Eric, diagnosed with HCM

Cytokinetics®

EMPOWERING

muscle

EMPOWERING

lives

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

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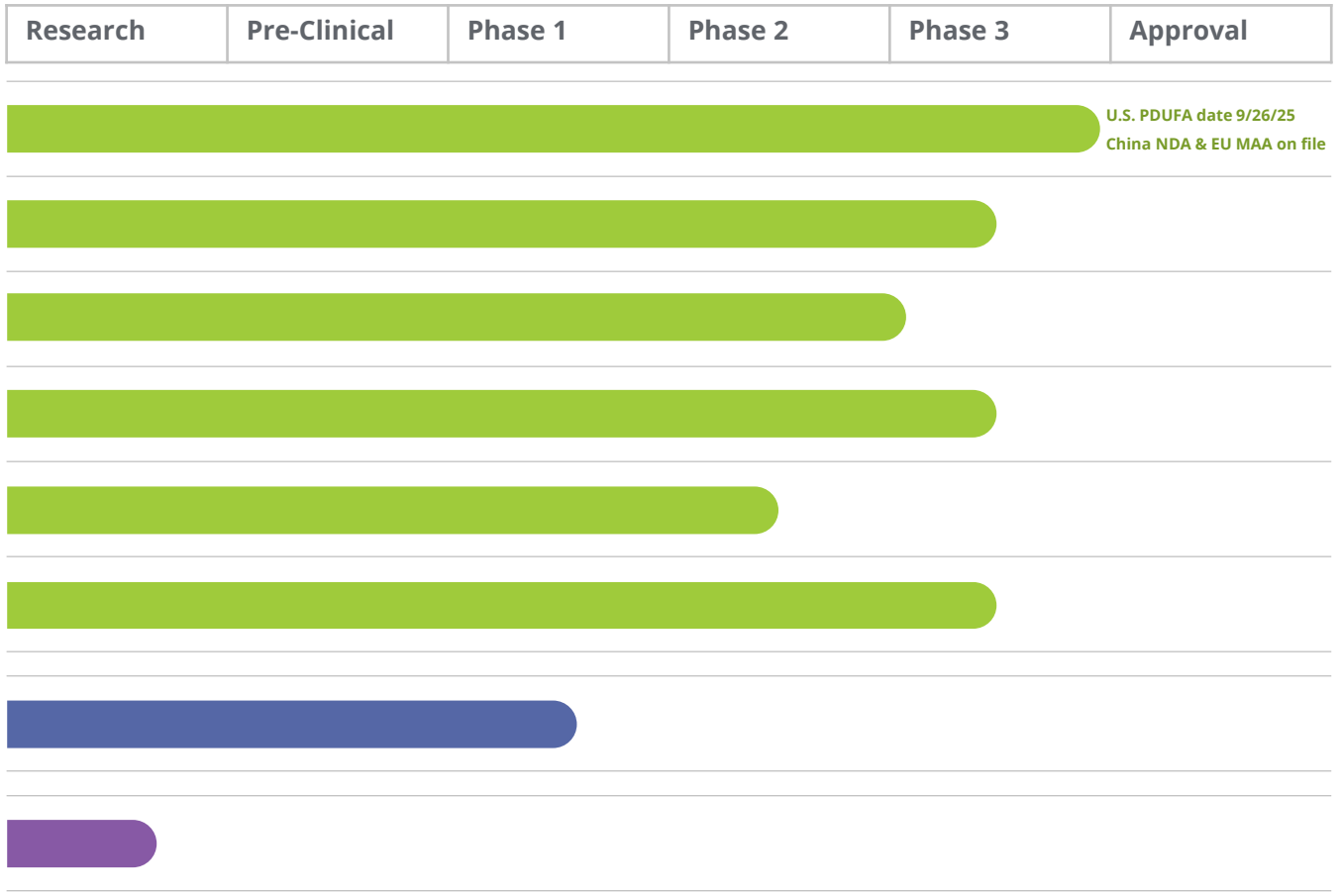
Our Mission

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

A Commitment to Muscle-Directed Cardiac Medicines

Protein Target	Therapeutic Area	Drug Candidate
Myosin	oHCM	*Aficamten*
	oHCM (Monotherapy*)	*Aficamten*
Myosin-Targeted Therapy	Pediatric oHCM	*Aficamten*
	nHCM	*Aficamten*
	HFpEF	*CK-586*
	HFrEF	*Omecamtiv Mecarbil*
Troponin	Troponin-Targeted Therapy	Muscular Dystrophy, other	*CK-089*
Other Biology	Muscle Biology Directed	*Research*



*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.

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Strong Financial Position

Well-capitalized to execute launch & advance R&D pipeline

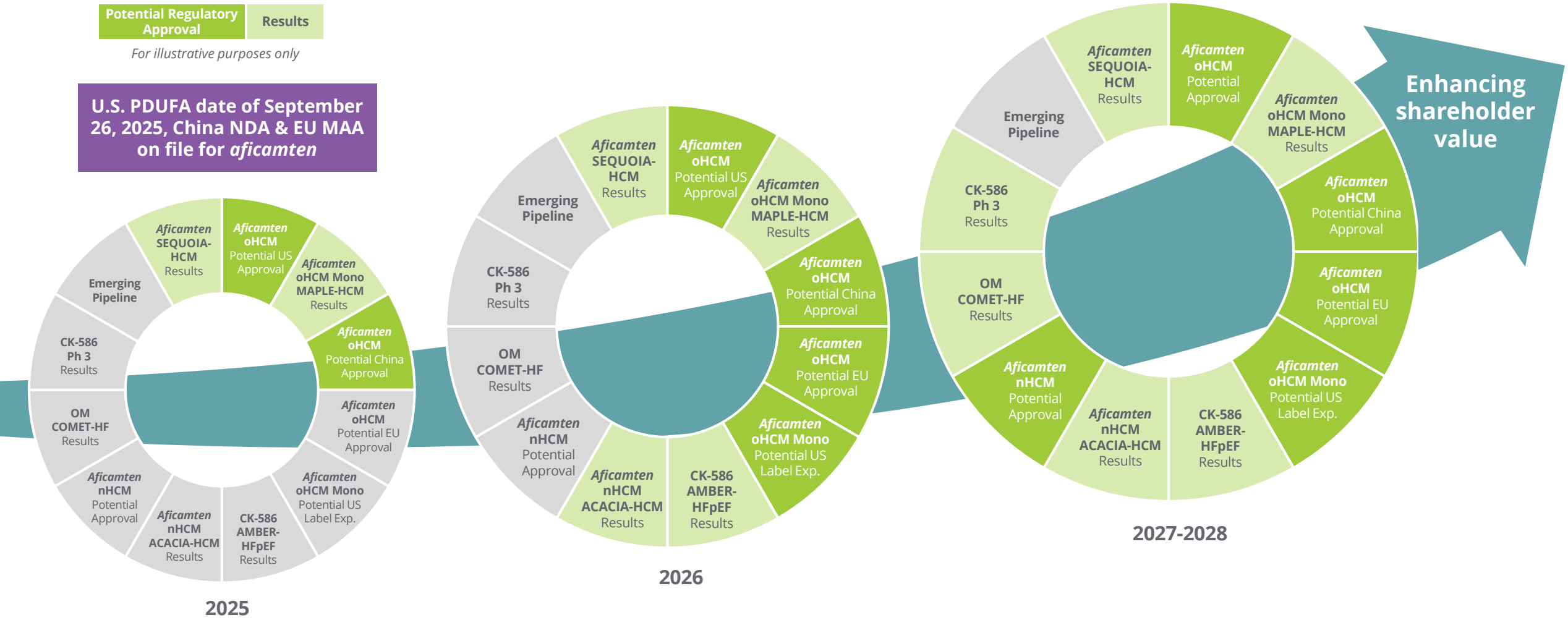
~$1.2B in cash, cash equivalents and investments as of December 31, 2024

Further access to capital through term loans[1] with Royalty Pharma (RP)	Eligible to draw up to $175m in 2025[2] Access to additional $175m[2] subject to conditions
Potential further funding through RP opt-in	RP, at its option, can invest up to **$150M** 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[4]

Add'l $500M

[1]Term loans are comprised of Tranche 4 , 5, and 7 Loans
[2]Tranche 4: Cytokinetics is eligible to draw up to $75m by April 3, 2025.
Tranche 5: Cytokinetics is eligible to draw up to $100m by November 24, 2025. A minimum of $50 million must be drawn from either Tranche 4 or 5.
[3]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.
[4]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



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.

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VISION2030

Empowering Muscle, Empowering Lives

To be the leading muscle-focused specialty biopharma company intent on meaningfully improving the lives of patients through global access to our innovative medicines

Building a Specialty Cardiology Franchise

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The following slides contain information about investigational agents that have not been approved by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and efficacy of these investigational agents have not been established.

Addressing Difficult to Treat Populations Within Heart Failure

Specialty cardiology franchise strategy applies to markets with similar characteristics

HCM

Opportunity for *aficamten* as the anchor

- ✓ Few available therapies
- ✓ Significant unmet need
- ✓ Concentrated market
- ✓ Tractable customer base
- ✓ Payers manage to label

HFrEF
Severely reduced EF

Expanding into adjacent population

- ✓ Few available therapies
- ✓ Significant unmet need
- ✓ Tractable customer base
- ✓ Payers manage to label

HFpEF
Supranormal EF

Addressing underserved segment of HF market

- ✓ Few available therapies
- ✓ Significant unmet need
- ✓ Concentrated market
- ✓ Tractable customer base
- ✓ Payers manage to label

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.

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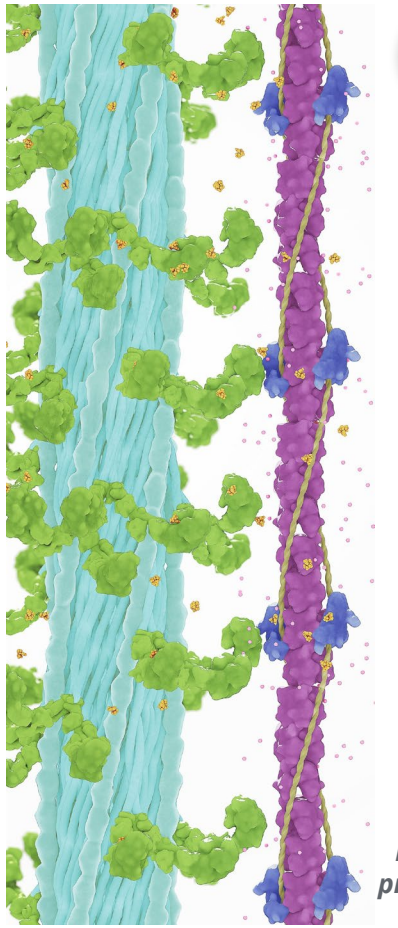
Building a Specialty Cardiology Franchise Anchored by *Aficamten*

Potential patient market for specialty cardiology franchise strategy



Estimated prevalence in US only

Myosin-Targeted Therapies

450-700K[1,2]
oHCM patients in 2025-2026

Aficamten

oHCM
SEQUOIA-HCM
First potential indication

250-400K[1,2]
nHCM patients in 2027

Aficamten

oHCM
MAPLE-HCM
Potential to expand to monotherapy

Aficamten

nHCM
ACACIA-HCM
Potential to expand into nHCM

~840K[3]
HFrEF + EF <30% in 2029

Omecamtiv Mecarbil

HFrEF
Potential in HFrEF

800K[4]
HFpEF + EF ≥ 65% in 2030

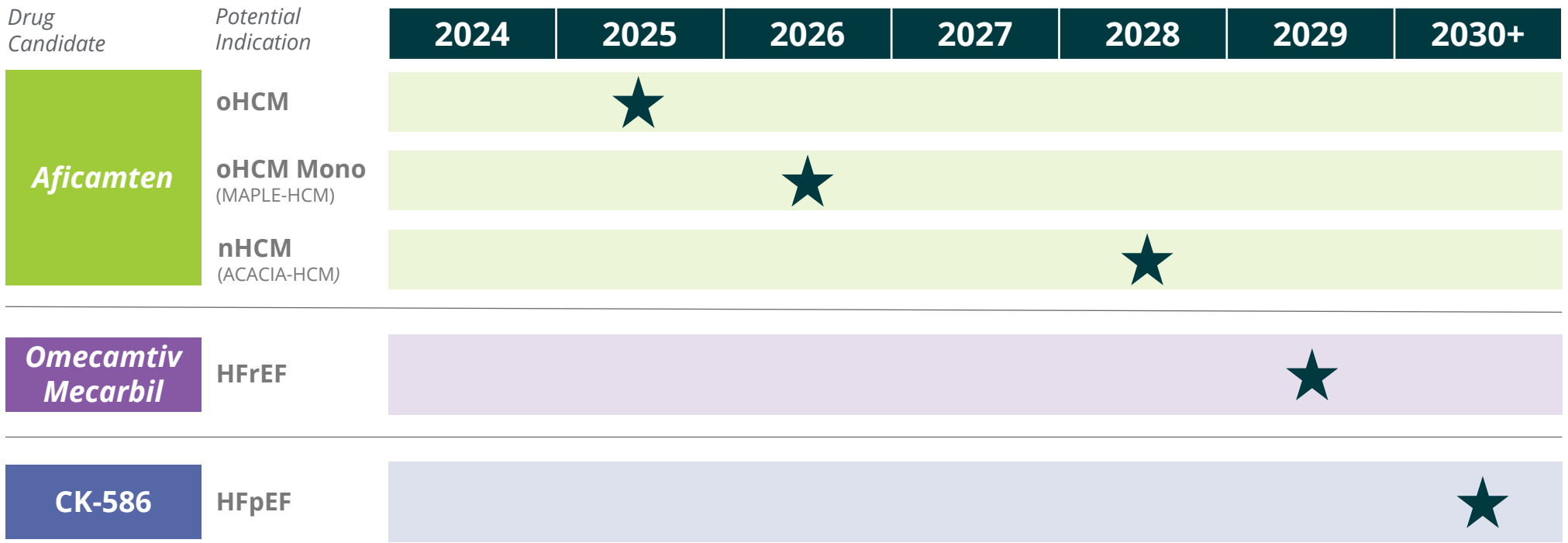
CK-586

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.

Potential for Multiple Specialty Cardiology Launches



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.

