Corporate Presentation

June 2024

NewAmsterdam Pharma

Nasdaq: NAMS

NewAmsterdam Pharma

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Obicetrapib Designed to Address Significant Unmet Need

Significant unmet need for oral LDL-C lowering therapy as adjunct to statins

Simple, once-daily, low-dose CETP inhibitor with statistically significant LDL-C lowering observed across five Phase 2 trials

Convenient oral format potentially enables broad market access to address unmet need, if approved

30mm+

patients in US are not achieving LDL-C lowering goals despite standard-of-care

>800 pts

of tolerability data, with blinded data in >10,000 pts

59%

mean LDL-C lowering in combination with ezetimibe, observed on top of high-intensity statins

43%

mean LDL-C lowering as monotherapy*

Robust observed effects on ApoB, non-HDL-C, HDL-C and Lp(a)

Source: Company data for obicetrapib 10mg monotherapy, *Pooled data includes TULIP, ROSE, ROSE2, and Japan Phase 2 data sets

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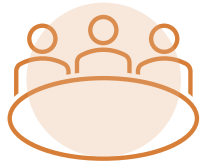
Previous 12 Months Were a Time of Groundwork, Goals and Growth

Completed and exceeded enrollment expectations for BROOKLYN, BROADWAY and PREVAIL Phase 3 studies



Building a world-class commercial function, including MSLs on the ground

Doubled in size with new hires and offices in Amsterdam, NL, Miami, FL, and Philadelphia metro area

2Q 2023

- Completed enrollment for BROOKLYN Phase 3
- Presented ROSE2 full data at NLA
- Topline Japan Phase 2b results

3Q 2023

- Completed enrollment for BROADWAY Phase 3
- Initial Alzheimer's Phase 2a data
- Selected formulation for FDC Phase 3 trial

2024

- Completed enrollment for PREVAIL CVOT
- Initiated TANDEM FDC Phase 3 trial

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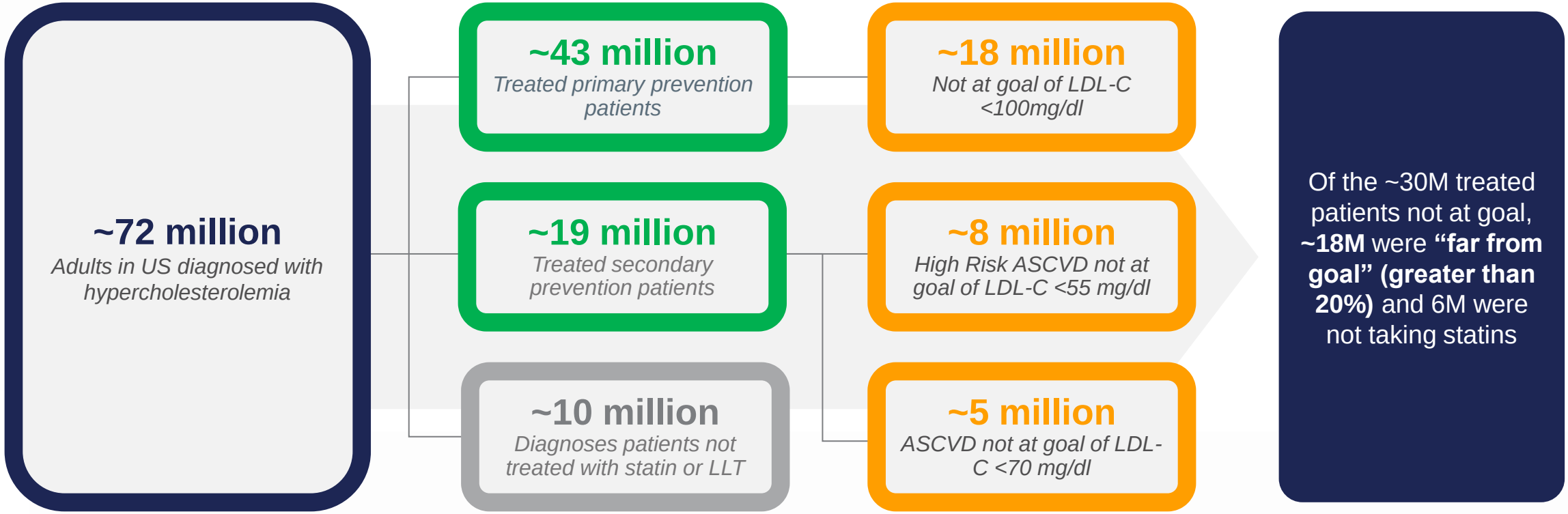
Obicetrapib Designed to Address the ~30M Patients in US on Drug but not at Goal



US Branded Lipid Lowering Market

Potential key factors limiting penetration include **product limitations** and **market access** hurdles:
Low prescriber enthusiasm for existing TPPs
Payors restrict access

ASCVD=atherosclerotic cardiovascular disease; HeFH=heterozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein-cholesterol; LLT=lipid lowering treatment.
Source: Merative Marketscan Claims Linked with Lab Data, 2019 - 2022, 12 months continuous data for each patient (6 months LB and 6 months LF from 1st observed statin treatment

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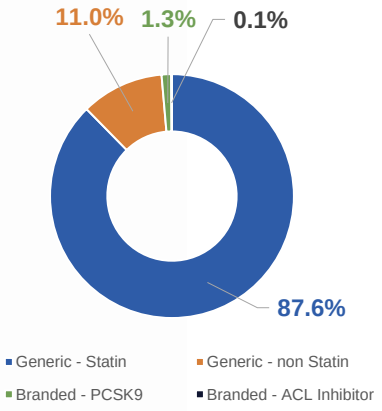
Lipid Lowering Therapy (LLT) Market is a Growing Opportunity

