Second Quarter 2024 Results Call

Corporate Update & Financial Results

August 5, 2024





Forward-looking statements

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Corporate update

Jon Stonehouse

President and Chief Executive Officer

ORLADEYO® update

Charlie Gayer

Chief Commercial Officer

Financial update

Anthony Doyle

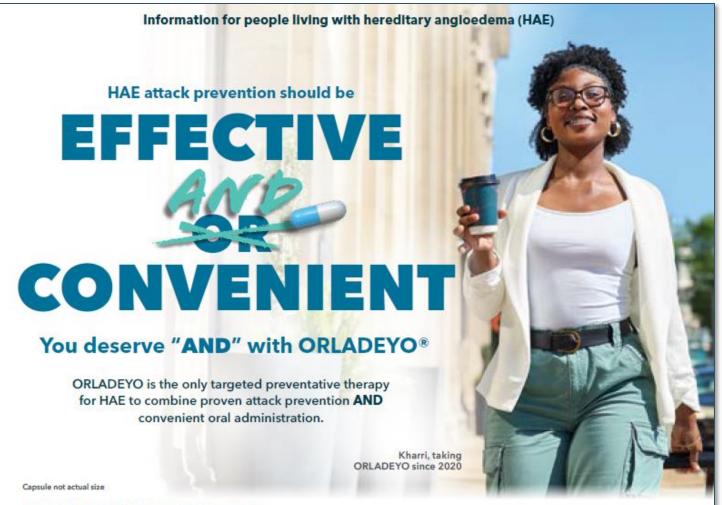
Chief Financial Officer

Q&A



Capsule not actual size





WHAT IS ORLADEYO® (berotralstat)?

ORLADEYO (or-luh-DAY-oh) is a prescription medicine used to prevent attacks of hereditary angioedema (HAE) in adults and children 12 years of age and older. It is not known if ORLADEYO is safe and effective in children under 12 years of age.

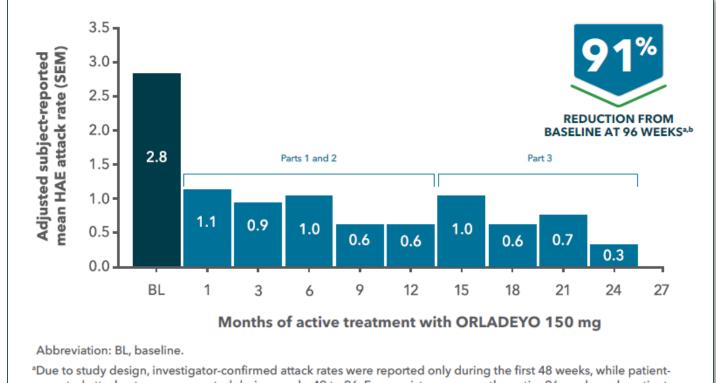
It is not known if ORLADEYO is safe and effective to treat an acute HAE attack, therefore ORLADEYO should not be used to treat an acute HAE attack.

Do not take more than one capsule of ORLADEYO per day because extra doses can cause heart rhythm problems.

Please see <u>Important Safety Information</u> on <u>page 13</u> and accompanying <u>full Prescribing Information</u>, including the <u>Patient Information</u>.



ORLADEYO demonstrated long-lasting effectiveness through 96 weeks of treatment



^aDue to study design, investigator-confirmed attack rates were reported only during the first 48 weeks, while patient-reported attack rates were reported during weeks 49 to 96. For consistency across the entire 96 weeks, only patient-reported attack rates are reported. For analysis purposes, 1 month was defined as 4 weeks of treatment.¹⁰

^bAdjusted patient-reported attack rates were defined as the total number of adjusted patient-reported HAE attacks experienced in a period, adjusted for the length of a month (defined as 28 days) and the number of days during that period.¹⁰

SELECT IMPORTANT SAFETY INFORMATION

Berotralstat is a substrate of P-glycoprotein (P-gp) and breast cancer resistance protein. P-gp inducers (eg, rifampin, St. John's wort) may decrease berotralstat plasma concentration, leading to reduced efficacy of ORLADEYO. The use of P-gp inducers is not recommended with ORLADEYO.

