Corporate Presentation

November 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 and BROOKLYN Phase 3 trial

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

>1,000 pts

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

36-40%

mean LDL-C lowering versus placebo*

40-50%

mean Lp(a) lowering versus placebo+

Robust observed effects on ApoB, non-HDL-C, HDL-C

Source: Company data for obicetrapib 10mg monotherapy, *Pooled data includes ROSE, ROSE2, Japan Phase 2 and BROOKLYN Phase 3 data sets. LS mean reduction placebo corrected +Pooled ROSE and ROSE2 data. LS mean reduction placebo corrected

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Previous 18 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

2023

- Presented ROSE2 full data at NLA
- Topline Japan Phase 2b results
- Completed enrollment for BROADWAY Phase 3
- Initial Alzheimer's Phase 2a data
- Selected formulation for FDC Phase 3 trial

2024

- Composition of matter IP Granted
- Completed enrollment for PREVAIL CVOT
- Completed enrollment for TANDEM FDC Phase 3 trial
- Announced topline results for BROOKLYN Phase 3

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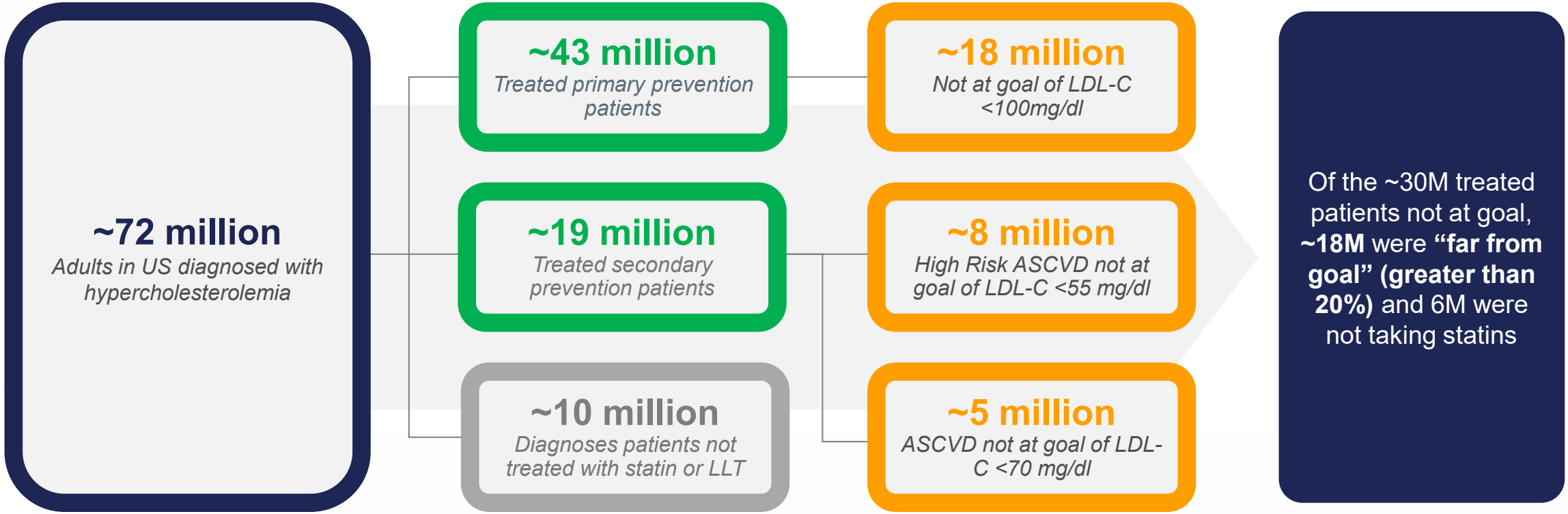
Obicetrapib Designed to Address the ~30M Patients in US on Drug but not at Goal



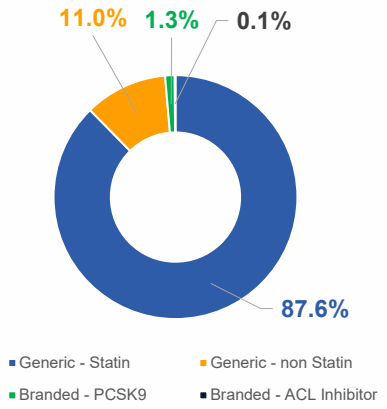
US Branded Lipid Lowering Market

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: ISPOR 2024

Lipid Lowering Therapy (LLT) Market is a Growing Opportunity

1



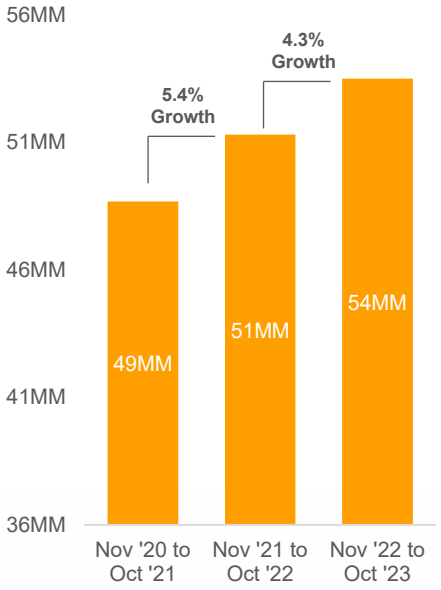
256M

Prescriptions written in past 12 months.[1]

Over 250 MM Rx's annually

2

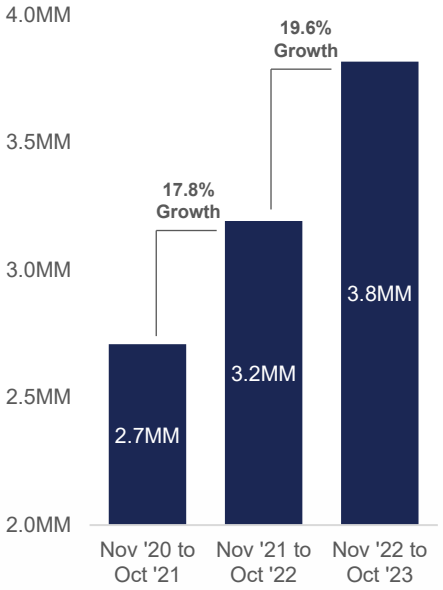
Patients on Lipid lowering Therapy[2]



Market growing at over 4% over the last 2 years

3

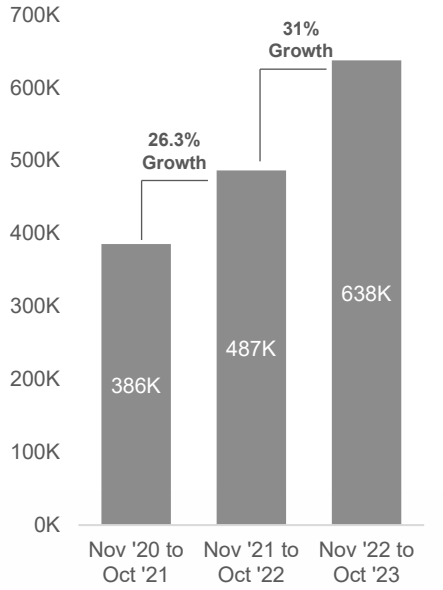
Patients on Non-statin[3] Treatment



Non-statin market growing at high double digits

4

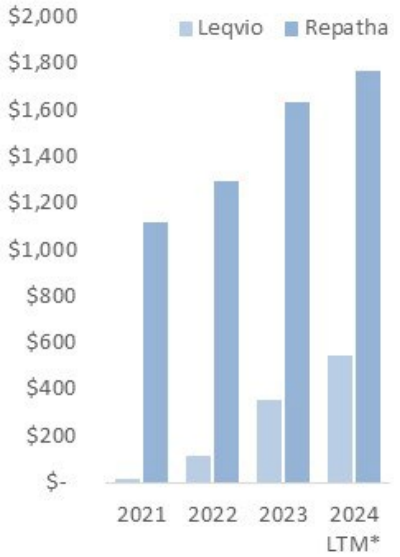
Patients on Branded[4] Treatment



Branded market growing even faster

5

Branded sales driving market opportunity ($ millions)



PCSK9 sales accelerating post launch miscalculations

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. Note: LTM=last 12 months ending 2Q24

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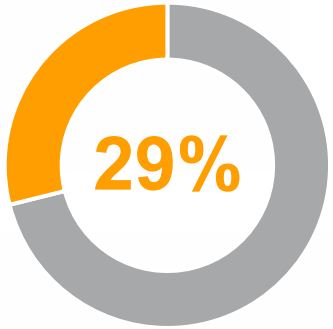
Majority of ASCVD/HeFH Patients are not Achieving LDL-C Targets

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

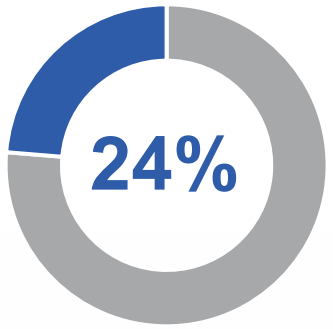
LDL-C < 100 mg/dL



<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]

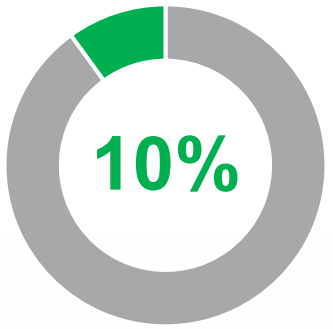
LDL-C < 70 mg/dL



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

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

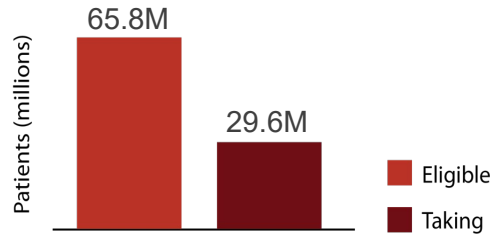
LDL-C < 55 mg/dL



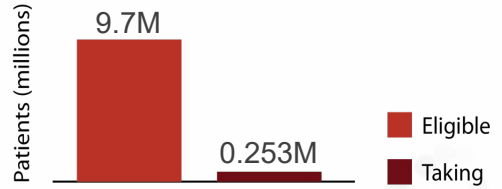
10% achieved LDL-C <55 mg/dL

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

Statin Utilization



PCSK9i Utilization

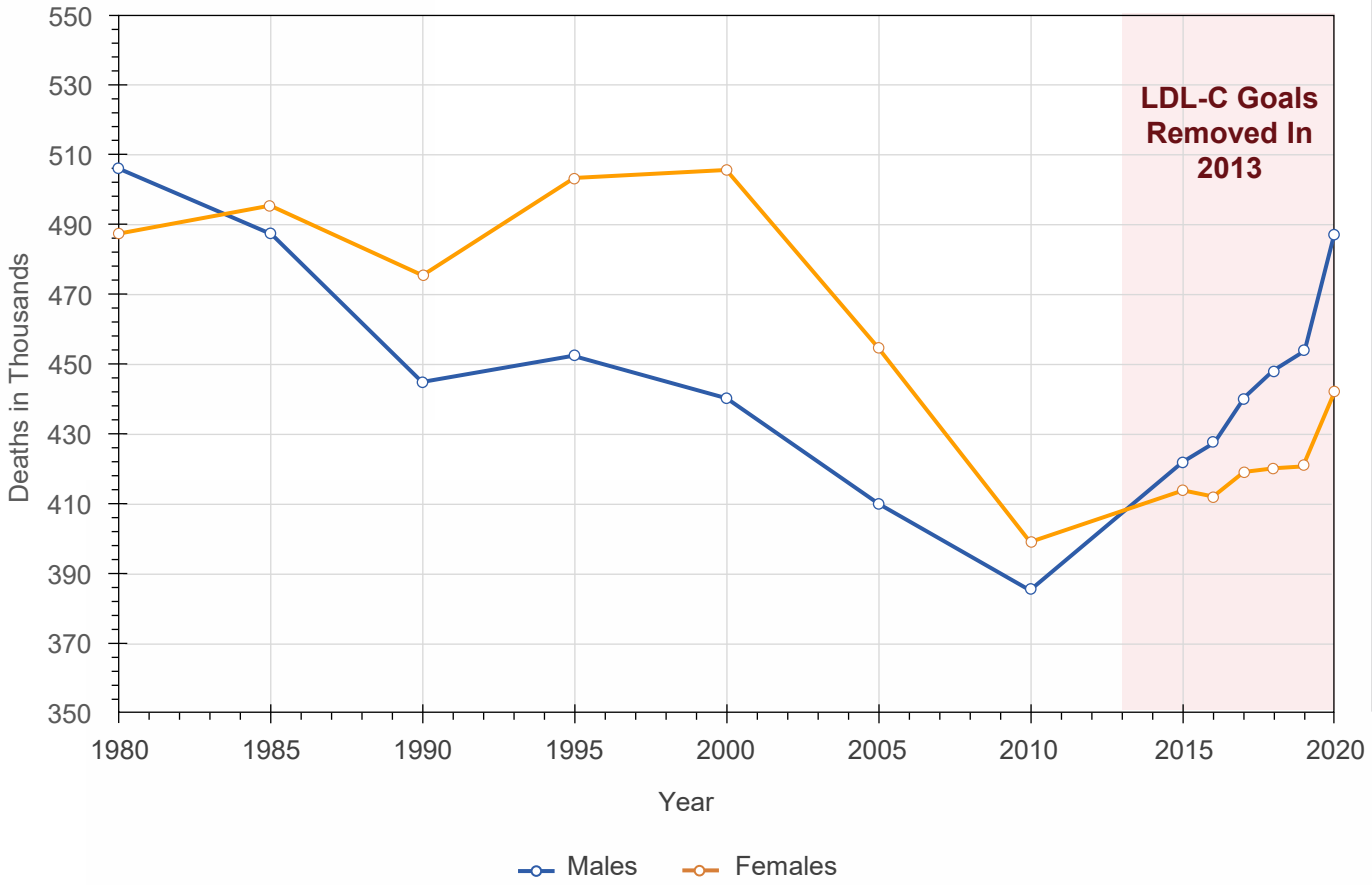


ASCVD=atherosclerotic cardiovascular disease; HeFH=heterozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein-cholesterol.

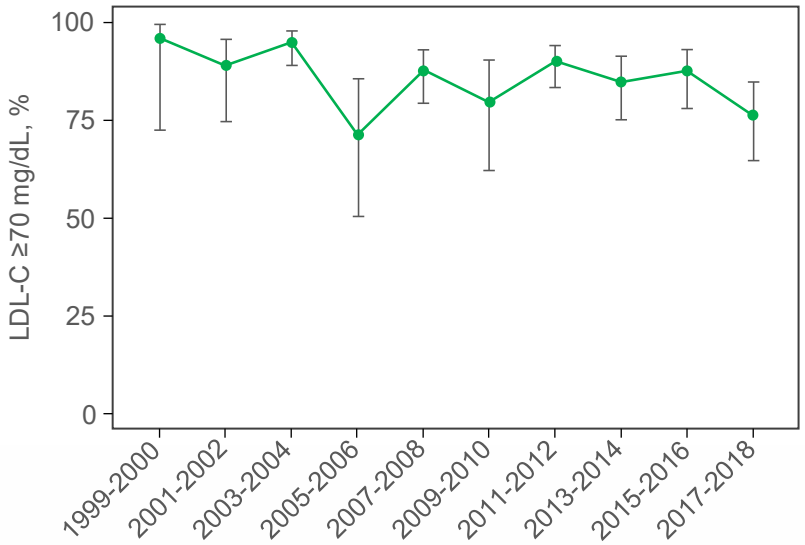
1. Schreuder MM, et al. LDL cholesterol targets rarely achieved in familial hypercholesterolemia patients: A sex and gender-specific analysis. Atherosclerosis. 2023 2. Gao Y, Shah LM, Ding J, Martin SS. US trends in cholesterol screening, lipid levels, and lipid-lowering medication use in US adults, 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

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]	Obicetrapib[5]	Obi + Eze [5]
Approval	Approved	Approved	Approved	LDL-C data 2024E	LDL-C data 2025E
MACE Benefit	7%	13%	15%	TBD	TBD
Observed LDL-C Reduction	25%	17%	45-50%	36-40%	58%
Administration	Oral (small molecule)	Oral (small molecule)	Injectable (mAb)	Oral (small molecule)	Oral (small molecule)
Dosing	10mg	180mg	140-150mg	10mg	20mg (10mg Obi + 10mg Eze)
Food Effect	No	No	No	No	No
Safety & Tolerability	Safe, well-tolerated	Tendon rupture & gout warning on label	Safe, injection site reactions	Well-tolerated compared to placebo	Well-tolerated compared to placebo
Lp(a) lowering	None	None	15-30%	47%	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 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 for LDL-C and 35 for Lp(a) 6. MK0616 was observed to have adverse events comparable to pbo in Phase 2b trials

Limited New Therapies on the Horizon

Available and investigational treatment options have limitations

	MK-0616[1]	AZD0780[2]	Obicetrapib[3]	Obi + Eze [4]
Approval	LDL-C data 2026E (CVOT data 2029E)	TBD	LDL-C data 2024E	LDL-C data 2025E
Current Phase	Phase 3	Phase 2b	Phase 3	Phase 3
Observed LDL-C Reduction	50-59% (~20% with food)	30%-38%	36-40%	58%
Administration	Oral (peptide)	Oral (small molecule)	Oral (small molecule)	Oral (small molecule)
Dosing	380mg (20mg API + 360mg SNAC)	30mg-60mg	10mg	20mg (10mg Obi + 10mg Eze)
Food Effect	Yes (8hr fast & 30min wait)	No	No	No
Safety & Tolerability	SNAC technology has previously been observed to have tolerability concerns[6]	Well-tolerated	Well-tolerated compared to placebo	Well-tolerated compared to placebo
Lp(a) lowering	20-25%	unkown	47%	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 charateristics.
Sources:. 1. Ballantyne, C et al. JACC 2023;81(16) 2. EAS 2024 3. See slide 12 for LDL-C and 35 for Lp(a) 6. MK0616 was observed to have adverse events comparable to pbo in Phase 2b trials

