BRIDGEBIO

NEWS RELEASE

Acoramidis Was Associated with Lower Risk of Worsening Heart Failure Versus Tafamidis in Real-World Study and Reduced Heart Failure Events Within One Month in ATTRibute-CM

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- In real-world German data from the Bayer-led mODIficATTR study, acoramidis was associated with a 23% lower risk of ODI, an early marker of worsening HF, versus tafamidis (adjusted HR 0.77; 95% CI 0.61–0.98; p=0.04), building on consistent results from the Wright et al. Komodo claims analysis (34% reduction in clinical worsening events; p=0.046) and the independently conducted Lanfear et al. Epic COSMOS electronic health record (EHR) study (27% lower risk of cardiovascular hospitalization; p<0.001)
- This is also consistent with the ATTRibute-CM trial, in which acoramidis reduced the risk of a first HF-specific event by 45% versus placebo (HR 0.55; 95% CI 0.44–0.69; p<0.001) with benefit emerging within the first month of treatment
- Benefit extended to every type of HF event with fewer HF deaths, HF hospitalizations, and outpatient worsening HF events for acoramidis versus placebo, and directionally consistent results across all prespecified subgroups
- Continuous acoramidis was associated with a durable reduction in HF mortality through 54 months (HR 0.42; 95% CI 0.27–0.65; p<0.001)
- Series of six kidney analyses of ATTRibute-CM indicated that acoramidis' early eGFR dip associated with potentially rapid kidney-protective activity was: (i) consistently observed irrespective of baseline AF status, diabetes status, RAAS inhibitor use, and genotype with favorable clinical outcomes observed through Month 30 across all of these subgroups, (ii) not accompanied by any negative, clinically meaningful changes in laboratory measures or blood pressure, and (iii) did not lead to clinically meaningful changes in markers of kidney safety in participants with CKD stage 4, whose kidney function remained stable over 30 months

- Real-world treatment patterns indicate that TTR stabilizers remain the predominant first-line therapy of choice for ATTR-CM with 81.4% of newly treated patients initiating TTR stabilizer monotherapy
- Together, these data reinforce the speed and breadth of acoramidis' benefit on the outcomes that matter most to people living with ATTR-CM

PALO ALTO, Calif., Nov. 17, 2026 (GLOBE NEWSWIRE) -- BridgeBio Pharma, Inc. (Nasdaq: BBIO) ("BridgeBio" or the "Company"), a commercial-stage, multi-product biopharmaceutical company focused on developing medicines for genetic conditions, announced that new Phase 3 ATTRibute-CM analyses and real-world evidence for acoramidis in transthyretin amyloid cardiomyopathy (ATTR-CM) were presented at the American Heart Association (AHA) Scientific Sessions 2026 in Chicago, Illinois, and the XX International Symposium on Amyloidosis (ISA) 2026 in Montevideo, Uruguay. At AHA 2026, BridgeBio had 2 moderated posters and 3 posters, and at ISA 2026, BridgeBio had 28 total abstracts accepted comprising 12 new poster presentations and 16 encore poster presentations. Acoramidis is the only selective small molecule, orally administered, near-complete (≥90%) transthyretin (TTR) stabilizer.

At AHA 2026, a new ATTRibute-CM analysis presented by Mazen Hanna, M.D. of Cleveland Clinic, U.S. showed that acoramidis reduced heart failure (HF) events quickly and across the board. Key findings included:

- Acoramidis reduced the risk of a first HF-specific event by 45% versus placebo through Month 30 (HR 0.55; 95% CI 0.44-0.69; p<0.001), with benefit emerging within the first month of treatment
- By Month 30, fewer acoramidis-treated than placebo-treated participants had an HF-specific event (48.2% vs 67.3%; number needed to treat=6)
- Acoramidis lowered the rate of every type of HF event, nearly halving HF hospitalizations: HF hospitalization ≥24 hours (13.0% vs 25.7%), HF mortality (9.0% vs 13.9%), urgent HF visit (3.9% vs 6.4%), and outpatient worsening HF (40.8% vs 59.4%)
- Benefit was directionally consistent across prespecified patient subgroups, including New York Heart Association (NYHA) class and baseline NT-proBNP
- Patients who stayed on acoramidis continuously had a 58% lower risk of HF death through Month 54 than those who started it later, after placebo, in the open-label extension (HR 0.42; 95% CI 0.27-0.65; p<0.001)

“ATTR-CM causes heart failure in our patients when misfolded transthyretin proteins build up as amyloid fibrils in the heart muscle, making the walls stiff and rigid. It is the cause of urgent doctor visits, hospital stays, and, ultimately, death, so preventing these events matters most to people with ATTR-CM, their families and their care teams,” said Dr. Hanna. “In this analysis, acoramidis reduced the risk of a first heart failure event by 45%, with separation from placebo within the first month and lower rates of every type of heart failure event we looked at, from outpatient diuretic intensification through hospitalization and heart failure death. Seeing an effect that early, and across a broad range of patients, is meaningful for a disease where time matters. This is strong validation that early treatment with acoramidis can improve clinical outcomes.”

