



Eric, diagnosed with HCM



EMPOWERING
muscle
EMPOWERING
lives

Forward-Looking Statements

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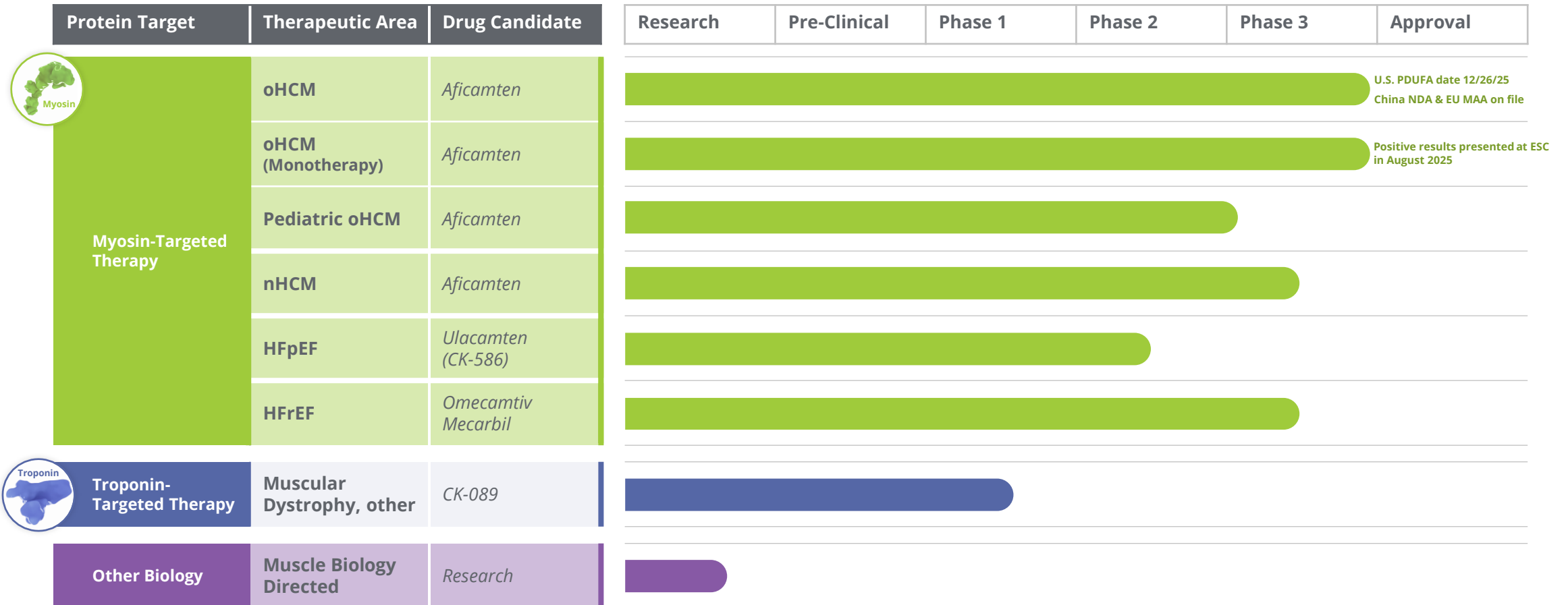
Disclaimer: The assumptions used in the preparation of this presentation, although considered reasonable by us at the time of preparation, may prove to be incorrect. You are cautioned that the information is based on assumptions as to many factors and that actual results may vary from the results projected 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.

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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



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

Strong Financial Position

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

~\$1.0B in cash, cash equivalents and investments as of June 30, 2025

Further access to capital
through term loans^[1] with
Royalty Pharma (RP)

Proceeds of \$75M from Tranche 4 loan received in April 2025
Eligible to draw up to \$100M in 2025^[2]
Access to additional \$175M^[3] 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 *ulacamten* in exchange for an additional 3.5% revenue participation interest in worldwide net sales of *ulacamten*^[4]

Add'l
\$425M

[1]Term loans are comprised of Tranche 4, 5, and 7 Loans.

[2]Tranche 5: Cytokinetics is eligible to draw up to \$100M at any time prior to November 25, 2025.

[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 *ulacamten*.

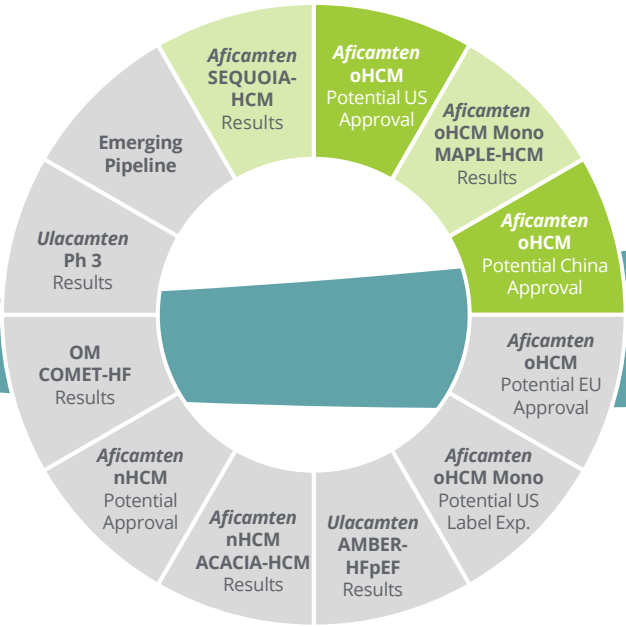
Myosin Platform Fuels Multiple Milestones and Increased Value

Potential Regulatory Approval

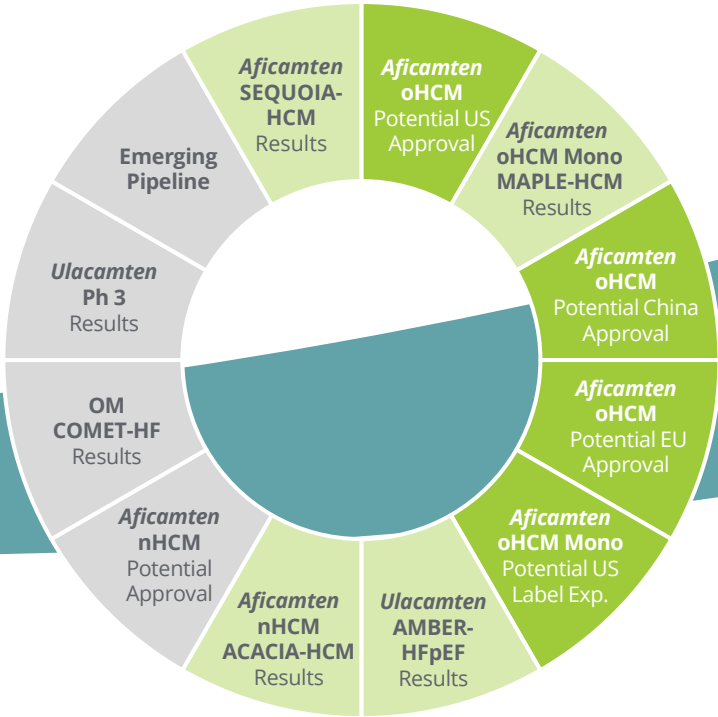
Results

For illustrative purposes only

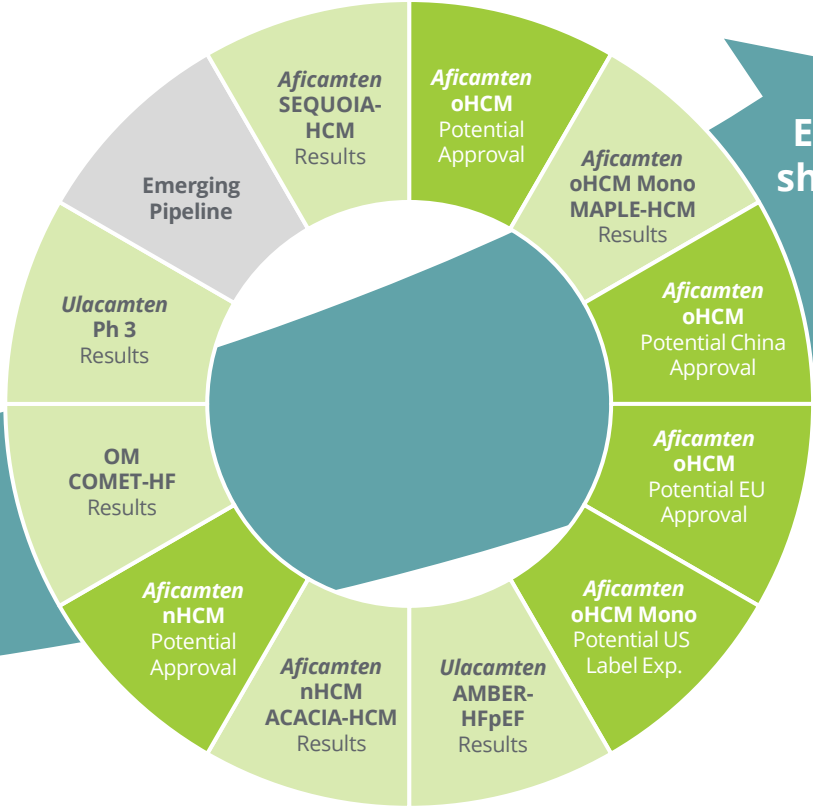
U.S. PDUFA December 26, 2025, China NDA & EU MAA on file for *aficamten*



2025



2026



2027-2028

Enhancing shareholder value

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

VISION 2030

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



○ **INNOVATION**

Advance 2 approved products across 3 indications and 10 NMEs in our pipeline

○ **IGNITION**

Achieve broad access and rapid use of our medicines in >15 countries throughout North America and Europe

○ **IMPACT**

Reach >100,000 patients globally with our medicines

○ **INSPIRATION**

Foster a patient-centric culture with emphasis on equitable access

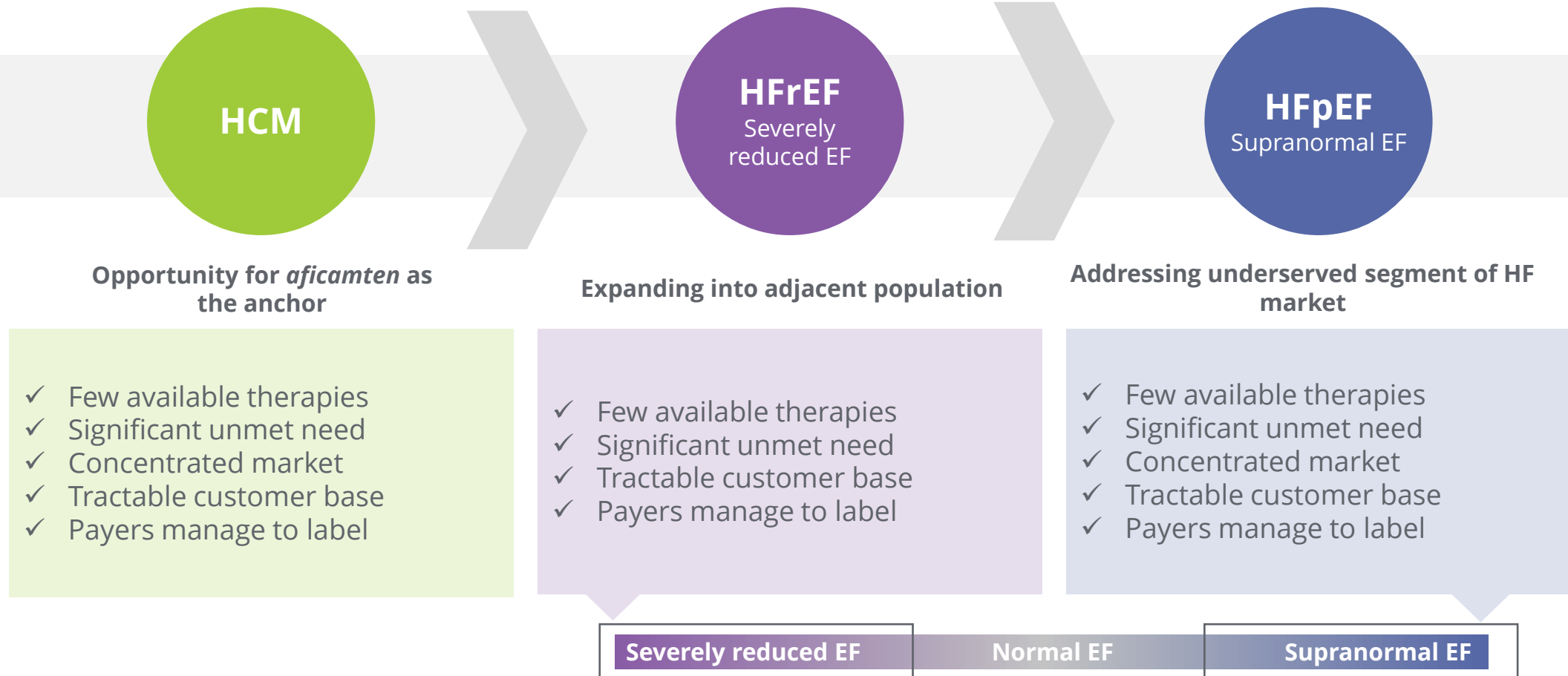
○ **INGENUITY**

Extend leadership in muscle biology deploying multiple therapeutic modalities

Building a Specialty Cardiology Franchise

Addressing Difficult to Treat Populations Within Heart Failure

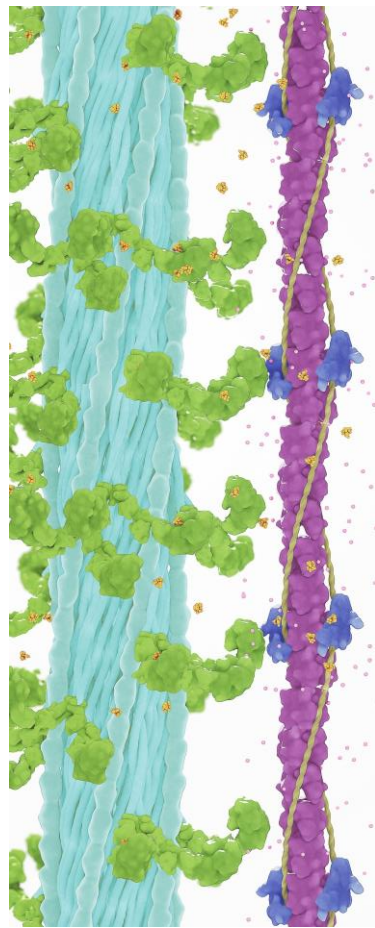
Specialty cardiology franchise strategy applies to markets with similar characteristics



Aficamten, omecamtiv mecarbil and ulacamten are 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^{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

~840K³
HFrEF + EF <30%
in 2029

Aficamten
nHCM
ACACIA-HCM
Potential to expand into nHCM

800K⁴
HFpEF + EF ≥ 65%
in 2030

Omecamtiv Mecarbil
HFrEF
Potential in HFrEF

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

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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.

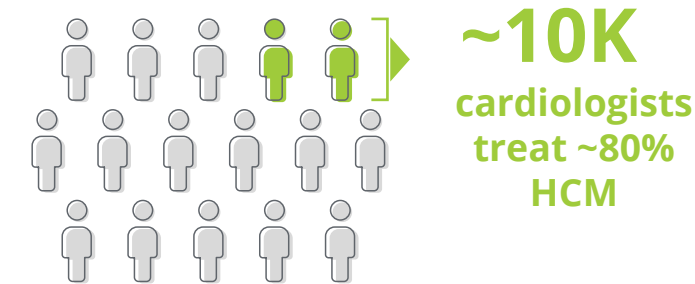
Potential for Multiple Specialty Cardiology Launches

Drug Candidate	Potential Indication	2024	2025	2026	2027	2028	2029	2030+
Aficamten	oHCM		★					
	oHCM Mono (MAPLE-HCM)			★				
	nHCM (ACACIA-HCM)				★			
Omecamtiv Mecarbil	HFrEF						★	
Ulacamten	HFpEF							★

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

Specialty Cardiology Business Has Potential for High ROI

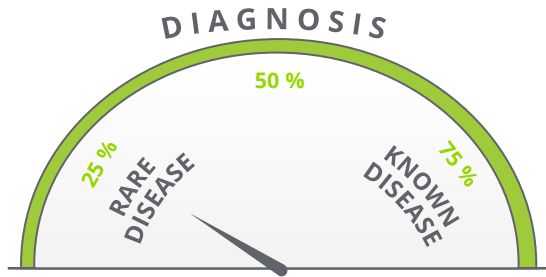
Concentrated Prescribers
~80K cardiologists/PCPs treat CV diseases



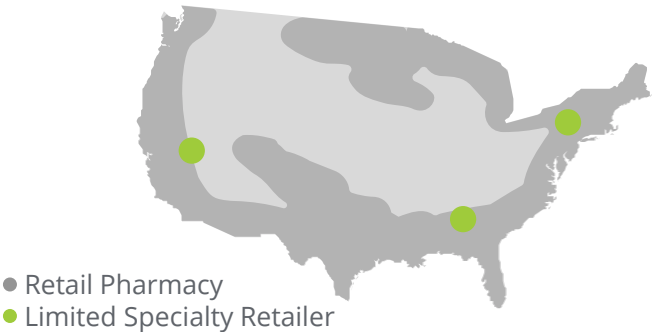
Higher Revenue Per Prescriber



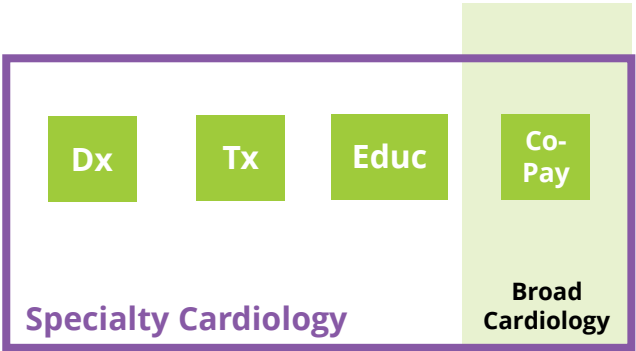
Opportunity To Grow Market Through Diagnosis



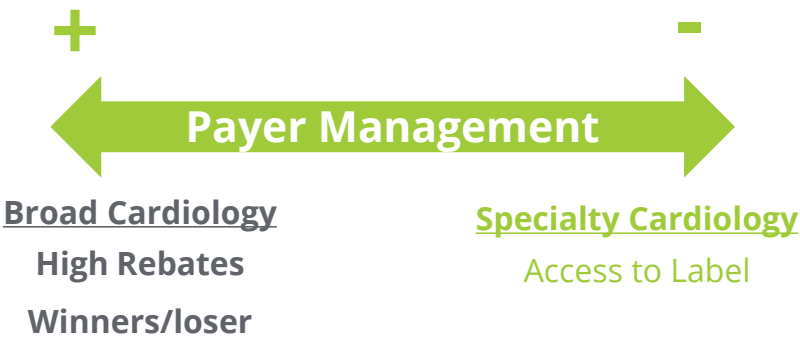
Distribution Limited to Specialty Retailers



Differentiated Patient Experience



Path to Reimbursement



Potential Benefits of a Specialty Cardiology Franchise



HCP & Patient-Directed HCM Awareness Campaigns Launched

HCP Portal (Medscape)



Paid Social (Facebook)