1



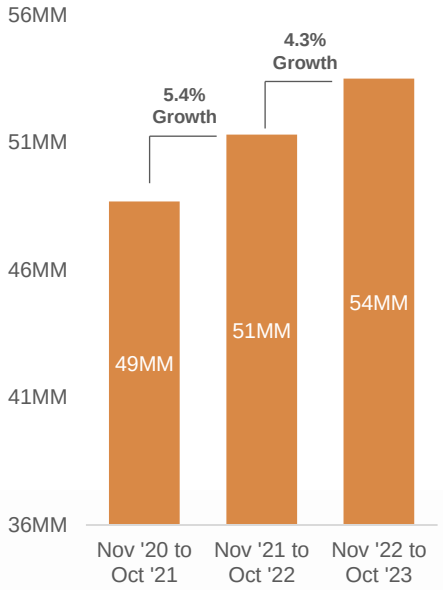
256M

Prescriptions written in past 12 months.[1]

Over 250 MM Rx's annually

2

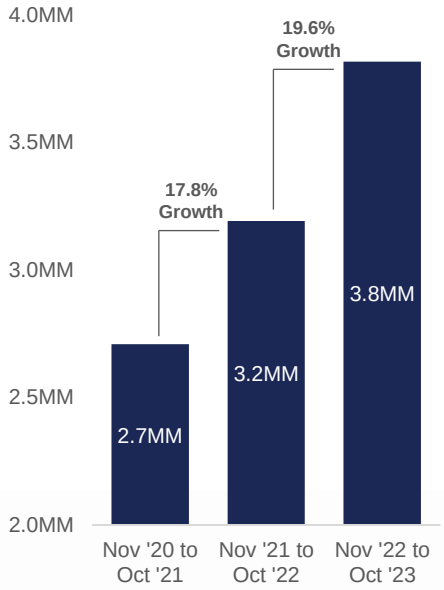
Patients on Lipid lowering Therapy[2]



Market growing at over 4% over the last 2 years

3

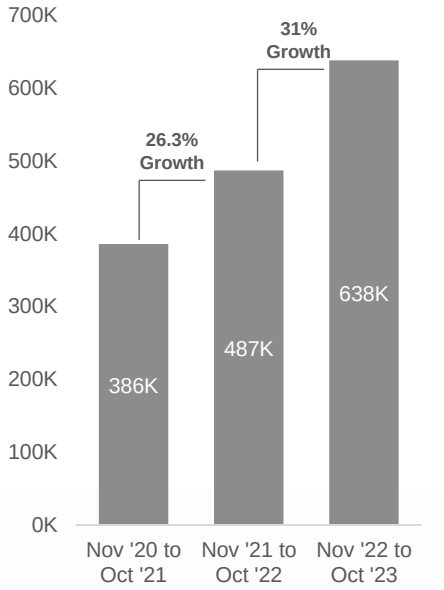
Patients on Non-statin[3] Treatment



Non-statin market growing at high double digits

4

Patients on Branded[4] Treatment



Branded market growing even faster

Recent guideline and label changes driving renewed acceleration

2022: ACC **updated guidelines[5]** to target LDL-C <55 mg/dl in high-risk patients in line with ESC/EAS

2024: FDA highlights need to **reduce access restrictions** for LLTs. Labels updated from "on top of maximally tolerated statins" to "treatment of primary hyperlipidemia" for some LLTs[6]

1. Source: IQVIA XPT - Data Period – 12 months of TRx from Dec '22 to Nov '23 Source: IQVIA LAAD data from Nov '20 to Oct '23 2. All Lipid Lowering therapies: Statins, Ezetimibe and combinations; PCSK9 and BPA 3. Non-Statins : Ezetimibe and combinations; PCSK9 and BPA 4. Branded: PCSK9 and BPA 5. Lloyd-Jones DM, et al. J Am Coll Cardiol. 2022;80(14):1366-1418 6. Leqvio (inclisiran). Prescribing information. Novartis; 2023.; Nexletol (bempedoic acid). Prescribing information. Esperion Therapeutics Inc; 2023

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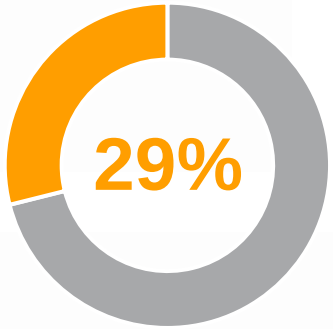
Majority of ASCVD/HeFH Patients are not Achieving LDL-C Targets

Primary prevention HeFH patients with an LDL-C target <100 mg/dL (2011-2017)[1]

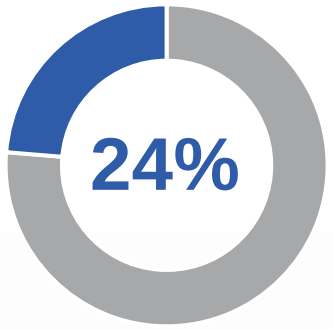
LDL-C < 100 mg/dL



<1/3 achieved LDL-C <100 mg/dL

ASCVD patients with an LDL-C target of LDL<70 or <55 mg/dL (2017-2018)[2]