At ISA 2026, the Bayer-led mODIficATTR study extended real-world evidence favoring acoramidis over tafamidis into Europe. Bayer is BridgeBio's exclusive European licensing partner for acoramidis. The study was presented by Roman Pfister, M.D. of University Hospital Cologne, DE. Using German longitudinal prescription claims covering approximately 64 million people, it followed 488 treatment-naive individuals starting acoramidis and 659 starting tafamidis from April 2025 through April 2026. Key findings included:

- Acoramidis was associated with a 23% lower risk of oral diuretic intensification (ODI), a well-established early sign that heart failure is worsening, compared with tafamidis (adjusted HR 0.77; 95% CI 0.61–0.98; p=0.04)
- At 12 months, the cumulative risk of ODI was 35% (95% CI 29-41) with acoramidis and 43% (38–48) with tafamidis
- These findings build on consistent findings from two U.S. real-world studies that also favored acoramidis versus tafamidis: the Wright et al. Komodo claims analysis (34% reduction in clinical worsening events; p=0.046) and the independently conducted Lanfear et al. Epic COSMOS electronic health record (EHR) study (27% lower risk of cardiovascular hospitalization; p<0.001); together, the three studies span U.S. claims, U.S. electronic health records and European claims

Six analyses of ATTRibute-CM presented at ISA 2026 indicated that the early eGFR dip with acoramidis associated with potentially rapid kidney-protective activity was (i) a consistent pharmacodynamic response that is observed irrespective of baseline AF status, diabetes status, RAAS inhibitor use, and genotype with favorable clinical outcomes observed through Month 12 and Month 30 across all of these subgroups, (ii) not accompanied by clinically meaningful changes in laboratory measures such as electrolytes, hemoglobin, hematocrit, or blood pressure, and (iii) did not lead to clinically meaningful changes in markers of kidney safety in participants with CKD stage 4, whose kidney function remained stable over 30 months. Detailed findings in the analyses included:

- eGFR Dip After Acoramidis Initiation and Acoramidis-Associated Clinical Benefits in Patients with Transthyretin Amyloid Cardiomyopathy (ATTR-CM) With and Without Atrial Fibrillation: Findings from the ATTRibute-CM Trial, presented by Daniel P. Judge, M.D. of Medical University of South Carolina, U.S.
    - The early eGFR dip was similar in participants with or without atrial fibrillation (AF), and acoramidis was associated with favorable outcomes through Month 30 in both groups, with an early treatment effect by Month 12 in those with AF
- eGFR Dip After Acoramidis Initiation and Acoramidis-Associated Clinical Benefits in Patients with Transthyretin Amyloid Cardiomyopathy (ATTR-CM) With and Without Diabetes: Findings from the ATTRibute-CM Trial, presented by Margot Davis, M.D. of University of British Columbia, Vancouver, CA
    - The early eGFR dip was similar in participants with or without diabetes, and acoramidis reduced the risk of all-cause mortality (ACM)/cardiovascular-related hospitalization (CVH) and CVH through Month 30 in both groups

