NEXLETOL: An oral, once-daily, nonstatin therapy

In clinical trials, NEXLETOL delivered:

- **18%** mean reduction in LDL-C (compared to placebo) when added to maximally tolerated statin dose**

- Incidence of skeletal muscle adverse events comparable to placebo**

**LDL-C changes from baseline (LS mean) in CLEAR Harmony: NEXLETOL: -17% (n=1,488); placebo: +2% (n=742).**

**INDICATION**

NEXLETOL is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

**Limitations of Use:** The effect of NEXLETOL on cardiovascular morbidity and mortality has not been determined.

**IMPORTANT SAFETY INFORMATION**

**Contraindications:** None.

**Drug Interactions:** Simvastatin and Pravastatin: Concomitant use results in increased concentrations and increased risk of simvastatin or pravastatin-related myopathy. Use with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided.

Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.
The only ACL inhibitor: a targeted mechanism of action that works upstream from, and is complementary to, statins

NEXLETOL reduces cholesterol biosynthesis to lower LDL-C

STATINS (ACTIVE)

ACL (INACTIVE)

HMGR

Cholesterol

Citrate

ACSVL1

ACTIVATED MOLECULE

NEXLETOL reduces cholesterol production through ACL inhibition

NEXLETOL reduces cholesterol production through ACL inhibition

HMGR inhibition

STATINS reduce cholesterol production through HMGR inhibition

LDL RECEPTOR UPREGULATION

DECREASED LDL-C IN THE BLOODSTREAM

NEXLETOL is primarily activated in the liver

NEXLETOL is a prodrug that is activated by ACSVL1 primarily in the liver

NEXLIZET combines the active ingredient in NEXLETOL with ezetimibe

Combining the inhibition of ACL with reduction of cholesterol uptake in the small intestine

IMPORTANT SAFETY INFORMATION

Warnings and Precautions:

Hyperuricemia: Bempedoic acid, a component of NEXLETOL and NEXLIZET, may increase blood uric acid levels. Hyperuricemia may occur early in treatment and persist throughout treatment, and may lead to the development of gout, especially in patients with a history of gout.

Tendon Rupture: Bempedoic acid is associated with an increased risk of tendon rupture, most commonly involving the biceps tendon, rotator cuff, or Achilles tendon. Tendon rupture occurred within weeks to months of starting bempedoic acid. Tendon rupture may occur more frequently in patients over 60 years of age, patients taking corticosteroid or fluoroquinolone drugs, patients with renal failure and patients with previous tendon disorders.

Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.

ACSVL1=very long-chain acyl-coenzyme A synthetase-1; HMGR=3-hydroxy-3-methyl-glutaryl-coenzyme A reductase.
Evidence from robust trials in over 3,000 patients requiring additional LDL-C reduction

**CLEAR HARMONY**

(Study 1) (N=2,230)

NEXLETOL (n=1,488), placebo (n=742)
(2:1 randomization)

Included patients aged ≥18 years with fasting LDL-C ≥70 mg/dL

NEXLETOL added to patients’ maximally tolerated statin dose, either alone or with other lipid-lowering therapies

Primary Endpoint:
- % change from baseline to Week 12 in LDL-C

Select Secondary Endpoint:
- % change from baseline to Week 12 in LDL-C

**CLEAR WISDOM**

(Study 2) (N=779)

NEXLETOL (n=522), placebo (n=257)
(2:1 randomization)

Included patients aged ≥18 years with fasting LDL-C ≥70 mg/dL

NEXLETOL added to patients’ maximally tolerated statin dose (including no statin at all) either alone or with other lipid-lowering therapies

Primary Endpoint:
- % change from baseline to Week 12 in LDL-C

Secondary Endpoints:
- % change from baseline to Week 24 in LDL-C
- % change from baseline to Week 24 in non-HDL-C, total C, apolipoprotein B, and hsCRP
- Absolute change from baseline to Weeks 12 and 24 in LDL-C

