Welcome to R&D Day

May 16, 2024

NewAmsterdam Pharma

Nasdaq: NAMS

R&D DAY 2024

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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

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

Michael Davidson, M.D.
CEO

John Kastelein, M.D.
CSO

Douglas Kling
COO

William ‘BJ’ Jones
CCO

Ian Somaiya
CFO

Louise Kooij
CAO

Juliette Audet
CBO

Jim Jacobson
CLO

Sheng Cui
CMO

Marc Ditmarsch, M.D.
CDO

Bob Rambo
EVP, Marketing

Annie Neild
EVP, Head of Global Regulatory Affairs

Matthew Philippe
EVP, Head of Investor Relations

Chris Deluzio
EVP, Enterprise Operations

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Our Mission is Clear and Simple

At NewAmsterdam Pharma, we are **advancing a new era of life-saving treatment** for cardiovascular disease and other lipid-related conditions.

By prioritizing patients with high unmet needs and those who are underserved by current therapies, we are working toward a reality where cardiovascular disease is **no longer the #1 killer of people worldwide.**

TODAY'S FOCUS

NewAmsterdam Pharma R&D Day 2024

9:15am	**Phase 3 Clinical Update**: Our Clinical Program and Path Forward ***Michael Davidson, MD, CEO,*** *NewAmsterdam*
9:30am	**Science Update:** New Research on Obicetrapib's Potential Benefits Beyond LDL-C ***John Kastelein, MD, PhD, FESC, CSO****, NewAmsterdam*
10:15am	**Commercial Update:** Preparing for a Transformational Launch ***BJ Jones, CCO,*** *NewAmsterdam*
10:45am	**Q&A**
10:55am	**Break**
11:00am	**KOL Discussion:** Patient Care in a World with Obicetrapib ***Jorge Plutzky, MD,*** *Brigham and Women's Hospital, Harvard Medical School* ***Ann Marie Navar, MD, PhD****, UT Southwestern Medical Center* ***Ashish Sarraju, MD****, Cleveland Clinic's Tomsich Family Department of Cardiovascular Medicine*
11:40am	**Closing** ***Michael Davidson,*** *MD, CEO, NewAmsterdam*

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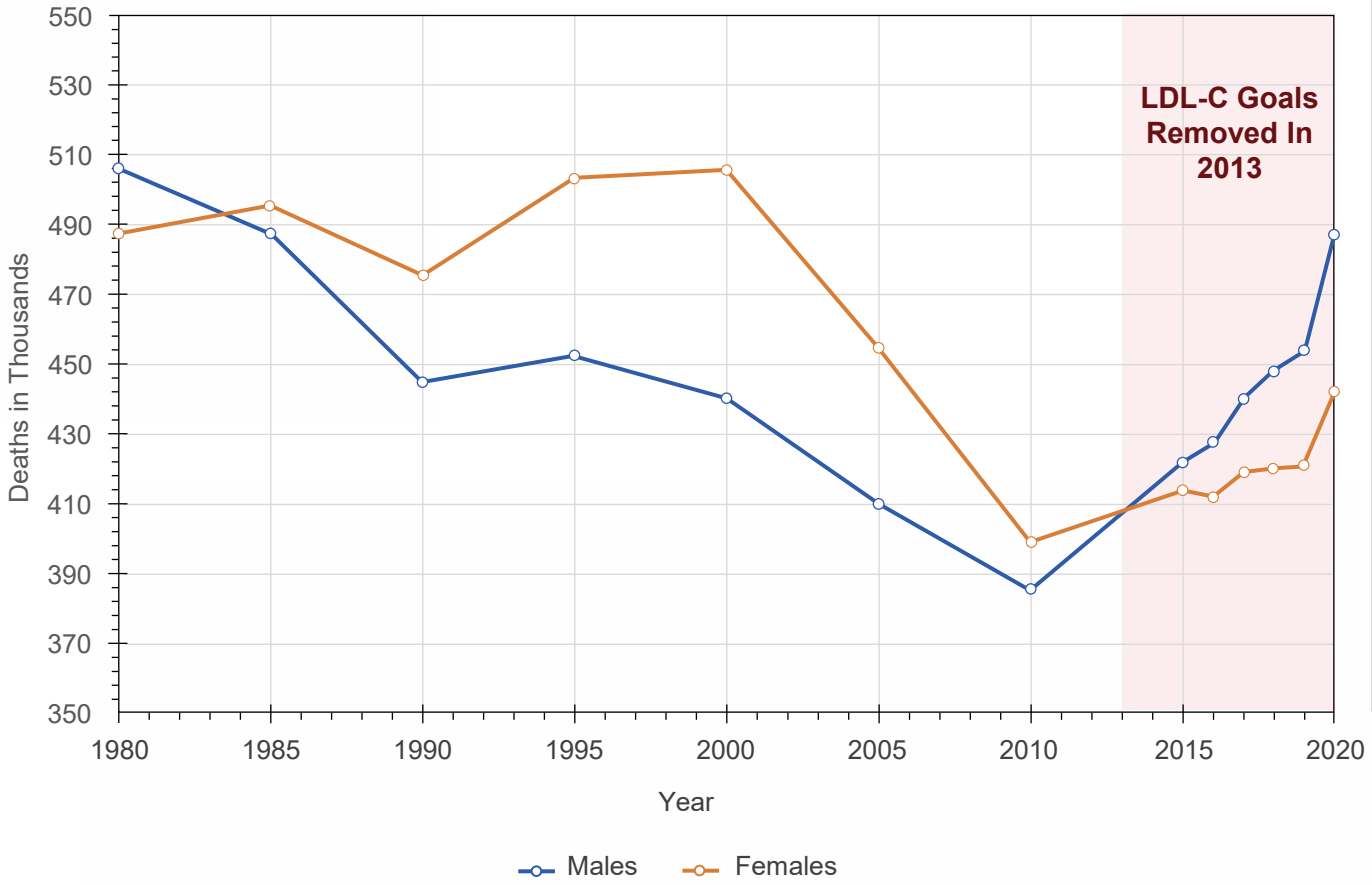
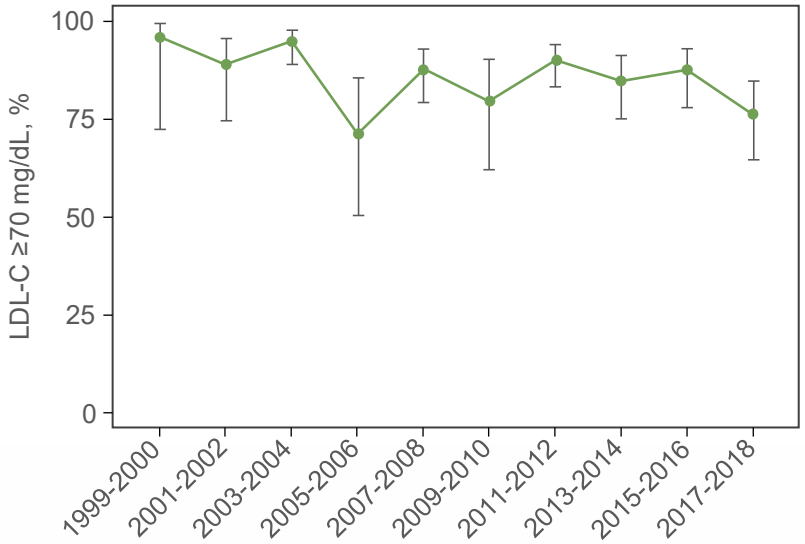
CV Events Took an Alarming Turn Following Removal of LDL-C Guidelines in 2013

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]

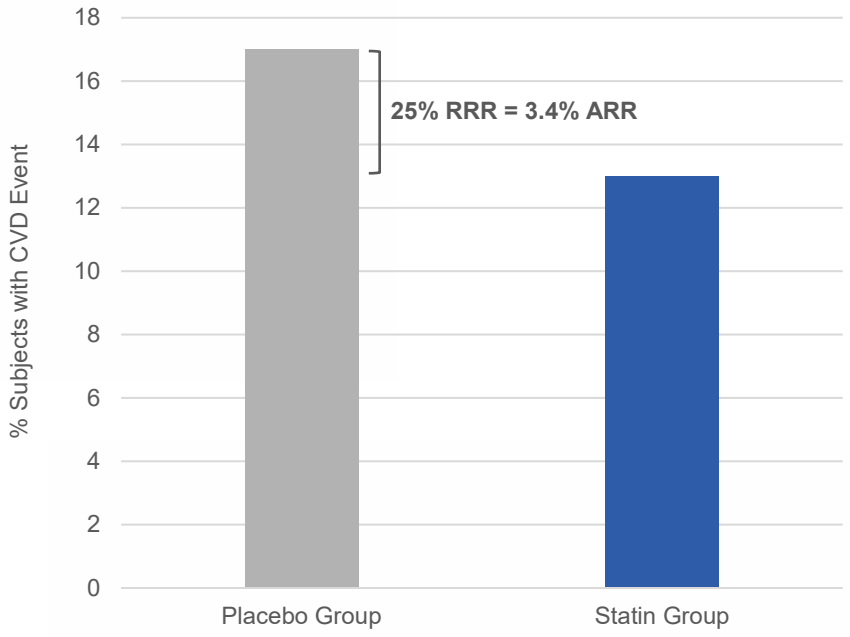


~75% of ASCVD patients are NOT at their risk-based LDL-C goal

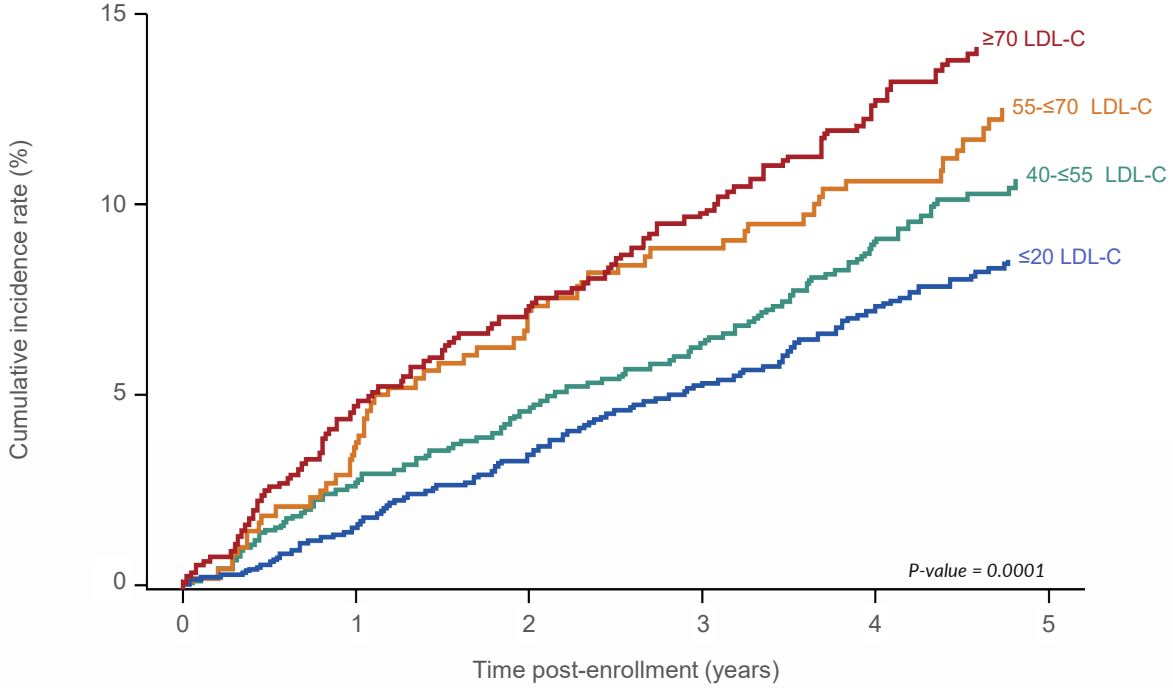
1 Tsao, CW., et. al., Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association, Circulation. 2023;147:e00–e00. DOI: 10.1161/CIR.0000000000001123 2. Yumin Gao, Y., et.al., US Trends in Cholesterol Screening, Lipid Levels, and Lipid-Lowering Medication Use in US Adults,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

Despite Advanced Treatments and Patient Lifestyle Changes, High LDL-C Continues to be Associate with MACE

Average of Clinical Trial Results



Risk of CV Death, MI, Stroke



Numerous studies demonstrate resurgence of paradigm "lower is better"

Sources: Trinity NewAmsterdam Market Research Summary; Trinity quantitative market research with N = 100 PCPs and Cardiologists; Bloomberg Prescription Data; IQVIA Rx Tracker. (1) Literature review suggesting hypercholesterolemia prevalence of ~94mm in the US (average of He et al. 2020, Mercado et al. 2015, Muntner et al. 2013) and ~137mm in EU5 (average of Gomez-Huelgas et al. 2010, Guallar-Castillon et al. 2012, Tragni et al. 2012, Grau et al. 2011 (3) 8mm statin-intolerant & 22mm above LDL-C target: Percentage of patients in each category estimated from Trinity quantitative market research and the – percentages were then applied to the estimated 84mm treated number above. (4) <1mm branded patients: 2020 US prescription data for Repatha, Praluent, and Nexletol/Nexlizet were pulled from the Bloomberg Prescription Data Portal that Trinity subscribes to; assuming 12 scripts/year and 70% compliance for PCSK9s (based on PCSK9 literature) and 59% compliance for Nex/Nex (based on statin literature) patient volume estimates were derived from the prescription data and extrapolated to the EU5. (5) Gaba P, et. al., Association Between Achieved Low-Density Lipoprotein Cholesterol Levels and Long-Term Cardiovascular and Safety Outcomes: An Analysis of FOURIER-OLE. Circulation. 2023 Feb 13. doi: 10.1161/CIRCULATIONAHA.122.063399.

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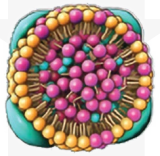
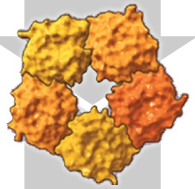
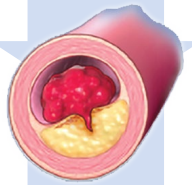
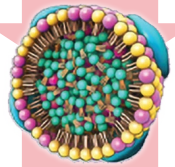
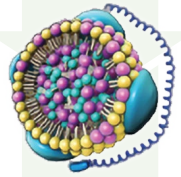
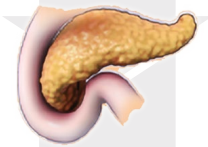
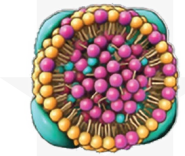
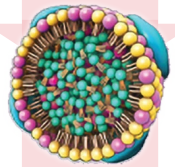
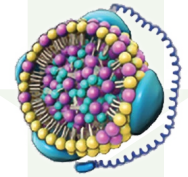
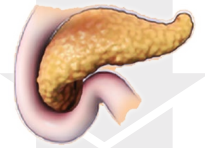
Multiple Sources of Residual Risk Need to be Addressed by Additional Therapies

Despite contemporary evidence-based therapies, residual risk of ASCVD events persists

Biological Issue	Residual Cholesterol Risk	Residual Inflammatory Risk	Residual Thrombotic Risk	Residual ApoB, Small-LDL-P, Remnant Cholesterol Risk	Residual Lp(a) Risk	Residual Diabetes Risk
						
Critical Biomarker	LDL-C ≥55 mg/dL	hsCRP ≥2mg/L	No simple biomarker	Small LDL-P	Lp(a) ≥30mg/dL	Weight HbA1c Fasting glucose HOMA-IR

Obicetrapib is Well Suited to Address Multiple Sources of Residual Risk

	Residual Cholesterol Risk	Residual Inflammatory Risk	Residual Thrombotic Risk	Residual ApoB, Small-LDL-P, Remnant Cholesterol Risk	Residual Lp(a) Risk	Residual Diabetes Risk
Biological Issue						
Critical Biomarker	LDL-C ≥55 mg/dL	hsCRP ≥2mg/L	No simple biomarker	Small LDL-P	Lp(a) ≥30mg/dL	Weight HbA1c Fasting glucose HOMA-IR
Limitation of Statins	Limited reduction of LDL-P and small LDL-P			Statins disproportionately impact larger particles	Statins increase Lp(a)	Statins increase diabetes risk
obicetrapib	*Obicetrapib observed to reduce atherogenic LDL-C concentrations normalizing the lipoprotein profile to reflect a physiological profile*			*Obicetrapib observed to lower small LDL-P by 90%+ and total particles by over 70% in combination with ezetimibe*	*Obicetrapib's observed Lp(a)-lowering effect (~57% lowering seen in Ph2 with 10mg dose) counteracts Lp(a)-raising effect observed with statins*	*CETPi has the potential to reverse diabetes risk, potentially ameliorating key concerns about high dose statins*

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]
Approval	Approved	Approved	Approved	LDL-C data 2026E (CVOT data 2029E)
MACE Benefit	7%	13%	15%	TBD
Observed LDL-C Reduction	25%	17%	45-50%	50-59% (~20% with food)
Administration	Oral (small molecule)	Oral (small molecule)	Injectable (mAb)	Oral (peptide)
Dosing	10mg	180mg	140-150mg	380mg (20mg API + 360mg SNAC)
Food Effect	No	No	No	Yes (8hr fast & 30min wait)
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]
Lp(a) lowering	None	None	15-30%	20-25%
				

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 charateristics.
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: Blom, 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

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

43%
mean LDL-C lowering as monotherapy*

59%
mean LDL-C lowering in combination with ezetimibe, observed on top of high-intensity statins

>800 pts
of tolerability data, with blinded data in >10,000 pts

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

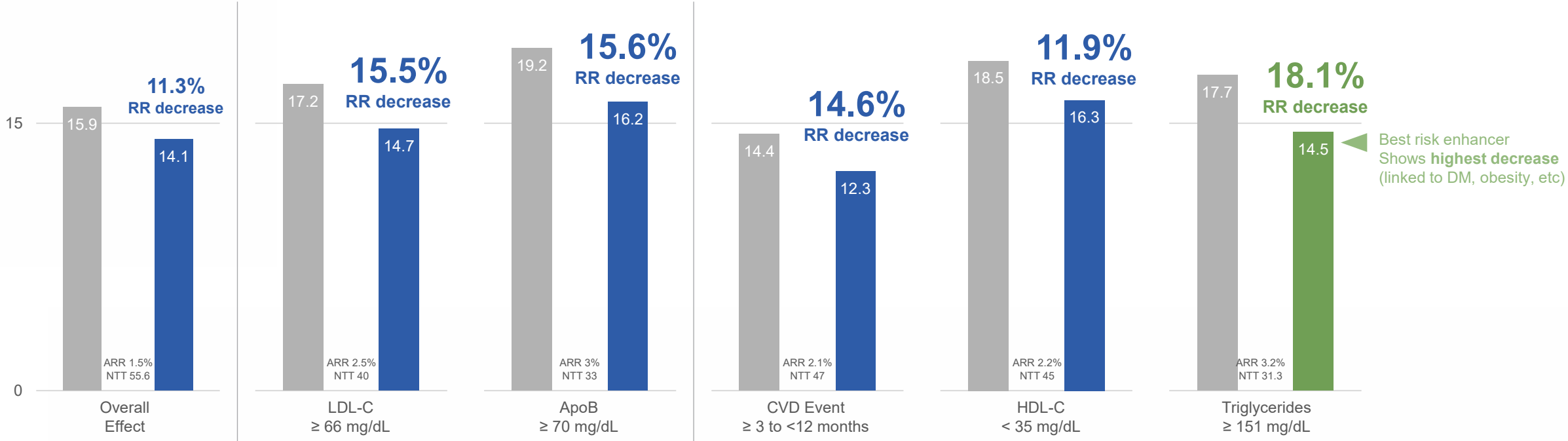
Source: Company data for obicetrapib 10mg monotherapy, *Pooled data includes TULIP, ROSE, ROSE2, and Japan Phase 2 data sets

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

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

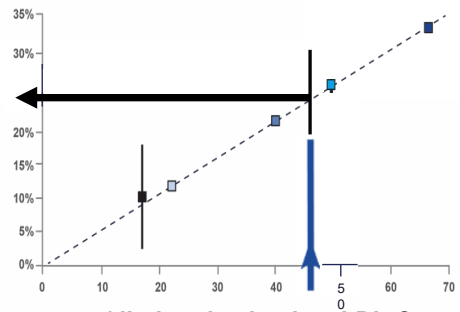
LDL-C

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**

>20% drop in MACE



~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.

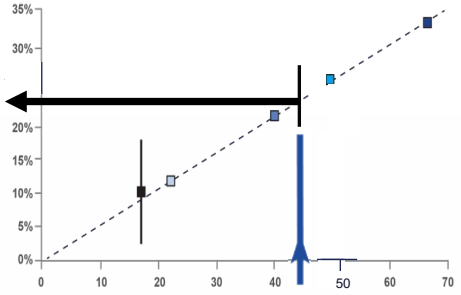
Non-HDL-C

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**

>20% drop in MACE



~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.

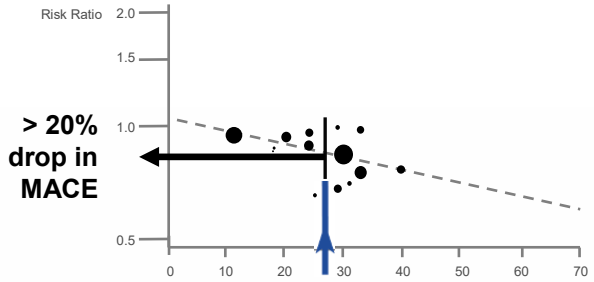
ApoB

98 mg/dL × **27%** = **~26** mg/dL

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

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

> 20% drop in MACE



~ 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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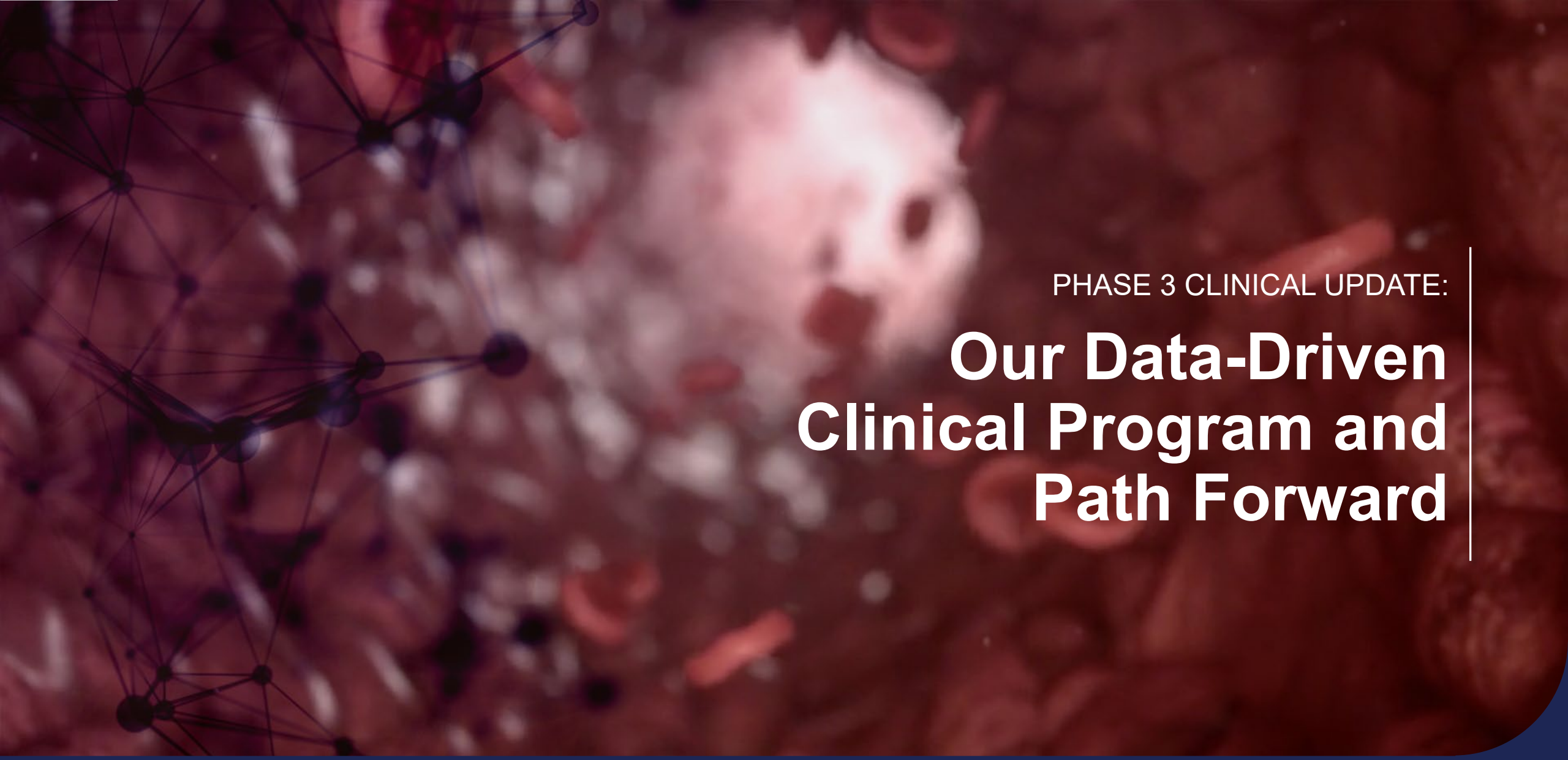
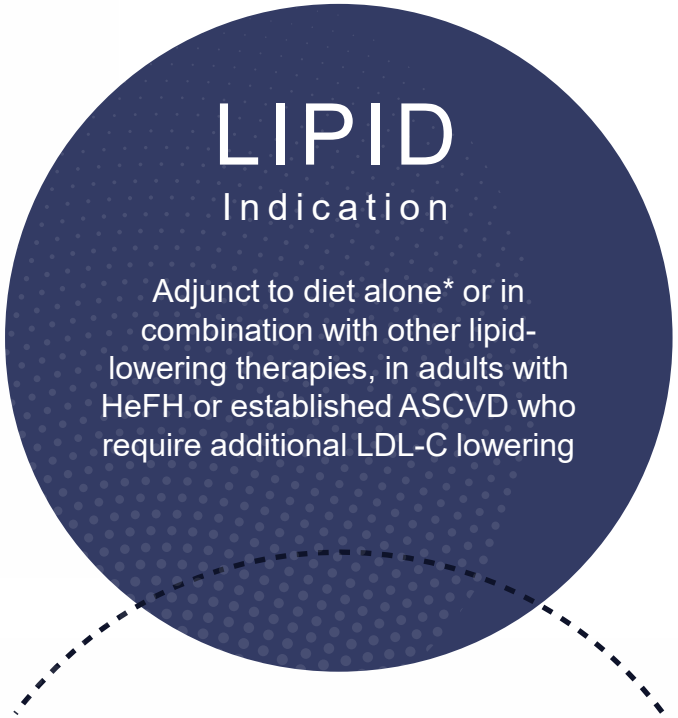