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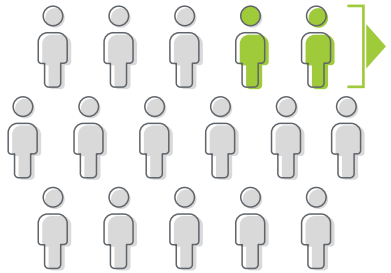
Specialty Cardiology Business Has Potential for High ROI

Concentrated Prescribers

~80K cardiologists/PCPs treat CV diseases

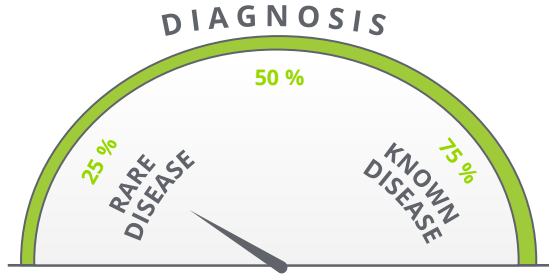


~10K

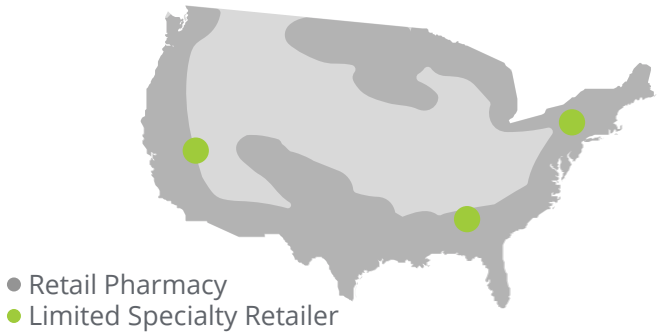
cardiologists treat ~80% HCM

Higher Revenue Per Prescriber

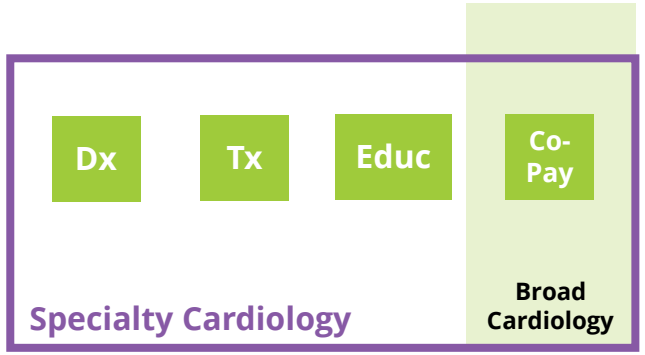
Opportunity To Grow Market Through Diagnosis



Distribution Limited to Specialty Retailers



Differentiated Patient Experience



Path to Reimbursement

Broad Cardiology

High Rebates

Winners/loser

Specialty Cardiology

Access to Label

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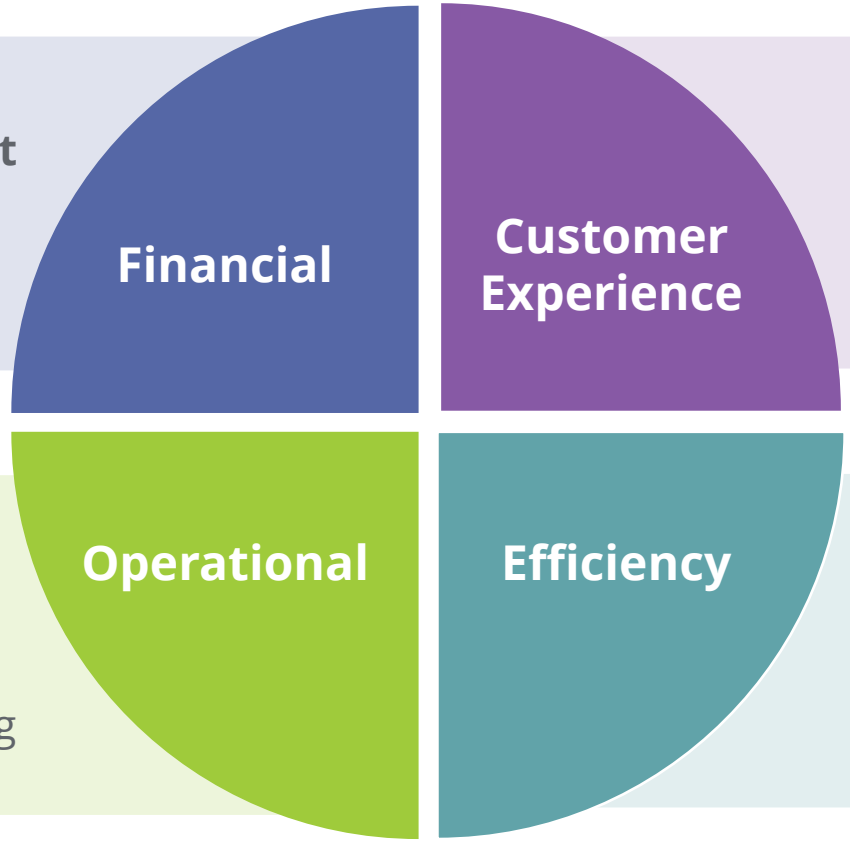
Potential Benefits of a Specialty Cardiology Franchise

- Significant **FTE cost savings**
- **Reduced operational support** teams, IT systems & analytics
- **Efficiency** in sales training, meetings



- **1:1** customer – rep relationship
- **Single point of contact** for HCP & office staff enables **improved access & focus**

- **Flexibility** in team structure based on local market needs
- **No** multiple representative coordination concerns
- **Simplified IC**, CRM & reporting
- Single point of **accountability**

- **Multiple products** can be discussed on every call
- "Low value" targets for one product can be replaced with "high value" targets from other products

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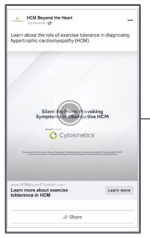
HCP & Patient-Directed HCM Awareness Campaigns Launched

HCP Portal
(Medscape)

Paid Social
(Facebook)

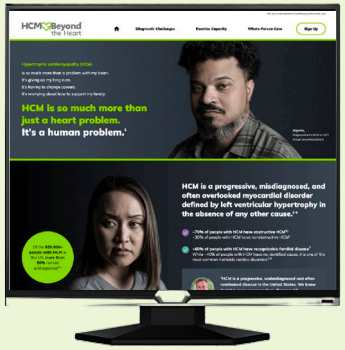


Paid Search

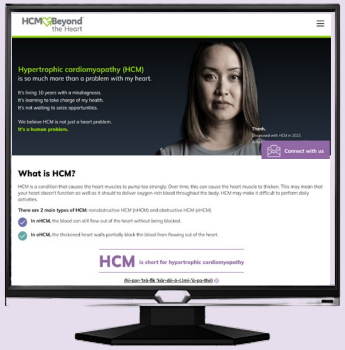
Programmatic/ Digital Journals

Congress
(HFSA, HCM Society, HCM8)

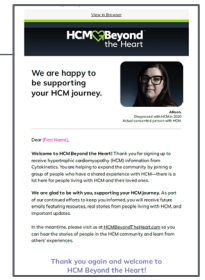
HCP Market Development Website
HCMBeyondTheHeart.com/HCP



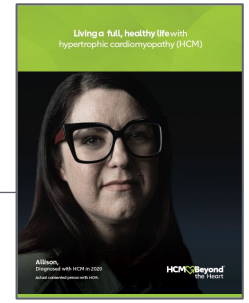
Patient Market Development Website
HCMBeyondTheHeart.com



CRM Registration

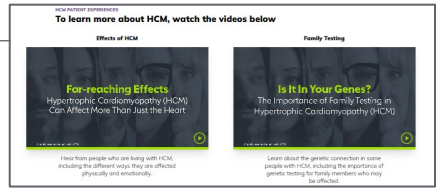


Educational Materials



Programmatic/Digital Media
(DeepIntent, MayoClinic, Healthline, Nativo)

Video Content



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Aficamten

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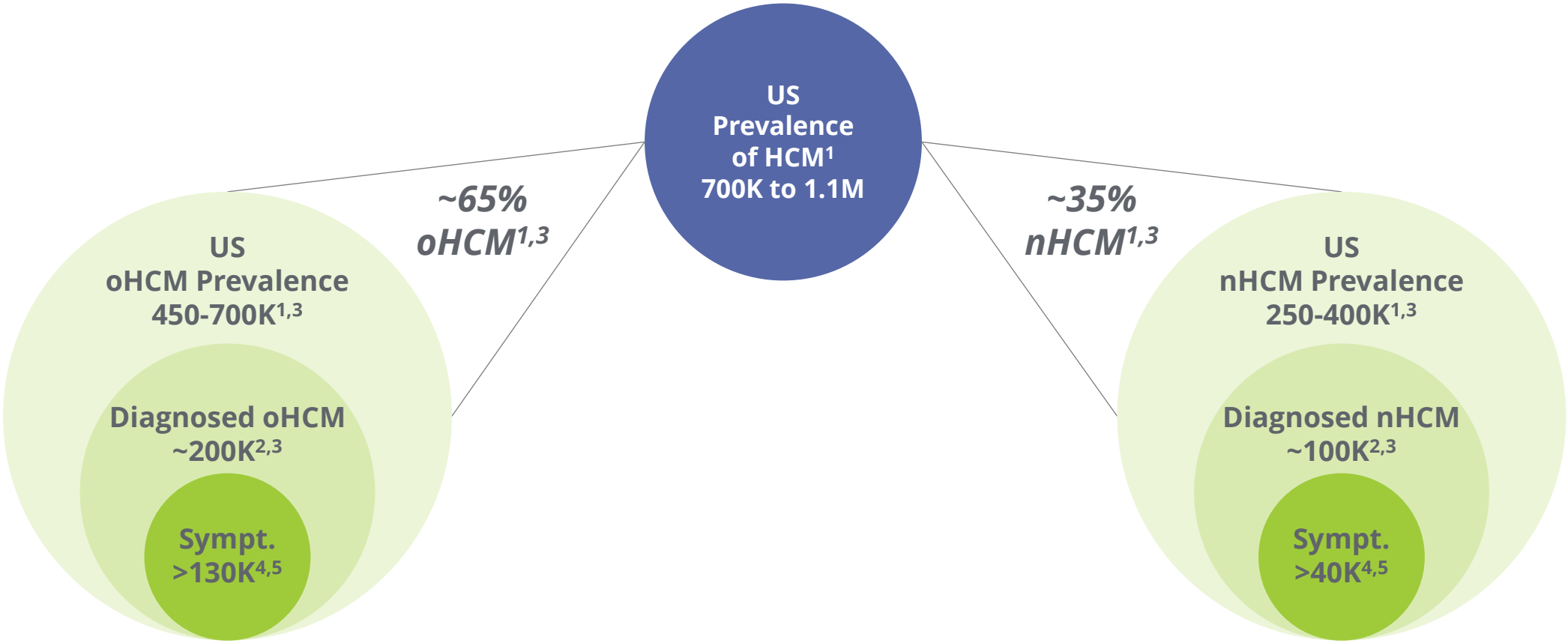
Aficamten is an investigational agent and has not been approved for use by the U.S. Food & Drug Administration (FDA) or any regulatory agency. The safety and effectiveness of this product have not been established.

Opportunity for CMIs 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.

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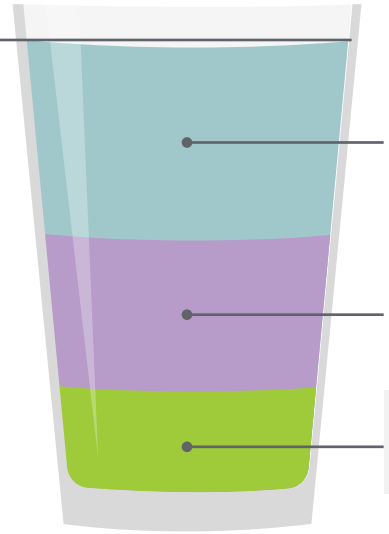
$10B Potential Market of CMI-Eligible Patients

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

US and EU HCM Patients in 2035

Illustrative

880K[1,2]
Expected global population of diagnosed patients with oHCM & nHCM in 2035



Projected Diagnosed HCM Patients
(5x the growth rate of the US population)[3]

Symptomatic o/nHCM Patients
(Considered for CMI)[3]

Potential CMI Use: 30-50%
of diagnosed, symptomatic HCM patients[3]

~$10B Potential US + EU Market in 2035

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; 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.

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

- If approved with target profile, *aficamten* **may expand total CMI market** & create opportunity in newly treated CMI patients

Key attributes that may **drive preference** include the potential for:

LVOT gradient reduction

Change in NYHA Functional Class

Pharmacodynamics /LVEF maintenance

Change in KCCQ

Source: Aficamten Impact of Product Attributes on Product Preference Share n=443 cardiologists, Quantitative research including conjoint – Cogent

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

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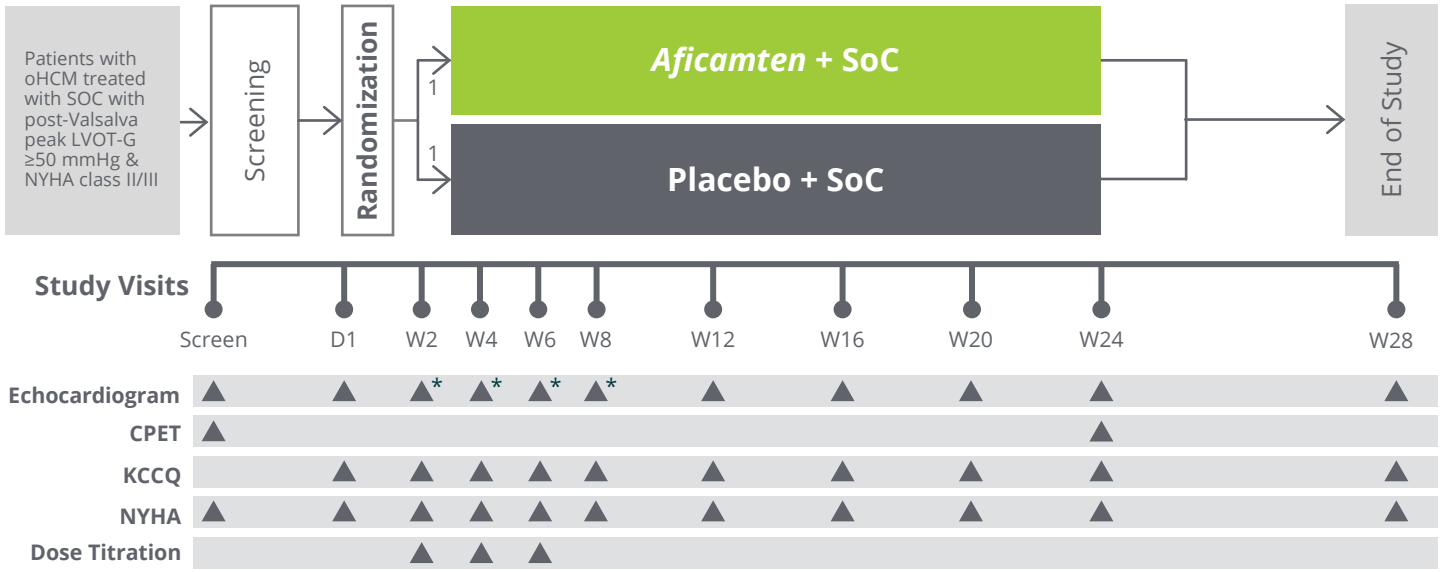
SEQUOIA-HCM: Pivotal Phase 3 Trial

