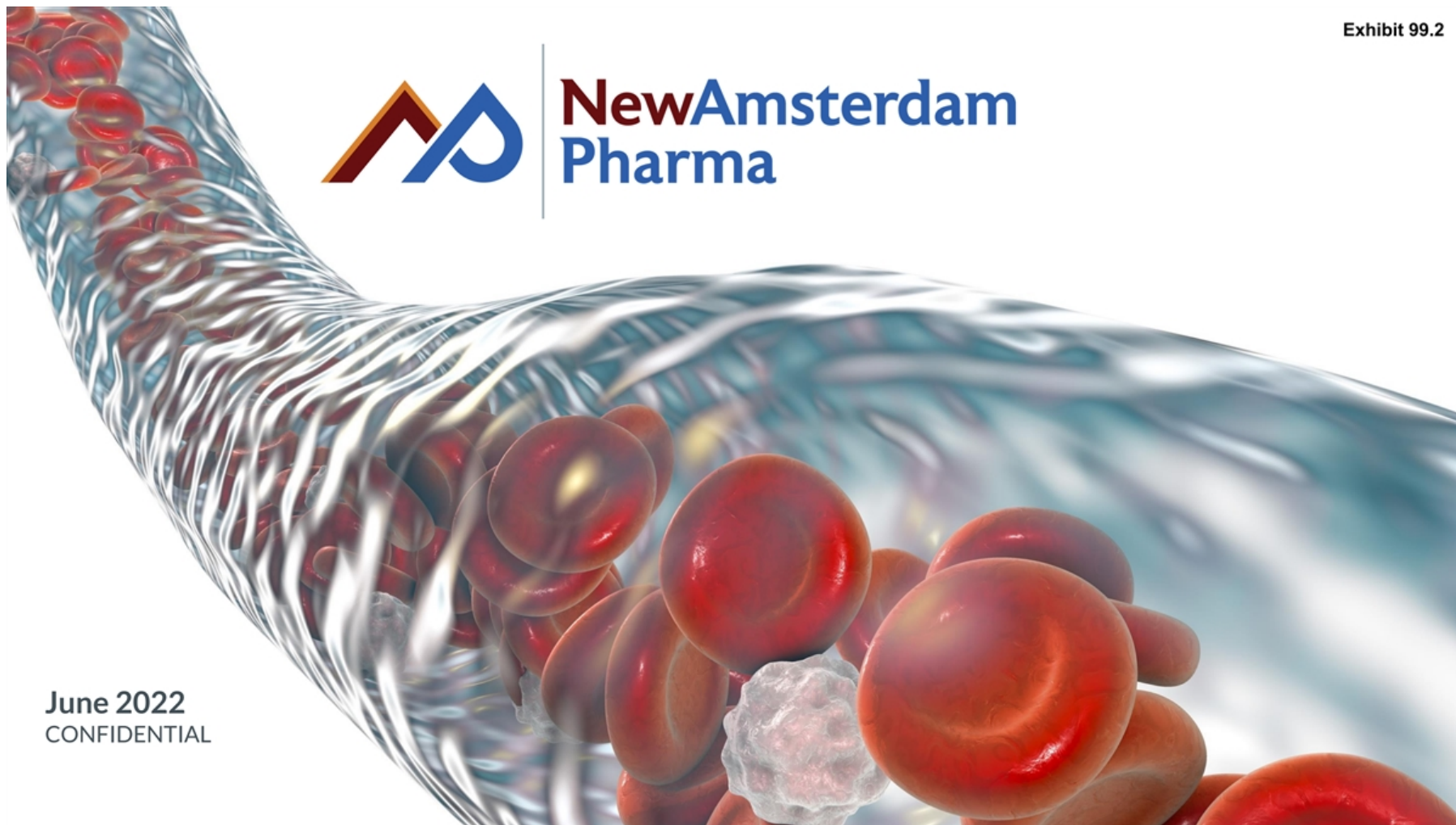




**NewAmsterdam
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June 2022
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NewAmsterdam's forward-looking statements related to the success, cost and timing of product development activities, including timing of initiation, completion and data readouts for clinical trials and the potential approval of its product candidate, and the size and growth potential of the markets for the Company's product candidate are based upon but not limited to third-party research and the Company's experience in the industry. In addition, this Presentation does not purport to be all-inclusive or to contain all of the information that may be required to make a full analysis of NewAmsterdam or the Proposed Business Combination. Viewers of this Presentation should each make their own evaluation of NewAmsterdam and of the relevance and adequacy of the information and should make such other investigations as they deem necessary. Nothing herein should be construed as legal, financial tax or other advice. 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Participants in the Solicitation

In connection with the Proposed Business Combination, the parties intend to prepare and file with the SEC a registration statement containing a preliminary proxy statement of FLAC and a preliminary prospectus with respect to the securities to be offered in the Proposed Business Combination. After the registration statement is declared effective, FLAC will mail a definitive proxy statement/prospectus relating to the Proposed Business Combination to its stockholders as of a record date to be established for voting on the Proposed Business Combination. Shareholders and other interested persons are urged to read these documents and any amendments thereto, as well as any other relevant documents filed with the SEC when they become available because they will contain important information about FLAC, NewAmsterdam and the Proposed Business Combination. Shareholders will also be able to obtain free copies of the preliminary proxy statement/prospectus, the definitive proxy statement/prospectus and other documents filed with the SEC, once available, without charge, at the SEC's website located at www.sec.gov, or by directing a request to Frazier Lifesciences Acquisition Corporation, Two Union Square, 601 Union St., Suite 3200, Seattle, WA 98101 or NewAmsterdam Pharma Holding B.V., Gooimeer 2-35, 1411 DC Naarden, The Netherlands. FLAC, NewAmsterdam, TopCo and their directors and executive officers and other persons may be deemed to be participants in the solicitations of proxies from FLAC's shareholders in respect of the Proposed Business Combination and the other matters set forth in the registration statement. Information regarding FLAC's directors and executive officers is available in FLAC's Annual Report on Form 10-K for the fiscal year ended December 31, 2021, which was filed with the SEC and is available free of charge at the SEC's website located at www.sec.gov, or by directing a request to Frazier Lifesciences Acquisition Corporation, Two Union Square, 601 Union St., Suite 3200, Seattle, WA 98101. Additional information regarding the participants in the proxy solicitation and a description of their direct and indirect interests by security holdings or otherwise, will be contained in the proxy statement/prospectus relating to the Proposed Business Combination when it becomes available.

Forward Looking Statements

Certain statements included in this Presentation that are not historical facts are forward-looking statements for purposes of the safe harbor provisions under the United States Private Securities Litigation Reform Act of 1995. Forward-looking statements generally are accompanied by words such as "believe," "trust," "will," "estimate," "continue," "anticipate," "intend," "expect," "should," "would," "plan," "predict," "potential," "seem," "seek," "future," "outlook" and similar expressions that predict or indicate future events or trends or that are not statements of historical matters. These forward-looking statements include, but are not limited to, statements regarding estimates and forecasts of other financial and performance metrics and projections of market opportunity; expectations and timing related to the success, cost and timing of product development activities, including timing of initiation, completion and data readouts for clinical trials and the potential approval of the Company's product candidate; the size and growth potential of the markets for the Company's product candidate; the therapeutic and curative potential of the Company's product candidate; financing and other business milestones; potential benefits of the Proposed Transactions; and expectations relating to the Proposed Transactions, including the proceeds of the Business Combination and the Company's expected cash runway. These statements are based on various assumptions, whether or not identified in this Presentation, and on the current expectations of TopCo and NewAmsterdam's and FLAC's management and are not predictions of actual performance. These forward-looking statements are provided for illustrative purposes only and are not intended to serve as and must not be relied on by an investor as a guarantee, an assurance, a prediction, or a definitive statement of fact or probability. Actual events and circumstances are difficult or impossible to predict and may differ from assumptions. Many actual events and circumstances are beyond the control of TopCo, NewAmsterdam and FLAC. These forward-looking statements are subject to a number of risks and uncertainties, including changes in domestic and foreign business, market, financial, political, and legal conditions; the inability of the parties to successfully or timely enter into definitive agreements with respect to the Proposed Transactions or consummate the Proposed Transactions, including the risk that any regulatory approvals are not obtained, are delayed or are subject to unanticipated conditions (such as any SEC statements or enforcements or other actions relating to SPACs) that could adversely affect the combined company or the expected benefits of the Proposed Transactions, or the risk that the approval of the stockholders of FLAC or NewAmsterdam is not obtained; failure to realize the anticipated benefits of the Proposed Transactions; matters discovered by FLAC or NewAmsterdam as they complete their respective due diligence investigations of each other; risks relating to the uncertainty of the projected financial information with respect to NewAmsterdam and the combined company; risks related to the approval of NewAmsterdam's product candidate and the timing of expected regulatory and business milestones; ability to negotiate definitive contractual arrangements with potential customers; the impact of competitive product candidates; ability to obtain sufficient supply of materials; the impact of COVID-19; global economic and political conditions, including the Russia-Ukraine conflict; the effects of competition on NewAmsterdam's future business; the amount of redemption requests made by FLAC's public shareholders; and those factors discussed in documents FLAC has filed or will file with the SEC, together with the risks described in the document entitled "Risk Factors" that has been made available to interested parties concurrent with this Presentation. Additional risks related to NewAmsterdam's business include, but are not limited to: uncertainty regarding outcomes of the company's ongoing clinical trials, particularly as they relate to regulatory review and potential approval for its product candidate; risks associated with the Company's efforts to commercialize a product candidate; the Company's ability to negotiate and enter into definitive agreements on favorable terms, if at all; the impact of competing product candidates on the Company's business; intellectual property-related claims; the Company's ability to attract and retain qualified personnel; ability to continue to source the raw materials for its product candidate, together with the risks described in the document entitled "Risk Factors" that has been made available to interested parties concurrent with this Presentation.

