For appropriate patients currently on maximally tolerated statin therapy not at LDL-C goal, an oral add-on therapy can give you the power to help[1-4]

UNLOCK

THE NEXT LEVEL OF LDL-C CONTROL WITH NEXLIZET

ADD NEXLIZET: A once-daily oral therapy shown in a clinical trial to deliver[1-4]:

- Significant 38% mean LDL-C reduction compared to placebo when added to maximally tolerated statin dose (*P*<0.001)*
- Safety profile with most common ARs generally comparable to placebo

*LDL-C changes from baseline (LS mean) in 053 Trial: NEXLIZET: -36% (n=86); placebo: +2% (n=41) (*P*<0.001). LDL-C changes from baseline (LS mean) for other drugs in the trial: bempedoic acid: -17% (n=88); ezetimibe: -23% (n=86).[1]

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

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, a component of NEXLIZET.

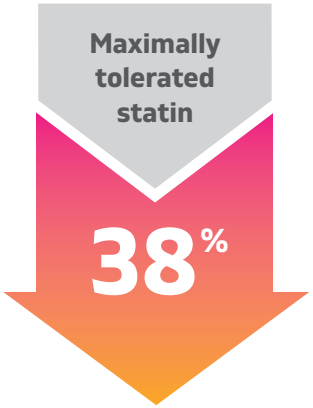
Please see additional Important Safety Information throughout and full Prescribing Information for NEXLIZET.

NEXLIZET®
(bempedoic acid and ezetimibe) tablets

UNLOCK POWER. ADD NEXLIZET.

NEXT-LEVEL NEXLIZET IS A HIGHLY EFFICACIOUS, ORAL, NONSTATIN, LDL-C LOWERING ADD-ON THERAPY[1,5]

WHEN PATIENTS WITH ASCVD AND/OR HeFH NEED ADDITIONAL LDL-C LOWERING ON TOP OF DIET AND MAXIMALLY TOLERATED STATIN THERAPY, ADDING NEXLIZET CAN GET THEM SIGNIFICANTLY LOWER[1,2]



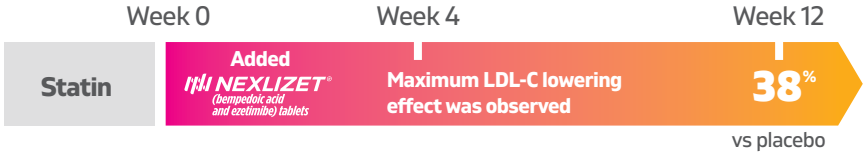
ADD NEXLIZET

Significant **38%** mean LDL-C reduction vs placebo at Week 12 in 053 Trial

LDL-C changes from baseline (LS mean): NEXLIZET: -36% (n=86); placebo: +2% (n=41) (*P*<0.001).

LDL-C changes from baseline (LS mean) for other drugs in the trial: bempedoic acid: -17% (n=88); ezetimibe: -23% (n=86).

NEXLIZET: MAXIMUM LDL-C LOWERING EFFECT WAS OBSERVED AT WEEK 4[1]



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), bempedoic acid (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 CV risk factors. Therapies were added to whatever patient's maximally tolerated statin dose was (including no statin at all). 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.[1,2]

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

IMPORTANT SAFETY INFORMATION (cont.)

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. Assess uric acid levels periodically as clinically indicated. Monitor for signs and symptoms of hyperuricemia, and initiate treatment with urate-lowering drugs as appropriate.

UNLOCK LDL-C CONTROL WITH A DEMONSTRATED SAFETY PROFILE. ADD NEXLIZET.

INCIDENCE OF MOST COMMON ARs GENERALLY COMPARABLE TO PLACEBO[2]

ARs occurring in ≥3% of patients in the NEXLIZET group in a 4-arm, 12-week, randomized, double-blind, placebo-controlled, parallel group, factorial trial[1,6]

