ESPERION | REACHING GOALS

Q3 2023 Earnings Presentation

November 7, 2023

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 of legal proceedings, 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.

Business Update

Sheldon Koenig, President and CEO

Strong Q3 2023 Results

Another strong quarter, driven by continued and focused execution of strategic plan

$34M

Total Revenue
+79% Y/Y

$20M

US Product Sales, Net
+45% Y/Y

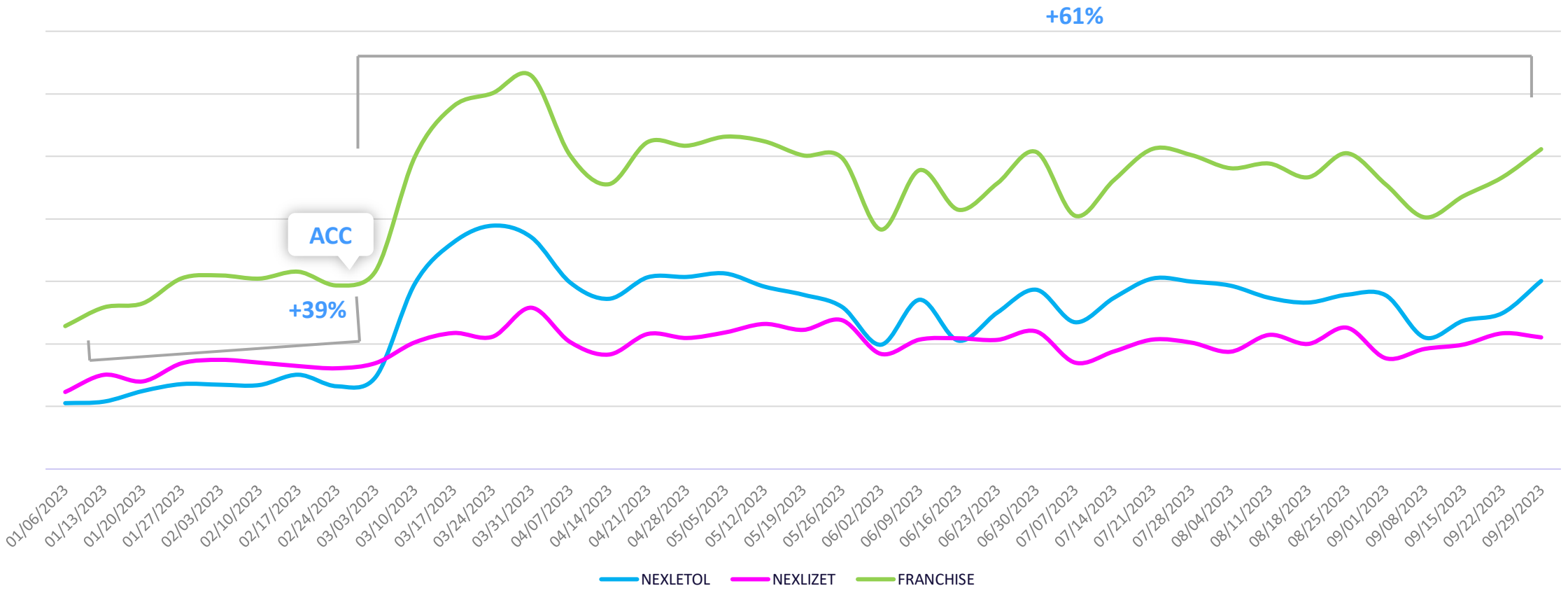
+33%

Retail Prescription Equivalents Y/Y

Robust Data Continues to Sustain NBRX Momentum

Outcomes data at ACC set the stage to drive sustained growth, aided by additional releases

Franchise New to Brand Rx Trends



Q3 2023 Highlights

- **Retail prescription equivalents** grew **33% Y/Y** and **8% Q/Q**
- **FDA acceptance** of full CVOT label expansion submission in U.S. with **PDUFA date of March 31**
    - Regulatory review of **label expansion in EU** on track and approval **anticipated in 1H24**
- Continued dissemination of **CLEAR Outcomes** analyses in advance of label expansion
    - Presentation of **additional analyses at ESC** drove further awareness of our **novel therapies**
    - Demonstrated **totality of benefit** of bempedoic acid, as well as **safety and efficacy** regardless of **diabetic status**
- **Organization-wide preparation** for **new label**, including structural changes, hiring, and marketing groundwork
- **Payer wins** continuing for both additional coverage and **improved UM criteria**
- Strategic collaboration with **ACC** to launch **cholesterol screening awareness** campaign