If any of these risks materialize or FLAC's or NewAmsterdam's assumptions prove incorrect, actual results could differ materially from the results implied by these forward-looking statements. There may be additional risks that neither FLAC nor NewAmsterdam presently know or that FLAC and NewAmsterdam currently believe are immaterial that could also cause actual results to differ from those contained in the forward-looking statements. In addition, forward-looking statements reflect FLAC's and NewAmsterdam's expectations, plans, or forecasts of future events and views as of the date of this Presentation and are qualified in their entirety by reference to the cautionary statements herein. FLAC and NewAmsterdam anticipate that subsequent events and developments will cause FLAC's and NewAmsterdam's assessments to change. These forward-looking statements should not be relied upon as representing FLAC's and NewAmsterdam's assessments as of any date subsequent to the date of this Presentation. Accordingly, undue reliance should not be placed upon the forward-looking statements. Neither FLAC, NewAmsterdam nor any of their respective affiliates undertake any obligation to update these forward-looking statements, except as required by law.

Market Data

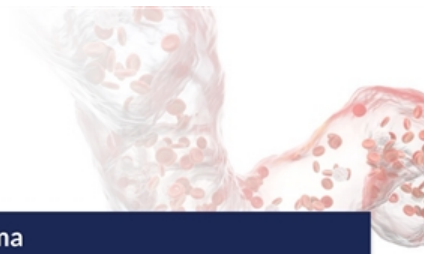
Certain information contained in this Presentation relates to or is based on third-party studies, publications, surveys and FLAC and NewAmsterdam's own internal estimates and research. In addition, all of the market data included in this Presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while FLAC and NewAmsterdam believe their internal research is reliable, such research has not been verified by any independent source and FLAC and NewAmsterdam cannot guarantee and make no representation or warranty, express or implied, as to its accuracy and completeness. This Presentation contains preliminary information only, is subject to change at any time and, is not, and should not be assumed to be, complete or to constitute all the information necessary to adequately make an informed decision regarding your engagement with FLAC and NewAmsterdam.

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Today's presenters



Frazier Lifesciences Acquisition Corporation

NewAmsterdam Pharma



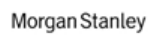
Jamie Topper, M.D., Ph.D.
CEO / Chairman

David Topper, M.B.A.
CFO

Michael Davidson, M.D.
CEO

John Kastelein, M.D.
CSO

Lina Gugucheva
CBO



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Overview

| | | |
|----------------------------|---|---|
| General | Type of offering | <ul style="list-style-type: none"> Private Investment in Public Equity (PIPE) |
| | Target company | <ul style="list-style-type: none"> NewAmsterdam Pharma Holding B.V. (NewAmsterdam) |
| | SPAC sponsor | <ul style="list-style-type: none"> Frazier Lifesciences Sponsor LLC (Frazier) |
| Committed equity financing | Estimated size of offering | <ul style="list-style-type: none"> \$150mm |
| | Anchor indications | <ul style="list-style-type: none"> Up to \$50mm from Frazier entities (inclusive of \$10mm FLAC cash in trust investment) and \$30mm+ from NewAmsterdam affiliates |
| | Valuation | <ul style="list-style-type: none"> Pre-money equity valuation: \$491mm PF enterprise valuation: \$326mm |
| Strategic capital | Partner | <ul style="list-style-type: none"> Menarini Group |
| | Deal structure | <ul style="list-style-type: none"> Exclusive European rights to obicetrapib \$123mm (€115mm) upfront + \$29mm (€27.5mm) committed R&D funding Up to \$923mm (€863mm) payable upon achievement of certain clinical, regulatory, and commercial milestones; double digit royalties |
| SPAC transaction | Capital in trust | <ul style="list-style-type: none"> \$138mm⁽¹⁾ |
| | PF cash balance | <ul style="list-style-type: none"> \$493mm⁽²⁾ |
| | Use of proceeds (Capital in trust + PIPE + Menarini deal) | <ul style="list-style-type: none"> Expected to fund operations of NewAmsterdam through 2026, including continued clinical development, filing and launch of obicetrapib, as well as working capital and other general corporate purposes |
| | Target announcement | <ul style="list-style-type: none"> Mid-to-late July 2022 |
| Advisors | Capital markets advisors | <ul style="list-style-type: none"> Credit Suisse (lead), Jefferies, SVB Securities, William Blair |
| | PIPE placement agents | <ul style="list-style-type: none"> Credit Suisse (lead), Jefferies, SVB Securities, William Blair |
| | NewAmsterdam financial advisors | <ul style="list-style-type: none"> SVB Securities, Moelis |



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⁽¹⁾ Inclusive of initial \$10mm FLAC investment.

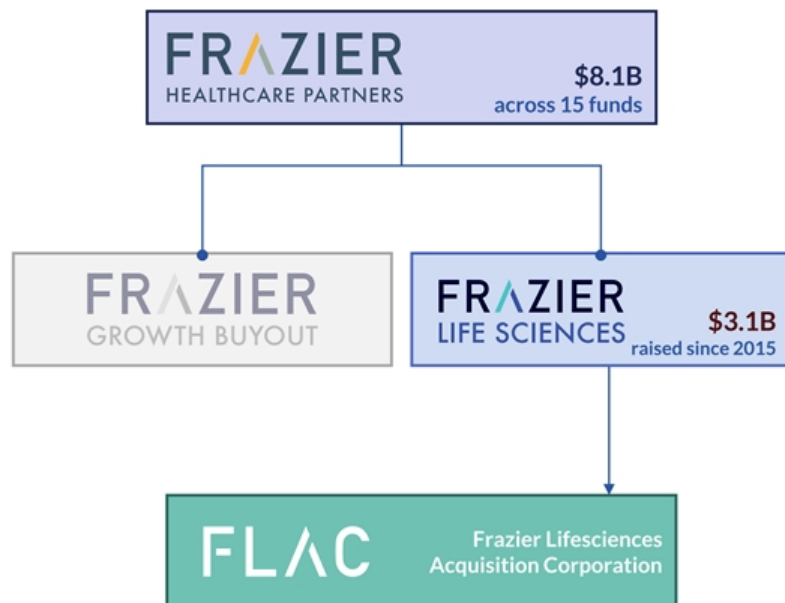
⁽²⁾ Represents \$102mm (€95mm) of current cash and cash equivalents plus \$391mm cash proceeds from transaction (\$268mm from de-SPAC plus \$123mm or €115mm upfront from the Menarini partnership deal) converted using 1.07 USD / EUR exchange rate.