Adverse reaction	NEXLIZET (n=85) % (n)	Bempedoic acid (n=88) % (n)	Ezetimibe (n=86) % (n)	Placebo (n=41) % (n)
Urinary tract infection	5.9% (5)	3.4% (3)	2.3% (2)	2.4% (1)
Nasopharyngitis	4.7% (4)	6.8% (6)	4.7% (4)	0.0% (0)
Constipation	4.7% (4)	0.0% (0)	2.3% (2)	0.0% (0)
Back pain	3.5% (3)	3.4% (3)	2.3% (2)	4.9% (2)
Fatigue	3.5% (3)	2.3% (2)	1.2% (1)	0.0% (0)
Upper respiratory tract infection	3.5% (3)	1.1% (1)	0.0% (0)	0.0% (0)
Blood creatinine increased	3.5% (3)	1.1% (1)	0.0% (0)	0.0% (0)
Blood uric acid increased	3.5% (3)	1.1% (1)	0.0% (0)	0.0% (0)
Bronchitis	3.5% (3)	0.0% (0)	3.5% (3)	0.0% (0)

DISCONTINUATION RATES DUE TO ARs[1]:

NEXLIZET: 8%; bempedoic acid: 10%; ezetimibe: 12%; placebo: 5%

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

Incidence of ARs occurring in pivotal trials of bempedoic acid or ezetimibe that did not occur at a significant rate in the pivotal trial of NEXLIZET above[1]

- **Pivotal trials for bempedoic acid:** ARs occurring in ≥2% of patients with ASCVD and HeFH using bempedoic acid* (and more frequently than placebo) included muscle spasms (bempedoic acid: 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%)
- **Pivotal trials for ezetimibe:** ARs 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 bempedoic acid 180 mg orally once daily plus maximally tolerated statin therapy alone or in combination with other lipid-lowering therapies.[1]
†Included patients with hyperuricemia and patients with increased blood uric acid.[1]
‡Included patients with abdominal pain, upper abdominal pain, lower abdominal pain, and abdominal discomfort.[1]
§Included patients with increased AST, increased ALT, increased hepatic enzyme, and increased liver function test.[1]

AST=aspartate aminotransferase; ALT=alanine aminotransferase.

Please see additional Important Safety Information throughout and full Prescribing Information for NEXLIZET.

NEXLIZET®
(bempedoic acid and ezetimibe) tablets

HELP UNLOCK URGENTLY NEEDED LDL-C CONTROL FOR YOUR PATIENTS WHO NEED ADDITIONAL LOWERING. ADD NEXLIZET.[1-4]

MEET NADINE

56-year-old African American female with ASCVD

- Father died of MI
- Peripheral artery disease with claudication; receiving a $P2Y_{12}$ inhibitor
- Has maintained a healthy diet
- **Receiving 10-mg rosuvastatin**
- Diabetes mellitus with 6.2% HbA1c, receiving 500-mg metformin twice daily plus 10-mg empagliflozin once daily

Nadine's HCP has been seeing her over the course of 20 years

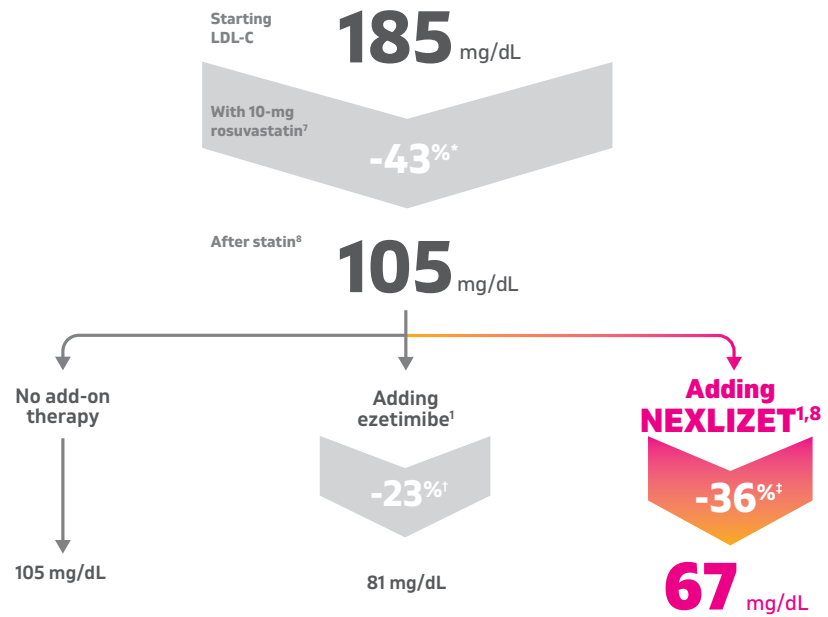
- Has been trying to get her LDL-C under control for several years
  - — Prescribed atorvastatin, which Nadine had trouble tolerating
- Nadine suffered an MI one year ago
  - — Post-MI, Nadine's HCP initiated 20-mg rosuvastatin, but Nadine could not tolerate that either, so she was titrated down to 10-mg rosuvastatin

Hypothetical patient.
Individual results may vary.