Data Drive Meaningful Label Expansion Potential

Driving future commercial growth opportunity

Current Label

INDICATION:

- 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:

- Cardiovascular morbidity and mortality effect has not been determined

Positive CVOT

Anticipated Label

- Indications added:
  - REDUCE CARDIOVASCULAR RISK
  - Expands to *primary* prevention (in addition to secondary)
- Requirements removed:
  - Statin therapy

CLEAR Outcomes

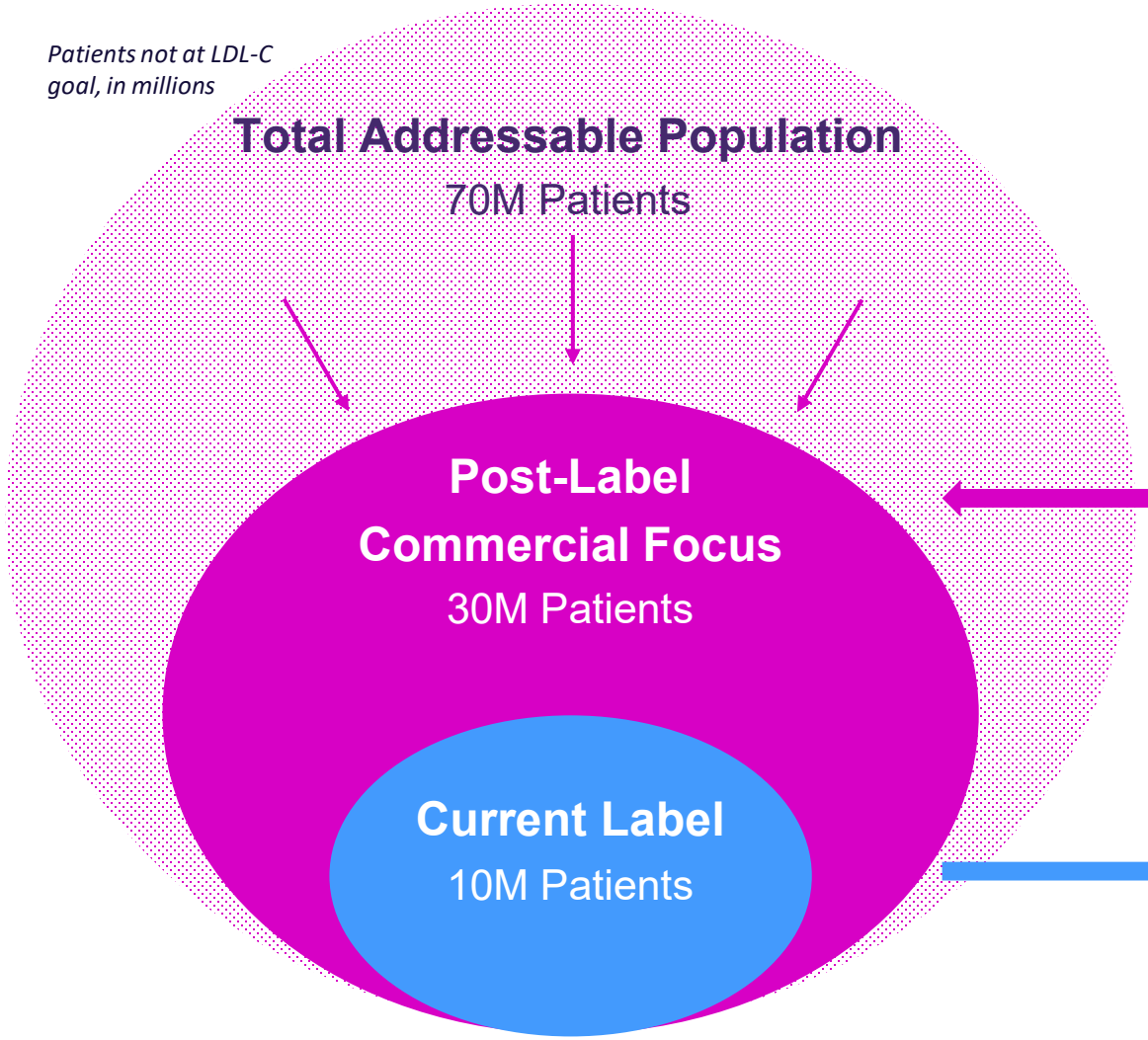
H1 2023
FDA Submitted June 1
EMA Submitted June 28

H2 2023
FDA Acceptance
Additional Scientific & Medical Meeting Presentations

Q1 2024
March 31 PDUFA Date
Anticipated U.S. CV Risk Reduction Label Inclusion

H1 2024
Anticipated EU CV Risk Reduction Label Inclusion

Label Expansion Meaningfully Increases Addressable Market



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

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

+ 20M 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 ASCVD Patients[1]

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

Anticipated Label

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

Current 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.