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



SOC: standard of care
** Focused echocardiogram*
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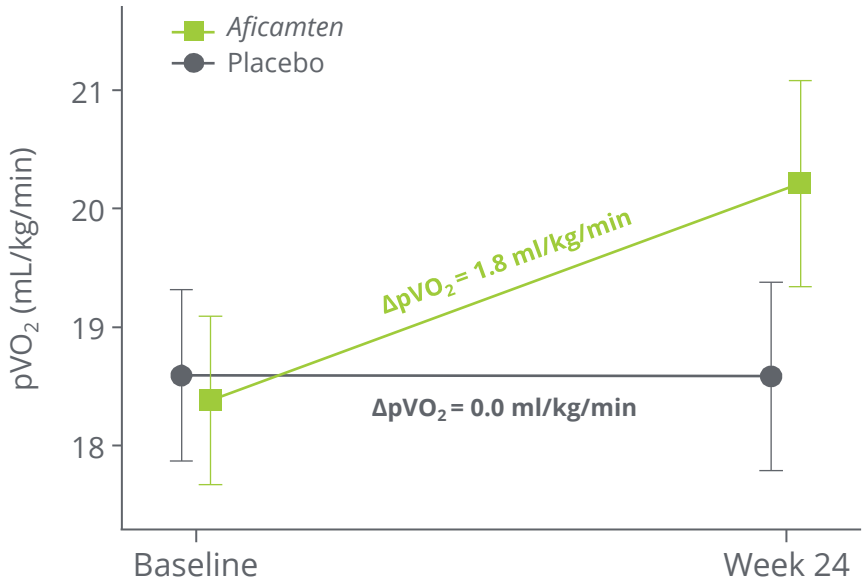
SEQUOIA-HCM: Primary Endpoint

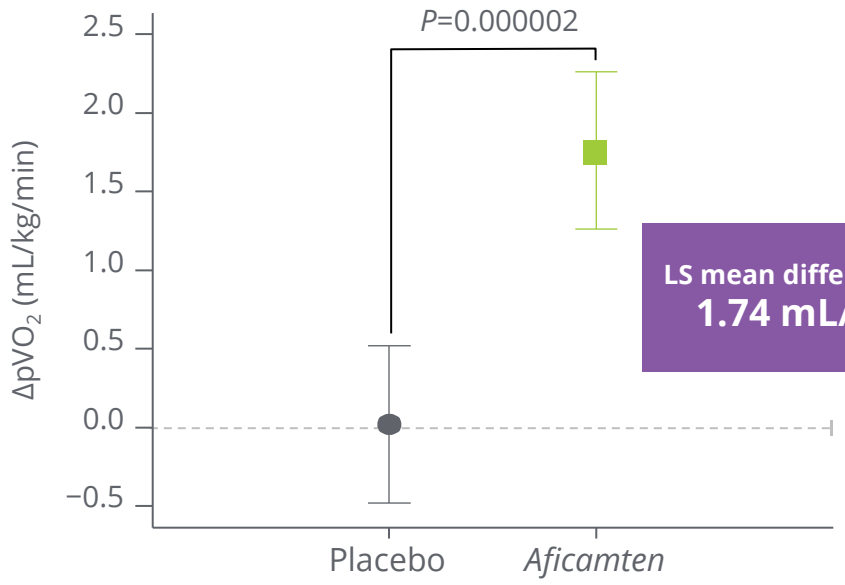
Significant improvement in exercise capacity compared to placebo

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



Data are mean and 95% CI

LS mean difference (SE) vs placebo:
1.74 mL/kg/min (0.36)

Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.

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

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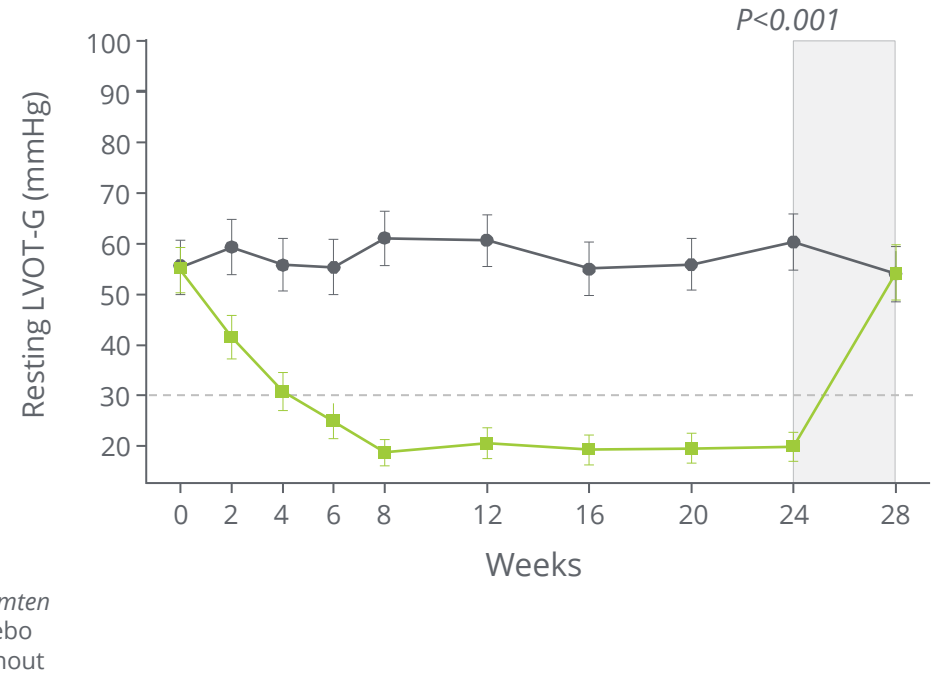
SEQUOIA-HCM: Secondary & Exploratory Endpoints

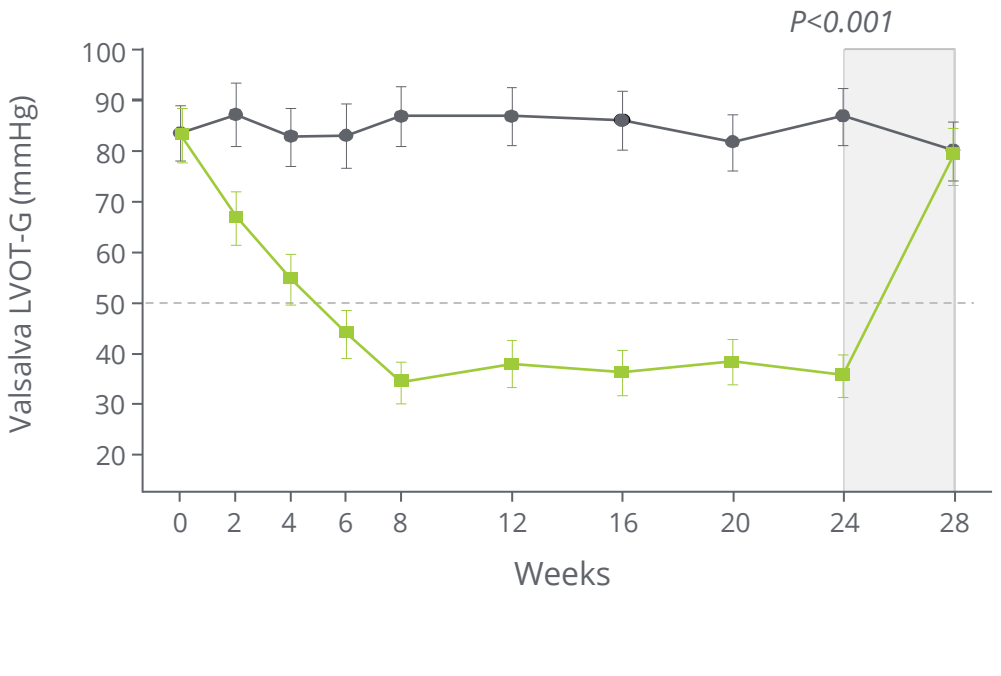
Significant improvement in gradients by ~60% with no significant adverse change in LVEF

LS mean difference: - 50 mmHg

Resting LVOT-G



Valsalva LVOT-G



Aficamten
Placebo
Washout

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.

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

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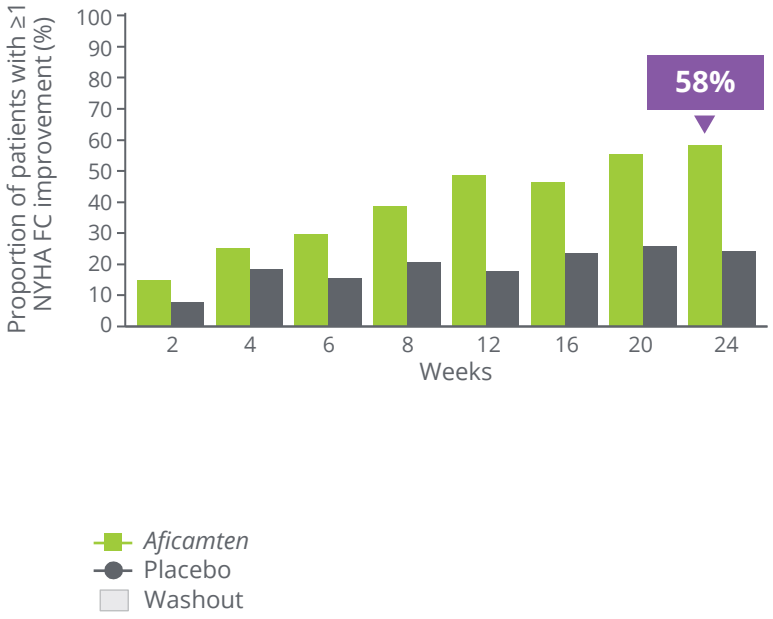
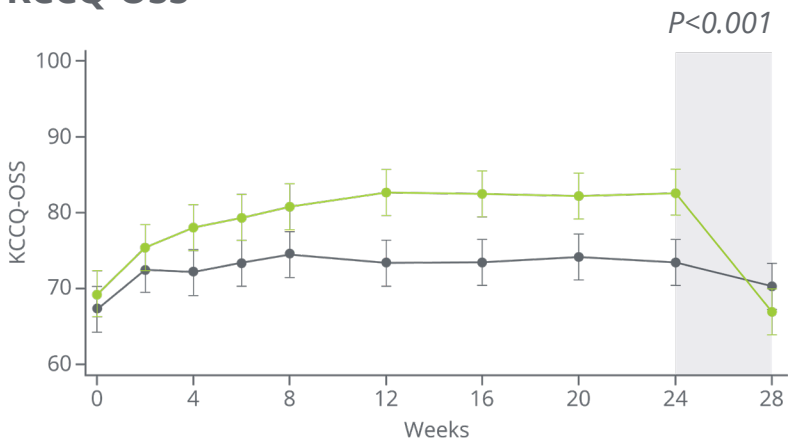
SEQUOIA-HCM: Secondary & Exploratory Endpoints

Significant improvement in patient symptom burden and quality of life

≥1 NYHA FC Improvement[1]



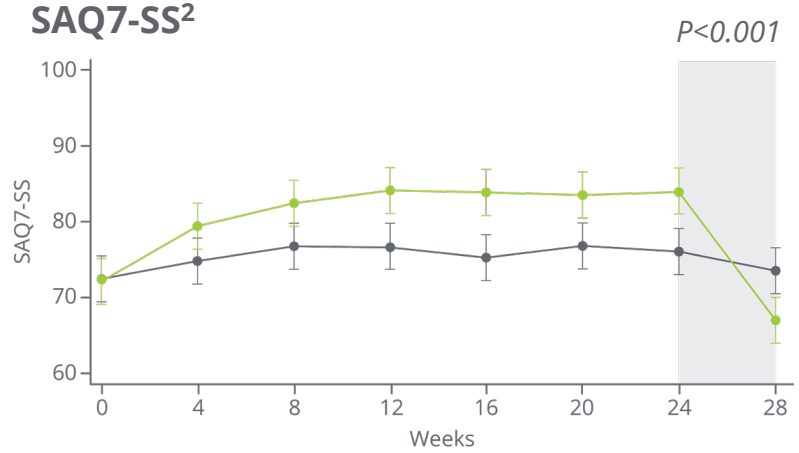
KCCQ-OSS[2]



Mean difference between *aficamten* & placebo = **7.9 points**

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

SAQ7-SS[2]



Mean difference between *aficamten* & placebo = **7.8 points**

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

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.

