For millions of patients struggling with lipid management,[1] you can help

BLAZE A TRAIL

TO THEIR LDL-C GOAL

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[2]***
- **Incidence of skeletal muscle adverse events comparable to placebo[2]**

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

LDL-C=low-density lipoprotein cholesterol; LS=least squares.

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.

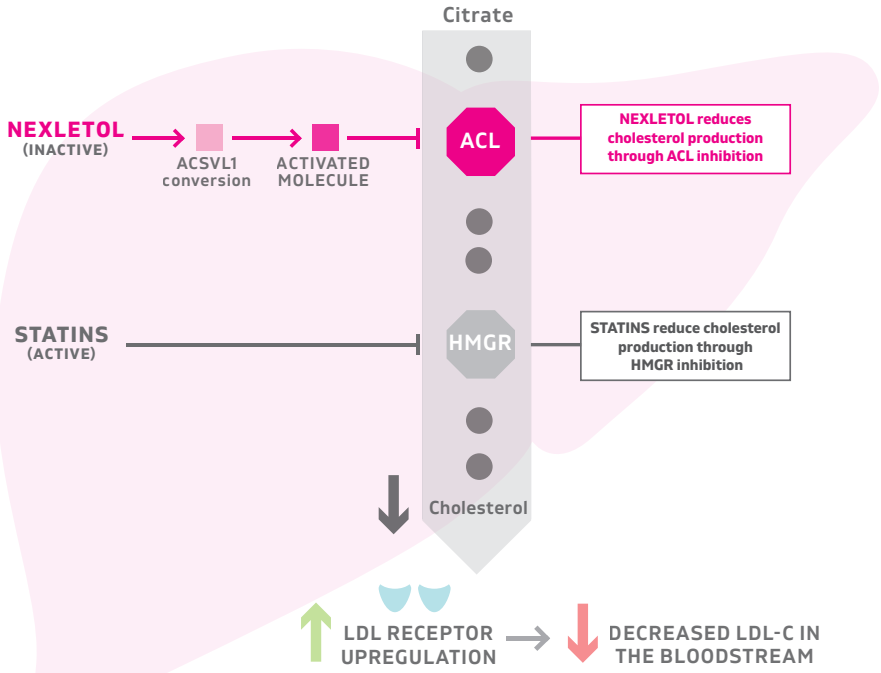
Drug Interactions:
Simvastatin and Pravastatin: Concomitant use results in increased concentrations and increased risk of simvastatin or pravastatin-related myopathy. Use with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided.

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

NEXLETOL™
(bempedoic acid) tablets

The only ACL inhibitor: a targeted mechanism of action that works upstream from, and is complementary to, statins[2-5]

NEXLETOL REDUCES CHOLESTEROL BIOSYNTHESIS TO LOWER LDL-C

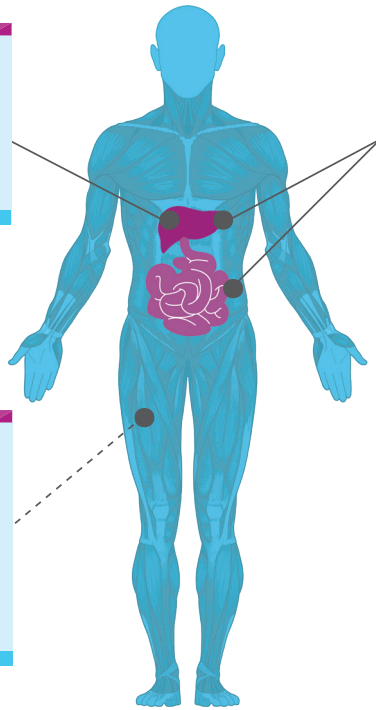


ACL=adenosine triphosphate citrate lyase; ACSVL1=very long-chain acyl-coenzyme A synthetase-1; HMGR=3-hydroxy-3-methyl-glutaryl-coenzyme A reductase.

