Cytokinetics

empowering

muscle

empowering

lives

Sarcomere directed therapies

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Actual patients who consented to use of their name, image, and condition.

Forward-Looking Statements

This Presentation contains forward-looking statements for purposes of the Private Securities Litigation Reform Act of 1995 (the "Act"). Cytokinetics disclaims any intent or obligation to update these forward-looking statements and claims the protection of the Act's Safe Harbor for forward-looking statements. Examples of such statements include, but are not limited to, statements express or implied related Cytokinetics' research and development and commercial readiness activities, including the initiation, conduct, design, enrollment, progress, continuation, completion, timing and results of clinical trials, projections regarding growing prevalence, low survival rates and market opportunity in heart failure, hypertrophic cardiomyopathy (HCM) or heart failure with preserved ejection fraction (HFpEF); projections regarding the size of the addressable patient population for *omecamtiv mecarbil, aficamten,* CK-136, CK-586 or any of our other drug candidates; Cytokinetics' commercial readiness for *omecamtiv mecarbil*; the likelihood and/or timing of regulatory approval for our new drug application for *omecamtiv mecarbil* or any future new drug application for any of our other drug candidates; the timing of commencement of a second phase 3 clinical trial of *aficamten* as a monotherapy in patients with obstructive HCM, the timing of commencement of a phase 3 clinical trial of *aficamten* in nonobstructive HCM, the efficacy or safety of *omecamtiv mecarbil*, *aficamten,* CK-136, CK-586 or any of our other drug candidates, our ability to fully enroll or to announce the results of any of our clinical trials by any particular date; Cytokinetics' cash expenditures or runway; the results of any of our interactions with the FDA or any other regulatory authority regarding *omecamtiv mecarbil* or any of our other drug candidates; the properties, potential benefits and commercial potential of *aficamten*, *omecamtiv mecarbil*, CK-136, CK-586 or any of Cytokinetics' other drug candidates. Such statements are based on management's current expectations; but actual results may differ materially due to various risks and uncertainties, including, but not limited to, potential difficulties or delays in the development, testing, regulatory approvals for trial commencement, progression or product sale or manufacturing, or production of Cytokinetics' drug candidates that could slow or prevent clinical development or product approval, including risks that current and past results of clinical trials or preclinical studies may not be indicative of future clinical trial results, patient enrollment for or conduct of clinical trials may be difficult or delayed, Cytokinetics' drug candidates may have adverse side effects or inadequate therapeutic efficacy, the FDA or foreign regulatory agencies may delay or limit Cytokinetics' ability to conduct clinical trials, and Cytokinetics may be unable to obtain or maintain patent or trade secret protection for its intellectual property; Cytokinetics may incur unanticipated research, development and other costs or be unable to obtain financing necessary to conduct development of its products; standards of care may change, rendering Cytokinetics' drug candidates obsolete; and competitive products or alternative therapies may be developed by others for the treatment of indications Cytokinetics' drug candidates and potential drug candidates may target. These forward-looking statements speak only as of the date they are made, and Cytokinetics undertakes no obligation to subsequently update any such statement, except as required by law. For further information regarding these and other risks related to Cytokinetics' business, investors should consult Cytokinetics' filings with the Securities and Exchange Commission (the "SEC").

Our Mission

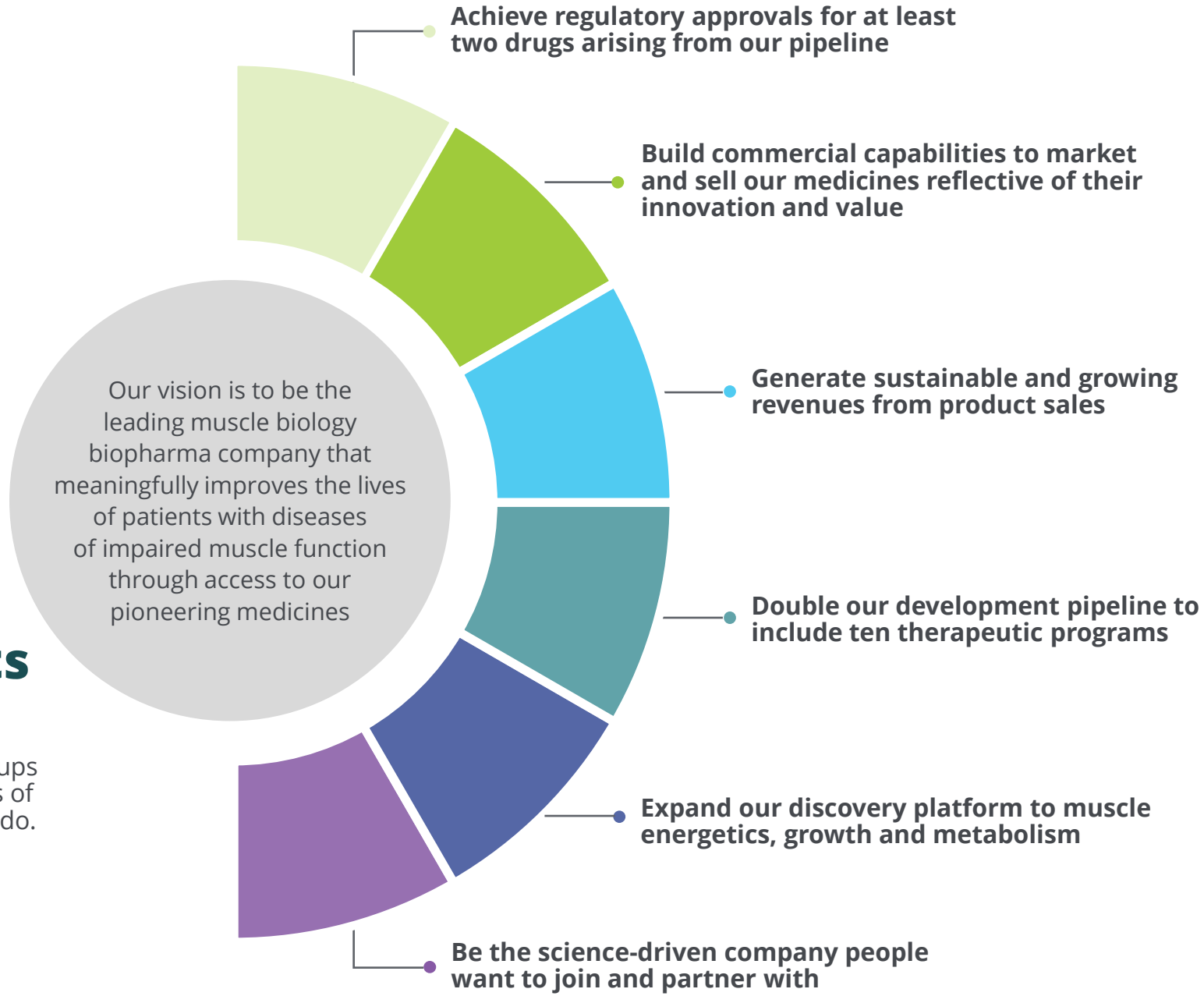
To bring forward new medicines to improve the healthspan of people with devastating cardiovascular and neuromuscular diseases of impaired muscle function.

Cytokinetics

VISION 2025

Leading with Science, **Delivering for Patients**

As always, we will support disease advocacy groups elevating the patient voice and live by our values of integrity, fairness and compassion in all that we do.



A Great Place to Work; Uncommon Continuity of Team

VALUES

patients are our North Star

science is in our soul

we > me

make it happen

AWARDS

FORTUNE BEST WORKPLACES IN BIOPHARMA™ 2022

FORTUNE BEST WORKPLACES IN THE BAY AREA™ 2023

Great Place To Work. Certified FEB 2023-FEB 2024 USA

SAN FRANCISCO BUSINESS TIMES · SILICON VALLEY BUSINESS JOURNAL
BPtW BEST PLACES TO WORK 2023

FAST COMPANY BEST WORKPLACES FOR INNOVATORS 2023 SCIENCE & TECHNOLOGY CYTOKINETICS

Winner in Wellness 3rd SAN FRANCISCO BUSINESS TIMES Out of 25 Large Companies

RETENTION

<5%

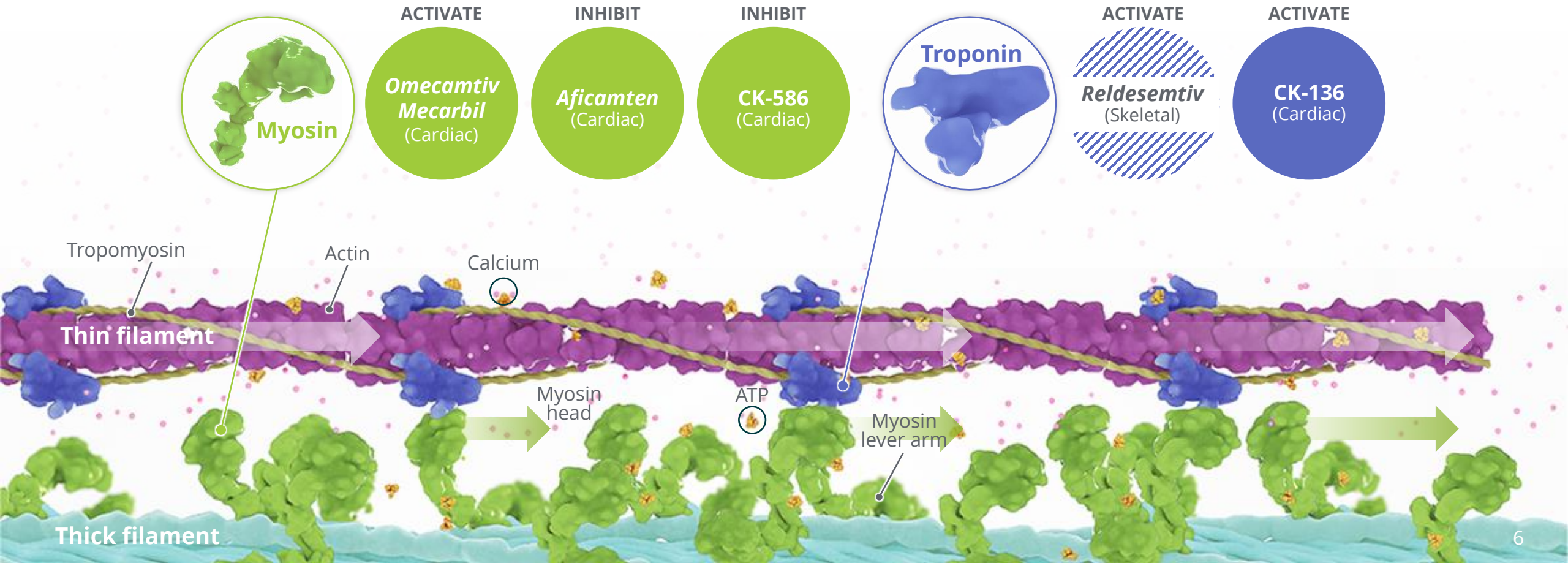
Turnover rate of leadership; low attrition

>10yrs

Average tenure of leadership; high continuity

Sarcomere Directed Drug Development

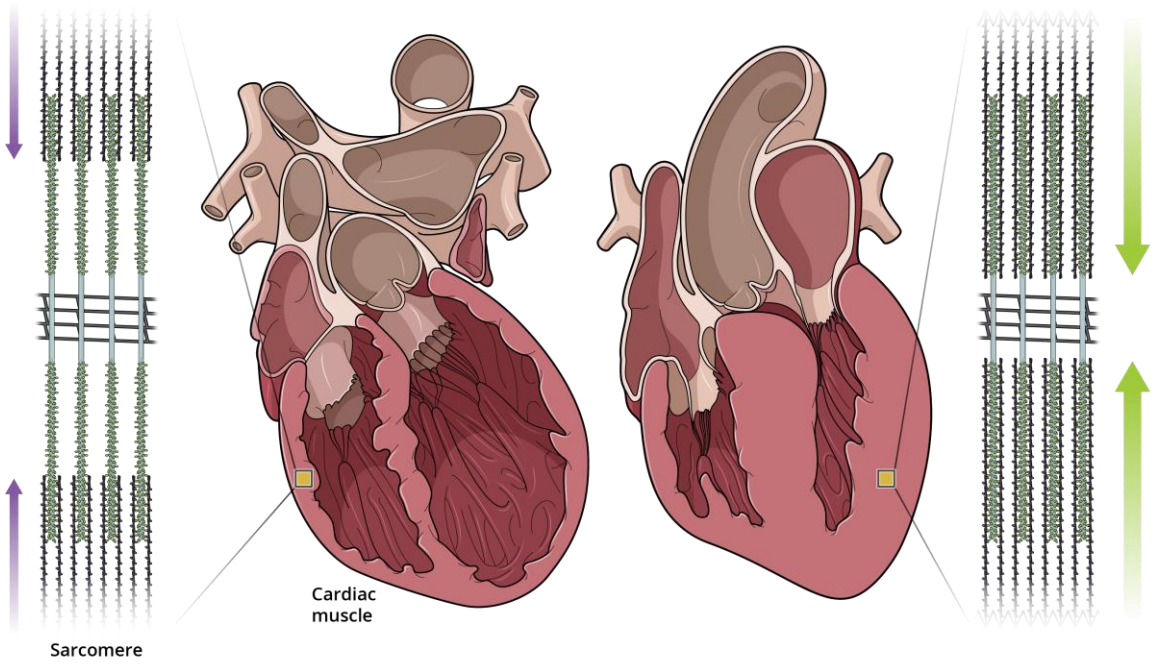
The sarcomere is a molecular structure found in skeletal and cardiac muscle that enables myocytes to contract and generate force



