Corporate Presentation

January 2025

NewAmsterdam Pharma

Nasdaq: NAMS

NewAmsterdam Pharma

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Obicetrapib and Obicetrapib plus Ezetimibe Could Address Significant Unmet Need in Cardiometabolic Diseases

- **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 and effects beyond LDL, observed across three Phase 3 trials and five Phase 2 trials
- **Convenient oral format** potentially enables broad adoption and combinations to address unmet need, if approved
- Robust IP protection **until mid 2043**

30mm+

patients in the US alone are not achieving LDL-C lowering goals

>3,500 pts

of favorable safety/tolerability data comparable to placebo. Blinded data in >9,500 patients

35-40%

LDL-C lowering versus placebo as a monotherapy*

46-56%

mean Lp(a) lowering versus placebo as a monotherapy+

~50%

LDL-C lowering versus placebo in combination** with ezetimibe

21%

observed reduction in MACE favoring obicetrapib at 1-year^

Observed beneficial effects beyond LDL, on ApoB, non-HDL-C, LDL-P, HDL-C and other markers of glycemic control and renal function

Source: Company data for obicetrapib 10mg monotherapy, *Pooled data includes BROOKLYN, TANDEM, BROADWAY Phase 3 data sets. Reduction across ITT mean, median, and LS mean. ** ROSE2 and TANDEM data, Reduction across ITT mean, median, and LS mean +Pooled data from BROOKLYN and TANDEM. LS mean reduction placebo corrected ^Data from BROADWAY trial, MACE was an exploratory endpoint measure

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Previous 18 Months Were a Time of Groundwork, Goals and Growth

Completed and announced results for BROOKLYN, BROADWAY, and TANDEM Phase 3 studies

Building world-class commercial and MSL functions

Doubled in size (~70) with new hires and offices in Amsterdam, NL, Miami, FL, and Philadelphia metro area

Secured funding to support US Commercial launch, if approved, with cash at YE24 of ~$835M

2023

- Presented ROSE2 full data at NLA
- Topline Japan Phase 2b results
- Initial Alzheimer's Phase 2a data
- Selected formulation for obi+eze Phase 3 trial

2024

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

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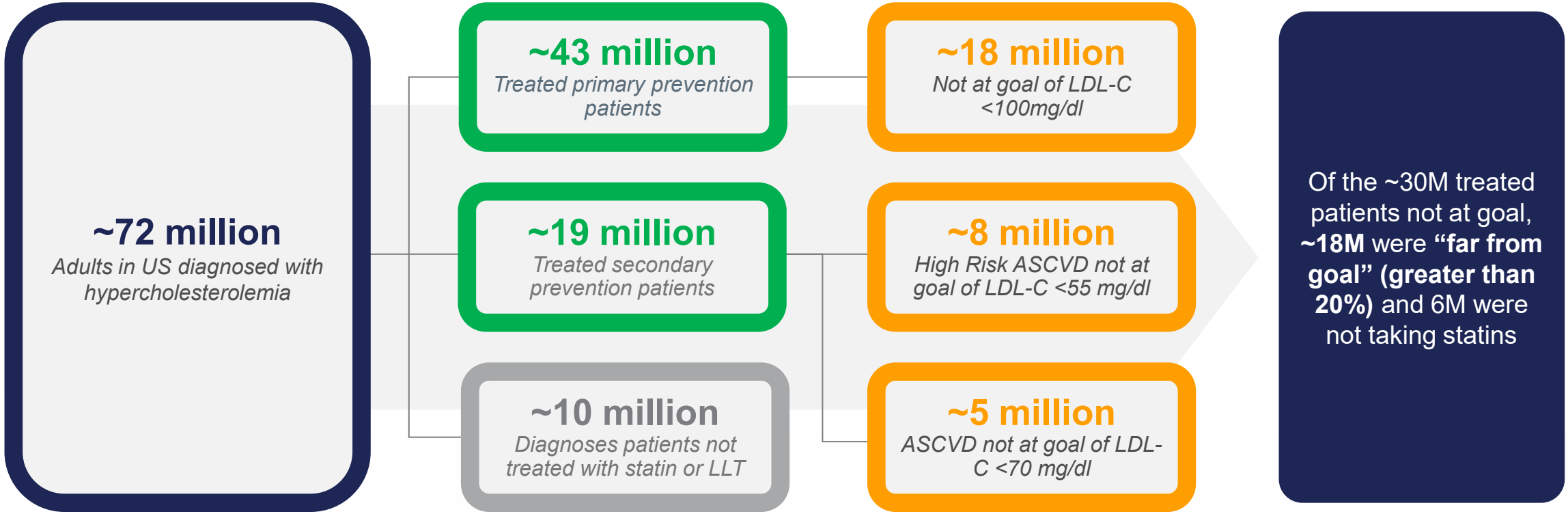
Obicetrapib Designed to Address the ~30M Patients in US on Drug but not at Goal



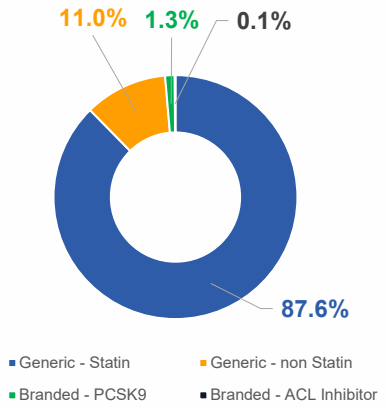
US Branded Lipid Lowering Market

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

ASCVD=atherosclerotic cardiovascular disease; HeFH=heterozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein-cholesterol; LLT=lipid lowering treatment.
Source: ISPOR 2024

Lipid Lowering Therapy (LLT) Market is a Growing Opportunity

1



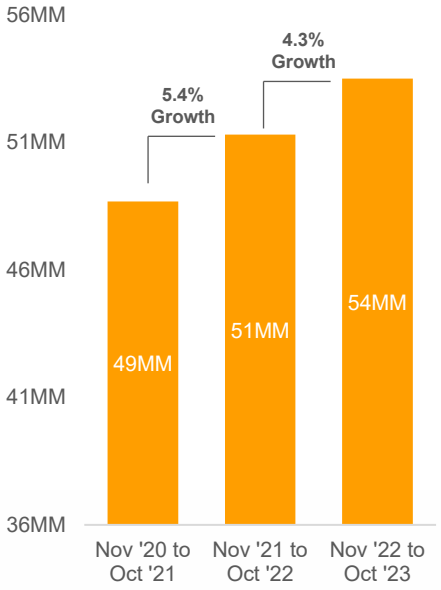
256M

Prescriptions written in past 12 months.[1]

Over 250 MM Rx's annually

2

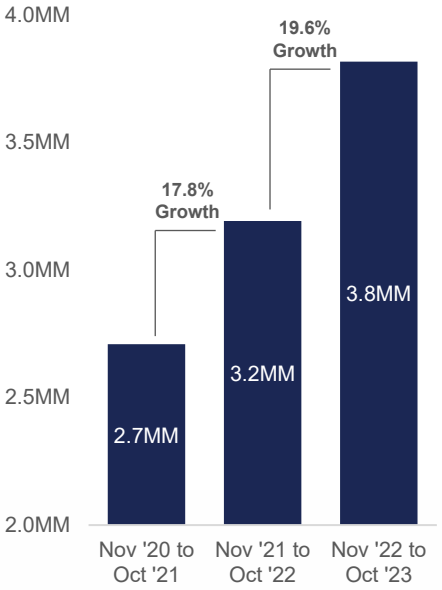
Patients on Lipid lowering Therapy[2]



Market grew 4% over 2 years

3

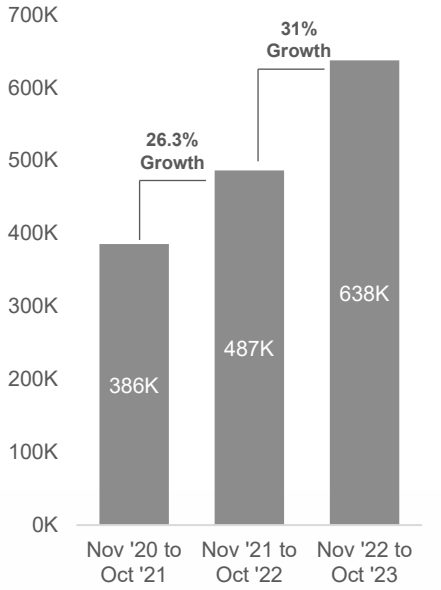
Patients on Non-statin[3] Treatment



Non-statin market grew at high double digits

4

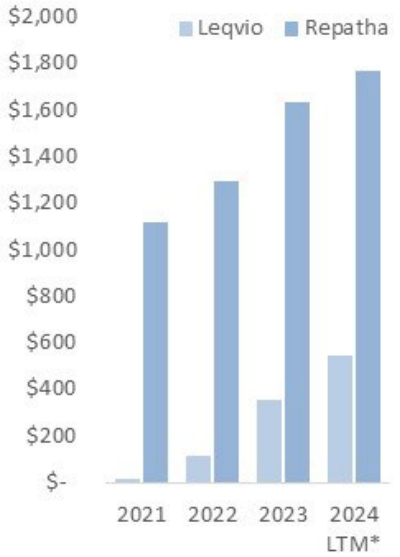
Patients on Branded[4] Treatment



Branded market grew even faster

5

Branded sales driving market opportunity ($ millions)



PCSK9 sales accelerated 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 actions reflect 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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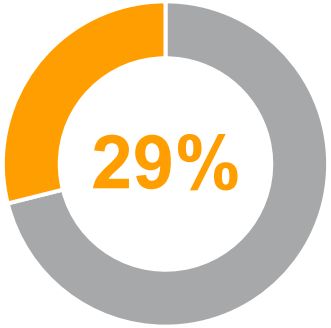
Majority of ASCVD/HeFH Patients are not Achieving LDL-C Targets

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

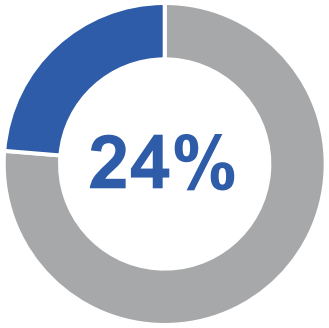
LDL-C < 100 mg/dL



<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]