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

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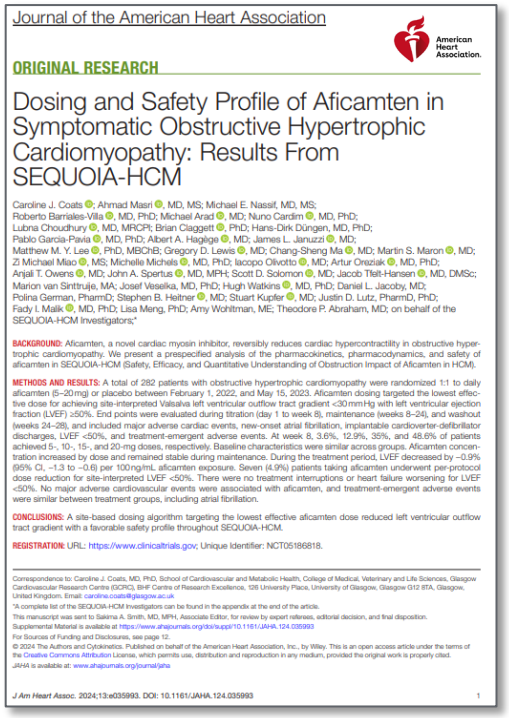
SEQUOIA-HCM: Safety Data

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[a]	1 (0.7)	5 (3.5)
Dose reduction based on site-read LVEF <50%	1 (0.7)	7 (4.9)

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



Journal of the American Heart Association

ORIGINAL RESEARCH

Dosing and Safety Profile of Aficamten in Symptomatic Obstructive Hypertrophic Cardiomyopathy: Results From SEQUOIA-HCM

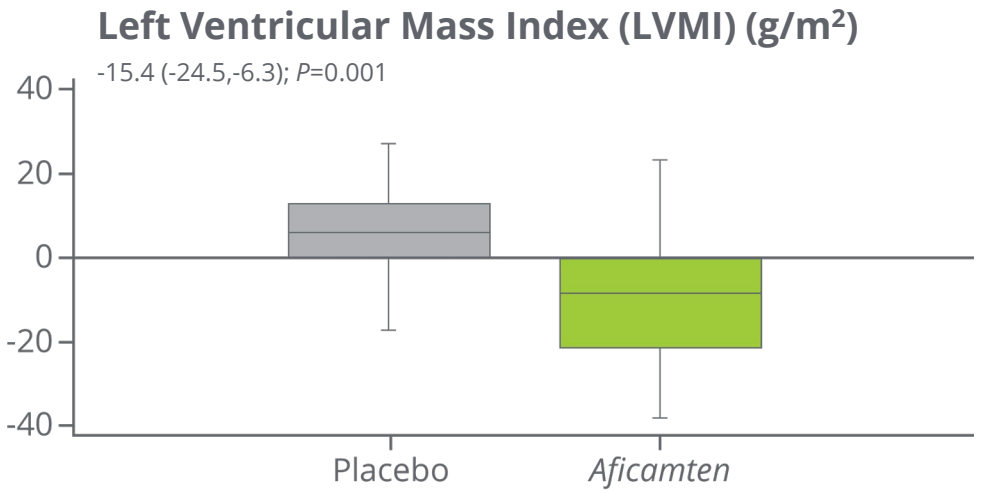
AE, adverse event; SAE, serious adverse event.
Coats CJ. Dosing and Safety Profile of Aficamten in Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC Heart Failure 2024.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

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)**



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

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[a] *aficamten*-treated pool	Placebo-controlled pool[b]	
	Aficamten	***Aficamten***	**Placebo**
Number of participants	283	170	153
LVEF <50%[c], 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)

[a] Parent and extension studies. [b] Placebo-controlled pool of REDWOOD-HCM and SEQUOIA-HCM. [c] Site read.

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

Integrated Safety Analysis to reflect real world clinical application.

Masri A. Aficamten in Patients with Obstructive Hypertrophic Cardiomyopathy: An Integrated Safety Analysis. ESC 2024.

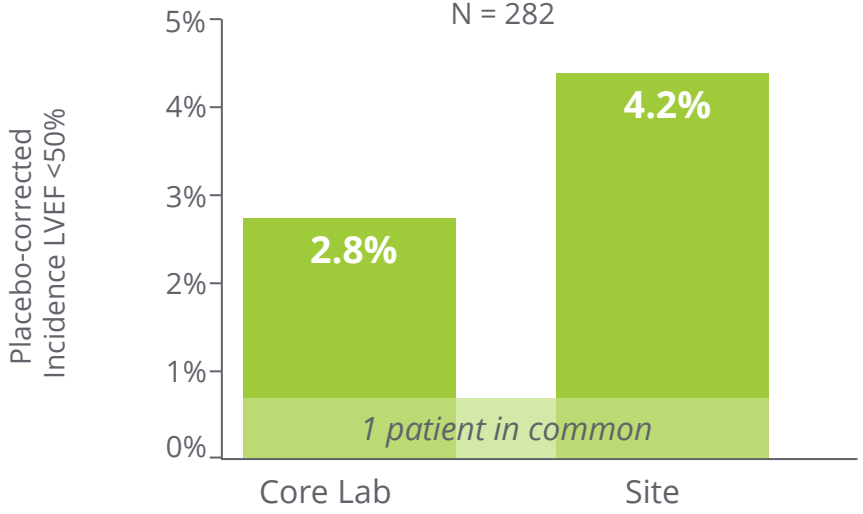
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

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

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

SEQUOIA HCM

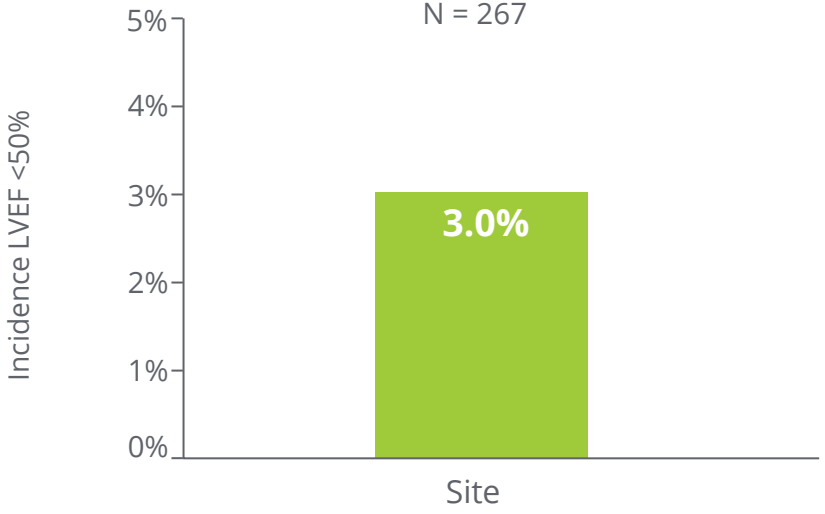
N = 282



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

FOREST HCM

N = 267



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- ✓ Great majority of patients on highest doses

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

Cytokinetics®

Data May Support Differentiated Label & Risk Mitigation Strategy

Potential Profile for *Aficamten*

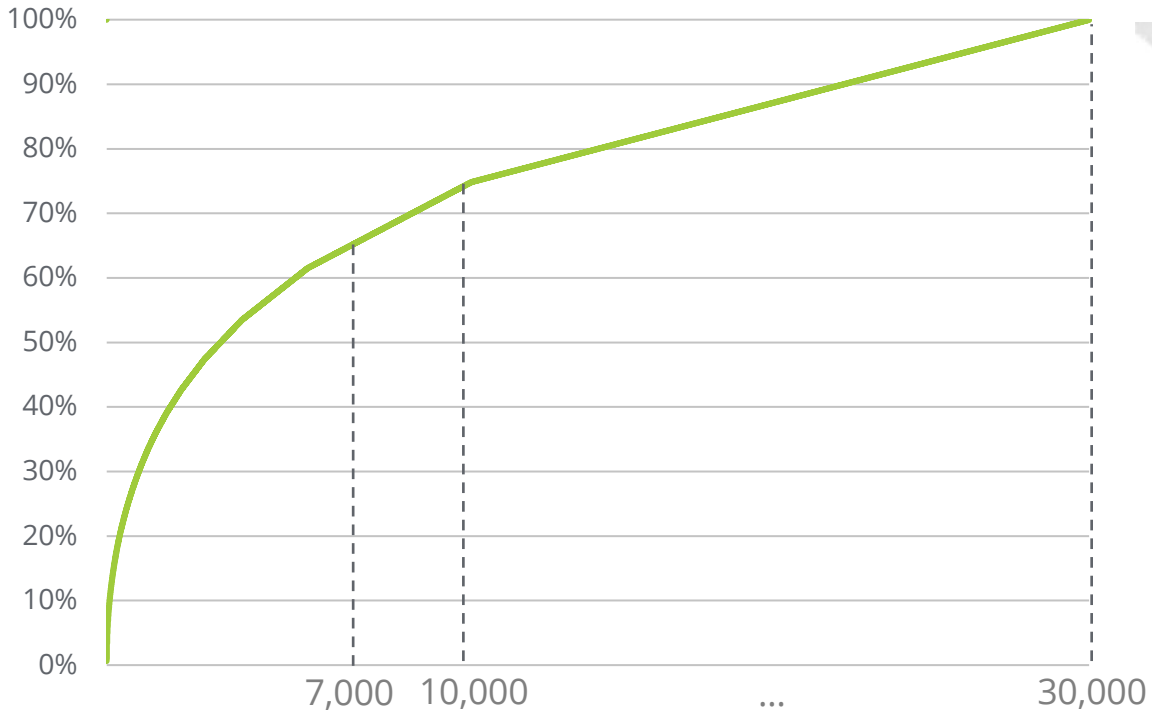
- Demonstrated safety profile
- Few EF drops less than 50%
- No LVEF related episodes of heart failure nor heart failure hospitalizations
- No clinically meaningful drug-drug interactions
- Convenient, rapid dose titration and reversibility
- Absence of reproductive toxicology

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

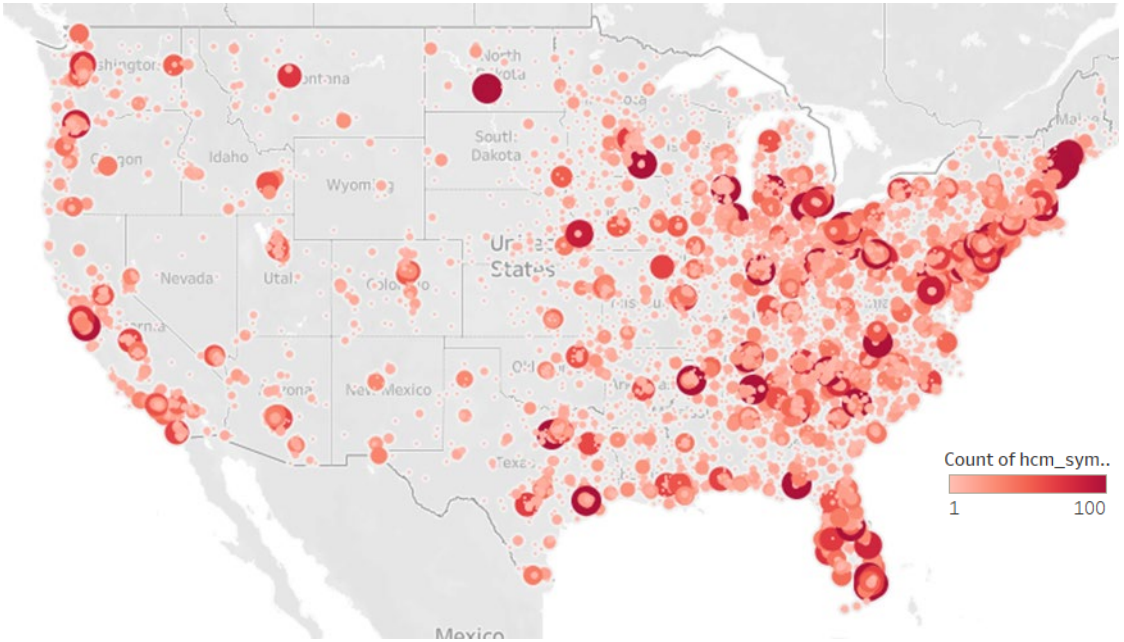
Cardiologists Located in Concentrated Geographic Clusters Across the US

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

HCM Patient Concentration by Cardiologist



Geographic Distribution of HCM Patients



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.
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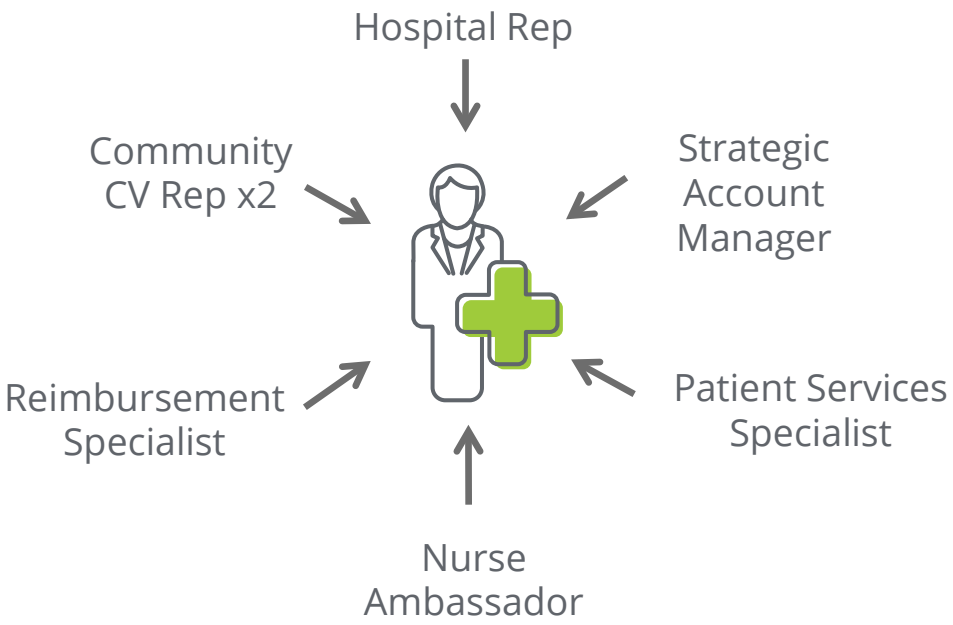
Cytokinetics®

U.S. Sales Team Designed Based on Efficiency & Customer Feedback

Traditional Models

Several functions with very focused roles

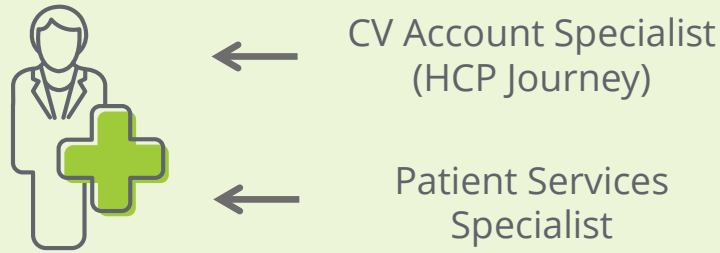
Overwhelmed customers, "It's too much"



Our Design Principles

Simple model creating quality experience

Hire team with deep experience in specialty



Cytokinetics®

Building a Bespoke Treatment Experience

Landscape assessment to identify current trends coupled with primary and secondary insights to understand current challenges and barriers to treatment initiation

Detailed integrated CMI specific treatment experience build underway in collaboration with clinicians and patients

Understand Challenges & Needs

Define Differentiators

Detailed Design Build

Test and Refine

Launch

Workshops held with external stakeholders and clinicians to define critical needs and opportunities to address the specific needs of oHCM patients, caregivers and clinicians

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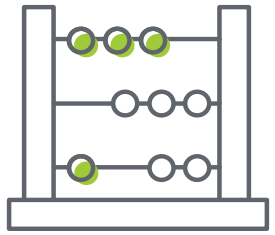
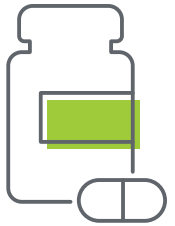
Strategy in Place to Support Market Access at Launch