PHASE 3 CLINICAL UPDATE:

Our Data-Driven Clinical Program and Path Forward

Two Potential Indications Supported by Three Clinical Trials



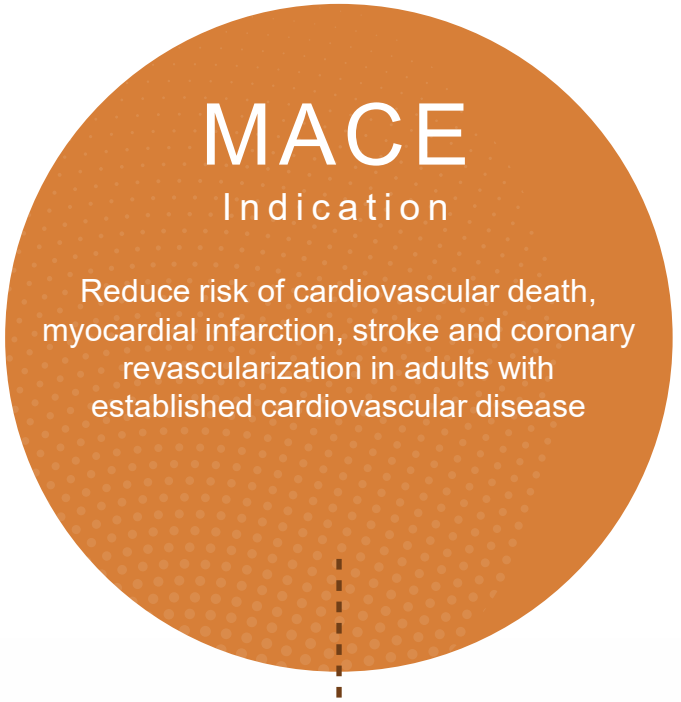
Phase 3 Trials:

10 mg Obicetrapib in participants with HeFH &/or ASCVD; N=2,700; PRIMARY ENDPOINT = LDL-C at 12 wks (total trial 52 wks)

BROADWAY TRIAL
ASCVD or HeFH
LDL-C ≥55 mg/dL
N = 2,532

+

BROOKLYN TRIAL
HeFH
LDL-C ≥70 mg/dL
N = 354



PREVAIL: Cardiovascular Outcomes Trial (CVOT):

10 mg Obicetrapib in participants with ASCVD who are not adequately controlled despite maximally tolerated lipid-modifying therapies (LDL-C ≥ 55 mg/dL); N=9,541; 30 month minimum follow-up;

PRIMARY ENDPOINT = 4-Point MACE

HeFH = heterozygous familial hypercholesterolemia; ASCVD = atherosclerotic cardiovascular disease
* ex-US prior to CVOT readout

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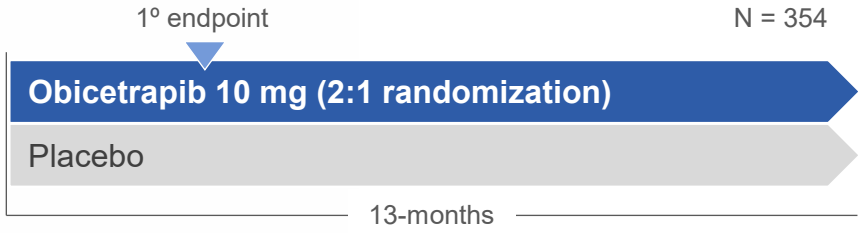
BROOKLYN

Study Design and Baseline Characteristics

Obicetrapib on Top of Maximum Tolerated Lipid-Modifying Therapies: A Placebo-Controlled, Double-Blind, Randomized, Phase 3 Study to Evaluate the Effect of 10 mg Obicetrapib in Participants with a History of HeFH and LDL-C ≥70 mg/dL who are Not Adequately Controlled by Their Lipid-Modifying Therapies

Study Design



Key Inclusion Criteria

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

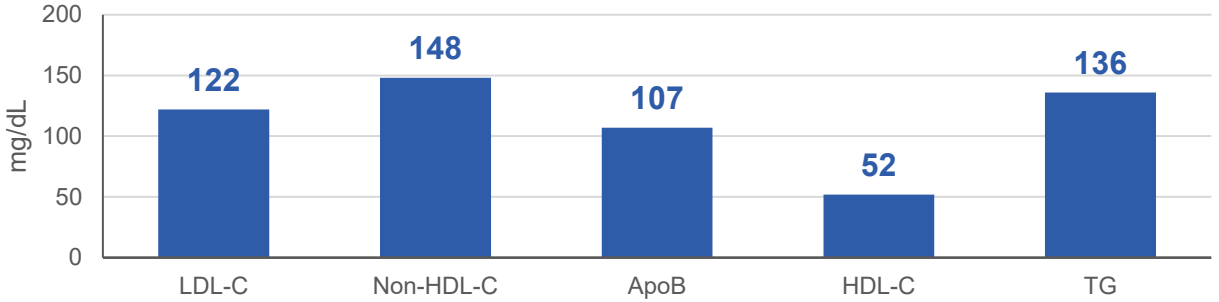
Key Exclusion Criteria

- HoFH
- Uncontrolled hypertension

Endpoints

- Primary: LDL-C at 12-weeks
- Secondary: ApoB, Lp(a), non-HDL-C
- Safety: AE's, vitals, laboratory

Baseline Lipids (mean)



Demographics

- 54% Female
- 57 years of age
- BMI: 29 kg/m^2

Regions

- N. America
- S. Africa
- Europe

Baseline Lipid Modifying Therapy

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

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BROADWAY

Study Design and Baseline Characteristics

Obicetrapib on Top of Maximum Tolerated Lipid-Modifying Therapies: A Placebo-Controlled, Double-Blind, Randomized Phase 3 Study to Evaluate the Effect of 10 mg Obicetrapib in Participants with Underlying HeFH and/or Atherosclerotic Cardiovascular Disease (ASCVD) who are Not Adequately Controlled by Their Lipid-Modifying Therapies

Study Design

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

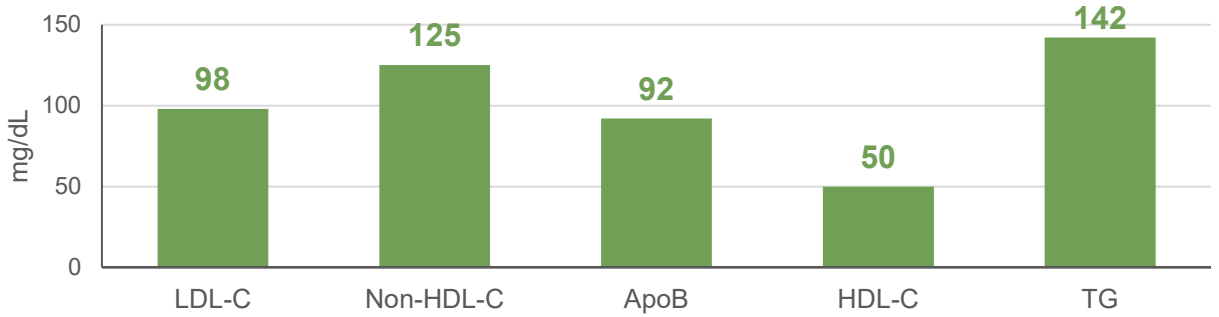
Key Exclusion Criteria

- HoFH
- Uncontrolled hypertension

Endpoints

- Primary: LDL-C at 12-weeks
- Secondary: ApoB, Lp(a), non-HDL-C
- Safety: AE's, vitals, laboratory, ABPM

Baseline Lipids (mean)



Demographics

- 34% Female
- 65 years of age
- BMI: 30 kg/m^2

Baseline Lipid Modifying Therapy

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

Regions

- N. America
- Europe
- Asia/Australia

Medical History

- ASCVD 76%
- HeFH 14%
- Diabetes 31%

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Alzheimer's Disease Sub-study Provides Opportunity to Further Explore Effects of Obicetrapib on Additional Biomarkers

Initial data for obicetrapib 10mg observed to decrease 24s- & 27s-hydroxycholesterol ("OH") in both plasma and cerebrospinal fluid ("CSF") in phase 2a study (n=13)

Obicetrapib was observed to be well-tolerated. No serious adverse events were reported, nor were any adverse events considered to be related to the study drug

Alzheimer's Disease Sub-study

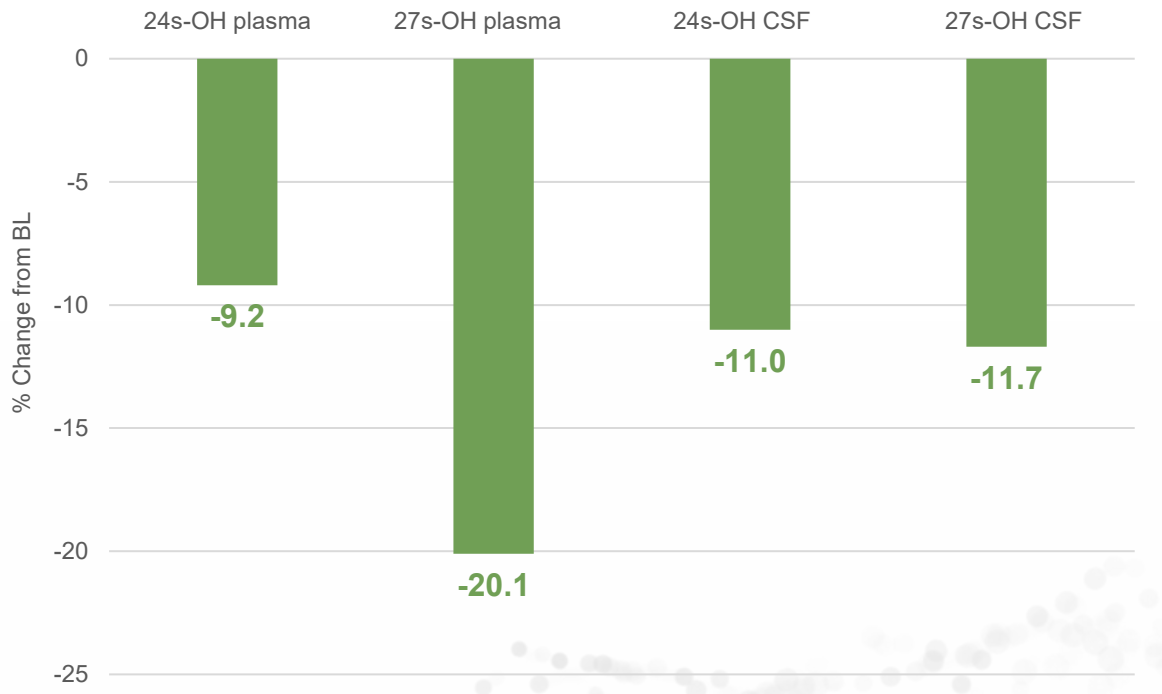
Objective

- Evaluate the effects of obicetrapib compared to placebo on biomarkers related to Alzheimer's disease

Endpoints

- Incidence of ApoE phenotype in high-risk cardiovascular population
- Difference in percent change from baseline between obicetrapib and placebo for the following biomarkers:
  - Aβ40/Aβ42
  - Ptau 181
  - Ptau 217

Obicetrapib

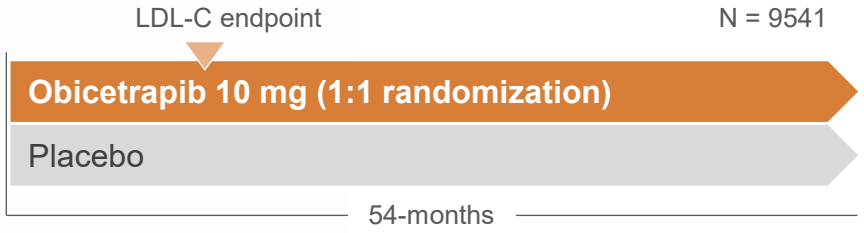


PREVAIL

Study Design and Baseline Characteristics

Obicetrapib and Cardiovascular Outcomes: A Placebo-Controlled, Double-Blind, Randomized Phase 3 Study to Evaluate the Effect of 10 mg Obicetrapib in Participants with Atherosclerotic Cardiovascular Disease (ASCVD) who are Not Adequately Controlled Despite Maximally Tolerated Lipid-Modifying Therapies

Study Design



Key Inclusion Criteria

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

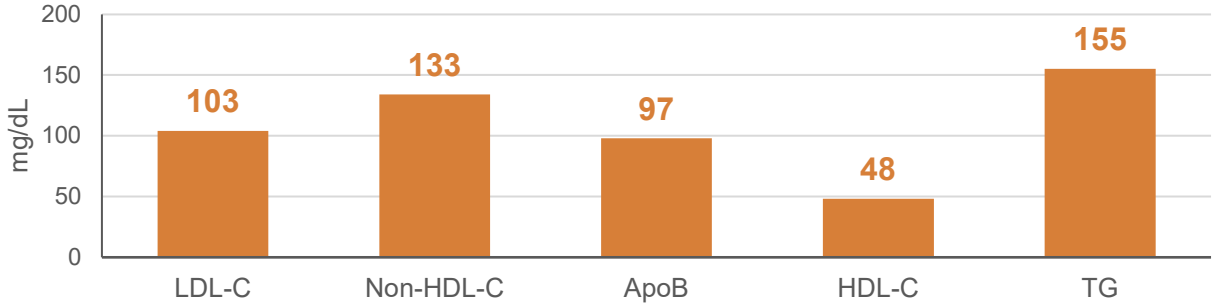
Key Exclusion Criteria

- HoFH
- Uncontrolled hypertension

Endpoints

- Primary: MACE-4
- Secondary: MACE-3, MACE components
- Lipid: LDL-C at 1-year, ApoB, Lp(a), non-HDL-C
- Safety: AE's, vitals, laboratory

Baseline Lipids (mean)



Demographics

- 31% Female
- 65 years of age
- BMI: 30 kg/m^2

Baseline Lipid Modifying Therapy

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

Regions

- N. America
- Europe
- Asia/Australia
- S. Africa

Medical History

- Diabetes ~45%

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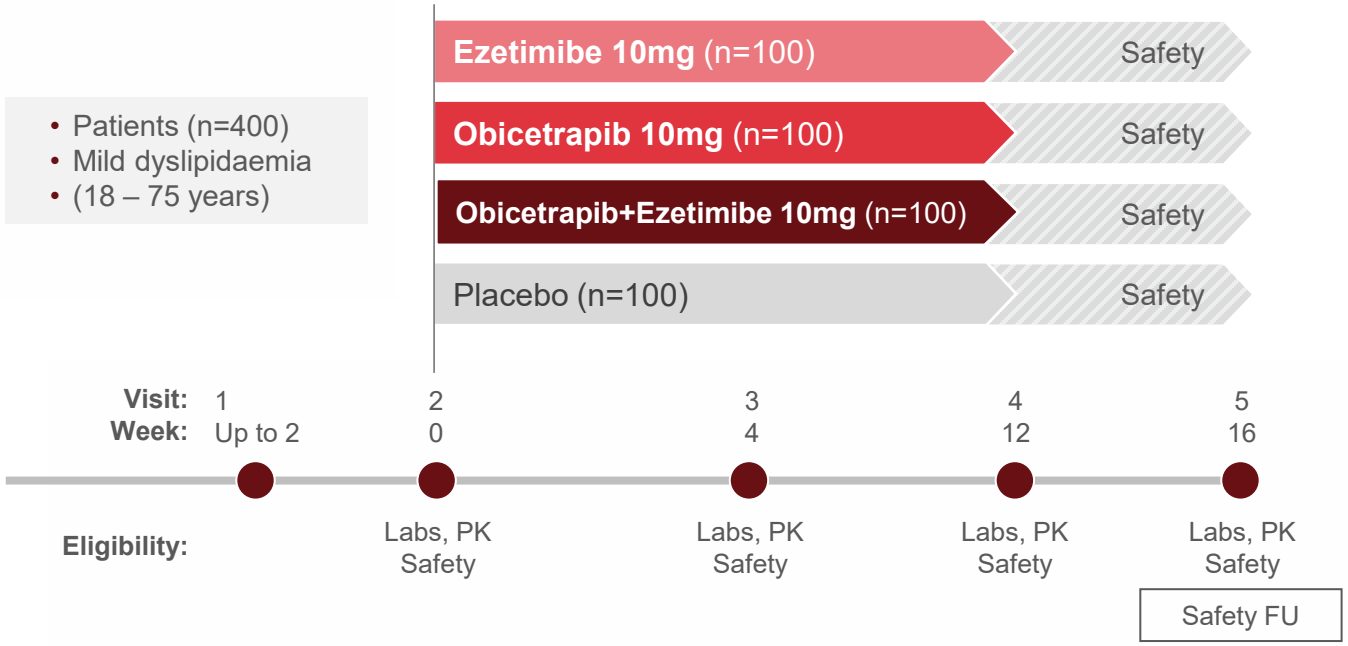
TANDEM

Phase 3 Study Design

Rationale: Pivotal Study for obicetrapib/ezetimibe fixed-dose combination product
Objective: To evaluate the effect of obicetrapib 10 mg/ezetimibe 10 mg on top of maximum LMT on LDL-C in patients with ASCVD

Study Design



Inclusion Criteria

- LDL-C ≥ 70 mg/dL
- ASCVD or ASCVD risk equiv

Primary Endpoint

- Percent change from baseline in LDL-C compared to placebo at Week 12
- Co-Primary Endpoints
  1. FDC vs. Placebo
  2. FDC vs. Ezetimibe
  3. FDC vs. Obicetrapib

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SCIENCE UPDATE:

New Research on Obicetrapib's Potential Benefits Beyond LDL-C

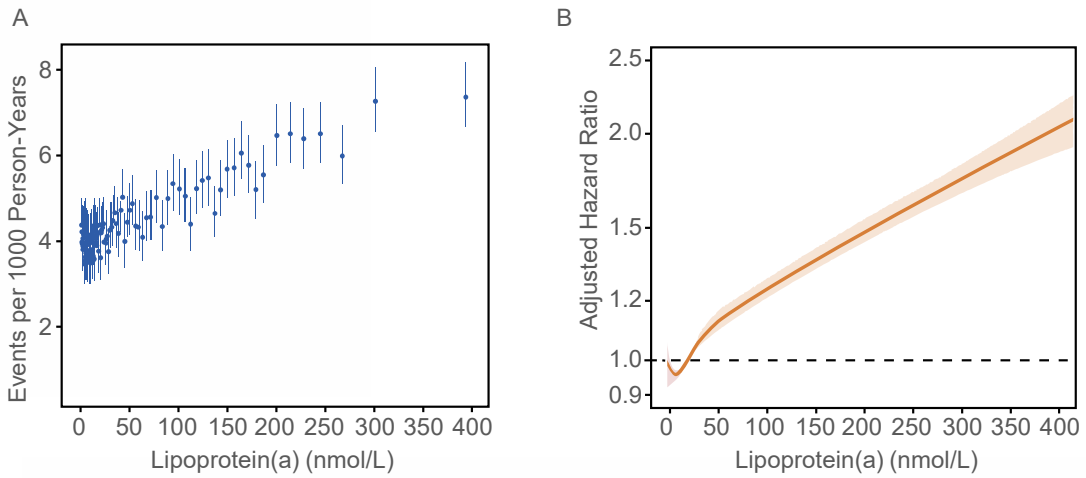
New Research Validates Obicetrapib's Mechanism, Synergistic Effect and Potential Impact Beyond LDL-C

1. Obicetrapib Reduction of Lp(a) Clinical Results
2. Obicetrapib and Ezetimibe Mechanism and Combination Studies
3. Obicetrapib and the Reduction of Atherosclerotic Development Pre-clinical Study
4. CETP Inhibition and Lower Risk of New Onset Diabetes
5. Obicetrapib Robust LDL-P Reduction Clinical Data
6. HDL-C Levels and Total Mortality

Residual Lp(a) Risk

Lp(a) Concentrations Have Been Associated with Incidence and Risk of ASCVD

Incidence and Risk of Atherosclerotic Cardiovascular Disease and Lp(a) (lipoprotein[a]) Concentration



Linear gradient in risk in the relationship of Lp(a) concentrations with incident ASCVD

Even with high prevalence, there are currently no pharmacologic therapies approved for reducing Lp(a)

Lp(a) distribution in general population extrapolated from the graph					
Prevalence	20%	10%	5%	1%	<0.1%
Lp(a) levels	60 mg/dL	90 mg/dL	116 mg/dL	180 mg/dL	245 mg/dL
Number (US)	64,000,000	32,000,000	16,000,000	3,200,000	320,000
Number (EU)	150,000,000	75,000,000	37,500,000	7,500,000	750,000
Globally	1,400,000,000	700,000,000	350,000,000	70,000,000	7,000,000

Estimated prevalence assumes 320 million in US, 750 million in EU and 7 billion globally

Source: Patel AP, et al. Arteriosclerosis, Thrombosis, Vascular Biology.2021;41:465
Note: Lp(a) is not yet considered a validated surrogate endpoint by the FDA.

