bridgebio

hope through
rigorous science

J.P. Morgan Presentation

January 13, 2025

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The presentation contains 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 express and implied statements relating to the commercial success of Attruby, the timing of ongoing clinical trials, including BridgeBio Oncology Therapeutics’ and Gondola Bio’s clinical trials, the clinical, therapeutic and market potential of our clinical development programs and our pipeline, BridgeBio Oncology Therapeutics’ pipeline and Gondola Bio’s pipeline, our speed of creating new and meaningful drugs and related impact on patients, the efficiency of our engine to rapidly and efficiently deliver medicines, our value creation potential for patients, the potential market sizes and opportunities, the safety, efficacy and mechanisms of our newly FDA-approved Attruby (acoramidis) and other later-stage products including infigratinib, BBP-418 and encaleret, the timing of approval of Attruby for ATTR-CM in the European Union and Japan, our financial position, including our expectations regarding reaching regulatory milestones and the receipt of milestone payments, the potency and safety of our product candidates, the potential benefits of our product candidates, the potential for greater patient access to medications, the affordability and availability of insurance coverage of our medications, and the timing and expectations regarding results of our various clinical trials, 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.

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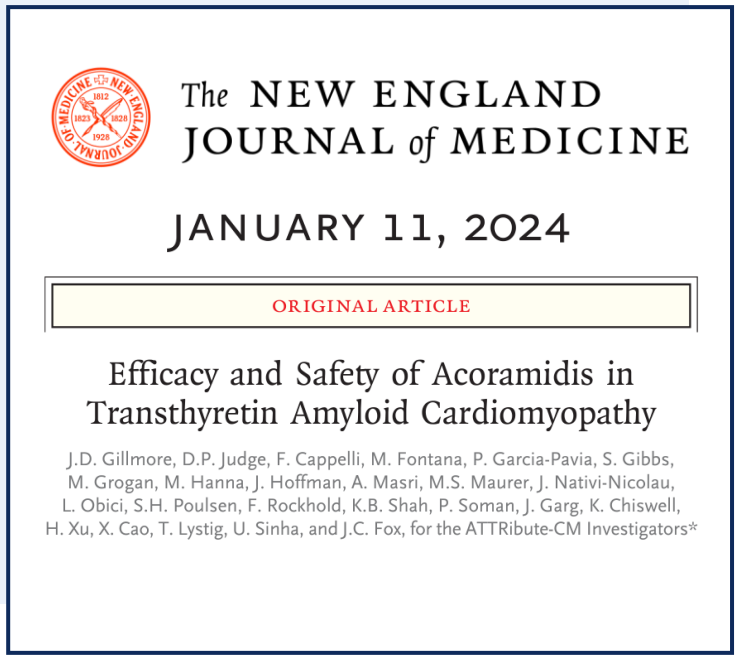
Key recent achievements: clinical impact



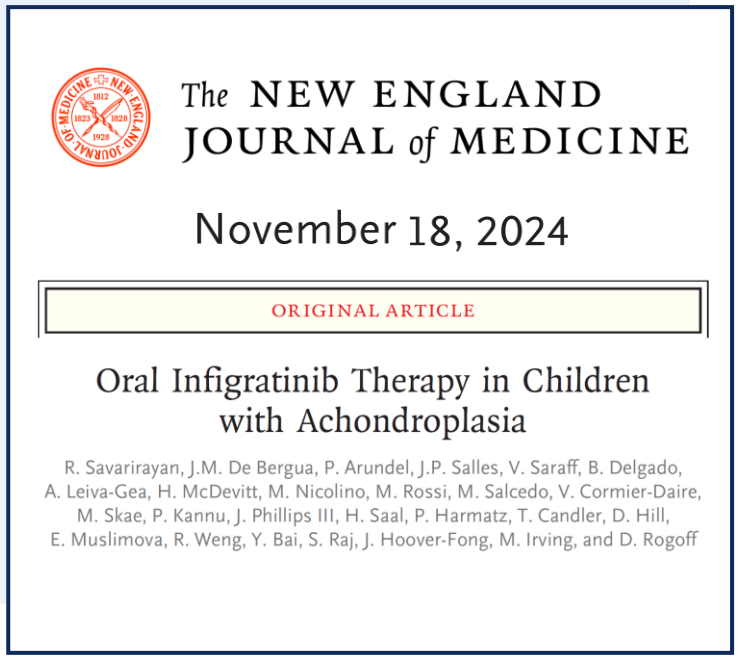
The NEW ENGLAND JOURNAL of MEDICINE

JANUARY 11, 2024

ORIGINAL ARTICLE

Efficacy and Safety of Acoramidis in Transthyretin Amyloid Cardiomyopathy

J.D. Gillmore, D.P. Judge, F. Cappelli, M. Fontana, P. Garcia-Pavia, S. Gibbs, M. Grogan, M. Hanna, J. Hoffman, A. Masri, M.S. Maurer, J. Nativi-Nicolau, L. Obici, S.H. Poulsen, F. Rockhold, K.B. Shah, P. Soman, J. Garg, K. Chiswell, H. Xu, X. Cao, T. Lystig, U. Sinha, and J.C. Fox, for the ATTRibute-CM Investigators*



