ESPERION | REACHING GOALS

FDA Label Approval Investor Call

March 25, 2024

Presenters:

Sheldon Koenig, President and CEO
Dr. Payal Kohli, Preventive Cardiologist
Dr. JoAnne Foody, Chief Medical Officer
Eric Warren, Chief Commercial Officer

Forward-looking Statements & Disclosures

This press release contains forward-looking statements that are made pursuant to the safe harbor provisions of the federal securities laws, including statements regarding marketing strategy and commercialization plans, current and planned operational expenses, future operations, commercial products, clinical development, including the timing, designs and plans for the CLEAR Outcomes study and its results, plans for potential future product candidates, financial condition and outlook, including expected cash runway, and other statements containing the words “anticipate,” “believe,” “estimate,” “expect,” “intend,” “may,” “plan,” “predict,” “project,” “suggest,” “target,” “potential,” “will,” “would,” “could,” “should,” “continue,” and similar expressions. Any express or implied statements contained in this press release that are not statements of historical fact may be deemed to be forward-looking statements. Forward-looking statements involve risks and uncertainties that could cause Esperion’s actual results to differ significantly from those projected, including, without limitation, the net sales, profitability, and growth of Esperion’s commercial products, clinical activities and results, supply chain, commercial development and launch plans, the outcomes and anticipated benefits of legal proceedings and settlements, and the risks detailed in Esperion’s filings with the Securities and Exchange Commission. Any forward-looking statements contained in this press release speak only as of the date hereof, and Esperion disclaims any obligation or undertaking to update or revise any forward-looking statements contained in this press release, other than to the extent required by law.

New Labels for NEXLETOL and NEXLIZET Exceed Expectations

Key takeaway: significant win for millions of patients and providers alike

Only LDL-C lowering non-statin to be indicated for primary prevention

Adds **cardiovascular risk** reduction indication

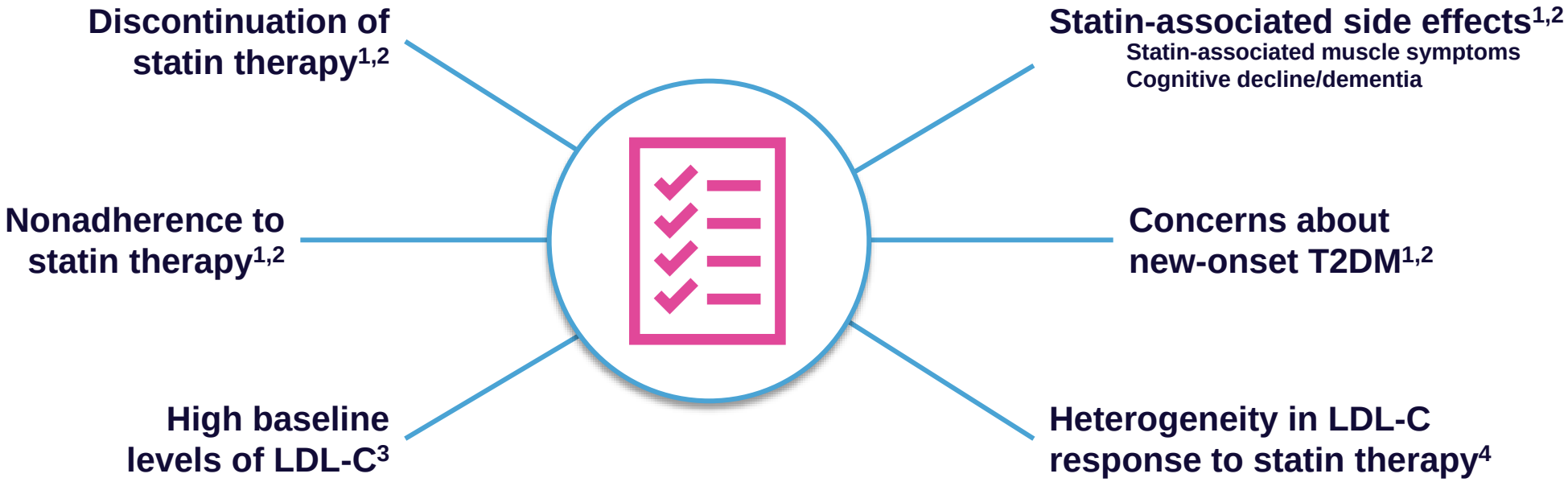
Expands to **Primary Prevention**

Removes **statin use** qualifier from indication

Positions NEXLETOL and NEXLIZET as the non-statin of *first choice* in cardiovascular risk reduction and LDL-C lowering treatment paradigms