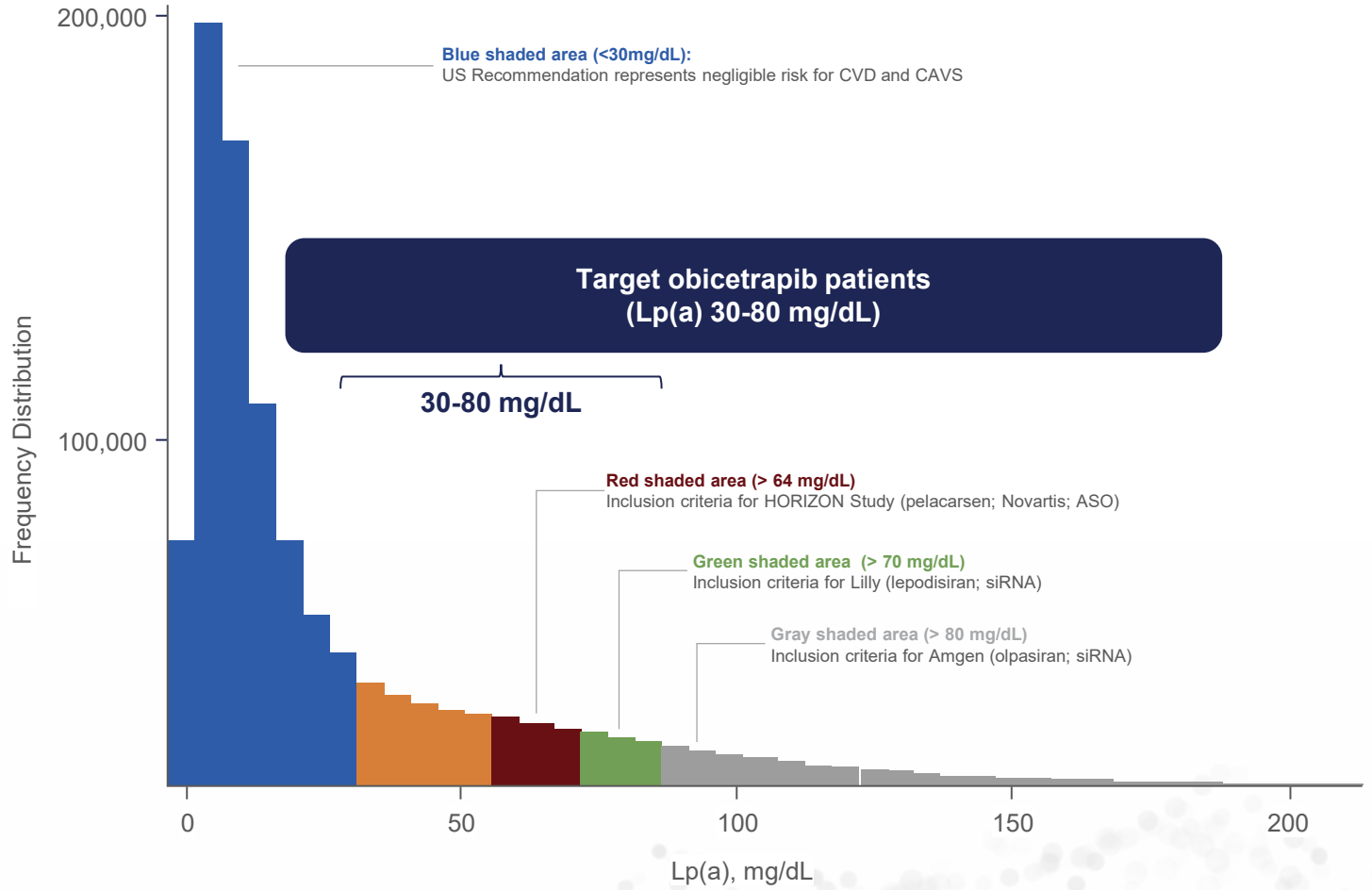
Previous CETP Inhibitors and Approved Lipid-Lowering Therapies Have Limited Effect on Lp(a)

Previous CETP inhibitors:

~-20 to -25%

Currently approved lipid lowering agents:

~-5 to -20%



Source: Varvel et al. Atheroscler Throm Vasc Biol 2016

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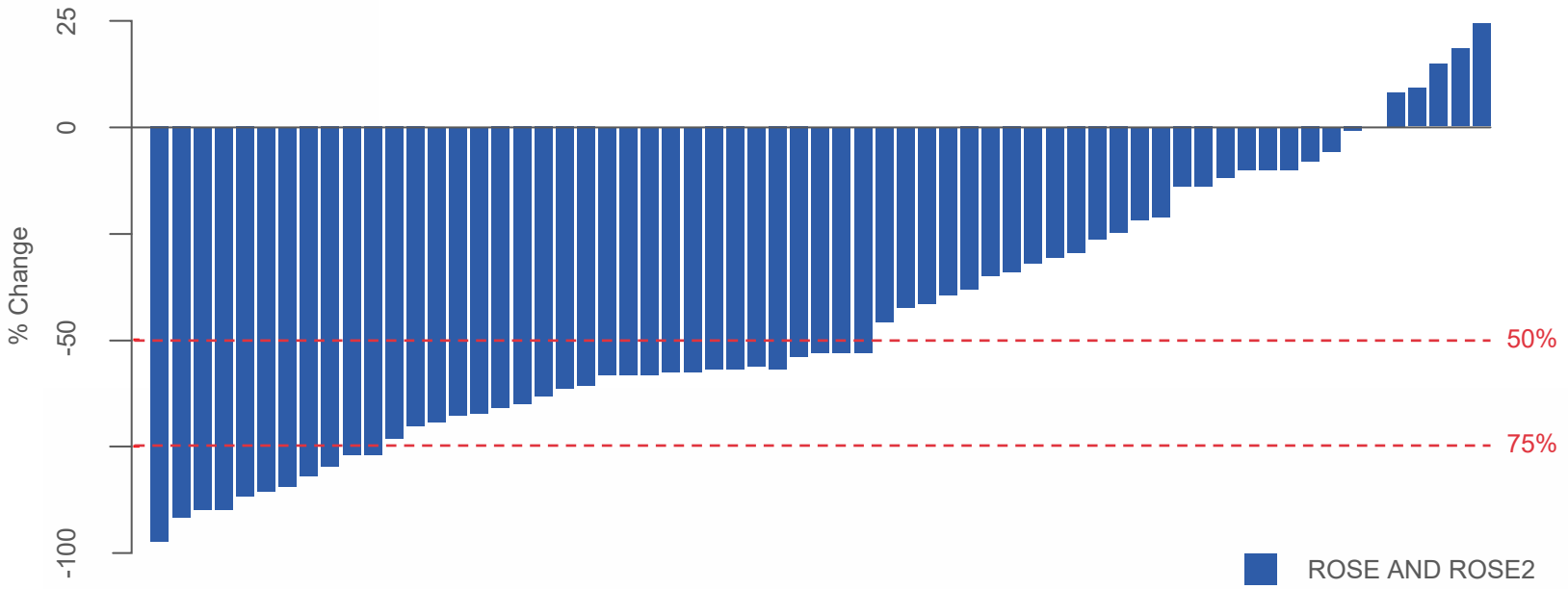
Over 50% of Patients on Obicetrapib Achieved >60% Reduction in Lp(a)

Obicetrapib 10mg Lp(a) Waterfall plot (% change from baseline)



	ROSE (n=79)	ROSE2 (n=48)
Obicetrapib 10mg	-56.5%	-47.2%
Placebo	+4.0%	+2.3%

57.1% median difference in % change, corrected for PBO in pooled analysis (p<0.001, n=127)

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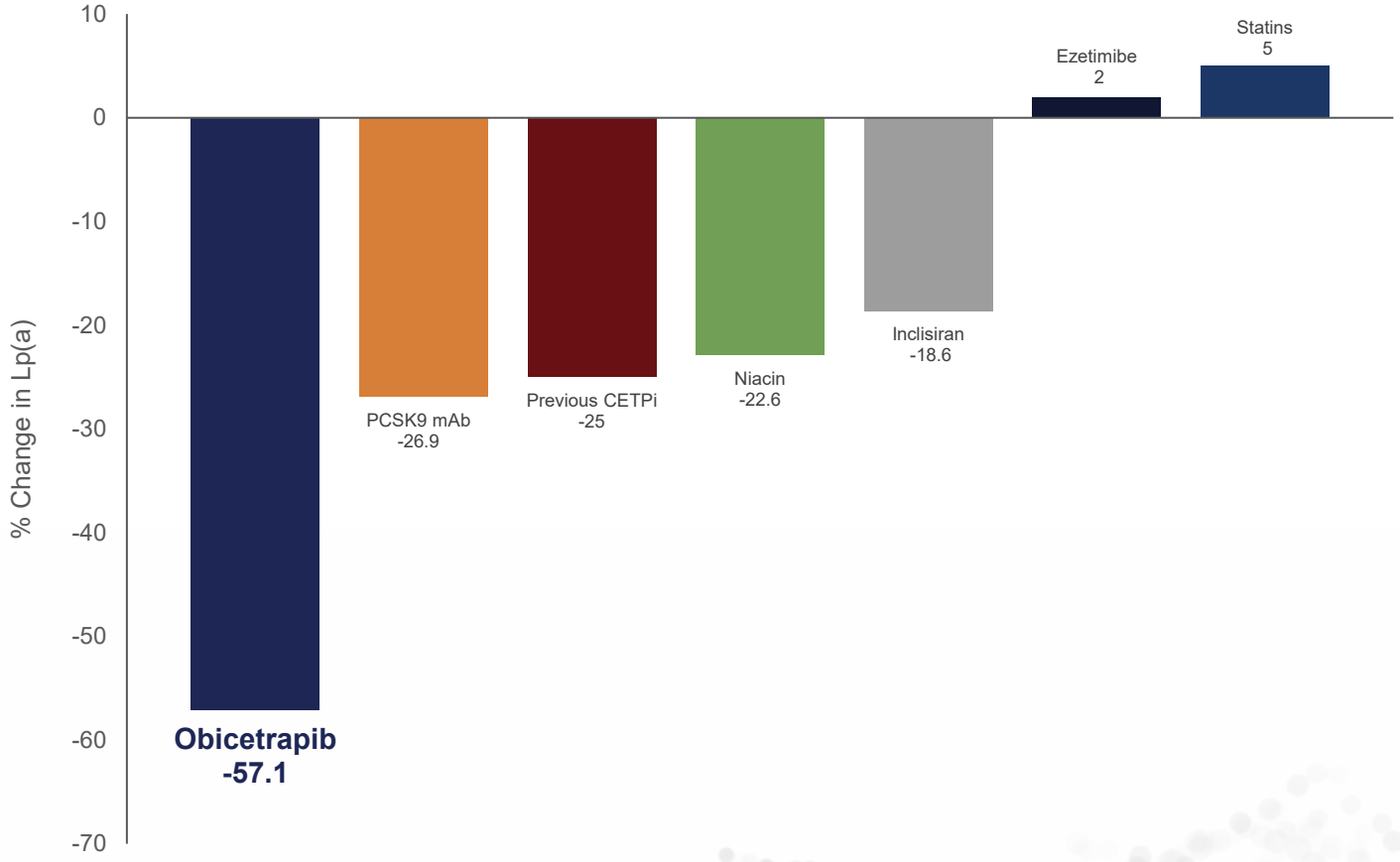
Lp(a) Response with Obicetrapib Compared to Previously Published Data from CETP Inhibitors and Approved LDL-C Lowering Agents

Obicetrapib 10 mg on top of high-intensity statin significantly lowered Lp(a) by 57% vs. Placebo, in ROSE



: The results above do not represent head-to-head comparisons. The data was obtained from clinical tirals with different objectives, designs, and patients. Actual results may differ from expectations. Comparative conclusions cannot be drawm

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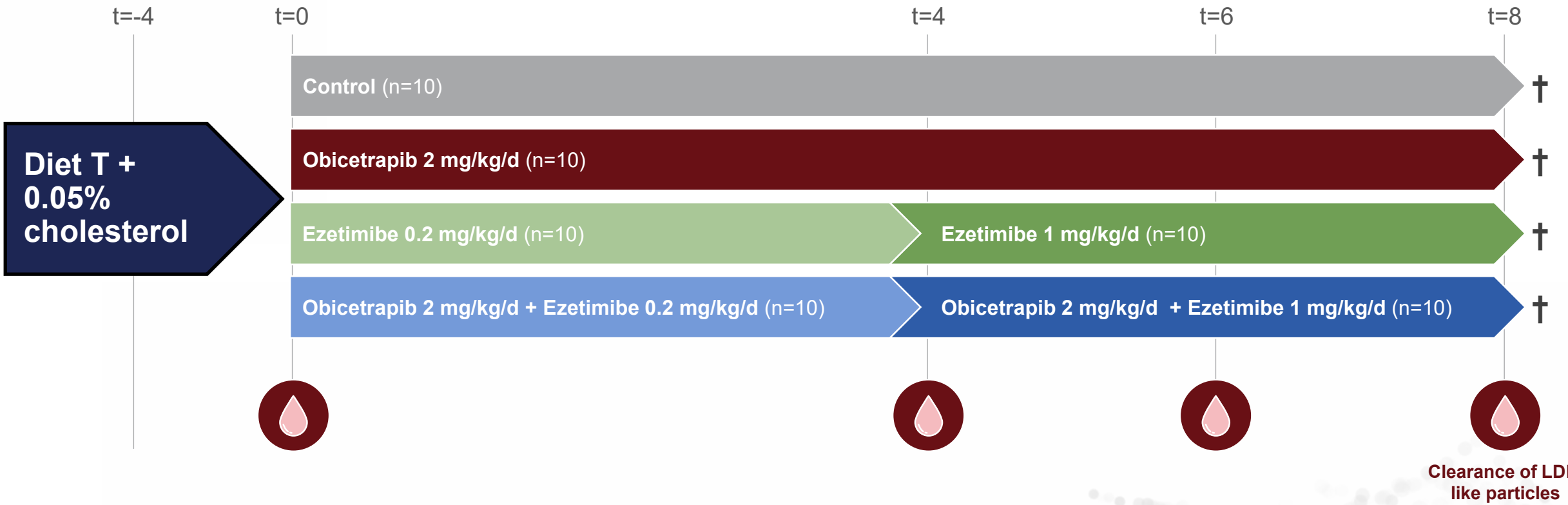
Preclinical Mechanism of Action Study

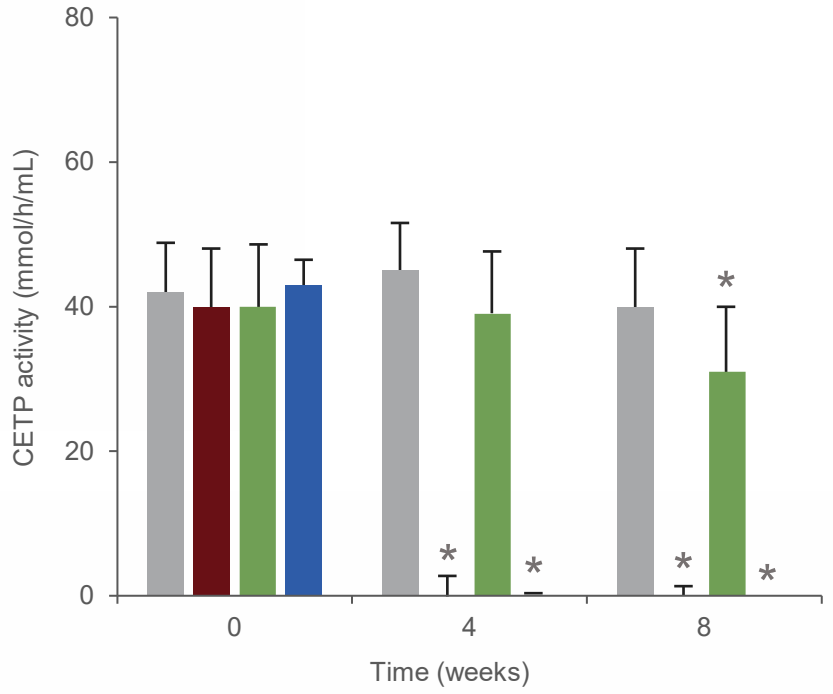
Mechanism of Action Study in Mice Designed to Assess Obicetrapib and Ezetimibe Synergistic Effect

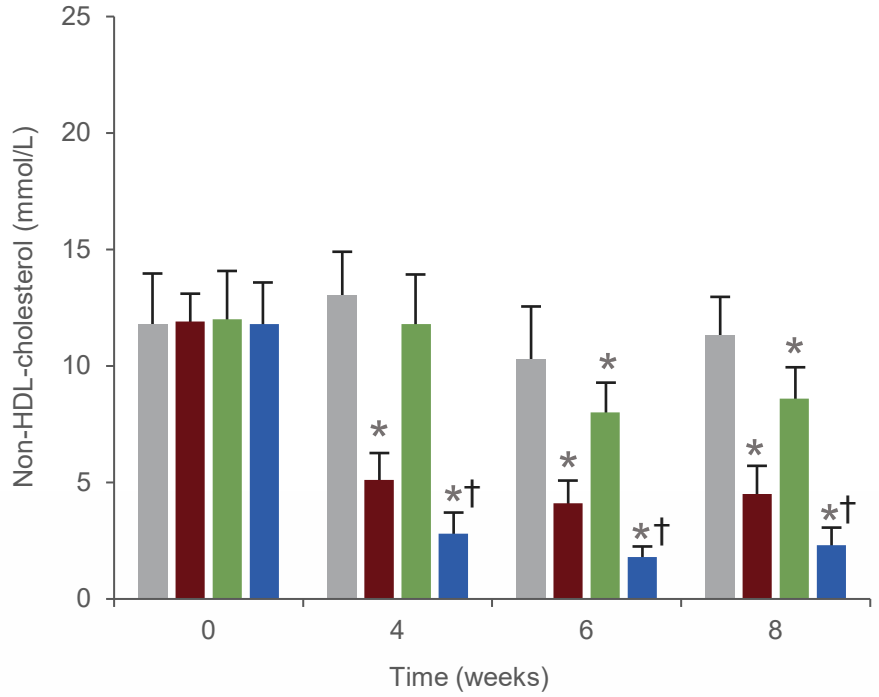
Assessed the Impact of Obicetrapib and/or Ezetimibe on Clearance of LDL-Like Particles in Female APOE*3-Leiden.CETP Mice



Source: Data on File. NewAmsterdam Pharma. VLDL: very low density lipoprotein

Obicetrapib was Observed to Block CETP Activity and Decreased Non-HDL-Cholesterol Levels in Mice





Control Obicetrapib Ezetimibe Obicetrapib + Ezetimibe

*P<0.05 vs control group. †P<0.05 obicetrapib vs obicetrapib + ezetimibe.
Source: Data on File. NewAmsterdam Pharma.

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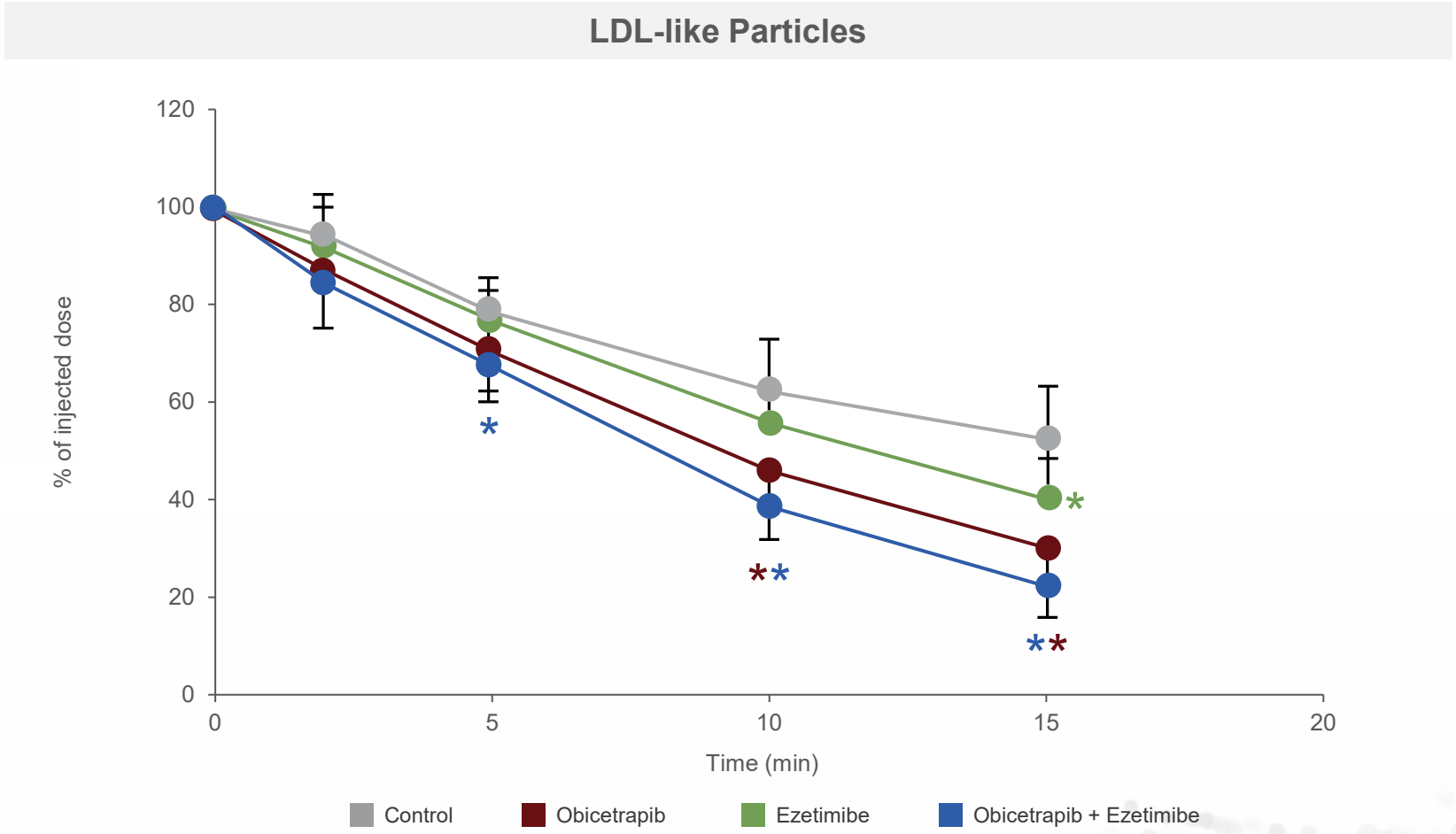
Combination of Obicetrapib and Ezetimibe were Observed to have Unique Synergistic Effect on Clearance of LDL-Like Particles in Mice



*P<0.05 vs control group.

Source: Data on File. NewAmsterdam Pharma.

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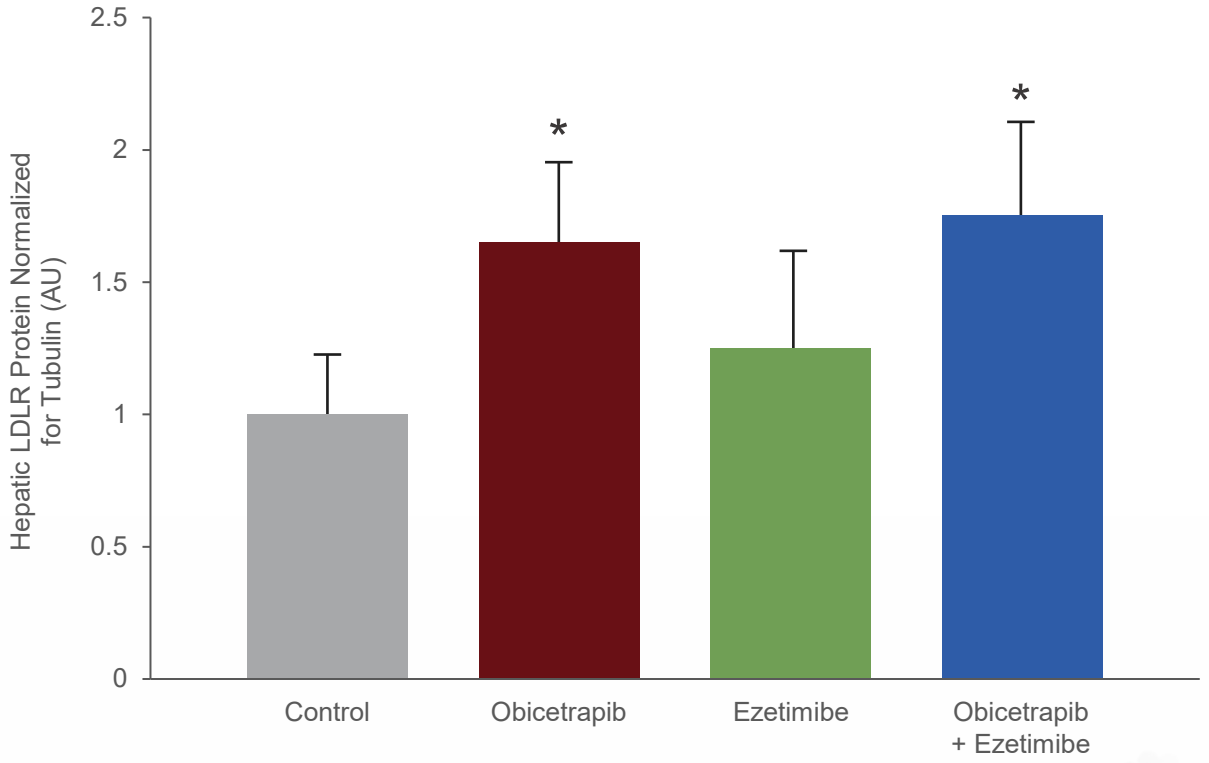
Obicetrapib Decreased LDL-like Particles by Increasing Hepatic LDLR Levels in Mice

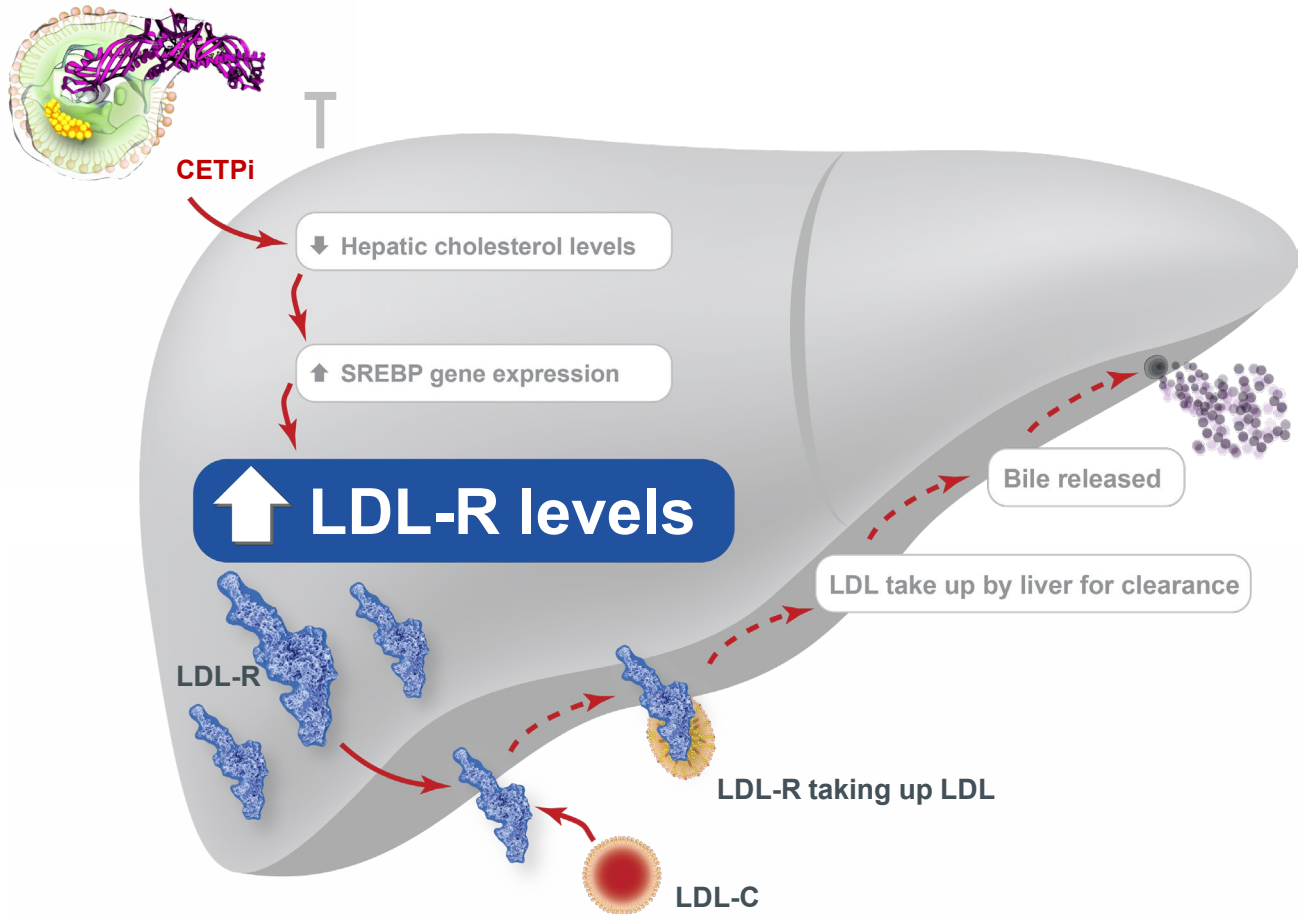
LDL-C lowering by obicetrapib is thought to be accomplished by increasing LDLR expression on hepatocytes, leading to increased clearance of LDL-particles



*P<0.05 vs control group.
Source: Data on File. NewAmsterdam Pharma.