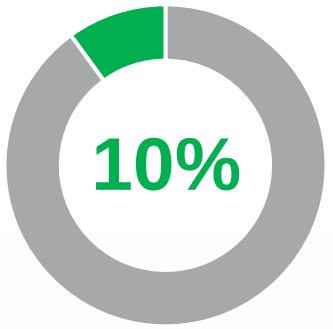
LDL-C < 70 mg/dL



<1/4 achieved LDL-C <70 mg/dL

Very high risk ASCVD patients with an LDL-C target <55 mg/dL (2020-2021)[3]

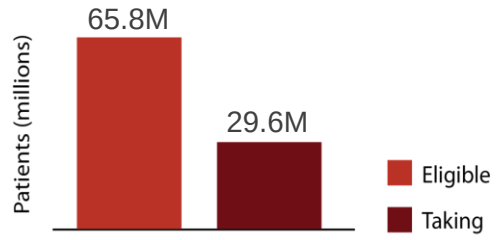
LDL-C < 55 mg/dL



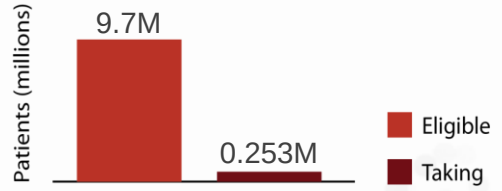
10% achieved LDL-C <55 mg/dL

Despite availability of treatments continue to see minimal uptake, especially adjunct to statins[4]

Statin Utilization



PCSK9i Utilization



ASCVD=atherosclerotic cardiovascular disease; HeFH=heterozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein-cholesterol.

1. Schreuder MM, et al. LDL cholesterol targets rarely achieved in familial hypercholesterolemia patients: A sex and gender-specific analysis. Atherosclerosis. 2023 2. Gao Y, Shah LM, Ding J, Martin SS. US trends in cholesterol screening, lipid levels, and lipid-lowering medication use in US adults, 1999 to 2018. J Am Heart Assoc. 2023;12(3):e028205; 3. Katzmann JL, et al. Simulation study on LDL cholesterol target attainment, treatment costs, and ASCVD events with bempedoic acid in patients at high and very-high cardiovascular risk. PLoS One. 2022;17(10):e0276898; 4. J Am Heart Assoc 2022;11:3026075; doi: 10.1161/JAHA.122.026075

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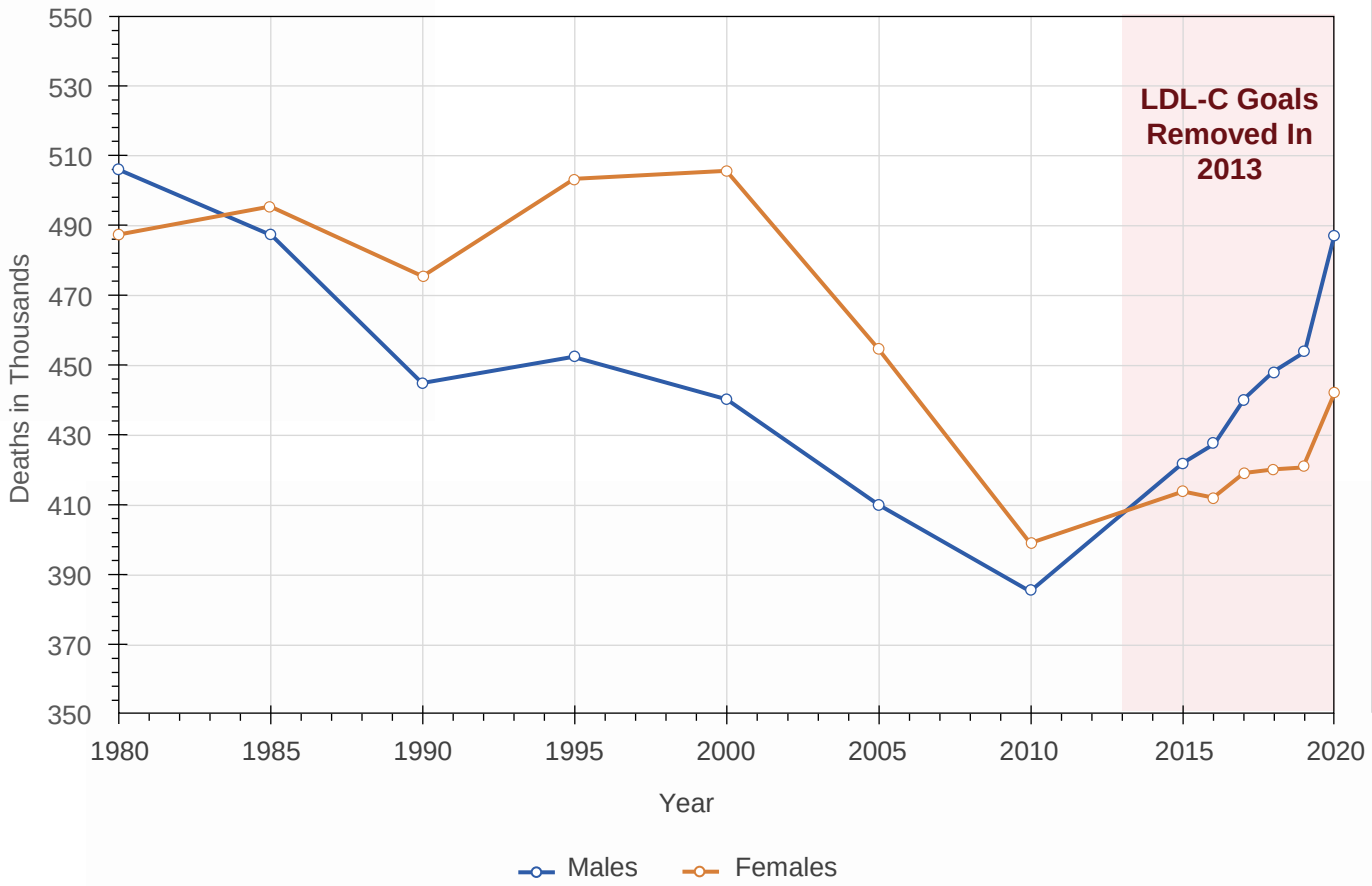
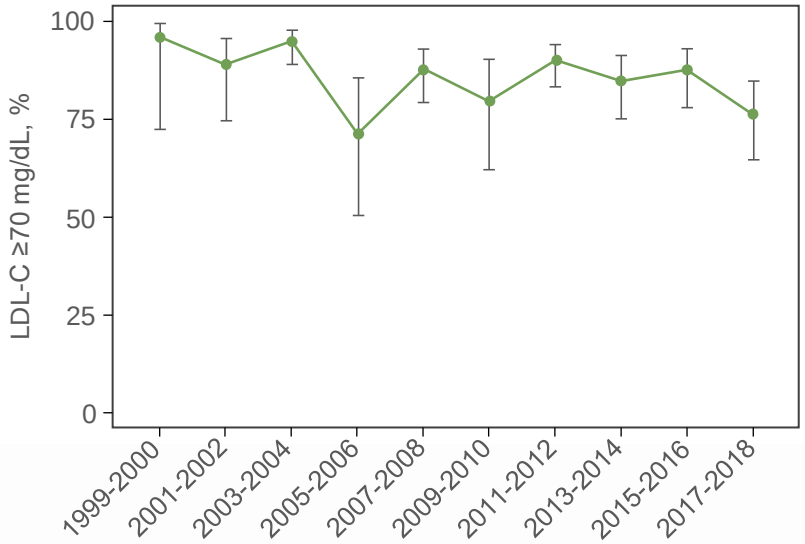
CV Events Took an Alarming Turn Following Removal of LDL-C Guidelines in 2013