Contractile Dysfunction Underlies Cardiac Diseases

Decreased Cardiac Contractility

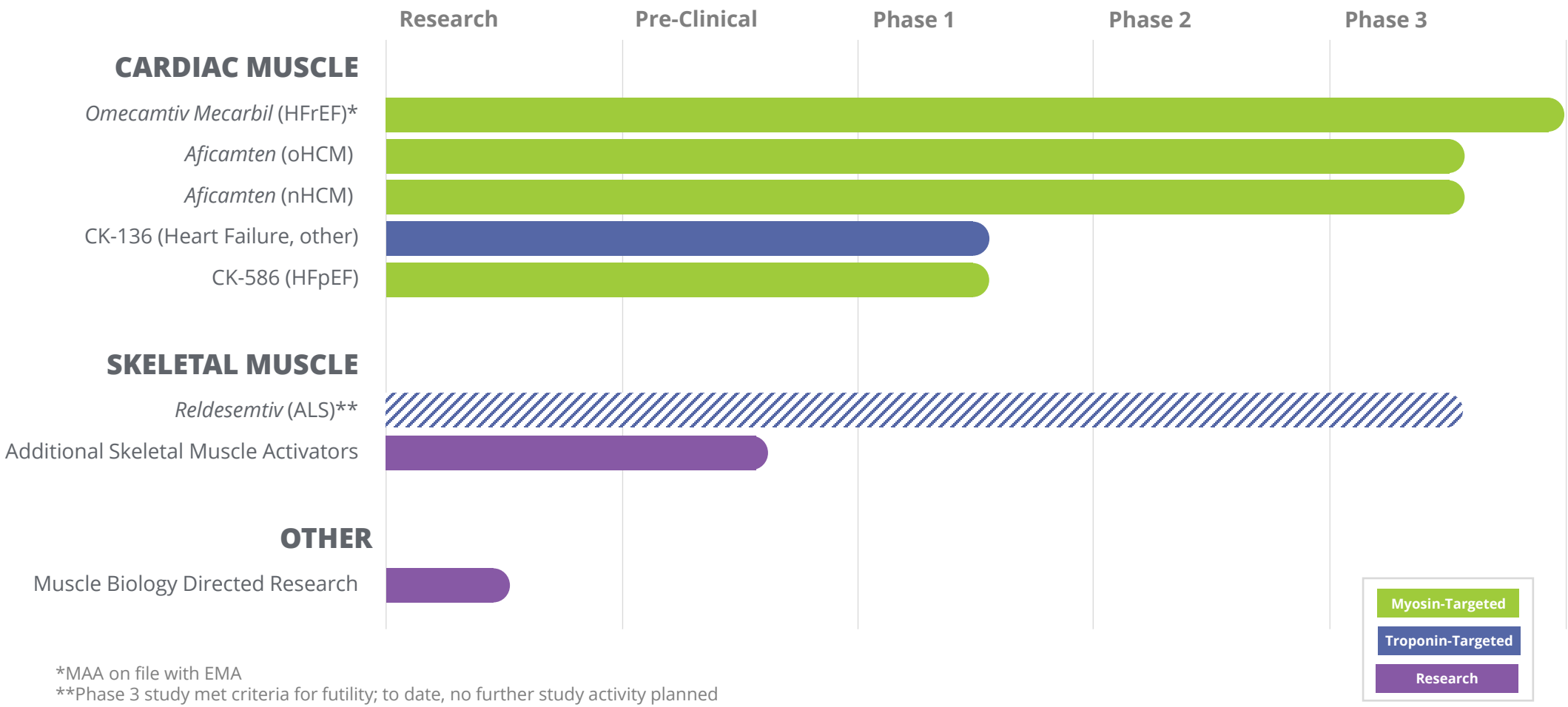
- Heart Failure with Reduced Ejection Fraction (HFrEF)
- Genetic Dilated Cardiomyopathy
- Pulmonary Hypertension with Right Ventricular Heart Failure



Increased / Preserved Cardiac Contractility

- Non-obstructive Hypertrophic Cardiomyopathy (nHCM)
- Obstructive Hypertrophic Cardiomyopathy (oHCM)
- Heart Failure with Preserved Ejection Fraction (certain HFpEF subsets)

Pipeline of Novel Muscle-Directed Drug Candidates



*MAA on file with EMA
**Phase 3 study met criteria for futility; to date, no further study activity planned
All drug candidates above are investigational products and are not approved as safe or effective for any indication.

Cytokinetics

Sarcomere Directed Drug Development

Specialty Cardiovascular Portfolio

Aficamten
Omecamtiv Mecarbil
Emerging Pipeline – CK-136 & CK-586

Cytokinetics

Omecamtiv mecarbil , aficamten, CK-136 and CK-586 are investigational agents and have not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of these product has not been established.

Aficamten

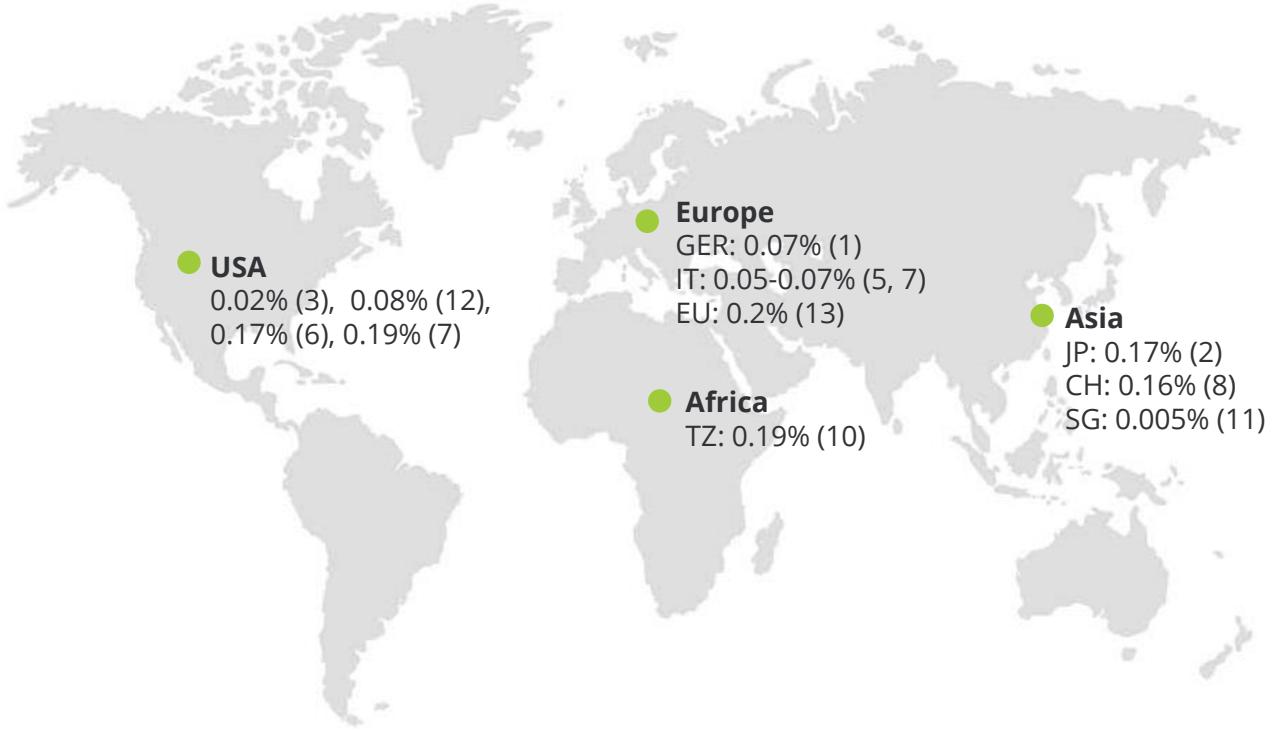
Cytokinetics

Aficamten is an investigational agent and has not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of this product has not been established.

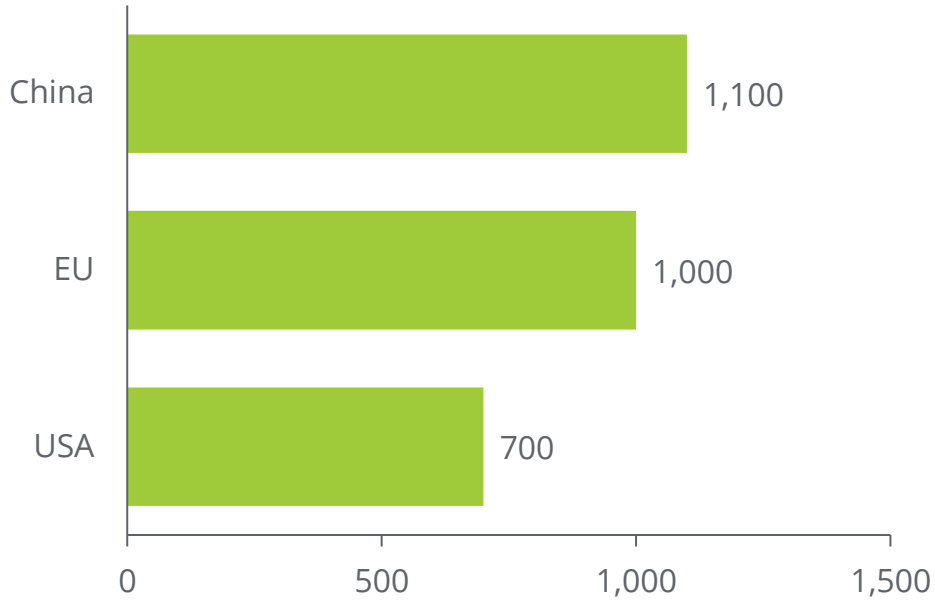
HCM Prevalence: Significant and Growing Globally

HCM prevalence estimates vary across geography and over time

Estimated HCM Prevalence Rates



HCM True Patient Prevalence (Est. 2021)

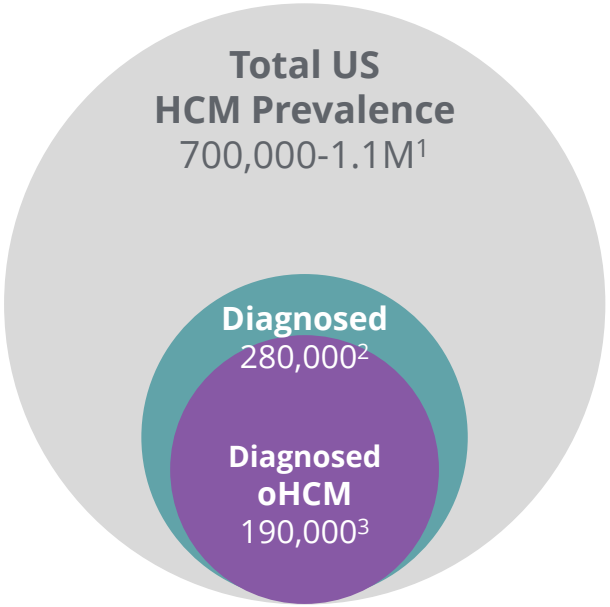


Source: 1. Husser et al 2018 doi.org/10.1371/journal.pone.0196612; 2. Hada et al 10.1016/s0002-9149(87)80107-8; 3. Codd 1989 10.1161/01.cir.80.3.564; 4. Maron et al 1995 10.1161/01.cir.92.4.785; 5. Corrado et al 1998 10.1056/NEJM199808063390602; 6. Maron et all 1999 10.1001/jama.281.7.650; 7. Nistri et al 2003 10.1016/s0002-9149(03)00132-2; 8. Zou et al 2004 10.1093/aje/kwh090; 9. Maron 2004 https://doi.org/10.1016/j.amjmed.2003.10.012; 10. Maro 2006 10.1258/004947506778604904; 11. Ng et al 2011 10.1093/europace/eur051; 12. Butzner et al 2021 10.1016/j.amjcard.2021.08.024; 13. Cardim et al 2011 10.1016/j.repc.2011.09.005