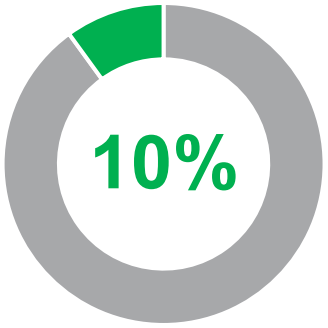
LDL-C < 70 mg/dL



~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



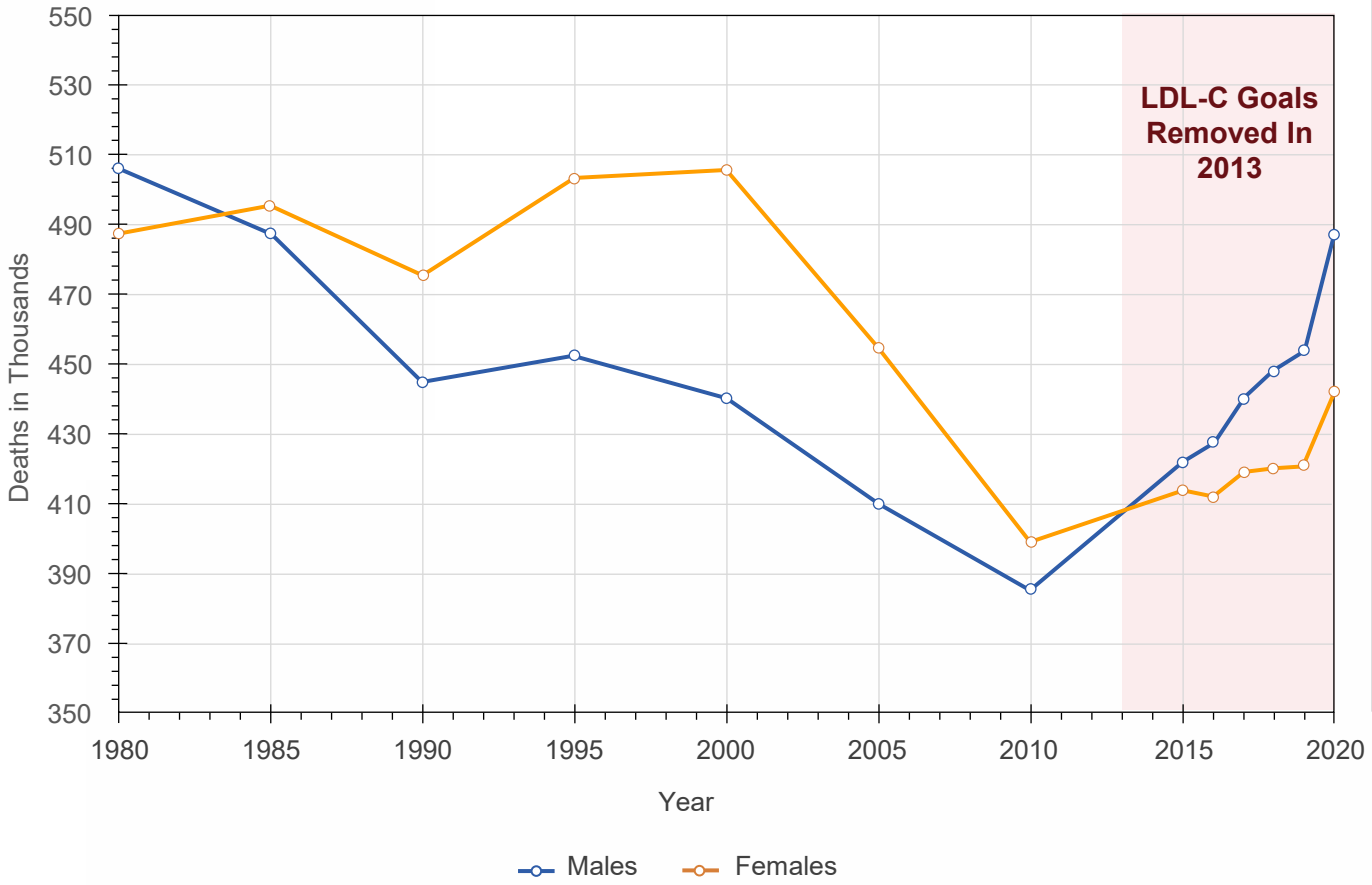
10% achieved LDL-C <55 mg/dL

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

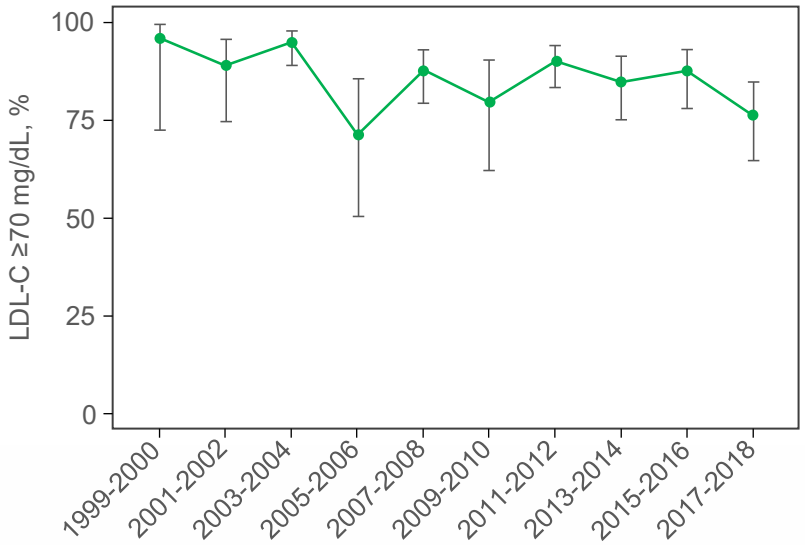
1. Schreuder MM, et al. LDL cholesterol targets rarely achieved in familial hypercholesterolemia patients: A sex and gender-specific analysis. Atherosclerosis. 2023 2. Gao Y, Shah LM, Ding J, Martin SS. US trends in cholesterol screening, lipid levels, and lipid-lowering medication use in US adults,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

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 have Limited Treatment Options to Meet Patients Needs

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 2024	LDL-C data 2024
MACE Benefit	7%	13%	15%	21%*	TBD
Observed LDL-C Reduction	25%	17%	45-50%	35-40%	49-54%
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%	46-56%	63%





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, *MACE benefit from exploratory analysis in BROADWAY at 1 year 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 2024	LDL-C data 2024
Current Phase	Phase 3 ongoing	Phase 2b ongoing	Phase 3 completed	Phase 3 completed
Observed LDL-C Reduction	50-59% (~20% with food)	30%-38%	35-40%	49-54%
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	46-56%	63%

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 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%	35-40%
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%	46%-56%
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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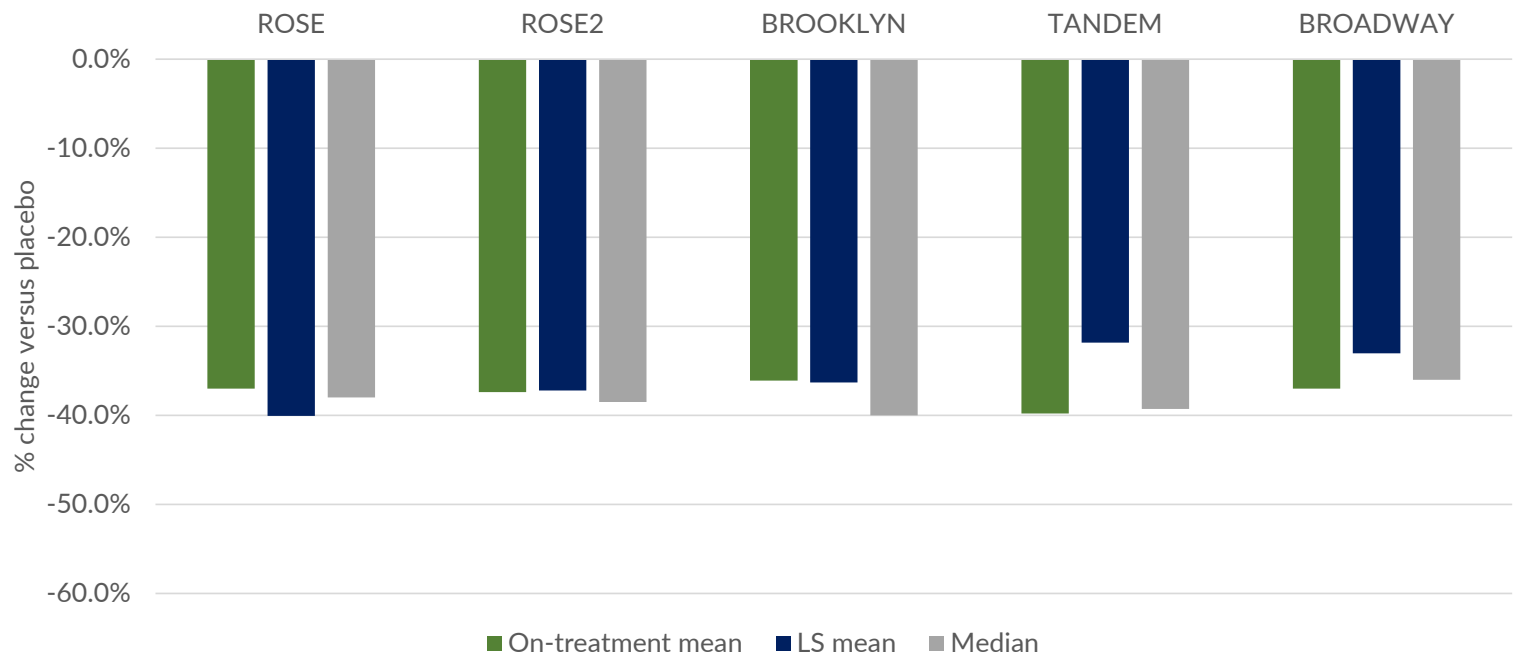
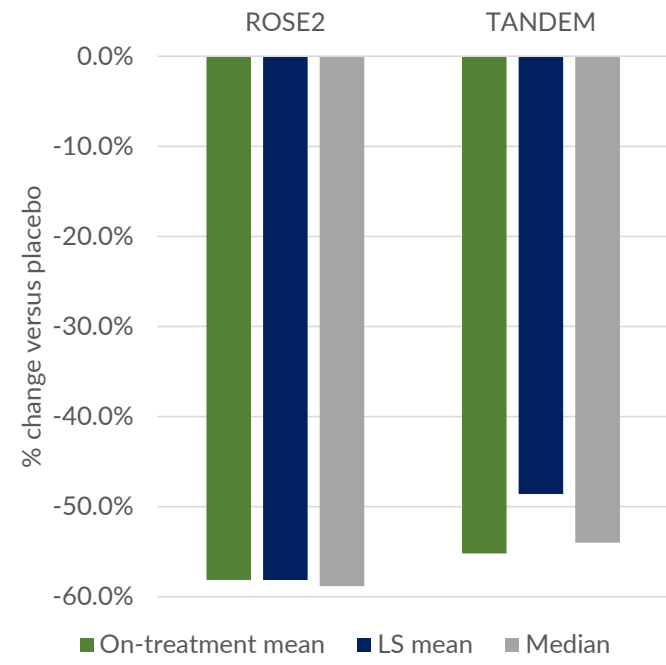
Consistent LDL-C Reduction Observed Across Our Phase 2 and Phase 3 Trials

Obicetrapib 10 mg monotherapy



Obicetrapib plus ezetimibe



Monotherapy reductions of 35-40%

Combo reductions of 50-60%

Note: ROSE at week 8, ROSE2, BROOKLYN, BROADWAY, and TANDEM as of week 12.