**BASELINE PATIENT CHARACTERISTICS**

<table>
<thead>
<tr>
<th></th>
<th>CLEAR HARMONY</th>
<th>CLEAR WISDOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean LDL-C</td>
<td>103.2 mg/dL</td>
<td>120.4 mg/dL</td>
</tr>
<tr>
<td>History of ASCVD</td>
<td>97.6%</td>
<td>94.5%</td>
</tr>
<tr>
<td>History of diabetes</td>
<td>28.6%</td>
<td>30.3%</td>
</tr>
<tr>
<td>HeFH, with or without ASCVD</td>
<td>3.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Using concomitant statins</td>
<td>99.9%</td>
<td>89.6%</td>
</tr>
<tr>
<td>Using low-intensity statins*</td>
<td>6.6%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Using moderate-intensity statins†</td>
<td>43.5%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Using high-intensity statins‡</td>
<td>49.9%</td>
<td>53.0%</td>
</tr>
</tbody>
</table>

*Low-intensity statins: simvastatin 10 mg; pravastatin 10 mg to 20 mg; lovastatin 20 mg; fluvastatin 20 mg to 40 mg; pitavastatin 1 mg.

Low-intensity statins also included those patients taking low-dose statins using an alternate regimen (ie, every other day, or for a specified number of times per week) and those unable to tolerate any statin at any dose.

†Moderate-intensity statins: atorvastatin 10 mg to 20 mg; rosuvastatin 5 mg to 10 mg; simvastatin 20 mg to 40 mg; pravastatin 40 mg to 80 mg; lovastatin 40 mg; fluvastatin XL 80 mg; fluvastatin 40 mg; pitavastatin 2 mg to 4 mg.

‡High-intensity statins: atorvastatin 40 mg to 80 mg; rosuvastatin 20 mg to 40 mg.

**IMPORTANT SAFETY INFORMATION**

**Adverse Events:** In clinical trials, the most commonly reported adverse events were upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, and elevated liver enzymes. Events reported less frequently, but still more often than in placebo, included benign prostatic hyperplasia and atrial fibrillation.

**IMPORTANT SAFETY INFORMATION**

**Laboratory Tests:** NEXLETOL was associated with persistent changes in laboratory tests within the first four weeks of treatment, including increases in creatinine and blood urea nitrogen, decreases in hemoglobin and leukocytes, increases in platelet counts, increases in liver enzymes (AST and/or ALT), and increases in creatine kinase. Laboratory abnormalities generally did not require medical intervention. Laboratory test values generally returned to baseline following discontinuation of treatment.

Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.
CLEAR Harmony results showed significant 18% mean LDL-C reduction compared to placebo, for extra control on top of a statin²

In a subgroup of patients taking low- to moderate-intensity statins⁸**,³:

- NEXLETOL: -18% (n=706); placebo: 2% (n=362) (P<0.001)

In a subgroup of patients taking high-intensity statins⁸¹:

- NEXLETOL: -16% (n=718); placebo: 1% (n=363) (P<0.001)

**Low-intensity statins: simvastatin 10 mg; pravastatin 10 mg to 20 mg; lovastatin 10 mg to 20 mg; fluvastatin 20 mg; pitavastatin 1 mg.

**Low-intensity statins also included those patients taking low-dose statins using an alternate regimen (ie, every other day, or for a specified number of times per week).

³Moderate-intensity statins: atorvastatin 10 mg to 20 mg; rosuvastatin 5 mg to 10 mg; simvastatin 20 mg to 40 mg; pravastatin 40 mg to 80 mg; lovastatin 10 mg to 20 mg; fluvastatin 40 mg; pitavastatin 2 mg to 4 mg.

³High-intensity statins: atorvastatin 40 mg to 80 mg; rosuvastatin 20 mg to 40 mg.

IMPORTANT SAFETY INFORMATION

**Drug Interactions:**
Simvastatin and Pravastatin: Concomitant use results in increased concentrations and increased risk of simvastatin or pravastatin-related myopathy. Use with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided.

Please see Important Safety Information in this brochure and full prescribing information for NEXLETOL and NEXLIZET.
CLEAR Wisdom results showed significant 17% mean LDL-C reduction compared to placebo, for extra control on top of a statin.

CLEAR Wisdom (Study 2) was a 52-week, randomized, double-blind, Phase 3 trial in 779 patients randomized 2:1 to receive NEXLETOL (n=522) or placebo (n=257). CLEAR Wisdom included patients aged ≥18 years with fasting LDL-C ≥70 mg/dL, and high-risk patients with ASCVD and/or HeFH. NEXLETOL was added to whatever patient’s maximally tolerated statin dose was (including no statin at all) either alone or with other lipid-lowering therapies. Primary endpoint was % change from baseline to Week 12 in LDL-C. Secondary endpoints were % change from baseline to Week 24 in LDL-C, % change from baseline to Week 12 in non-HDL-C, total C, apolipoprotein B, and hsCRP, and absolute change from baseline to Weeks 12 and 24 in LDL-C.