Obicetrapib program designed to overcome limitations of prior CETP inhibitors

	Torcetrapib[1]	Dalcetrapib[2]	Evacetrapib[3]	Anacetrapib[4]	Obicetrapib[5]
Observed LDL-C reduction[6]	25%	7%	11-21%	17%	36-40%
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%
ApoB lowering	15%	None	15-20%	18%	22%-24%
OUTCOMES STUDIES					
Name	ILLUMINATE	Dal-OUTCOMES	ACCELERATE	REVEAL	PREVAIL
Patients	15,067	15,871	12,092	30,449	9,541
Baseline LDL-C (mg/dl)	79.7	76.4	81.1	61	103
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 **6.** Per PUC, if available

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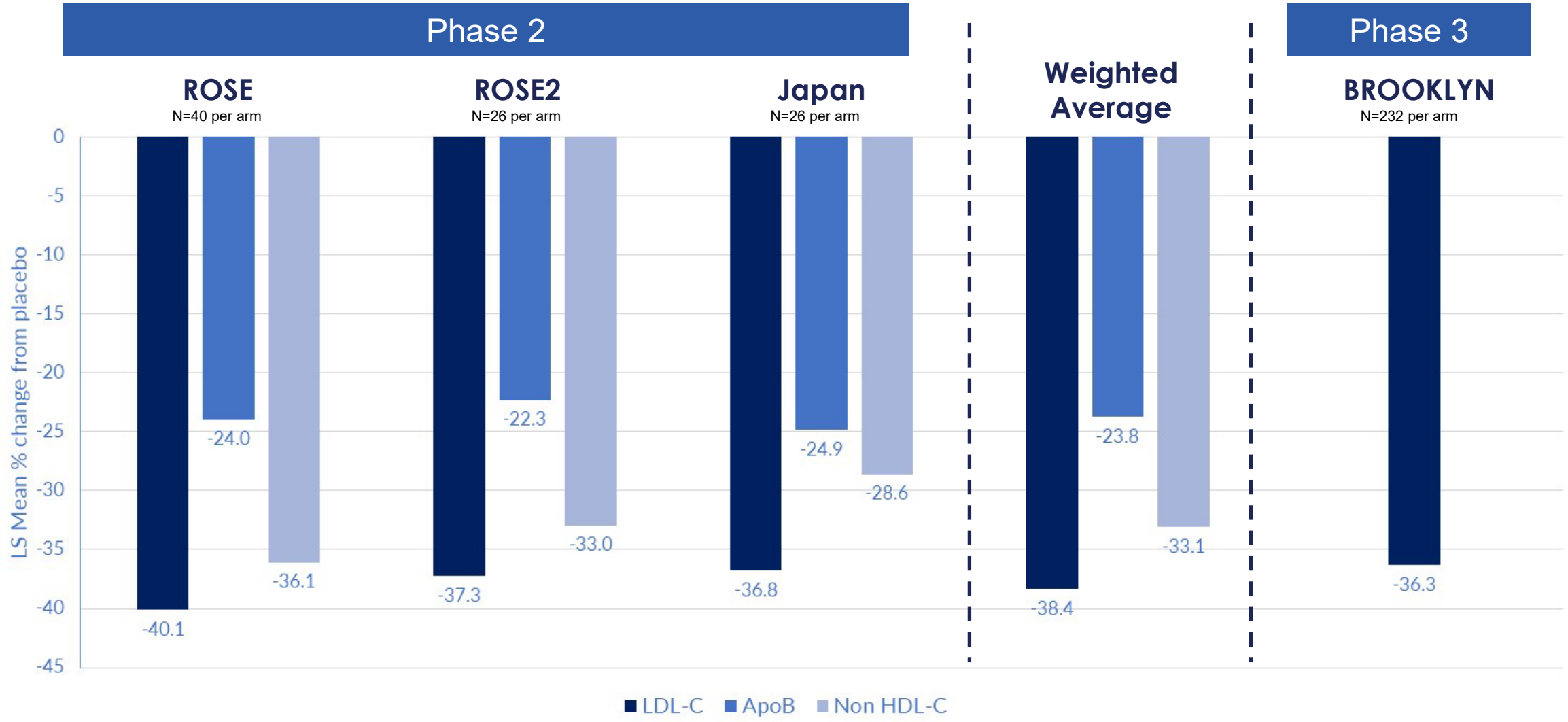
Obicetrapib Studies: Consistent Benefit Observed in Lipid Biomarkers



Source: Company data for obicetrapib 10mg monotherapy. ROSE at week 8, ROSE2 at week 12, Japan at week 8, BROOKLYN at week 12

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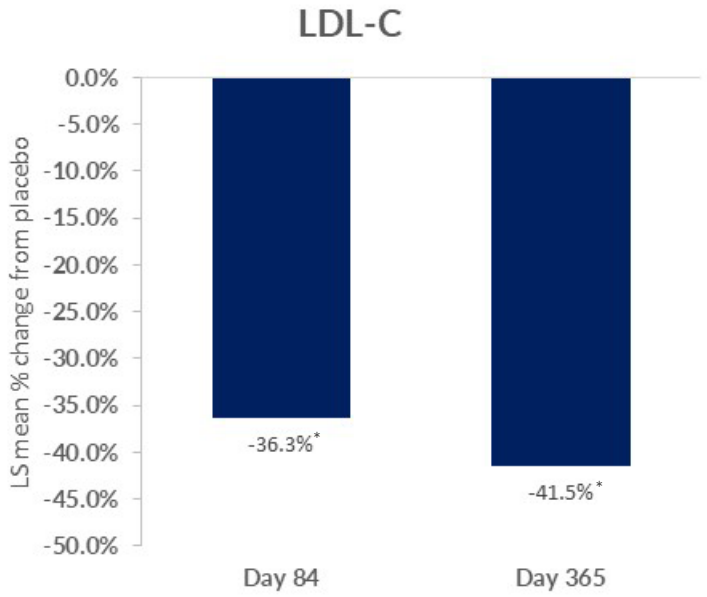
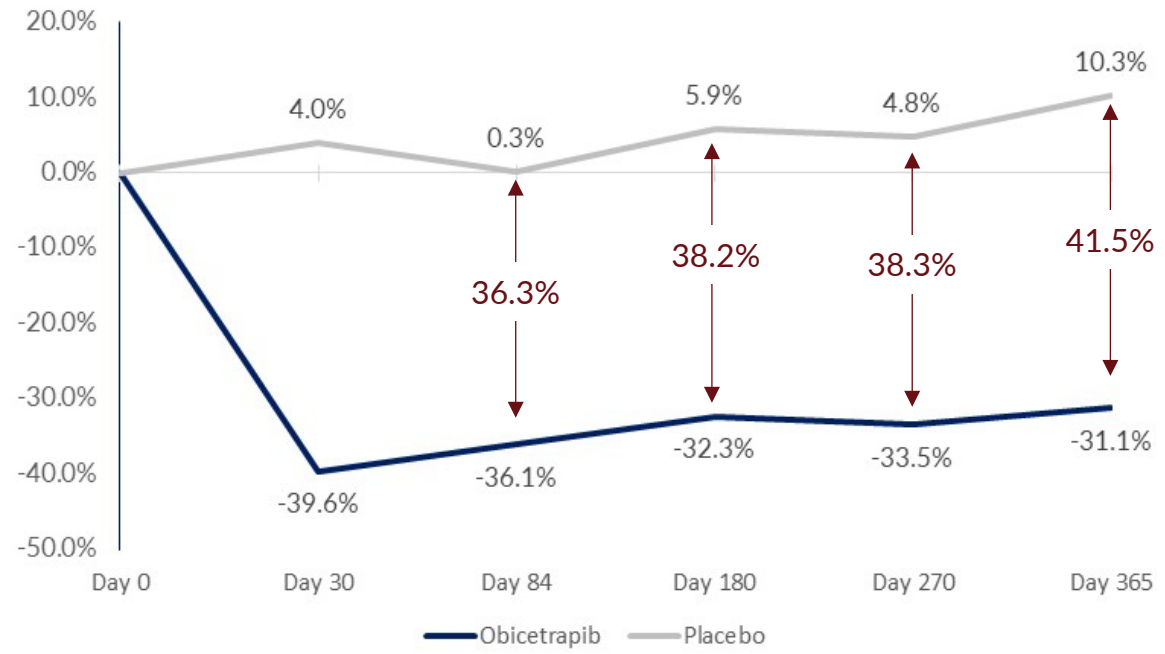
BROOKLYN Phase 3 HeFH study showed Statistically Significant LDL-C Reduction Observed at Primary Endpoint of Day 84 and Maintained Through Day 365

LS Mean % change vs. placebo



LDL-C reduction over time (ITT population)



Note: * = p<0.0001. Martin Hopkins mean changes at baseline, day 30, Day 180, Day 270 and LS mean by PUC at Day 84 and Day 365.

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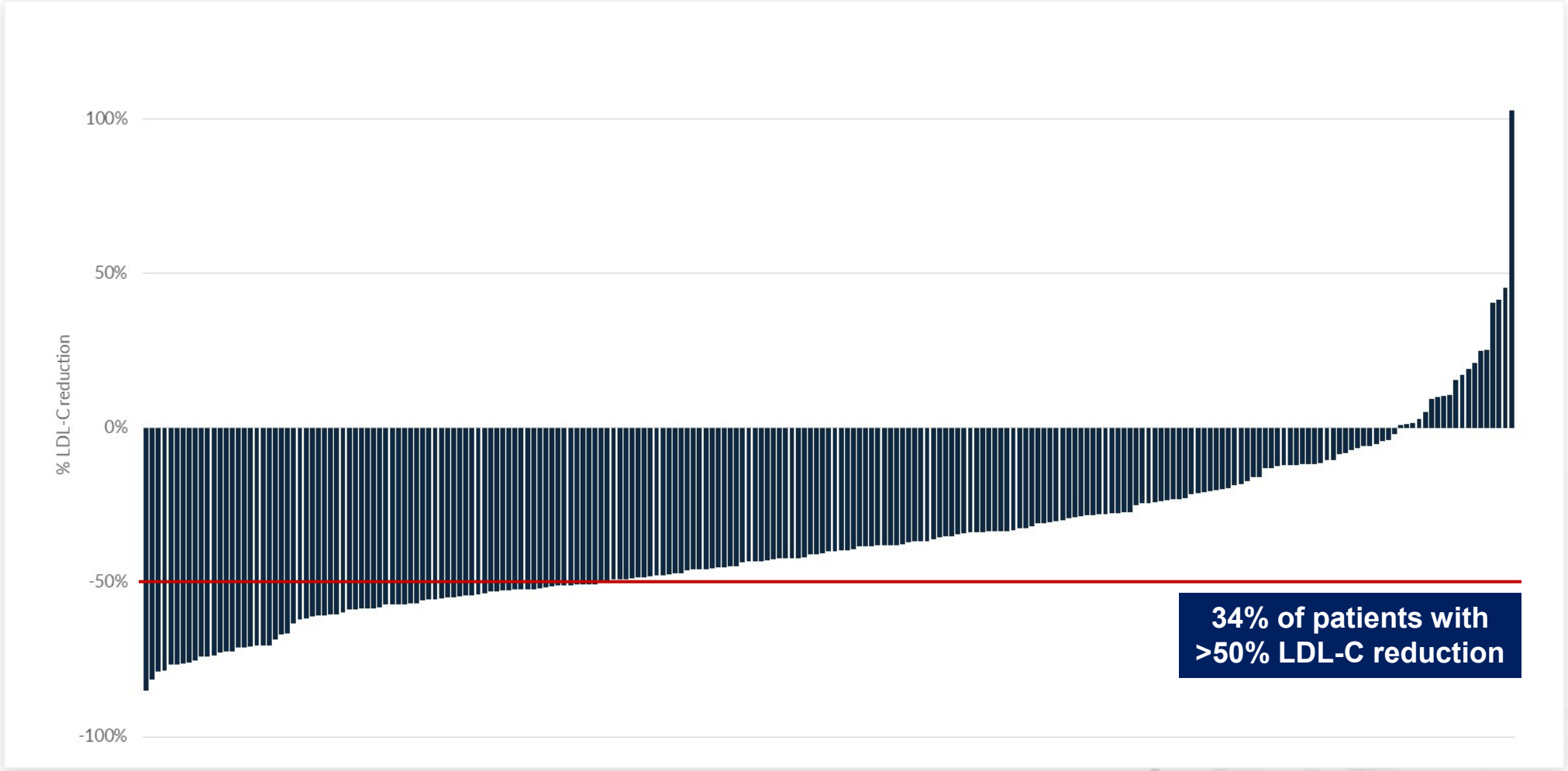
BROOKLYN: LDL-C Responder Analysis in Obicetrapib 10mg arm at day 84



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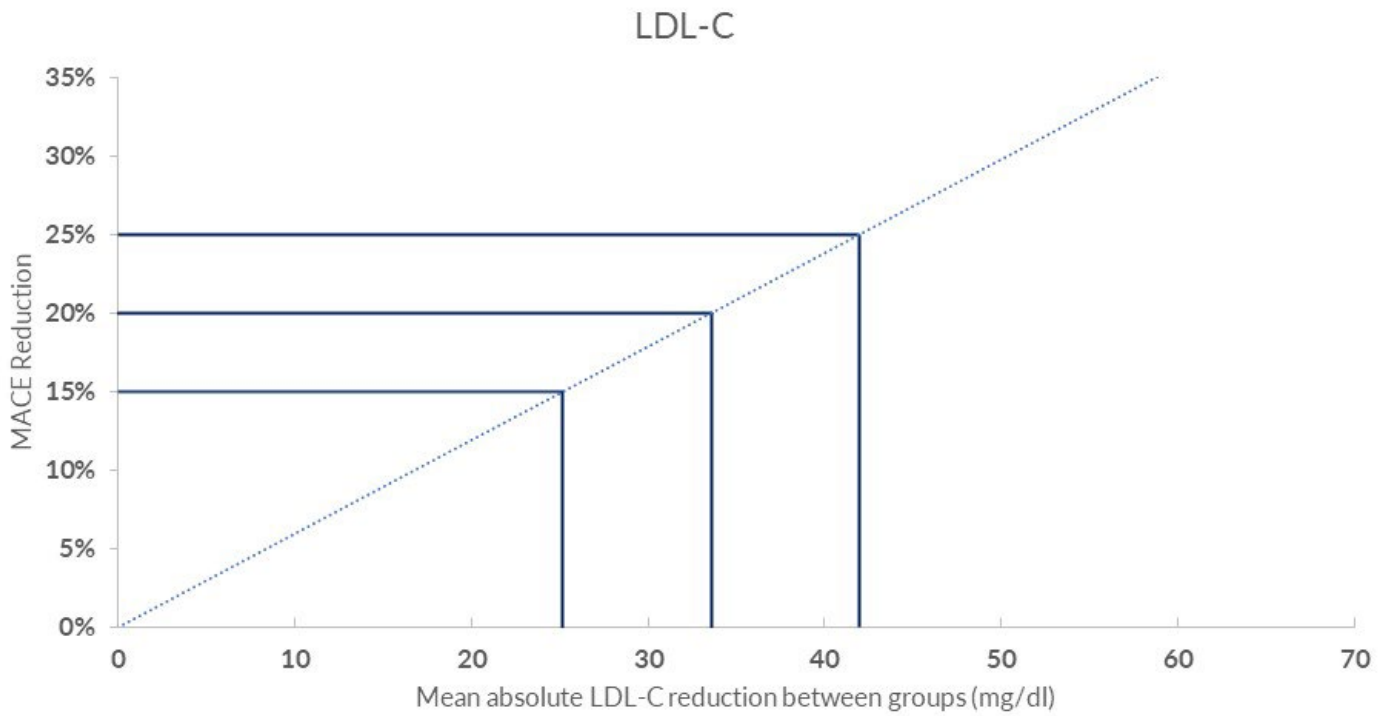
Understanding LDL-C reduction to estimated MACE benefit: PREVAIL baseline LDL-C of 103mg/dl

LDL-C reduction placebo adjusted	Estimated MACE Benefit
31.0%	19.0%
32.0%	19.6%
33.0%	20.3%
34.0%	20.9%
35.0%	21.5%
36.0%	22.1%
37.0%	22.7%
38.0%	23.3%
39.0%	23.9%
40.0%	24.5%
41.0%	25.2%

	CVOT MACE Benefit
PCSK9s (1)	15%
Bempedoic Acid (2)	13%
Ezetimibe (3)	7%



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. 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.
(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.

