



EMPOWERING

# muscle

EMPOWERING

# lives



Vi, diagnosed with HCM  
Avonne, diagnosed with HCM  
John, diagnosed with heart failure

# 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 *aficamten*, *omecamtiv mecarbil*, CK-586 or any of our other drug candidates; Cytokinetics’ commercial readiness for *aficamten* or *omecamtiv mecarbil*; our ability to submit a new drug application for *aficamten* with FDA in the third quarter 2024 or a marketing authorization application with EMA in the fourth quarter 2024, the likelihood and/or timing of regulatory approval for our planned new drug application for *aficamten*, *omecamtiv mecarbil* or any future new drug application for any of our other drug candidates or the anticipated timing of any interactions with FDA, EMA or any other regulatory authorities in connection thereto; the timing of our commencement of a new phase 3 clinical trial of *omecamtiv mecarbil*, the timing of completion of MAPLE-HCM, ACACIA-HCM, CEDAR-HCM, or any of our other clinical trials, the efficacy or safety of *aficamten*, *omecamtiv mecarbil*, 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; the properties, potential benefits and commercial potential of *aficamten*, *omecamtiv mecarbil*, CK-586 or any of Cytokinetics’ other drug candidates, our ability to satisfy the conditions for disbursement of additional capital/loans under our agreements with Royalty Pharma, or Royalty Pharma’s decision to opt-in to the further development of CK-586 for additional funding. 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”). This presentation concerns drug candidates that are under clinical investigation, and which have not yet been approved by the U.S. Food and Drug Administration. These are currently limited by federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

Disclaimer: The assumptions used in the preparation of this presentation, although considered reasonable by us at the time of preparation, may prove to be incorrect. You are cautioned that the information is based on assumptions as to many factors and that actual results may vary from the results projected and such variations may be material. Accordingly, you should not place undue reliance on any forward-looking statements contained herein or rely on them as predictions of future events.

The trademarks, trade names and service marks appearing in this presentation are the property of their respective owners. Certain information contained in this presentation relate to or are based on studies, publications and other data obtained from third-party sources as well as our own internal estimates and research. While we believe these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and make no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources.

# Our Mission

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

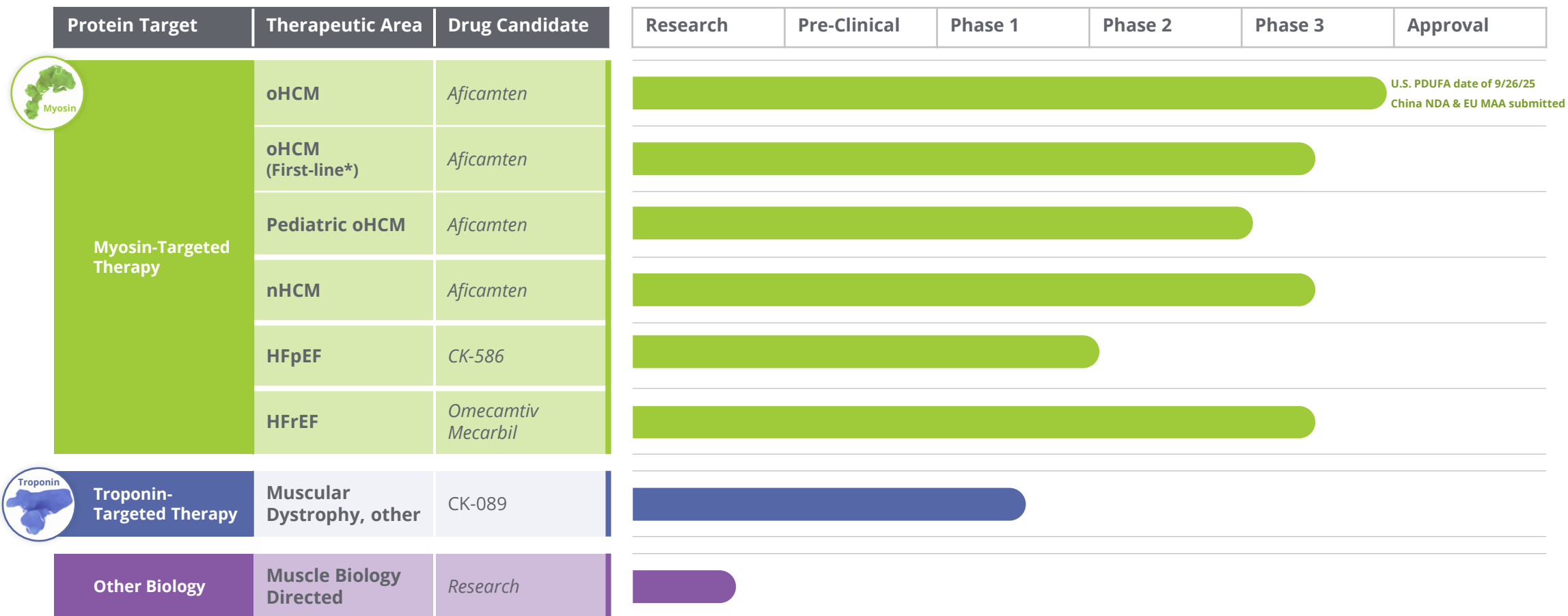
# VISION 2025

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 Commitment to Muscle-Directed Cardiac Medicines



\*Pending results from MAPLE-HCM, an ongoing Phase 3 clinical trial evaluating for the potential superiority of aficamten as monotherapy compared to metoprolol as monotherapy in patients with obstructive HCM.  
**All drug candidates above are investigational products and are not approved as safe or effective for any indication.**

# Strong Financial Position

Strengthened balance sheet & access to capital to execute launch & advance R&D pipeline

September 30, 2024	~\$1.3B in cash, cash equivalents and investments	
Further access to capital through term loans with Royalty Pharma (RP)	Access up to \$350M in term loans*	Add'l \$500M
Potential further funding through RP opt-in	RP, at its option, can invest up to <b>\$150M</b> in a Phase 3 trial of CK-586 in exchange for an additional*** 3.5% revenue participation interest in worldwide net sales of CK-586	

*\*Term loans are comprised of Tranche 4, 5, and 7 Loans*

*Tranche 4: Cytokinetics is eligible to draw up to \$75m by April 3, 2025. The minimum draw for tranche 4 is \$50m.*

*Tranche 5: Cytokinetics, at its option, is eligible to draw up to \$100m during the 1-year period following the acceptance of the NDA filing for aficamten in oHCM provided that the NDA filing is accepted on or prior to March 31, 2025.*

*Tranche 7: Cytokinetics, at its option, is eligible to draw up to \$175m subject to conditions related to the approval of the NDA for aficamten in oHCM on or prior to December 31, 2025.*

*\*\*\* Royalty Pharma currently has a revenue participation interest of 1.0% of worldwide net sales of CK-586.*

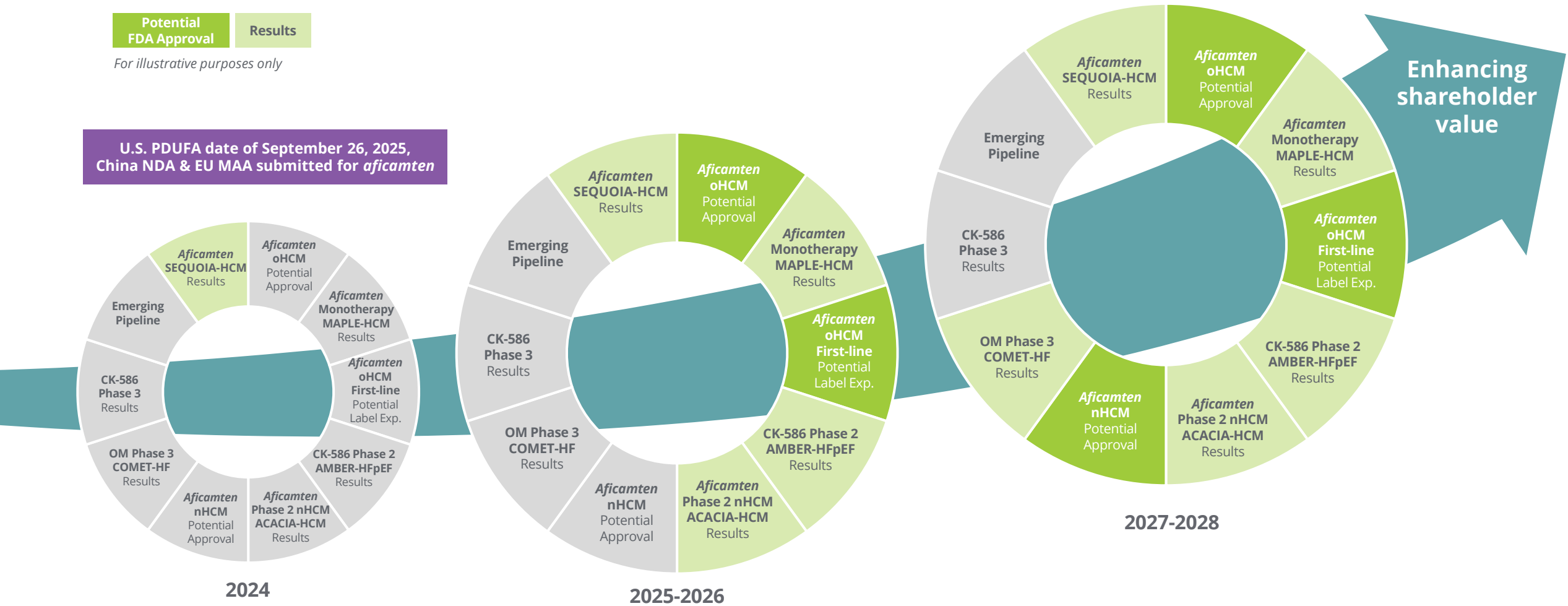
# Myosin Platform Fuels Multiple Milestones and Increased Value

Potential  
FDA Approval

Results

For illustrative purposes only

U.S. PDUFA date of September 26, 2025,  
China NDA & EU MAA submitted for *aficamten*



*Aficamten, omecamtiv mecarbil and CK-586 are investigational drugs and are not approved by any regulatory agency. Their safety and efficacy have not been established.*

# Cytokinetics Poised to Compete in the Specialty Cardiology Business

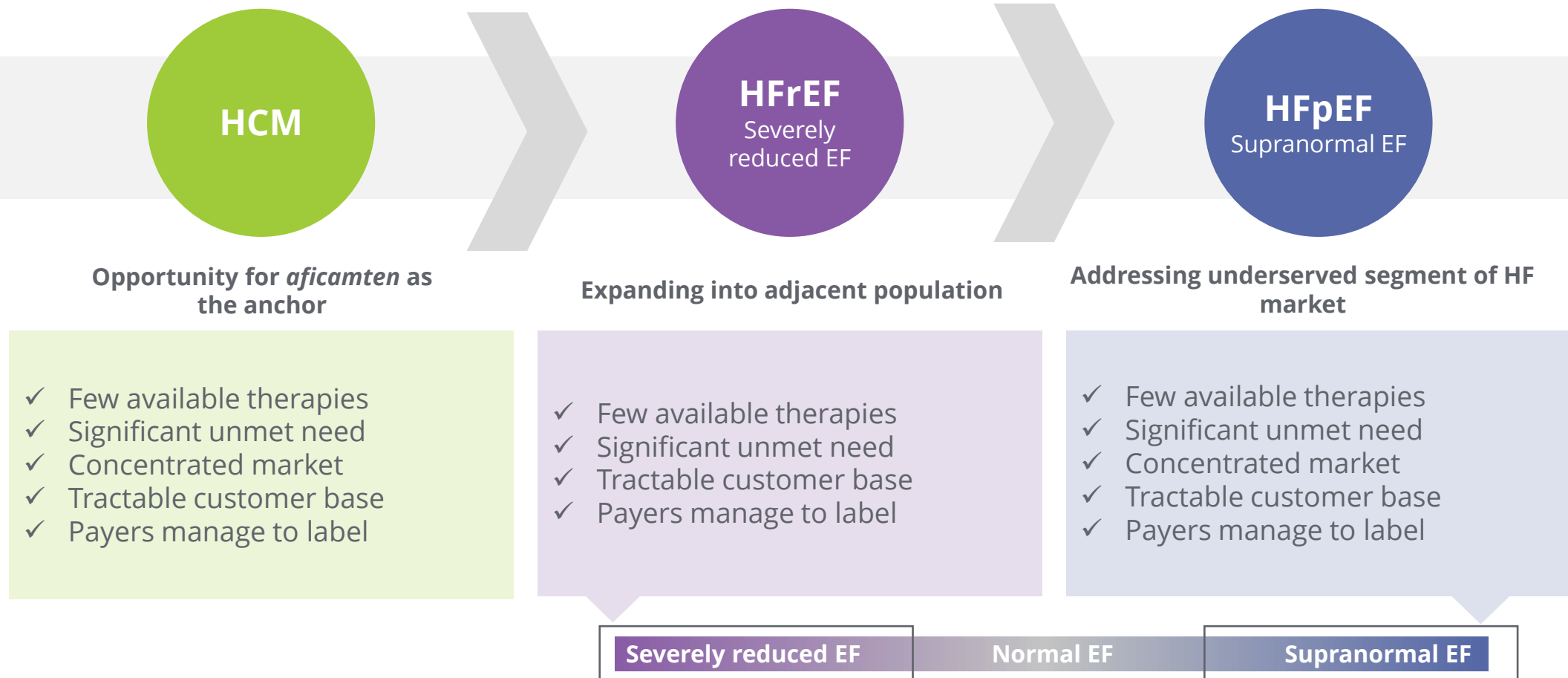
## Potential for high return on investment

	Broad Cardiology	Specialty Cardiology
<b>Example Therapies</b>	Heart failure, cholesterol, blood thinner	<b>HCM, TTR amyloidosis</b>
<b>Prescribers</b>	<i>Broad:</i> Cardiologists, PCPs (50K+)	<b><i>Concentrated:</i> Subset of cardiologists (~10K)</b>
<b>ROI / Prescriber</b>	Limited	<b>High</b>
<b>Distribution</b>	Retail	<b>Limited, specialty distributor</b>
<b>Customer-Facing Reps</b>	Entry level	<b>Highly experienced</b>
<b>Support Services</b>	<i>Standard:</i> Affordability / copay	<b><i>High-touch:</i> Financial, education, journey</b>
<b>Managed Care</b>	Competitive/high rebates	<b>Managed to label</b>
<b>Diagnosis</b>	High awareness and diagnosis rate	<b>Limited awareness with high % undiagnosed</b>
<b>HCP – Rep Interactions</b>	Brief features/benefits	<b>Comprehensive broad-based discussion</b>



# Addressing Difficult to Treat Populations Within Heart Failure

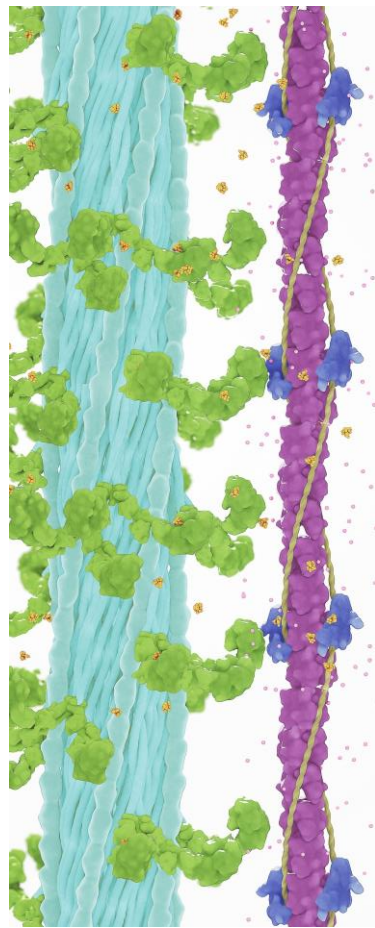
## Specialty cardiology franchise strategy applies to markets with similar characteristics



*Aficamten, omecamtiv mecarbil and CK-586 are an investigational drugs and are not approved by any regulatory agency. Their safety and efficacy have not been established.*

# Building a Specialty Cardiology Franchise Anchored by *Aficamten*

## Potential patient market for specialty cardiology franchise strategy



Estimated prevalence in US only

**450-700K<sup>1,2</sup>**  
oHCM patients  
in 2025-2026

*Aficamten*  
oHCM  
**SEQUOIA-HCM**  
First potential indication

**250-400K<sup>1,2</sup>**  
nHCM patients  
in 2027

*Aficamten*  
oHCM  
**MAPLE-HCM**  
Potential to expand to first-line treatment

**~840K<sup>3</sup>**  
HFrEF + EF <30%  
in 2029

*Aficamten*  
nHCM  
**ACACIA-HCM**  
Potential to expand into nHCM

**800K<sup>4</sup>**  
HFpEF + EF ≥ 65%  
in 2030

*Omecamtiv  
Mecarbil*

HFrEF  
Potential in HFrEF

**CK-586**

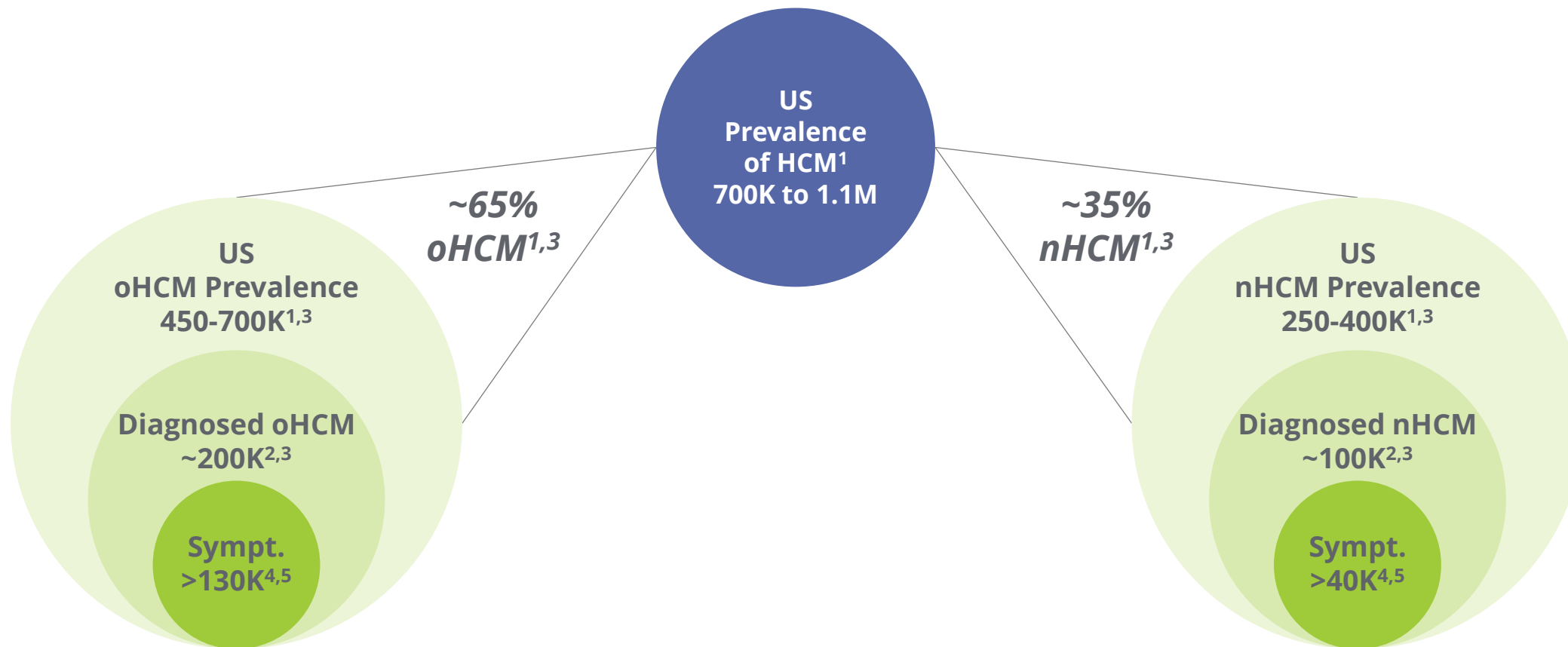
HFpEF  
With nHCM as a proxy, potential to expand into HFpEF

*All drug candidates above are investigational products and are not approved as safe or effective for any indication.*

1. Cardiovascular Research Group: CVrg Market Strategies: Heart Failure, p 48, Q4 2022; Maron BJ: et al: Prevalence of Hypertrophic Cardiomyopathy In A General Population of Young Adults, Circulation 1995;92:785-789; Semsarian C. et al: New Perspectives on the Prevalence of Hypertrophic Cardiomyopathy, J. Am. Coll. Cardiol. 2015; 65: 1249-1254;
2. Lu DY et al: Clinical Outcomes in Patients With Nonobstructive, Labile, and Obstructive Hypertrophic Cardiomyopathy. J. Am. Heart Assoc. 2018;7:1-11
3. Greene et al JACC 2023; 81:413-424
4. Dunlay et al (2012) Circ Heart Fail. 2012 Nov;5(6):720-6. doi: 10.1161/CIRCHEARTFAILURE.111.966366. Epub 2012 Aug 30.