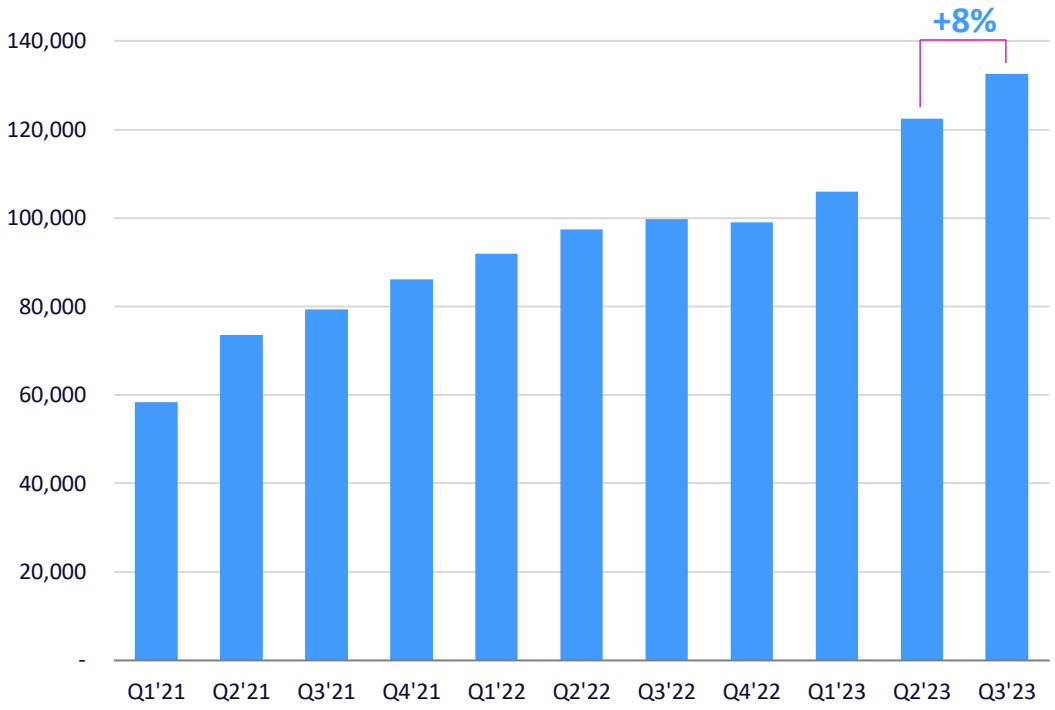
Financial Update

Ben Halladay, Chief Financial Officer

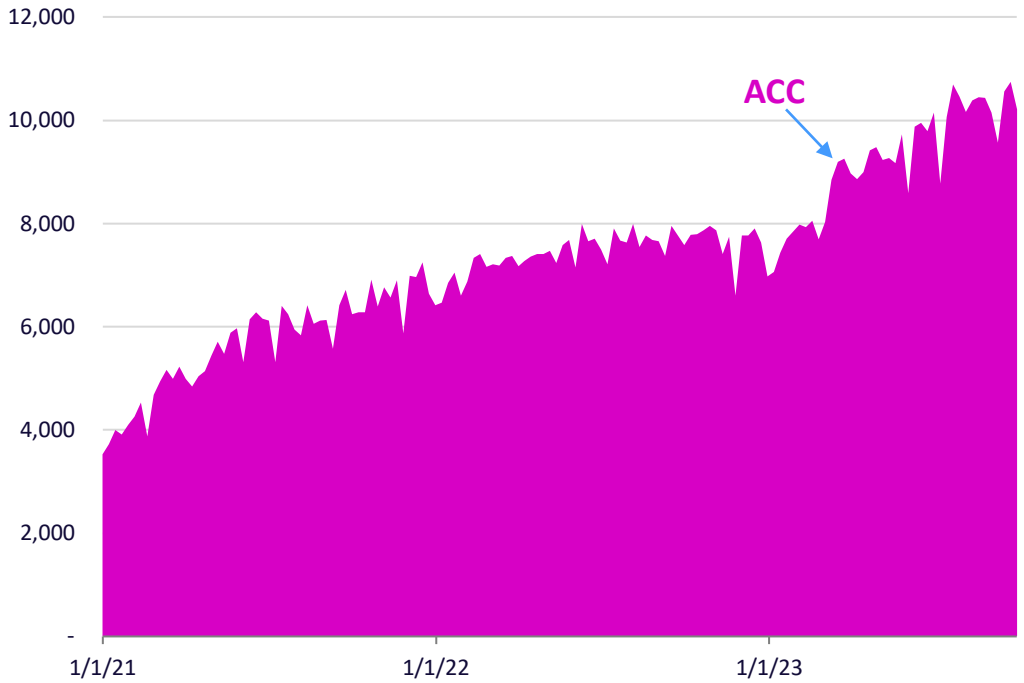
Focused Execution Sustaining U.S. Growth