MI=myocardial infarction; HbA1c=hemoglobin A1C.

IMPORTANT SAFETY INFORMATION (cont.)
Warnings and Precautions (cont.): *Tendon Rupture:* Bempedoic acid, a component of NEXLIZET, is associated with an increased risk of tendon rupture or injury. In clinical trials, tendon rupture occurred in 0.5% of patients treated with bempedoic acid versus 0% of patients treated with placebo, and involved the rotator cuff (the shoulder), biceps tendon, 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. Discontinue NEXLIZET at the first sign of tendon rupture. Avoid NEXLIZET in patients who have a history of tendon disorders or tendon rupture.

HOW COULD NEXLIZET HELP PATIENTS LIKE NADINE?



Guideline recommended goal: LDL-C <70 mg/dL[5]

FOR PATIENTS WITH CLINICALLY ESTABLISHED ASCVD, GUIDELINES RECOMMEND[5]:
•Reducing LDL-C by **≥50%** •Intensifying therapy if LDL-C is **≥70 mg/dL**

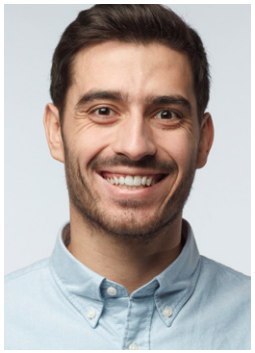
*Results based on up to a 52% LDL-C reduction with 10-mg rosuvastatin.[7]
†Results based on a 23% LDL-C reduction with ezetimibe.[1]
‡Results based on a 36% LDL-C reduction with NEXLIZET.[1]

Please see additional Important Safety Information throughout and full Prescribing Information for NEXLIZET.

NEXLIZET® (bempedoic acid and ezetimibe) tablets

HELP UNLOCK URGENTLY NEEDED LDL-C CONTROL FOR YOUR PATIENTS WHO NEED ADDITIONAL LOWERING. ADD NEXLIZET.[1-4]

MEET NATHAN



42-year-old Hispanic male with HeFH

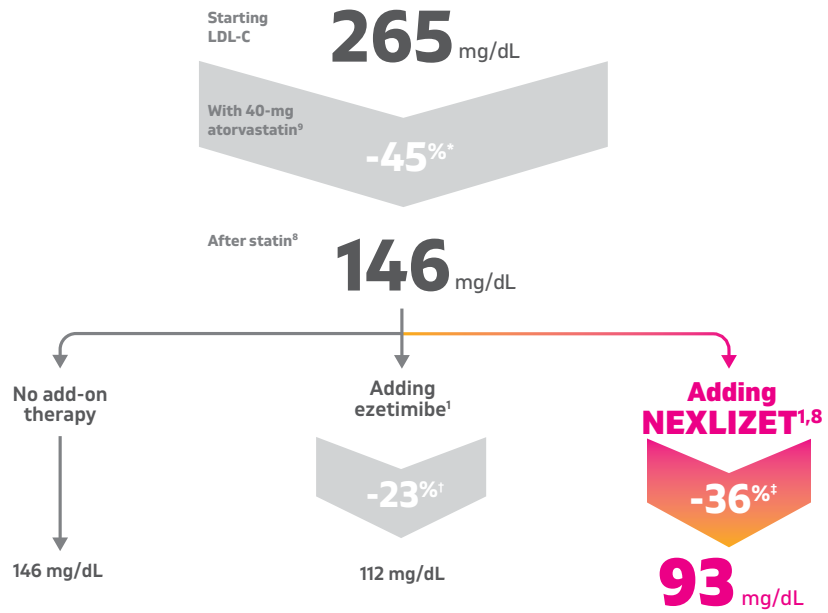
- Father died of MI at 49 years of age; grandfather died of stroke at 52 years of age
- Elevated LDL-C since childhood and diagnosed with HeFH as an adult on the basis of LDL-C ≥190 mg/dL and presence of tendon xanthomas
- Moderate exercise regimen
- Has maintained a healthy diet; pescatarian for 10 years
- **Receiving 40-mg atorvastatin**
- Hypertensive: 118/82 mmHg; receiving 160-mg valsartan once daily