GI adverse events typically resolve quickly

APeX-2 part 1 (0-24 weeks)

The most common^a treatment-emergent adverse reactions were abdominal pain, vomiting, diarrhea, back pain, and GERD in APeX-2 part 1

Adverse reactions	Placebo (n=39)	ORLADEYO 110 mg (n=41)	ORLADEYO 150 mg (n=40)
		n (%)	
Abdominal pain ^b	4 (10)	4 (10)	9 (23)
Vomiting	1 (3)	4 (10)	6 (15)
Diarrheac	0	4 (10)	6 (15)
Back pain	Back pain 1 (3)		4 (10)
GERD	GERD 0		2 (5)

No patients in the ORLADEYO 150 mg dose group and 1 patient in the ORLADEYO
 110 mg dose group discontinued treatment due to a GI adverse reaction

APeX-2 part 3 (48-96 weeks)

- No new safety signals were seen in patients who continued ORLADEYO for 96 weeks
- In APeX-2 part 3 (n=81), the most common TEAEs were nasopharyngitis, urinary tract infection, abdominal pain, arthralgia, coronavirus infection, and diarrhea
- One patient treated with ORLADEYO 150 mg discontinued treatment due to a GI abdominal adverse reaction



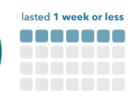
Most GI TEAEs resolved within 1 week

APeX-2 part 1 (0-24 weeks)

Among 43 total GI abdominal TEAEs observed in the ORLADEYO® 150 mg group:

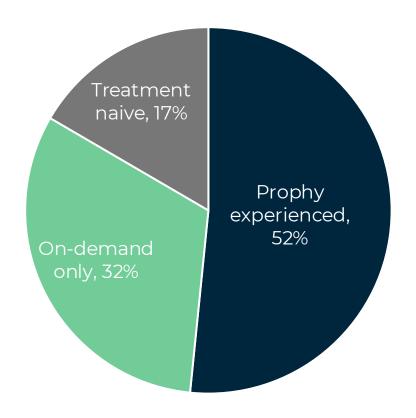






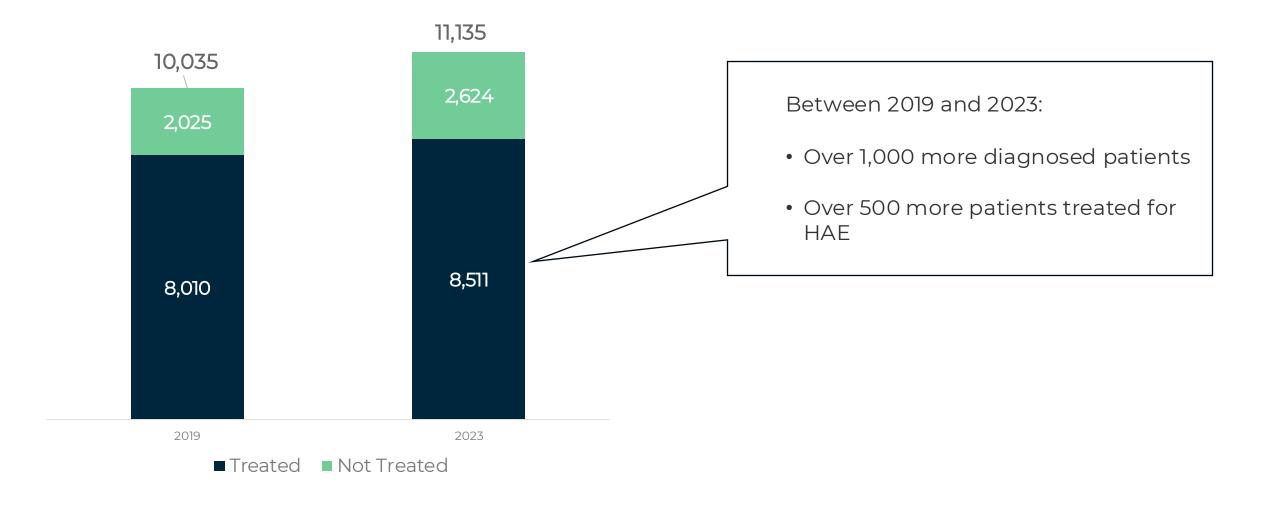
- 20/40 patients experienced at least 1 GI abdominal TEAE
- If GI reactions persist, a reduced dosage of 110 mg once daily with food may be considered

Over 50% of patients trying ORLADEYO launch-to-date had prior experience on another prophy therapy



Source: Specialty Pharmacy patient-reported data through June 3, 2024, supplemented with 2015-2024 administrative claims data.

