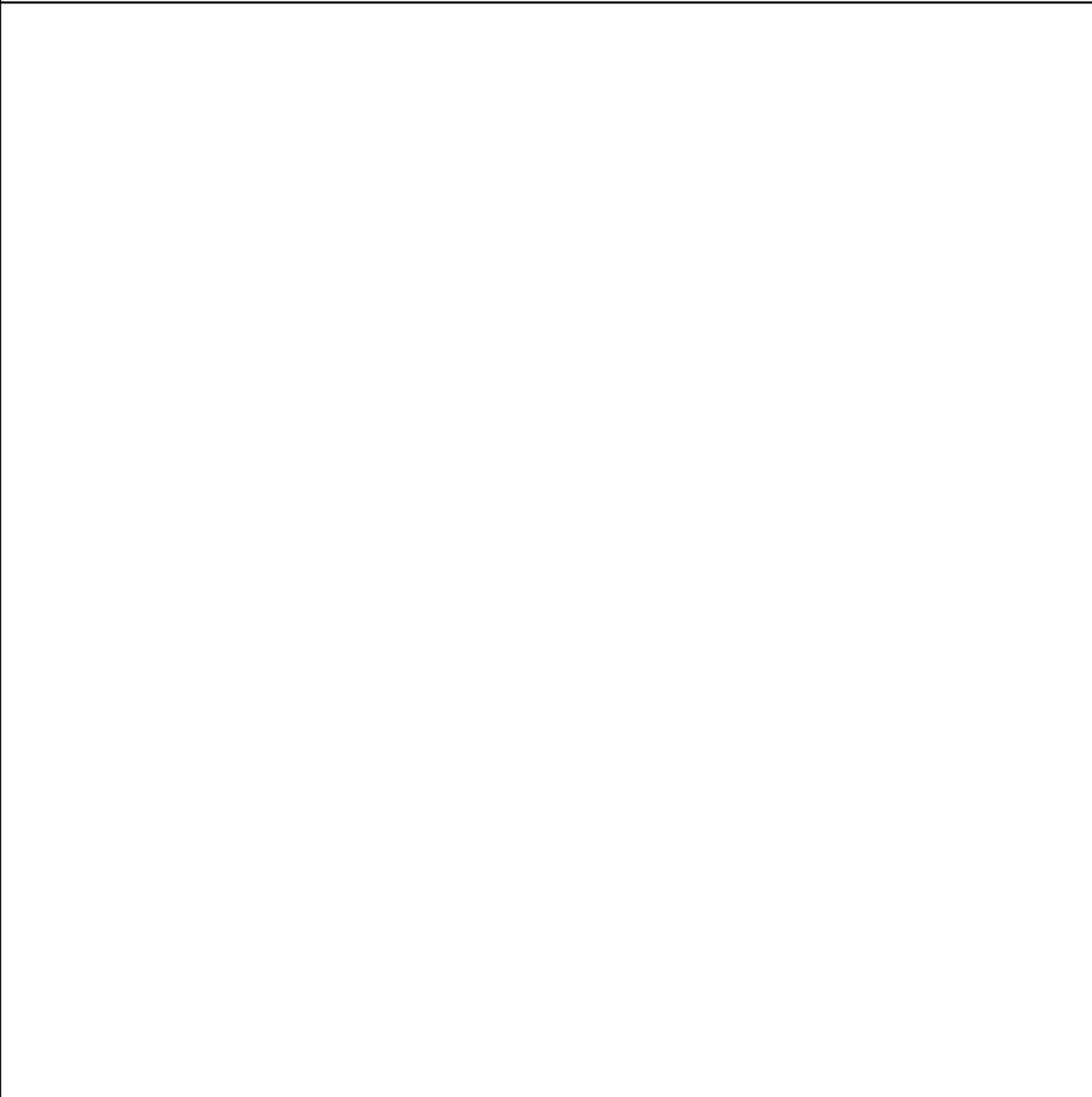




Corporate
Presentation
May 2026



Forward Looking Statements and Disclaimer

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 advantages of our business model and overall strategy; our speed of creating new and meaningful drugs and related impact on patients, the sustainability and velocity of our engine to deliver medicines, and our value creation potential for patients; our financial position, including our expectations regarding reaching regulatory and commercial milestones; the commercial success of Attruby/Beyonttra (acoramidis) and the safety, efficacy, and market potential of Attruby/Beyonttra; the clinical, therapeutic and market potential of our clinical development programs and our pipeline, including BBP-418, encaleret, infigratinib, and BBP-812; our expected timing for submitting New Drug Applications with the U.S. Food and Drug Administration (“FDA”) and similar submissions with foreign regulatory authorities, receiving U.S. approval and commencing commercial launch for BBP-418, encaleret and infigratinib; our anticipated interactions with and feedback from the FDA foreign regulatory authorities; our expected commercial success of BBP-418, encaleret and infigratinib; the potential for and our expected timing of submitting a Biologics License Application for BBP-812; the potential of our depleter program to reverse ATTR; the potency and safety of our product candidates; and the potential benefits of our products and 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 and commercializing 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.

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BridgeBio is a new type of biopharmaceutical company

Clearer Biology

FROM

Expensive platforms with long lead times before proof-of-concept data



TO

Assets selected to target genetic diseases at the source — higher probability of success from day one

Faster Learning

FROM

Slow and bureaucratic decision making at the portfolio level



TO

Rapid, decentralized R&D decisions — each affiliate operates with scientific focus and autonomy

Smarter Capital

FROM

High fixed costs, limited capital sources, and incentives misaligned at the portfolio level



TO

Variable costs via shared infrastructure, diversified financing, and asset-level incentives that preserve biological focus

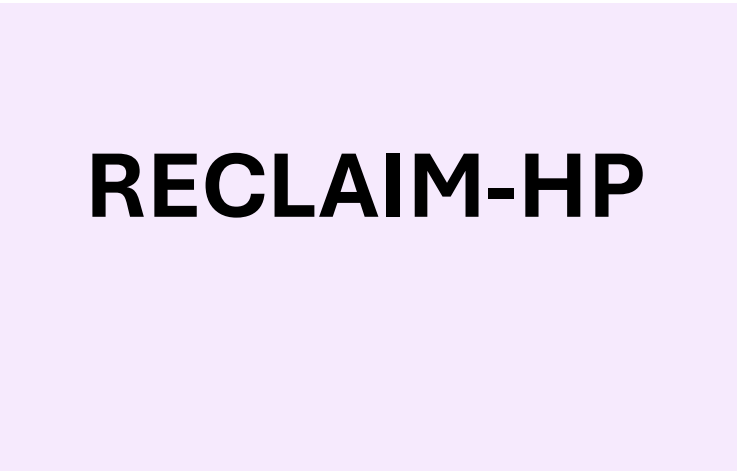
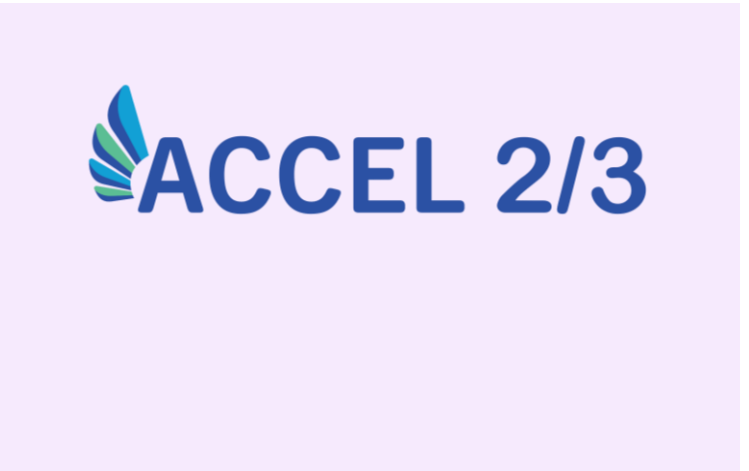
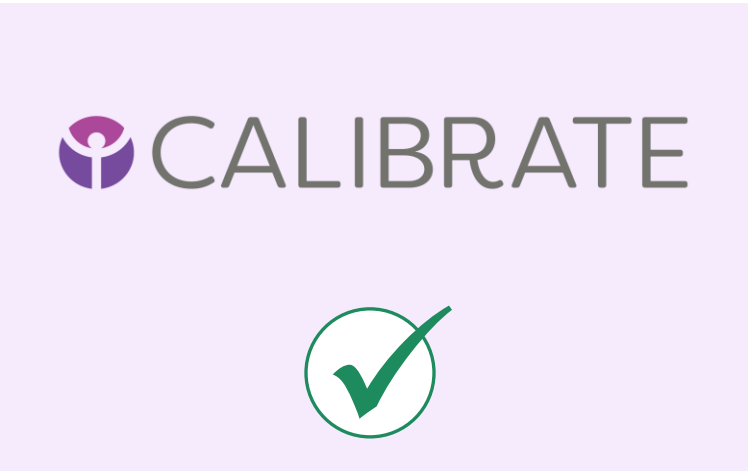
We have built a sustainable, high velocity engine to deliver hope and medicines to the communities that we serve

> 9,500
individuals impacted by
our therapies

Obtained Approval
for 3 Medicines



3 Positive Phase 3 Results



15
active trials
in ecosystem

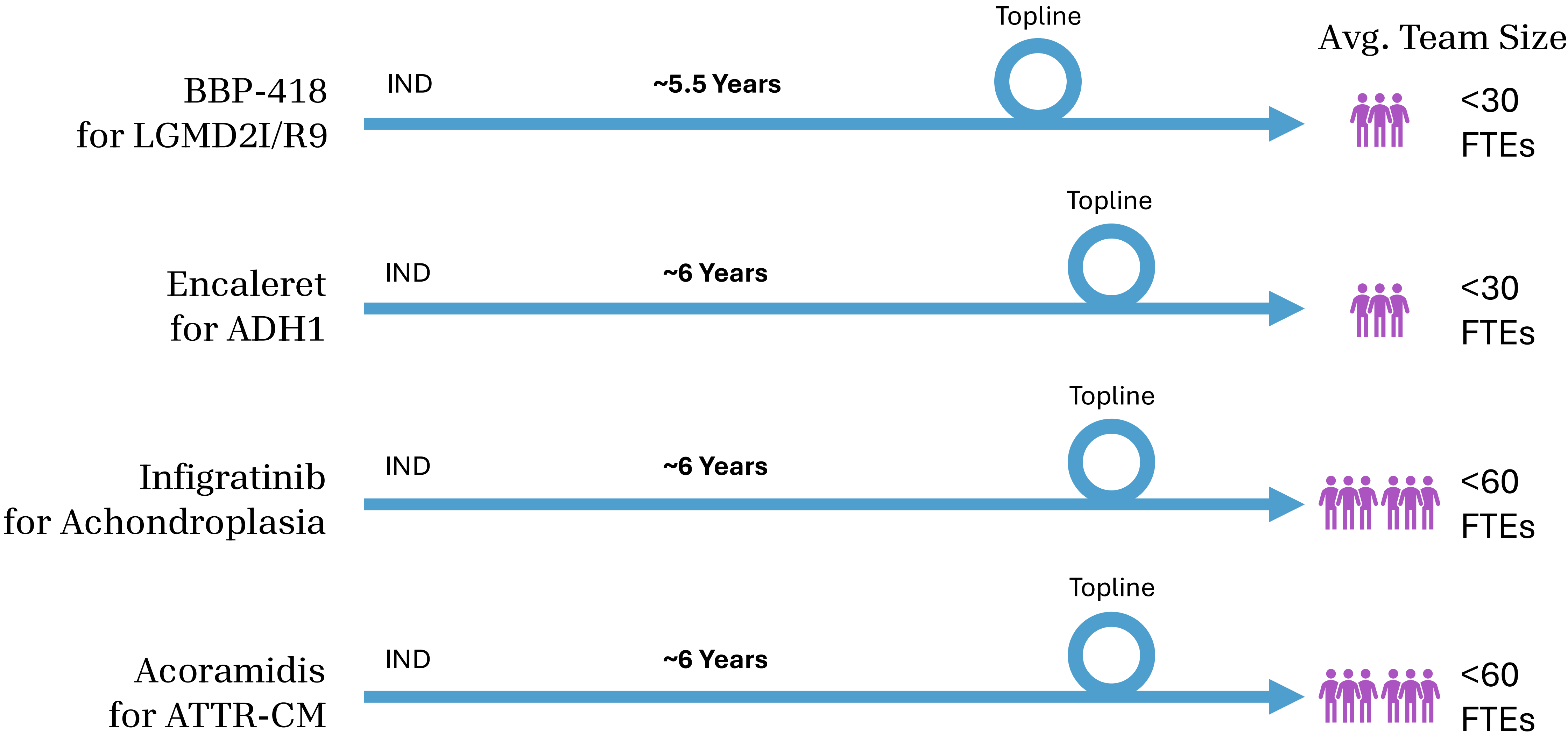
> 70
papers
published

> 35
academic
partnerships

19
INDs
created

< \$40M
spend to proof-
of-concept data

We leverage lean operating teams that advance medicines quickly and efficiently for people living with rare diseases



A pipeline of products that sing across the BridgeBio ecosystem

Program	Indication	Pre-Clinical	Phase 1	Phase 2	Phase 3	Approved	Patients (US + EU)	Market Opportunity
Attruby (acoramidis)	Transthyretin Amyloidosis (ATTR-CM)					✓	500,000+	\$20B+
Attruby (acoramidis)	Hereditary Transthyretin Amyloidosis (hATTR-PN and hATTR-CM) Prevention						~50,000	\$1B+
Nulibry (fosdenopterin)	Molybdenum Cofactor Deficiency (MoCD) Type A					✓	<100	Partnered
Infigratinib	Achondroplasia (ACH)					Topline Readout	55,000+	\$2B+
	Hypochondroplasia (HCH)				Observational Run-in Fully Enrolled for Ph. 2		55,000+	\$2B+
BBP-418	Limb-Girdle Muscular Dystrophy Type 2I/R9 (LGMD2I/R9)					NDA Submitted	7,000+	\$1B+
Encaleret	Autosomal Dominant Hypocalcemia Type 1 (ADH1)					Topline Readout	25,000+	\$1B+
	Chronic Hypoparathyroidism (HP)						200,000+	\$1B+
BBP-812	Canavan Disease				Phase 1/2 Pivotal		1,000	TBD
Evanesco (depleter)	Transthyretin Amyloidosis (ATTR-CM)						500,000+	\$20B+
GondolaBio	17 Programs (various indications)						Various	Various
EPP	Erythropoietic Protoporphyria						25,000	TBD
ADPKD	Autosomal Dominant Polycystic Kidney Disease						300,000	TBD
AATD	Alpha-1 Antitrypsin Deficiency						200,000	TBD
BridgeBio Oncology Therapeutics	3 Oncology Programs (various indications)						Various	Various