Paid Search



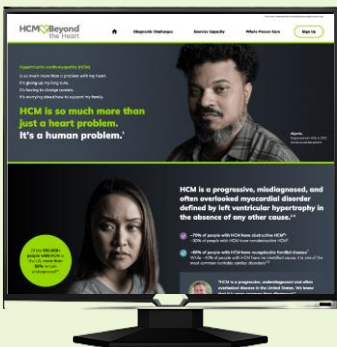
Programmatic/ Digital Journals



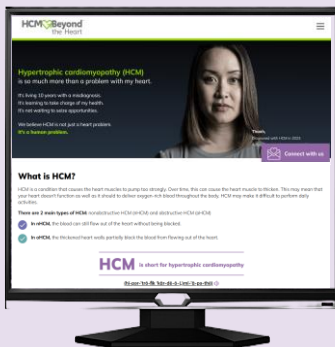
Congress (HfSA, HCM Society, HCM8)



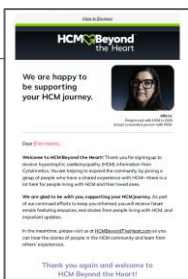
HCP Market Development Website HCMBeyondTheHeart.com/HCP



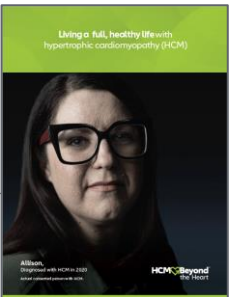
Patient Market Development Website HCMBeyondTheHeart.com



CRM Registration



Educational Materials



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

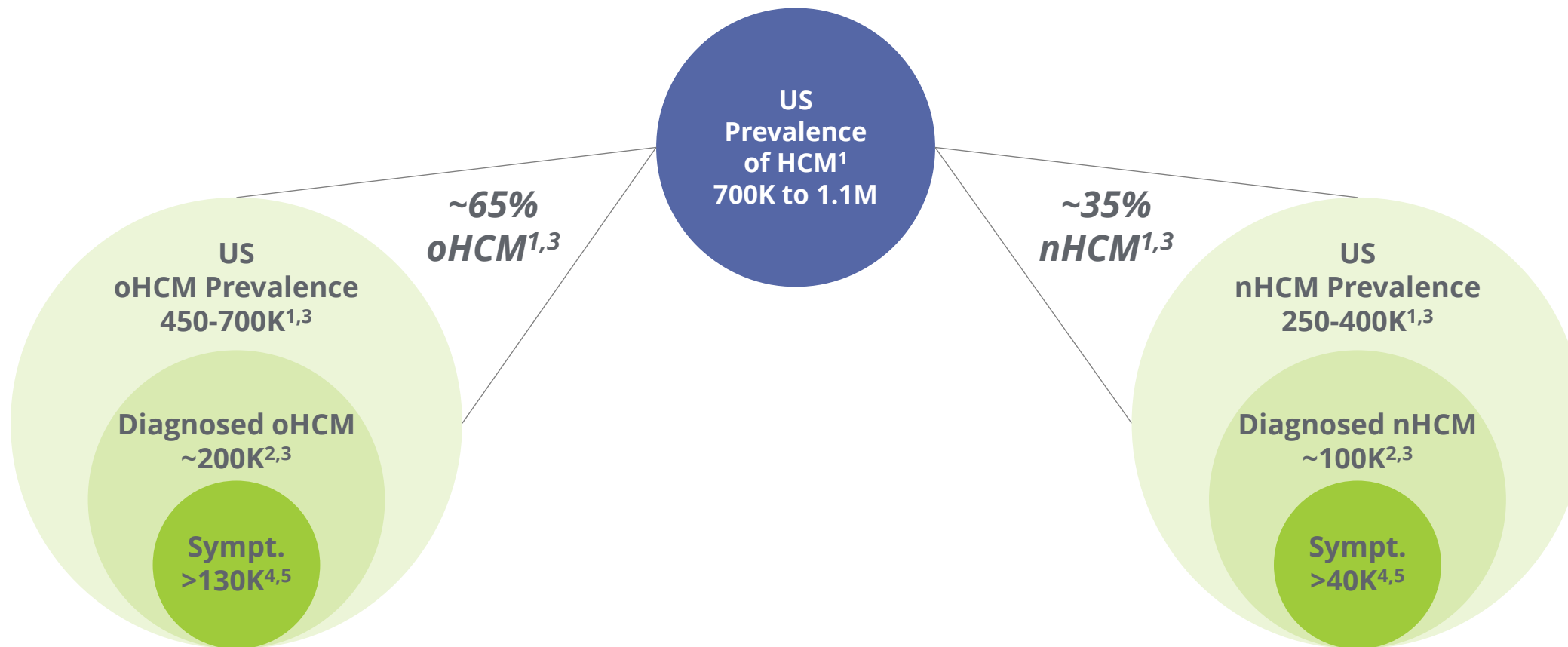


Video Content



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;

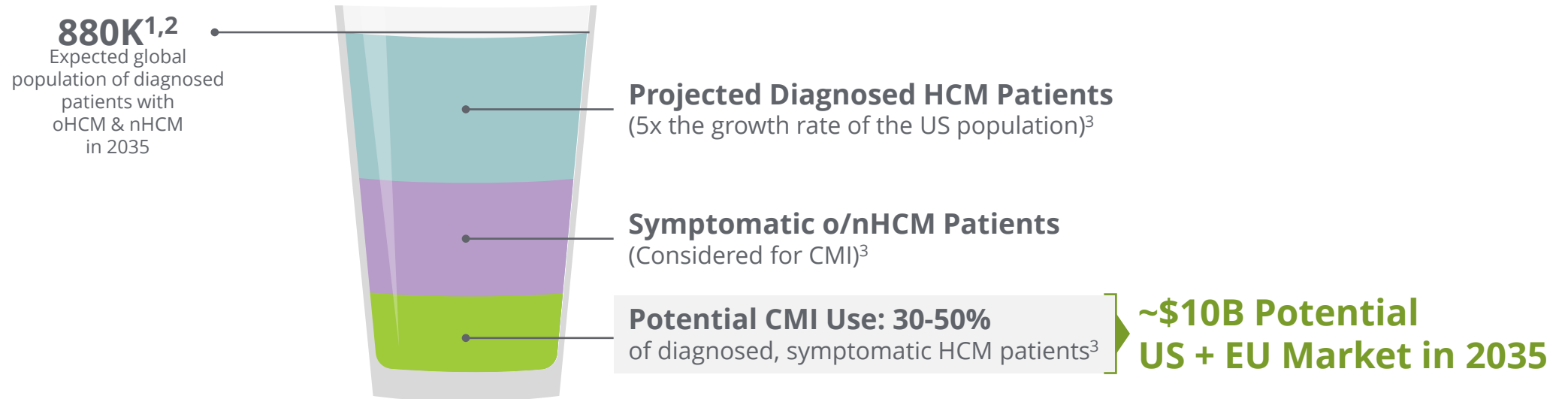
5. DoF Primary market research: 443 HCPs treating HCM - % of nHCM patients not considered under control with current SOC.

\$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



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.

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.

Building the Evidence Base in HCM

SEQUOIA-HCM: Pivotal Phase 3 Trial



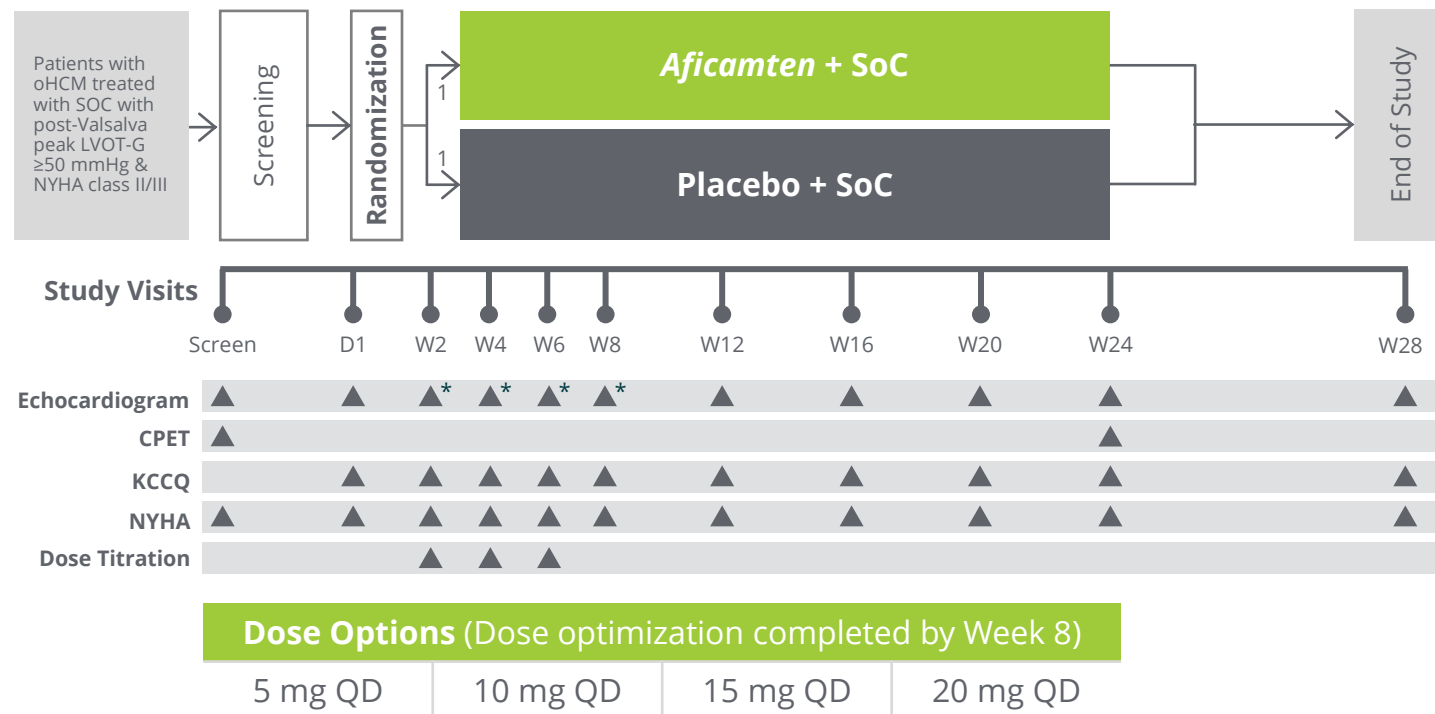
Primary endpoint: **Change in pVO₂ by CPET from baseline to Week 24**

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 $\geq 55\%$, post-Valsalva LVOT-G ≥ 30 mmHg



SOC: standard of care

* Focused echocardiogram

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

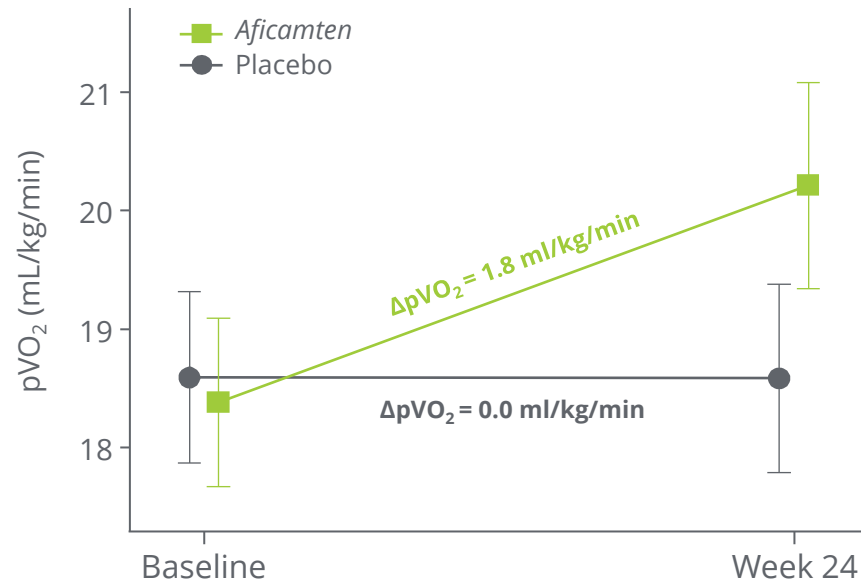
SEQUOIA-HCM: Primary Endpoint

Significant improvement in exercise capacity compared to placebo

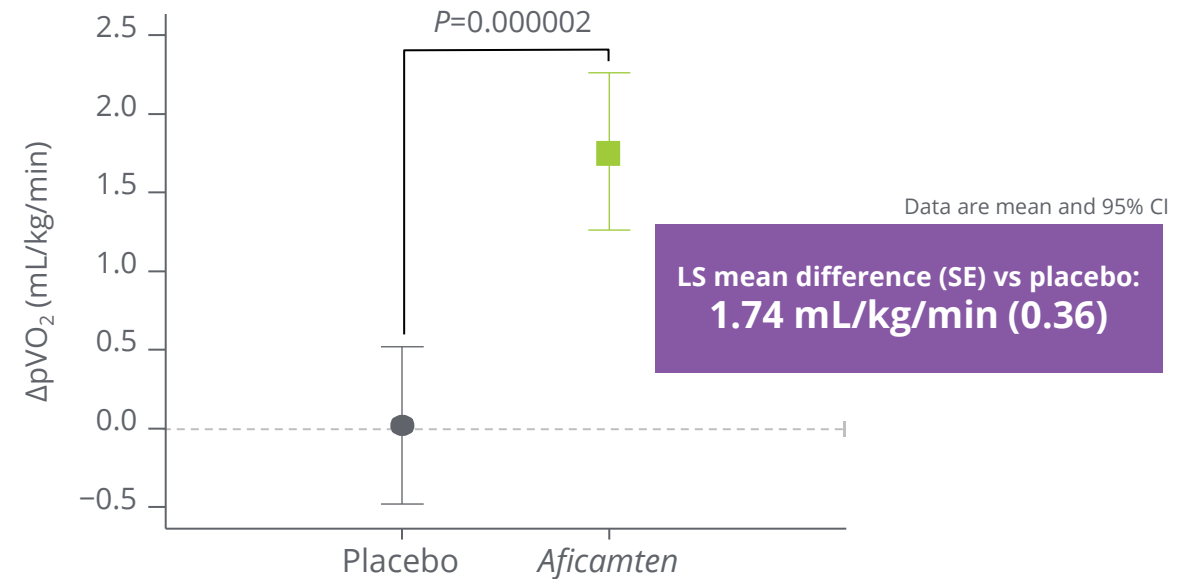


Results presented at Heart Failure 2024 and published in *NEJM*

Absolute Change from Baseline to Week 24



LS mean Change from Baseline to Week 24



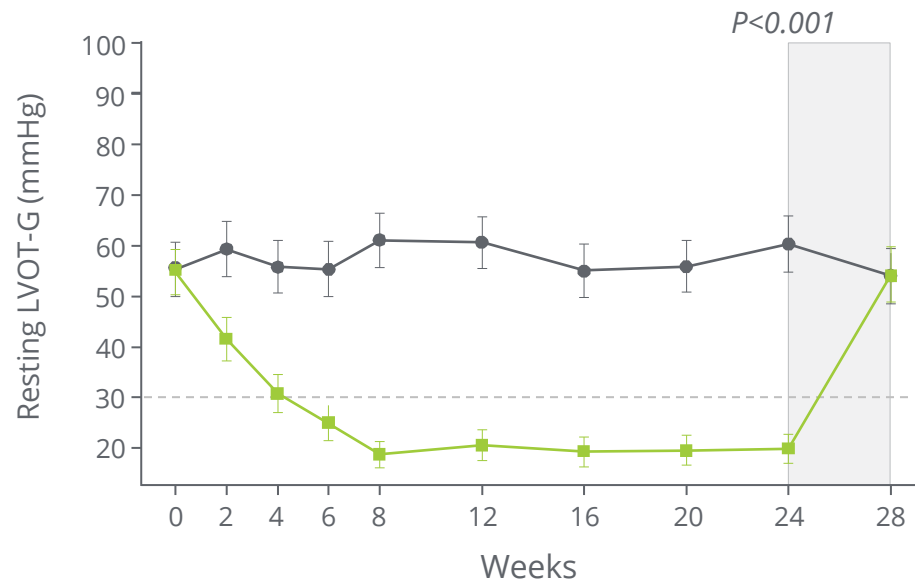
Maron M. "Aficamten for the Treatment of Symptomatic Obstructive Hypertrophic Cardiomyopathy". ESC Heart Failure 2024.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

SEQUOIA-HCM: Secondary & Exploratory Endpoints

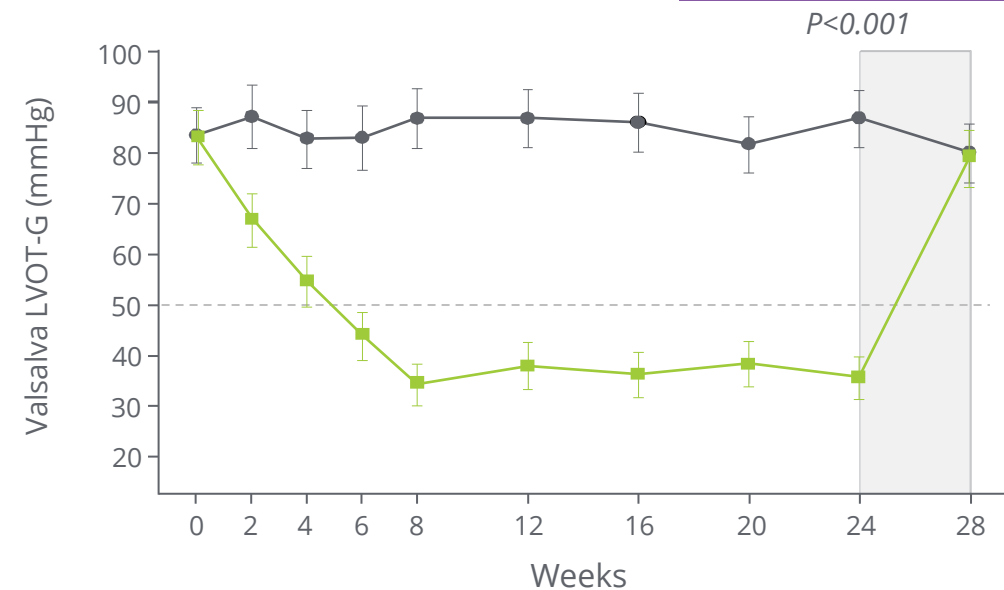


Significant improvement in gradients by ~60% with no significant adverse change in LVEF

Resting LVOT-G



Valsalva LVOT-G



LS mean difference:
- 50 mmHg

■ Aficamten
● Placebo
■ Washout

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.