In a subgroup of patients taking low- to moderate-intensity statins:

- NEXLETOL: -17% (n=225); placebo: 2% (n=118) (P<0.001)

In a subgroup of patients taking high-intensity statins:

- NEXLETOL: -14% (n=273); placebo: 3% (n=135) (P<0.001)

Related to: 19% MEAN LDL-C REDUCTION COMPARED TO PLACEBO AT 12 WEEKS

IMPORTANT SAFETY INFORMATION

Adverse Events: In clinical trials, the most commonly reported adverse events were upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, and elevated liver enzymes. Events reported less frequently, but still more often than in placebo, included benign prostatic hyperplasia and atrial fibrillation.

IMPORTANT POPULATIONS:

Special Populations: It is not recommended that NEXLETOL be taken during breastfeeding. A pregnant patient should consult with their healthcare provider about whether to continue treatment with NEXLETOL during the pregnancy. The safety and efficacy of NEXLETOL have not been established in patients under the age of 18. Patients over 65 accounted for nearly 60% of patients in clinical trials. No adjustments in dosing are required for age, or for patients with mild or moderate renal or hepatic impairment.

Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.
NEXLETOL: A SAFETY PROFILE WITH INCIDENCE OF MOST COMMON AEs GENERALLY COMPARABLE TO PLACEBO

Based on a pooled analysis of 2 clinical studies of up to 52 weeks in duration

<table>
<thead>
<tr>
<th>Adverse reaction</th>
<th>NEXLETOL (n=2,009)</th>
<th>Placebo (n=999)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper respiratory tract infection</td>
<td>4.5%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Muscle spasms</td>
<td>3.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Hyperuricemia†</td>
<td>3.5%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Back pain</td>
<td>3.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Abdominal pain or discomfort‡</td>
<td>3.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>3.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Pain in extremity</td>
<td>3.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Anemia</td>
<td>2.8%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Elevated liver enzymes§</td>
<td>2.1%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

*Patients received NEXLETOL 180 mg orally once daily plus maximally tolerated statin therapy alone or in combination with other lipid-lowering therapies.
†Included patients with hyperuricemia and patients with increased blood uric acid.
‡Included patients with abdominal pain, upper abdominal pain, lower abdominal pain, and abdominal discomfort.
§Included patients with increased AST, increased ALT, increased hepatic enzyme, and increased liver function test.

Discontinuation rates due to AEs:
- NEXLETOL 12%; placebo 8%

Incidence of skeletal muscle AEs comparable to placebo
- Muscle spasms: NEXLETOL 3.6%; placebo 2.3%

AE=adverse event; AST=aspartate aminotransferase; ALT=alanine aminotransferase.

IMPORTANT SAFETY INFORMATION

Indication
NEXLIZET is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

Limitations of Use: The effect of NEXLIZET on cardiovascular morbidity and mortality has not been determined.

Contraindications:
NEXLIZET is contraindicated in patients with a known hypersensitivity to ezetimibe tablets. Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria have been reported with ezetimibe.

Warnings and Precautions:
Hyperuricemia: Bempedoic acid, a component of NEXLIZET, may increase blood uric acid levels. Hyperuricemia may occur early in treatment and persist throughout treatment, and may lead to the development of gout, especially in patients with a history of gout.

Tendon Rupture: Bempedoic acid is associated with an increased risk of tendon rupture, most commonly involving the biceps tendon, rotator cuff, or Achilles tendon. Tendon rupture occurred within weeks to months of starting NEXLIZET. Tendon rupture may occur more frequently in patients over 60 years of age, patients taking corticosteroid or fluoroquinolone drugs, patients with renal failure and patients with previous tendon disorders.

Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.
053 TRIAL: EVALUATED NEXLIZET AS ADD-ON TO PATIENTS’ MAXIMALLY TOLERATED STATIN DOSE

Evidence from a robust trial in over 300 patients requiring additional LDL-C reduction

12-WEEK, RANDOMIZED, DOUBLE-BLIND, PHASE 3 TRIAL (N=301)^1,12

NEXLIZET (n=86), NEXLETOL (bempedoic acid) (n=88), ezetimibe (n=86), placebo (n=41) (2:2:2:1 randomization)

Included patients aged ≥18 years with fasting LDL-C ≥100 mg/dL if they had ASCVD and/or HeFH, or ≥130 mg/dL if they had multiple cardiovascular disease risk factors

NEXLIZET added to patients’ maximally tolerated statin dose (including no statin at all), either alone or with other lipid-lowering therapies

Primary Endpoint:
• % change from baseline to Week 12 in LDL-C

Secondary Endpoint:
• % change from baseline to Week 12 in hsCRP, non-HDL-C, total C, apolipoprotein B, HDL-C, and TGs

Pivotal trial enrolled a range of patients with cardiovascular risk

BASELINE PATIENT CHARACTERISTICS^3

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean LDL-C</td>
<td>149.7 mg/dL</td>
</tr>
<tr>
<td>History of ASCVD and/or HeFH</td>
<td>62.0%</td>
</tr>
<tr>
<td>Using concomitant statins</td>
<td>65.0%</td>
</tr>
<tr>
<td>Using high-intensity statins</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

*High-intensity statins: atorvastatin 40 mg to 80 mg; rosvastatin 20 mg to 40 mg.11 TGs=triglycerides.

IMPORTANT SAFETY INFORMATION

Drug Interactions:
Simvastatin and Pravastatin: Concomitant use results in increased concentrations and increased risk of simvastatin or pravastatin-related myopathy. Use with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided.

IMPORrANT SAFETY INFORMATION

Cyclosporine: Caution should be exercised when using NEXLIZET and cyclosporine concomitantly due to increased exposure to both ezetimibe and cyclosporine. Monitor cyclosporine concentrations in patients receiving NEXLIZET and cyclosporine. In patients treated with cyclosporine, the potential effects of the increased exposure to ezetimibe from concomitant use should be carefully weighed against the benefits of alterations in lipid levels provided by NEXLIZET.

Fibrates: Coadministration of NEXLIZET with fibrates other than fenofibrate is not recommended. Fenofibrate and ezetimibe may increase cholesterol excretion into the bile, leading to cholelithiasis. If cholelithiasis is suspected in a patient receiving NEXLIZET and fenofibrate, gallbladder studies are indicated and alternative lipid-lowering therapy should be considered.

Cholestyramine: Concomitant use of NEXLIZET and cholestyramine decreases ezetimibe concentration. This may result in a reduction of efficacy. Administer NEXLIZET either at least 2 hours before, or at least 4 hours after, bile acid sequestrants.

Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.
Patients received NEXLETOL 180 mg orally once daily plus maximally tolerated statin therapy alone or in combination with other lipid-lowering therapies. Discontinuation rates due to AEs: NEXLIZET 8%; NEXLETOL 10%; ezetimibe 12%; placebo 5%.

Incidence of AEs occurring in pivotal trials of NEXLETOL or ezetimibe that did not occur at a significant rate in the pivotal trial of NEXLETOL above:

- **Pivotal trials for NEXLETOL**: AEs occurring in ≥2% of patients with ASCVD and HeFH using NEXLETOL (and more frequently than placebo) included muscle spasms (NEXLETOL 3.6%; placebo 2.3%), hyperuricemia (3.5%; 1.1%), abdominal pain or discomfort (3.1%; 2.2%), pain in extremity (3.0%; 1.7%), anemia (2.8%; 1.9%), and elevated liver enzymes (2.1%; 0.8%). For more information, please see page 10 of this Visual Aid.

- **Pivotal trials for ezetimibe**: AEs occurring in ≥2% of patients using ezetimibe (and at an incidence greater than placebo), regardless of causality, included diarrhea (ezetimibe 4.1%; placebo 3.7%), arthralgia (3.0%; 2.2%), sinusitis (2.8%; 2.2%), pain in extremity (2.7%; 2.5%), and influenza (2.0%; 1.5%).

**IMPORTANT SAFETY INFORMATION**

**Laboratory Tests**: Treatment with bempedoic acid was associated with persistent changes in laboratory tests within the first four weeks of treatment, including increases in creatinine and blood urea nitrogen, decreases in hemoglobin and leukocytes, increases in platelet counts, increases in liver enzymes (AST and/or ALT), and increases in creatin kinase. Laboratory abnormalities generally did not require medical intervention. Laboratory test values generally returned to baseline following discontinuation of treatment.

NEXLETOL and NEXLIZET do not require refrigeration for storage.