# ***Aficamten***

# Opportunity for CMLs in Diagnosed, Symptomatic HCM Patients



## Projections and forecasts for illustration.

1. Cardiovascular Research Group: CVrg Market Strategies: Heart Failure, p 48, Q4 2022; Maron BJ: et al.: Prevalence of Hypertrophic Cardiomyopathy In A General Population of Young Adults, *Circulation* 1995;92:785-789; Semsarian C. et al: New Perspectives on the Prevalence of Hypertrophic Cardiomyopathy, *J. Am. Coll. Cardiol.* 2015; 65: 1249-1254;

2. DoF: SHA; Symphony PTD (Patient Transaction Data): Includes patients diagnosed since 2016 and having any HC transaction in the claims data universe in the last year June 2022-May 2023);

3. Lu DY et al: Clinical Outcomes in Patients With Nonobstructive, Labile, and Obstructive Hypertrophic Cardiomyopathy. *J. Am. Heart Assoc.* 2018;7:1-11

4. DoF: SHA Symphony PTD (Patient Transaction Data) includes any patients with symptoms in the last 2 years: angina, dyspnea, fatigue, palpitations, syncope, tachycardia; and/or treatments in the past 2 years: bb, ccb, dyso, ralo, Camzyos;

5. DoF Primary market research: 443 HCPs treating HCM - % of nHCM patients not considered under control with current SOC.

# Aficamten: Aspirational Target Profile

## Potential next-in-class cardiac myosin inhibitor

---



**Rapid  
onset**



**Rapid  
reversibility**



**Speed to  
optimal dose**



**Predictable  
dose response**



**No  
teratogenicity**



**No clinically  
meaningful  
P450 liabilities**

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

# SEQUOIA-HCM: Phase 3 Trial



Primary endpoint: **Change in pVO<sub>2</sub> by CPET from baseline to Week 24**

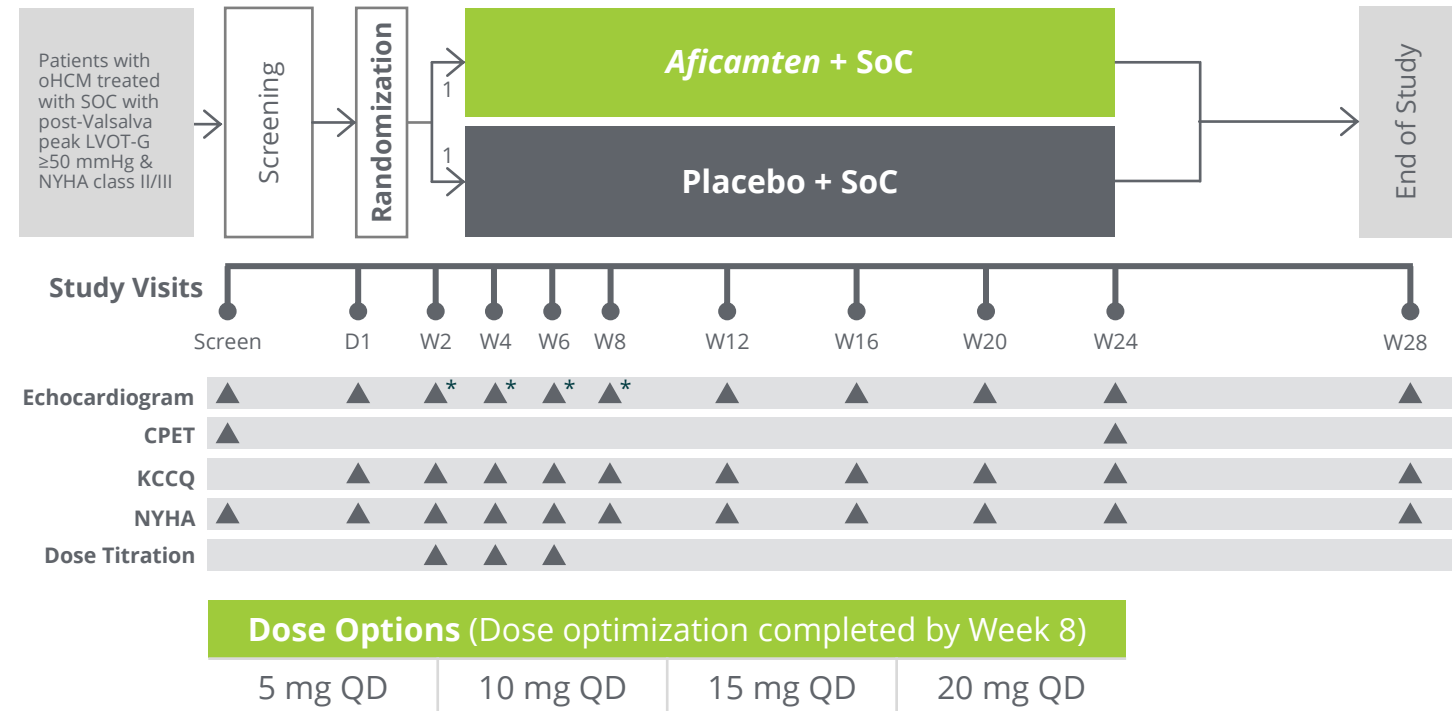
Secondary objectives include measuring **change in KCCQ & improvement in NYHA class at week 12 and 24**

Enrolled 282 patients treated with standard of care with:

- **resting LVOT-G  $\geq 30$  mmHg,**
- **post-Valsalva LVOT-G  $\geq 50$  mmHg,**
- **NYHA Class II or III,**
- **exercise performance  $< 80\%$  predicted**

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

SOC: standard of care  
\* Focused echocardiogram



# SEQUOIA-HCM: Baseline Characteristics



Baseline characteristics reflect highly symptomatic patient population with reduced exercise capacity

- Significant **symptom burden** despite background therapy
- 61% of patients on **beta-blockers**
- Baseline  $pVO_2$  reflects patient population with **reduced exercise capacity**

	Aficamten n=142	Placebo n=140
Age, y	59.2 ± 12.6	59.0 ± 13.4
Female sex, n (%)	56 (39.4)	59 (42.1)
Race, n (%)		
White	108 (76.1)	115 (82.1)
Geographic region, n (%)		
North America	49 (34.5)	45 (32.1)
China	24 (16.9)	22 (15.7)
Europe and Israel	69 (48.6)	73 (52.1)
Medical history, n (%)		
Hypertension	75 (52.8)	70 (50.0)
Paroxysmal atrial fibrillation	21 (14.8)	20 (14.3)
Permanent atrial fibrillation	2 (1.4)	1 (0.7)
CPET		
$pVO_2$ (mL/kg/min)	18.5 (4.5)	18.6 (4.5)
Percent of predicted $pVO_2$ (%)	58 (13)	57 (12)

Values are the mean ± SD unless otherwise indicated.

	Aficamten n=142	Placebo n=140
Background HCM therapy, n (%)		
Beta-blocker	86 (60.6)	87 (62.1)
Calcium channel blocker	45 (31.7)	36 (25.7)
Disopyramide	16 (11.3)	20 (14.3)
None	19 (13.4)	22 (15.7)
KCCQ-CSS	76 ± 18	74 ± 18
NYHA FC, n (%)		
II	108 (76.1)	106 (75.7)
III/IV	34 (23.9)	34 (24.3)
Median NT-proBNP (IQR), pg/mL	818 (377–1630)	692 (335–1795)
Median hs-cTnI (IQR), ng/L	12.9 (7.6–33.6)	11.5 (7.7–25.0)
Echocardiographic parameters		
Valsalva LVOT-G, mmHg	82.9 ± 32	83.3 ± 33
Resting LVOT-G, mmHg	54.8 ± 27	55.3 ± 32
LVEF, %	74.8 ± 5.5	74.8 ± 6.3
Maximal LV wall thickness, mm	20.7 ± 3.0	21.0 ± 3.0

Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.  
Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

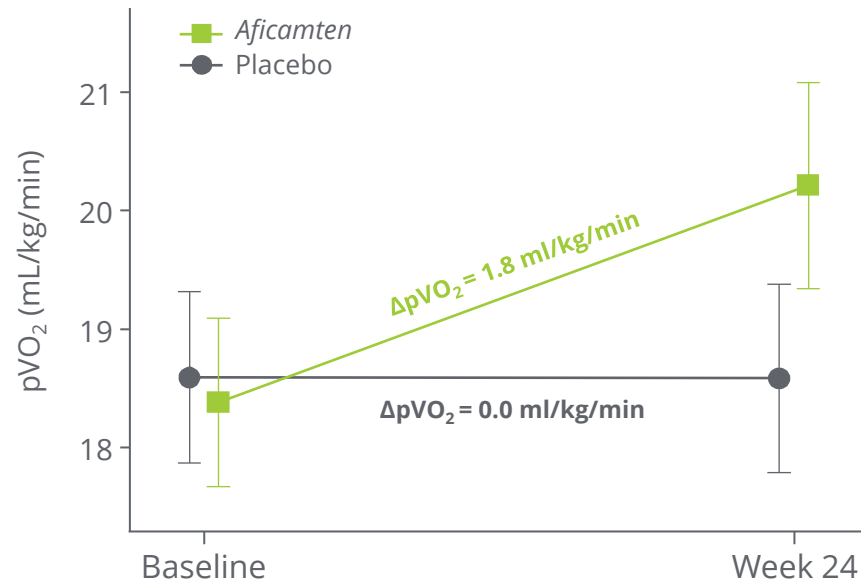
# SEQUOIA-HCM: Primary Endpoint

## Significant improvement in exercise capacity compared to placebo

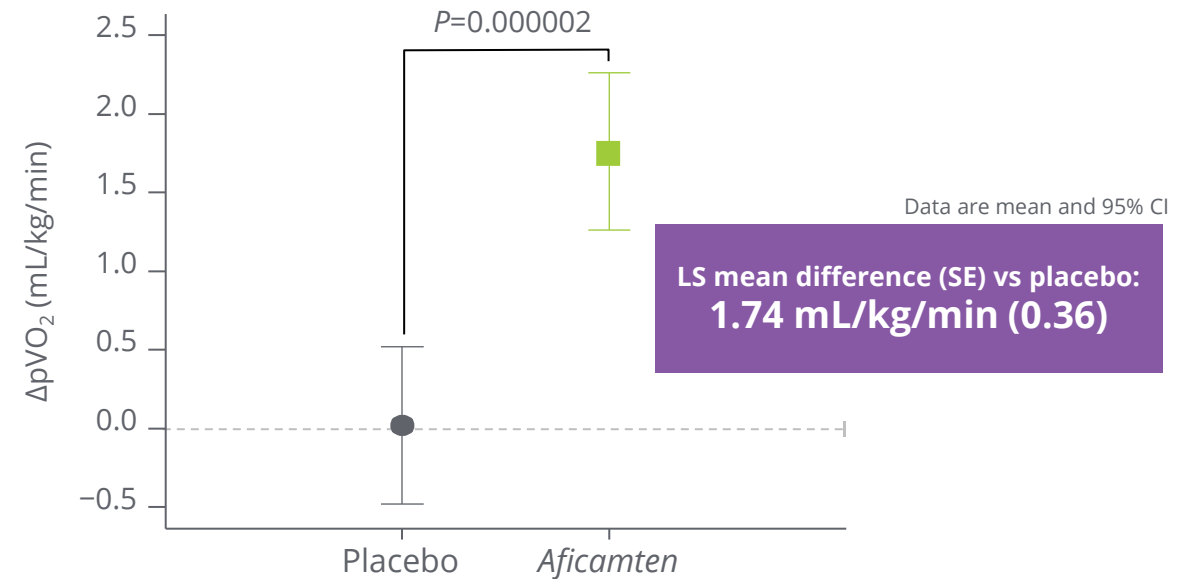


Results presented at Heart Failure 2024 and published in *NEJM*

Absolute Change from Baseline to Week 24



LS mean Change from Baseline to Week 24



*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*  
Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.



# SEQUOIA-HCM: Subgroup Analysis



Results consistent across all prespecified subgroups including patients receiving or not receiving background beta-blockers

	n (Afi/Plb)	Aficamten LS mean	Placebo LS mean	Mean difference (95% CI)		n (Afi/Plb)	Aficamten LS mean	Placebo LS mean	Mean difference (95% CI)
<b>Age</b>					<b>Baseline NT-proBNP (median)</b>				
<65 y	85/84	2.4	0.4	2.0 (1.1, 2.8)	≤ 788 pg/mL	66/73	2.2	0.6	1.7 (0.7, 2.7)
≥65 y	57/56	0.9	-0.5	1.4 (0.3, 2.5)	> 788 pg/mL	73/65	1.4	-0.6	2.0 (1.0, 2.9)
<b>Sex</b>					<b>CPET Modality</b>				
Male	86/81	2.5	0.7	1.8 (0.9, 2.7)	Treadmill	78/77	2.5	0.2	2.3 (1.4, 3.2)
Female	56/59	0.6	-0.8	1.4 (0.4, 2.5)	Bicycle	64/63	0.9	-0.1	1.0 (-0.0, 2.1)
<b>Baseline BMI</b>					<b>Baseline Median pVO<sub>2</sub></b>				
<30 kg/m <sup>2</sup>	97/94	1.9	0.1	1.8 (1.0, 2.7)	≤18.4 mL/kg/min	74/67	1.5	-0.1	1.6 (0.6, 2.5)
≥30 kg/m <sup>2</sup>	45/46	1.4	-0.2	1.6 (0.3, 2.8)	>18.4 mL/kg/min	68/73	2.0	0.1	1.9 (1.0, 2.9)
<b>Baseline Median LVEF</b>					<b>Baseline Beta-Blocker Use</b>				
≤75.6%	73/68	1.9	0.0	1.8 (0.8, 2.8)	Yes	86/87	1.4	-0.2	1.6 (0.7, 2.5)
>75.6%	69/72	1.7	0.0	1.6 (0.6, 2.6)	No	56/53	2.2	0.2	1.9 (0.8, 3.1)
<b>Baseline NYHA FC</b>					<b>Baseline Resting LVOT (median)</b>				
Class II	108/106	2.0	0.3	1.7 (0.9, 2.5)	≤51.1 mmHg	72/69	1.8	0.5	1.3 (0.3, 2.3)
Class III /IV	34/34	1.0	-0.9	1.9 (0.5, 3.3)	>51.1 mmHg	70/71	1.7	-0.4	2.1 (1.2, 3.1)
<b>Baseline Median KCCQ-CSS</b>					<b>Genotype</b>				
≤78.1	67/75	1.7	-0.1	1.8 (0.8, 2.8)	Positive	20/22	1.6	-1.0	2.6 (0.9, 4.2)
>78.1	75/65	1.8	0.1	1.7 (0.7, 2.6)	Negative	71/70	1.4	-0.1	1.4 (0.5, 2.3)

Interaction P values were >0.05 for all prespecified subgroups

← Favors Placebo
Favors Treatment →
← Favors Placebo
Favors Treatment →

Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.  
Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

# SEQUOIA-HCM: Secondary Endpoints



Statistically significant improvements in all 10 pre-specified secondary endpoints

Endpoints	P value
<b>Primary Endpoint</b>	
pVO <sub>2</sub> change from baseline to Week 24	<0.0001
<b>Secondary Endpoints</b>	
1. KCCQ-CSS change from baseline to Week 24	<0.0001
2. NYHA Class Improvement by at least 1 class at Week 24	<0.0001
3. Valsalva LVOT-G change from baseline to Week 24	<0.0001
4. % Valsalva LVOT-G <30 mmHg at Week 24	<0.0001
5. Duration of SRT Eligible during 24 Weeks of Treatment	<0.0001
6. KCCQ-CSS change from baseline to Week 12	<0.0001
7. NYHA Class Improvement by at least 1 class at Week 12	<0.0001
8. Valsalva LVOT-G change from baseline to Week 12	<0.0001
9. % Valsalva LVOT-G <30 mmHg at Week 12	<0.0001
10. Total workload change from baseline to Week 24	<0.0001

