



Esperion's Bempedoic Acid Receives Multiple Class 1 Recommendations in 2026 ACC/AHA Multisociety Guideline for Management of Dyslipidemia

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- *Bempedoic Acid Receives Strongest Endorsement from AHA/ACC Multisociety Guideline for Patients with Statin Intolerance and in Primary and Secondary Prevention Patients with Severe Hypercholesterolemia* –
- *Bempedoic Acid Receives Equal Positioning with PCSK9 mAb and Ezetimibe After Statins for High-Risk Primary Prevention and Clinical ASCVD Not at Very High-Risk Patients* –
- *Guideline Recognition of Early Combination Lipid-Lowering Therapy and Reintroduction of LDL-C Goals Affirms ‘Lower for Longer is Better’ Approach to Cardiovascular Risk Reduction* –

ANN ARBOR, Mich., March 16, 2026 (GLOBE NEWSWIRE) -- Esperion (NASDAQ: ESPR) welcomed the inclusion of bempedoic acid for LDL-C lowering and cardiovascular risk reduction in the 2026 American College of Cardiology (ACC)/American Heart Association (AHA) Multisociety Guideline on the Management of Dyslipidemia.

“The reintroduction of guideline-directed LDL-C targets to reduce cumulative LDL-C exposure emphasizes the importance of earlier, aggressive combination therapy and the acknowledgement of statin intolerance as a significant clinical challenge to reducing cardiovascular risk addresses a critical unmet need,” said Christie Ballantyne, MD, Professor of Medicine and Chief of Cardiology and Cardiovascular Research at Baylor College of Medicine. “These guidelines provide practical, evidence-based recommendations on how and when to escalate therapy beyond statins to more effectively reduce risk and improve long-term cardiovascular outcomes for patients.”

“Recognition from the preeminent American cardiovascular medical associations marks a significant milestone for patients, clinicians and Esperion,” said Sheldon Koenig, President and CEO of Esperion. “The multiple Class 1 recommendations for bempedoic acid underscore its validation as a rigorously studied, evidence-based therapy for patients who require additional LDL-C lowering or who are unable to tolerate statins. This level of endorsement strengthens our position within the treatment landscape and will play an essential role in accelerating adoption and expanding access to NEXLETOL[®] (bempedoic acid) and NEXLIZET[®] (bempedoic acid and ezetimibe).”

Summary of Key Bempedoic Acid Guideline Recommendations

- **Class of Recommendation 1:** In adults *without a history of clinical atherosclerotic cardiovascular disease (ASCVD)* who experience statin-attributed muscle symptoms on the recommended intensity of statin therapy (secondary causes excluded) and are at high ASCVD risk based on a PREVENT-ASCVD equation of $\geq 10\%$ or a coronary artery calcium (CAC) score ≥ 300 AU, or women >65 years of age or men >60 years of age with diabetes, the addition of bempedoic acid and/or ezetimibe is/are indicated to lower LDL-C to <70 mg/dL and non-HDL-C <100 mg/dL and to reduce ASCVD risk.
- **Class of Recommendation 1:** In adults *with clinical ASCVD* who experience statin-attributed muscle symptoms on the recommended intensity of statin therapy (secondary causes excluded) and are unable to achieve recommended treatment goals, use of a reduced statin dose (if tolerable) and the addition of bempedoic acid, ezetimibe, or a PCSK9 monoclonal antibody (mAb), alone or in combination, are recommended to lower LDL-C and reduce ASCVD risk.
- **Class of Recommendation 1:** In adults *with diabetes who have statin-attributed side effects*, initiation of ezetimibe and/or bempedoic acid or a PCSK9 mAb is recommended to lower LDL-C and reduce ASCVD risk.
- **Class of Recommendation 1:** In adults *with severe hypercholesterolemia with or without clinical ASCVD* who meet other guideline criteria and are on maximally tolerated statin therapy, the addition of ezetimibe, a PCSK9 mAb and/or bempedoic acid is recommended to achieve the desired LDL-C goal and to reduce ASCVD risk.
- **Class of Recommendation 2a:** In adults *with clinical ASCVD who are not at very high risk* and on maximally tolerated statin therapy, it is reasonable to add ezetimibe, a PCSK9 mAb, or bempedoic acid (selected based on the degree of LDL-C lowering needed and patient preference) to achieve a goal LDL-C <70 mg/dL and non-HDL-C <100 mg/dL and to reduce the risk of ASCVD events.
- **Class of Recommendation 2a:** In adults *with clinical ASCVD who are at very high risk* on maximally tolerated statin therapy, it is reasonable to add bempedoic acid, with or without ezetimibe and/or PCSK9 mAb, to reach an LDL-C goal <55 mg/dL and non-HDL-C <85 mg/dL to reduce the risk of ASCVD events.
- **Class of Recommendation 2a:** In adults with subclinical atherosclerosis (a CAC score of ≥ 300 to 999 AU), it is reasonable to intensify therapy by increasing the intensity of statin therapy or, if needed, adding ezetimibe, a PCSK9 mAb or bempedoic acid to achieve a goal of LDL-C <55 mg/dL and non-HDL-C <85 mg/dL.
- **Class of Recommendation 2b:** In adults at high ($\geq 10\%$) 10-year estimated risk for ASCVD on maximally tolerated statin with or without ezetimibe, it may be reasonable to add a PCSK9 mAb or bempedoic acid if a goal LDL-C <70 mg/dL and non-HDL-C <100 mg/dL is not achieved to lower LDL-C and reduce ASCVD risk.