**IMPORTANT SAFETY INFORMATION**

**Special Populations**: It is not recommended that NEXLETOL or NEXLIZET be taken during breastfeeding. A pregnant patient should consult with their healthcare provider about whether to continue treatment during the pregnancy. The safety and efficacy of NEXLETOL and NEXLIZET have not been established in patients under the age of 18. Patients over 65 accounted for nearly 60% of patients in NEXLETOL clinical trials and 50% of patients in the NEXLIZET clinical trial. No adjustments in dosing are required for age, or for patients with mild or moderate renal impairment or mild hepatic impairment for NEXLETOL or NEXLIZET. No adjustments in dosing are required for patients with moderate hepatic impairment for NEXLETOL. NEXLIZET is not recommended for patients with moderate or severe hepatic impairment.

Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.
INDICATION
NEXLETOL and NEXLIZET are indicated as adjuncts to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

Limitations of Use: The effect of NEXLETOL and NEXLIZET on cardiovascular morbidity and mortality has not been determined.

IMPORTANT SAFETY INFORMATION

Dosage Form and Quantity: NEXLETOL is available as an oral tablet containing 180 mg of bempedoic acid, taken once a day with or without food. NEXLIZET is available as an oral tablet containing 180 mg of bempedoic acid and 10 mg of ezetimibe, taken once a day with or without food.

Contraindications: NEXLETOL has no contraindications. NEXLIZET is contraindicated in patients with a known hypersensitivity to ezetimibe tablets. Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria have been reported with ezetimibe.

Warnings and Precautions: Hyperuricemia: Bempedoic acid, a component of NEXLETOL and NEXLIZET, may increase blood uric acid levels. Hyperuricemia may occur early in treatment and persist throughout treatment, and may lead to the development of gout, especially in patients with a history of gout.

Tendon Rupture: Bempedoic acid is associated with an increased risk of tendon rupture, most commonly involving the biceps tendon, rotator cuff, or Achilles tendon. Tendon rupture occurred within weeks to months of starting bempedoic acid. Tendon rupture may occur more frequently in patients over 60 years of age, patients taking corticosteroid or fluoroquinolone drugs, patients with renal failure and patients with previous tendon disorders.

Adverse Events: In NEXLETOL clinical trials, the most commonly reported adverse events were upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, and elevated liver enzymes. Events reported less frequently, but still more often than in placebo, included benign prostatic hyperplasia and atrial fibrillation.

In the NEXLIZET clinical trial, the most commonly reported adverse events observed with NEXLETOL, but not observed in clinical trials of bempedoic acid or ezetimibe, a component of NEXLETOL, and occurring more frequently than in placebo, were urinary tract infection, nasopharyngitis, and constipation. Adverse events reported in clinical trials of ezetimibe, and occurring at an incidence greater than in placebo, included upper respiratory tract infection, diarrhea, arthralgia, sinusitis, pain in extremity, fatigue, and influenza.

Other adverse events reported in postmarketing use of ezetimibe included hypersensitivity reactions, including anaphylaxis, angioedema, rash, and urticaria; erythema multiforme; myalgia; elevated creatine phosphokinase; myopathy/rhabdomyolysis; elevations in liver transaminases; hepatitis; abdominal pain; thrombocytopenia; pancreatitis; nausea; dizziness; paresthesia; depression; headache; cholelithiasis; cholelithiasis.

Laboratory Tests: Treatment with bempedoic acid was associated with persistent changes in laboratory tests within the first four weeks of treatment, including increases in creatinine and blood urea nitrogen, decreases in hemoglobin and leukocytes, increases in platelet counts, increases in liver enzymes (AST and/or ALT), and increases in creatine kinase. Laboratory abnormalities generally did not require medical intervention. Laboratory test values generally returned to baseline following discontinuation of treatment.

IMPORTANT SAFETY INFORMATION (cont.)

Drug Interactions:
Simvastatin and Pravastatin: Concomitant use with bempedoic acid results in increased concentrations and increased risk of simvastatin or pravastatin-related myopathy. Use of either NEXLETOL or NEXLIZET with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided.

Cyclosporine: Caution should be exercised when using NEXLETOL and cyclosporine concomitantly due to increased exposure to both ezetimibe and cyclosporine. Monitor cyclosporine concentrations in patients receiving NEXLIZET and cyclosporine. In patients treated with cyclosporine, the potential effects of the increased exposure to ezetimibe from concomitant use should be carefully weighed against the benefits of alterations in lipid levels provided by NEXLIZET.