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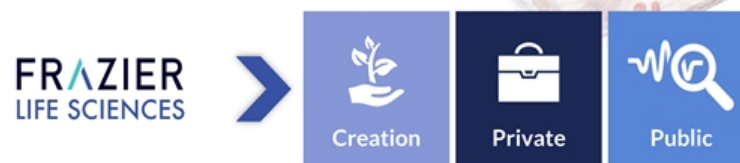


Frazier Lifesciences Acquisition Corporation (FLAC) overview

Frazier Life Sciences acts as sponsor to FLAC



Frazier Life Sciences is a fully-integrated investment firm



Proven expertise in company creation, private and public investing

Extensive operating experience, shepherding companies through discovery, development and commercialization

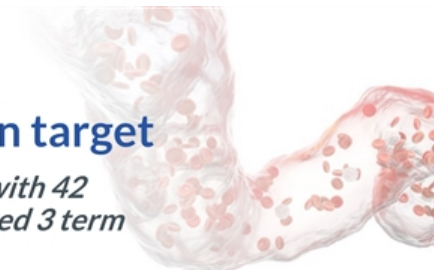
Robust capital markets expertise

since 2005 **125+** companies funded

- 29 Frazier founded companies
- Goal of 3-5 new companies founded per year
- 20 IPOs
- 31 acquisitions
- 18 \$1B upfront acquisitions or \$1B market caps
- >\$1B current public portfolio



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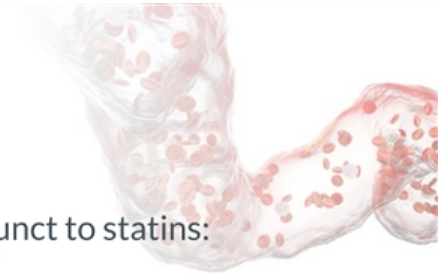


FLAC has identified NewAmsterdam as an attractive acquisition target

Since inception, FLAC has undergone extensive opportunity identification and diligence; met with 42 companies, performed substantial diligence, entered into CDA with 16 companies and submitted 3 term sheets



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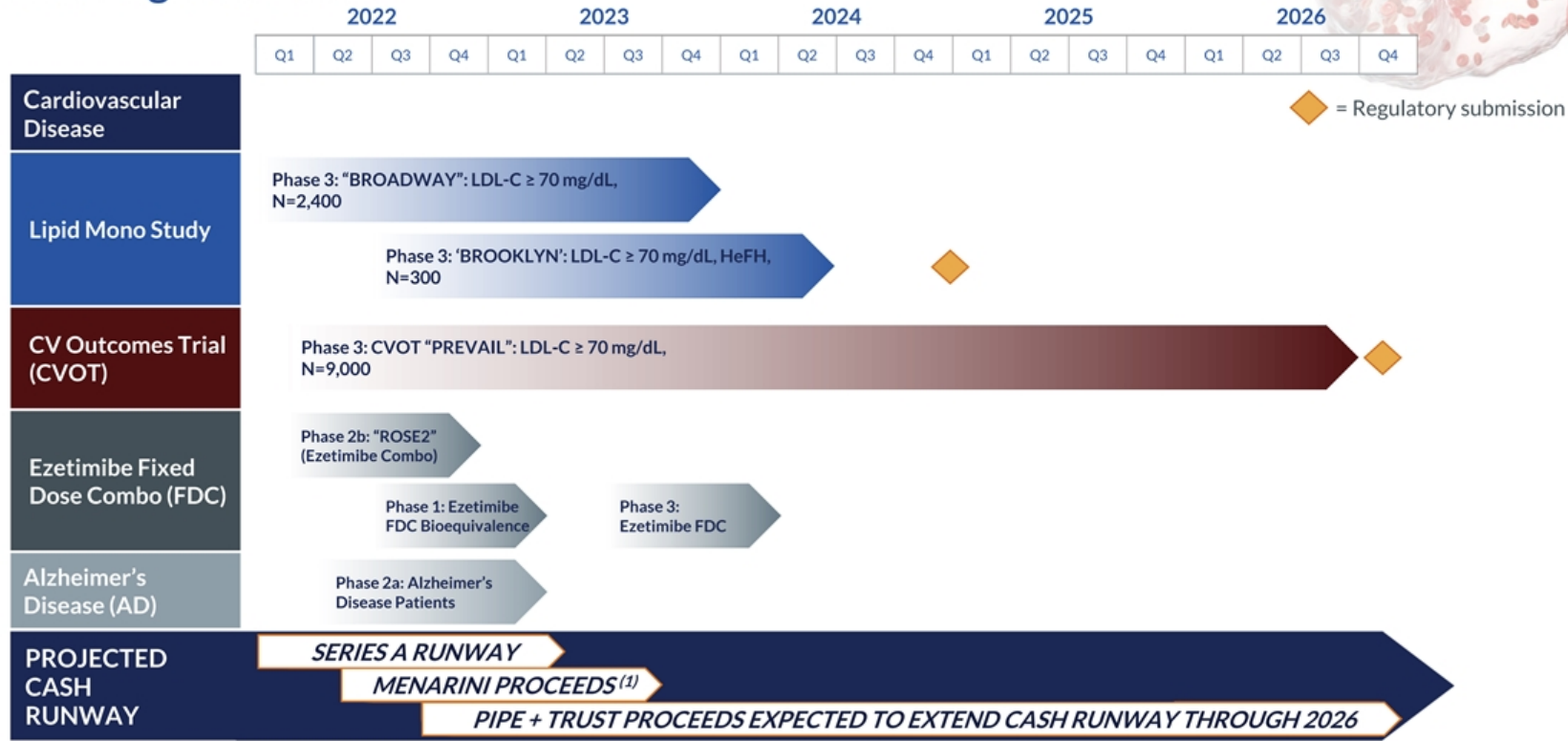


Investment highlights

- ✓ **Significant unmet need** for strong and convenient LDL-lowering therapy as an adjunct to statins: **30mm+** patients in US/EU5 are not achieving LDL-lowering goals on SoC
- ✓ **Obicetrapib** is being developed with the potential to be a first- and best-in-class once-daily oral CETP inhibitor for LDL-lowering
- ✓ Obicetrapib has been observed to have strong LDL-lowering efficacy and safety data in a Phase 2b trial:
 - **>50% LDL-lowering** observed on top of high-intensity statins
 - **Strong safety** and tolerability in **>600 pts**
 - Robust effects on **ApoB, HDL-C** and **Lp(a)**
- ✓ Led by a world-class team of lipidologists and cardiovascular clinical trialists
- ✓ Financing plan and strategic partnerships expected to **fund development through 2026, including Phase 3 lipid and CVOT readouts, registrational filings and launch**



Net proceeds expected to fund obicetrapib development through several value-creating milestones



◆ = Regulatory submission



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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.
 (1) Menarini partnership proceeds include \$123mm (€115mm) upfront + \$29mm (€27.5mm) committed R&D funding and clinical, regulatory and launch milestones. Sales-based milestones and royalties are not included.

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Expert cardiometabolic leadership supported by top investors



Michael Davidson, M.D.
CEO



John Kastelein, M.D.
CSO



Douglas Kling
COO



Lina Gugucheva
CBO



Louise Kooij
CFO



Marc Ditmarsch, M.D.
VP, R&D



SEASONED BOARD OF DIRECTORS:

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Managing Partner,
Forbion

JULIET AUDET
Partner,
Forbion

JASON DINGES
Investor & IP Counsel,
Morningside

GAURAV GUPTA
Founder,
Ascendant BioCapital

LOU LANGE
Partner,
Asset Management Ventures

MICHAEL DAVIDSON
CEO, NewAmsterdam
Pharma

JOHN KASTELEIN
CSO, NewAmsterdam
Pharma

SUPPORTED BY TOP INVESTORS:





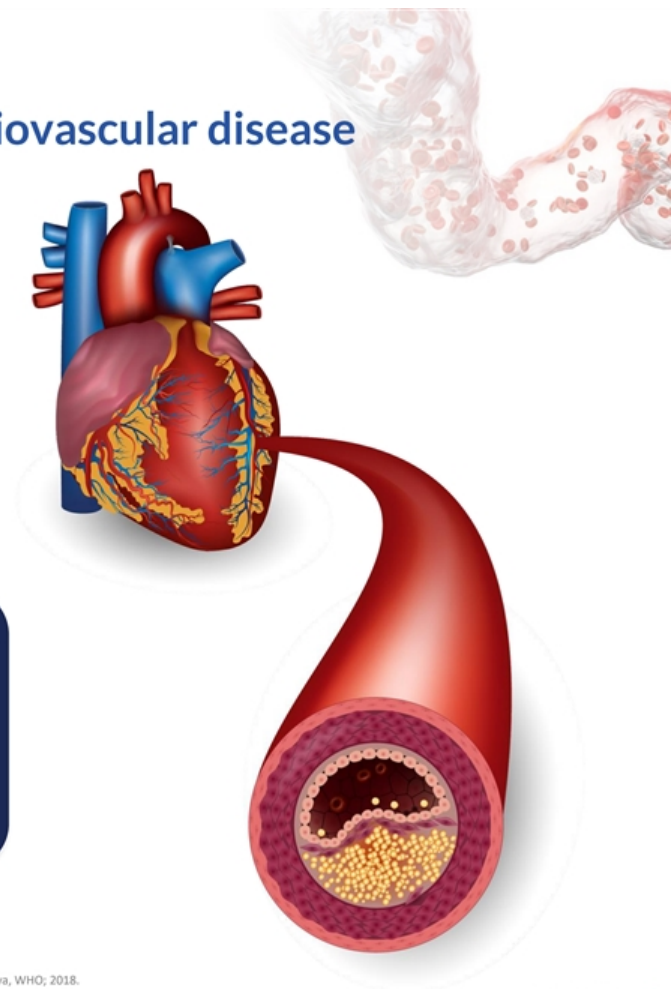
Obicetrapib to Treat Cardiovascular Disease