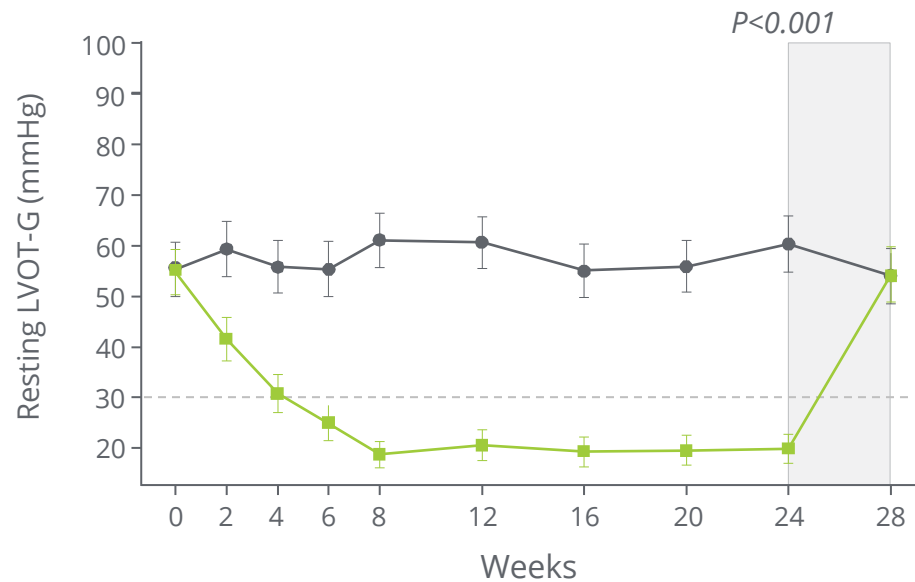
*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.  
Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.*

# SEQUOIA-HCM: Secondary & Exploratory Endpoints

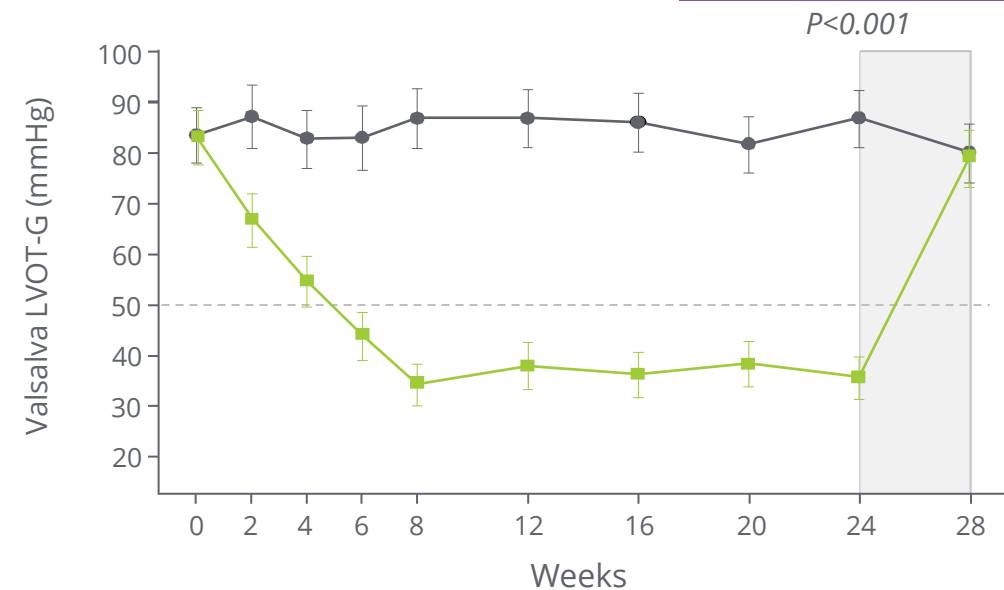


Significant improvement in gradients by ~60% with no significant adverse change in LVEF

## Resting LVOT-G



## Valsalva LVOT-G



LS mean difference:  
- 50 mmHg

■ Aficamten  
● Placebo  
■ Washout

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

*Error bars are 95% CI*

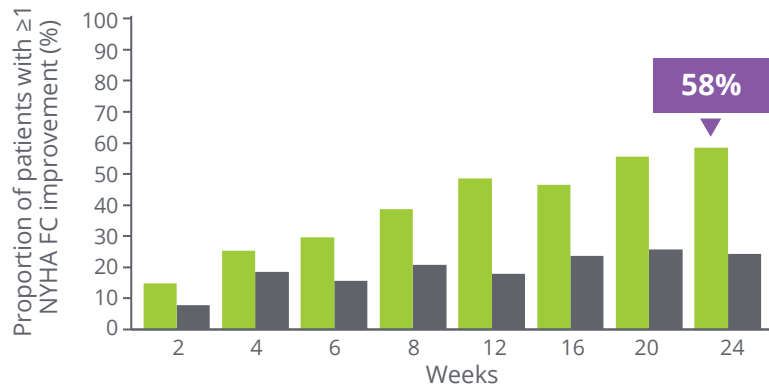
*Hegde S, et al. Impact of Aficamten on Echocardiographic Cardiac Structure and Function in Symptomatic Obstructive Hypertrophic Cardiomyopathy. JACC. 2024.*

# SEQUOIA-HCM: Secondary & Exploratory Endpoints



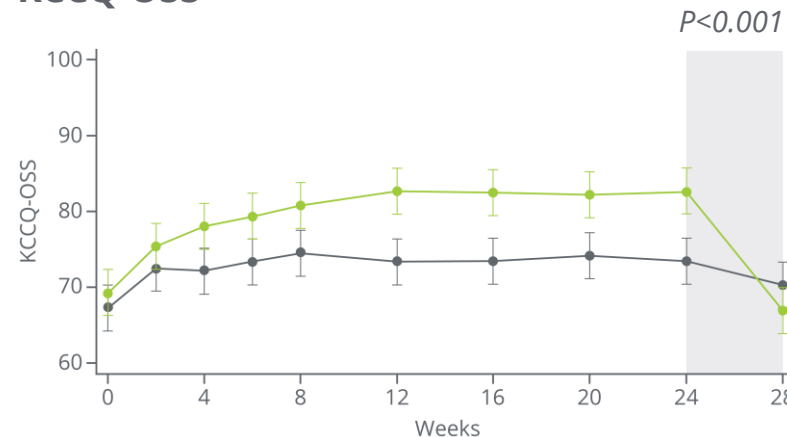
Significant improvement in patient symptom burden and quality of life

## ≥1 NYHA FC Improvement<sup>1</sup>



— Aficamten  
— Placebo  
— Washout

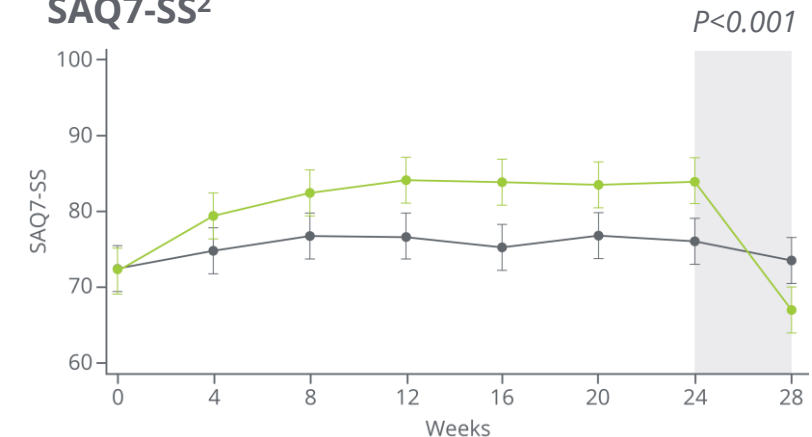
## KCCQ-OSS<sup>2</sup>



Mean difference between *aficamten* & placebo = 7.9 points

30% on *aficamten* vs. 12% on placebo had an improvement of ≥20 points

## SAQ7-SS<sup>2</sup>



Mean difference between *aficamten* & placebo = 7.8 points

31% on *aficamten* vs. 14% on placebo had an improvement of ≥20 points

*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*  
Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.  
Sherrod C, et al. Effect of Aficamten on Health Status Outcomes in Obstructive Hypertrophic Cardiomyopathy: Results from SEQUOIA-HCM. JACC. 2024.

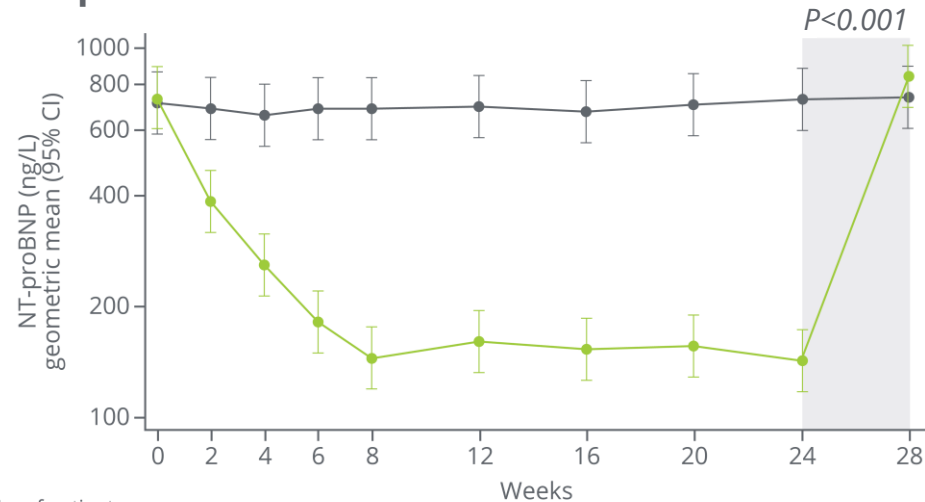
# SEQUOIA-HCM: Improvement in Biomarkers



Significant improvement in cardiac biomarkers indicative of cardiac wall stress & myocardial injury

## NT-proBNP

Treatment with *aficamten* led to **80% reduction** from baseline to week 24



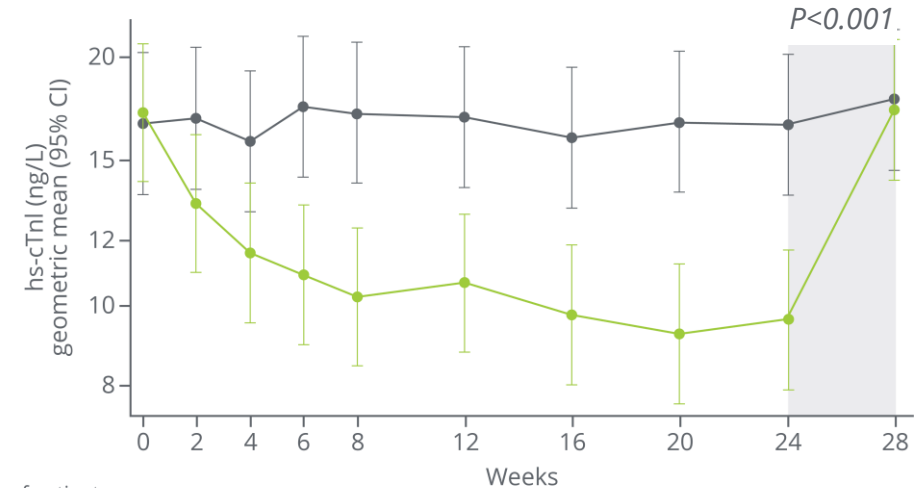
No. of patients

Aficamten	139	141	141	139	139	139	137	139	136	135
Placebo	138	138	139	136	137	135	135	137	136	135

- Aficamten
- Placebo
- Washout

## hs-cTnI

Treatment with *aficamten* led to **43% reduction** from baseline to week 24



No. of patients

Aficamten	139	139	136	134	138	138	135	137	136	134
Placebo	131	129	134	132	133	131	131	134	134	134

*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*  
Coats CJ, et al. Cardiac Biomarkers and Effects of Aficamten in Obstructive Hypertrophic Cardiomyopathy: The SEQUOIA-HCM Trial. Eur Heart J. 2024

# SEQUOIA-HCM: Responder Analysis



Significant improvement in exercise capacity and symptoms in composite responder endpoint

	Aficamten n=142	Placebo n=140
<b>≥1.5 mL/kg/min increase in pVO<sub>2</sub> and ≥1 NYHA FC improvement or ≥3.0 mL/kg/min increase in pVO<sub>2</sub> and no worsening of NYHA FC, n (%)</b>	60 (42)	19 (14)
≥1.5 mL/kg/min increase in pVO <sub>2</sub> and ≥1 NYHA class improvement	44 (31)	9 (6)
≥3.0 mL/kg/min increase in pVO <sub>2</sub> and no worsening of NYHA class	37 (26)	13 (9)
Both ≥3.0 mL/kg/min increase in pVO <sub>2</sub> and ≥1 NYHA class improvement	21 (15)	3 (2)
<b>Common rate difference vs placebo (95% CI) P value</b>	<b>28.7</b> (18.8, 38.6) <0.0001	

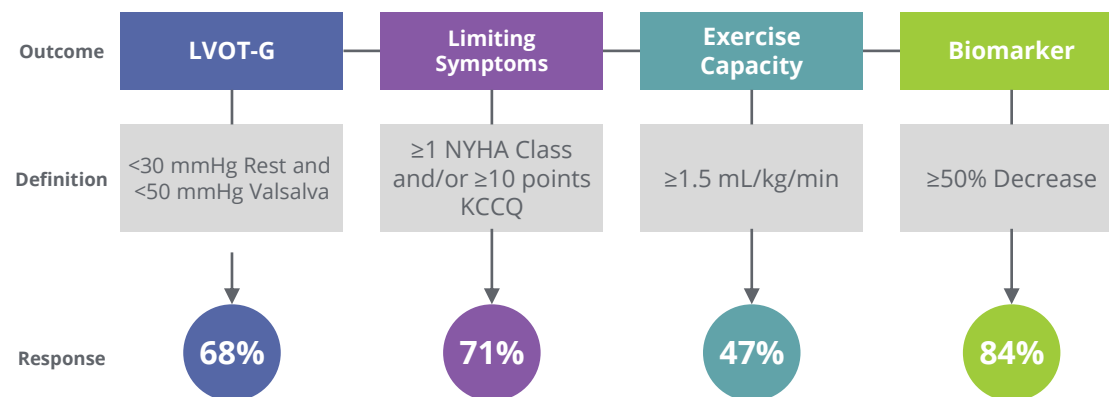
*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.  
Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.*

# Clinically Relevant Improvements



2/3 patients achieved complete hemodynamic response in prespecified analyses

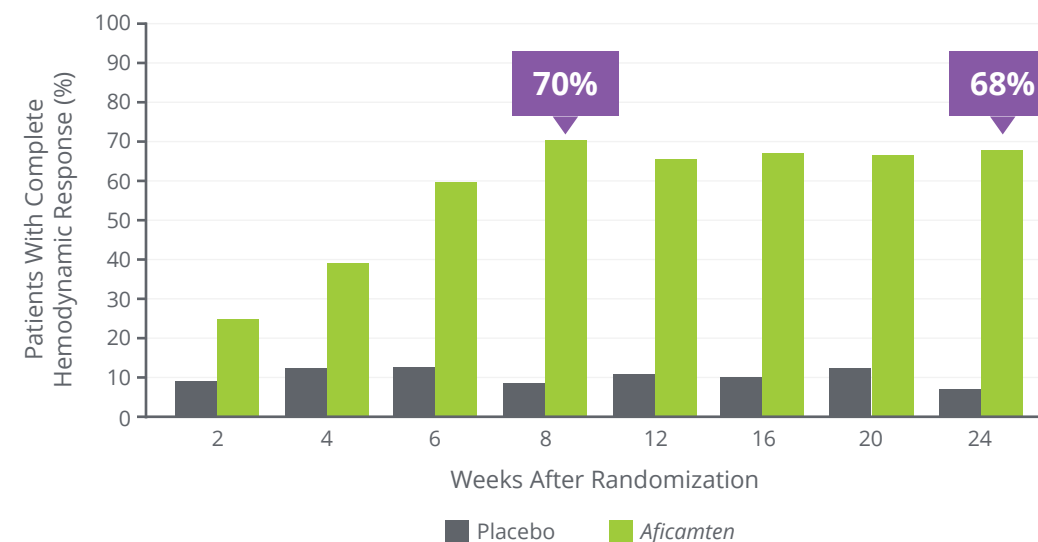
## Responder Analysis: Achievement of 4 Clinically Relevant Assessments



$P < 0.002$   
vs. placebo

## Complete Hemodynamic Response

Resting LVOT-G <30 mmHg & Valsalva LVOT-G <50 mmHg



*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*  
Maron MS, et al. "Impact of Aficamten on Disease and Symptom Burden in Obstructive Hypertrophic Cardiomyopathy: Results from SEQUOIA-HCM ." HFSA 2024.

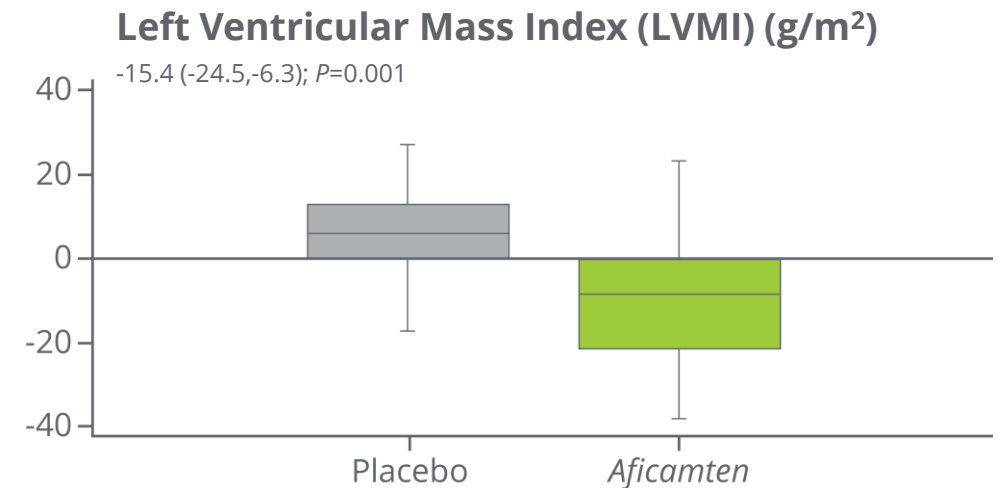
# SEQUOIA-HCM: CMR Sub-Study



*Aficamten* associated with favorable cardiac remodeling

*Among 50 of the 284 eligible patients who opted to complete the CMR sub-study there was:*

- **Significant improvement in LVMI**
- **Favorable cardiac remodeling** as demonstrated by reductions in:
  - **Left ventricular maximal wall thickness**
  - **Left atrial volume index (LAVI)**
  - **Extracellular volume mass index (ECVi)**



*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*  
Masri A, et al. Effect of Aficamten on Cardiac Structure and Function in Obstructive Hypertrophic Cardiomyopathy: SEQUOIA-HCM CMR Substudy. JACC. 2024.



