Madrigal

Review of Compensated MASH Cirrhosis (F4c) and Rezdiffra F4c Data Presented at EASL 2025

May 13, 2025

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Forward-Looking Statements

This presentation includes “forward-looking statements” made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, that are based on Madrigal’s beliefs and assumptions and on information currently available to it but are subject to factors beyond its control. Forward-looking statements reflect management’s current knowledge, assumptions, judgment and expectations regarding future performance or events. Forward-looking statements include all statements that are not historical facts; statements referenced by forward-looking statement identifiers; and statements regarding: potential future growth of Rezdiffra (resmetirom) sales; projections or objectives for obtaining approval from EMA for resmetirom and expected commercialization in Europe; the expected timing and potential impact of positive results from the MAESTRO-NASH OUTCOMES trial; the potential benefit of Rezdiffra in patients with compensated MASH cirrhosis; the potential of Rezdiffra as the foundational therapy in MASH treatment; the competitive landscape and market dynamics; estimates of patients diagnosed with MASH and market opportunities; and strategies, objectives and commercial opportunities, including potential prospects or results.

Forward-looking statements can be identified by terms such as “accelerate,” “achieve,” “allow,” “anticipates,” “appear,” “be,” “believes,” “can,” “confidence,” “continue,” “could,” “demonstrates,” ”design,” “estimates,” “expectation,” “expects,” “forecasts,” “future,” “goal,” “help,” “hopeful,” “inform,” “intended,” “intends,” “may,” “might,” “on track,” “planned,” “planning,” “plans,” “positions,” “potential,” “powers,” “predicts,” ”predictive,” “projects,” “seeks,” “should,” “will,” “will achieve,” “will be,” “would”, “future” or similar expressions and the negatives of those terms.

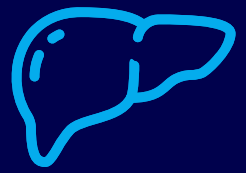
Forward-looking statements are subject to a number of risks and uncertainties including, but not limited to: the assumptions underlying the forward-looking statements; risks related to obtaining and maintaining regulatory approvals, including, but not limited to, potential regulatory delays or rejections; the challenges with the commercial launch of a new product, particularly for a company that did not have commercial experience prior to 2024; our history of operating losses and the possibility that we may never achieve or maintain profitability; risks associated with meeting the objectives of Madrigal’s clinical trials, including, but not limited to Madrigal’s ability to achieve enrollment objectives concerning patient numbers (including an adequate safety database), outcomes objectives and/or timing objectives for Madrigal’s trials; any delays or failures in enrollment, and the occurrence of adverse safety events; risks related to the effects of Rezdiffra’s mechanism of action; market demand for and acceptance of Rezdiffra; the potential inability to raise sufficient capital to fund ongoing operations as currently planned or to obtain financing on acceptable terms; our ability to service indebtedness and otherwise comply with debt covenants; outcomes or trends from competitive trials; future topline data timing or results; our ability to prevent and/or mitigate cyber-attacks; the timing and outcomes of clinical trials of Rezdiffra; the uncertainties inherent in clinical testing; uncertainties concerning analyses or assessments outside of a controlled clinical trial; and changes in laws and regulations applicable to our business and our ability to comply with such laws and regulations. Undue reliance should not be placed on forward looking statements, which speak only as of the date they are made. Madrigal undertakes no obligation to update any forward-looking statements to reflect new information, events, or circumstances after the date they are made, or to reflect the occurrence of unanticipated events. Please refer to Madrigal’s submissions filed with the U.S. Securities and Exchange Commission (“SEC”) for more detailed information regarding these risks and uncertainties and other factors that may cause actual results to differ materially from those expressed or implied. Madrigal specifically discusses these risks and uncertainties in greater detail in Part I, Item 1A of its Annual Report on Form 10-K for the year ended December 31, 2024, filed with the SEC on February 26, 2025, and as updated from time to time by Madrigal’s other filings with the SEC.

Agenda

Madrigal: Extending Our Leadership in MASH	**Bill Sibold** Chief Executive Officer Madrigal
Overview of Compensated MASH Cirrhosis (F4c) and Clinically Significant Portal Hypertension	**Michael Charlton, M.B.B.S.** Senior Vice President, Clinical Development Madrigal
EASL 2025: Rezdiffra Open-Label Compensated MASH Cirrhosis (F4c) Arm of the Phase 3 MAESTRO-NAFLD-1 Trial	**Naim Alkouri, M.D.** Chief Academic Officer, Summit Clinical Research; Director of the Steatotic Liver Disease Program, Clinical Research Institute of Ohio
Q&A	**Bill Sibold, Michael Charlton and Naim Alkouri**

Today's Objectives

Educate on F4c and Clinically Significant Portal Hypertension

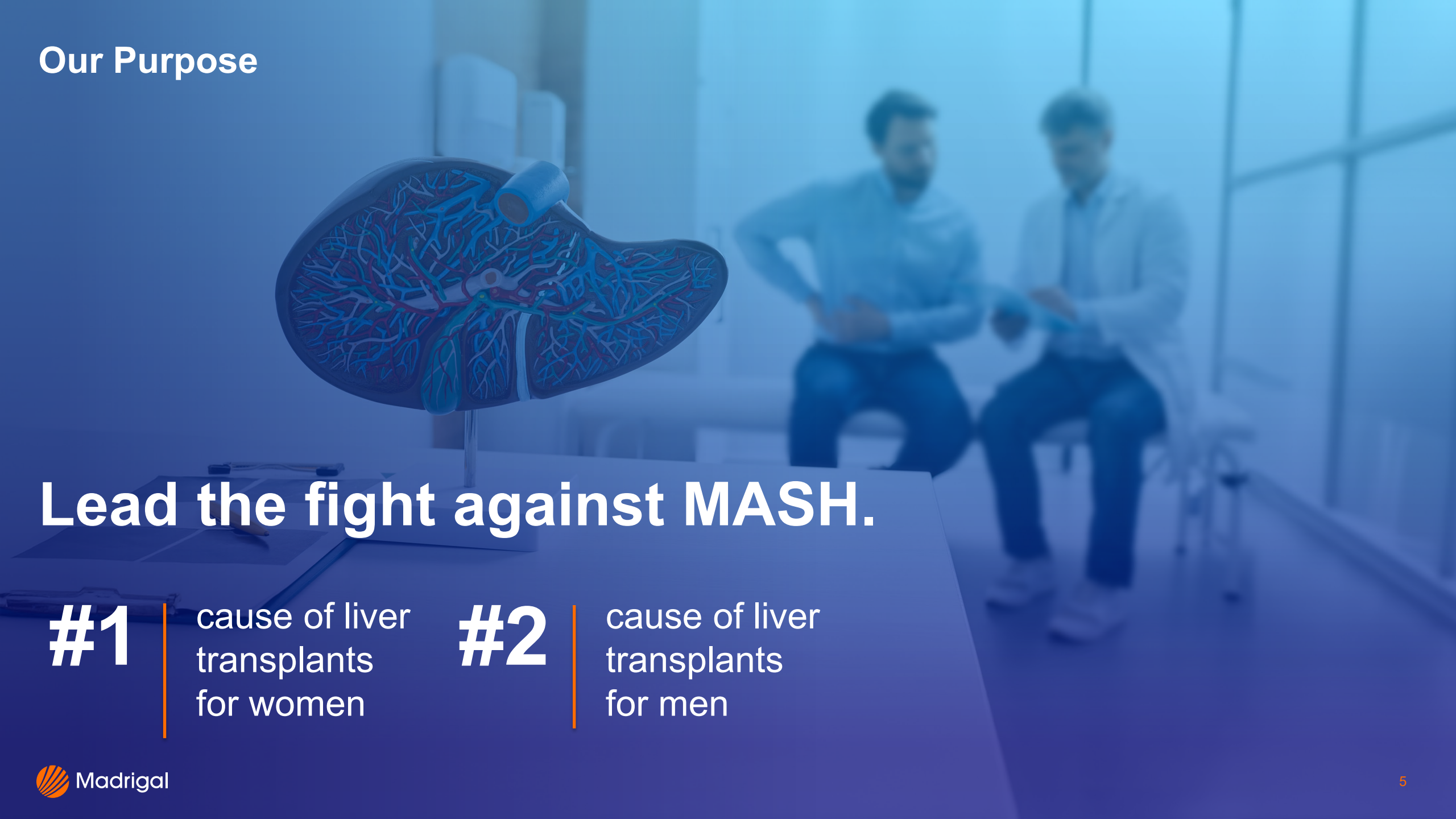


Review New 2-Year Open-Label F4c Data Presented at EASL

EASL

Reinforce Confidence in MAESTRO-NASH OUTCOMES

Our Purpose



Lead the fight against MASH.

#1 cause of liver transplants for women

#2 cause of liver transplants for men

Rezdiffra is the First and Only FDA Approved Treatment for MASH (F2/F3)

Rezdiffra™
resmetirom tablets
60mg · 80mg · 100mg

Liver-directed MOA

THR-β agonist targets underlying causes of MASH

Highly effective

Halts/improves liver stiffness

Once daily oral pill

Differentiated ease of administration

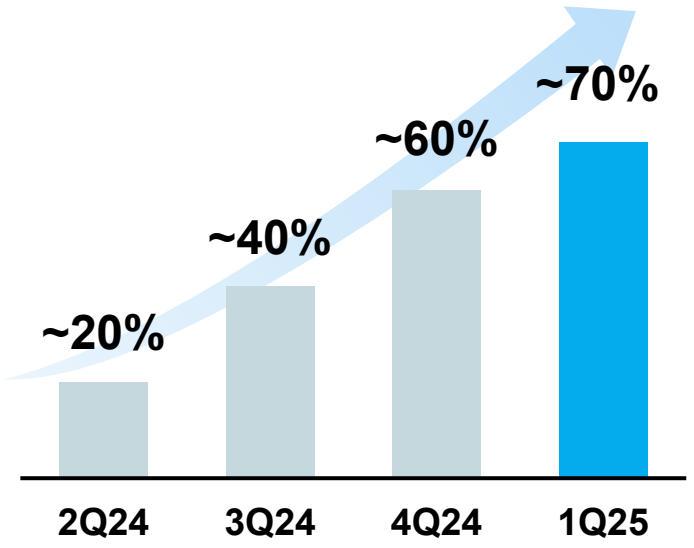
Well tolerated

Positive real-world impact

Strong Uptake of Rezdiffra: Prescriber Penetration and Patient Adds

Penetration of Top Targets (%)

