Edgewise Therapeutics

The 44th Annual J.P. Morgan Healthcare Conference

January 13, 2026

Kevin Koch, CEO

Forward Looking Statement

This presentation contains contains forward-looking statements as that term is defined in Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Statements in this presentation that are not purely historical are forward-looking statements. Such forward-looking statements include, among other things, statements regarding the potential of, and expectations regarding, Edgewise's product candidates and programs, including sevasemten, EDG-7500, EDG-15400 and its cardiovascular programs; statements regarding the ability of the Company to establish sevasemten as the first approved therapy, becoming a commercial company and executing the first-in-disease launch in Becker; statements regarding bringing transformative medicines to patients; statements regarding the market opportunity for sevasemten in Becker an EDG-7500 ; statements regarding Edgewise's expectations relating to its clinical trials, including timing of the completion of the GRAND CANYON trial, finalizing design for the Company's Phase 3 program in obstructive and nonobstructive HCM, timing of reporting data (including top-line data of sevasemten, Phase 2 results for EDG-7500 in HCM, the presentation of data from the GRAND CANYON trial and the presentation of data from the Phase 1 trial of EDG-15400) and timing of initiation of clinical trials (including Phase 3 trials in individuals with HCM and Duchenne and Phase 2 trial of EDG-15400); statements regarding Edgewise's ability to advance its pipeline; statements regarding the company's ability to achieve milestones; statement regarding the company's cash runway; risks associated with Edgewise gaining further insights from its analysis of trial results over time; and statements regarding Edgewise's timing for filing a New Drug Application with the FDA for sevasemten in Becker. Words such as "believes," "anticipates," "plans," "expects," "intends," "will," "goal," "potential" and similar expressions are intended to identify forward-looking statements. The forward-looking statements contained herein are based upon Edgewise's current expectations and involve assumptions that may never materialize or may prove to be incorrect. Actual results could differ materially from those projected in any forward-looking statements due to numerous risks and uncertainties, including but not limited to: risks associated with Edgewise's limited operating history, its products being early in development and not having products approved for commercial sale; risks associated with Edgewise not having generated any revenue to date; Edgewise's ability to achieve objectives relating to the discovery, development and commercialization of its product candidates, if approved; Edgewise's need for substantial additional capital to finance its operations; Edgewise's substantial dependence on the success of sevasemten and EDG-7500; Edgewise's ability to develop and commercialize sevasemten, EDG-7500 and EDG-15400, and discover, develop and commercialize product candidates in its cardiovascular and cardiometabolic future programs; risks related to Edgewise's clinical trials of its product candidates not demonstrating safety and efficacy; risks related to Edgewise's product candidates causing serious adverse events, toxicities or other undesirable side effects; the outcome of preclinical testing and early clinical trials not being predictive of the success of later clinical trials and the risks related to the results of Edgewise's clinical trials not satisfying the requirements of regulatory authorities; delays or difficulties in the enrollment and/or maintenance of patients in clinical trials; risks related to failure to capitalize on other indications or product candidates; risks related to competition; risks relating to interim, top-line and preliminary data from Edgewise's clinical trials changing as more patient data becomes available; risks related to failure to develop a proprietary drug discovery platform; risks related to exposure to additional risk if we develop sevasemten and potential other programs in connection with other therapies; risks related to production of drugs by Edgewise's third-party manufacturers; risks related to changes in methods of product candidate manufacturing or formulation; risks related to not achieving adequate market acceptance; risks related to the patient population for our product candidates having a small patient population; risks related to the regulatory approval processes of domestic and foreign authorities being lengthy, time consuming and inherently unpredictable; risks relating to disruptions at the FDA, the SEC and other government agencies; risks relating to Edgewise's ability to attract and retain highly skilled executive officers and employees; Edgewise's ability to obtain and maintain intellectual property protection for its product candidates; Edgewise's reliance on third parties; risks related to future acquisitions or strategic partnerships; risks related to general economic and market conditions; and other risks. These forward-looking statements are made as of the date of this presentation, and Edgewise assumes no obligation to update the forward-looking statements, or to update the reasons why actual results could differ from those projected in the forward-looking statements, except as required by law.

Global leader in muscle disease therapeutic development

- Combined expertise in muscle biology and small molecule drug discovery built our novel and differentiated muscle-focused platform

Unwavering patient commitment

- Patients and families are critical voices in all development programs

Rapidly advancing portfolio

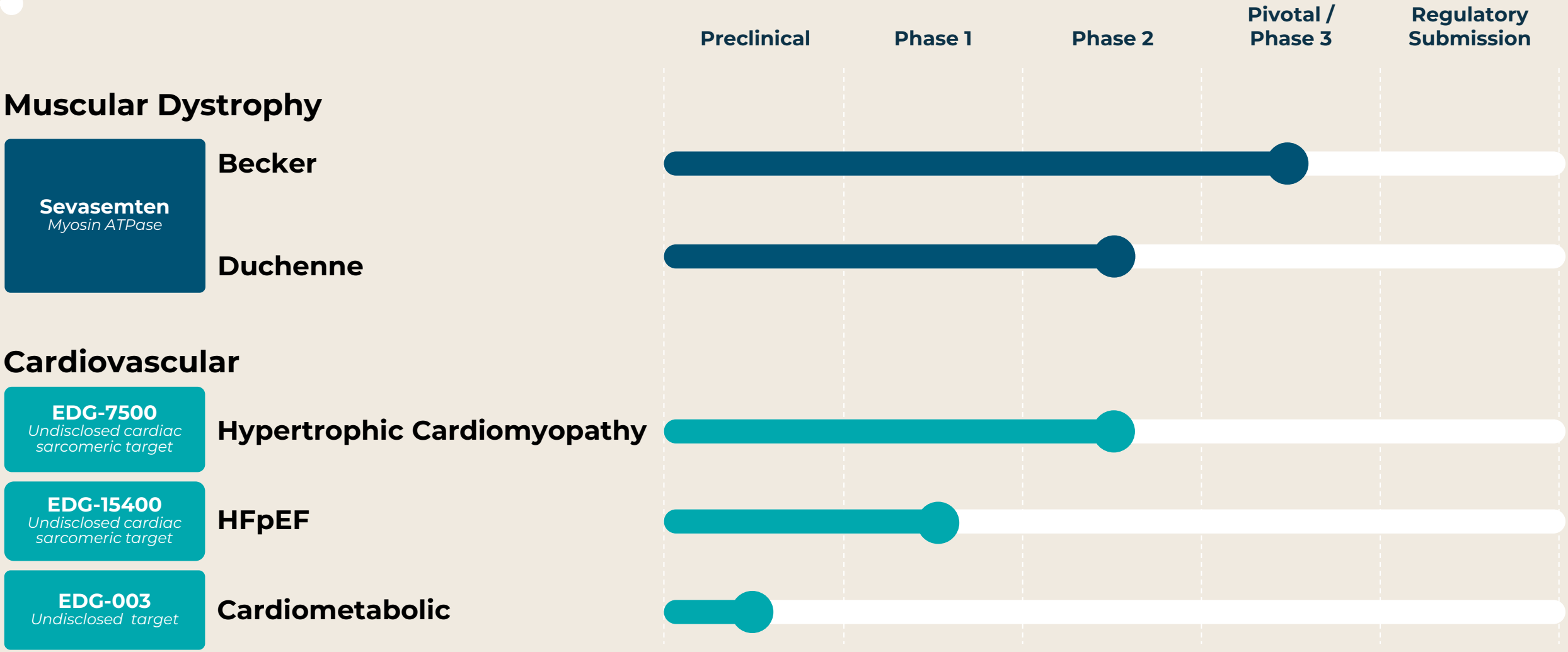
- Pipeline of novel therapeutics for muscular dystrophies and serious cardiac conditions

Strong 2025 Execution Positions 2026 as a Potentially Transformational Year for Edgewise