# SEQUOIA-HCM: Safety Data



AEs with ≥5% incidence

There were no serious adverse cardiovascular events associated with *aficamten* treatment in SEQUOIA-HCM

Event, n (%)	Placebo (n=140)	Aficamten (n=142)
Overall AEs	99 (70.7)	105 (73.9)
Headache	10 (7.1)	11 (7.7)
Hypertension	3 (2.1)	11 (7.7)
Palpitations	4 (2.9)	10 (7.0)
Upper respiratory infection	12 (8.6)	9 (6.3)
COVID-19	9 (6.4)	8 (5.6)
Dyspnea	8 (5.7)	8 (5.6)
SAEs	13 (9.3)	8 (5.6)
Cardiac AEs	21 (15.0)	24 (16.9)
Discontinuations	4 (2.9)	5 (3.5)
New-onset AF	1 (0.7)	1 (0.7)
Appropriate ICD shock	1 (0.7)	0
LVEF <50% by core laboratory <sup>a</sup>	1 (0.7)	5 (3.5)
Dose reduction based on site-read LVEF <50%	1 (0.7)	7 (4.9)

<sup>a</sup> 1 placebo- and 1 *aficamten*-treated patient overlap with dose reduction based on site-read LVEF <50%.



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

AE, adverse event; SAE, serious adverse event.

Coats CJ. Dosing and Safety Profile of Aficamten in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.

# Integrated Safety Analysis

Analysis represents 206 patient-years\* of exposure to *aficamten*



- **<4% of patients** experienced LVEF <50%
- **0 dose terminations** due to LVEF <40%
- **<1% of echocardiograms performed** led to a reduction in dose
- **No difference in atrial fibrillation** between placebo and *aficamten*

	Cumulative <sup>a</sup> <i>aficamten</i> -treated pool	Placebo-controlled pool <sup>b</sup>	
	<i>Aficamten</i>	<i>Aficamten</i>	Placebo
Number of participants	283	170	153
LVEF <50% <sup>c</sup> , n (%)	11 (3.9)	9 (5.3)	1 (0.7)
LVEF <50% with clinical HF	0	0	1 (0.7)
Atrial fibrillation	12 (4.2)	4 (2.4)	5 (3.3)
New onset	5 (1.8)	1 (0.6)	3 (2.0)
Recurrent	7 (2.5)	3 (1.8)	2 (1.3)

<sup>a</sup> Parent and extension studies. <sup>b</sup> Placebo-controlled pool of REDWOOD-HCM and SEQUOIA-HCM. <sup>c</sup> Site read.

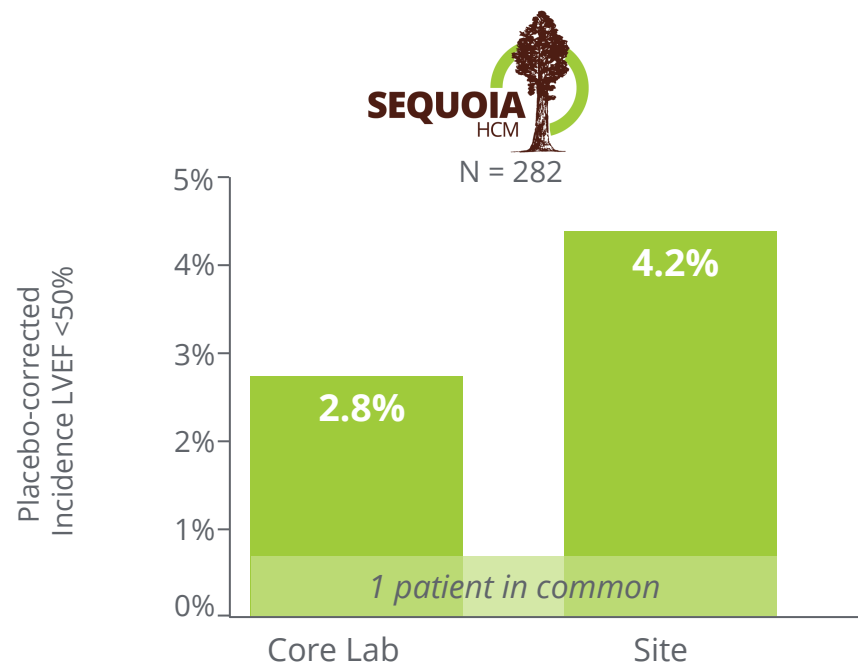
\*Median exposure: 6-months, range of exposure: 0-32 months

Integrated Safety Analysis to reflect real world clinical application.

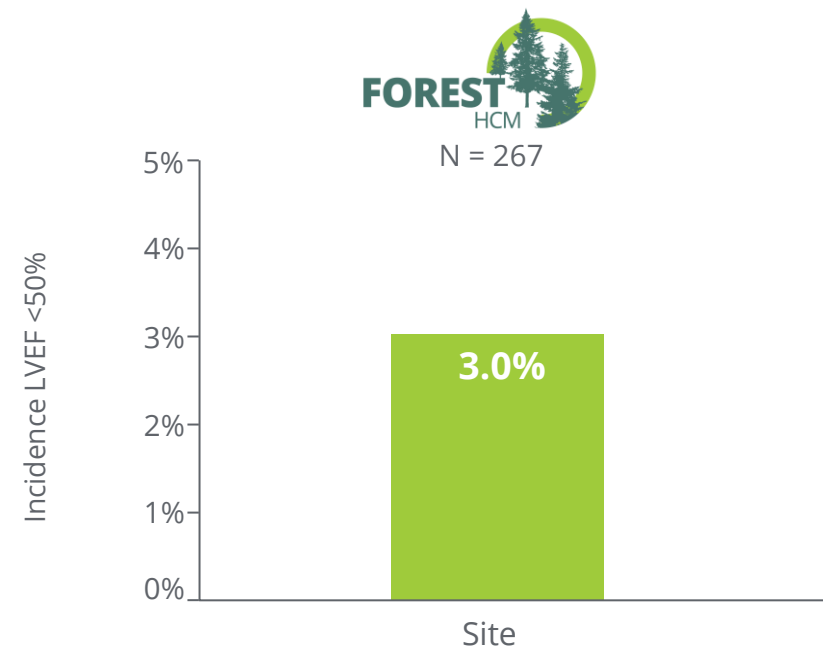
*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*  
IMasri A. *Aficamten in Patients with Obstructive Hypertrophic Cardiomyopathy: An Integrated Safety Analysis*. ESC 2024.

# Implementation of Dosing in Real-World Setting (FOREST-HCM)

Low incidence of LVEF <50% in patients with oHCM treated with *aficamten*



- ✓ No treatment interruptions
- ✓ No heart failure events
- ✓ All reversible
- ✓ Great majority of patients on highest doses



- ✓ No treatment interruptions
- ✓ No heart failure events
- ✓ All reversible
- ✓ Great majority of patients on highest doses

*Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*  
SEQUOIA-HCM Source: Coats CJ. Dosing and Safety Profile of Aficamten in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.  
FOREST-HCM Source: Data on file – data cut 15 Apr 24

# US NDA Accepted; Progressing Ex-US Regulatory Submissions

---



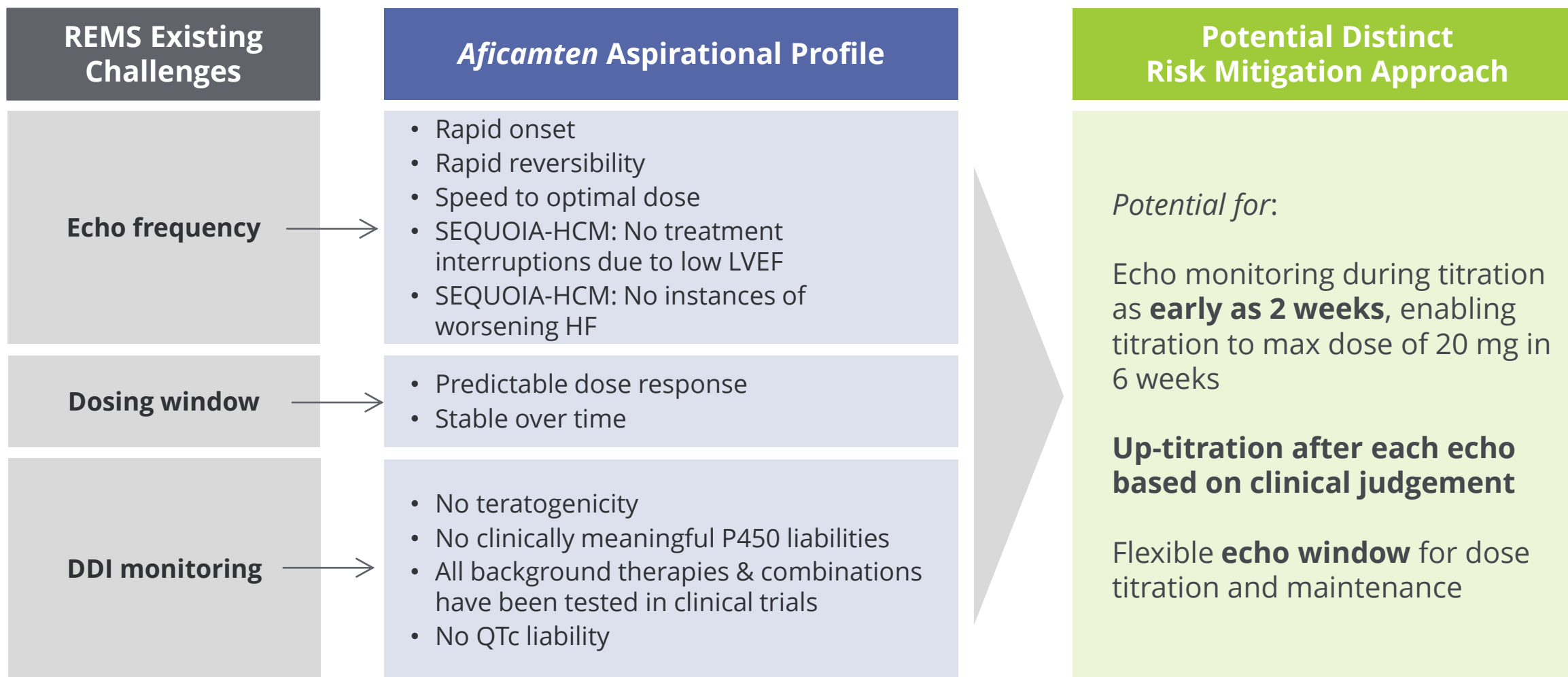
**Positive Results from  
SEQUOIA-HCM**

**2024**

- U.S. PDUFA target action date of September 26, 2025
- Corxel (*formerly Ji Xing Pharmaceuticals*) submitted NDA to the CDE of the NMPA in China; NDA was accepted
- MAA submitted to EMA

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

## Aspirational Profile of *Aficamten* & Results from SEQUOIA-HCM Inform Potential Distinct Risk Mitigation



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

# Ongoing Clinical Trials of *Aficamten*



Pivotal Phase 3 clinical trial of *aficamten* as monotherapy vs. metoprolol in oHCM

**Enrollment Complete**



Pivotal Phase 3 clinical trial in nHCM



Clinical trial in a pediatric population with oHCM

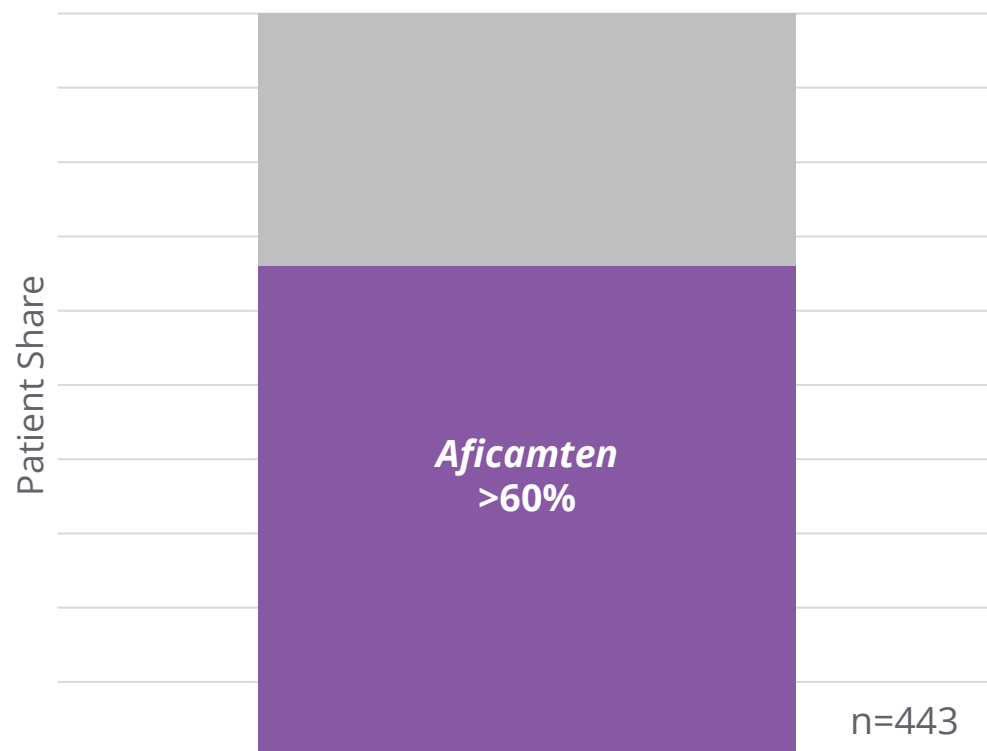


Open-label extension clinical study in HCM

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

# Market Research Shows *Aficamten* May Achieve High Share & Grow Category

## oHCM CMI Preference Shares in Eligible Patient Population\*



Survey results are based on the aspirational profile of *aficamten* and if approved, the actual profile could vary materially.

*Aficamten* is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.  
Source: *Aficamten* Impact of Product Attributes on Product Preference Share n=443 cardiologists, Quantitative research including conjoint - Cogent

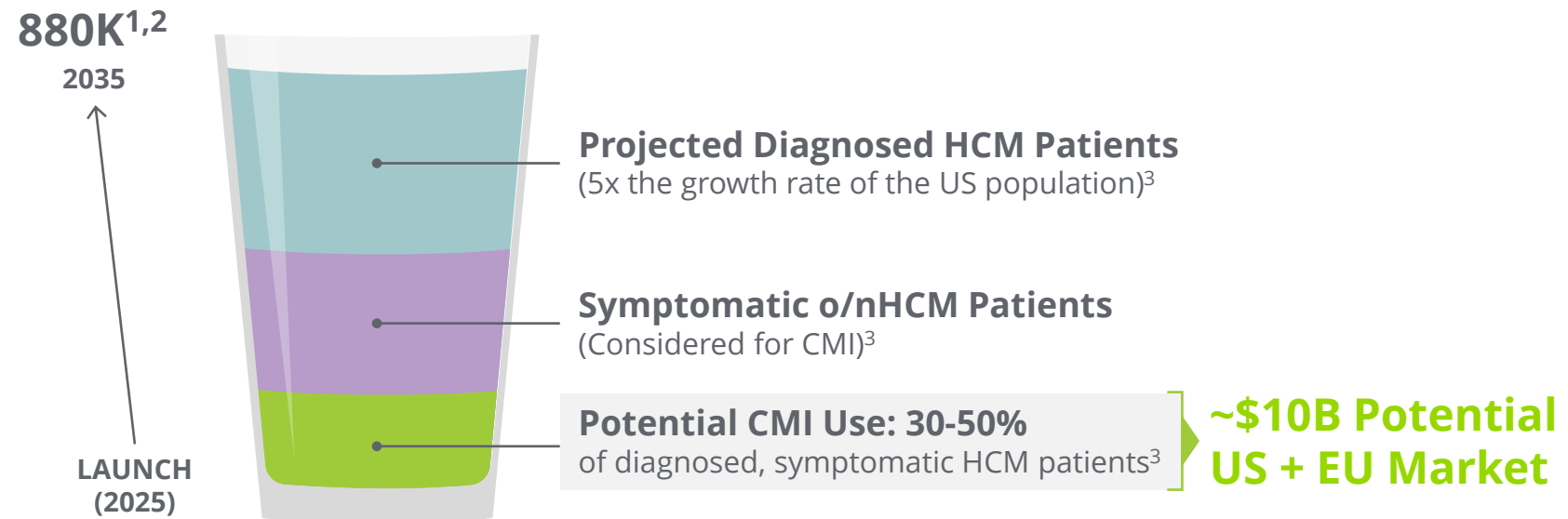
- Potential target product profile for *aficamten* interest creates **share opportunity** in newly treated CMI patients
- *Aficamten* could also be **expected to expand the total CMI market**
- Key attributes that may drive preference include the potential for:
  - LVOT gradient reduction
  - Change in NYHA Functional Class
  - Pharmacodynamics/LVEF maintenance
  - Change in KCCQ
  - Absence of DDI

# \$10B Potential Market of CMI-Eligible Patients, Majority Expected to be Available at Launch, if *Aficamten* is Approved

**Diagnosis of HCM anticipated to grow 5x the rate of the general U.S. population**

## US and EU HCM Patients in 2035

*Illustrative*



1. DoF: SHA; Symphony PTD (Patient Transaction Data): Includes patients diagnosed since 2016 and having any HC transaction in the claims data universe in the last year June 2022-May 2023);

2. Butzner et al 2021 estimated a 8% growth rate in diagnosed HCM patients between 2013-2019 [https://www.ajconline.org/article/S0002-9149\(21\)00783-9/fulltext](https://www.ajconline.org/article/S0002-9149(21)00783-9/fulltext); CYTK is forecasting an average growth rate of 5% over the coming decade and a more conservative 4% growth rate in Europe due to a lack of growth of the overall population in EU5 countries.