CETPi Upregulates LDLR and Improves LDL-C and ApoB Clearance Through the Liver

Same mechanism of action as existing LDL-C lowering drugs



Most current LDL-C lowering therapies work by promoting LDL-C receptor upregulation

PCSK9i	STATINS	EZETIMIBE	OBICETRAPIB
Blocks degradation of LDL-R	Decreases cholesterol synthesis	Decreases intestinal cholesterol absorption	Designed to block transfer of cholesterol from HDL>LDL-C

Decrease in hepatic cholesterol

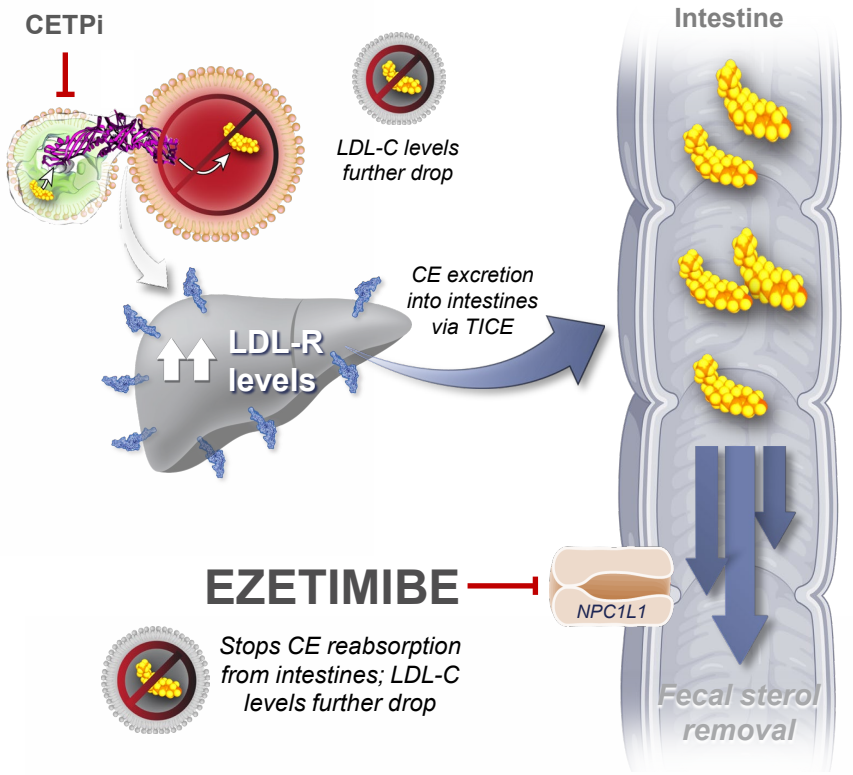
Increase in hepatic LDL-C receptors

Decrease in plasma LDL-C levels

Adapted from: Millar JS, et al., Anacetrapib lowers LDL by increasing ApoB clearance in mildly hypercholesterolemic subjects. J Clin Invest. 2015 Jun;125(6):2510-22. doi: 10.1172/JCI80025.van der Tuin SJ, et al., Anacetrapib reduces (V)LDL cholesterol by inhibition of CETP activity and reduction of plasma PCSK9. J Lipid Res. 2015 Nov;56(11):2085-93. doi: 10.1194/jlr.M057794

Obicetrapib + Ezetimibe Combination

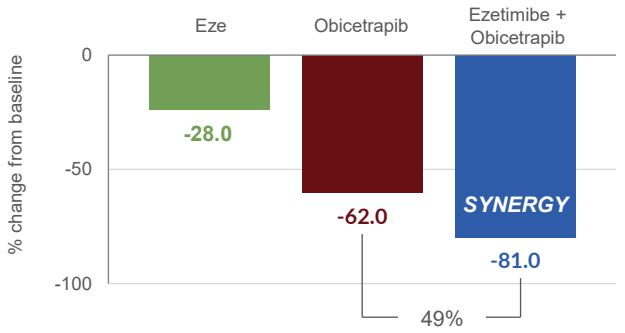
Obicetrapib and Ezetimibe may *Synergistically* Enhance Removal of Cholesterol



Obicetrapib is designed to promote more cholesterol excretion into the intestines (via TICE) while ezetimibe is designed to block cholesterol reabsorption into the body, synergistically enhancing fecal sterol removal of cholesterol

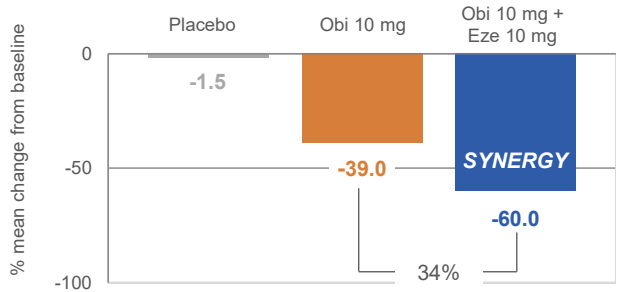
MICE

Obicetrapib + Ezetimibe Synergistically Decreased non-HDL-C in Mice



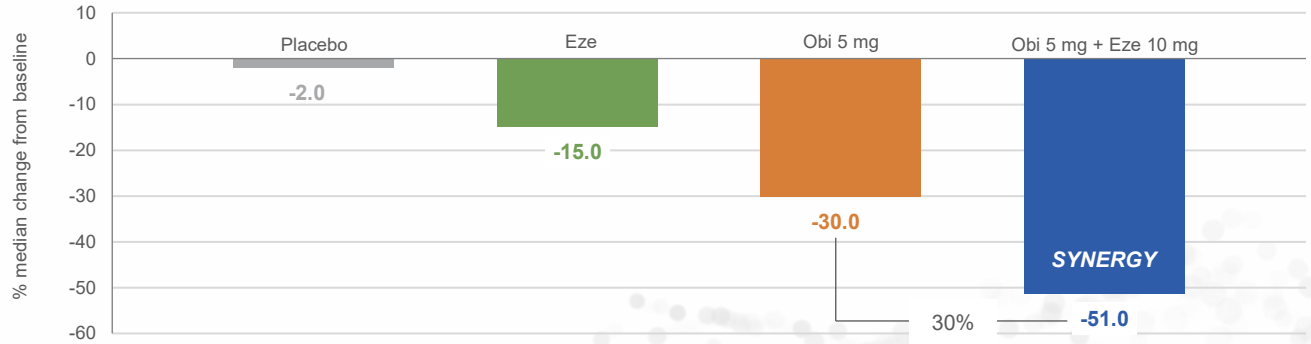
ROSE2

Obicetrapib + Ezetimibe Synergistically Decreased LDL-C in ROSE2



OCEAN

Obicetrapib + Ezetimibe Synergistically Decreased LDL-C in OCEAN



Source: Ballantyne CM, et al. J. of Clinical Lipidology 2023; Data on File

Note: The calculations included in the graphs here represent the Company's hypothetical calculation assuming one patient was treated with each drug independently.

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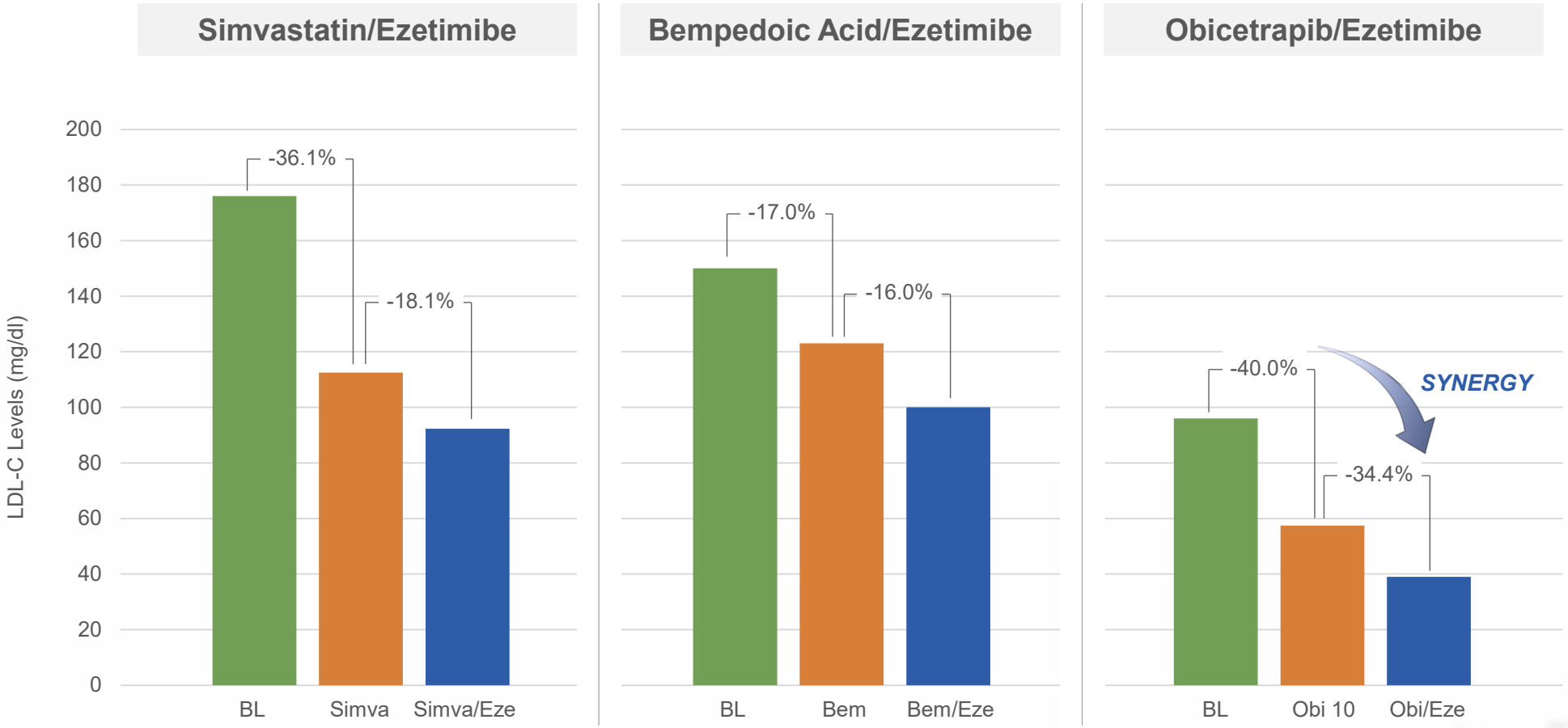
Greater LDL-C Lowering Observed with Ezetimibe in Obicetrapib Combo vs Ezetimibe with Statins and Ezetimibe with Bempedoic Acid Due to Synergistic MOA for Obi/Eze Combo

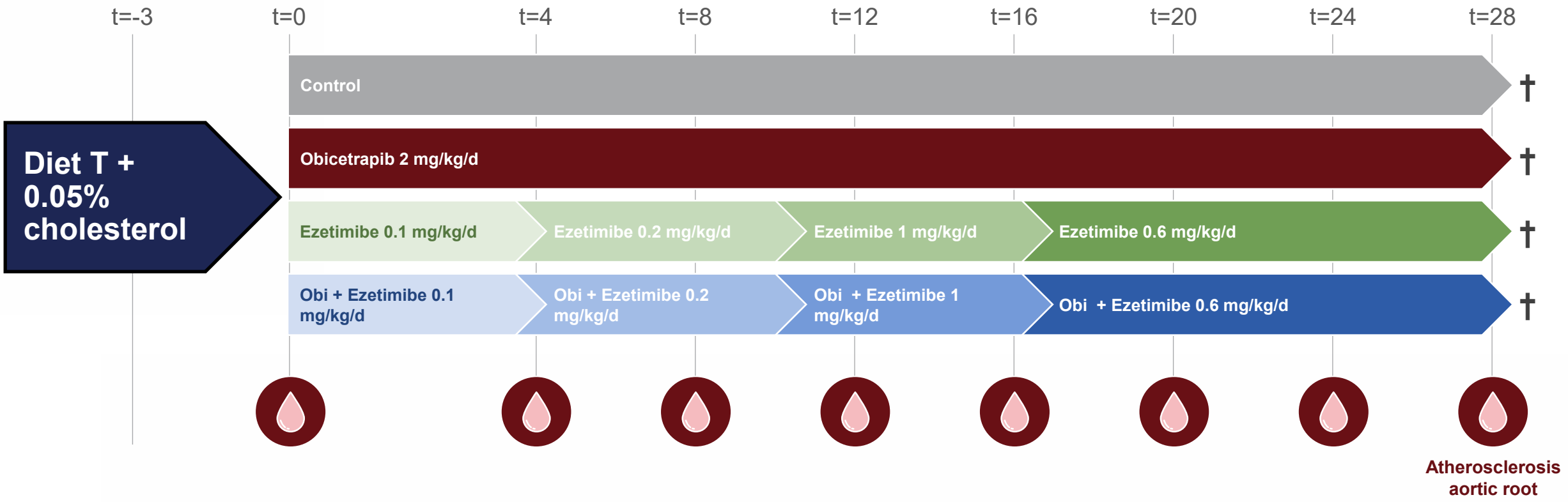


Source: Ballantyne CM, et al. J. of Clinical Lipidology 2023; Data on File; Ballantyne CM, et al. Eur J Prev Cardiol. 2020

Note: The calculations included in the graphs here represent the Company's hypothetical calculation assuming one patient was treated with each drug independently.

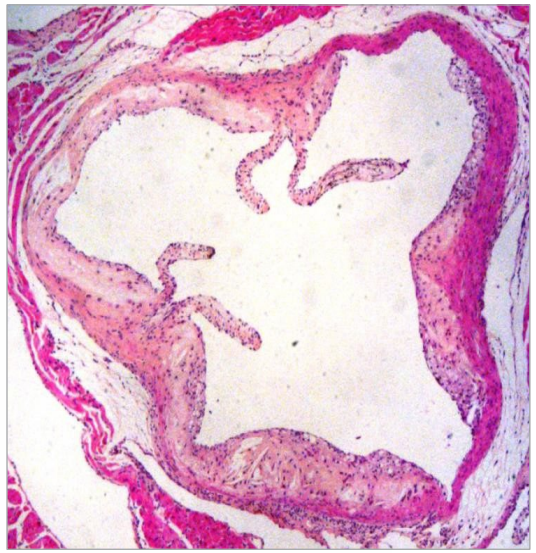
Preclinical Atherosclerosis Study

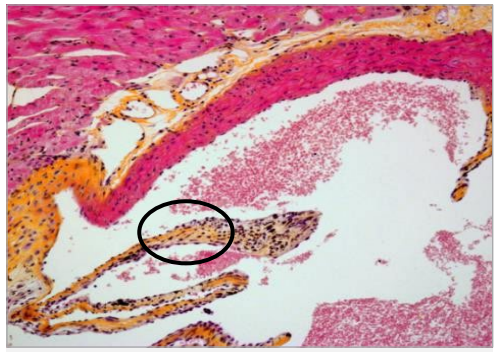
Mice Atherosclerosis Study Designed to Assess Impact of Obicetrapib and/or Ezetimibe on Atherosclerosis in the Aortic Root



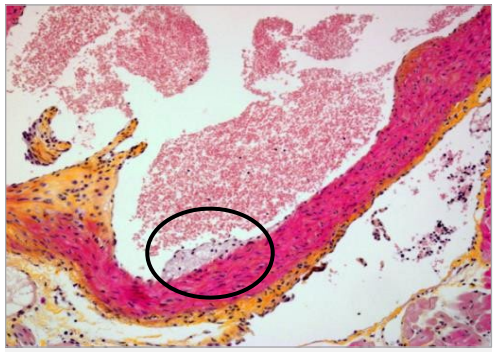
Source: Data on File. NewAmsterdam Pharma.

Atherosclerotic Lesions Remain Main Contributor to Risk for Heart Attack and Stroke

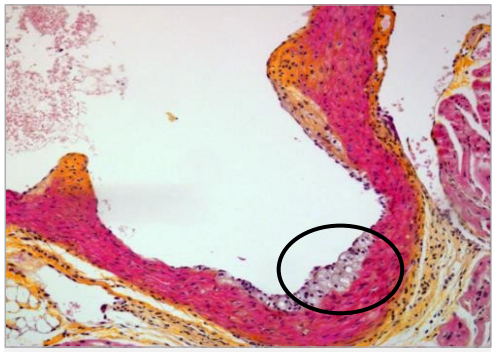




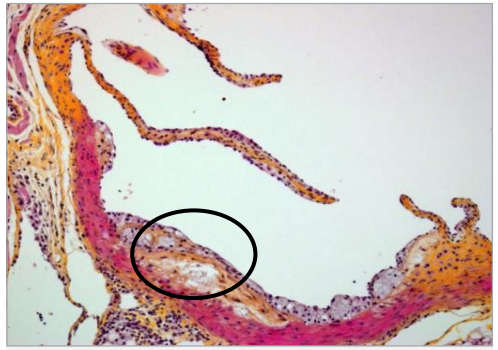
Type I – Early fatty streak
Up to 10 foam cells in the intima



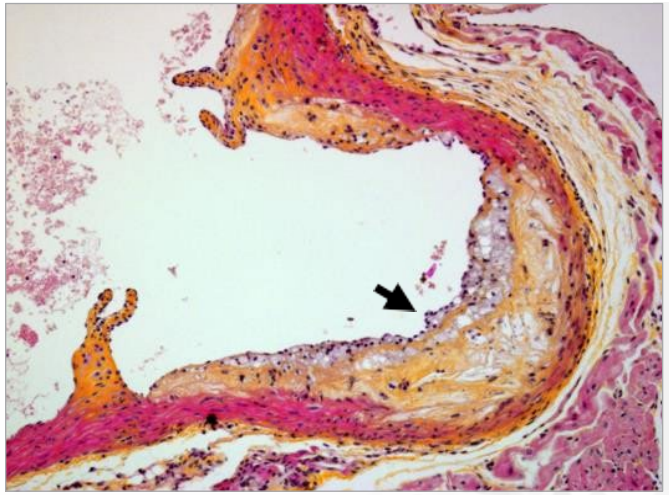
Type II – Regular fatty streak
Over 10 foam cells present in the intima



Type III – Mild plaque
Extension of foam cells into the media with presence of a fibrotic cap



Type IV – Moderate plaque
A more progressive lesion with affected media, without loss of architecture and fibrosis of the media

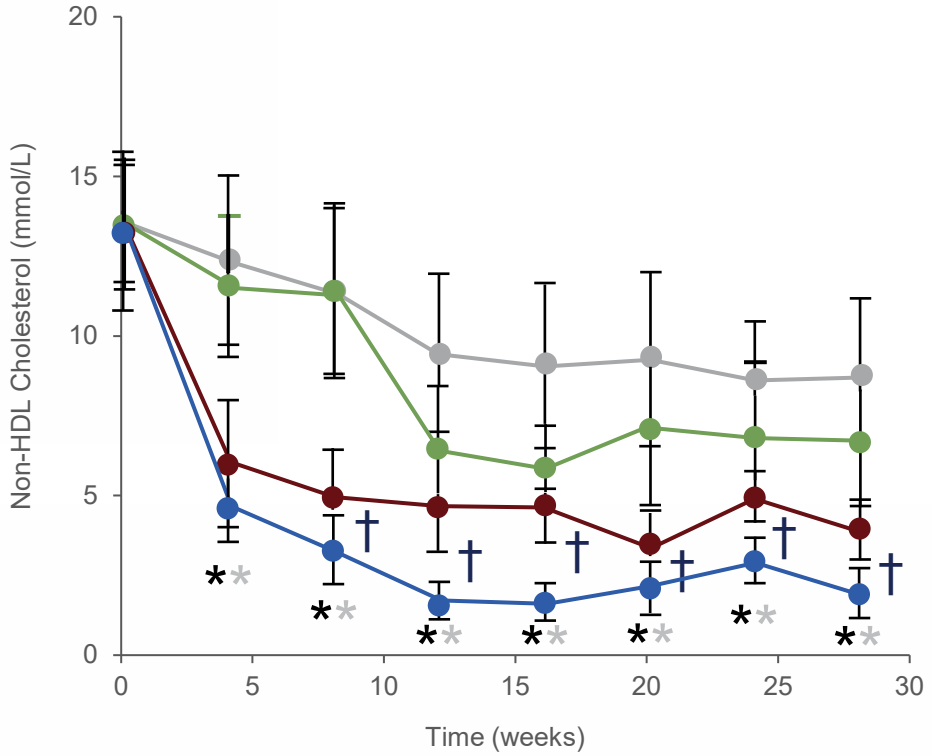


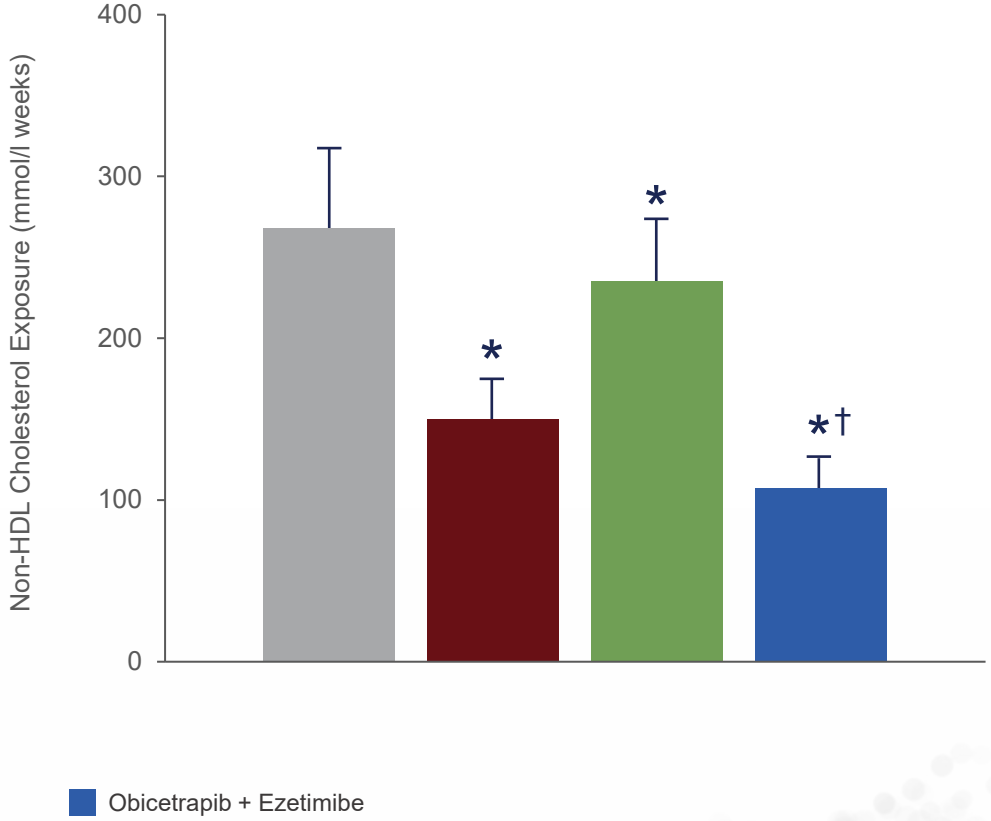
Type V – Severe plaque

- Media is severely damaged with broken internal elastic lamina
- Cholesterol clefts and/or crystals, calcium mineralization and necrosis are often visible

Source: Data on File. NewAmsterdam Pharma.
Atherosclerotic Lesion Typing According to AHA Classification

Obicetrapib Decreases Non-HDL Cholesterol in Humanized Mouse Model





*P<0.05 vs control group. †P<0.05 obicetrapib vs obicetrapib + ezetimibe.
Source: Data on File. NewAmsterdam Pharma.