CVD Mortality Trends for US Males and Females, 1980 to 2020[1]



Trends in Prevalence of High LDL-C in US Adults, NHANES 1999-2018 with History of ASCVD[2]



~75% of ASCVD patients are NOT at their risk-based LDL-C goal

1 Tsao, CW., et. al., Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association, Circulation. 2023;147:e00–e00. DOI: 10.1161/CIR.0000000000001123 2. Yumin Gao, Y., et.al., US Trends in Cholesterol Screening, Lipid Levels, and Lipid-Lowering Medication Use in US Adults, 1999 to 2018, J Am Heart Assoc. 2023;12:e028205. DOI: 10.1161/JAHA.122.02820500

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Physicians Left with Limited Options that Meet the Needs of Patients

Available and investigational treatment options have limitations

	Ezetimibe[1]	Nexletol[2]	PCSK9i[3]	Oral PCSK9[4]	Obicetrapib[5]	Obi + Eze [5]
Approval	Approved	Approved	Approved	LDL-C data 2026E (CVOT data 2029E)	LDL data 2024E (CVOT data 2026E)	LDL data 2025E
MACE Benefit	7%	13%	15%	TBD	TBD	TBD
Observed LDL-C Reduction	25%	17%	45-50%	50-59% (~20% with food)	43%	59%
Administration	Oral (small molecule)	Oral (small molecule)	Injectable (mAb)	Oral (peptide)	Oral (small molecule)	Oral (small molecule)
Dosing	10mg	180mg	140-150mg	380mg (20mg API + 360mg SNAC)	10mg	20mg (10mg Obi + 10mg Eze)
Food Effect	No	No	No	Yes (8hr fast & 30min wait)	No	No
Safety & Tolerability	Safe, well-tolerated	Tendon rupture & gout warning on label	Safe, injection site reactions	SNAC technology has previously been observed to have tolerability concerns[6]	Well-tolerated compared to placebo	Well-tolerated compared to placebo
Lp(a) lowering	None	None	15-30%	20-25%	47-57%	40%






Note: The above data do not represent head-to-head comparisons. Actual results may differ from expectations. Obicetrapib mono and Ezetimibe combo, along with the Oral PCSK9 have not been approved by any regulatory authority. E= estimated dates. Red represents sub-optimal product characteristics.
Sources: 1. PI Zetia table 7. refers to; Gagne, C et al. Am J Cardiol 2002. LDL-C measured only using Friedewald 2. PI Nexletol; study 2. refers to; Goldberg, A et al. JAMA 2019;322(18):1780-1788. LDL-C measured using Friedewald and direct assay for LDL-C <50 mg/dL. 3. multiple studies Elagn D et al. N Engl J Med 2014; Kereiakes, D et al. Am Heart J 2015.; Ray, K. N Engl J Med 2020. 4. Ballantyne, C et al. JACC 2023;81(16) 5. See slide 12 and 20 6. MK0616 was observed to have adverse events comparable to pbo in Phase 2b trials

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Obicetrapib program designed to overcome limitations of prior CETP inhibitors