Elevated levels of LDL-C are the root cause of cardiovascular disease

- Cardiovascular disease (CVD) is the leading cause of death among adults worldwide
- Hyperlipidemia nearly doubles the risk of developing CVD
- Elevated levels of LDL cholesterol (LDL-C) are the root cause of atherosclerosis, the process that leads to CVD

Absolute reduction of LDL-C,
and *duration* of that reduction,
is the *key* to reducing cardiovascular risks



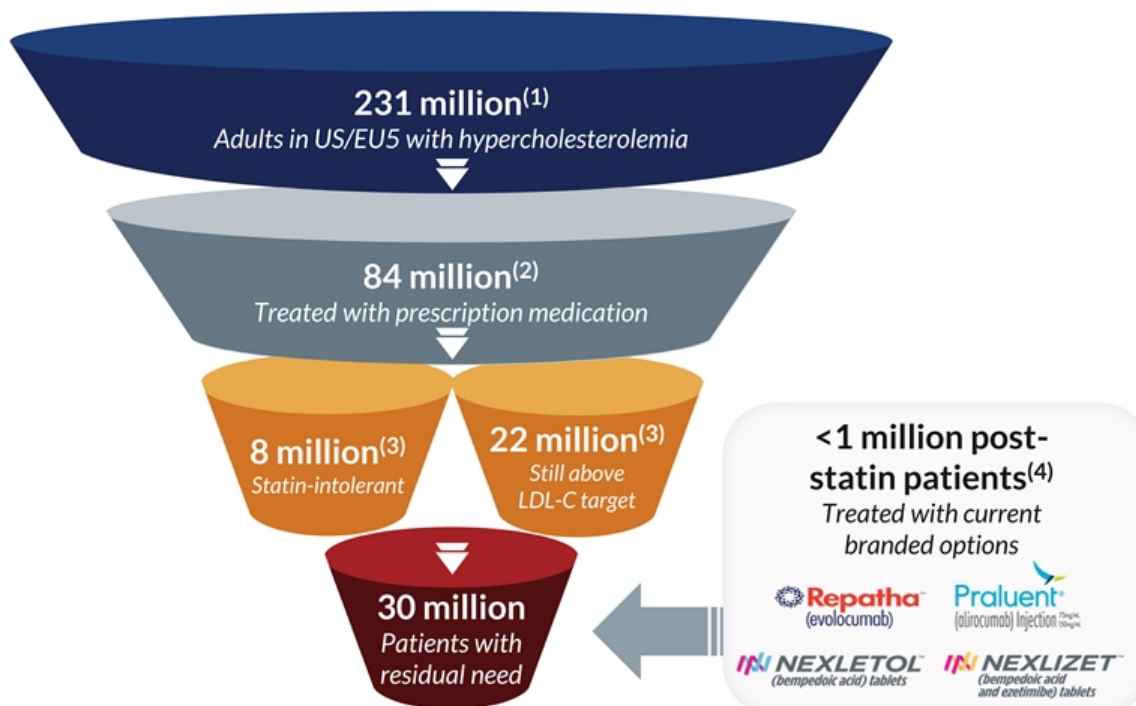
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Sources: American Heart Association, CDC, Mayo clinic, Global Health estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016, Geneva, WHO; 2018.

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Despite availability of statins, CVD remains the leading cause of death worldwide



Key factors limiting penetration include **product limitations** and **market access hurdles**

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).
 (2) 2020 US prescription data for statins, PCSK9s, and bempedoic acid were pulled from the Bloomberg Prescription Data Portal that Trinity subscribes to; assuming 12 scripts/year per patient and 70% compliance for PCSK9s (based on PCSK9 literature) and 59% compliance for statins & Nex/Nex (based on statin literature) treated patient volume estimates were derived from the prescription data and extrapolated to the EU5.
 (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.



Current post-statin LDL-lowering products all fall short of the profile patients need



| | Ezetimibe | Nexletol | PCSK9 | Patients need a drug that fits the following profile: |
|----------------------------------|-------------------------|--|---|---|
| Efficacy | Modest | Modest ⁽¹⁾ | Strong | Strong ⁽¹⁾ |
| Administration/ Dose | Oral, Low Dose 10mg | Oral, High Dose 180mg | Injectable, High Dose ~140-150mg | Oral, Low Dose |
| Market Access/Price | Generic, Broad Access | Branded Price, Limited Access | Very High Price, Highly Restricted Access (High COGs) | Disruptive Price, Broad Access (Low COGs) |
| Safety & Tolerability | Safe, Well Tolerated | FDA Label: Tendon rupture & gout warning | Safe Painful injection site reactions | Safe and Well Tolerated |

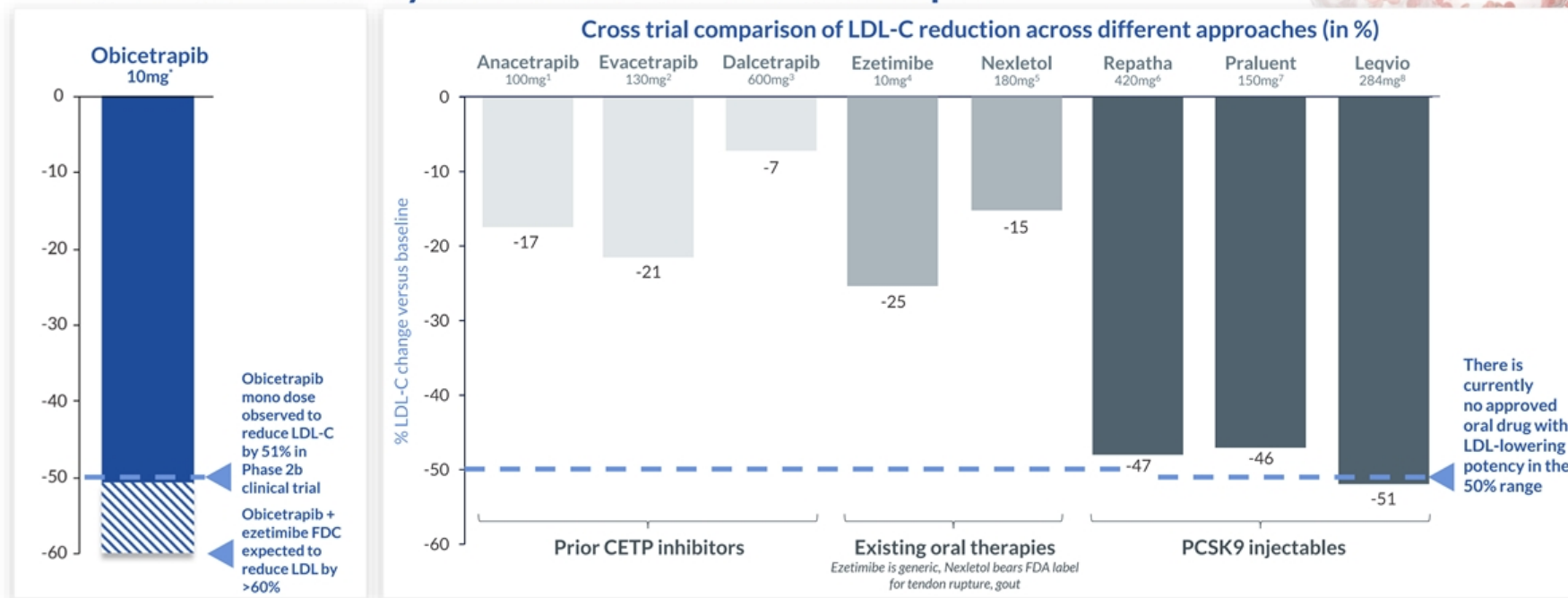


Note: Novartis' stated price of Inclisiran to be approximate to net prices of PCSK9 mAbs.
 (1) Lighter shaded region of bar chart represents the additional potential efficacy for fixed dose combinations with ezetimibe.

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>50% LDL-C reduction efficacy would be virtually identical to PCSK9 injectables and is substantially better than other oral therapies



The trials represented were selected due to their shared features that reflect the Phase 3 obicetrapib studies. Selecting trials with shared features allows for a potentially more accurate comparison of the LDL-C lowering results, with factors being considered such as: a) presence of intensive LDL-lowering therapy including (high intensity) statins and PCSK9 inhibitors, b) patient population – ASCVD or ASCVD risk equivalent patients (including primary hypercholesterolemia and HeFH) and c) where possible, selected studies where LDL-C measured by preparative ultracentrifugation (PUC) as opposed to Friedewald; noted below are those instances where PUC was not used – this is important because at low LDL-C levels (< 50 mg/dL), calculated LDL-C by Friedewald is overestimated; certain significant deviations from these parameters are provided in the footnotes.