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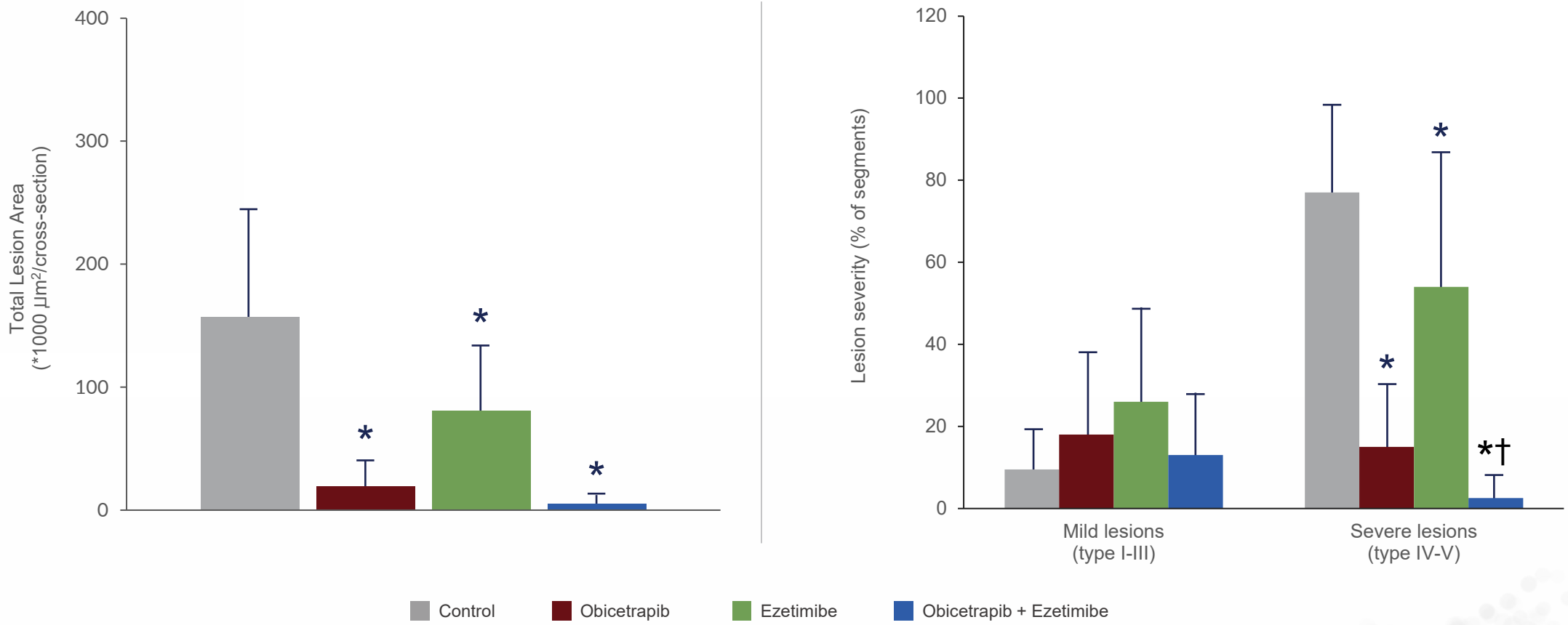
Obicetrapib Decreased Atherosclerotic Lesion Area in the Aortic Root in Mice



*P<0.05 vs control group.

Source: Data on File. NewAmsterdam Pharma.

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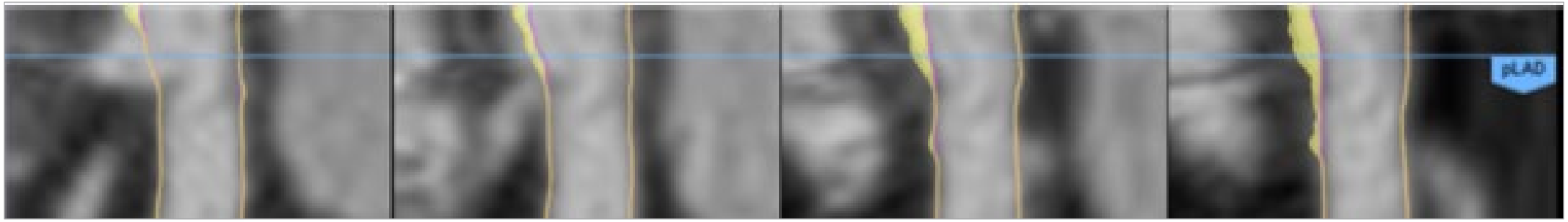
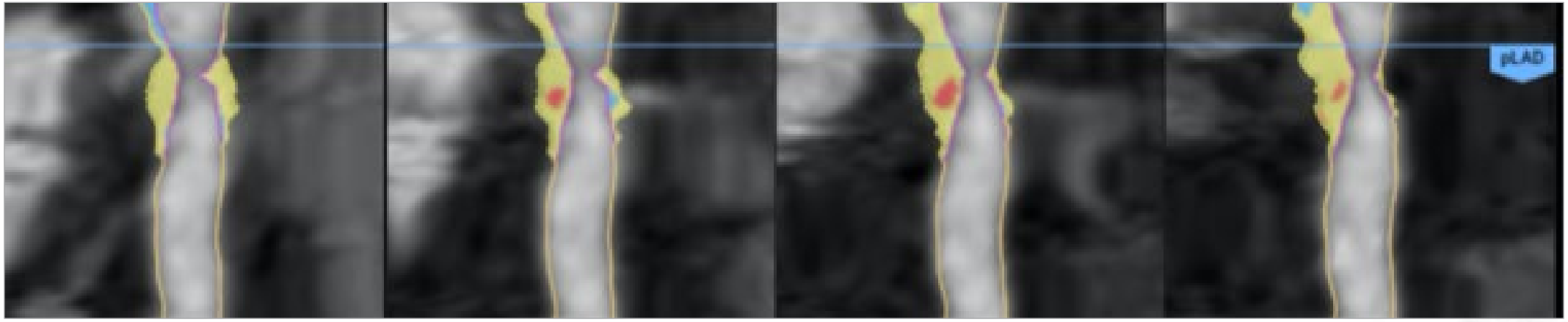
Overview of Human Plaque Progression: A Case Study

Baseline



Follow-Up



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REMBRANDT- Effect of FDC Obicetrapib/Ezetimibe on Top of Maximally Tolerated Lipid-Modifying Therapy on Coronary Plaque Characteristics in Participants with or at High Risk for Atherosclerotic Cardiovascular Disease

Main inclusion criteria

- Age > 45 years
- ASCVD
  - Imaging evidence (CTA / Angio) of vascular disease.
  - Having established ASCVD (MI, Stroke, revasc, PAD)
- Non calcified total plaque volume >75mm^3
- Screening LDL-C level ≥ 70 mg/dL
- On maximally tolerated lipid-modifying therapy

Main exclusion criteria

- Poorly controlled diabetes (HbA1c >10%)
- Hypertension
- Congestive heart failure
- PCI/stroke/MI within 3 months
- eGFR < 45mL/min
- Ezetimibe use within 30 days

Primary endpoint

- % Change total NCPV in ALL major coronary arteries

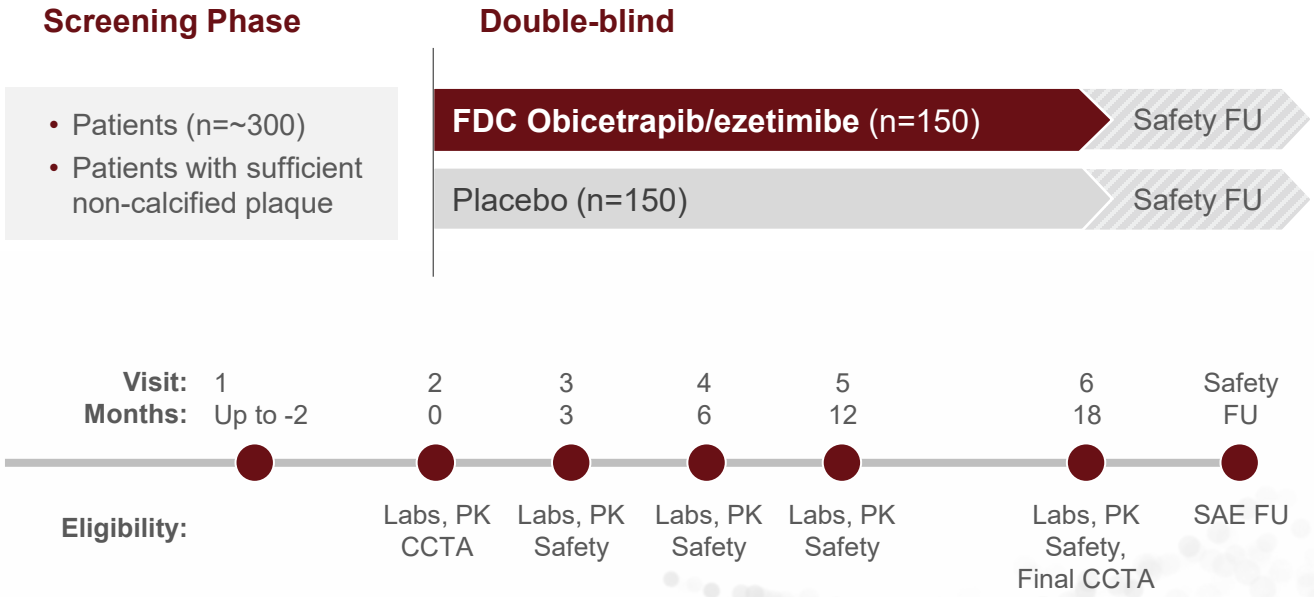
Secondary endpoint

- Absolute change NCPV in ALL major coronary arteries
- % change in LDL-C
- % change NCPVMD
- Absolute change NCPVMD
- Change in FAI

Rationale: Despite reducing the progression of coronary atherosclerosis, statin therapy does not fully address residual CV risk. Adding the FDC obicetrapib/ezetimibe to statin therapy will further reduce the progression of coronary atherosclerosis in ASCVD patients with high residually risk

Objective: To evaluate the effect of FDC obicetrapib/ezetimibe 10 mg FDC daily on total non-calcified coronary atherosclerotic plaque volume at 18 months

Study design: Randomized, double-blind, placebo-controlled



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REMBRANDT CT Angio Study Designed to Provide Insight into Fixed-Dose Combination's Potential

- Provide evidence that the reduction of LDL-C translates into benefit associated with underlying disease (atherosclerosis)
- Show that FDC is capable of regressing coronary atherosclerotic plaque volume in high-risk patient population
- Establish that the benefit of the FDC relates to improvement in atherosclerotic plaque
- Confirm the efficacy and safety in a high-risk patient population

Increased utilization of CTA for diagnosis of cardiovascular disease

Positive traction with practicing cardiologists

Designed to demonstrate clinical benefit of FDC

May support a regulatory filing

R&D DAY 2024

Residual Diabetes Risk

Statins Caused a Dose-dependent Increase in New Diagnosis of Type-2 Diabetes Irrespective of Age, Sex, BMI and Blood Sugar Levels

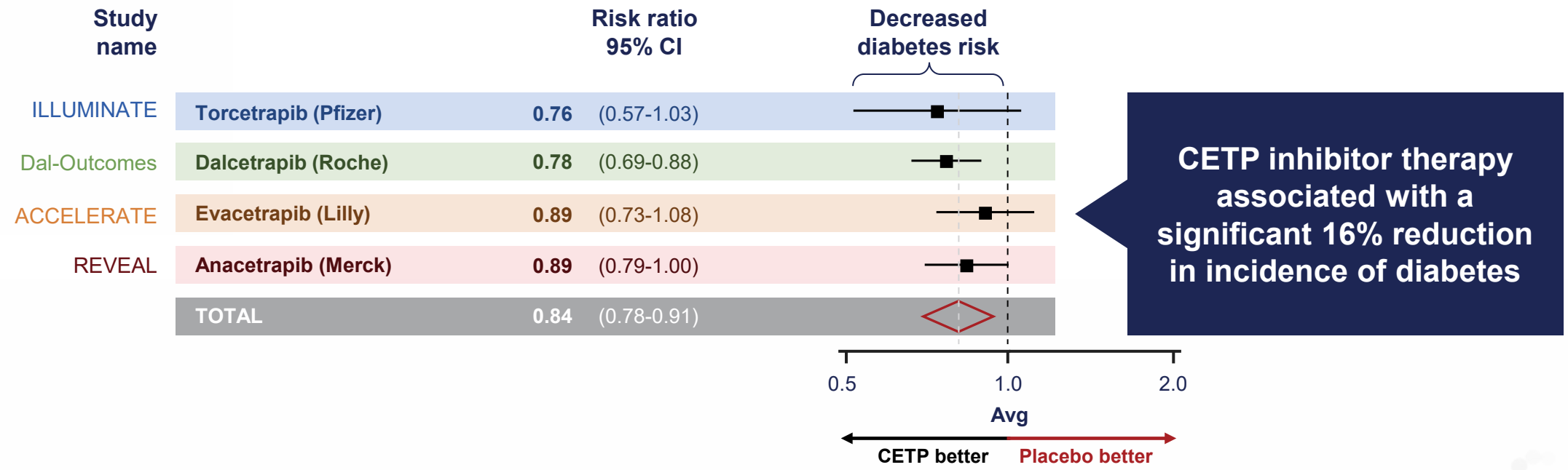
High-intensity statin regimen resulted in a 36% increased risk of new-onset diabetes

	Events (% per annum)		Observed-expected				
High-intensity statin	Statin (n=9935)	Placebo (n=9895)	o-e	Var (o-e)	Rate ratio (CI)	**Favors statin**	**Favors placebo**
Diabetes-related adverse events	246 (0.9)	174 (0.7)	37.0	105.0	1.42 (99% CI 1.11-1.83)		
Diabetes determined from co-medication	198 (0.8)	159 (0.6)	20.1	89.2	1.25 (99% CI 0.95-1.64)		
Subtotal: diabetes-related adverse events and co-medications	297 (1.1)	229 (0.9)	35.1	131.5	1.31 (95% CI 1.10-1.55)		
Biochemically determined diabetes	1078 (4.1)	788 (3.0)	149.3	465.7	1.38 (99% CI 1.22-1.55)		
Any new-onset diabetes	**1221 (4.8)**	**905 (3.5)**	**163.9**	**530.8**	**1.36 (95% CI 1.25-1.48)**		

Source: Cholesterol Treatment Trialists' (CTT) Collaboration. Lancet Diabetes Endocrinol 2024

CETP Inhibition Has the Potential to Reverse Diabetes Risk, Potentially Ameliorating Key Concerns About High Dose Statins

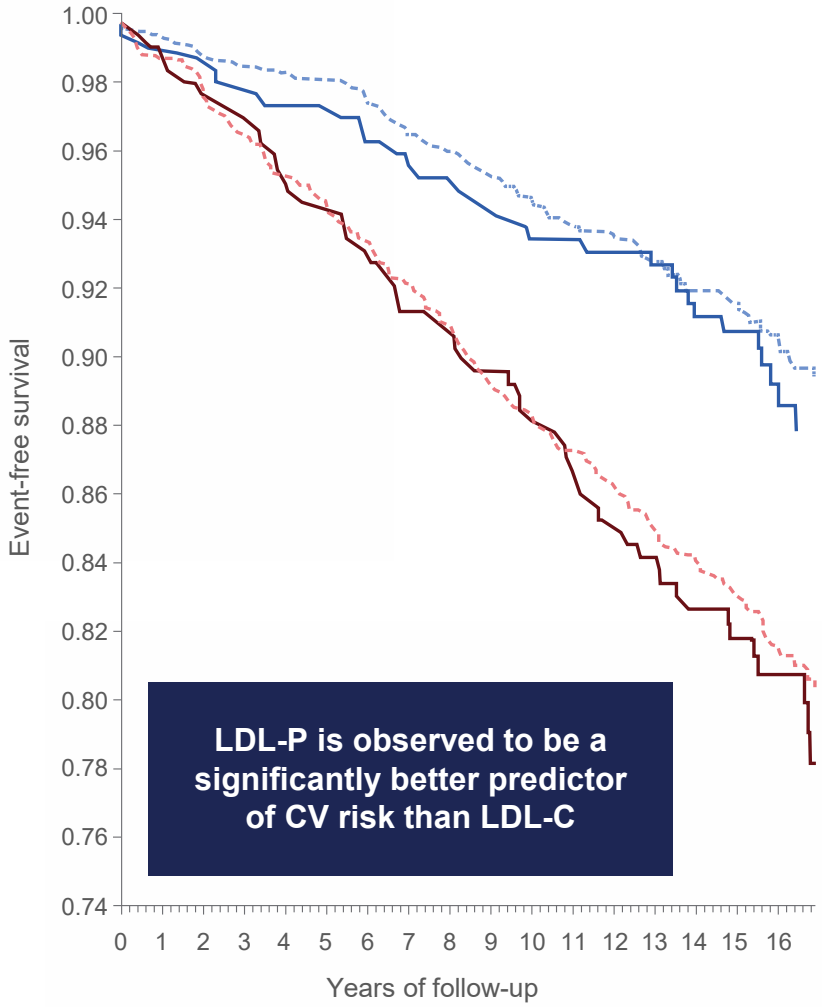
While statins increase diabetes, CETP inhibition has been observed to reverse existing diabetes, decrease new-onset diabetes and improve glucose control in third-party clinical trials[2]



Sources: 1. Sattar N et al. Lancet. 2010;375(9716):735-742. 2. Dangas K et al. Eur Heart J Cardiovasc Pharmacother. 2022;8(6):622-632.

LDL-P Research

LDL-P Believed to Be Robust Predictor of Cardiovascular Risk



LDL-P is observed to be a significantly better predictor of CV risk than LDL-C

Low LDL-P confers a lower risk — even in patients with high LDL-C

····· **Low LDL-P, Low LDL-C** (n = 1,249)

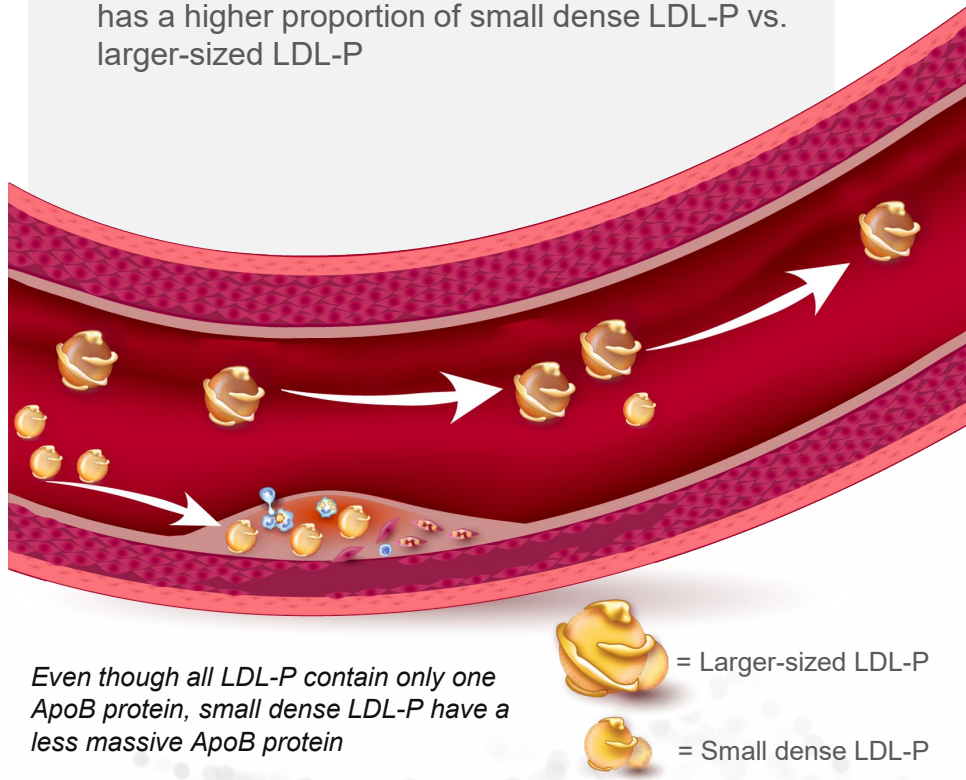
— **Low LDL-P, High LDL-C** (n = 284)

High LDL-P confers a higher risk — even in patients with low LDL-C

····· **High LDL-P, High LDL-C** (n = 1,251)

— **High LDL-P, Low LDL-C** (n = 282)

- Small dense LDL-P are more likely to be trapped in arterial wall than larger-sized LDL-P
- High LDL-P levels typically signify that a patient has a higher proportion of small dense LDL-P vs. larger-sized LDL-P



Even though all LDL-P contain only one ApoB protein, small dense LDL-P have a less massive ApoB protein