Positive Sevasemten Topline Data	❑ In Becker, completed enrollment of pivotal GRAND CANYON and reported positive top-line data from the MESA Phase 2 OLE ❑ In Duchenne, reported positive LYNX and FOX Phase 2 results
Positive EDG-7500 Topline Data in HCM	❑ Announced completion of CIRRUS-HCM 28-day Phase 2 Parts B & C ❑ Initiated CIRRUS-HCM 12-week Part D arm in oHCM and nHCM and announced favorable interim safety results
Progress Across CV Pipeline	❑ Initiated Phase 1 study with EDG-15400 in healthy adults, intended for future studies in HFpEF
Strong Financial Position	❑ Strengthened balance sheet with $200M financing ending the year with over half billion in cash and runway through 2028

Abbreviations: HCM, Hypertrophic cardiomyopathy; oHCM, obstructive hypertophic cardiomyopathy; nHCM, nonobstructive hypertrophic cardiomyopathy; Becker, Becker muscular dystrophy; Duchenne, Duchenne muscular dystrophy; HFpEF, Heart Failure with Preserved Ejection Fraction; OLE, open label extension

Our Pipeline



Abbreviations: Becker, Becker muscular dystrophy; Duchenne, Duchenne muscular dystrophy; HFpEF, Heart Failure with Preserved Ejection Fraction

Poised to Become a Commercial Company in 2027

Sevasemten Pivotal GRAND CANYON Data in Becker
Anticipated End of Year

Becker is a Devastating Disease With No Therapeutic Options

- **Becker is a rare, genetic, life-shortening, debilitating and degenerative neuromuscular disease**
- **Progressive contraction-induced muscle damage results in loss of skeletal muscle function, and severe disability**
- **Individuals with Becker lose mobility, function and independence in the prime of their lives**
- **There are currently no FDA approved therapies for Becker muscular dystrophy**

Abbreviations: Becker, Becker muscular dystrophy

Sevasemten is an Orally Administered First-in-Class Fast Skeletal Myosin Inhibitor

Unique MOA

Targets fast myosin; intended to protect dystrophic muscle against contraction-induced Injury

Addresses root cause of muscle breakdown

Intended to minimize progressive muscle damage that leads to functional impairment

Potential first ever therapy for Becker

Novel MOA, oral administration, generally safe and well tolerated across multiple trials

Abbreviations MOA, mechanism of action

Significant Clinical Experience with Sevasemten Drives Confidence in Pivotal GRAND CANYON

ARCH

Phase 1: 24-month Open Label Study (N=12)
COMPLETE

- Durable response
- 11 of 12 remain on therapy
- Longest exposure +4 yrs
- Well tolerated

DUNE

Phase 2: 16-weeks Placebo Controlled Exercise Challenge Study (N=9)
COMPLETE

- Significant reduction in biomarkers of muscle damage vs placebo
- Well tolerated

CANYON

Phase 2: 12-month Placebo Controlled Study (N=40 Adults)
COMPLETE

- Met primary endpoint reduction in CK
- NSAA stable over time with trend toward improvement vs placebo
- Well tolerated

GRAND CANYON

Pivotal Cohort: 18-month Placebo Controlled Study (N=175 Adults)
ACTIVE, Not Recruiting

- Primary endpoint powered at >98% to show a statistically significant NSAA difference at 18 months

MESA

Open-label extension study in adults/adolescents with Becker; **99% of eligible Becker trial participants** have chosen to enroll

Abbreviations: Becker, Becker muscular dystrophy

Even a 1-Point Decline in Function can Have Detrimental Effects on Individuals Living with Becker

For individuals living with Becker, preserving function and preventing even a **1-Point NSAA decline could look like:**

From using stairs or steps...

...to requiring assistance from another person or mobility device.

From using the toilet independently...

...to asking for help to get up from the toilet.

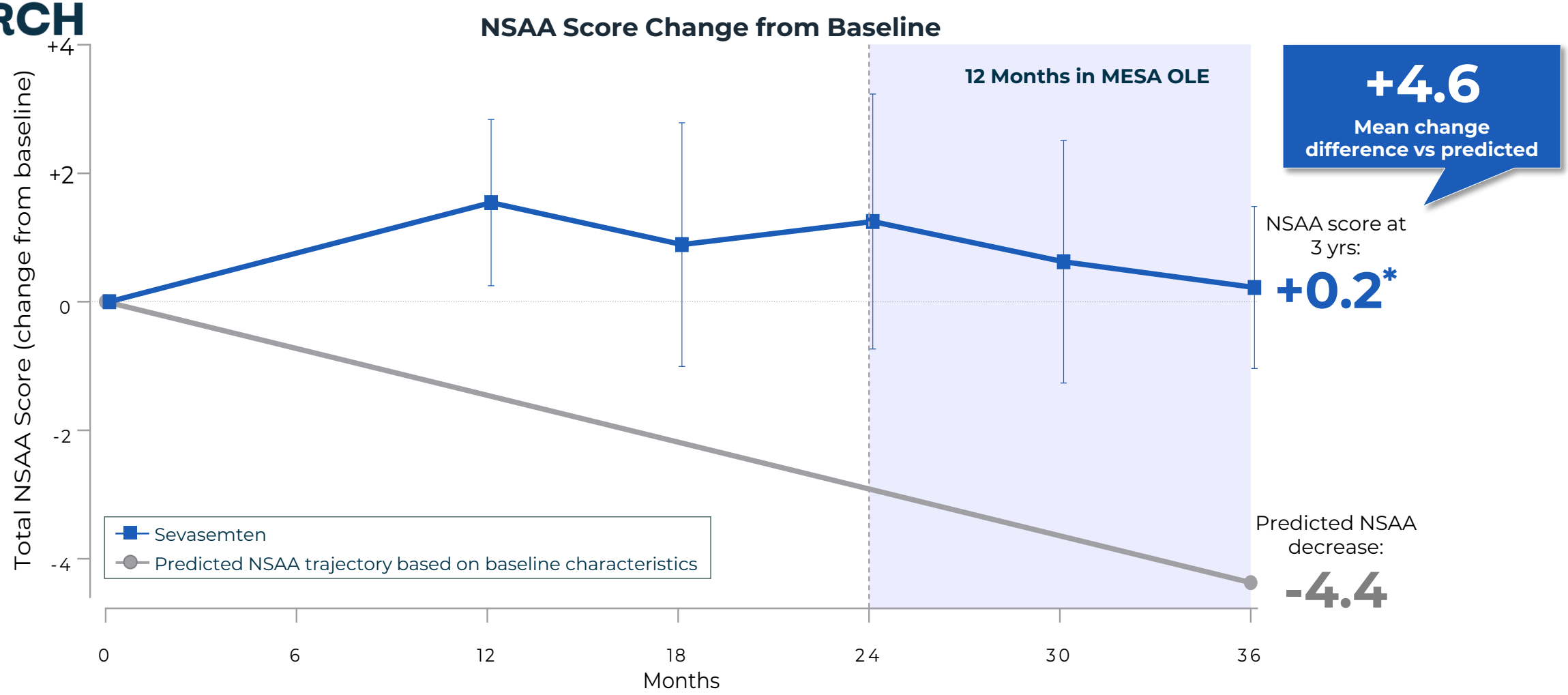
From being able to get up from a fall...

...to requiring someone else's help to get back up.