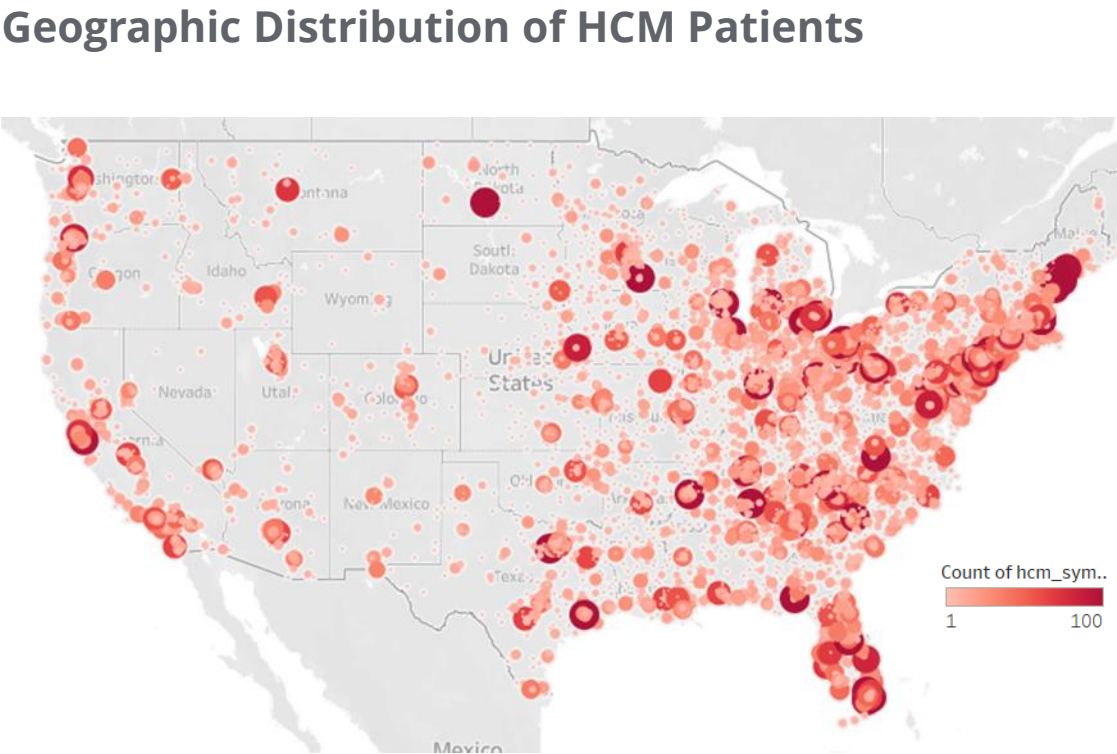
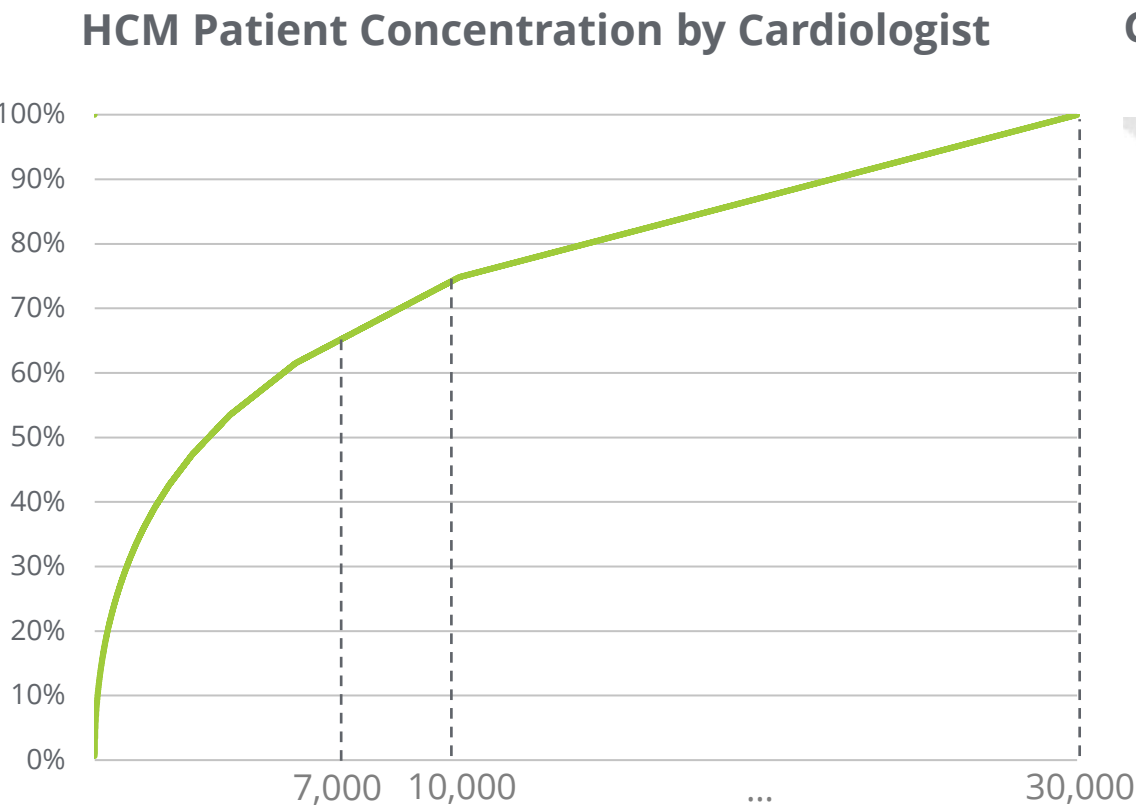
3. Internal forecasts

*Aficamten* is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established. Projections and forecasts for illustration.



# Cardiologists Located in Concentrated Geographic Clusters Across the US

**~75% of the HCM patient volume is treated by ~10,000 cardiologists**

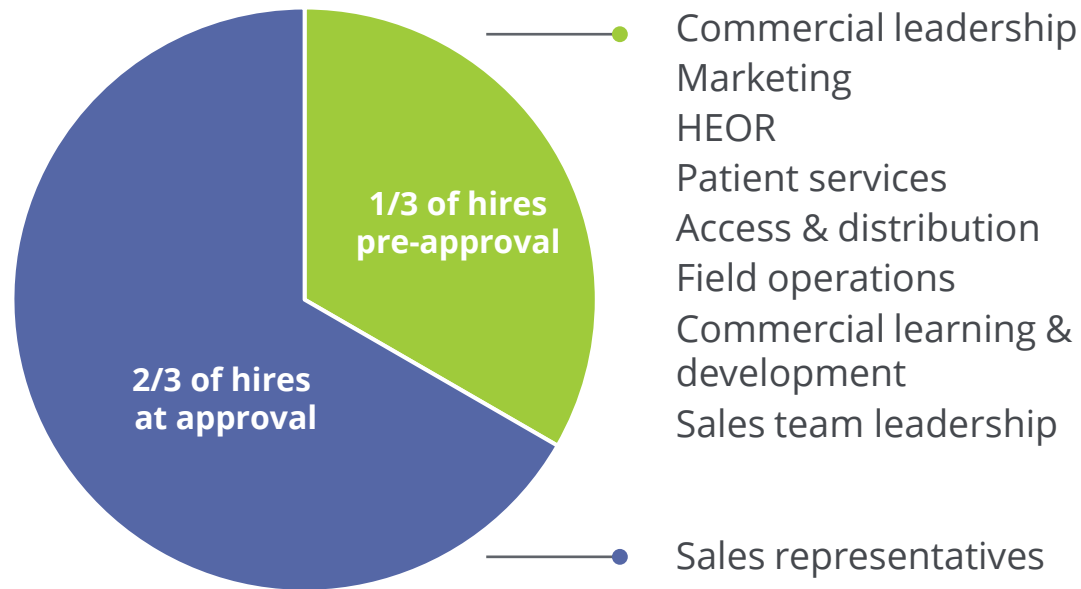


Note: includes only patients who are treated by a cardiologist - not all patients see a cardiologist; sample of 67K HCM patients  
Source: Symphony PTD (Patient Transaction Data); mapping of HCPs to HCOs using Definitive Healthcare Data 2023 and 7/2023 mapping; Patient volume by dominant Cardiologist Location 7/2023  
**Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

# Gated Build of Commercial Infrastructure

Sales representative hiring to occur in proximity to approval

2/3 of hiring to occur at-approval



Activities initiated upon key de-risking events

**Underway before SEQUOIA-HCM readout**



Market access strategy  
Pricing strategy  
Distribution approach  
Payer engagement  
Brand strategy  
Customer account identification



**Initiated after SEQUOIA-HCM readout**



Launch campaign  
Commercial training  
Payer Pre-approval Information Exchange  
Sales force planning  
Technology build  
Omnichannel execution  
Market development



**Initiated upon or in Proximity to FDA approval**



Media purchases  
Patient support programs

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

# ***Omecamtiv Mecarbil***

# Omecamtiv Mecarbil: Potential for High-Risk Severe HF Patients Despite GDMT

## Advancing efficient, pragmatic Phase 3 clinical trial

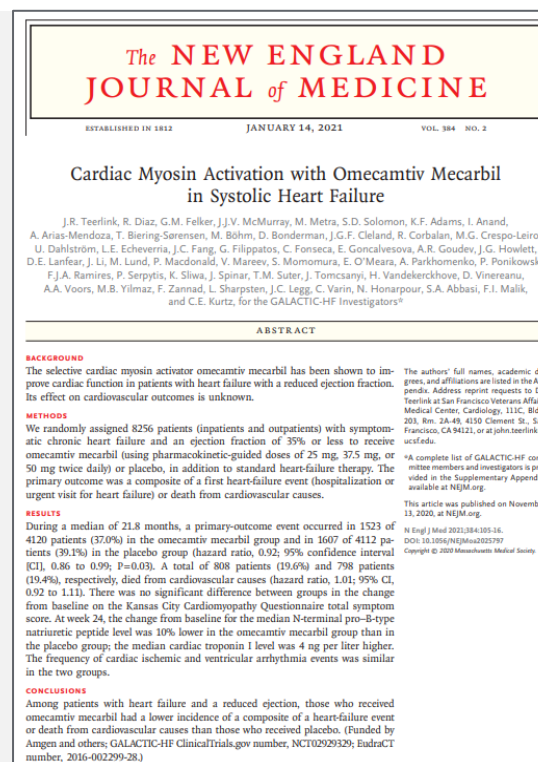
### High Unmet Need

The large and growing heart failure population faces frequent hospitalizations, high mortality rates, comorbidities, and challenges staying on GDMT. Despite SGLT2 inhibitors, patients remain at significant risk.

### Market Opportunity

18% of 7.1M patients with HFrEF have worsening heart failure (LVEF <30%)

Estimated 8+ years of market exclusivity



### Ph 3 clinical trial results in 8,000 patients point to important treatment benefit

Planning confirmatory Ph 3 trial, **n= ~2,000, ~3 years** to completion

**Primary endpoint:** time to CV death, HF events, transplant/LVAD, or stroke

Larger treatment benefit in patients with lower LVEF and other markers of advanced HF

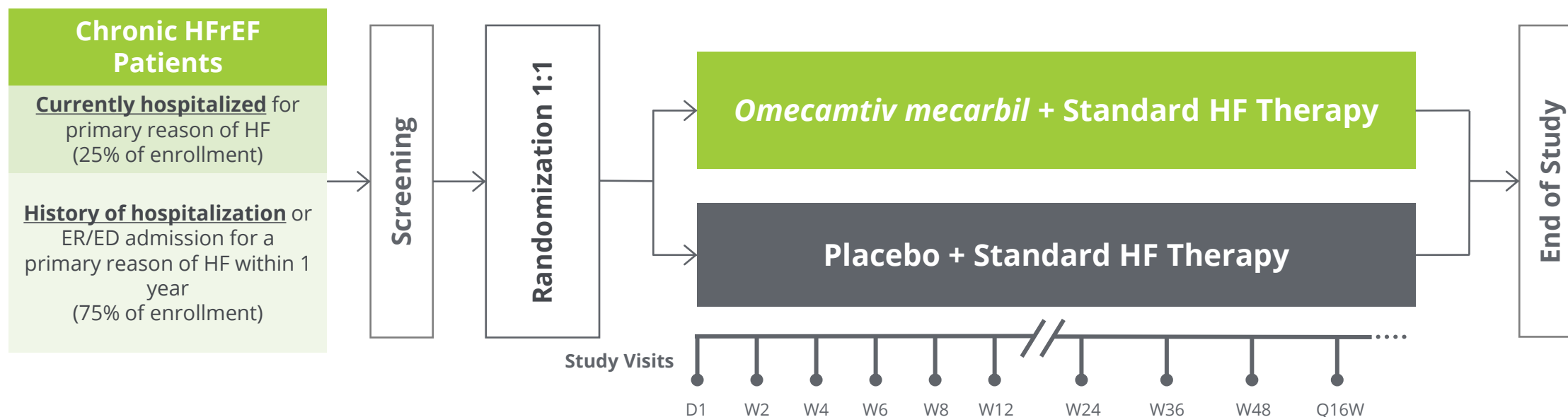
Pragmatic design elements including EHR screening, limited monitoring visits, remove visits, and limited safety labs & AE reporting

*Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*

# GALACTIC-HF: Clinical Trial Overview

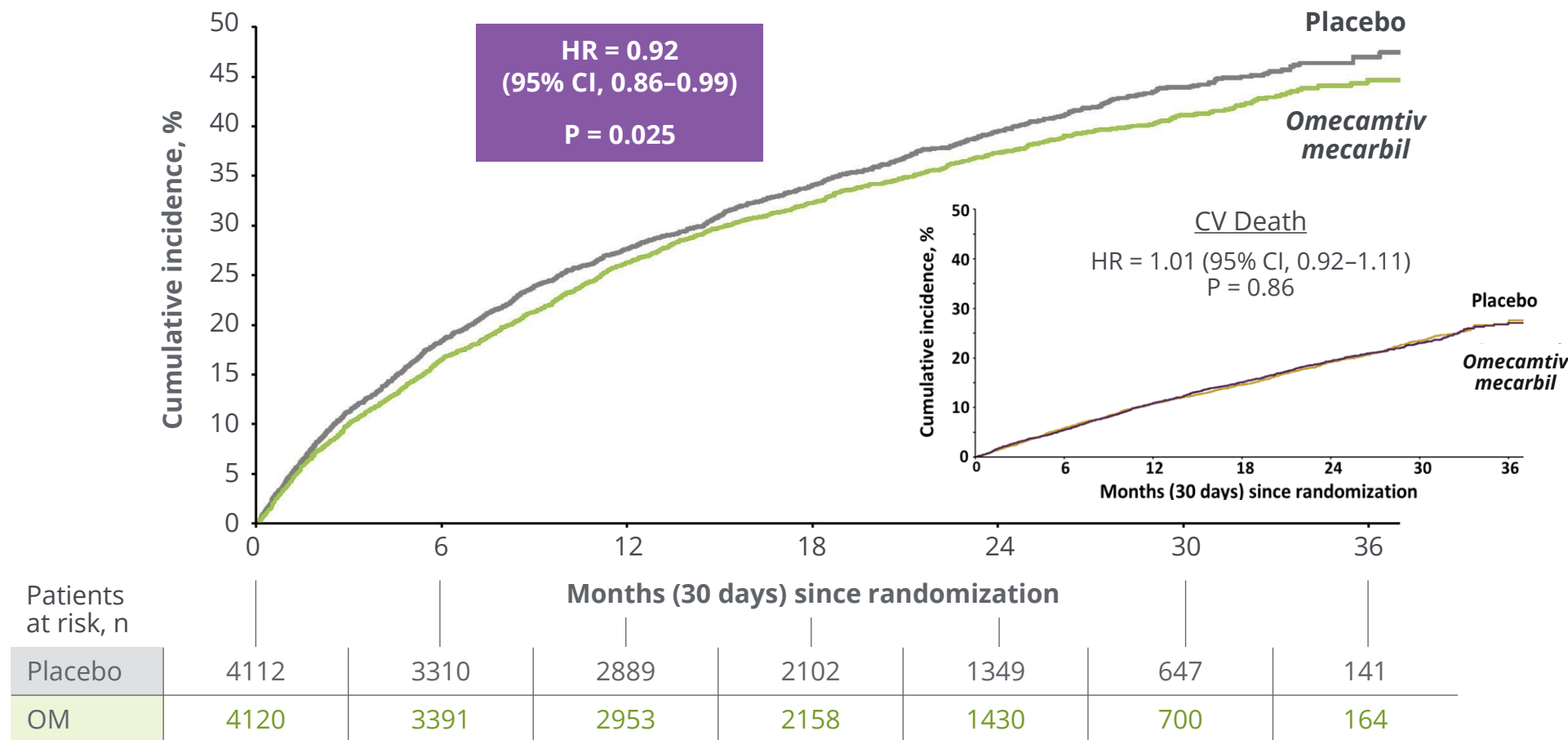
## Phase 3 clinical trial

Event-driven clinical trial; 8,256 patients randomized in 35 countries at 944 clinical trial sites



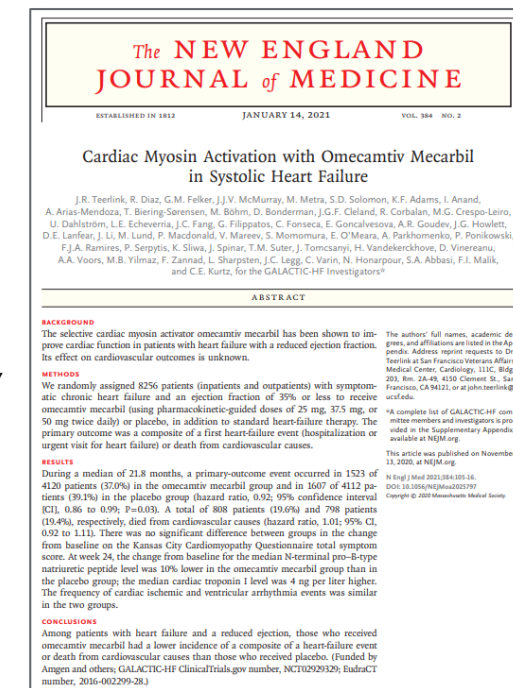
*Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*

