

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 12, 2023

bluebird bio, Inc.

(Exact name of Registrant as Specified in Its Charter)

Delaware
(State or Other Jurisdiction
of Incorporation)

001-35966
(Commission File Number)

13-3680878
(IRS Employer
Identification No.)

455 Grand Union Boulevard,
Somerville, MA
(Address of Principal Executive Offices)

02145
(Zip Code)

(339) 499-9300
(Registrant's telephone number, including area code)

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
 Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
 Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
 Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, \$0.01 par value per share	BLUE	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

bluebird bio, Inc. (the "Company") will participate in a fireside chat at the Goldman Sachs 44th Annual Global Healthcare Conference on June 12, 2023. The Company plans to refer to the corporate slide deck attached as Exhibit 99.1 hereto during the presentation.

The information in this Current Report on Form 8-K pursuant to Item 7.01 is intended to be furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (the "Exchange Act") or otherwise subject to the liabilities of that section. It may only be incorporated by reference in another filing under the Exchange Act or the Securities Act of 1933, as amended, if such subsequent filing specifically references the information furnished pursuant to Item 7.01 of this Current Report.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Corporate Update by bluebird bio, Inc.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: June 12, 2023

bluebird bio, Inc.

By: /s/ Joseph Vittiglio
Name: Joseph Vittiglio
Title: *Chief Legal & Business Officer and Secretary*



bluebird bio Company Presentation

June 2023

NASDAQ: BLUE

forward-looking statements

These slides and the accompanying oral presentation contain forward-looking statements and information. The use of words such as “may,” “might,” “will,” “should,” “expect,” “plan,” “anticipate,” “believe,” “estimate,” “project,” “intend,” “future,” “potential,” or “continue,” and other similar expressions are intended to identify forward-looking statements. For example, all statements we make regarding our expectations regarding our programs and therapies, including but not limited to the timing or likelihood of regulatory filings, acceptance and approvals; our commercialization plans, including expansion of our QTC network; the ability of the Zynteglo to enable a seamless transition to commercializing lovo-cel; and the addressable markets for approved products and product candidates as well as statements relating to our finances and cash runway are forward looking. All forward-looking statements are based on estimates and assumptions by our management that, although we believe to be reasonable, are inherently uncertain. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected. These statements are also subject to a number of material risks and uncertainties that are described in our most recent quarterly report on Form 10-Q, as well as our subsequent filings with the Securities and Exchange Commission. Any forward-looking statement speaks only as of the date on which it was made. We undertake no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law.



pursuing curative gene therapies ...

TO GIVE PATIENTS AND THEIR FAMILIES MORE BLUEBIRD DAYS

Demonstrating gene therapy expertise

Clinical Leadership

180+ patients treated with bluebird therapies across 8 clinical trials

Over 10+ years of gene therapy research

Regulatory Success

Industry leader with **2 FDA approved gene therapies** and **3rd BLA submitted** to the FDA