The HAE market of diagnosed and treated patients continues to grow



Patient retention is high launch-to-date, regardless of prior therapy

	3 rd ship	6 th ship	12 th ship
Prior prophy	91%	77%	61%*
Prophy naive	91%	80%	67%

*63% of patients switching from lanadelumab remain on ORLADEYO for at least 12 monthly shipments, including those reporting zero attacks at baseline



Claims data show ORLADEYO 12-months persistence of 61% is not different from other LTP products

Persistence defined as no gap in refills of greater than 45 days after a patient initiates therapy



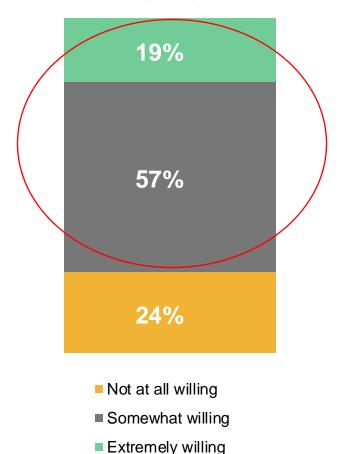
MARKET RESEARCH: 1 in 2 injectable prophy users prefers oral ROA, 3 in 4 are willing to switch

PREFERENCE AMONG CURRENT INJECTABLE PROPHY USERS (n=120)



- Prefers oral prophy admin
- No preference
- Prefers injection/infusion prophy admin

WILLINGNESS TO SWITCH HAE LTP AMONG CURRENT INJECTABLE PROPHY USERS (n=120)



Top reasons patients prefer oral prophylaxis



Avoid unpleasantness of using needles



Enhances and normalizes quality of life



Ease of use and convenience

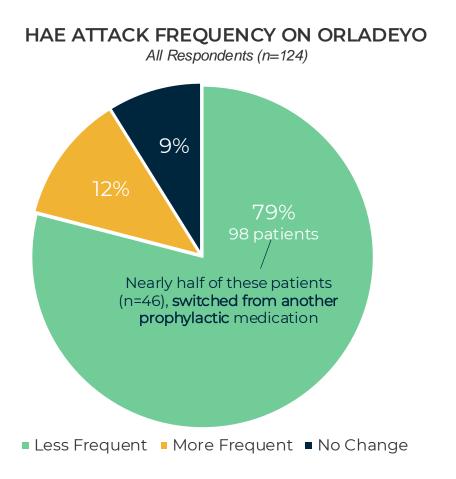


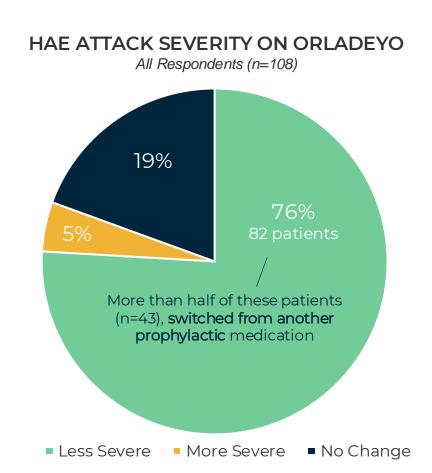
Faster administration



Easy to carry and travel with

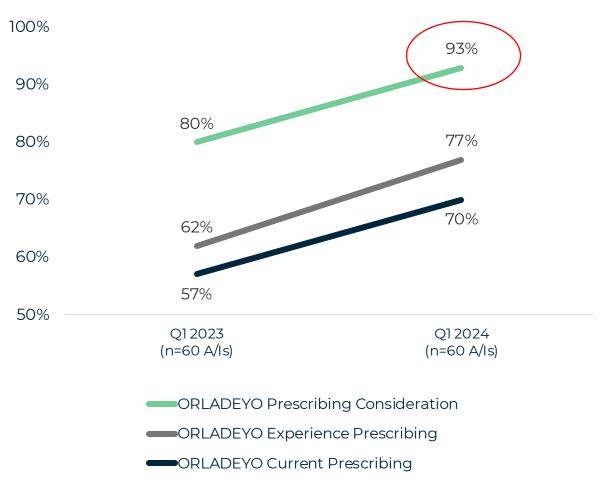
MARKET RESEARCH: 4 out of 5 patients report having fewer attacks after starting ORLADEYO and 3 out of 4 report less severe attacks