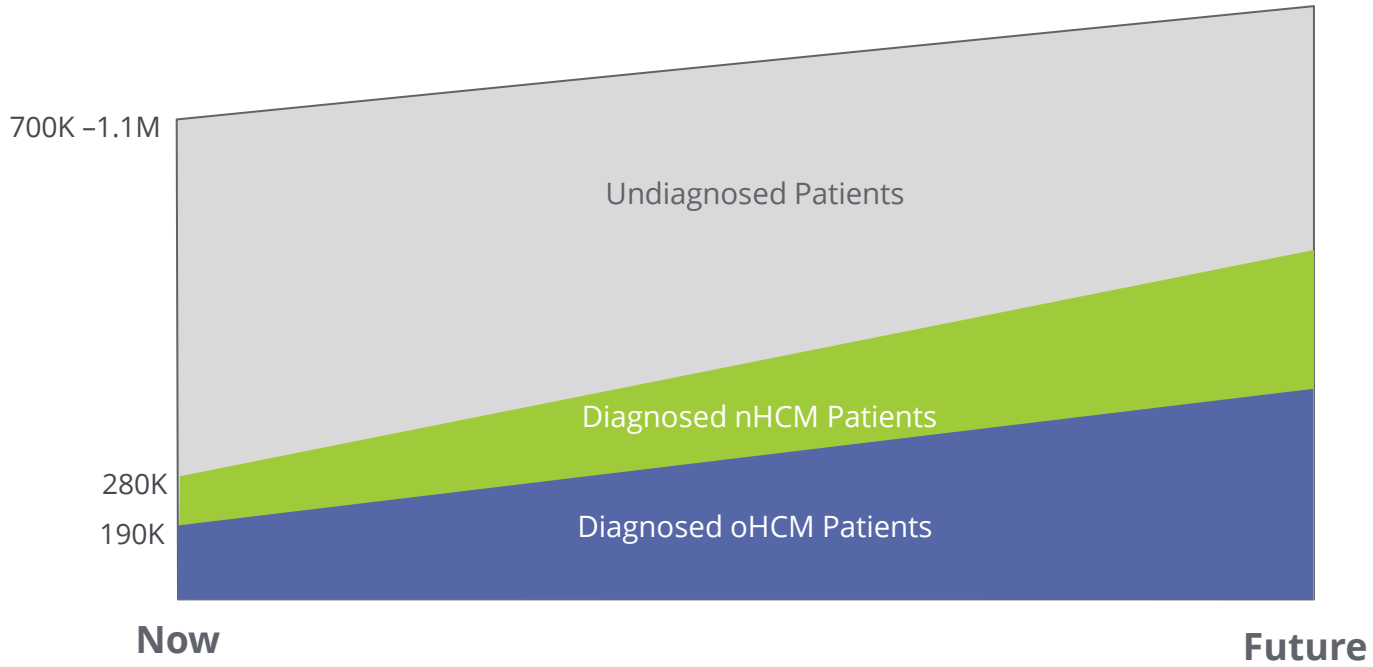
In US, Large HCM Population With Many Undiagnosed

280K Diagnosed HCM Patients; Estimated 400-800K Undiagnosed

Current US HCM Prevalence



Growing HCM Prevalence

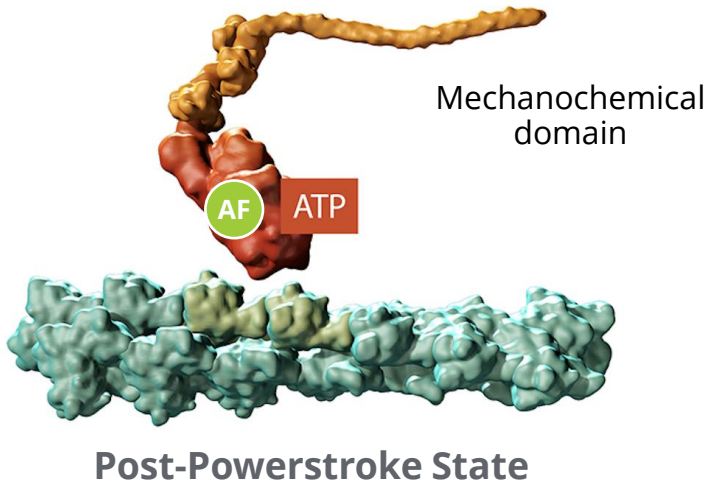


nHCM: non-obstructive HCM; oHCM: obstructive HCM

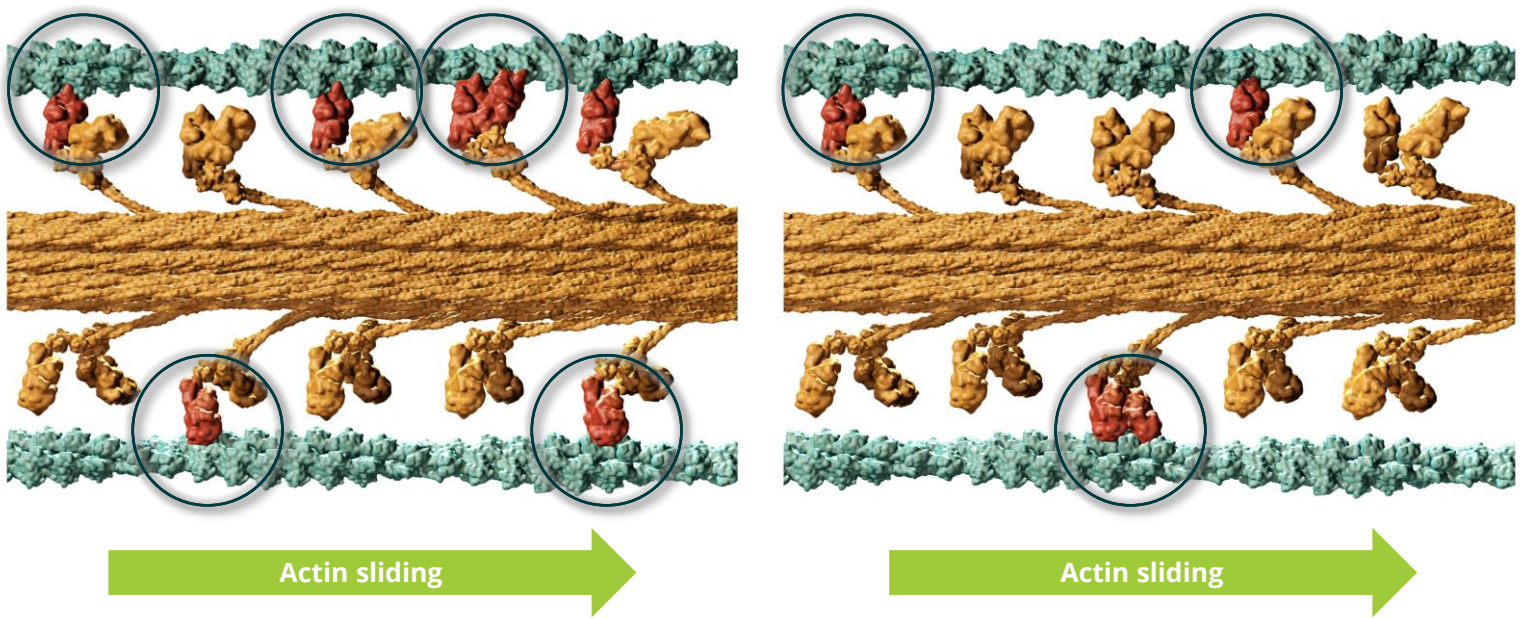
1. CVrg: Heart Failure 2020-2029, p 44; Maron et al. 2013 DOI: 10.1016/S0140-6736(12)60397-3; Maron et al 2018 10.1056/NEJMra1710575
2. Symphony Health 2016-2021 Patient Claims Data DoF;
3. Maron MS, Hellawell JL, Lucove JC, Farzaneh-Far R, Olivotto I. Occurrence of Clinically Diagnosed Hypertrophic Cardiomyopathy in the United States. Am J Cardiol. 2016; 15;117(10):1651-1654.

Aficamten: Proposed Mechanism of Action

Aficamten **stabilizes myosin in the released post-powerstroke state unable to hydrolyze ATP**



"Fewer hands pulling on the rope"



Aficamten **is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Aficamten: Aspirational Target Profile

Potential next-in-class cardiac myosin inhibitor

Rapid Onset

Symptom relief as early as within 2 weeks initiation and dose adjustment possible biweekly if indicated

Precise Dosing

Echo guided dose titration allows both dose increases and decreases at the patient visit

Simplicity of Use

No off-target effects and use in combination with β-blockers, CCB, Disopyramide, and/or Ranolazine

Rapid Reversibility

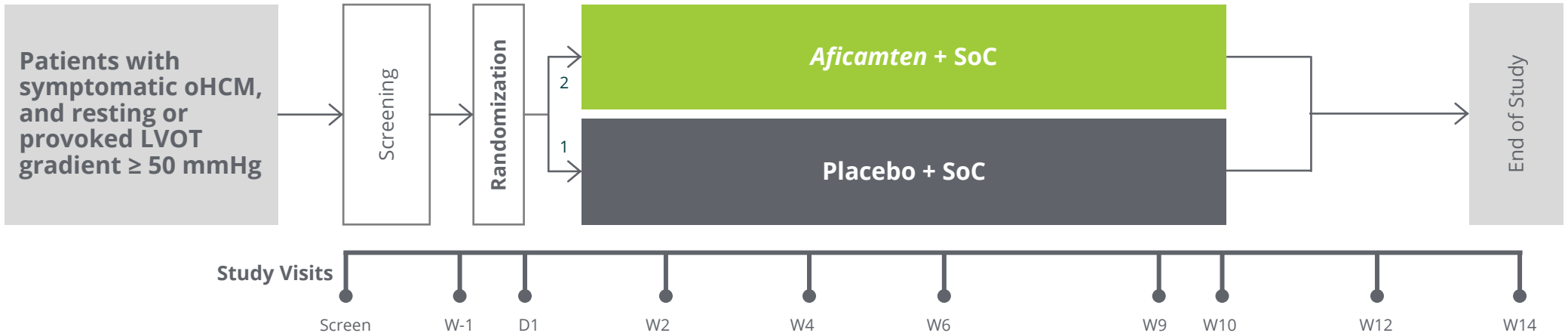
Washout of pharmacodynamic effect within 2 weeks

Aficamten **is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

REDWOOD-HCM: Cohorts 1 & 2

Patients with symptomatic oHCM on background therapy excluding *disopyramide*

Two sequential dose-finding cohorts



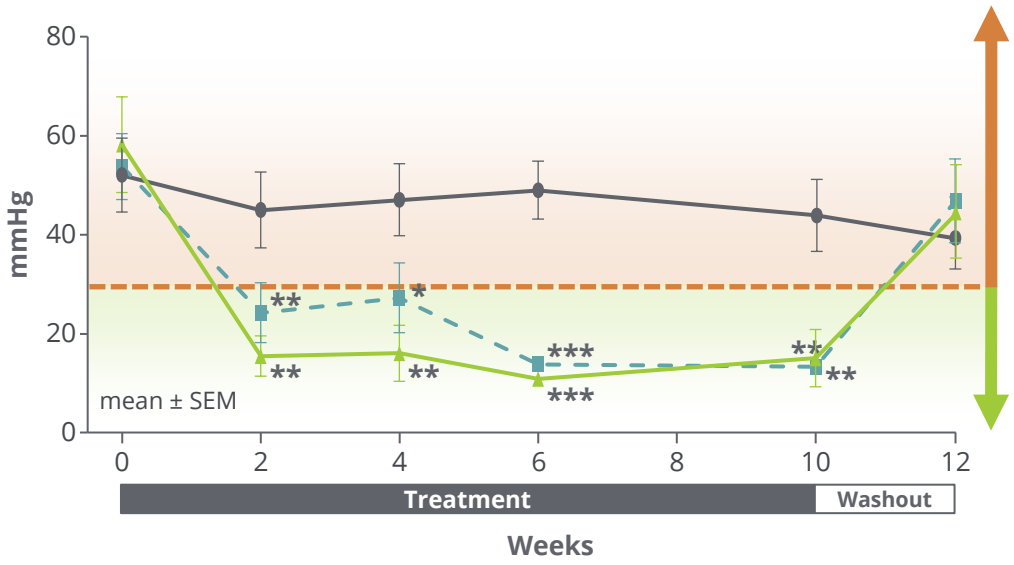
	Dose 1	Dose 2	Dose 3
Cohort 1	5 mg	10 mg	15 mg
Cohort 2	10 mg	20 mg	30 mg

REDWOOD-HCM: Efficacy

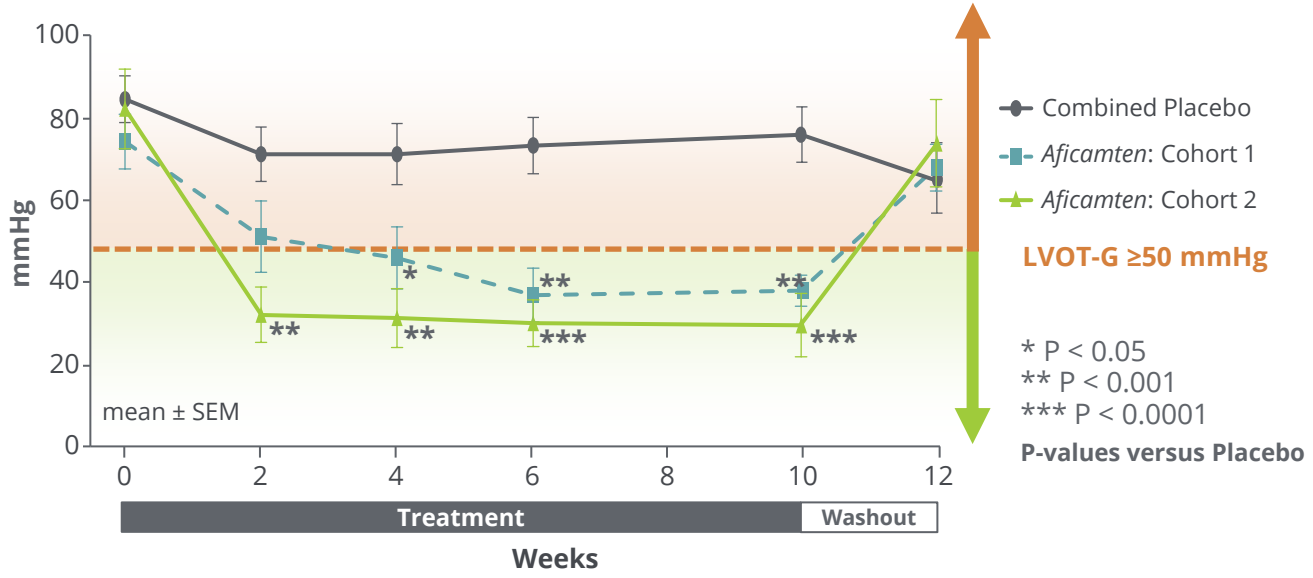
Cohorts 1 & 2

Results published in *JACC* in January 2023

Resting LVOT-G



Valsalva LVOT-G



Dose finding study
Cohort 1 (n=21), Cohort 2 (n=20)