New Labels Will Address Significant Unmet Need

New indications uniquely address a critical gap in CV risk reduction and LDL-C management



There is an urgent need to provide additional treatment strategies[1]

T2DM = type 2 diabetes mellitus.

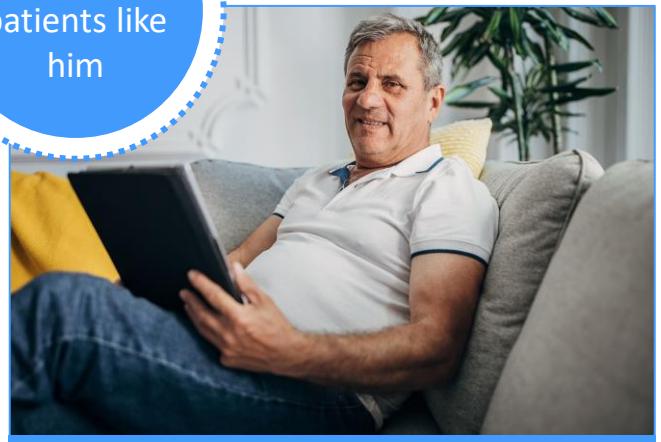
1. Ward NC, et al. Circ Res. 2019;124(2):328-350. 2. Newman CB, et al. Arterioscler Thromb Vasc Biol. 2019;39(2):e38-e81. 3. Newman JD, et al. Circ Cardiovasc Qual Outcomes. 2019;12(11):e006002. doi: 10.1161/CIRCOUTCOMES.119.006002 4. Karlson BW, et al. Eur Heart J Cardiovasc Pharmacother. 2016;2(4):212-217.

New Labels Enable Treatment of Wide Range of Patients

Nearly 70 million U.S. patients can now benefit from NEXLETOL and NEXLIZET

10M patients like him

Nick



Under-Treated Secondary Prevention

- Diagnosed CVD
- On high intensity statin
- Needs *more* LDL-C lowering

20M patients like her

Nora

Under-Treated Primary Prevention

- No CVD, with diabetes
- On low dose statin
- Needs *more* LDL-C lowering

40M patients like her

Naomi

Untreated Primary Prevention

- No CVD
- Unwilling to take statin therapy
- Needs LDL-C lowering

Don't currently have other non-statin LDL-C lowering options with CV outcomes

Broad New Indication for NEXLETOL

Original FDA Approved Label, February 2020

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.

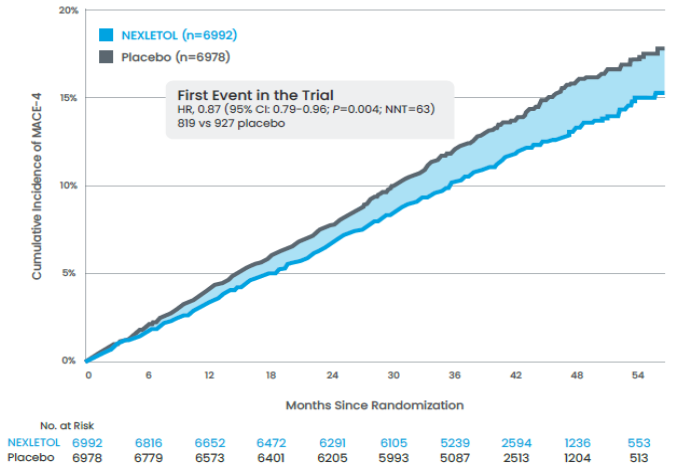
New CVOT Commercial Label

INDICATIONS AND USAGE

NEXLETOL is indicated:

- To reduce the risk of myocardial infarction and coronary revascularization in adults who are unable to take recommended statin therapy (including those not taking a statin) and with:
  - established cardiovascular disease (CVD), or
  - a high risk for a CVD event but without established CVD.
- As an adjunct to diet, in combination with other low-density lipoprotein cholesterol (LDL-C)-lowering therapies, or alone when concomitant LDL-C lowering therapy is not possible, to reduce LDL-C in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH).