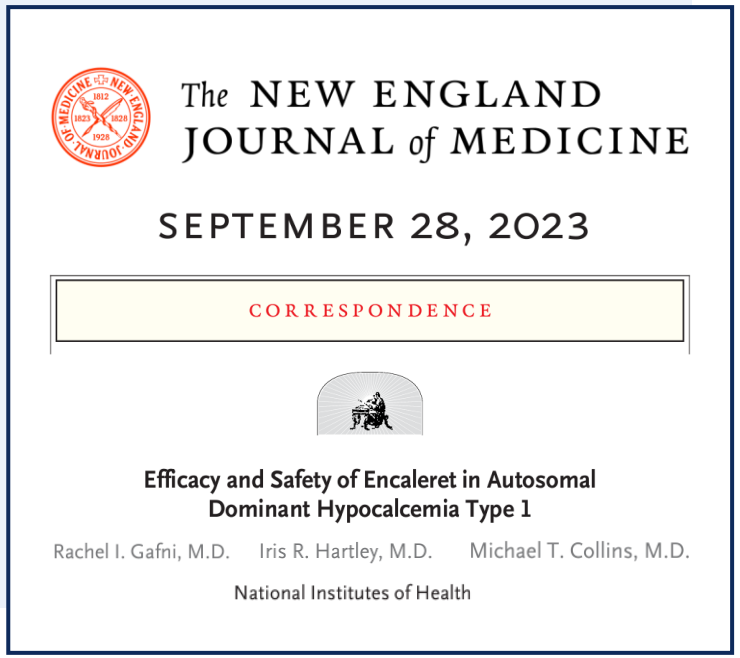
The NEW ENGLAND JOURNAL of MEDICINE

November 18, 2024

ORIGINAL ARTICLE

Oral Infigratinib Therapy in Children with Achondroplasia

R. Savarirayan, J.M. De Bergua, P. Arundel, J.P. Salles, V. Saraff, B. Delgado, A. Leiva-Gea, H. McDevitt, M. Nicolino, M. Rossi, M. Salcedo, V. Cormier-Daire, M. Skae, P. Kannu, J. Phillips III, H. Saal, P. Harmatz, T. Candler, D. Hill, E. Muslimova, R. Weng, Y. Bai, S. Raj, J. Hoover-Fong, M. Irving, and D. Rogoff



The NEW ENGLAND JOURNAL of MEDICINE

SEPTEMBER 28, 2023

CORRESPONDENCE

Efficacy and Safety of Encaleret in Autosomal Dominant Hypocalcemia Type 1

Rachel I. Gafni, M.D. Iris R. Hartley, M.D. Michael T. Collins, M.D.

National Institutes of Health

Key recent achievements: 3 fully enrolled Phase 3 trials

NEW INFORMATION

fortify

Trial enrolled **112 patients** to evaluate BBP-418 in **Limb-Girdle Muscular Dystrophy 2I/R9**

CALIBRATE

Trial enrolled **70 participants** to evaluate encaleret in **Autosomal Dominant Hypocalcemia Type 1**

PROPEL3

Trial enrolled **114 participants** to evaluate infigratinib in **Achondroplasia**

Key recent achievements: regulatory advancement for late-stage programs

Infigratinib	Receives Breakthrough Designation (BTD) for Achondroplasia
BBP-418	Receives Rare Pediatric Disease Designation (RPDD) for Limb-Girdle Muscular Dystrophy 2I/R9
BBP-812	Receives Regenerative Medicine Advanced Therapy Designation (RMAT) for Canavan Disease

Key recent achievement: Attruby regulatory approval

Attruby™
(acoramidis) 356 mg tablet

Indicated for the treatment of adult patients with ATTR-CM to reduce cardiovascular death and cardiovascular-related hospitalization

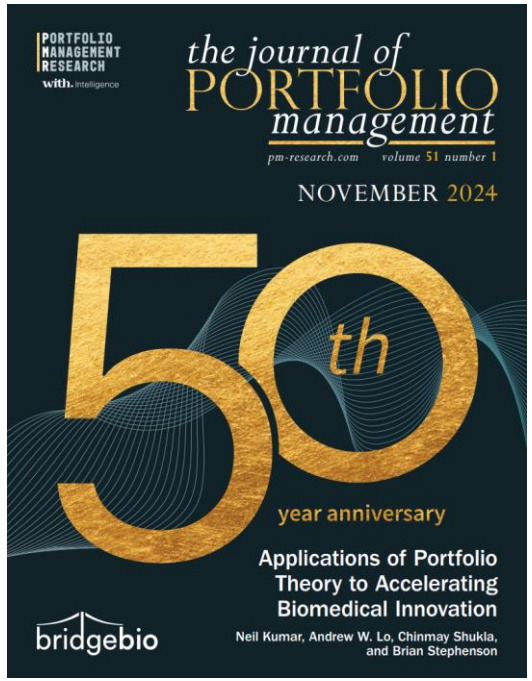
Remarkable commercial momentum

NEW INFORMATION

430

Attruby Scripts

BridgeBio's growth is underpinned by an innovative corporate model, as highlighted in a recent publication



Applications of Portfolio Theory to Accelerating Biomedical Innovation

Neil Kumar, Andrew W. Lo, Chinmay Shukla, and Brian Stephenson

Diversified portfolio
- **Uncorrelated assets** enable multiple "shots on goal"
- **Modality** and **therapeutic area agnostic** selection of programs

Operational nimbleness
- **Centralized infrastructure** for functions with economies of scale
- **Hyper-focused** and **agile** decision making

World class, decentralized R&D
- Leverage **hyper-experienced**, science-focused R&D practitioners
- Asset-level incentives preserve **biology-level focus**

Creative financing toolkit
- Toolkit of **strategic options** (asset & portfolio levels)
- Costs are **variablized and flexible** across **central functions** and **affiliates**