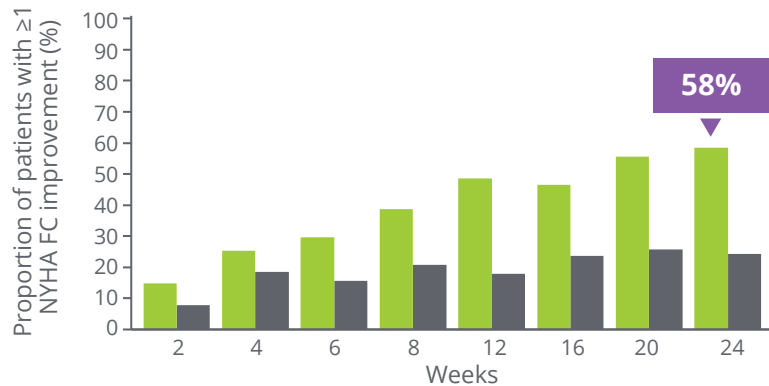
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

SEQUOIA-HCM: Secondary & Exploratory Endpoints



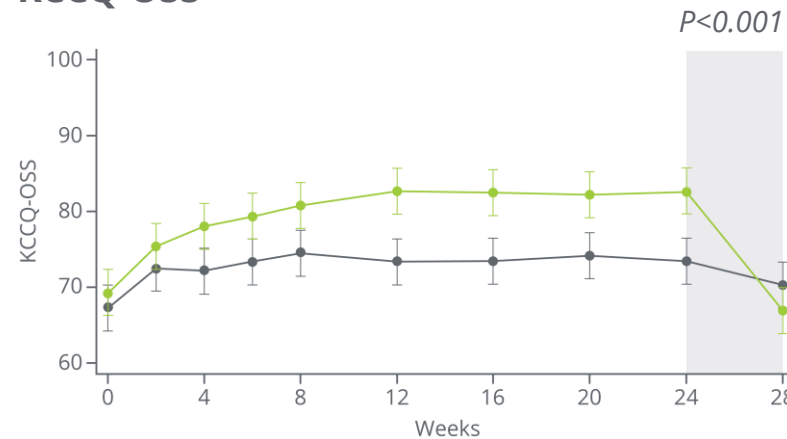
Significant improvement in patient symptom burden and quality of life

≥1 NYHA FC Improvement¹



— Aficamten
— Placebo
— Washout

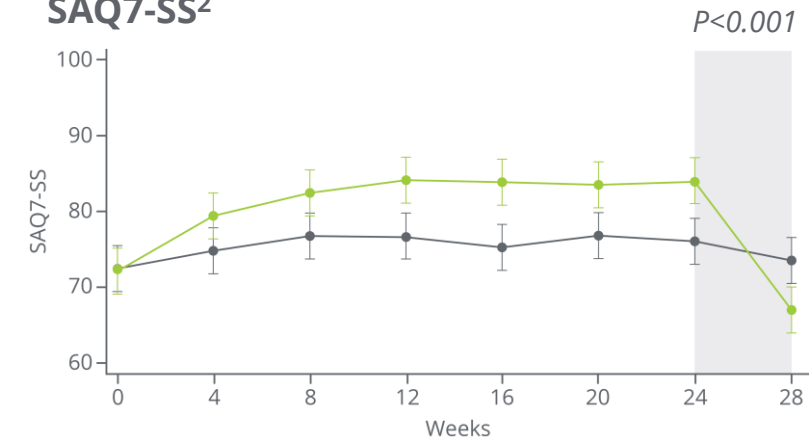
KCCQ-OSS²



Mean difference between *aficamten* & placebo = 7.9 points

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

SAQ7-SS²



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.

SEQUOIA-HCM: Safety Data



AEs with $\geq 5\%$ 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%.



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.

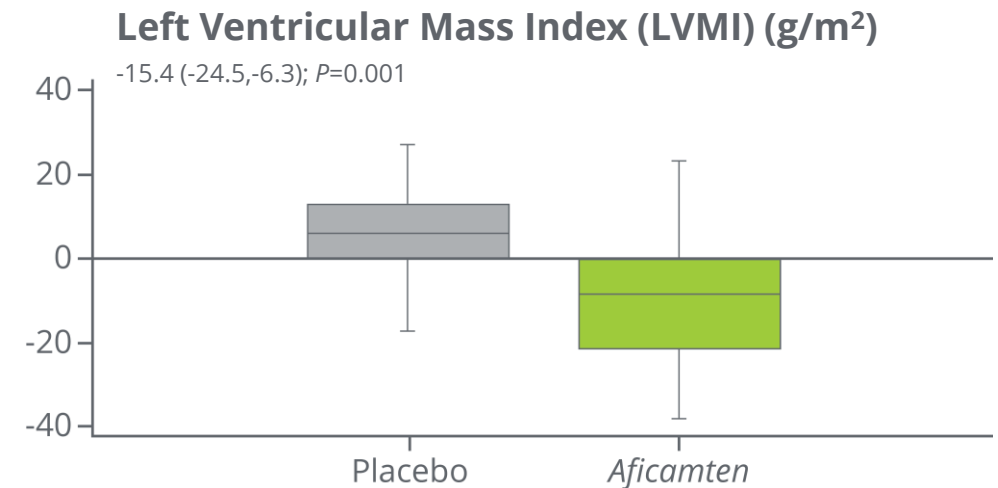
SEQUOIA-HCM: CMR Sub-Study



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)**



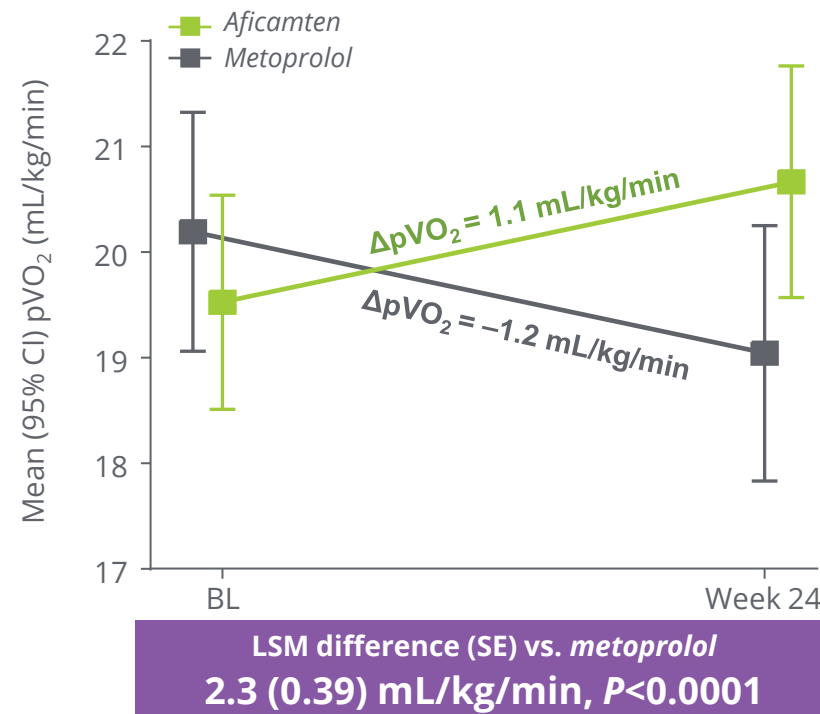
Masri A, et al. Effect of Aficamten on Cardiac Structure and Function in Obstructive Hypertrophic Cardiomyopathy: SEQUOIA-HCM CMR Substudy. JACC. 2024. Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

MAPLE-HCM: Primary Endpoint

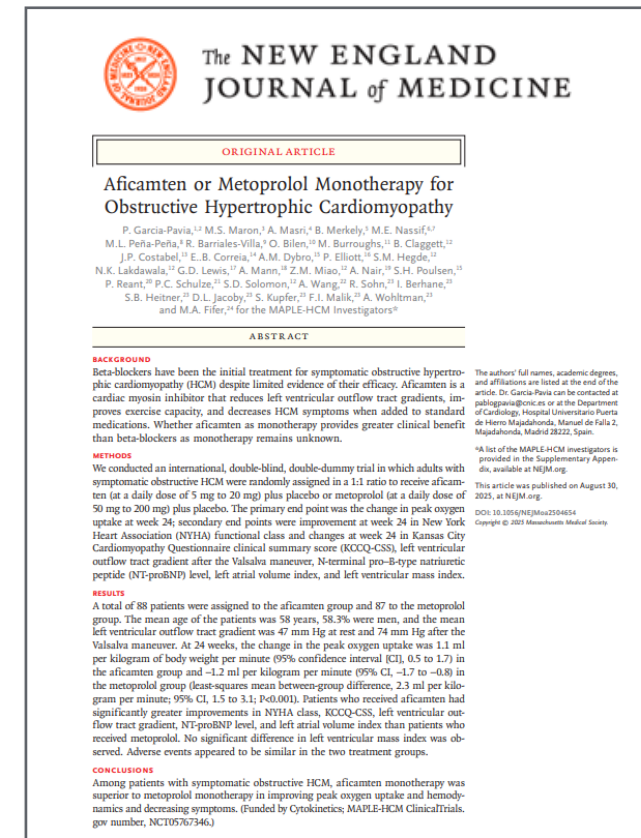


Aficamten superior to standard-of-care beta blocker *metoprolol*

Mean Change from Baseline to Week 24 in pVO₂



Garcia-Pavia, P. et al. Aficamten vs Metoprolol as Monotherapy for Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC 2025.
Garcia-Pavia, P. et al. Aficamten or Metoprolol Monotherapy for Obstructive Hypertrophic Cardiomyopathy. N Engl J Med. 2025
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

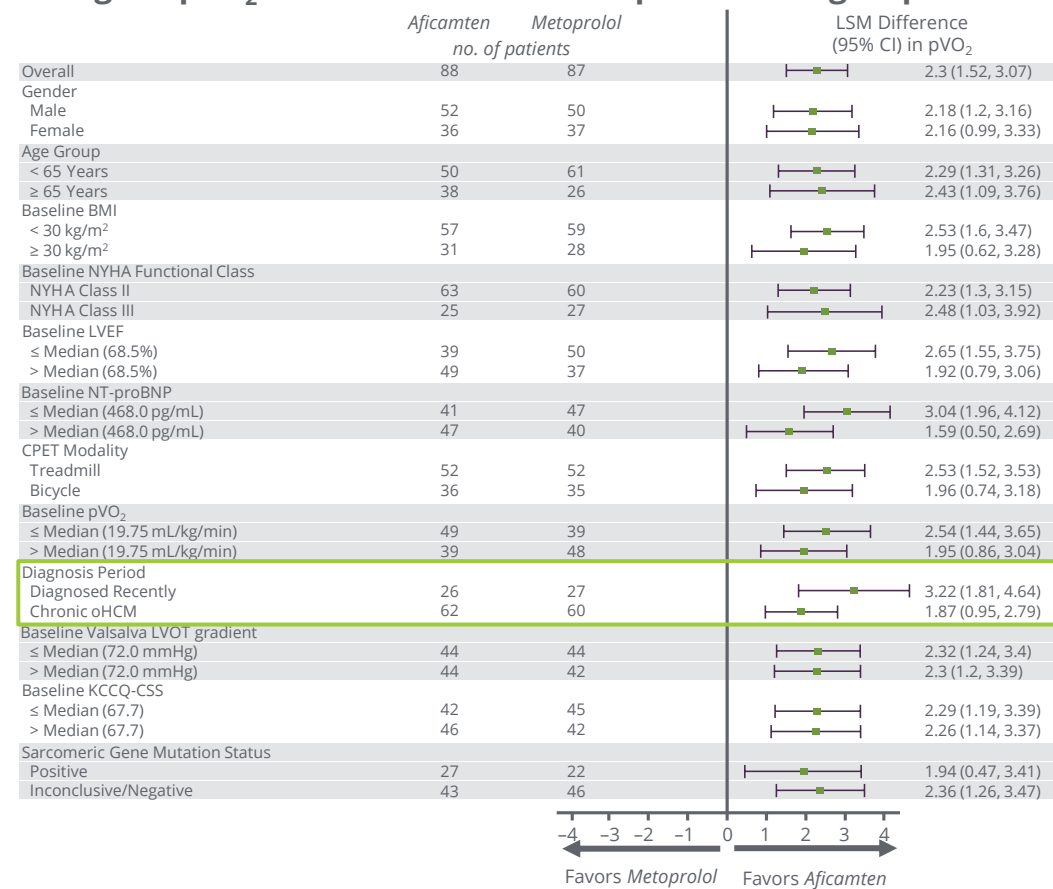


MAPLE-HCM: Primary Endpoint Subgroup Analysis



Pre-specified subgroups show no heterogeneity in pVO₂

Change in pVO₂ Consistent Across Pre-Specified Subgroups



Garcia-Pavia, P. et al. Aficamten vs Metoprolol as Monotherapy for Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC 2025.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

MAPLE-HCM: Secondary Endpoints



Aficamten superior to *metoprolol* in 5 of 6 secondary endpoints

1	Proportion of patients with ≥ 1 class improvement in NYHA functional class from baseline to Week 24	$P < 0.001$
2	Change in KCCQ-CSS from baseline to Week 24	$P < 0.002$
3	Change in NT-proBNP from baseline to Week 24	$P < 0.0001$
4	Change in post-Valsalva LVOT gradient from baseline to Week 24	$P < 0.0001$
5	Change in LAVI from baseline to Week 24	$P < 0.0001$
6	Change in LVMI from baseline to Week 24	$P = 0.163$

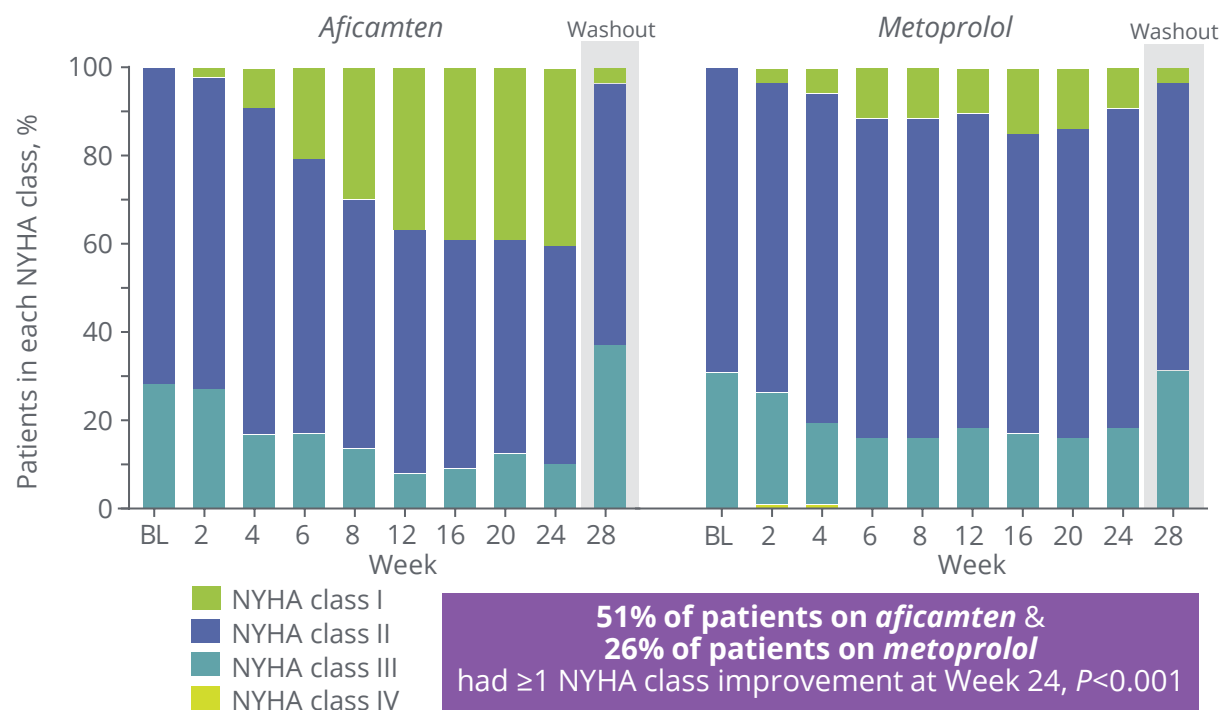
Garcia-Pavia, P. et al. Aficamten vs Metoprolol as Monotherapy for Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC 2025.
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MAPLE-HCM: Functional Class & Symptoms

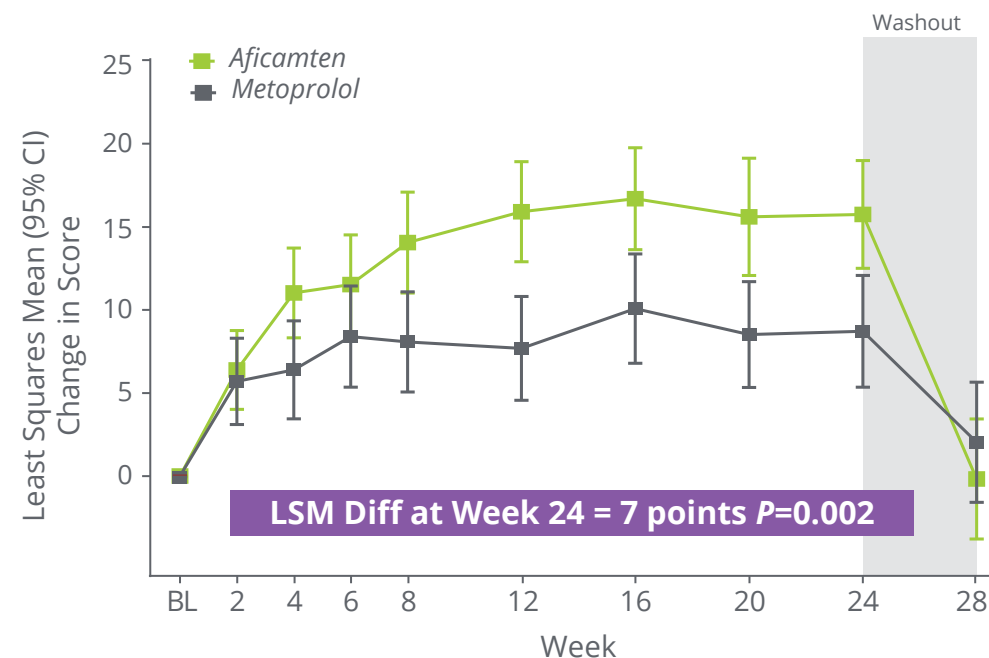


Substantial improvements in functional class & patient symptom burden

NYHA Functional Class By Week



Change From Baseline in KCCQ-CSS



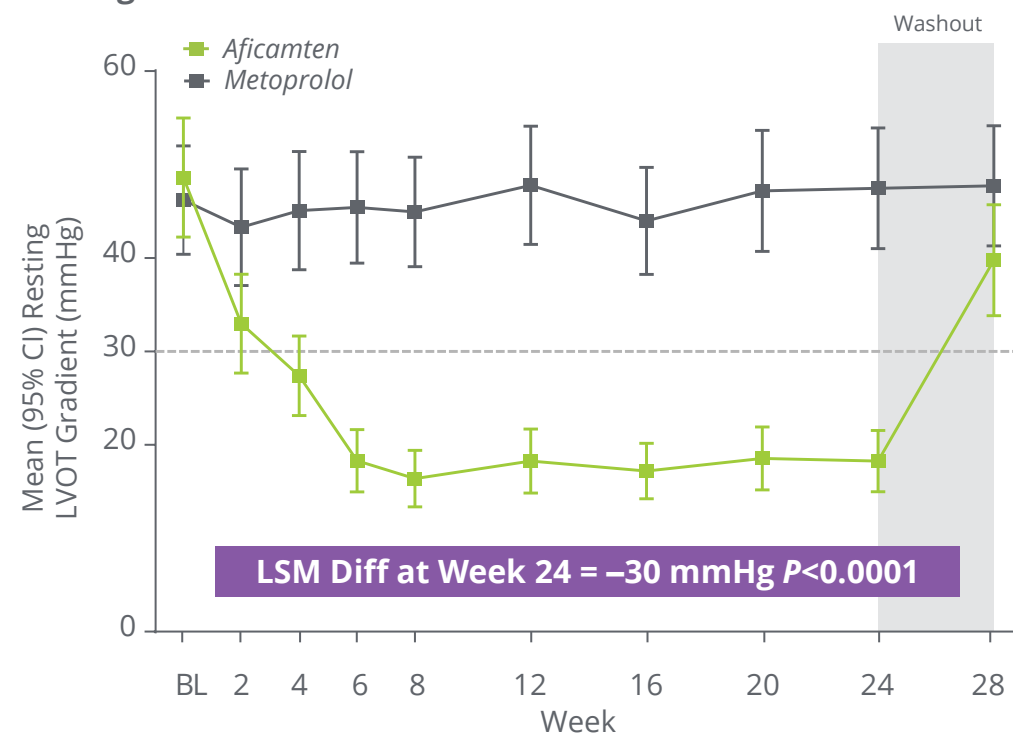
Garcia-Pavia, P. et al. Aficamten vs Metoprolol as Monotherapy for Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC 2025.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