BridgeBio’s portfolio at a glance

	Key Data	Peak Sales	Peak Share
ATTR-CM	▪ Effect seen as early as 1 month, 42% reduction in all cause mortality and cardiovascular hospitalization at Month 30, 50% reduction in cumulative frequency of CV hospitalizations at Month 30 ▪ First and only near complete stabilizer of TTR ▪ Best in class point estimates in key sub-populations like variant and Afib	>\$4.0B	~30%
ACH	▪ Treatment effect: 2.10 cm / year (p<0.0001); 5.96 cm/yr absolute AHV on treatment ▪ Proportionality: -0.05 vs Pbo in ages 3-8 (p<0.05; first stat sig effect in PBO-controlled trial) ▪ Clean safety (Only 3 cases (4%) of mild, asymptomatic and transient elevations of phos, no issues with hypotension or hypertrichosis); positioned to be the first oral option	>\$2.0B PRV eligible	~65%
ADH1	▪ Serum / urine calcium normalization: 76% at Week 24 (p<0.0001) ▪ Intact PTH above lower limit of reference range: 91% at Week 24 (p<0.0001) ▪ Well-tolerated and oral	>\$1.0B Priority review eligible	First and only
LGMD2I/R9	▪ Glycosylated αDG: 1.8x increase from baseline at 3 months (p<0.0001) ▪ All key secondary stat sig: Glycosylated αDG at 12 months (p<0.0001), Serum CK (p<0.0001), 100MTT (p<0.0001), FVC (p=0.0071) ▪ NSAD: stat sig improvement vs. PBO* ▪ Well-tolerated and oral	>\$1.0B PRV eligible	First and only

We are well-financed to hit a drumbeat of potential milestones in 2026

Cash, Cash Equivalents and Marketable Securities

BridgeBio currently has \$940.2M¹ in cash, cash equivalents and marketable securities

1H 2026

- ✔ **Infigratinib:** ACH Topline
- ✔ **Encaleret:** Initiate P2/3 pediatric ADH1
- ✔ **BBP-418:** NDA submission
- ▶ **Encaleret:** NDA submission

Convertible Notes Offering

In January 2026, BridgeBio raised an additional \$619.3M in capital through a convertible senior notes offering

2H 2026

- ▶ **Encaleret:** Initiate P3 CHP trial
- ▶ **Infigratinib:** NDA submission
- ▶ **Infigratinib:** HCH P2 data update

Cash Flow Expectations

BridgeBio expected to be significantly cash flow positive in 2028

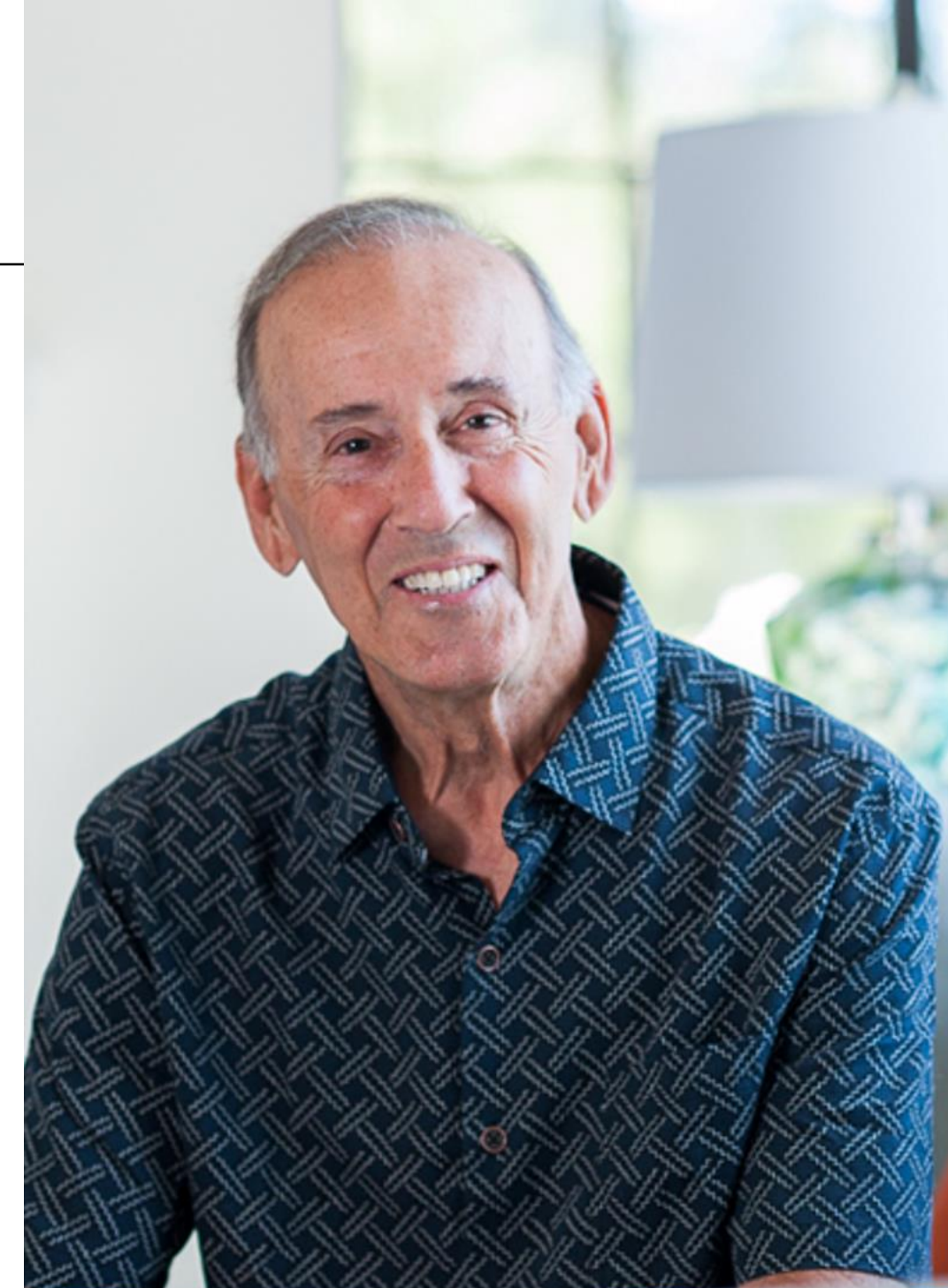
1H 2027

- ▶ **BBP-418:** FDA approval and product launch
- ▶ **Encaleret:** FDA approval and product launch

Centralized scale + disease-level focus = ability to have multiple, focused launches

Benefits of centralized commercial model		Benefits of execution at the decentralized program level
Build once, scale many Build commercial capabilities once and leverage across launches		 Deep program expertise Dedicated affiliate teams stay with programs over time, building deep clinical and community knowledge
 Cost synergies Leverage fixed costs; Limited incremental additional costs per rare disease launch		 Tailored launch strategies Each program can pursue the right access, positioning, and sequencing approach
 Compound launch expertise Apply cross-launch insights in both competitive and first-in-class markets to systematically de-risk execution		 Sharper execution Smaller, specialized markets benefit from tailored approaches

Attruby[®] Approved for ATTR-CM



Key Attruby[®] (acoramidis) highlights



First and only approved product with a label specifying near-complete stabilization of TTR	Effect seen as early as 1 month – reduction in cumulative cardiovascular outcomes within the first month of treatment in patients with ATTR-CM	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	43% reduction in frequency of CVH due to atrial fibrillation
\$180.6M Q1 2026 Net Product Revenue	>25% Estimated Share of NBRx for Attruby	30-40% Potential Peak Market Share for Attruby	\$20B Potential Peak ATTR Market Sales for All Products	

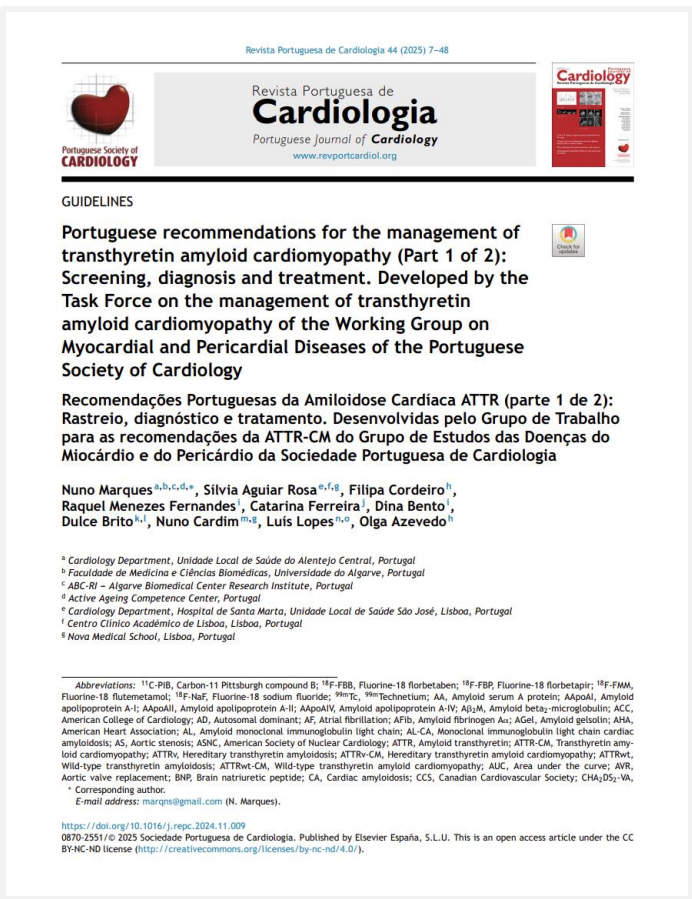
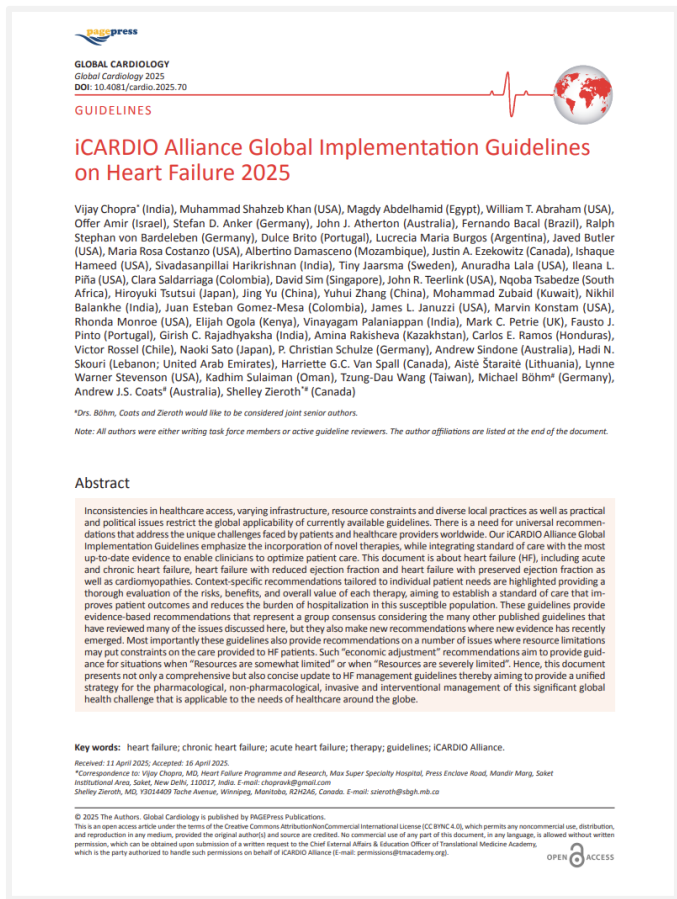
Beyonttra® (acoramidis) has seen rapid EU uptake with leading guideline endorsements



50%
Germany NBRx share 8 months into launch

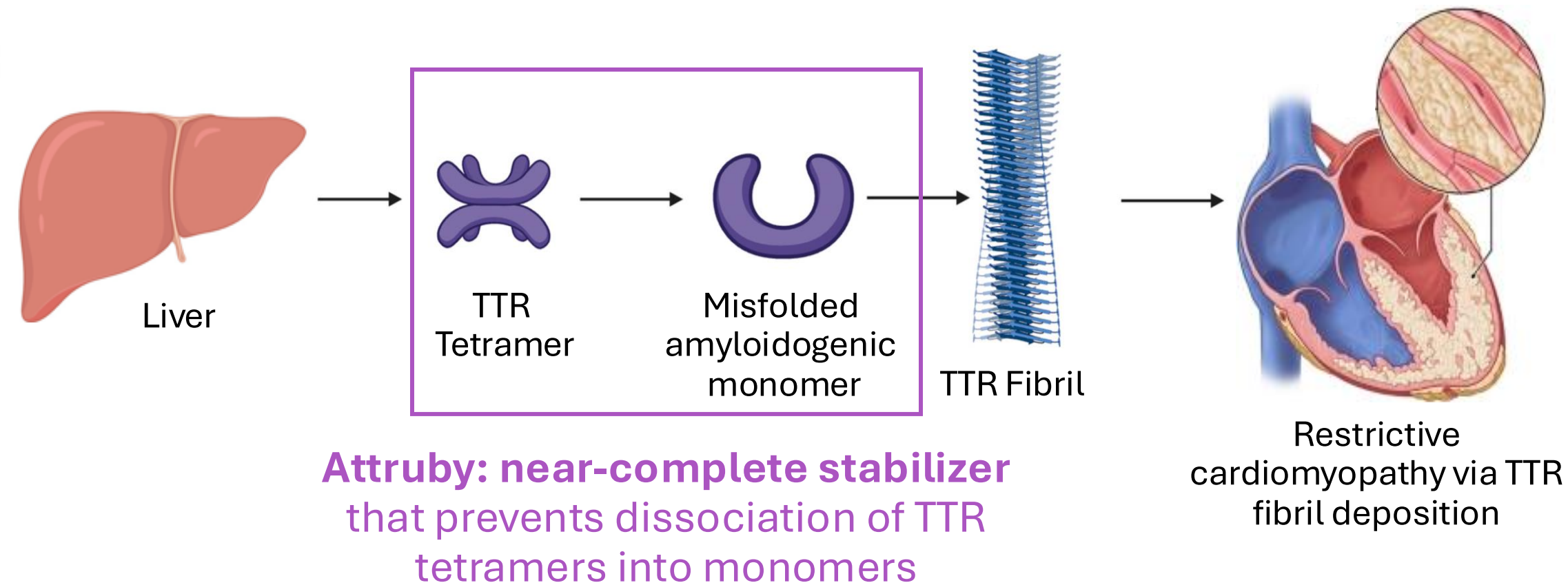
98%
Denmark volume share

Global Guidelines Endorse Beyonttra (acoramidis) for Clinical Confidence, Credibility, and Impact



Attruby's advantages stem from the fact that it is the only near-complete stabilizer, as more TTR is associated with a longer life

ATTR-CM is a progressive disease of TTR protein instability



- TTR protein instability:** normally stable TTR tetramers dissociate into instable monomers
- Cardiac infiltration:** Instable TTR monomers misfold and deposit in as insoluble amyloid fibrils in the heart and nerves
- Cardiovascular risk:** Increased risk of cardiovascular-related mortality (CVM) and cardiovascular-related hospitalizations (CVH)

Attruby uniquely achieves near-complete stabilization, preserving the important TTR protein



Attruby is **the only** TTR stabilizer with near-complete ($\geq 90\%$) stabilization reflected in its **approved label**

How Attruby achieves near-complete stabilization

- ✓ **Sees more target** (superior free fraction)
- ✓ **Binds more target** (superior K_{D2})
- ✓ **Glues the target together stronger** (enthalpic binding mode)

Why near-complete stabilization matters

- ✓ **More TTR, longer life:** Higher serum TTR independently predicts improved survival^{1 2}
- ✓ **Every increment counts:** Each 5 mg/dL rise in serum TTR associated with $\sim 32\%$ lower odds of death by 30 months²

Attruby delivers benefits in high-risk variant patients and reduces atrial fibrillation-related adverse events

Outstanding outcomes in ATTRv-CM patients

V122I ATTRv-CM has median survival of just ~31 months vs. ~60 months in ATTRwt-CM — a historically poor-prognosis population.¹

Statistically significant benefit with 0.41 hazard ratio on composite ACM or first CVH in ATTRv-CM participants vs. placebo²

