



EMPOWERING
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LIVES

Q1 2026
Financial Results

May 5, 2026

Avonne, diagnosed with oHCM

Today's Agenda

Introduction	Diane Weiser SVP, Corporate Affairs
First Quarter 2026 Highlights	Robert Blum President & CEO
Commercial Updates	Andrew Callos EVP, Chief Commercial Officer
Clinical Updates	Fady Malik, M.D., Ph.D. EVP, Research & Development
Ongoing Clinical Development	Stuart Kupfer, M.D. SVP, Chief Medical Officer
Financial Results	Sung Lee EVP, Chief Financial Officer
Closing Comments	Robert Blum President & CEO

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Robert Blum

President and CEO

Strong Start to 2026

Q1 2026 & Recent Highlights

- **MYQORZO® now approved** in U.S., EU and China
- Positive topline results from **ACACIA-HCM** reported in April 2026
- **U.S. commercial launch of MYQORZO** underway with \$4.8 million in sales in first 9 weeks
- **NDS for MYQORZO** under review in Canada & MAA submitted in Switzerland; **6 HTA dossiers submitted**
- **MAPLE-HCM sNDA** on file with FDA; PDUFA date of November 14, 2026

2026 Key Activities

- **Continue U.S. commercial launch** of MYQORZO
- **Launch MYQORZO in Germany** in Q2
- Secure additional **global approvals for *aficamten*** in oHCM
- Meet with regulatory authorities, including FDA, to discuss the results of **ACACIA-HCM** and plans for submitting an sNDA
- Advance **specialty cardiology pipeline**

NDS: New Drug Submission; MAA: Marketing Authorization Application; HTA: Health Technology Assessment; sNDA: Supplemental New Drug Application; FDA: U.S. Food & Drug Administration; PDUFA: Prescription Drug User Fee Act; oHCM: obstructive hypertrophic cardiomyopathy
Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)



Andrew Callos

EVP, Chief Commercial Officer



MYQORZO™ (aficamten) 5-10-15-20mg tablets

Now Available

FDA-approved for the treatment of adults with symptomatic oHCM to improve functional capacity and symptoms

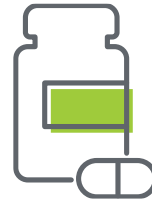
FDA: U.S. Food & Drug Administration; oHCM: obstructive hypertrophic cardiomyopathy
Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)



Foundation of Clinical Differentiation



Rapid & sustained
symptom improvement
and reduction in
obstruction



Flexibility to rapidly titrate
as early as 2 weeks, with flexible
monitoring schedule



No treatment interruptions
or worsening HF events
observed in patients with LVEF
<50% in SEQUOIA-HCM

HF: heart failure; LVEF: left ventricular ejection fraction
Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)