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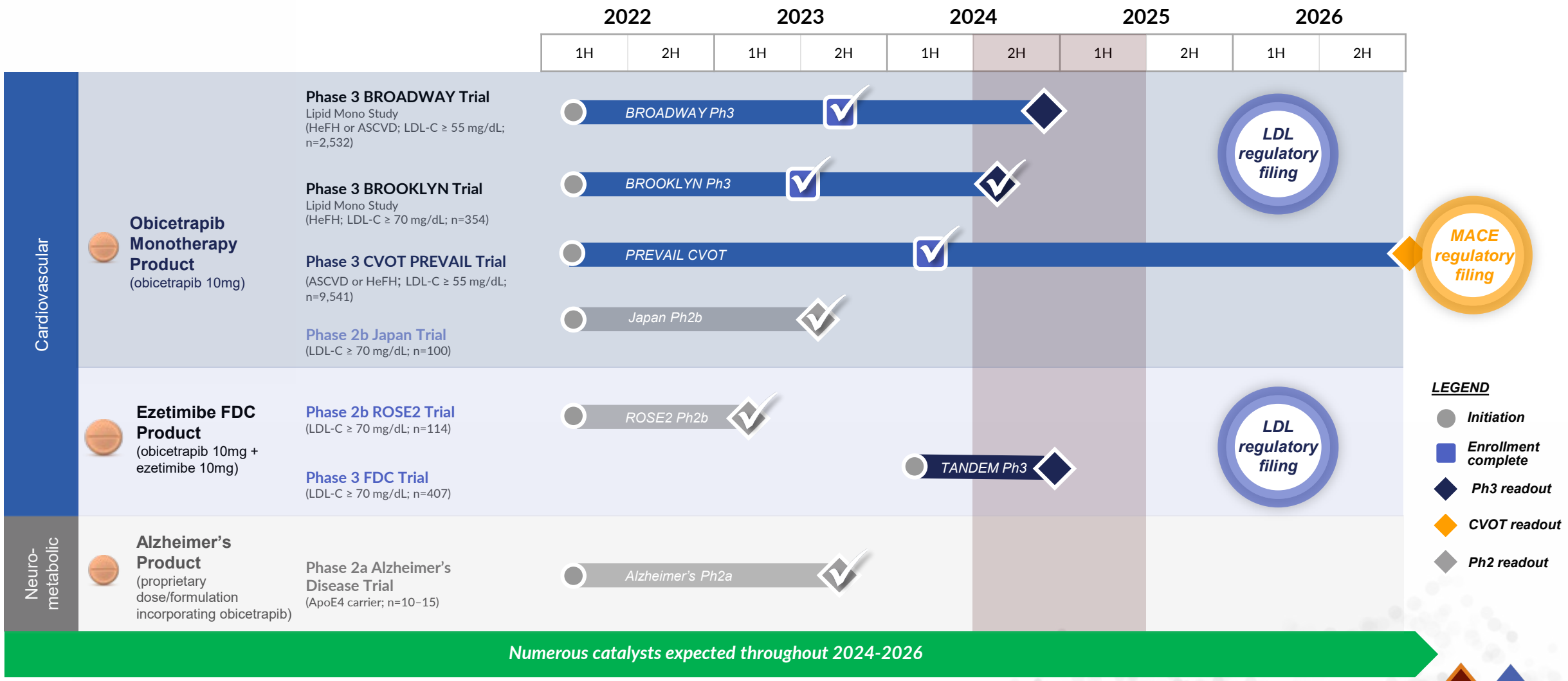
Multiple Pivotal Data Readouts in Next 12 months



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

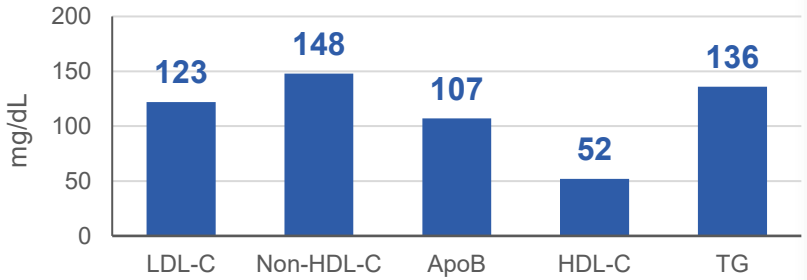
- Obicetrapib 10 mg (2:1 randomization)
- Placebo

13-months

Key Inclusion Criteria

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

Baseline Lipids (obicetrapib 10mg mean)



Baseline Lipid Modifying Therapy

- Any statin 89%
- High intensity statin: 79%
- Ezetimibe: 54%
- PCSK9i 14%
- Other 8%

BROADWAY

1º endpoint – week 12

N = 2532

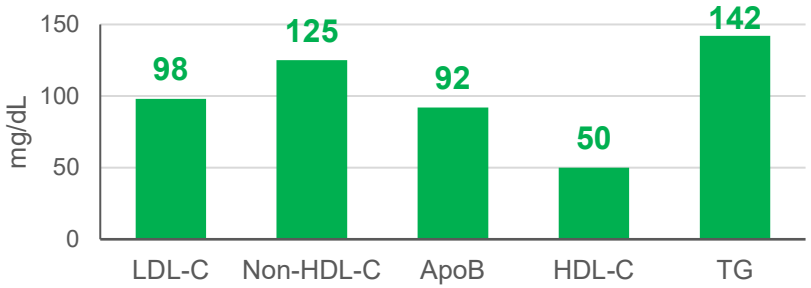
- Obicetrapib 10 mg (2:1 randomization)
- Placebo

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 (blinded mean)



Baseline Lipid Modifying Therapy

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

PREVAIL

LDL-C endpoint

N = 9541

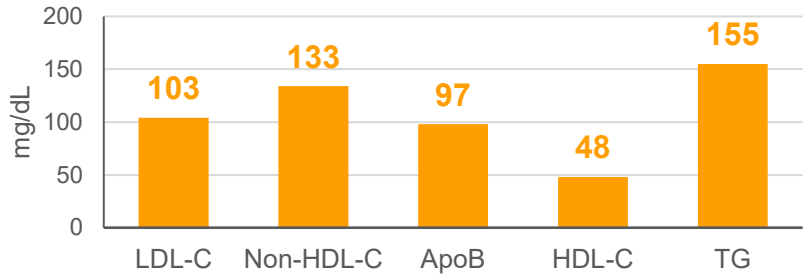
- Obicetrapib 10 mg (1:1 randomization)
- Placebo

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 (blinded mean)



Baseline Lipid Modifying Therapy

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

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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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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**
- **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.

Obicetrapib for Cardiovascular Disease Phase 3 Programs

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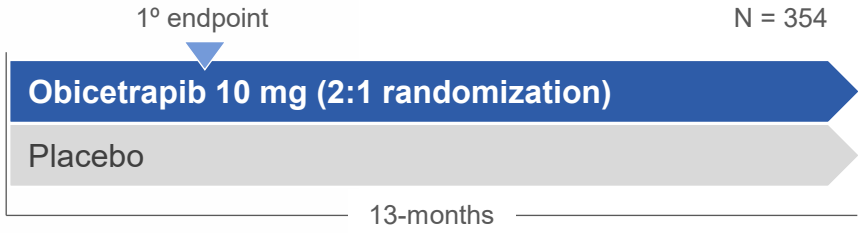
BROOKLYN

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

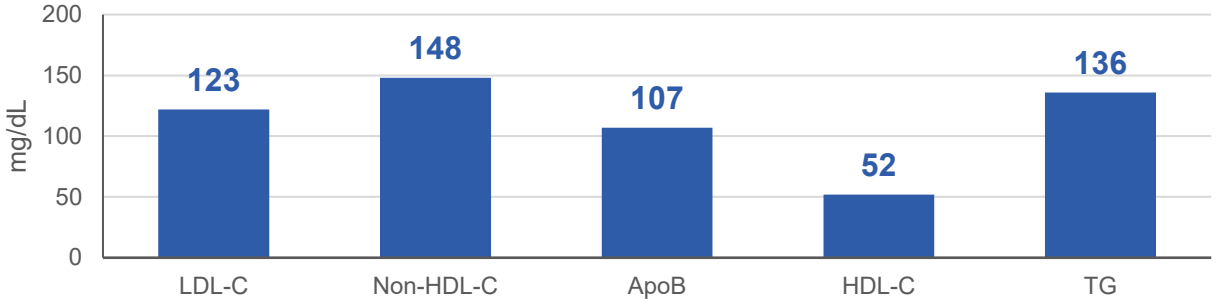
Key Exclusion Criteria

- HoFH
- Uncontrolled hypertension

Endpoints

- Primary: LDL-C at day 84
- Secondary: ApoB, Lp(a), non-HDL-C, HDL-C
- Safety: AE's, vitals, laboratory

Baseline Lipids (obicetrapib 10mg mean)



Demographics

- 53% Female
- 57 years of age
- BMI: 29 kg/m^2

Regions

- N. America
- S. Africa
- Europe

Baseline Lipid Modifying Therapy

- Any statin 89%
- High intensity statin: 79%
- Ezetimibe: 54%
- PCSK9i 14%
- Other 8%

Note: AEs: adverse events; ApoB: apolipoprotein B; HoFH: Homozygous FH

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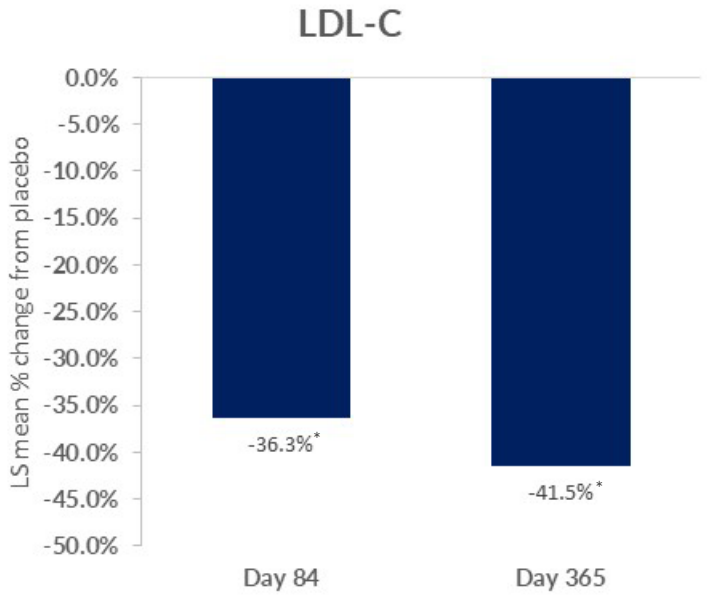
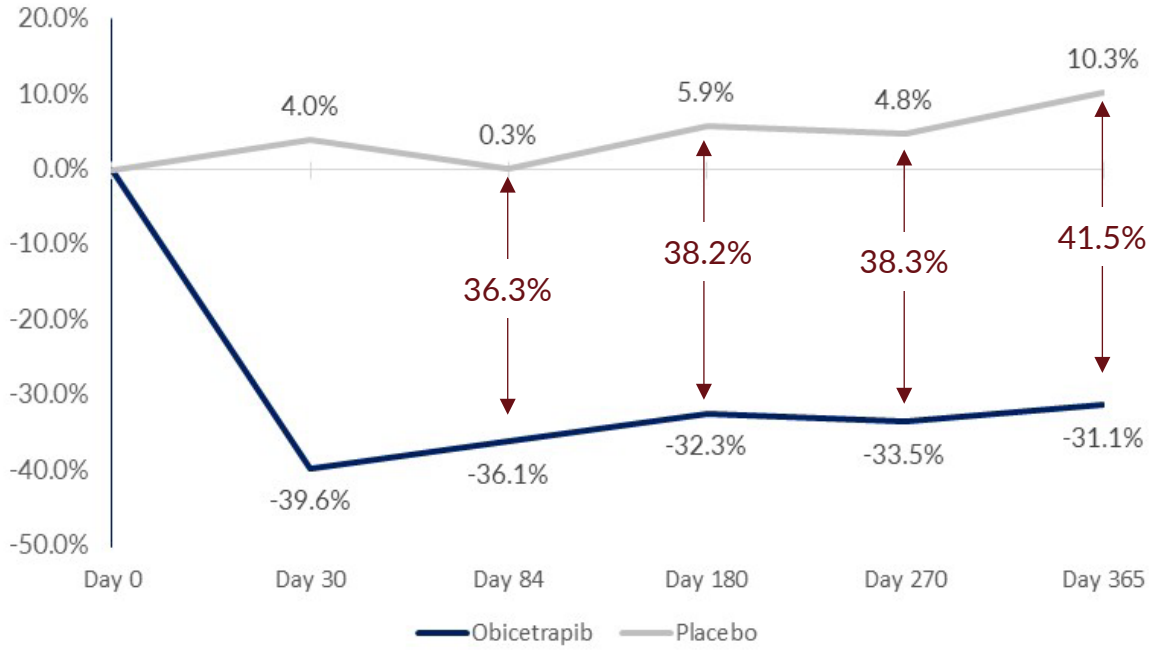
BROOKLYN Phase 3 HeFH study showed Statistically Significant LDL-C Reduction Observed at Primary Endpoint of Day 84 and Maintained Through Day 365

LS Mean % change vs. placebo



LDL-C reduction over time (ITT population)



Note: * = p<0.0001. Martin Hopkins mean changes at baseline, day 30, Day 180, Day 270 and LS mean by PUC at Day 84 and Day 365.

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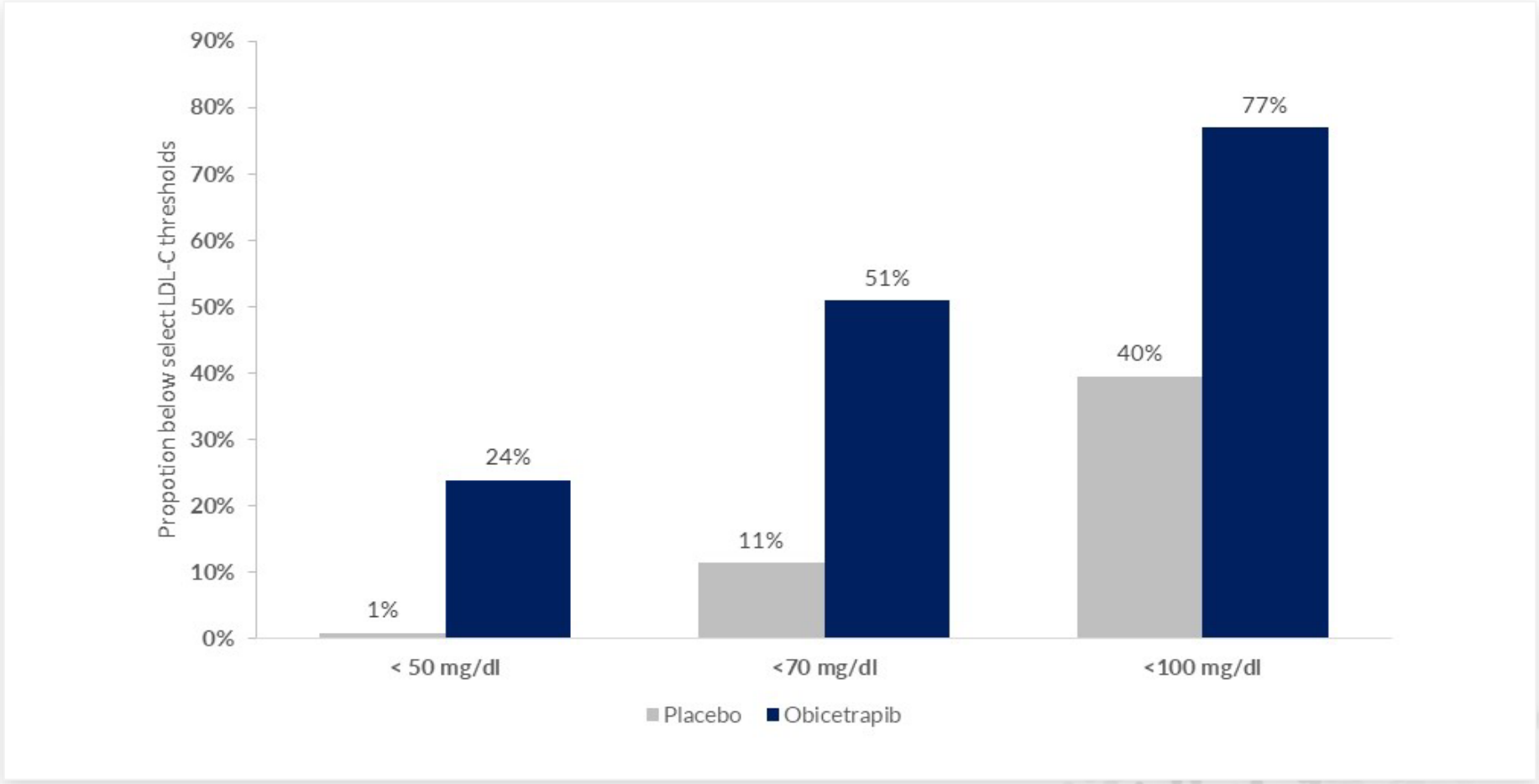
Greater Proportion of Patients in Obicetrapib Arm Achieved LDL-C Goal

% of patients achieving LDL-C thresholds at Day 84



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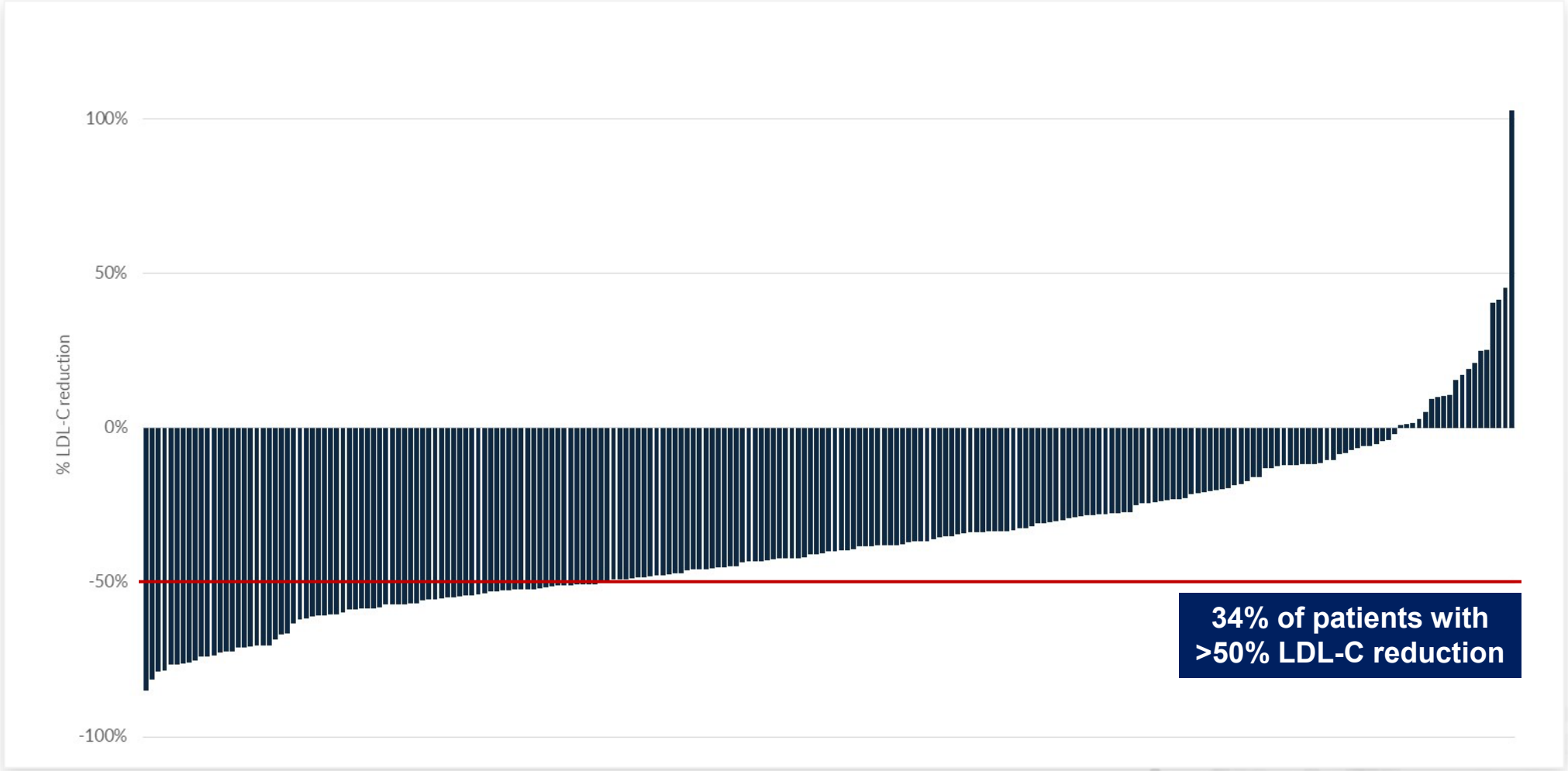
BROOKLYN: LDL-C Responder Analysis in Obicetrapib 10mg arm at day 84