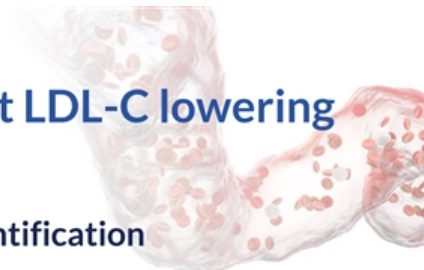
Note: The above trials and data do not represent head-to-head comparisons. Actual results may differ from expectations.

Sources: * Circulation. 2021;144:e564–e593 17065. 1. Bowman, L et al. N Engl J Med 2017. 2. Amirhossein, S et al. Curr Pharmaceutical Design 2016. Meta-analysis - Also included hyperlipidaemia patients. LDL-C measured using direct assays and Friedewald. 3. de Grooth et al. Circulation 2002. LDL-C measured only using Friedewald and did not require subjects to be on prior statin therapy or present with ASCVD. 4. Pi Zetia table 7. refers to; Gagne, C et al. Am J Cardiol 2002. LDL-C measured only using Friedewald. 5. 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. 6. Pi Repatha; study 3. refers to; Blom, D et al. N Engl J Med 2014. Also included hyperlipidaemia patients. 7. Pi Praluent; study 3. refers to; Kereiakes, D et al. Am Heart J 2015. 8. Pi Leqvio; study 1. Refers to; Ray, K. N Engl J Med 2020.

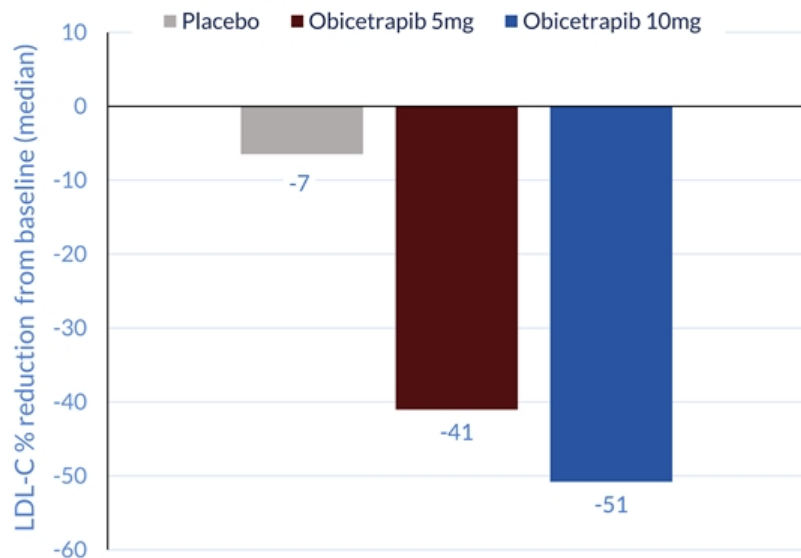




In ROSE Phase 2b clinical trial, obicetrapib demonstrated robust LDL-C lowering as adjunct to high intensity statins



Preparative ultra-centrifugation (PUC) is “gold-standard” for LDL-C quantification



Median (min, max) LDL-C levels (mg/dL) at baseline and EoT

| Time | Placebo | Obicetrapib 5mg | Obicetrapib 10mg |
|--|-------------------------------|----------------------------------|---------------------------------|
| Baseline Median | 90.0 (63, 204) N=40 | 95.0 (54, 236) N=39 | 88.0 (39, 207) N=40 |
| EoT Median | 86.0 (43, 137) N=39 | 53.0 (13, 126) N=39 | 49.5 (23, 83) N=40 |
| % Change from Baseline (median) | -6.5 (-53.9, 31.6) N=39 | -41.45 (-71.2, 62.3) N=38* | -50.75 (-76.9, 15.6) N=40 |
| % Change from Baseline LS mean (95% CI) | -4.76 (-11.74, 2.22) | -37.98 (-44.80, -31.17) | -44.15 (-50.95, -37.35) |
| P-value | 0.1814 | <0.0001 | <0.0001 |



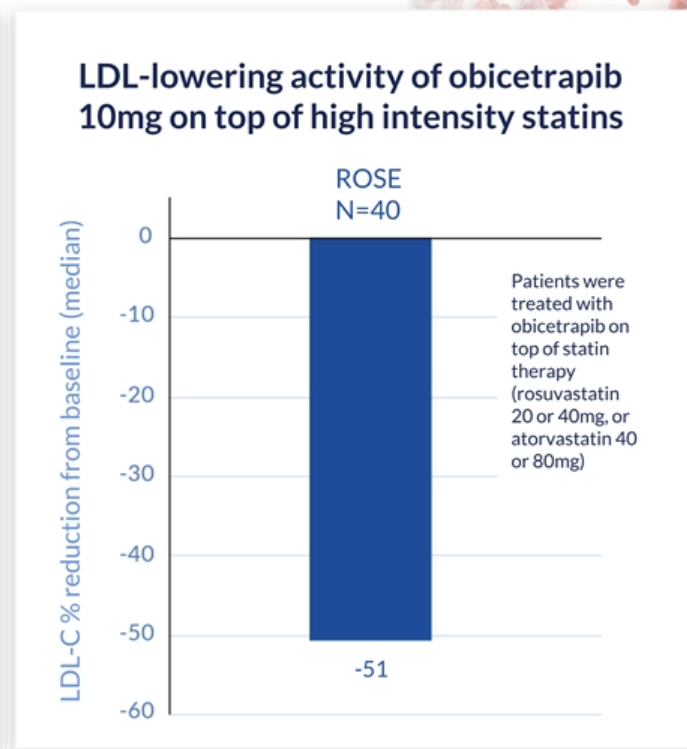
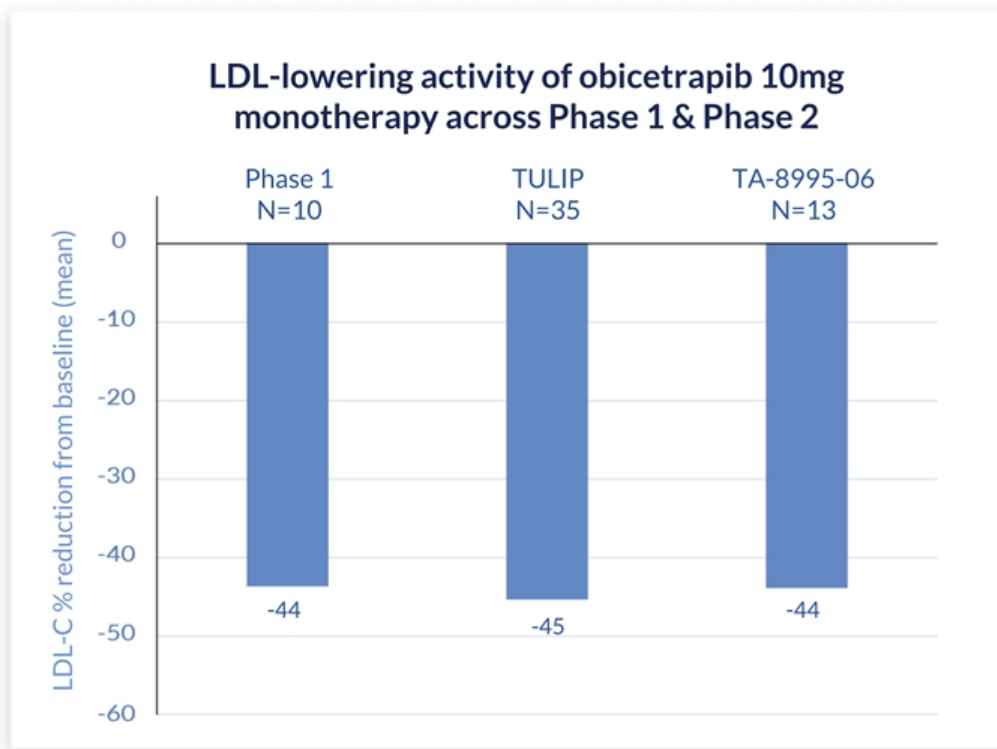
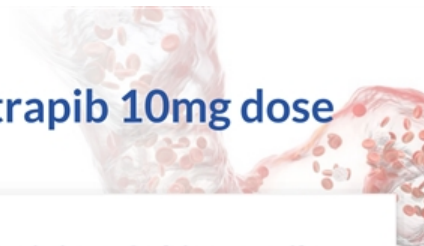
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* In obicetrapib 5mg arm, 40 patients were randomized. N-value at end-of-treatment decreased to 38 because one patient was missing an LDL value at baseline and a second patient was missing an LDL value at end-of-treatment reading.

