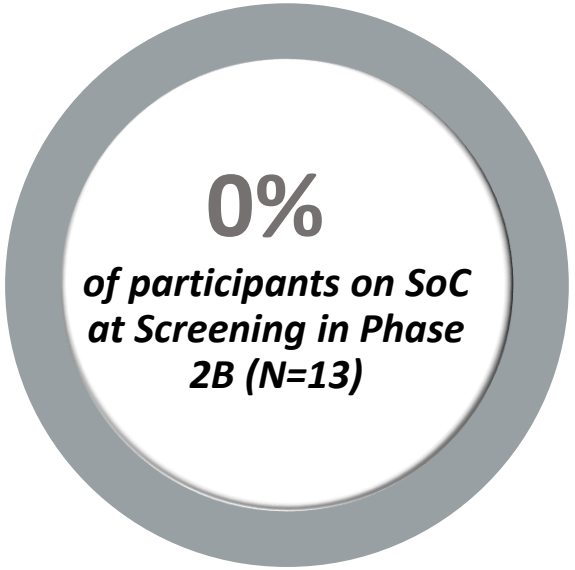
Total addressable market
$1Bn+

Design principles
First-in-class disease-modifying treatment

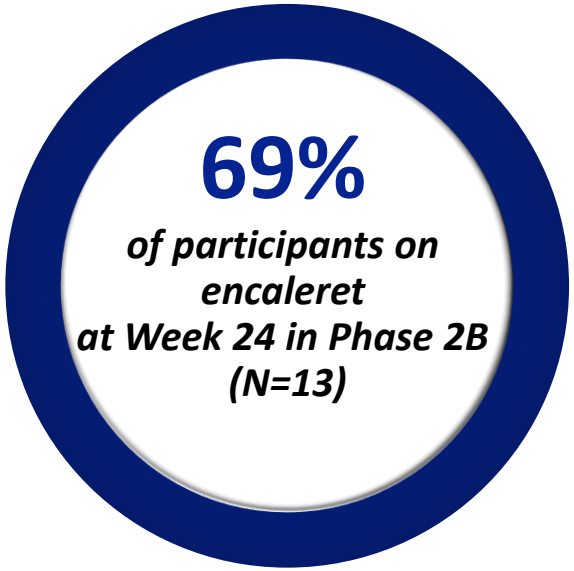
Key next steps
- Enrollment behind schedule owing to slow start-up at key academic investigational sites, but now progressing strongly
- Phase 3 readout expected early-2025

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)