Payer value proposition strengthened with clinical & HEOR evidence

PIE engagements with key payer accounts



Channel & dispensing strategy designed to enhance patient experience

Patient support services will provide robust prior-authorization & medical exception support

PIE: Pre-Approval Information Exchange
HEOR: Health Economics & Outcomes Research

Cytokinetics®

Advancing EU Launch Readiness Activities

Key Hires in Zug & Munich

- Highly experienced hires in Zug, Switzerland in Regulatory, Medical Affairs, Commercial, Market Access
- Highly experienced hires in Munich, Germany including General Manager, Medical Director
- Multiple product launches in cardiology & oncology both orphan & non-orphan indications
- Proven track record of successfully navigating pricing, reimbursement & market access in Europe

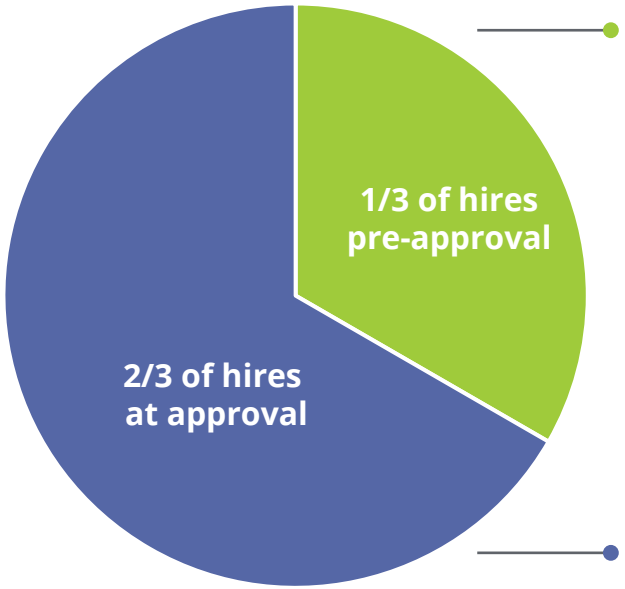
Key Activities to Support Launch

- Design the EU distribution model & select EU 3PL
- Support the MIA (Manufacturing & Importation Authorization)
- Develop regulatory & labeling strategy
- Start implementing all needed processes to support German launch:
  - Market understanding (prescribers concentration curves, patient journey…)
  - HTA Dossier writing for P&R process

Gated Build of Commercial Infrastructure

Sales representative hiring to occur in proximity to approval

2/3 of hiring to occur at-approval



Commercial leadership
Marketing
HEOR
Patient services
Access & distribution
Field operations
Commercial learning & development
Sales team leadership

Sales representatives

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.

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Global Presence of *Aficamten* & Progress of Marketing Applications

2025

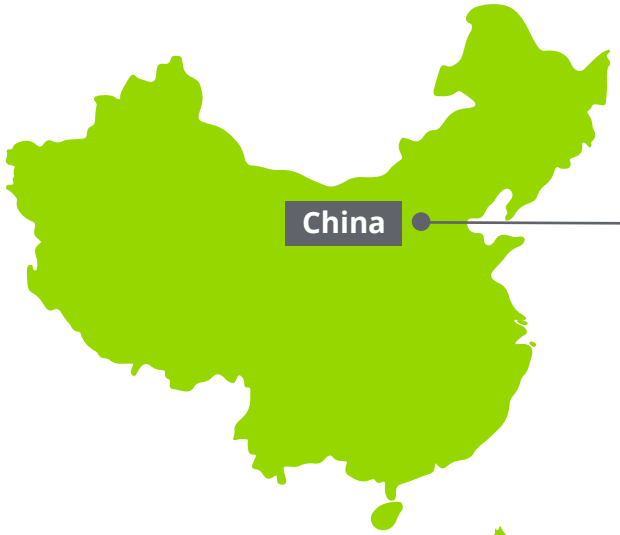
Cytokinetics®

U.S. PDUFA date 9/26/25

2026

Cytokinetics®

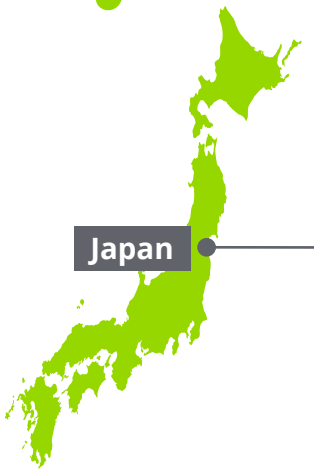
MAA on file in Europe



2025

sanofi

Partnered with Sanofi in China; NDA on file with priority review



BAYER

Partnered with Bayer in Japan

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Ongoing Clinical Trials of *Aficamten*

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

Enrollment complete; data expected 2Q 2025

Pivotal Phase 3 clinical trial in nHCM

Expect to complete enrollment in 2H 2025

Clinical trial in a pediatric population with oHCM

Expect to complete enrollment of adolescent cohort in 2H 2025

Open-label extension clinical study in HCM

Ongoing

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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 have not been established.

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

Efficient, pragmatic Phase 3 clinical trial

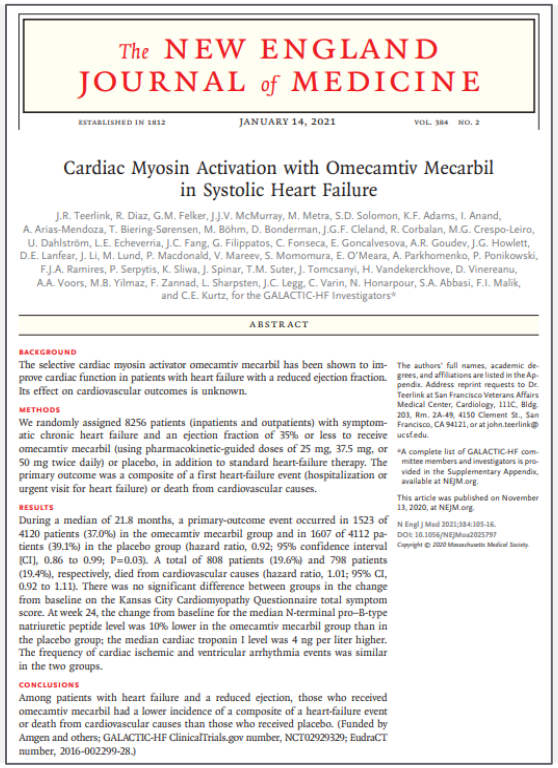
High Unmet Need

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



The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JANUARY 14, 2021 VOL. 384 NO. 2

Cardiac Myosin Activation with Omecamtiv Mecarbil in Systolic Heart Failure

J.R. Teerlink, R. Diaz, G.M. Felker, J.J.V. McMurray, M. Metra, S.D. Solomon, K.F. Adams, I. Anand, A. Arias-Mendoza, T. Biering-Sørensen, M. Böhm, D. Bonderman, J.G.F. Cleland, R. Corbalan, M.G. Crespo-Leiro, U. Dahlström, L.E. Echeverria, J.C. Fang, G. Filippatos, C. Fonseca, E. Goncalvesova, A.R. Goudev, J.G. Howlett, D.E. Lanfear, J. Li, M. Lund, P. Macdonald, V. Mareev, S. Momomura, E. O'Meara, A. Parkhomenko, P. Ponikowski, F.J.A. Ramires, P. Serpytis, K. Sliwa, J. Spinar, T.M. Suter, J. Tomcsanyi, H. Vandekerckhove, D. Vinereanu, A.A. Voors, M.B. Yilmaz, F. Zannad, L. Sharpsten, J.C. Legg, C. Varin, N. Honarpour, S.A. Abbasi, F.I. Malik, and C.E. Kurtz, for the GALACTIC-HF Investigators*

ABSTRACT

BACKGROUND

The selective cardiac myosin activator omecamtiv mecarbil has been shown to improve cardiac function in patients with heart failure with a reduced ejection fraction. Its effect on cardiovascular outcomes is unknown.

METHODS

We randomly assigned 8256 patients (inpatients and outpatients) with symptomatic chronic heart failure and an ejection fraction of 35% or less to receive omecamtiv mecarbil (using pharmacokinetic-guided doses of 25 mg, 37.5 mg, or 50 mg twice daily) or placebo, in addition to standard heart-failure therapy. The primary outcome was a composite of a first heart-failure event (hospitalization or urgent visit for heart failure) or death from cardiovascular causes.

RESULTS

During a median of 21.8 months, a primary-outcome event occurred in 1523 of 4120 patients (37.0%) in the omecamtiv mecarbil group and in 1607 of 4112 patients (39.1%) in the placebo group (hazard ratio, 0.92; 95% confidence interval [CI], 0.86 to 0.99; P=0.03). A total of 808 patients (19.6%) and 798 patients (19.4%), respectively, died from cardiovascular causes (hazard ratio, 1.01; 95% CI, 0.92 to 1.11). There was no significant difference between groups in the change from baseline on the Kansas City Cardiomyopathy Questionnaire total symptom score. At week 24, the change from baseline for the median N-terminal pro–B-type natriuretic peptide level was 10% lower in the omecamtiv mecarbil group than in the placebo group; the median cardiac troponin I level was 4 ng per liter higher. The frequency of cardiac ischemic and ventricular arrhythmia events was similar in the two groups.

CONCLUSIONS

Among patients with heart failure and a reduced ejection, those who received omecamtiv mecarbil had a lower incidence of a composite of a heart-failure event or death from cardiovascular causes than those who received placebo. (Funded by Amgen and others; GALACTIC-HF ClinicalTrials.gov number, NCT02929329; EudraCT number, 2016-002299-28.)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Teerlink at San Francisco Veterans Affairs Medical Center, Cardiology, 111C, Bldg. 203, Rm. 2A-49, 4150 Clement St., San Francisco, CA 94121, or at john.teerlink@ucsf.edu.

*A complete list of GALACTIC-HF committee members and investigators is provided in the Supplementary Appendix, available at NEJM.org.

This article was published on November 13, 2020, at NEJM.org.

N Engl J Med 2021;384:105-16.
DOI: 10.1056/NEJMoa2025797
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Ph 3 clinical trial results in 8,000 patients point to important treatment benefit

Planning confirmatory Ph 3 trial, **n= ~1,800, ~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.

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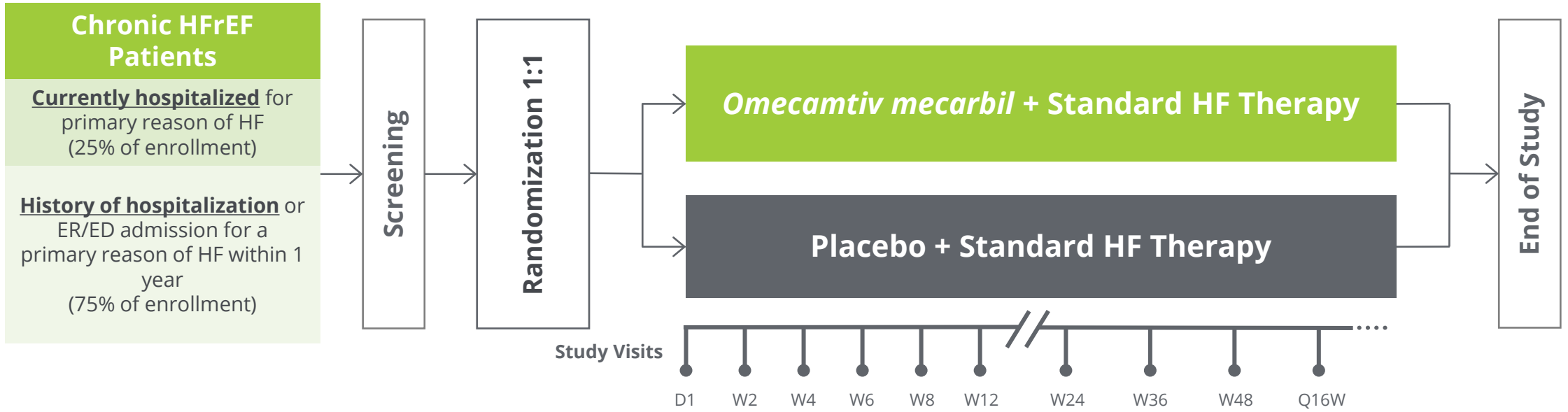
GALACTIC-HF: Clinical Trial Overview