Top targets ~6,000



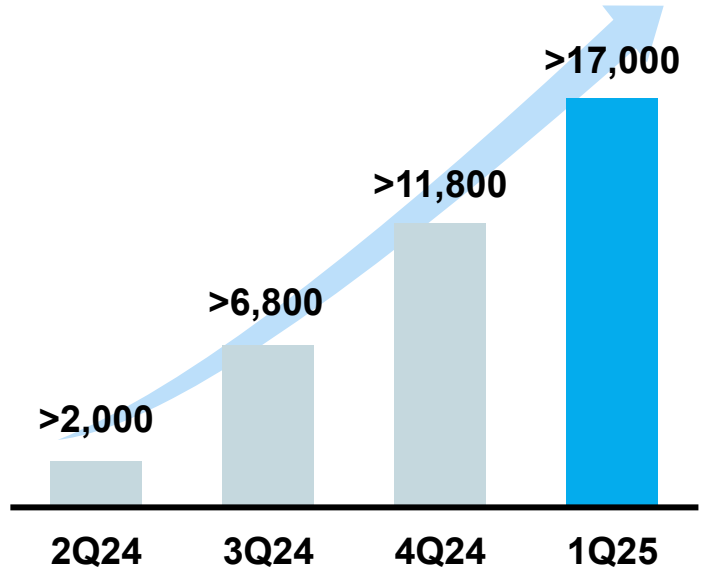
Penetration of Total Targets (%)

Total targets ~14,000

~50%

of 14,000 total
target prescribers have prescribed Rezdiffra
as of 1Q25

Patients on Rezdiffra: Steadily Adding New Patients



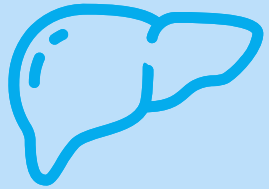
Madrigal: Our Strategy to Extend Our MASH Leadership

U.S. launch execution in F2/F3

- ✔ Tracking with best-in-class launches
- ✔ Building on strong momentum in 2nd year of launch

Indication expansion into F4c

- ✔ Rezdiffra has potential to be first medicine approved for F4c
- ✔ Can potentially double Rezdiffra's opportunity



Geographic expansion

- ✔ Expecting mid-2025 CHMP opinion[1]
- ✔ EU launch on schedule for 2H25, pending EMA approval[2]

Building a strong pipeline

- ✔ Actively evaluating opportunities to extend our leadership position in MASH

1. **CHMP**: Committee for Medicinal Products for Human Use; 2. **EMA**: European Medicines Agency.

Rezdiffra Has Strong Potential in F4c

Unmet Need in F4c

- No FDA-approved treatments
- F4c represents a significant unmet need

Liver-Directed MoA

- Rezdiffra directly targets the liver to reduce fibrosis via THR-β agonism
- THR-β: master regulator of liver metabolism

Open-Label Data and Outcomes Trial

- Promising 2-year OLE data in F4c[1]
- MAESTRO-NASH OUTCOMES Phase 3 placebo-controlled trial in F4c

Real-World Use; First-Mover Advantage

- Attractive profile
- Significant real-world use
- Potential first-mover advantage

1. **OLE**: open-label extension.

Overview of Compensated MASH Cirrhosis (F4c)

Michael Charlton, M.B.B.S.,
SVP, Clinical Development,
Madrigal

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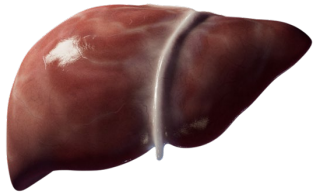
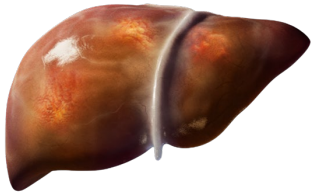
MASH is a Chronic and Progressive Liver Disease That Leads to Cirrhosis



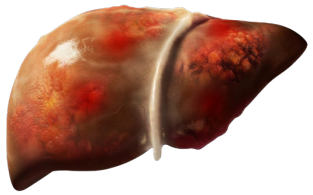
Normal Liver

Fat accumulation →



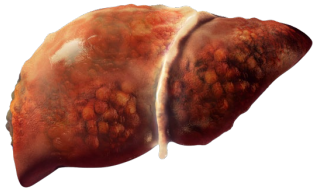
MASH with Mild Fibrosis

Mild
F1
fibrosis stage 1



MASH with Moderate Fibrosis

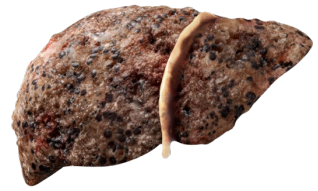
Moderate
F2
fibrosis stage 2



MASH with Advanced Fibrosis

Advanced
F3
fibrosis stage 3

Current FDA indication for Rezdiffra



Cirrhosis

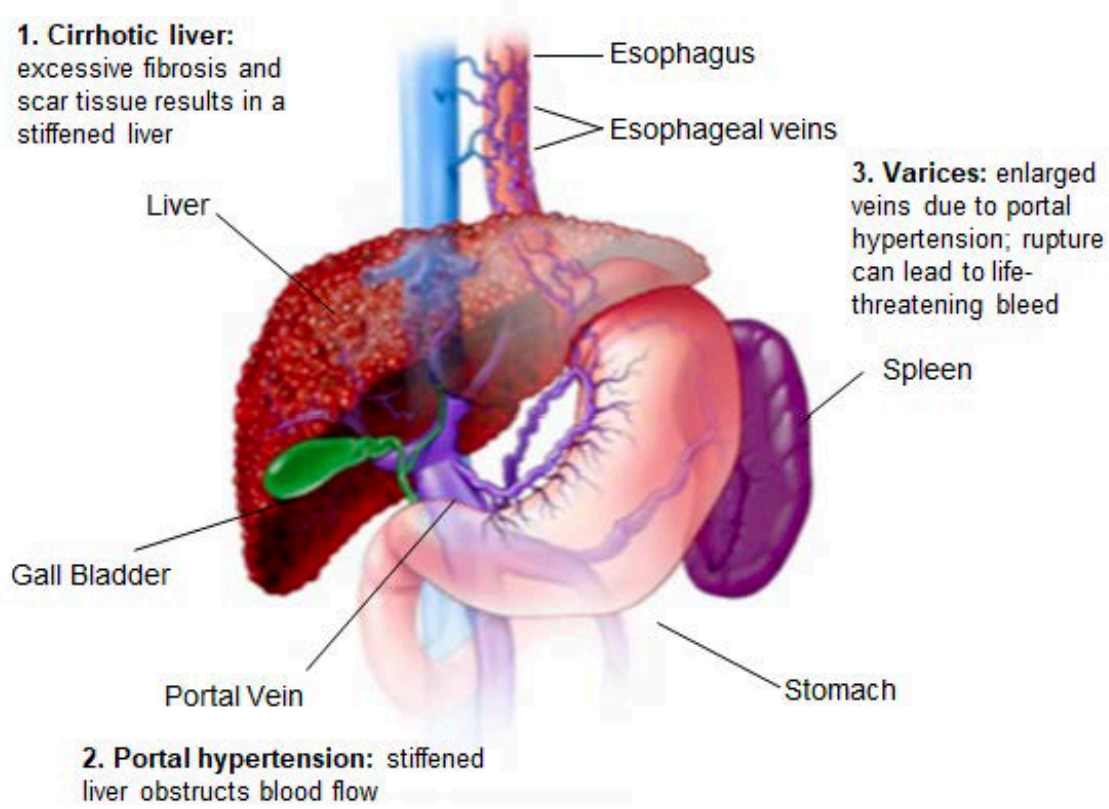
Cirrhosis
F4
fibrosis stage 4

OUTCOMES trial underway in F4c[1]

1. **F4c**: Compensated MASH cirrhosis.

Clinically Significant Portal Hypertension (CSPH) is a Consequence of More Advanced Cirrhosis That Leads to Life-Threatening Liver-Related Events

- CSPH is a major consequence of cirrhosis and responsible for its most severe complications, such as ascites, variceal bleeding and hepatic encephalopathy
- Fibrosis hardens and stiffens the liver, obstructing normal blood flow to the portal vein, resulting in portal hypertension and an enlarged spleen
- An enlarged spleen sequesters platelets (removes from circulation), resulting in a lower platelet count



Clinically significant portal hypertension (CSPH) is responsible for the most severe and fatal complications of cirrhosis.[1]

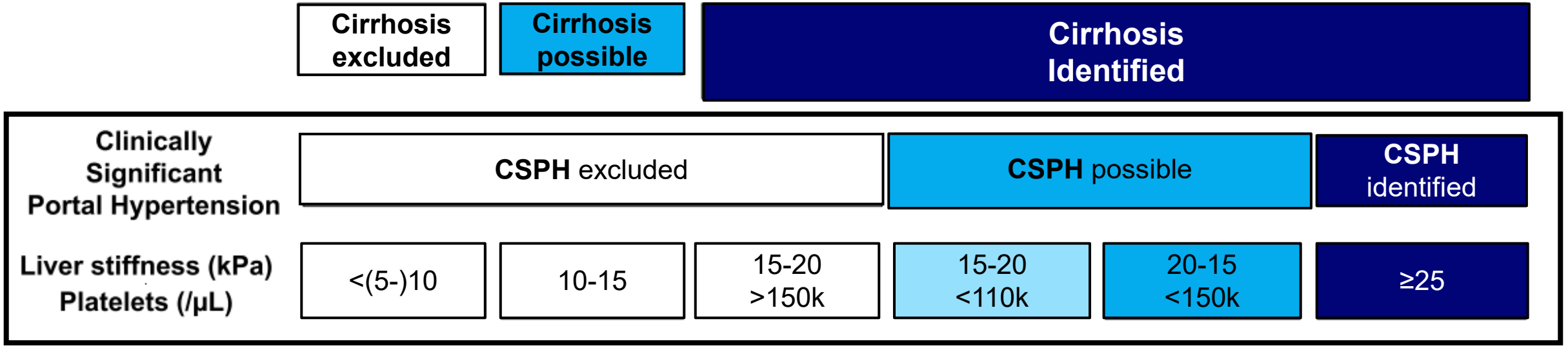
1. de Franchis R, et al. Baveno VII Faculty. Baveno VII - Renewing consensus in portal hypertension [published correction appears in J Hepatol. 2022 Jul;77(1):271; image adapted from Mayo Clinic: Esophageal varices - Symptoms and causes - Mayo Clinic

Liver Specialists Use the Baveno Criteria to Predict Risk of CSPH Based on Liver Stiffness and Platelet Count

JOURNAL OF HEPATOLOGY

Baveno VII – Renewing consensus in portal hypertension

Roberto de Franchis[1,*], Jaime Bosch[2,3], Guadalupe Garcia-Tsao[4,5], Thomas Reiberger[6,7], Cristina Ripoll[8], on behalf of the Baveno VII Faculty[§]



Source: Image adapted from Mendizabal M, Cançado GGL, Albillos A. Evolving portal hypertension through Baveno VII recommendations. Ann Hepatol. 2024;29(1):101180; cirrhosis used interchangeably with cACLD (compensated advanced chronic liver disease).