Nathan's HCP has been treating his elevated LDL-C for 17 years

- Prescribed 2 different statins before arriving at atorvastatin
  - — Initiated 40-mg atorvastatin
  - — Titrated up to 80-mg atorvastatin
  - — Nathan could not tolerate the higher dose, so he was titrated back down to 40-mg atorvastatin

Hypothetical patient.
Individual results may vary.

HOW COULD NEXLIZET HELP PATIENTS LIKE NATHAN?



Guideline recommended goal: LDL-C <100 mg/dL[5]

FOR PATIENTS WITH HeFH, GUIDELINES RECOMMEND[5]:
•Reducing LDL-C by **≥50%** •Intensifying therapy if LDL-C is **≥100 mg/dL**

*Results based on up to a 50% LDL-C reduction with 40-mg atorvastatin.[9]
†Results based on a 23% LDL-C reduction with ezetimibe.[1]
‡Results based on a 36% LDL-C reduction with NEXLIZET.[1]

IMPORTANT SAFETY INFORMATION (cont.)
Adverse Reactions: Most common (incidence ≥2% and greater than placebo) adverse reactions are upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, elevated liver enzymes, diarrhea, arthralgia, sinusitis, fatigue, and influenza.

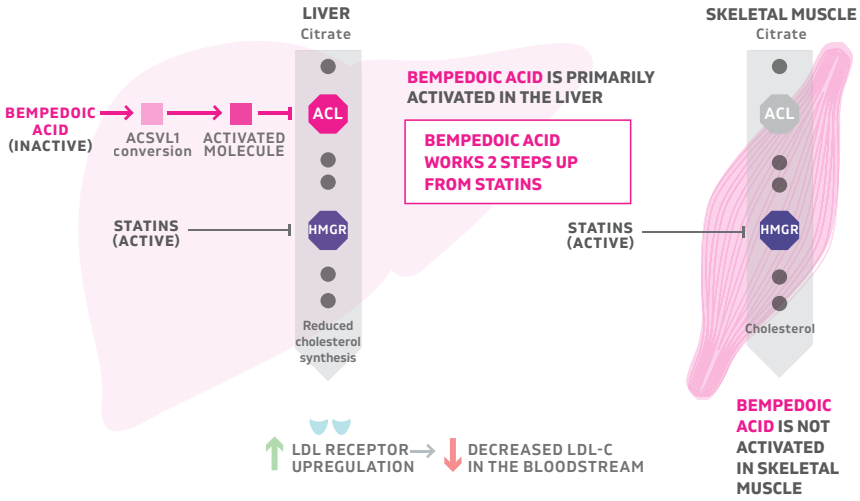
Please see additional Important Safety Information throughout and full Prescribing Information for NEXLIZET.

NEXLIZET®
(bempedoic acid and ezetimibe) tablets

UNLOCK THE ONLY NONSTATIN ACTIVE IN BOTH THE LIVER AND INTESTINE TO REDUCE CIRCULATING LDL-C. ADD NEXLIZET.

NEXLIZET CONTAINS BEMPEDOIC ACID,* WHICH REDUCES CHOLESTEROL BIOSYNTHESIS IN THE LIVER[1]

THE FIRST AND ONLY ACL INHIBITOR, WORKING COMPLEMENTARY TO STATINS TO LOWER LDL-C[1,10-12]



*Bempedoic acid is the active ingredient in NEXLETOL® (bempedoic acid).[13]