NEXLETOL is primarily activated in the liver[2,3]

ACTIVATED WITHIN HEPATOCYTES

NEXLETOL is a prodrug that is **activated by ACSVL1, primarily in the liver**[2,3]



NEXLIZET COMBINES THE ACTIVE INGREDIENT IN NEXLETOL WITH EZETIMIBE

Combining the inhibition of ACL with reduction of cholesterol uptake in the small intestine[3,6,7]

NO CONVERSION WITHIN SKELETAL MUSCLE

Since ACSVL1 is not present in skeletal muscle, **NEXLETOL is not converted to its active moiety within skeletal muscle**[3]

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.

NEXLETOL™ (bempedoic acid) tablets

NEXLIZET™ (bempedoic acid and ezetimibe) tablets

CLEAR HARMONY AND CLEAR WISDOM TRIALS EVALUATED NEXLETOL AS ADD-ON TO PATIENTS' MAXIMALLY TOLERATED STATIN DOSE

NEXLETOL: PIVOTAL TRIALS ENROLLED A SPECTRUM OF PATIENTS

Evidence from robust trials in over 3,000 patients requiring additional LDL-C reduction[2]

52-WEEK, RANDOMIZED, DOUBLE-BLIND, PHASE 3 TRIALS IN PATIENTS WITH ASCVD AND/OR HeFH PRIMARILY TAKING MODERATE- TO HIGH-INTENSITY STATINS (N=3,009)[2,8,9]

CLEAR HARMONY[2,8,10] (Study 1) (N=2,230)	CLEAR WISDOM[2,9,11] (Study 2) (N=779)
NEXLETOL (n=1,488), placebo (n=742) (2:1 randomization)	NEXLETOL (n=522), placebo (n=257) (2:1 randomization)
Included patients aged ≥18 years with fasting LDL-C ≥70 mg/dL	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	NEXLETOL added to patients' maximally tolerated statin dose (**including no statin at all**) either alone or with other lipid-lowering therapies
Primary Endpoint: • General safety (including adverse events, clinical safety laboratories, physical examinations, vital signs, and electrocardiogram) **Select Secondary Endpoint:** • % change from baseline to Week 12 in LDL-C	**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 12 in non-HDL-C, total C, apolipoprotein B, and hsCRP • Absolute change from baseline to Weeks 12 and 24 in LDL-C

ASCVD=atherosclerotic cardiovascular disease; HeFH=heterozygous familial hypercholesterolemia; non-HDL-C=non-high-density lipoprotein cholesterol; total C=total cholesterol; hsCRP=high-sensitivity C-reactive protein.

BASELINE PATIENT CHARACTERISTICS	CLEAR HARMONY[8]	CLEAR WISDOM[9]
Mean LDL-C	103.2 mg/dL	120.4 mg/dL
History of ASCVD	97.6%	94.5%
History of diabetes	28.6%	30.3%
HeFH, with or without ASCVD	3.5%	5.5%
Using concomitant statins	99.9%	89.6%
Using low-intensity statins*	6.6%	15.1%
Using moderate-intensity statins†	43.5%	31.8%
Using high-intensity statins‡	49.9%	53.0%

*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

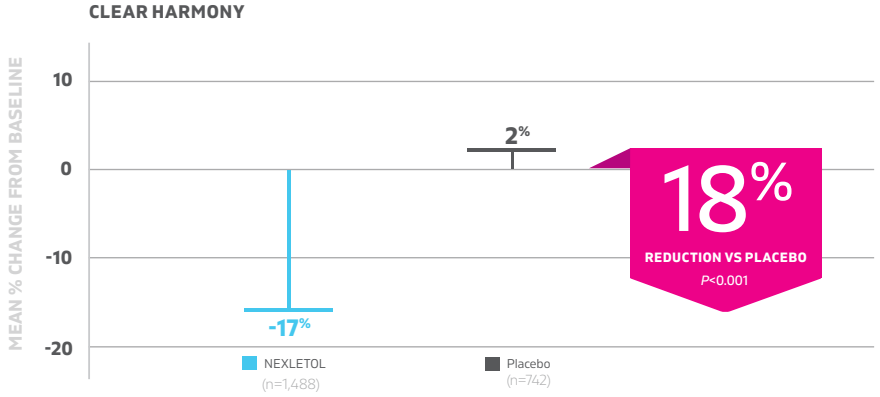
Laboratory Tests: NEXLETOL was associated with persistent changes in laboratory tests within the first four weeks of treatment, including increases in creatinine and blood urea nitrogen, decreases in hemoglobin and leukocytes, increases in platelet counts, increases in liver enzymes (AST and/or ALT), 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.