Lowering Risk of CSPH Reduces Liver-Related Events; Reduction of Liver Stiffness is a Validated Predictor of Liver-Related Outcomes

JAMA | Original Investigation

Lin, et al. 2024;331:1287-1297

Vibration-Controlled Transient Elastography Scores to Predict Liver-Related Events in Steatotic Liver Disease

A 25% reduction in liver stiffness was associated with about a 30-40% relative reduction in risk of developing clinical outcomes[1].

JOURNAL OF HEPATOLOGY

Paternostro, et al. 2024;81:827-836

Hepatic Venous Pressure Gradient Predicts Risk of Hepatic Decompensation and Live-Related Mortality in Patients with MASLD

CSPH was associated with a significantly higher risk of first hepatic decompensation and liver-related mortality.

Gastroenterology

Semmler, et al. 2023;165:1041-1052

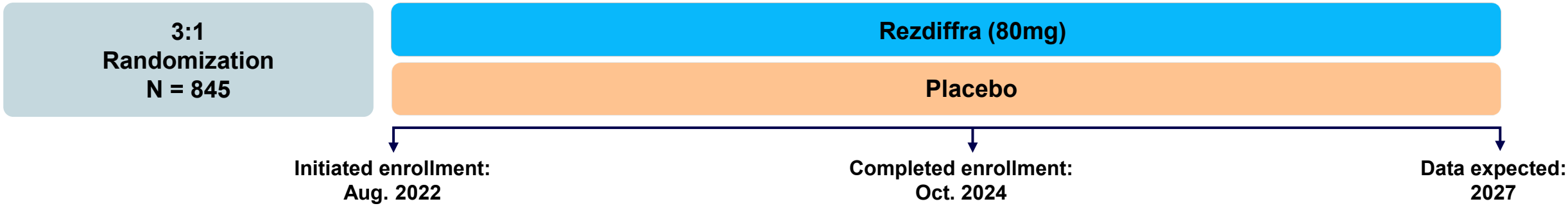
Dynamics in Liver Stiffness Measurements Predict Outcomes in Advanced Chronic Liver Disease

Dynamics in LSM are directly linked to increased and decreased risk of hepatic decompensation in compensated and decompensated advanced chronic liver disease.

1. Lin H, Lee HW, Yip TC, et al. Vibration-Controlled Transient Elastography Scores to Predict Liver-Related Events in Steatotic Liver Disease. *JAMA*. 2024;331(15):1287-1297, supplementary materials: eFigure 12.

Rezdiffra's Potential Benefit in F4c Patients Being Evaluated in Our Phase 3 Trial MAESTRO-NASH OUTCOMES

MAESTRO-NASH OUTCOMES Trial Design



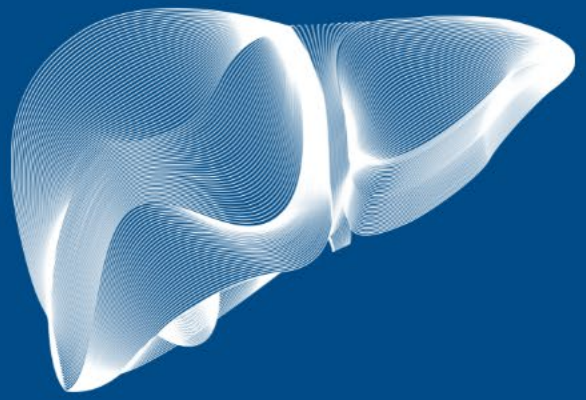
Summary

- Event-driven trial evaluating progression to liver decompensation
- Designed to expand the eligible patient population to include patients with compensated MASH cirrhosis (F4c) and support full approval
- 845 patients enrolled

Primary Outcome Measure[1]

- Time to adjudicated composite clinical outcomes: Mortality, liver transplant, ascites, hepatic encephalopathy, gastroesophageal variceal bleeding, and confirmed increase of MELD score from <12 to ≥15 due to liver disease[2]

1. **Nonalcoholic Steatohepatitis with Compensated Cirrhosis: Developing Drugs for Treatment Guidance for Industry, U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER), June 2019**:The FDA strongly recommends clinical outcome trials to support a marketing application. Histological improvements in fibrosis can be proposed and justified; however, at present the relationship between histological changes in cirrhosis and clinical outcomes has not been characterized, and further, reversal of cirrhosis (e.g., fibrosis stage F4) may not be feasible. Because currently there is insufficient evidence to support the use of histological improvements as a surrogate endpoint that is reasonably likely to predict clinical benefit to support accelerated approval, in general, the FDA expects to evaluate drugs for the treatment of compensated MASH cirrhosis under the traditional approval pathway; 2. **MELD:** Model for End-stage Liver Disease.



EASL CONGRESS
7-10 May 2025
Amsterdam, the Netherlands

Treatment with resmetirom for up to two years led to improvement in liver stiffness, fibrosis biomarkers, fibrosis scores and portal hypertension in 122 patients with compensated MASH cirrhosis

N. Alkhouri,[1] R. Taub,[2] X. Lu,[2] R. Pushkin,[2] M. Charlton,[2] S. Moussa,[3] A. Kohli,[4] M. Noureddin,[4] J. M. Schattenberg[5]

1: Arizona Liver Health, Phoenix, US; 2: Madrigal Pharmaceuticals, West Conshohocken, US; 3: University of Arizona for Medical Sciences, Tucson, US; 4: Houston Research Institute, Houston, US; 5: Universitätsklinikum des Saarlandes, Homburg, Germany

Unmet Need in MASH Cirrhosis

High Risk of Outcomes, No Approved Disease Modifying Therapies

Resmetirom, an oral, once-daily, liver-directed thyroid hormone receptor β (THR-β) agonist, is the only FDA-approved therapy for MASH (as of 2024).

No approved therapies for patients with compensated cirrhosis due to MASH.

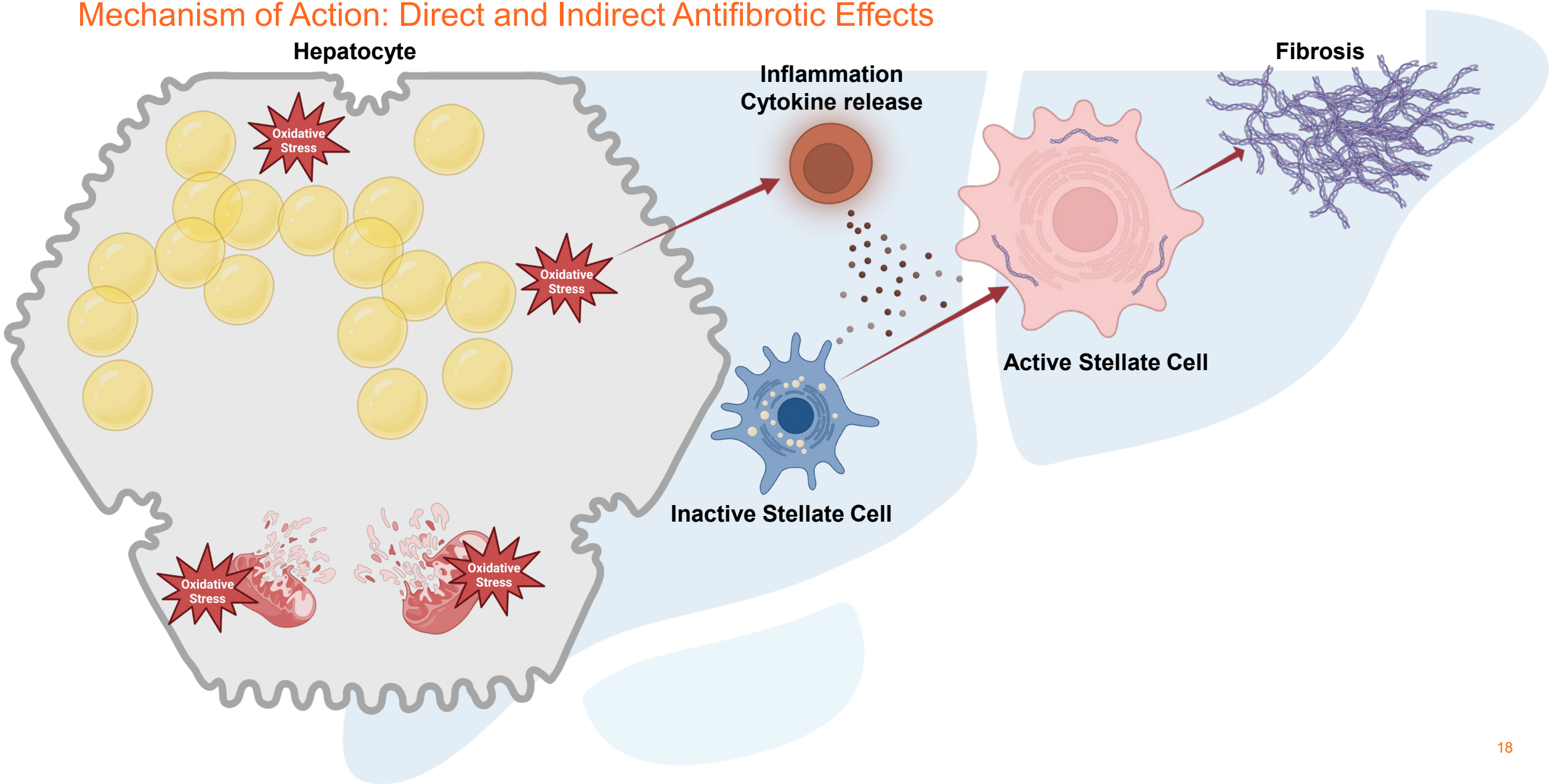
Cirrhosis (F4) is highly associated with clinical outcomes including hepatic decompensation events, liver failure, liver transplant and mortality