Abbreviations: NSAA, North Star Ambulatory Assessment; Becker, Becker muscular dystrophy

Sustained Stability in ARCH Participants After 3 Years of Treatment with Sevasemten vs a Predicted -4.4 Point Decline

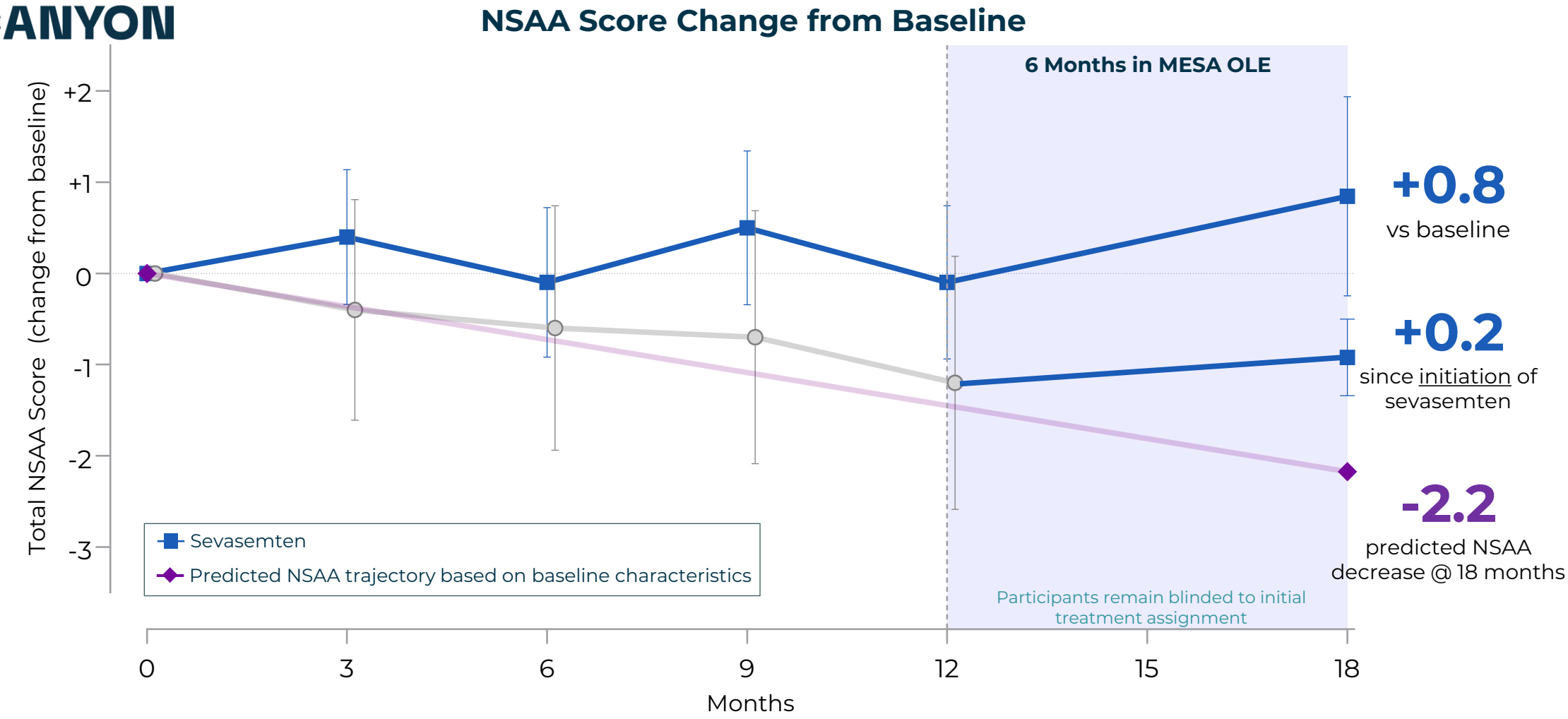
ARCH



*Data on file.
* Subject with meniscal tear at month 15 excluded from subsequent NSAA measures
Means and 95% CI shown for Safety Population. NHx comparators not available for time points earlier than 12 months
Abbreviations: NSAA, North Star Ambulatory Assessment; OLE, open label extension

After Transitioning to MESA, CANYON Participants Positively Diverged from Predicted NSAA Declines

CANYON

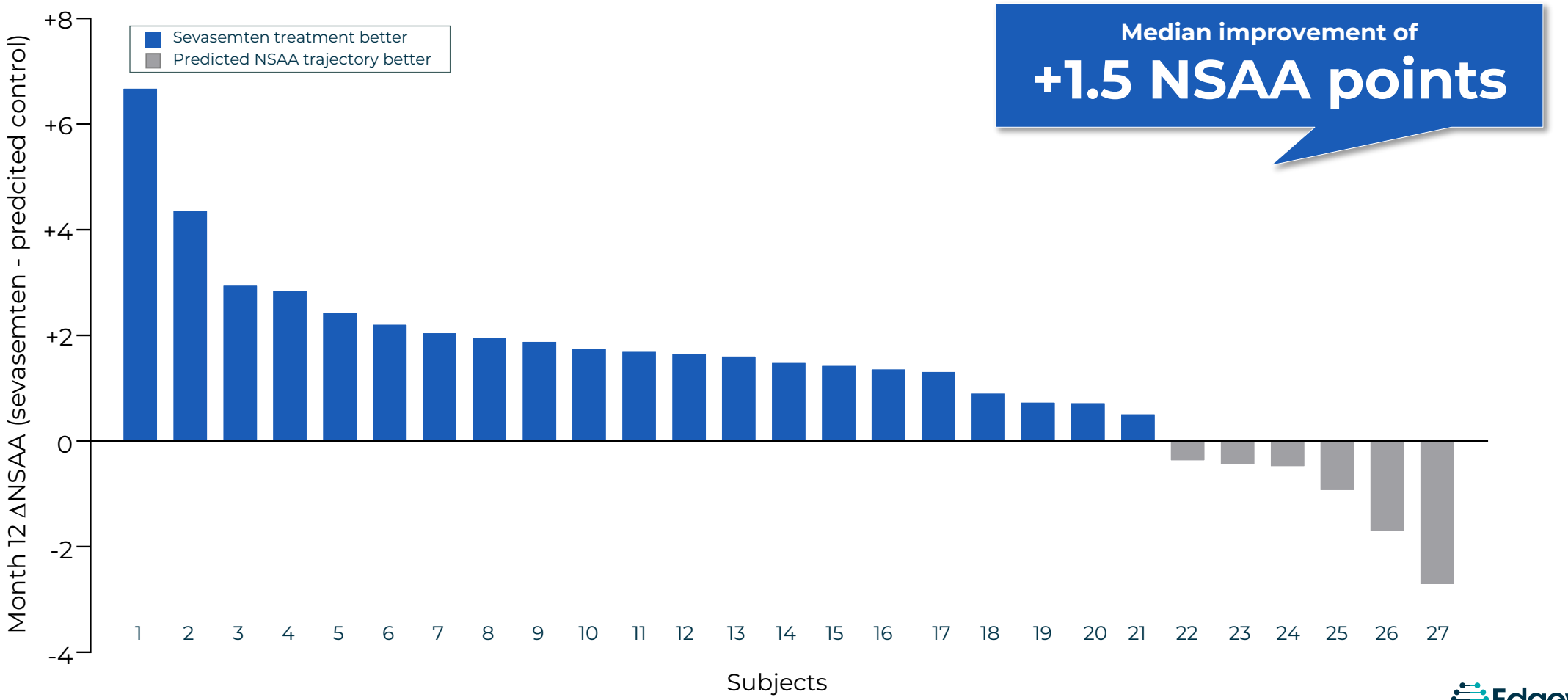


Through Month 12, LS Means and 95% CI shown for Safety Population
Post-Month 12 timepoints, observed means and 95% CI are presented
Abbreviations: NSAA, North Star Ambulatory Assessment; OLE, open label extension

21 of 27 of Patients Demonstrated a Greater Increase in NSAA Scores at Month 12 Compared to Their Predicted Trajectories

CANYON

Sevasemten Month 12 NSAA Observed-Predicted*
(predicted NSSA response normalized to zero)



Abbreviations: NSAA, North Star Ambulatory Assessment; OLE, open label extension
*Data not available for one sevasemten-treated participant

Mean Difference= 1.3 (p-value=0.0031)

Edgewise THERAPEUTICS

Sevasemten Observations to Date Reinforce Confidence in a Positive GRAND CANYON Readout in 4Q26