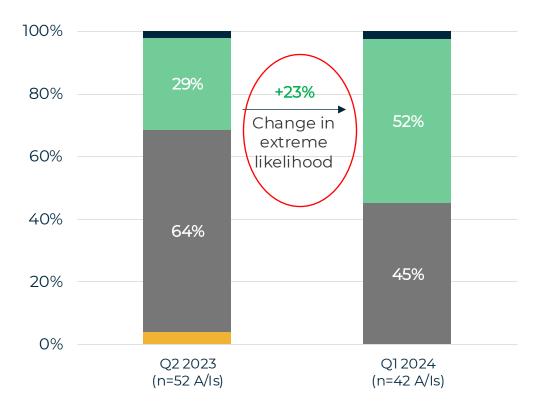


MARKET RESEARCH: Allergist/Immunologist intent to prescribe has increased strongly since the first half of 2023

ORLADEYO PRESCRIBING METRICS



LIKELIHOOD TO PRESCRIBE ORLADEYO TO MORE PATIENTS



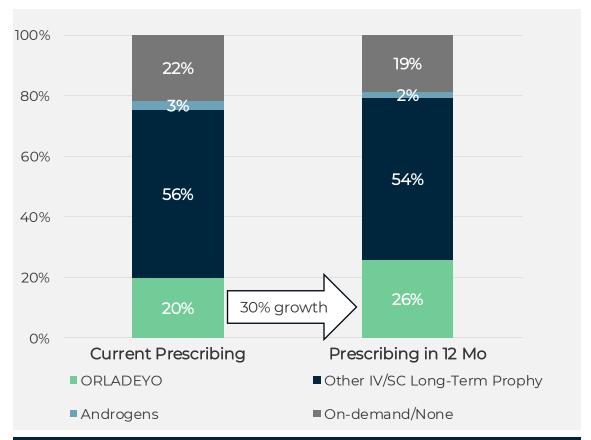
- Not sure
- Extremely likely to prescribe ORLADEYO to more patients
- Somewhat likely to prescribe ORLADEYO to more patients
- Not at all likely to prescribe ORLADEYO to more patients



MARKET RESEARCH: Intent to prescribe more ORLADEYO remains consistent, with prescriptions coming mostly from prophylactic switches

ALLERGIST-IMMUNOLOGISTS (A/IS) PRESCRIBING - 2023

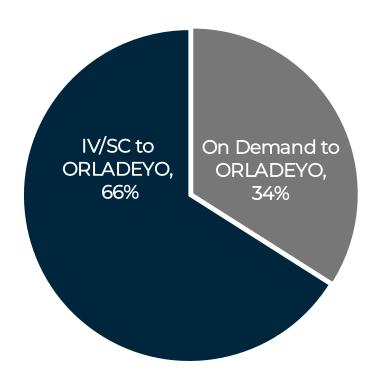
(n=154 unique A/Is managing ~1,300 HAE patients)



Future **ORLADEYO** prescribing has been **consistent throughout all of 2022-23**

SOURCE OF FUTURE NEW ORLADEYO PRESCRIPTIONS - 2024

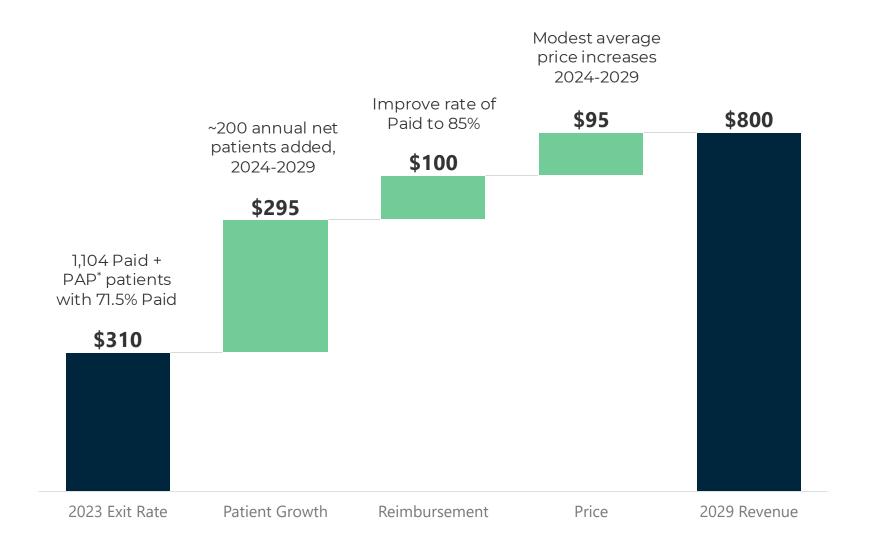
(n=154 unique A/Is managing ~1,300 HAE patients)