Time to First Occurrence of MACE-4
(nonfatal MI, coronary revascularization, nonfatal stroke, or CV death)

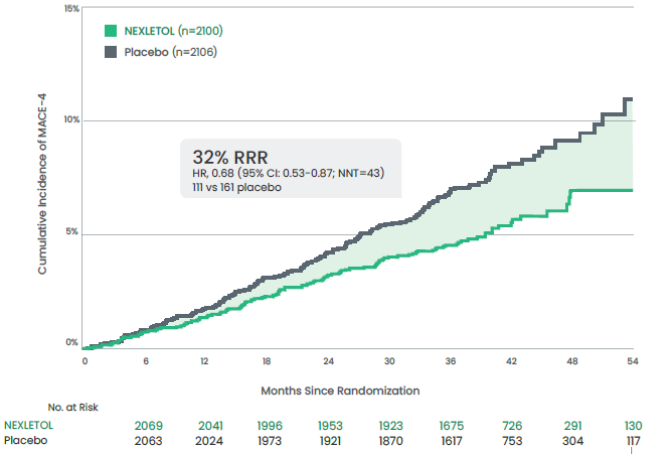


Nonfatal MI
27% RRR
HR, 0.73
(95% CI: 0.62–0.87;
236 vs 317 placebo)

Coronary Revascularization
19% RRR
HR, 0.81
(95% CI: 0.72–0.92;
435 vs 529 placebo)

First LDL-C lowering non-statin approved for *primary prevention* of cardiovascular risk

Time to First Occurrence of MACE-4 in Primary Prevention Patients
(nonfatal MI, coronary revascularization, nonfatal stroke, or CV death)



MACE-3
(nonfatal MI, nonfatal stroke, or CV death)
39% RRR
HR, 0.61
(95% CI: 0.46–0.80;
83 vs 134 placebo)

ESPERION | REACHING GOALS

Similar and Equally Broad New Indication for NEXLIZET

Original FDA Approved Label, February 2020

NEXLIZET, which contains an adenosine triphosphate-citrate lyase (ACL) inhibitor and a cholesterol absorption inhibitor, 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.