GLOBAL REGISTRATIONAL COHORT

PRIMARY ENDPOINT

NSAA at 18 months

KEY INCLUSION CRITERIA

Adult individuals with Becker with NSAA 5-32, not taking corticosteroids

ENROLLMENT

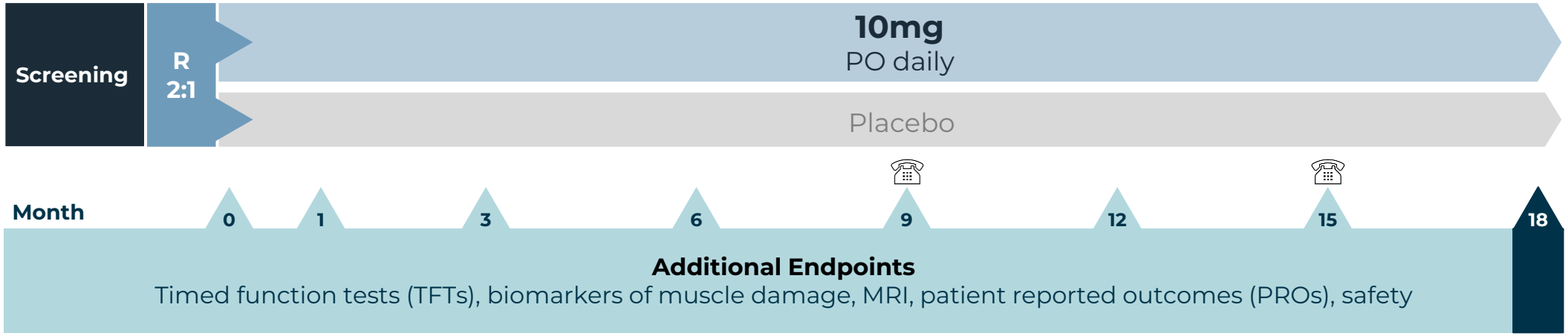
175

POWERED AT

>98%

for observing a significant difference assuming a mean NSAA difference of 1.7 points over placebo at 18 months

Study design - 18 months



Abbreviations: R, randomization; PO, by mouth; NSAA, North Star Ambulatory Assessment; MRI, magnetic resonance imaging

Commercial Activities Advancing to Ensure Successful Preparation of the Market, Organization and Brand

MARKET Readiness

Sharpening understanding of the Becker unmet need and executing targeted education to drive awareness and improve the patient journey in Becker

ORGANIZATION Readiness

Across Edgewise, building cross-functional capabilities, talent, and scalable operating infrastructure to support launch execution

BRAND Readiness

Advancing clinical evidence of sevasemten, defining the brand platform, and preparing to deliver value to patients, HCPs, and payers

COMMERCIAL ORGANIZATION FOCUS:

MARKETING

- Launch and go-to-market strategy
- Disease state education and awareness
- Brand building

MARKET ACCESS

- Value proposition and evidence package
- Payor engagement
- Distribution model
- Patient support strategy

MEDICAL AFFAIRS

- Thought leader engagement
- Medical education
- Scientific publications and congresses

PATIENT ADVOCACY

- Advisory & PAG engagement
- Disease state education
- Community events

SALES

- Targeting and customer segmentation
- Field force sizing and deployment
- Talent acquisition strategy

Our Early Commercial Planning Provides a Strong Foundation to Support a Substantial Market Opportunity in Becker

Large Prevalent Population

~ 6,000 Becker patients in the US;
>12,000 in major market

Sevasemten Initial Target Population

Ambulatory patients
diagnosed with Becker

Market Opportunity

Zero FDA approved therapies;
total potential Becker market
~$5 Billion

Enthusiasm for Sevasemten

Market research indicates **high degree of physician awareness of sevasemten** and **significant demand** for a Becker therapy

Survey Question:

"How likely would you be to reach out to patients who have been lost to follow-up if Product X (sevasemten) was approved?"

~90% of physicians
surveyed will reach out to their Becker patients previously lost to follow-up post-approval of sevasemten

Sources: Bluestar Primary Research and Analysis; Salari, Nader, et al. Journal of orthopedic surgery and research 17.1 (2022): 1-12; Theadom, Alice, et al. Neuroepidemiology 43.3-4 (2014); Pagola-Lorz, Inmaculada, et al. Orphanet Journal of Rare Diseases 14.1 (2019): 1-13; Nakagawa M, et al. Neuroepidemiology. 1991;10(4):185-191.

Poised to Win in HCM

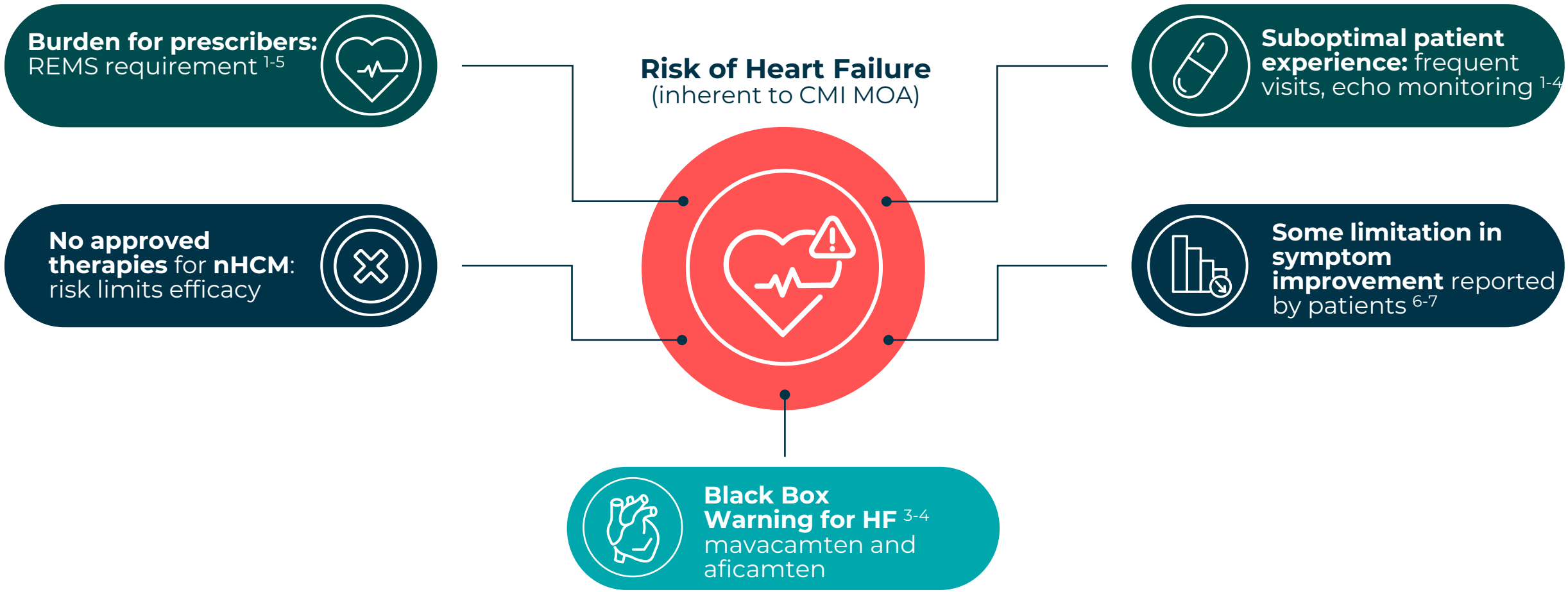
Strong ‘7500 Clinical Data and Differentiated MOA Drive Phase 3 Strategy to Unlock Broad Market Opportunity

Hypertrophic Cardiomyopathy (HCM) is a Severe Inherited Heart Disease

- **Severe and progressive, patients present with shortness of breath, fatigue and chest pains and are often misdiagnosed**
- **There are two forms of HCM, obstructive (oHCM) and nonobstructive (nHCM)**
- **Current targeted treatments are only approved for oHCM (none for nHCM) and have limitations due to their MOA**
- **A significant unmet need remains for therapies without a HF risk, able to improve symptoms and enhance QoL**

Abbreviations: MOA, mechanism of action; QoL, quality of life; HF, heart failure

Unmet Need Remains High in HCM Due to Intrinsic Mechanistic Limitations of CMIs



Abbreviations: HCM, hypertrophic cardiomyopathy; nHCM, nonobstructive hypertrophic cardiomyopathy; oHCM, obstructive hypertrophic cardiomyopathy; CMI, cardiac myosin inhibitor; REMS, risk evaluation and mitigation strategies; MOA, mechanism of action; HF, heart failure

1. Ommen SR et al. *Circulation*. 2024;149(23):e1239-e1311; 2. Maron MS et al. *N Engl J Med.* 2024;390:1846-61; 3. CAMZYOS [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; 2023; 4. MYQORZO [package insert]. South San Francisco, CA: Cytokinetics; 5. Olivotto I et al. *Lancet*. 2020;396(10253):759-769. 6. Edgewise market research 7. Guidepoint interviews with CAMZYOS prescribers.