Population	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
V122I	35 (5.7%)	0.31 (0.12-0.81)	0.016

Unprecedented gains in QOL and functional capacity in ATTRv-CM³

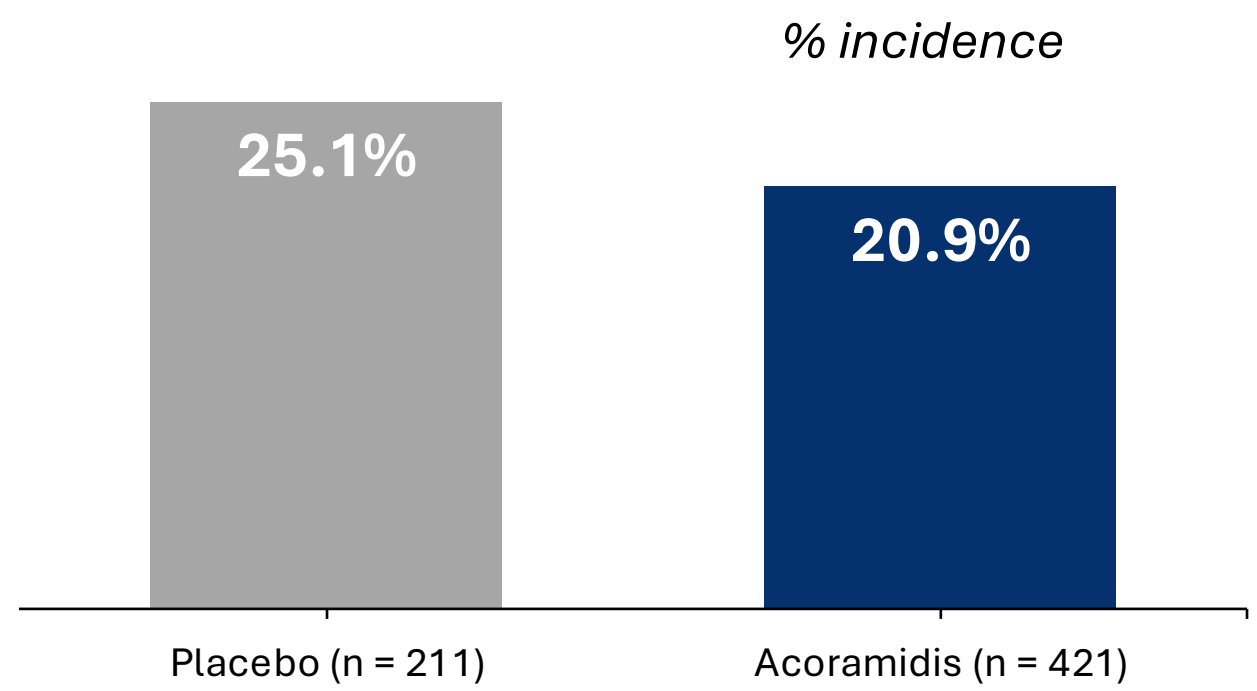
6MWD
+86.7 m
vs. placebo · p = 0.0048

KCCQ-OS
+20.3 pts
vs. placebo · p = 0.0019

Reduced atrial fibrillation burden⁴

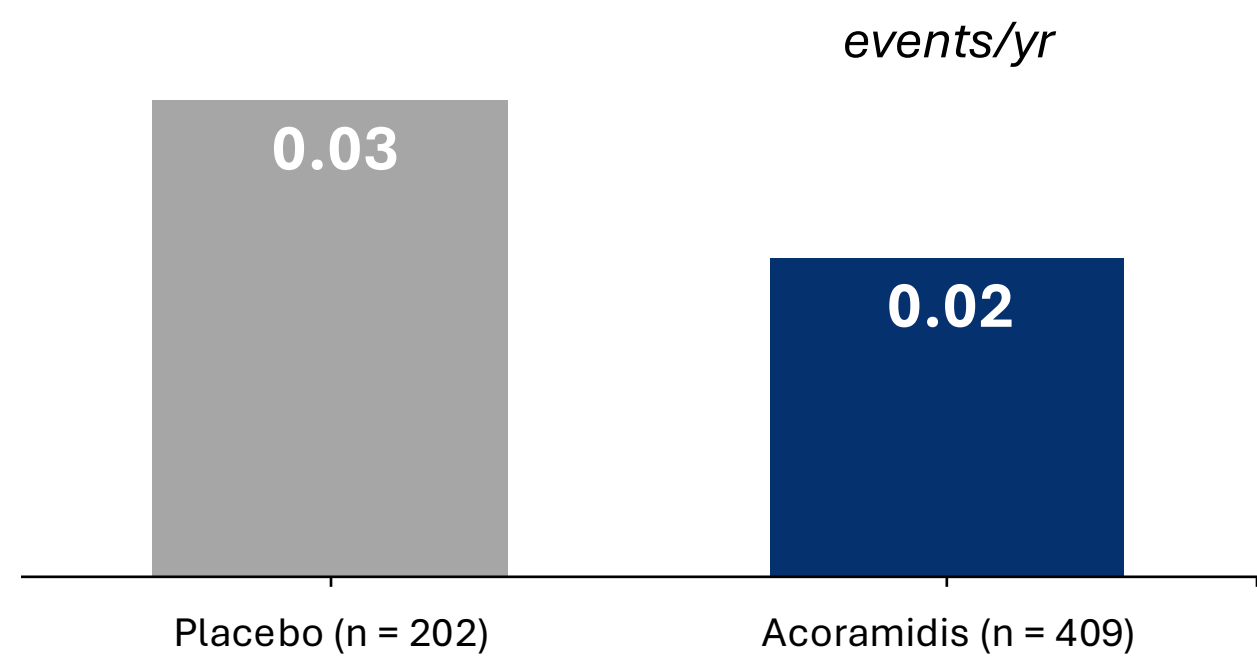
Incidence of AF adverse events

17%
relative risk
reduction vs. placebo



Annual frequency of CVH due to AF

43%
relative risk
reduction vs. placebo

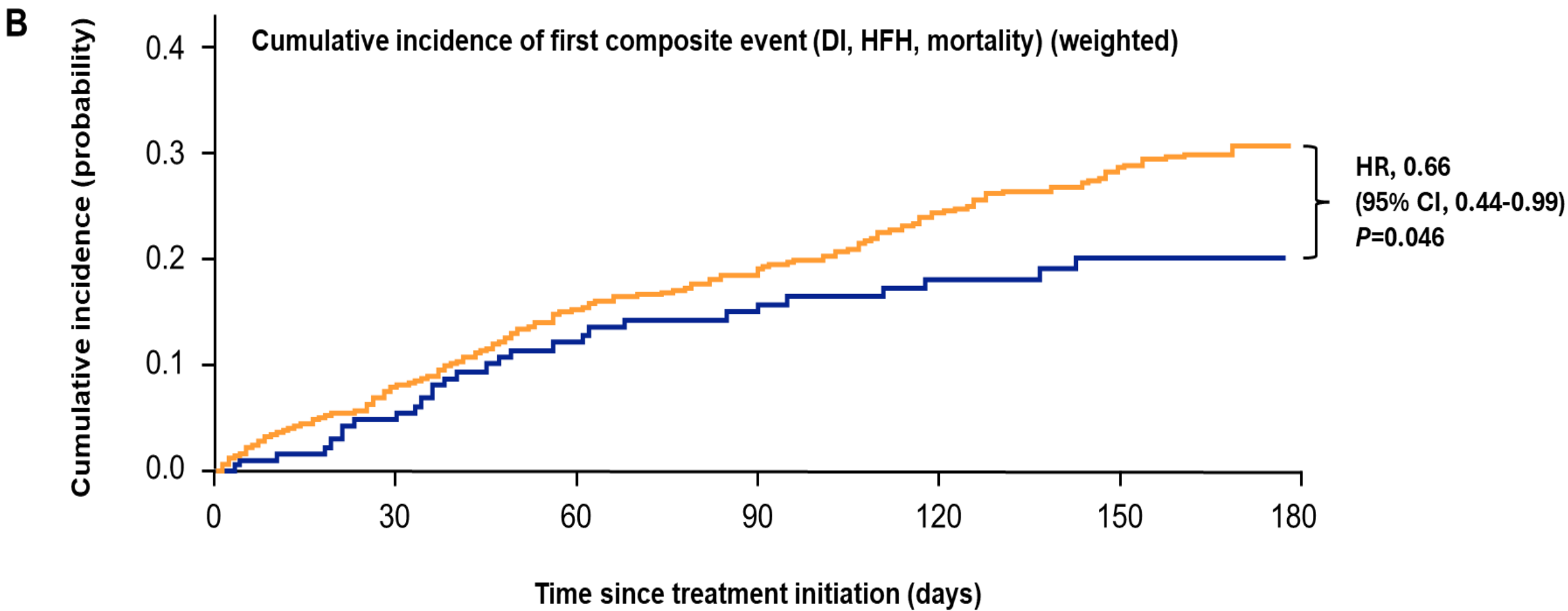
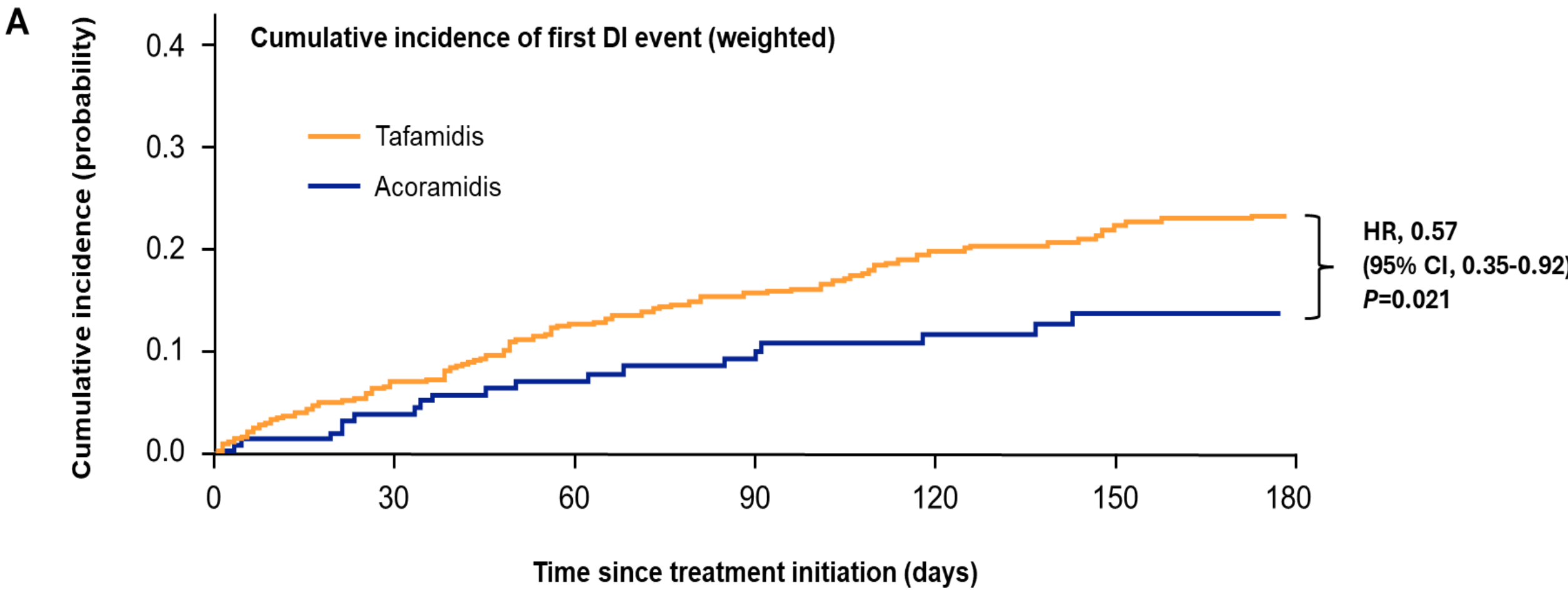


Attruby Demonstrates Improved Real World Clinical Outcomes vs. Tafamidis

Real world evidence suggests that Attruby achieves a 43% reduction in diuretic intensification relative to tafamidis

Acoramidis vs. Tafamidis · Propensity Score Weighted Analysis · N=170 vs. ESS=448 · Mean f/u: 140 days · SGLT2i use: ~44%

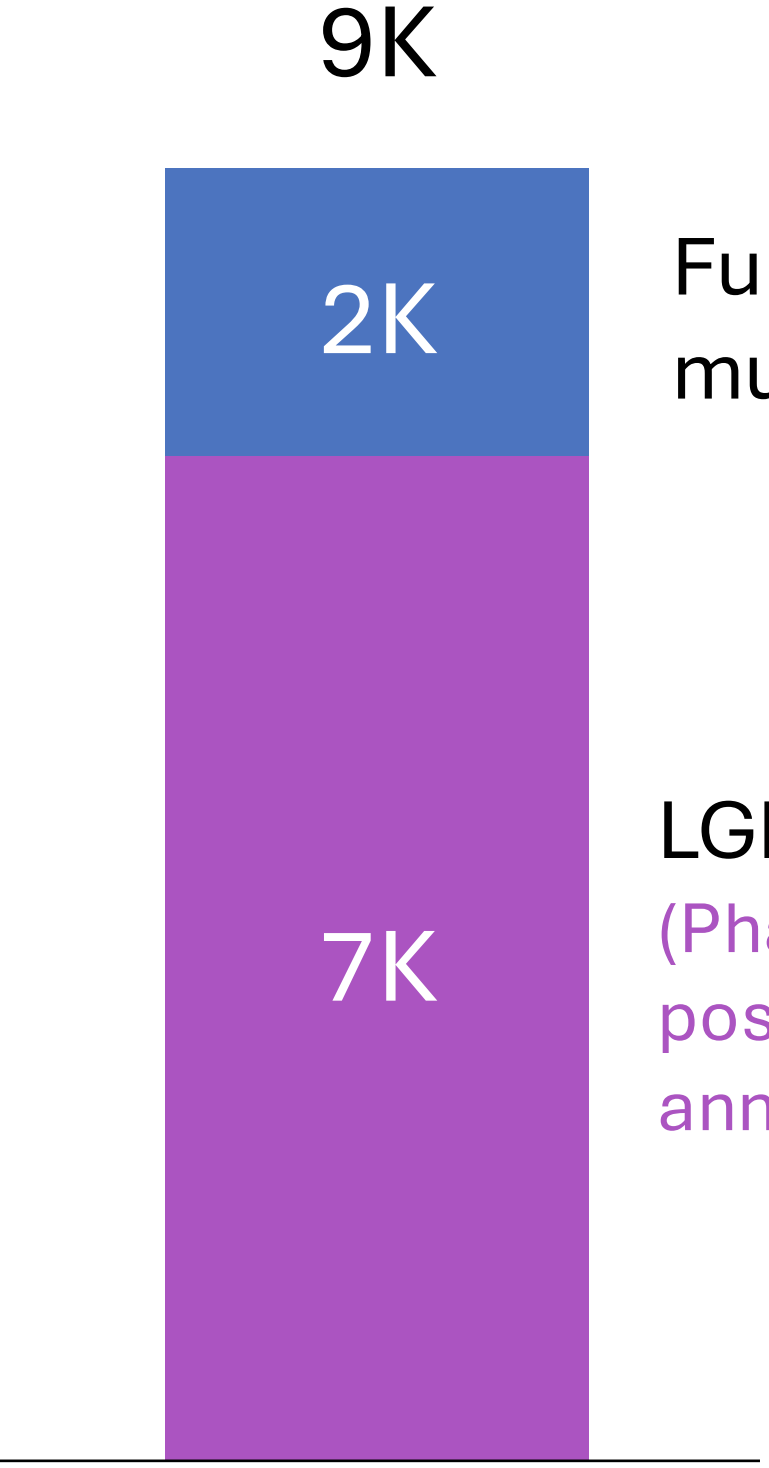
43% Reduction in Diuretic Intensification	34% Reduction in Composite Endpoint	Outcome	Acoramidis (N=170)	Tafamidis (ESS=448)	HR (95% CI)	p-value
		A) Diuretic Intensification (DI)	20 (11.8%)	92 (20.5%)	0.57 (0.35–0.92)	0.021
		B) DI + HF hospitalization + mortality	30 (17.6%)	118 (26.3%)	0.66 (0.44–0.99)	0.046