Growth continues, even with narrow indication and inability to promote CLEAR Outcomes

Quarterly Franchise RPE Trend



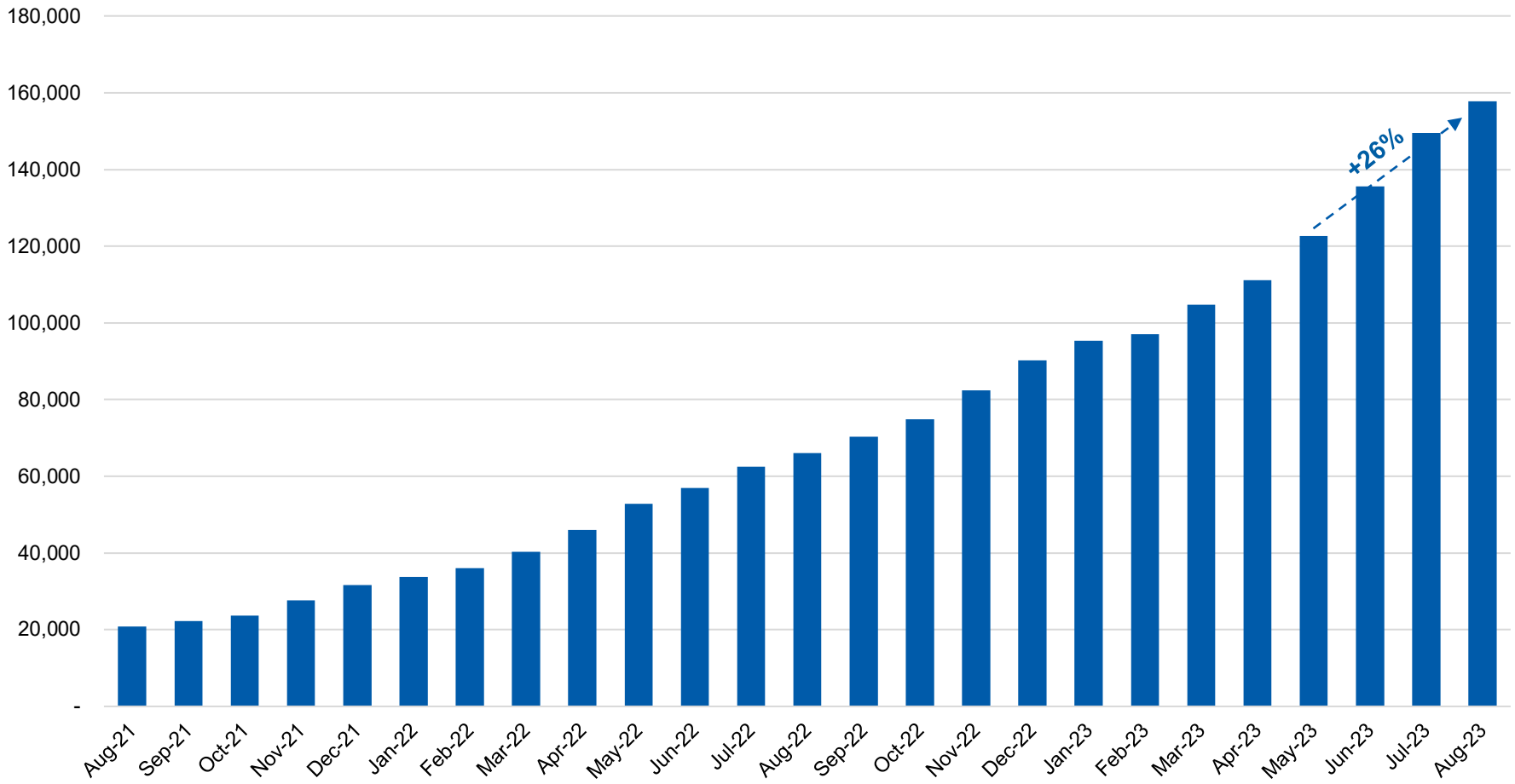
Weekly Franchise RPE Trend[1]



1. Through September 30, 2023.
Based on Symphony Data. RPE = Retail Prescription Equivalent; derived by normalizing the extended Rx units (number of tablets) to determine the 30-day supply equivalent.