EDG-7500 is a Cardiac Sarcomere Modulator

Minimal Changes in LVEF*

EDG-7500 is designed to avoid excessive drops in systolic performance

In clinical studies to date this has translated into no clinically meaningful changes in LVEF or reductions in LVEF to below <50%

Novel MOA*

Slows contraction and enhances relaxation, without inhibiting peak myosin contractile force, which improves overall diastolic function

Emerging Clinical Profile

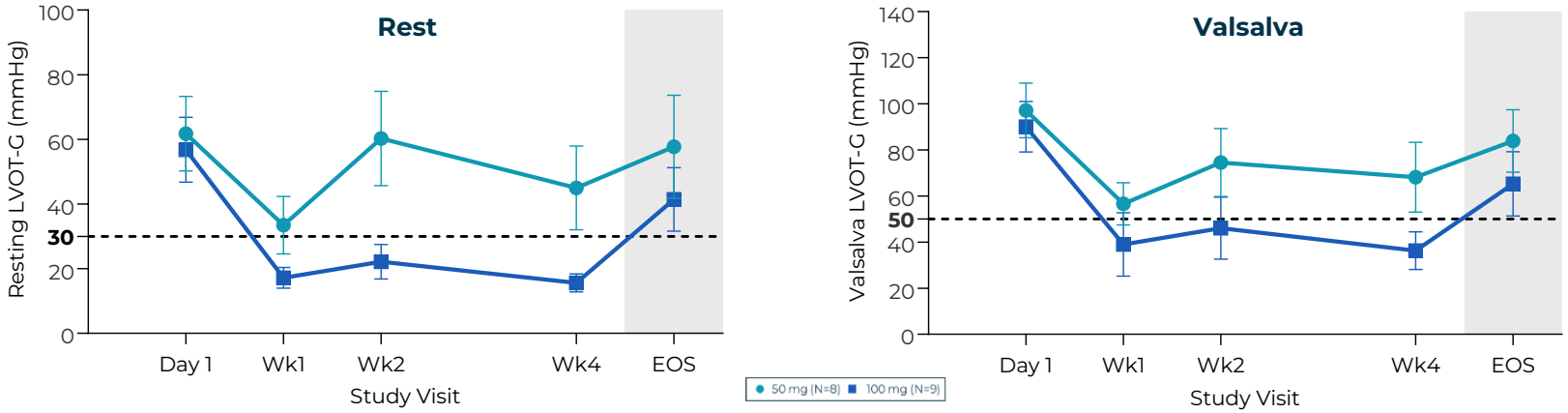
Encouraging preclinical and clinical results to date support a differentiated LVEF profile and positive patient-reported feel and function results

* Based on preclinical and clincal data with EDG-7500
Abbreviations: HCM, hypertrophic cardiomyopathy; LVEF, left ventricular ejection fraction; MOA, mechanism of action

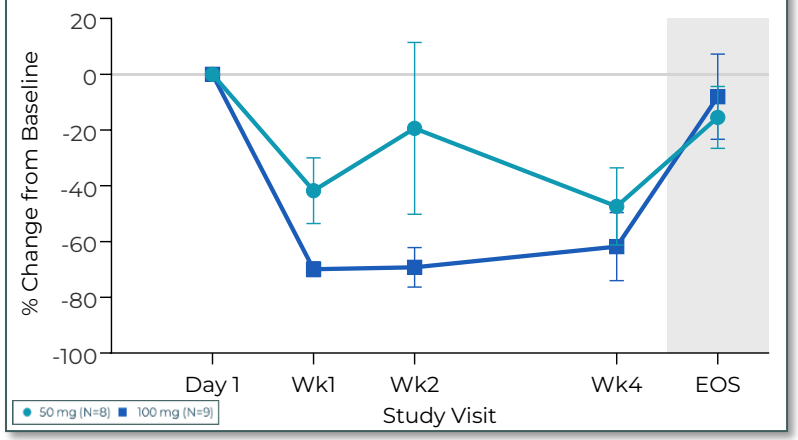
Administration of Fixed Dose ‘7500 Demonstrated Rapid, Multi-Domain Improvement Across HCM Clinical Manifestations

oHCM

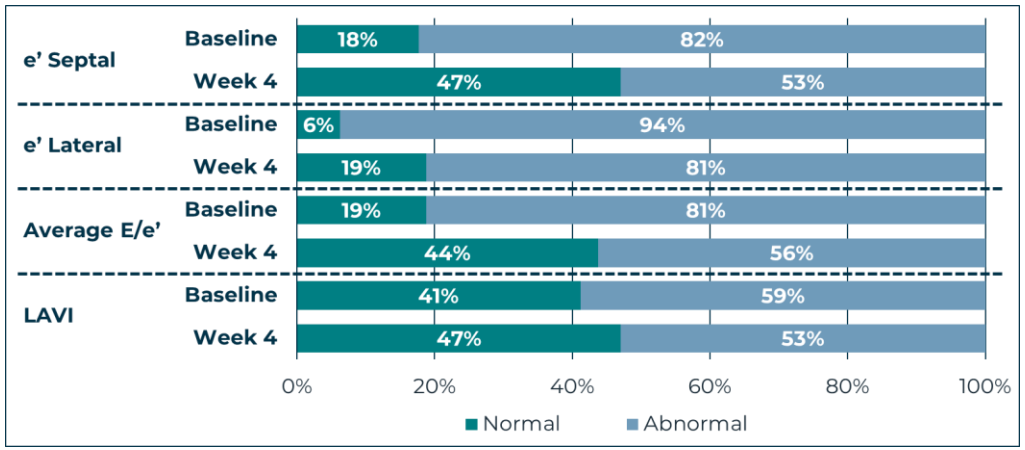
~89% of oHCM Patients Showed a Complete LVOT-G Response at 100 mg