BBP-418



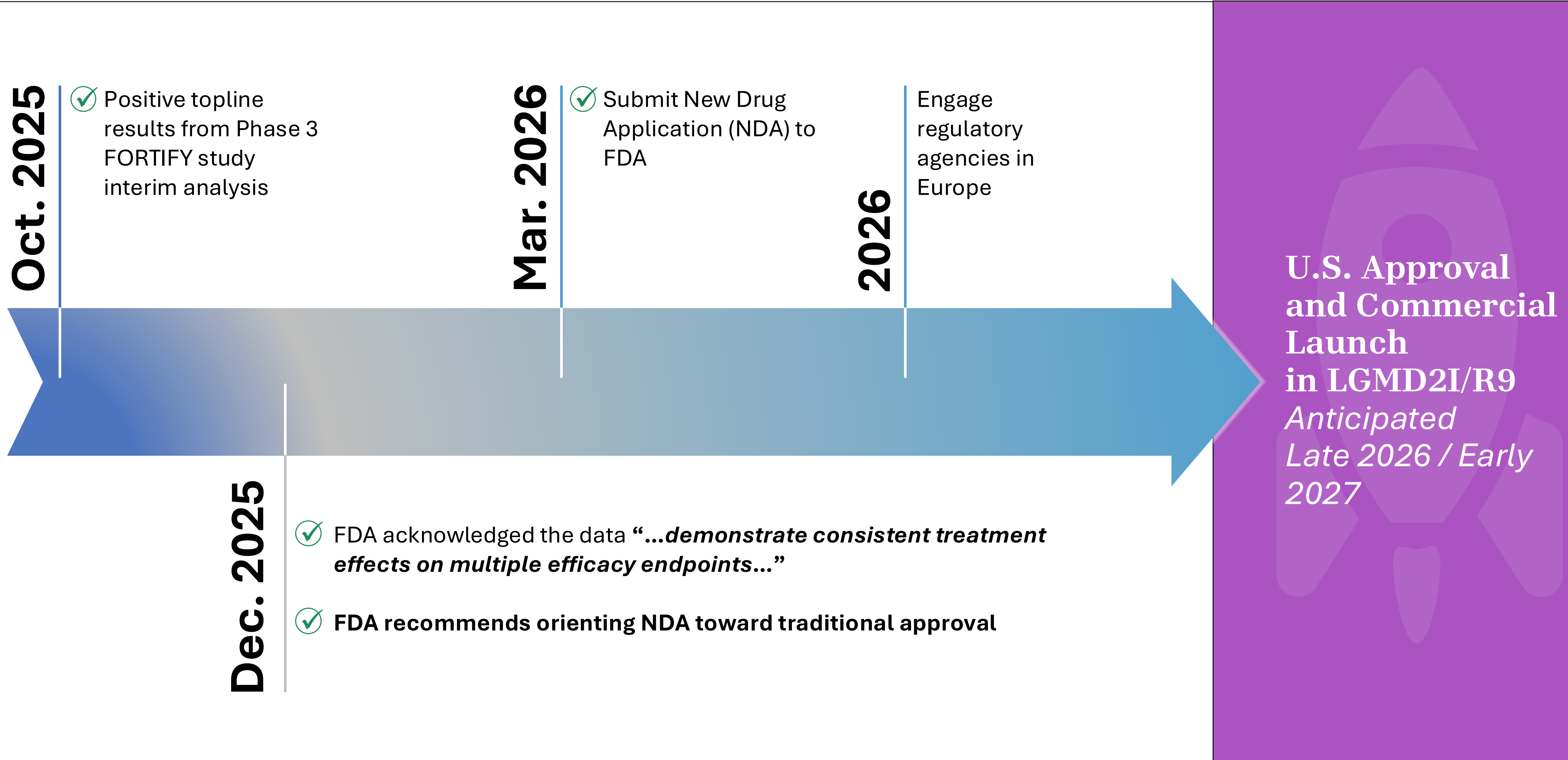
LGMD2I/R9 is a progressive neuromuscular disease with high unmet need, representing a >\$1B market opportunity in the US and EU

Addressable patients by indication		Unmet need	
 9K 2K Fukuyama congenital muscular dystrophy (<i>Japan</i>) 7K LGMD2I/R9^{1,2} (<i>US + EU</i>) (Phase 3 fully enrolled and positive interim analysis topline announced as of Oct. 2025)		LGMD2I/R9 is an inherited neuromuscular disorder characterized by lower-limb weakness and loss of ambulation as well as respiratory decline and cardiac dysfunction	Market opportunity \$1B+ program PRV eligible
		No approved therapies for LGMD2I/R9	
		Current standard of care is aimed at symptom management and includes physical therapy, cardiac and pulmonary function surveillance, and pain management	
		Standard of care does not prevent continuous and progressive decline in LGMD2I/R9 patients	

Unprecedented and consistent improvement across primary and all key secondary efficacy endpoints combined with well-tolerated safety profile

Met primary and all key secondary endpoints vs. placebo in Phase 3 FORTIFY interim analysis		Consistent benefit across subgroups	
1.8x increase in glycosylated αDG at 3 months	82% decrease in CK at 12 months	1 L276I homozygous vs. Other <i>FKRP</i> genotypes 2 Pediatric (12-17 years) vs. Adult (18-60 years) 3 FVC at baseline (≥80% vs. 40-80%)	
Faster ambulation compared to deterioration on placebo	Improved pulmonary function compared to deterioration on placebo	Favors BBP-418 vs. placebo across all subgroups for all key efficacy endpoints	
Improved gross motor function compared to deterioration on placebo*	Well-tolerated safety profile including no discontinuations due to TEAEs	Potential for therapeutic cure	
		Some patients achieved normal levels on key biomarkers in 1 year including 38% of patients with CK within upper limit of normal	

We completed a successful meeting with FDA post interim analysis, and they recommend orienting our NDA toward traditional approval



Leveraging our proven commercial infrastructure to successfully launch BBP-418

Built on the foundation of Attruby’s commercial success and tailored to the unique LGMD2I/R9 market opportunity

Established commercial infrastructure

Dedicated commercial and medical leadership onboarded; field team sized consistent with comparable rare neuromuscular launches, focused on the concentrated prescriber base at

Proven launch playbook

NDA submitted to FDA; Fast Track Designation supports potential Priority Review; U.S. launch anticipated late 2026/early 2027

Ensure broad access

Leverage first-in-class data to secure broad coverage; if approved, BBP-418 would be the first approved therapy for any form of LGMD

We will commercialize and launch BBP-418

Our commercial strategy combines proven rare disease launch capabilities with engagement tailored to neuromuscular specialists and the LGMD2I/R9 community with a field team sized to match the concentrated prescriber base at MDA centers	Strategic area		Objective
		Position BBP-418 as the standard of care	FORTIFY met all primary and secondary endpoints at interim; full dataset presented at 2026 MDA Conference
		Systematic patient identification	~500 genetically confirmed LGMD2I/R9 patients identified through account profiling, genetic testing databases, registry data, and clinical site mapping
		Drive awareness and accelerate diagnosis	Focused on concentrated prescriber base at MDA care centers; actively uncovering undiagnosed patients within broader LGMD and Becker MD populations
		Build urgency for early diagnosis and initiation	KOL engagement ongoing: European centers see higher patient concentration; U.S. care more distributed, reinforcing targeted field deployment model

Encaleret



There are no therapies currently indicated to treat ADH1, a serious and rare genetic condition in a >\$1B market

US Market Opportunity

12K Individuals with ADH1

~12K ADH1 prevalent population in the US based on 4 population databases¹⁻²

9K Symptomatic

73% of patients with ADH1 are symptomatic³

3K – 5K Currently Addressable

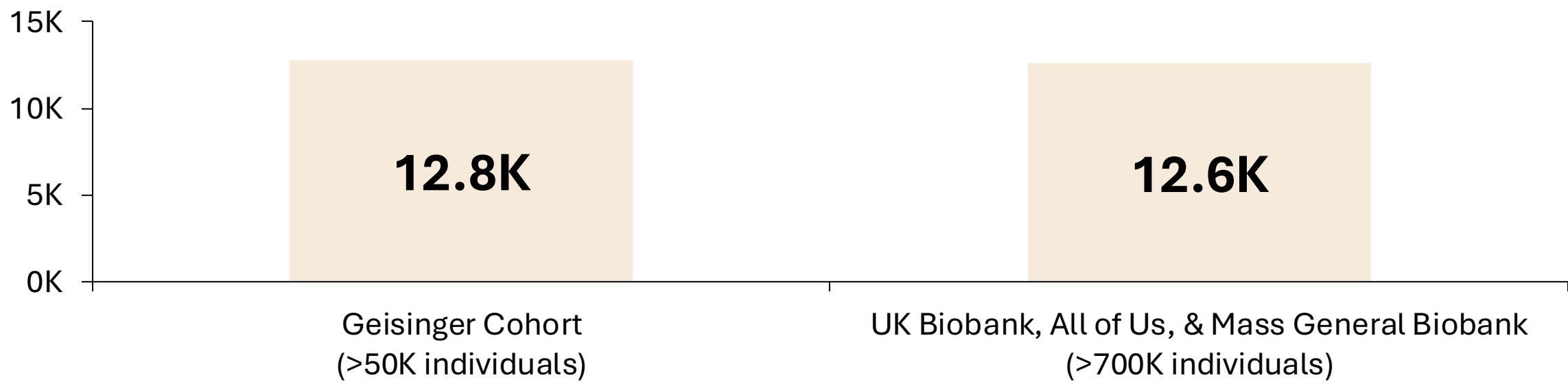
40-60% of symptomatic ADH1 patients are estimated to be diagnosed today; anticipate increase

~Nearly 2K US Patient Diagnosed with ADH over a 30-Month Period⁶

An analogous ADH1 market is XLH

	XLH	ADH1
Prevalence (US)	12K ⁴	12K
Disease burden	Hypophosphatemia	Acute - hypocalcemia Chronic - hypercalciuria
Standard of care	Vitamin D, daily phosphate	Vitamin D, daily calcium
Registrational endpoint	Serum phosphate	Serum and urine calcium
Projected peak year sales	\$2B+ ⁵	\$1B+

ADH1 variant frequency estimates in literature¹⁻²



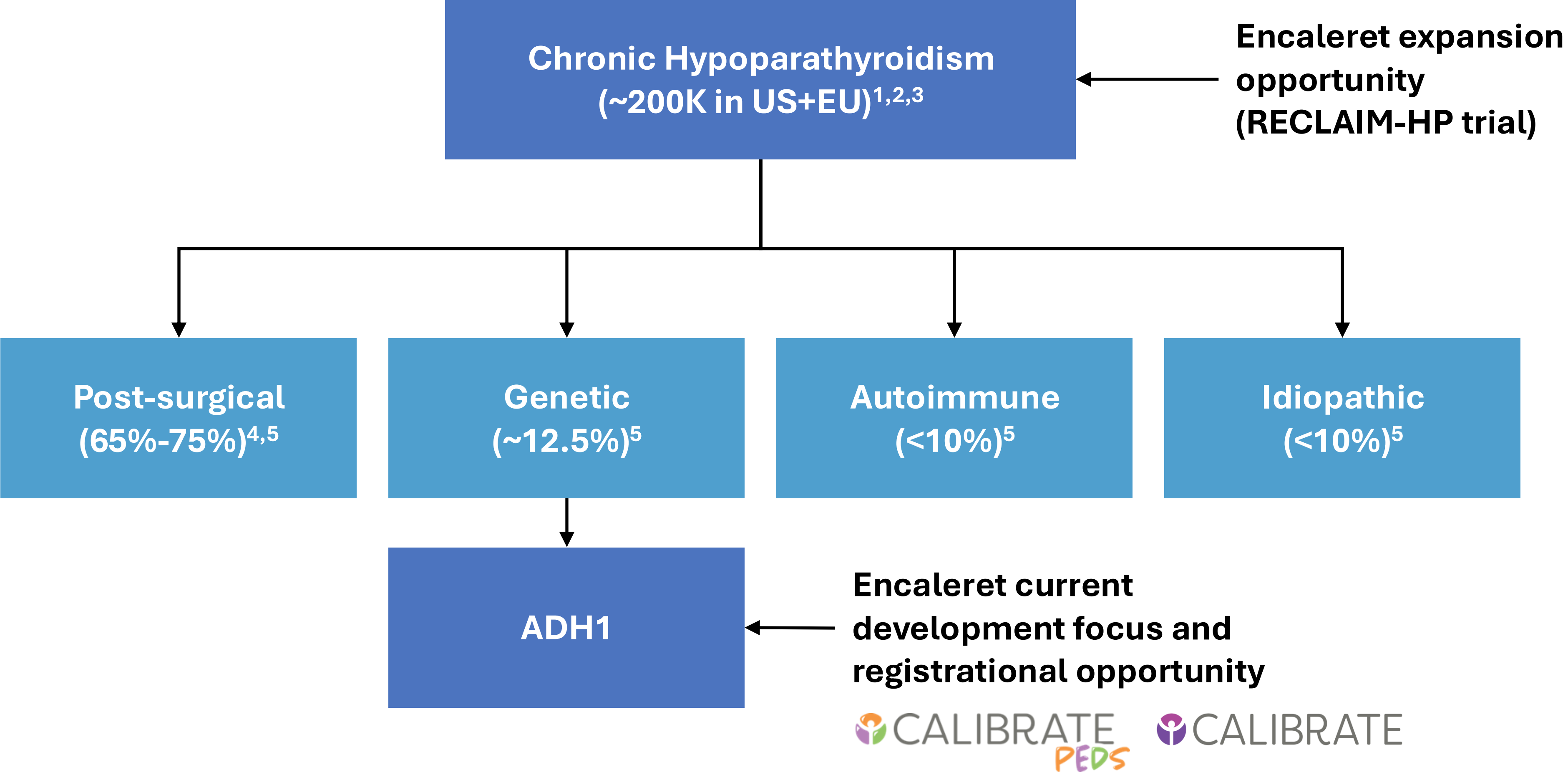
Encaleret directly targets ADH1 at its source

CALIBRATE achieved & exceeded all criteria set forth as an upside target, with a 76% responder rate following 24 weeks of encaleret treatment