Established track record for LVV technology, **with 5 regulatory submissions**

Commercial Impact

2 ongoing US launches, all with wholly-owned global rights

~22,000 patients potentially addressable with our 3 programs in the U.S.¹

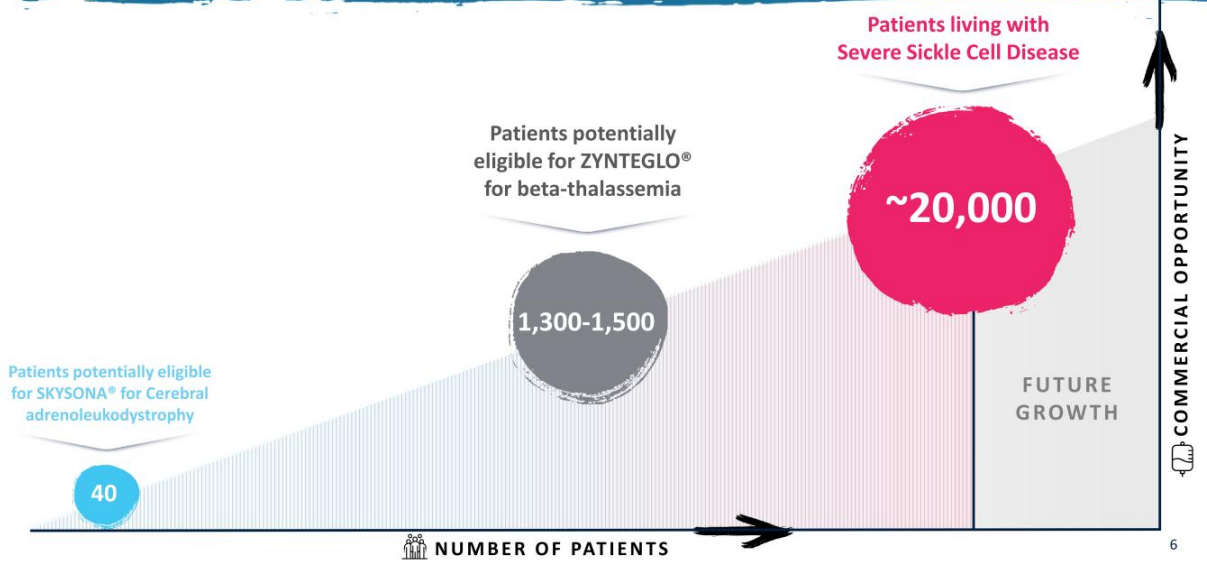
¹ Hassell KL. Population estimates of sickle cell disease in the U.S. Am J Prev Med. 2010;38(4 Suppl):S512-S521; Jul '21 bbb analysis of Komodo patient-level claims data (Apr '20 – Mar '21), IQVIA patient-level claims data (Aug '18 – Jul '19); Hulihan, Mary M., et al. State-based surveillance for selected hemoglobinopathies. Genetics in Medicine 17.2 (2015): 125-130; Bezman L, et al. Adrenoleukodystrophy: Incidence, new mutation rate, and results of extended family screening. Ann Neurol. 2001;49:512-517; Mosser HW, Mahmood A, Raymond GV. X-linked adrenoleukodystrophy. Nature Clin Pract Neurol. 2007;3(3):140-51

Three established gene therapy programs

	ZYNTEGLO® for beta-thalassemia	SKYSONA® for cerebral adrenoleukodystrophy	lovo-cel for sickle cell disease
Regulatory	FDA approved on August 17, 2022	FDA approved on September 16, 2022	BLA submitted April 2023
Clinical	<ul style="list-style-type: none"> • 63 patients treated across all clinical trials • 8 years of follow-up (n = 3) • In Phase 3 studies (n=41) – 90% of patients achieved transfusion independence • Safety profile generally consistent with that seen with cell collection and myeloablative conditioning 	<ul style="list-style-type: none"> • 67 patients treated across all clinical trials • Accelerated approval based on post-hoc analysis of 11 patients; estimated 72% likelihood of major functional disability free survival at 24 months • Four boys treated in clinical trials developed hematologic malignancy; label includes boxed warning 	<ul style="list-style-type: none"> • 50 patients treated across all clinical trials • 6 patients with ≥ 6 years of follow up • In pivotal cohort (HGB-206 Group C, n=32), 96% experienced complete resolution of severe VOs through 24 months of follow-up • Safety profile generally consistent with that seen with cell collection, myeloablative conditioning and SCD
Commercial	<ul style="list-style-type: none"> • 1,300–1,500 potentially eligible patients • 7 patient starts since launch* • 13 QTCs activated*; on track to scale to 40–50 QTCs by the end of 2023 	<ul style="list-style-type: none"> • 40 potentially eligible patients • 3 patient starts since launch*; anticipate 5–10 patient starts in 2023 • 3 QTCs activated*; 2 additional QTCs on the West Coast anticipated in 2023 	<ul style="list-style-type: none"> • ~20,000 potentially eligible patients • Commercial launch expected in early 2024