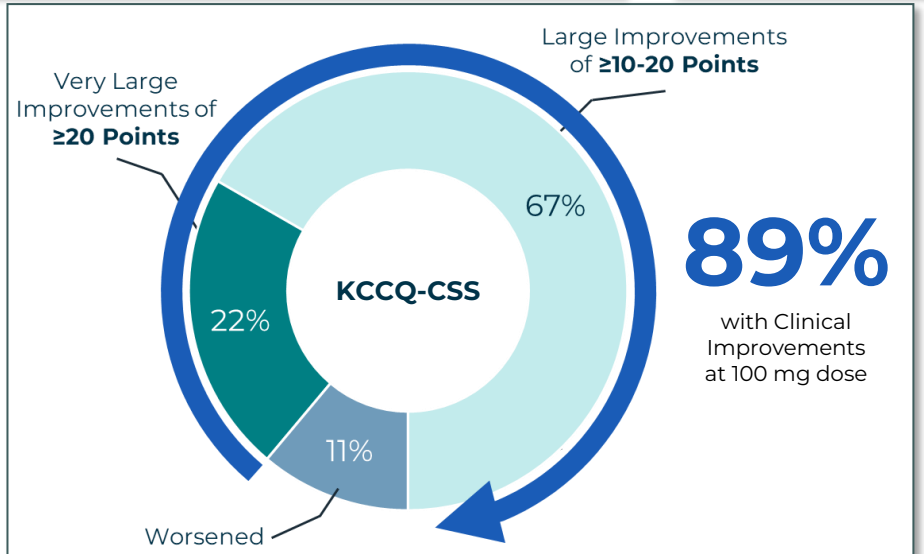


56% achieved NT-proBNP <150 pg/mL at 100mg



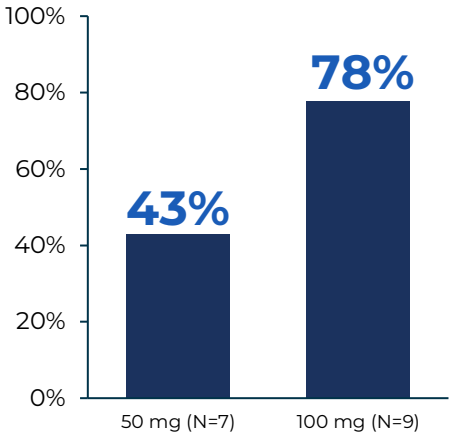
Improvements in LV Diastolic Function





89%
with Clinical Improvements at 100 mg dose

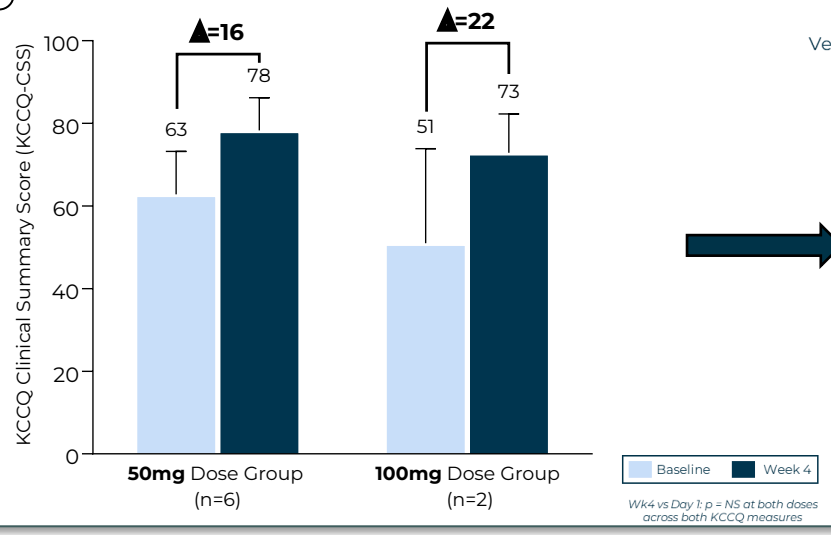
Patients achieving **≥ 1 NYHA Class improvement**

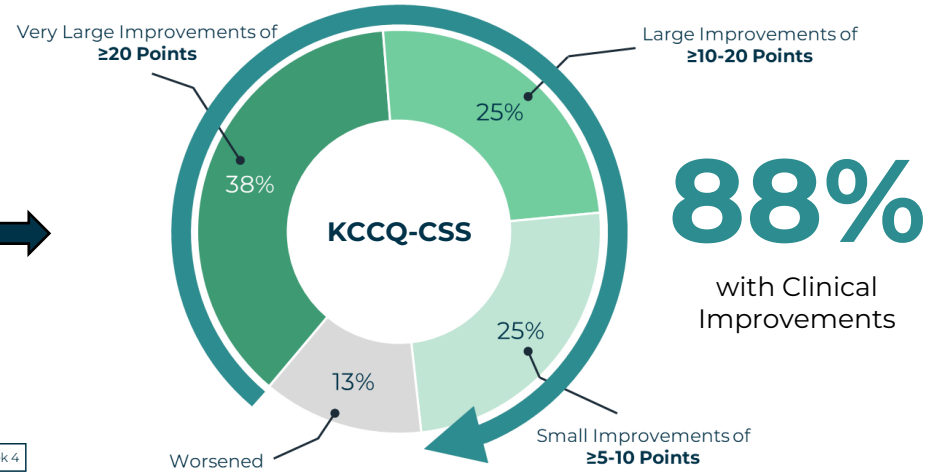


Mean ± SEM
* Represents 7 individuals who were evaluated for NYHA at week 4
5 participants had either resting gradients <30 mmHg or Valsalva gradients <50 mmHg on Day 1; ** % reaching LVOT criteria based on N=7 and N=9 participants with Week 4 data at 50 mg and 100 mg respectively; Complete LVOT-G response defined as resting and Valsalva gradients <30 mmHg and <50 mmHg, respectively.
EOS, end of study; KCCQ-CSS, Kansas City Cardiomyopathy Questionnaire; KCCQ-CSS, KCCQ-Clinical Summary Score; LVOT-G, left ventricular outflow tract gradient; NT-proBNP, N-terminal pro-B-type natriuretic peptide; NYHA, New York Heart Association oHCM, obstructive hypertrophic cardiomyopathy.

88% of nHCM Participants Treated with ‘7500 had a KCCQ-CSS Clinical Improvement

nHCM

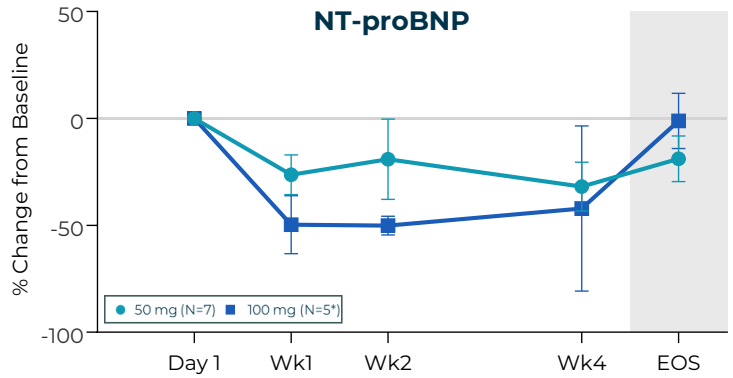




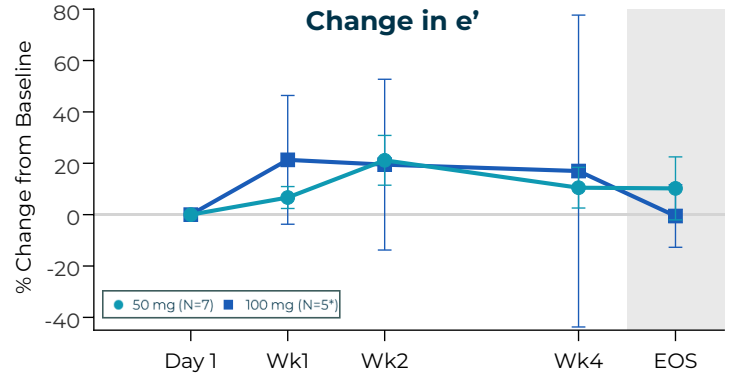
88%
with Clinical Improvements

Robust absolute improvements in KCCQ-CSS

55% reduction in NT-proBNP by Week 1



Rapid e’ Changes in as Early as One Week



EOS, end of study; KCCQ-CSS, Kansas City Cardiomyopathy Questionnaire; KCCQ-CSS, KCCQ-Clinical Summary Score; KCCQ-OSS, Overall Summary Score; NT-proBNP, N-terminal pro-B-type natriuretic peptide; NYHA, New York Heart Association nHCM, nonobstructive hypertrophic cardiomyopathy
Edgewise Therapeutics – Data on file; Means ± Std Err presented
* 2 patients at 4 weeks
Note: To-date, no head-to-head comparisons of any other products to any of our product candidates in any clinical trial have been completed; results have been obtained from different trials with different designs, endpoints and patient populations; results may not be comparable.
Ahmad Masri Presentation at World Congress on Acute Heart Failure, 20 May 2023: Evaluation of Aficamten in Patients with Symptomatic N on obstructive Hypertrophic Cardiomyopathy: REDWOOD HCM Cohort 4; Ho C et al., JACC, Volume 75, Issue 21, 2 June 2020, Pages 2649-2660