New CVOT Commercial Label

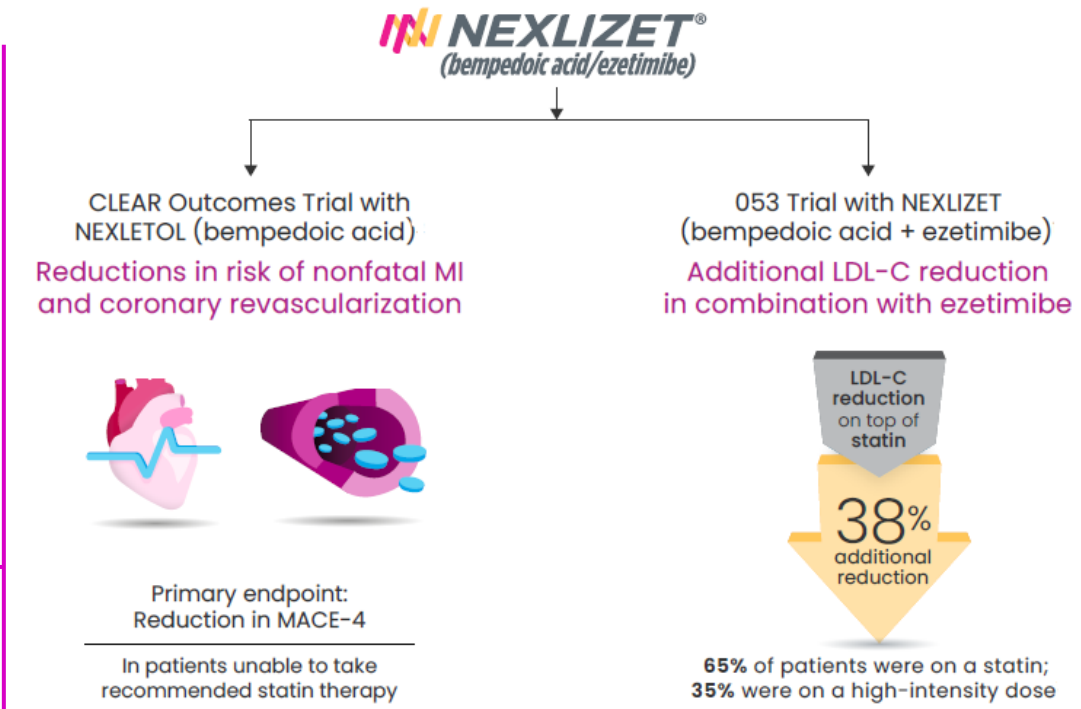
INDICATIONS AND USAGE

NEXLIZET, a combination of bempedoic acid and ezetimibe, is indicated:

- As an adjunct to diet, alone or in combination with other low-density lipoprotein cholesterol (LDL-C)-lowering therapies, to reduce LDL-C in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH).

The bempedoic acid component of NEXLIZET is indicated:

- To reduce the risk of myocardial infarction and coronary revascularization in adults who are unable to take recommended statin therapy (including those not taking a statin) and with:
    - established cardiovascular disease (CVD), or
    - a high risk for a CVD event but without established CVD.



- ☑ Use ***with*** or ***without*** a statin
- ☑ Does ***not*** raise glucose
- ☑ ***Reduces*** hsCRP

FDA Approved New NEXLETOL and NEXLIZET Labels

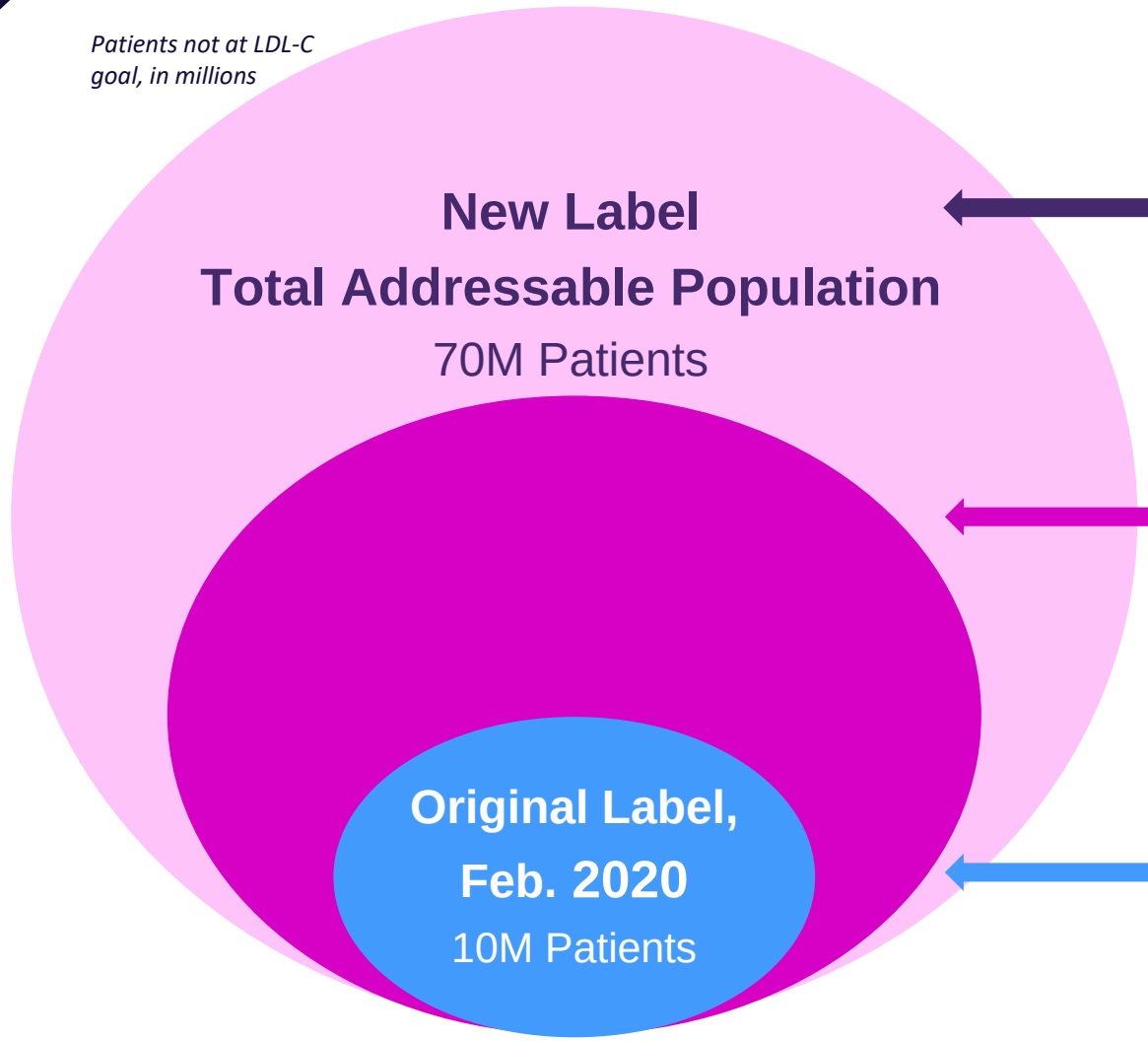
FDA approved indications of existing LDL-C lowering therapies