Fibrates: Coadministration of NEXLIZET with fibrates other than fenofibrate is not recommended. Fenofibrate and ezetimibe may increase cholesterol excretion into the bile, leading to cholelithiasis. If cholelithiasis is suspected in a patient receiving NEXLIZET and fenofibrate, gallbladder studies are indicated and alternative lipid-lowering therapy should be considered.

Cholestyramine: Concomitant use of NEXLIZET and cholestyramine decreases ezetimibe concentration. This may result in a reduction of efficacy. Administer NEXLIZET either at least 2 hours before, or at least 4 hours after, bile acid sequestrants.

Special Populations: It is not recommended that NEXLETOL or NEXLIZET be taken during breastfeeding. A pregnant patient should consult with their healthcare provider about whether to continue treatment during the pregnancy. The safety and efficacy of NEXLETOL and NEXLIZET have not been established in patients under the age of 18. Patients over 65 accounted for nearly 60% of patients in NEXLETOL clinical trials and 50% of patients in the NEXLIZET clinical trial. No adjustments in dosing are required for age, or for patients with mild or moderate renal impairment or mild hepatic impairment for NEXLETOL or NEXLIZET. No adjustments in dosing are required for patients with moderate hepatic impairment for NEXLETOL. NEXLIZET is not recommended for patients with moderate or severe hepatic impairment.

NEXLETOL and NEXLIZET are available only by prescription.

To report SUSPECTED ADVERSE REACTIONS, contact FDA at 1-800-FDA-1088 or www.fda.gov/medwatch or ESPERION at 833-377-7633 (833 ESPREMED).

References:
**BEMPEDOIC ACID IS THE FIRST AND ONLY ACL INHIBITOR, WITH A MECHANISM COMPLEMENTARY TO STATINS**

<table>
<thead>
<tr>
<th><strong>NEXLETOL</strong></th>
<th><strong>NEXLIZET</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Works along the cholesterol biosynthesis pathway, 2 steps upstream from the target of statins</td>
<td>• Combines the active ingredient in NEXLETOL with ezetimibe, for dual complementary mechanisms of action</td>
</tr>
<tr>
<td>• Not activated in skeletal muscle</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SIGNIFICANT ADDITIONAL LDL-C REDUCTION REGARDLESS OF PATIENTS’ MAXIMALLY TOLERATED STATIN DOSAGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEXLETOL</strong></td>
</tr>
<tr>
<td>18% MEAN LDL-C REDUCTION VS PLACEBO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>BEMPEDOIC ACID SHOWED AN INCIDENCE OF SKELETAL MUSCLE ADVERSE EVENTS COMPARABLE TO PLACEBO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEXLETOL</strong></td>
</tr>
<tr>
<td>SIMPLE, ORAL, ONCE-DAILY TABLET, TAKEN WITH OR WITHOUT FOOD, WITH NO NEED TO TITRATE</td>
</tr>
</tbody>
</table>

**Savings and Resources**

Your patients may be eligible to pay less for their prescription. For more information, speak to your representative, or visit NEXLETOLHCP.com/access.

**Need more info?**

If you need more information about NEXLETOL or NEXLIZET, speak to your representative or call 1-833-377-7633 (8:00 AM-8:00 PM ET, Monday-Friday, excluding holidays).

**INDICATION**

NEXLETOL and NEXLIZET are indicated as adjuncts to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

**Limitations of Use:** The effect of NEXLETOL and NEXLIZET on cardiovascular morbidity and mortality has not been determined.

**IMPORTANT SAFETY INFORMATION**

**Warnings and Precautions:**

**Hyperuricemia:** Bempedoic acid, a component of NEXLETOL and NEXLIZET, may increase blood uric acid levels. Hyperuricemia may occur early in treatment and persist throughout treatment, and may lead to the development of gout, especially in patients with a history of gout.

**Tendon Rupture:** Bempedoic acid is associated with an increased risk of tendon rupture, most commonly involving the biceps tendon, rotator cuff, or Achilles tendon. Tendon rupture occurred within weeks to months of starting bempedoic acid. Tendon rupture may occur more frequently in patients over 60 years of age, patients taking corticosteroid or fluoroquinolone drugs, patients with renal failure and patients with previous tendon disorders.

Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.