	Torcetrapib[1]	Dalcetrapib[2]	Evacetrapib[3]	Anacetrapib[4]	Obicetrapib[5]
Observed LDL-C reduction	20%	7%	11-21%	17%	43%
CETP inhibition	35%	30%	65%	80%	97%
Dosing	60mg	600mg	100mg	100mg	10mg
Blood pressure increase	Yes	No	No	No	No
Aldosterone increase	Yes	No	No	No	No
Lp(a) lowering	unknown	unknown	20-25%	20-25%	47-57%
ApoB lowering	10%	None	15%	18%	25%-35%
OUTCOMES STUDIES					
Name	ILLUMINATE	Dal-OUTCOMES	ACCELERATE	REVEAL	PREVAIL
Patients	15,067	15,871	12,092	30,449	>9,000 (expected)
Baseline LDL-C (mg/dl)	79.7	76.4	81.1	61	~105 (expected)
LDL-C reduction (mg/dl)	20	NS	25	11	TBD
Median follow-up	18 mo	31 mo	26 mo	49 mo	42 mo (expected)
Result (HR)	1.25	1.04	1.01	0.91	TBD
Explanation	Off target tox	No LDL-C benefit	Short follow-up but mortality benefit (HR 0.84)	As expected, low baseline and LDL reduction	TBD

Note: The above trials and data do not represent head-to-head comparisons. Actual results may differ from expectations.

Sources: **1.** Barter et al. NEJM.2007; **2.** Schwartz et al. NEJM.2012; **3.** Lincoff et al. NEJM.2017 **4.** Bowman et al. NEJM.2017 **5.** Company Data

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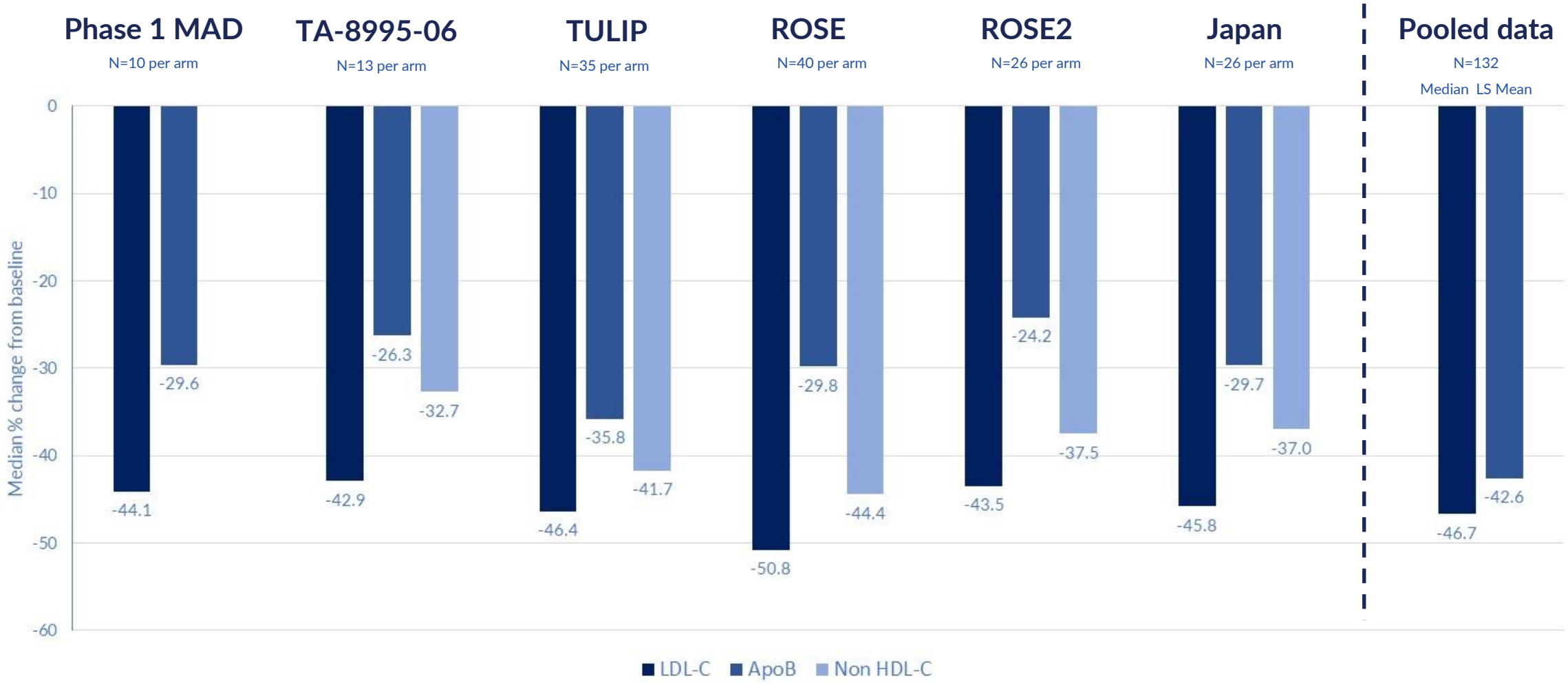
Obicetrapib Phase 1/2 studies: Consistent benefits observed in lipid biomarkers



Source: Company data for obicetrapib 10mg monotherapy, Pooled data includes TULIP, ROSE, ROSE2, and Japan Phase 2 data sets

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PREVAIL Designed to Apply Lessons Learned from Previous CVOTs to Reduce Risk and Demonstrate Obicetrapib's Full Benefit