Patient Growth in Europe Sustains Momentum

Cardiovascular risk reduction data and new market launches continuing to drive adoption



~158,000 patients through August '23

Note: Numbers are approximate and based on an internal calculation methodology and includes Germany, UK, Austria, Belgium, Switzerland, and Italy.

Capital Position Remains Solid

Disciplined expense management enables continued execution of strategic plan

$115M Q3 2023 Cash, Cash Equivalents & Investment Securities Available-for-Sale

$300M Milestone for European Label Expansion

$140M Milestone for Japanese Submissions & Regulatory Events

$20M Q3 2023 U.S. Net Product Revenue +45% Growth Y/Y

Key Financial Data

FY 2023 R&D Guidance	$100 - 110 Million
FY 2023 SG&A Guidance	$125 - 135 Million
FY 2023 Op Ex Guidance[1]	$225 - 245 Million
Q3 2023 Common Shares Outstanding [2]	112.1 Million

1. Includes $25M of non-cash stock-based compensation expense
2. After accounting for 2.0 million treasury shares to be purchased in the $50M prepaid forward transaction as part of the November 2020 convertible debt financing

Corporate Update

Sheldon Koenig, President & CEO

Corporate Update

- Filed Rule 12(c) motion, requesting the court to rule based solely on the contract itself and pleadings filed to date in the legal matter with our European partner
- April 2024 trial date maintained if court does not decide Rule 12(c) motion in our favor

FOCUSED ON EXECUTION

true sales inflection remains following label change (anticipated in Q1 2024)

Unlocking Blockbuster Potential for NEXLETOL and NEXLIZET

Executing strategic plan, supported by robustness of data and differentiated label

Data

Robustness of CLEAR Outcomes data has driven global awareness of the significant cardiovascular risk reduction benefits of NEXLETOL and NEXLIZET.

Powerful sub-group analyses presented at medical conferences and simultaneous publications in top tier journals, including *NEJM* and *JAMA,* serve to educate market ahead of label expansion and maximize the commercial opportunity of our franchise.

Label

CVOT clinical data and demonstrated outcomes benefit support a highly differentiated label.

Filed for broad cardiovascular risk reduction labels in U.S. and Europe, seeking to meaningfully increase addressable patient population.

Regulatory approval for expanded labels anticipated in U.S. by March 31, 2024, and in Europe in the first half of 2024.

Execution

Label change and full-scale promotion expected to unlock blockbuster commercial potential for NEXLETOL and NEXLIZET in U.S., with commensurate growth also expected in Europe.

Continued execution of strategic plan to educate healthcare providers and payers ahead of label expansion.

Delivering on our Commitments

Executing on a strategic plan to achieve blockbuster status

Phase 3 Exponential growth post label expansion

Phase 2 Accelerating growth post data release

Phase 1 Consistent growth post company reorganization

Q & A

THANK YOU

Important Safety Information

NEXLETOL® Important Safety Information

- Hyperuricemia: NEXLETOL may increase blood uric acid levels which may lead to gout. 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: NEXLETOL is associated with an increased risk of tendon rupture or injury. 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. Discontinue NEXLETOL at the first sign of tendon rupture. Avoid NEXLETOL in patients who have a history of tendon disorders or tendon rupture.
- In clinical trials, the most commonly reported adverse reactions in greater than or equal to 2% 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.
- Lactation and Pregnancy: 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 the Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.

NEXLIZET® Important Safety Information

- 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.
- 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, 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. Tendon rupture occurred within weeks to months of starting NEXLIZET. 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.
- The most common adverse reactions in clinical trials of bempedoic acid 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 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 clinical trials of NEXLIZET, the most commonly reported adverse reactions (incidence ≥3% and greater than placebo) observed that not observed in clinical trials of bempedoic acid or ezetimibe, were urinary tract infection, nasopharyngitis, and constipation.
- 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. Report pregnancies to the Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.