A/Is expect future new ORLADEYO prescriptions to come ~2/3 from prophylaxis switches and ~1/3 from On-Demand Only



Path to \$800M US revenue in 2029



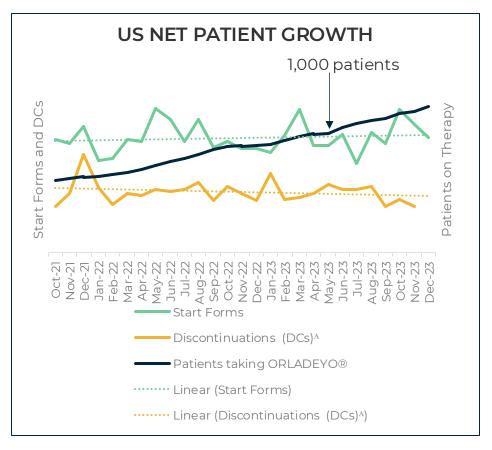
ASSUMPTIONS

- 15-20% gross-to-net on Paid shipments
- Compliance in low-90s%

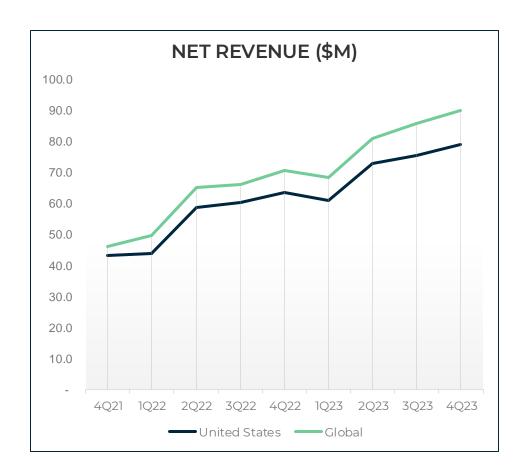


^{*} PAP is the company's long-term patient assistance program

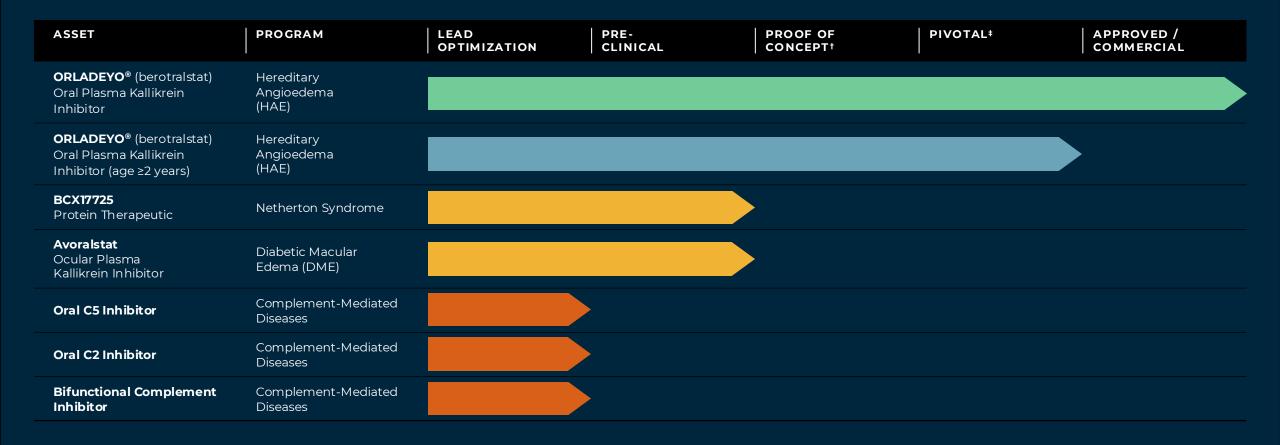
Revenue \$326M through 2023 (third year) and growing



A – Discontinuations are dated to 30 days after the last shipment of ORLADEYO $^{\scriptsize (B)}$ to a patient.