CIRRUS-HCM Part D, a 12-Week Study of ‘7500 in Both oHCM and nHCM

CIRRUS-HCM

Open-Label Study to Evaluate the Safety, Tolerability, PK, and PD of EDG-7500 in Adults With HCM

PRIMARY ENDPOINT

Safety

PART D – KEY INCLUSION CRITERIA

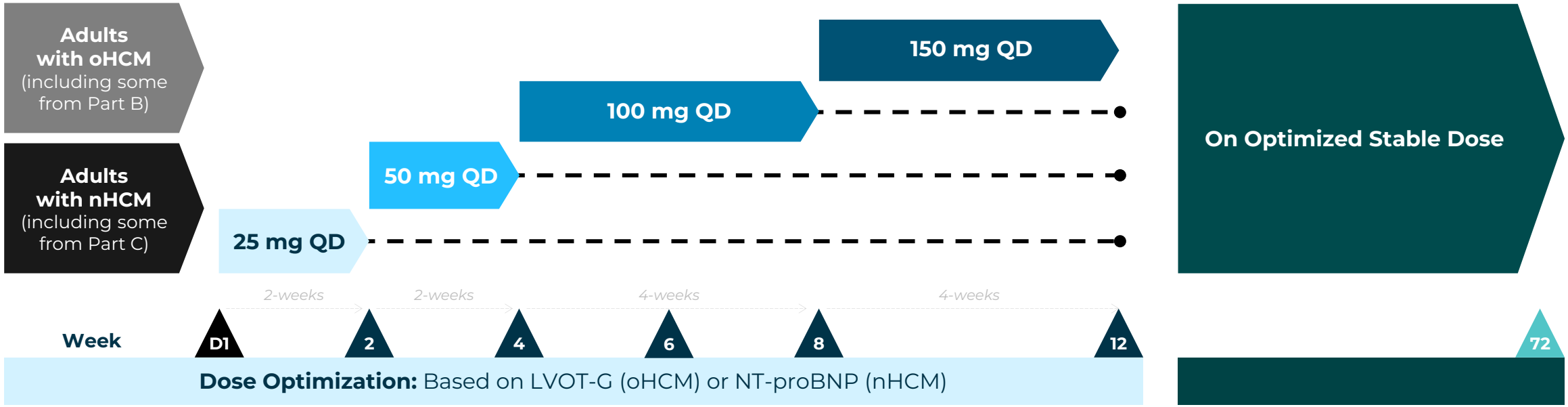
NYHA II-III, KCCQ-CSS < 85, LVEF ≥ 0.60, NT-proBNP ≥300 pg/mL
oHCM: LVOT-G ≥ 50 mmHg at rest or Valsalva
nHCM: LVOT < 30 mmHg at rest and Valsalva < 50 mmHg

ENROLLMENT TARGET

50-60

Part D: 12 weeks goal-directed dose escalation to optimize efficacy and tolerability

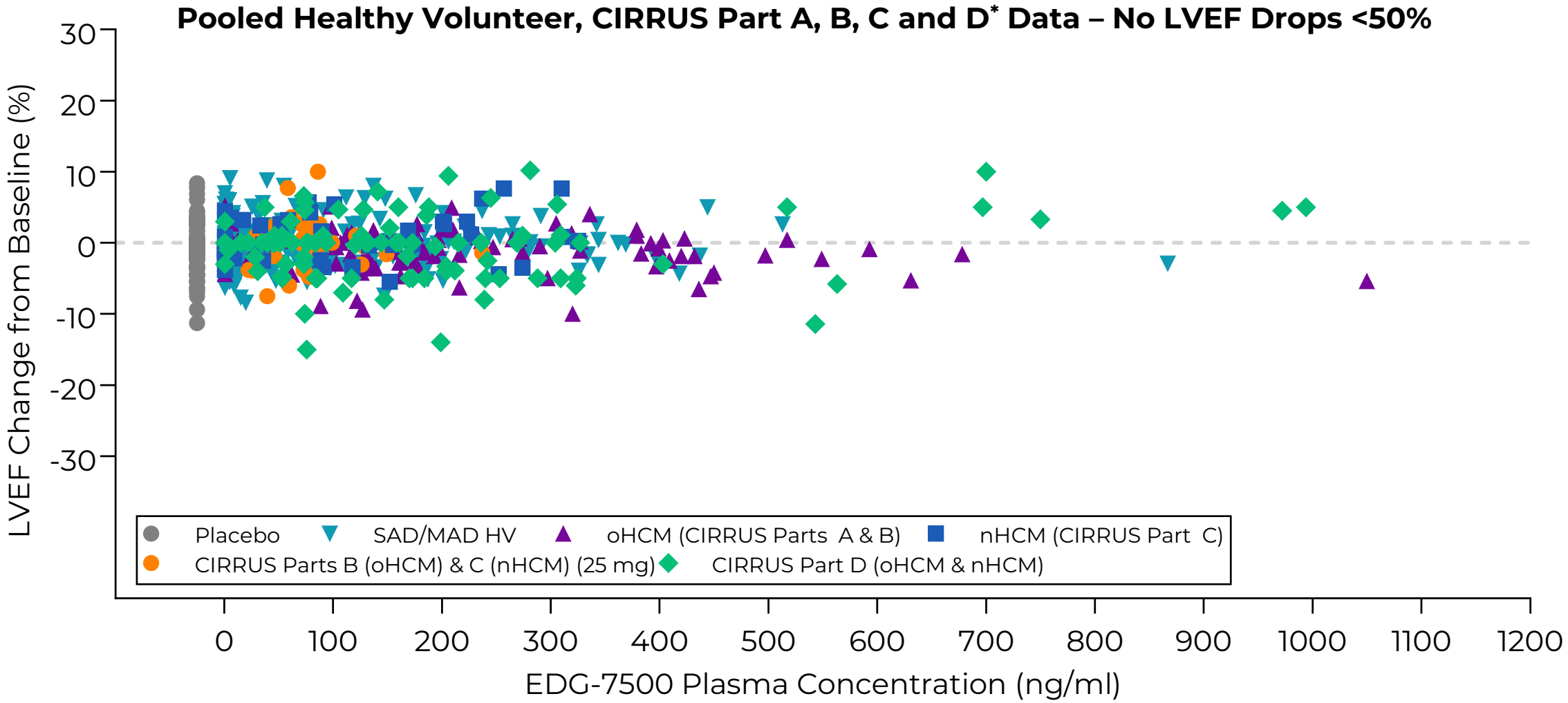
Long-Term Extension



▲ Efficacy assessments: NT-proBNP, Cardiac Troponin I, KCCQ, NYHA and LVOT-G (oHCM only); LVEF also assessed

Abbreviations: LVOT, left ventricular outflow tract; NYHA, New York Heart Association; KCCQ, Kansas City Cardiomyopathy Questionnaire; LVEF, left ventricular ejection fraction; PK, pharmacokinetic; PD, pharmacodynamic; QD, once daily; HCM; hypertrophic cardiomyopathy; oHCM, obstructive hypertrophic cardiomyopathy; nHCM, nonobstructive hypertrophic cardiomyopathy