MAPLE-HCM: Secondary Endpoints

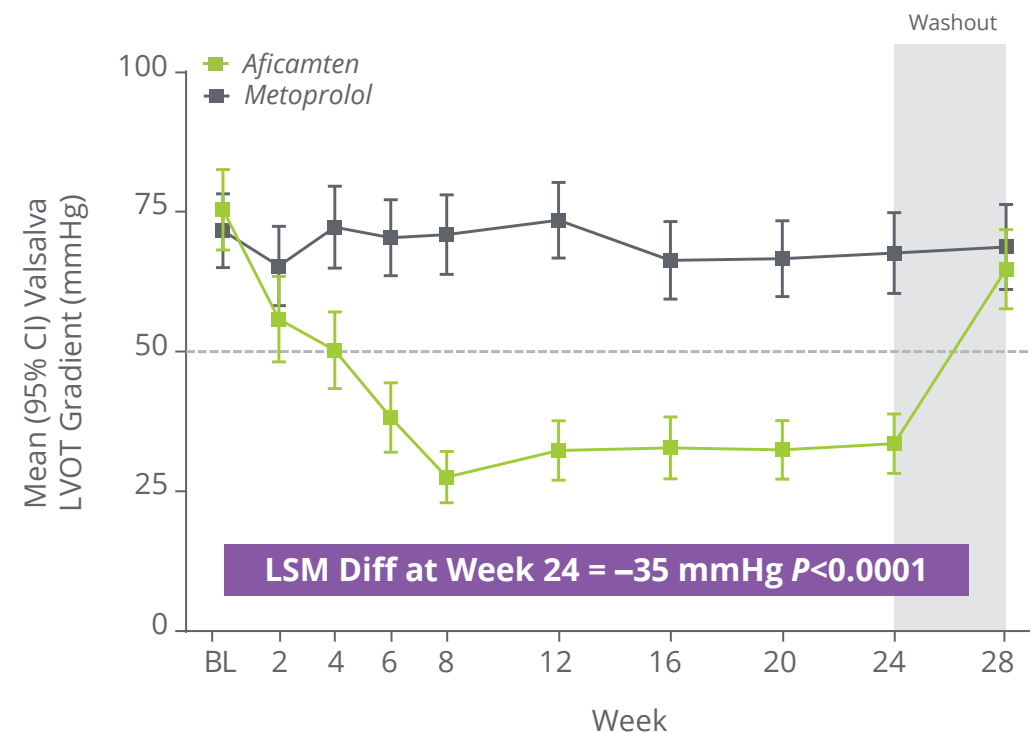


Significant improvements in gradients

Resting LVOT Gradient



Valsalva LVOT Gradient



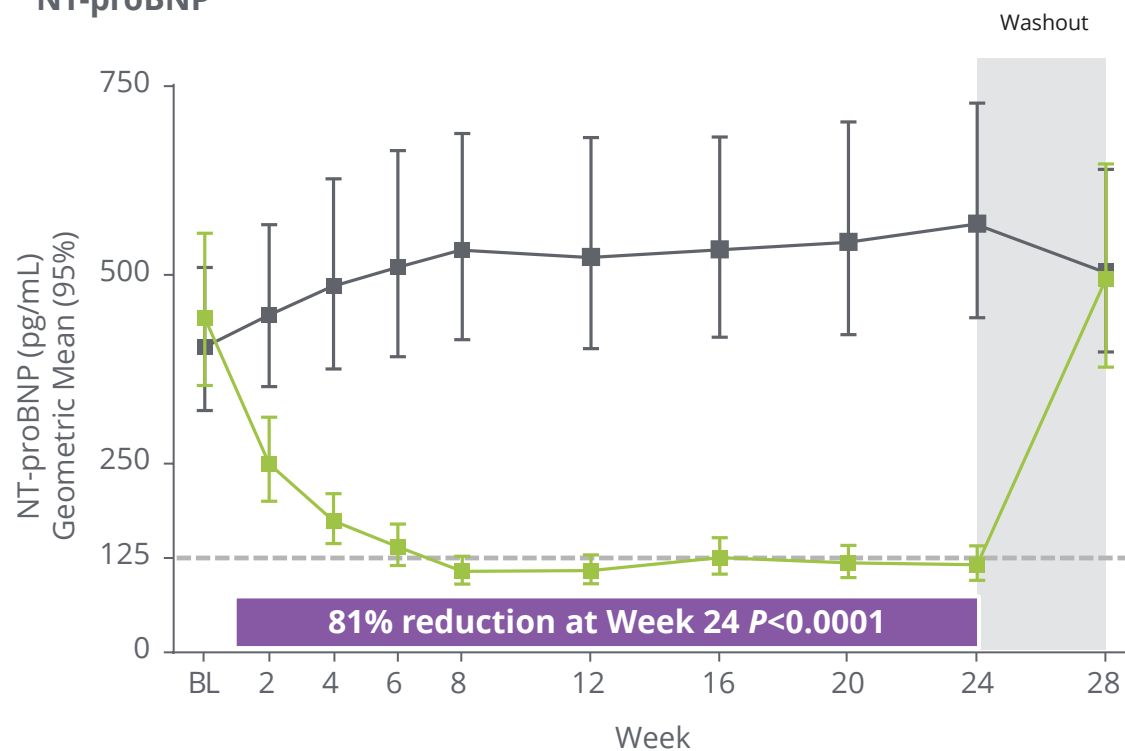
The gray dashed lines indicate the thresholds for resting (30 mmHg; left panel) and post-Valsalva (50 mmHg; right panel).
Garcia-Pavia, P. et al. Aficamten vs Metoprolol as Monotherapy for Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC 2025.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

MAPLE-HCM: Secondary Endpoints

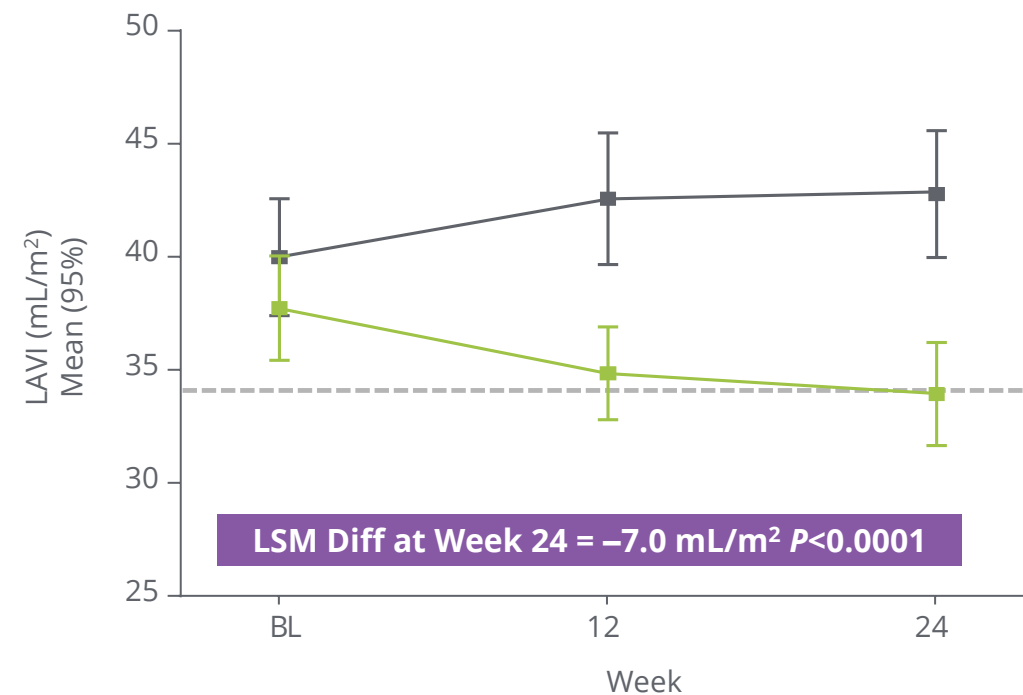


Improvements in NT-proBNP & LAVI, suggesting potential favorable cardiac remodeling

NT-proBNP



Left Atrial Volume Index (LAVI)



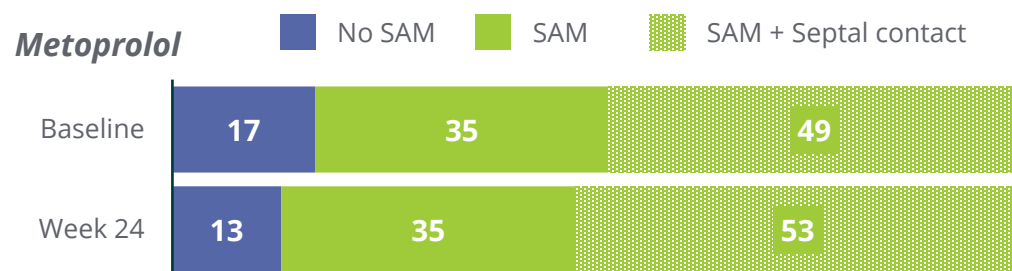
The gray dashed lines indicate the upper limits of normal: 125 pg/mL (left panel) and 34 mL/m² (right panel).
Garcia-Pavia, P. et al. Aficamten vs Metoprolol as Monotherapy for Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC 2025.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

MAPLE-HCM: Change in Mitral Valve Function

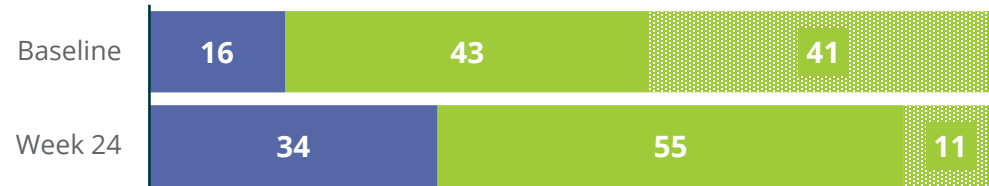


Improvements in NT-proBNP & LAVI, suggesting potential favorable cardiac remodeling

Systolic Anterior Motion



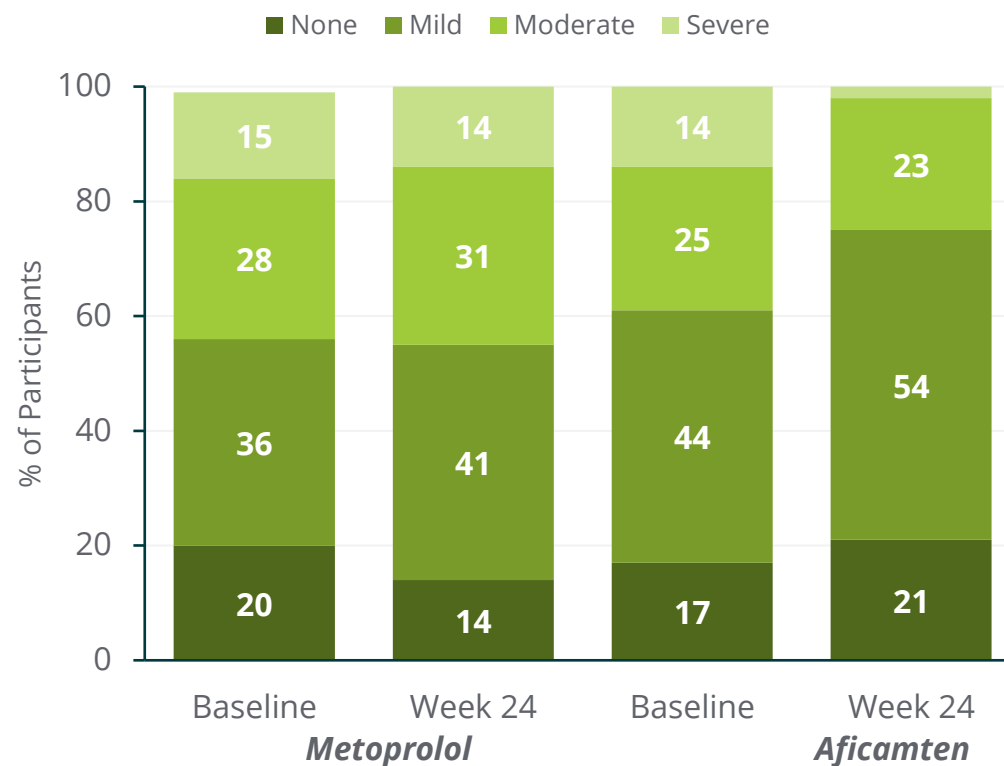
Aficamten



Aficamten decreased SAM with and without contact

- SAM: OR 0.20 [0.08, 0.52], $P = 0.001$
- SAM + contact: OR 0.09 [0.04, 0.24], $P < 0.001$

Mitral Regurgitation



Aficamten improved MR severity

- OR 2.49 [1.38, 4.51], $P = 0.002$

Hegde SM et al. Effect of Aficamten Compared with Metoprolol on Cardiac Structure and Function in Symptomatic oHCM: A prespecified analysis of MAPLE-HCM. ESC 2025.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

MAPLE-HCM: Safety



	<i>Aficamten</i> (n=88)	<i>Metoprolol</i> (n=87)
Patients with any SAE	7 (8.0)	6 (6.9)
Patients with any AE that led to early treatment withdrawal of <i>aficamten</i> or <i>metoprolol</i> ^a	1 (1.1)	3 (3.4)
Patients with AE that led to temporary interruption of <i>aficamten</i> or <i>metoprolol</i>	1 (1.1)	1 (1.1)
Patients with dose reduction due to adverse events	1 (1.1) ^b	4 (4.6) ^c
Patients with ≥1 dose down-titration	4 (4.5) ^d	26 (29.9) ^e
Mean (SD) change in LVEF at Week 24 vs baseline	−5.3% (4.7)	−0.50% (3.7)
LVEF <50% by core lab	1 (1.1) ^f	0

Values are n (%).

^a In the *aficamten* group, 1 patient had sudden death after a brief viral illness. In the *metoprolol* group, AEs leading to early treatment discontinuation are ischemic stroke, hypotension, and fractured humerus due to fall (n=1 each).

^b In the *aficamten* group, 1 patient had a dose reduction due to an AE of dizziness.

^c In the *metoprolol* group, 4 patients had dose reduction due to AEs of lightheadedness (n=2), bradycardia (n=1), and fatigue (metoprolol, n=1).

^d In the *aficamten* group, 3 patients had 4 down-titration events based on site-read LVEF <50% (n=3) and due to an AE (n=1).

^e In the metoprolol group, 26 patients had 31 down-titration events based on SBP <90 mmHg (n=5), HR <50 bpm (n=17), and AE (n=4).

^f No associated AE with this LVEF <50%.

Garcia-Pavia, P. et al. Aficamten vs Metoprolol as Monotherapy for Symptomatic Obstructive Hypertrophic Cardiomyopathy. ESC 2025.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Integrated Safety Analysis in oHCM

Analysis represents nearly 700 patient-years of exposure to *aficamten*



Safety Events of Interest

	Cumulative <i>aficamten</i> treated pool ^a		Placebo/ <i>Metoprolol</i> pool ^b		
	<i>Aficamten</i> N=463		<i>Aficamten</i> N=258	Placebo N=153	<i>Metoprolol</i> N=87
LVEF <50% ^c	n (%)	EAIR ^d			
LVEF <50% with clinical heart failure	19 (4.1)	2.8	12 (4.7)	1 (0.7)	0
	3 (0.6)	0.6	1 (0.4)	1 (0.7)	0
Atrial Fibrillation					
New Onset	17 (3.7)	2.4	5 (1.9)	3 (2.0)	3 (3.4)
Recurrent	12 (2.6)	1.7	3 (1.2)	2 (1.3)	0
Heart Failure	13 (2.8)	1.9	5 (1.9)	2 (1.3)	1 (1.1)
Stroke	7 (1.5)	1.0	1 (0.4)	1 (0.7)	1 (1.1)
Myocardial Infarction	15 (3.2)	2.2	6 (2.3)	5 (3.3)	4 (4.6)
Syncope	10 (2.2)	1.4	4 (1.6)	3 (2.0)	3 (3.4)
Death	2 (0.4)	0.1	1 (0.4)	0	0

- ✓ **Low incidence of LVEF <50%;** no occurrences associated with clinical HF were corroborated by core lab, and all were successfully managed by dose reduction
- ✓ **Low incidence of new onset AF,** comparable to placebo/metoprolol
- ✓ **Incidence of syncope events comparable to placebo/metoprolol** despite much longer exposure to *aficamten*
- ✓ **No permanent discontinuations** related to *aficamten*
- ✓ Monitoring echo in the maintenance phase yielded **very few actionable results**

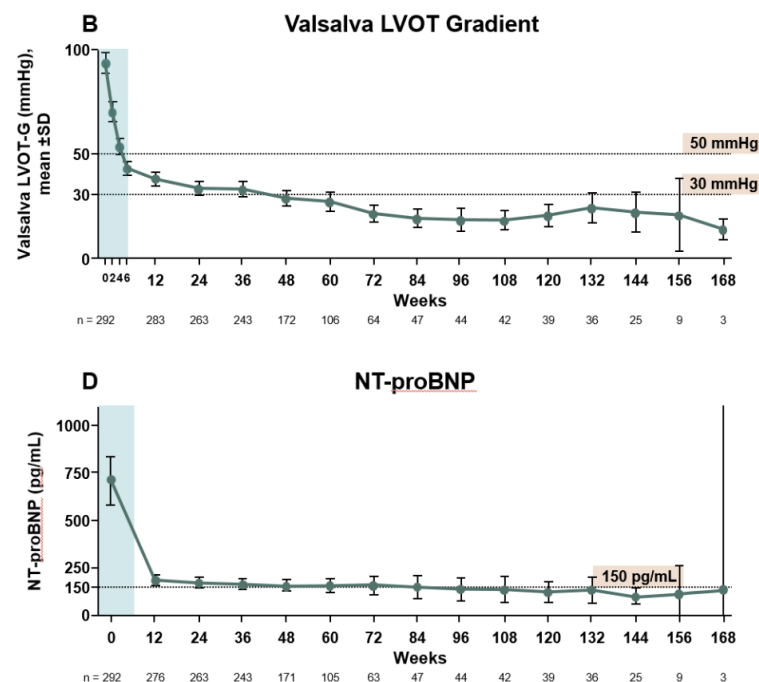
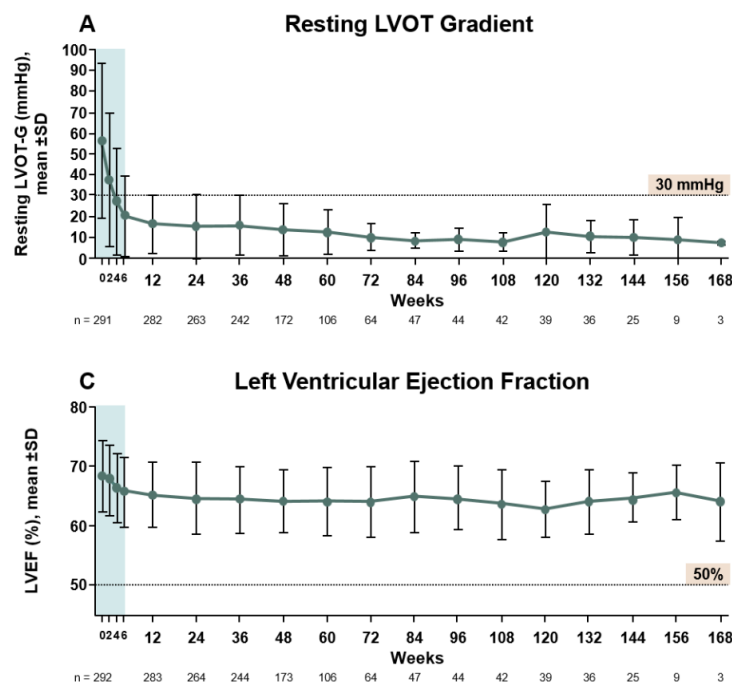
Masri A et al. *Aficamten in Patients with Obstructive Hypertrophic Cardiomyopathy: An Integrated Safety Analysis*. ESC 2025.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Long-Term Treatment with *Aficamten* in oHCM