Source: Cromwell WC, et al. Clin Lipidol. 2007 December 1; 1(6): 583–592

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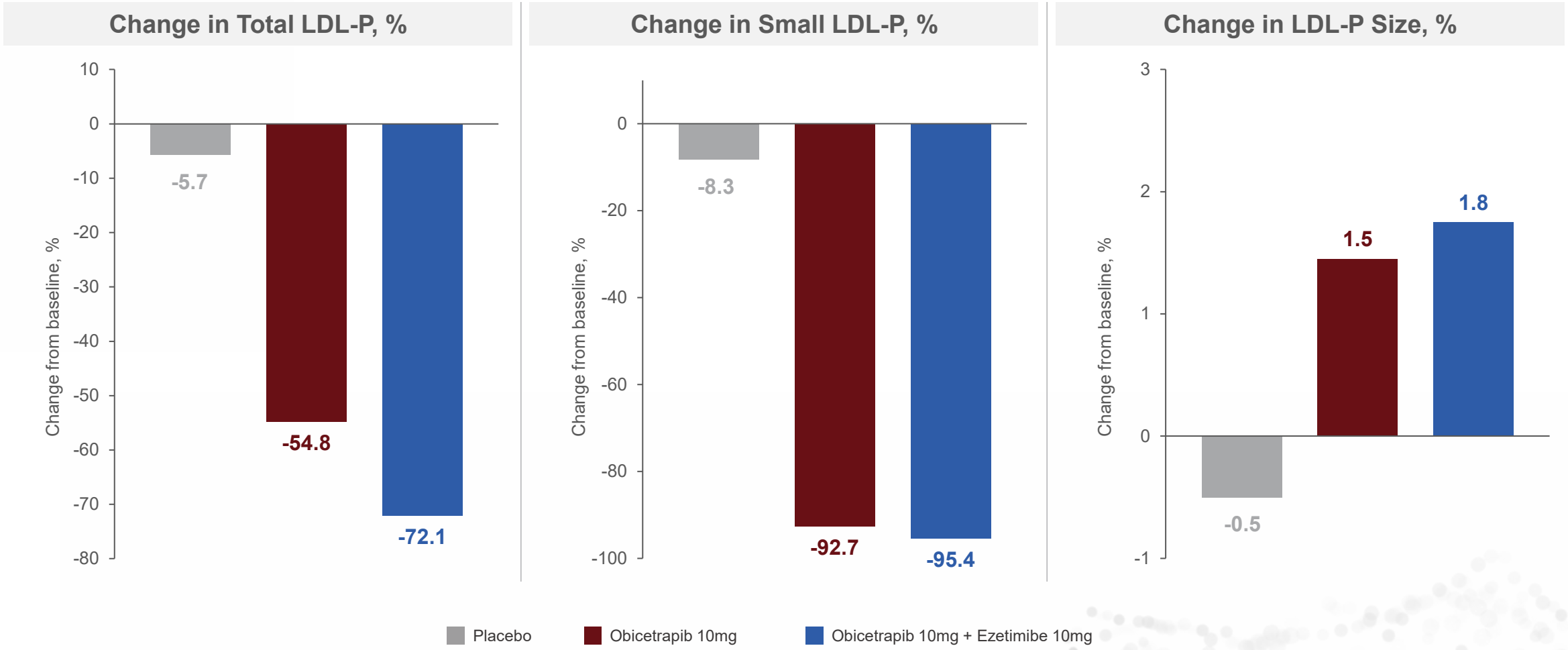
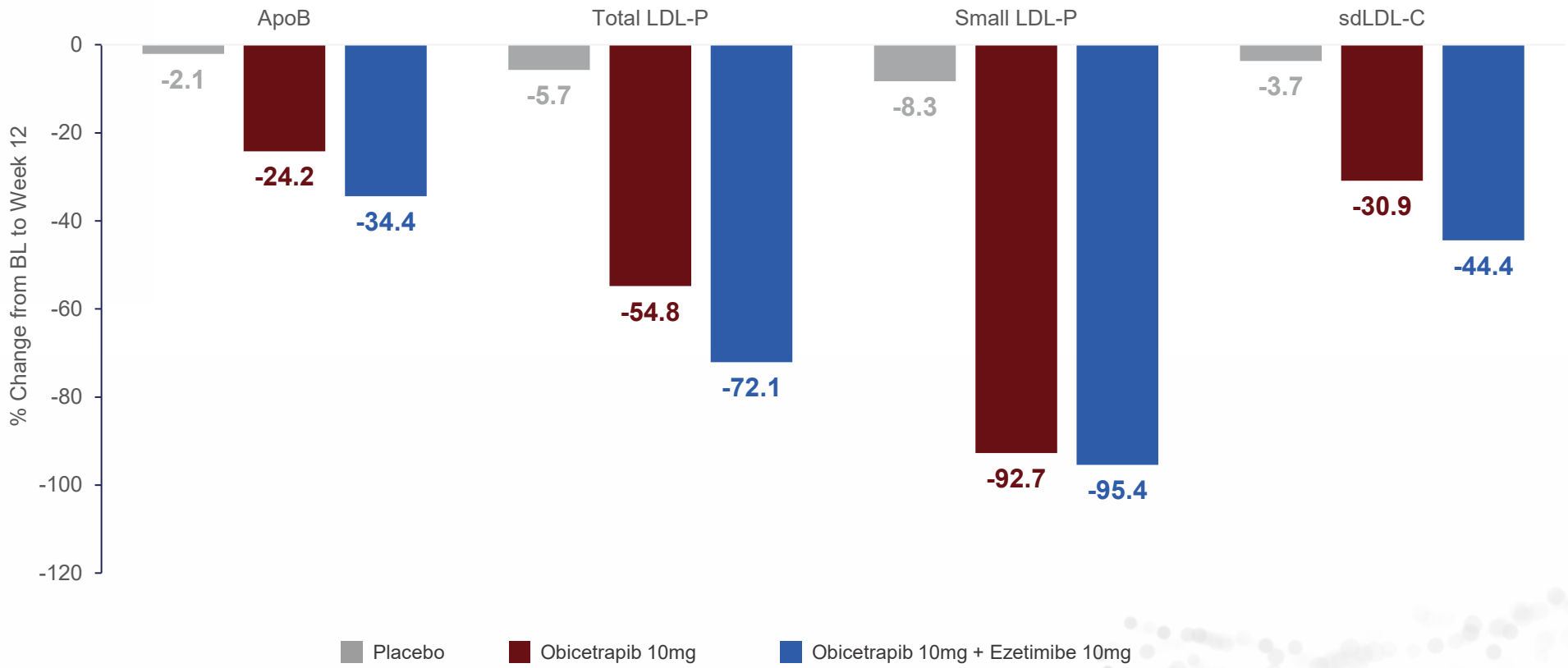
A Reduction in LDL-P and an Increase in LDL-P Size was Observed with Obicetrapib with and without Ezetimibe



Source: Ballantyne CM et al. J Clin Lipidol. 2023;17(4):491-503.

ROSE2 Demonstrated Reductions in Atherogenic Lipoproteins Beyond LDL-C

Obicetrapib reduced atherogenic lipoprotein particles and cholesterol concentrations normalizing the lipoprotein profile to reflect a physiological profile



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Total LDL-P, Small LDL-P and LDL-P Size Reached Optimal Levels for Patients Taking Obicetrapib Alone or in Combination with Ezetimibe

NMR Relative Risk

Lipoprotein fractionation	Optimal	Moderate	High
LDL-P (nmol/L)	<935	935-1816	>1816
Small LDL-P (nmol/L)	<467	467-820	>820
LDL size (nm)	>20.5	N/A	≤20.5

ROSE2 Results

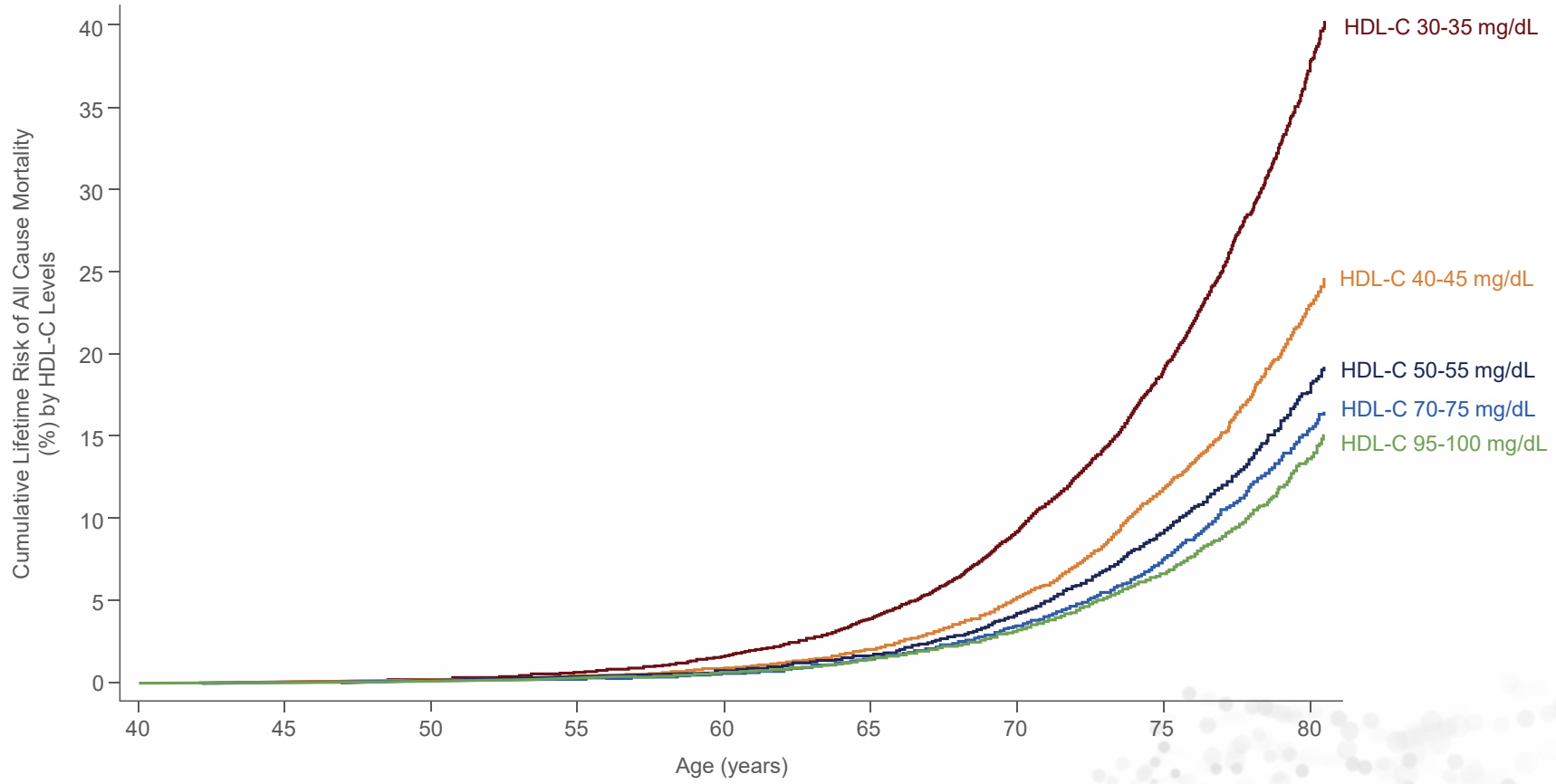
Placebo	Obicetrapib 10 mg	Obicetrapib 10 mg/Eze 10 mg
1013	495	300
718	73	48
20.3	21.0	21.0

LDL-P, low-density lipoprotein particles; N/A, not available; NMR, nuclear magnetic resonance.
Ballantyne CM et al. J Clin Lipidol. 2023;17(4):491-503.

Mortality and HDL-C

Cumulative Lifetime Risk for All Cause Mortality by HDL–C Levels

UK Biobank Participants: N=447,651; 31,215 Deaths (any fatal event); Median follow-Up 12.5 years



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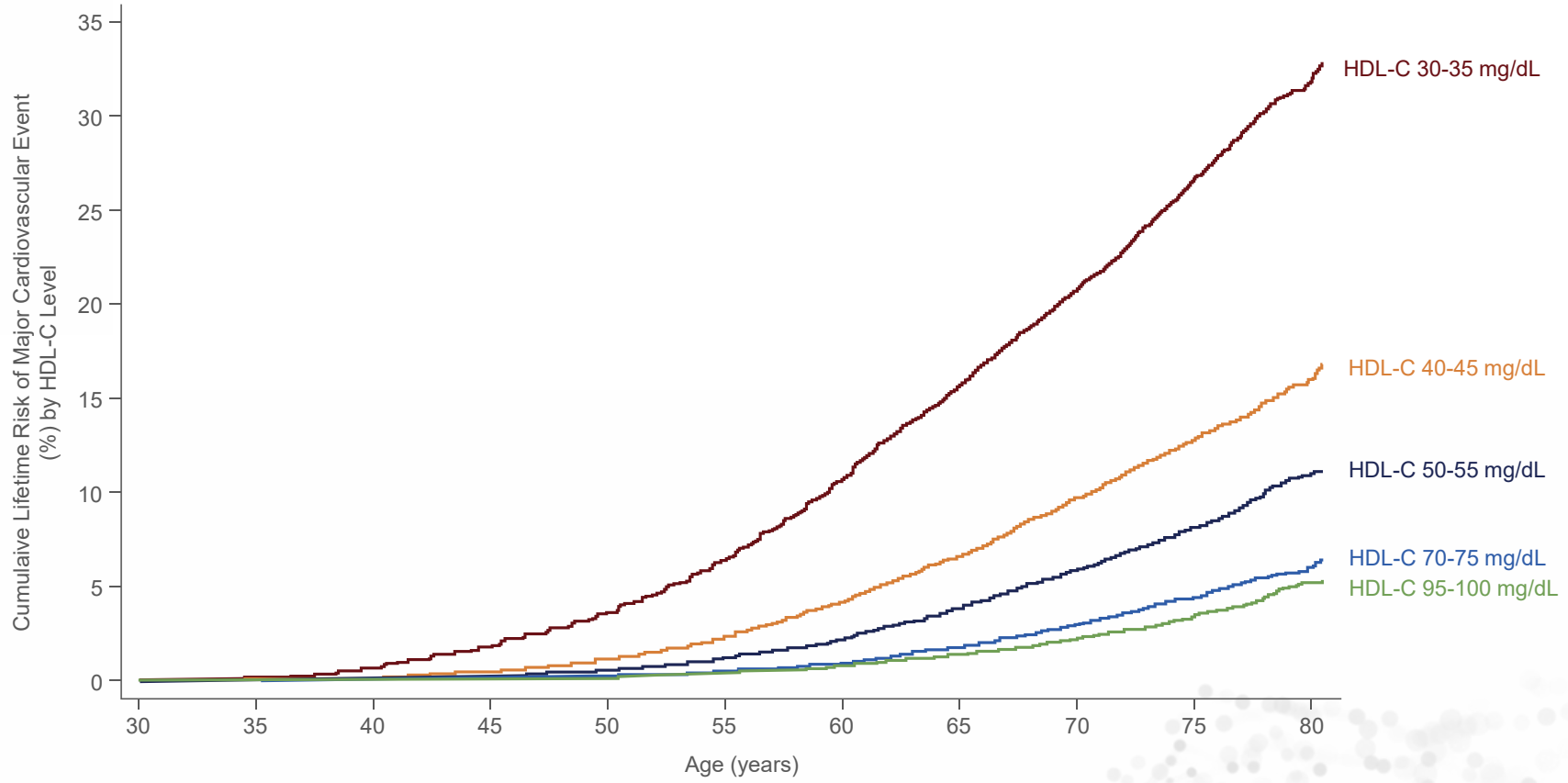
Cumulative Lifetime Risk for MACE by HDL–C Levels

UK Biobank Participants: N=447,651; 29,876 Major Cardiovascular Events; includes both events (and age at event) occurring before and after enrolment to estimate lifetime risk of major coronary events by HDL-c level



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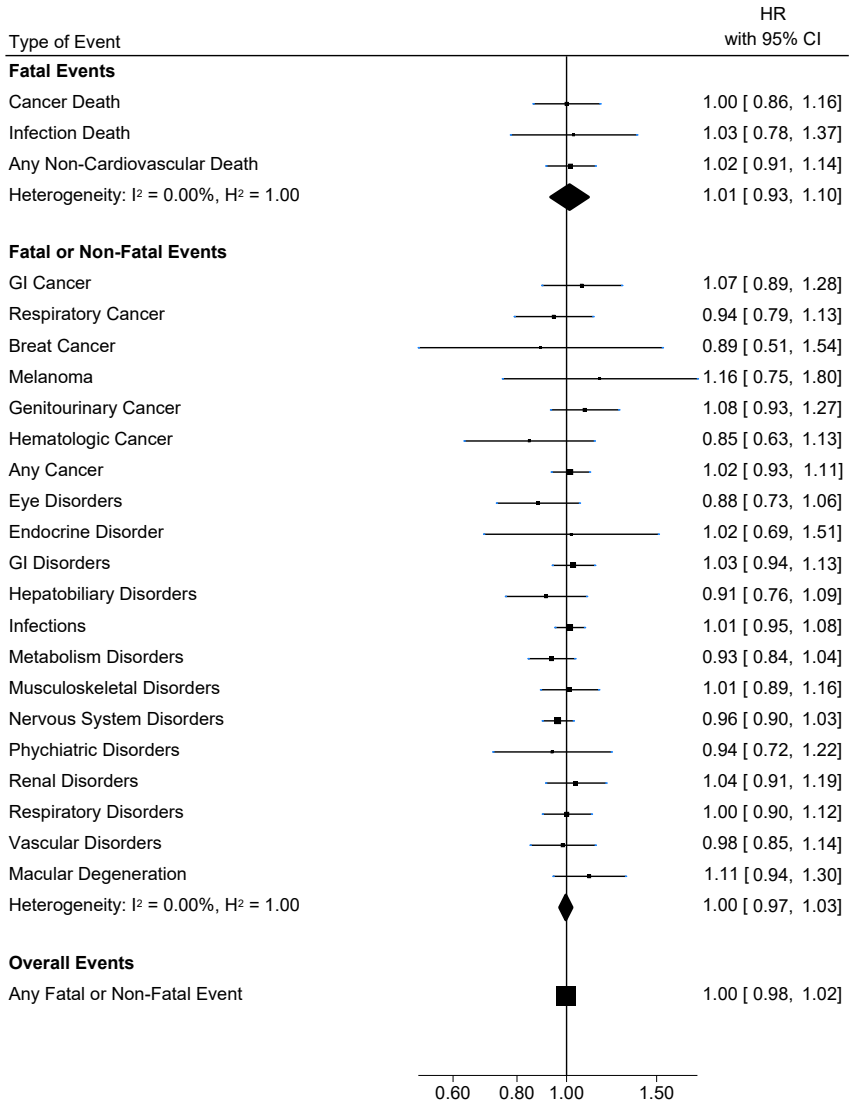
Safety of Treatment with Anacetrapib in the REVEAL Trial



In REVEAL, Anacetrapib increased HDL-C by 104% relative to placebo, this led to no increase in any fatal or non-fatal event

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COMMERCIAL UPDATE:

Preparing for a Transformational Launch

A Quick Introduction

- **30 years of commercial and launch experience in big pharma and start-up biotech**
- **Led several blockbuster launches**

A Quick Introduction

- **30 years of commercial and launch experience in big pharma and start-up biotech**
- **Led several blockbuster launches**
- **NewAmsterdam opportunity is unprecedented**
  - Obicetrapib is well positioned to make a profound impact on patients with high unmet need
  - Pursuit of a bold ambition to transform treatment of cardiovascular disease
  - Dream team of leading experts in the field with a proven track record

Lipid Lowering Therapy (LLT) Market is a Massive Opportunity

1

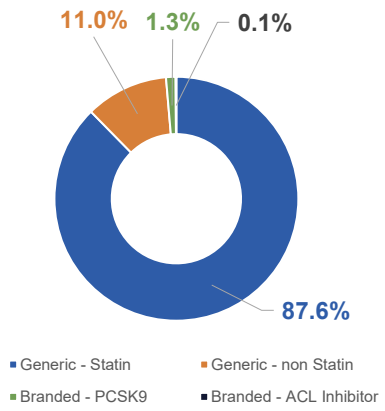
72 million[1]
Adults in US diagnosed with hypercholesterolemia

~10 million
Diagnosed patients not treated with statin or LLT

~30 million
Not at goal

Over 40 million patients undertreated/ not treated

2

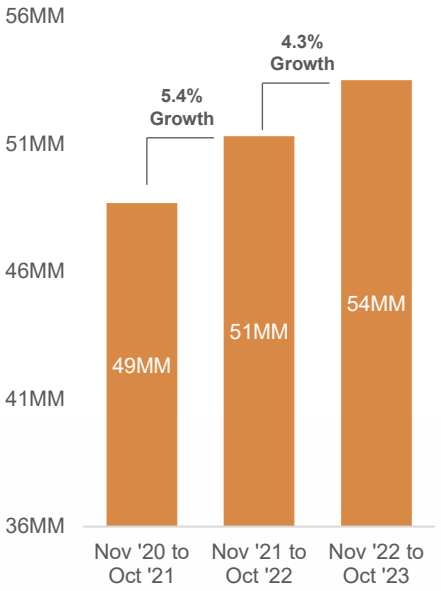


256M
Prescriptions written in past 12 months.[2]

Over 250 MM Rx's annually

3

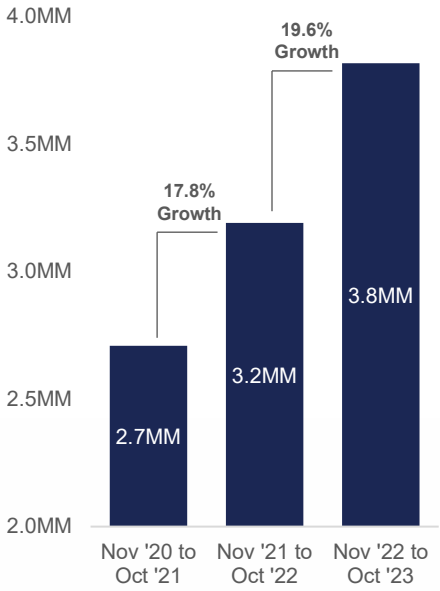
Patients on Lipid lowering Therapy[3]



Market growing at over 4% over the last 2 years

4

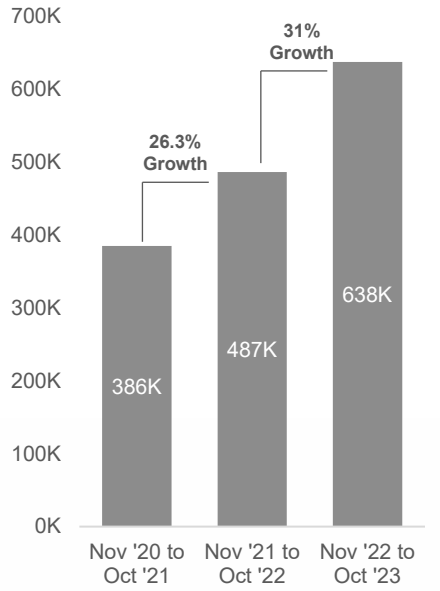
Patients on Non-statin[4] Treatment



Non-statin market growing at high double digits

5

Patients on Branded[5] Treatment



Branded market growing even faster

1. 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)
2. 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
3. All Lipid Lowering therapies: Statins, Ezetimibe and combinations; PCSK9 and BPA
4. Non-Statins : Ezetimibe and combinations; PCSK9 and BPA
5. Branded: PCSK9 and BPA

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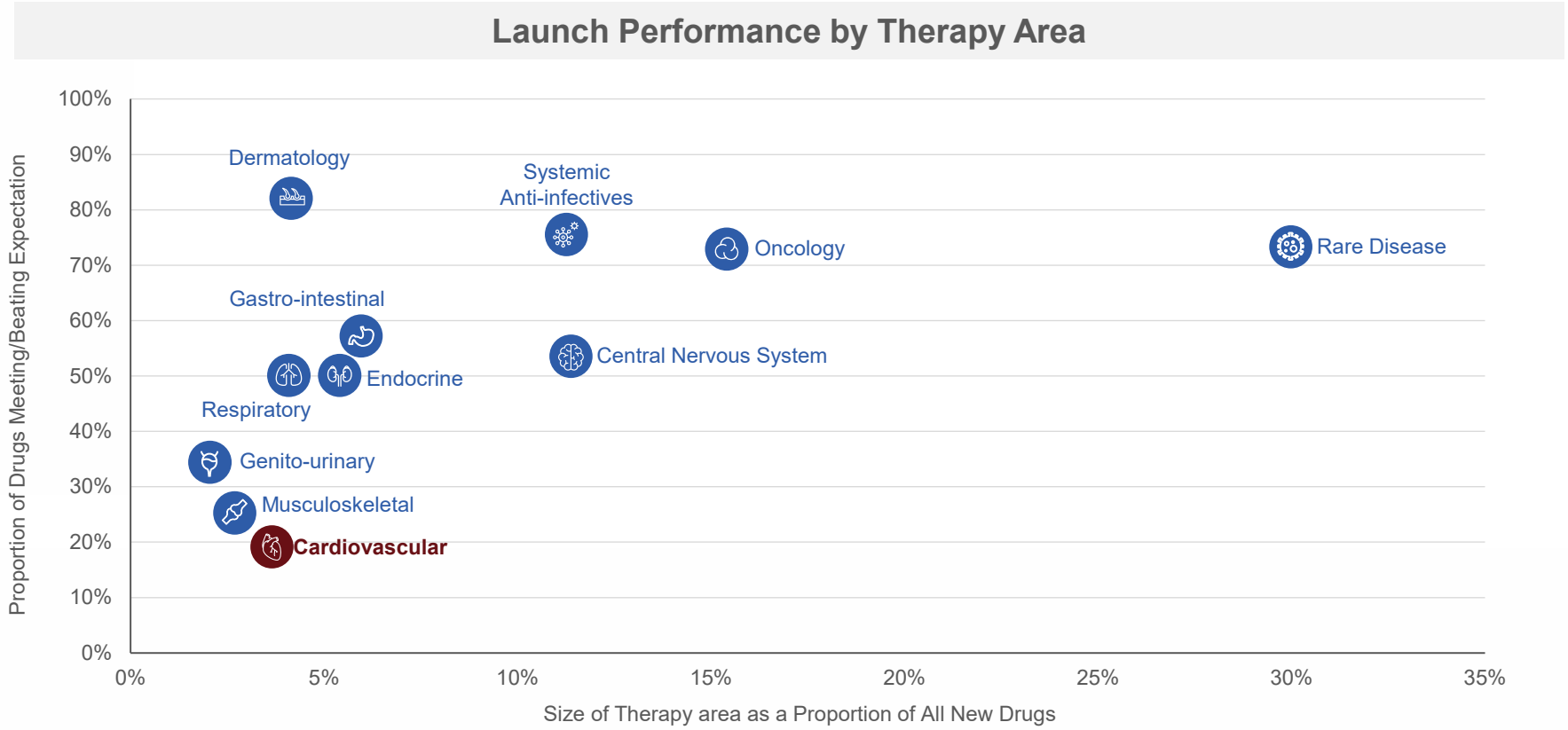
Success has Been Limited in the Cardiovascular Space



Commercialization for new cardiovascular therapies have had the lowest proportion of launches that met or exceeded expectations

Source: EvaluatePharma Dec. 2019, Evaluate Ltd.

