Roszet Delivers Powerful LDL-C Reductions

Roszet 10 mg/10 mg: 64%
Roszet 20 mg/10 mg: 66%
Roszet 40 mg/10 mg: 72%

TOTAL LDL-C REDUCTIONS1,2

* Roszet LDL-C reductions calculated from baseline. E.g., 64% reduction indicates final LDL-C is at 36% of the original baseline level i.e. (1-0.64) * (1-0.52) = 36%. [LDL-C reductions: rosuvastatin 10 mg = 52%; ezetimibe 10 mg = incremental 25% reduction]

Patients Can Get Below 70 mg/dL with One Pill Daily

Mean LDL-C Reductions Achieved In Clinical Trials

<table>
<thead>
<tr>
<th>Study</th>
<th>Baseline LDL-C</th>
<th>Final LDL-C after 12 weeks</th>
<th>Dose: (rosuvastatin/ezetimibe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAVITY Study</td>
<td>163 mg/dl</td>
<td>65 mg/dl</td>
<td>10 mg/10 mg</td>
</tr>
<tr>
<td>EXPLORER Study</td>
<td>165 mg/dl</td>
<td>59 mg/dl</td>
<td>20 mg/10 mg</td>
</tr>
<tr>
<td></td>
<td>189 mg/dl</td>
<td>57 mg/dl</td>
<td>40 mg/10 mg</td>
</tr>
</tbody>
</table>

See References on next page for more details on the GRAVITY and EXPLORER studies

Roszet is Affordable
Roszet is available and affordable for a wide number of patients

For Patients with Commercial Insurance
When Roszet is covered on their private insurance

| Eligible Patients* may pay as low as $20 per month |

Patients can register for the Roszet Savings Card at roszetrx.com

*Not available for government insured patients. Offer subject to change. Additional details, including eligibility and Terms and Conditions, are available at roszetrx.com

For Patients Paying Cash
Eligible patients paying cash may get Roszet for as little as $49 per month*

* $49 per month for three month supply or $59 for one month supply. Additional details, including eligibility and Terms and Conditions, are available at Walgreens pharmacies.

$49 per month at Walgreens
A Participating Pharmacy

Safetly and Tolerability1

<table>
<thead>
<tr>
<th>Rosuvastatin (AEs ≥2% of patients)</th>
<th>Placebo N=382</th>
<th>Rosuvastatin 5mg-40mg N=744</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Reaction</td>
<td>All Statins (%) N=9361</td>
<td>Ezetimibe + statins (%) N=11,308</td>
</tr>
<tr>
<td>Headache</td>
<td>5.0%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Nausea</td>
<td>3.1%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>1.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Asthenia</td>
<td>2.6%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Constipation</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>2.8%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>2.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Back pain</td>
<td>2.3%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Influenza</td>
<td>2.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Pain in extremity</td>
<td>1.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1.6%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Important Safety Information

Indications & Usage
ROSZET is indicated in adults:
As an adjunct to diet in patients with primary non-familial hyperlipidemia to reduce low-density lipoprotein cholesterol (LDL-C).
Alone or as an adjunct to other LDL-C-lowering therapies in patients with homozygous familial hypercholesterolemia (HoFH) to reduce LDL-C.

Important Safety Information
Contraindications: ROSZET is contraindicated in patients with active liver disease or decompensated cirrhosis, and hypersensitivity to any component of this product.

Important Safety Information continued on next page.
Important Safety Information (continued)

Contraindications: ROSZET is contraindicated in patients with active liver disease or decompensated cirrhosis, and hypersensitivity to any component of this product.

Myopathy and Rhabdomyolysis: ROSZET may cause myopathy (muscle pain, weakness, or tenderness) in patients with myoglobinuria and rare fatal rhabdomyolysis have occurred as a result of rhabdomyolysis with statins, including rosuvastatin.