Strong HCP Awareness and Perception



<p>HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use MYQORZO safely and effectively. See full prescribing information for MYQORZO.</p> <p>MYQORZO™ (aficamten) tablets, for oral use Initial U.S. Approval: 2025</p> <p>WARNING: RISK OF HEART FAILURE See full prescribing information for complete boxed warning.</p> <ul style="list-style-type: none"> • MYQORZO can cause heart failure due to systolic dysfunction. (5.1) • Echocardiogram assessments of left ventricular ejection fraction (LVEF) are required before and during MYQORZO use. (2.1) • Initiation in patients with left ventricular ejection fraction (LVEF) <55% is not recommended. (2.1) • Decrease dose if LVEF <50% and ≥40%. Interrupt dosing if LVEF <40% or if worsening clinical status. (2.2) • MYQORZO is available only through a restricted program called the MYQORZO REMS Program. (5.2) <p>INDICATIONS AND USAGE</p> <p>MYQORZO is a cardiac myosin inhibitor indicated for the treatment of adults with symptomatic obstructive hypertrophic cardiomyopathy (oHCM) to improve functional capacity and symptoms. (1)</p> <p>DOSAGE AND ADMINISTRATION</p> <ul style="list-style-type: none"> • Recommended starting dose is 5 mg orally once daily. (2.1) • Dosage is individualized based on echocardiographic assessments and clinical status. Refer to Full Prescribing Information for instructions on dosage modification. (2.1, 2.2) <p>FULL PRESCRIBING INFORMATION: CONTENTS*</p> <p>WARNING: RISK OF HEART FAILURE</p> <p>1 INDICATIONS AND USAGE</p> <p>2 DOSAGE AND ADMINISTRATION</p> <p>2.1 Evaluation Before and During Use of MYQORZO</p> <p>2.2 Recommended Dosage and Administration</p> <p>2.3 Dosage Modifications for Drug Interactions</p> <p>2.4 Missed Dose</p> <p>3 DOSAGE FORMS AND STRENGTHS</p> <p>4 CONTRAINDICATIONS</p> <p>5 WARNINGS AND PRECAUTIONS</p> <p>5.1 Heart Failure</p> <p>5.2 MYQORZO REMS Program</p> <p>5.3 Cytochrome P450 Interactions Leading to Heart Loss or Effectiveness</p> <p>6 ADVERSE REACTIONS</p> <p>6.1 Clinical Trials Experience</p> <p>7 DRUG INTERACTIONS</p> <p>7.1. Potential for Other Drugs to Affect Plasma Concentration of MYQORZO</p>		<p>DOSAGE FORMS AND STRENGTHS</p> <p>Film-coated tablets: 5 mg, 10 mg, 15 mg, 20 mg. (3)</p> <p>CONTRAINDICATIONS</p> <ul style="list-style-type: none"> • Rifampin (4) <p>WARNINGS AND PRECAUTIONS</p> <p>Risk of Heart Failure: Consider decreasing dose or dose interruption in patients with serious intercurrent illness. (2.2, 5.1)</p> <p>Drug Interactions Leading to Increased Risk of Heart Failure or Loss of Effectiveness: Advise patients of the potential for drug interactions. (2.3, 5.3, 17)</p> <p>ADVERSE REACTIONS</p> <p>The most common adverse reaction was hypertension (8%). (6.1)</p> <p>To report SUSPECTED ADVERSE REACTIONS, contact Cytokinetics at 1-833-633-2986 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.</p> <p>DRUG INTERACTIONS</p> <p>Drugs that inhibit multiple pathways of MYQORZO elimination, strong CYP2C9 inhibitors, or moderate-to-strong CYP3A inducers may increase risk of heart failure. MYQORZO dose reduction and additional monitoring may be required when initiating or discontinuing these drugs. (2.3, 7.1)</p> <p>See 17 for PATIENT COUNSELING INFORMATION and FDA-approved Medication Guide.</p> <p>Revised: 12/2025</p> <p>8 USE IN SPECIFIC POPULATIONS</p> <p>8.1 Pregnancy</p> <p>8.2 Lactation</p> <p>8.4 Pediatric Use</p> <p>8.5 Geriatric Use</p> <p>10 OVERDOSAGE</p> <p>11 DESCRIPTION</p> <p>12 CLINICAL PHARMACOLOGY</p> <p>12.1 Mechanism of Action</p>
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80% of treating HCPs* report having seen MYQORZO Prescribing Information (PI)

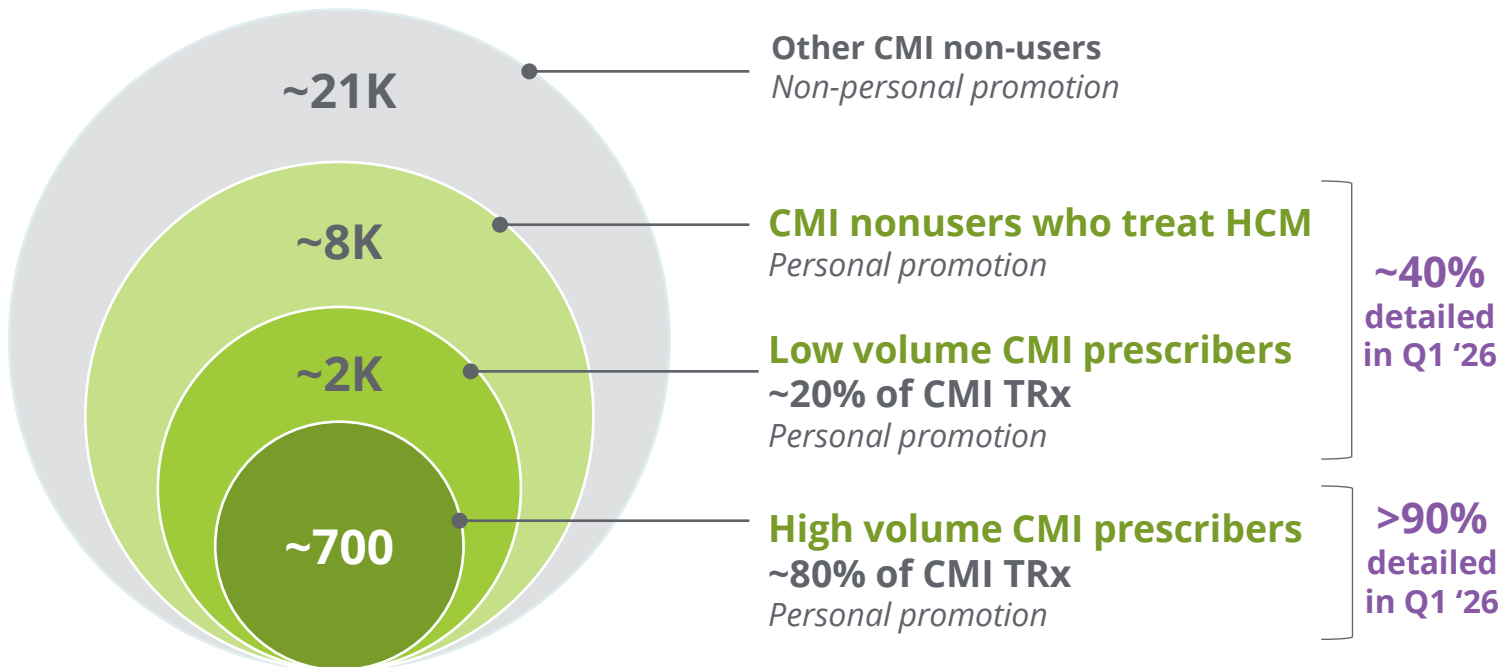
- ## MYQORZO Label Viewed Favorably by HCPs**
- ✓ Rapid dose titration and reversibility
 - ✓ Flexibility in echo monitoring
 - ✓ No clinically meaningful drug-drug interactions
 - ✓ No DDI monitoring within REMS