# Primary Composite Endpoint

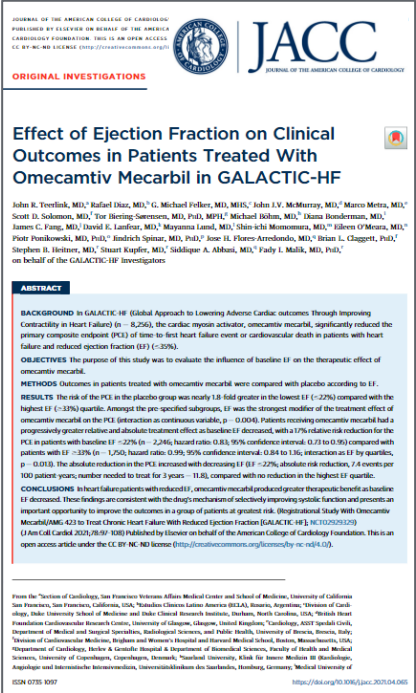
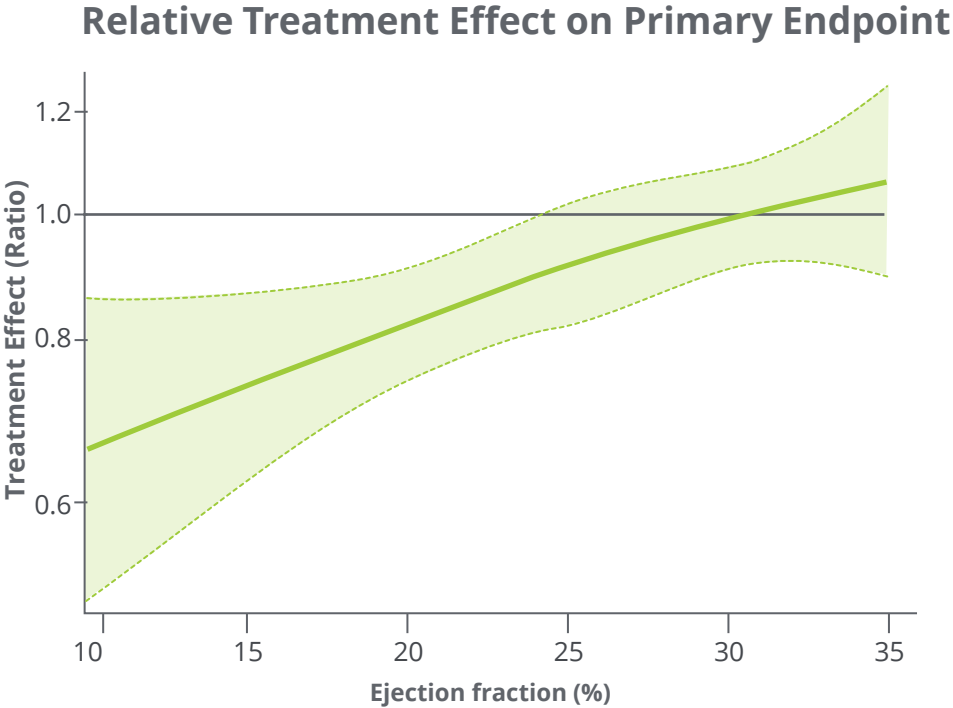
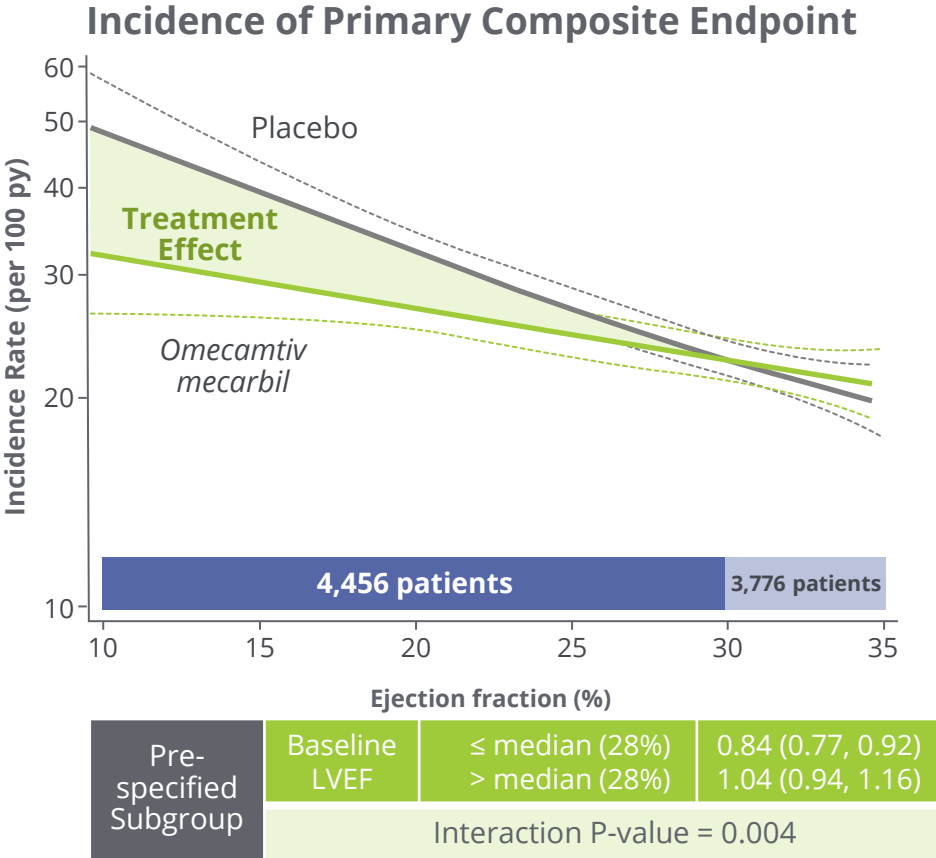


Time to first HF event or CV death

Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

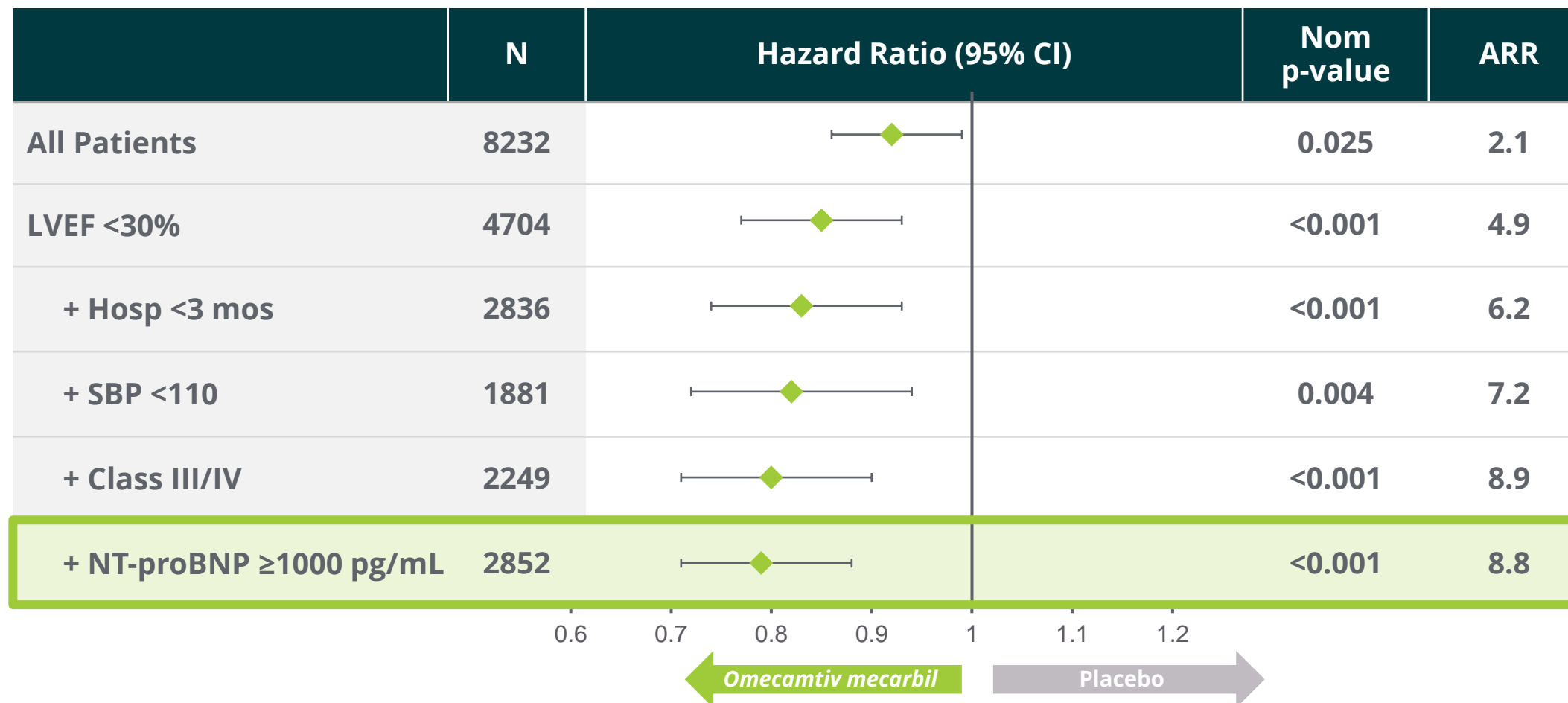


# Benefit Observed to Increase as Baseline LVEF Decreased



Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.  
ARR = Absolute Risk Reduction. RRR = Relative Risk Reduction.  
Teerlink JR, Diaz R, Felker GM, et al. Effect of Ejection Fraction on Clinical Outcomes in Patients treated with Omecamtiv Mecarbil in GALACTIC-HF. JACC. 2021

# Large Treatment Effect in Easily Defined HF Population



*Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*



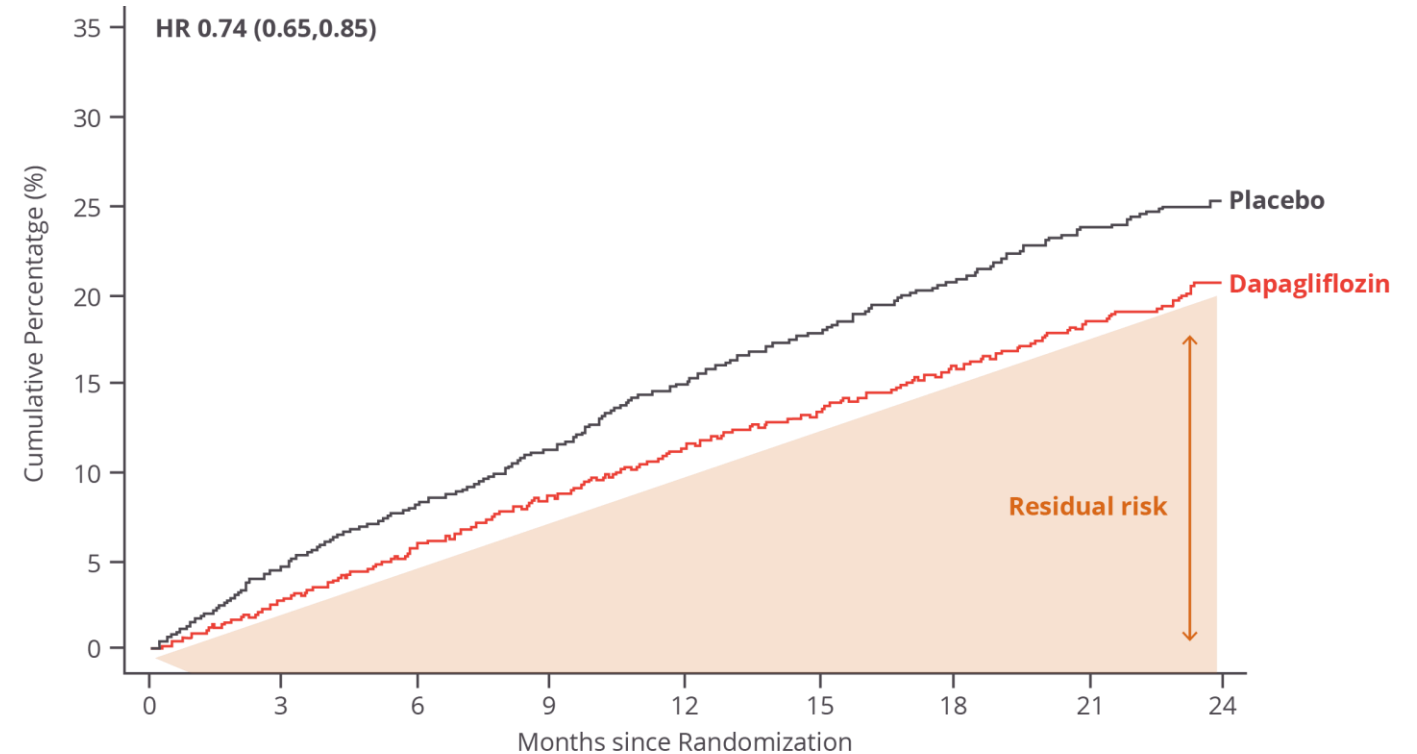
# Residual Risk is High Despite Best Therapy

## DAPA-HF Trial: Patients on GDMT including SGLT2-i

### DAPA-HF trial (dapagliflozin group)

- **Primary endpoint: CV Death/HF hospitalization/urgent HF visit**
- **4744 patients**
- Renin-angiotensin system blocker **94%**
- Dapagliflozin **96%**
- Mineralocorticoid receptor (aldosterone) antagonist **71%**

DAPA-HF Trial Residual Risk



Number at Risk

Dapagliflozin	2373	2305	2221	2147	2002	1560	1146	612	210
Placebo	2371	2258	2163	2075	1917	1478	1096	593	210

McMurray J et al, N Engl J Med. 2019;381:1995-2008

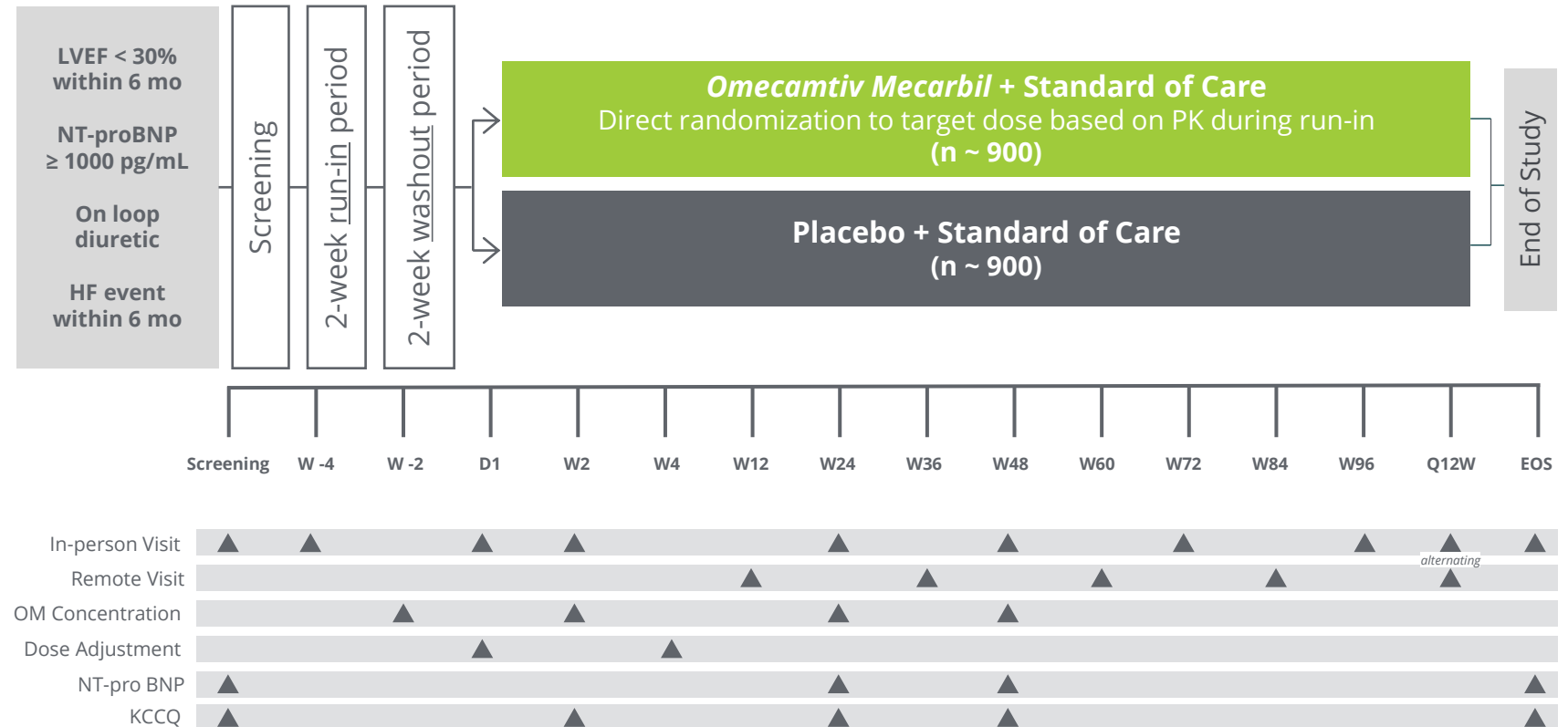
# Phase 3 Confirmatory Clinical Trial Design

Currently enrolling



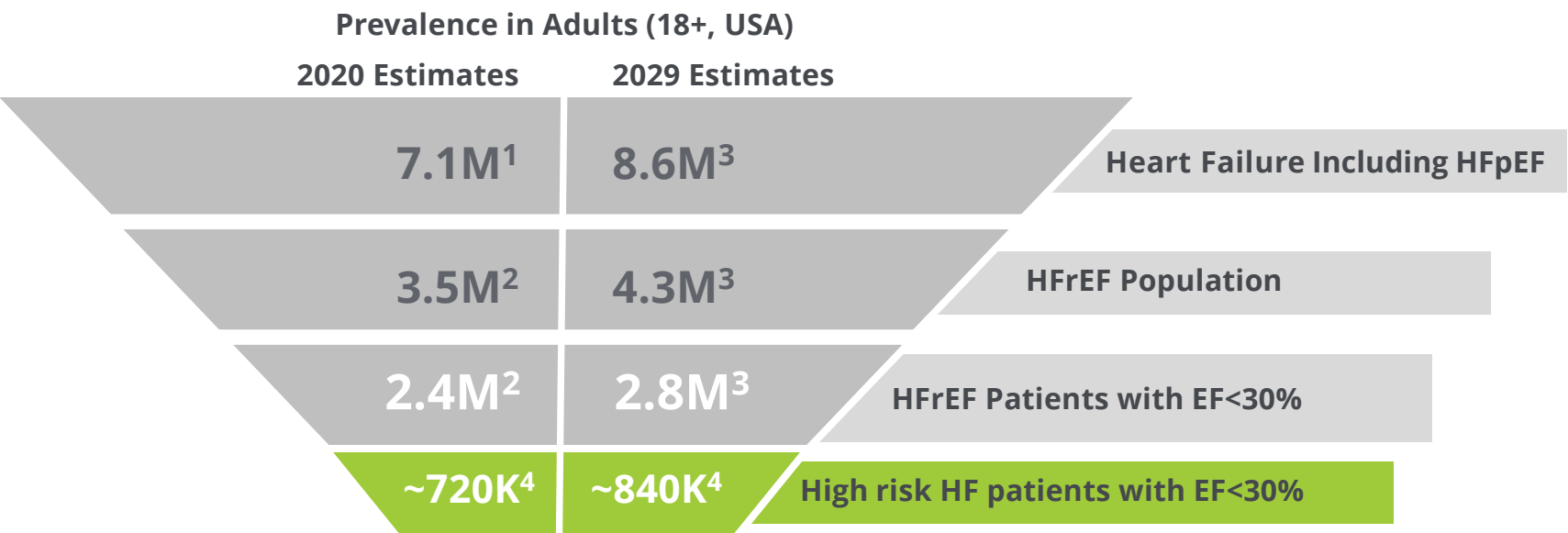
## COMET-HF: Confirmation of *Omecamtiv Mecarbil* Efficacy Trial in Heart Failure