MASH: metabolic dysfunction-associated steatohepatits

Harrison SA et al. N Engl J Med. 2024 Feb 8;390(6):497-509; Sanyal AJ et al. N Engl J Med. 2021 Oct 21;385(17):1559-1569;

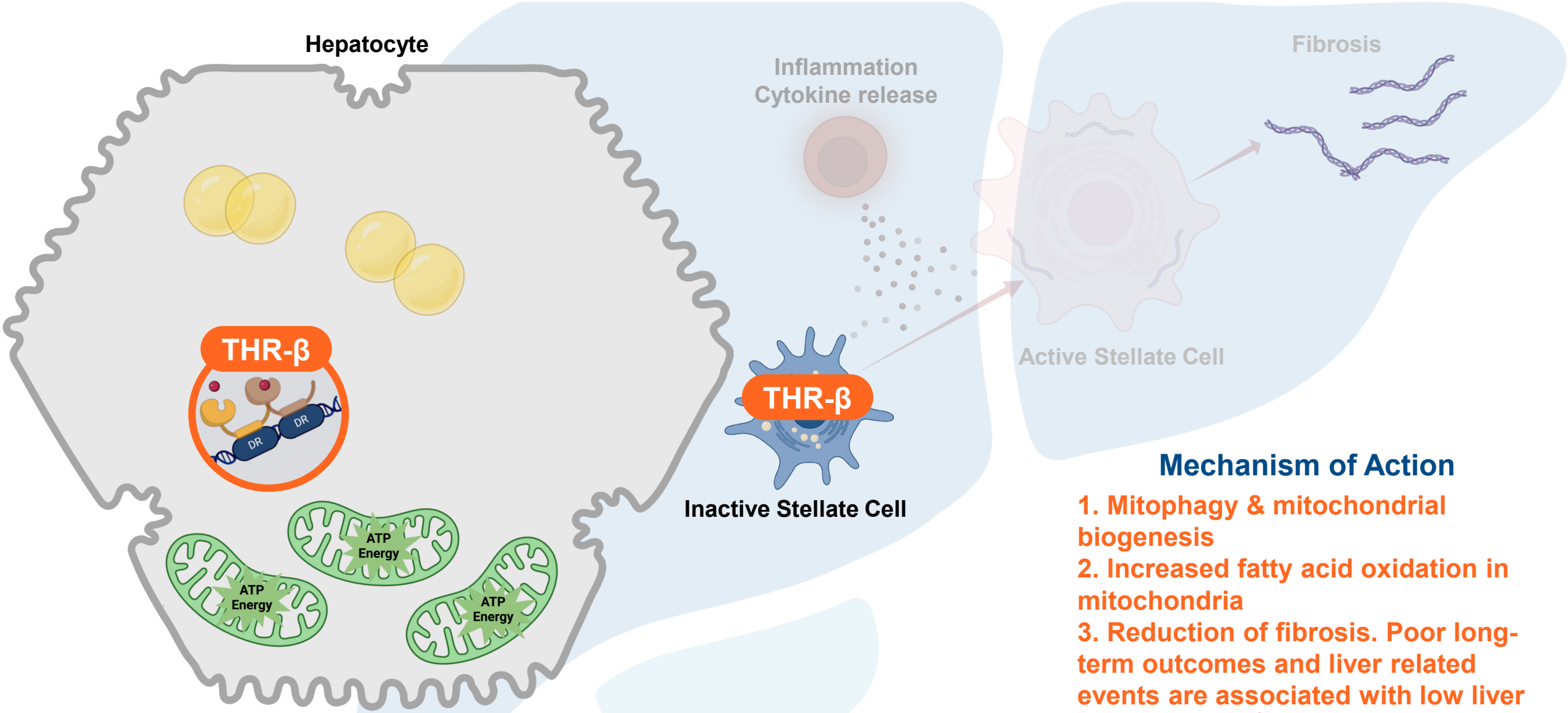
Resmetirom

Mechanism of Action: Direct and Indirect Antifibrotic Effects



Resmetirom

Mechanism of Action: Direct and Indirect Antifibrotic Effects



Mechanism of Action

1. Mitophagy & mitochondrial biogenesis
2. Increased fatty acid oxidation in mitochondria
3. Reduction of fibrosis. Poor long-term outcomes and liver related events are associated with low liver THR-β activity[1]

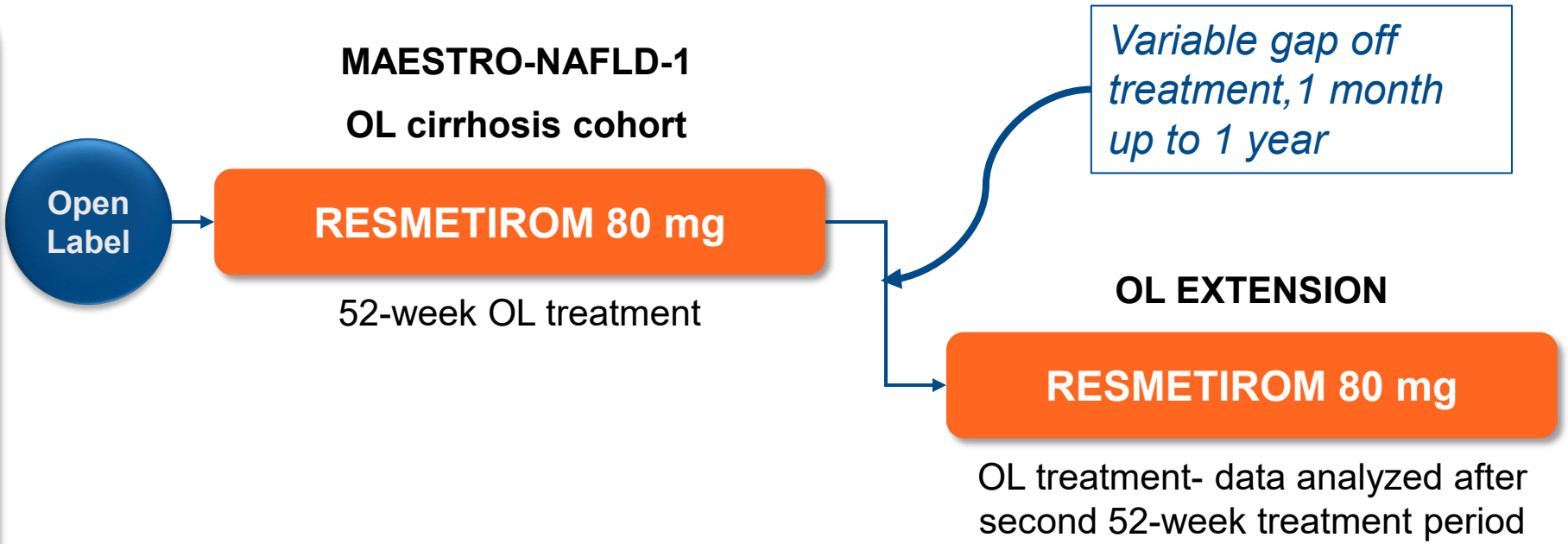
1. Kendall, T.J., Jimenez-Ramos, M., Turner, F. *et al.* An integrated gene-to-outcome multimodal database for metabolic dysfunction-associated steatotic liver disease. *Nat Med* **29**, 2939–2953 (2023). https://doi.org/10.1038/s41591-023-02602-2

Trial Design – Open-Label (OL) 52-Week Cirrhosis Arm of MAESTRO-NAFLD-1 followed by an Extension Trial

Inclusion Criteria

≥3 metabolic risk factors
Well-compensated MASH cirrhosis - Child Pugh A:

- F4 fibrosis[1] OR
- Non-invasive clinical assessment (liver stiffness (VCTE, MRE), platelets, ELF)
- **Allowed platelet count ≥70,000**
- No history of decompensation



Primary Endpoint

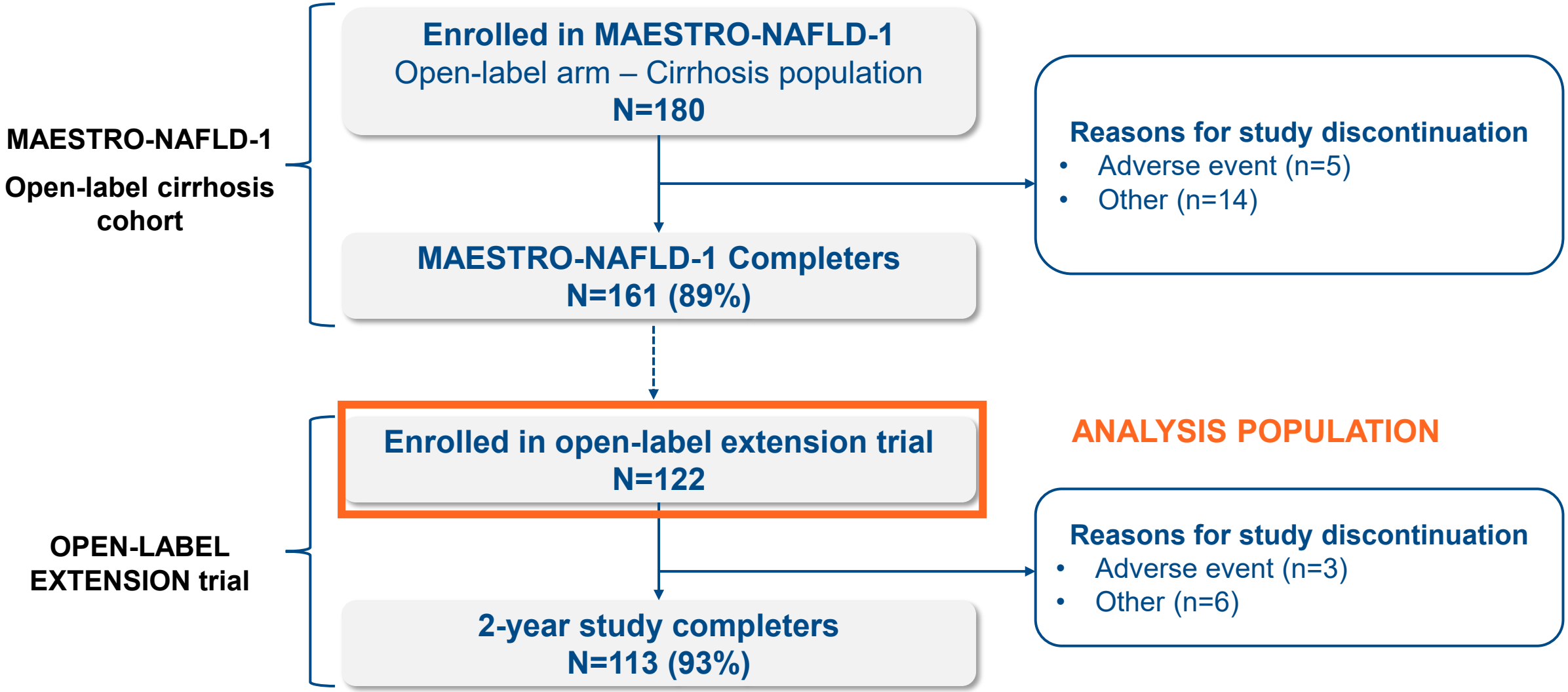
Safety and tolerability of resmetirom in cirrhosis patients