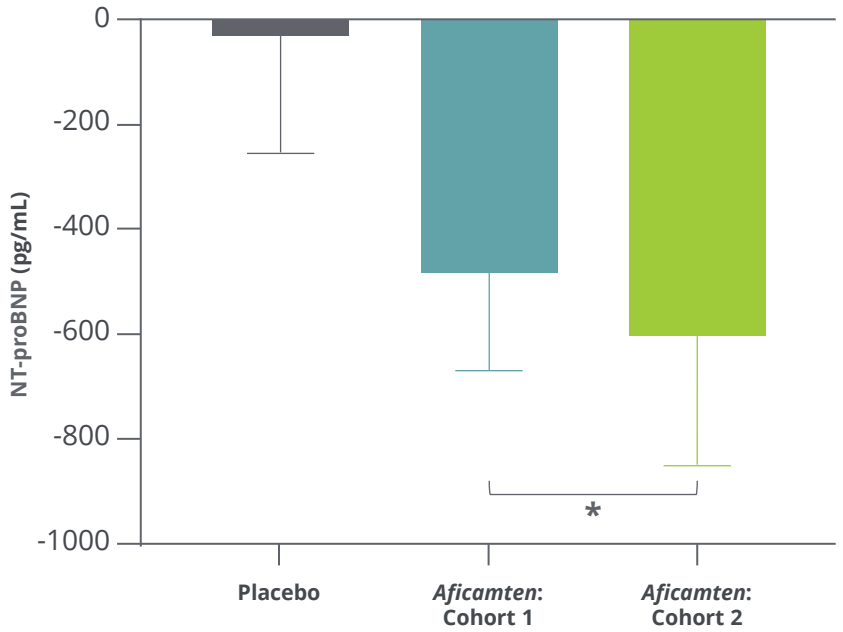
***Aficamten* is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Maron M, et. al. Phase 2 Study of *Aficamten* in Patients With Obstructive Hypertrophic Cardiomyopathy. JACC. January 2023.

Change from Baseline in NT-proBNP & NYHA Class

Cohorts 1 & 2

Change from Baseline NT-proBNP to Week 10

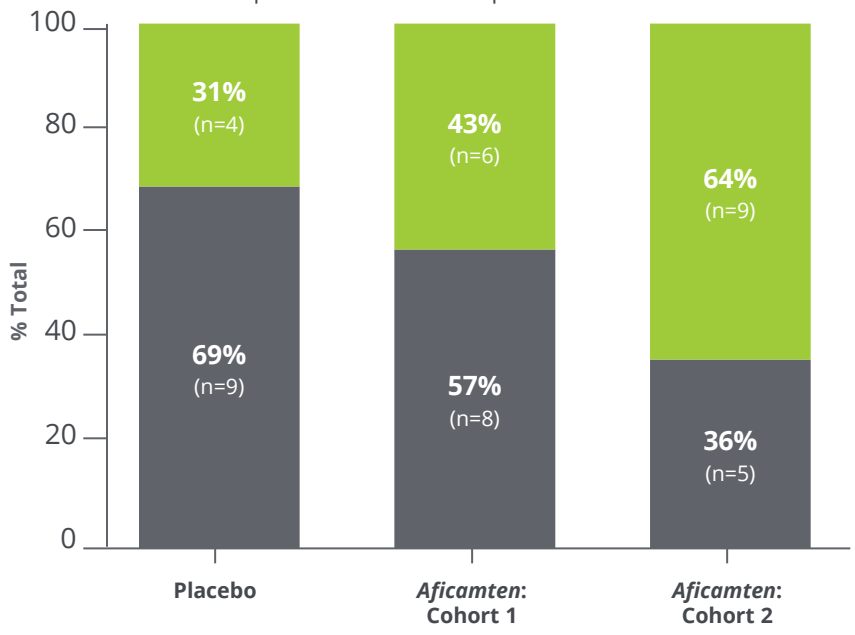


*** p = 0.003 for Pooled Cohort 1 & 2 vs. Placebo**

- Combined Placebo (N=13)
- *Aficamten*: Cohort 1 (N=14)
- *Aficamten*: Cohort 2 (N=14)

Improvement in Heart Failure Symptoms (NYHA Class)

Week 10 Responder Definition: Improvement in NYHA Class ≥1



Cohort 1 vs Placebo: p > 0.1
Cohort 2 vs Placebo: p = 0.08

- No Improvement in NYHA Class
- ≥1 NYHA Class Improvement

***Aficamten* is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

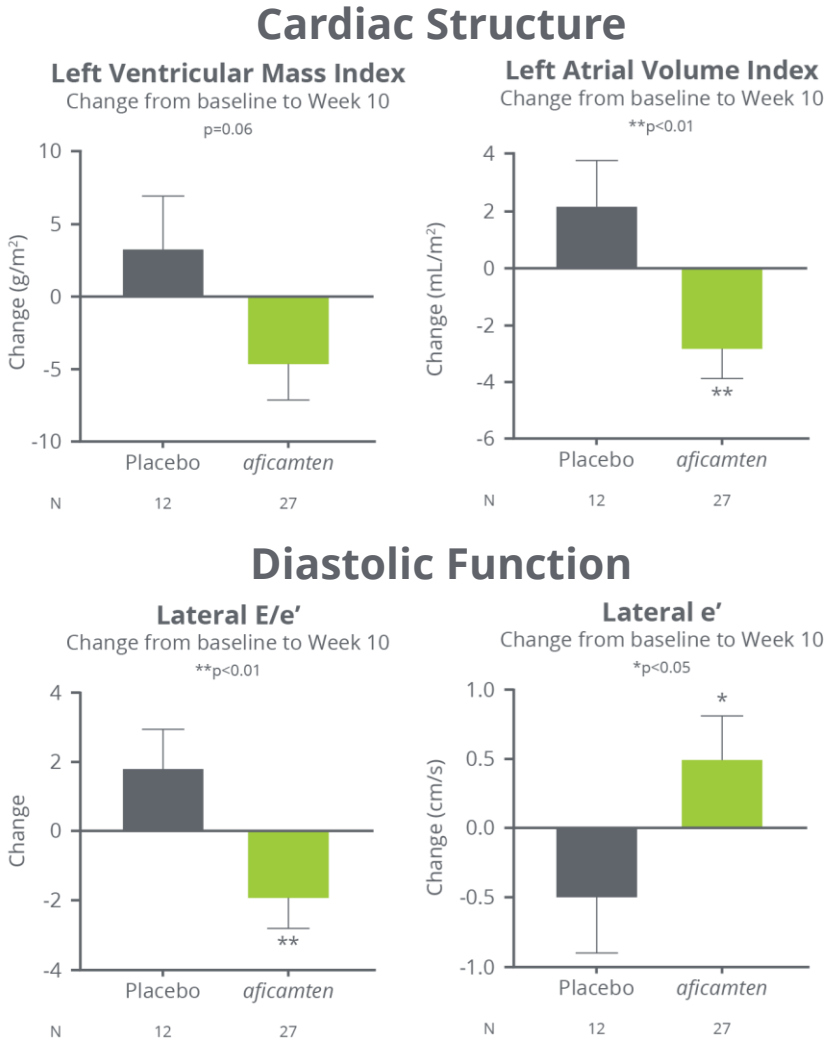
Maron M, Abraham T, Masri A, et al. "REDWOOD-HCM: A Randomized, Double-blind, Placebo-controlled, Dose-finding Trial of the Cardiac Myosin Inhibitor, *Aficamten*, In Obstructive Hypertrophic Cardiomyopathy". HFSA 2021.

Improved Cardiac Structure and Diastolic Function

Cohorts 1 & 2: Early signs of improvement in cardiac structure and myocardial relaxation

Treatment with *aficamten* for 10 weeks resulted in:

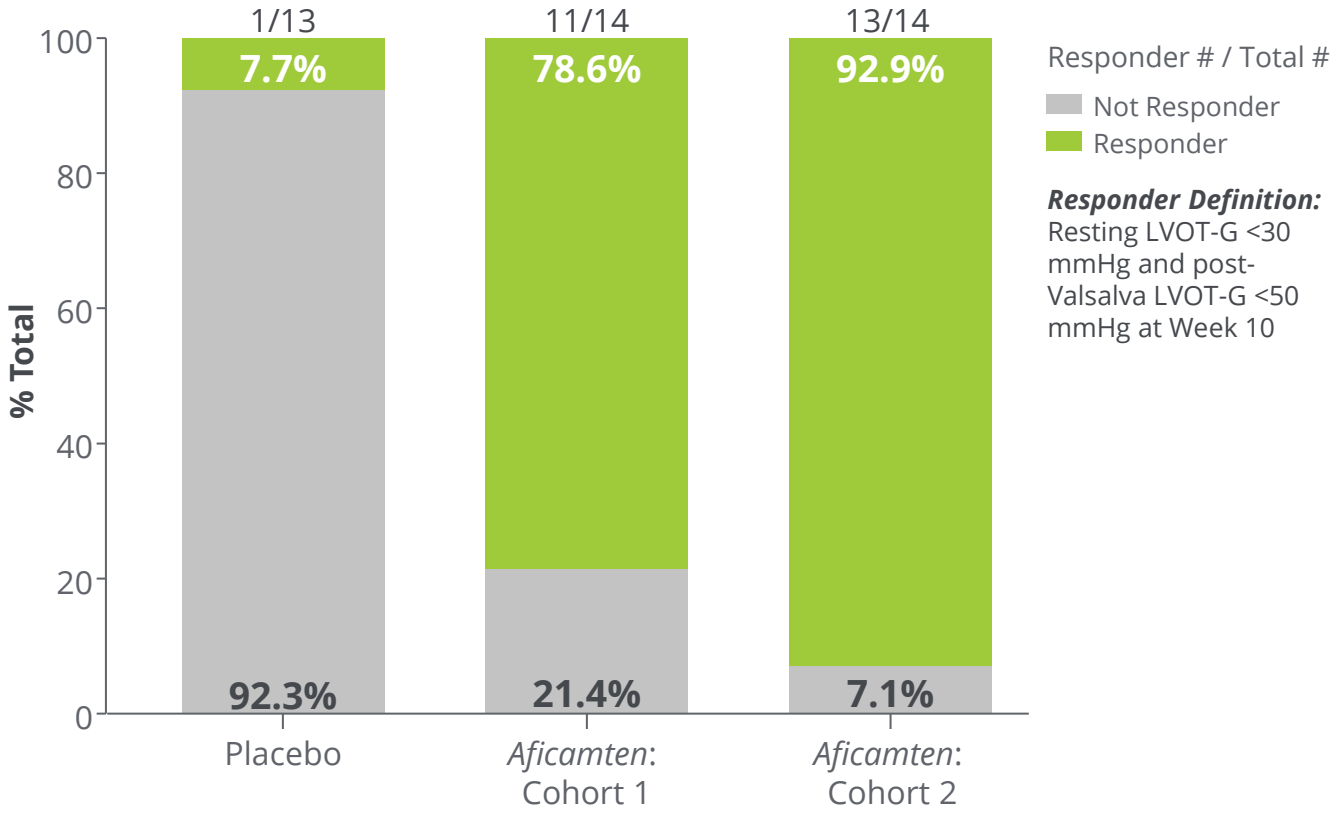
- **Significant reduction in left atrial volume index**
- Trend towards a **reduction in LV mass index**
- **Improved diastolic function**
  - reduction in lateral E/e' ($p<0.01$)
  - increase in lateral e' ($p<0.05$))



***Aficamten* is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**
Abraham T. et al. "Early Cardiac Structural and Functional Reverse Remodeling in Obstructive Hypertrophic Cardiomyopathy after 10 Weeks of *Aficamten* Therapy: Analyses from REDWOOD-HCM". ASE 2022.

Response Rates on Treatment with *Aficamten*

Cohorts 1 & 2



- Consistent, **clinically meaningful reductions in LVOT gradients** within two weeks
- **No treatment interruptions** or discontinuations
- No treatment-related SAEs
- **Reversibility of drug effect** demonstrated
- Statistically significant reductions in NT-proBNP
- Improvement in NYHA class

***Aficamten* is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Maron M, Abraham T, Masri A, et al. "REDWOOD-HCM: A Randomized, Double-blind, Placebo-controlled, Dose-finding Trial of the Cardiac Myosin Inhibitor, *Aficamten*, In Obstructive Hypertrophic Cardiomyopathy". HFSA 2021.