- Primary endpoint: **time to CV death, HF events, transplant/LVAD, or stroke**
- **Enriching population for adherence** with OM run-in period
- **Pragmatic design elements:**
  - Remote clinic visits
  - Limited safety labs & ECGs
  - Streamlined eligibility and study conduct
  - Streamlined AE reporting



*Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*

# Large and Growing Target Patient Population in US



**Proposed  
Omecamtiv Mecarbil  
Target Patient**

Patients treated with GDMT and still experiencing severely reduced EF and symptoms of heart failure

Cardiac Function



LVEF < 30%

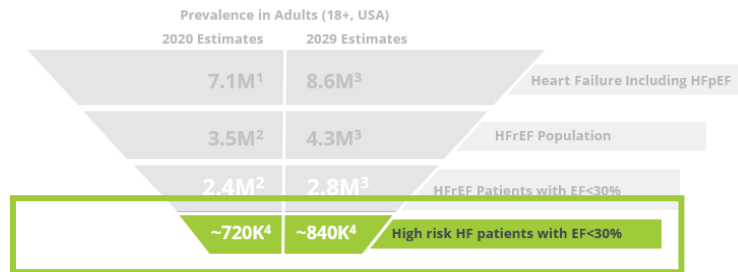


Markers of High-Risk HFrEF

- HF Event\* within the last 12 months
- Elevated NT-pro BNP
- Contraindications limiting GDMT, e.g. hypotension, renal dysfunction or hyperkalemia

1. Tsao 2023, AHA. Racine 2022 CVrg. Bionest 2021.  
2. Dunlay SM, Roger VL, Weston SA, Jiang R, Redfield MM. Longitudinal changes in ejection fraction in heart failure patients with preserved and reduced ejection fraction. Circ Heart Fail. 2012 Nov;5(6):720-6. doi: 10.1161/CIRCHEARTFAILURE.111.966366. Epub 2012 Aug 30. PMID: 22936826; PMCID: PMC3661289.  
3. 2.1% annual growth rate: 1.9% annual growth rate of patient population 65+ (UN World Populations Prospects Nov 2019) and a 0.2% mortality impact of HF treatment (doi: 10.1136/bmj.l223 | BMJ 2019;364:l223)  
4. Greene et al JACC 2023; 81:413-424  
\* HF Event: Urgent, unscheduled outpatient visit or hospitalization  
Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

# Higher Event Rate & Costs in Patients with Severely Reduced EF



Accounts for **~60%** of HFrEF hospitalizations<sup>5</sup>



**35%** of patients with severely reduced EF **re-hospitalized within 1 year**<sup>6</sup>



**\$15,493** per HF re-hospitalization<sup>7</sup>



Direct costs from HF re-hospitalizations projected to increase from **\$3.9 billion** in 2020 to **\$4.6 billion** by 2029\*\*

1. Tsao 2023, AHA. Racine 2022 CVrg. Bionest 2021.

\* HF Event: Urgent, unscheduled outpatient visit or hospitalization \*\*in terms of 2024 dollars

2. Dunlay SM, Roger VL, Weston SA, Jiang R, Redfield MM. Longitudinal changes in ejection fraction in heart failure patients with preserved and reduced ejection fraction. *Circ Heart Fail.* 2012 Nov;5(6):720-6. doi: 10.1161/CIRCHEARTFAILURE.111.966366. Epub 2012 Aug 30. PMID: 22936826; PMCID: PMC3661289.

3. 2.1% annual growth rate: 1.9% annual growth rate of patient population 65+ (UN World Populations Prospects Nov 2019) and a 0.2% mortality impact of HF treatment (doi: 10.1136/bmj.l223 | *BMJ* 2019;364:l223)

4. Greene et al *JACC* 2023; 81:413-424

5. Extrapolated from Desai NR, Butler J, Binder G, Greene SJ. Prevalence and Excess Risk of Hospitalization in Heart Failure with Reduced Ejection Fraction. Poster presented at: Heart Failure Society of America (HFSA) Annual Scientific Meeting; 2022 Sep 30-Oct 3; Washington, DC.

6. Carnicelli AP, Clare RM, Hofmann P, Chiswell K, DeVore AD, Vemulapalli S, Felker GM, Kelsey AM, DeWald TA, Sarocco P, Mentz RJ. Clinical trajectory of patients with a worsening heart failure event and reduced ventricular ejection fraction. *Am Heart J.* 2022 Mar;245:110-116. doi: 10.1016/j.ahj.2021.12.003. Epub 2021 Dec 18. PMID: 34932997.

7. Urbich M, Globe G, Pantiri K, Heisen M, Bennison C, Wirtz HS, Di Tanna GL. A Systematic Review of Medical Costs Associated with Heart Failure in the USA (2014-2020). *Pharmacoeconomics.* 2020 Nov;38(11):1219-1236. doi: 10.1007/s40273-020-00952-0. PMID: 32812149; PMCID: PMC7546989.

**Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.**

# The Business Case for *Omecamtiv Mecarbil*

Significant clinical need, lack of treatments drives higher price potential in HF with severely reduced EF

		"Severely Reduced EF"
US Price Potential		Premium to market
Market Insights	Disease Severity	<b>Severely Reduced EF</b> LVEF <30
	Payer Positioning	<b>~1M patients</b> Post tolerated GDMT
	Therapeutic Choices	<b>Limited to no treatment options,</b> +50% patients share vs. $\leq 30$ EF
Financials	Improved Margin <sup>1</sup>	+20% incremental improvement in brand margin*
	Cost Savings <sup>1</sup>	+70% cost avoidance driven by portfolio synergies*

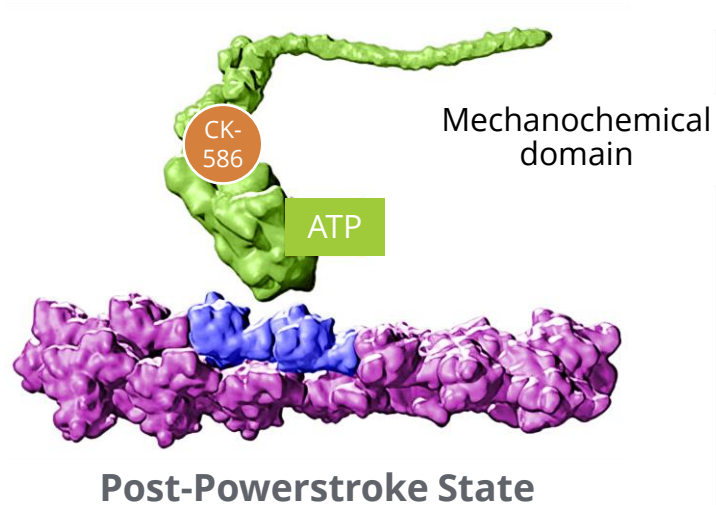
\* Based on internal analysis

Financials compared to launching OM alone vs launching as second product following aficamten

*Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*

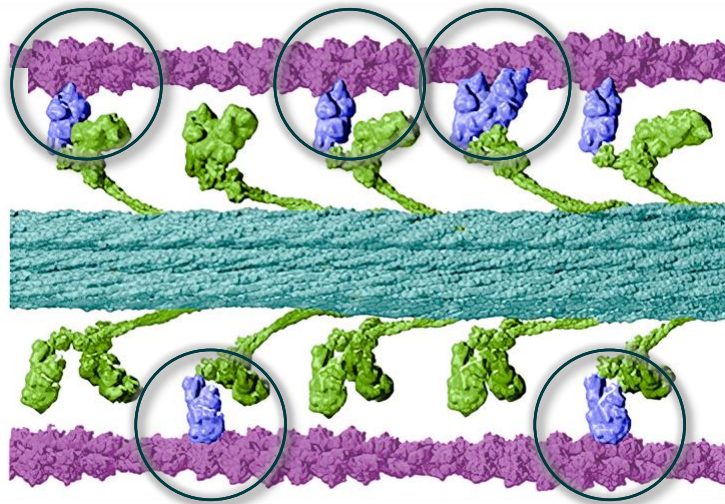
# CK-586

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



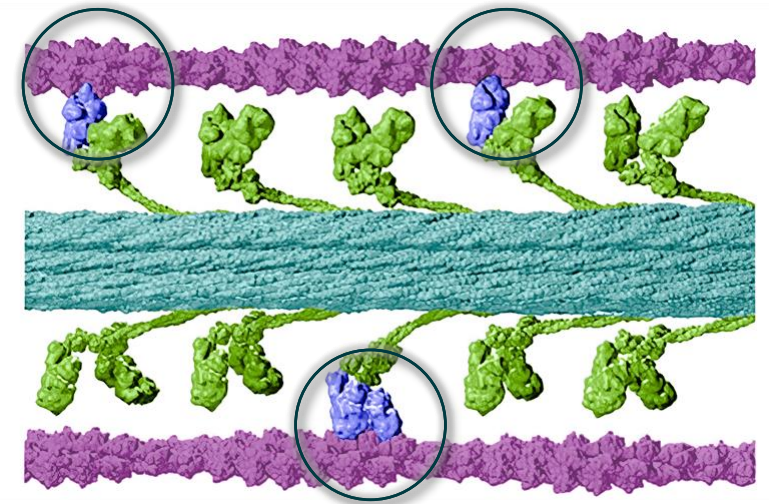
“Fewer hands pulling on the rope”

Before CK-586



Actin sliding

After CK-586

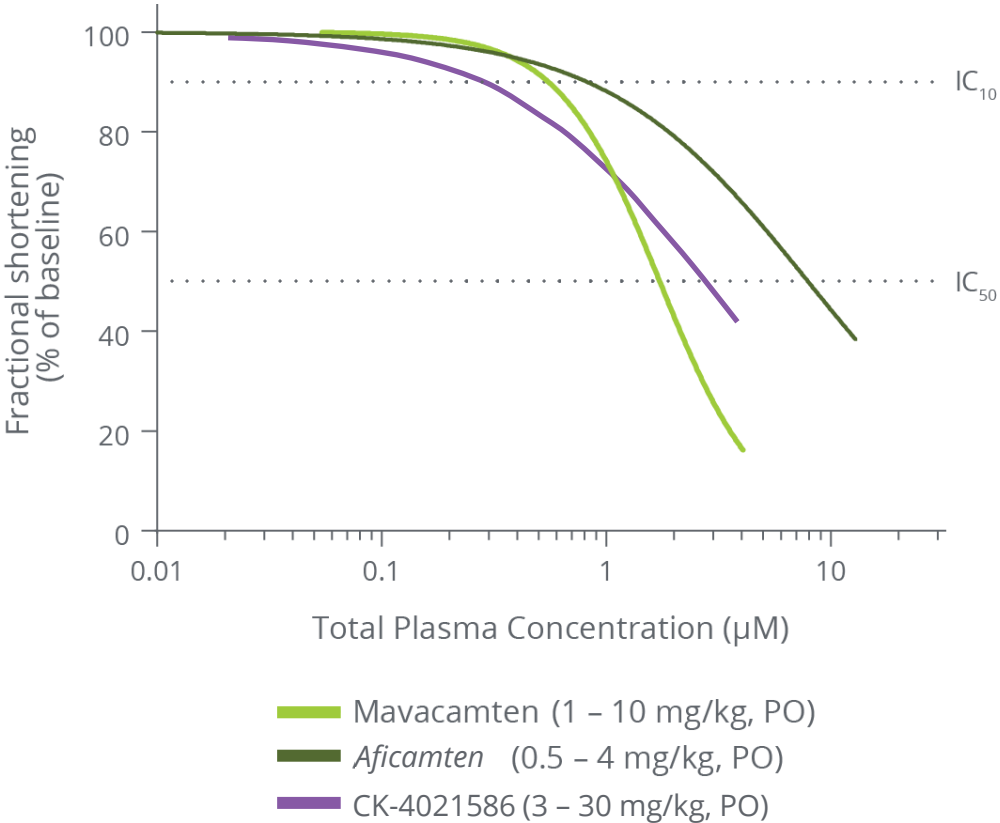


Actin sliding

*CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*

# CK-586: Shallow *In Vivo* Concentration-Response

CK-586 has a shorter half-life than *aficamten*



CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Pharmacodynamic window Fractional shortening IC <sub>50</sub> /IC <sub>10</sub> ratio	
mavacamten	2.8x
<i>aficamten</i>	9.9x
CK-586	9.3x

IC<sub>10</sub>: plasma concentration at 10% relative reduction in fractional shortening  
IC<sub>50</sub>: plasma concentration at 50% relative reduction in fractional shortening

Compound half-life in humans	Actual	Predicted
<i>aficamten</i>	~3 days	2.8 days
CK-586	~15 hours	15 hours



# Phase 1 Data Support Advancement to Phase 2 Clinical Trial

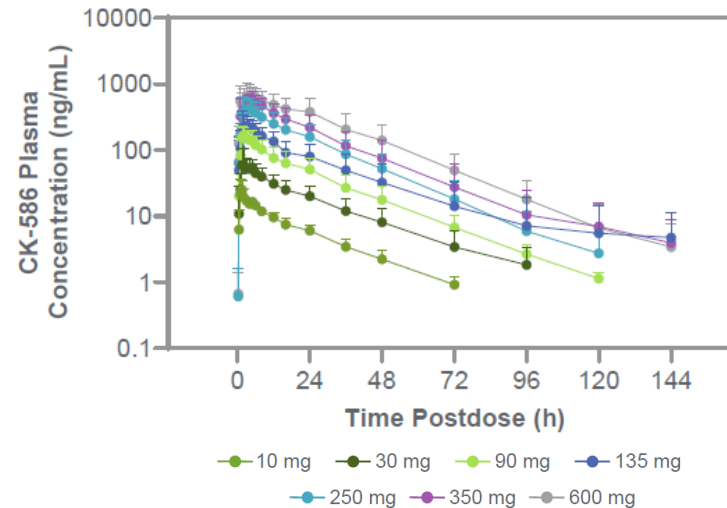
## Phase 2 dose-finding trial in HFpEF expected to start in Q4 2024

Phase 1 study design: 7 SAD cohorts (10 mg to 600 mg) & 2 MAD cohorts (100 & 200 mg once daily), 10 participants each

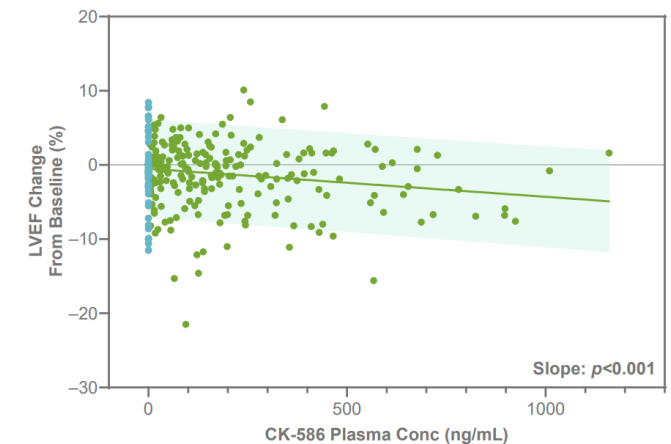
- **Less than 24-hour** half-life
- **Shallow and predictable** PK/PD relationship based on LVEF and LVFS
- **Well-tolerated** across all cohorts
- **No serious adverse events** were observed
- **Stopping criteria were not met**

### Plasma Concentration

(mean [SD]) over time after single ascending doses of CK-586



### Change in LVEF vs. CK-586 Plasma Concentration



PK/PD: pharmacokinetic/pharmacodynamic

LVEF: left ventricular ejection fraction

LVFS: left ventricular fractional shortening

Lutz JD., Simpkins T., Cheplo K., et al. A First-in-Human, Single and Multiple Ascending Dose Study of CK-4021586, a Novel Cardiac Myosin. Poster, American College of Clinical Pharmacology 2024

CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

# Phase 2 Study Schema

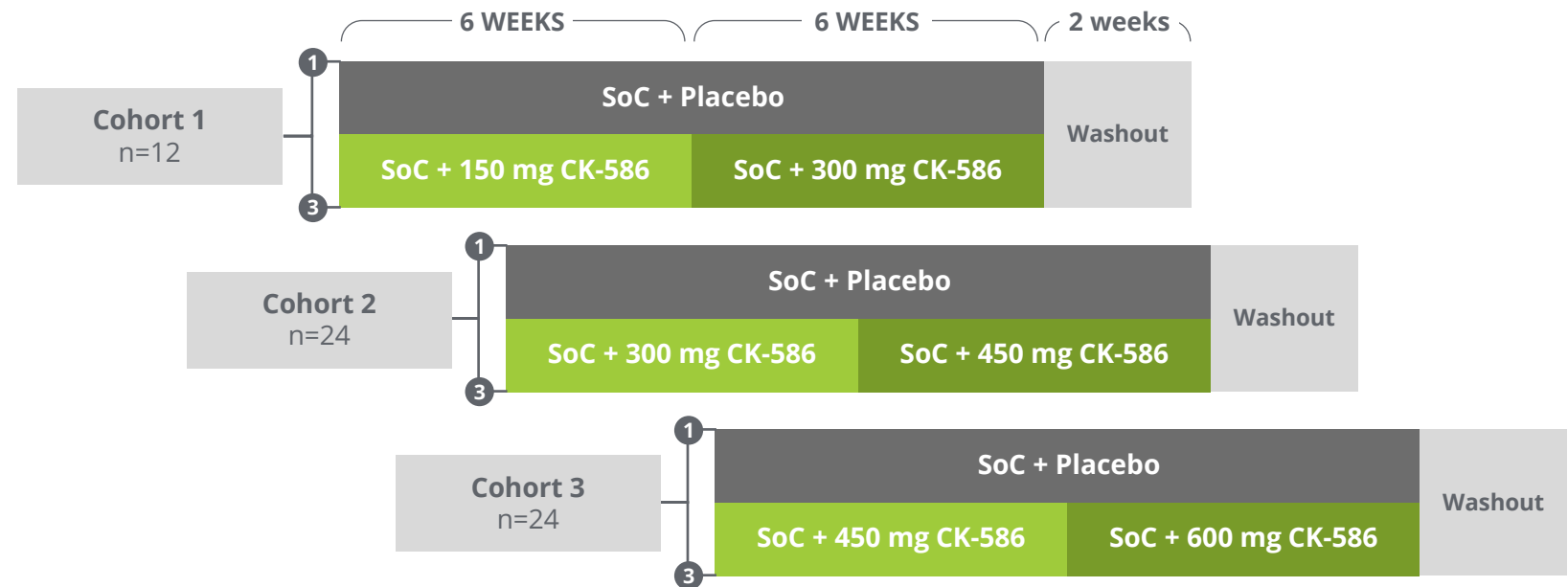
## AMBER-HFpEF expected to start in Q4 2024



**AMBER-HFpEF: Assessment of CK-586 in a Multi-Center, Blinded Evaluation of Safety and Tolerability Results in HFpEF**

### Enrolling HFpEF patients with:

- LVEF  $\geq 60\%$
- Structural abnormality
- BMI  $< 40$
- NYHA FC II or III
- NT-proBNP  $\geq 300$  (or  $\geq 900$  in AF)



*CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*

# Heart Failure with Preserved Ejection Fraction (HFpEF)

Despite broad use of standard treatments & advances in care, the prognosis for patients with HF is poor<sup>1</sup>



~75%

HFpEF patients will die within five years of initial hospitalization<sup>2</sup>



~84%

HFpEF patients will be rehospitalized<sup>2</sup>



Subset of HFpEF patients with hypercontractility, ventricular hypertrophy, elevated biomarkers & HF symptoms **may benefit from a cardiac sarcomere inhibitor**



Significant increase in hospitalizations due to HFpEF, from 189,260 in 2008 to 495,095 in 2018 <sup>6</sup>



Lifetime healthcare costs for HFpEF are ~ \$126,819 per patient<sup>5</sup>, per-patient monthly cost for healthcare is \$7,482, primarily, driven by **high rates of inpatient & outpatient visits**

1. Jhund PS, MacIntyre K, Simpson CR, et al. Long-Term Trends in First Hospitalization for Heart Failure and Subsequent Survival Between 1986 and 2003. *Circulation*. 2009;119:515-523.