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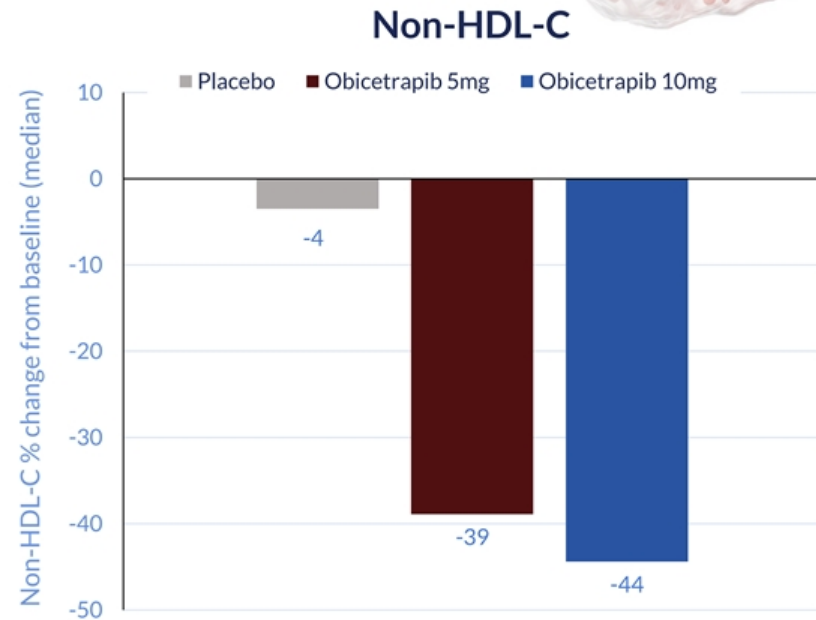
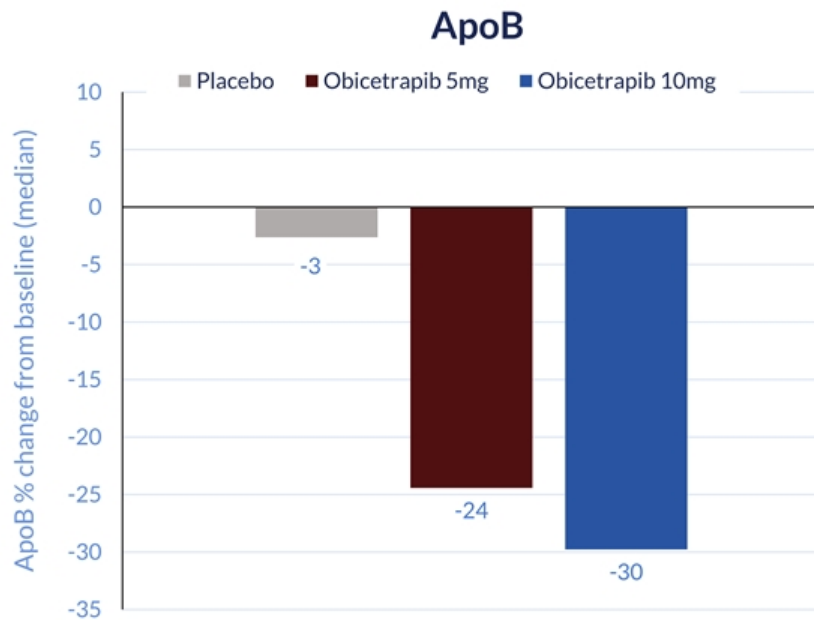
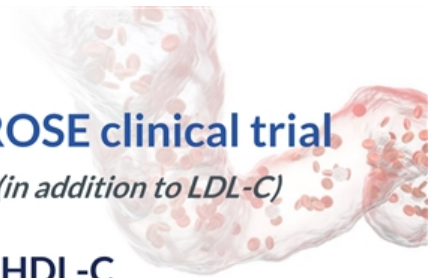
Robust and consistent LDL-C lowering observed with the obicetrapib 10mg dose across four Phase 1 & Phase 2 clinical trials





ApoB & non-HDL-C percent change from baseline observed in ROSE clinical trial

Lipidologists view ApoB and non-HDL-C as most important biomarkers for CVD risk reduction (in addition to LDL-C)

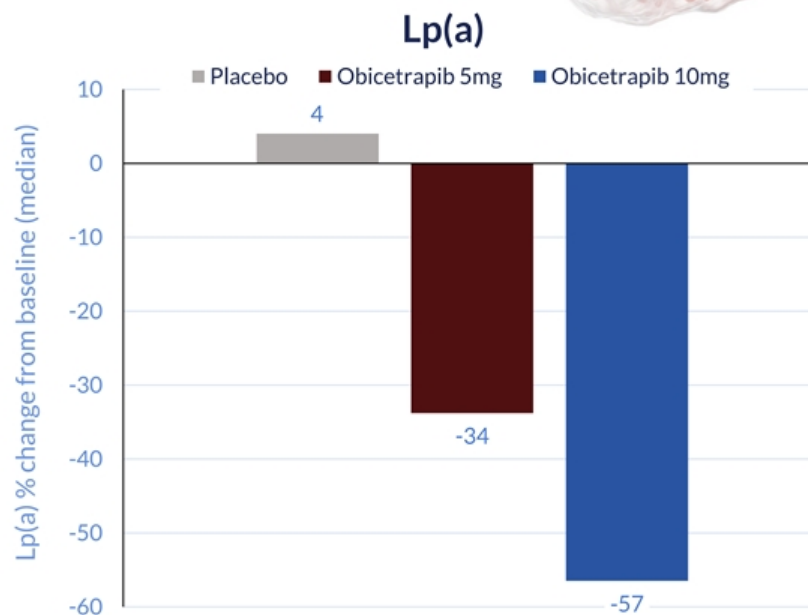
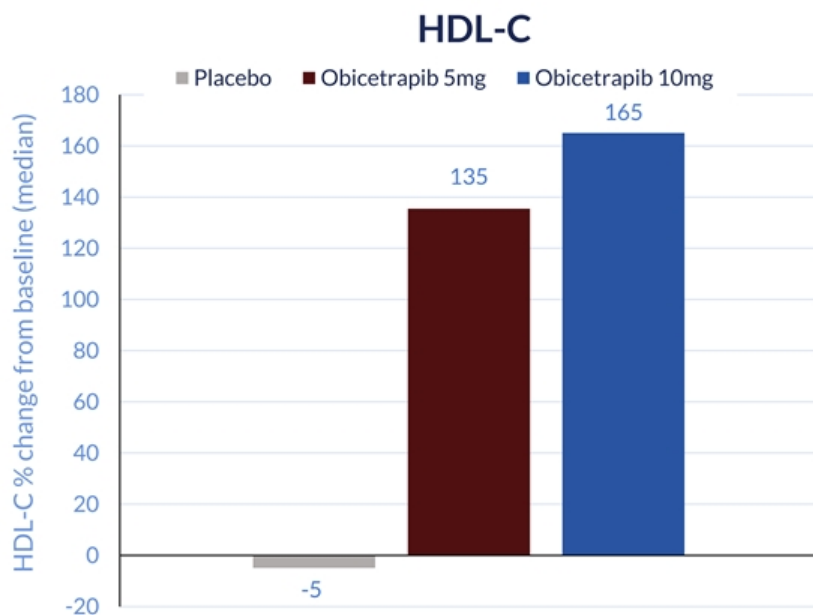
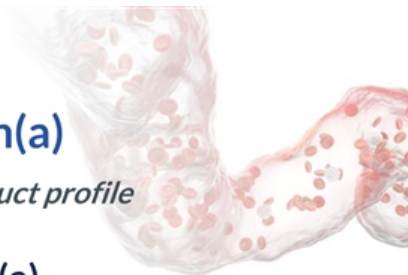


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Obicetrapib observed to increase HDL-C and reduce Lipoprotein(a)

These observed lipid changes may add further health benefits that may further strengthen product profile

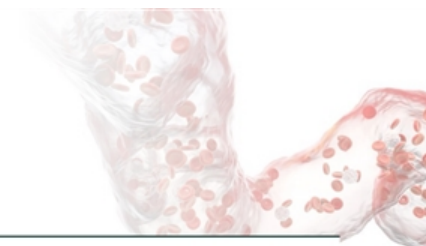


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ROSE safety: AEs, SAEs and withdrawals overview