Our pipeline





Program milestones

ASSET	2024	2025	2026	2027	2028
ORLADEYO® (berotralstat) Oral Plasma Kallikrein Inhibitor (age ≥2 yrs)		Submit for approval	•		
BCX17725 Protein Therapeutic	Initiate phase 1	Start POC	POC data		
Avoralstat Ocular Plasma Kallikrein Inhibitor		Start POC	POC data		
Oral C5 Inhibitor	Select lead molecule	Initiate phase 1	Start POC	POC data	•
Oral C2 Inhibitor		Select lead molecule	Initiate phase 1	Start POC	POC data
Bifunctional Complement Inhibitor CP, LP, AP Inhibition	Select lead molecule	Initiate phase 1	Start POC	POC data	

Uniquely positioned to create sustainable value



Company does not intend to raise any additional funds, including not drawing the additional \$150M in debt available from Pharmakon

Finance summary

(FIGURES IN MILLIONS)

Q2 2024 CASH POSITION		
Cash, cash equivalents, restricted cash & investments at December 31, 2023		
Cash, cash equivalents, restricted cash & investments at March 31, 2024	\$338	
Cash, cash equivalents, restricted cash & investments at June 30, 2024	\$338	
Senior credit facility ^A		
2024 FY GUIDANCE		
ORLADEYO revenue	\$420-435	
Operating expenses (excluding non-cash comp)	\$365-375	

A – From Pharmakon Advisors, \$300M drawn at issuance in Q2 2023. The \$324M balance above represents \$300M initial issuance plus PIK interest to-date (eligible to PIK 50% per quarter for first six quarters).

Traditional debt and royalty breakdown

	June 30,	December 31,
	2024	2023
Royalty financing obligations - current	28,974	23,565
Royalty financing obligations - long-term	494,659	508,034
Total royalty financing obligations	523,633	531,599
Secured term loan	31 3,822	303,231

	Traditional Debt	Commercial Royalty	
Initial amount	\$300M term loan	\$425M royalty upfronts	
Partner(s)	Pharmakon (2023)	RP (2020, 2021) ^A OMERS (2021) ^A	
Description	 Rate: 3 mo. SOFR +7.00% (With PIK option: +7.25%) Maturity: April 2028 bullet Financial covenants: None PIK option: 50% of interest for first six quarters 	 Non-recourse (payments funded with revenues) Considered a "debt instrument" per GAAP An effective interest rate is calculated based on forecasted royalties, which determines interest expense Current balance = prior balance + interest expense – royalty paid If interest expense > royalties paid, balance increases If royalties paid > interest expense, balance decreases 	

Royalty obligations: terms

	Upfront	Product	Rate Tiers (Key Territories ^B)	Rate Tiers (Other Markets ^B)	Cumulative Payback Cap
RP 2020	\$125M	ORLADEYO	\$0-350M: 8.75% \$350M-550M: 2.75% Over \$550M: None	\$0-150M: 20% \$150M-230M: 10% Over \$230M: None	None
		BCX9930	Global net sales 1%	n/a	None
RP 2021	\$150M ^A -	ORLADEYO	\$0-350M: 0.75% \$350M-550M: 1.75% Over \$550M: None	\$0-150M: 3% \$150M-230M: 2% Over \$230M: None	None
		BCX9930 BCX10013	\$0-1.5B: 3% \$1.5B-3.0B: 2% Over \$3.0B: None	Tiered profit share up to 3%	None
OMERS 2021	\$150M	ORLADEYO	\$0-350M: 10% \$350M-550M: 3% Over \$550M: None	\$0-150M: 20% \$150M-230M: 10% Over \$230M: None	1.55x

B – The "Key Territories" include the United States, key European markets and other markets where ORLADEYO is sold directly or through distributors. The "Other Markets" include revenue from licensees outside the Key Territories.



A – Royalty Pharma made an additional \$50M equity investment in conjunction with the 2021 Royalty Purchase Agreement

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