- Effect of Background RAAS Inhibitor Use on Cardiorenal Function and Clinical Outcomes with Acoramidis in Transthyretin Amyloid Cardiomyopathy (ATTR-CM): Insights from ATTRibute-CM, presented by Prem Soman, M.D. of University of Pittsburgh Medical Center, U.S.
    - The early eGFR dip was numerically larger in participants taking RAAS inhibitors, a common class of heart and kidney medicines, which matches the pattern previously linked to lower risk of ACM and CVH. Acoramidis showed clinical benefit as early as Month 12 in participants on RAAS inhibitors, and in both groups by Month 30
- eGFR Dip After Acoramidis Initiation and Acoramidis-Associated Clinical Benefits in Patients with Wild-Type and Variant Transthyretin Amyloid Cardiomyopathy (ATTR-CM): Findings from the ATTRibute-CM Trial, presented by Kevin Alexander, M.D. of Stanford University School of Medicine, U.S.
    - The early eGFR dip was similar in wild-type and variant ATTR-CM; acoramidis reduced cardiovascular hospitalization by Month 12 and was associated with favorable outcomes through Month 30 regardless of genotype
- Early eGFR Dip Following Acoramidis Initiation in Transthyretin Amyloid Cardiomyopathy (ATTR-CM) Is Not Accompanied by Clinically Meaningful Changes in Laboratory Measures or Blood Pressure: An ATTRibute-CM Analysis, presented by Julian Gillmore, M.D. of National Amyloidosis Centre, University College London, UK
    - In ATTRibute-CM, acoramidis initiation led to an early eGFR dip that was not accompanied by clinically meaningful changes in other laboratory measures, including potassium, or blood pressure
- Safety and Efficacy of Acoramidis in Patients with Transthyretin Amyloid Cardiomyopathy (ATTR-CM) and CKD Stage 4: Insights from the ATTRibute-CM Trial, presented by Dr. Soman
    - In participants treated with acoramidis with CKD stage 4, a group rarely studied in ATTR-CM trials, eGFR dip was minimal, and kidney function stayed stable over 30 months even in advanced kidney disease. ACM or CVH were numerically lower with acoramidis, and clinical safety matched the overall trial (n=21)

New U.S. real-world data presented at ISA 2026 showed that TTR stabilizers remain the predominant first-line therapy of choice for ATTR-CM, even after the introduction of the first TTR silencer. Treatment Patterns in Newly Diagnosed Patients with Transthyretin Amyloid Cardiomyopathy in the United States: Results from a Real-World Study Show Transthyretin Stabilizers Are the Predominant First-Line Treatment, presented by Liana Hennum, M.P.T., M.H.A. of BridgeBio, U.S., used Komodo Healthcare Map U.S. claims data to identify 349 adults with ATTR-CM who newly started acoramidis, tafamidis, or vutrisiran between March and June 2025, immediately after FDA approval of the first TTR silencer for ATTR-CM. The results showed:

- More than four in five newly treated individuals (81.4%) started on a TTR stabilizer alone, roughly five times as many as started on a silencer alone (16.3%); 2.3% started combination therapy
- Baseline characteristics were generally similar between stabilizer and silencer users

- Findings are consistent with a separate analysis of a national U.S. Veterans Affairs cohort, also presented at ISA 2026, in which stabilizers were the predominant first-line therapy

Additionally, ten more analyses were shared across AHA 2026 and ISA 2026, including one independently led by Abbott, which included:

- New data shared at AHA 2026:
    - Recovery After Cardiovascular Hospitalization in Transthyretin Amyloid Cardiomyopathy (ATTR-CM): Insights from an N-Terminal Pro-B-Type Natriuretic Peptide (NT-proBNP) Analysis of the ATTRibute-CM Study, presented by Dr. Soman
        - Acoramidis not only reduced cardiovascular hospitalizations, but patients who were hospitalized also recovered better afterward, as measured by NT-proBNP, a blood marker of heart strain, compared with placebo
    - Risk of Multiple Cardiovascular-Related Hospitalizations and of All-Cause Mortality in Transthyretin Amyloid Cardiomyopathy: Findings from ATTRibute-CM Using Multistate Modeling, presented by Kevin Alexander, M.D. of Stanford University School of Medicine, U.S.
        - Using a multistate model that accounts for dynamic risk trajectories based on past events, this exploratory ATTRibute-CM analysis found that acoramidis significantly reduced the risk of a first CVH (HR 0.53) and showed favorable trends toward fewer recurrent hospitalizations and deaths after a first CVH, suggesting its benefit holds as patients' risk changes over time
    - Artificial Intelligence for the Screening of ATTR Cardiomyopathy in the U.S.: A Multicenter Analysis from the TRACE-AI Network, presented by Bruno Batinica, MBChB of Yale School of Medicine, U.S.
        - AI analysis of routine ECGs across a diverse U.S. network flagged a substantial number of likely, undiagnosed ATTR-CM cases, and adding AI analysis of heart ultrasounds improved detection further, pointing to a path for finding patients earlier
    - Bridging the Diagnostic Gap in Transthyretin Cardiac Amyloidosis (ATTR-CM): Enhancing ATTR-CM Detection at the Time of Heart Failure Diagnosis in Women Through Sex-Specific ATTR Models (SS-ATTR-CMs), presented by Hyewon Jeong, M.D., M.S. of Massachusetts Institute of Technology, U.S.
        - A standard screening score missed many women with ATTR-CM. A new women-specific model using routine clinical information identified more cases and could serve as a practical screening tool; external validation is planned
- New data shared by Abbott and supported by BridgeBio at AHA 2026:
    - Detection of Tetrameric Transthyretin by ARCHITECT c and Alinity c Assays, presented by Lici Schurig Briccio, Ph.D. of Abbott Laboratories, U.S.
        - Abbott's widely used prealbumin blood tests, ARCHITECT c and Alinity c Assays, were shown to