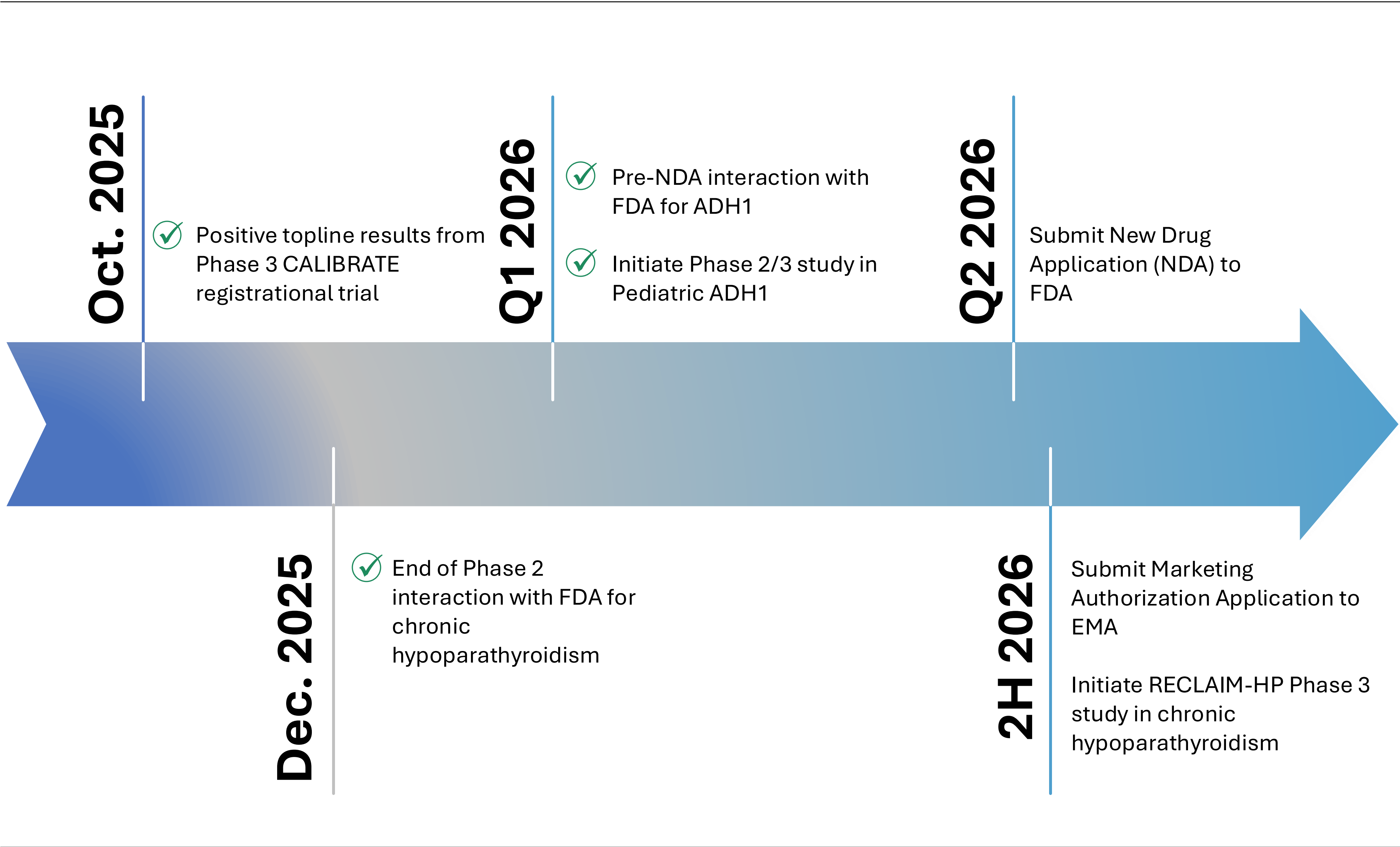
Upside Target Clinical Profile	 Statistically significant primary analysis result compared to conventional therapy	 At Week 24, ≥50% of study participants achieve target serum and urine Ca on encaleret	 Majority of participants randomized to encaleret able to remain independent from conventional therapy ¹	 At Week 24, mean iPTH within normal range on encaleret	 Comparable safety and tolerability profile to conventional therapy
Outcome Observed	Primary endpoint met (p <0.0001) demonstrating superiority to conventional therapy	76% (34 out of 45) achieved target serum and urine Ca on encaleret vs. 4% on conventional therapy	Among encaleret responders at Week 24, none required conventional therapy during Period 3 ¹	Among encaleret responders at Week 24, none required conventional therapy during Period 3 ¹	Encaleret was well-tolerated; no discontinuations related to study drug

BB ¹Requirement for conventional therapy defined as oral calcium >600 mg/day and/or active vitamin D during Period 3.
Ca = Calcium; iPTH = Intact Parathyroid Hormone. Encaleret is an investigational drug. Its safety and efficacy have not been fully evaluated by any regulatory authority.

Encaleret also has potential as an oral medication for other etiologies of chronic hypoparathyroidism (HP) representing a >\$1B market opportunity



NDA submission for ADH1 planned in the first half of 2026 with two additional registrational studies to initiate this year



U.S. Approval and Commercial Launch in ADH1
Anticipated Early 2027

Leveraging our proven commercial infrastructure to successfully launch encaleret

Built on the foundation of Attruby’s® global commercial success and tailored to the unique ADH1 market opportunity

Established commercial infrastructure

Dedicated commercial & medical leadership onboarded
Encaleret field teams supported by home office leadership built around the Attruby launch

Proven launch playbook

Applying Attruby launch learnings to an ultra-rare, first-in-class setting;
NDA submission on track for 1H 2026 with U.S. launch anticipated early 2027

Targeted resource deployment

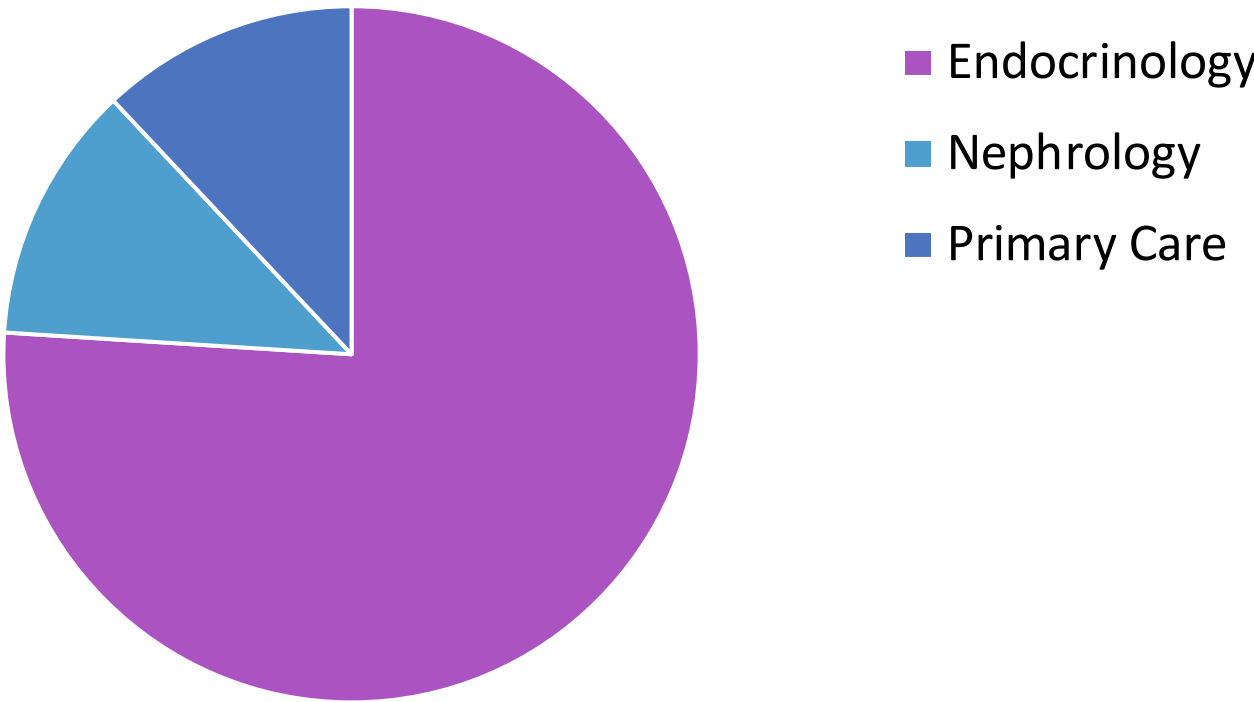
Team built with focus on rare genetic disease and endocrinology/nephrology launch experience
KOL partnerships and patient ID programs already active

How we will win	Strategic area		Objective
Redefining standard of care in ADH1		Capitalize on potential first-in-class profile	Position encaleret as the new standard of care in ADH1 CALIBRATE primary results to be presented at ECE (Prague, May 2026)
		Disease awareness	Drive recognition of ADH1 as a genetically distinct condition ~2,000 patients assigned ADH1 ICD-10 code (E20.810) since Oct 2023
		Speed time to treatment	Build urgency for early diagnosis and therapy initiation Recently sponsored 3 U.S. family genetic testing events for known ADH1 probands; given autosomal dominant inheritance, ~50% of kindreds estimated to be affected
		Maximize adherence	Support patients and families through titration and long-term maintenance CALIBRATE-PEDS enrolling first interventional study in children with any form of hypoparathyroidism; first cohort (ages 12–18) filled within weeks; some pediatric participants are children of CALIBRATE adults
		Enable broad and global access	Secure payer support and remove barriers to care globally NDA on track for 1H 2026; MAA to EMA planned for 2H 2026

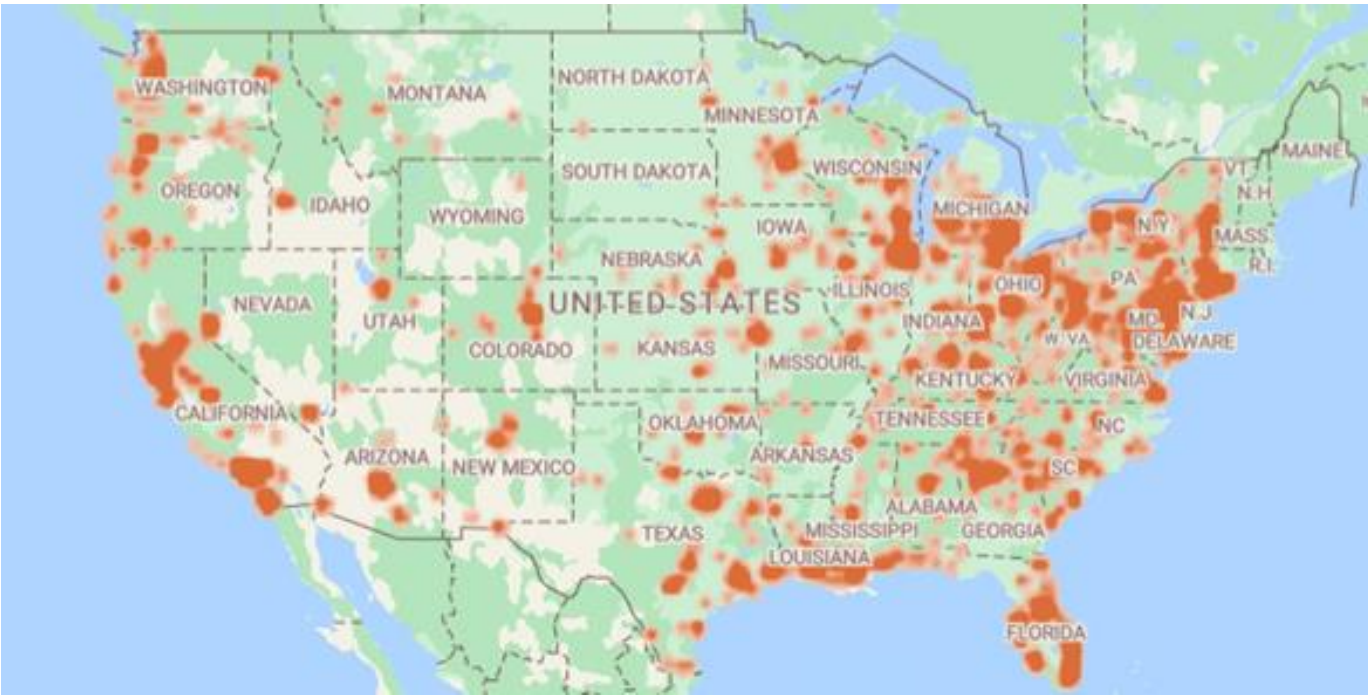
Data-driven commercial precision to accelerate ADH1 diagnosis and treatment

State of Market

ADH1 patients predominantly managed by endocrinologists



Concentration of HCPs Managing Patients



Concentrated prescriber base enabling targeted engagement

How we will capitalize on this first-in-category opportunity



Leverage existing data to prioritize and activate top endocrinologists and nephrologists



Employ AI/ML analytics to identify undiagnosed patients and managing HCPs



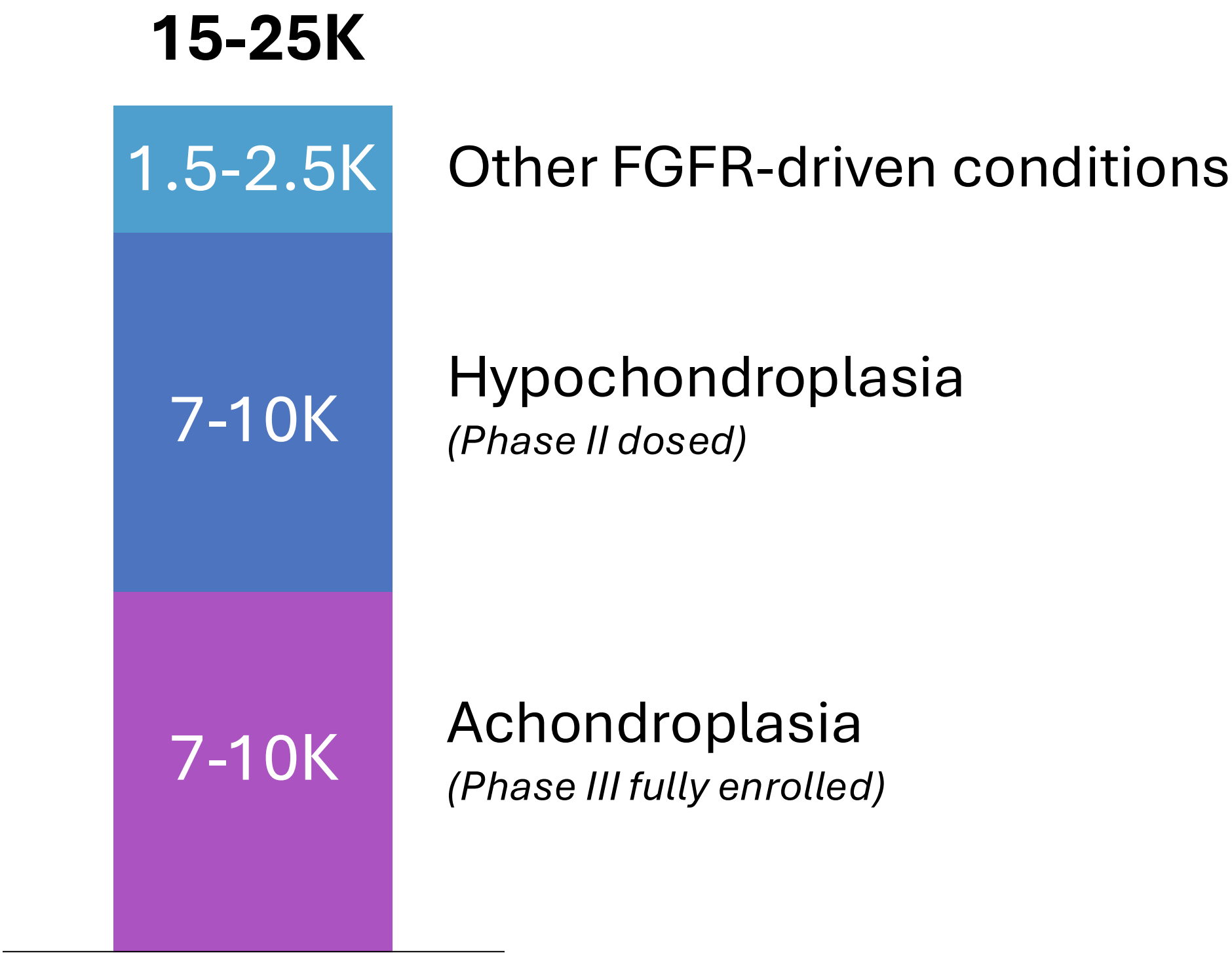
Attract patients to diagnosis opportunities via familial screening and digital targeting