*As of May 9, 2023; Patient starts is defined as a cell collection (apheresis); Activated QTC defined as Qualified Treatment Center with a signed MSA

Momentum building with near-term commercial launches; opportunity to deliver significant value for patients and shareholders



Inherited hemoglobin disorders



Launching now




zynteglo[®]
(betibeglogene autotemcel)
suspension for IV infusion

ZYNTEGLO commercial launch off to a strong start

Launch built on three key pillars

Patient Interest



QTC Network



Access & Reimbursement



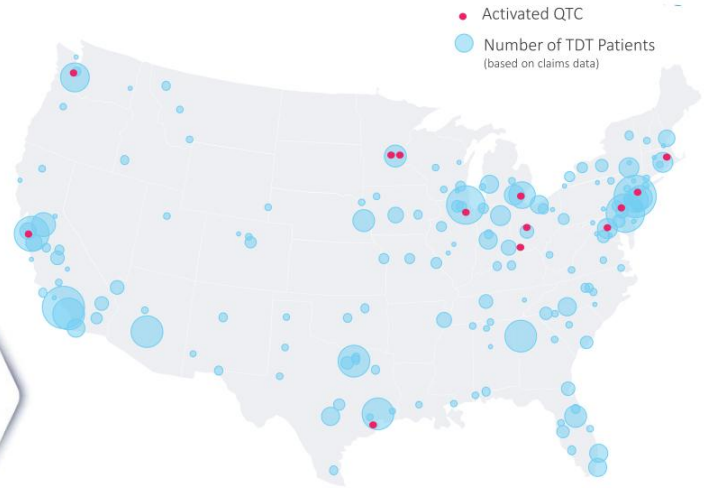
Fit-for-purpose Qualified Treatment Center (QTC) network being activated in waves

Targeted QTC selection

- Focused on high prevalence states
- Centers actively treating beta-thalassemia today
- Deep experience with commercial cell and gene therapies

QTC growth aligned with demand

- Anticipated expansion to ~40-50 QTCs by YE 2023 to maximize opportunity for ZYNTGLO and in anticipation of lovo-cel launch



*Graphic is illustrative and subject to change as final QTC network is determined; Activated QTC defined as Qualified Treatment Center with a signed MSA; Activated QTCs as of May 9, 2023

Confident in timely, quality access and reimbursement with upfront payment at \$2.8M price

PRICE TIED TO RECOGNIZED VALUE

Beta-thalassemia requiring regular RBC transfusions is associated with:

- \$6.4 million average lifetime medical care cost per patient¹
- 23X higher average total health care cost per patient per year vs. general population²
- Blood transfusions every 2-5 weeks for life³

SIMPLE AND INNOVATIVE PAYMENT STRATEGY

bluebird is offering payers:

- One-time upfront payment
- Outcomes-based agreement with up to 80% rebate if patient does not reach transfusion independence within 2 years
- Clinically-relevant outcome, easily tracked in claims data

ENCOURAGING PAYER INTERACTIONS

All target payers have responded favorably to approach:

- Estimated 70-75% of patients with beta-thalassemia have commercial insurance
- Engaging with state Medicaid agencies representing ~80% of publicly-insured beta-thalassemia patients