measure almost entirely intact, stable TTR, with minimal signal from broken-down forms

- New data shared at ISA 2026:
    - Early Reduction of Heart Failure Events with Acoramidis: A Time-to-Benefit Analysis of ATTRibute-CM, presented by Thibaud Damy, M.D. of Assistance Publique-Hôpitaux de Paris (AP-HP), Université Paris Sud, FR
        - The treatment effect of acoramidis on HF-specific events emerged within the third week of treatment and persisted through Month 30
    - An Indirect Comparison of the Efficacy of Acoramidis and Tafamidis on Cardiovascular Outcomes and Mortality in Transthyretin Amyloid Cardiomyopathy (ATTR-CM): Results from an Anchored Matching-Adjusted Analysis of ATTRibute-CM and ATTR-ACT, presented by Dr. Alexander
        - The MAIC demonstrated that acoramidis was associated with significant reduction in CVH versus tafamidis
    - eGFR Dip Thresholds and Clinical Outcomes with Acoramidis: A Sensitivity Analysis from ATTRibute-CM, presented by Dr. Judge
        - The link between the early eGFR dip and better outcomes held up at every eGFR dip threshold tested, through Month 30
    - Treatment Patterns and Clinical Phenotypes in a National VA ATTR-CM Cohort Across Diagnostic and Therapeutic Eras, presented by Sandesh Dev, M.D. of Southern Arizona Veterans Affairs Health Care System, U.S.
        - In one of the largest single-system ATTR-CM cohorts, treatment became near-universal among patients diagnosed today, with stabilizers predominating first line; reduced heart function in one-third of measured patients points to room for earlier diagnosis
    - Acoramidis Versus Tafamidis in Transthyretin Amyloid Cardiomyopathy: Real-World Evidence of Lower Transthyretin Silencer Therapy Initiation With Acoramidis, presented by Richard Wright, M.D. of Pacific Heart Institute, U.S.
        - Patients on tafamidis were more than twice as likely as those on acoramidis to add or switch to a TTR silencer
        - The Kaplan-Meier curves separated at about 90 days, suggesting the difference reflects clinical need rather than insurance or access factors
        - These results support greater clinical stability on acoramidis

BridgeBio also shared 16 encore posters at ISA 2026, further supporting acoramidis' early heart failure effect and benefits compared to tafamidis in the real-world. Encores also suggested acoramidis benefits to the kidney, biomarkers, cardiac structure, in variant ATTR-CM, and in female patients.

Acoramidis is approved as Attruby® by the U.S. FDA and the Singapore Health Sciences Authority (HSA) and is approved as BEYONTTRA® by the European Medicines Agency (EMA), Japanese Pharmaceuticals and Medical Devices Agency, Swissmedic, the Swiss Agency for Therapeutic Products, the UK Medicines and Healthcare Products Regulatory Agency, the Brazilian Health Regulatory Agency (ANVISA) and the Australian Therapeutic Goods Administration (TGA) with all labels specifying near-complete stabilization of TTR.

Additional data on the benefit of Attruby for individuals with ATTR-CM is planned for future medical meetings.

About Attruby® (acoramidis)
INDICATION
Attruby is a transthyretin stabilizer indicated for the treatment of the cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular death and cardiovascular-related hospitalization.

IMPORTANT SAFETY INFORMATION
Adverse Reactions
Diarrhea (11.6% vs 7.6%) and upper abdominal pain (5.5% vs 1.4%) were reported in patients treated with Attruby versus placebo, respectively. The majority of these adverse reactions were mild and resolved without drug discontinuation. Discontinuation rates due to adverse events were similar between patients treated with Attruby versus placebo (9.3% and 8.5%, respectively).