The BridgeBio ecosystem has a dynamic pipeline of products

Program	Indication	Pre-clinical	Phase 1	Phase 2	Phase 3	Approved	Patients (US + EU)	Market Oppty	Estimated US LOE**
Attruby (acoramidis)	Transthyretin Amyloidosis (ATTR-CM)					✓	500,000+	$20B+	2039
Infigratinib	Achondroplasia (ACH)					*Fully Enrolled*	55,000+	$2B+	2041
	Hypochondroplasia (HCH)						55,000+	$2B+	2041
BBP-418	Limb-Girdle Muscular Dystrophy Type 2I/R9 (LGMD2I/R9)					*Fully Enrolled*	7,000+	$1B+	2041
Encaleret	Autosomal Dominant Hypocalcemia Type 1 (ADH1)					*Fully Enrolled*	25,000+	$1B+	2041
	Post-Surgical Hypoparathyroidism (PSH)						200,000+	$1B+	2044
BBP-812	Canavan Disease				*Phase 1/2 Pivotal*		1,000	TBD	2039
BridgeBio Oncology Therapeutics	Oncology, various			**38% ownership***			Various	Various	Various
GondolaBio	Rare disease, various			**45% ownership***			Various	Various	Various

* BridgeBio Oncology Therapeutics and GondolaBio are separate, independent companies from BridgeBio. BridgeBio's initial interest in GondolaBio is subject to reduction as additional tranches of capital contributions are funded.
** Approximate estimated US LOE dates considering various factors including issued patents, pending patent applications, potential patent term extensions, and regulatory exclusivities.

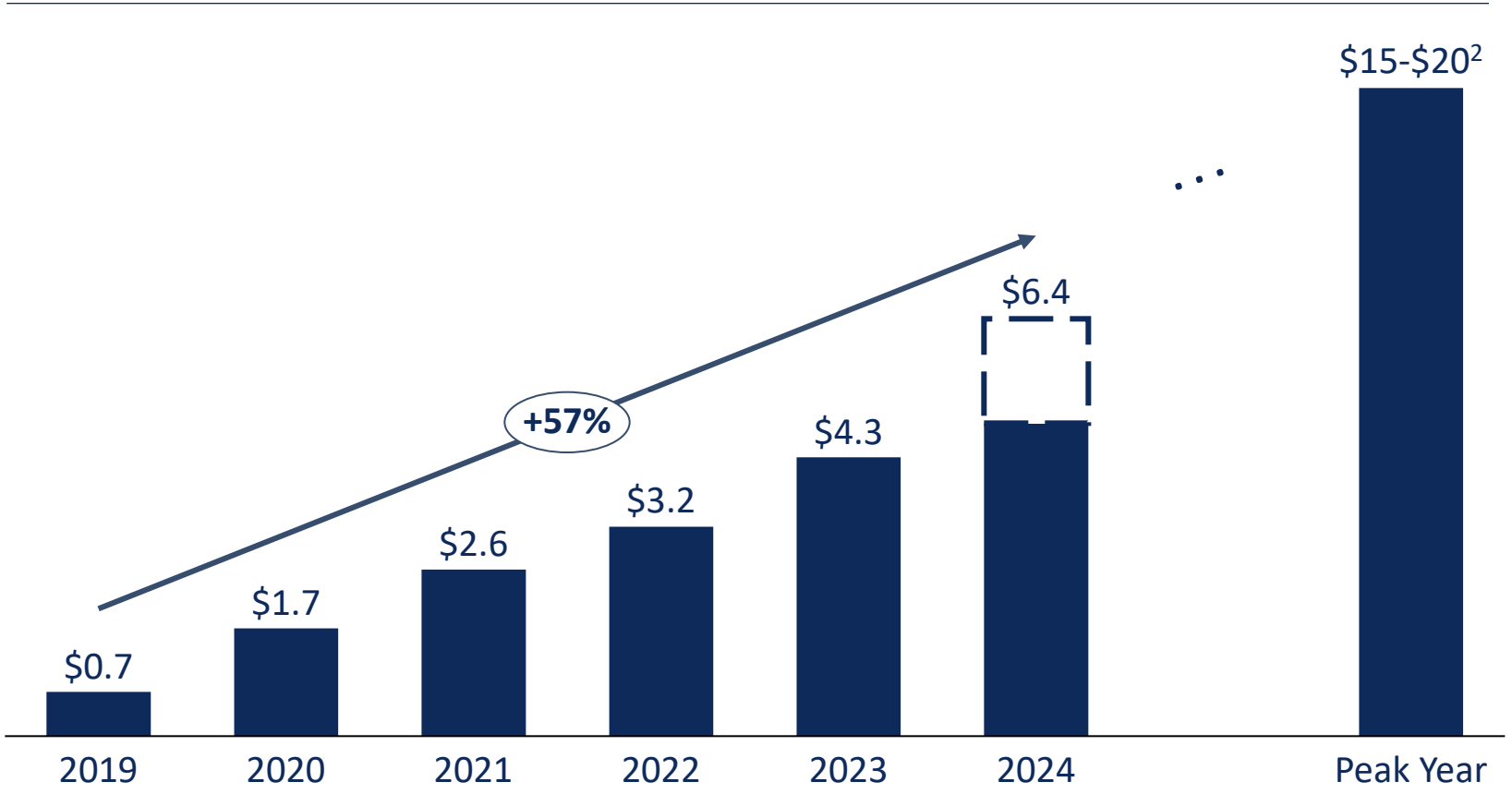
NOW APPROVED

Attruby™

(acoramidis) 356 mg tablet

ATTR is a multi-billion-dollar market primed for continued expansion

Global annual ATTR market sales[1]



Market growth drivers include:

- With **more sponsors**, there is expanding disease awareness
- Increased global adoption of **non-invasive diagnostic tools**

[1]ATTR market includes all approved drugs for ATTR-PN and ATTR-CM. 2024 sales annualized as of Q3 2024.
[2]Consensus estimates of $15B-$20B ATTR market.