NEXLETOL™ (bempedoic acid) tablets

CLEAR Harmony results showed significant 18% mean LDL-C reduction compared to placebo, for extra control on top of a statin[2]

LDL-C MEAN % CHANGE FROM BASELINE AT WEEK 12[2]



CLEAR Harmony (Study 1) was a 52-week, randomized, double-blind, Phase 3 trial in 2,230 patients randomized 2:1 to receive NEXLETOL (n=1,488) or placebo (n=742). CLEAR Harmony 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, either alone or with other lipid-lowering therapies. Primary endpoint was general safety, which included adverse events, clinical safety laboratories, physical examinations, vital signs, and electrocardiogram. Secondary endpoint was % change from baseline to Week 12 in LDL-C.[8]

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.

In a subgroup of patients taking **low- to moderate-intensity statins**[8*†]

20% MEAN LDL-C REDUCTION
COMPARED TO PLACEBO AT 12 WEEKS

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

In a subgroup of patients taking **high-intensity statins**[8‡]

17% MEAN LDL-C REDUCTION
COMPARED TO PLACEBO AT 12 WEEKS

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

*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).

†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

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.

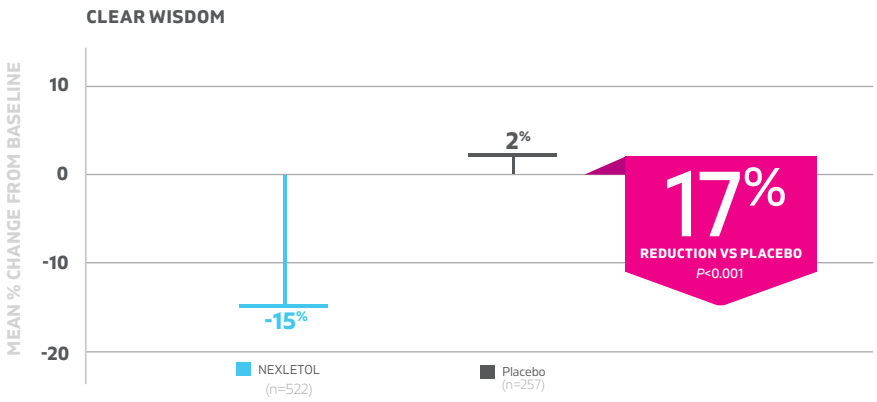
Please see Important Safety Information in this brochure and full Prescribing Information for NEXLETOL and NEXLIZET.

NEXLETOL™ (bempedoic acid) tablets

NEXLETOL: A PATH TO SIGNIFICANT ADDITIONAL EFFICACY REGARDLESS OF PATIENTS' MAXIMALLY TOLERATED STATIN DOSE

CLEAR Wisdom results showed significant 17% mean LDL-C reduction compared to placebo, for extra control on top of a statin[2]

LDL-C MEAN % CHANGE FROM BASELINE AT WEEK 12[2]



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.[9]

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.