Sustained improvements in hemodynamic & clinical benefits; low incidence of new-onset AF & LVEF <50%

Clinical assessments over time



- ✓ >352 patient-years of follow up in oHCM associated with **early, substantial, sustained improvements in LVOT-G & symptoms**
- ✓ **Dosing in FOREST-HCM protocol mimics real-world clinical practice**
- ✓ **Safe and well tolerated over a mean follow-up of ~62 weeks**
 - Low incidence of LVEF <50%; none assoc. with treatment interruptions
 - No occurrences of LVEF <40%
 - Very low incidence of HF hospitalization, none assoc. with systolic dysfunction
 - Low incidence of new-onset AF, consistent with background risk

Tower-Rader A et al. Efficacy and safety of extended treatment with aficamten in patients with symptomatic obstructive hypertrophic cardiomyopathy: Results from FOREST-HCM. ESC 2025. Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Low Rate of New-Onset AF with *Aficamten*



During 269 participant-years of follow-up with *aficamten* (median 1.7 years):

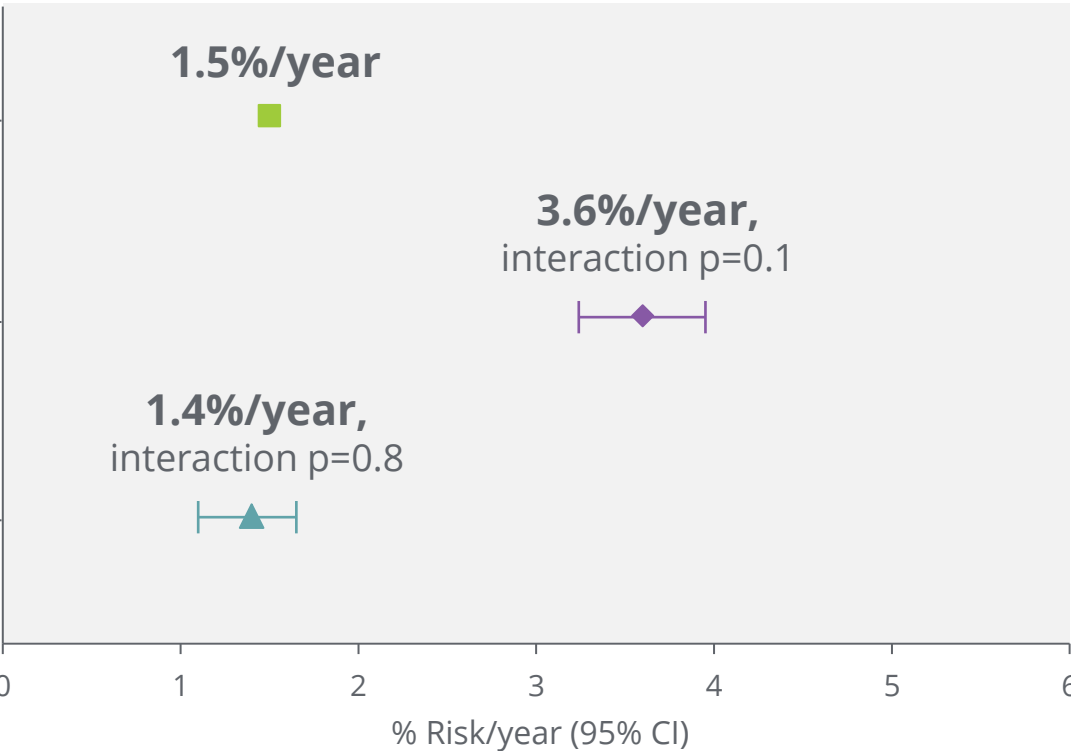
- 4/136 (2.9%) participants developed new-onset AF at a median of 32 weeks with no new onset after 64 weeks (Range: 0.1-63 weeks; **Incidence rate: 1.5%/yr**)

Observed Rate^a

HCM-AF Risk^b

CHARGE-AF Risk^b

New-onset AF in *aficamten* studies was **similar or lower than** that predicted by HCM-AF or CHARGE-AF

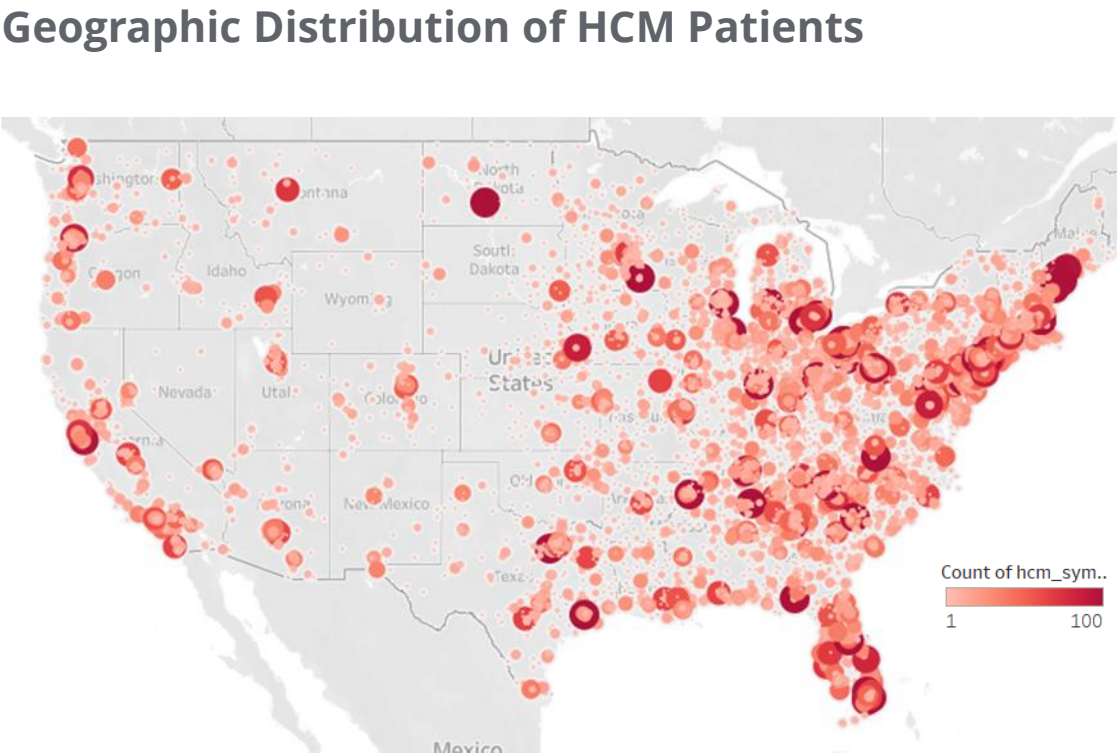
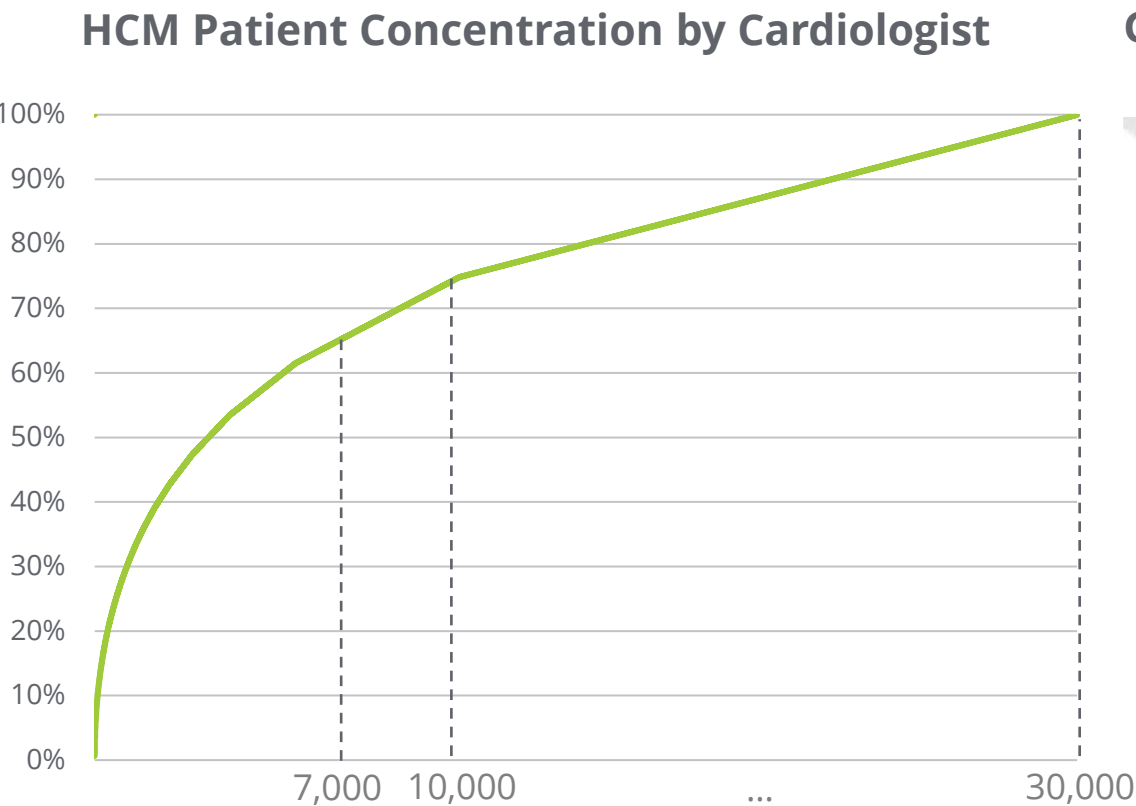


^a Calculated based on the number of new onset AF cases occurring over 48 weeks of follow up
^b Calculated risk is the mean per year risk for each score $\pm$ 95% CI of patients without a history of AF at the time of study entry into FOREST-HCM
Masri A et al. Incidence and impact of atrial fibrillation in patients with obstructive HCM treated with *aficamten*: An analysis from the REDWOOD-HCM, SEQUOIA-HCM, and FOREST-HCM trials. ESC 2025.
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Preparing for Potential Commercialization

Cardiologists Located in Concentrated Geographic Clusters Across the US

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

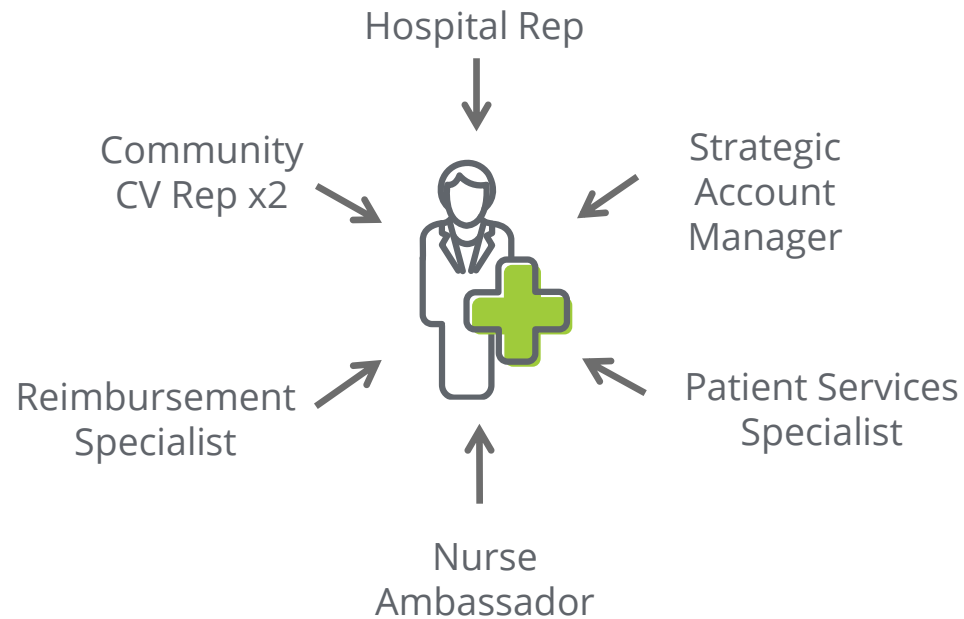


Note: includes only patients who are treated by a cardiologist - not all patients see a cardiologist; sample of 67K HCM patients
Source: Symphony PTD (Patient Transaction Data); mapping of HCPs to HCOs using Definitive Healthcare Data 2023 and 7/2023 mapping; Patient volume by dominant Cardiologist Location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

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

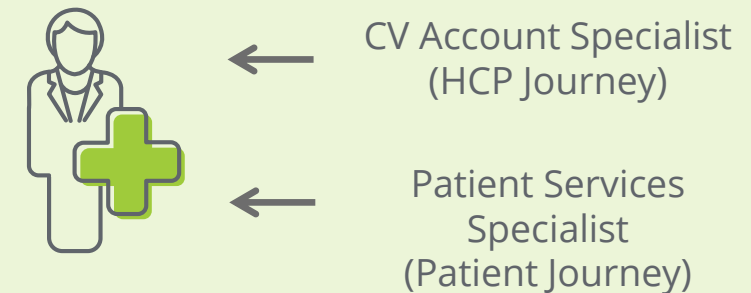
Traditional Models

Several functions with very focused roles
Overwhelmed customers, "It's too much"

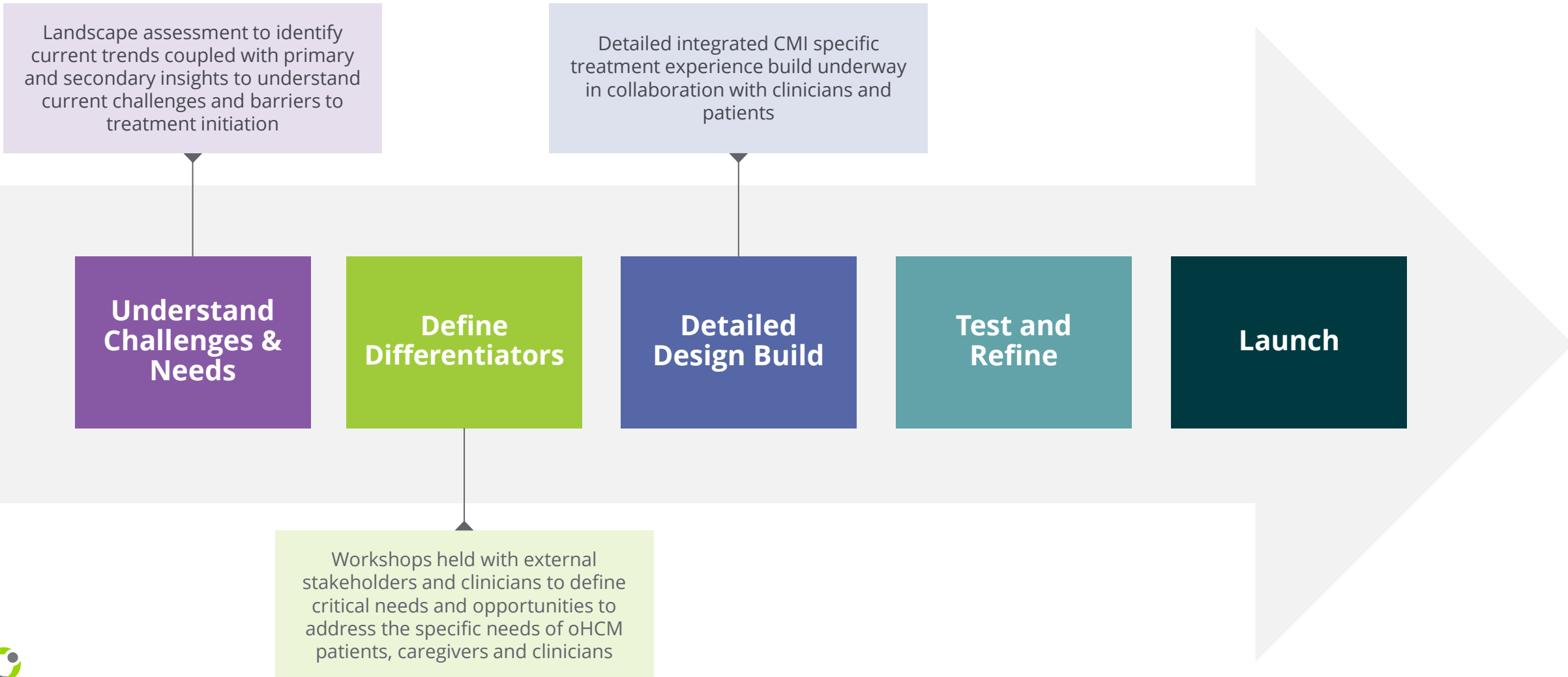


Our Design Principles

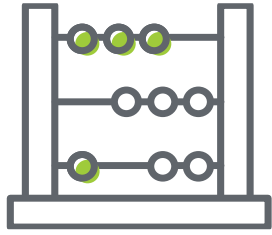
Simple model creating quality experience
Hire team with deep experience in specialty



Building a Patient-Centric Treatment Experience



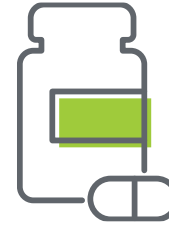
Strategy in Place to Support Market Access at Launch



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

Advancing EU Launch Readiness Activities

Key Hires in Europe



Highly experienced hires in Zug, Switzerland in Regulatory, Medical Affairs, Commercial, Market Access



Highly experienced leadership hires in Germany, France and the UK



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



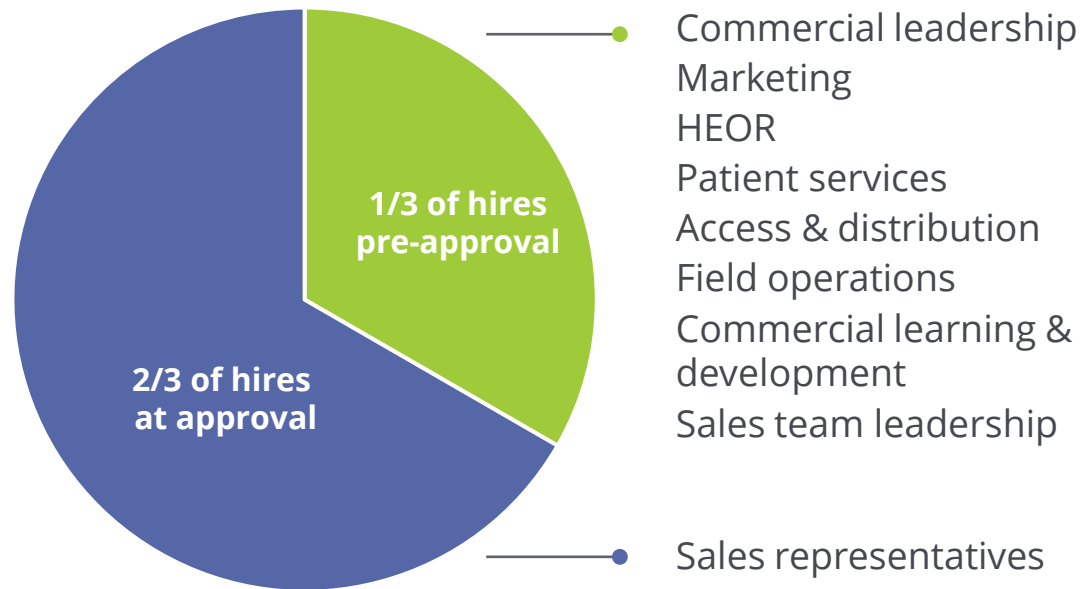
Start implementing all needed processes to support German launch:

- 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



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



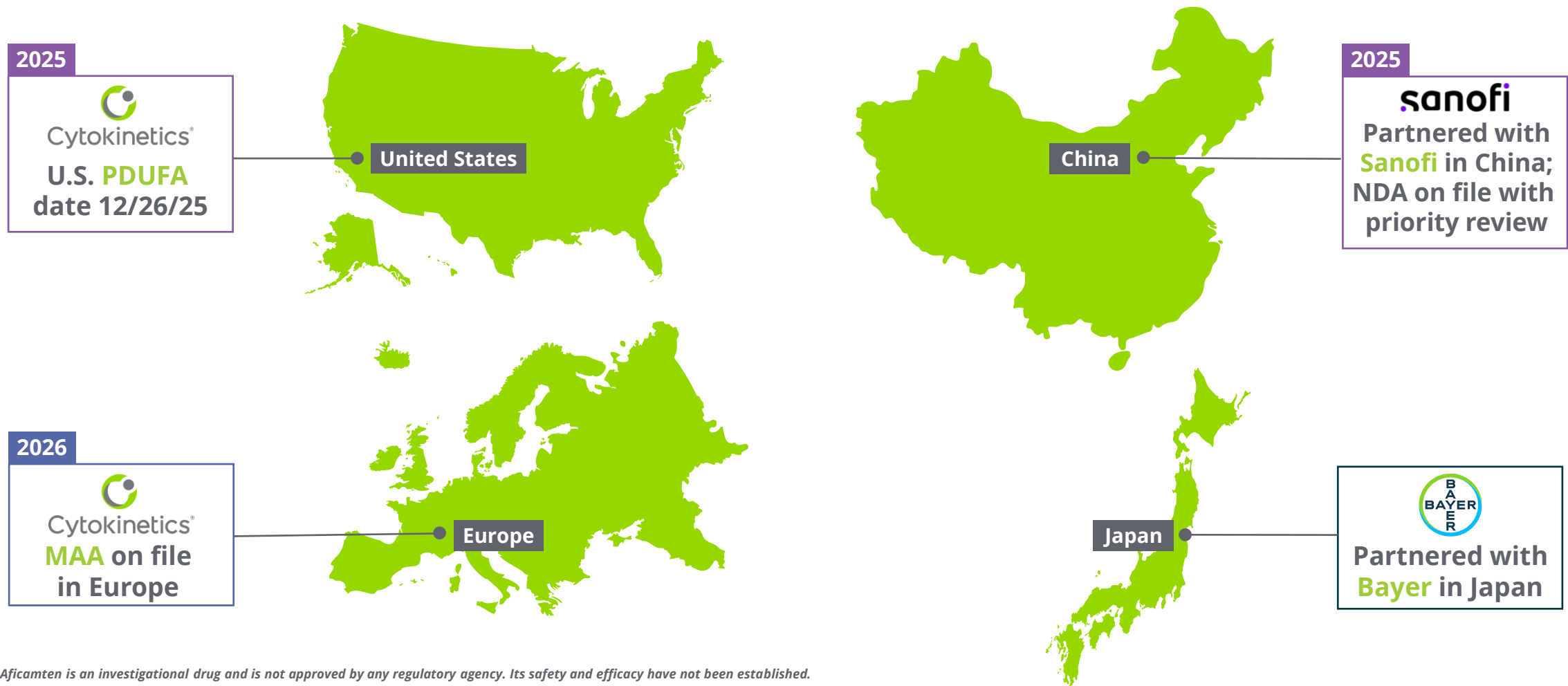
Initiated upon or in Proximity to FDA approval



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.

Global Presence of *Aficamten* & Progress of Marketing Applications



Strategies for Success: First-Time Biotech Launches

Cytokinetics' commercial strategy validated by industry findings

First-time launchers are more likely to succeed if they:



Develop a **multi-asset portfolio**



Invest in SG&A at launch year & continue over subsequent years



Leverage **precision-based marketing techniques**



Onboard access team early



Support HCP offices with education on key processes like prior authorization & appeals



Engage HCPs early on access, rapid volume build, and an impactful evidence strategy



Use a **fit-for-purpose customized distribution strategy**



Harputlugil, E., Leclerc, O., Salazar, P., & Meyerson, L. (2024, November 25). Small but mighty: Priming biotech first-time launchers to compete with established players. McKinsey & Company. <https://www.mckinsey.com/industries/life-sciences/our-insights/small-but-mighty-priming-biotech-first-time-launchers-to-compete-with-established-players>

Ongoing Clinical Trials of *Aficamten*



Pivotal Phase 3 clinical
trial in nHCM

**Enrollment complete;
data expected in 1H 2026**



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

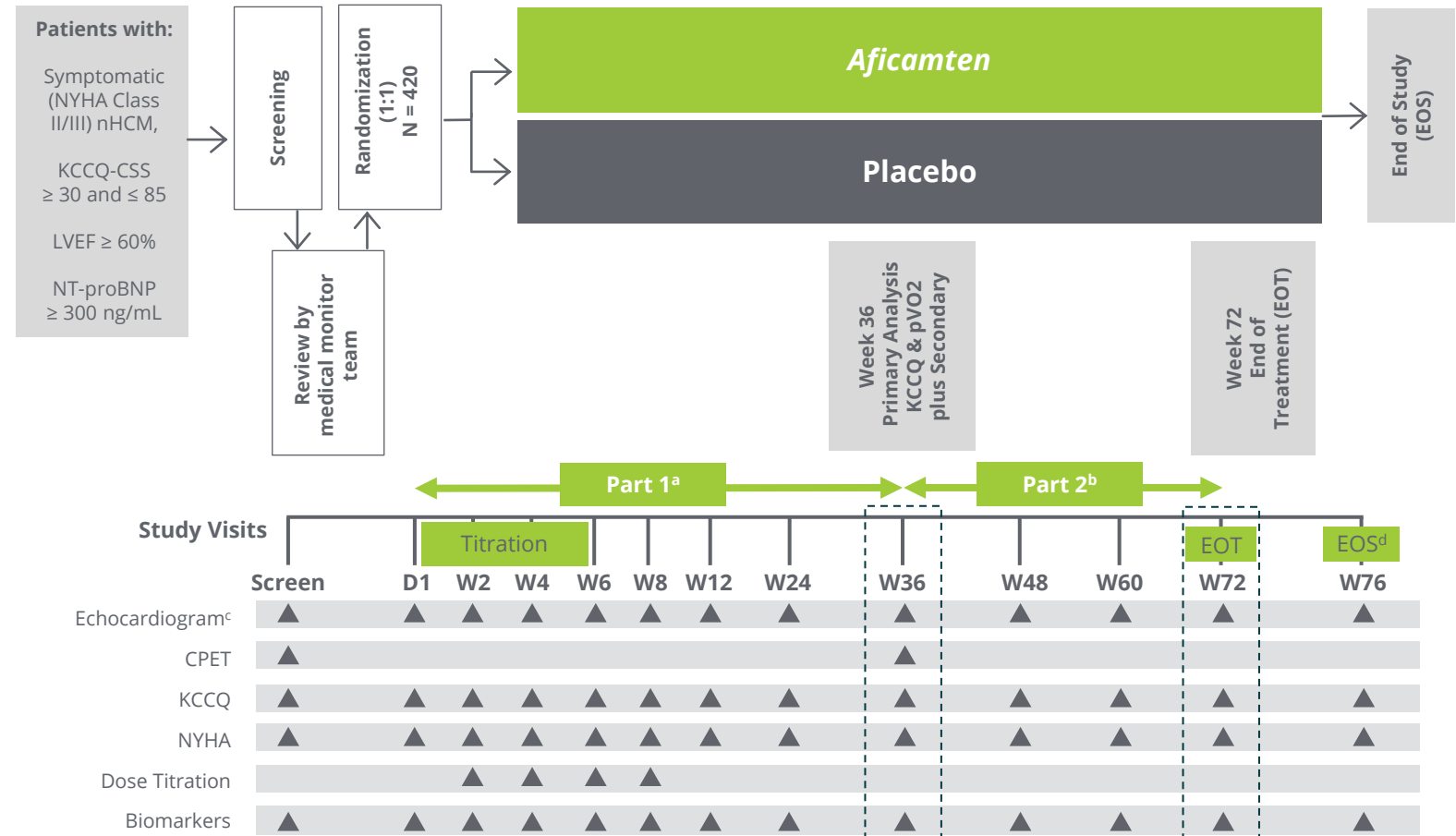
Aficamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

ACACIA-HCM: Pivotal Phase 3 Trial in nHCM

Enrollment complete; results expected 1H 2026



- Trial enrolled over **516 symptomatic nHCM patients**
- Dual primary endpoint: **change in KCCQ Clinical Summary Score and peak VO₂** from baseline to Week 36
- **5-20 mg doses**; 6-week titration period
- Secondary endpoints:
 - Change in Ve/VCO₂
 - Left atrial volume index (LAVI)
 - NT-proBNP
 - Proportion of patients with ≥ 1 class improvement in NYHA from baseline to Week 36
 - Time to first cardiovascular event



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

^a Part 1: All participants followed until week 36

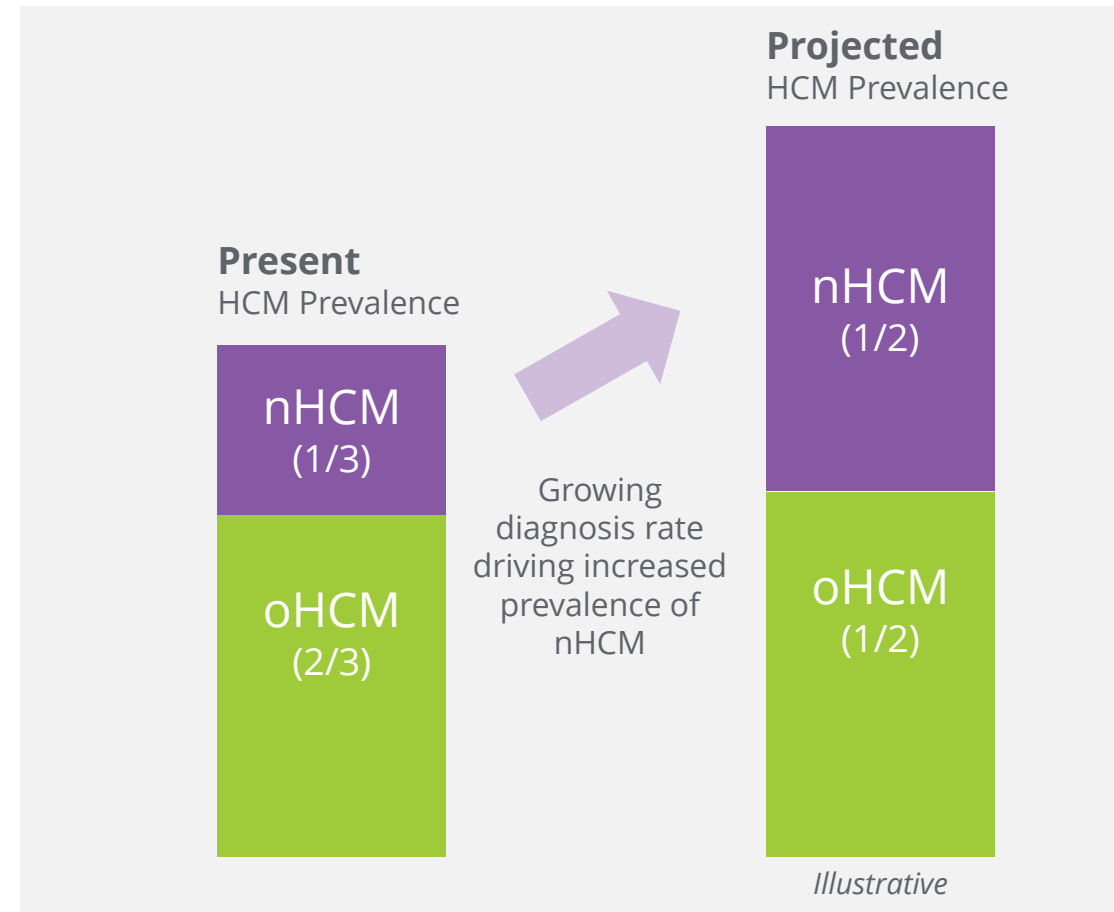
^b Part 2: Participants completing Week 36 continue until either Week 72 (followed by EOS at Week 76) OR the last randomized participant in Part 1 completes Week 36.

^c Site-read focused echocardiogram for titration visit (sole criterion). Aficamten dose range 5-20 mg.

^d 4-week follow up after last dose

Non-Obstructive HCM: A Growing and Underserved Population

- **Significant underserved segment** of the HCM population
- **No effective medical or surgical treatment options**
- Diagnosis trends indicate that **nHCM is growing at a faster rate** than oHCM
- nHCM could account for up to **half of the total** HCM market



Source: Data on file

Omecamtiv Mecarbil

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

Efficient, pragmatic Phase 3 clinical trial

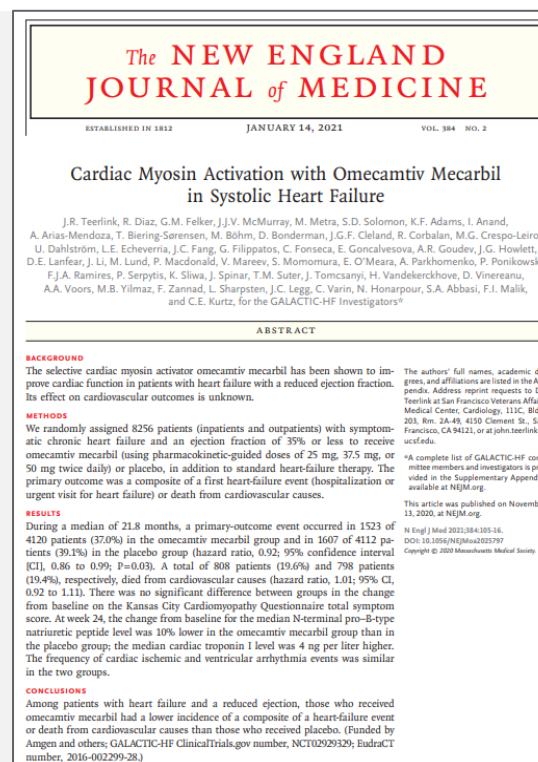
High Unmet Need

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



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

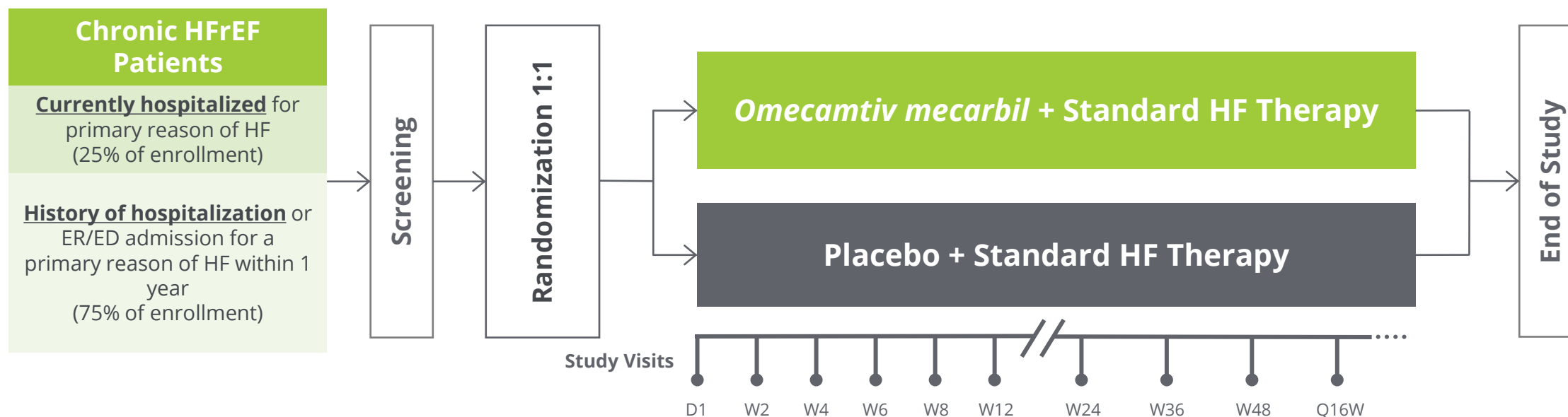
Pragmatic design elements including EHR screening, limited monitoring visits, remove visits, and limited safety labs & AE reporting