Secondary/Exploratory Endpoints

VCTE, MRE, MRI-PDFF, liver enzymes, biomarkers, lipids, liver and spleen volume

Liver biopsy was obtained 66% of patients; for patients with clinical progression from F3 on biopsy to F4, F4 was confirmed by plaetelets <LLN. (most) or MRE >4.2

Trial flow – Open-Label Cirrhosis Arm (MAESTRO-NAFLD-1) followed by an Extension Trial



Baseline Characteristics

	BL MRI-PDFF > 5%[1] N=93	BL MRI-PDFF ≤ 5% N=21
Age, years	61 (56, 68)	63 (61, 67)
Sex, Female	51 (55%)	11 (52%)
Ethnicity, Hispanic	28 (30%)	4 (19%)
BMI, kg/m^2	34.4 (30.6, 39.1)	33.5 (29.8, 37.9)
Type 2 Diabetes	63 (68%)	18 (86%)
VCTE, kPa	19.5 (17.1, 29.5)	24.6 (17.1, 39.4)
CAP, dB/m	331 (302, 372)	291 (249, 329)
MRE, kPa	5.2 (4.0, 6.1)	5.6 (4.9, 7.0)
MRI-PDFF, %	9.5 (7.3, 12.6)	3.9 (3.1, 4.4)
Liver Volume, mL	2291 (1903, 2737)	2093 (1649, 2473)
Spleen Volume, mL	476 (325, 721)	667 (414, 998)

	BL MRI-PDFF > 5% N=93	BL MRI-PDFF ≤ 5% N=21
ALT, U/L	37 (29, 50)	28 (25, 39)
GGT, U/L	66 (43, 126)	106 (45, 146)
Platelets, 10^9/L	139 (112, 193)	110 (90, 141)
Albumin, g/dL	4.2 (4.0, 4.4)	4.2 (4.0, 4.5)
LDL-C, mg/dL	95 (76, 123)	73 (62, 94)
Triglycerides, mg/dL	140 (103, 181)	114 (87, 122)
FIB-4	2.3 (1.6, 3.6)	3.5 (2.2, 4.0)
ELF Score	10.6 (9.9, 11.4)	11.0 (10.7, 11.7)

Data are median (Q1, Q3) or %

[1]Only 114/122 patients had baseline MRI-PDFF

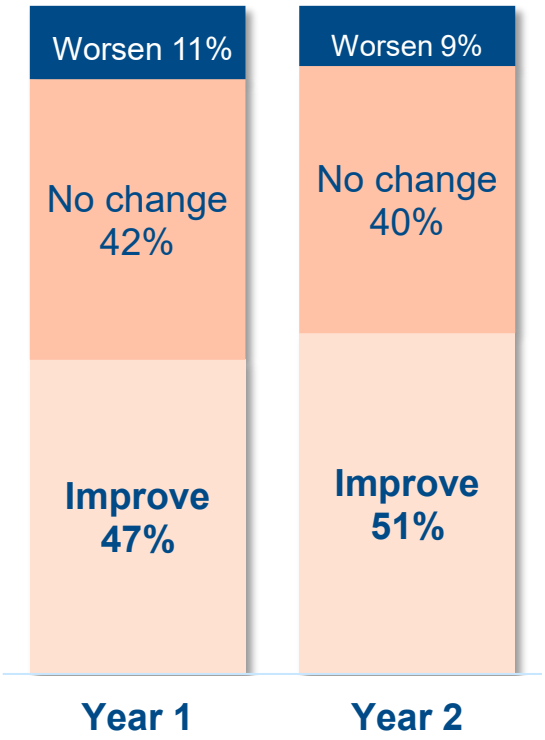
In MASH cirrhosis lower hepatic fat is associated with more advanced disease

Sustained Reductions in Liver Stiffness (LSM) after 2-Year Treatment with Resmetirom

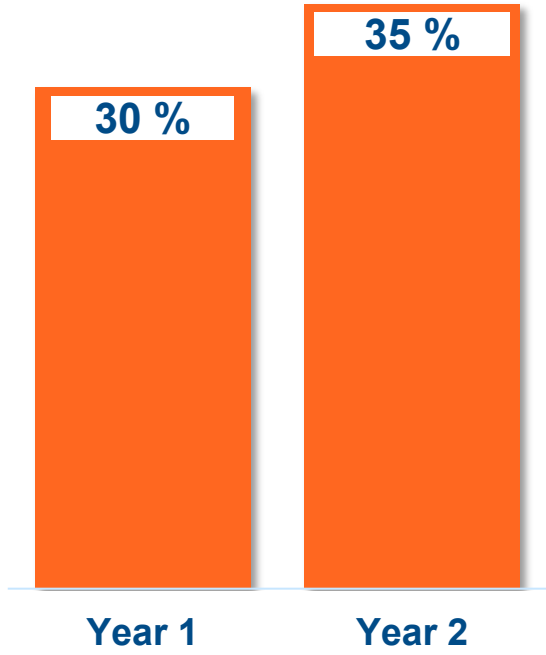
Mean Change from Baseline in VCTE

[1]statistically significant compared to baseline

Percent with 25% Change from Baseline in VCTE



% with Conversion from F4 to consistent with F3[1]



[1]Patients with confirmed F4 at baseline (liver biopsy F4 and/or platelets <140/MRE ≥5 with VCTE ≥15) showed a transition from F4 to potential F3 at year 2 (VCTE<15 and ≥25% decrease from baseline)

After 2 years on resmetirom, >50% of patients achieved sustained ≥25% reduction in LSM by VCTE

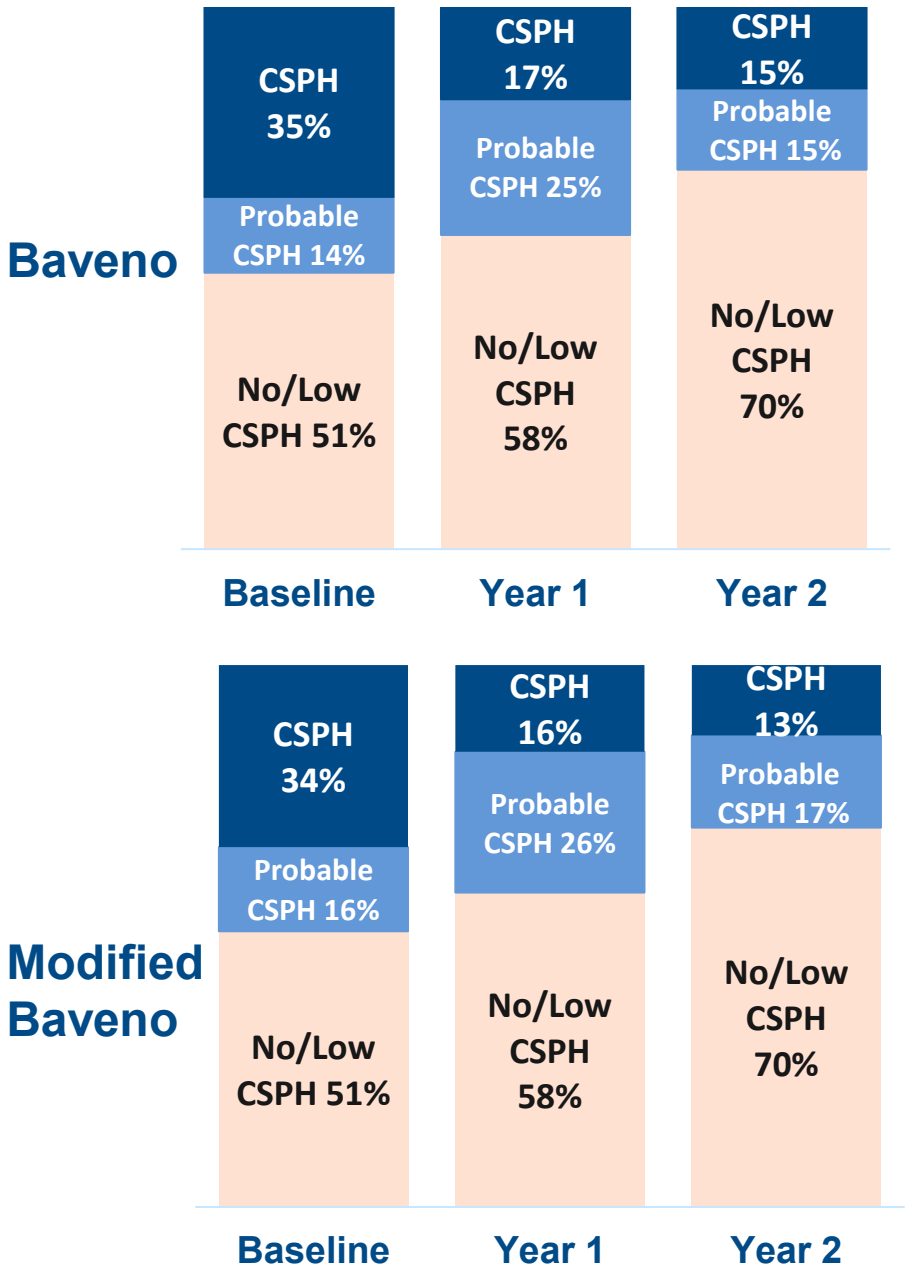
[1]Year 1: -6.4 (-9.2, -3.7) kPa; Year 2: -6.7 (-9.4 ,-4.1) kPa (95% confidence intervals). Panel 3 analyzed patients with both 1- and 2-year data . VCTE: vibration controlled transient elastography