HCP: healthcare provider; DDI: drug-drug interactions; REMS: Risk Evaluation and Mitigation Strategies
 * On an aided basis
 ** HCP Market Research Pulse Survey Wave 2 – Mar'26
 Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)

Initial Focus on High Volume CMI Prescribers



HCPs for Personal and Non-Personal Engagement



- ✓ At launch, we have a **greater emphasis on the top CMI prescribers to build share and depth of prescribing**
- ✓ By end of 2026 we aim to achieve **>50% new-to-brand prescription share**

CMI: cardiac myosin inhibitor; HCP: healthcare provider; HCM: hypertrophic cardiomyopathy; TRx: total prescriptions
Source: Symphony Health Payer Prescriber Data (CAMZYOS Rx - Apr'22 - Dec'25) / Internal Data on CAS team engagement / Veeva - Call activity data
Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)

Measuring Launch Velocity: 3 Key Metrics



Breadth and depth of HCP prescribing of MYQORZO®



Number of HCPs
prescribing MYQORZO



Volume of MYQORZO prescriptions
each HCP writes

Volume of patients prescribed MYQORZO



Number of patients
prescribed MYQORZO

HCP: healthcare provider
Based on internal revenue forecast informed by demand studies
Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)

Key Metrics: Breadth & Depth of HCP Prescribing



Breadth of HCP Prescribing

As of 3/31/26 **>275** → **>425** As of 4/30/26

HCPs prescribing MYQORZO

As of 3/31/26
~50%

high-volume CMI writers



Q1 Depth of HCP Prescribing

As of 3/31/26

2.4

Average prescriptions written
per HCP

2.6

Average prescriptions written
per high volume CMI writer

Potential Leading Indicator of Future Prescribing

As of 3/31/26

1,400+

REMS-certified HCPs

Q1 Exit Share (estimated)

As of 3/31/26

>30%

New-to-Brand share

Analysis based on projected third party syndicated data

HCP: healthcare provider; CMI: cardiac myosin inhibitor; KOL: Key Opinion Leader, REMS: Risk Evaluation and Mitigation Strategies
Source: MYQORZO internal patient prescription data) through Apr'30 (Specialty pharmacies and Integrated Delivery Networks (IDNs)/REMs Data from PPD
Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)

Key Metrics: Volume of Patients



Volume of Patients

As of 3/31/26 As of 4/30/26

680 → 1,100

Patients Prescribed MYQORZO

Paid Drug in Q1

>70%

Patients on therapy with a paid prescription*

<2 weeks

Average time to convert to paid prescription

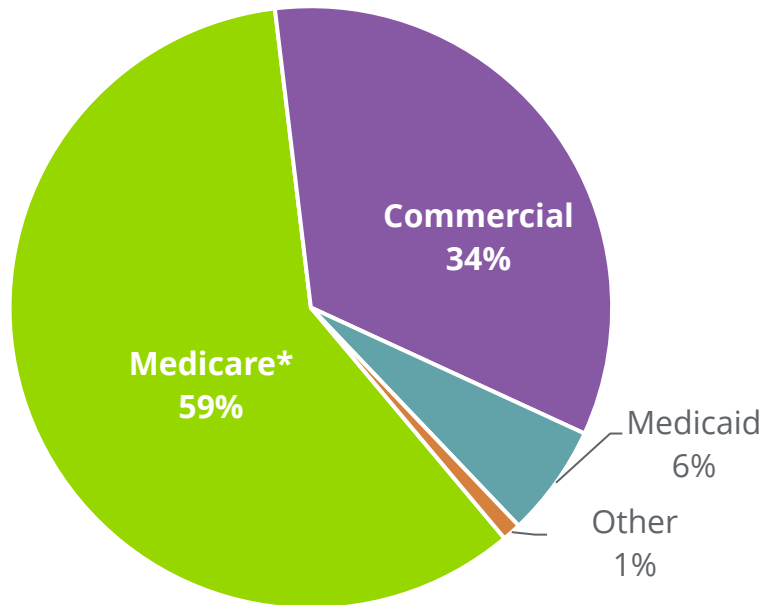
Source: MYQORZO internal patient prescription data through Apr'30 (Specialty pharmacies and Integrated Delivery Networks (IDNs))
*Paid prescriptions calculated using dispensed Rx's
Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)