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Disposition of All Randomized Participants

	Placebo	Obicetrapib 10 mg	Total
Randomized	118	236	354
Completed treatment	101 (85.6)	218 (92.4)	319 (90.1)
Discontinued treatment	17 (14.4)	18 (7.6)	35 (9.9)
Discontinued due to AE's	7 (5.9)	8 (3.4)	15 (4.2)
Subject decision	4 (3.4)	4 (1.7)	8 (2.3)
Withdraw of consent	3 (2.5)	3 (1.3)	6 (1.7)
Death	2 (1.7)	2 (0.8)	4 (1.1)
Lost to follow-up	1 (0.8)	1 (0.4)	2 (0.6)
Completed the study	110 (93.2)	226 (95.8)	336 (94.9)
Discontinued study early	8 (6.8)	10 (4.2)	18 (5.1)
Adverse event	0 (0.0)	1 (0.4)	1 (0.3)

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Overview of Treatment-Emergent Adverse Events – Safety Population

	Placebo N=118 n (%)	Obicetrapib 10 mg N=234 n (%)	Total N=352 n (%)
Any treatment-emergent AEs (TEAEs)	83 (70.3)	149 (63.7)	232 (65.9)
Any TEAEs by maximum severity			
Mild	47 (39.8)	84 (35.9)	131 (37.2)
Moderate	28 (23.7)	57 (24.4)	85 (24.1)
Severe	8 (6.8)	8 (3.4)	16 (4.5)
Any study drug related TEAEs	8 (6.8)	10 (4.3)	18 (5.1)
Any study drug-related TEAEs by maximum severity			
Mild	5 (4.2)	5 (2.1)	10 (2.8)
Moderate	3(2.5)	5 (2.1)	8 (2.3)
Severe	0 (0.0)	0 (0.0)	0 (0.0)
Any TEAEs leading to discontinuation of study drug	8 (6.8)	10 (4.3)	18 (5.1)
Any treatment-emergent serious AEs (TESAEs)	8 (6.8)	13 (5.6)	21 (6.0)
Any treatment-emergent non-serious AEs	82 (69.5)	145 (62.0)	227 (64.5)
Any study drug-related TESAEs	0 (0.0)	0 (0.0)	0 (0.0)
Any TEAEs leading to death	2 (1.7)	3 (1.3)	5 (1.4)

Overview of Treatment-Emergent Adverse Events >5% in Either Population

	Placebo N=118 n (%)	Obicetrapib 10 mg N=234 n (%)	Total N=352 n (%)
Any non-serious treatment-emergent AEs	52 (44.1)	95 (40.6)	147 (41.8)
Influenza	7 (5.9)	21 (9.0)	28 (8.0)
Covid-19	8 (6.8)	15 (6.4)	23 (6.5)
Hypertension	8 (6.8)	14 (6.0)	22 (6.3)
Nasopharyngitis	5 (4.2)	15 (6.4)	20 (5.7)
Diarrhea	8 (6.8)	9 (3.8)	17 (4.8)
Upper respiratory tract infection	4 (3.4)	12 (5.1)	16 (4.5)
Back pain	6 (5.1)	7 (3.0)	13 (3.7)
Headache	6 (5.1)	7 (3.0)	13 (3.7)
Fatigue	7 (5.9)	2 (0.9)	9 (2.6)

Overview of Adverse Events of Special Interest

	Placebo N=118 n (%)	Obicetrapib N=234 n (%)
AST or ALT > 3 x ULN	0 (0)	0 (0)
Bilirubin > 2 x ULN	2 (1.7)	0 (0)
CK > 5 x ULN	4 (3.4)	3 (1.3)
NODM or worsening of glycemic control	26 (22.0)	48 (20.5)
eGFR < 30 mL/min/1.73m2 or a 25% decrease in eGFR from baseline	10 (8.5)	10 (4.3)
Increase of Serum Creatinine ≥ 0.3 mg/dL from baseline	9 (7.6)	5 (2.1)
Macular degeneration	0 (0)	0 (0)

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

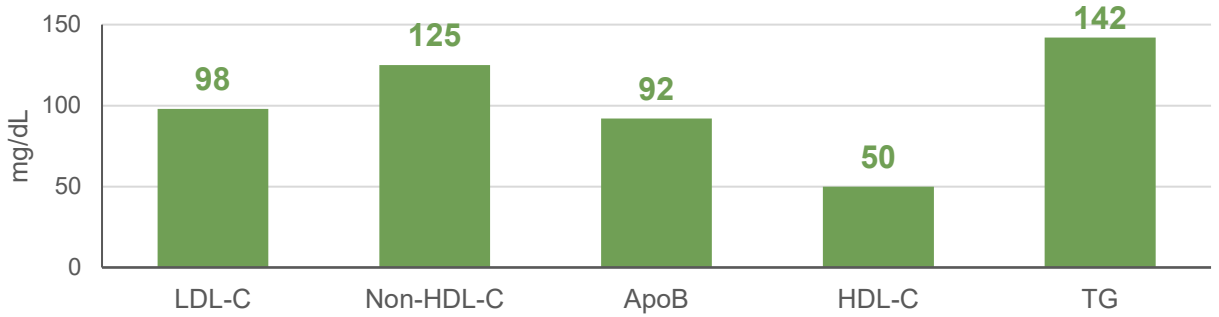
Key Exclusion Criteria

- 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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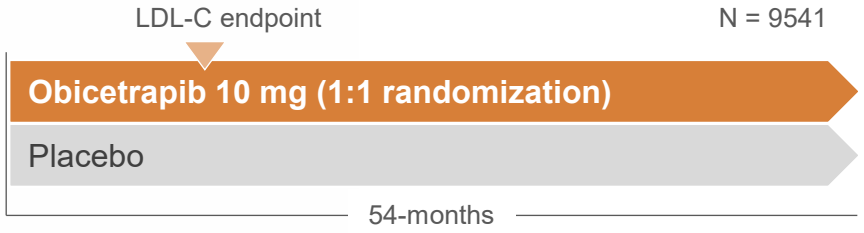
PREVAIL

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

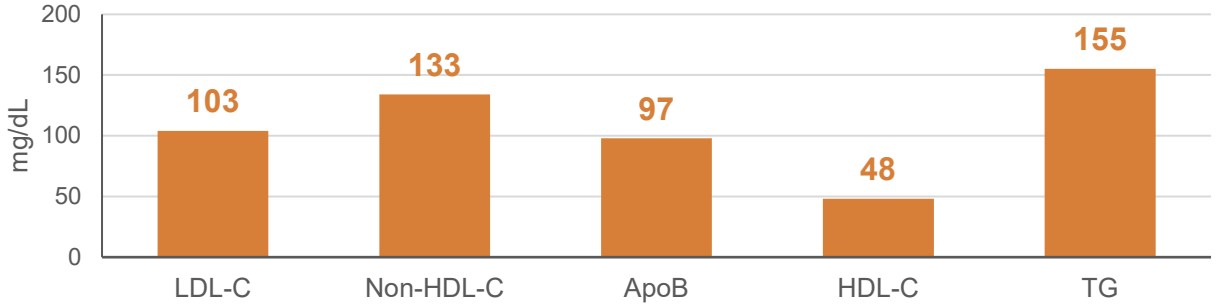
Key Exclusion Criteria

- 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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Obicetrapib Phase 2 Studies

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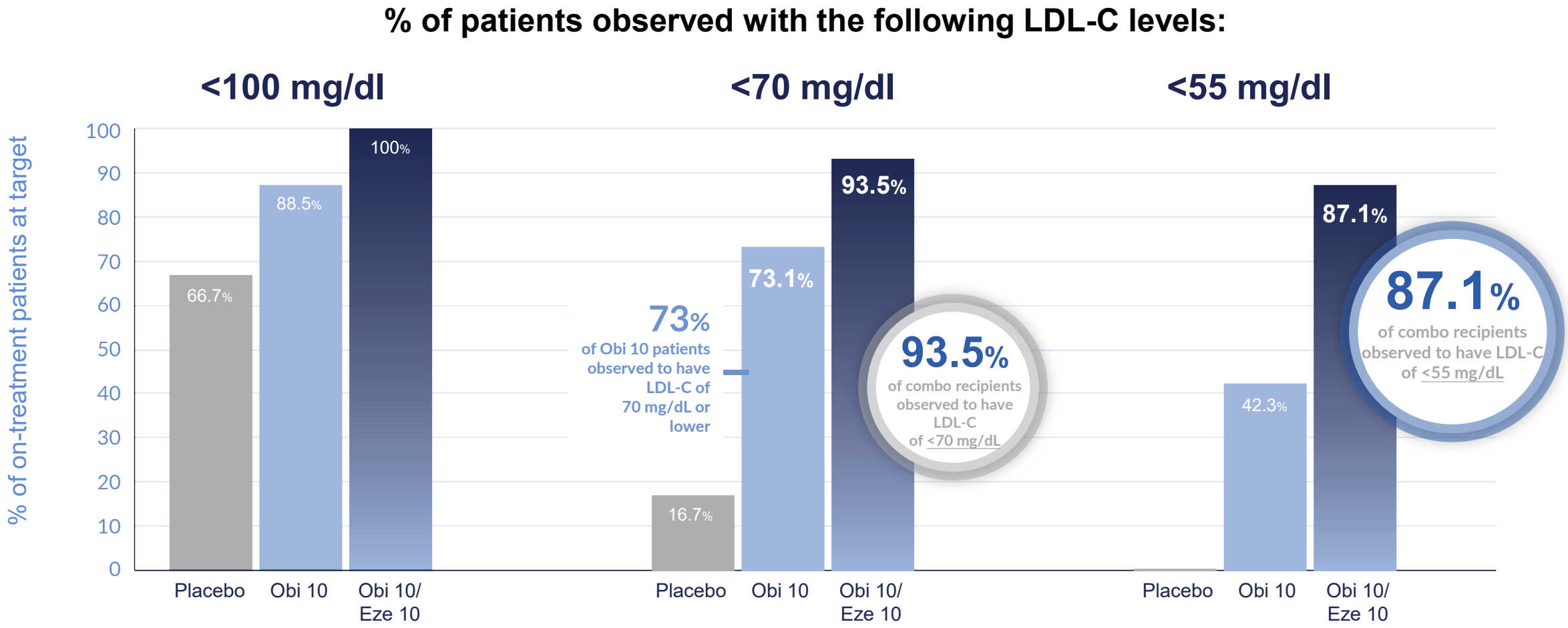
LDL goal attainment observed with ezetimibe + obicetrapib combination, including >87% of patients observed to attain <55 mg/dl LDL-C levels, in ROSE2



Source: Ballantyne CM, et al. J. of Clinical Lipidology 2023

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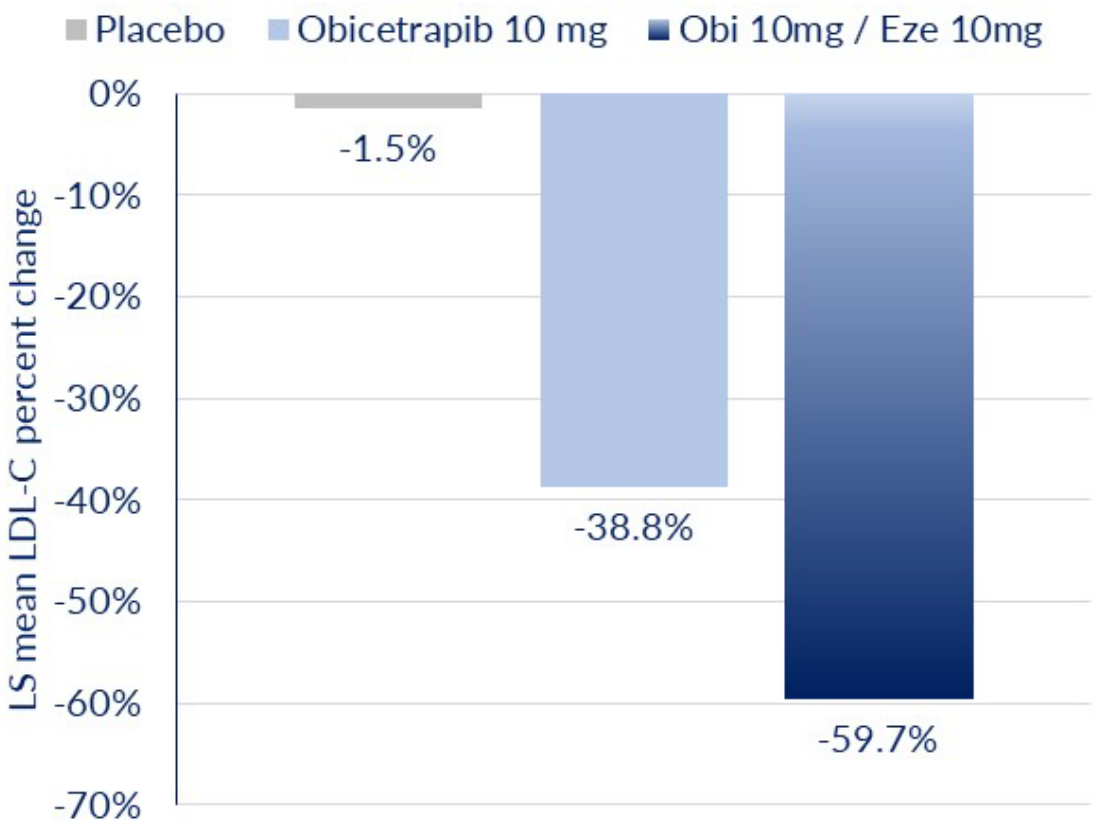
Obicetrapib/ezetimibe observed to lower LDL-C by 58.2% on top of HIS in ROSE2

LDL-C (mg/dL), on-treatment population



LS mean LDL-C levels (mg/dL)

Time	Placebo	Obi 10 mg	Obi 10 / Eze 10
Baseline Median	95.5 (60, 211) (N=40)	100.0 (35, 189) (N=26)	87.0 (62, 152) (N=31)
EoT Median	88.0 (55, 188) (N=36)	55.5 (21, 148) (N=26)	39.0 (15, 96) (N=31)
% Change from Baseline (LS Mean)	-1.5 (-36.4, 96.7) (N=36)	-38.8 (-78.4, 22.6) (N=26)	-59.7 (-83.7, -29.7) (N=31)
% Change from Placebo	**-**	**-37.3**	**-58.2**
P-value	**-**	**<0.0001**	**<0.0001**