¹ Date on file ² Weiss et al. 2019 ³ TIF Guidelines

Patients are achieving access

>190M

lives covered by a favorable coverage policy

2 weeks

on average for prior authorization approvals for drug product

ZERO

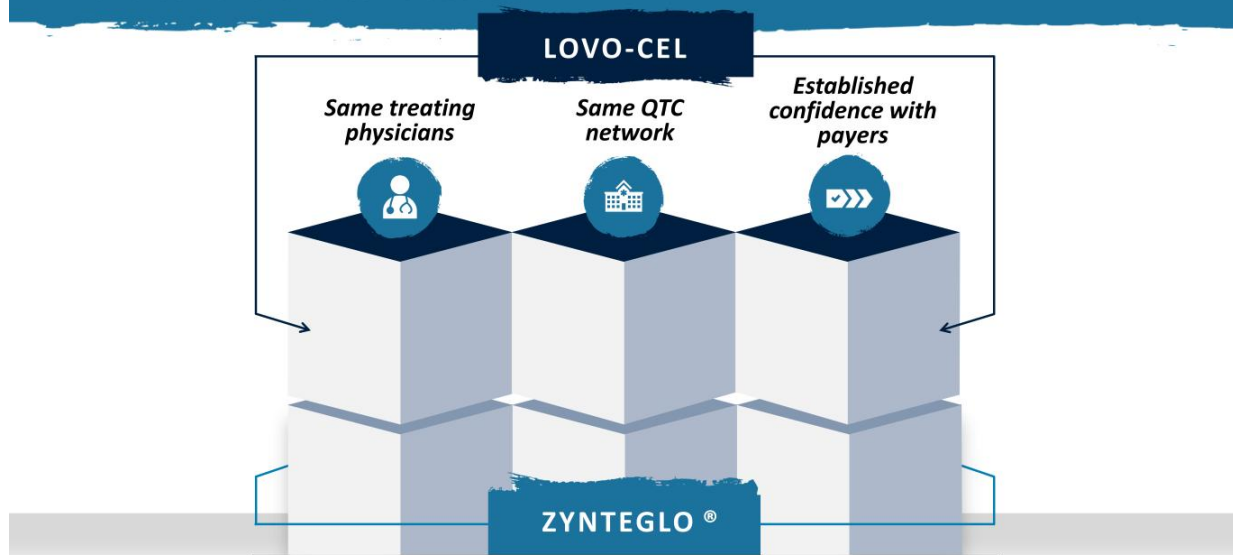
ultimate denials to date

ZYNTEGLO® manufacturing allows for flexible scheduling and is designed to deliver high quality drug product

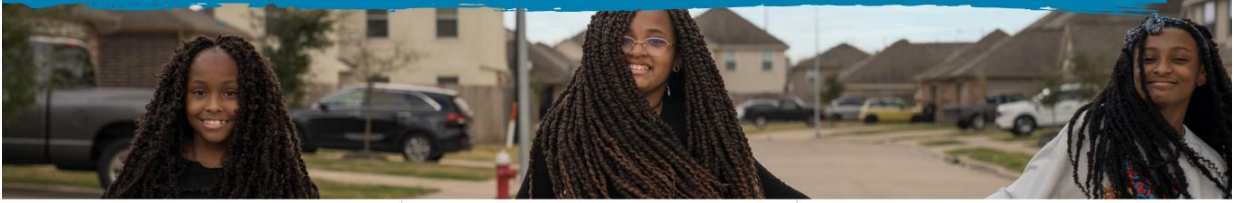


QTC: Qualified Treatment Center; CMO: Contract Manufacturing Organization

ZYNTEGLO expected to enable seamless transition to commercializing lovo-cel for sickle cell disease



Opportunity to address a critical unmet need for >20,000 individuals living with severe sickle cell disease in the US



LARGE PATIENT POPULATION

- 1 in 365 Black or African American babies is born with sickle cell disease¹
- **>20,000 SCD patients** in the US may be addressed by gene therapy²

SIGNIFICANT UNMET NEED

- VOs are the hallmark of SCD, but the disease is more than just pain
- 1 in 4 patients have a stroke by age 45³
- Widespread risk of organ damage or organ failure³
- 75% report difficulty completing daily tasks⁴

MEANINGFUL OPPORTUNITY

- Patients average \$4.0 million in direct medical costs, despite a median age of death of only 45⁵
- Approximately 65% report giving up a job due to SCD⁴
- Estimates of foregone income over a lifetime up to \$1.3 million⁶
- Nearly 1/3 report experiencing discrimination in a healthcare setting⁷

¹CDC ²Data on file³ Mortality Rates and Age at Death from Sickle Cell Disease: U.S., 1979–2005 ⁴Kato GI, Piel FB, Reid CD, et al. Sickle cell disease. Nat Rev Dis Primers. 2018;4:18010. ⁵Holdford et al 2021 ⁶Gallagher ME et al, J Med Econ. 2022 Jan-Dec⁷Graf 2022 ⁷Harvard Chan, RWJF Poll 2017

lovo-cel BLA submitted in April 2023

Most robust and longest follow up of any gene therapy program for SCD

BLA includes:

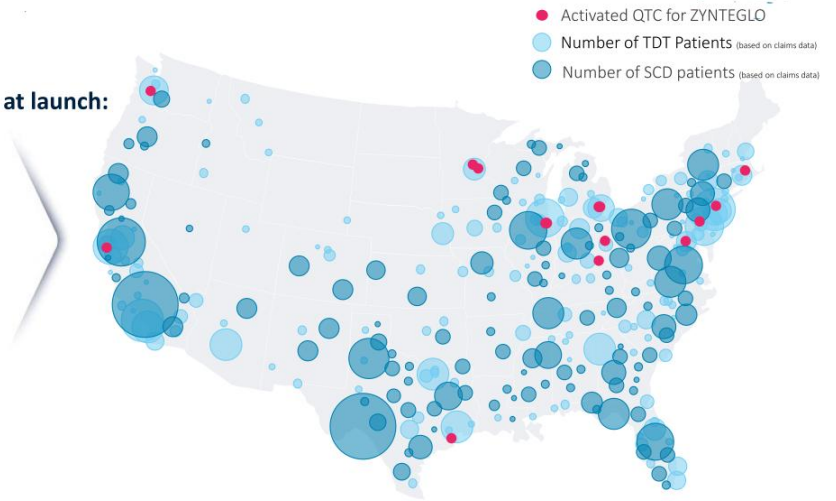
- ✓ HGB-206 Group C as primary basis of effectiveness 36 patients with a median 32 months of follow-up and 2 patients in the HGB-210 study with 18 months of follow-up
- ✓ Pivotal study HGB-206; largest gene therapy study in SCD to date with clinically meaningful primary endpoint
- ✓ Safety data from 50 patients treated across the entire lovo-cel program with six patients with \geq six years of follow-up

Anticipate BLA acceptance in Q2 2023

Planned 2023 network expansion ensures QTCs are in place and ready to treat appropriate SCD patients upon FDA approval of lovo-cel

Significant synergies in QTC network at launch:

- Expansion to ~40-50 QTCs by YE 2023 maximizes opportunity to rapidly reach patients
- Established contract allows for simplified activation process
- Estimated 65% of SCD patients within 50 miles of a planned QTC; (95% within 200 miles); anticipate continued expansion in 2024



*Graphic is illustrative and subject to change as final QTC network is determined; Activated QTC defined as Qualified Treatment Center with a signed MSA; Activated QTCs as of May 9, 2023

SKYSONA®





Launching now



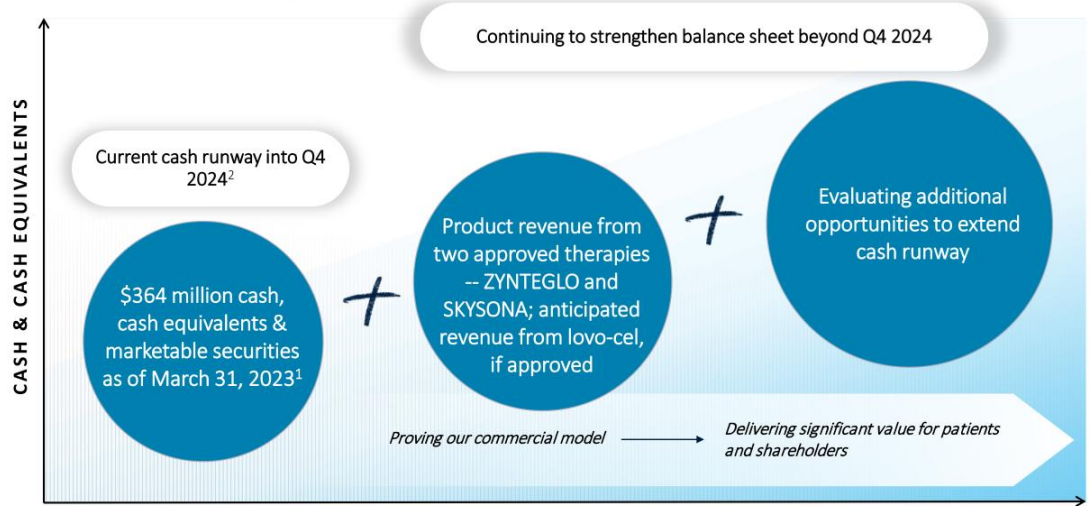
- First commercial infusion has been completed; in total cell collection completed for three patients for SKYSONA
- Three activated QTCs
- Zero ultimate denials to date; payers recognize value and urgency to treat
- Anticipate 5-10 patient starts in 2023