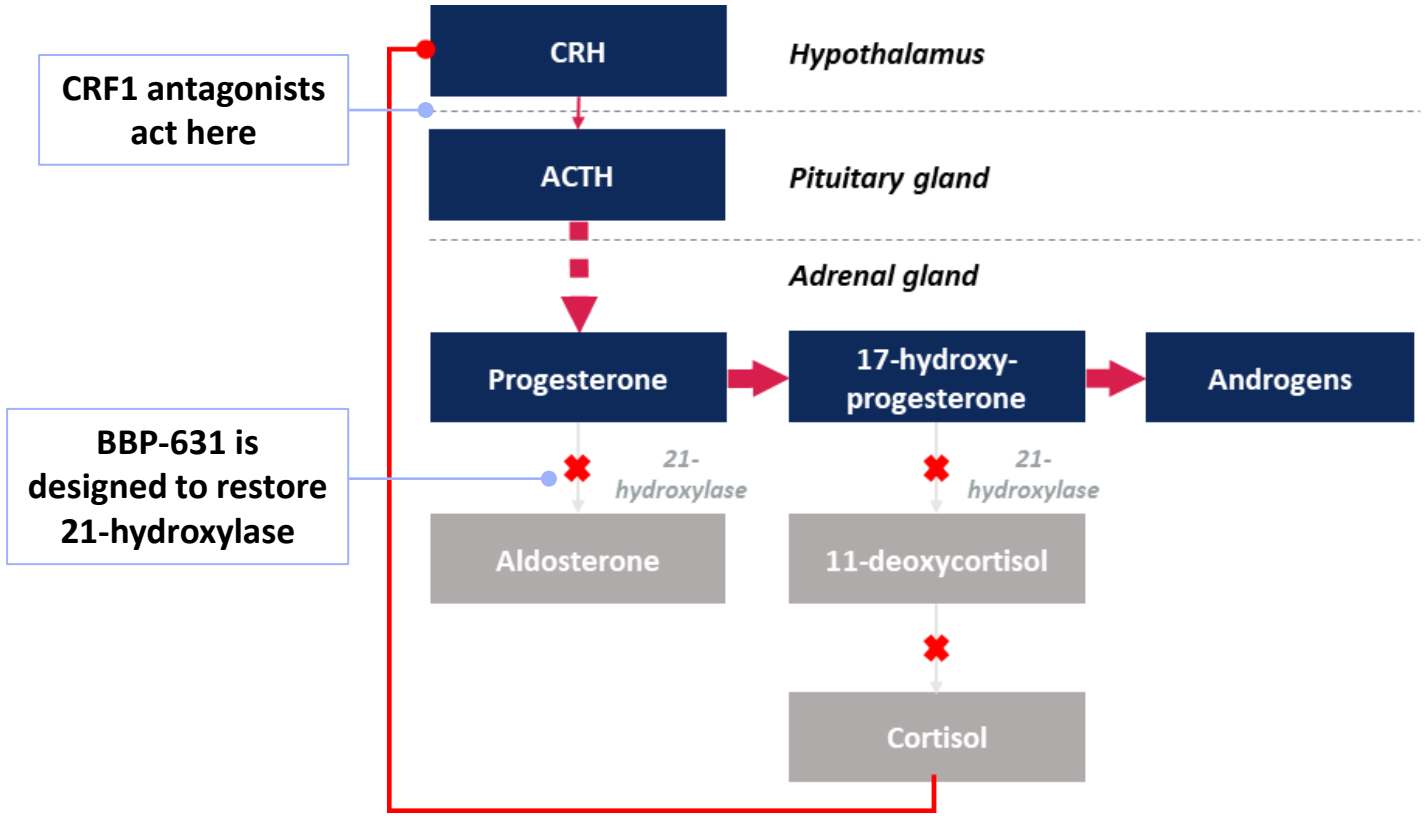
Genetic Driver
Loss of 21-hydroxylase

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

Stage
Phase 2

Total addressable market
$2Bn+

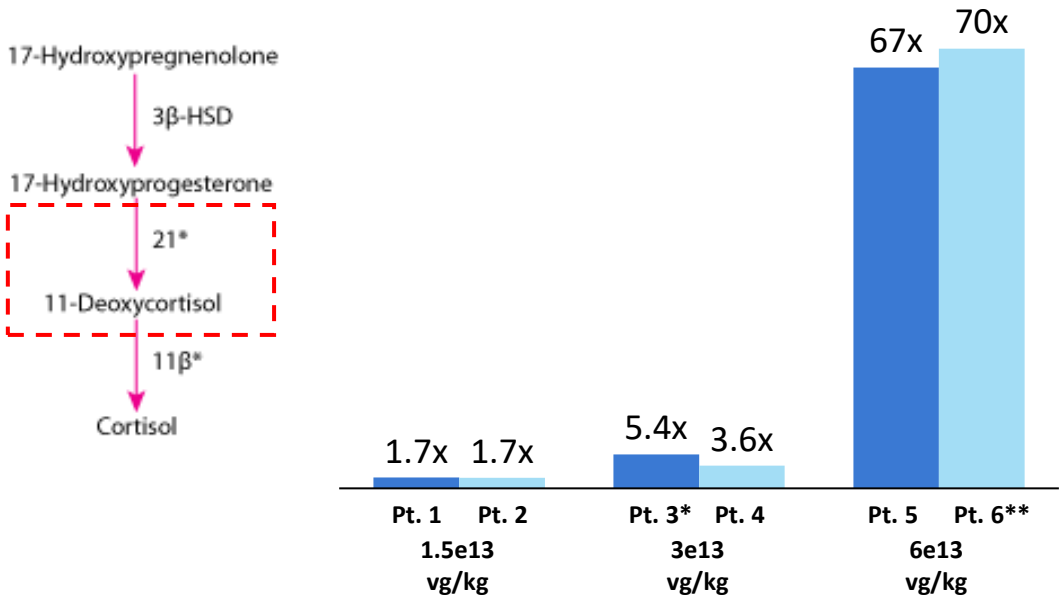
Loss of 21-hydroxylase in CAH causes loss of cortisol, and shunting of 17OHP into androgens



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…

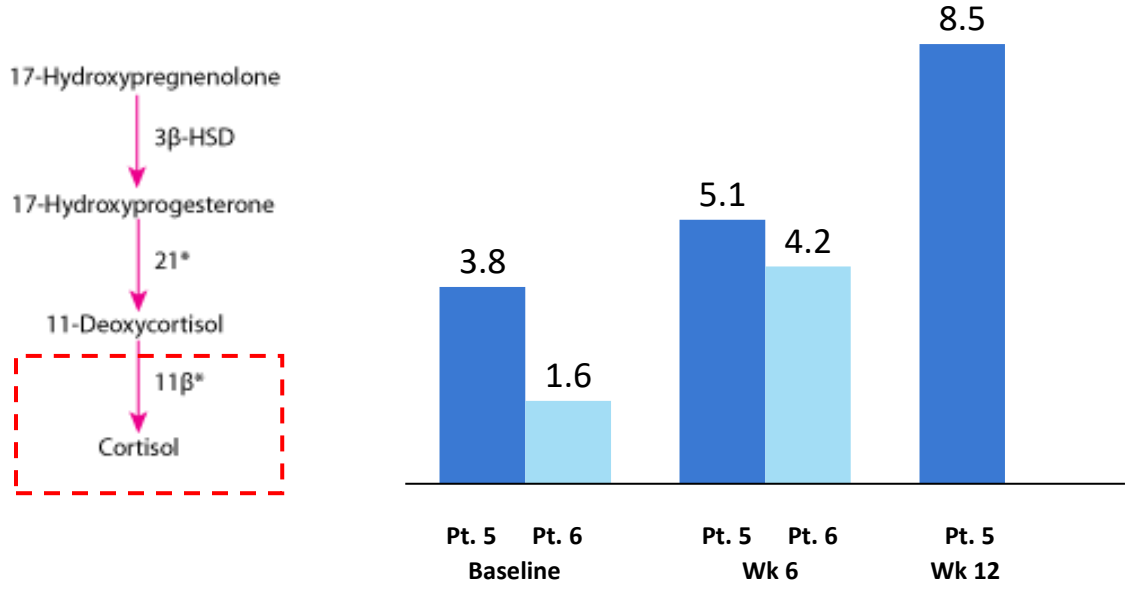
Fold increase in 11-deoxycortisol from baseline to Wk 12



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: $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