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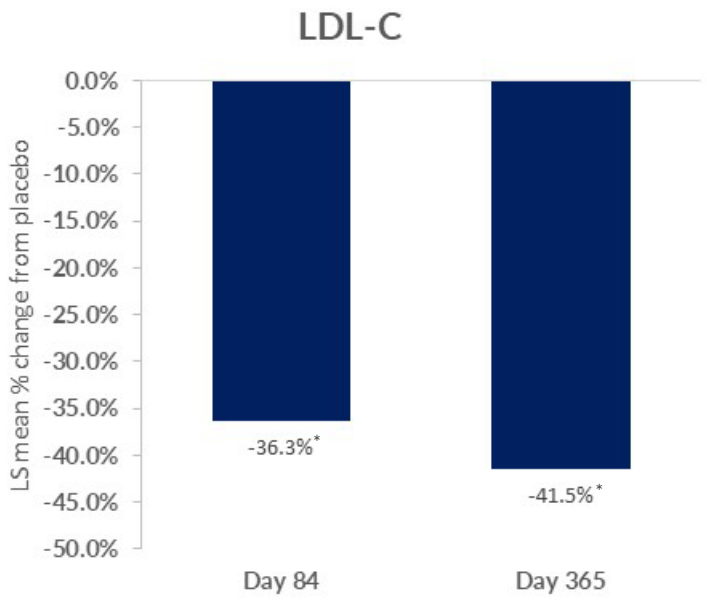
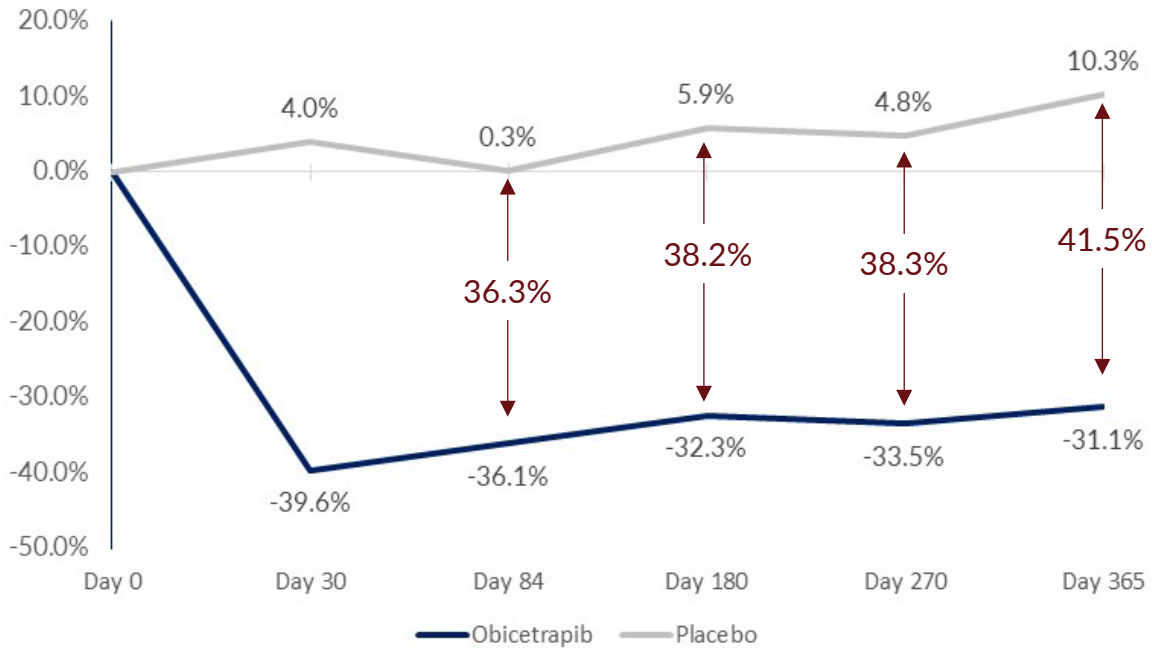
BROOKLYN

Consistent LDL-C Reduction Observed Over One Year Trial Duration

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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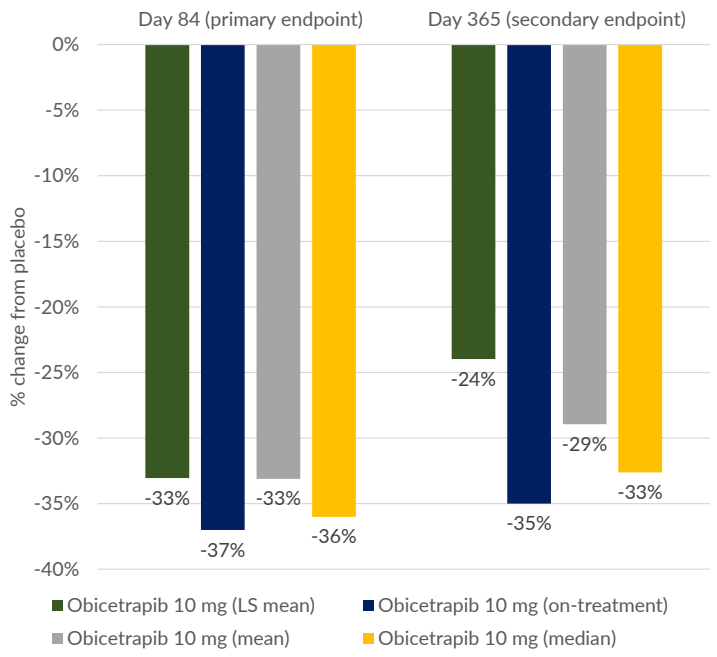
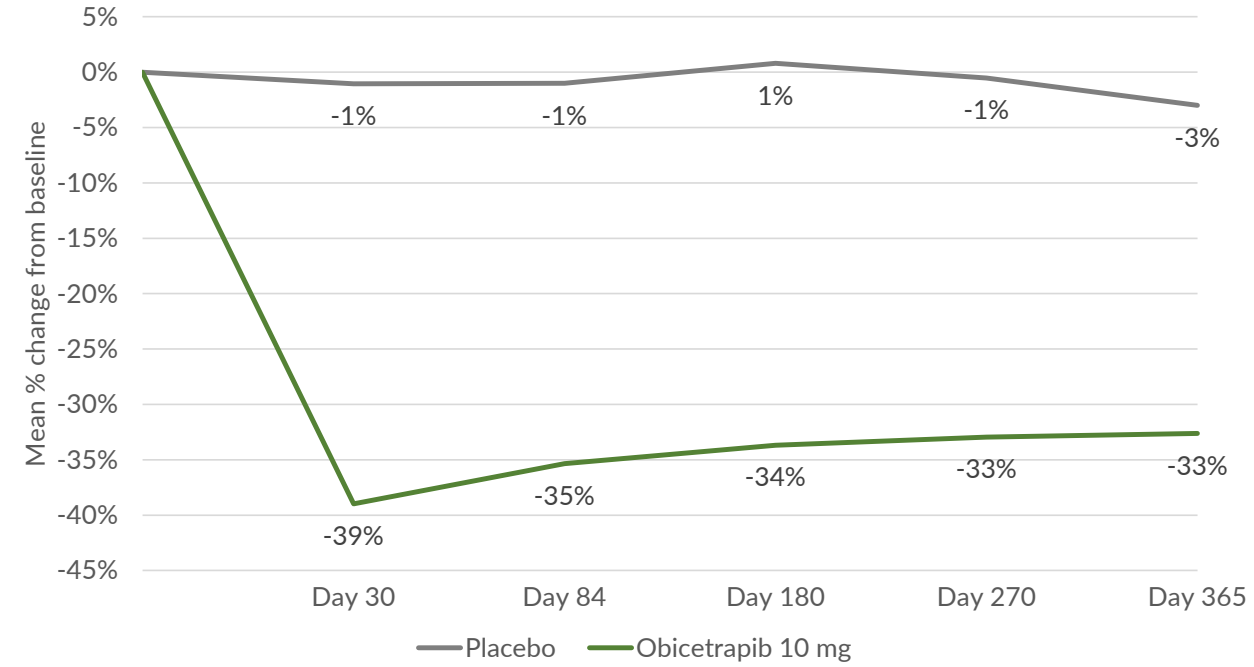
BROADWAY

Consistent LDL-C Reduction Observed Over One Year Trial Duration

LDL-C at day 84 and 365



Mean LDL-C reduction over time



Note: LDL-C at day 84 and 365 chart via PUC. Mean reduction over time chart via Martin/Hopkins.

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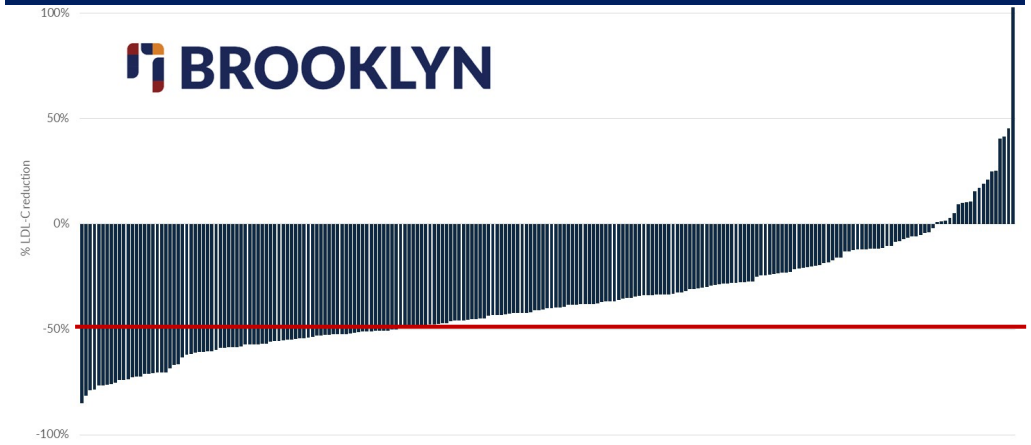
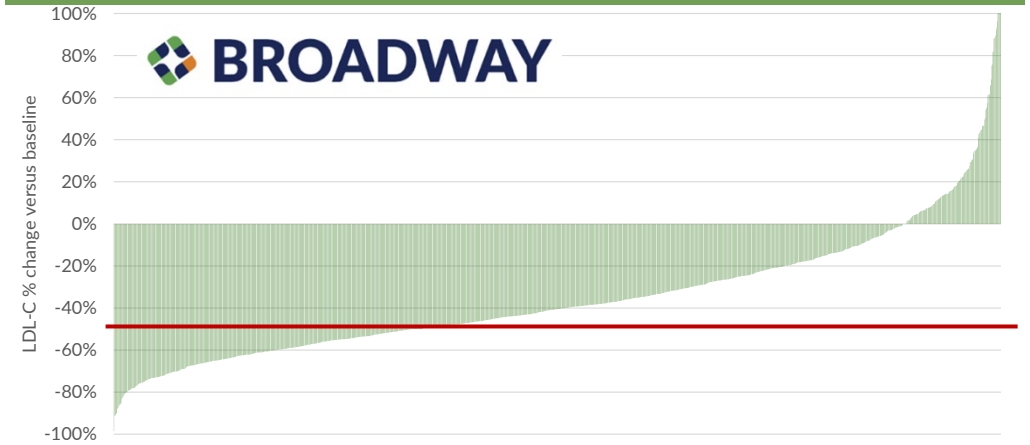
LDL-C Responder Analysis at day 84