Infigratinib



There remains a significant unmet need for many children with skeletal dysplasias; this represents a large and rapidly growing market of >\$5B

Addressable people by indication in US/EU¹
(current population eligible for treatment)



55,000
individuals with
achondroplasia globally

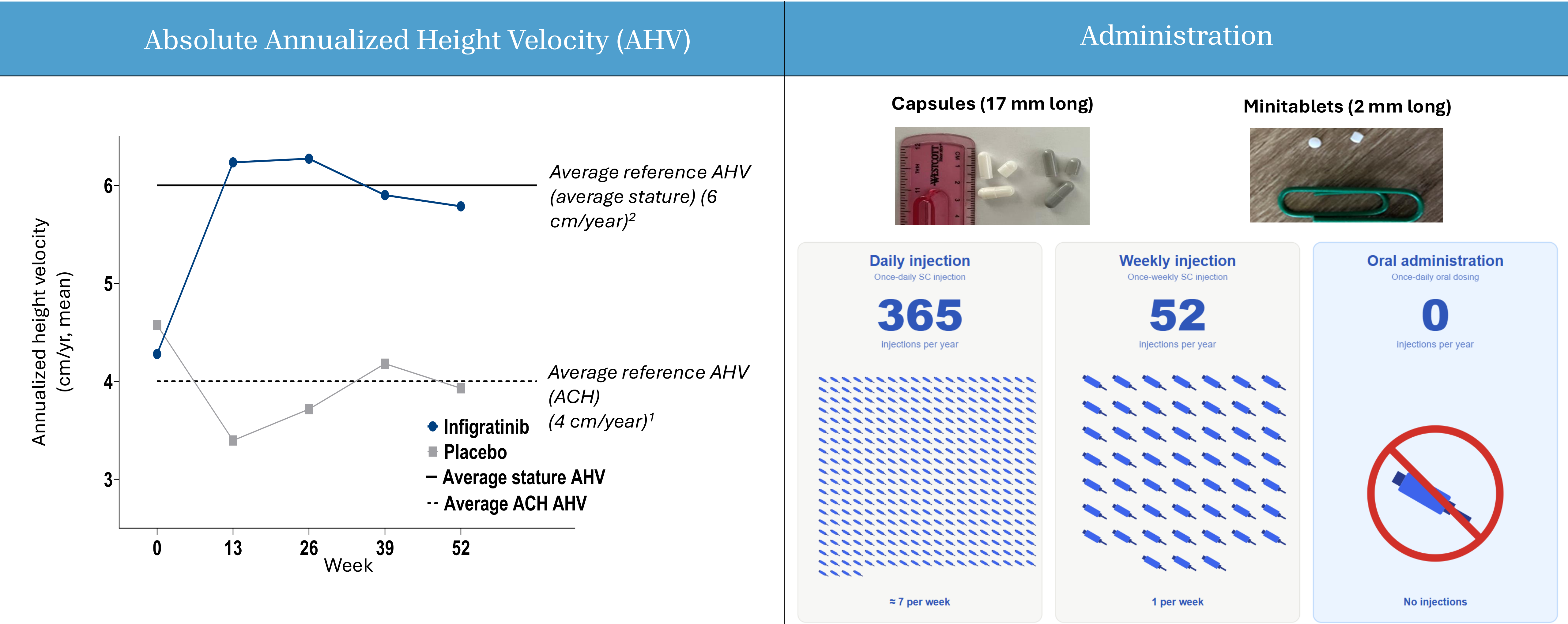
Represents **diagnosed** and **addressable**
ACH population with open growth plates

\$5B+
potential global market

Infigratinib exceeded the bar for a potential best-in-class therapeutic option, in the broadest age range studied across any achondroplasia trial

Target Clinical Profile for Commercial Success	Outcomes
CFBL in AHV: More than +1.5 cm/yr against placebo at Week 52	Met the primary endpoint with mean difference against placebo of +2.10 cm/yr (p<0.0001), and a LS mean difference against placebo of +1.74 cm/yr (p<0.0001), the largest change observed in a randomized trial for ACH.
CFBL in height Z-score (ACH charts): More than +0.3 SD on treatment arm at Week 52	The LS mean improvement on the tx arm was +0.41 SD, the largest improvement observed in a RCT in ACH. LS mean difference against placebo was +0.32 SD (p<0.0001), the largest difference observed in a RCT in ACH.
Proportionality: More than 0.05 decrease in upper to lower body ratio on treatment arm	In a pre-specified exploratory analysis of children <8yrs of age (>50% of trial), there was a statistically significant LS mean change from baseline against placebo of -0.05 (p<0.05). In the overall population, infigratinib achieved a LS mean decrease of -0.05 on the tx arm, with a favorable LS treatment difference of -0.02 versus placebo at Week 52 (p=0.1849)
Safety: No symptomatic hypotension. Less than 10% low-grade hyperphosphatemia rate.	Well-tolerated safety profile, consistent with no inhibition of FGFR1 and FGFR2. ▪ No discontinuations related to study drug ▪ No serious adverse events related to study drug ▪ 3 cases of hyperphosphatemia (4%), all mild, asymptomatic, transient and did not require dose reduction or discontinuation ▪ No FGFR1 or FGFR2 associated AEs (E.g., retinal or corneal) ▪ No AEs associated with CNP analogues: symptomatic hypotension, ISRs, or hypertrichosis

Infigratinib improved growth to average stature levels with an oral therapy



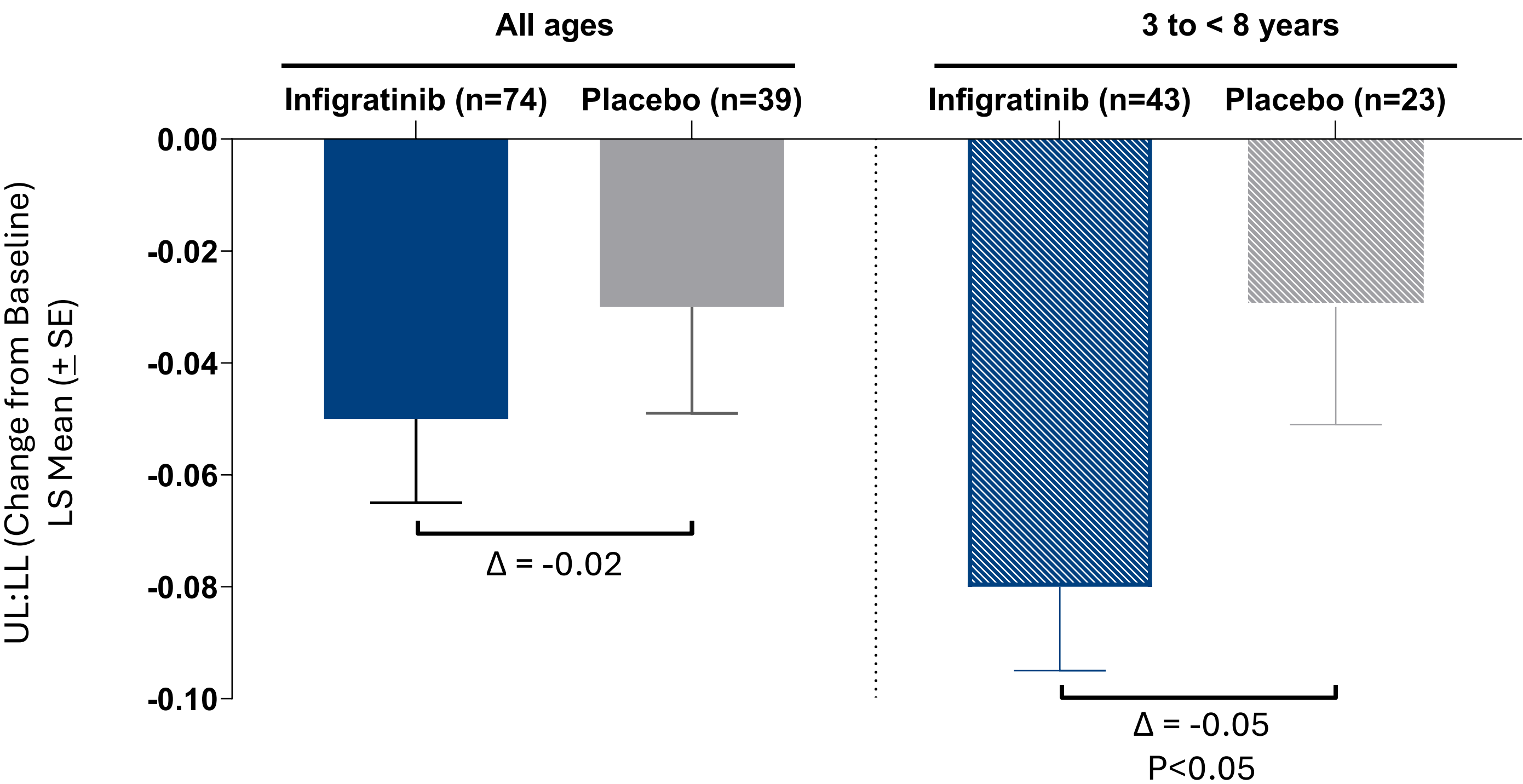
Infigratinib demonstrated the largest absolute AHV (LS mean) at Week 52 in any randomized trial

Oral administration – no injections needed

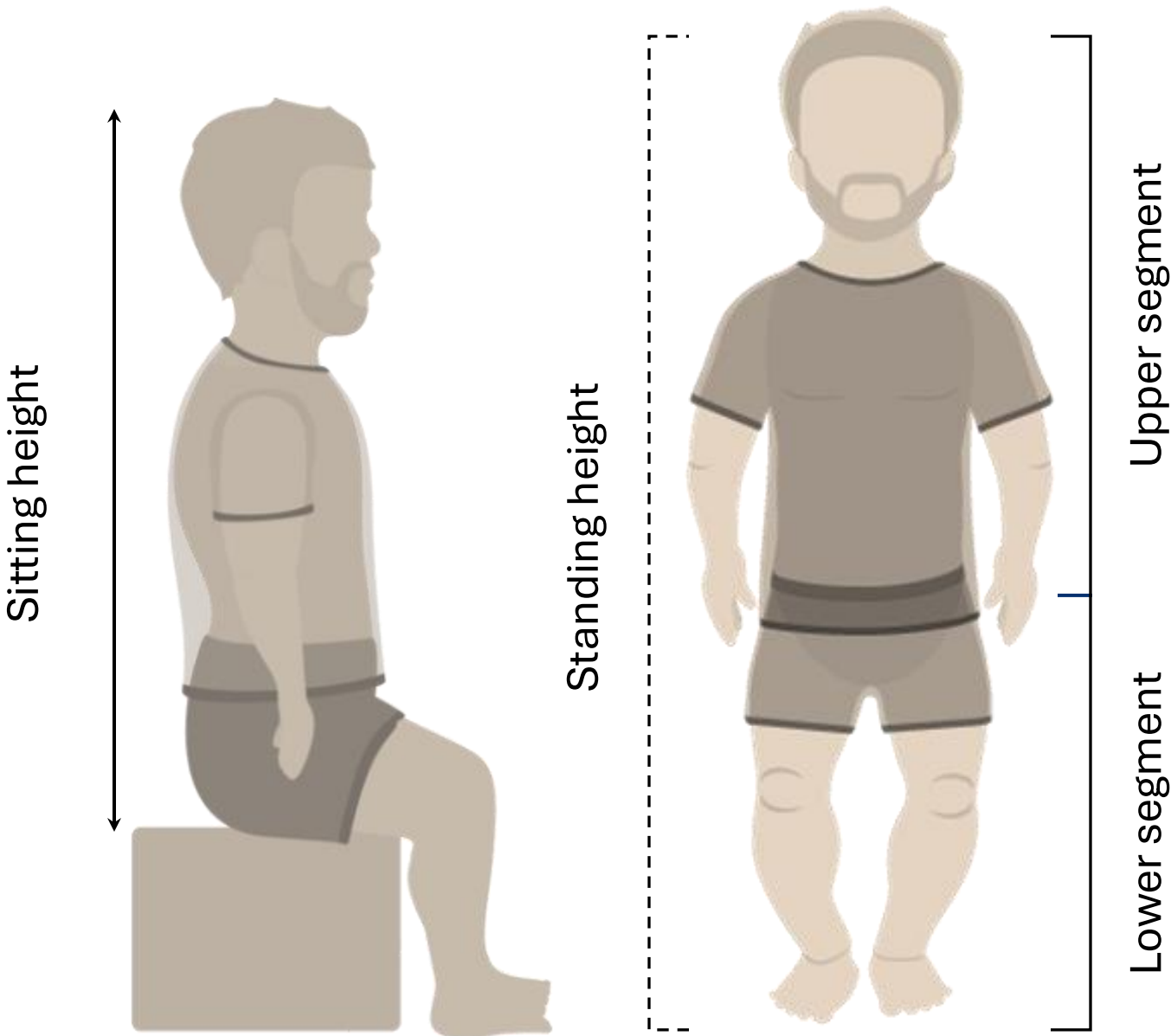
Program has breakthrough designation and may be eligible for PRV upon approval

Key secondary endpoint: Change from baseline to Week 52 in upper-to-lower body segment ratio