About BridgeBio
BridgeBio exists to develop transformative medicines for genetic conditions. Millions of people worldwide living with genetic conditions lack treatment options, often because drug development for small patient populations can be commercially challenging. We aim to bridge the gap between advancements in genetic science and meaningful medicines for underserved patient populations. Our decentralized, hub-and-spoke model is designed for speed, precision, and scalability. Autonomous and empowered teams focus on individual conditions, while a central hub provides the clinical, regulatory, and commercial capabilities needed to bring innovation to market. For more information, visit **bridgebio.com** and follow us on **LinkedIn**, **X**, **Facebook**, **Instagram**, **YouTube**, and **TikTok**.

BridgeBio Forward-Looking Statements
This press release contains forward-looking statements. Statements in this press release 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 (the Securities Act), and Section 21E of the Securities Exchange Act of 1934, as amended (the Exchange Act), which are usually identified by the use of words such as “anticipates,” “believes,” “continues,” “estimates,” “expects,” “hopes,” “intends,” “may,” “plans,” “projects,” “remains,” “seeks,” “should,” “will,” and variations

of such words or 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. BridgeBio intends 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 include statements regarding the potential clinical significance and therapeutic implications of the real-world and ATTRibute-CM data regarding acoramidis, including the potential speed, breadth, durability and broader clinical significance of observed benefits associated with acoramidis, including with respect to heart failure events, cardiovascular hospitalizations, mortality and other clinical outcomes; the potential clinical and therapeutic implications of analyses regarding the early eGFR dip observed following initiation of acoramidis, including the potential for such changes to reflect kidney-protective or other cardiorenal activity and the potential relationships among such changes, kidney function and clinical outcomes; the potential comparative clinical significance of real-world and other analyses evaluating acoramidis and tafamidis, including the potential for acoramidis to provide greater clinical stability; the potential for artificial intelligence and other screening models described in this press release to improve or accelerate identification of individuals with ATTR-CM, including the potential utility of sex-specific screening approaches and planned external validation; and BridgeBio's plans and expectations regarding additional analyses, future research, publications and presentations of data regarding acoramidis. Although the Company believes that its plans, intentions, expectations and strategies as reflected in or suggested by those forward-looking statements are reasonable, the Company can give no assurance that the plans, intentions, expectations or strategies will be attained or achieved. Furthermore, actual results may differ materially from those described in the forward-looking statements and will be affected by a number of risks, uncertainties and assumptions, including, but not limited to, the risk that results from retrospective, observational, real-world evidence studies, including studies based on electronic health records or administrative claims data, may be subject to confounding, selection bias, residual bias, incomplete or inaccurate data, limited follow-up or other limitations and may not be predictive of future clinical outcomes or treatment effects; that results from post hoc analyses, subgroup analyses, exploratory analyses, indirect comparisons or other analyses may not be predictive of future clinical outcomes or treatment effects and may not be replicated in additional analyses or studies; that observed effects on heart failure events, cardiovascular hospitalizations, mortality or other clinical outcomes may not be replicated, persist over longer periods or translate into meaningful long-term clinical benefit; that observed associations between an early eGFR dip and favorable clinical outcomes may not be replicated or establish kidney-protective or other cardiorenal activity, and mechanistic or prognostic interpretations of such data may not be borne out by further analyses or additional data; that observed associations and differences between acoramidis and tafamidis may not be replicated in additional analyses, independent studies or longer-term data, may not establish a causal treatment difference or greater clinical stability, or may not translate into improved long-term clinical outcomes; that artificial intelligence or other screening models may not be validated, may not identify individuals with ATTR-CM with sufficient accuracy or utility, or may not meaningfully improve or accelerate diagnosis, and planned external validation may be delayed, modified or may not confirm prior findings; that

additional analyses or future research may yield results that differ from or do not confirm the findings described in this press release; that plans or timing for future analyses, medical meeting presentations or scientific publications may change; the impacts of current macroeconomic and geopolitical events, including changing conditions from hostilities in Ukraine and the Middle East, increasing rates of inflation and changing interest rates, on business operations and expectations, as well as those risks set forth in the Risk Factors section of the Company's most recent Quarterly Report on Form 10-Q and Annual Report on Form 10-K and the Company's other filings with the U.S. Securities and Exchange Commission. Moreover, the Company operates in a very competitive and rapidly changing environment in which new risks emerge from time to time. These forward-looking statements are based upon the current expectations and beliefs of the Company's management as of the date of this press release, and are subject to certain risks and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. Except as required by applicable law, BridgeBio assumes no obligation to update publicly any forward-looking statements, whether as a result of new information, future events or otherwise.

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