The way we win

1

Compelling Clinical Data

+

2

Market Access: Make it Easy

1 Key Data

Attruby™ (acoramidis) 356 mg tablet

3 Months

The most **rapid benefit** seen in any Phase 3 study of ATTR-CM to date

42% Reduction

In **composite** of all-cause mortality and recurrent cardiovascular-related hospitalization events at Month 30

50% Reduction

In the cumulative frequency of **cardiovascular-related hospitalization** events at Month 30

1 Data: Attruby achieved near-complete stabilization of TTR

Increase in serum TTR levels reflect *in vivo* stabilization

"Change from baseline in serum TTR levels were higher in participants receiving acoramidis only than those receiving placebo+tafamidis at Month 30..."[1]

Increase in serum TTR levels observed with acoramidis treatment in patients with transthyretin amyloid cardiomyopathy (ATTR-CM): insights from ATTRibute-CM and its open-label extension

+ Evidence of potency on TTR stabilization

"AG10 [acoramidis] is 4 times more potent than tafamidis at a fixed plasma concentration (e.g., 10 µM)."[2]

Blinded potency comparison of transthyretin kinetic stabilisers by subunit exchange in human plasma

Luke T. Nelson[a], Ryan J. Paxman[a], Jin Xu[a], Bill Webb[b], Evan T. Powers[a] and Jeffery W. Kelly[a,c]

+ Differential TTR selectivity

"It is clear that AG10 [acoramidis] binds more selectively to TTR in serum than tafamidis."[3]

AG10 inhibits amyloidogenesis and cellular toxicity of the familial amyloid cardiomyopathy-associated V122I transthyretin

Sravan C Penchala [a,1], Stephen Connelly [b,c,1], Yu Wang [a,1], Miki S Park [a], Lei Zhao [c], Aleksandra Baranczak [c], Irit Rappley [c], Hannes Vogel [d], Michaela Liedtke [d], Ronald M Witteles [e], Evan T Powers [c], Natàlia Reixach [c], William K Chan [a], Ian A Wilson [b], Jeffery W Kelly [c], Isabella A Graef [d,2], Mamoun M Alhamadsheh [a,2]

+ Preclinical signals of superior potency & selectivity

"We carried out the subunit exchange in human plasma to address the relative selectivity of AG10 [acoramidis] vs. tafamidis…it is obvious that tafamidis is inferior to AG10 [acoramidis], but nothing like the degree you claim it is."

–Prof. Jeffery Kelly (inventor of tafamidis) in email correspondence with Dr. Isabella Graef, February 27, 2013.

[1]Maurer, M. et al., Eur. Heart Jour, 2024;45(Suppl 1). [2]Nelson, L. et al., Amyloid, 2021;28(1):24-29. [3]Penchala, S. et al., PNAS, 2013;110(24):9992-97.

2 Make it easy: simplified, differentiated, generous access programs

Free Trial	28-day supply for patients new to Attruby *(newly diagnosed or switching from another therapy)*
Distribution Network	Independent and rare/orphan disease–focused Specialty Pharmacies (SPs) where Institutional SPs can keep prescription
Field Access Teams	Dedicated Attruby Field Reimbursement Managers and Patient Access Liaisons
Patient Assistance Programs	Easily accessible Copay and Patient Assistance Program

Commitment to clinical trial patients

US patients who participated in the acoramidis clinical trials may receive Attruby at no cost for the duration of their medically indicated treatment

Performance to date indicates strong commercial momentum

430

Attruby scripts written to date

248

Unique prescribing HCPs

77%

Medicare lives in equal formulary position to tafamidis

Positive feedback all around on Market Access:

Pricing:

> You priced responsibly and have a good label; we will have you at parity with tafamidis. Also, I have never seen a company offer free drug to their trial patients. Shows commitment.” ***- Payer***

> You did the right thing by being less than tafamidis… both your label and price will play a role here.” ***- Payer***

Limited Distribution Network:

> I want to reemphasize our gratitude for LDN inclusion. We objectively see key metrics in the patient journey improve as a result of dispensing access…Eager to leverage our resources to impact patient care in a positive way.” ***–Manager of Health System SP***

> You are a smart company to set up your distribution this way. I wish all companies would do this!” ***– Director of Health System SP***

ForgingBridges:

> “BridgeBio’s thoughtful resources and the structure of the network…aligns with the health system's mission of putting patients first. ***– Pharmacist***

> "Holy Smokes!? I wish all manufacturers would provide this information. Do you have any idea how much time this is going to save our team? ***– Pharmacist***

> “Given the combination of strong efficacy and safety data, alongside BridgeBio’s very health system friendly approach towards access for this product (in comparison to the many challenges we have had with Pfizer…), we plan to begin preferring Attruby. ***– AD Specialty Clinical Program Development***

> “It takes less than 5 minutes- the easiest enrollment process of any drug we use. ***– RN Heart Failure Coordinator***

Our Attruby team has experienced industry leaders who have built and launched blockbuster drugs

Matt Outten
Chief Commercial Officer

- Broad commercial leadership expertise with success across multiple competitive markets
- Led $5B+ portfolio, 12 FDA approvals spanning 6 disease states and 7 indications (IMBRUVICA, Pharmacyclics)
- Commercial lead on $21B pharma M&A deal

Julie Everett
Chief Business Officer

- Successfully led cross-functional teams through multiple rare disease launches, including VOXZOGO and PALYNZIQ (BioMarin)
- Led commercial strategy/execution across ~$1B portfolio
- ~Decade of strategy consulting leadership focused on launch excellence and lifecycle maximization (Trinity)

John Whang
Chief Medical Affairs Officer

- Orchestrated multiple successful launches with pioneering therapies in competitive segments – STELARA (Janssen), REPATHA (Amgen), and CAMZYOS (BMS)
- 8+ launches as strategy consultant (McKinsey)
- Demonstrated strategic innovation (Heartline Study – J&J / Apple collab) and consistently built outstanding organizations

Ana Merz
VP, Sales

Launched IMBRUVICA ($5B+, 12 FDA approvals, 6 disease states, 7 indications in 10 years) and EPKINLY (3L+ DLBCL)

Sean Doherty
SVP, Marketing

Broad global sales and marketing launch experience including in rare, infectious, and auto-immune diseases