Phase 3 clinical trial

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



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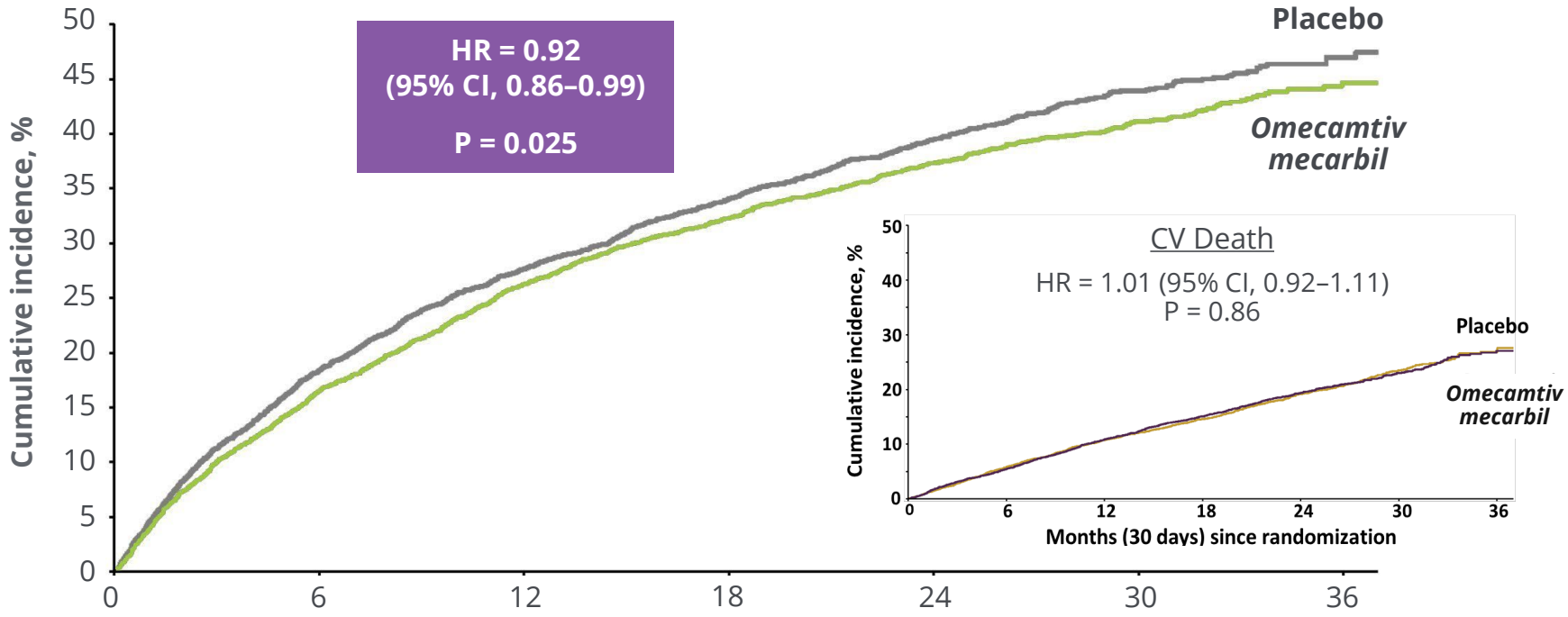
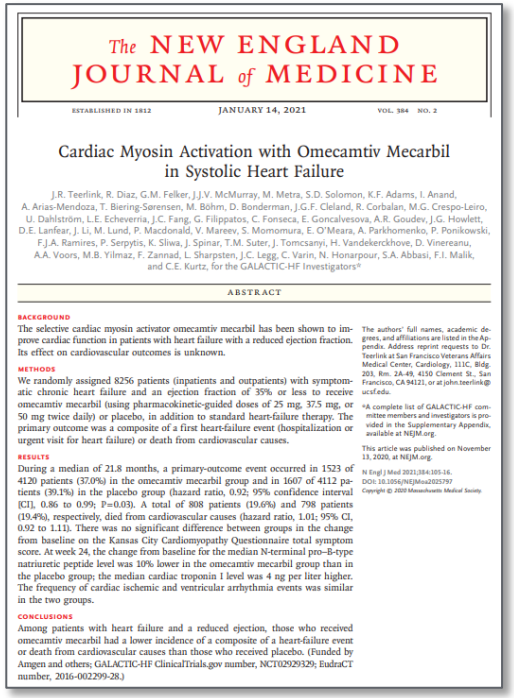
Primary Composite Endpoint



Patients at risk, n							
Placebo	4112	3310	2889	2102	1349	647	141
OM	4120	3391	2953	2158	1430	700	164



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Time to first HF event or CV death

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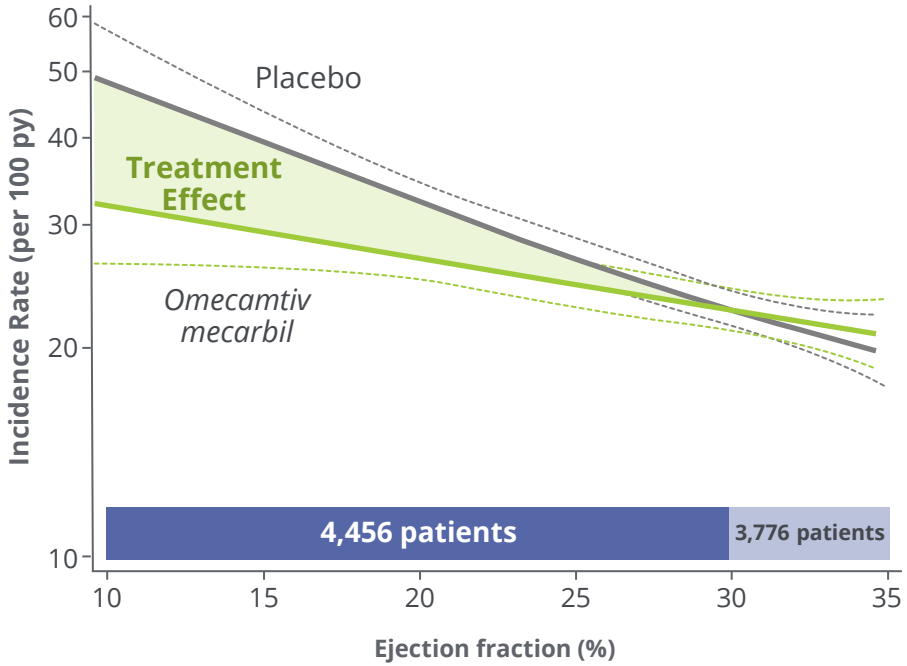
Benefit Observed to Increase as Baseline LVEF Decreased

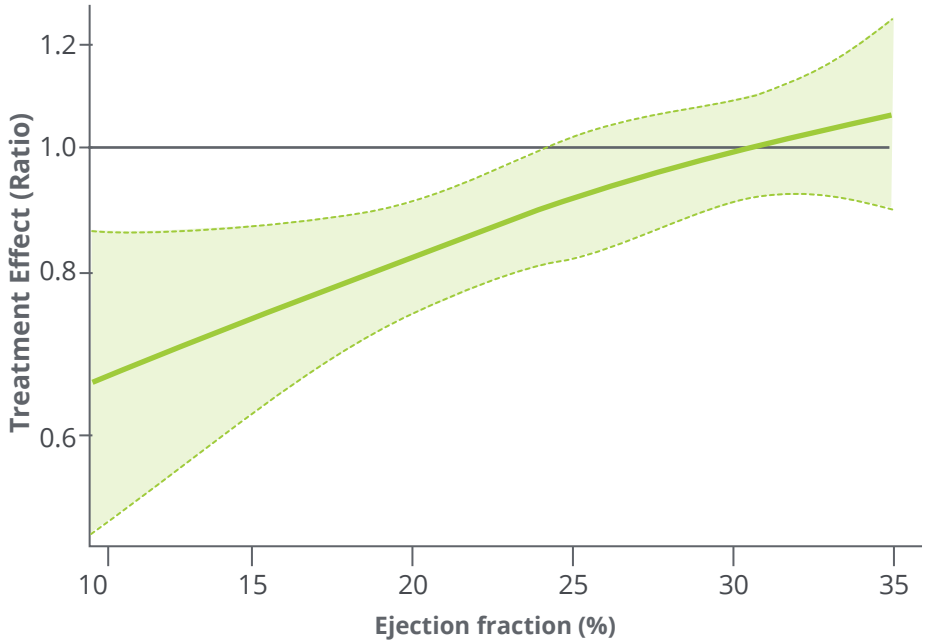
GALACTIC-HF

Incidence of Primary Composite Endpoint



Pre-specified Subgroup	Baseline LVEF	≤ median (28%)	0.84 (0.77, 0.92)
		> median (28%)	1.04 (0.94, 1.16)
	Interaction P-value = 0.004		

Relative Treatment Effect on Primary Endpoint



JACC

ORIGINAL INVESTIGATIONS

Effect of Ejection Fraction on Clinical Outcomes in Patients Treated With Omecamtiv Mecarbil in GALACTIC-HF

ABSTRACT

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

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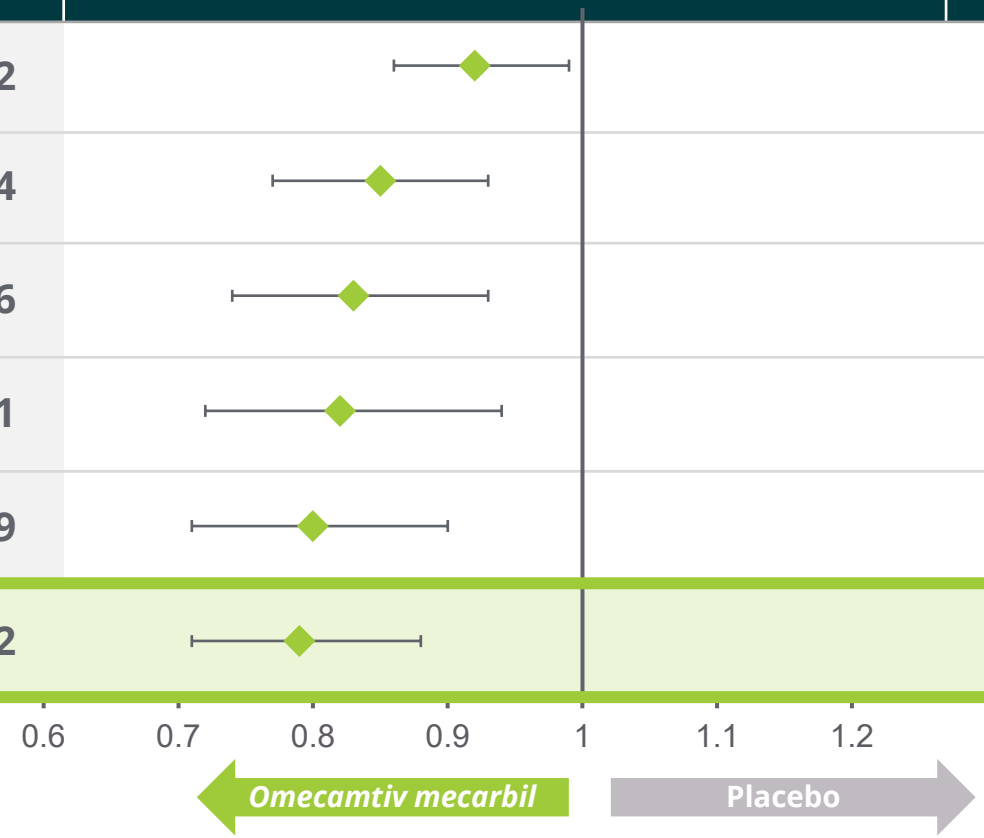
Large Treatment Effect in Easily Defined HF Population

GALACTIC-HF

	N	Hazard Ratio (95% CI)	Nom p-value	ARR
All Patients	8232		0.025	2.1
LVEF <30%	4704		<0.001	4.9
+ Hosp <3 mos	2836		<0.001	6.2
+ SBP <110	1881		0.004	7.2
+ Class III/IV	2249		<0.001	8.9
+ NT-proBNP ≥1000 pg/mL	2852		<0.001	8.8