NEXLETOL: PROVEN LDL-C REDUCTIONS ACROSS STATIN INTENSITY SUBGROUPS

In a subgroup of patients taking low- to moderate-intensity statins[9*†]

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

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

In a subgroup of patients taking high-intensity statins[9‡]

17% MEAN LDL-C REDUCTION
COMPARED TO PLACEBO AT 12 WEEKS

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

*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

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™ (bempedoic acid) tablets

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[2]

AEs OCCURRING IN ≥2% OF PATIENTS WITH ASCVD AND HeFH USING NEXLETOL (AND MORE FREQUENTLY THAN PLACEBO)[2]

Adverse reaction	NEXLETOL* (n=2,009)	Placebo (n=999)
Upper respiratory tract infection	4.5%	4.0%
Muscle spasms	3.6%	2.3%
Hyperuricemia†	3.5%	1.1%
Back pain	3.3%	2.2%
Abdominal pain or discomfort‡	3.1%	2.2%
Bronchitis	3.0%	2.5%
Pain in extremity	3.0%	1.7%
Anemia	2.8%	1.9%
Elevated liver enzymes§	2.1%	0.8%

*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[2]: NEXLETOL 11%; placebo 8%

Incidence of skeletal muscle AEs comparable to placebo[2]

Muscle spasms: NEXLETOL 3.6%; placebo 2.3%

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

IMPORTANT SAFETY INFORMATION

Warnings and Precautions: *Hyperuricemia:* NEXLETOL 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: NEXLETOL 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 NEXLETOL. 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.

NEXLETOL™ (bempedoic acid) tablets

ORAL, ONCE-DAILY, NONSTATIN

NEXLIZET™ (bempedoic acid and ezetimibe) tablets

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.

IMPORTANT SAFETY INFORMATION

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 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.

Evidence from a robust trial in over 300 patients requiring additional LDL-C reduction[6]

12-WEEK, RANDOMIZED, DOUBLE-BLIND, PHASE 3 TRIAL (N=301)[6,12]

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[6]

BASELINE PATIENT CHARACTERISTICS[6]

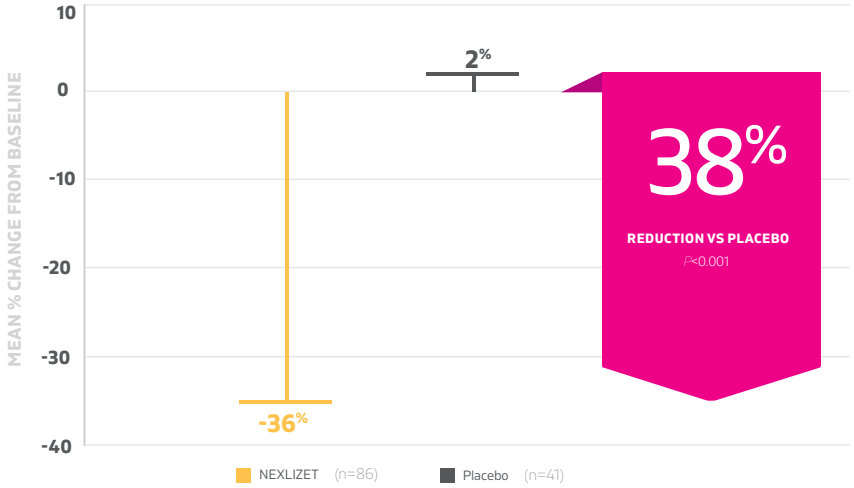
Mean LDL-C	149.7 mg/dL
History of ASCVD and/or HeFH	62.0%
Using concomitant statins	65.0%
Using high-intensity statins*	35.0%

*High-intensity statins: atorvastatin 40 mg to 80 mg; rosuvastatin 20 mg to 40 mg.[12]

TGs=triglycerides.

Significant 38% mean LDL-C reduction compared to placebo, for extra control on top of a statin[6]

LDL-C MEAN % CHANGE FROM BASELINE AT WEEK 12[6]



LDL-C reductions from baseline (LS mean) for other drugs in the trial[6]:
- NEXLETOL: -17% (n=88); ezetimibe: -23% (n=86)

053 Trial (Study 1) was a 12-week, randomized, double-blind, Phase 3 trial in 301 patients randomized 2:2:2:1 to receive NEXLIZET (n=86), NEXLETOL (n=88), ezetimibe (n=86), or placebo (n=41). 053 Trial 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 risk factors. Therapies were 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 endpoint was % change from baseline to Week 12 in hsCRP, non-HDL-C, total C, apolipoprotein B, HDL-C, and TGs.[6,12]

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.