Improvements in Portal Hypertension Risk Category with Resmetirom

- Clinically significant portal hypertension (CSPH) predicts liver related outcome events such as ascites, variceal hemorrhage and encephalopathy[1]
- Modified Baveno (similar to ANTICIPATE[2]) requires additional evidence for CSPH in MASH patients with VCTE ≥25; confirms CSPH risk

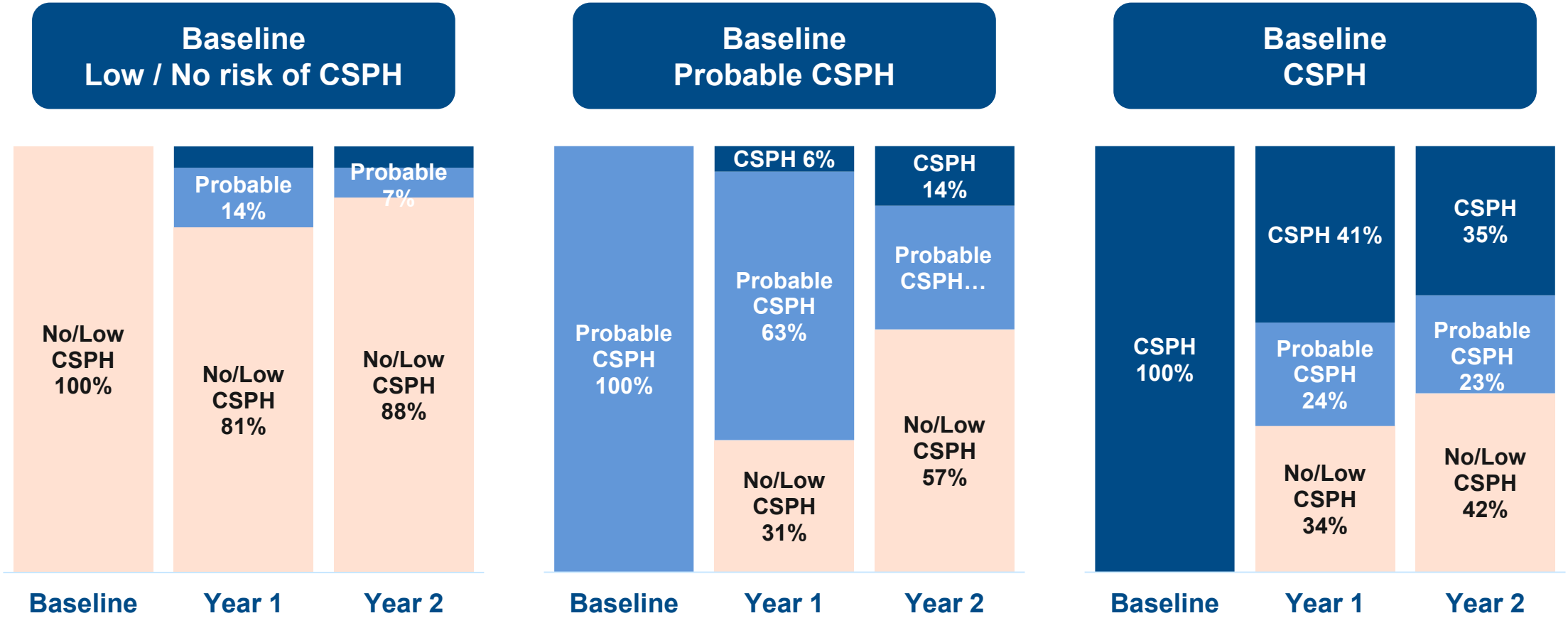
Risk of CSPH	Baveno	Modified Baveno
CSPH	VCTE ≥ 25	VCTE ≥ 25 **plus any one of**: - PLT < 150 - MRE ≥ 5 - ELF ≥ 11.3
Probable CSPH	20 ≤ VCTE < 25 & PLT < 150 **or** 15 ≤ VCTE < 20 & PLT < 110	
No/Low CSPH	Not meeting above criteria	

- Overall shift to lower CSPH risk at Year 1 and Year 2 whether Baveno or a modification of Baveno criteria are used



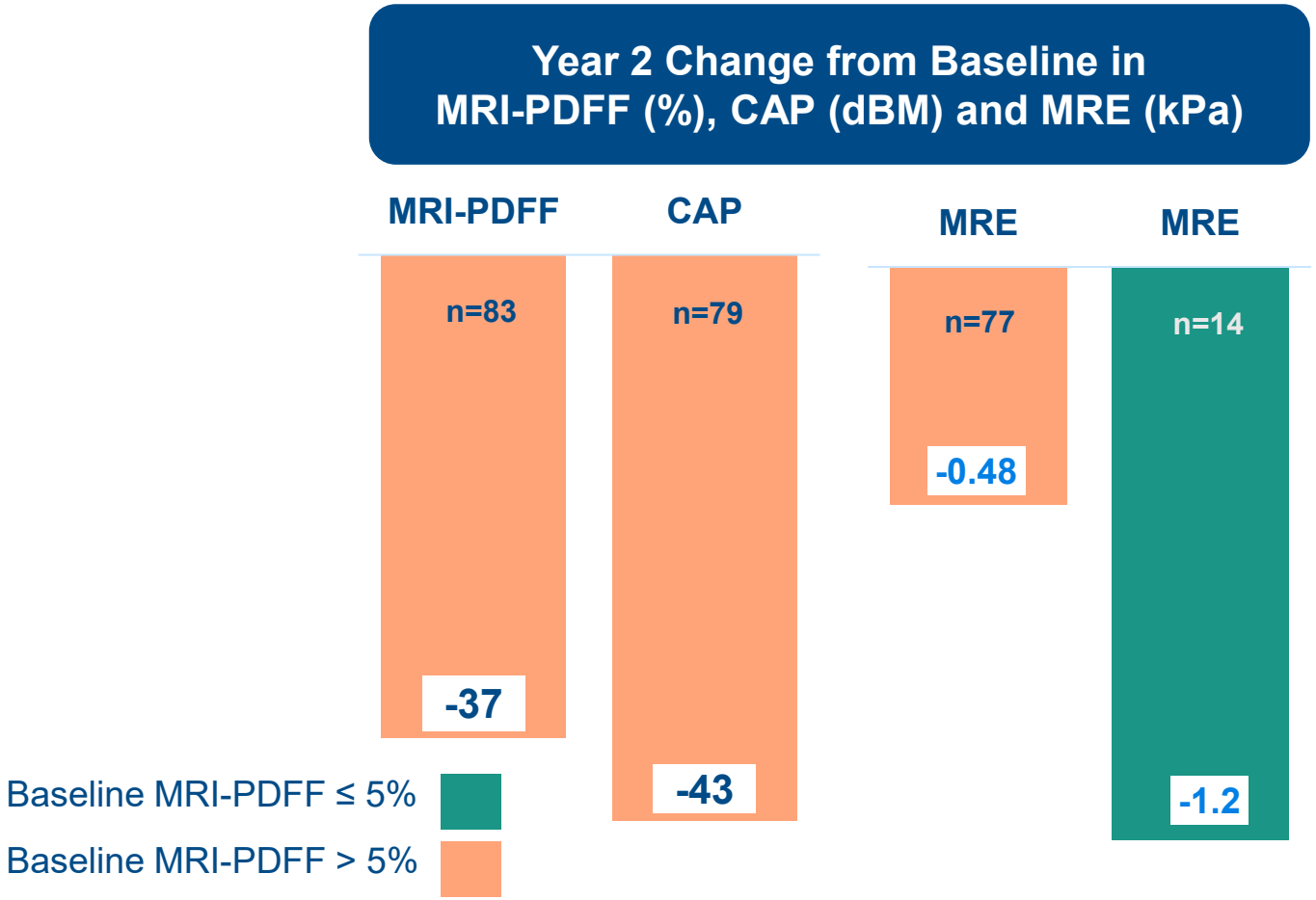
[1] doi: 10.1016/j.jhep.2021.12.022 [2]DOI: 10.1002/hep4.2091
CSPH: clinically significant portal hypertension; PLT, platelets;
modified Baveo ≥25kPa not meeting additional criteria were considered probable

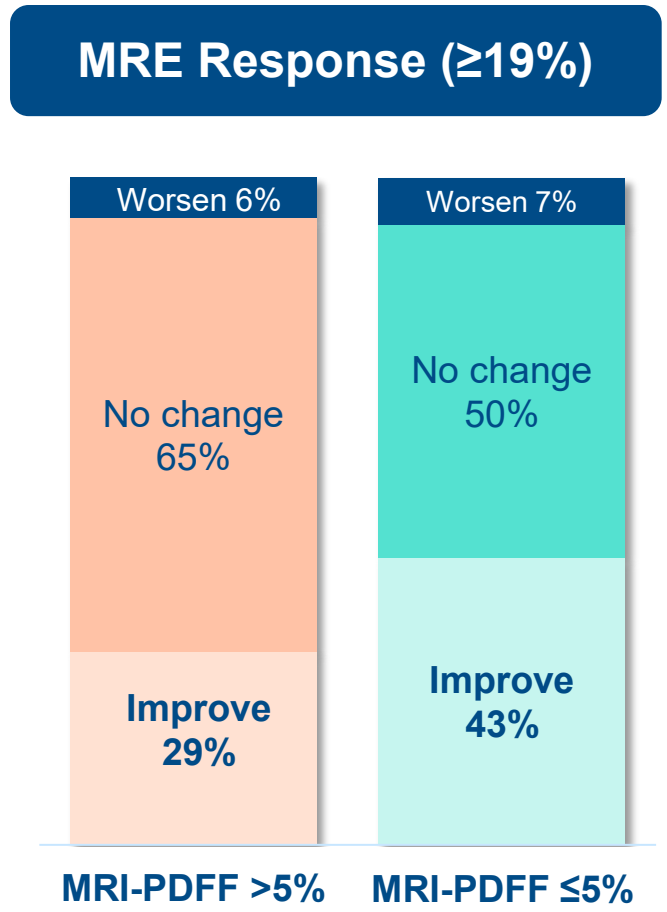
Improvements in Portal Hypertension Risk Category with Resmetirom



High, statistically significant, percentage of patients with probable CSPH and CSPH at baseline shift to lower risk category at Year 1 and Year 2 whether Baveno (shown) or modified Baveno criteria for CSPH are used