Market Access Strategy

Grow CMI class & compete via clinical differentiation



MYQORZO® Q1 Payor Mix



CMI: cardiac myosin inhibitor

*Government = 66%

Source: Managed Markets Insights & Technology, LLC (MMIT); MMIT Analytics Platform
Please see full [Prescribing Information](#), including Boxed WARNING and [Medication Guide](#)

Securing Market Access

Q1 2026

● Ongoing payor engagement

Q2 2026

● Secured comparable access for nearly 90% of Medicare lives, expect parity by end of Q2 2026


Q3 2026

● Expect to reach 50% of commercial lives covered by early Q3 2026

Q4 2026

● Expect to achieve parity commercial access by Q4 2026


Advancing Global Availability in 2026





United States

Approved by FDA for adults with symptomatic oHCM to improve functional capacity and symptoms

LAUNCHED JAN 2026




Cytokinetics[®]


China

Approved by NMPA for adults with NYHA class II-III oHCM to improve exercise capacity and symptoms


LAUNCHED JAN 2026



Cytokinetics[®]



sanofi




European Union

Approved by the European Commission for symptomatic (NYHA class II-III) oHCM in adult patients

LAUNCH EXPECTED IN GERMANY Q2 2026



Cytokinetics[®]



Pending Regulatory Approval



Canada

New Drug Submission under review; expect to receive decision in 2H 2026



Switzerland

MAA submitted Q1 2026



Cytokinetics[®]

Clinical Trials Ongoing



Japan

Phase 3 clinical trials ongoing in oHCM & nHCM



Cytokinetics[®]



BAYER

FDA: U.S. Food & Drug Administration; oHCM: obstructive hypertrophic cardiomyopathy; NMPA: National Medical Products Administration; NYHA: New York Heart Association; MAA: Marketing Authorization Application; EMA: European Medicines Agency; CHMP: Committee for Medicinal Products for Human Use; nHCM: non-obstructive hypertrophic cardiomyopathy
 MYQORZO is only approved in the U.S., China and the EU for the treatment of adults with symptomatic oHCM.



Fady Malik, M.D., Ph.D.

EVP, Research & Development

ACACIA-HCM: Phase 3 Trial of *Aficamten* in nHCM



Full results to be presented at upcoming medical meeting

Primary Endpoints	Change from Baseline to Week 36 LSM (95% CI]		<i>Aficamten</i> vs Placebo LSM (95% CI)	p-value
	<i>Aficamten</i>	Placebo		
KCCQ-CSS	11.4 (9.6 – 13.2)	8.4 (6.6 – 10.2)	3.0 (0.5 - 5.5)	0.021
pVO₂ (ml/kg/min)	0.64 (0.32 – 0.95)	-0.03 (-0.35 – 0.28)	0.67 (0.22 - 1.1)	0.003

No new safety signals identified

% participants completing planned dosing:
Similar between groups
(88.4% on *aficamten* vs. 90.3% on placebo)

LVEF <50%:
27 (10%) on *aficamten* vs. 2 (1%) on placebo;
2 participants on *aficamten* had a serious adverse event of HF associated with LVEF <50%

Treatment Interruptions
Treatment interruptions due to LVEF <40% occurred in 3% of patients on *aficamten*

Statistically significant (p<0.001) improvements observed in key secondary endpoints:

1. Proportion of participants with improvements in NYHA Functional Class
2. Composite z-score of ventilatory efficiency and pVO₂
3. N-terminal pro-B-type natriuretic peptide (NT-proBNP)