Early, active cerebral adrenoleukodystrophy refers to asymptomatic or mildly symptomatic (neurologic function score, NFS \leq 1) boys who have gadolinium enhancement on brain magnetic resonance imaging (MRI) and Loes scores of 0.5-9. SKYSONA was granted accelerated approval based on 24-month Major Functional Disability (MFD)-free survival observed in clinical studies. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s). *Real patients pictured, but they have not used our therapies. QTC: Qualified Treatment Center

Closing



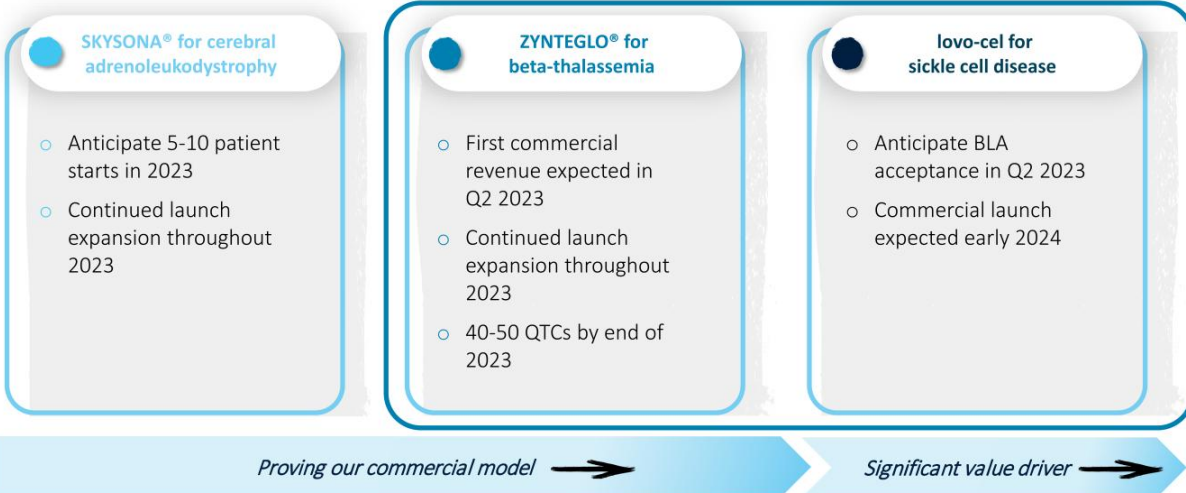
Strong financial position – cash burn and runway horizon