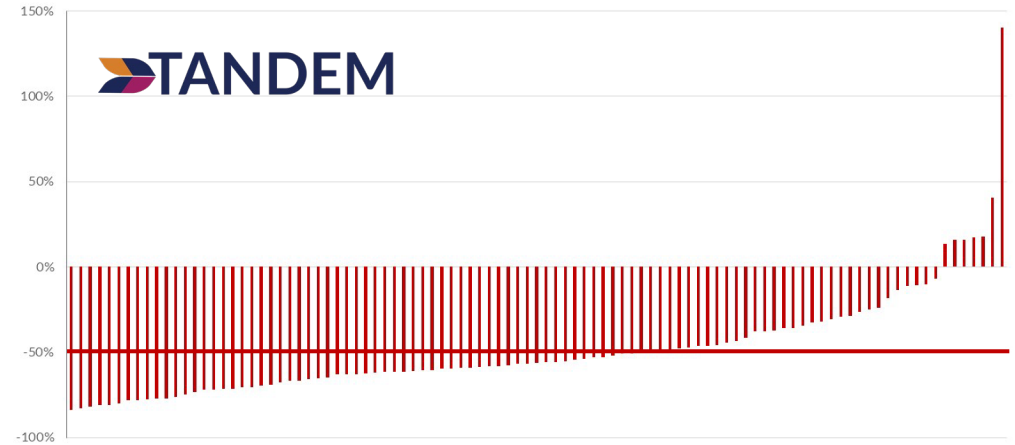
34% of patients with >50% LDL-C reduction



33% of patients with >50% LDL-C reduction



61% of patients with >50% LDL-C reduction



Note: each line represents a single patient in the obicetrapib 10 mg arm, five patients increase more than 100% in the BROADWAY study. TANDEM data for the FDC of obicetrapib and ezetimibe

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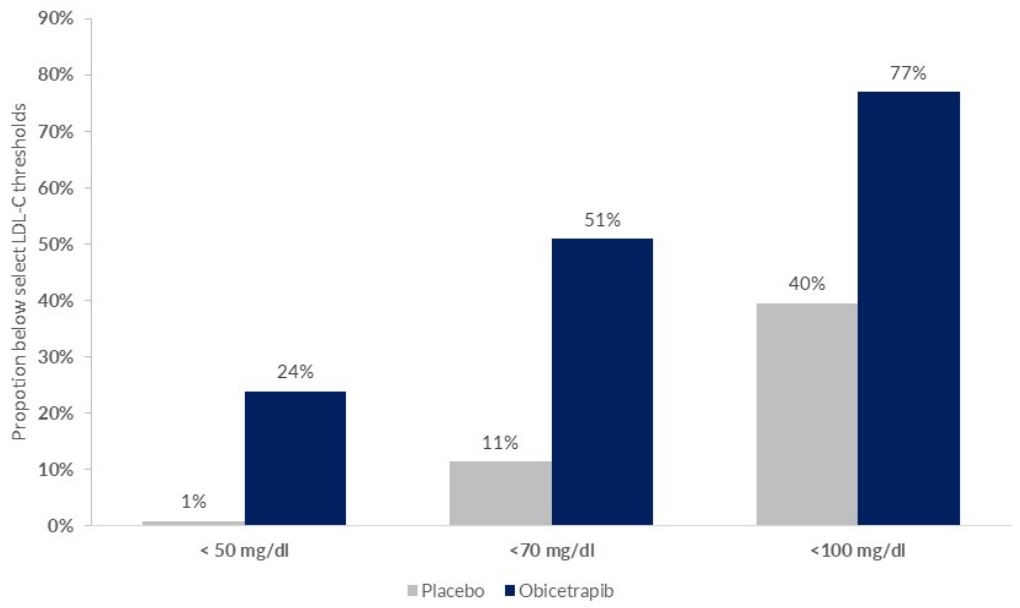
Greater Proportion of Patients in Obicetrapib Arm Achieved LDL-C Goal

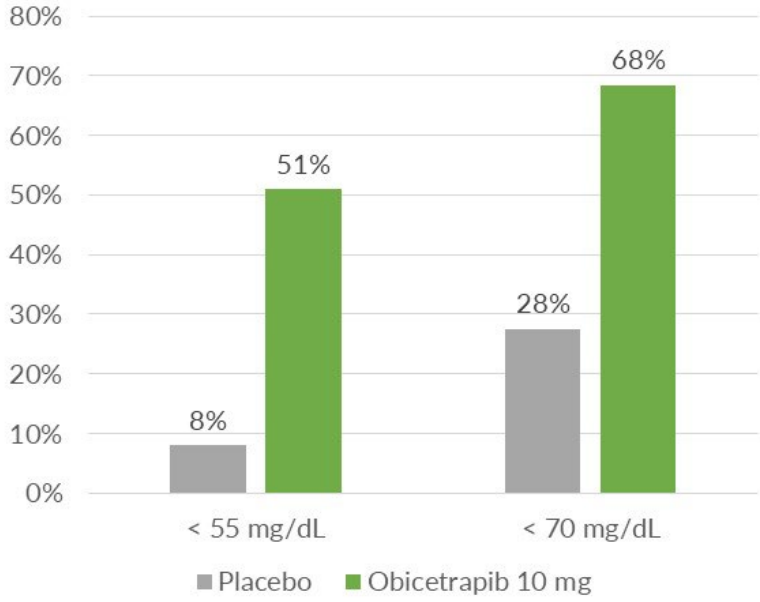
BROOKLYN

% of patients achieving LDL-C thresholds at Day 84



BROADWAY

% of patients achieving LDL-C thresholds at Day 84



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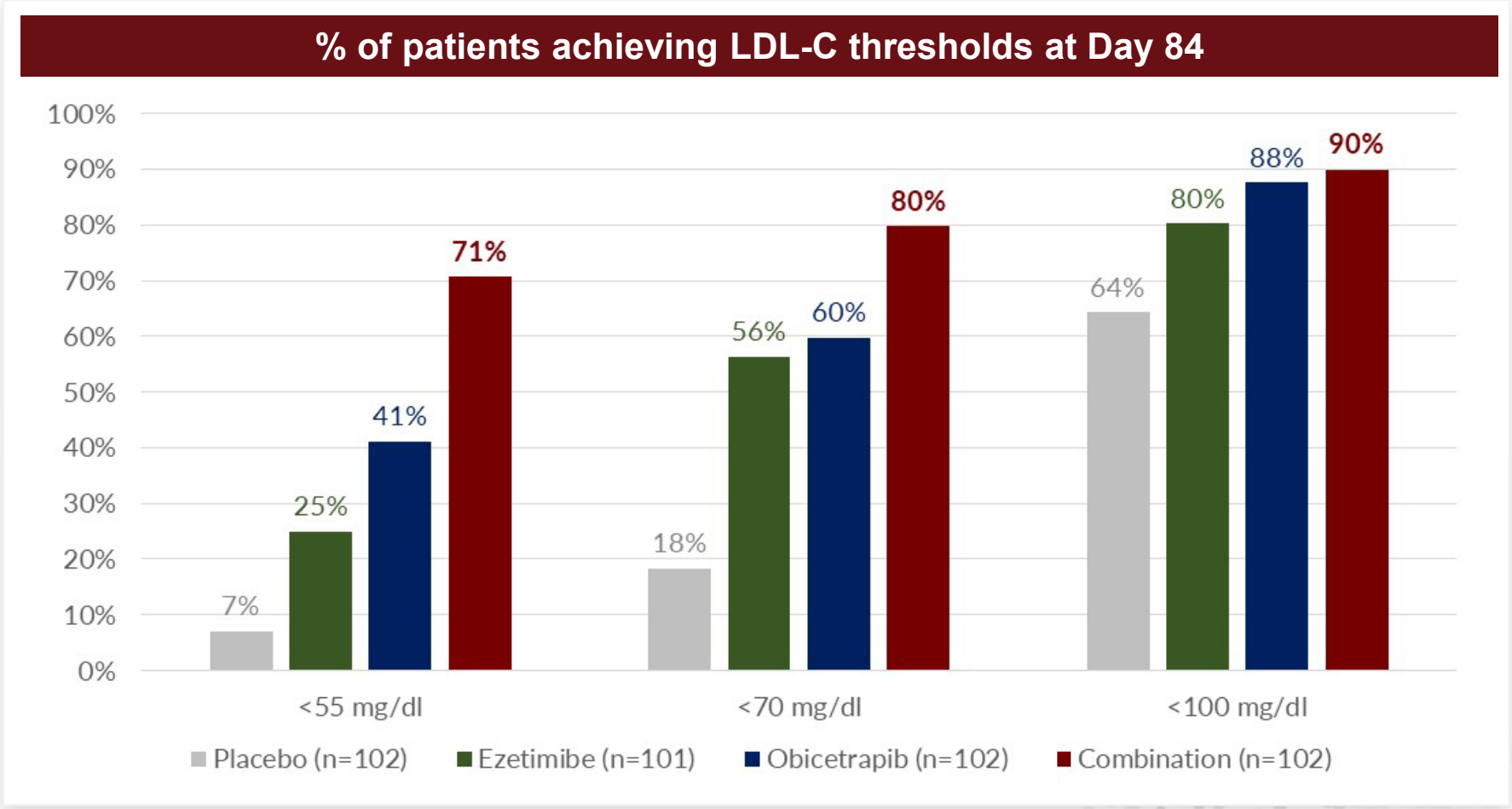
Over 70% of Patients on Obicetrapib+Ezetimbe Achieved Less than <55 mg/dL

TANDEM



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Exploratory Endpoint: Major Adverse Cardiovascular Events (MACE)

BROADWAY MACE Data[1]

	Placebo N = 844	Obicetrapib N= 1686	Hazard Ratio	95% CI
All-cause mortality – no. (%)	12 (1.4)	19 (1.1)	0.83	(0.40-1.71)
Coronary heart death – no. (%)	5 (0.6)	8 (0.5)	0.80	(0.26-2.44)
First 4-point MACE – no. (%)	44 (5.2)	70 (4.2)	0.79	(0.54-1.15)

BROADWAY + BROOKLYN Pooled MACE Data [1]

	Placebo N = 962	Obicetrapib N= 1920	Hazard Ratio	95% CI
All-cause mortality – no. (%)	14 (1.5)	20 (1.0)	0.78	(0.39-1.58)
Coronary heart death – no. (%)	7 (0.7)	9 (0.5)	0.63	(0.24-1.70)
First 4-point MACE – no. (%)	49 (5.1)	75 (3.9)	0.75	(0.53-1.08)

4-point MACE: CHD death, Non-fatal myocardial infarction, non-fatal stroke, coronary revascularization

1. MACE was evaluated in BROADWAY as an exploratory endpoint. There may be limitations on the interpretation of MACE data derived from both BROOKLYN and BROADWAY studies given they were not designed to assess MACE as the primary and secondary endpoints.