Greater LDL-C lowering activity anticipated Targeting higher baseline LDL-C patients	Higher *absolute* LDL-C reduction expected to lead to greater MACE benefit
Longer duration of follow up Targeting higher-risk patient population	Maximizes opportunity for MACE reduction
Differentiated secondary endpoints	Potentially enhanced commercial profile vs. other LDL-C lowering agents

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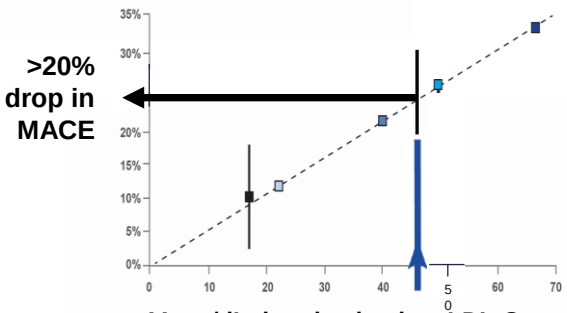
Phase 2 Efficacy Applied to PREVAIL Baseline Data Predicts at Least 20% MACE Benefit Projection Across Multiple Biomarkers

LDL-C

103 mg/dL(1) × **43%** = **~44** mg/dL

LDL-C PREVAIL baseline × LDL-C lowering in Obi P2s = **Expected to result in more absolute LDL-C reduction**

>20% *drop* — **Bigger expected MACE** benefit**



~44 mg/dL drop in absolute LDL-C anticipated ~6% drop for a 10mg/dL move

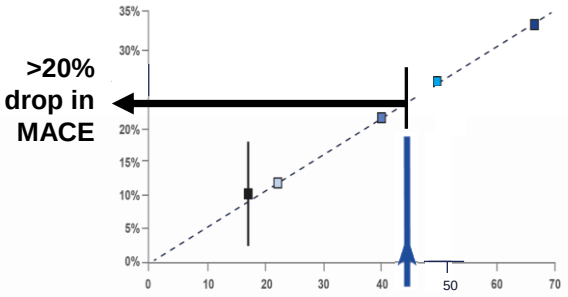
Note: Actual results may differ from hypothetical calculation.
Source: Cholesterol Treatment Trialists Collaboration. Lancet. 2010 376:1670-81 Circulation. 2021;144:e564–e593 17065: Obicetrapib Lowers LDL-C in Patients Taking High Intensity Statins.
(1) Represents estimated average baseline LDL to be enrolled, not entry criteria.
** MACE includes cardiovascular death, myocardial infarction, stroke and non-elective coronary revascularization in adults.

Non-HDL-C

133 mg/dL × **34%** = **~45** mg/dL

Non-HDL-C PREVAIL baseline × Non-HDL-C lowering in Obi P2s = **Absolute non-HDL-C reduction**

>20% *drop* — **Bigger expected MACE** benefit**



~45 mg/dL drop in absolute non-HDL-C anticipated ~5% drop for a 10mg/dL move

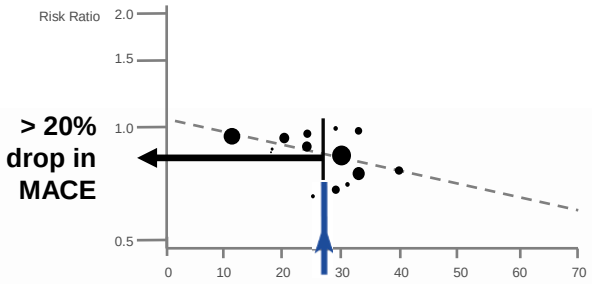
Note: Actual results may differ from hypothetical calculation.
Source: Cholesterol Treatment Trialists Collaboration. Lancet. 2010 376:1670-81 Circulation. 2021;144:e564–e593 17065: Obicetrapib Lowers LDL-C in Patients Taking High Intensity Statins.
(1) Represents estimated average baseline noon-HDL-C to be enrolled, not entry criteria.
** MACE includes cardiovascular death, myocardial infarction, stroke and non-elective coronary revascularization in adults.

ApoB

97 mg/dL × **27%** = **~26** mg/dL

ApoB PREVAIL baseline × ApoB lowering in Obi P2s = **Absolute ApoB reduction**

>20% *drop* — **Bigger expected MACE** benefit**



~ 26 mg/dL drop in absolute ApoB anticipated ~7% drop for a 10mg/dL move

Note: Actual results may differ from hypothetical calculation.
Source: Association of lowering ApoB with CV outcomes across LLT. Eur J Prev Cardiol. 2019
(1) Represents estimated average baseline ApoB to be enrolled, not entry criteria.
** MACE includes cardiovascular death, myocardial infarction, stroke and non-elective coronary revascularization in adults.