Source: Ballantyne CM, et al. J. of Clinical Lipidology 2023

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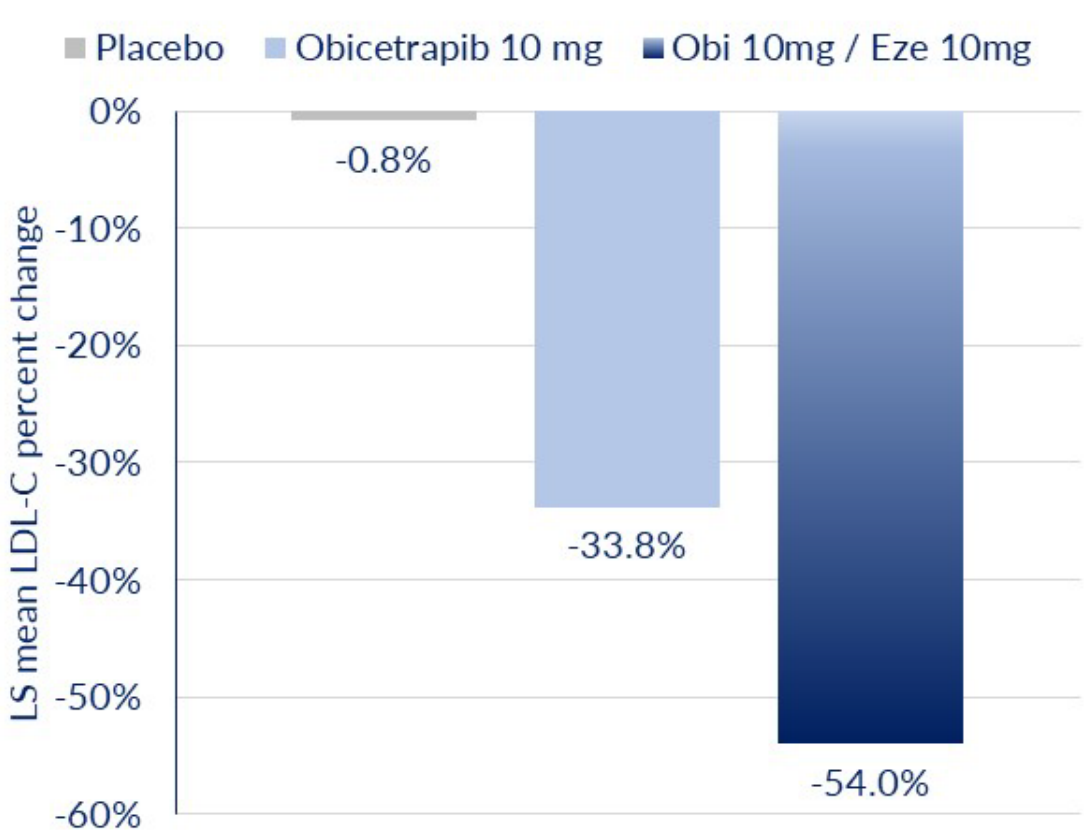
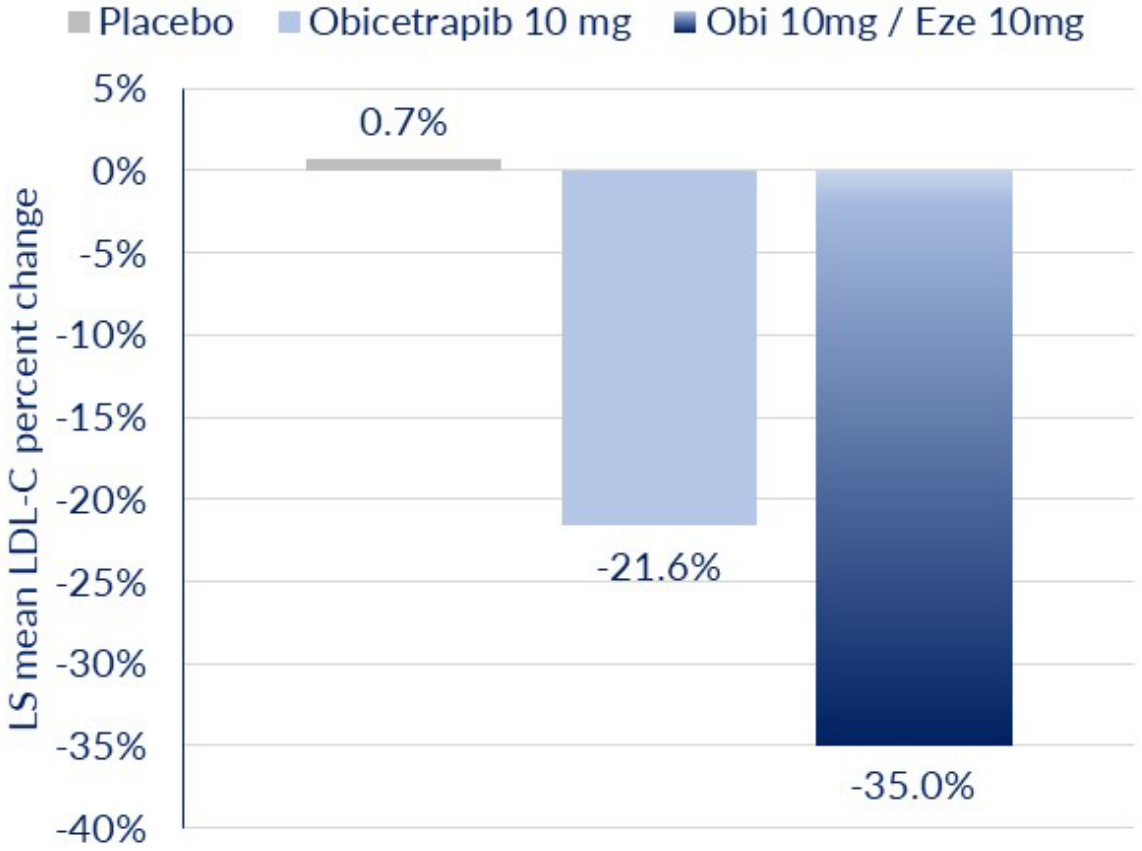
ROSE2: Non-HDL-C and ApoB percent change from baseline (Day 84)

Non-HDL-C (mg/dL), on-treatment population



ApoB (mg/dL), on-treatment population



Source: Ballantyne CM, et al. J. of Clinical Lipidology 2023

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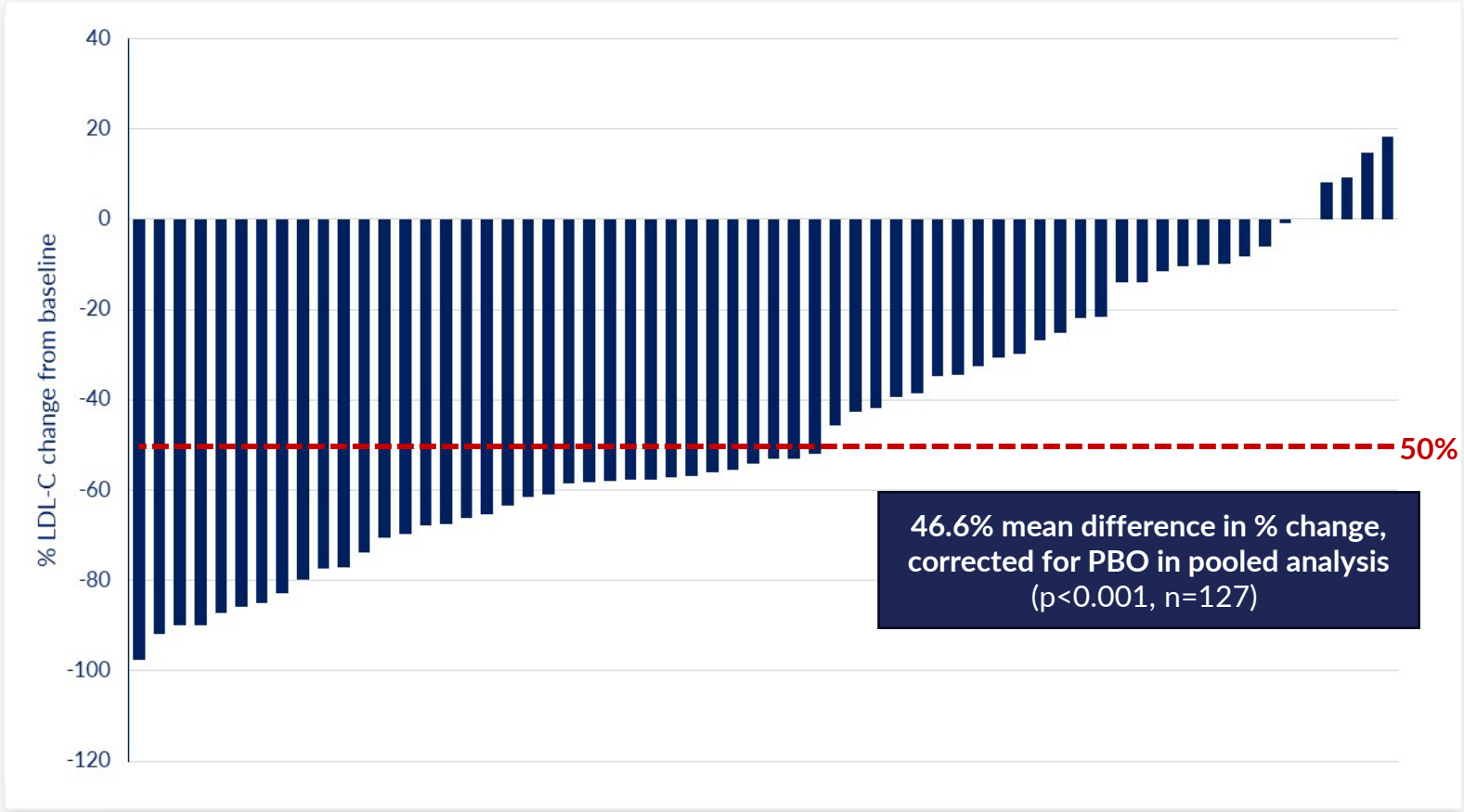
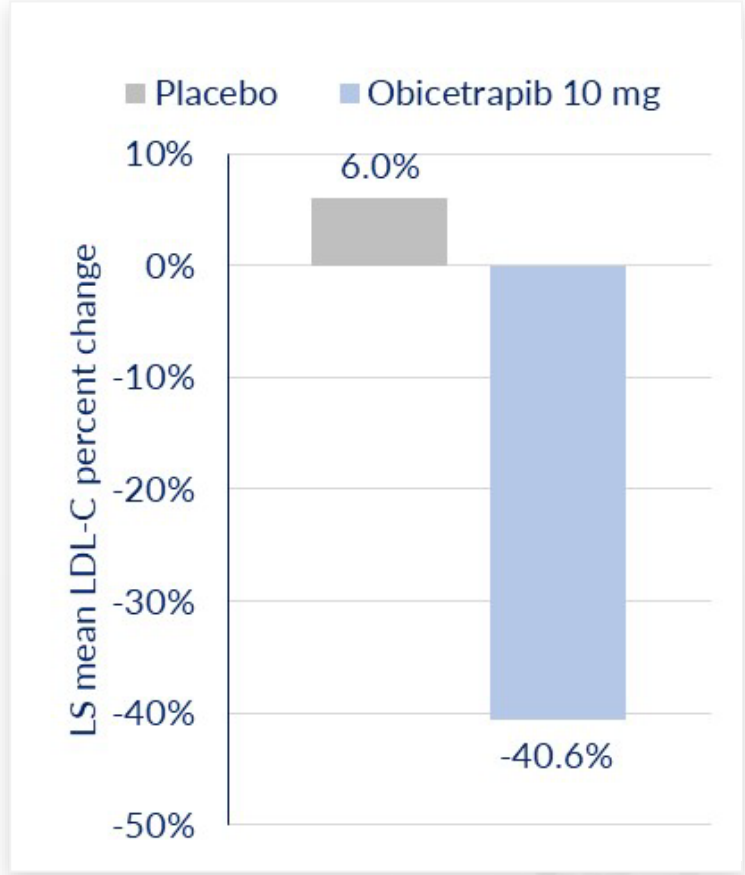
Pooled Lp(a) percent reduction from baseline in ROSE and ROSE2

- *Lp(a) is emerging as a strong and independent marker of CVD risk and an exciting new CVD drug target*





Source: Pooled ROSE and ROSE2 data

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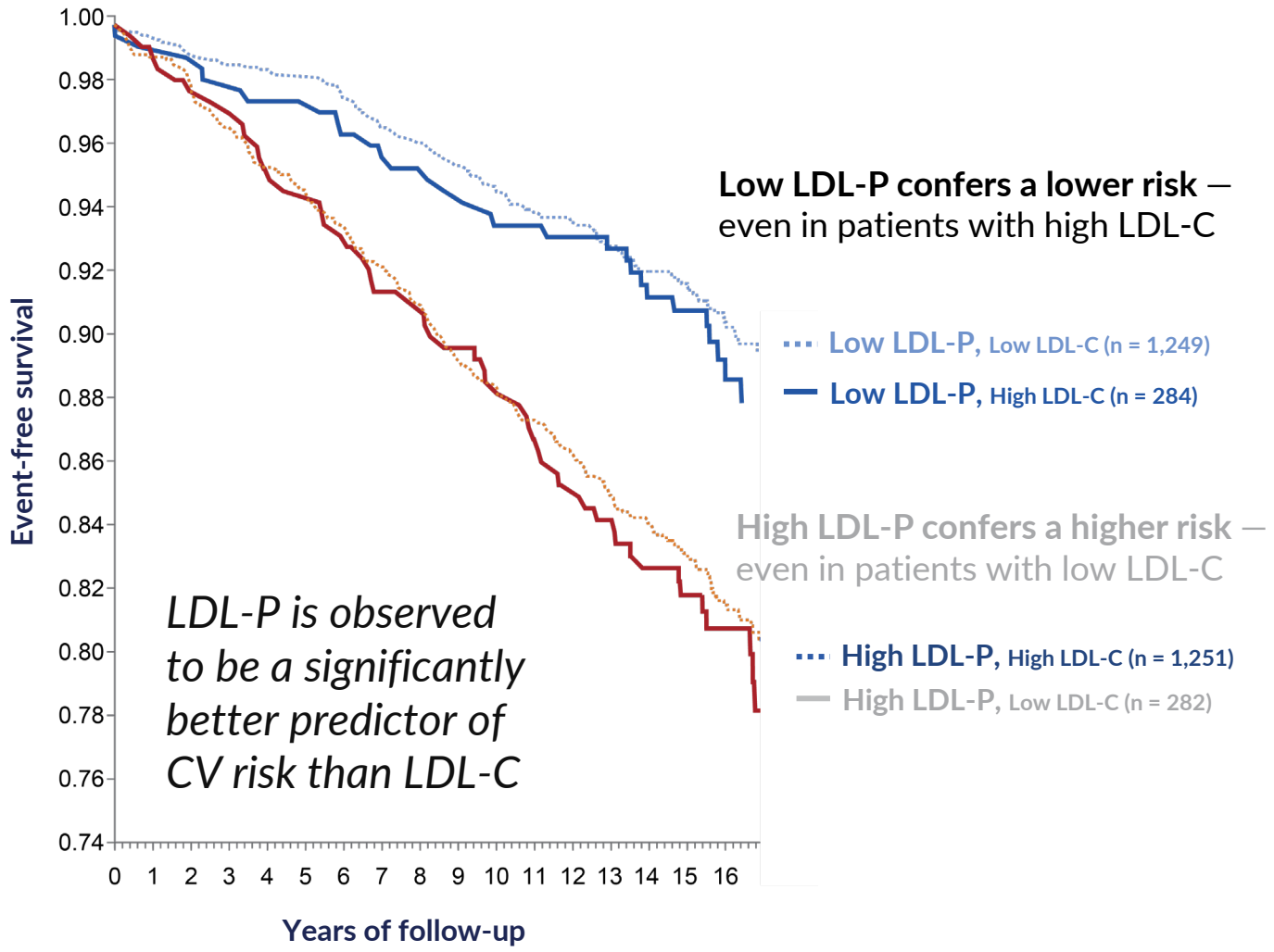
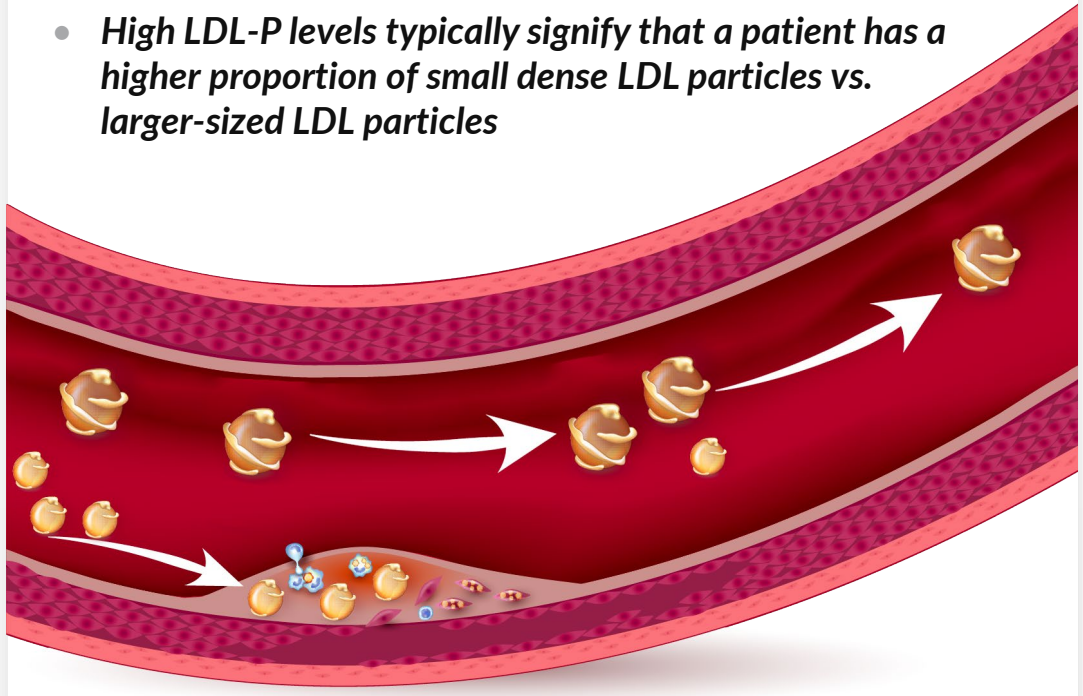
LDL-P believed to be one of the most robust predictors of cardiovascular risk



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



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

= Larger-sized LDL

= Small dense LDL

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

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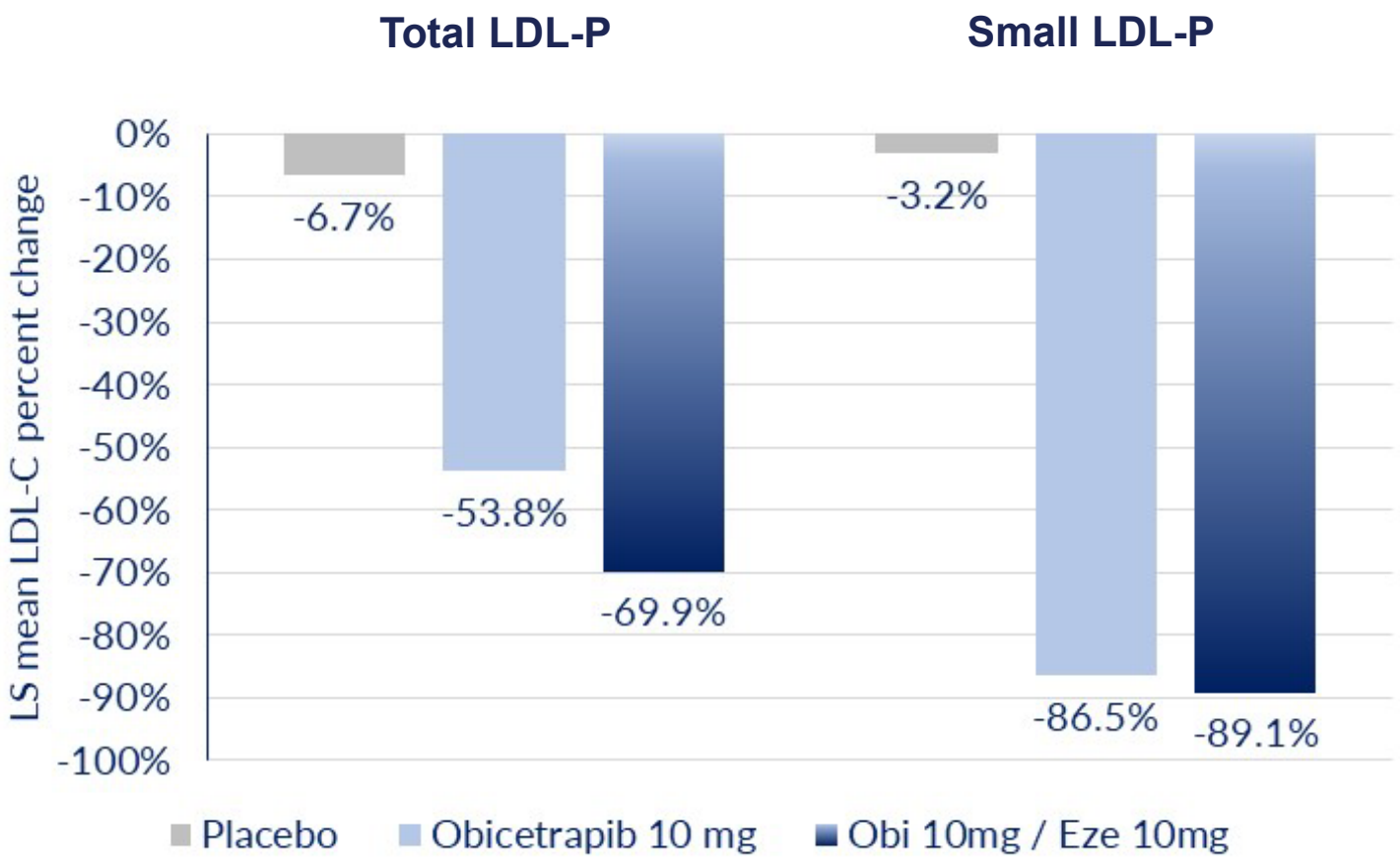
ROSE2 showed significant reduction in total and small LDL particles, bringing patients who had baseline elevated LDL-P to optimal parameters[1]