REDWOOD-HCM: Cohort 4

Patients with symptomatic nHCM on background therapy

Results presented at ESC Heart Failure 2023

	Dose 1	Dose 2	Dose 3
Cohort 4	5 mg	10 mg	15 mg

hs-cTnI: high- sensitivity cardiac troponin
*Telephone visits
**Patient can only be down-titrated at Week 6

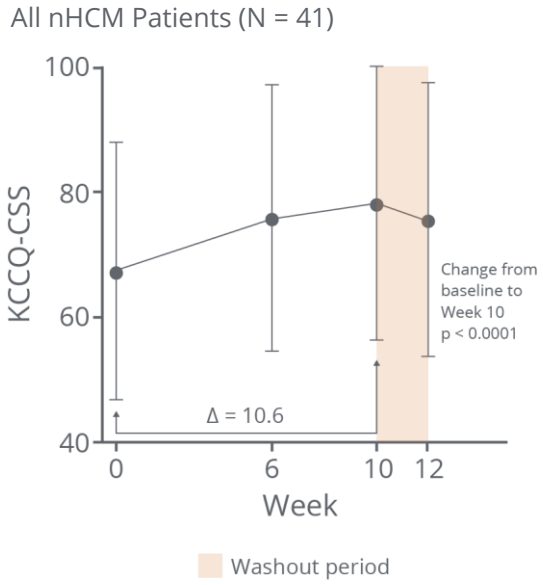
Significant Improvements in KCCQ & NYHA Class

Cohort 4

85% of patients achieved 15 mg dose; no discontinuations due to adverse events

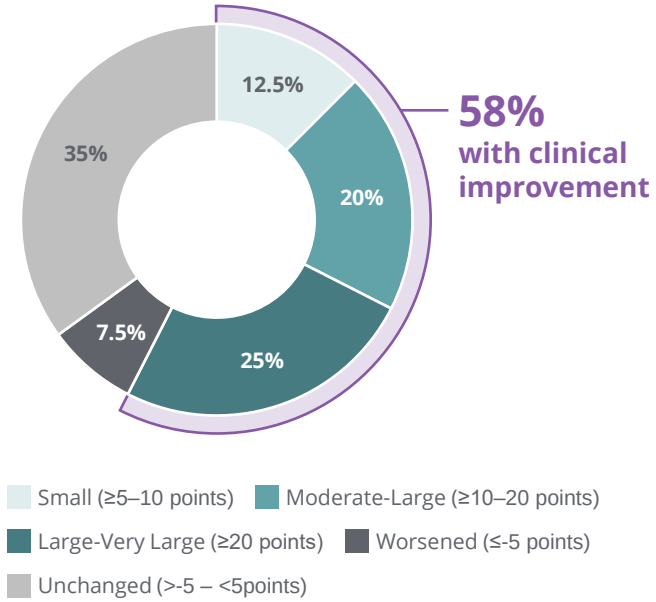
Kansas City Cardiomyopathy Questionnaire

Mean improvement in KCCQ of 10.6 points



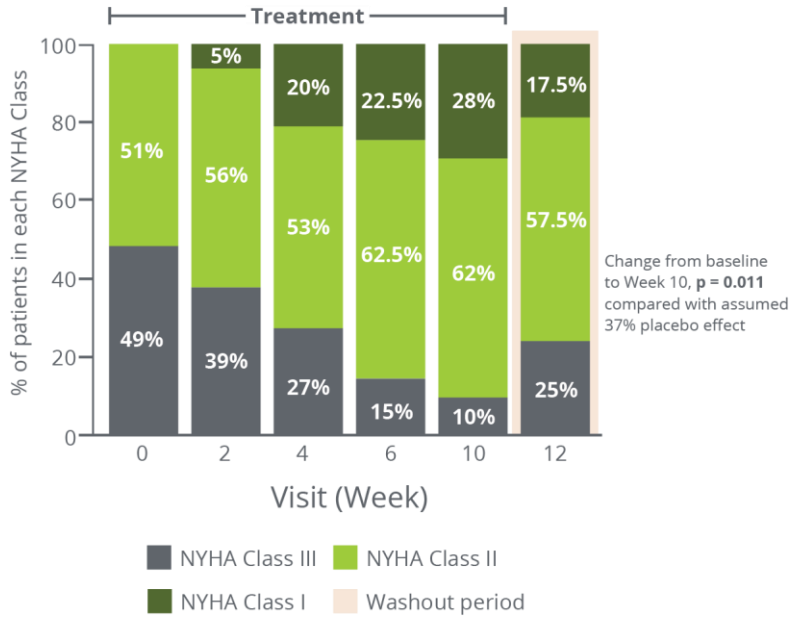
Data presented as mean and standard deviation

Categorical Changes at Week 10 in KCCQ-CSS



NYHA Functional Class

56% of patients improved by ≥1 NYHA class



Aficamten **is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

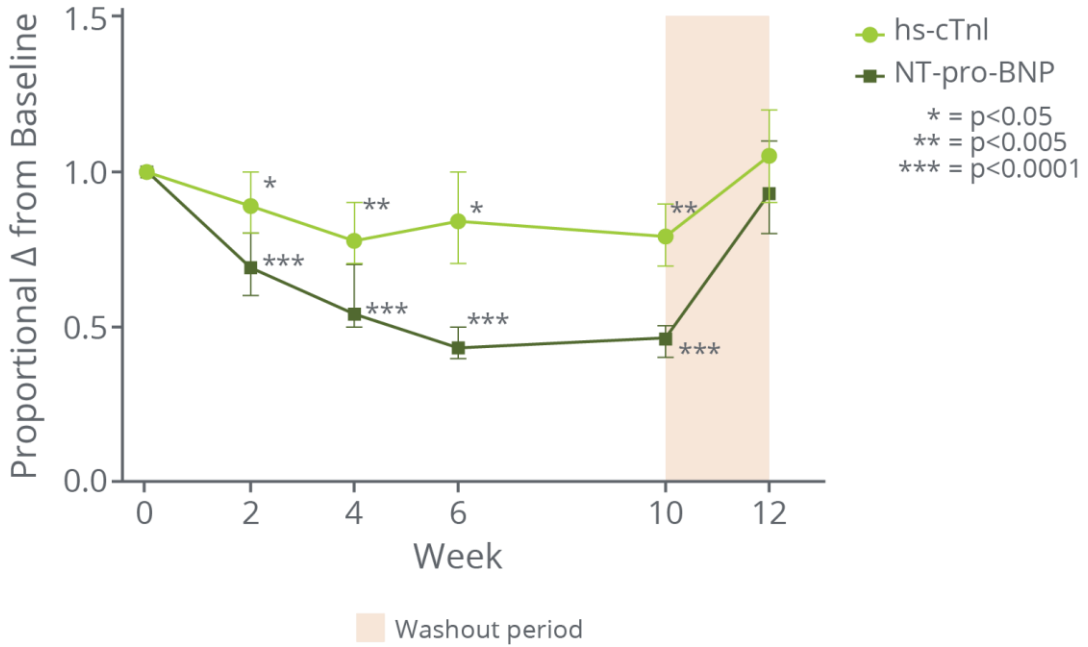
Masri A. et al. "*Aficamten* in Patients with Symptomatic Non-Obstructive Hypertrophic Cardiomyopathy (REDWOOD-HCM Cohort 4)". ESC HF 2023.

Change in Baseline in Biomarkers & Angina Frequency

Cohort 4

Proportional Change from Baseline in Cardiac Biomarkers

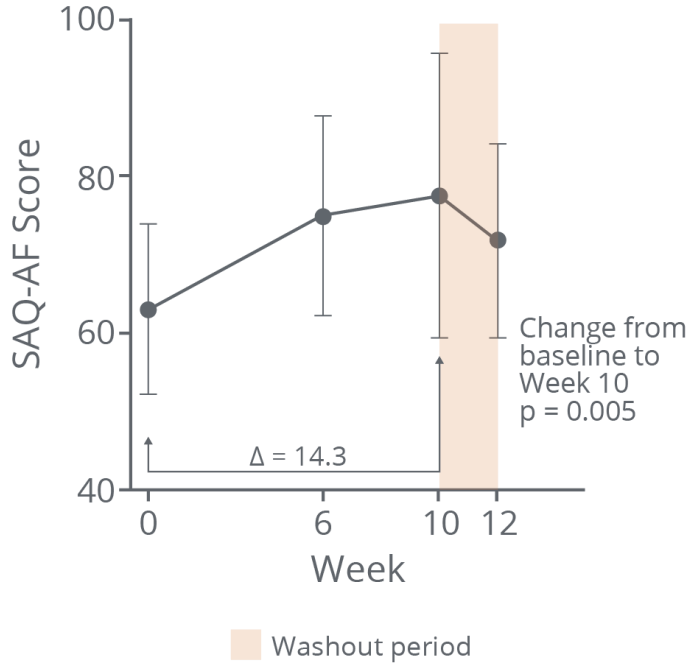
Mean reduction in high-sensitivity cardiac troponin of 21%
Mean reduction in NT-proBNP of 55%



Data presented as the mean proportional change and 95% CI

Seattle Angina Questionnaire Angina Frequency (SAQ-AF)

Reduction in frequency of angina from daily or weekly, to weekly or monthly



Data presented as mean and standard deviation

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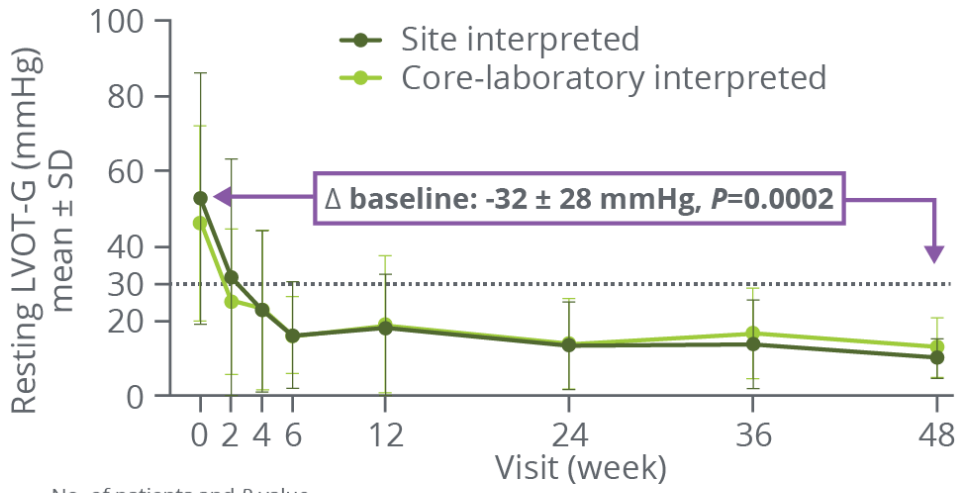
Masri A. et al. "*Aficamten* in Patients with Symptomatic Non-Obstructive Hypertrophic Cardiomyopathy (REDWOOD-HCM Cohort 4)". ESC HF 2023.

FOREST-HCM: Open Label Extension

Long-term treatment shows sustained improvement in LVOT-G

48 Weeks: Resting LVOT Gradient

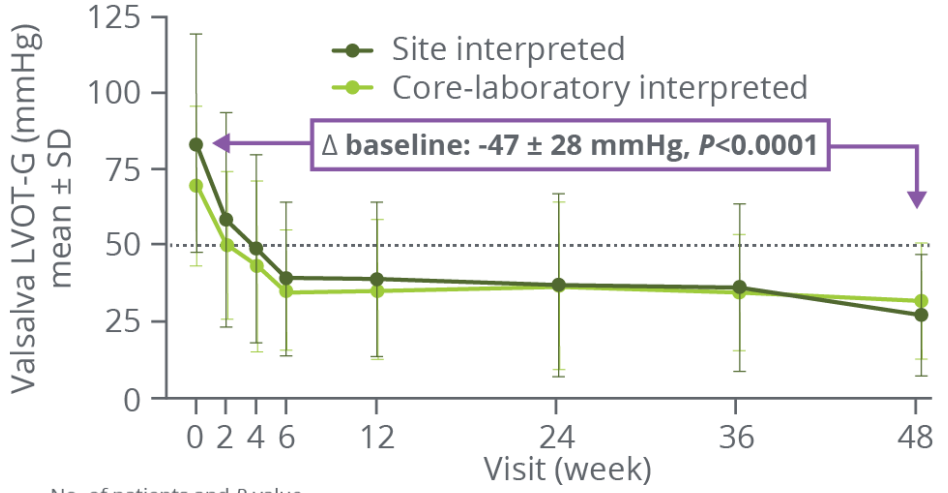


No. of patients and *P*-value

Core	35‡	35‡	35‡	35‡	32‡	38‡	26‡	15†
Site	45‡	45‡	43‡	43‡	40‡	38‡	27‡	17†

†*P*<0.001; ‡*P*<0.0001

48 Weeks: Valsalva LVOT Gradient



No. of patients and *P*-value

Core	35‡	35‡	35‡	35‡	32‡	38‡	27‡	15†
Site	45‡	45‡	43‡	43‡	40‡	38‡	27‡	17†

†*P*<0.001; ‡*P*<0.0001

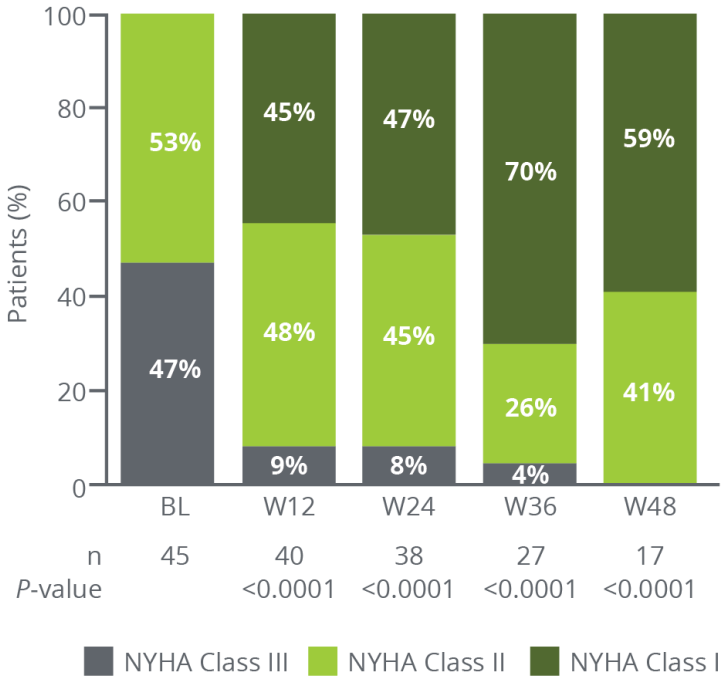
Aficamten **is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

Saberi et al. "Long-Term Efficacy and Safety of *Aficamten* in Patients with Symptomatic Obstructive Hypertrophic Cardiomyopathy". ACC 2023.