Indication	NEXLETOL	NEXLIZET	Zetia*	Repatha*	Praluent*	Leqvio*
CV Risk Reduction #						
Primary Prevention	☑	☑	☒	☒	☒	☒
Secondary Prevention	☑	☑	☒	☑	☑	☒
LDL-C Lowering #						
Primary Hyperlipidemia	☑	☑	☑	☑	☑	☑
Use Without a Statin	☑	☑	☑	☑	☑	☒

* Based on current version of FDA approved label, sourced from FDA drug approval database (drugs@fda); Comparison does not include Pediatric, HoFH or sitosterolemia indications.
# Variations within the specific wording of each product indication.

New Labels Dramatically Increase Addressable Market

Patients not at LDL-C goal, in millions



+40M Untreated High-Risk Primary Prevention & ASCVD Patients

Primary prevention and not on a statin[1,2,5,6]

+ 20M Under-Treated High-Risk Primary Prevention & ASCVD Patients

15M high-risk primary prevention on a statin[2,3,4]

5M high-risk primary prevention and ASCVD, statin intolerant[5]

10M Under-Treated ASCVD Patients[1]

Secondary prevention population *and* on a maximally tolerated statin, not at LDL-C goal

Approved New Label

- *To reduce the risk of cardiovascular events*
- *Primary and secondary prevention*
- *With or without statin therapy*
- *Primary hyperlipidemia*

Original Label

- *HeFH or ASCVD*
- *On max tolerated statin*
- *Not at LDL-C goal*

1. Allen JM, et al. Circulation. 2019;140:A12904. 2. Shen M, Nargesi AA, et al. J Am Heart Assoc. 2022;11:e026075. 3. Yang Y, et al. Circulation. 2021;144:A10434. 4. Wong ND, et al. J Clin Lipidology. 2016;10:1109-1118. 5. Bytyci I, et al. Eur Heart J. 2022;00:1-16. 6. Total U.S. Resident Population by Age, Sex, and Series: April 1, 2020 [table]; US Census Bureau: 2020.