Scott Collins
SVP, Market Access

Extensive market access experience with consistent coverage across rare disease and oncology, leading large field-based access teams

Hudson Boyer
VP, Commercial Analytics & Ops

Launches in rare disease, hematology, and immunology; strategy consulting and equity analyst background

Liz Arnold
Head of Commercial Strategy

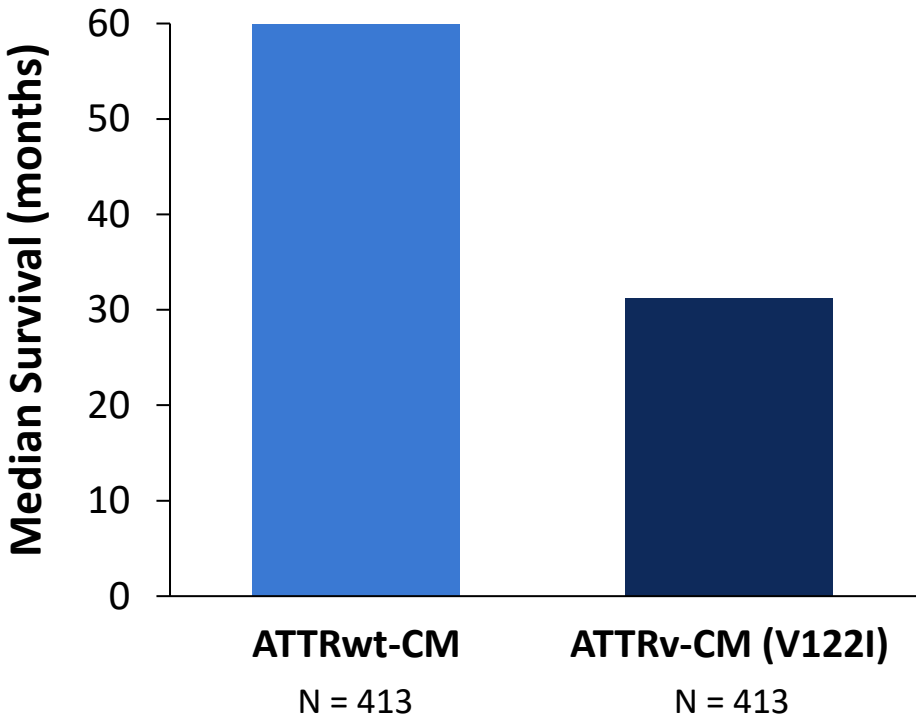
Multiple global launches, expertise in strategy, consulting, and marketing across rare disease, hematology, and OTC

Our BridgeBio team is committed to **providing industry-leading access and white glove service** for all parties looking to bring Attruby to patients with ATTR-CM.

Looking Ahead: Attruby Delivers Outstanding Results in Patients with Poor Prognosis

Natural History

V122I ATTRv-CM has an aggressive phenotype and poor prognosis[1]



ATTRibute-CM mITT Population

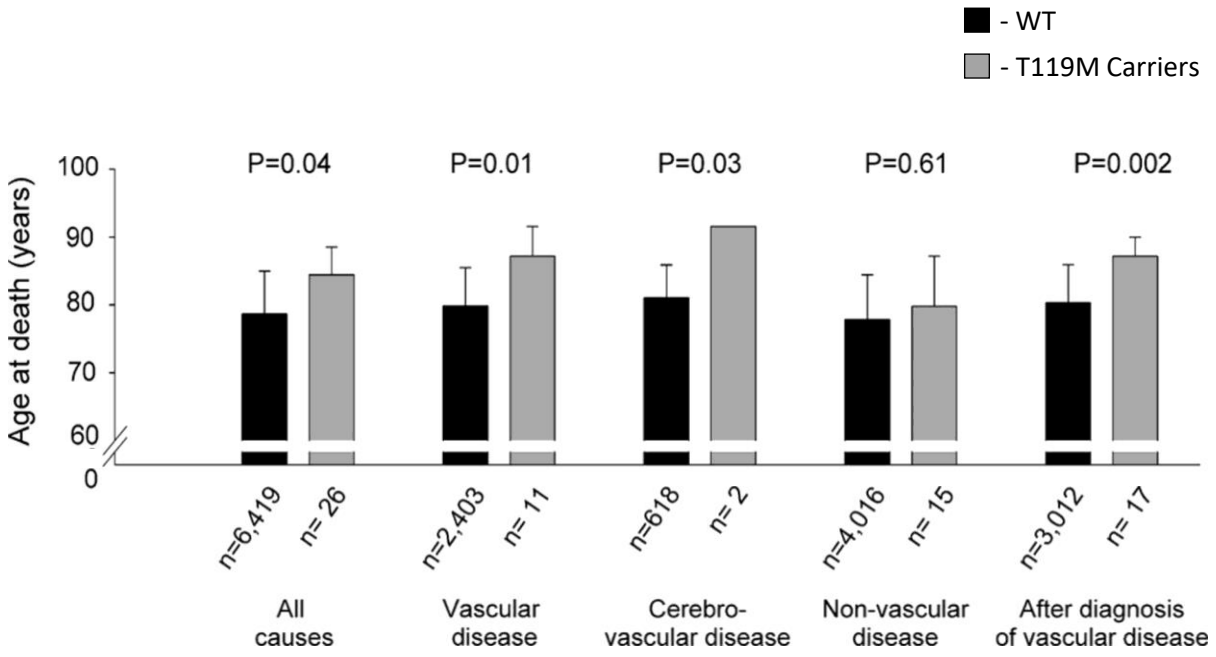
Statistically significant benefit on composite ACM or first CVH in ATTRv-CM participants vs. placebo[2]