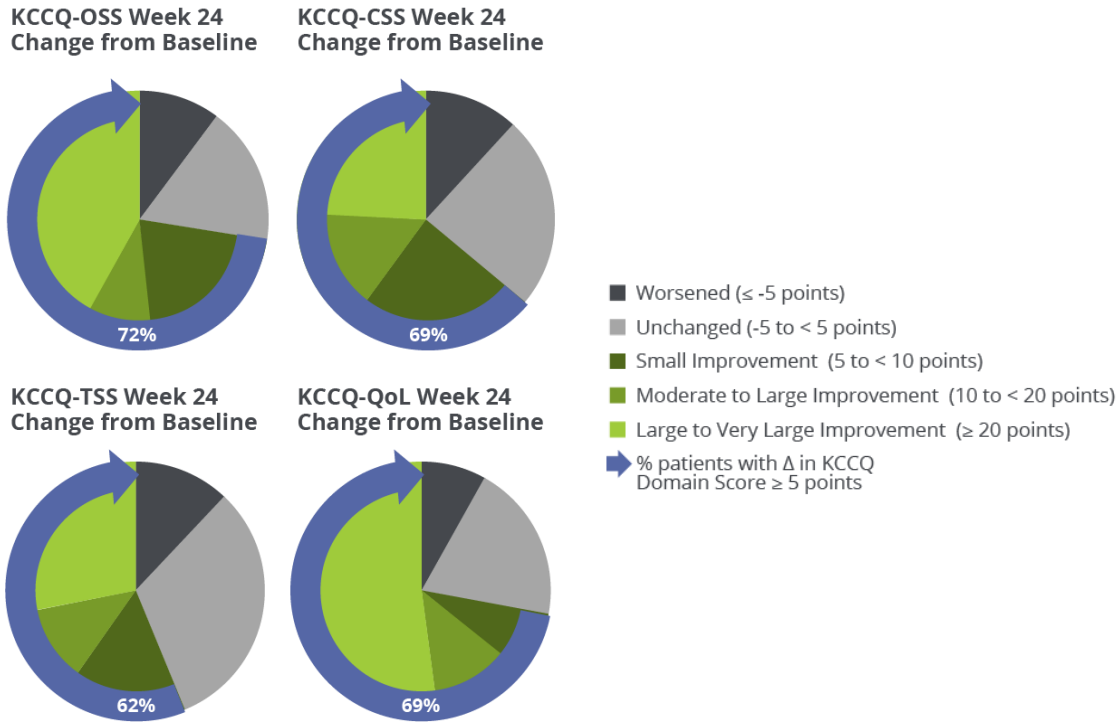
FOREST-HCM: Open Label Extension

Long-term treatment shows sustained improvement NYHA class and KCCQ

48 Weeks: Improvement in NYHA Class



24 Weeks: Change from Baseline KCCQ Scores



Aficamten **is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

1. Saberi et al. "Long-Term Efficacy and Safety of *Aficamten* in Patients with Symptomatic Obstructive Hypertrophic Cardiomyopathy". ACC 2023.
2. Saberi et al. "Improvement in KCCQ Scores in Patients with Obstructive Hypertrophic Cardiomyopathy Treated with *Aficamten* in the REDWOOD-HCM OLE Study." HFSA 2022.

Safety Data: Phase 2 & OLE

- **oHCM → Cohorts 1, 2, & 3: After 10-weeks of treatment**
  - 2 SAEs reported in 41 *aficamten*-treated → none were related to *aficamten* treatment
  - No treatment interruptions or discontinuations
  - Transient and asymptomatic decrease in LVEF < 50% occurred in 2 of 41 *aficamten*-treated patients
- **nHCM → Cohort 4: After 10-weeks of treatment**
  - Well tolerated - 85% achieved maximal dose (15 mg)
  - Transient and asymptomatic decrease in LVEF < 50% occurred in 3 of 41 *aficamten*-treated patients
  - One death unrelated to *aficamten* treatment - sudden cardiac death (SCD) in patient with history of aborted SCD x 2 prior to participation. Two days before event, LVEF was normal, NT-proBNP was lower and plasma concentration of *aficamten* was within the expected range

- **oHCM → FOREST-HCM: 45 patients and up-to 12-months of treatment (as of Q1 2023)**
  - No SAE's related to *aficamten* treatment
- **One treatment interruption in the setting of alcohol-related atrial fibrillation with a transient decrease in LVEF to <50% (as of Q1 2023)**

SEQUOIA-HCM: Phase 3 Trial

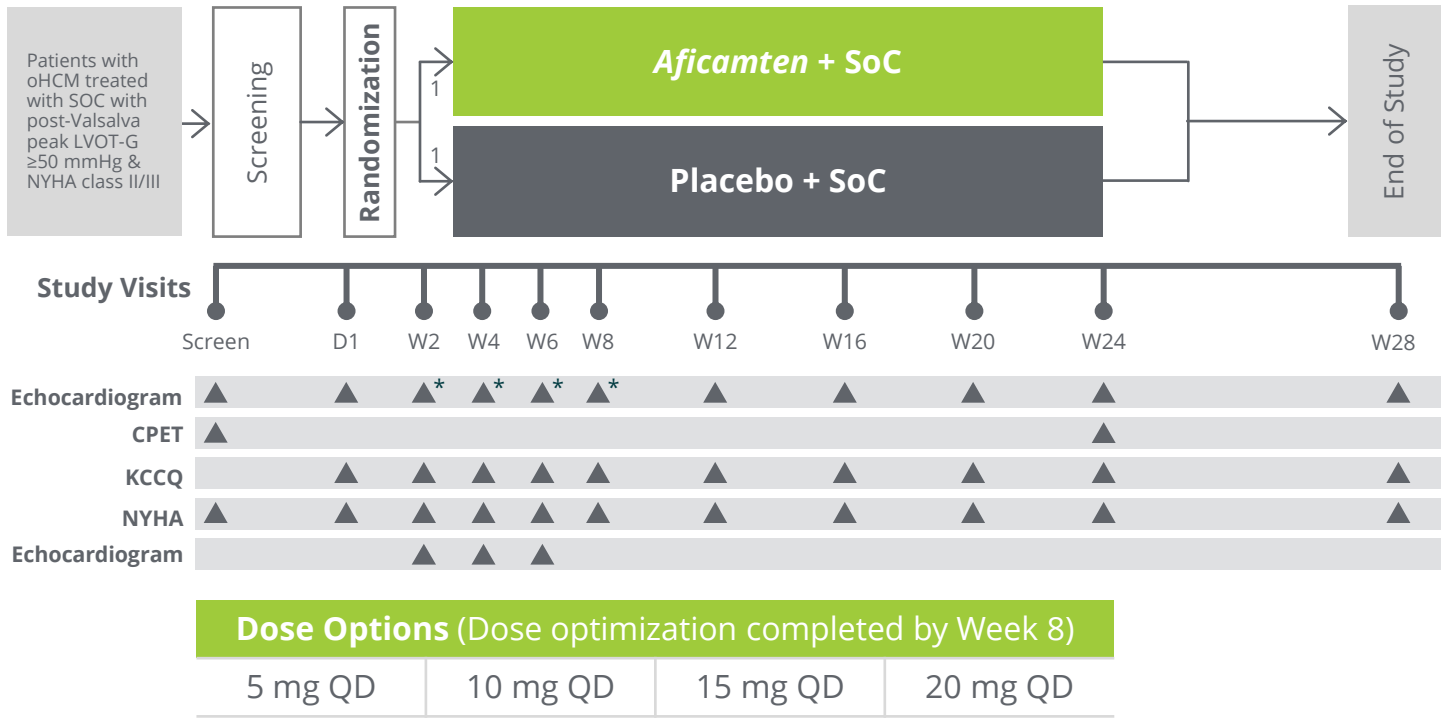
Completed enrollment; expect topline results in Q4 2023

Primary endpoint: **Change in pVO_2 by CPET from baseline to Week 24**

Secondary objectives include measuring **change in KCCQ & improvement in NYHA class at week 12 and 24**

Enrolled 282 patients treated with standard of care with:
- **resting LVOT-G ≥30 mmHg,**
- **post-Valsalva LVOT-G ≥50 mmHg,**
- **NYHA Class II or III,**
- **exercise performance <80% predicted**

Individualized dose up-titration based on echocardiography: LVEF ≥55%, post-Valsalva LVOT-G ≥30 mmHg



Dose Options (Dose optimization completed by Week 8)			
5 mg QD	10 mg QD	15 mg QD	20 mg QD

SOC: standard of care
* Focused echocardiogram

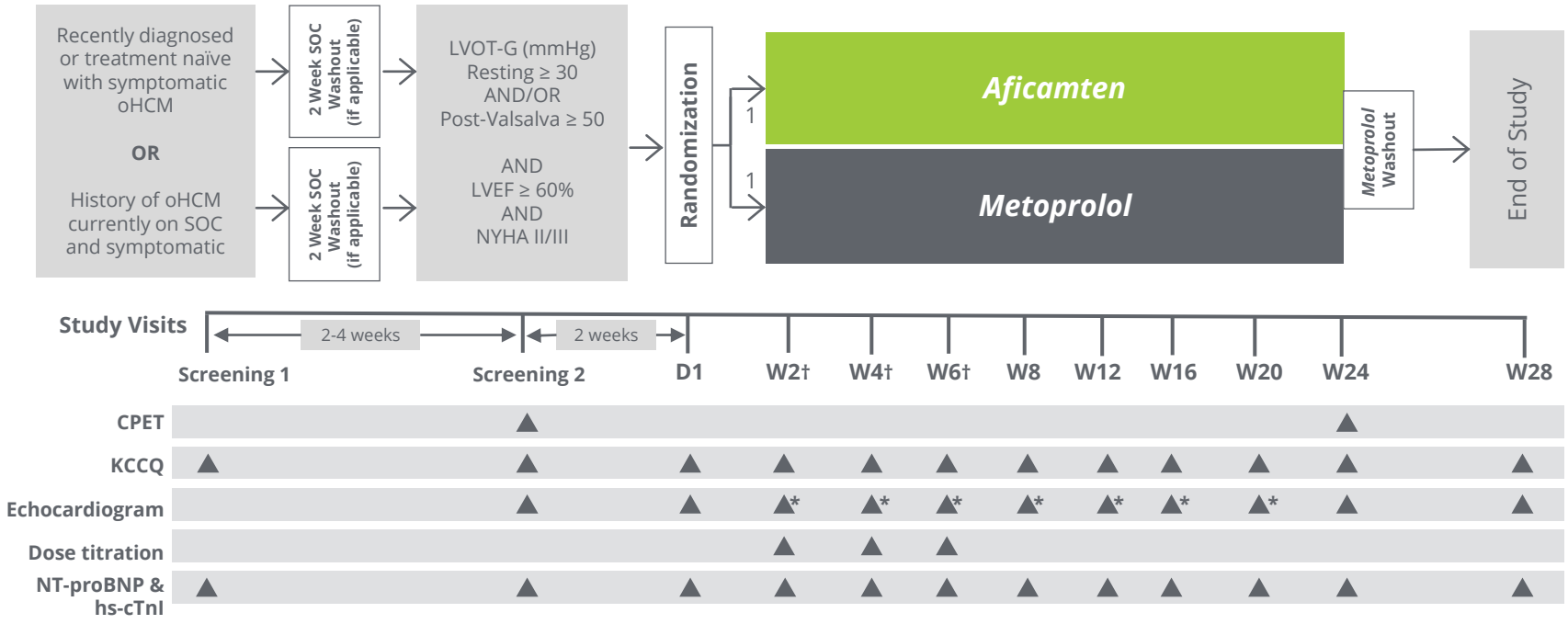
MAPLE-HCM: Phase 3 Monotherapy Trial

Open to enrollment

MAPLE HCM

Active-comparator trial of *aficamten* as monotherapy vs. *metoprolol* in patients with oHCM

- Trial to enroll approximately **170 patients**
- Primary endpoint: **change in peak VO2, assessed by CPET from baseline to Week 24**
- Secondary endpoints: **change in NYHA class, KCCQ, NT-proBNP, and measures of structural remodeling**