Positive safety profile observed, and no drop-outs due to AEs



| | Placebo (N=40) | Obicetrapib 5mg (N=40) | Obicetrapib 10mg (N=40) |
|--|-------------------|---------------------------|----------------------------|
| AEs (%) | | | |
| AEs, total | 19 (47.5) | 15 (37.5) | 8 (20.0) |
| AEs, related | 4 (10.0) | 2 (5.0) | 1 (2.5) |
| AEs, severe | 1 (2.5) | 0 | 0 |
| SAEs | | | |
| SAEs, total | 2 (5.0) | 0 | 0 |
| SAEs, related | 0 | 0 | 0 |
| Deaths | 0 | 0 | 0 |
| Withdrawals study / medication | | | |
| TEAEs leading to discontinuation of study drug | 1 (2.5) | 0 | 0 |
| TESAEs leading to discontinuation of study | 0 | 0 | 0 |



Phase 1 & 2: Pooled TEAEs, TESAEs and withdrawals overview

Strong safety profile observed across all of our Phase 1 & 2 clinical studies



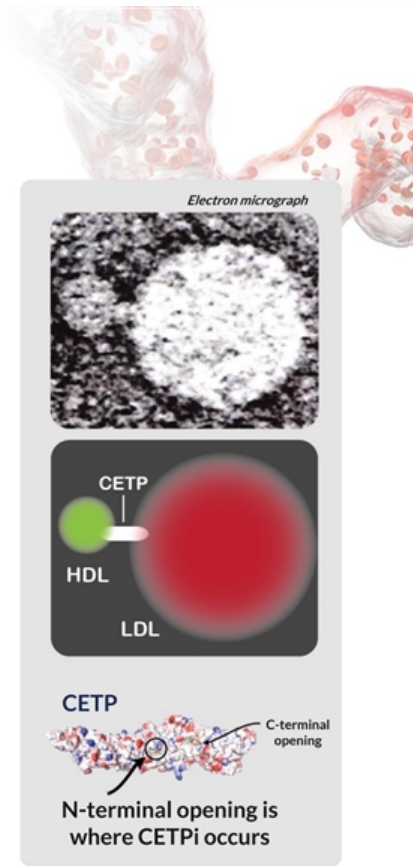
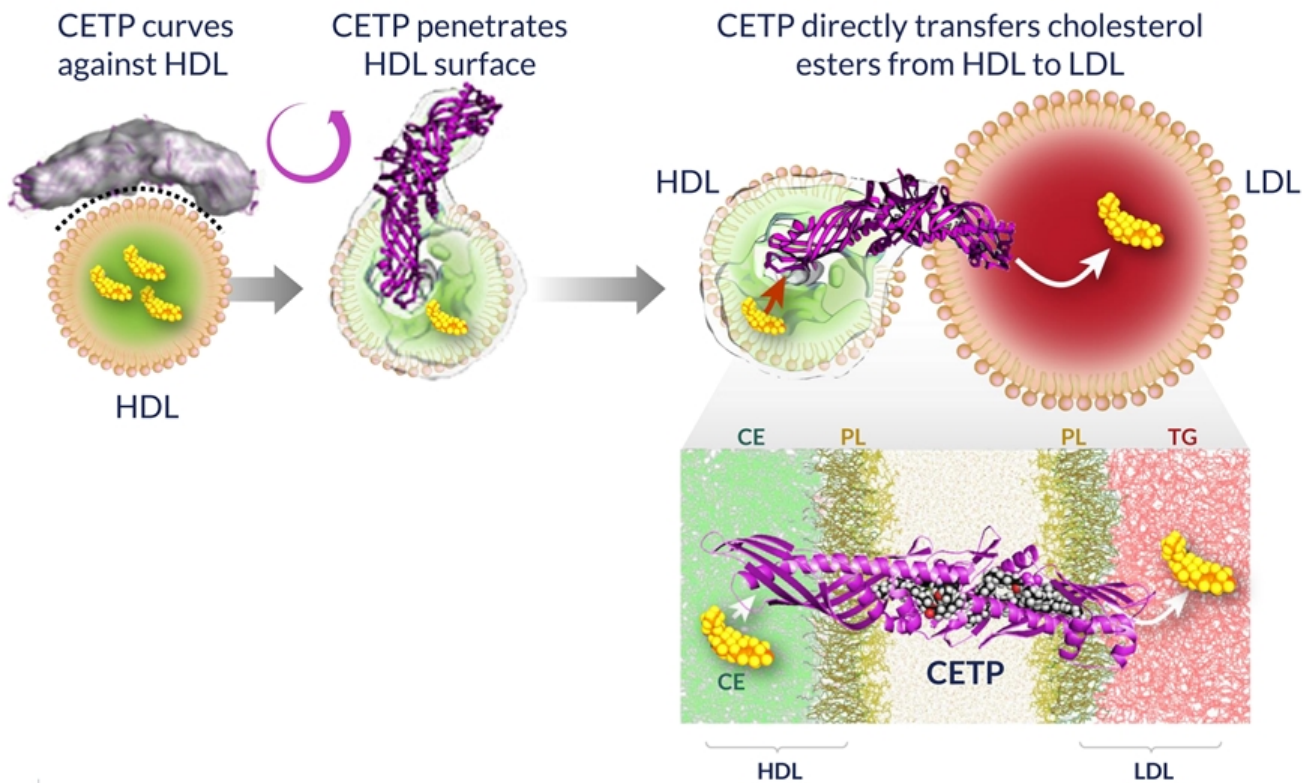
| | Comparator ⁽¹⁾ (N=231) | Pooled Obicetrapib (5, 10mg) ⁽²⁾ (N=309) |
|--|--------------------------------------|--|
| TEAEs (%) | | |
| TEAEs, total | 136 (58.9) | 173 (55.9) |
| TEAEs, related | 45 (19.5) | 49 (15.8) |
| TEAEs, severe | 5 (2.2) | 7 (2.3) |
| TESAEs | | |
| *TESAEs, total | 6 (2.6) | 4 (1.3) |
| TESAEs, related | 0 | 0 |
| Deaths | 0 | 0 |
| Withdrawals study / medication | | |
| TEAEs leading to discontinuation of study drug | 13 (5.6) | 13 (4.2) |



* There were three additional TESAEs in other obicetrapib dose arms: two in the TULIP 2.5mg arm, and one in the Lp[a] 2.5mg arm; none were considered to be related to study drug.
 (1) The Comparator group included patients receiving placebo and non-obicetrapib monotherapy.
 (2) The pooled obicetrapib group includes patients treated with obicetrapib as a monotherapy and in combination with atorvastatin, rosuvastatin and ezetimibe.

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CETP role in transport of cholesterol esters



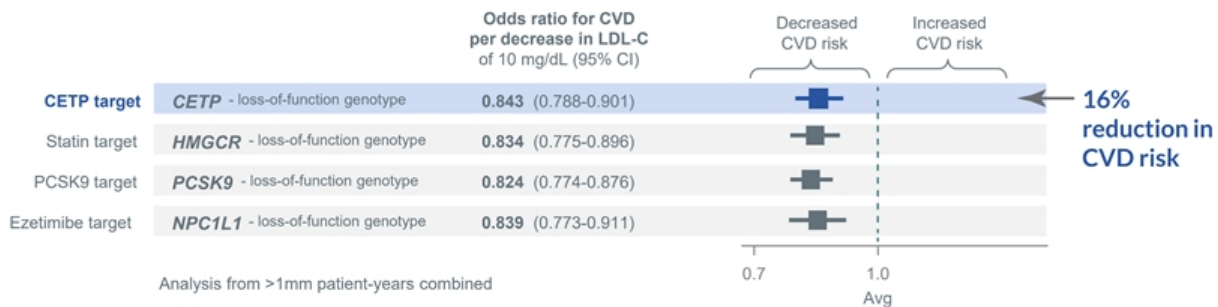
Note: Figures adapted from Meng Zhang, et al., Assessing the mechanisms of cholesterol ester transfer protein inhibitors, *Biochimica et Biophysica Acta (BBA) - Molecular and Cell Biology of Lipids*, 1862(12), 2017, 1606-1617, and from Lei D, et al., Insights into the Tunnel Mechanism of Cholesteryl Ester Transfer Protein through All-atom Molecular Dynamics Simulations, *J Biol Chem.*, 2291(27), 2016, 14034-14044.