Why Haven’t We Seen More Success in The LLT Market?

Poor Product Differentiation

PRODUCT PROFILE

Understanding the Market

Limited Market Access

Low Prioritization/ Under-investment

COMMERCIAL LAUNCH EXCELLENCE

NewAmsterdam and obicetrapib address each barrier head on

1. Poor Product Differentiation at Launch

CARD AND PCP TREATMENT PRIORITIES	EZETIMIBE	NEXLETOL	PCSK9i	ORAL PCSK9	OBICETRAPIB	OBI + EZE
MACE Outcomes Data					•	
≥40% LDL-C Reduction			•	•	•	•
Easy Dosing (Including Food Effect)	•	•	•		•	•
Oral Administration	•	•		•	•	•
Safe and Well-Tolerated	•	•	•	•	•	•
Accessible	•				•	•

Obicetrapib

- Significant LDL-C lowering shown in Five Phase 2 trials Large Phase 3 program (4 pivotal trials)
- Safety/Tolerability Profile Comparable to Placebo
- Simple, oral, low-dose
- Potential benefits go beyond LDL-C (ApoB, LDL-P, sdLDL-C, and Lp(a))

If approved, obicetrapib will be the first high efficacy oral LLT since statins

2. Understanding the (Evolving) Market

Tailwinds

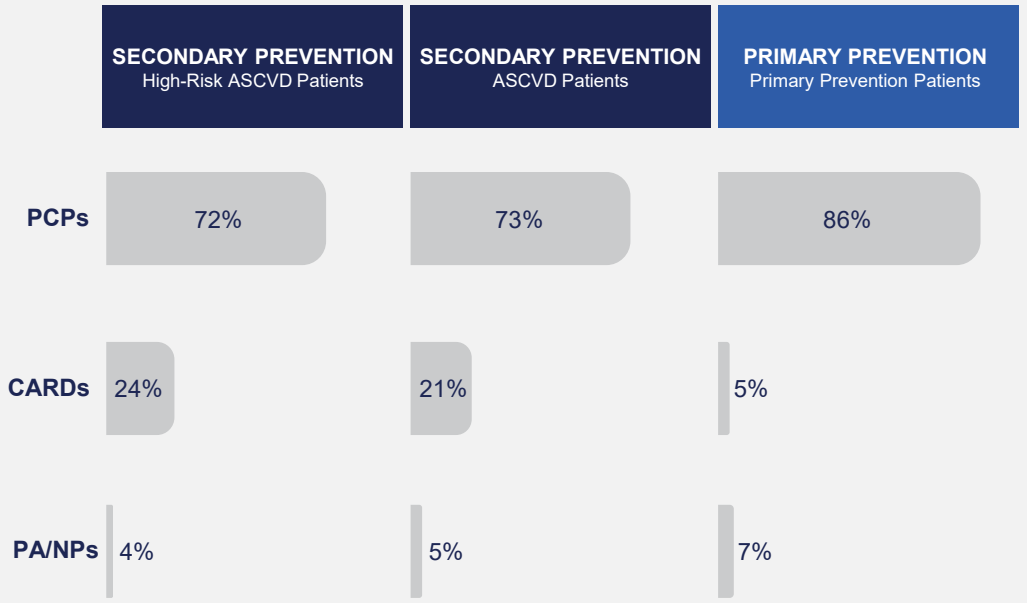
Market evolution has led to increased understanding of unmet need, demand and a broad prescribing base

- Increased awareness of LDL-C goals and the need to meet
- Accelerated adoption of treatments beyond statins spurring demand
- Obicetrapib may be attractive to broader market beyond specialists for both primary and secondary prevention patients

Commercial Strategy Will Target Specialists/PCPs

Prescribing physician specialty

% of Patients receiving the majority of their LLT scripts from each specialty



Data 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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3. Limited Market Access

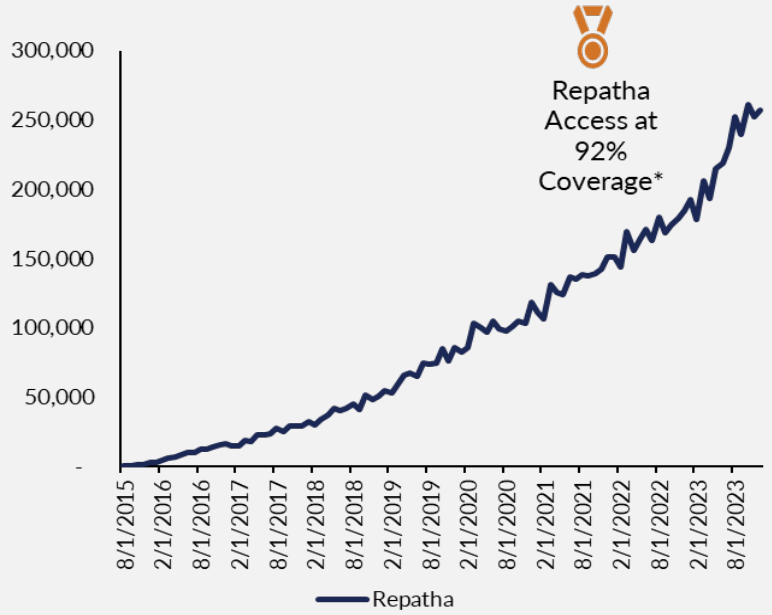
1 Recent Guideline and Label Expansion

- **2022:** ACC **updated guidelines**[1] 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[2]

2 Increased Payer (and Patient) Access

- PCSK9s have reset pricing and achieved broad access
- Broader labels, broader access
- Payers now prioritizing access

3 Increased Access Drives Increased Volume



Obicetrapib's anticipated value proposition expected to accelerate demand and payer access at launch

1. Lloyd-Jones DM, et al. J Am Coll Cardiol. 2022;80(14):1366-1418
2. Leqvio (inclisiran). Prescribing information. Novartis; 2023.; Nexletol (bempedoic acid). Prescribing information. Esperion Therapeutics Inc; 2023.

* Nov22; Source: MMIT

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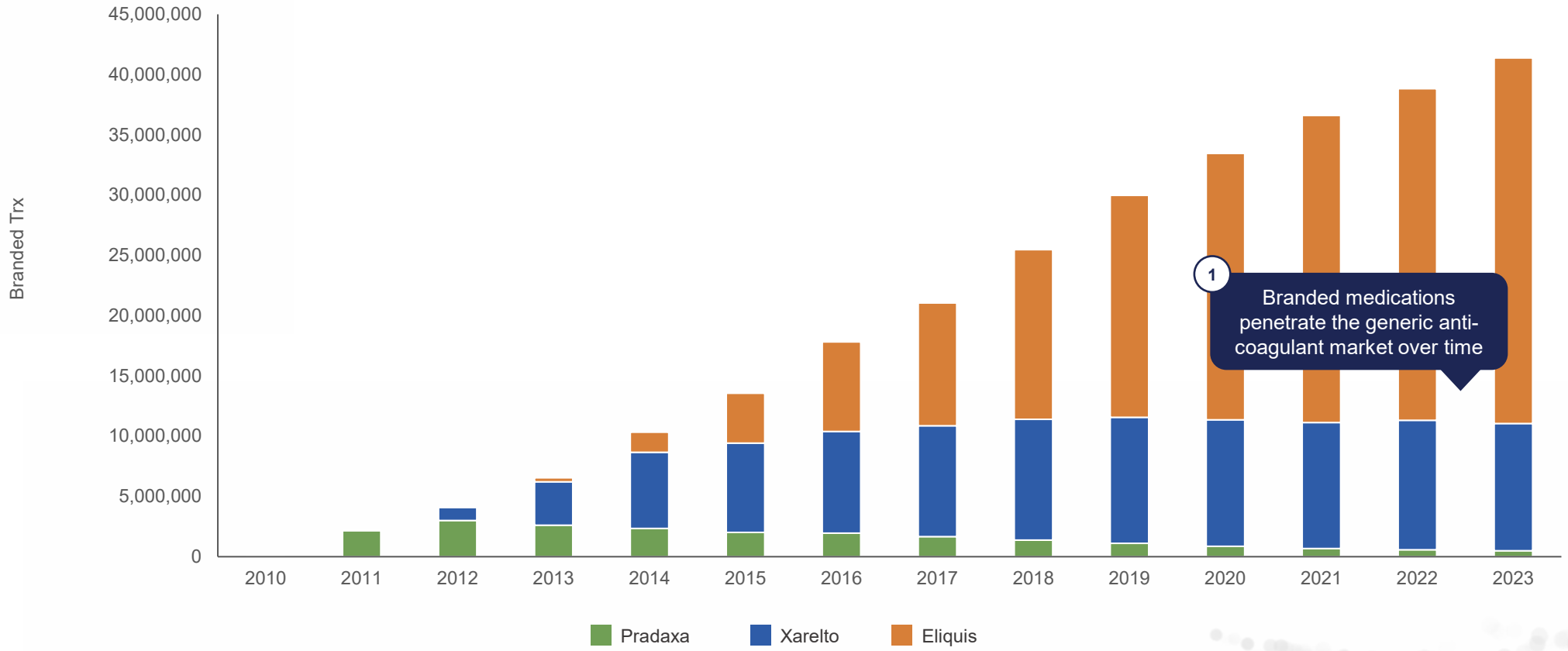
4. Low Prioritization/ Under-Investment

- **PCSK9 route of administration challenges limited early adoption beyond specialists**
- **Recent oral non-statin LLT executed a suboptimal launch with questionable differentiation**
- **Initial promotion and sales force issues, including COVID, muted launch uptake**
- **Primary focus on traditional launch plans with an incremental approach to next generation/ digital-omnichannel capabilities**

Case Study #1

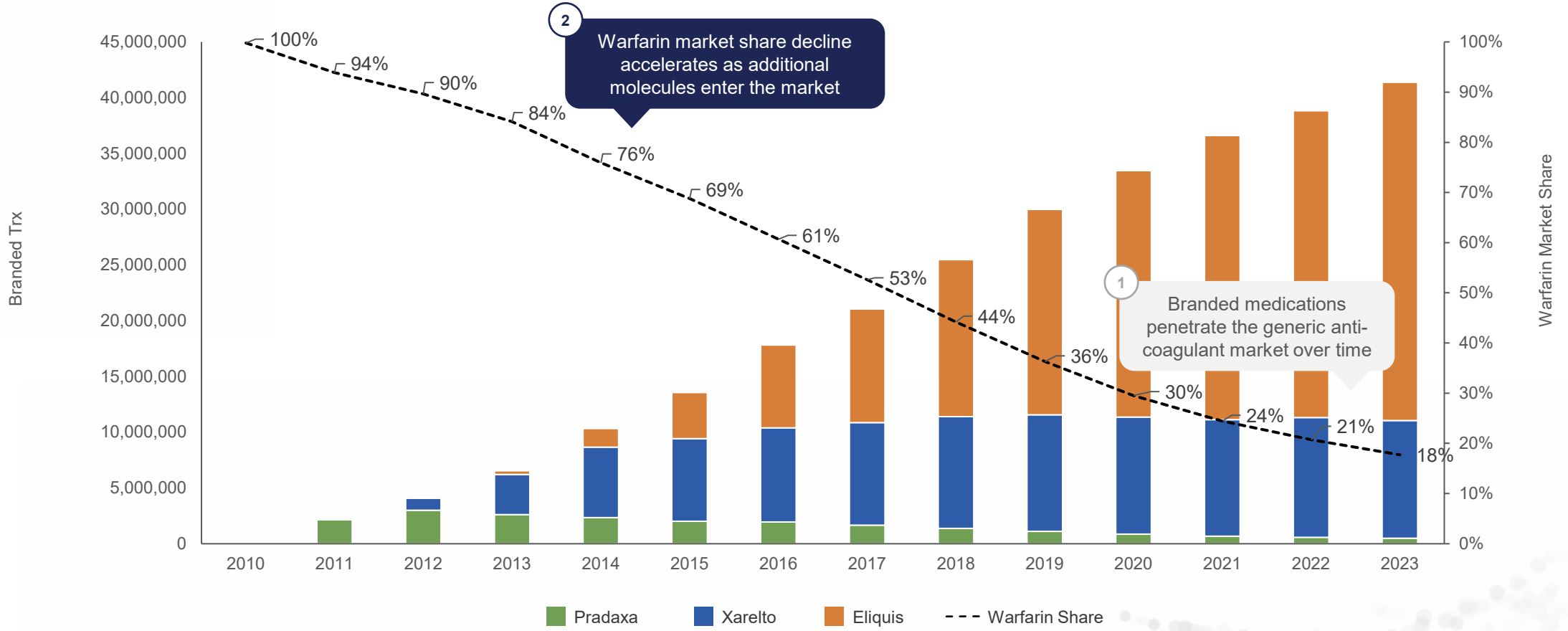
NOAC Market Penetration with Multiple Branded Entrants



Source: IQVIA NPA data

Case Study #1

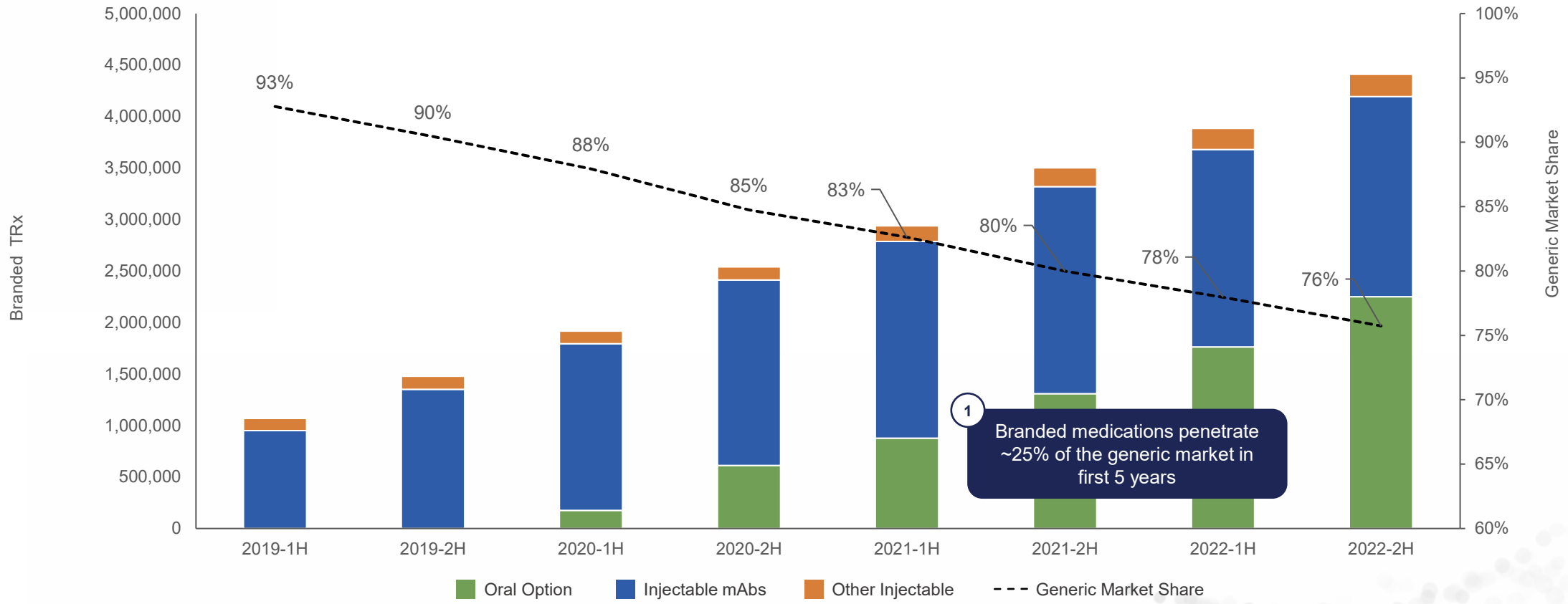
NOAC Market Penetration with Multiple Branded Entrants



Source: IQVIA NPA data

Case Study #2

Similar Market Penetration with Multiple Branded Entrants



Source: IQVIA NPA data

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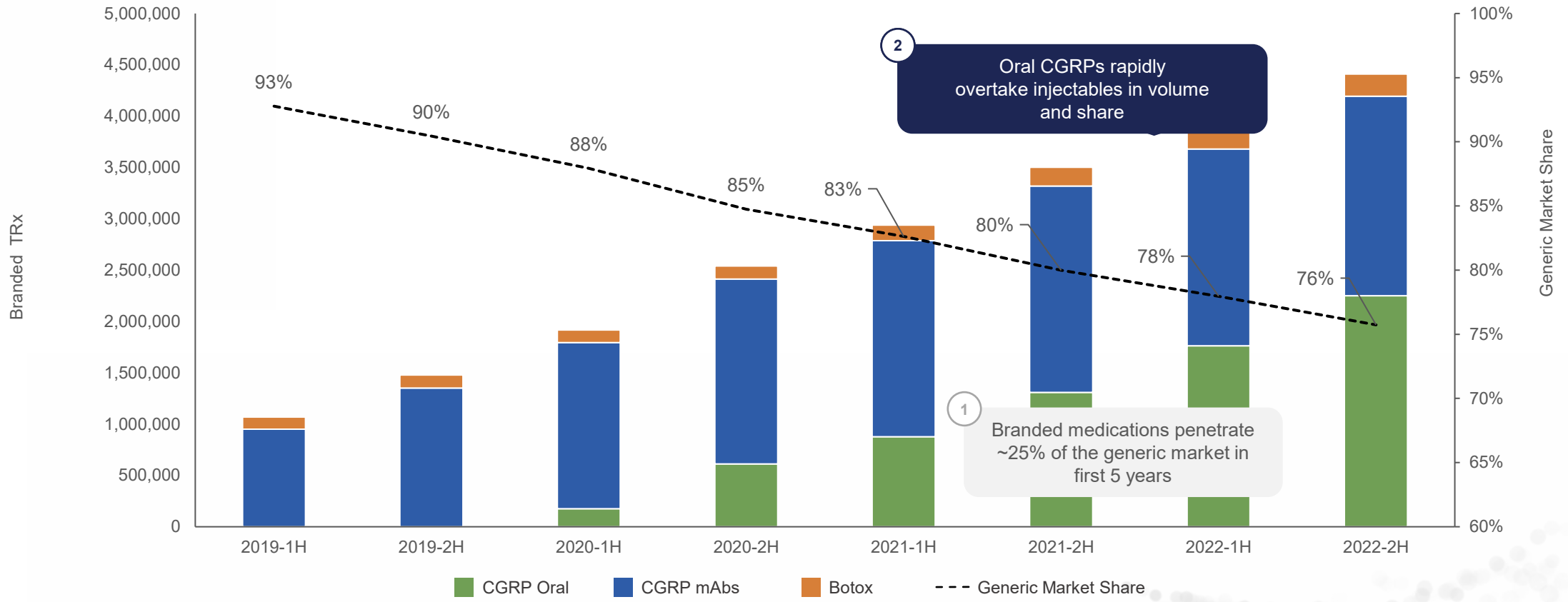
Case Study #2

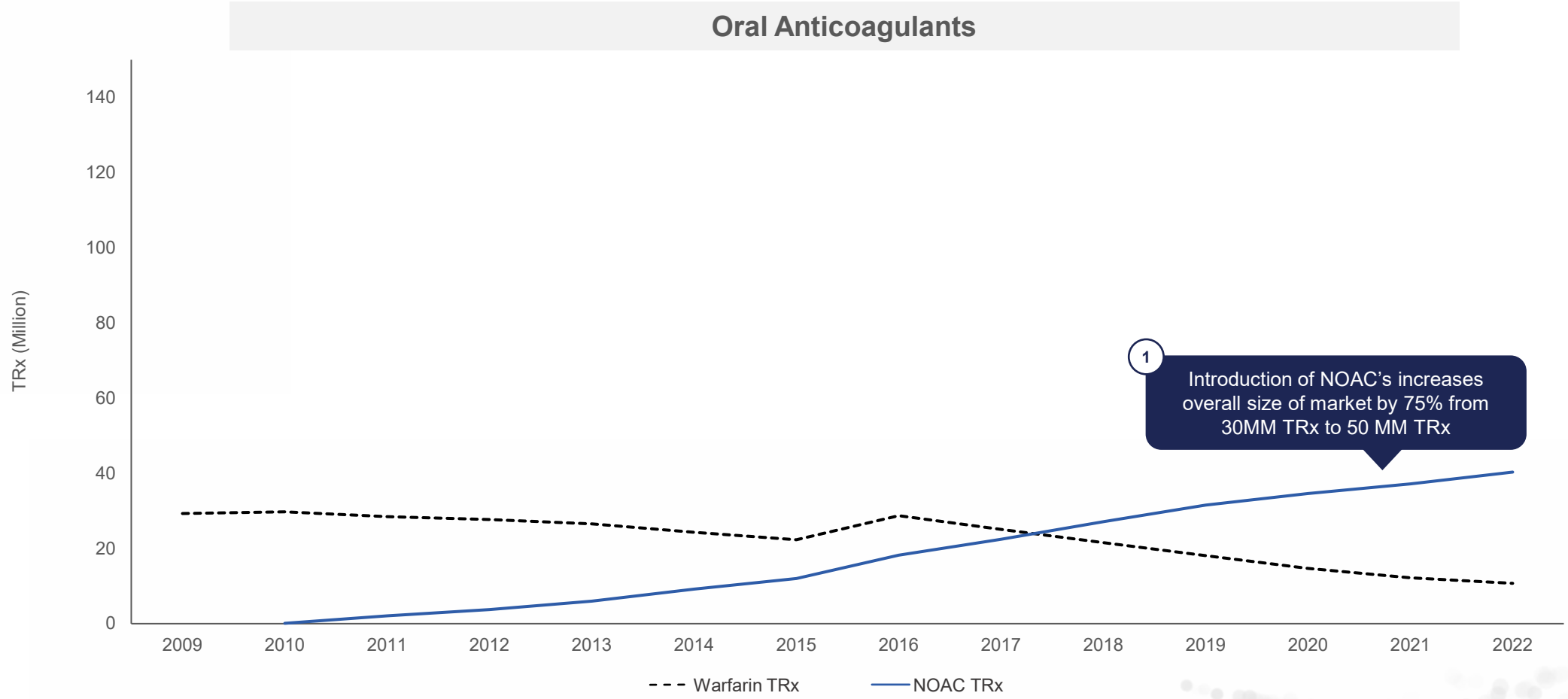
Similar Market Penetration with Multiple Branded Entrants - *Migraine*