Sustained Reductions in Liver Fat and Liver Stiffness with Resmetirom at 2 Years

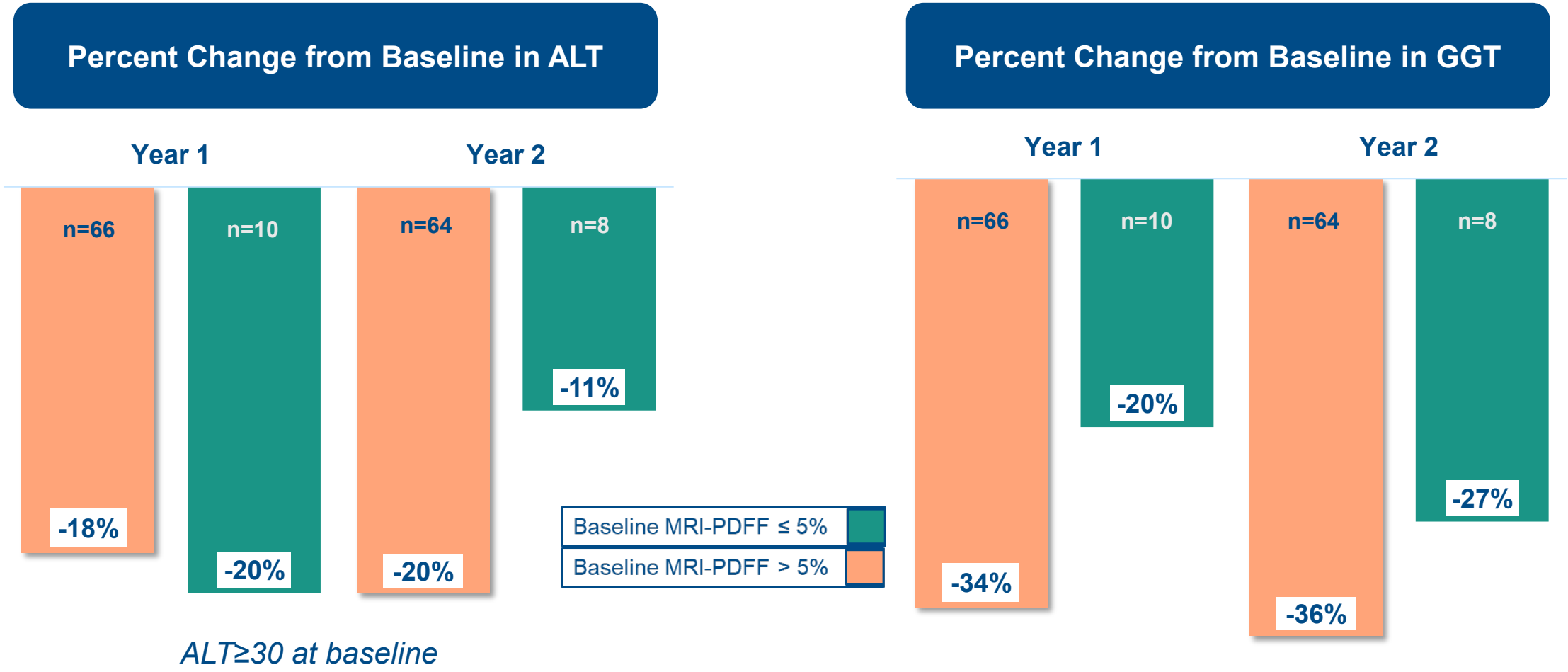




Statistically significant improvements in MRI-PDFF, CAP and MRE at 2 Years

Based on Observed Data – Median % change from baseline MRI-PDFF; Mean change from baseline CAP (-43(-58,-28); Mean kPa change from baseline MRE, overall, -0.57-0.88,-0.29); MRE response -19% improve, increase 19%, worsen
MRI-PDFF: magnetic resonance imaging-proton density fat fraction; LDL-c: low-density lipoprotein cholesterol

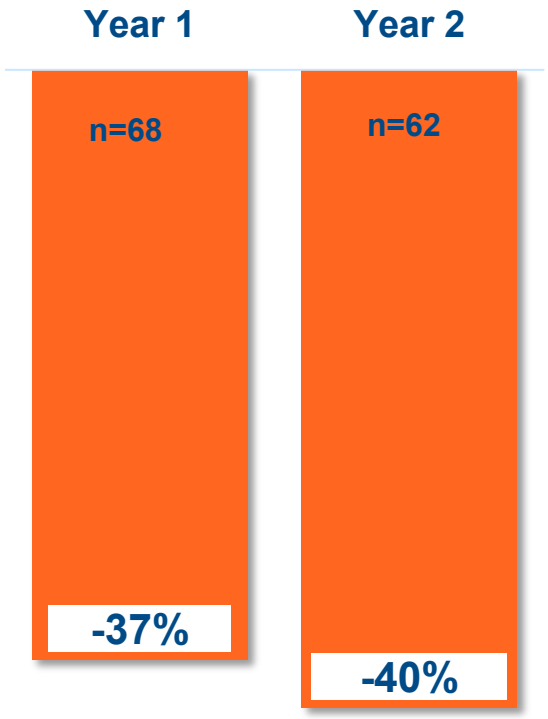
Sustained Statistically Significant Improvements in ALT and GGT



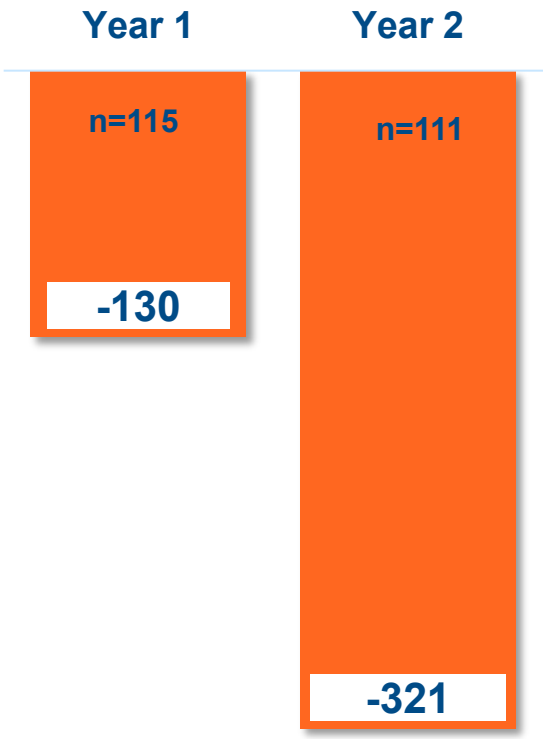
Based on Observed Data – mean % change from baseline in patients with baseline ALT>=30 IU; Overall ALT, Year 1 Week 48, -18% (-26%,-11%); Year 2 Week 104, -19% (-27%,-11%); Overall GGT Year 1, Week 48-32% (-38%,-27%), Year 2 Week 104, -35% (-44%, -27%); mean % change (95% CI) median % change in ALT in <=55 at Year 2
, ALT: alanine aminotransferase, GGT: gamma-glutamyl transferase;

Reductions in Fibrosis and Liver Injury Biomarkers at 2 Years

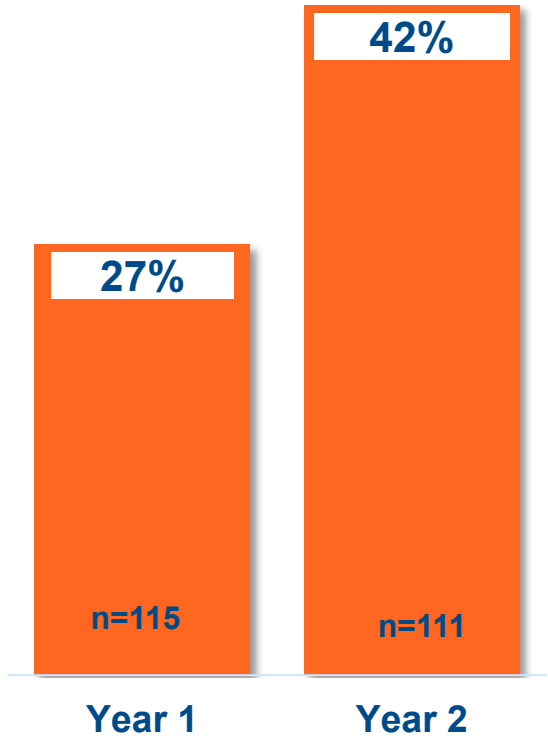
Relative Change from Baseline in PRO-C3



Mean Change from Baseline in CK-18 (ug/ml)

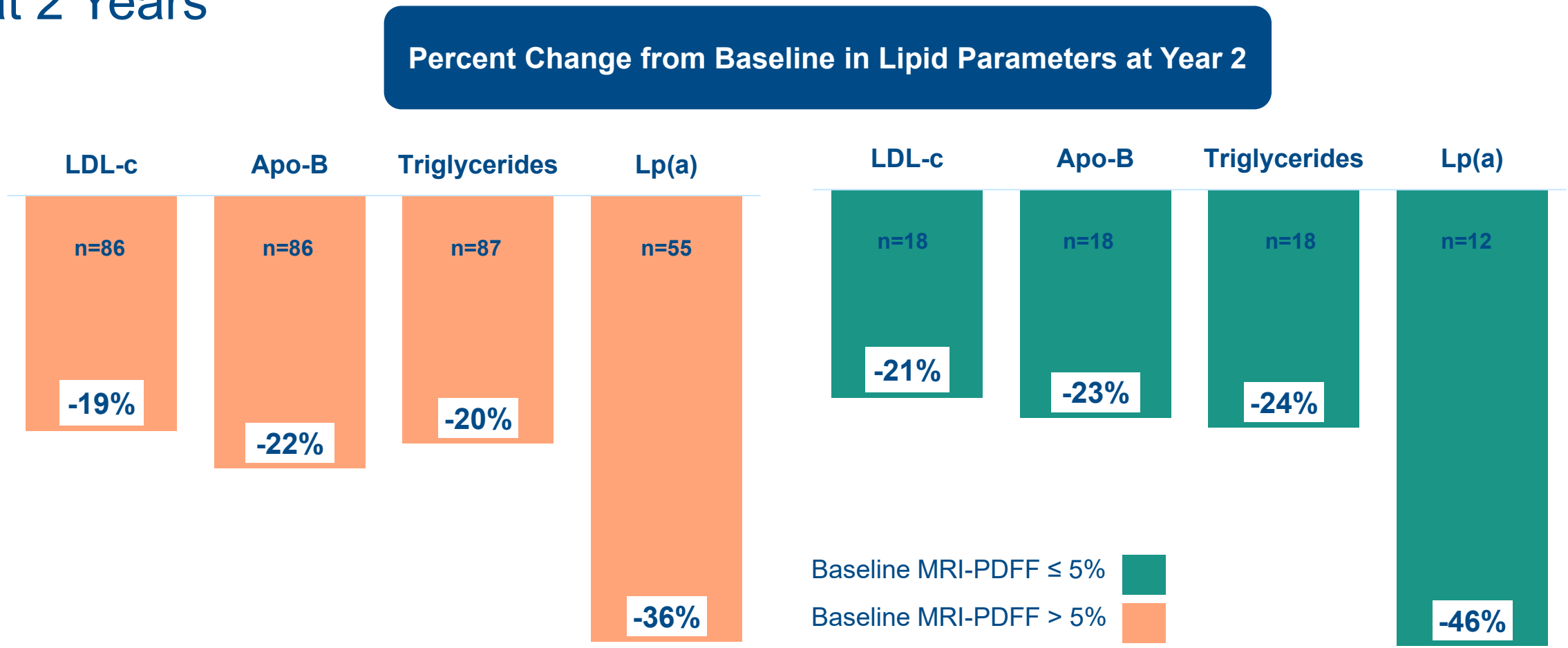


Relative Change from Baseline in Adiponectin



Based on Observed Data -Mean change from baseline; PRO-C3 baseline was obtained in approximately 50% of patients; CK-18, Year 1, -130 ug/ml (-216,-44) Year 2, -321ug/ml (-398, -243); adiponectin Year 2 42% (29%,55%)