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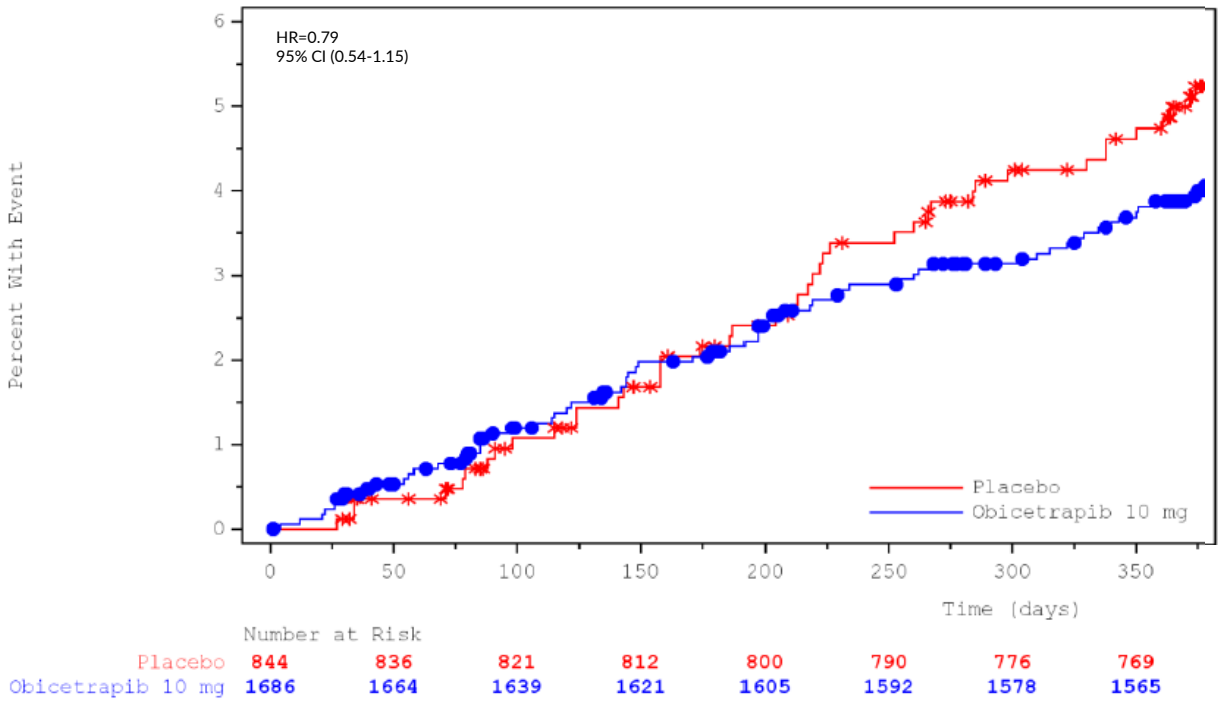
BROADWAY

Kaplan-Meier Curve Separates at Day 200



4-point MACE: CHD death, Non-fatal myocardial infarction, non-fatal stroke, coronary revascularization
Note: While not powered to detect a MACE benefit, we observed positive MACE data as part of our review of the exploratory endpoint. BROADWAY was not powered to measure MACE benefit and the MACE data presented below may not be predictive of the MACE data we observe in PREVAIL, which has been designed to measure MACE benefit.

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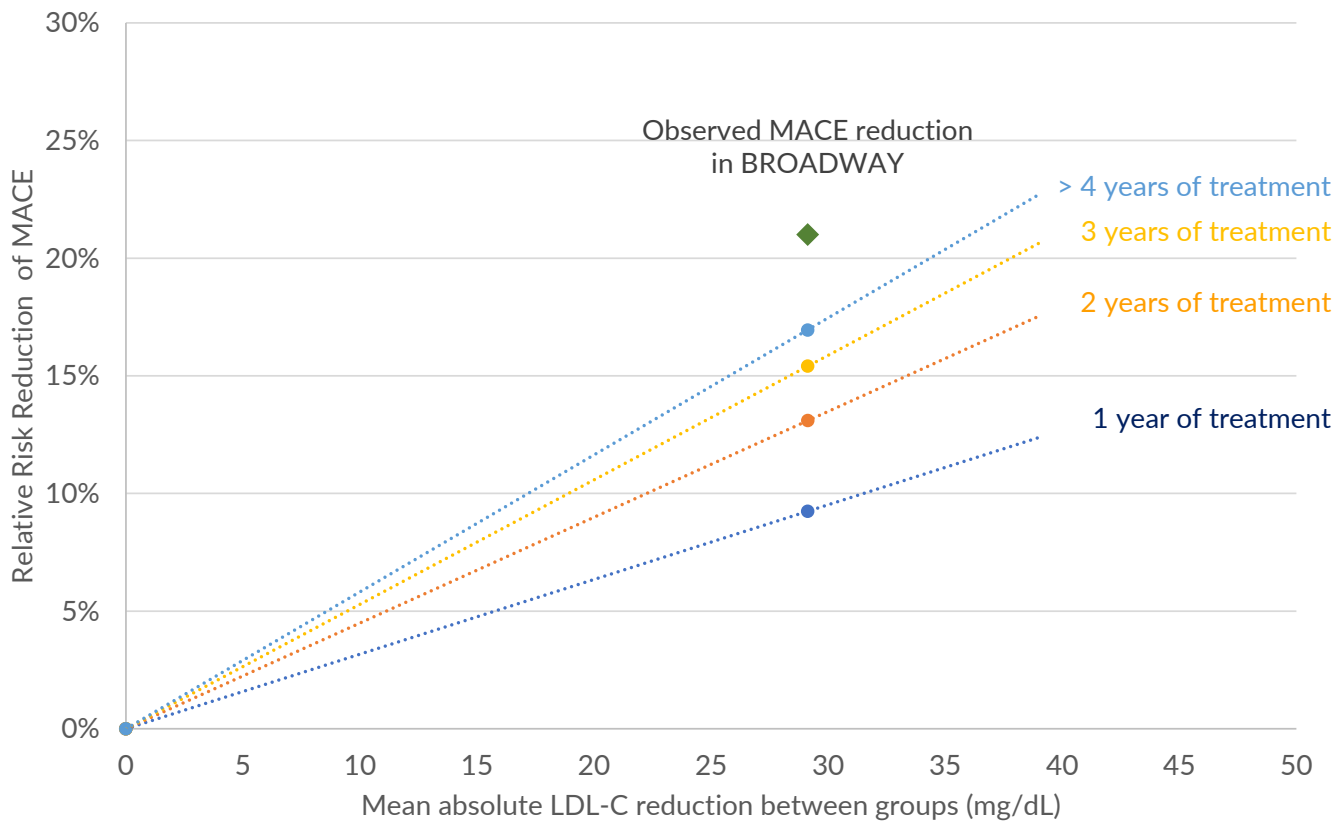
BROADWAY

Observed MACE Reduction in BROADWAY Suggests Potential Benefit Beyond LDL-C



CTT regression Line

- The CTT regression line (dotted lines) represents the expected relationship between a mean absolute reduction in LDL-C versus placebo and the predicted MACE benefit at different time points based on historical trials
- In BROADWAY, we observed a 21% difference in MACE from placebo, after one year of treatment

Note: The 1-4 treatment lines in the chart above reflects the meta-analysis of 26 statin clinical trials conducted by the CTT collaboration which showed that there is a consistent, linear decrease in MACE for every absolute unit of non-HDL (which is primarily composed of LDL-C) cholesterol reduction. Actual results may differ materially as MACE was evaluated in BROADWAY as an exploratory endpoint. This is not a head-to-head analysis

Source: 1. JAMA. 2016;316(12):1289-1297 2. European Heart Journal (2018)39,2540–2545

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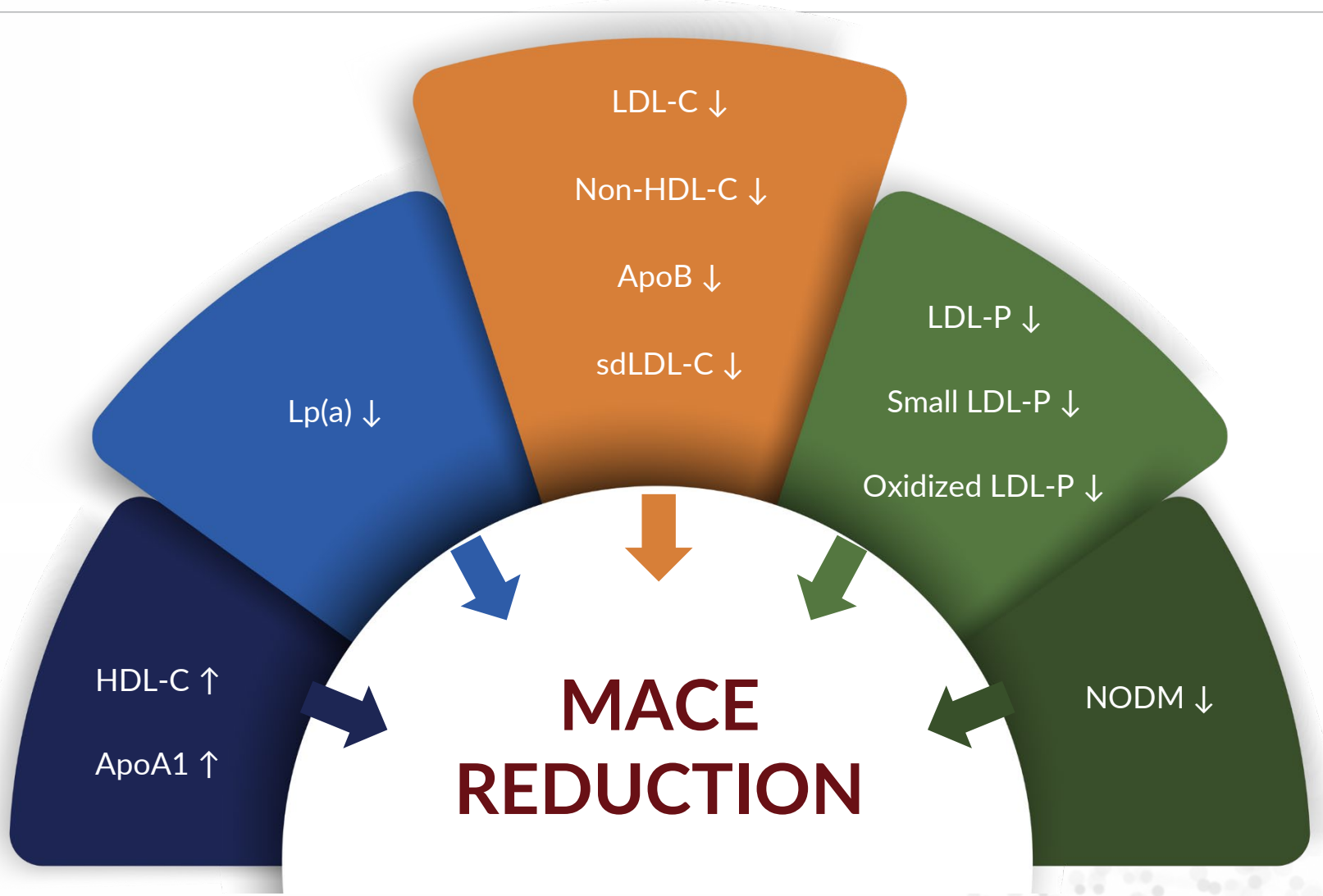
Obicetrapib Observed to Impact Multiple Factors Believed to be Associated with MACE



Note: NODM = New onset diabetes mellitus

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BROADWAY

Overview of Events of Special Interest

	Placebo N= 843 n (%)	Obicetrapib N= 1685 n (%)
AST or ALT > 3 x ULN	8 (0.9)	10 (0.6)
Bilirubin > 2 x ULN	4 (0.5)	2 (0.1)
CK > 5 x ULN	3 (0.4)	5 (0.3)
NODM or worsening of glycemic control	338 (40.1)	592 (35.1) (p = 0.015)
- AE indicating new/worse type 1 or 2 diabetes	30 (3.6)	58 (3.4)
- Initiation of diabetes medication	104 (12.3)	186 (11.0)
- HbA1c ≥ 6.5% (where baseline HbA1c < 6.5%)	55 (6.5)	84 (5.0)
- Two consecutive glucose values > 126 mg/dL	248 (29.4)	459 (27.2)
- HbA1c increase from baseline >0.5%	133 (15.8)	234 (13.9)
- Worsening glycemic control	199 (23.6)	350 (20.8)
Renal function worsening	77 (9.1)	127 (7.5)
- eGFR < 30 mL/min/1.73m2	13 (1.5)	13 (0.8)
- 25% decrease in eGFR from baseline:	70 (8.3)	115 (6.8)
- Increase of Serum Creatinine ≥ 0.3 mg/dL from baseline	61 (7.2)	91 (5.4)
Macular degeneration	0 (0.0)	1 (0.1)

Multiple Positive Data Readouts Provide Momentum into 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.