2. Bozkurt B, Ahmad T, Alexander KM, Baker WL, Bosak K, Breathett K, Fonarow GC, Heidenreich P, Ho JE, Hsieh E, Ibrahim NE, Jones LM, Khan SS, Khazanie P, Koelling T, Krumholz HM, Khush KK, Lee C, Morris AA, Page RL 2nd, Pandey A, Piano MR, Stehlik J, Stevenson LW, Teerlink JR, Vaduganathan M, Ziaeian B; Writing Committee Members. Heart Failure Epidemiology and Outcomes Statistics: A Report of the Heart Failure Society of America. *J Card Fail*. 2023 Oct;29(10):1412-1451. doi: 10.1016/j.cardfail.2023.07.006. Epub 2023 Sep 26. PMID: 37797885; PMCID: PMC10864030.

3. Dunlay SM, Roger VL, Weston SA, Jiang R, Redfield MM. Longitudinal changes in ejection fraction in heart failure patients with preserved and reduced ejection fraction. *Circ Heart Fail*. 2012 Nov;5(6):720-6. doi: 10.1161/CIRCHEARTFAILURE.111.966366. Epub 2012 Aug 30. PMID: 22936826; PMCID: PMC3661289.

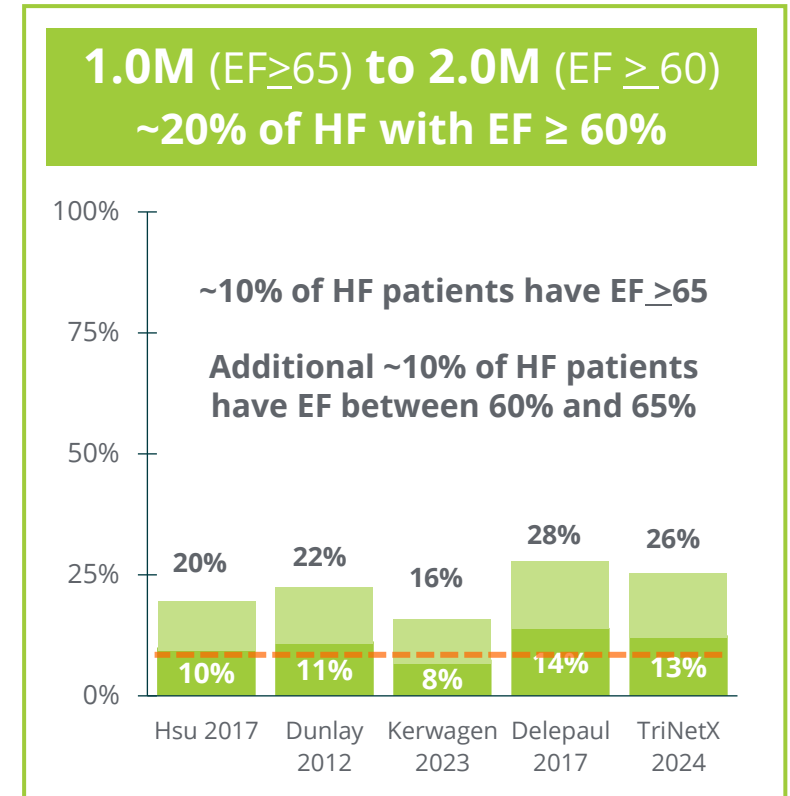
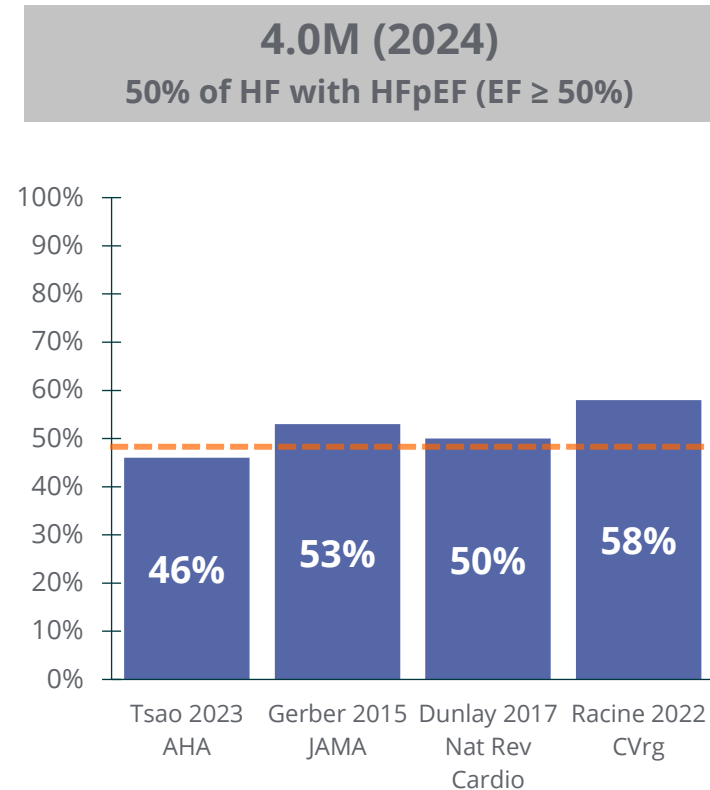
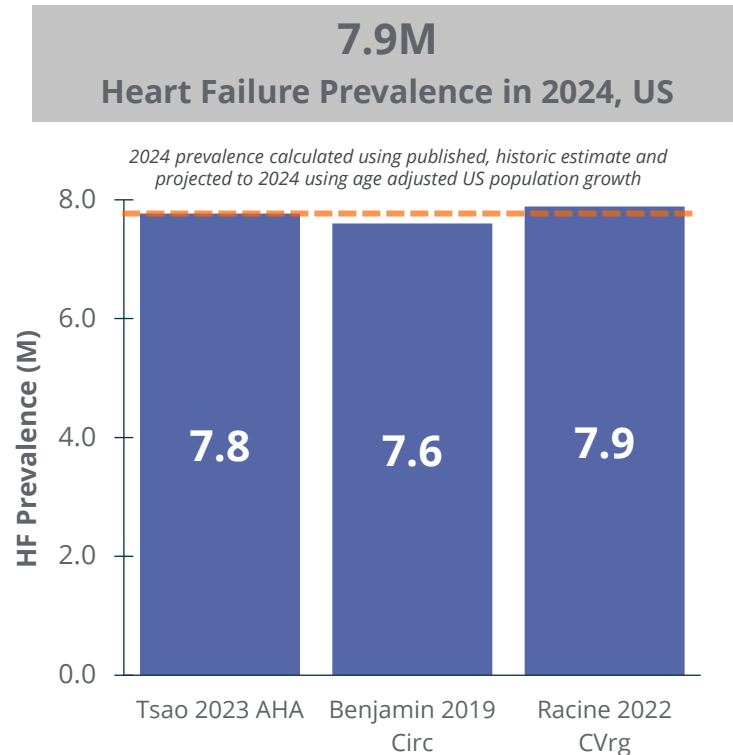
4. Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA Guideline for the Management of Heart failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013;128:e240-e327.

5. Kapelios, Cardiac Failure Review 2023

6. Clark KAA, Reinhardt SW, Chouairi F et al (2022) Trends in heart failure hospitalizations in the US from 2008 to 2018. *J Card Fail* 28(2):171-180.

7. Lam CSP, Wood R, Vaduganathan M et al (2021) Contemporary economic burden in a real-world heart failure population with Commercial and Medicare supplemental plans. *Clin Cardiol* 44(5):646-655.

# CK-586: Focusing on Patients with HFpEF and EF ≥ 60



Source: Racine et al Heart Failure 2020-2029, CVrg March 2020 p 26; includes patients in long term care settings, which NHANES epi does not incorporate; Benjamin, E. et al. Heart Disease and Stroke Statistics—2019 Update: A Report From the AHA Circulation Vol 139, Issue 10, 5 March 2019; Pages e56-e528 historic growth rate of HF 2009-2012 vs. 2013-2016: 2.1%; the population of 65+ year old is expected to grow at 1.9% according to the UN - mortality improvement of 0.2% per year.; Heidenreich P. at al: Forecasting the Impact of Heart Failure in the United States Circulation: Heart Failure Volume 6, Issue 3 May 2013; Tsao C., et al Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association, Circulation Volume 139, Issue 10 Mar 2019; UN Population Report Nov 2020; Dunlay SM, Roger VL, Weston SA, Jiang R, Redfield MM. Longitudinal changes in ejection fraction in heart failure patients with preserved and reduced ejection fraction. Circ Heart Fail. 2012 Nov;5(6):720-6. doi: 10.1161/CIRCHEARTFAILURE.111.966366. Epub 2012 Aug 30. PMID: 22936826; PMCID: PMC3661289, Gerber 2015 JAMA, Hsu JJ, Ziaeian B, Fonarow GC. Heart Failure With Mid-Range (Borderline) Ejection Fraction: Clinical Implications and Future Directions. JACC Heart Fail. 2017 Nov;5(11):763-771. doi: 10.1016/j.jchf.2017.06.013. Epub 2017 Oct 11. PMID: 29032140; PMCID: PMC6668914, Kerwagen F, Koehler K, Vettorazzi E, Stangl V, Koehler M, Halle M, Koehler F, Störk S. Remote patient management of heart failure across the ejection fraction spectrum: A pre-specified analysis of the TIM-HF2 trial. Eur J Heart Fail. 2023 Sep;25(9):1671-1681. doi: 10.1002/ehf.2948. Epub 2023 Jul 31. PMID: 37368507, Delepaul B, Robin G, Delmas C, Moine T, Blanc A, Fournier P, Roger-Rollé A, Domain G, Delon C, Uzan C, Boudjellil R, Carrié D, Roncalli J, Galinier M, Lairez O. Who are patients classified within the new terminology of heart failure from the 2016 ESC guidelines? ESC Heart Fail. 2017 May;4(2):99-104. doi: 10.1002/ehf2.12131. Epub 2017 Jan 31. PMID: 28451445; PMCID: PMC5396039.

CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

# CK-586 May Address Unmet Needs of HFpEF Patients



## Proposed Mechanistic Benefits

- CK-586 may benefit cardiac relaxation during diastole
- CK-586 may reduce symptoms and improve functional capacity



## Target Product Profile

- Statistically significant reduction in composite of mortality and hospitalization outcomes
- Oral QD tablet
- Minimal drug interactions
- Simple dose titration with biomarker monitoring

*CK-586 is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.*

# Financials & Milestones

# Strong Financial Position

Strengthened balance sheet & access to capital to execute launch & advance R&D pipeline

September 30, 2024	~\$1.3B in cash, cash equivalents and investments	
Further access to capital through term loans with Royalty Pharma (RP)	Access up to \$350M in term loans*	Add'l \$500M
Potential further funding through RP opt-in	RP, at its option, can invest up to <b>\$150M</b> in a Phase 3 trial of CK-586 in exchange for an additional*** 3.5% revenue participation interest in worldwide net sales of CK-586	

*\*Term loans are comprised of Tranche 4, 5, and 7 Loans*

*Tranche 4: Cytokinetics is eligible to draw up to \$75m by April 3, 2025. The minimum draw for tranche 4 is \$50m.*

*Tranche 5: Cytokinetics, at its option, is eligible to draw up to \$100m during the 1-year period following the acceptance of the NDA filing for aficamten in oHCM provided that the NDA filing is accepted on or prior to March 31, 2025.*

*Tranche 7: Cytokinetics, at its option, is eligible to draw up to \$175m subject to conditions related to the approval of the NDA for aficamten in oHCM on or prior to December 31, 2025.*

*\*\*\* Royalty Pharma currently has a revenue participation interest of 1.0% of worldwide net sales of CK-586.*

# 2024 Financial Guidance

	Current Guidance Issued on Aug. 8, 2024
GAAP Operating Expense <sup>[1]</sup>	\$555m to \$575m
Non-cash Expense <sup>[2]</sup> <u>Included</u> in GAAP Operating Expense	\$110m to \$105m
Non-GAAP Operating Expense <sup>[3]</sup>	\$445m to \$470m
Net Cash Utilization <sup>[4]</sup>	\$400m to \$420m

The financial guidance does not include the effect of GAAP adjustments as may be caused by events that occur subsequent to publication of this guidance including but not limited to Business Development activities.

<sup>[1]</sup> GAAP operating expense comprised of R&D and G&A expenses.

<sup>[2]</sup> Non-cash operating expense comprised of stock-based compensation and depreciation.

<sup>[3]</sup> Non-GAAP operating expense comprised of R&D and G&A expenses but excludes non-cash operating expense.

<sup>[4]</sup> Net cash utilization is a non-GAAP financial measure that we define as our ending 2023 cash, cash equivalents, and investments balance of \$655 million plus the net proceeds of \$707 million received from the sale of common stock (through the at-the-market facility, public offerings, and stock purchase agreement with Royalty Pharma) plus proceeds of \$200 million received from the structured financing agreement with Royalty Pharma announced on May 22, 2024 minus our projected ending 2024 cash, cash equivalents, and investments balance of between \$1,142 million and \$1,162 million.



# Exclusive Licensing Collaboration with Bayer for *Aficamten* in Japan

## Upfront payment, development & commercial milestone payments & tiered royalties

Collaboration leverages Bayer's regional capabilities & expertise in development & commercialization

### Collaboration Financials:





- €50 million upfront payment
- Up to €90 million upon the achievement of milestones through commercial launch, €20 million of which are near-term payments
- Up to €490 million in commercial milestone payments upon the achievement by Bayer of certain sales milestones
- Tiered royalties ranging from the high teens to the low 30s on net sales of *aficamten* in Japan

### Joint Development Program:

- Bayer will conduct a Phase 3 clinical trial in Japanese patients with oHCM
- Cytokinetics will expand ACACIA-HCM, the Phase 3 clinical trial of *aficamten* in patients with nHCM, and CEDAR-HCM, the study of *aficamten* in a pediatric population, into Japan

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

# Robust Pipeline, Upcoming Commercial Launch & Solid Financial Position

Commercial	<div></div> <div>U.S. PDUFA date of September 26, 2025 for <i>aficamten</i></div> <div>U.S go-to-market strategies anchored in differentiated market access &amp; patient experience</div>		<div>China NDA and EU MAA submitted</div> <div>European commercial readiness activities underway</div>		
Pipeline	<div>Aficamten</div> <div>SEQUOIA-HCM: Positive Phase 3 results</div> <div>Ongoing clinical program with label-expanding opportunities including:</div> <div>MAPLE-HCM: Phase 3 monotherapy</div> <div>ACACIA-HCM: Phase 3 nHCM</div> <div>CEDAR-HCM: Phase 2-3 in pediatric oHCM</div> <div>FOREST-HCM: OLE in oHCM &amp; nHCM</div>	<div>Omecamtiv mecarbil</div> <div>Phase 3 confirmatory clinical trial</div> <div>COMET-HF ongoing</div>	<div>CK-586</div> <div>Phase 2 AMBER-HFpEF clinical trial starting in Q4 2024</div>	<div>CK-089</div> <div>Phase 1 study in healthy participants</div>	<div></div> <div>Ongoing R&amp;D</div> <div>Additional research in muscle biology, energetics &amp; metabolism</div>
Foundation	<div></div> <div>R&amp;D platform rooted in myosin modulation</div>	<div>Pioneers in muscle biology</div> <div></div>	<div>\$1.3B cash &amp; investments* with further access to long-term capital, up to \$500M**</div>		

\*As of September 30, 2024  
\*\* \$500M comprised of \$350M in term loan facilities with Royalty Pharma, and \$150M Royalty Pharma can, at its option, invest in a Phase 3 clinical trial of CK-586 in exchange for an additional 3.5% revenue participation interest in worldwide net sales of CK-586.  
*Aficamten, omecamtiv mecarbil and CK-586 are investigational drugs and are not approved by any regulatory agency. Their safety and efficacy have not been established.*

# Upcoming Milestones

## *Aficamten*

  
**Report topline results from  
MAPLE-HCM** in 1H 2025

  
**Complete enrollment of ACACIA-HCM**  
in 2025

  
**Continue enrollment of CEDAR-HCM**  
in 2024

  
**Continue Phase 1 study of *aficamten*  
in healthy Japanese volunteers**  
in 2024

## *Omecamtiv Mecarbil*

  
**Continue enrollment of COMET-HF**  
in 2024

## **CK-586**

  
**Initiate AMBER-HFpEF**  
in Q4 2024

*Aficamten, omecamtiv mecarbil and CK-586 are investigational drugs and have not been approved. Their safety and efficacy have not been established.*



thank  
you



Vi, diagnosed with HCM  
Avonne, diagnosed with HCM  
John, diagnosed with heart failure