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

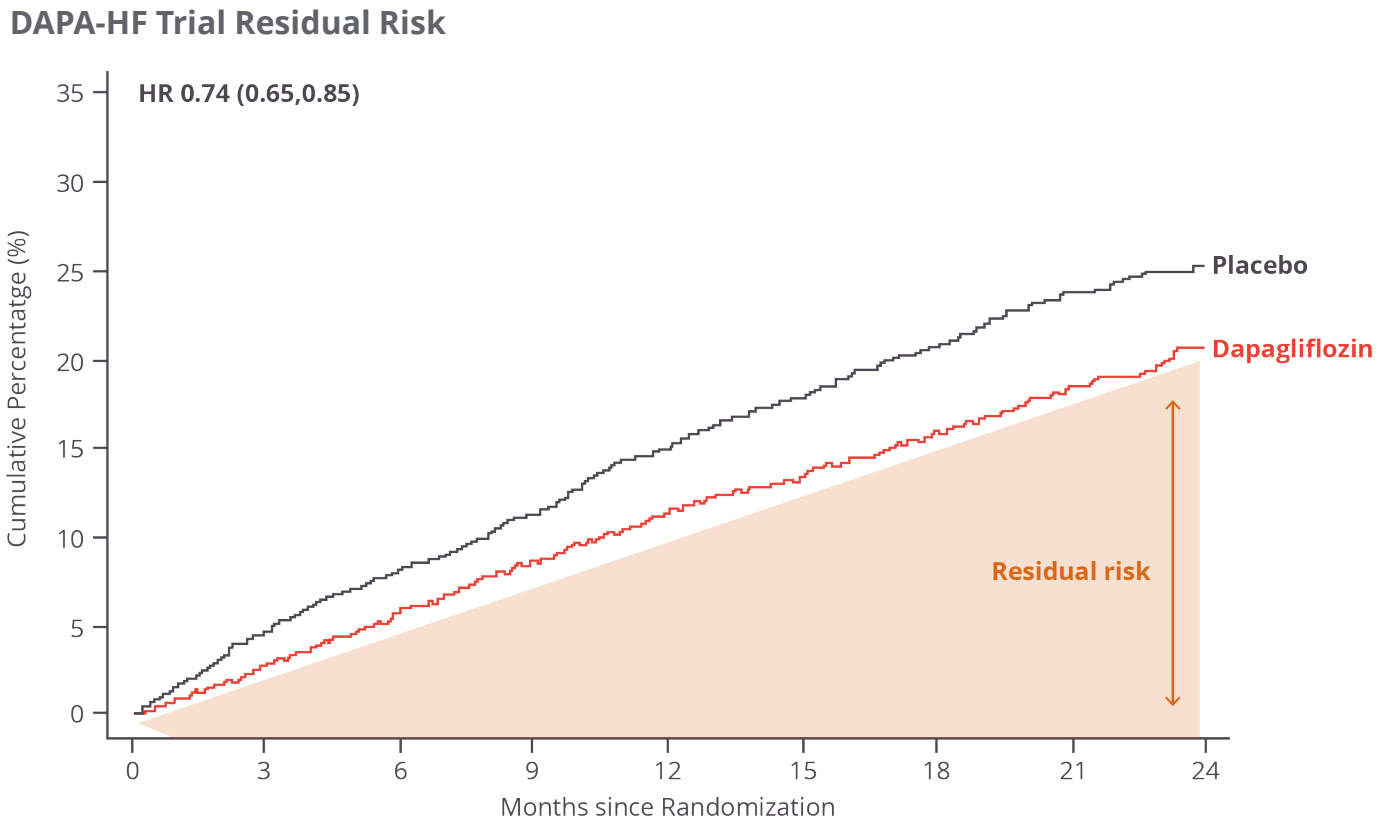
Cytokinetics®

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%**



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

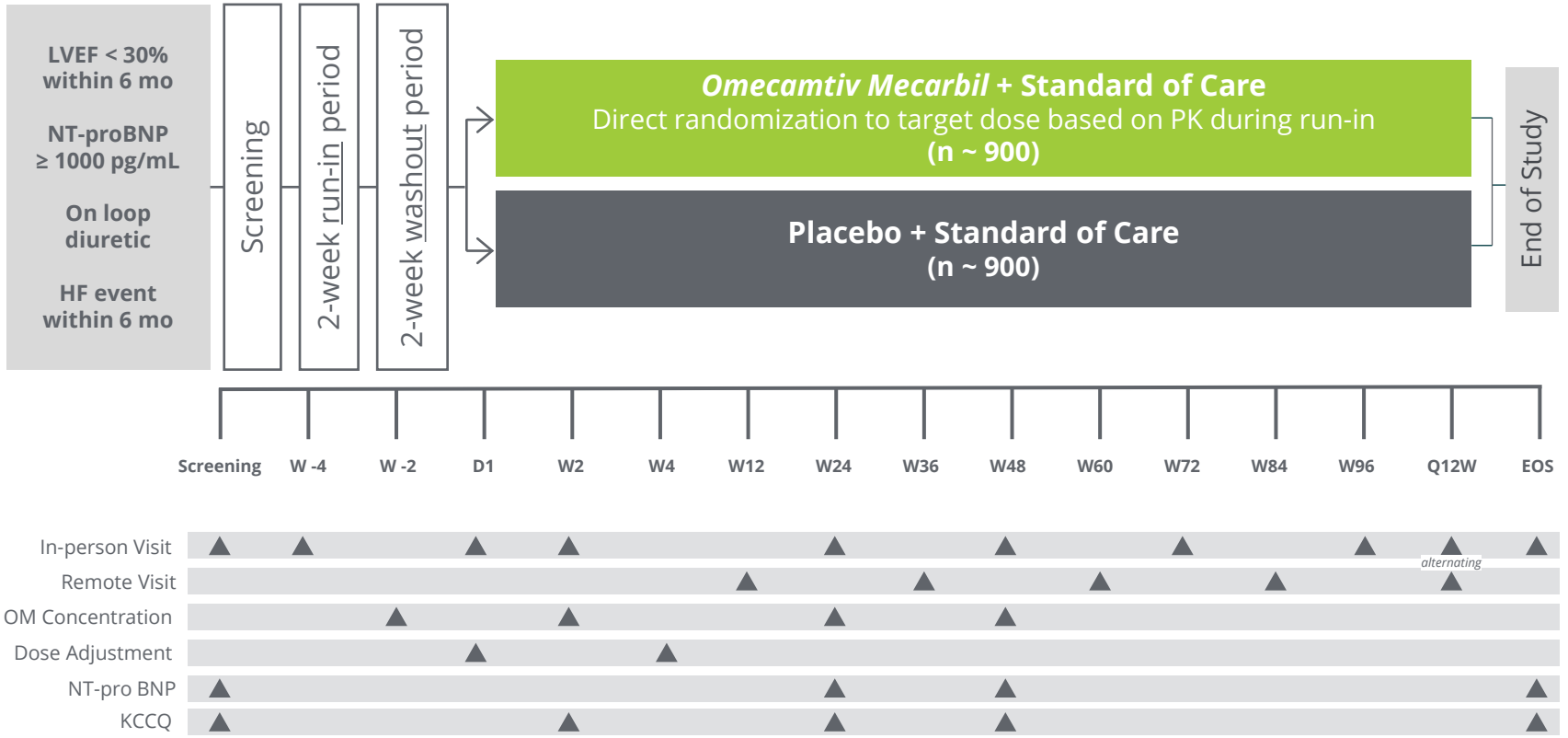
Cytokinetics®

Phase 3 Confirmatory Clinical Trial Design

Currently enrolling

COMET-HF: Confirmation of ***O****mecamtiv* ***M****ecarbil* **E**fficacy **T**rial in **H**eart **F**ailure

- 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



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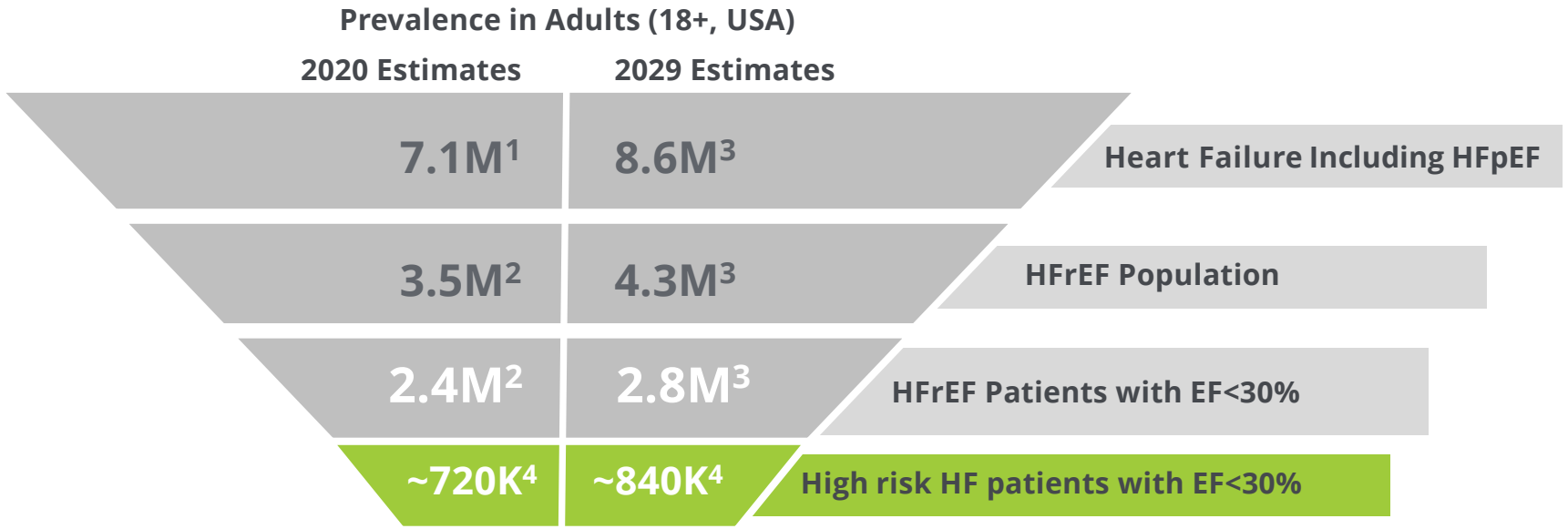
Cytokinetics®

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*

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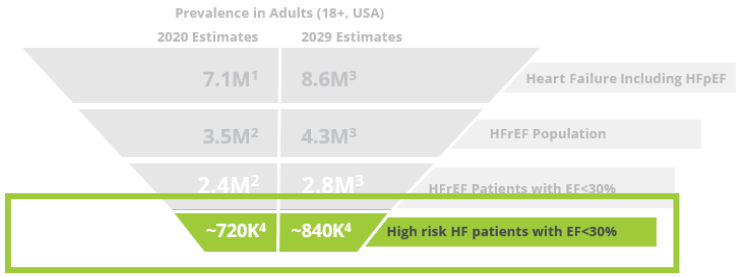
Higher Event Rate & Costs in Patients with Severely Reduced EF



Accounts for **~60% of HFrEF hospitalizations**[5]

35% of patients with severely reduced EF **re-hospitalized within 1 year**[6]

$15,493 per HF re-hospitalization[7]

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.

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Cytokinetics®

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**	**Severely Reduced EF** LVEF <30
	Payer Positioning	**~1M patients** Post tolerated GDMT
	Therapeutic Choices	**Limited to no treatment options**, +50% patients share vs. ≤30 EF
Financials	**Improved Margin[1]**	+20% incremental improvement in brand margin*
	Cost Savings[1]	+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.

Cytokinetics®

CK-586

Cytokinetics®

CK-586 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 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[1]

~75%

HFpEF patients will die within five years of initial hospitalization[2]

~84%

HFpEF patients will be rehospitalized[2]

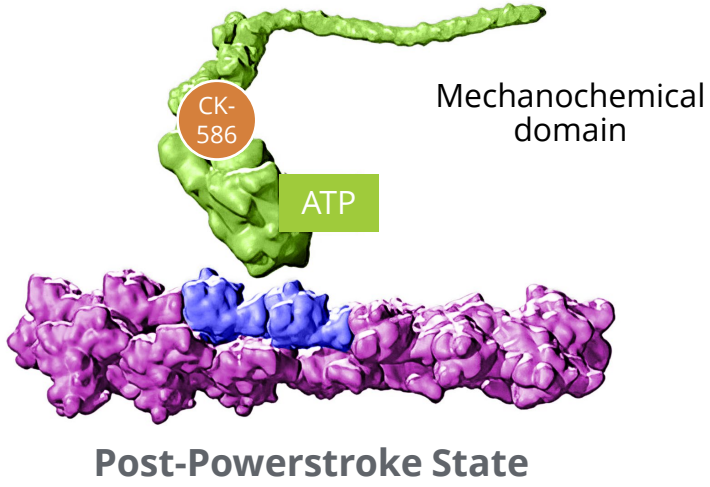
Subset of HFpEF patients with hypercontractility, ventricular hypertrophy, elevated biomarkers & HF symptoms **may benefit from a cardiac sarcomere inhibitor**

Significant increase in hospitalizations due to HFpEF, from 189,260 in 2008 to 495,095 in 2018 [6]

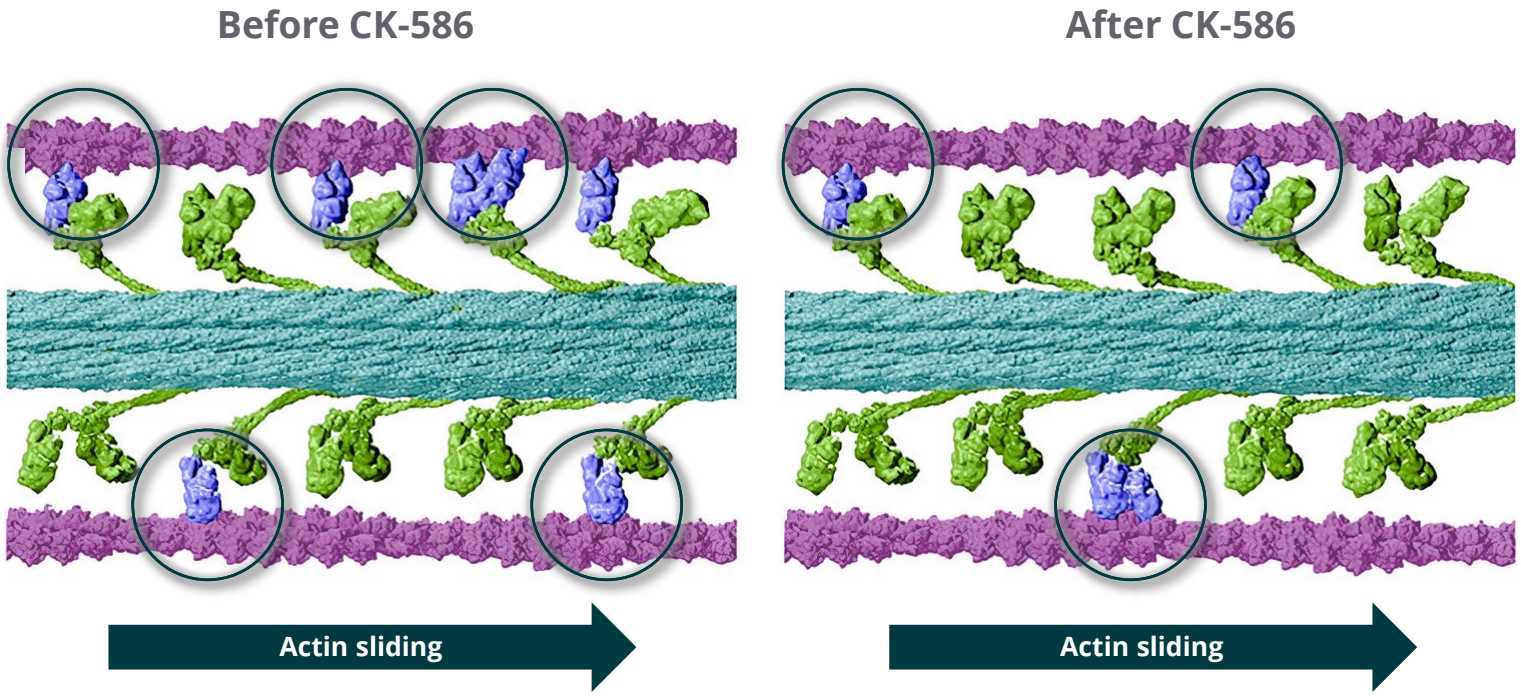
Lifetime healthcare costs for HFpEF are ~ $126,819 per patient[5], per-patient monthly cost for healthcare is $7,482, primarily, driven by **high rates of inpatient & outpatient visits**

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, Hsich 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: Distinct Mechanism of Action from *Aficamten*



"Fewer hands pulling on the rope"



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

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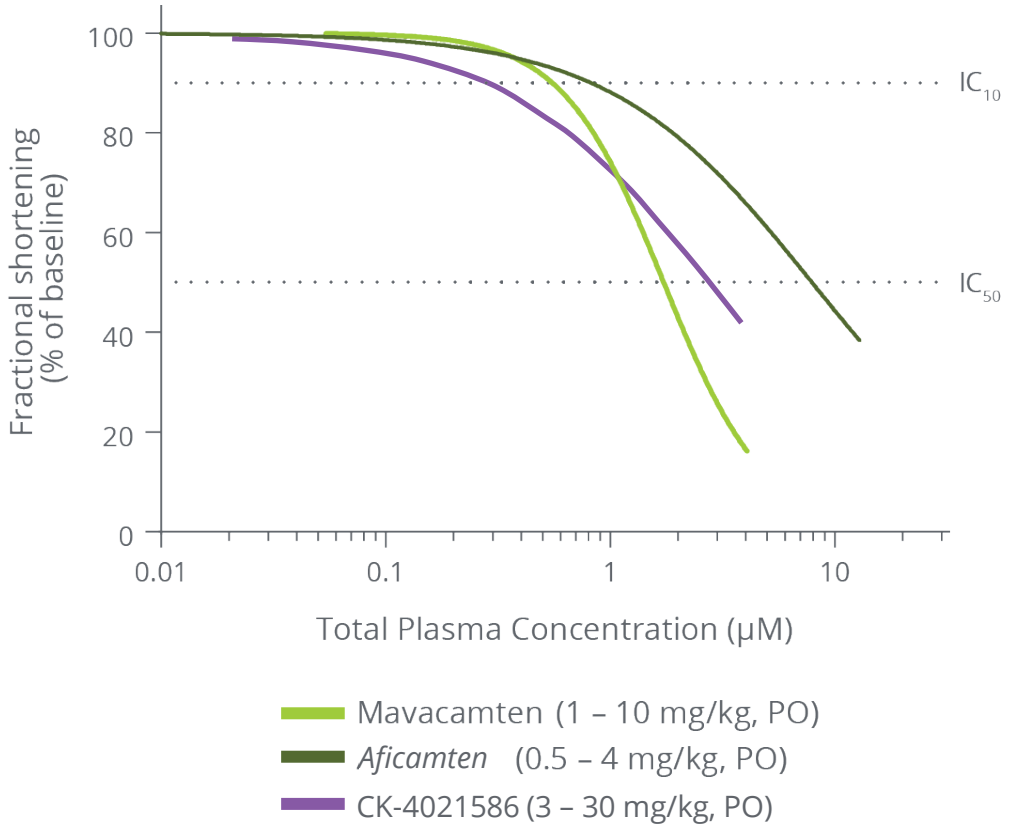
CK-586: Shallow *In Vivo* Concentration-Response