Risk factors for myopathy include age >65 years or greater, uncontrolled hypothyroidism, renal impairment, concomitant use with other drugs including lipid-lowering therapies, and higher ROSZET dosage; Asian patients on ROSZET may be at higher risk for myopathy. The myopathy risk is greater in patients taking ROSZET 40mg/10mg daily compared with lower ROSZET dosages.

The concomitant use of ROSZET with cyclosporine or gemfibrozil is not recommended. ROSZET dosage modifications are recommended for patients taking certain anti-viral medications, darolutamide, and regorafenib. Niacin, fibrates, and colchicine may also increase the risk of myopathy and rhabdomyolysis.

Discontinue ROSZET if markedly elevated CK levels occur or myopathy is diagnosed or suspected. Muscle CK increases may resolve if ROSZET is discontinued. Instruct patients to promptly report any unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Immune-Mediated Necrotizing Myopathy: There have been rare reports of immune-mediated necrotizing myopathy (IMNM), an autoimmune myopathy, associated with statin use. IMNM is characterized by: proximal muscle weakness and elevated serum creatine kinase, which persist despite discontinuation of statin treatment; positive anti-HMG CoA reductase antibody; muscle biopsy showing necrotizing myopathy; and improvement with immunosuppressive agents. Treatment with immunosuppressive agents may be required. Consider risk of IMNM carefully prior to initiation of a different statin. If therapy is initiated with a different statin, monitor for signs and symptoms of IMNM.

Hepatic Dysfunction: Increases in serum transaminases have occurred with rosuvastatin. Consider liver enzyme testing before ROSZET initiation and thereafter, when clinically indicated. There have been rare post marketing reports of fatal and non-fatal hepatic failure in patients taking statins, including rosuvastatin. Patients who consume substantial quantities of alcohol and/or have a history of liver disease may be at increased risk for hepatic injury. If serious hepatic injury with clinical symptoms and/or hyperbilirubinemia or jaundice occurs, promptly discontinue ROSZET.

Proteinuria and Hematuria: Dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin treated patients. These findings were more frequent in patients taking rosuvastatin 40mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. Although the clinical significance of this finding is unknown, consider a dose reduction for patients on ROSZET therapy with unexplained persistent proteinuria and/or hematuria during routine urinalysis testing.

HbA1c and Fasting Serum Glucose: Increases in HbA1c and fasting serum glucose levels have been reported with statins, including rosuvastatin. Based on clinical trial data with rosuvastatin, in some instances these increases may exceed the threshold for the diagnosis of diabetes mellitus.

Adverse Reactions: Most frequent adverse reactions (incidence >2% and greater than placebo) for rosuvastatin in clinical trials are: headache, nausea, myalgia, asthenia, dizziness, asthenia, constipation, and abdominal pain. Other adverse reactions reported in clinical studies were hypersensitivity (including rash, pruritus, urticaria, and angioedema) and pancreatitis.

For ezetimibe co-administered with a statin most frequent adverse reactions (incidence >2% and greater than statin alone) are nasopharyngitis, myalgia, upper respiratory tract infection, arthralgia, diarrhea, back pain, influenza, pain in extremity, and fatigue. For ezetimibe monotherapy most frequent adverse reactions (incidence >2% and greater than placebo) are upper respiratory tract infection, diarrhea, arthralgia, sinusitis, pain in extremity, fatigue, and influenza.

There have been rare post marketing reports of cognitive impairment (e.g., memory loss, forgetfulness, amnesia, memory impairment, confusion) associated with statin use. These cognitive issues have been reported for all statins. The reports are generally non-serious, and reversible upon statin discontinuation.

Drug Interactions:

Gemfibrozil or Cyclosporin: Avoid concomitant use with ROSZET.

Antivirals: Avoid concomitant use or adjust dose of ROSZET.

Darolutamide: Do not exceed ROSZET 5mg/10mg once daily.

Regorafenib: Do not exceed ROSZET 10mg/10mg once daily.

Fenofibrate, Niacin, Colchicine: Consider risks and benefits of concomitant use with ROSZET.