Patients taking the Obi/Eze combo observed to achieve optimal LDL-P profiles

Lipoprotein fractionation 1	ROSE2 placebo	ROSE2 Obi / Obi + Eze
LDL-P (nmol/L)	1012.8	495 / 300
Small LDL-P (nmol/L)	717.5	73.4 / 47.5
LDL size (nm)	20.26	21.0 / 21.0

Key[2]

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

Sources: 1. Ballantyne CM, et al. J. of Clinical Lipidology 2023, 2. LipoFraction NMR practitioner Guidelines

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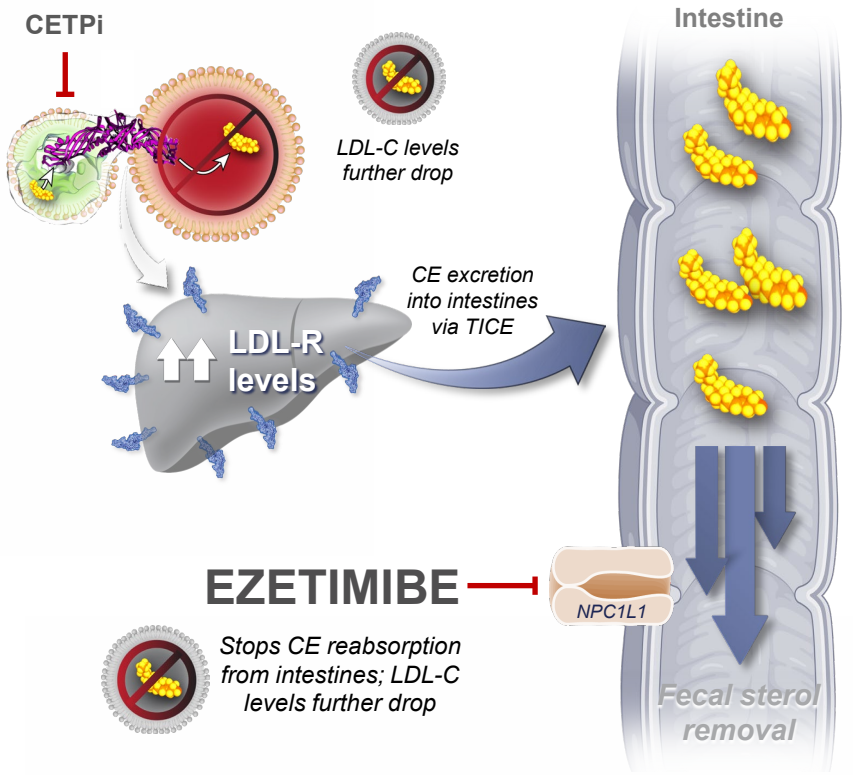
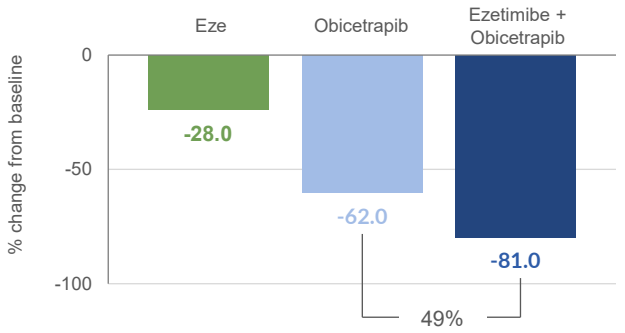
Obicetrapib and Ezetimibe may Enhance Removal of Cholesterol



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

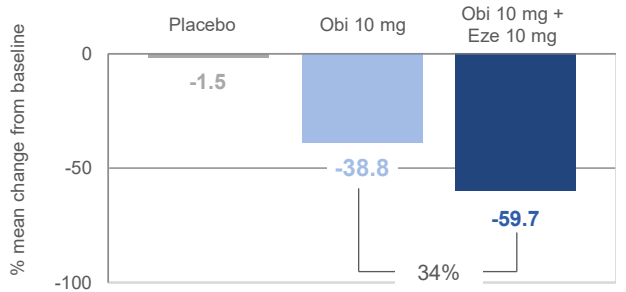
MICE

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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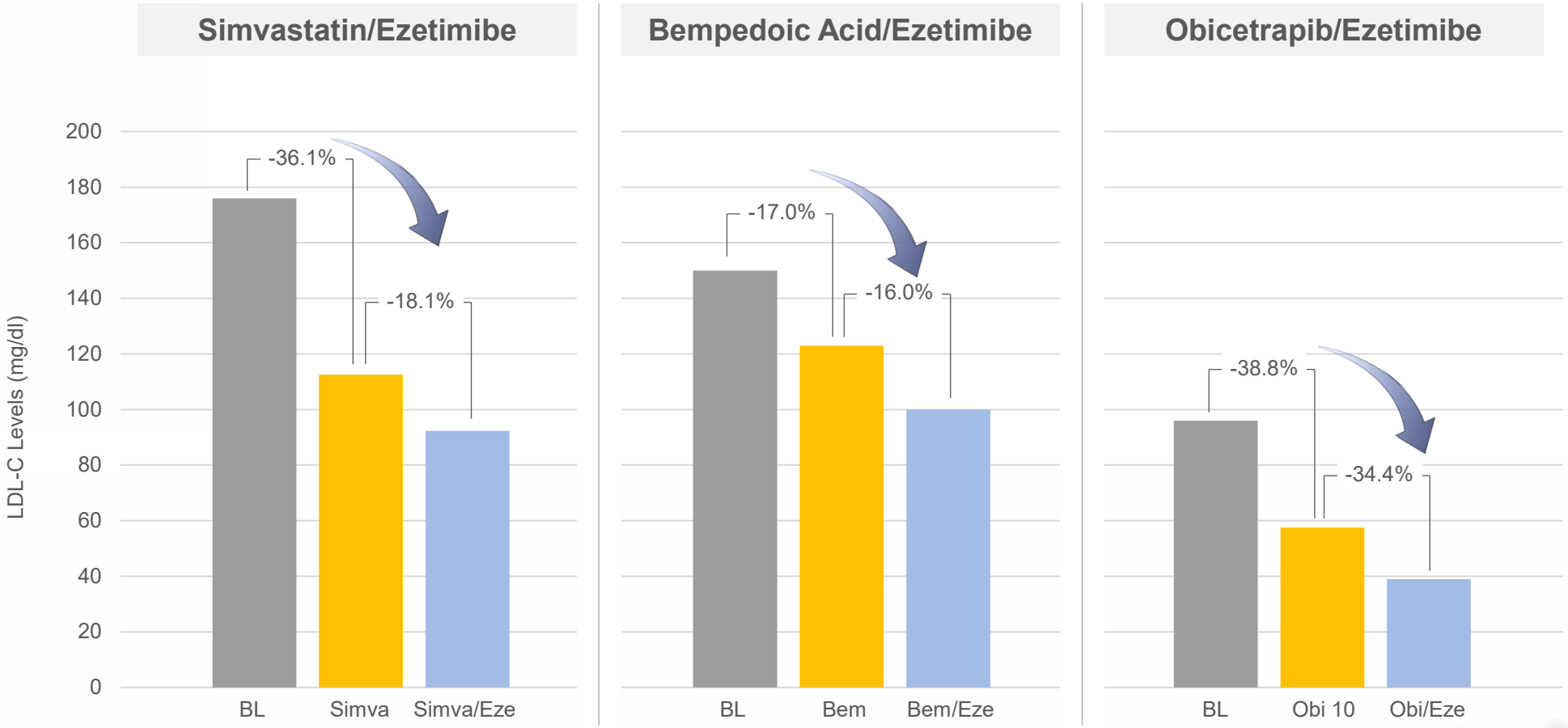
Greater LDL-C Lowering Observed with Ezetimibe in Obicetrapib Combo vs Ezetimibe with Statins and Ezetimibe with Bempedoic Acid



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 in their respective trials, LS mean reductions in LDL-C.

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Target biology and class overview: Key lessons learned

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Obicetrapib Program Designed to Overcome Limitations of Prior CETP Inhibitors

	SAFETY	LDL-LOWERING POTENCY	CVOT DESIGN (DURATION & BASELINE LDL)	COMMERCIAL VIABILITY
TORCETRAPIB[1] Suffered from drug-specific toxicity issue (Pfizer)	OFF-TARGET TOXICITY, INCREASED BLOOD PRESSURE, ALDOSTERONE *(seen early in Phase 2)*			
DALCETRAPIB[2] Drug showed no LDL-lowering efficacy (Roche)	Safe & well-tolerated	NO LDL-LOWERING *~40% target coverage at CVOT dose*		
EVACETRAPIB[3] *Overall mortality benefit (P =.04)* – but CVOT was too short to demonstrate MACE benefit (Lilly)	Safe & well-tolerated	Modest LDL-lowering *~80% target coverage at CVOT dose*	INSUFFICIENT TRIAL DURATION *(only 2 years)*	
ANACETRAPIB[4] *Meaningful MACE benefit observed* - but drug accumulated in fat tissue (Merck)	Safe & well-tolerated	Modest LDL-lowering *~80% target coverage at CVOT dose*	Sufficient duration *(4.1 years, with 6.3 year follow up)* Baseline LDL too low *(60 mg/dL)*	COMMERCIALLY UNVIABLE - HIGH LIPOPHILICITY AND FAT TISSUE ACCUMULATION LED TO 4+ YEAR HALF-LIFE

Strong safety profile across ~59k patients

We believe that all prior CETPi were developed with a misguided focus on HDL increase (rather than LDL decrease) as the primary MoA for CVD risk reduction, leading to inappropriate compound selection or inappropriate CVOT design

OBICETRAPIB[5]

SAFETY	LDL-LOWERING POTENCY	CVOT DESIGN (DURATION & BASELINE LDL)	COMMERCIAL VIABILITY
✓ Tolerability profile observed in >1000 patients through Phase 3 ✓ No concerns seen in biomarker safety data, including blood pressure-associated biomarkers	✓ 36-40% LDL-LOWERING OBSERVED IN PHASE 2B/3 ✓ ~58% LDL-LOWERING OBSERVED IN FDC PHASE 2 *~97% target coverage*	✓ Longer trial duration *(4 yrs)* + ✓ High baseline LDL *(100 mg/dL)*[1] *= PREVAIL CVOT design expected to translate into 15-20% MACE benefit*	✓ Favorable PK/PD profile ✓ No accumulation in fat tissue observed

Note: The above trials and data do not represent head-to-head comparisons. Obicetrapib has not been approved for marketing by any regulatory authority.
(1) Represents estimated average baseline LDL to be enrolled, not entry criteria.

Sources: 1. Barter PJ, et al. N Engl J Med 2007;357:2109-2122; 2. Schwartz GG, et al. N Engl J Med 2012;367:2089-2099; 3. Lincoff AM, et al. N Engl J Med 2017;376:1933-1942; 4. The HPS3/TIMI55–REVEAL Collaborative Group. N Engl J Med 2017; 377:1217-1227; 5. Data on file

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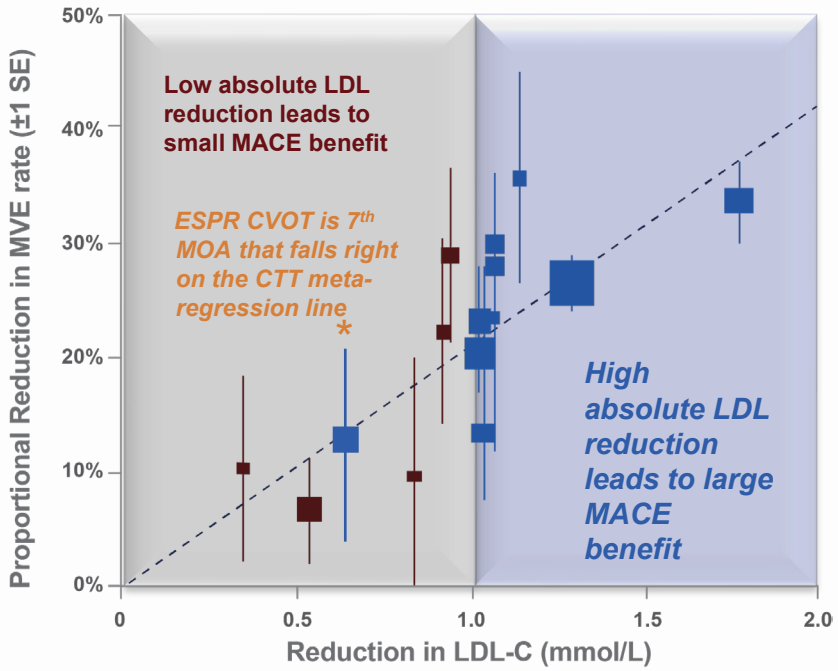
Absolute Reduction of LDL-C and ApoB, and *Duration* of that reduction are Believed to be Key to Reducing Cardiovascular Risk

MACE benefits impacted by 2 key factors:

- ABSOLUTE REDUCTION
- STUDY DURATION

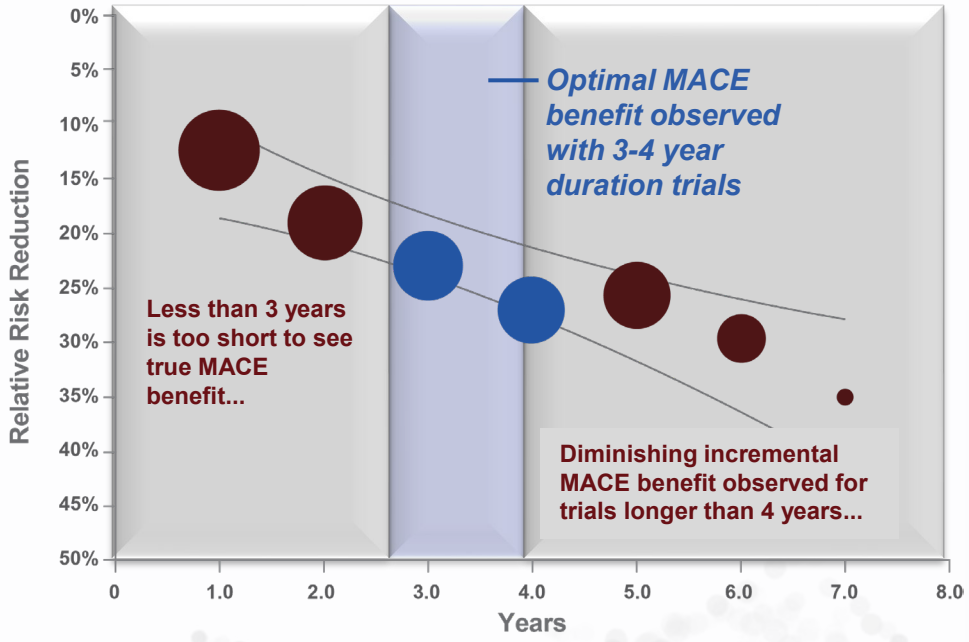
Key factor 1: Absolute reduction

CTT meta-regression line shows a *linear and predictable* relationship between absolute LDL-C lowering and MACE reduction



Key factor 2: Study duration

Meta-analysis of CVOT duration shows that *~3.5 year median* follow up optimizes the probability of seeing *maximal MACE reduction benefit*



Sources: American Heart Association, CDC, Mayo clinic, Global Health estimates 2016: Deaths by Cause, Age, Sex, by Country and by Regio, 2000-2016, Geneva, WHO; 2018. Lancet 2005;366:1267-78; Silverman MG, et al. JAMA 2016;27:1289-1297. * ESPR CVOT depiction based on ACC 2023 presentation, drawn as approximation to existing meta-regression figure.