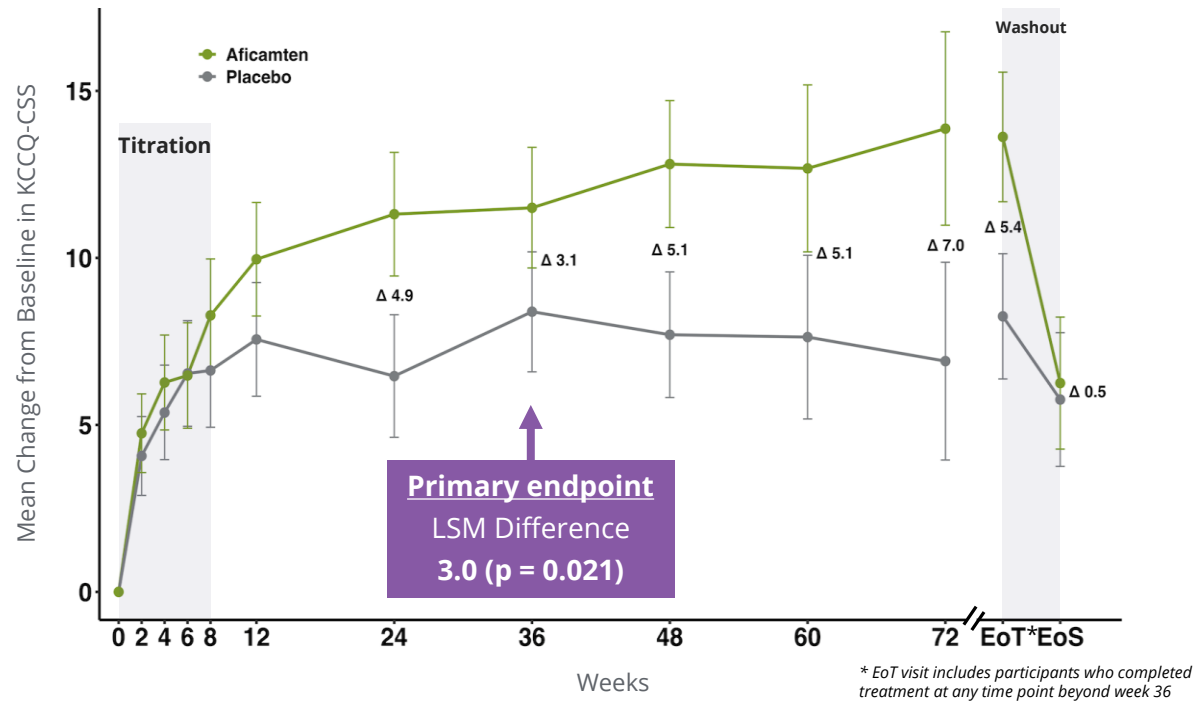
nHCM: non-obstructive hypertrophic cardiomyopathy; pVO₂: peak oxygen uptake; LSM: least squares mean; CI: confidence interval; KCCQ-CSS: Kansas City Cardiomyopathy Questionnaire Clinical Summary Score; NYHA: New York Heart Association; CV: cardiovascular; HF: heart failure; LVEF: left ventricular ejection fraction; AE: adverse event
MYQORZO is only approved in the U.S., China and the EU for the treatment of adults with symptomatic oHCM.

ACACIA-HCM: Phase 3 Trial of *Aficamten* in nHCM

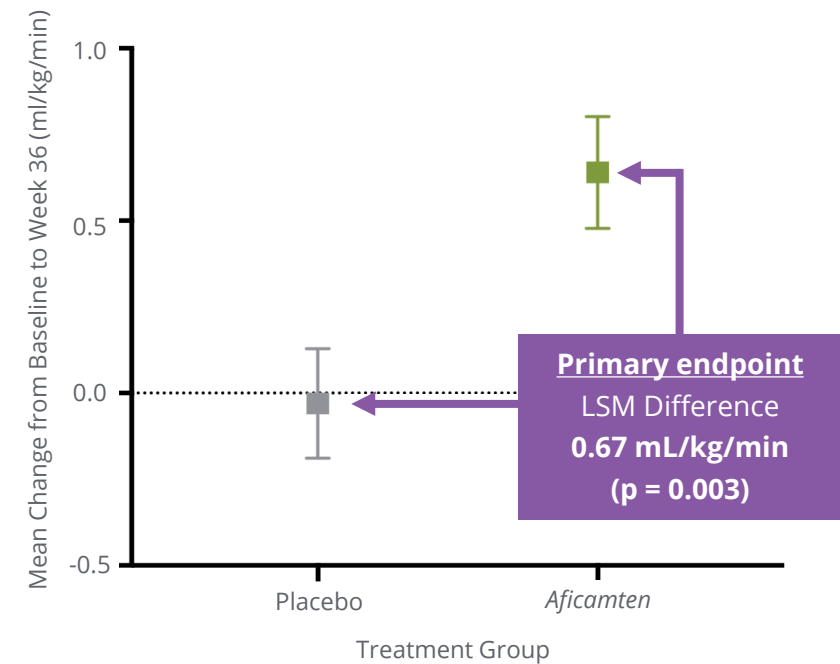


Robust & consistent improvements throughout treatment period

LS Mean Change from Baseline in KCCQ-CSS



Change from Baseline to Week 36 in pVO₂



nHCM: non-obstructive hypertrophic cardiomyopathy; LS: least squares; KCCQ-CSS: Kansas City Cardiomyopathy Questionnaire Clinical Summary Score; LSM: least squares mean; EOT: End of Treatment; EOS: End of Study; pVO₂: peak oxygen uptake
 MYQORZO is only approved in the U.S., China and the EU for the treatment of adults with symptomatic oHCM.



Stuart Kupfer, M.D.

SVP, Chief Medical Officer

Ongoing Programs for *Aficamten* in HCM

CAMELLIA-HCM



Phase 3 trial in
Japanese patients with oHCM

**Enrollment complete,
conduct ongoing**



Phase 2/3 trial in
**pediatric & adolescent
patients with oHCM**

**Expect to complete enrollment
in adolescent cohort
by end of 2026**



Phase 3 trial in
patients with nHCM

Conduct ongoing

oHCM: obstructive hypertrophic cardiomyopathy; nHCM: non-obstructive hypertrophic cardiomyopathy
MYQORZO is only approved in the U.S., China and the EU for the treatment of adults with symptomatic oHCM.