Results: Sustained Reductions in Atherogenic Lipids with Resmetirom at 2 Years

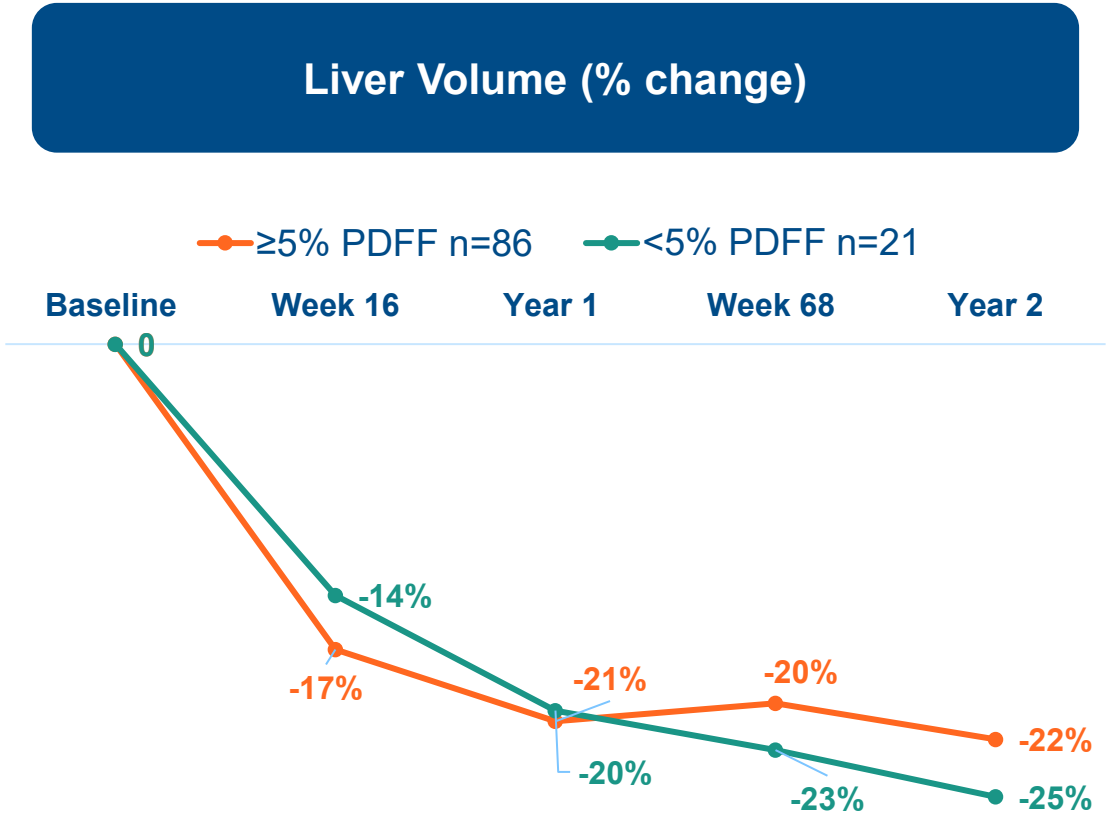


Statistically significant atherogenic lipid reductions consistent with non-cirrhotic MASH, independent of liver fat content

Based on Observed Data Week 92, -% change from baseline; all within group lipid changes are statistically significant
ApoB: Apolipoprotein B; MRI-PDFF: magnetic resonance imaging-proton density fat fraction; LDL-c: low-density lipoprotein cholesterol

MRI-Based Liver and Spleen Volume Assessments

Baseline liver fat independent reduction of enlarged MASH cirrhotic livers



- Liver volumes are increased in compensated MASH cirrhosis by approximately 40% relative to expected liver size
- Liver volume (mean) decrease of 22 to 25% by resmetirom was independent of baseline MRI-PDFF
- MRI was used to measure spleen volume. Platelets and spleen volume, both surrogates of portal hypertension, are inversely correlated (CC= -0.6)
- Mean spleen volume was reduced by resmetirom at years 1 and 2 in patients with baseline platelets>100K. Spleen volume change correlated with change in platelets (CC= -0.39) and change in VCTE (CC= 0.32)

Safety Summary after 2-year Open-Label Treatment with Resmetirom

Summary AEs (2 years of treatment)	Resmetirom (n=122)
Any TEAE	113 (93%)
Any SAE	27 (22.1%)
TEAE leading to Trial Discontinuation	3 (2.5%)
Death[1]	2 (1.6%)
Common AEs[2]	**Resmetirom (n=122)**
AE occurring in >15% of patients	
Diarrhea	46 (38%)
Covid-19	38 (31%)
Nausea	38 (31%)
Urinary Tract Infection	33 (27%)
Headache	21 (17%)
Arthralgia	19 (16%)
Fatigue	19 (16%)
Pruritus	20 (16%)
Vomiting	18 (15%)

Data are n (%)

- Safety data were consistent with previous studies
- Resmetirom was well-tolerated in this high risk population, low discontinuation rate
  - All SAEs unrelated to study drug
- Overall, 6/122 patients experienced decompensation events through two years of treatment
  - 5/6 had either elevated baseline MELD and/or baseline platelets <100k

1. Deaths are Covid and metastatic cancer. 2. Common AE safety data extended beyond two years in some patients.

Summary

Resmetirom was well tolerated over 2 years in patients with well-compensated cirrhosis.

>50% of patients achieved a sustained ≥25% reduction in LSM

Lower VCTEs are associated with less progression to decompensation

Reduced clinically significant portal hypertension risk score based on Baveno and modified Baveno criteria

Clinically significant portal hypertension predicts progression to decompensation

Multiple biomarker and imaging evidence of improvement

Results support the potential clinical benefit of resmetirom in MASH cirrhosis that is being evaluated in the fully enrolled, ongoing MAESTRO-NASH-OUTCOMES trial (n = 845)

Rezdiffra Has Strong Potential in F4c

Unmet Need in F4c

- No FDA-approved treatments
- F4c represents a significant unmet need

Liver-Directed MoA

- Rezdiffra directly targets the liver to reduce fibrosis via THR-β agonism
- THR-β: master regulator of liver metabolism

Open-Label Data and Outcomes Trial

- Promising 2-year OLE data in F4c[1]
- MAESTRO-NASH OUTCOMES Phase 3 placebo-controlled trial in F4c

Real-World Use; First-Mover Advantage

- Attractive profile
- Significant real-world use
- Potential first-mover advantage

1. **OLE**: open-label extension.

About Rezdiffra

What is Rezdiffra?

Rezdiffra is a prescribed medicine used along with diet and exercise to treat adults with nonalcoholic steatohepatitis (NASH) with moderate to advanced liver scarring (fibrosis), but not with cirrhosis of the liver.
It is not known if Rezdiffra is safe and effective in children (under 18 years old).
This indication is approved based on improvement of NASH and liver scarring (fibrosis). There are ongoing studies to confirm the clinical benefit of Rezdiffra.

Before you take Rezdiffra, tell your healthcare provider about all of your medical conditions, including if you:

- have any liver problems other than NASH.
- have gallbladder problems or have been told you have gallbladder problems, including gallstones.
- are pregnant or plan to become pregnant. It is not known if Rezdiffra will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if Rezdiffra passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take Rezdiffra.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

- Rezdiffra and other medicines may affect each other, causing side effects. Rezdiffra may affect the way other medicines work, and other medicines may affect how Rezdiffra works.
- Especially tell your healthcare provider if you take medicines that contain gemfibrozil to help lower your triglycerides, or cyclosporine to suppress your immune system, because Rezdiffra is not recommended in patients taking these medicines.
- Tell your healthcare provider if you are taking medicines such as clopidogrel to thin your blood or statin medicines to help lower your cholesterol.
- Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

What are the possible side effects of Rezdiffra?

Rezdiffra may cause serious side effects, including:

- liver injury (hepatotoxicity). Stop taking Rezdiffra and call your healthcare provider right away if you develop the following signs or symptoms of hepatotoxicity: tiredness, nausea, vomiting, fever, rash, your skin or the white part of your eyes turns yellow (jaundice), pain or tenderness in the upper middle or upper right area of your stomach (abdomen).
- gallbladder problems. Gallbladder problems such as gallstones, inflammation of the gallbladder, or inflammation of the pancreas from gallstones can occur with NASH and may occur if you take Rezdiffra. Call your healthcare provider right away if you develop any signs or symptoms of these conditions including nausea, vomiting, fever, or pain in your stomach area (abdomen) that is severe and will not go away. The pain may be felt going from your abdomen to your back and the pain may happen with or without vomiting.

The most common side effects of Rezdiffra include: diarrhea, nausea, itching, stomach (abdominal) pain, vomiting, dizziness, constipation.
These are not all the possible side effects of Rezdiffra. For more information, ask your healthcare provider or pharmacist.
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
You may also report side effects to Madrigal at 1-800-905-0324.

Please see the full Prescribing Information, including Patient Information, for Rezdiffra.