Source: IQVIA NPA data

Case Study #3

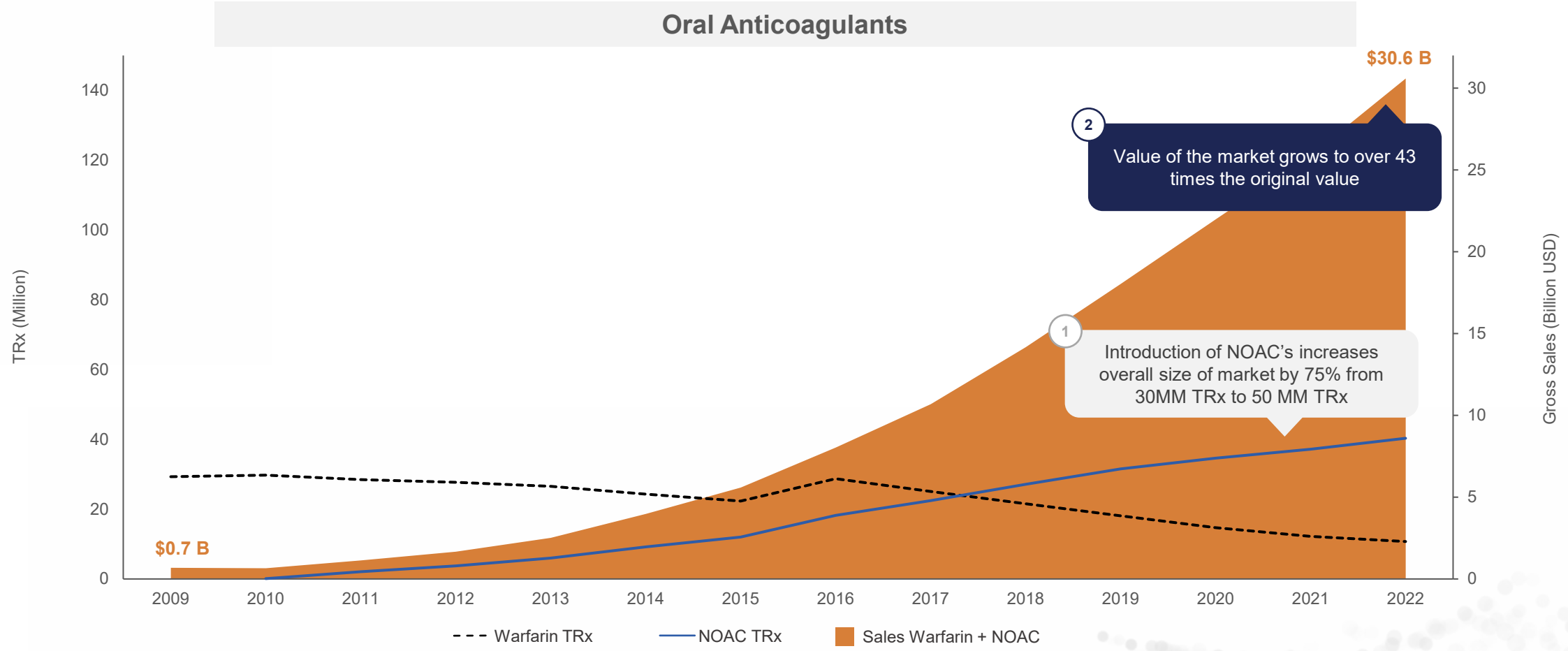
NOAC Market Value



Source: IQVIA NPA data

Case Study #3

NOAC Market Value



Source: IQVIA NPA data

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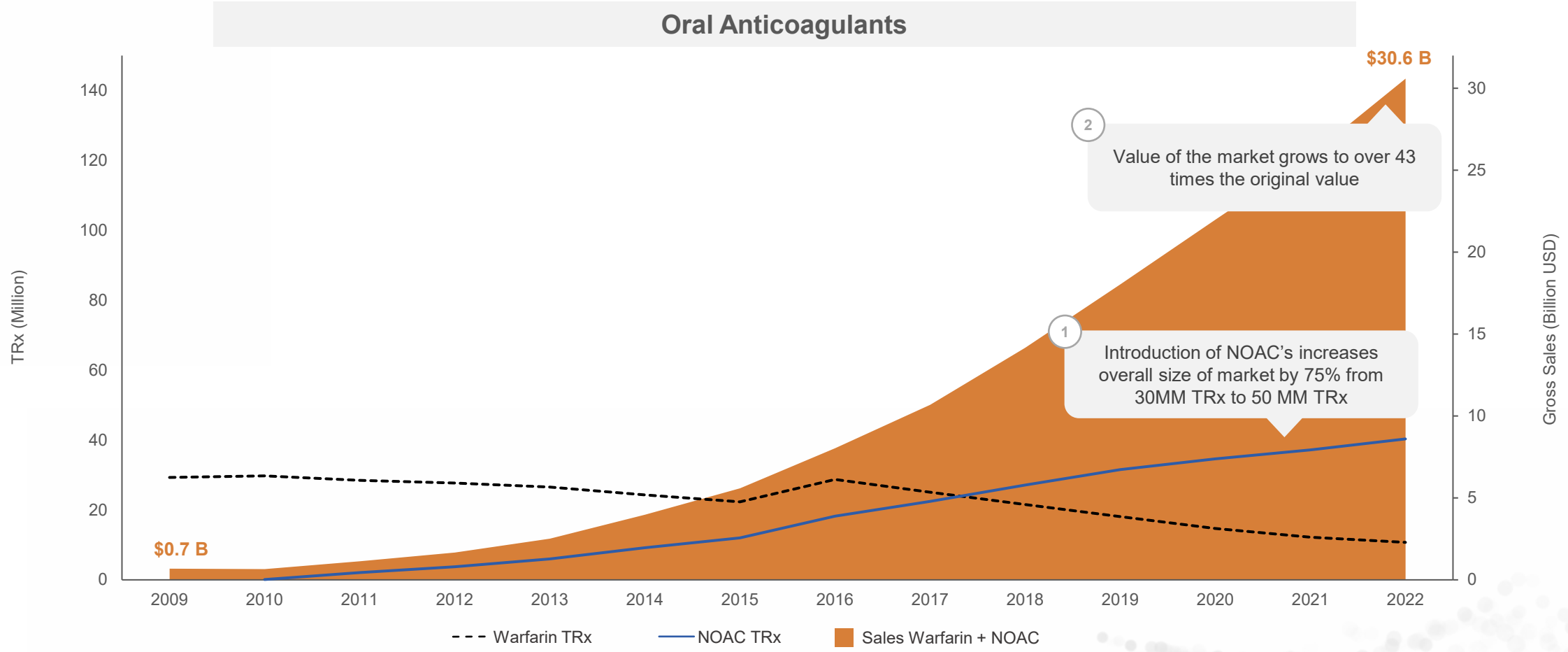
Case Study #3

NOAC Market Value



Both case studies are illustrations of SWITCH markets, while the LLT marketplace is ADD-ON!

Source: IQVIA NPA data

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Commercial Marching Orders

MISSION

Transform the health of people living with CVD risk

OBJECTIVE

Maximize the value of NewAmsterdam Pharma and obicetrapib

Prepare
THE COMPANY

Establish the vision, talent and capabilities needed to prepare, launch and optimize obicetrapib and potential future assets

Prepare
THE MARKET

Advance awareness, understanding and belief in NewAmsterdam Pharma's vision for the future of the LLT market and obicetrapib

Prepare
THE BRAND

Develop the insights, positioning, value proposition and go-to-market model that maximizes reach, impact and value

Why NewAmsterdam is Poised for Success

Clinical Excellence

- **BROOKLYN** Phase 3
- **BROADWAY** Phase 3
- **PREVAIL** CVOT
- **TANDEM** FDC

Agile Approach

- ✓ Make decisions and act quickly
- ✓ Continuously optimize execution
- ✓ Facilitate cross-functional collaboration

Innovation at Launch

Commercial Launch Team

Team has launched multi-billion dollar brands (including statins and ezetimibe) and recently set the standard for a modern launch

Nurtec® ODT (rimegepant)

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We're Off to a Strong Start

MSL Team Activated

- 12-person Medical Science Liaison team in-market
- Engaging KOLs in-office, at conferences and within academic institutions across the nation

Building Awareness

- HCP-targeted communications to improve disease state awareness
- Generating awareness and enthusiasm for impending Phase 3 data

Cultivating Relationships

- Establishing strong partnerships with patient advocacy
- Gaining deep insights and partnering on initiatives

Elevating Corporate Profile

- Executing public relations plan to elevate NewAmsterdam's corporate profile
- Building awareness of and anticipation for data

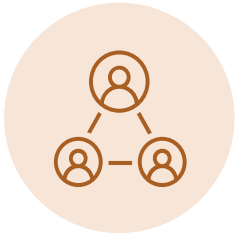
Enabling Access

- Launching with expected MACE data will broaden and accelerate patient access
- Payer engagement underway with Pre-approval Information Exchange (PIE) deck

Setting the Stage for Obicetrapib's Transformational Launch

Headwinds in the past, tailwinds for the future...

1.
Differentiated Product

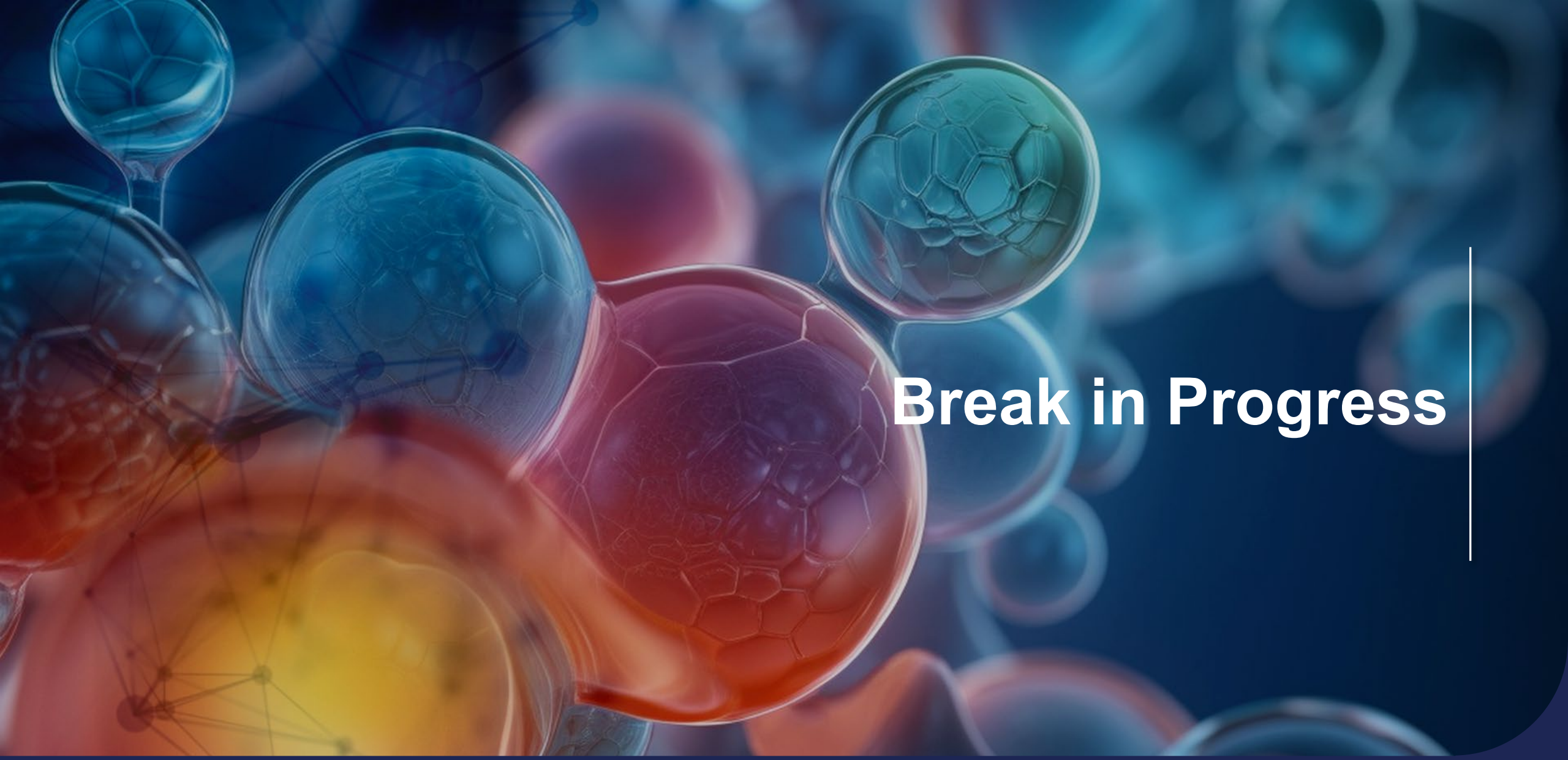


2.
Key Understanding of the Market and Patient Needs

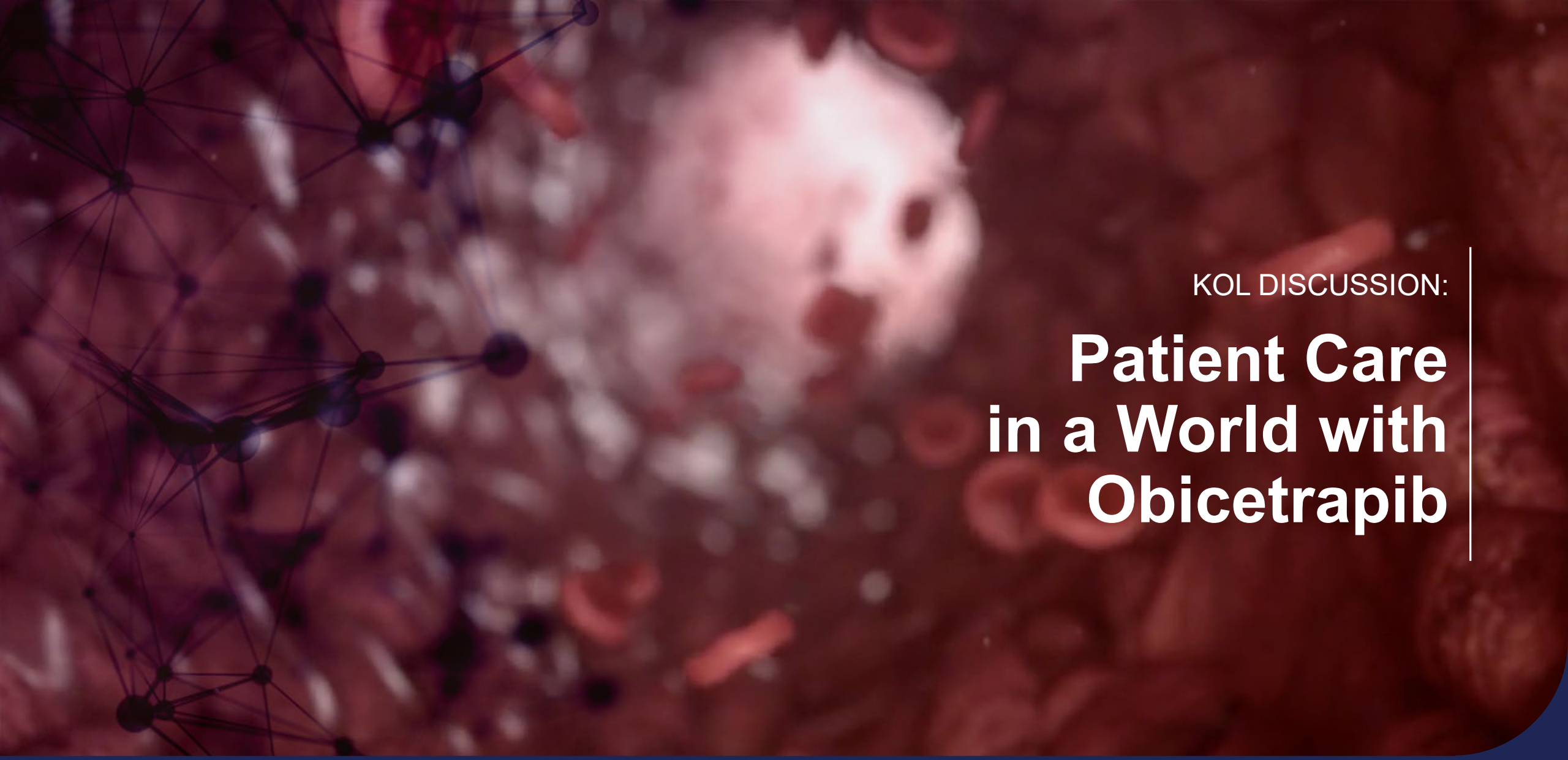
3.
Accelerate Market Access

4.
Invest to Win

Q&A Session



Break in Progress



KOL DISCUSSION:

Patient Care in a World with Obicetrapib

Jorge Plutzky,MD

Director, Preventive Cardiology, Brigham and Women's Hospital, Harvard Medical School

Ann Marie Navar, MD, PhD

Associate Professor of Cardiology, UT Southwestern Medical Center

Ashish Sarraju, MD

Cardiologist in the Section of Preventive Cardiology at the Cleveland Clinic's Tomsich Family Department of Cardiovascular Medicine of the Sydell and Arnold Miller Family Heart, Vascular & Thoracic Institute

FINANCIAL UPDATE:

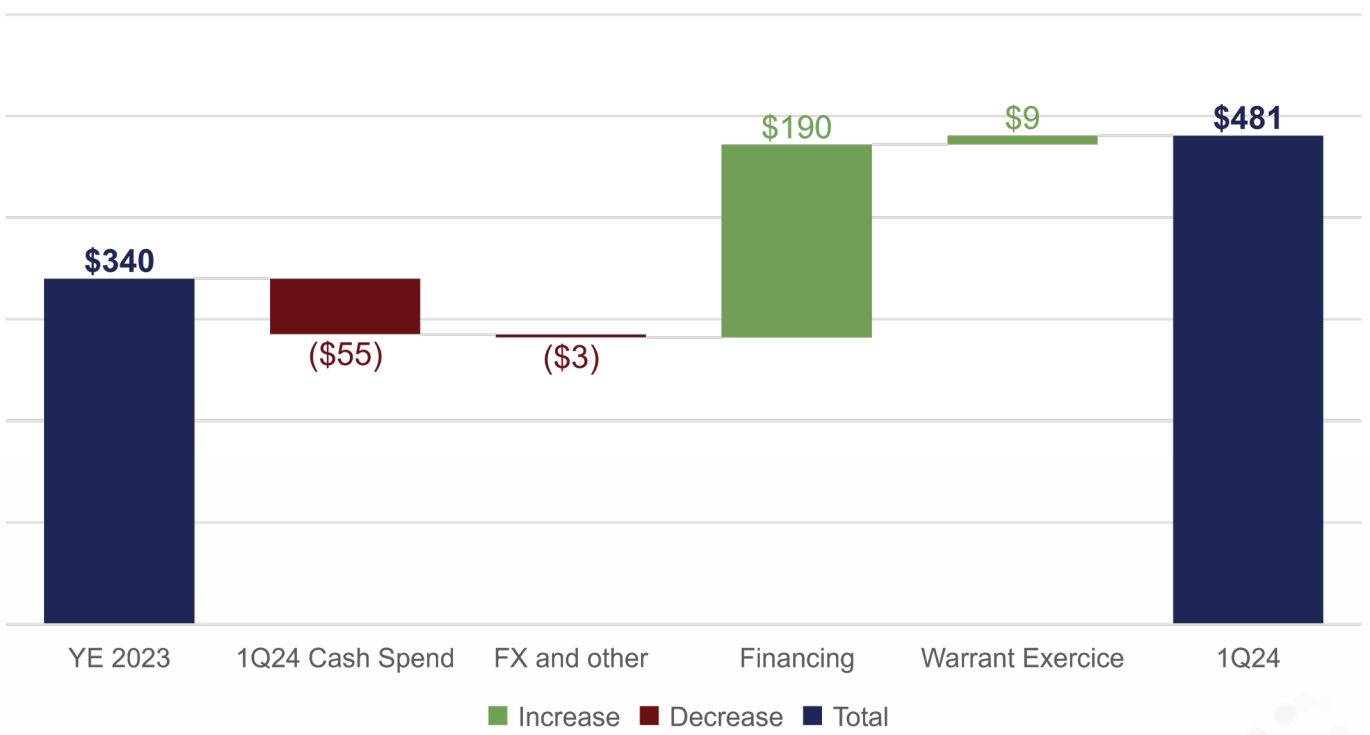
Operating from a Position of Strength

Cash Position ($USD M)

Operating from a Position of Strength: $481M as of 1Q24

Financing Extended Cash Runway

- BROOKLYN trial in 3Q24
- BROADWAY trial in 4Q24
- TANDEM trial in 1Q25
- PREVAIL trial in 2026
- REMBRANDT trial in 2027



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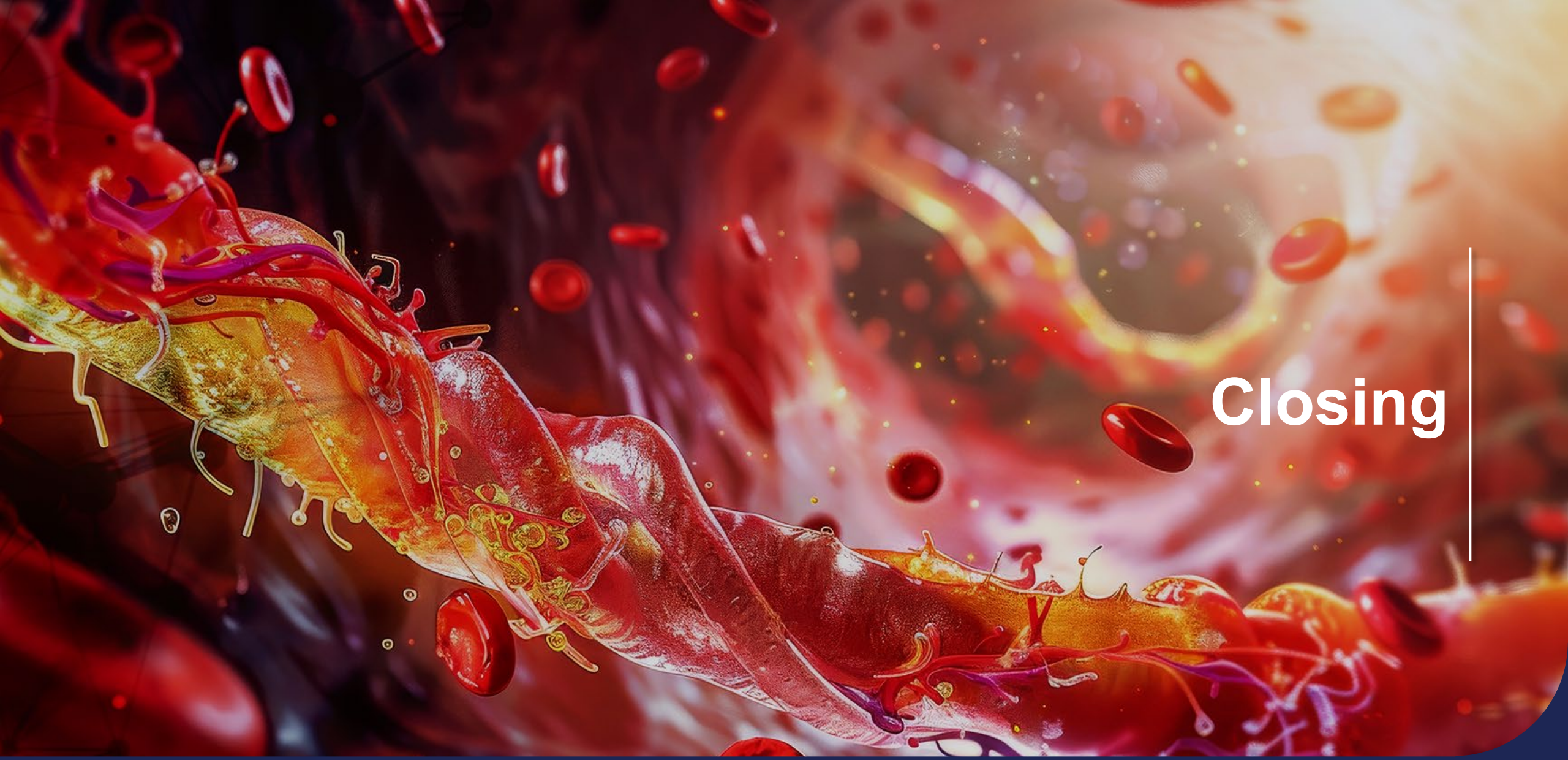

Closing

The NewAmsterdam Value Proposition

Clinical Expertise: Data driven clinical development increases probability of success

Differentiated Target Product Profile: Phase 2 data demonstrates obicetrapib's potential impact on multiple CVD risk factors

Unmet Need: Significant need for a potent, convenient, well-tolerated low-dose oral therapy

Experienced Leadership and Team: Expanding team comprised of cardiometabolic and biotechnology industry executives

KOL Support: Physician community aware of unmet need and eager to leverage obicetrapib's differentiated profile to achieve desired clinical benefit, if approved

CMC Expertise and Manufacturing Capacity: Preparing to meet anticipated demand for obicetrapib and FDC, creating redundancy, expanding capacity and building inventory

Commercial Excellence: Track record of blockbuster launch success and innovative go-to-market model

Strong Balance Sheet: Expected Cash runway beyond Phase 3 clinical data readouts

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What to Expect in Next 12 Months with Milestones Hitting as Momentum Continues to Build

BROOKLYN

BROOKLYN Phase 3

LDL-C, Lp(a), ApoB, BP vitals

Completed and published

BROADWAY

BROADWAY Phase 3

LDL-C, Lp(a), Safety, ABPM

Completed and published

PREVAIL

PREVAIL CVOT

Full baseline details

TANDEM

TANDEM FDC Phase 3 trial

LDL-C, LDL-p, Lp(a), ApoB

Completed and published

Tailwinds Driving the Market

Recent guideline and label expansions

Increased treatment aimed at hitting LDL-C goals

Lp(a) gaining momentum as target

Accelerated adoption of treatments adjunct to statins


Thank You
NewAmsterdam
Pharma
R&D DAY
2024