Levers to Drive Inflection

Five Core Pillars to Ensure Success

Bold New Consumer Campaign

NEXLIZET® (bempedoic acid/ezetimibe) tablets

NEXLETOL® (bempedoic acid) tablets

New website coming soon!

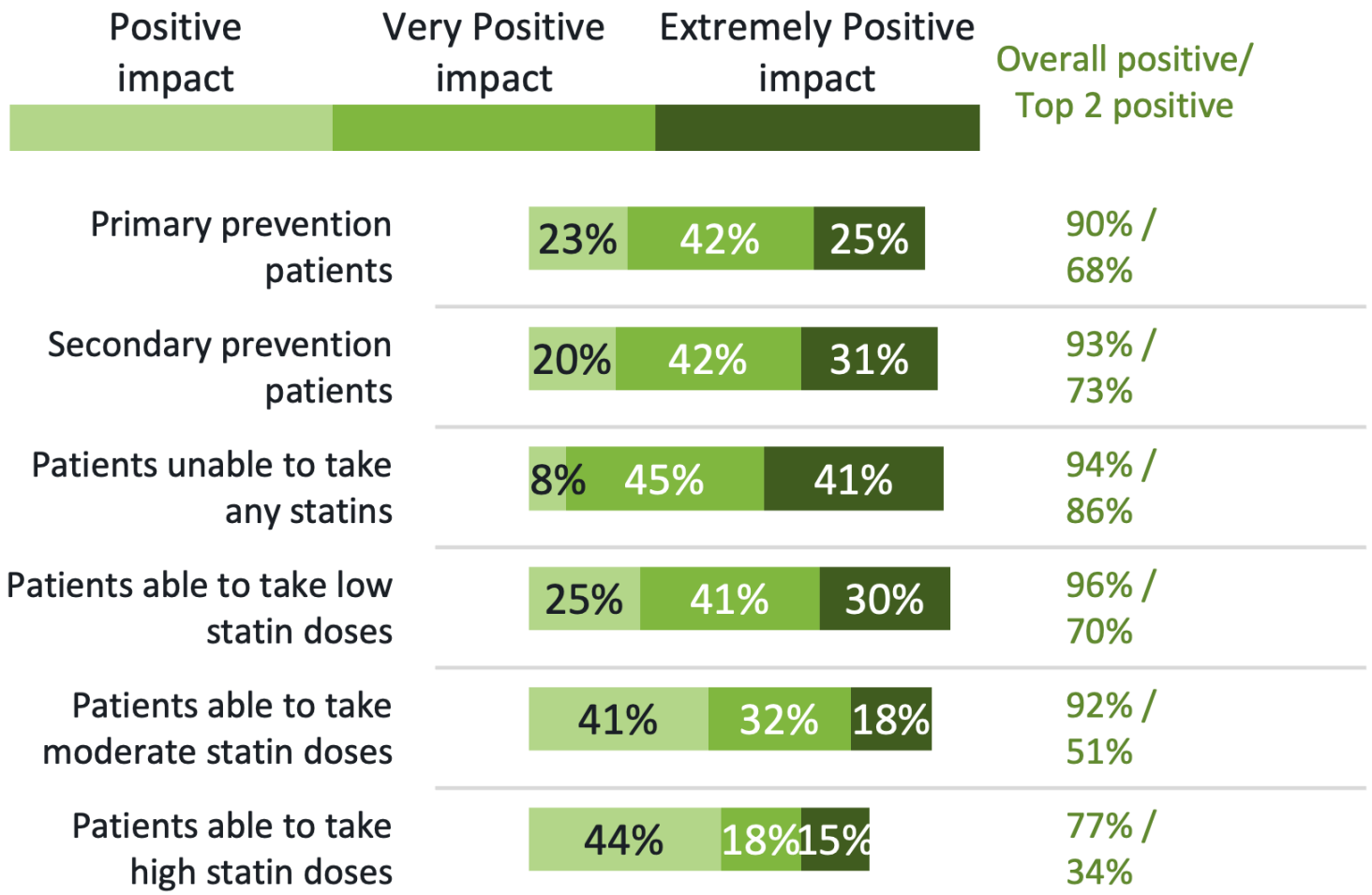
STAY TUNED

CONTINUE TO SITE

03/24 US-NXTL-2400063

HCPs Overwhelmingly Positive on New Labels

New prescribing information impacts use across all eligible patient populations



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Q & A

THANK YOU

Important Safety Information

NEXLETOL® Important Safety Information

- NEXLETOL is contraindicated in patients with a prior serious hypersensitivity reaction to bempedoic acid or any of the excipients. Serious hypersensitivity reactions, such as angioedema, have occurred.
- Hyperuricemia: NEXLETOL may increase blood uric acid levels, which may lead to gout. Hyperuricemia may occur early in treatment and persist throughout treatment, returning to baseline following discontinuation of treatment. 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: NEXLETOL is associated with an increased risk of tendon rupture or injury. Tendon rupture may occur more frequently in patients over 60 years of age, in those taking corticosteroid or fluoroquinolone drugs, in patients with renal failure, and in patients with previous tendon disorders. Discontinue NEXLETOL at the first sign of tendon rupture. Consider alternative therapy in patients who have a history of tendon disorders or tendon rupture.
- The most common adverse reactions in the primary hyperlipidemia trials of NEXLETOL in ≥2% of patients and greater than placebo were upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, and elevated liver enzymes.
- The most common adverse reactions in the cardiovascular outcomes trial for NEXLETOL at an incidence of ≥2% and 0.5% greater than placebo were hyperuricemia, renal impairment, anemia, elevated liver enzymes, muscle spasms, gout, and cholelithiasis.
- Discontinue NEXLETOL when pregnancy is recognized unless the benefits of therapy outweigh the potential risks to the fetus. Because of the potential for serious adverse reactions in a breast-fed infant, breastfeeding is not recommended during treatment with NEXLETOL.
- Report pregnancies to Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.

See full prescribing information here.

NEXLIZET® Important Safety Information