Study Design and Baseline Characteristics of Phase 3 Trials

BROOKLYN

1º endpoint – week 12

N = 354

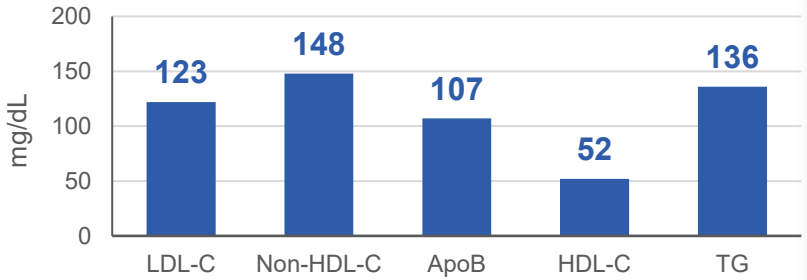
- Obicetrapib 10 mg (2:1 randomization)
- Placebo

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 = 2530

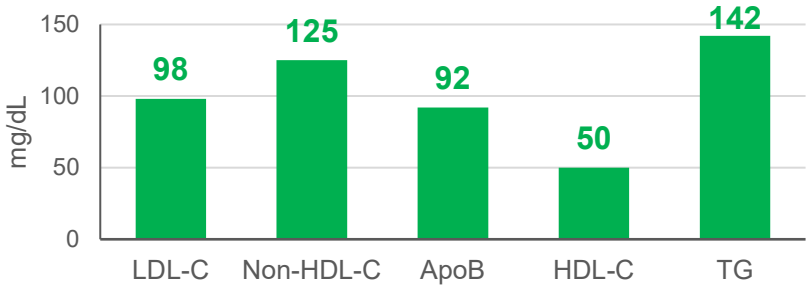
- Obicetrapib 10 mg (2:1 randomization)
- Placebo

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

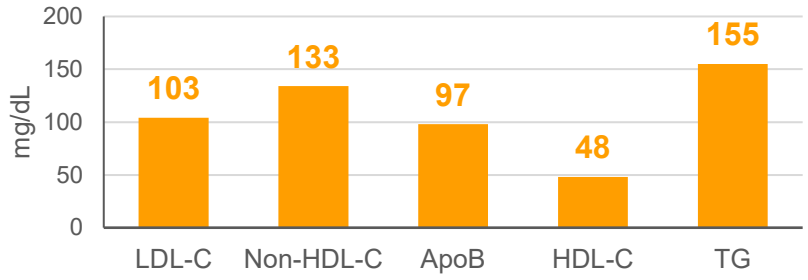
- Obicetrapib 10 mg (1:1 randomization)
- Placebo

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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2024 Achievements Pave the Way for Potential 2025 Value Inflection Milestones

2024

1Q 2024

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

3Q 2024

- **BROOKLYN Phase 3 topline**

4Q 2024

- **BROADWAY Phase 3 topline**
- **TANDEM Phase 3 topline**
- **BROADWAY Phase 3 topline**

2025

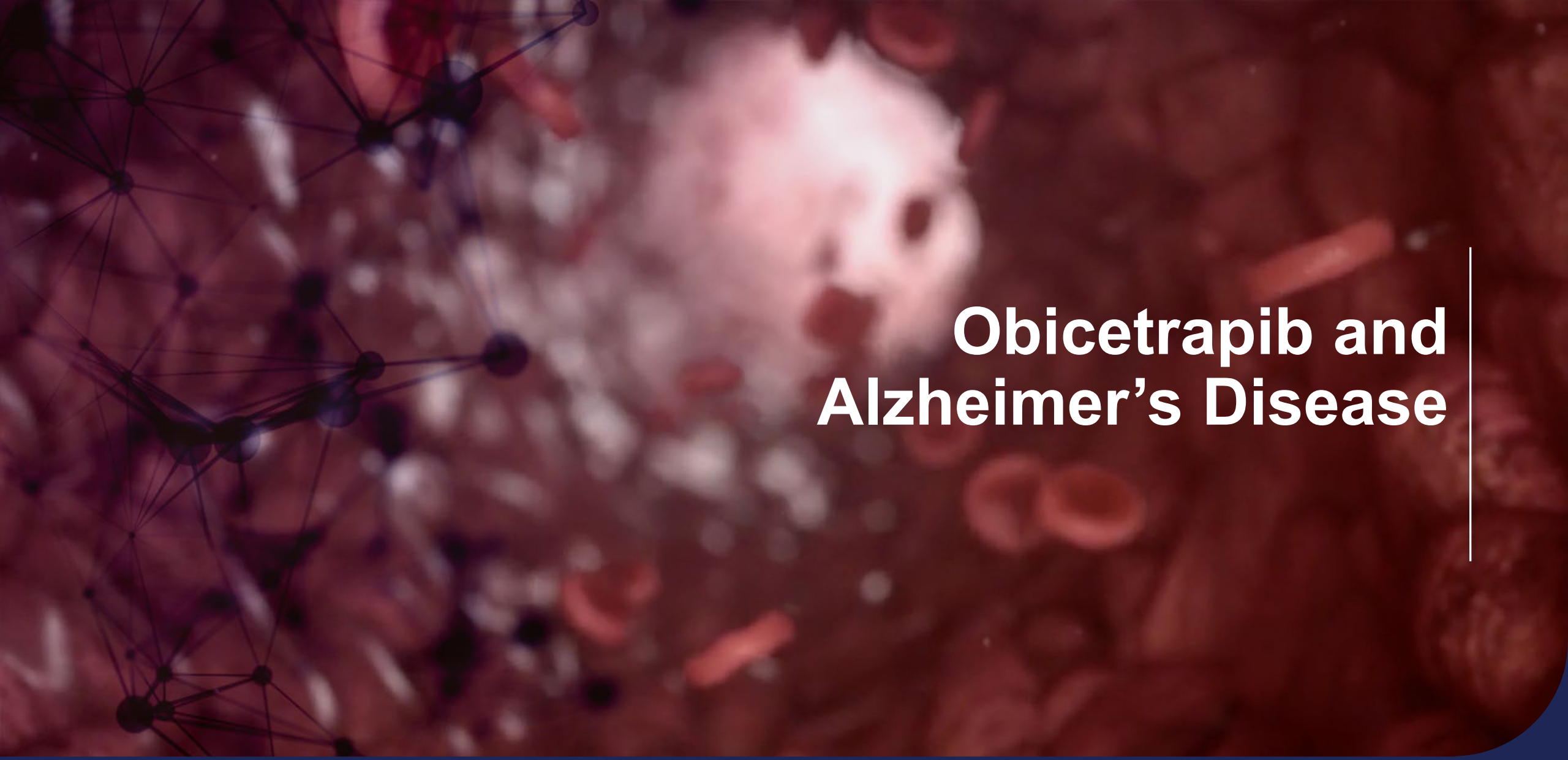
1H 2025

- **BROADWAY full data presentation and publication**
- **TANDEM full data presentation and publication**

2H 2025

- **EMA regulatory submission**
- **VINCENT Phase 2 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 and Alzheimer's Disease

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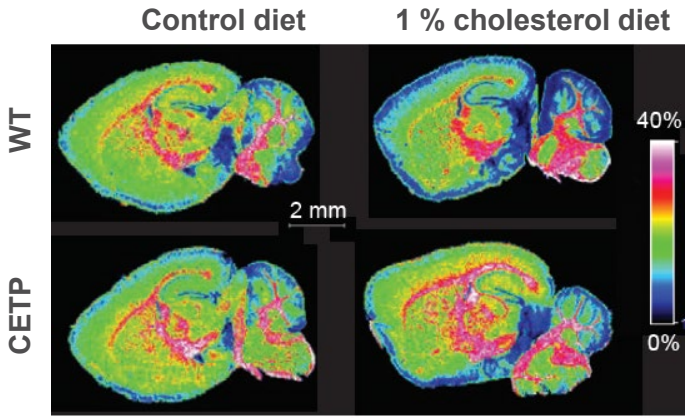
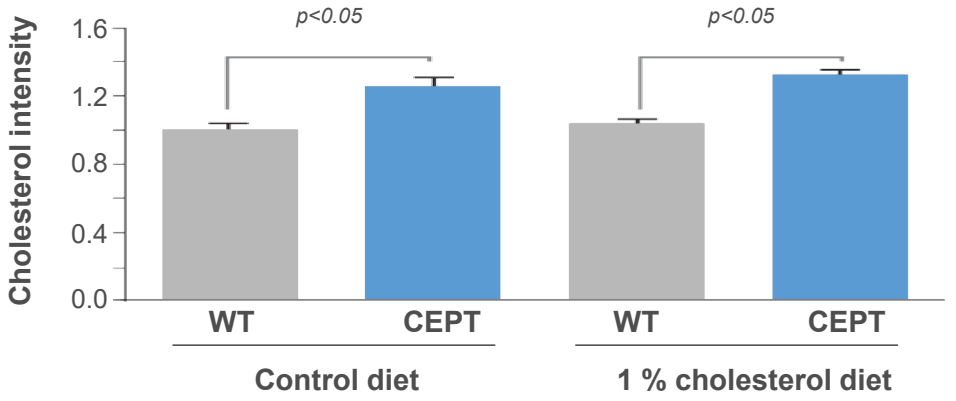
CETP Knock-in Mice Observed to Increase Brain Cholesterol Levels and CETPi Observed to Rescue Cognition in Preclinical Models of CETP-induced AD

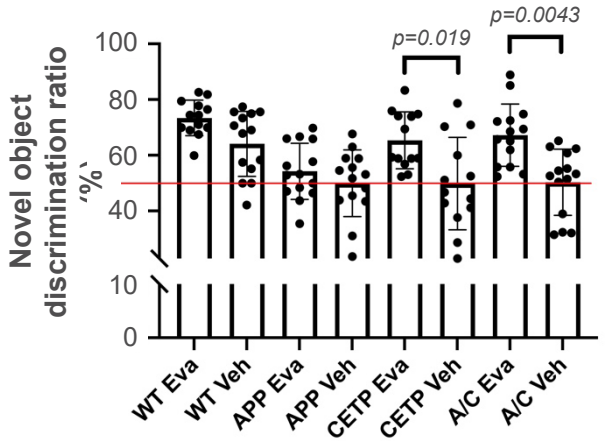
- Source: Felix Oestereich, et al., The Cholesteryl Ester Transfer Protein (CETP) raises Cholesterol Levels in the Brain and affects Presenilin-mediated Gene Regulation, Journal of Lipid Research, vol. 63, no.9, 2022.