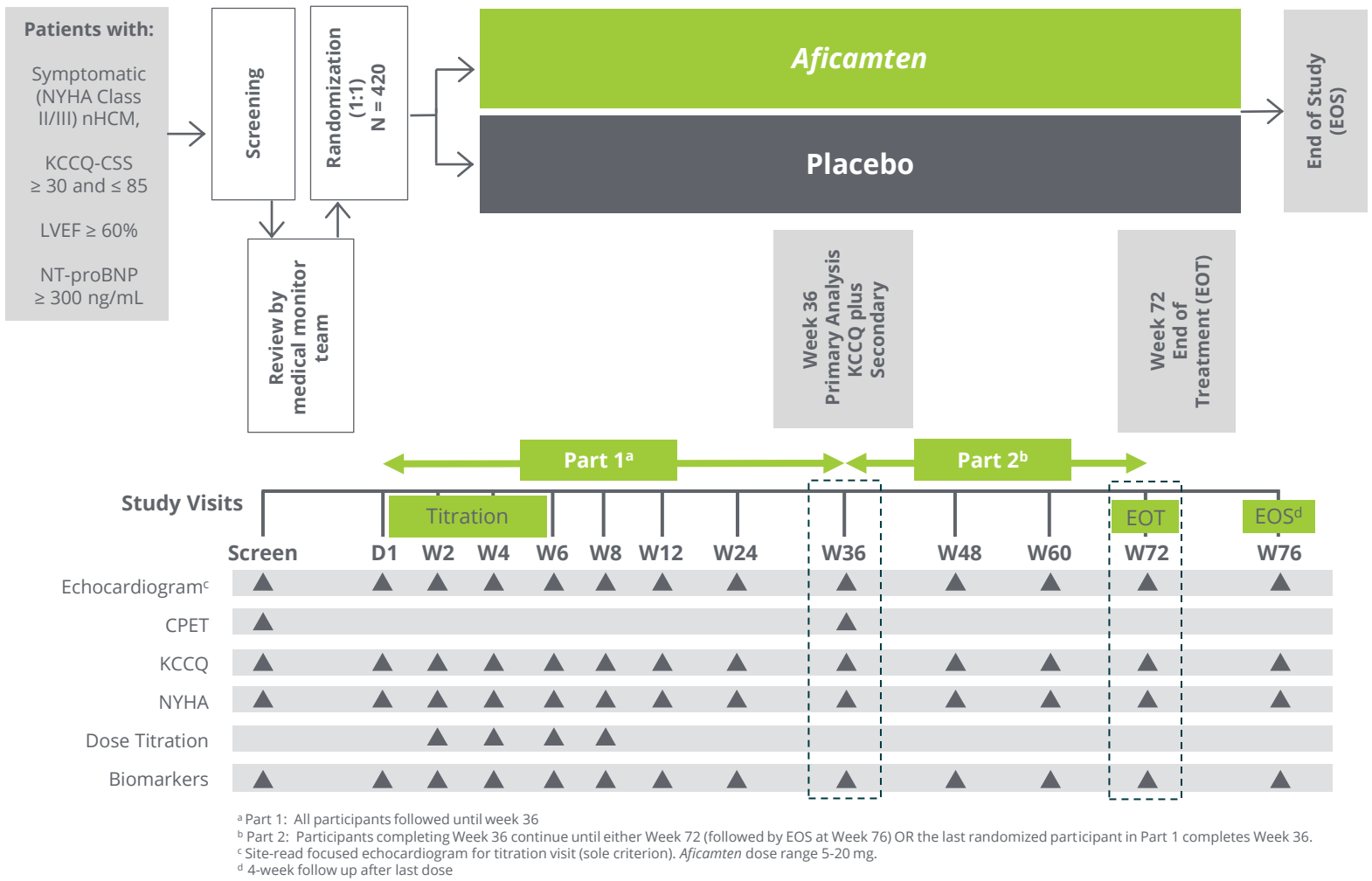


SOC: standard of care
* Focused echocardiogram

ACACIA-HCM: Pivotal Phase 3 Trial in nHCM

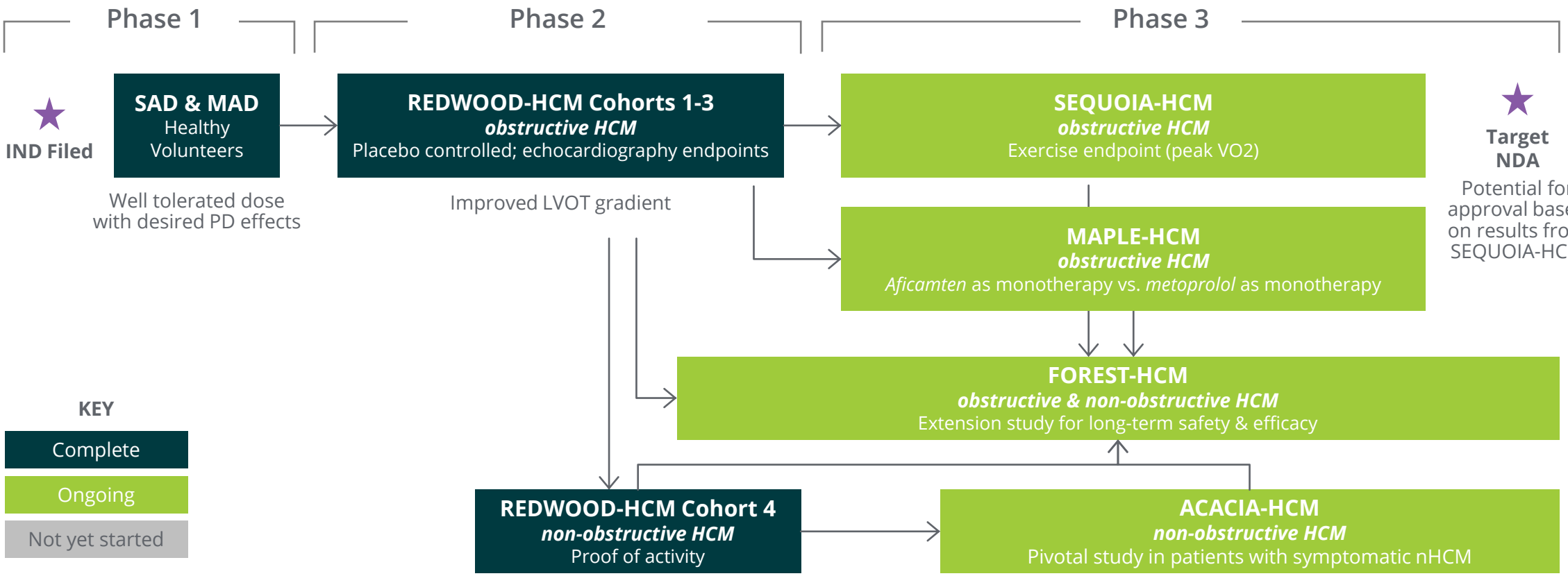
Open to enrollment

- Trial to enroll approximately **420 symptomatic nHCM patients**
- Primary endpoint: **change in KCCQ Clinical Summary Score** from baseline to Week 36
- Secondary endpoints: change in **pVO2, Ve/VCO2, left atrial volume index (LAVI), NT-proBNP** and the proportion of patients with ≥1 class improvement in **NYHA** from baseline to Week 36, as well as **time to first cardiovascular event**

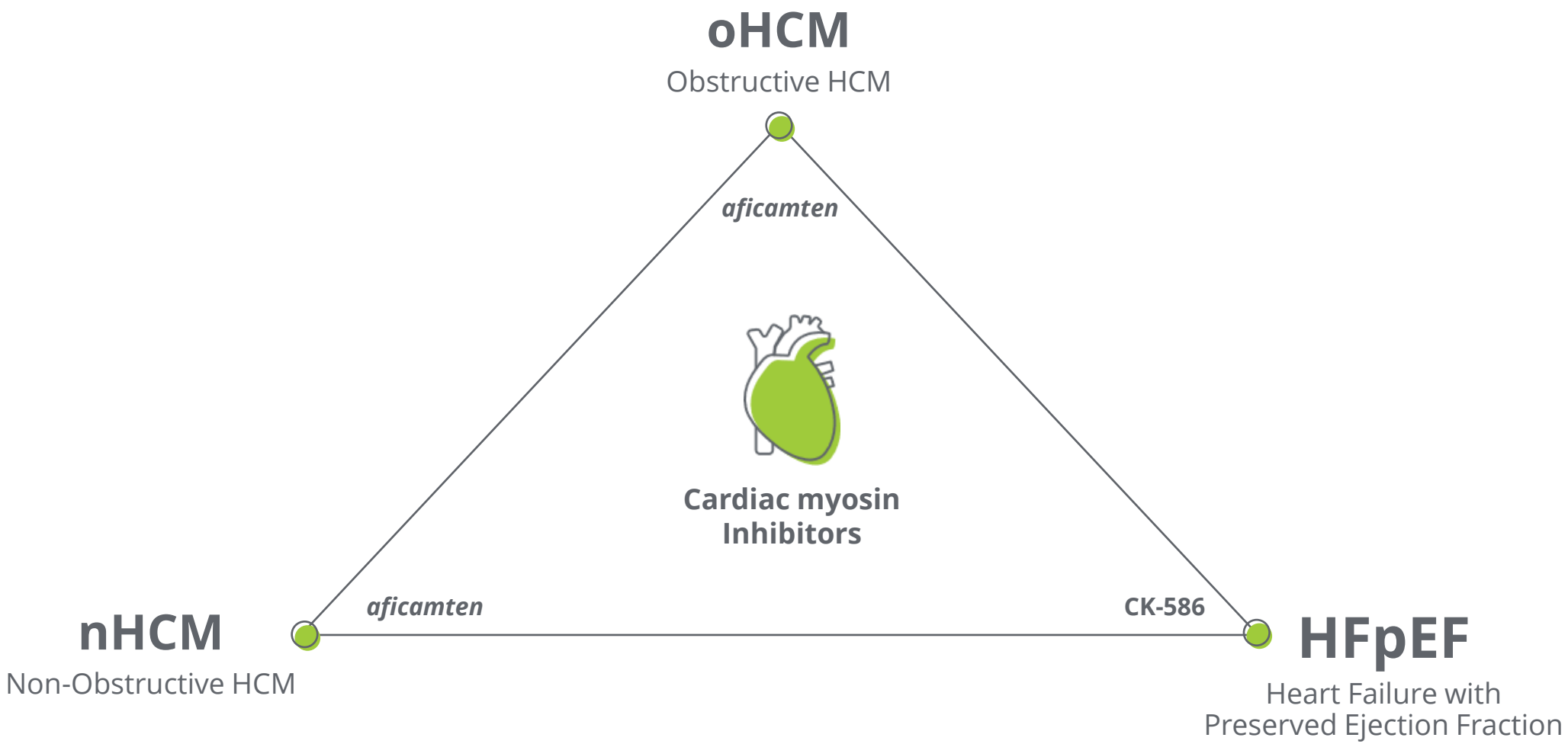


[a] Part 1: All participants followed until week 36
[b] Part 2: Participants completing Week 36 continue until either Week 72 (followed by EOS at Week 76) OR the last randomized participant in Part 1 completes Week 36.
[c] Site-read focused echocardiogram for titration visit (sole criterion). *Aficamten* dose range 5-20 mg.
[d] 4-week follow up after last dose

Aficamten: Clinical Development Plan for HCM



Novel Approach May Address Multiple Unmet Patient Needs



Aficamten: Targeting Patients with Unmet Need

Positive HCP Anticipation for *Aficamten*

Significant number of KOLs potentially see *aficamten* as an improvement to standard-of-care given the unique MOA; particularly interested in:

- Rapid and sustained LVOT-G reduction
- Rapid improvement in symptoms
- Reduction in septal wall thickness

Characteristics of the Ideal US HCM Patient for *Aficamten*

- Symptomatic, uncontrolled (non-responsive, refractory) to standard-of-care

  or

- Contra-indication for standard-of-care or other cardiac myosin inhibitors

  or

- Newly diagnosed patients

***Aficamten* is an investigational agent and is not approved by any regulatory agency. Its safety and efficacy have not been established.**
Cogent Primary Mkt Research, USA 2022 (n = 150)

Aficamten: Brand Strategy

Aspirational Brand Goal: Establish *aficamten* as foundational therapy for HCM patients

COMPETE: In HCM Market

- Differentiate on product attributes of value to patients and physicians

EXPAND: Customer Base

- Leverage differentiated safety profile and limited drug-drug interactions
- Leverage CV franchise infrastructure, market understanding, and relationships

MAINTAIN: Patient on Therapy

- Ensure access through patient support services
- Provide patient support tools to manage dosing regimens and persistence

GROW: Undiagnosed

- Invest in disease education and genetic testing programs

Aficamten: Market Access Strategy

Get rapid and parity access

- Learn from first to market access experience
- Leverage existing access relationships
- Secure profitable access to support efficient, desired prescribing position
- Devise distribution network to complement product strategy

Clear pricing based on benefit

- Relative pricing position to be supported by market research
- Pricing strategy consistent with product strategy

Develop value proposition and value story

- Driven by clinical benefit and utility relative to alternatives
- Generate, disseminate and communicate health economics & outcomes research supporting value of differentiated treatment

Omecamtiv Mecarbil

Cytokinetics

Omecamtiv mecarbil is an investigational agent and has not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of this product has not been established.

Omecamtiv Mecarbil: Current Status

No current plans to conduct additional clinical trial of *omecamtiv mecarbil*

Received CRL from FDA
Feb 28, 2023

GALACTIC-HF not sufficiently persuasive to establish substantial evidence of effectiveness for reducing the risk of heart failure events and cardiovascular death in adults with chronic HFrEF

2023

- **Engaged with FDA** to understand the FDA's views related to the CRL
- Continue to pursue **international approvals** of *omecamtiv mecarbil*
  - MAA on file with EMA
  - NDA on file with NMPA's CDE
- Continue to seek partnerships in Europe and Japan

Emerging Cardiovascular Pipeline
CK-136 & CK-586

Cytokinetics

CK-136 and CK-586 are investigational agents and have not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of these products have not been established.