	N (%)	Hazard Ratio (95% CI)	p value
Overall Population	611 (100%)	0.65 (0.50-0.83)	0.0008
ATTRv-CM	59 (9.7%)	0.41 (0.21-0.81)	0.0109

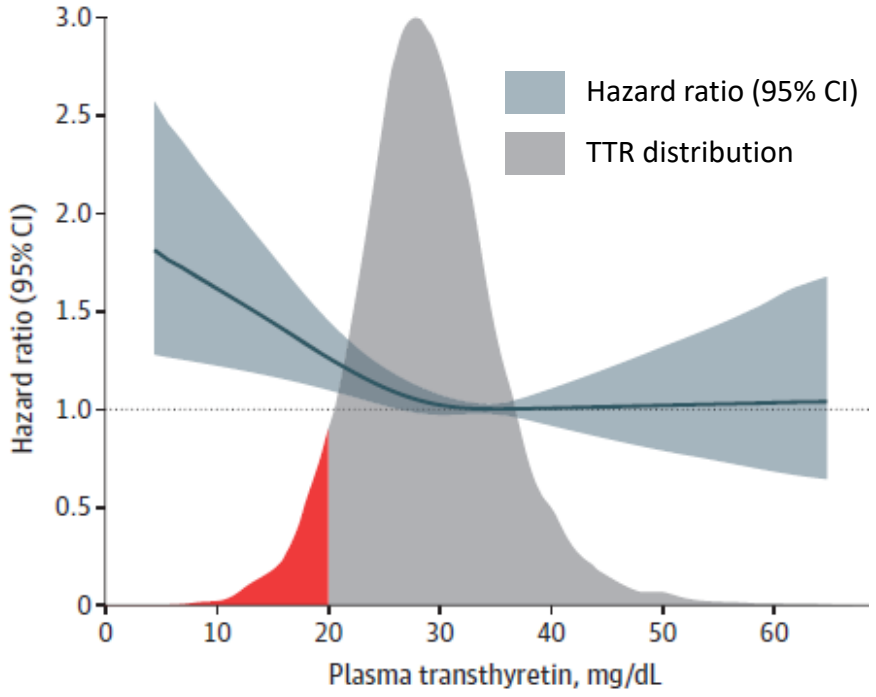
[1]Razvi, Y. et al., Eur Jour Heart Fail., 2024;26(2):383-393. [2]BridgeBio Data on File. Overall population and ATTRv-CM data vs. placebo.

Additional data: Elevated TTR levels are associated with improved survival

Genetic stabilization of transthyretin associated with improved health outcomes (N≈69K individuals)[1]



Higher TTR concentration associated with greater life expectancy (N≈102K individuals)[2]



[1]Hornstrup, L.. et al. Arterioscler Thromb Vasc Biol, 2013;33:1441-47. [2]Figure adapted from Christoffersen, M. et al., JAMA Cardiology, 2024.

Infigratinib

Infigratinib is an oral best-in-class FGFR3 inhibitor that targets achondroplasia and hypochondroplasia at their source

Impact Opportunity

55,000+ People

In the US/EU with **achondroplasia (ACH)**, the most common form of disproportionate short stature.

55,000+ People

In the US/EU with **hypochondroplasia (HCH)**, another form of disproportionate short stature.

Design Criteria

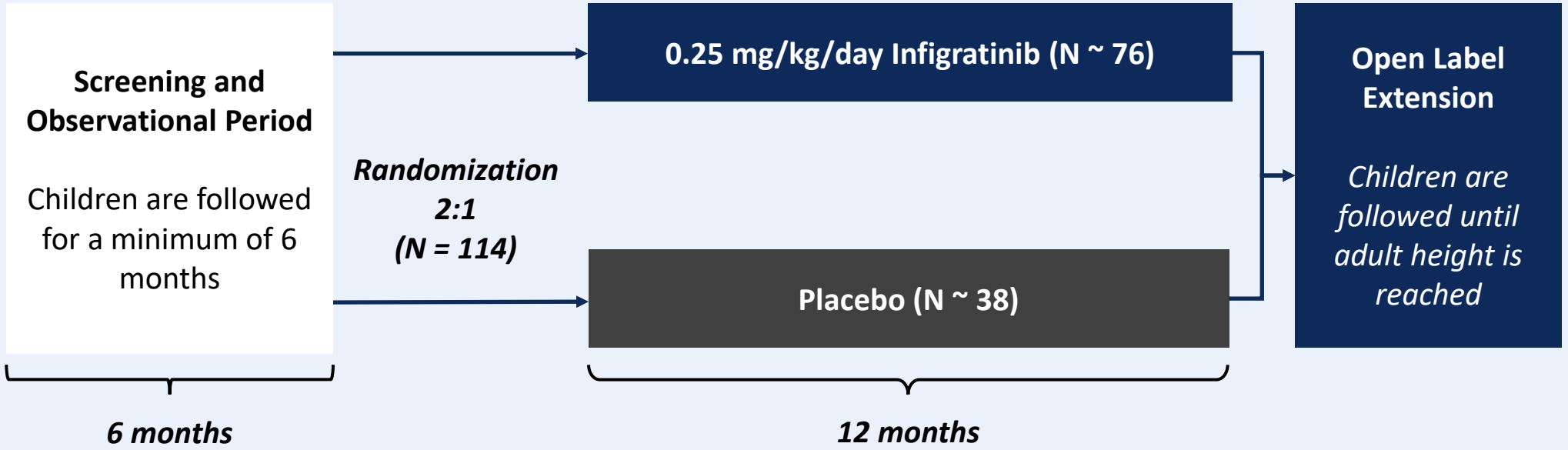
- Target FGFR3-driven skeletal dysplasias **at their source**
- **Demonstrate safety** with **low dosing**
- **Convenient oral ROA** to reduce patient burden