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

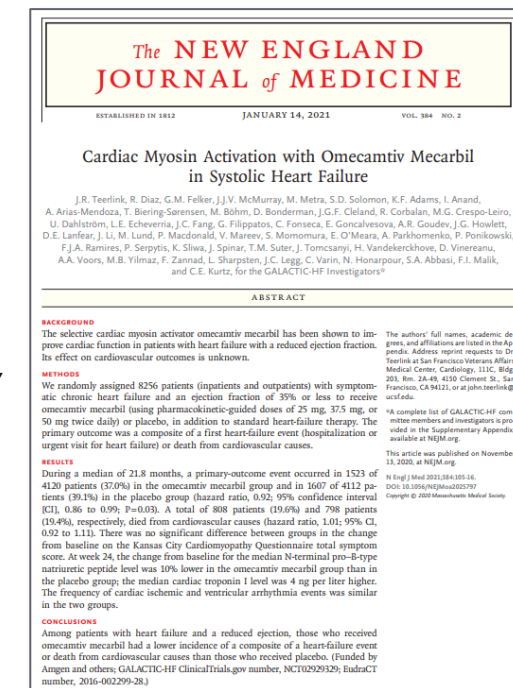
GALACTIC-HF: Clinical Trial Overview

Phase 3 clinical trial

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

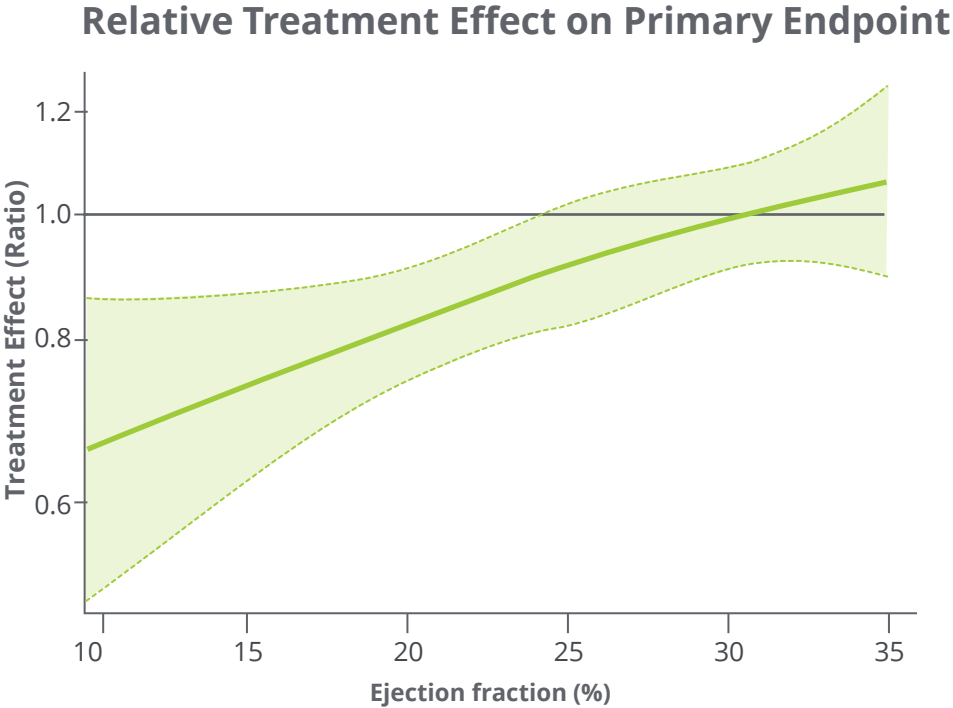
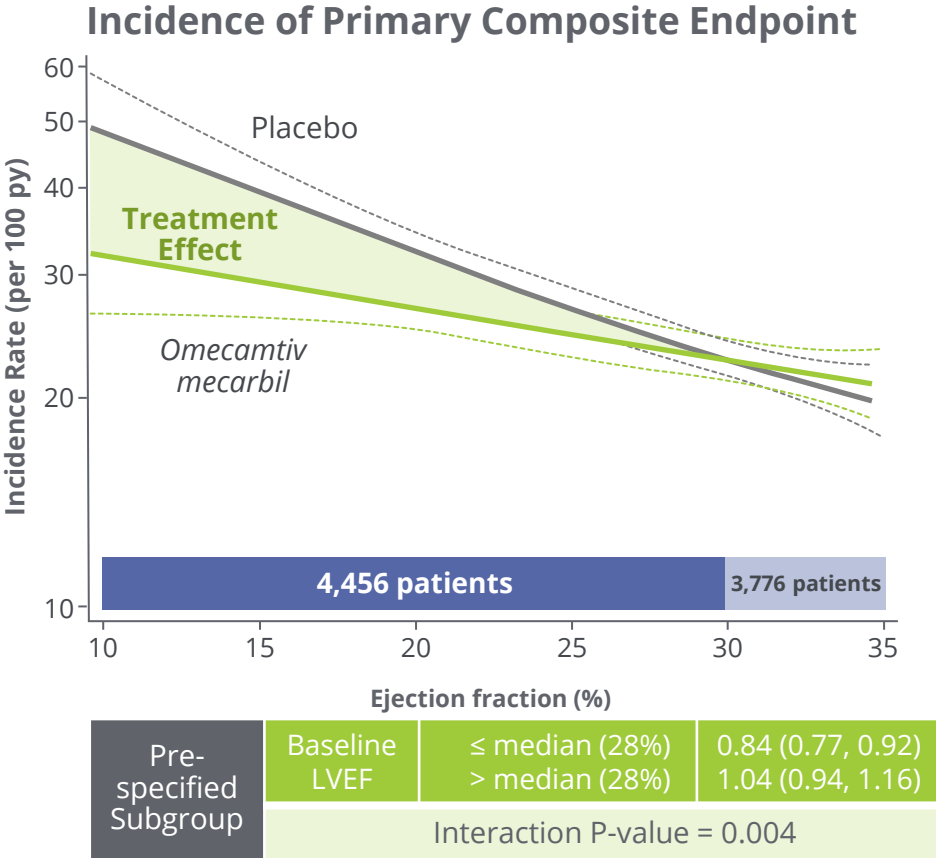


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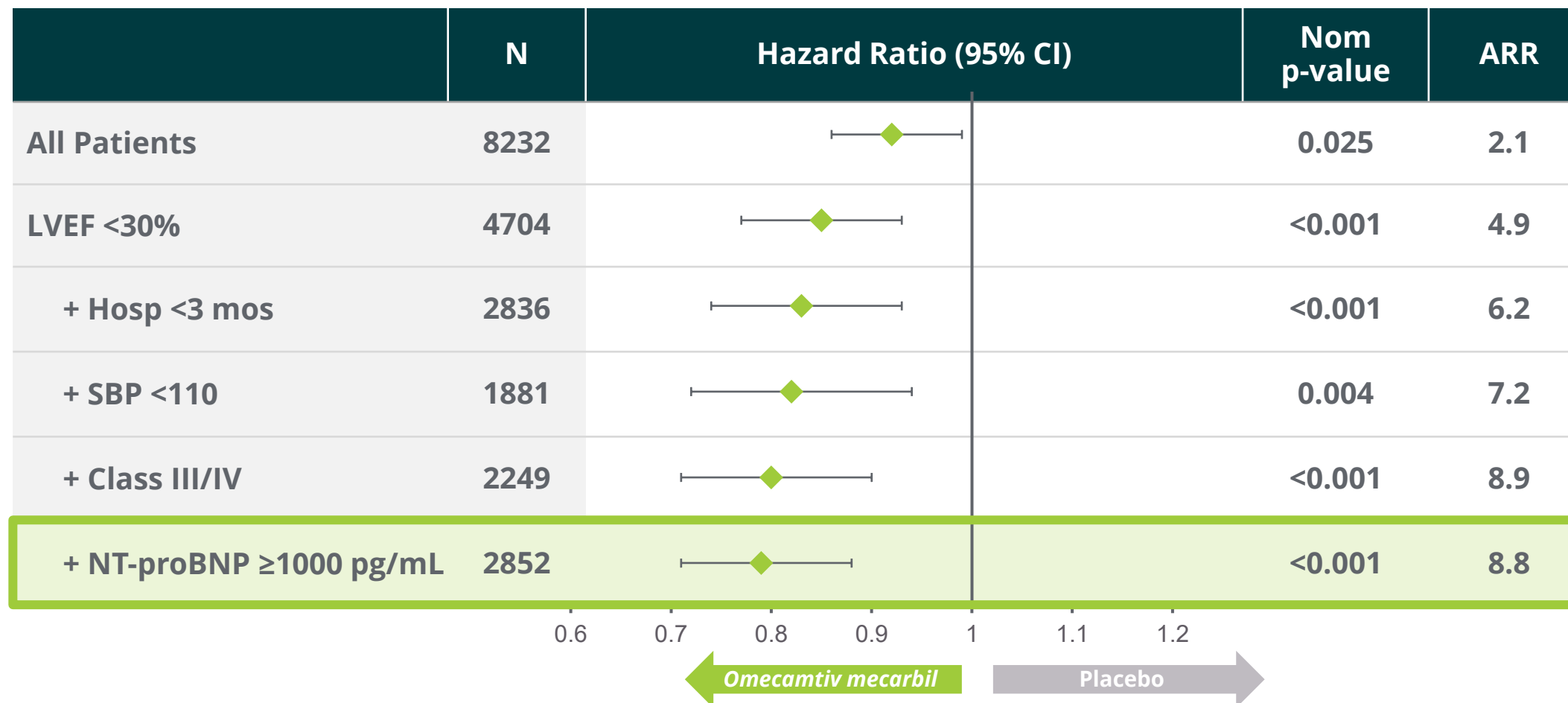
Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Benefit Observed to Increase as Baseline LVEF Decreased



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.

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.

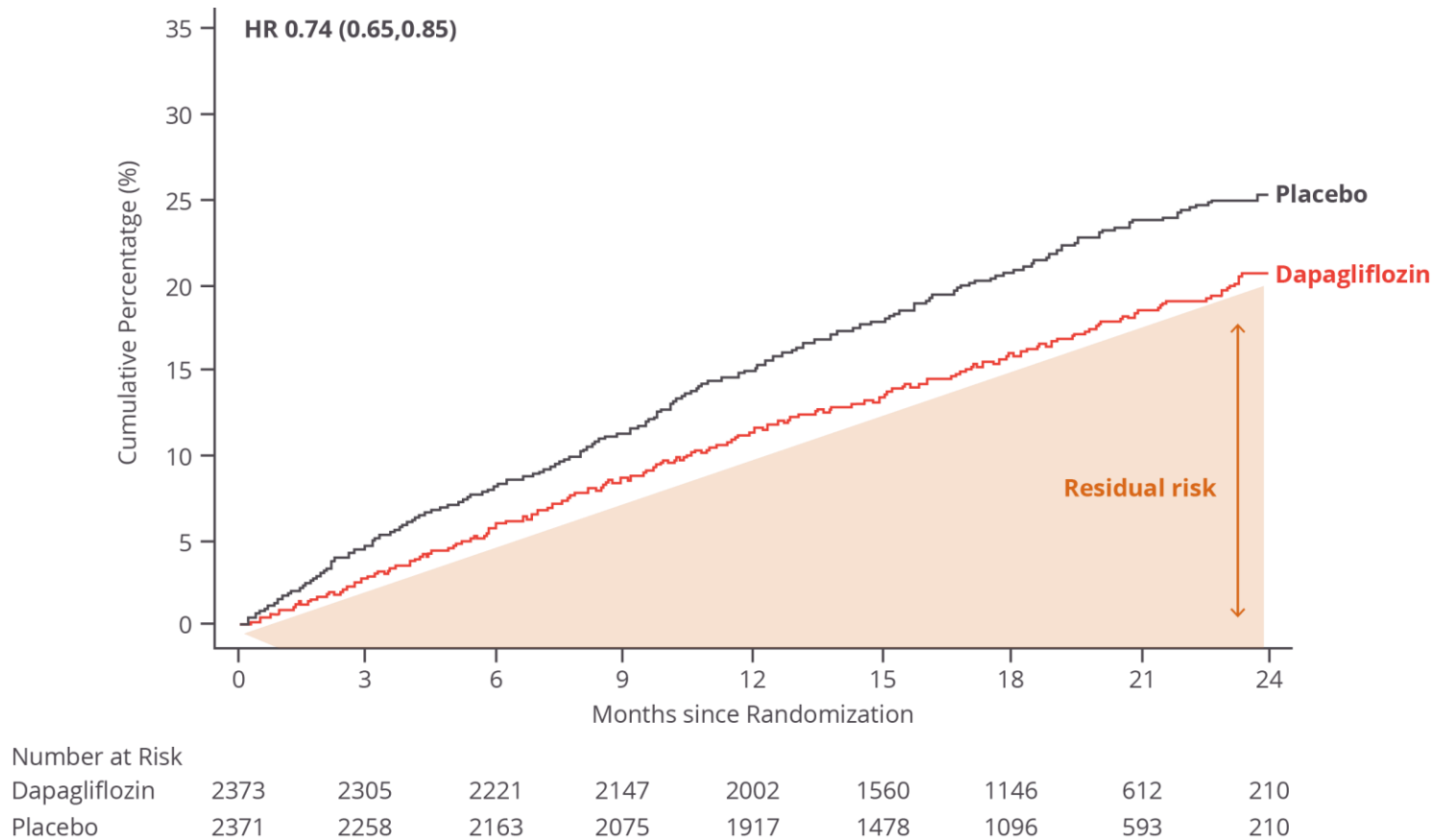
Residual Risk is High Despite Best Therapy

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



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

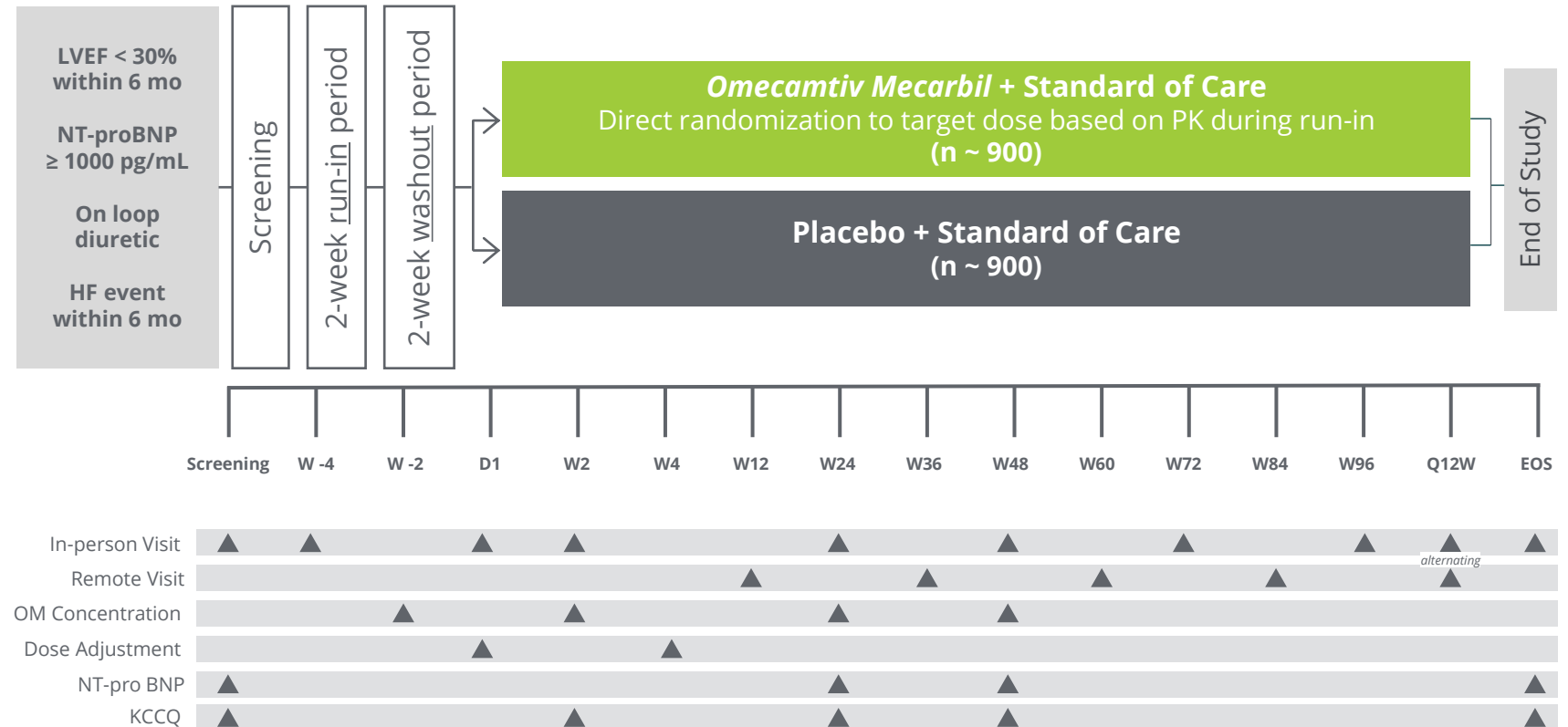
Phase 3 Confirmatory Clinical Trial Design

Currently enrolling



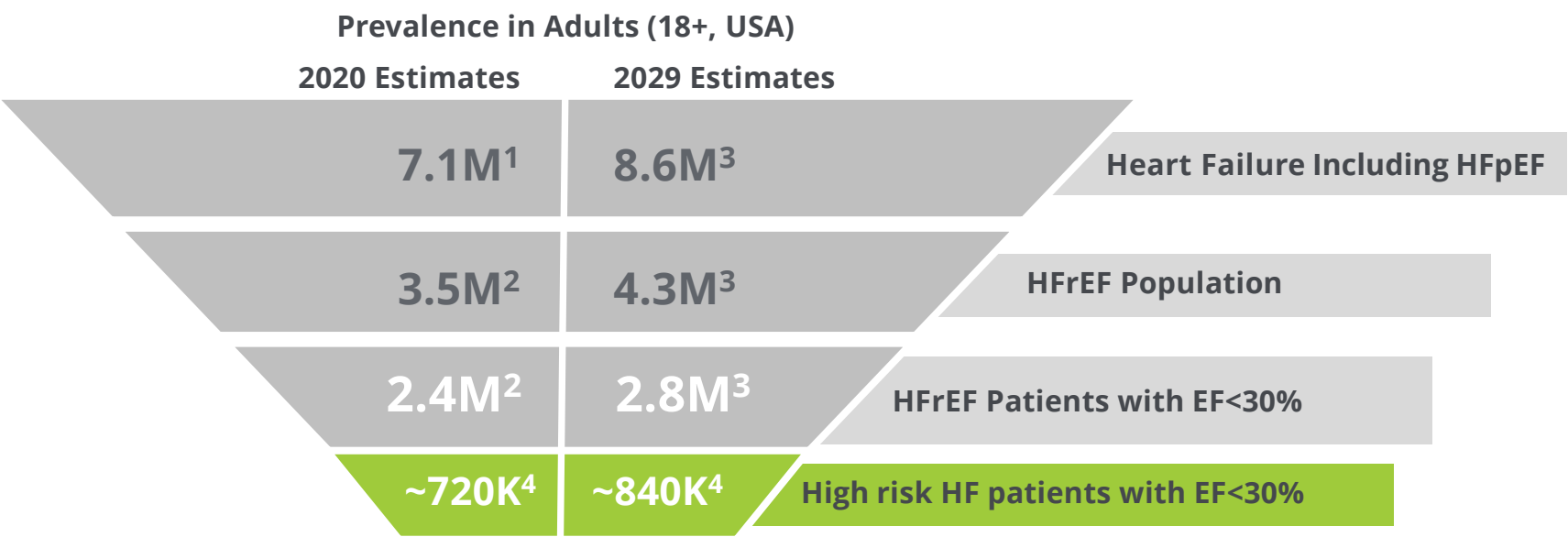
COMET-HF: Confirmation of *Omecamtiv Mecarbil* Efficacy Trial in Heart Failure

- 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%

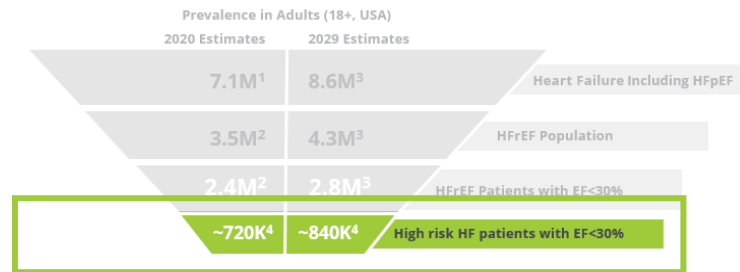


Markers of High-Risk HFrEF

- 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 hospitalizations⁵



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



\$15,493 per HF re-hospitalization⁷



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.

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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	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

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***Ulacamten* (CK-586)**

Heart Failure with Preserved Ejection Fraction (HFpEF)

Despite broad use of standard treatments & advances in care, the prognosis for patients with HF is poor¹



~75%

HFpEF patients will die within five years of initial hospitalization²



~84%

HFpEF patients will be rehospitalized²



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 patient⁵, 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.

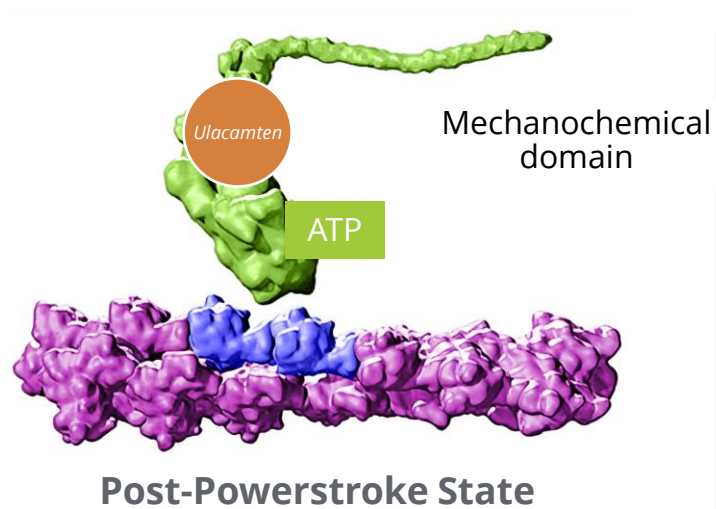
4. Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA Guideline for the Management of Heart failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013;128:e240-e327.

