biomea FUSION[®]

Conference Call December 15, 2022 FDA Clearance of Investigational New Drug (IND) Application for Covalent Menin Inhibitor BMF-219 in Type 2 Diabetes

Disclaimer

Legal Disclaimer & Forward-Looking Statements

Certain statements in this presentation and the accompanying oral commentary are forward-looking statements. These statements relate to future events or the future business and financial performance of Biomea Fusion, Inc. (the "Company") and involve known and unknown risks, uncertainties and other factors that may cause the actual results, levels of activity, performance or achievements of the Company or its industry to be materially different from those expressed or implied by any forward-looking statements. In some cases, forward-looking statements can be identified by terminology such as "may," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "estimate," "predict," "potential" or other comparable terminology. All statements other than statements of historical fact could be deemed forward-looking, including any projections of financial information or profitability, the initiation, timing and results of pending or future preclinical studies and clinical trials, the actual or potential actions of the FDA, the status and timing of ongoing research, development and corporate partnering activities, any statements about historical results that may suggest trends for the Company's business; any statements of the plans, strategies, and objectives of management for future operations; any statements of expectation or belief regarding future events, potential markets or market size, or technology developments, and other factors affecting the Company's financial condition or operations. The Company has based these forward-looking statements on its current expectations, assumptions, estimates and projections. While the Company believes these expectations, assumptions, estimates and projections are reasonable, such forwardlooking statements are only predictions and involve known and unknown risks and uncertainties, many of which are beyond the Company's control. These and other important factors may cause actual results, performance or achievements to differ materially from those expressed or implied by these forward-looking statements. The forward-looking statements in this presentation are made only as of the date hereof. Except as required by law, the Company assumes no obligation and does not intend to update these forward-looking statements or to conform these statements to actual results or to changes in the Company's expectations. This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

BMF-219 in Type II Diabetes

Diabetes Progression of Type 1 and Type 2 Driven by <u>Beta Cell Loss</u>



Prior Paradigm		
-	Type 1 diabetes	Type 2 diabetes
	 β cell destruction β cell mass ↓↓ Insulin secretion ↓↓ 	Obesity Insulin resistance Hyperinsulinemia
Current Paradigm		
	Type 1 diabetes	Type 2 diabetes
	β cell destruction β cell mass ↓↓ Insulin secretion ↓↓	β cell loss β cell mass \downarrow Insulin secretion \downarrow
Causes	Autoimmune	Insulin resistance β cell overwork

Insulin Resistance leads to an increase in Beta Cell Workload which ultimately leads to Beta Cell Failure and Death and the Progression of Type 2 Diabetes.

*Int. J. Mol. Sci. 2016, 17, 744; doi:10.3390/ijms17050744

Type 1 and Type 2 Diabetes results in Beta Cell Loss and Reduction in Beta Cell Mass

COVALENT-111 (ENROLLING)

A Phase 1/2 Randomized, Double-Blind, Placebo-Controlled Single and Multiple Ascending Dose Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of BMF-219, an Oral Covalent Menin Inhibitor, in Healthy Adult Subjects and in Adult Subjects with Type 2 Diabetes Mellitus



In the Phase 2, COVALENT-111 will enroll subjects with a HbA1C of 7-10% despite being on standard of care, up to three agents of therapy.

omea

We Aim to Cure

Study Treatment: BMF-219

 A covalent small molecule menin inhibitor, administered orally daily in 28 day cycles

Primary Objective:

• Evaluate safety and tolerability of BMF219

Secondary Objectives:

- ⊙ Evaluate PK of BMF-219
- Evaluate the effect on BMF-219 on glycemic parameters (HbA1C, PG) and few additional parameters using OGTT, 7-day CGM
- Evaluate the changes in beta cell function
- Evaluate impact on lipid parameters, body weight etc.

Exploratory Objectives:

• To assess the durability of response to glycemic parameters

Multiple Clinical Read Outs over the coming Quarters

Near Term Milestones – Biomea Fusion (NASDAQ: BMEA)





THANK YOU

biomea FUSION[®] We Aim to Cure[®]

Biomea Fusion 900 Middlefield Road, 4th floor Redwood City, CA, 94063 biomeafusion.com