Change from baseline in upper to lower body segment ratio (UL:LL) at Week 52



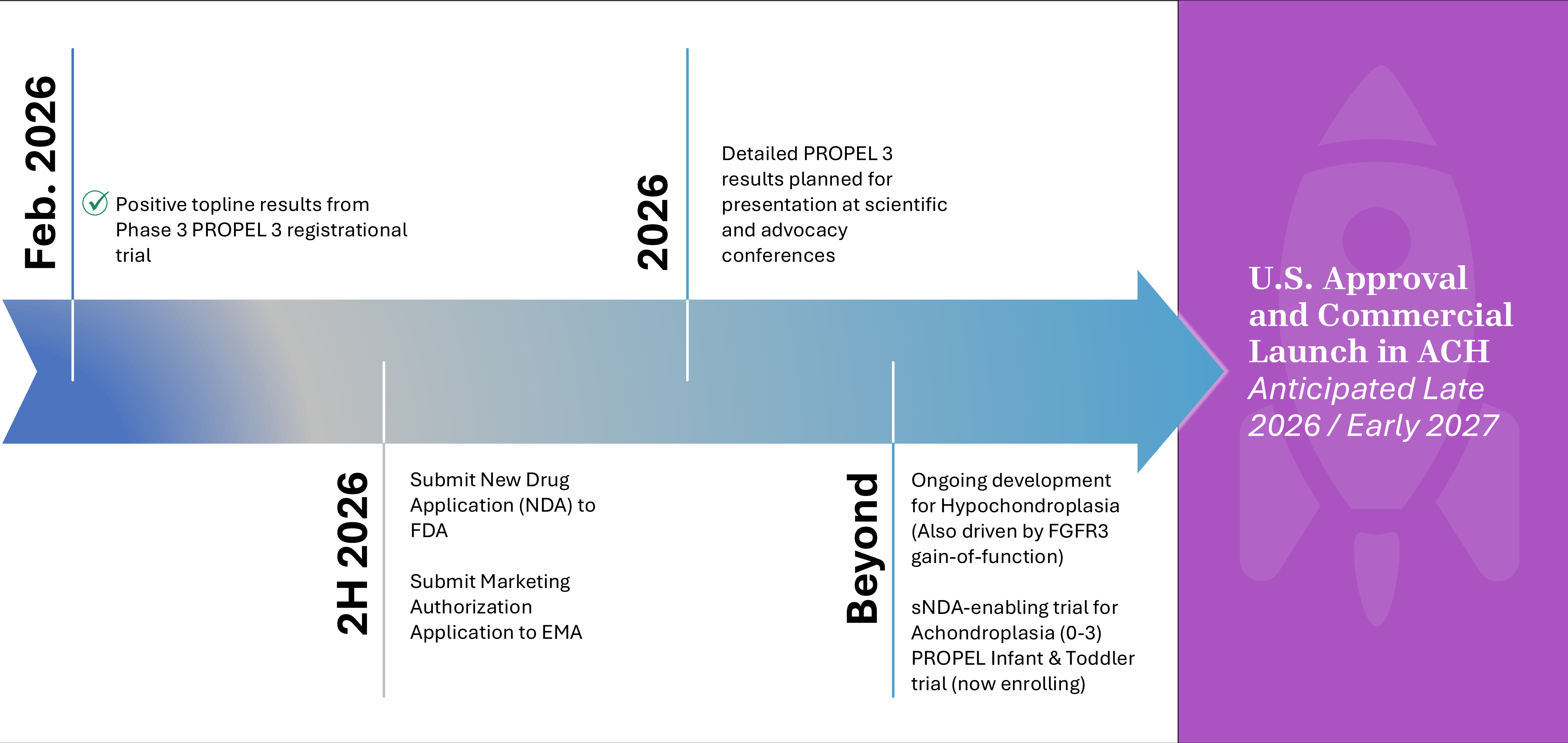
Upper to lower body segment ratio is a measurable marker of disproportion in ACH



$$= \frac{\text{Sitting height}}{\text{Standing height} - \text{Sitting height}}$$

Infigratinib is the first therapeutic option to demonstrate a statistically significantly result on proportionality against placebo in a RCT for ACH

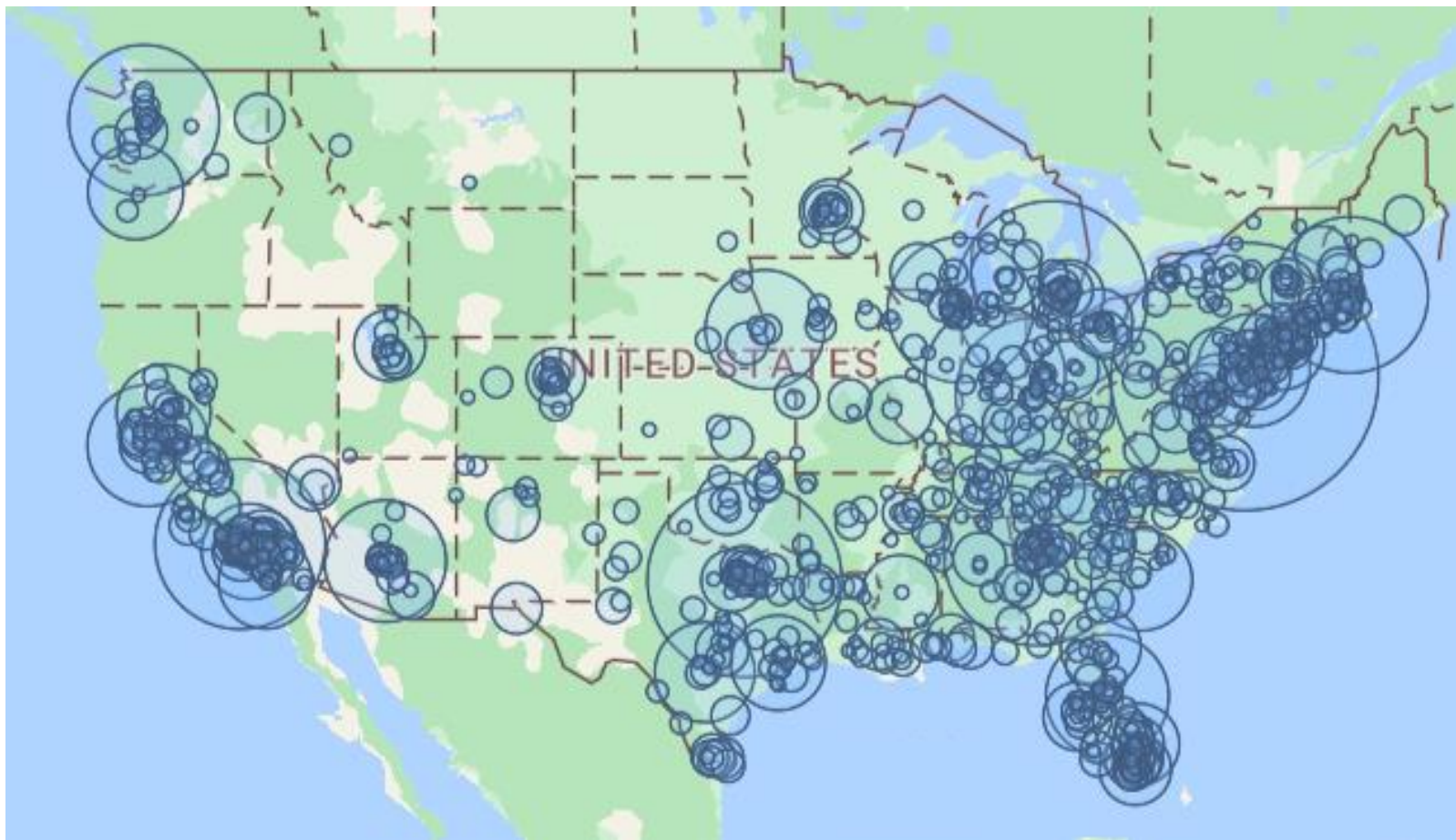
Infgratinib’s NDA and MAA submissions in ACH expected in 2H 2026



Large concentrated market with global \$5B opportunity

State of the market

Addressable market in the U.S.

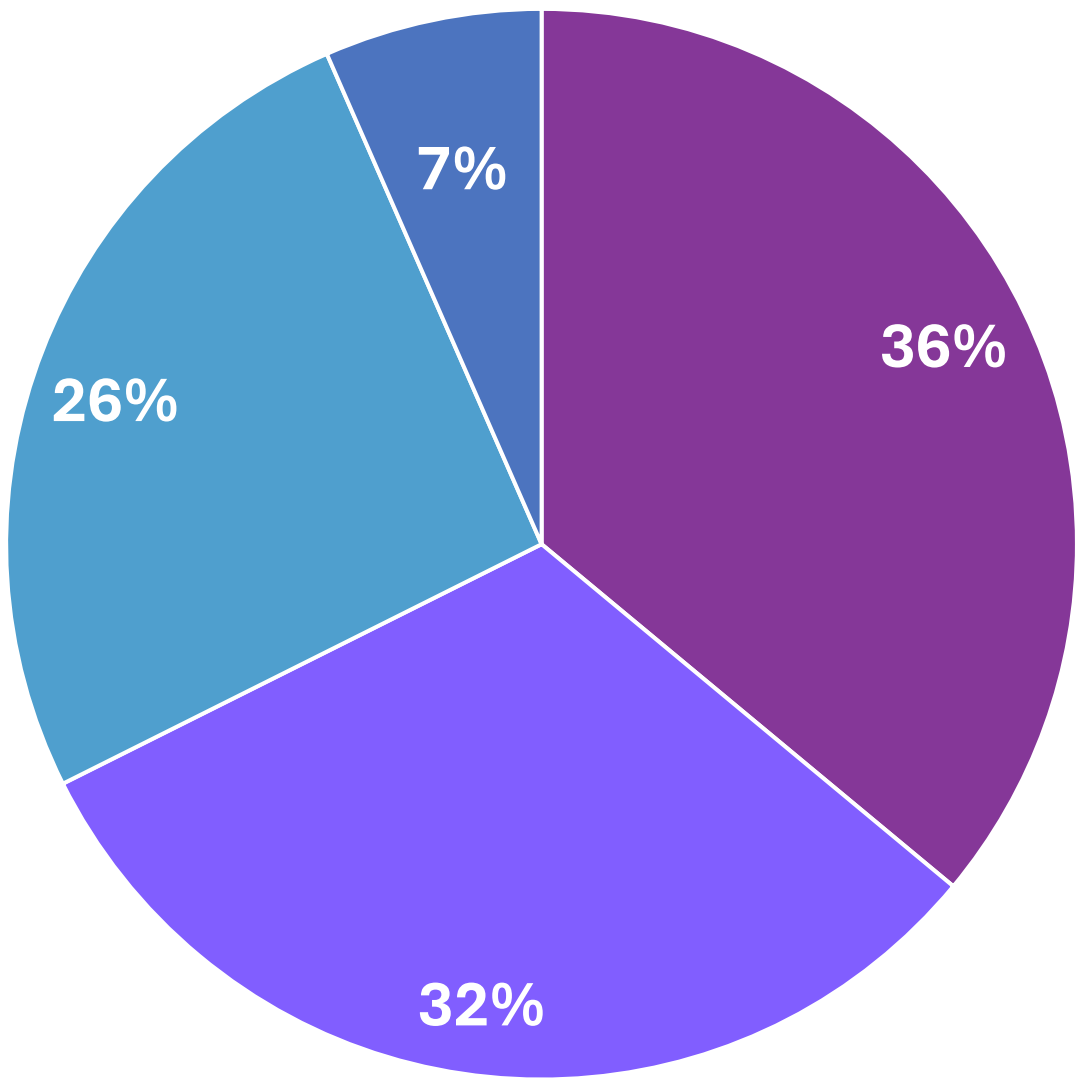


~2.9k

addressable individuals at launch in the U.S.

U.S. Prescriber base

People living with achondroplasia predominantly managed by geneticists & pediatric endos



- Geneticists
- Pediatric Endocrinologist
- Other
- Pediatric Orthopedics

We are preparing for a global launch

Infrastructure and capabilities in place to support a global launch



~55k

addressable individuals globally

Combining compelling data with a proven commercial platform

Key highlights



Best-in-class efficacy with largest AHV, height z score and only stat sig proportionality improvement to date across any ACH trial



Well-tolerated option, with no SAEs related to study drug or discontinuations due to AEs related to study drug



First- and only oral therapeutic option providing freedom from burden of daily or weekly injections, symptomatic hypotension or ISRs



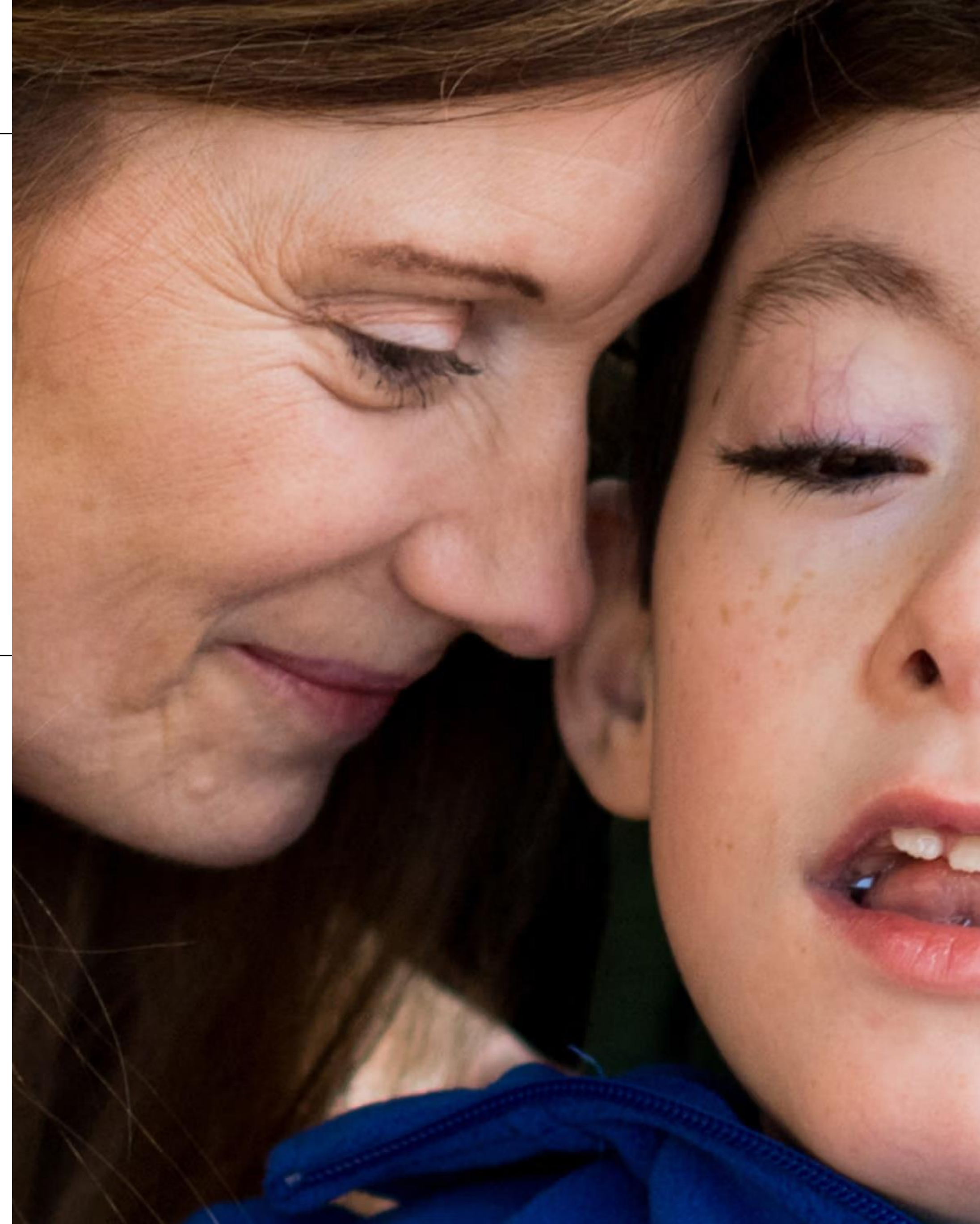
World-class commercial team with proven launch and rare disease expertise

Strategic platform

Commercial objectives

Strategic area		Objective
	Reinforce best in class treatment	Establish infigratinib as the first and only precision oral standard of care
	Anchor FGFR3 as the core driver	FGFR3 inhibition is the validated biological foundation of ACH
	Accelerate treatment switching	Rapid conversion from injectables to a more convenient oral alternative
	Enable broad and global access	Secure payer support and remove barriers to care globally

BBP-812



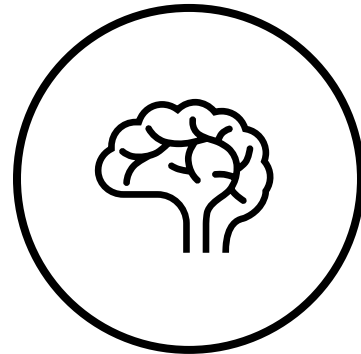
Canavan disease is a severe, fatal, and ultra-rare neurodegenerative pediatric disease with no approved therapies