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

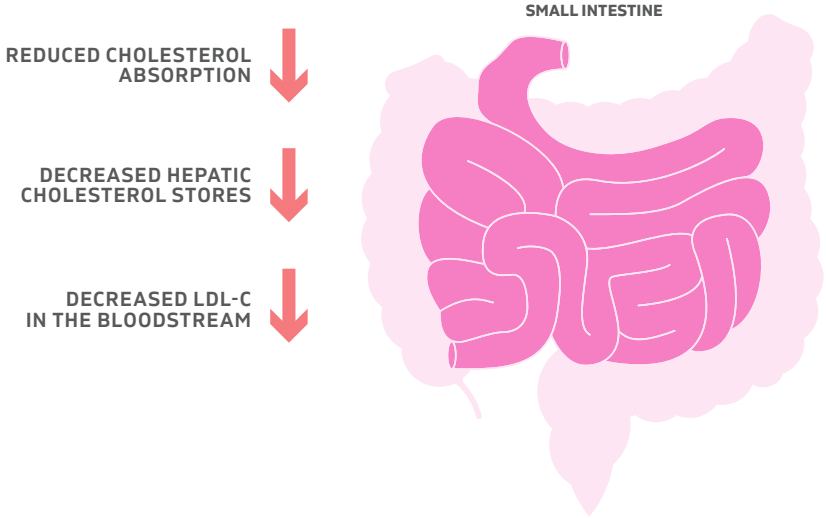
IMPORTANT SAFETY INFORMATION (cont.)

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 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.

NEXLIZET ALSO CONTAINS EZETIMIBE, WHICH REDUCES CHOLESTEROL ABSORPTION IN THE INTESTINE[1,10-12]

EZETIMIBE DECREASES HEPATIC CHOLESTEROL STORES, LOWERING CIRCULATING LDL-C[1,10-12]



NEXLIZET[1,10,14]:
Two LDL-C reducing mechanisms.
Together in a **once-daily tablet**.

Please see additional Important Safety Information throughout and full Prescribing Information for NEXLIZET.

NEXLIZET®
(bempedoic acid and ezetimibe) tablets

UNLOCK ORAL, ONCE-DAILY DOSING FLEXIBILITY. ADD NEXLIZET.

WHEN ADDED TO MAXIMALLY TOLERATED STATIN THERAPY, NEXT-LEVEL NEXLIZET HAS THE FLEXIBILITY TO BE COMBINED WITH EXISTING LIPID-LOWERING MEDICATIONS FOR APPROPRIATE PATIENTS[1]*

ORAL, ONCE-DAILY TABLET

TAKEN WITH OR WITHOUT FOOD

DOES NOT NEED TO BE TITRATED†

DOES NOT REQUIRE REFRIGERATION FOR STORAGE

Pill image is not actual size.

One 180-mg bempedoic acid/ 10-mg ezetimibe tablet for all appropriate patients[1]

Lipid levels should be analyzed within 8 to 12 weeks after initiation of NEXLIZET.[1]

*Administer NEXLIZET either at least 2 hours before, or at least 4 hours after, bile acid sequestrants.[1]

†Concomitant use of simvastatin, pravastatin, cyclosporine, fibrates, or cholestyramine with NEXLIZET may require adjustments for these medications. Please see "Drug Interactions" in the Important Safety Information on the previous page and below.[1]

IMPORTANT SAFETY INFORMATION (cont.)

Drug Interactions (cont.): *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.

UNLOCK LDL-C CONTROL WITH SUPPORT FOR YOUR PATIENTS AND YOUR PRACTICE. ADD NEXLIZET.[1-4]

BROAD COVERAGE FOR YOUR PATIENTS WITH ASCVD AND/OR HeFH ON BOTH COMMERCIAL AND MEDICARE PART D PLANS

- Use ASCVD and HeFH ICD-10-CM codes to start your appropriate patients on NEXLIZET today

PRIOR AUTHORIZATION SUPPORT TO STREAMLINE THE PROCESS FOR YOUR PRACTICE

THE NEXLIZET CO-PAY SAVINGS PROGRAM CAN HELP YOUR PATIENTS SAVE MONEY ONCE THEY ARE READY TO PICK UP THEIR PRESCRIPTION

Need more information?

Speak to your representative, call 1-833-377-7633 (8:00AM-8:00PM ET, Monday-Friday, excluding holidays), or visit **NEXLIZETHCP.com/access**

IMPORTANT SAFETY INFORMATION (cont.)

Lactation and Pregnancy: It is not recommended that NEXLIZET be taken during breastfeeding. Discontinue NEXLIZET when pregnancy is recognized, unless the benefits of therapy outweigh the potential risks to the fetus. Based on the mechanism of action, NEXLIZET may cause fetal harm.