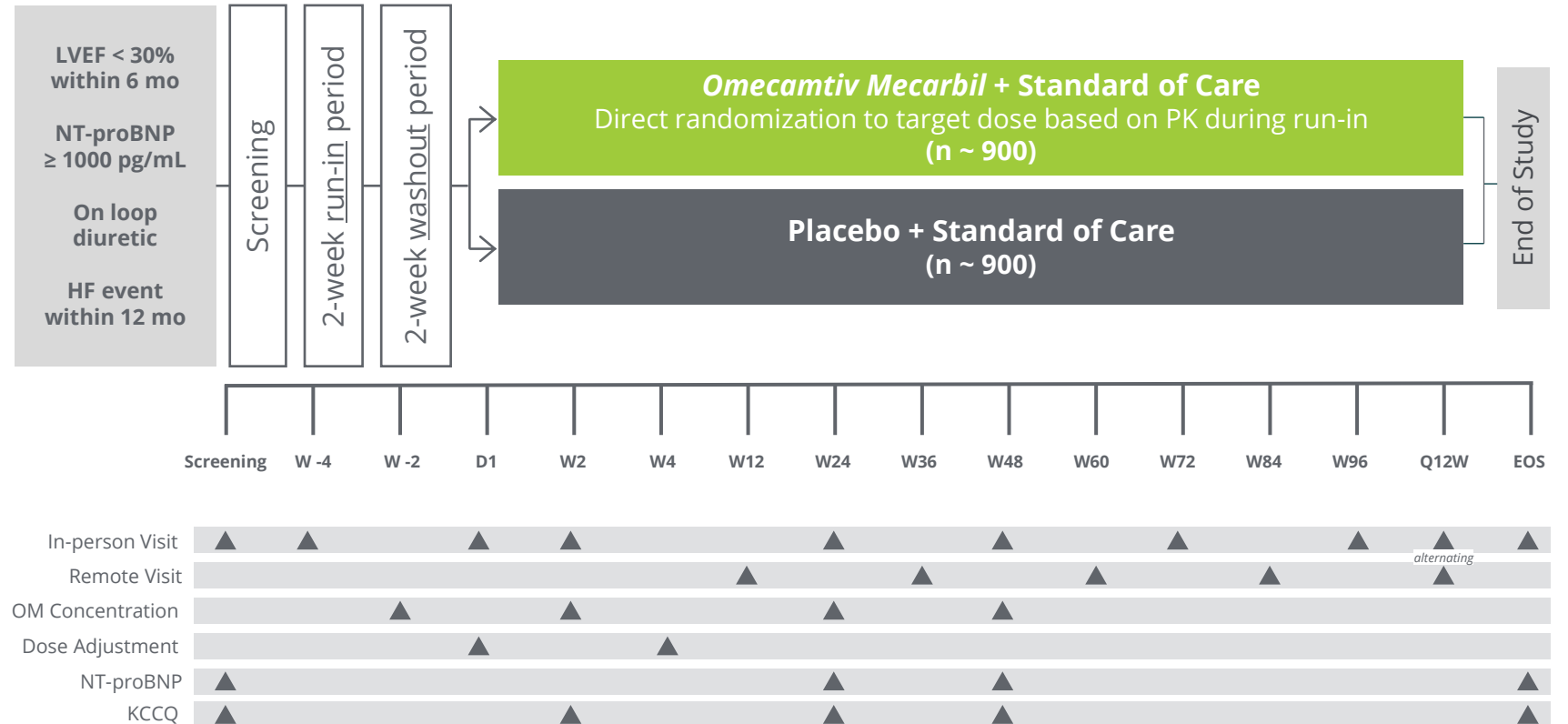
Phase 3 Confirmatory Clinical Trial Design

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



CV: cardiovascular; HF: heart failure; LVAD: left ventricular assist device; OM: omecamtiv mecarbil; ECG: electrocardiogram; AE: adverse event; LVEF: left ventricular ejection fraction; NT-proBNP: N-terminal pro-B-type natriuretic peptide; PK: pharmacokinetics; KCCQ: Kansas City Cardiomyopathy Questionnaire
Omecamtiv mecarbil is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.