IMPORTANT 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.

NEXLIZET™ (bempedoic acid and ezetimibe) tablets

NEXLIZET: A SAFETY PROFILE WITH INCIDENCE OF MOST COMMON AEs GENERALLY COMPARABLE TO PLACEBO

Based on a 4-arm, 12-week, randomized, double-blind, placebo-controlled, parallel group, factorial trial[6]

AEs OCCURRING IN ≥3% OF PATIENTS IN THE NEXLIZET GROUP[12]

Adverse reaction	NEXLIZET (n=85)	NEXLETOL (n=88)	Ezetimibe (n=86)	Placebo (n=41)
Urinary tract infection	5.9%	3.4%	2.3%	2.4%
Nasopharyngitis	4.7%	6.8%	4.7%	0.0%
Constipation	4.7%	0.0%	2.3%	0.0%
Back pain	3.5%	3.4%	2.3%	4.9%
Fatigue	3.5%	2.3%	1.2%	0.0%
Upper respiratory tract infection	3.5%	1.1%	0.0%	0.0%
Blood creatinine increased	3.5%	1.1%	0.0%	0.0%
Blood uric acid increased	3.5%	1.1%	0.0%	0.0%
Bronchitis	3.5%	0.0%	3.5%	0.0%

Discontinuation rates due to AEs[6]: NEXLIZET 8%; NEXLETOL 10%; ezetimibe 12%; placebo 5%

- Most common reason for NEXLIZET treatment discontinuation was oral discomfort (NEXLIZET 2%; placebo 0%)

Incidence of AEs occurring in pivotal trials of NEXLETOL or ezetimibe that did not occur at a significant rate in the pivotal trial of NEXLIZET above[6]

- **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%)

*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.

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 creatine kinase. Laboratory abnormalities generally did not require medical intervention. Laboratory test values generally returned to baseline following discontinuation of treatment.

CONSIDER NEXLETOL OR NEXLIZET: A SIMPLE, ORAL, ONCE-DAILY PATH, WITH NO NEED TO TITRATE

Simple, once-daily dosing with the flexibility to be combined with other lipid-lowering medications for appropriate patients[2,6]

ORAL, NONSTATIN, LDL-C LOWERING	IN COMBINATION WITH EXISTING LIPID-LOWERING MEDICATIONS	TAKEN WITH OR WITHOUT FOOD	NO NEED TO TITRATE

Lipid levels should be analyzed within 8 to 12 weeks after initiation of NEXLETOL or NEXLIZET.

NEXLETOL and NEXLIZET are appropriate for a range of patient types requiring added LDL-C lowering on top of maximally tolerated statin therapy[2,6,8,12-15]

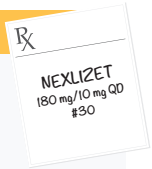
ASCVD[8,12,15]	HeFH[8,12-14]
Defined as acute coronary syndromes, a history of MI, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA, or PAD presumed to be of atherosclerotic origin	Patients with a family history of elevated LDL-C or premature CAD, and with LDL-C ≥190 mg/dL without lipid-lowering therapies

NEXLETOL[2]

One 180-mg tablet for all appropriate patients

NEXLIZET[6]

One 180-mg bempedoic acid/10-mg ezetimibe combination tablet for all appropriate patients



Pill images are not actual size.

NEXLETOL and NEXLIZET do not require refrigeration for storage[2,6]

MI=myocardial infarction; TIA=transient ischemic attack; PAD=peripheral arterial disease; CAD=coronary artery disease.

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.

NEXLETOL™ (bempedoic acid) tablets

NEXLIZET™ (bempedoic acid and ezetimibe) tablets

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 NEXLIZET, but not observed in clinical trials of bempedoic acid or ezetimibe, a component of NEXLIZET, 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; cholecystitis.