Phase 2 Data

- Annualized height velocity *(To the sponsor's knowledge, largest effect reported to date)*
- Proportionality *(To the sponsor's knowledge, largest effect reported to date)*
- Well-tolerated

$4B+ Market Opportunity

We have fully enrolled a Phase 3 study (PROPEL 3) of Infigratinib in Achondroplasia with LPLV in 2H 2025



Primary Endpoint:

- Change from baseline in annualized height velocity at Wk 52

Key Secondary Endpoints:

- Change from baseline in height z-score
- Change from baseline in upper to lower body segment ratio

Phase 3 Trial Fully Enrolled; LPLV Expected 2H 2025

BBP-418

BBP-418 is a first-in-class, disease-modifying therapy positioned to be the first approval in any form of limb-girdle muscular dystrophy

Impact Opportunity

7,000+ Patients

In the US/EU with **LGMD2I/R9**, a **progressive neuromuscular disorder** that leads to loss of ambulation, cardiomyopathy, and respiratory dysfunction.

Design Criteria

- Targets the LMGD2I/R9 **at its source** by adding substrate to restore glycosylation of αDG
- **Avoid safety concerns** by using a synthesized version of an endogenous compound
- **Convenient oral ROA** to reduce patient burden

Phase 2 Data

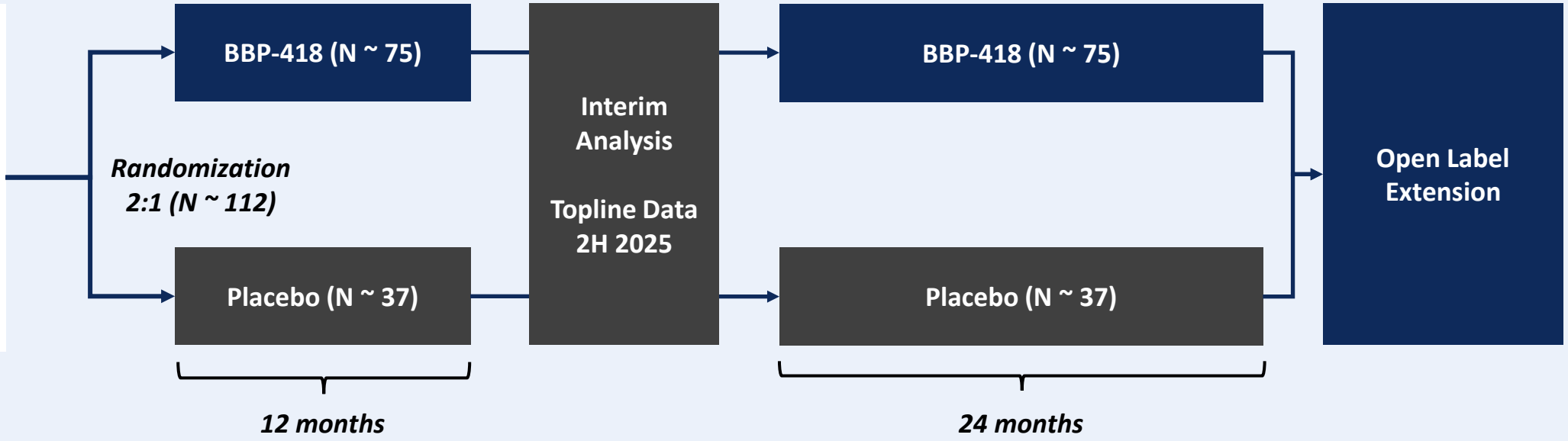
- Glycosylated αDG *(Expected surrogate endpoint)*
- Serum creatine kinase
- Stabilization of clinical measures
- Well-tolerated

$1B+ Market Opportunity + additional opportunity with other forms of LGMD

We have fully enrolled a Phase 3 study (FORTIFY) of BBP-418 in LGMD2I/R9 and expect topline interim analysis data readout in 2H 2025

Screening

- Genetically confirmed, symptomatic LGMD2I/R9
- 12-60 years of age



Interim Endpoints:

- Glycosylated αDG (*primary*)
- Serum creatine kinase (CK)
- Trends in clinical measures

Final Analysis Endpoints:

- NSAD (*primary*)
- Ambulatory measures
  - 10MWT
  - 100MTT
- Pulmonary function: FVC
- Upper limb function: PUL 2.0
- QoL measures

Phase 3 Trial Fully Enrolled; LPLV & Topline Results Expected 2H 2025

Encaleret

Encaleret is a first-in-class, disease-modifying investigational therapy with potential to be the first approved intervention for ADH1

Impact Opportunity

25,000+ Patients

In the US/EU with **ADH1**, a genetic disease resulting in the disruption of Ca homeostasis.

200,000+ Patients

In the US/EU with **Post-Surgical Hypoparathyroidism (PSH)**, a dysregulation of Ca homeostasis caused by impaired parathyroid function.

Design Criteria

- Target ADH1 **at its source** by desensitizing over-active Ca sensing receptors
- **Normalize** PTH, serum Ca, and urine Ca levels
- **Convenient oral ROA** to reduce patient burden