CETPi observed to increase brain cholesterol levels



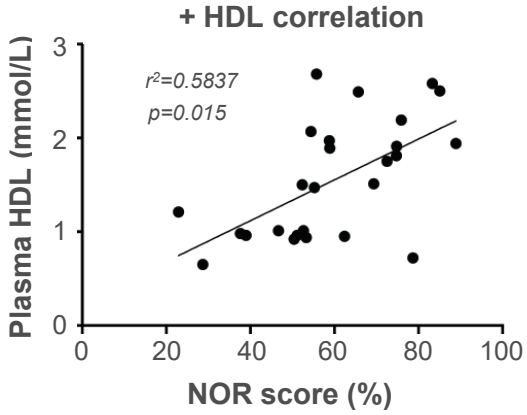


Improvement in NOR scores observed with CETPi (Evacetrapib)

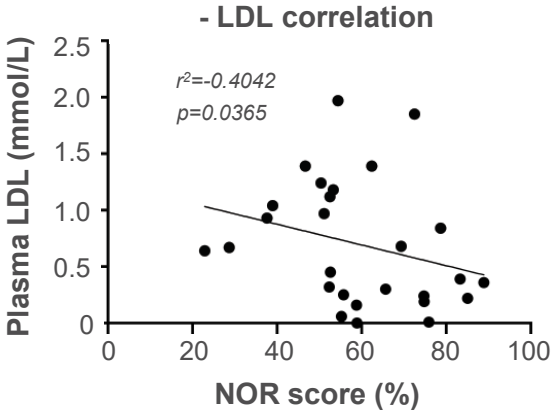


- Scores below the red line (50%) indicate cognitive impairment
- Evacetrapib had no observed effect on impairment in APP tg
- Evacetrapib observed to inhibit memory impairment in CETPtg & APP/CETPtg

Correlation observed between plasma lipoproteins and NOR score



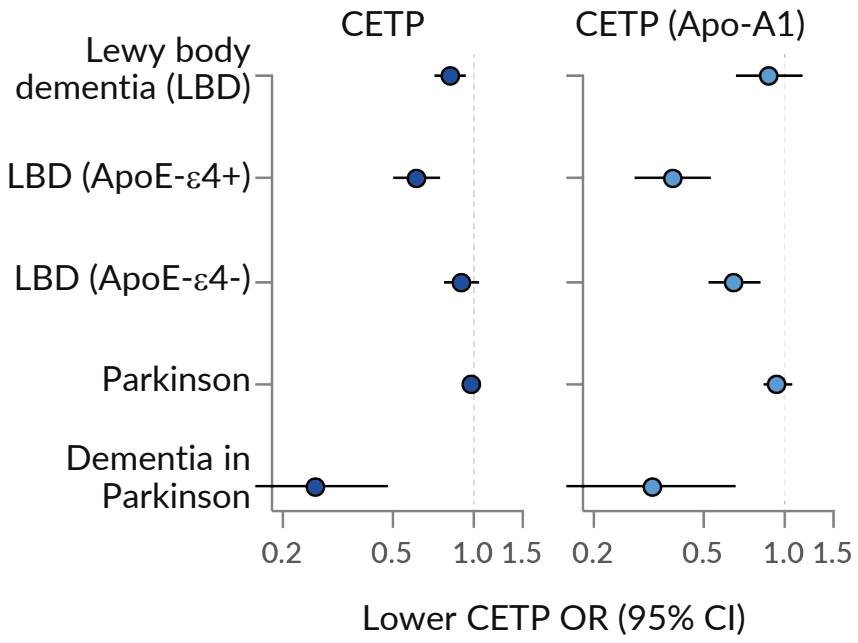
Positive correlation observed between NOR score and HDL quantification in CETP and APP/CETP expressing female mice

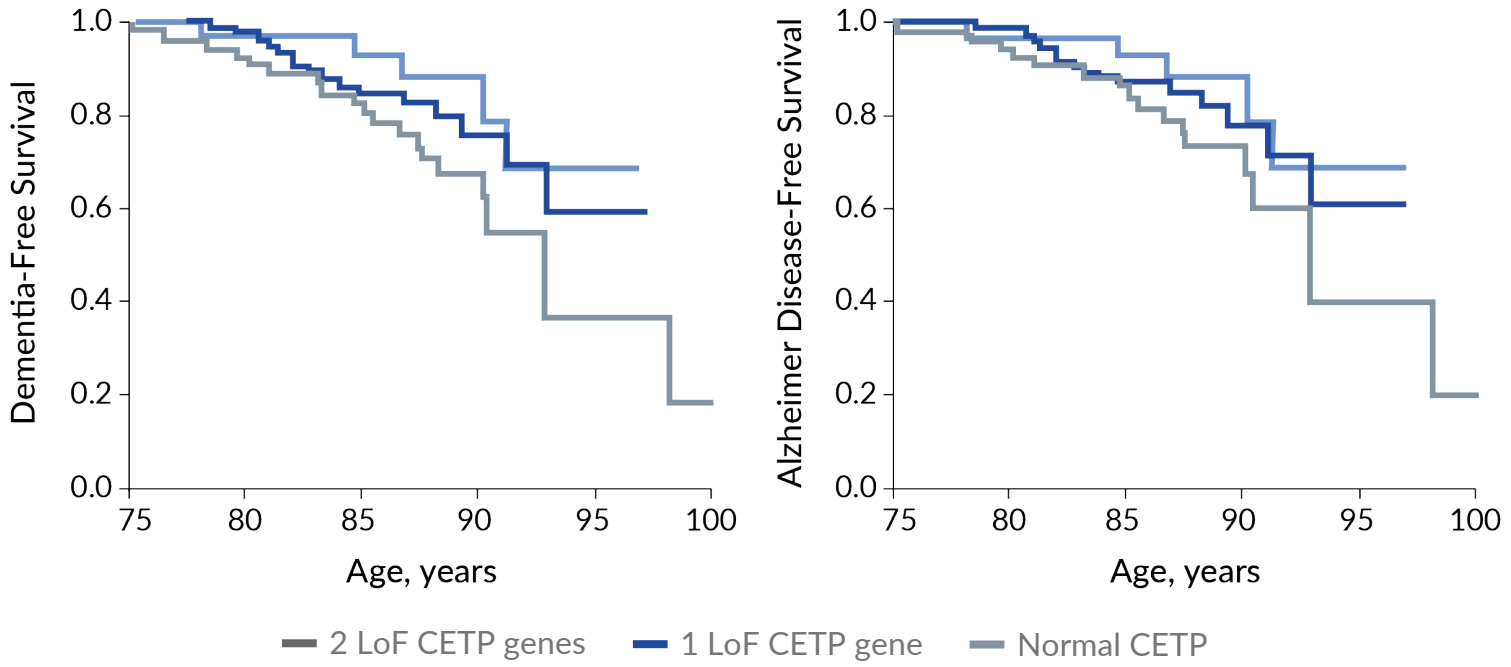


Negative correlation observed between NOR score and LDL quantification CETP and APP/CETP expressing female mice