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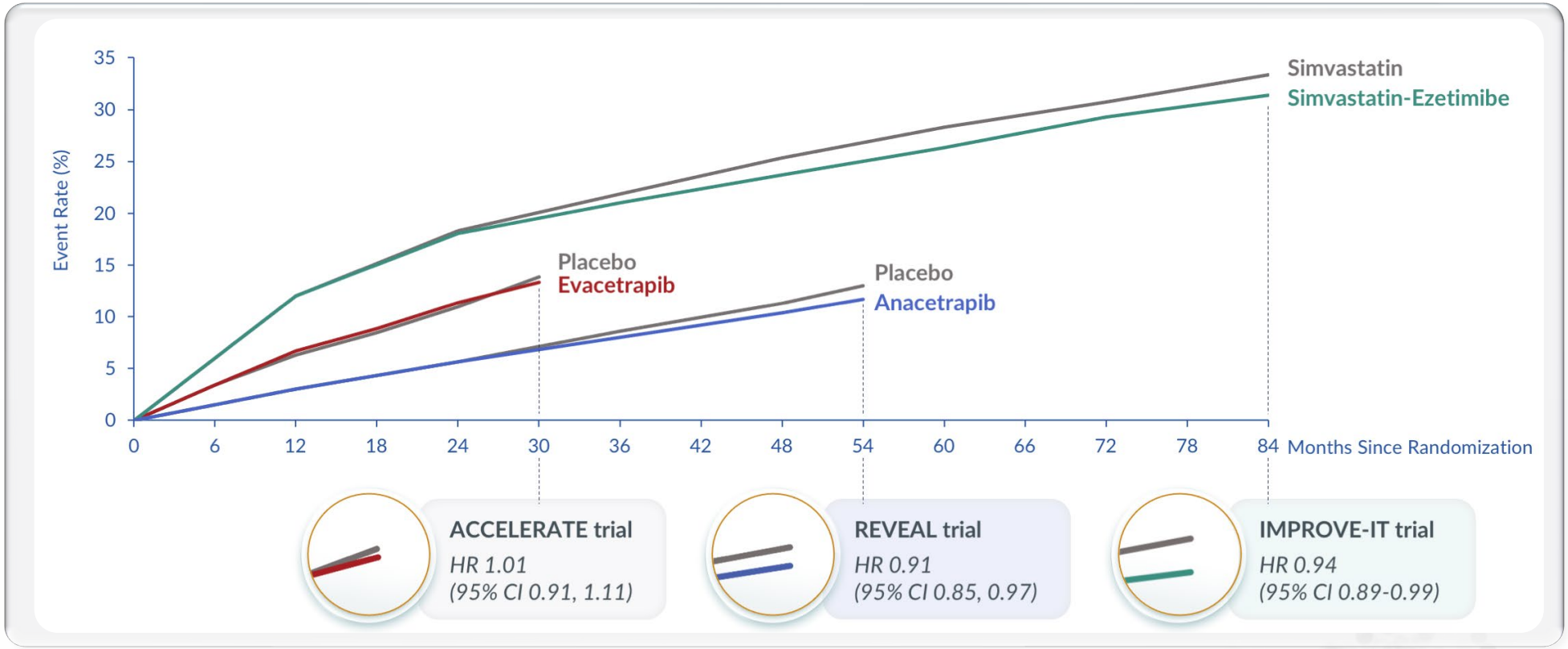
ACCELERATE, REVEAL and IMPROVE-IT support our Belief that CVOT study Duration should be Long Enough to see Optimal MACE benefit

Kaplan-Meier curves for these trial, with very similar absolute ApoB reductions, show separation later than 2 years, which is the point in time that ACCELERATE stopped

MACE benefits impacted by 2 key factors:

- **ABSOLUTE REDUCTION**
- **STUDY DURATION**



Curves are for the primary efficacy endpoint, which in IMPROVE-IT was defined as the composite of death from cardiovascular disease, a major coronary event (nonfatal myocardial infarction, documented unstable angina requiring hospital admission, or coronary revascularization occurring at least 30 days after randomization), or nonfatal stroke, in ACCELERATE as the composite of death from cardiovascular causes, myocardial infarction, stroke, coronary revascularization, or hospitalization for unstable angina, and in REVEAL as the composite of coronary death, myocardial infarction, or coronary revascularization.

Cannon CP, et al. N Engl J Med 2015;372:2387-2397. Lincoff AM, et al. N Engl J Med 2017;376:1933-1942. Bowman L, et al. N Engl J Med 2017;377:1217-1227.

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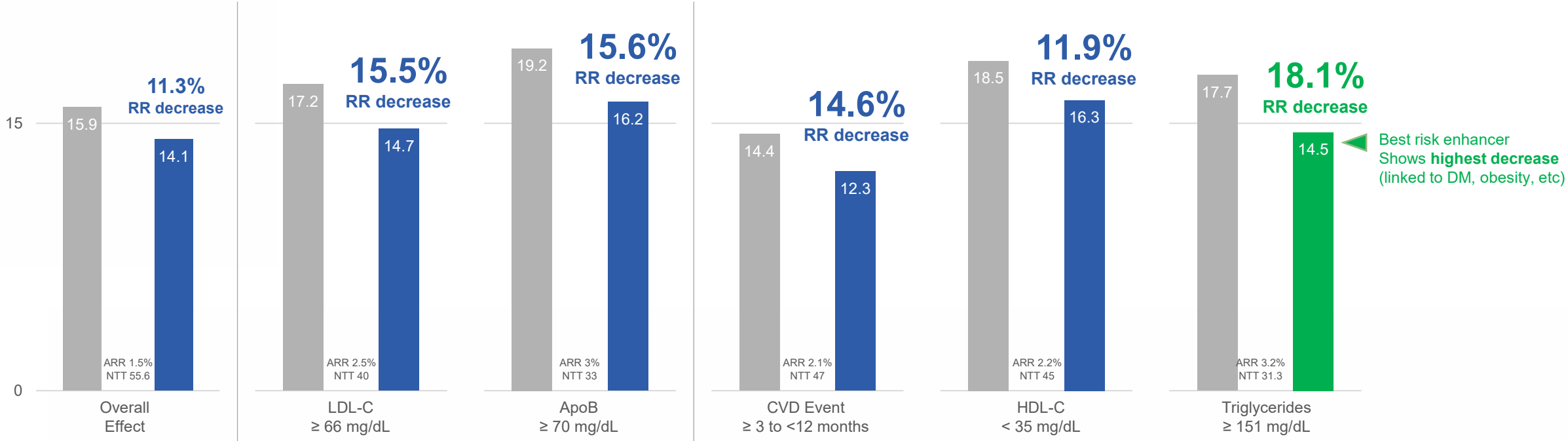
REVEAL Long-term Follow-up Identified Risk Enhancers Important for PREVAIL

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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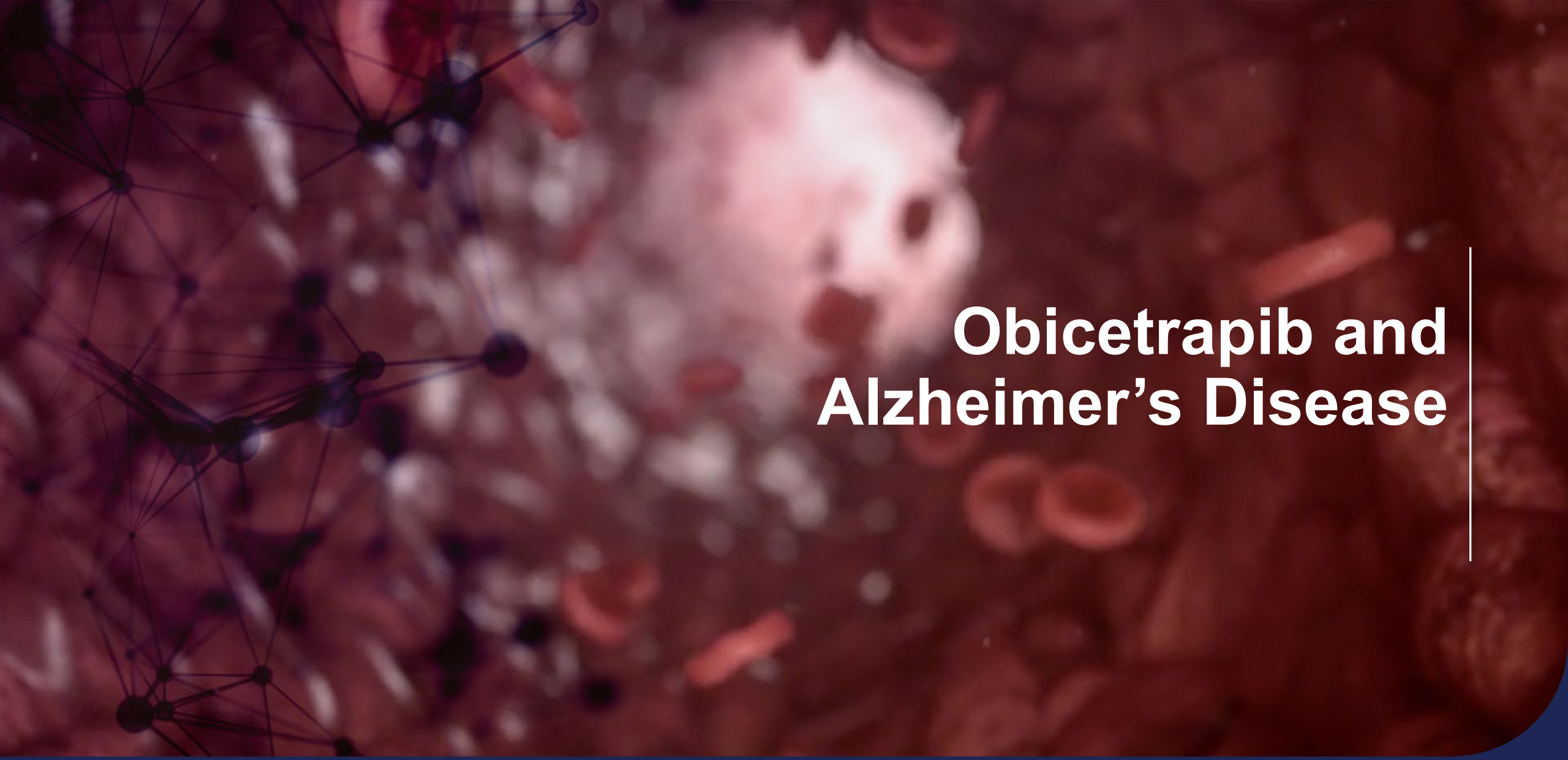

Obicetrapib and Alzheimer's Disease

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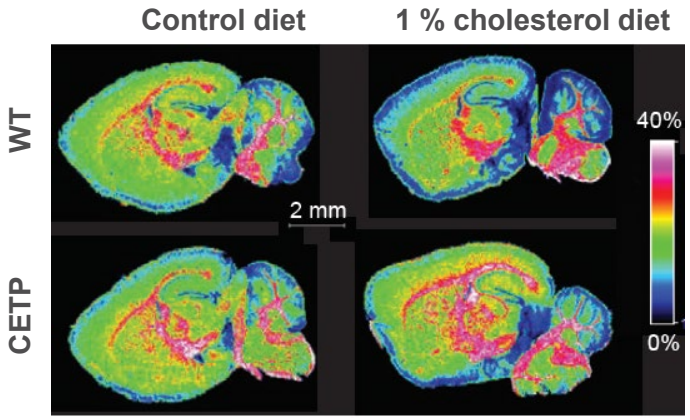
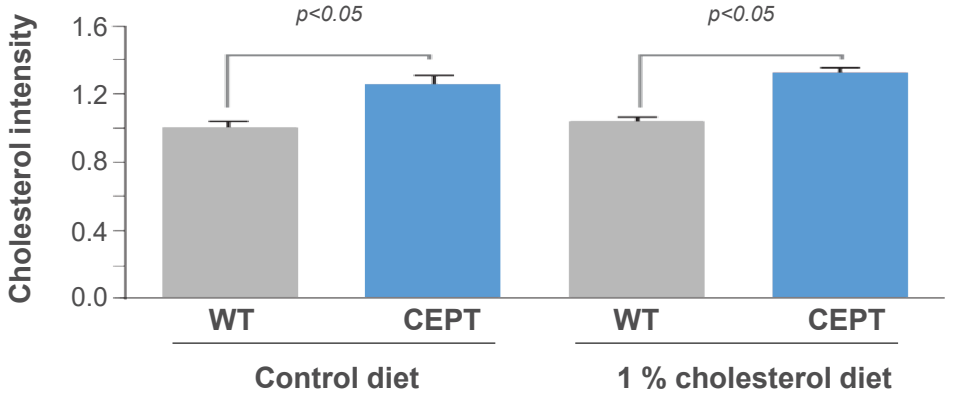
CETP knock-in mice observed to increase brain cholesterol levels and CETPi rescues cognition in preclinical models of CETP-induced AD

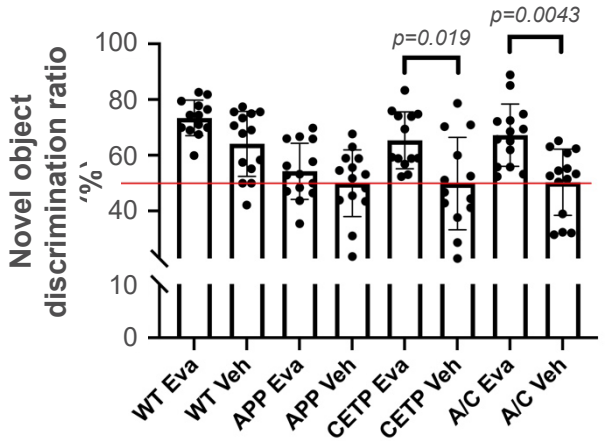
- Source: Felix Oestereich, et al., The Cholesteryl Ester Transfer Protein (CETP) raises Cholesterol Levels in the Brain and affects Presenilin-mediated Gene Regulation, Journal of Lipid Research, vol. 63, no.9, 2022.

CETPi shows increased brain cholesterol levels



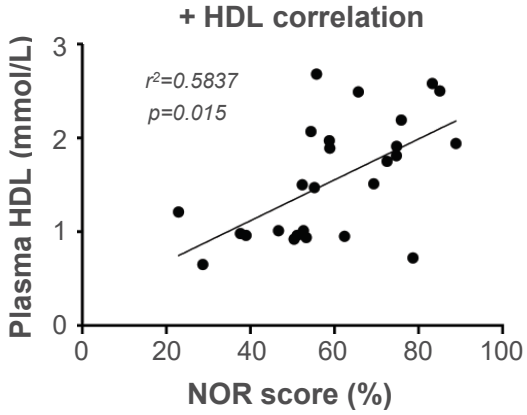


NOR scores reveal improvement with CETPi (Evacetrapib)

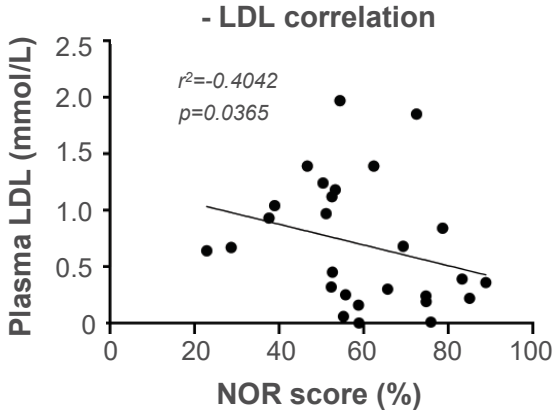


- Scores below the red line (50%) indicate cognitive impairment
- Evacetrapib has no observed effect on impairment in APP tg
- Evacetrapib observed to inhibit memory impairment in CETPtg & APP/CETPtg

Correlation between plasma lipoproteins and NOR score



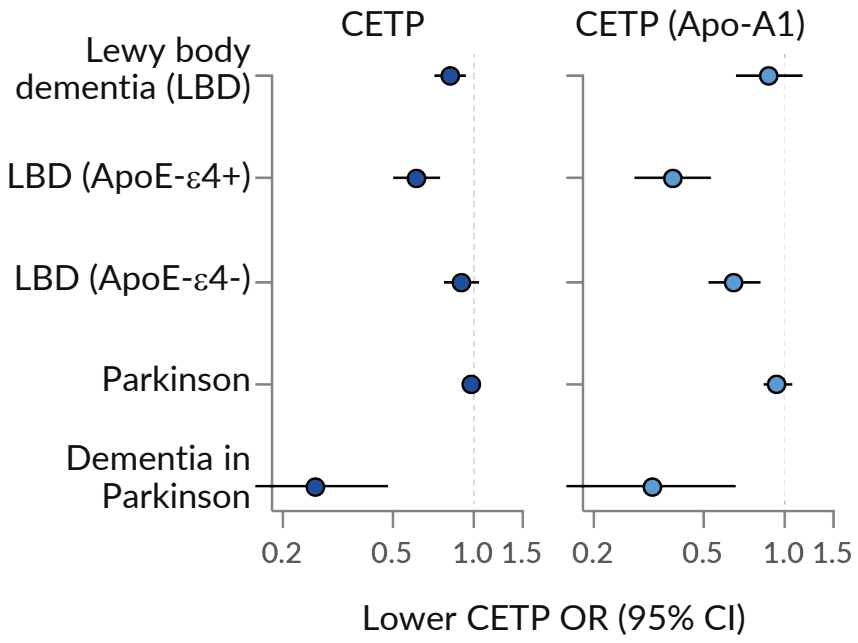
Positive correlation observed between NOR score and HDL quantification in CETP and APP/CETP expressing female mice