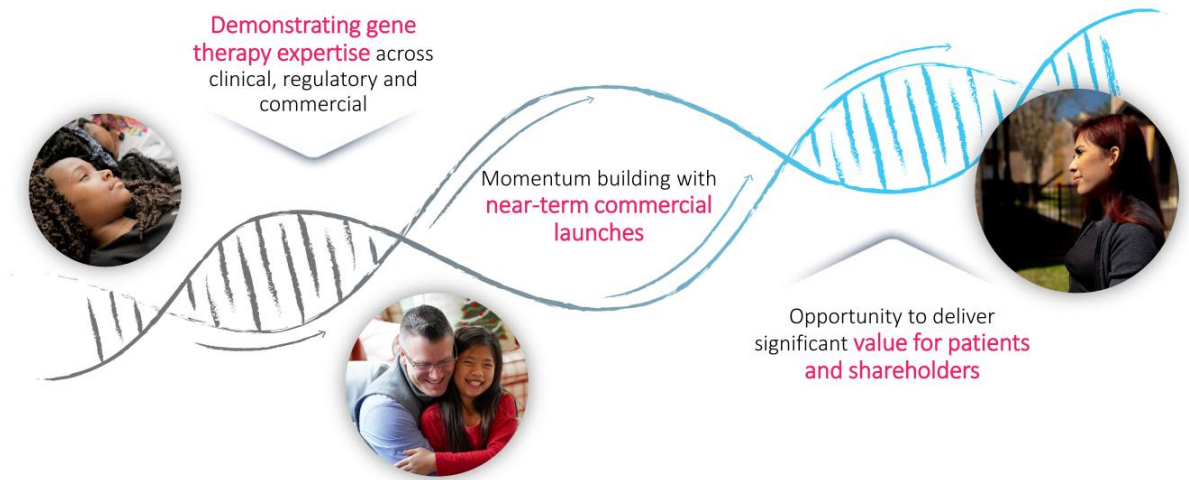
1. Cash balance contains \$45m in restricted cash; 2. Without the release of our restricted cash, we estimate our cash, cash equivalents and marketable securities as of March 31, 2023 will be sufficient to fund our operations into the second quarter of 2024. Cash Runway is calculated using the cash balance / net burn rate (cash from revenue less cash paid for expenses).

Upcoming milestones

First to market gene therapy for inherited hemoglobin disorders in the U.S.