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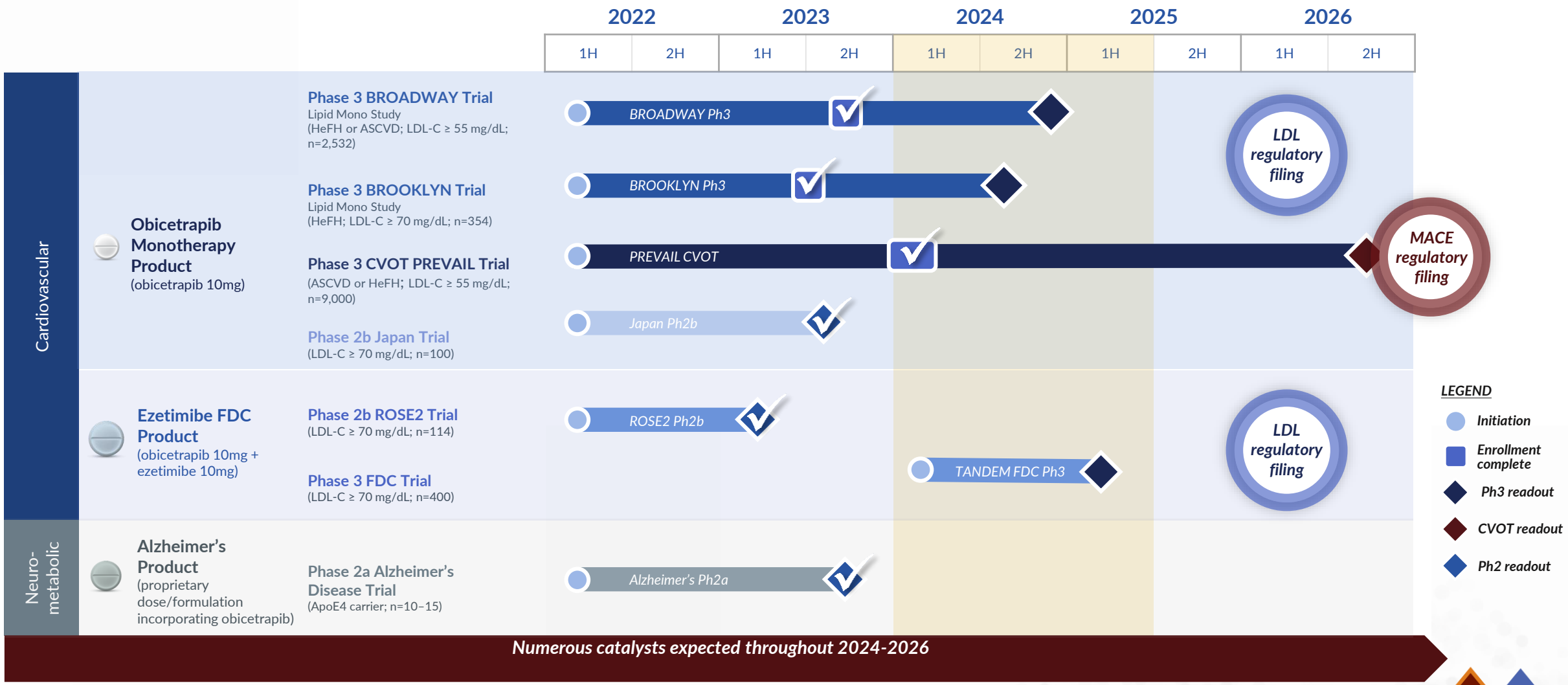
Multiple potential pivotal data readouts in next 12 months



Note: Other than as noted, the pipeline represents trials that are currently ongoing. Projections are subject to inherent limitations. Actual results may differ from expectations. The timing of regulatory submissions is subject to additional discussions with regulators.

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Study Design and Baseline Characteristics of Phase 3 Trials

BROOKLYN

1º endpoint – week 12

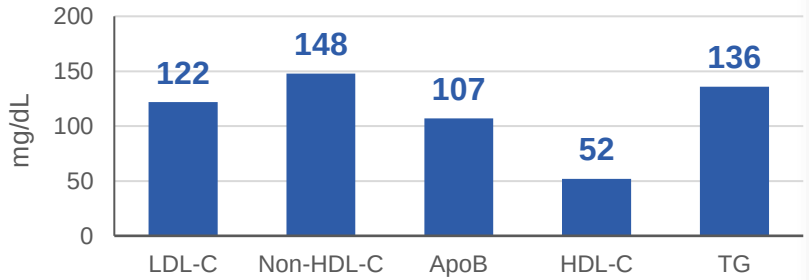
N = 354

- Obicetrapib 10 mg (2:1 randomization)
- Placebo

Key Inclusion Criteria

- HeFH
- LDL-C ≥70 mg/dL
- Maximally tolerated lipid lowering therapy

Baseline Lipids (mean)



Baseline Lipid Modifying Therapy

- Any statin 87%
- High intensity statin: 75%
- Ezetimibe: 51%
- PCSK9i 16%
- Other 8%

BROADWAY

1º endpoint – week 12

N = 2532

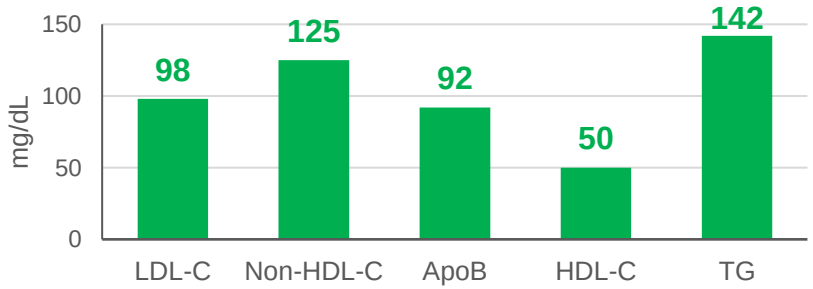
- Obicetrapib 10 mg (2:1 randomization)
- Placebo

13-months

Key Inclusion Criteria

- ASCVD or HeFH
- LDL-C ≥55 mg/dL w/risk factors, or
- LDL-C≥ 100 mg/dL
- Maximally tolerated lipid lowering therapy

Baseline Lipids (mean)



Baseline Lipid Modifying Therapy

- Any statin 91%
- High intensity statin: 65%
- Ezetimibe: 26%
- PCSK9i 4%
- Other 11%