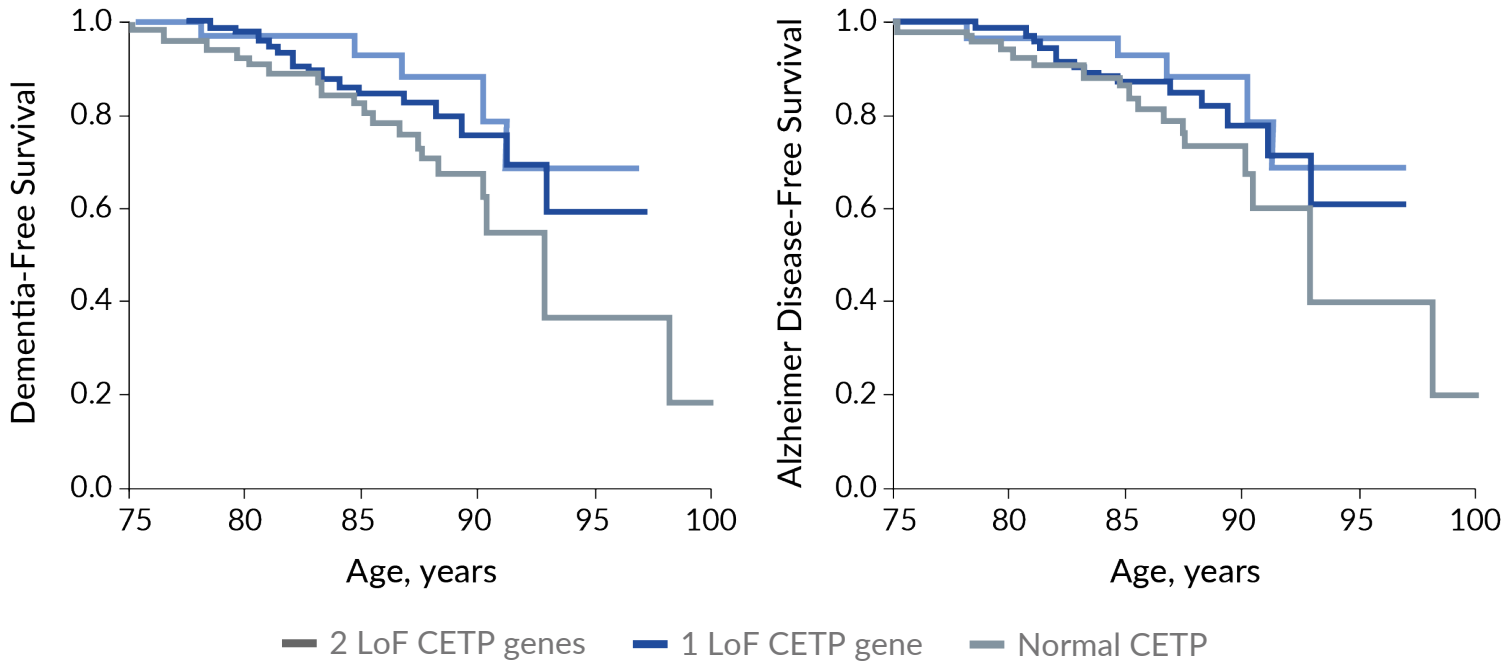


Negative correlation observed between NOR score and LDL quantification CETP and APP/CETP expressing female mice

CETP loss-of-function (LoF) genotype may be associated with slower memory decline and lower AD risk

- CETP's potential involvement in CNS cholesterol homeostasis is supported by genetic data
- CETP LoF genotype may be associated with lower CETP activity & a corresponding increase in HDL levels

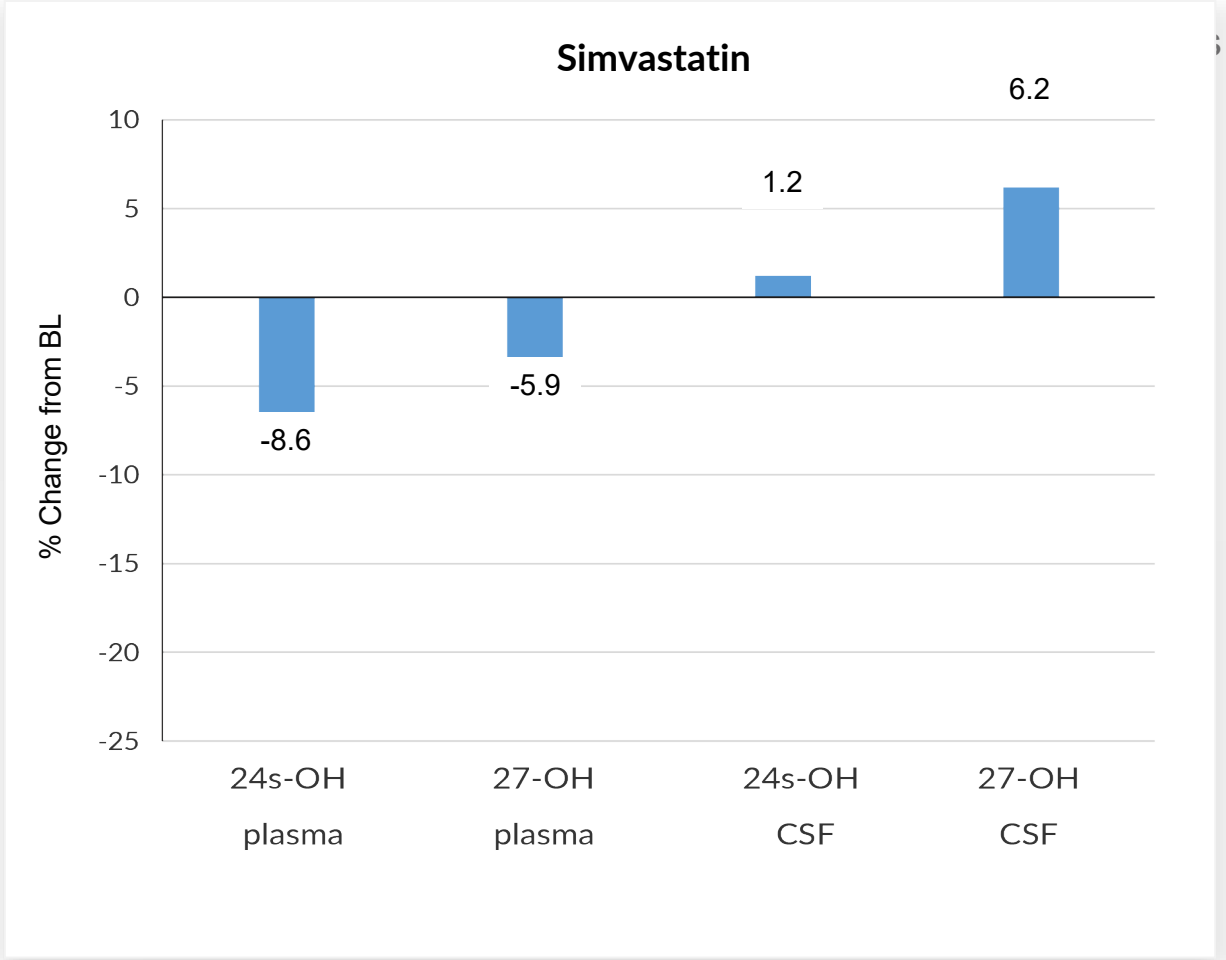


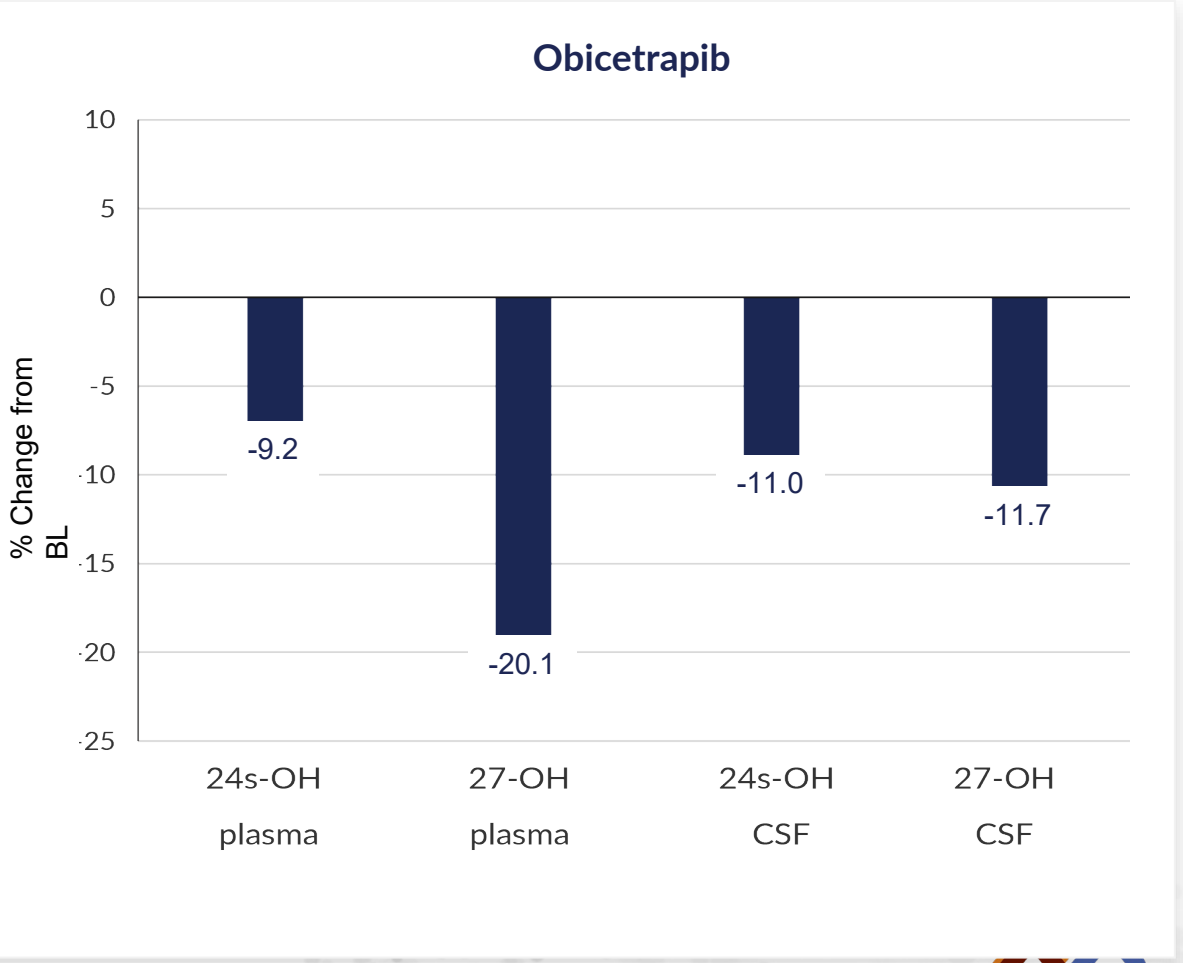


 Source: JAMA, January 13, 2010—Vol 303, No. 2

Initial data for Obicetrapib 10mg observed to decrease 24s- & 27-hydroxycholesterol ("OH") in both plasma and cerebrospinal fluid ("CSF")

- In separate trials with different protocols and endpoints, Simvastatin was observed to only reduce 24s- and 27-OH in plasma





Source: Alzheimer Dis Assoc Disord. 2010; 24(3): 220–226 and Company data
Note: The results shown above do not represent head-to-head comparisons. The data was obtained from clinical trials with different objectives, designs and patients. Actual results may differ from expectations.

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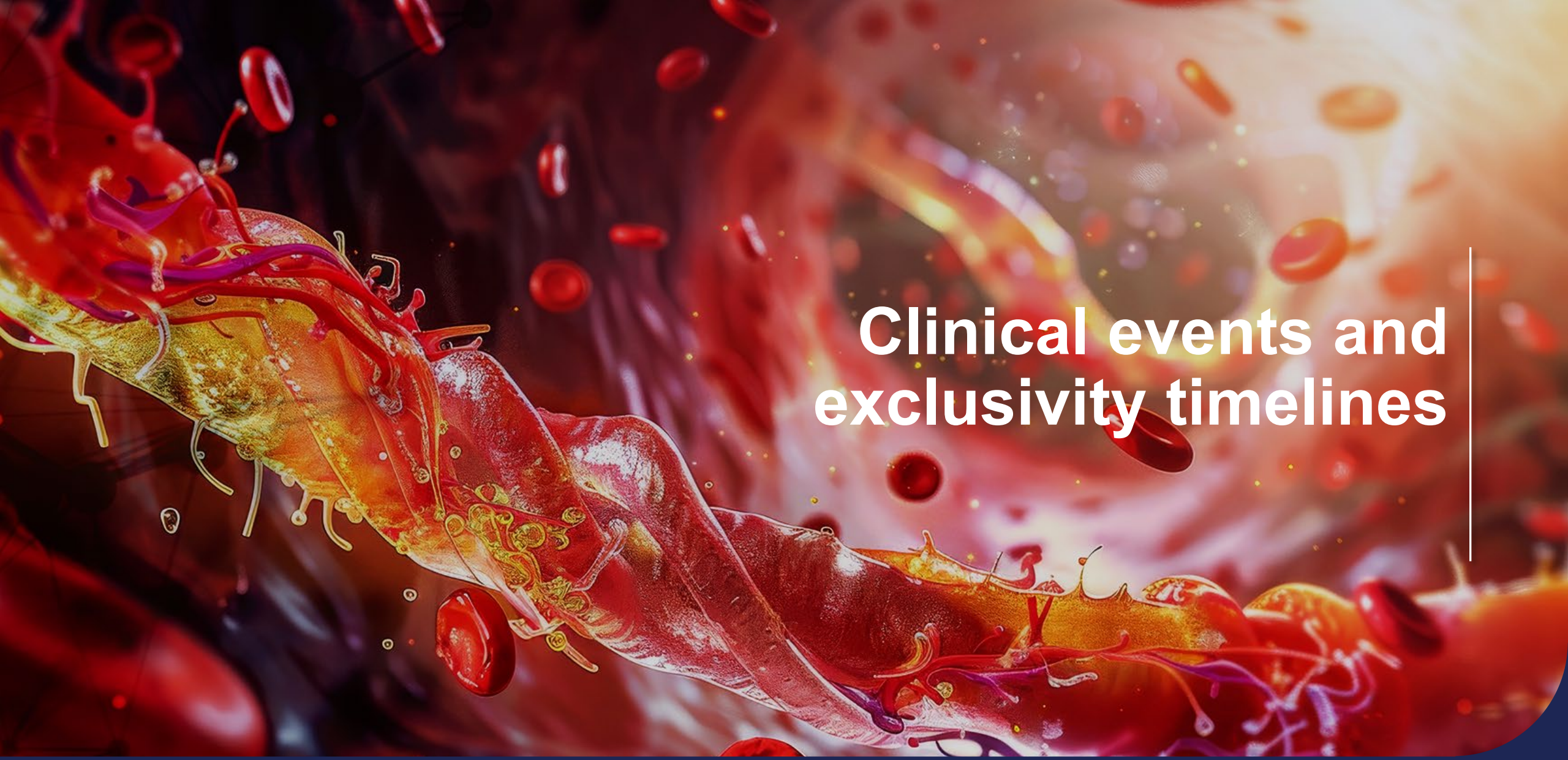

Clinical events and exclusivity timelines

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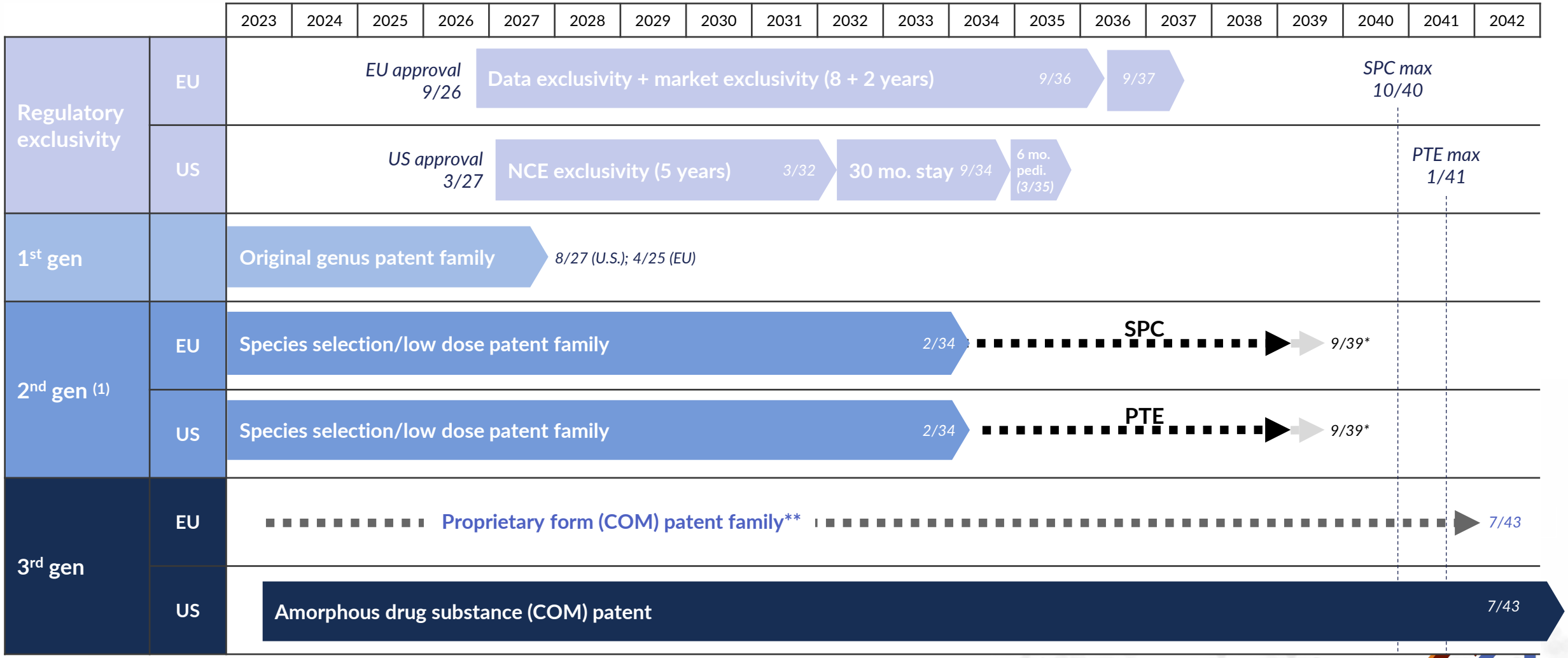
Projected exclusivity timelines in the EU and US

Assumes EU approval 3Q 2026 and US approval 1Q 2027



Note: Dates for information purposes only, Filled colors = granted patents & dotted lines = pending patents; one patent only to be selected for SPC/PTE; an earlier US approval leads to earlier regulatory expiry & shorter PTE; *including pediatric extension 6m; ** will be pending once a PCT application is filed; actual results may differ from expectations. 1. Low dose/ species selection patents US 10,653,692, US 11,013,742, US 11,642,344; statin combo patent US 10,300,059

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

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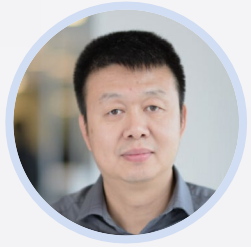

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Thank you

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