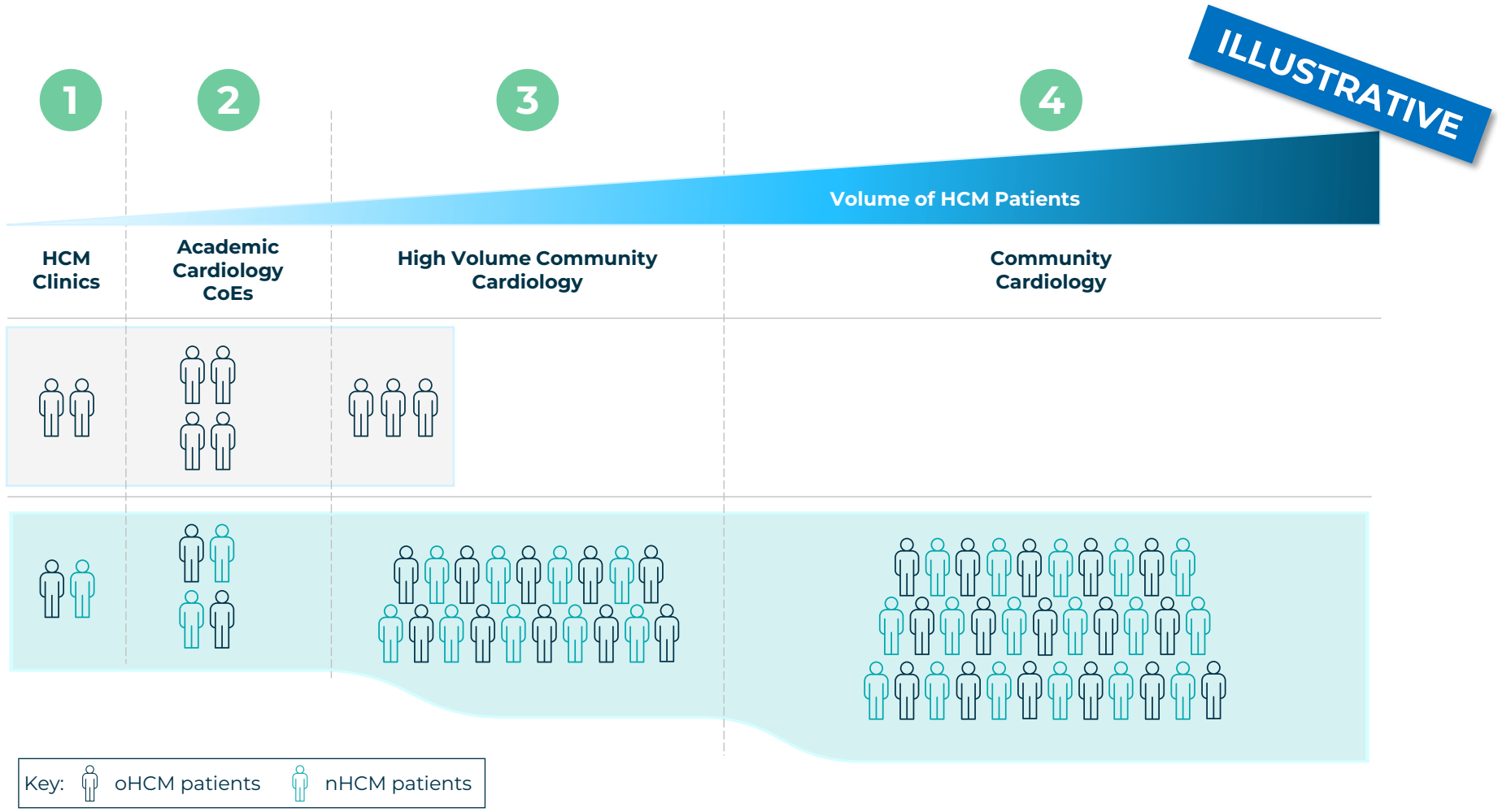
No Correlation Observed Between ‘7500 Plasma Concentration and LVEF Change Across a Broad Exposure Range



Data cutoff date: 2025-12-23
Healthy volunteers received doses of placebo or 5-300 mg in the SAD and placebo or 25-100 mg in the MAD
CIRRUS Part A participants received single doses of 50 mg, 100 mg and 200 mg; CIRRUS Part B and C participants received fixed dose of either 25 mg, 50 mg or 100 mg; CIRRUS Part D participants received 25-200 mg
* Part D data based on site read echos; pending core lab data
Abbreviations: LVEF, left ventricular ejection fraction; SAD, single ascending dose; MAD, multiple ascending dose; HCM, hypertrophic myopathy; oHCM, obstructive HCM; nHCM, nonobstructive HCM; HV, healthy volunteers

‘7500’s TPP Uniquely Resonates with Broader Range of Prescribers Including General Cardiologists and KOLs at COEs

HCM Patients Managed by Cardiologists



Source: Bluestar Market Research; Edgewise Blinded Guidepoint Interviews
Abbreviations: LVEF, left ventricular ejection fraction; HCM, hypertrophic myopathy; oHCM, obstructive HCM; nHCM, nonobstructive HCM; CMI, cardiac myosin inhibitor; KOL, key opinion leader; COE, center of excellence; TPP, target product profile

A Lack of Systolic Liability and Favorable Diastolic Properties ("*Lusitropy*") Could Allow '7500 to Capitalize on the HCM Market

Large Prevalent Population

~165K symptomatic HCM patients in US;
~125K oHCM and ~40K nHCM (and growing!)

EDG-7500 Target Population

Symptomatic oHCM / nHCM
across all clinical settings where HCM patients are managed

Market Opportunity

Zero approved therapies in nHCM; total potential HCM market **~$10 Billion**

Enthusiasm for 7500

Unmet need in HCM **remains high** due to logistics and safety requirements of CMI's

> *"With this type of safety profile, you're already out ahead of what is available."*
> - Cardiologist

Survey Question:

Consider a future world where additional treatment options are available for HCM. **What factors would most likely influence your decision** to select a specific treatment for your HCM patients?

Top three attributes associated with EDG-7500:

- *Efficacy in oHCM & nHCM*
- *Favorable LVEF profile; potential for no REMs*
- *Well-tolerated*

- Survey Respondents

Source: Bluestar Primary Research and Analysis;
Abbreviations: HCM; Abbreviations: HCM; hypertrophic cardiomyopathy; oHCM, obstructive hypertrophic cardiomyopathy; nHCM, nonobstructive hypertrophic cardiomyopathy; LVEF, left ventricular ejection fraction; REMS, risk mitigation and

Strong Financial Position:

Well Capitalized to Execute Critical Value Generating Milestones

Well-Capitalized to Execute Across Sevasemten, EDG-7500 and EDG-15400 Programs

CASH, CASH EQUIVALENTS & MARKETABLE SECURITIES*

~$563M

DEBT

$0

COMMON SHARES OUTSTANDING (NASDAQ: EWTX)

~105M

CASH RUNWAY EXPECTED THROUGH 2028

*As of September 30, 2025

Edgewise Pipeline is Rich in Anticipated Near-Term, Value-Creating Catalysts

		H1 2026	H2 2026	H1 2027
Muscular Dystrophy **Sevasemten**	**Becker**		GRAND CANYON Registrational Cohort Readout	NDA Submission
	Duchenne		P3 Trial Planning and Initiation	
Cardiac	**Hypertrophic Cardiomyopathy**	P2 CIRRUS-HCM Part D in oHCM & nHCM	EDG-7500 P3 Initiation oHCM & nHCM	
	Heart Failure	P1 EDG-15400 HV Data	EDG-15400 P2 Initiation in HFpEF	EDG-15400 P2 Data in HFpEF

Abbreviations: HV, healthy volunteers; oHCM, obstructive hypertrophic cardiomyopathy; nHCM, non-obstructive hypertrophic cardiomyopathy; CV, cardiovascular; HFpEF, Heart Failure with Preserved Ejection Fraction; NDA, New Drug Application

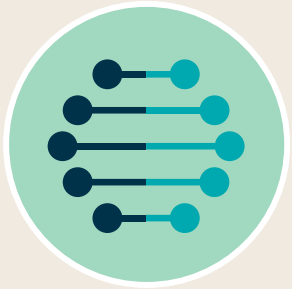
Building Blocks in Place to Deliver Against Two Highly Differentiated Late-Stage Clinical Programs in 2026

SEVASEMTEN

Transforming into a commercial-ready company in preparation for a potential first-in-disease launch in Becker

EDG-7500

Plan and execute a Phase 3 program to unlock the opportunity across a broad HCM population



WELL CAPITALIZED

Poised to independently execute across all value generating milestones in both Becker and HCM

Leaders in Muscle Disease Science

Headquartered in beautiful **Boulder, Colorado,** with expert teams spanning the globe, we are dedicated to our mission: changing the lives of patients and families affected by serious muscle diseases