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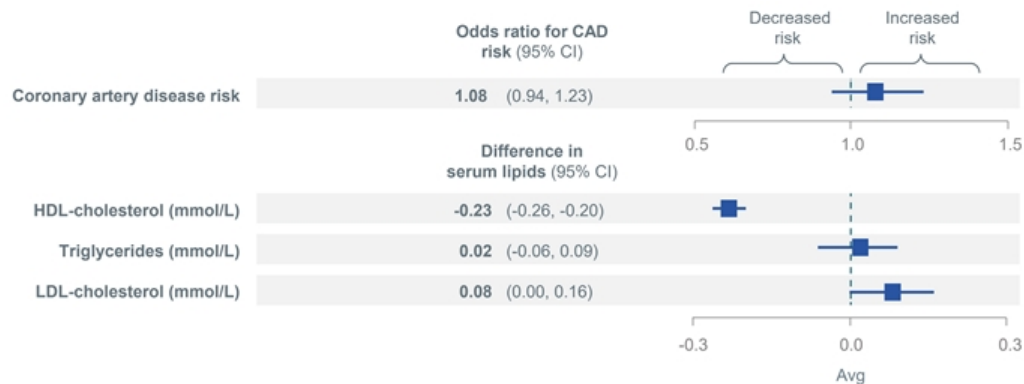


Genetic support that CETPi drives CVD benefit through LDL reduction

Analysis of >1mm patient-years' shows loss-of-function protection equivalent to targets of other LDL-lowering drugs



- A **16% reduction** in CVD risk is observed for every 10 mg/dL decrease in LDL levels
- This is ~equivalent to the effect seen in loss-of-function genotypes for **statins, PCSK9 modulators and ezetimibe**



More CETP = more CAD risk, less HDL, more LDL and more ApoB

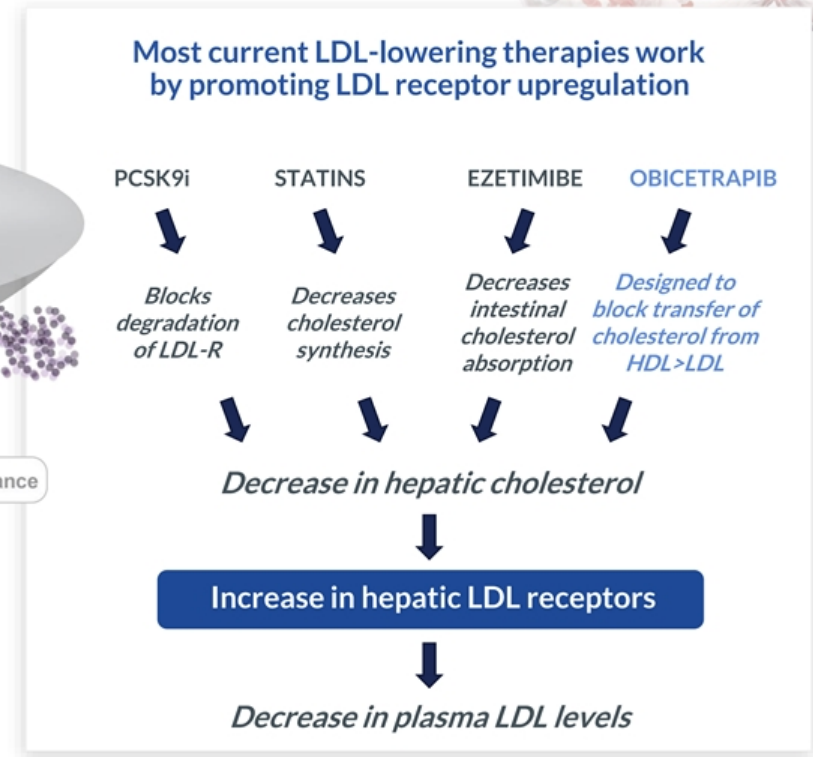
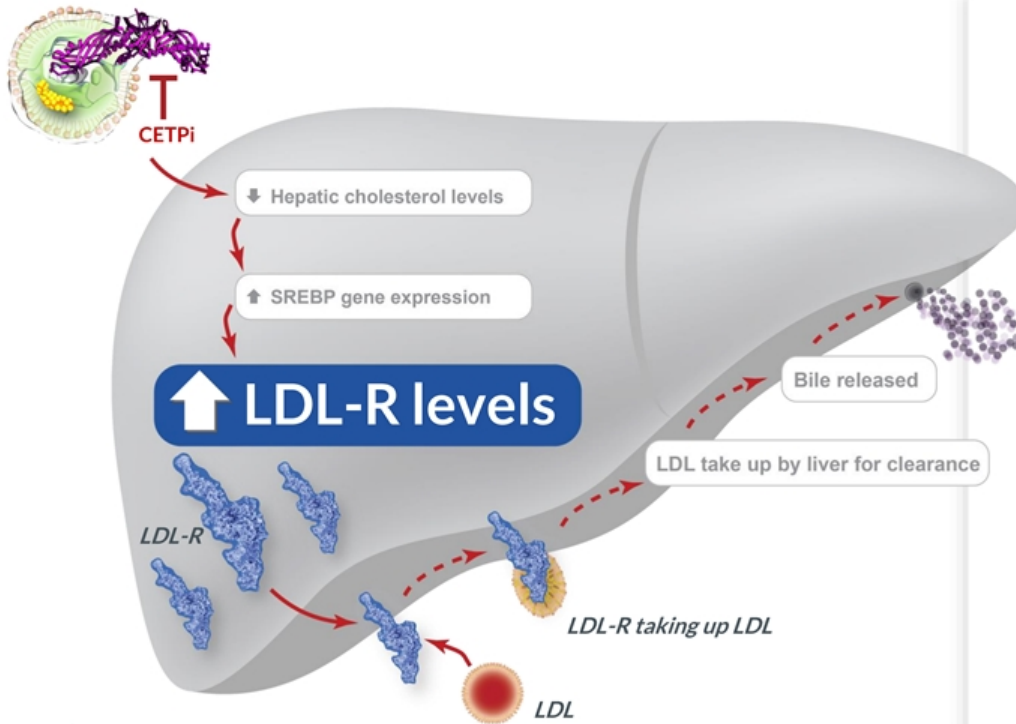


Sources: Ference BA et al. JAMA 2017; Blauw et al; Genome-Wide Association Study on Circulating CETP. Note: CAD means coronary artery disease.

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CETPi upregulates LDL-R and improves LDL and ApoB clearance through the liver

Same mechanism of action as existing LDL-lowering drugs



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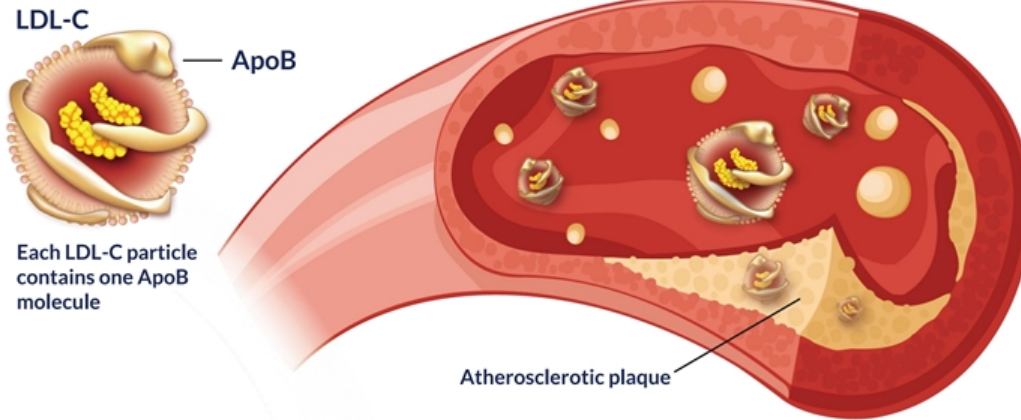


ApoB 'traps' LDL-C particles in the arterial wall to form atherosclerotic plaques

ApoB is a molecule that envelopes LDL-C particles in a 1:1 ratio

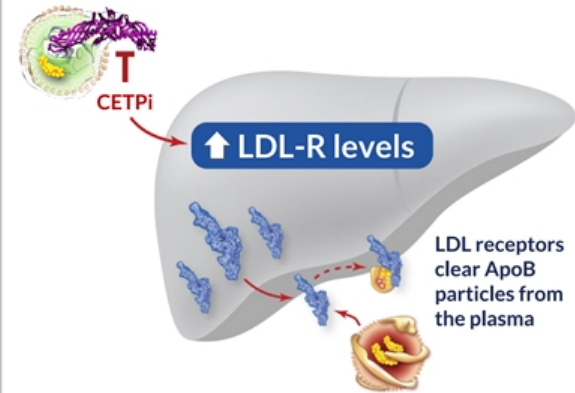


ApoB-containing particles can become trapped in the arterial wall
If ApoB remains high, this turns into plaques that grow over time



Reducing the number of ApoB particles in circulation is critical to halting plaque build-up and reducing CV risk

LDL-R upregulation reduces total ApoB concentrations and halts plaque build-up



LDL-R upregulation is the predominant mechanism for reducing ApoB particle concentration

This is the ultimate MoA of most current cholesterol-lowering therapies including statins



NewAmsterdam
Pharma

Source: Adapted from Ference BA, Kastelein JPP, Catapano AL. JAMA, 2020.

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MACE benefits in CVOT of apixotranib (REVEAL) observed to be exactly as