Warfarin: Obtain INR before ROSZET initiation and monitor INR during ROSZET initiation or dosage adjustment.

Use in Specific Populations:

Discontinue ROSZET when pregnancy is recognized as it may cause fetal harm. Breastfeeding is not recommended during treatment with ROSZET.

References

1. Roszet (rosuvastatin and ezetimibe) Prescribing Information; Morristown, NJ, Althera Pharmaceuticals. In a multicenter, double-blind, placebo-controlled, dose-ranging study, in patients with hyperlipidemia, rosuvastatin given as a single daily dose for 6 weeks significantly reduced Total-C, LDL-C, non HDL-C, and ApoB, across the dose range.

2. Gagne C, Bays HE, Weiss SR, et al. Efficacy and Safety of ezetimibe added to ongoing statin therapy for treatment of patients with primary hypercholesterolemia. Am J Cardiol. 2002; 90:1084-1091. In an 8-week, double-blind study in patients with primary hypercholesterolemia, known coronary heart disease, or multiple cardiovascular risk factors, adding ezetimibe to ongoing concomitant use provided an additional 25% mean LDL-C reduction from treatment baseline (post statin treatment) vs. 4% when adding placebo across the studies studied (p=0.001). LDL-C reductions attributable to ezetimibe were generally consistent across all studies studied.

3. Ballantyne CM, et al. Efficacy, safety and effect on biomarkers related to cholesterol and lipoprotein metabolism of rosuvastatin 10 or 20 mg plus ezetimibe 10 mg vs. simvastatin 40 or 80 mg plus ezetimibe 10 mg in high-risk patients: Results of the GRAVITY randomized study. Atherosclerosis 2014;232:86-93. In the Gravity Study, comparator arms were simvastatin + ezetimibe 40mg/10mg and 80 mg/10 mg which reduced LDL-C by 55% and 58% respectively. Patients were treated on statin monotherapy for first 6 weeks before 6 weeks of combination therapy. 833 patients aged ≥18 years with hypercholesterolemia and history of CV risk were randomized to rosuvastatin 10 or 20 mg with ezetimibe 10 mg vs. simvastatin 40 or 80 mg with ezetimibe 10 mg for 12 weeks with patients being on mono-therapy statin for the first 6-weeks. Primary end-point was % LDL-C change which was 64% for rosuvastatin/ezetimibe 20mg/10mg dose (p<0.001 vs sim/ez 40/10 mg and sim/ez 80/10 mg) and 60% for the 10mg/10mg dose (p=0.002 vs sim/ez 40/10 mg). Percent LDL-C change for simvastatin/ezetimibe 80/10mg was 57% and was 55% for the 40/10 mg dose. Secondary variables included % patients achieving LDL-C <100mg/dL or <70mg/dL.

4. Ballantyne CM, et al. Efficacy and safety of rosuvastatin 40mg alone or in combination with ezetimibe at the highest risk of cardiovascular disease as defined by the EXPLORER study. Am J Cardiol 2007; 99:673-60. In the Explorer Study, comparator arm was rosuvastatin 40 mg which reduced LDL-C by 5%, 469 patients aged >18 years with hypercholesterolemia and a history of CV risk were randomized on rosuvastatin + ezetimibe 40mg/10mg vs. rosuvastatin 40 mg for a total of 6-weeks. Primary end-point was the percentage of patients achieving the LDL cholesterol goal <100mg/dL at week 6. Significantly more patients (94%, p<0.001) achieved the primary end-point with rosuvastatin/ezetimibe 40mg/10mg than with rosuvastatin alone (79%). More patients achieved the optional goal of <70mg/dL with rosuvastatin/ezetimibe 40mg/10mg (80%, p<0.001) than with rosuvastatin 40 mg (35%). On the secondary variable of % LDL-C change, patients on rosuvastatin/ezetimibe 40mg/10mg achieved significantly greater reductions (70%, p<0.001) than with rosuvastatin 40 mg (57%).

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