Phase 2 Study Schema

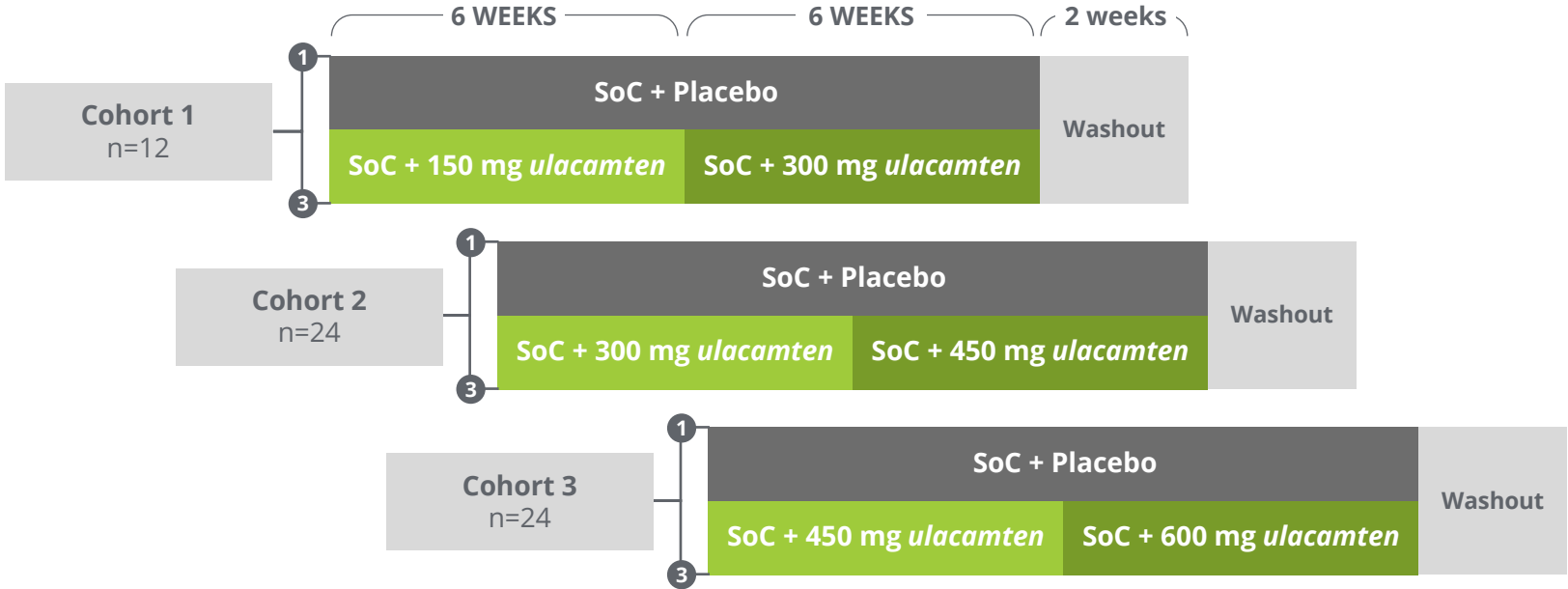
Currently enrolling



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

Enrolling HFpEF patients with:

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



HFpEF: heart failure with preserved ejection fraction; LVEF: left ventricular ejection fraction; BMI: body mass index; NYHA FC: New York Heart Association Functional Class; AF: atrial fibrillation; SoC: standard of care. Ulacamten is an investigational drug and is not approved by any regulatory agency. Its safety and efficacy have not been established.



Sung Lee

EVP, Chief Financial Officer

Q1 2026 Financial Highlights

	Three months ended March 31, 2026	Three months ended March 31, 2025
MYQORZO® net product revenue	\$4.8 m	-
Collaboration revenues	\$2.6 m	\$1.6 m
License and milestone revenues	\$11.9 m	-
Total revenues	\$19.4 m	\$1.6 m
R&D expenses	\$95.5 m	\$98.3 m
SG&A expenses	\$104.9 m	\$57.4 m
Cost of goods sold	\$0.2 m	-
Collaboration cost of revenues	\$2.4 m	\$1.6 m
Net loss	\$206.0 m	\$161.4 m
~\$1.1B in cash, cash equivalents and investments as of March 31, 2026		

R&D: Research & Development; SG&A: Selling, General & Administrative

2026 Financial Guidance

	Guidance Issued on Feb. 24, 2026
GAAP Combined R&D and SG&A Expense	\$830M to \$870M
Non-cash stock-based compensation expense included in GAAP Combined R&D and SG&A Expense	\$130M to \$120M

The financial guidance does not include: 1) collaboration expenses which can include reimbursed expenses and cost of inventory sales of *aficamten* to partners, 2) potential costs related to commercialization of *aficamten* in nHCM, and 3) 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.