Early Development Supports Cardiovascular Portfolio

CK-136

Cardiac troponin activator for the potential treatment of patients with heart failure with reduced ejection fraction (HFrEF) and other types of heart failure, such as right ventricular failure, resulting from impaired cardiac contractility

CK-586

Cardiac myosin inhibitor designed to potentially reduce the hypercontractility associated with heart failure with preserved ejection fraction (HFpEF)

Additional Research

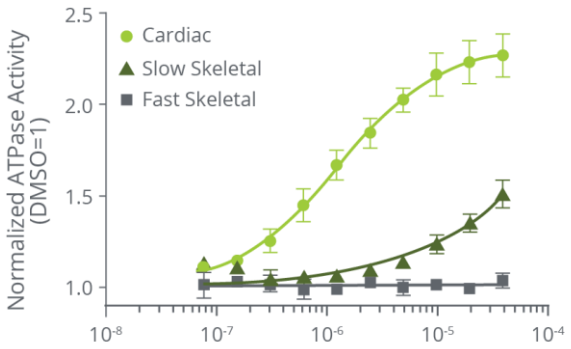
Advancing pre-clinical research in the mechanics of muscle contractility as well as energetics, growth and metabolism

CK-136: Mechanism of Action

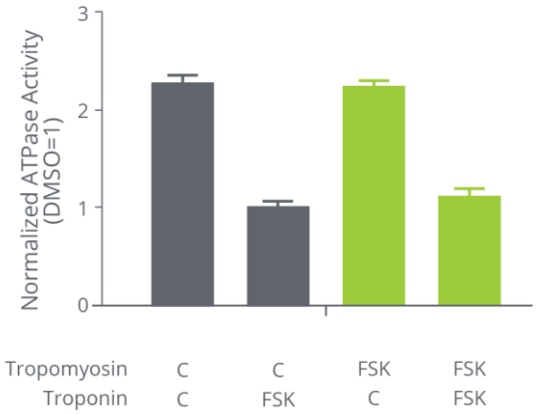
Key biochemical and cellular features

The first selective cardiac troponin activator

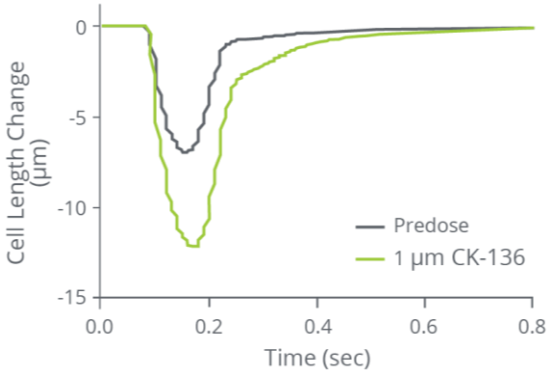
Greater ATPase Activity



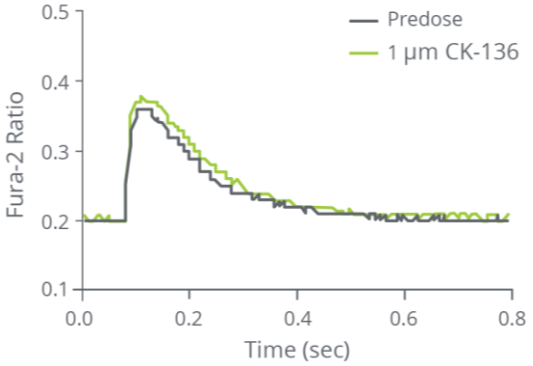
Greater ATPase Activity



Contractability Strongly Activated After Treatment



Calcium Transients Unchanged After Treatment



[1]PD Window = Maximum Tolerated Concentration (MTC) / 10% increase in Fractional Shortening (FS)

CK-136 is an investigational agent and has not been approved for use by any regulatory agency. Its safety and efficacy have not been established.

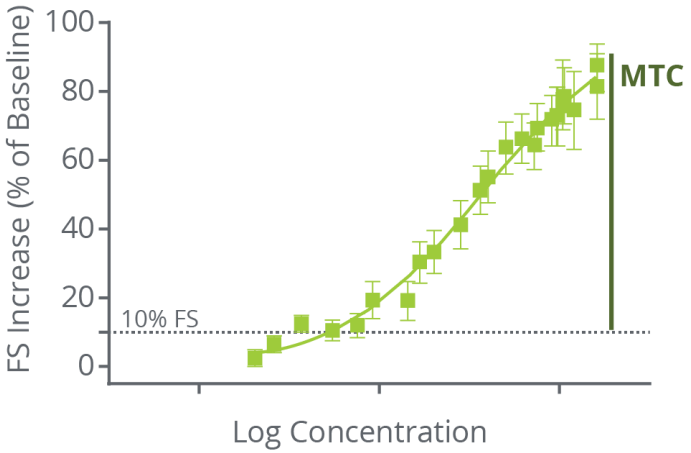
CK-136: Exposure Response Relationship

Exposure-response of troponin activator is shallower than myosin activator

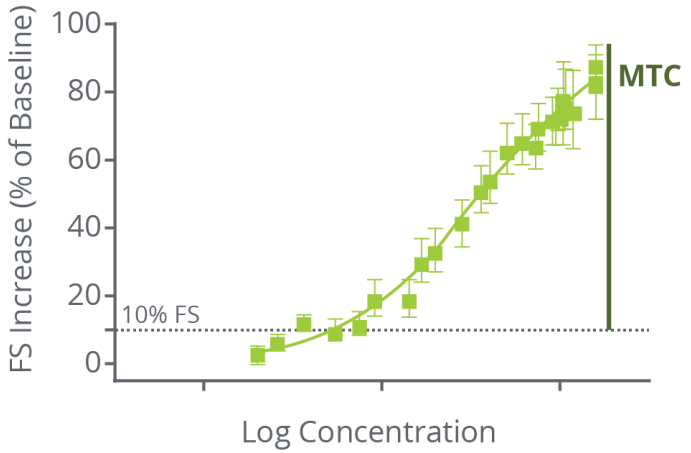
Phase 1 study in progress

Animal Models of Cardiac Function

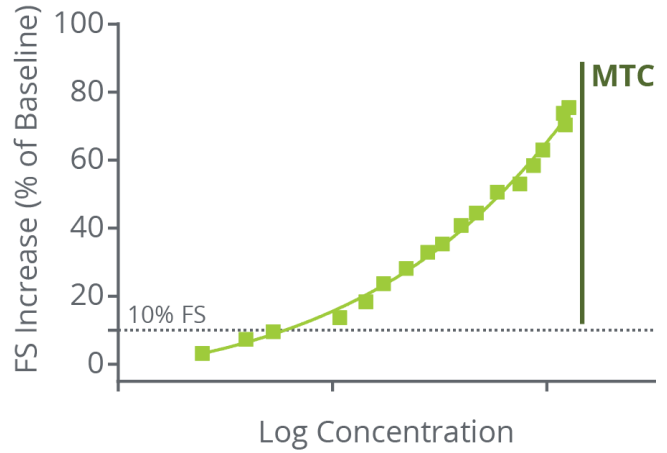
Healthy Rats PD Window[1]
≥15X



MI Rats PD Window[1]
≥15X



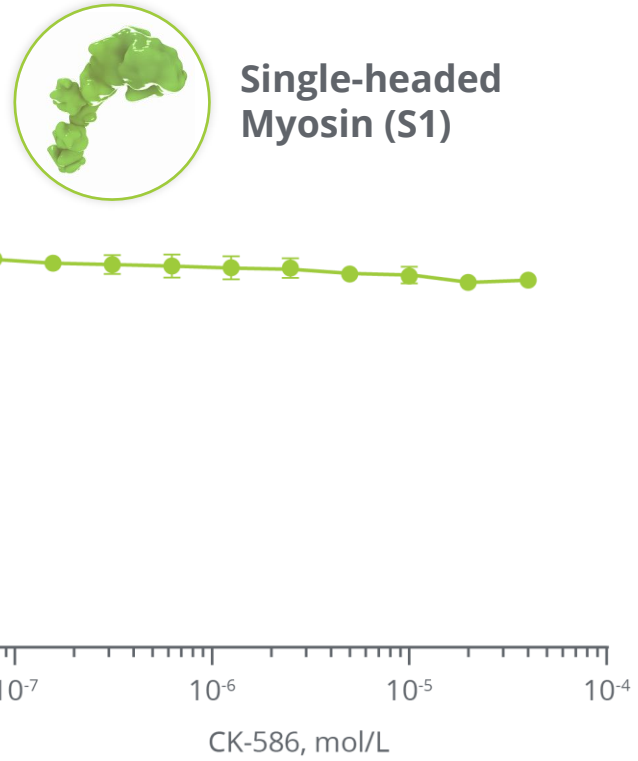
Healthy Dogs PD Window[1]
≥15X

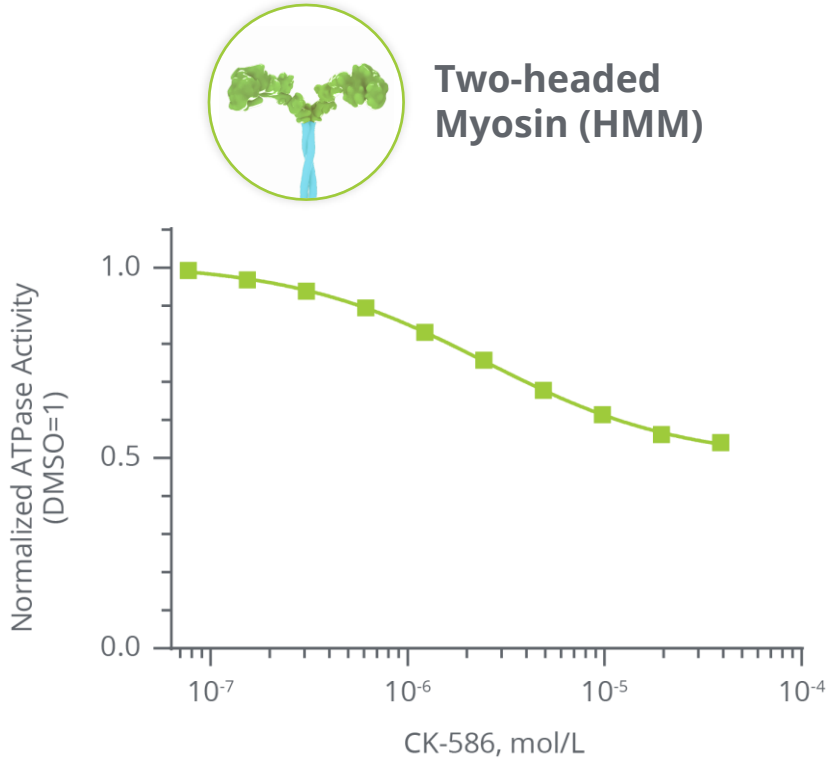


[1]PD Window = Maximum Tolerated Concentration (MTC) / 10% increase in Fractional Shortening (FS)

CK-586: Distinct Mechanism of Action from *Aficamten*

CK-586 inhibits actin-activated ATPase of HMM only; *aficamten* inhibits both S1 and HMM





Based on preclinical testing

Sarcomere Directed Therapies

Corporate Profile

Cytokinetics

Robust Pipeline, Solid Financial Position

Pipeline

1-2 Potential commercial launches in 2025

5 Clinical stage programs

10 Development programs by 2025

Programs

HCM

Aficamten

- **SEQUOIA-HCM** ongoing (Phase 3 trial in oHCM)
- **MAPLE-HCM** ongoing (Phase 3 monotherapy trial in oHCM)
- **ACACIA-HCM** ongoing (Phase 3 trial in nHCM)
- **FOREST-HCM** (OLE) ongoing

Heart Failure

Omecamtiv mecarbil

- Engaging with FDA
- Pursuing international approvals

CK-136

- Results from Phase 1 2H

CK-586

- Conduct Phase 1 study of CK-586

Ongoing R&D

Additional research in muscle biology, energetics & metabolism

Foundations

~420
Full time employees
As of July 2023

~$593M
At Q2 2023

nearly **2 years**
Cash runway
based on 2023 Financial Guidance
As of June 2023

Timelines and milestones reflect Cytokinetics' current expectations and beliefs

Balance Sheet & Financial Guidance

Nearly 2 years cash runway based on 2023 guidance

2023 Condensed Balance Sheet

As of 6/30/2023

in millions

	Total
Cash and investments	$592.6
Accounts receivable	$1.0
PPE	$77.2
Leased assets	$80.9
Other assets	$28.2
Total Assets	**$779.9**
Convertible Debt	$545.0
Liability related to sale of future royalties	$313.2
Lease liability	$123.8
Other liabilities	$131.0
Total Liabilities	**$1,113.0**
Working capital	$521.0
Accumulated deficit	($1,845.9)
Stockholders' deficit	($333.1)
Wtd Avg Basic Shares Outstanding	**95.8**

2023 Financial Guidance

in millions

	Total
Cash Revenue	$5
Cash Operating Expenses	$390-410
Net	**~ $310-320**

1. Cytokinetics internal planning data. Outside services spend for clinical trials, CMC and toxicology studies

Expected 2023 Milestones

Aficamten

- Expect **topline results from SEQUOIA-HCM** by end of year
- Continue enrollment of **MAPLE-HCM, second Phase 3 trial of *aficamten*** in oHCM
- Continue enrollment of **ACACIA-HCM, pivotal Phase 3 trial of *aficamten* in nHCM**

Omecamtiv Mecarbil

- Pursue **international approvals** for *omecamtiv mecarbil*

Emerging Pipeline

- Expect data from **Phase 1 study of CK-136** in 2H
- Conduct Phase 1 study of **CK-586**

Cytokinetics

Thank You

Sarcomere directed therapies

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Actual patients who consented to use of their name, image, and condition.