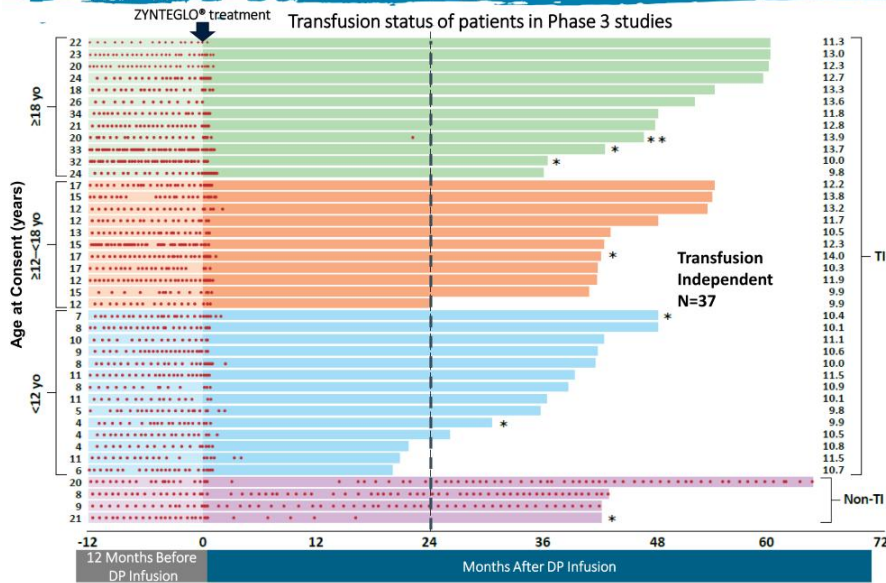


bluebird bio: Setting the standard and proving the gene therapy commercial model



Thank you

ZYNTEGLO® approval is underscored by impressive clinical study data

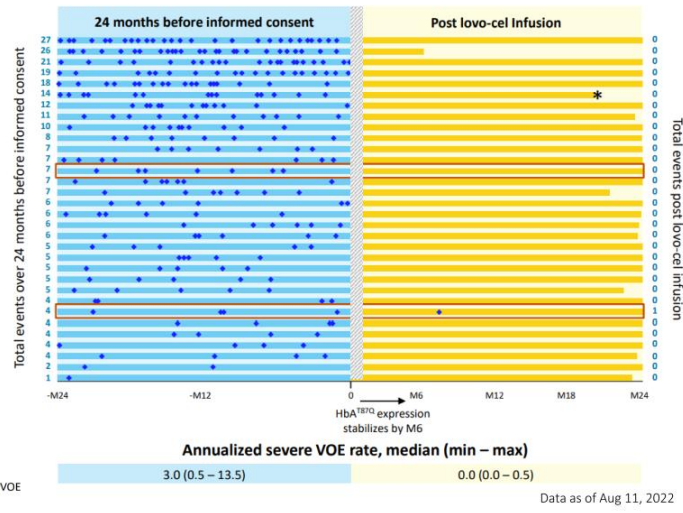


In Phase 3 studies presented at ASH 2022:

- 90% of patients achieved **transfusion independence (TI)** and normal or near-normal hemoglobin levels
- All patients who achieved TI **remained transfusion free** as of last follow-up
- **Durable results** with longest follow-up out to **5 years**
- Results were **consistent across ages and genotypes**
- Majority of AEs and SAEs were **consistent with myeloablative conditioning**

**After a planned orthopedic surgery, the patient had blood loss, which required 1 packed red blood cell transfusion

lovo-cel: most advanced sickle cell disease gene therapy development program in the industry

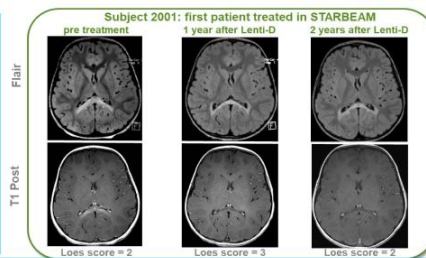
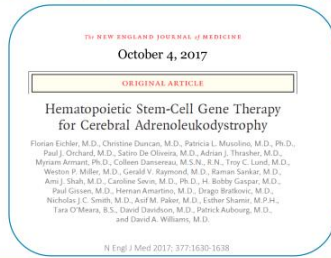


*50 patients treated includes patients from HGB-205, HGB-206 Group A, Group B and Group C and HGB-210

Update on Pivotal Cohort (HGB 206 Group C) Presented at ASH 2022

- **96%** experienced complete resolution of severe VOEs through 24 months of follow-up (ASH 2022)
- As of August 2022, 50 patients had been treated with lovo-cel, with up to **7 years** of follow-up (median: 37.7 months)*
- **Safety data remained consistent** with the known side effects of autologous hematopoietic stem cell collection, myeloablative single-agent busulfan conditioning and underlying SCD
- As previously reported, patient with significant baseline SCD-related cardiopulmonary disease died >18 months post-infusion (considered unlikely to be related to lovo-cel).
- Updated data cut, including long-term follow-up submitted in BLA package

The approval of SKYSONA® was based on data from bluebird bio's Phase 2/3 study ALD-102 and Phase 3 study ALD-104



EFFICACY

FDA approval was based on a post hoc enrichment analysis of 24-month improvement in major functional disability (MFD) free survival

SKYSONA treated patients (n = 11) had an estimated 72% likelihood of MFD-free survival at 24 months compared to untreated patients in a natural history study (n = 7) who had only an estimated 43% likelihood of MFD-free survival

A total of 67 patients were treated in clinical trials

SAFETY

Four boys treated in clinical trials developed hematologic malignancy; label includes boxed warning

Other risks include serious infections, prolonged cytopenias, delayed platelet engraftment, risk of neutrophil engraftment failure, and hypersensitivity reactions.

Under accelerated approval, bluebird has agreed to provide confirmatory data to the FDA

Early, active cerebral adrenoleukodystrophy refers to asymptomatic or mildly symptomatic (neurologic function score, NFS ≤ 1) boys who have gadolinium enhancement on brain magnetic resonance imaging (MRI) and Loess scores of 0.5-9. SKYSONA was granted accelerated approval based on 24-month Major Functional Disability (MFD)-free survival observed in clinical studies. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s). MDS: myelodysplastic syndrome