Phase 2 Data

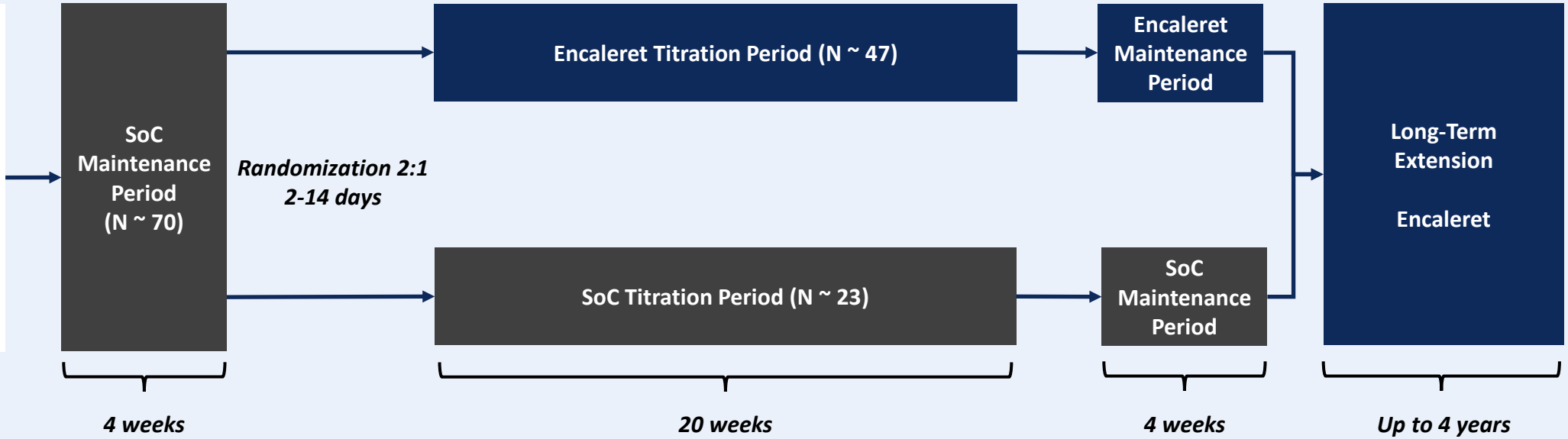
- Serum calcium to normal range
- Urine calcium to normal range
- Parathyroid hormone to normal range
- Well-tolerated

$2B+ Market Opportunity

We have fully enrolled the Phase 3 study (CALIBRATE) of encaleret in ADH1 and expect topline results in 2H 2025

Screening and SoC Optimization Period

- Age ≥ 16 years of age
- Documented pathogenic variant, or variant of uncertain significance, of the *CASR* gene associated with biochemical findings related to hypoparathyroidism



Primary Endpoint:

- Proportion of participants achieving:
  - Blood Ca within the target range **AND**
  - 24-hour urine Ca within the reference range

Select Secondary Endpoints:

- Blood iPTH, 1,25-$(OH)_2$ Vitamin D, magnesium, and phosphate
- Urine magnesium and phosphate
- Bone turnover markers
- Renal ultrasound and renal function
- ER/urgent care visits and/or hospitalizations
- Quality of life (SF-36)

Phase 3 Trial Fully Enrolled; LPLV & Topline Results Expected 2H 2025

SoC = standard of care; a combination of oral activated Vitamin D and/or calcium supplements. *CASR* = calcium-sensing receptor gene.

BBP-812
Canavan Disease

BBP-812 has the potential to change the disease trajectory for children with Canavan, a severe, ultra-rare, autosomal recessive leukodystrophy

*"One patient in particular is **sitting independently** and **taking steps and walking**, and that is certainly something I've never seen with Canavan disease."*

– Dr. Florian Eichler, Mass General Hospital for Children

*"[The participant] was **like a new child, reactive, holding hands, and clapping**."*

– Dr Annette Bley, University Medical Center Hamburg

*"Lots of improvement at 3-month visit, **emotional presence, visual tracking, reaching for things**"*

– Dr. Alexander Fay, UCSF Benioff Children's Hospital

Preliminary Data

- ↓ Urine NAA levels
- ↓ CNS NAA levels
- ↑ Gross Motor Skills
- ↑ Developmental Skills
- ✓ Safety data consistent with other AAV9 GTx's

BridgeBio
Ecosystem Highlights

BBOT
BridgeBio Oncology Therapeutics

gondolabio

BBOT has progressed two potentially first-in-class molecules into the clinic with a third expected in 1H 2025

Program	Mechanism of Action	Status
BBO-8520 **$KRAS^{G12C}$ ON / OFF**	• First direct inhibitor of $KRAS^{G12C}$ ON • Inhibits both $KRAS^{G12C}$ GTP (active) and GDP (inactive) states • Differentiates from $KRAS^{G12C}$ GDP (inactive)-only inhibitors	**Enrolling**
BBO-10203 **RAS:PI3Kα Breaker**	• Blocks specific interaction between RAS and PI3Ka • RAS driver agnostic (KRAS, HRAS and NRAS) • Selectively blocks PI3K / AKT effector signaling in the tumor • No hyperglycemia / hyperinsulinemia	**Enrolling**
BBO-11818 **PanKRAS ON / OFF**	• Direct inhibitor of $KRAS^{G12X}$ ON • Potent panKRAS inhibitor • Directly binds mutant KRAS	**IND exp. Q1 2025**

The GondolaBio pipeline features a diverse set of programs across TAs

Indication	Discovery	Lead Optimization	IND Enabling	Phase 1	Est. Patient Pop. (US + EU)
Erythropoietic Protoporphyria (EPP)					20k
Galactosemia					10k
Alpha-1 Antitrypsin Deficiency (AATD)					200k
Neurofibromatosis Type 1 (NF1)					200k
Hereditary Pancreatitis					30k
Fibrous Dysplasia					50k
Congenital Glycosylation Disorder Type Ia (PMM2-CDG)					5k
Autosomal Dominant Polycystic Kidney Disease (ADPKD)					300k
Tuberous Sclerosis Complex 1/2 (TSC)					65k
Genetic Epilepsy Driven by SynGAP1 Mutations					10k

We are well-financed and expect to hit numerous milestones in 2025

1H 2025

- Acoramidis: EU approval
- Acoramidis: Japan approval
- Q1 Earnings Call

2H 2025

- Q2 and Q3 Earnings Calls
- Encaleret: LPLV, Topline
- BBP-418: LPLV, Topline
- Infigratinib: LPLV

bridgebio vision for 2030:

De-risked PYS
>$8B

Lives impacted
>100k lives