PREVAIL

LDL-C endpoint

N = 9541

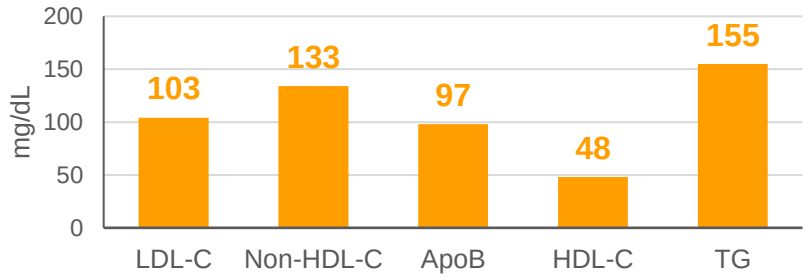
- Obicetrapib 10 mg (1:1 randomization)
- Placebo

54-months

Key Inclusion Criteria

- ASCVD
- LDL-C ≥55 mg/dL w/risk factors, or
- LDL-C≥ 100 mg/dL
- Maximally tolerated lipid lowering therapy

Baseline Lipids (mean)



Baseline Lipid Modifying Therapy

- Any statin >90%
- High intensity statin: 70%
- Ezetimibe: 23%

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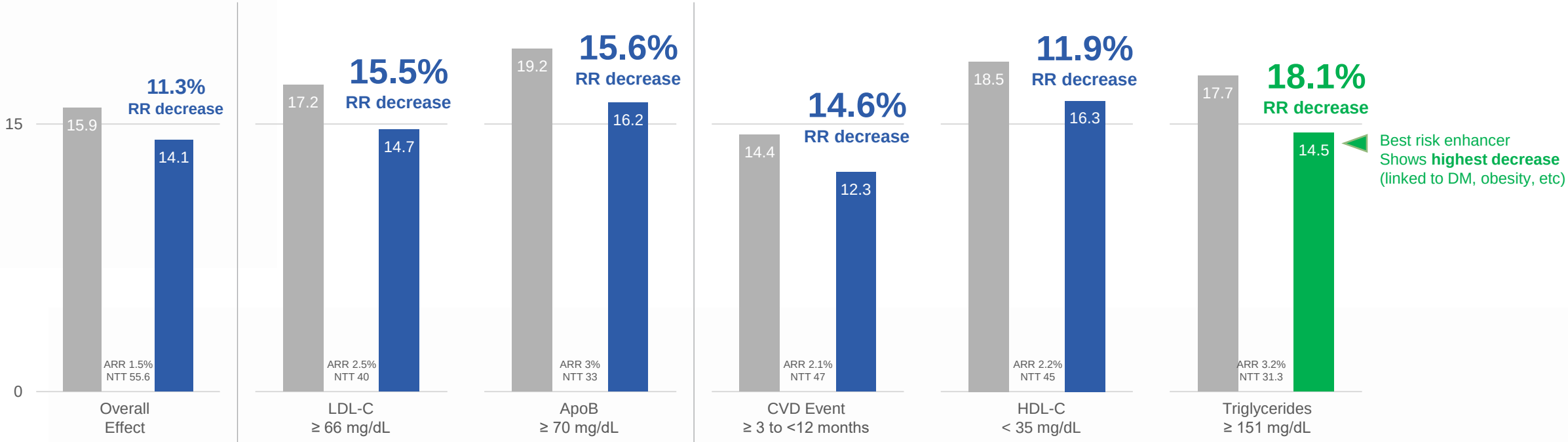
REVEAL Long-term Follow-up Identified Risk Enhancers Important for PREVAIL

HIGHER RISK subgroups observed to have higher event rates and larger treatment effects



REVEAL total study population

PREVAIL study **inclusion criteria** requires high baseline LDL-C (also translates to high ApoB)

Inclusion criteria: LDL-C ≥55 mg/dL

PREVAIL study **risk enhancers** will increase high-risk patient populations

Inclusion criteria: HDL-C <40 mg/dL, triglycerides >150 mg/dL

RR = relative risk; ARR = absolute risk reduction; NNT = number needed to treat

Source: The HPS3/TIMI55-REVEAL Collaborative Group. European Heart Journal (2021) 00, 1–9

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2023 Achievements Pave the Way for Potential 2024 Value Inflection Milestones

2023

2Q 2023

- **Complete enrollment for BROOKLYN Phase 3**
- **Present ROSE2 full data at NLA**

3Q 2023

- **Complete enrollment for BROADWAY Phase 3**

2H 2023

- **Topline Japan Phase 2b results**
- **Initial Alzheimer's Phase 2a data**
- **Select formulation for FDC Phase 3 trial**

2024

1Q 2024

- **Complete enrollment for PREVAIL CVOT**
- **Initiate FDC Phase 3 trial**

3Q 2024

- **BROOKLYN Phase 3 topline**

4Q 2024

- **BROADWAY Phase 3 topline**

2025

1Q 2025

- **TANDEM FDC Phase 3 topline**

Note: Projections are subject to inherent limitations. Actual results may differ from expectations. The timing of regulatory submissions is subject to additional discussions with regulators.

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Growing Team of Cardiometabolic Experts with Deep Experience Across Clinical Development and Commercialization

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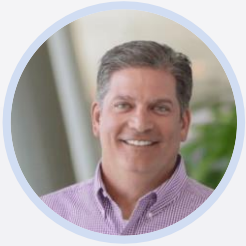

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