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

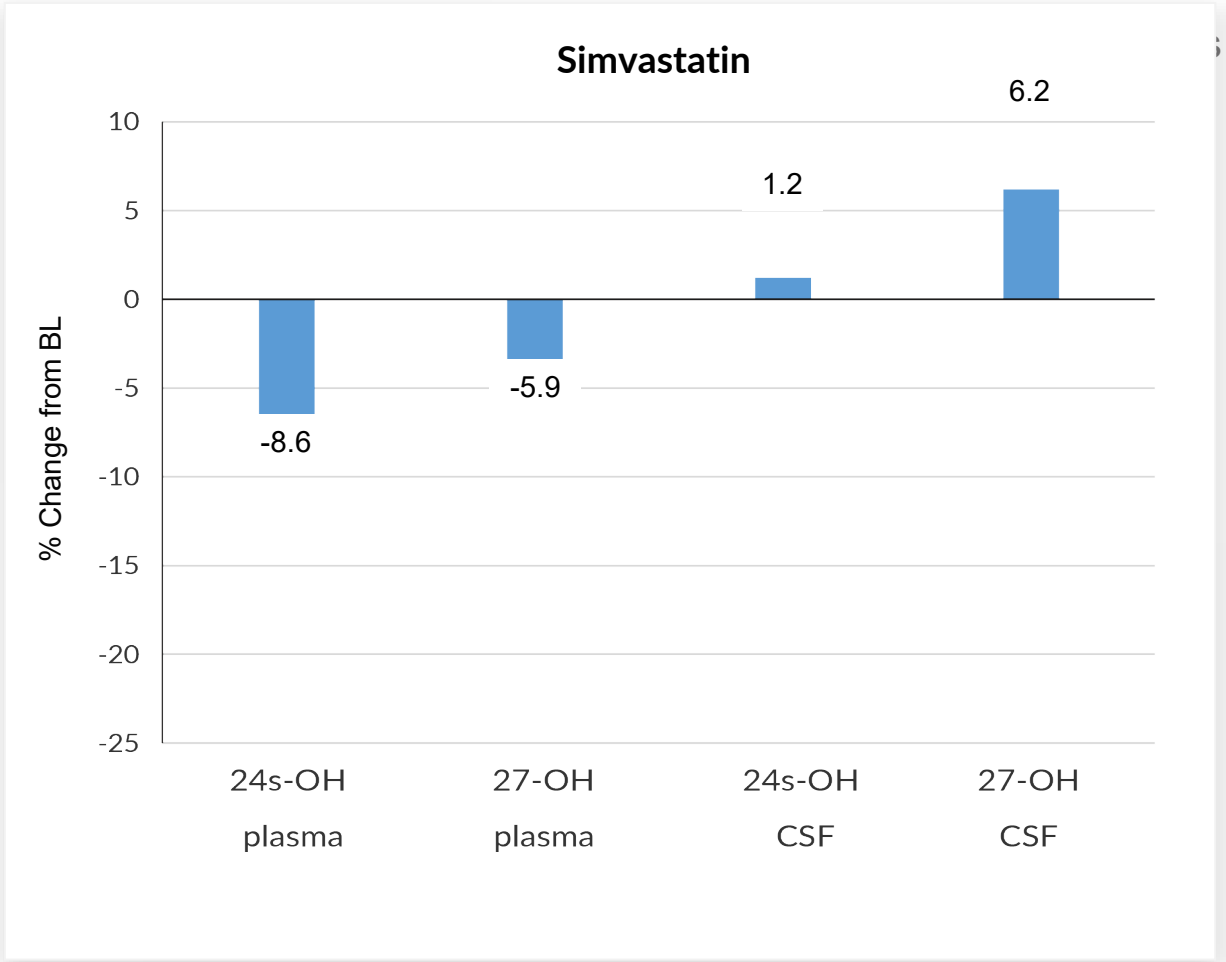


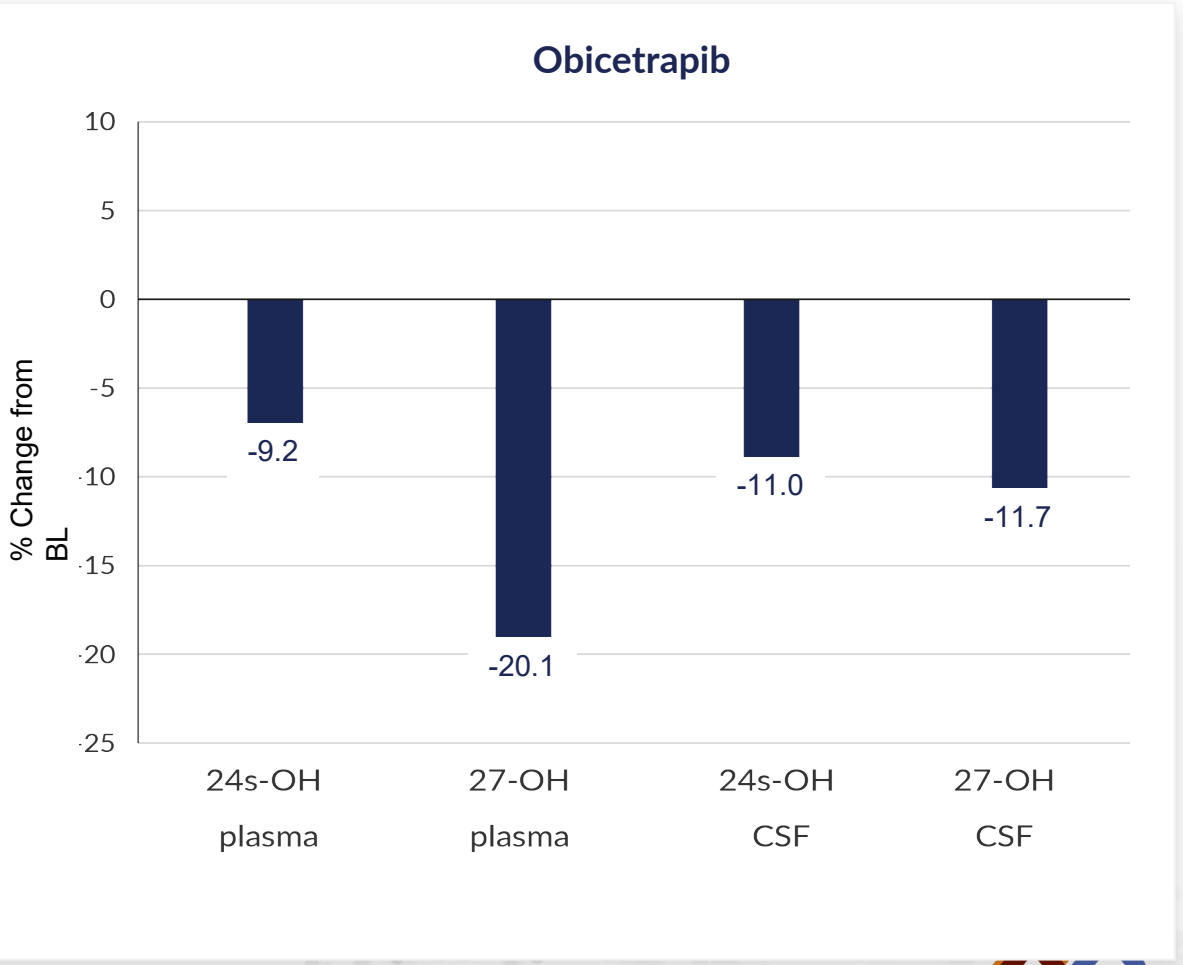


 Source: JAMA, January 13, 2010—Vol 303, No. 2

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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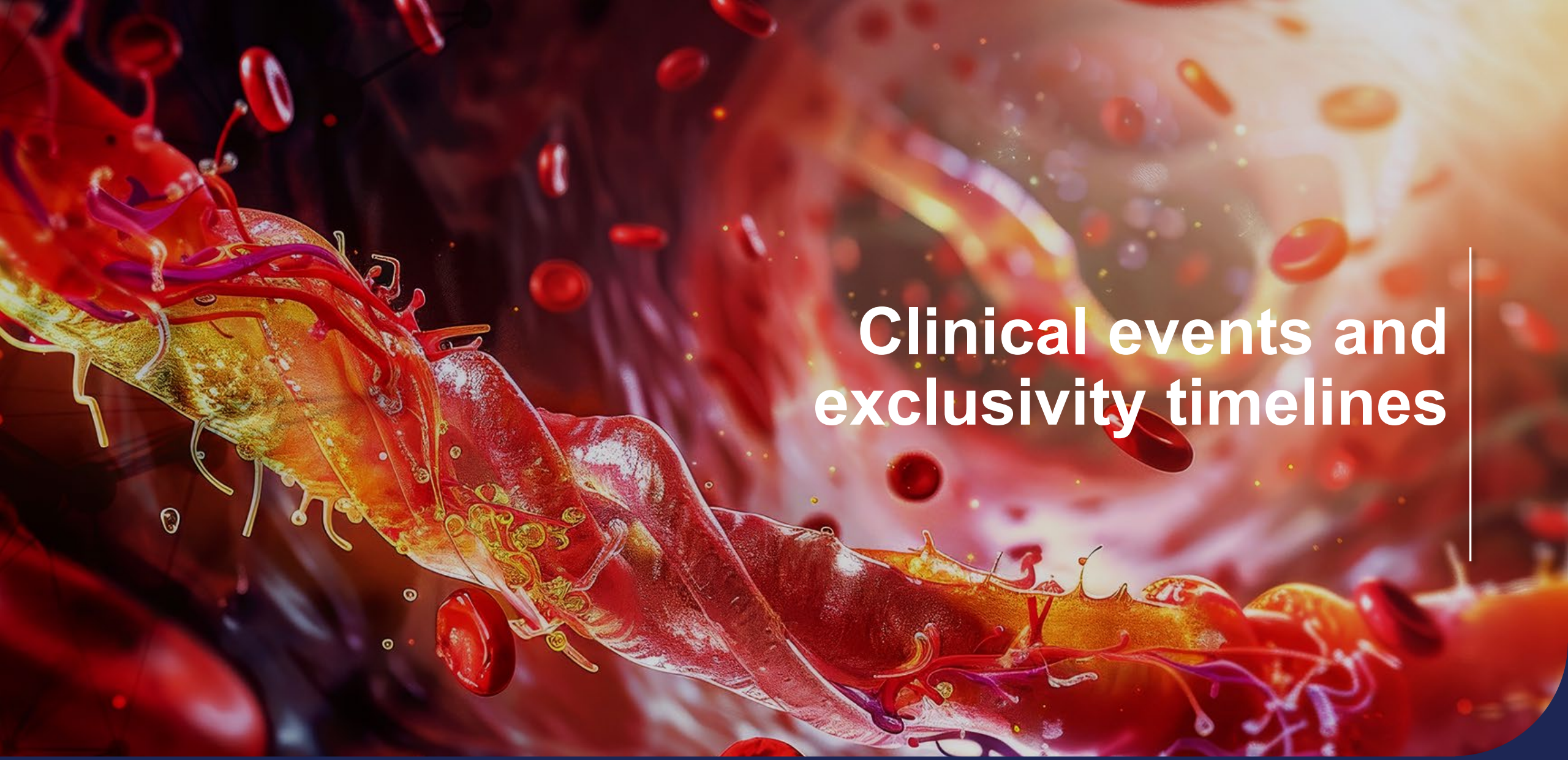

Clinical events and exclusivity timelines

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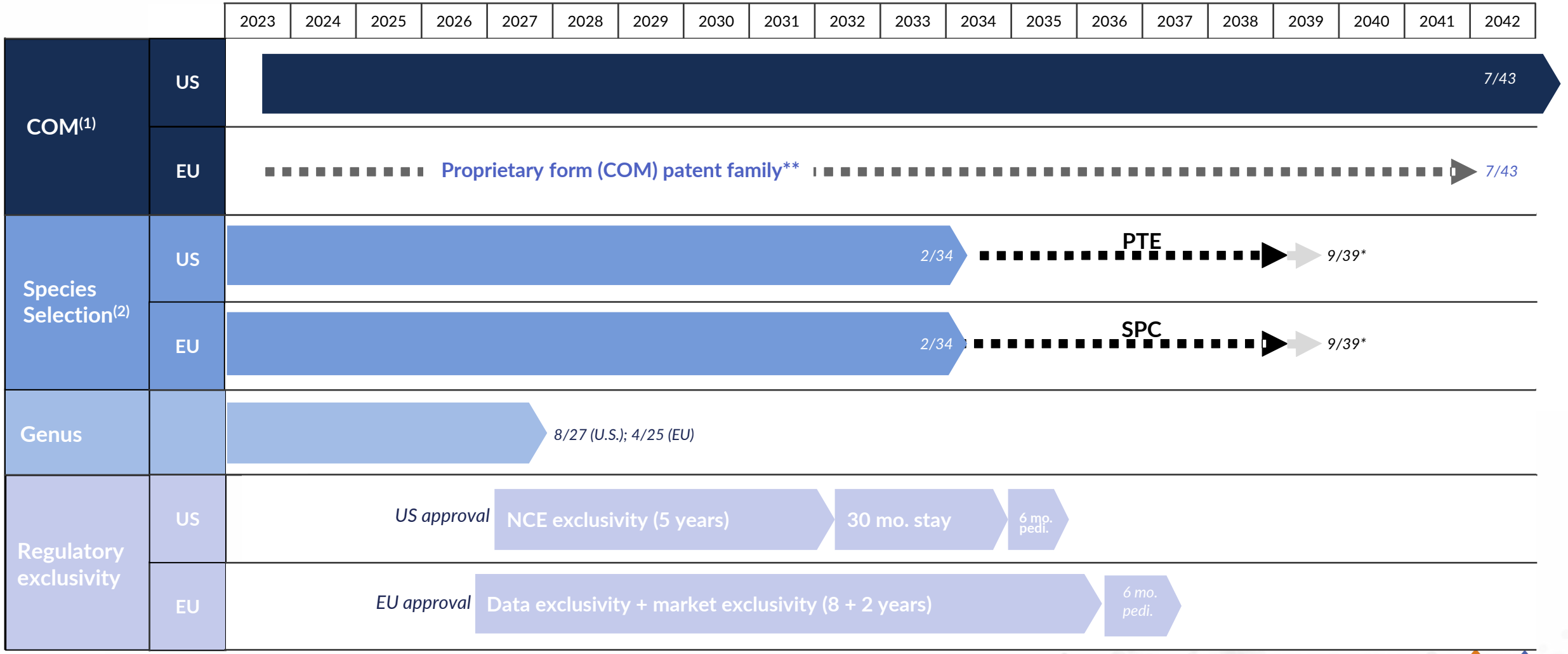
Comprehensive Patent Portfolio with Composition of Matter IP into 2043



Note: Regulatory exclusivity 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. US 12,006,305 2. 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

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

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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Thank You

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