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 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.

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 ESPRMED).

References:
1. Wong ND, Young D, Zhao Y, et al. Prevalence of the American College of Cardiology/American Heart Association statin eligibility groups, statin use, and low-density lipoprotein cholesterol control in US adults using the National Health and Nutrition Examination Survey 2011-2012. *J Clin Lipidol.* 2016;10(5):1109-1118. **2.** NEXLETOL. Prescribing information. ESPERION Therapeutics, Inc.; 2020. **3.** Pinkosky SL, Newton RS, Day EA, et al. Liver-specific ATP-citrate lyase inhibition by bempedoic acid decreases LDL-C and attenuates atherosclerosis. *Nat Commun.* 2016;7(13457):1-13. **4.** Pinkosky SL, Filippov S, Srivastava RA, et al. AMP-activated protein kinase and ATP-citrate lyase are two distinct molecular targets for ETC-1002, a novel small molecule regulator of lipid and carbohydrate metabolism. *J Lipid Res.* 2013;54(1):134-151. **5.** Saeed A, Ballantyne CM. Bempedoic acid (ETC-1002): a current review. *Cardiol Clin.* 2018;36(2):257-264. **6.** NEXLIZET. Prescribing information. ESPERION Therapeutics, Inc.; 2020. **7.** ZETIA. Prescribing information. Merck & Co., Inc.; 2013. **8.** Data on file. CSR 1002-040. October 2018. **9.** Data on file. CSR 1002-047. January 2019. **10.** Ray KK, Bays HE, Catapano AL, et al. Safety and efficacy of bempedoic acid to reduce LDL cholesterol. *N Engl J Med.* 2019;380(11):1022-1032. **11.** Goldberg AC, Leiter LA, Stroes ESG, et al. Effect of bempedoic acid vs placebo added to maximally tolerated statins on low-density lipoprotein cholesterol in patients at high risk for cardiovascular disease: the CLEAR Wisdom randomized clinical trial. *JAMA.* 2019;322(18):1780-1788. **12.** Data on file. CSR 1002-053. January 2019. **13.** Gidding SS, Champagne MA, de Ferranti SD, et al. The agenda for familial hypercholesterolemia: a scientific statement from the American Heart Association. *Circulation.* 2015;132(22):2167-2192. **14.** Diagnosis & Management. The FH Foundation. Accessed February 19, 2020. https://thefhfoundation.org/diagnosis-management **15.** Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2019;73(24):e285-e350.

NEXLETOL AND NEXLIZET: HELP BLAZE A TRAIL FOR THE MILLIONS OF APPROPRIATE PATIENTS NOT YET AT THEIR LDL-C GOAL

BEMPEDOIC ACID IS THE FIRST AND ONLY ACL INHIBITOR, WITH A MECHANISM COMPLEMENTARY TO STATINS[2,5,6]

NEXLETOL

- Works along the cholesterol biosynthesis pathway, 2 steps upstream from the target of statins[3]
- Not activated in skeletal muscle[3]

NEXLIZET

- Combines the active ingredient in NEXLETOL with ezetimibe, for dual complementary mechanisms of action[3,6,7]

SIGNIFICANT ADDITIONAL LDL-C REDUCTION REGARDLESS OF PATIENTS' MAXIMALLY TOLERATED STATIN DOSE[2,6,8,9,12]

NEXLETOL	NEXLIZET
18%	38%
MEAN LDL-C REDUCTION VS PLACEBO[2]	MEAN LDL-C REDUCTION VS PLACEBO[6]

BEMPEDOIC ACID SHOWED AN INCIDENCE OF SKELETAL MUSCLE ADVERSE EVENTS COMPARABLE TO PLACEBO[2]

SIMPLE, ORAL, ONCE-DAILY TABLET, TAKEN WITH OR WITHOUT FOOD, WITH NO NEED TO TITRATE[2,6]

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 (8:00AM-8:00PM ET, Monday-Friday, excluding holidays).

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

ESPERION

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