Unmet Need

~1,000 US and EU prevalence

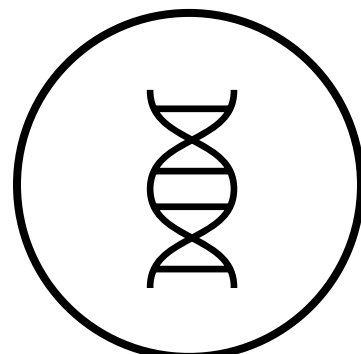
- Canavan disease (CD) is an ultra-rare neurodegenerative disease, usually fatal within the first two decades of life, and >25% of patients die by the age of 10 years
- Children with CD exhibit global and severe cognitive, motor, and language impairment, missing or regressing on most developmental milestones
- Children with CD require around the clock care – they cannot hold their heads up, sit, crawl, walk, are generally unable to speak, and suffer from seizures and spasticity
- There are no therapies available for Canavan disease

Design Principles



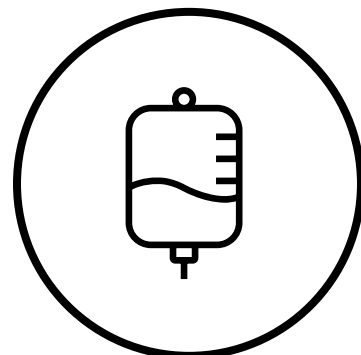
Provide first disease-modifying therapy

Target the condition directly at the source by directly replacing the mutated ASPA gene; utilize single registrational study & biomarker for accelerated approval



Provide therapy based on known safety profile

Leverage safety profile from approved IV AAV9 gene therapy



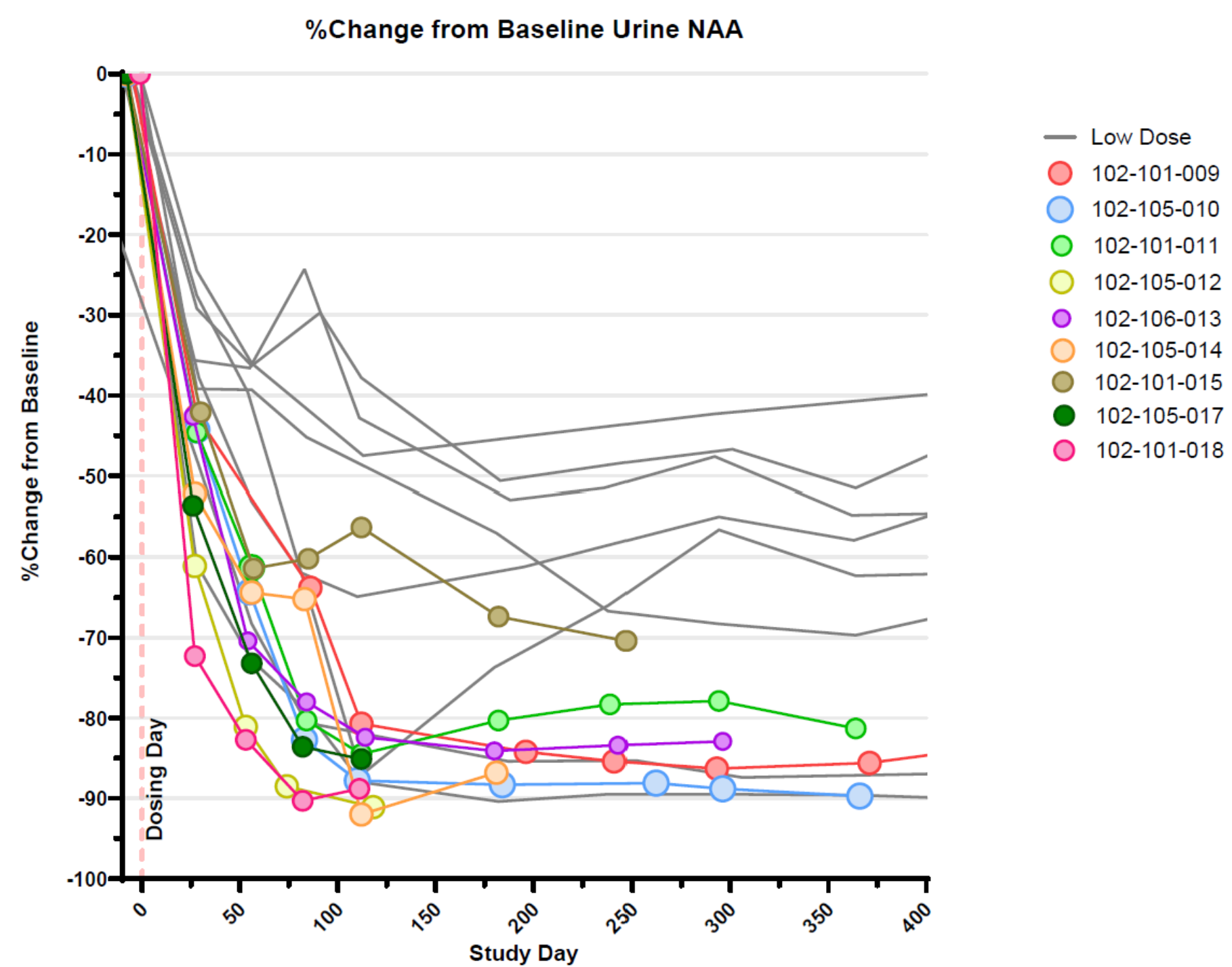
Avoid invasive neurosurgery

Provide a less invasive IV treatment option to minimize burden for patients and their caregivers

Program eligible for PRV upon approval

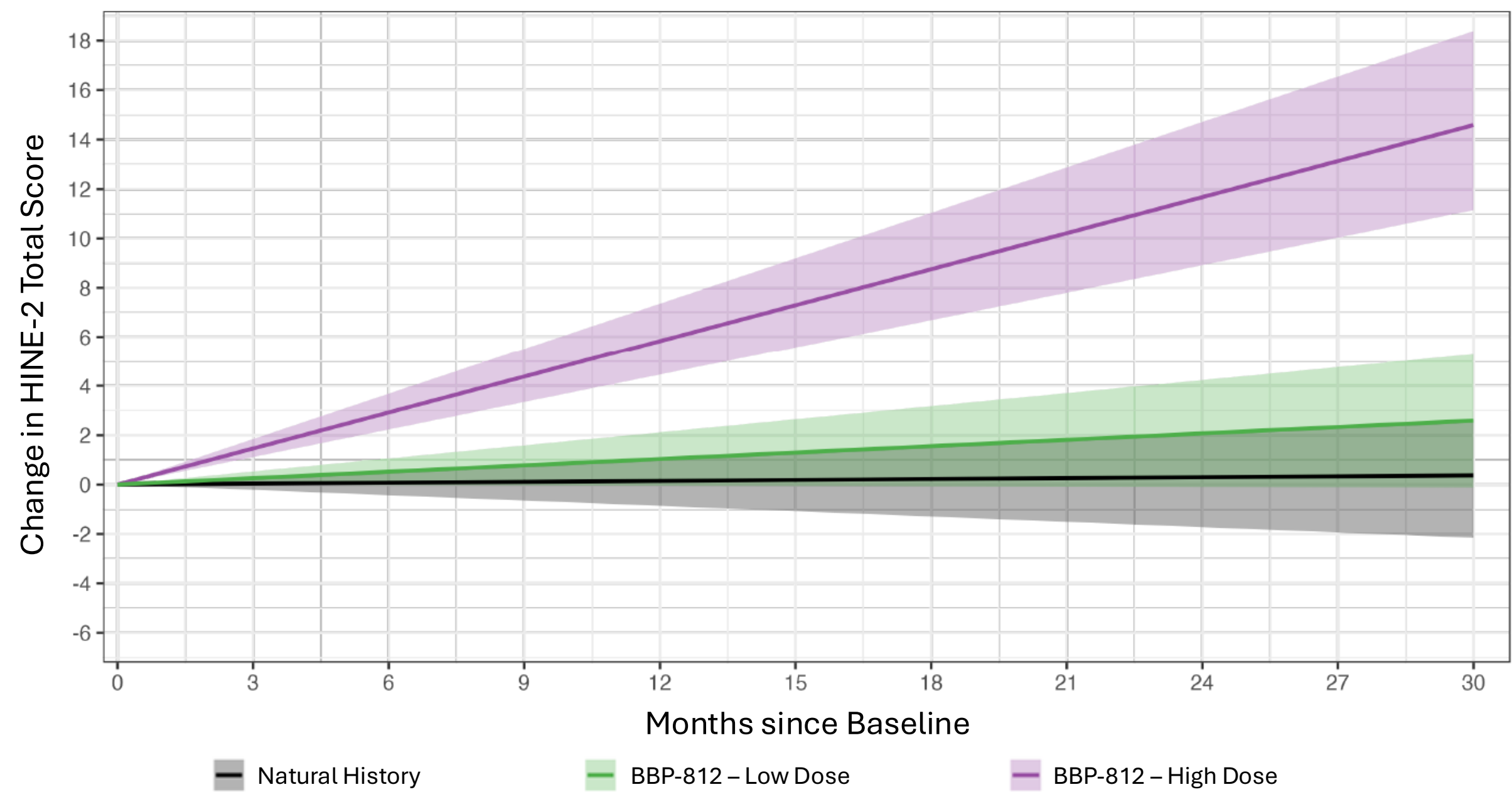
Current path to a potential BLA filing in 2027 based on reductions in urine NAA (surrogate endpoint) supported by motor function improvements

Urine N-acetylaspartic acid (NAA) levels



- **BBP-812 dose-dependently reduces urine NAA** to levels associated with only mild disease
- **FDA is open to the use of urine NAA as a surrogate endpoint** to support accelerated approval of BBP-812

Hammersmith Infant Neurological Examination (HINE-2) Trajectory



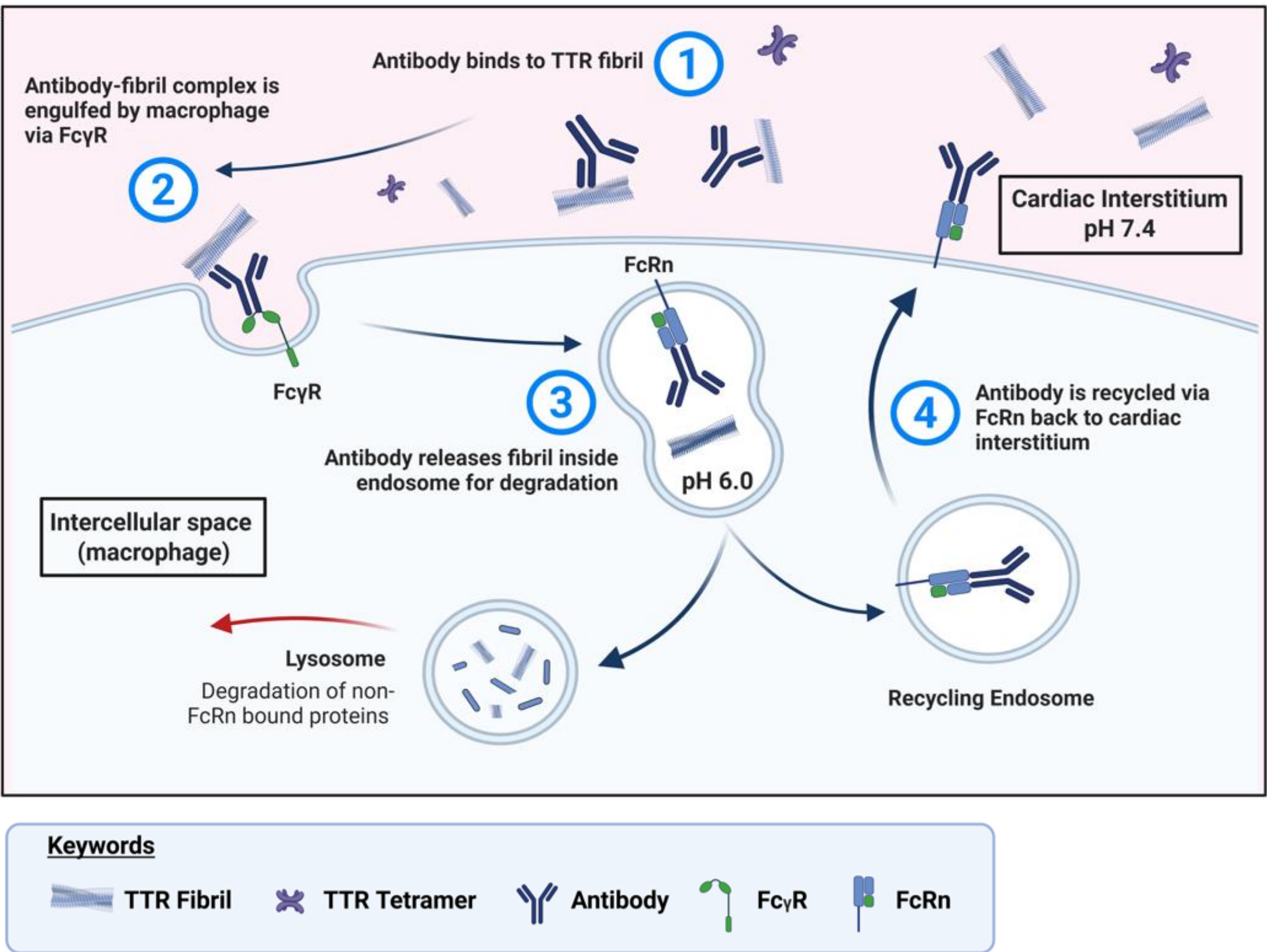
- Trajectory analysis shows **clear, dose-dependent separation in HINE-2 total score** with BBP-812 vs. natural history study
- Children are also showing **improvement on key motor metrics such as sitting, head control, and reaching / grasping**

Deleter Program



Guided by MOA, BridgeBio is engineering a differentiated depleter to explore the potential of ATTR-CM disease reversal

Depleter Mechanism of Action



BridgeBio's Differentiated Target Properties

- 1 Improved fibril:tetramer binding ratio**
 - >10× preferential binding to misfolded TTR fibrils vs. native TTR tetramers
 - **Binds more target**
- 2 Faster macrophage recruitment**
 - First depleter to activate Fcγ receptors to boost macrophage activity
 - **Clears more target**
- 3 pH sensitivity**
 - Intentionally designed for pH-dependent antigen release inside macrophages
 - **Extends antibody half-life**
- 4 Half-life extension**
 - First depleter engineered for enhanced FcRn binding
 - **Extends antibody half-life**

Depleter program expected to advance into the clinic in 2027–2028

About Attruby[®] and BridgeBio

About Attruby[®] (acoramidis)

Attruby is the only near-complete (≥90%) stabilizer of Transthyretin (TTR) approved in the U.S. for the treatment of adult patients with ATTR-CM to reduce cardiovascular death and cardiovascular-related hospitalization. Attruby was generally well-tolerated. The most common side effects were mild and included diarrhea and abdominal pain that were resolved without drug discontinuation. BridgeBio offers an extensive suite of programs to help patients access our medicines. Visit [Attruby.com](https://attruby.com) for more information, including full Prescribing Information.

About BridgeBio Pharma, Inc.

BridgeBio Pharma, Inc. (BridgeBio) is a new type of biopharmaceutical company founded to discover, create, test, and deliver transformative medicines to treat patients who suffer from genetic diseases. BridgeBio’s pipeline of development programs ranges from early science to advanced clinical trials. BridgeBio was founded in 2015 and its team of experienced drug discoverers, developers and innovators are committed to applying advances in genetic medicine to help patients as quickly as possible. For more information visit bridgebio.com.