- NEXLIZET is contraindicated in patients with a prior hypersensitivity to ezetimibe or bempedoic acid or any of the excipients. Serious hypersensitivity reactions, such as anaphylaxis, angioedema, rash, and urticaria have been reported with ezetimibe or bempedoic acid.
- Hyperuricemia: Bempedoic acid, a component of NEXLIZET, may increase blood uric acid levels, which may lead to gout. Hyperuricemia may occur early in treatment and persist throughout treatment, returning to baseline following discontinuation of treatment. 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. Tendon rupture may occur more frequently in patients over 60 years of age, in those taking corticosteroid or fluoroquinolone drugs, in patients with renal failure, and in patients with previous tendon disorders. Discontinue NEXLIZET at the first sign of tendon rupture. Consider alternative therapy in patients who have a history of tendon disorders or tendon rupture.
- The most common adverse reactions in the primary hyperlipidemia trials of bempedoic acid (a component of NEXLIZET) in ≥2% of patients and greater than placebo were upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, and elevated liver enzymes.
- Adverse reactions reported in ≥2% of patients treated with ezetimibe (a component of NEXLIZET) and at an incidence greater than placebo in clinical trials were upper respiratory tract infection, diarrhea, arthralgia, sinusitis, pain in extremity, fatigue, and influenza.
- In the primary hyperlipidemia trials of NEXLIZET, the most commonly reported adverse reactions (incidence ≥3% and greater than placebo) observed with NEXLIZET, but not observed in clinical trials of bempedoic acid or ezetimibe, were urinary tract infection, nasopharyngitis, and constipation.
- The most common adverse reactions in the cardiovascular outcomes trial of bempedoic acid (a component of NEXLIZET) at an incidence of ≥2% and 0.5% greater than placebo were hyperuricemia, renal impairment, anemia, elevated liver enzymes, muscle spasms, gout, and cholelithiasis.
- Discontinue NEXLIZET when pregnancy is recognized unless the benefits of therapy outweigh the potential risks to the fetus. Because of the potential for serious adverse reactions in a breast-fed infant, breastfeeding is not recommended during treatment with NEXLIZET.
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