Please see additional Important Safety Information throughout and full Prescribing Information for NEXLIZET.

NEXLIZET®
(bempedoic acid and ezetimibe) tablets

INDICATION AND 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.

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, a component of NEXLIZET.

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. Assess uric acid levels periodically as clinically indicated. Monitor for signs and symptoms of hyperuricemia, and initiate treatment with urate-lowering drugs as appropriate.
Tendon Rupture: Bempedoic acid, a component of NEXLIZET, is associated with an increased risk of tendon rupture or injury. In clinical trials, tendon rupture occurred in 0.5% of patients treated with bempedoic acid versus 0% of patients treated with placebo, and involved the rotator cuff (the shoulder), biceps tendon, 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. Discontinue NEXLIZET at the first sign of tendon rupture. Avoid NEXLIZET in patients who have a history of tendon disorders or tendon rupture.

Adverse Reactions: Most common (incidence ≥2% and greater than placebo) adverse reactions are upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, elevated liver enzymes, diarrhea, arthralgia, sinusitis, fatigue, and influenza.

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 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.

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Please see full Prescribing Information for NEXLIZET.

References: 1. NEXLIZET. Prescribing information. ESPERION Therapeutics, Inc.; 11/2020. **2.** Data on file. CSR 1002-053. January 2019. **3.** 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. **4.** 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. **5.** 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. *Circulation*. 2019;139(25):e1082-e1143. **6.** Ballantyne CM, Laufs U, Ray KK, et al. Bempedoic acid plus ezetimibe fixed-dose combination in patients with hypercholesterolemia and high CVD risk treated with maximally tolerated statin therapy. *Eur J Prev Cardiol*. 2020;27(6):593-603. **7.** CRESTOR. Prescribing information. AstraZeneca; 9/2020. **8.** Data on file. Protocol: ETC-1002FDC-053. August 2018. **9.** LIPITOR. Prescribing information. Pfizer, Inc.; 11/2020. **10.** 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. **11.** 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. **12.** Saeed A, Ballantyne CM. Bempedoic acid (ETC-1002): a current review. *Cardiol Clin*. 2018;36(2):257-264. **13.** NEXLETOL. Prescribing information. ESPERION Therapeutics, Inc.; 2020. **14.** ZETIA. Prescribing information. Organon Global Inc.; 06/2021.

NEXLIZET® (bempedoic acid and ezetimibe) tablets

For appropriate patients currently on maximally tolerated statin therapy not at LDL-C goal, an oral add-on therapy can give you the power to help[1-4]

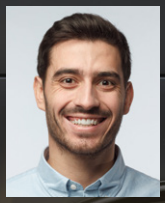
UNLOCK THE NEXT LEVEL OF LDL-C CONTROL. ADD NEXLIZET.

NADINE: ASCVD[1,7,8]
Before taking statin: 185 mg/dL
With statin: 105 mg/dL

After adding NEXLIZET: 67 mg/dL

✓ **ACHIEVED GUIDELINE RECOMMENDED GOAL OF LDL-C <70 mg/dL**[1,5]

Hypothetical patient. ***Individual results may vary.***



NATHAN: HeFH[1,8,9]
Before taking statin: 265 mg/dL
With statin: 146 mg/dL

After adding NEXLIZET: 93 mg/dL

✓ **ACHIEVED GUIDELINE RECOMMENDED GOAL OF LDL-C <100 mg/dL**[1,5]

Hypothetical patient. ***Individual results may vary.***

A HIGHLY EFFICACIOUS, ORAL, NONSTATIN, LDL-C LOWERING ADD-ON THERAPY[1,5]

Significant 38% mean LDL-C reduction compared to placebo at 12 weeks[1]

Safety profile with most common ARs generally comparable to placebo[2]

NEXLIZET combines bempedoic acid* with ezetimibe for dual mechanisms of action[1,10-12]

- **Bempedoic acid works upstream of statins, with no activation in skeletal muscle —The first and only ACL inhibitor with a mechanism complementary to statins**
- **Ezetimibe reduces cholesterol absorption in the intestine**

*Bempedoic acid is the active ingredient in NEXLETOL® (bempedoic acid).[13]

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ESPERION®

NEXLIZET® (bempedoic acid and ezetimibe) tablets