5. Kapelios, Cardiac Failure Review 2023

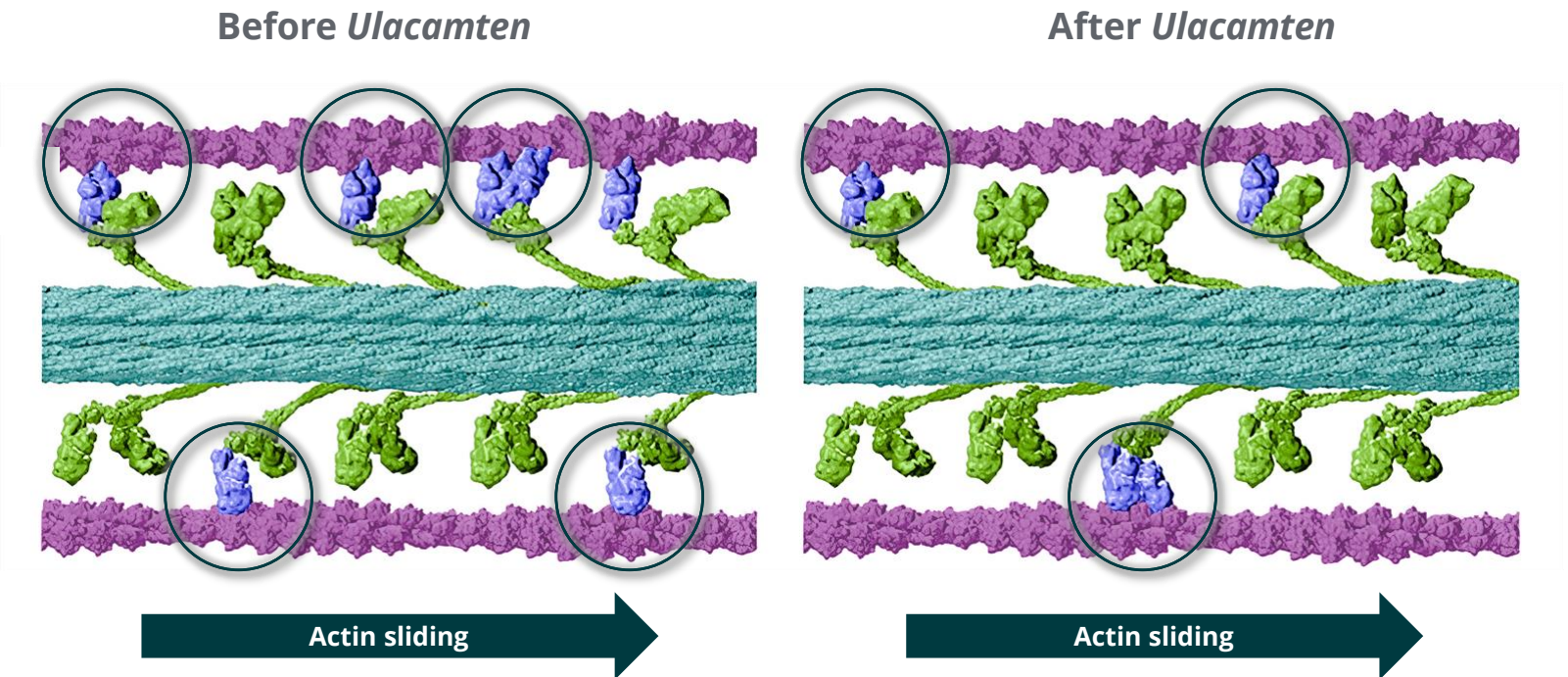
6. Clark KAA, Reinhardt SW, Chouairi F et al (2022) Trends in heart failure hospitalizations in the US from 2008 to 2018. *J Card Fail* 28(2):171-180.

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.

Ulacamten : Distinct Mechanism of Action from *Aficamten*



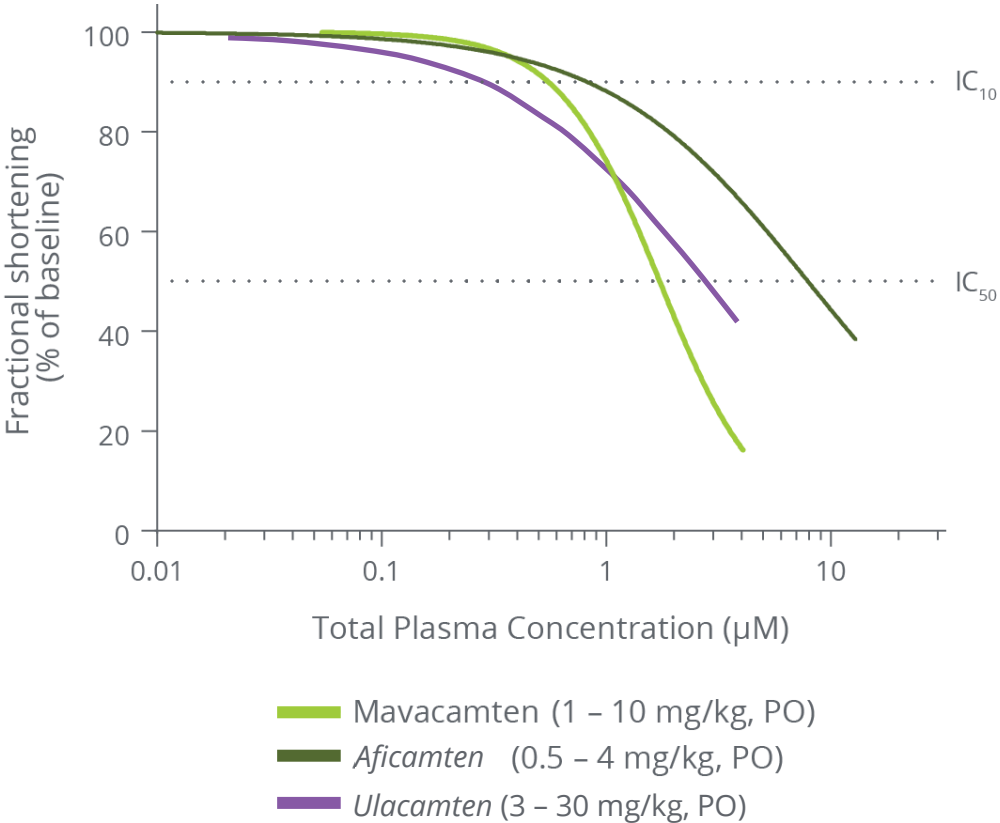
"Fewer hands pulling on the rope"



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

Ulacamten: Shallow *In Vivo* Concentration-Response

Ulacamten has a shorter half-life than *aficamten*



Pharmacodynamic window Fractional shortening IC ₅₀ /IC ₁₀ ratio	
<i>mavacamten</i>	2.8x
<i>aficamten</i>	9.9x
<i>ulacamten</i>	9.3x

IC₁₀: plasma concentration at 10% relative reduction in fractional shortening
IC₅₀: plasma concentration at 50% relative reduction in fractional shortening

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

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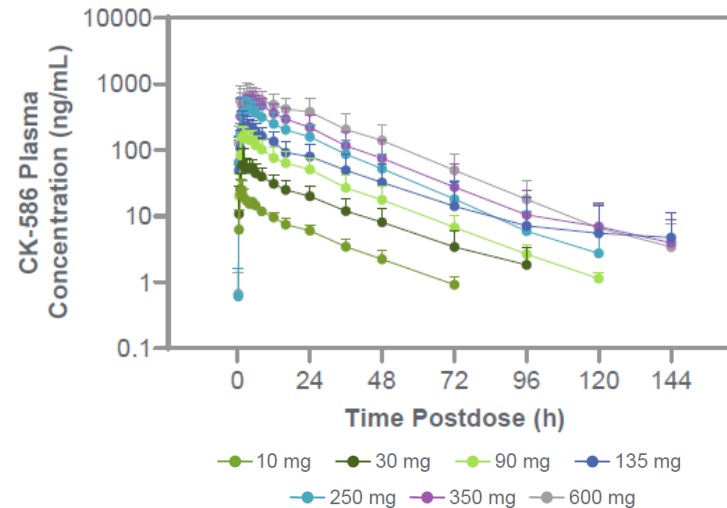
Phase 1 Data Support Advancement to Phase 2 Clinical Trial

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

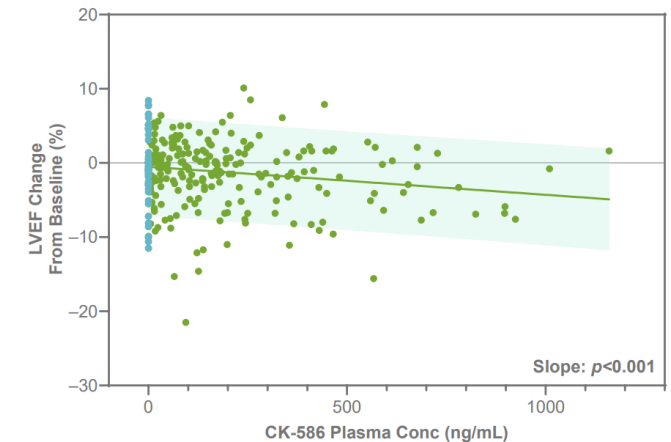
- **Less than 24-hour** half-life
- **Shallow and predictable** PK/PD relationship based on LVEF and LVFS
- **Well-tolerated** across all cohorts
- **No serious adverse events** were observed
- **Stopping criteria were not met**

Plasma Concentration

(mean [SD]) over time after single ascending doses of ulacamten



Change in LVEF vs. Ulacamten 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.

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

Phase 2 Study Schema

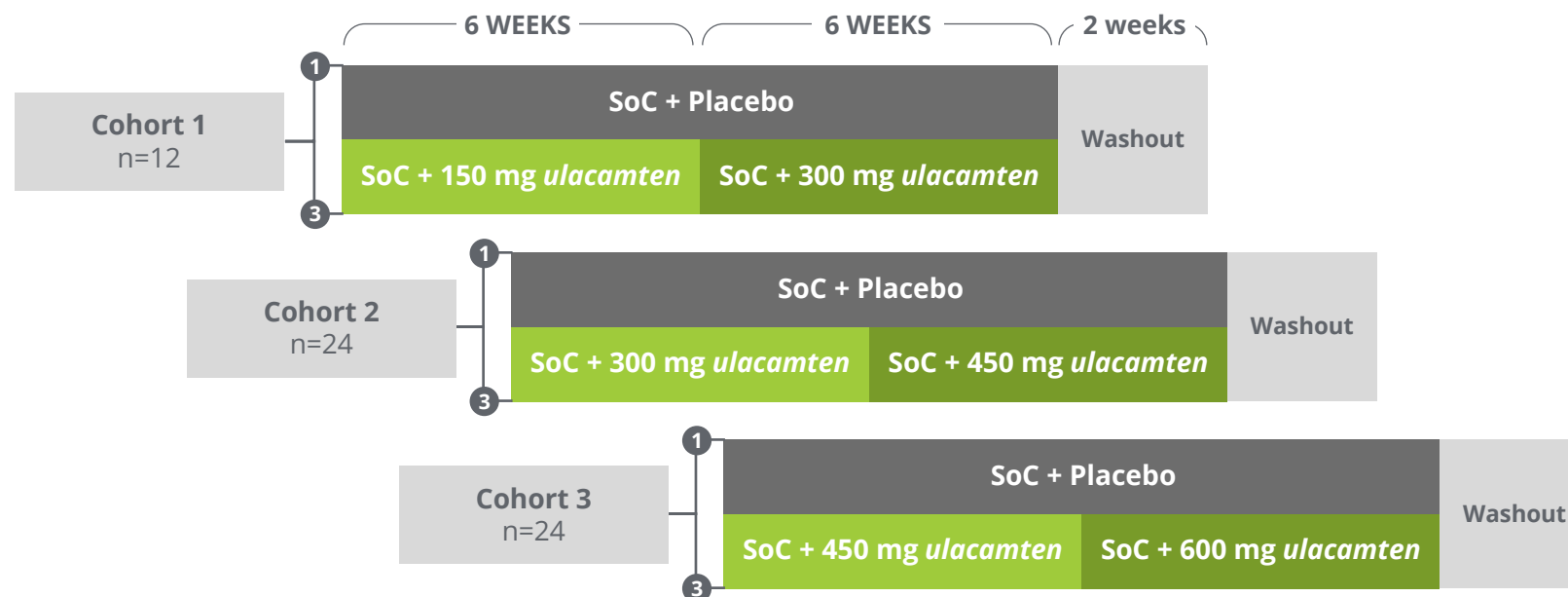
Currently enrolling



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

Enrolling HFpEF patients with:

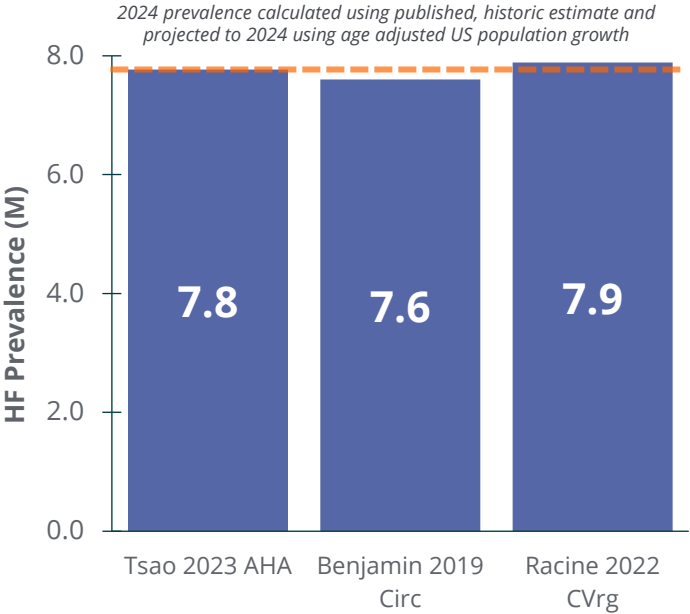
- LVEF $\geq 60\%$
- Structural abnormality
- BMI < 40
- NYHA FC II or III
- NT-proBNP ≥ 300 (or ≥ 900 in AF)



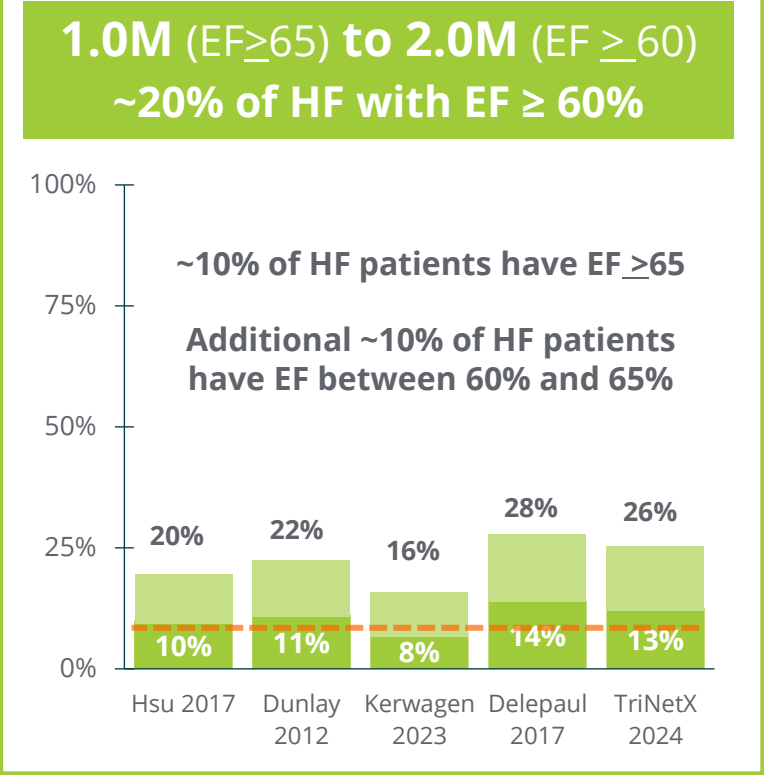
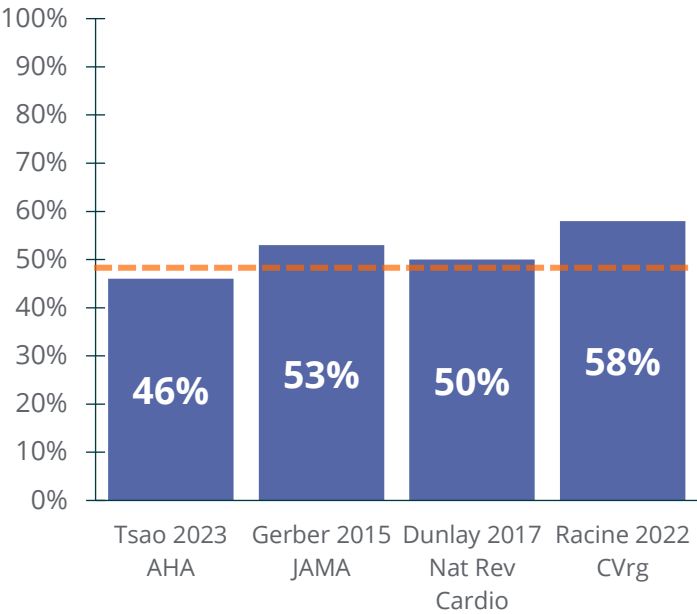
Ulacamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Ulacamten: Focusing on Patients with HFpEF and EF ≥ 60

7.9M
Heart Failure Prevalence in 2024, US



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



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. et 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/ehfj.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/ehfj.12131. Epub 2017 Jan 31. PMID: 28451445; PMCID: PMC5396039.

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Ulacamten May Address Unmet Needs of HFpEF Patients



Proposed Mechanistic Benefits

- *Ulacamten* may benefit cardiac relaxation during diastole
- *Ulacamten* 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

Ulacamten 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

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

~\$1.0B in cash, cash equivalents and investments as of June 30, 2025

Further access to capital
through term loans^[1] with
Royalty Pharma (RP)

Proceeds of \$75M from Tranche 4 loan received in April 2025
Eligible to draw up to \$100M in 2025^[2]
Access to additional \$175M^[3] 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 *ulacamten* in exchange for an additional 3.5% revenue participation interest in worldwide net sales of *ulacamten*^[4]

Add'l
\$425M

[1]Term loans are comprised of Tranche 4, 5, and 7 Loans.

[2]Tranche 5: Cytokinetics is eligible to draw up to \$100M at any time prior to November 25, 2025.

[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 *ulacamten*.

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.

Robust Pipeline, Upcoming Commercial Launch & Solid Financial Position

Commercial	 U.S. PDUFA date of December 26, 2025 for <i>aficamten</i> 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	<i>Aficamten</i> SEQUOIA-HCM: Positive Phase 3 results Label-expanding opportunities including: MAPLE-HCM: Positive Phase 3 results show superiority of <i>aficamten</i> to <i>metoprolol</i> ACACIA-HCM: Phase 3 nHCM CEDAR-HCM: Phase 2-3 pediatric oHCM FOREST-HCM: OLE in oHCM & nHCM		<i>Omecamtiv mecarbil</i> Phase 3 confirmatory clinical trial COMET-HF ongoing	<i>Ulacamten</i> 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 		\$1.0B cash & investments* with further access to capital, up to \$425M**		

*As of June 30, 2025

**\$425M comprised of up to \$275M in term loan facilities with Royalty Pharma, and up to \$150M investment by Royalty Pharma, at its option, in a Phase 3 clinical trial of *ulacamten* in exchange for an additional 3.5% revenue participation interest in worldwide net sales of *ulacamten*. *Aficamten*, *omecamtiv mecarbil*, *ulacamten* and *CK-089* are investigational drugs and are not approved by any regulatory agency. Their safety and efficacy have not been established.

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 May 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

Ulacamten

- ☐ **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, ulacamten and CK-089 are investigational drugs and have not been approved. Their safety and efficacy have not been established.



Cindy, diagnosed with HCM



thank you