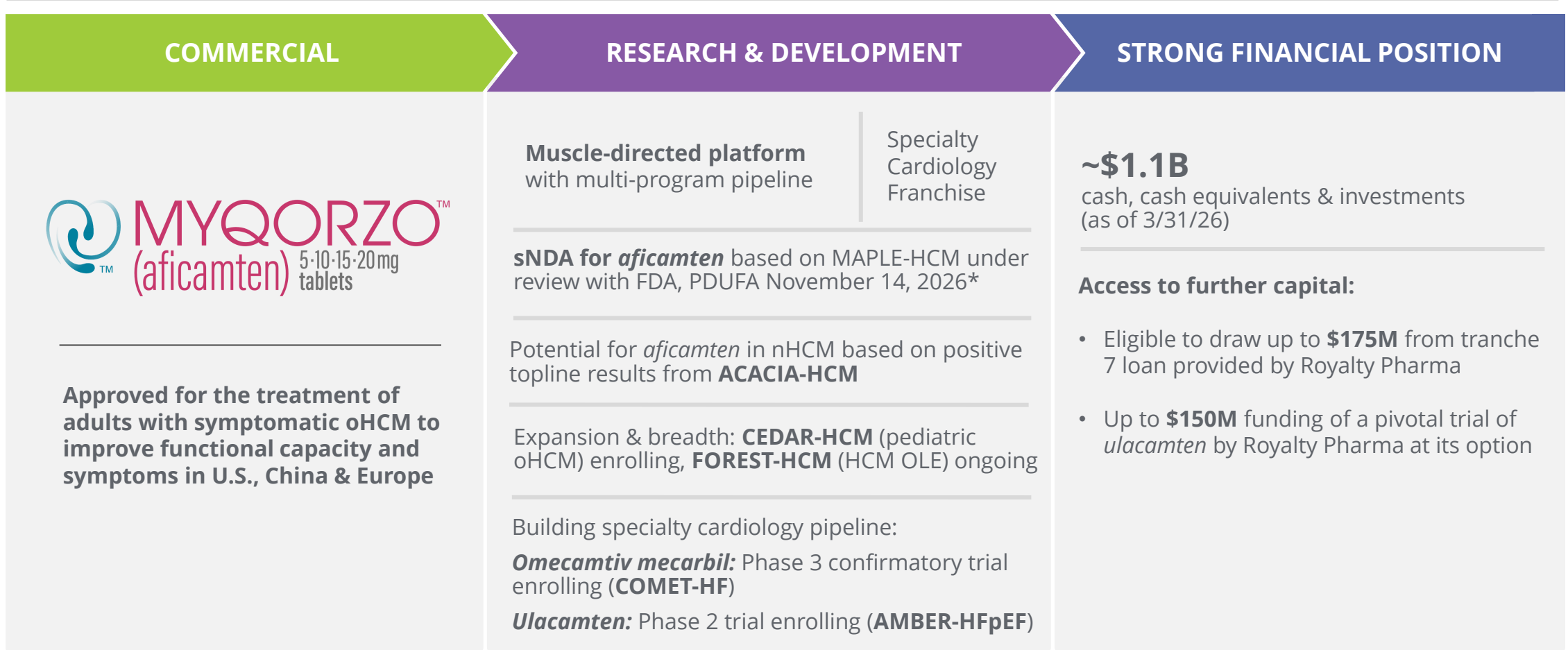
GAAP: Generally Accepted Accounting Principles; R&D: Research & Development; SG&A: Selling, General & Administrative; nHCM: non-obstructive hypertrophic cardiomyopathy



Robert Blum

President and CEO

Positioned for Launch Velocity & Sustainable Growth



oHCM: obstructive hypertrophic cardiomyopathy; sNDA: Supplemental New Drug Application; FDA: Food and Drug Administration; PDUFA: Prescription Drug User Fee Act; nHCM: non-obstructive hypertrophic cardiomyopathy; OLE: open label extension
 *The results of MAPLE-HCM showed that the mean change in pVO₂ from baseline to Week 24 for aficamten was +1.1 mL/kg/min and -1.2 mL/kg/min for metoprolol (least-squares mean (LSM) difference between groups of 2.3 mL/kg/min (p<0.0001)
 MYQORZO is only approved in the U.S., China and the EU for the treatment of adults with symptomatic oHCM.
 Ulacamten, omecamtiv mecarbil and CK-089 are investigational agents and have not been approved for use by any regulatory agency. Their safety and efficacy has not been established.

2026 Expected Milestones



Meet with regulatory authorities to discuss results from **ACACIA-HCM** & plans for submitting sNDA

Launch MYQORZO in Germany in Q2 2026

sNDA for **MAPLE-HCM** PDUFA date
November 14, 2026

Complete enrollment in the adolescent cohort of **CEDAR-HCM** in Q4 2026

Potential **Health Canada** decision on New Drug Submission in 2H 2026

Omecamtiv Mecarbil

Continue enrollment in **COMET-HF** through 2026

Ulacamten

Complete enrollment in Cohort 1 of **AMBER-HFpEF** in 2H 2026

sNDA: Supplemental New Drug Application; oHCM: obstructive hypertrophic cardiomyopathy; PDUFA: Prescription Drug User Fee Act; HF: heart failure; HFpEF: heart failure with preserved ejection fraction
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Ulacamten, omecamtiv mecarbil and CK-089 are investigational agents and have not been approved for use by any regulatory agency. Their safety and efficacy has not been established.
Timing of regulatory approvals is subject to regulatory review and may differ materially.



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Vi, diagnosed with oHCM



Thank you