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



Pharmacodynamic window Fractional shortening IC_{50} /IC_{10} ratio	
mavacamten	2.8x
aficamten	9.9x
CK-586	9.3x

IC_{10}: plasma concentration at 10% relative reduction in fractional shortening
IC_{50}: plasma concentration at 50% relative reduction in fractional shortening

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

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Cytokinetics®

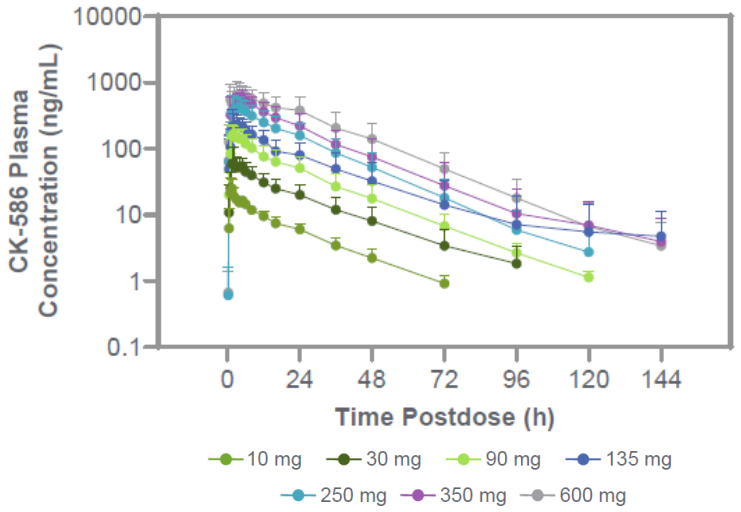
Phase 1 Data Support Advancement to Phase 2 Clinical Trial

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

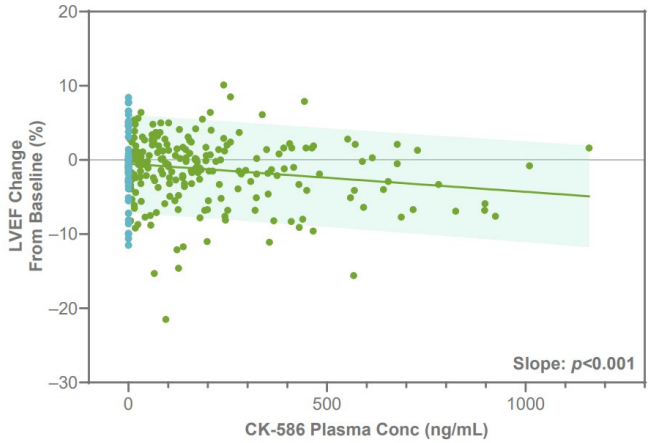
- **Less than 24-hour** half-life
- **Shallow and predictable** PK/PD relationship based on LVEF and LVFS
- **Well-tolerated** across all cohorts
- **No serious adverse events** were observed
- **Stopping criteria were not met**

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.

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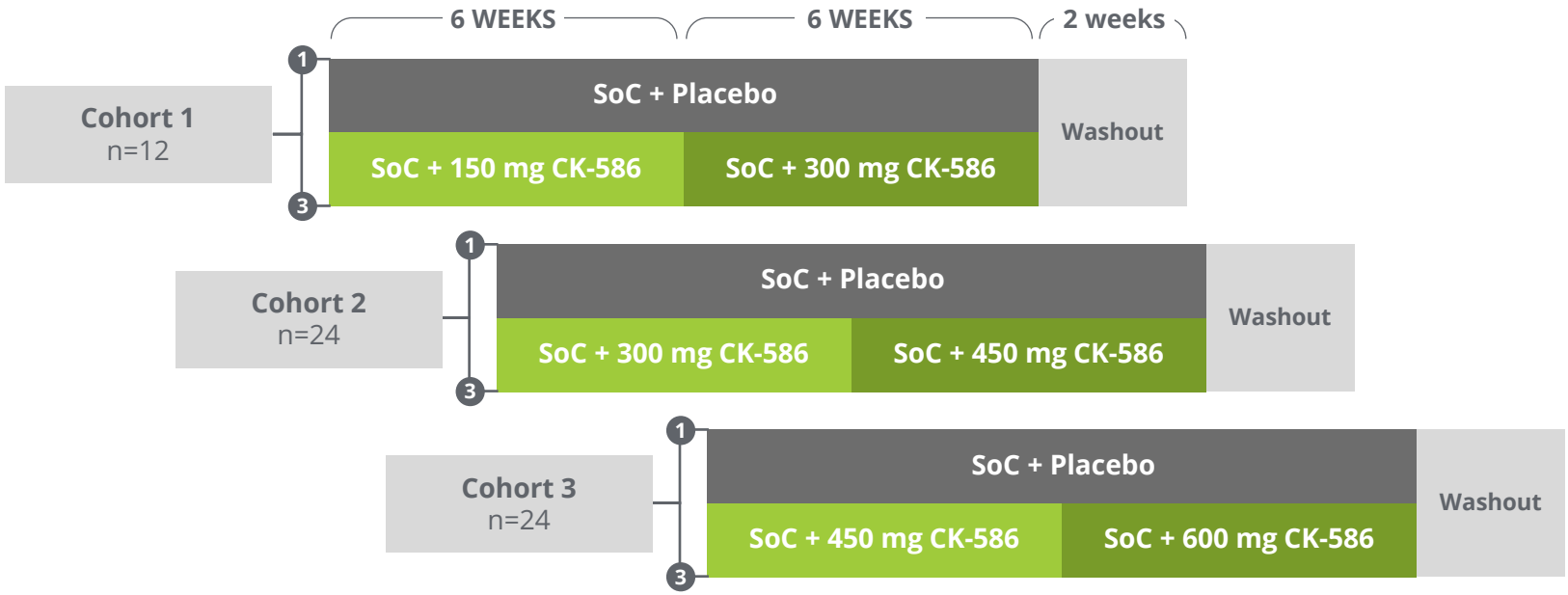
Phase 2 Study Schema

Currently enrolling

AMBER-HFpEF: Assessment of CK-586 in a **M**ulti-Center, **B**linded **E**valuation of Safety and Tolerability **R**esults in **HFpEF**

Enrolling HFpEF patients with:

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



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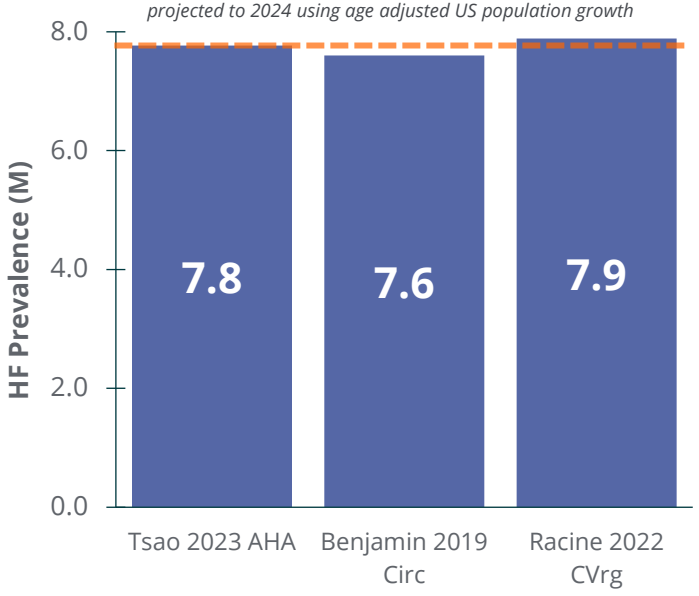
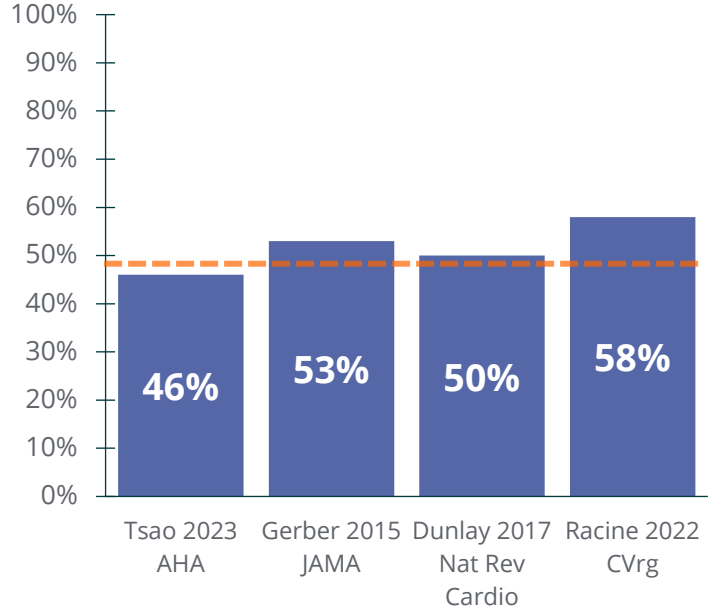
CK-586: Focusing on Patients with HFpEF and EF ≥ 60

7.9M
Heart Failure Prevalence in 2024, US

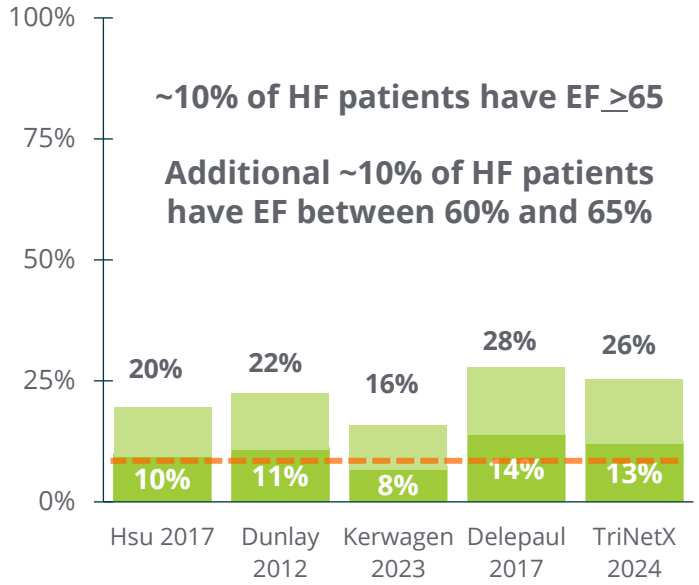
2024 prevalence calculated using published, historic estimate and projected to 2024 using age adjusted US population growth



4.0M (2024)
50% of HF with HFpEF (EF ≥ 50%)



1.0M (EF≥65) to 2.0M (EF ≥ 60)
~20% of HF with 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/ejhf.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.

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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

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Financials & Milestones

Strong Financial Position

Well-capitalized to execute launch & advance R&D pipeline

~$1.2B in cash, cash equivalents and investments as of December 31, 2024

Further access to capital through term loans[1] with Royalty Pharma (RP)	Eligible to draw up to $175m in 2025[2] Access to additional $175m[2] subject to conditions
Potential further funding through RP opt-in	RP, at its option, can invest up to **$150M** 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[4]

Add'l $500M

[1]Term loans are comprised of Tranche 4, 5, and 7 Loans.
[2]Tranche 4: Cytokinetics is eligible to draw up to $75m by April 3, 2025.
Tranche 5: Cytokinetics is eligible to draw up to $100m by November 24, 2025. A minimum of $50 million must be drawn from either Tranche 4 or 5.
[3]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.
[4]Royalty Pharma currently has a revenue participation interest of 1.0% of worldwide net sales of CK-586.

2025 Financial Guidance

	Guidance Issued on Feb. 27, 2025
GAAP Operating Expense[1]	$670m to $710m
Stock-based Compensation included in GAAP Operating Expense	$120m to $110m

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.

Anticipated year-over-year increase in GAAP operating expense includes investments toward commercial readiness for the potential approval and launch of *aficamten* for patients with oHCM.

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

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

U.S. PDUFA date of September 26, 2025 for *aficamten*

U.S go-to-market strategies anchored in optimized market access & patient experience

China NDA and EU MAA on file

European commercial readiness activities underway

Pipeline

Aficamten

SEQUOIA-HCM: Positive Phase 3 results

Ongoing clinical program with label-expanding opportunities including:

MAPLE-HCM: Phase 3 mono. vs metoprolol

ACACIA-HCM: Phase 3 nHCM

CEDAR-HCM: Phase 2-3 pediatric oHCM

FOREST-HCM: OLE in oHCM & nHCM

Omecamtiv mecarbil

Phase 3 confirmatory clinical trial **COMET-HF** ongoing

CK-586

Phase 2 **AMBER-HFpEF** clinical trial ongoing

CK-089

Phase 1 study ongoing in healthy participants

Ongoing R&D

Additional research in muscle biology, energetics & metabolism

Foundation

R&D platform rooted in **myosin modulation**

Pioneers in muscle biology

$1.2B cash & investments* with further access to capital, up to $500M**

**As of December 31, 2024*

**$500M comprised of $350M in term loan facilities with Royalty Pharma, and $150M investment by Royalty Pharma, at its option, 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, CK-586 and CK-089 are investigational drugs and are not approved by any regulatory agency. Their safety and efficacy have not been established.

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Expected 2025 Milestones

Aficamten

- Continue advancing **go-to-market strategies & prepare to launch *aficamten* in the U.S.** in 2H 2025
- **Report topline results from MAPLE-HCM** in Q2 2025
- **Complete patient enrollment in ACACIA-HCM** in 2H 2025
- **Complete patient enrollment of adolescent cohort of CEDAR-HCM** in 2H 2025

Omecamtiv Mecarbil

- **Continue patient enrollment in COMET-HF** through 2025 with objective to **complete enrollment** in 2026

CK-586

- **Complete first two patient cohorts of AMBER-HFpEF** in 2H 2025

CK-089

- **Complete the Phase 1 study of CK-089** in 2025

Aficamten, omecamtiv mecarbil, CK-586 and CK-089 are investigational drugs and have not been approved. Their safety and efficacy have not been established.

Eric, diagnosed with HCM

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thank you

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