The guideline, entitled “2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/

PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines,” was published in *Circulation* and the *Journal of the American College of Cardiology (JACC)*. The full guideline is available via open access [here](#).

Guideline recognition of the ‘lower for longer is better’ approach and formal recognition of statin intolerance represent opportunities for providers to individualize care with oral NEXLETOL, NEXLIZET, and in the future when approved, triple combination of bempedoic acid, ezetimibe, and either atorvastatin or rosuvastatin.

INDICATION

NEXLIZET and NEXLETOL are indicated:

- bempedoic acid, a component of NEXLIZET and NEXLETOL, is indicated to reduce the risk of major adverse cardiovascular events (cardiovascular death, myocardial infarction, stroke, or coronary revascularization) in adults at increased risk for these events who are unable to take recommended statin therapy (including those not taking a statin).
- as an adjunct to diet and exercise:
 - NEXLIZET is indicated to reduce LDL-C in adults with hypercholesterolemia, including HeFH.
 - NEXLETOL is indicated, in combination with other LDL-C lowering therapies or alone when concomitant LDL-C lowering therapy is not possible, to reduce LDL-C in adults with hypercholesterolemia, including HeFH.

IMPORTANT SAFETY INFORMATION

- NEXLIZET and NEXLETOL are contraindicated in patients with a prior hypersensitivity to bempedoic acid or ezetimibe or any of the excipients. Serious hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria have been reported.
- Hyperuricemia: Bempedoic acid, a component of NEXLIZET and NEXLETOL, may increase blood uric acid levels, which may lead to gout. Monitor as clinically indicated and initiate treatment with urate-lowering drugs as appropriate.
- Tendon Rupture: Bempedoic acid is associated with an increased risk of tendon rupture or injury. Tendon rupture occurred in 0.5% of patients treated with bempedoic acid in primary hypercholesterolemia trials, versus 0% on placebo. In the cardiovascular outcomes trial, the rates were 1.2% for bempedoic acid and 0.9% for placebo. Discontinue NEXLIZET or 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 hypercholesterolemia trials of bempedoic acid in $\geq 2\%$ 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 $\geq 2\%$ 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.
- The most common adverse reactions (incidence $\geq 3\%$ 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 for bempedoic acid, at an incidence of $\geq 2\%$ and 0.5% greater than placebo, were hyperuricemia, renal impairment, anemia, elevated liver enzymes, muscle spasms, gout, and cholelithiasis.
- Concomitant use of NEXLIZET or NEXLETOL with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided due to the potential for increased risk of simvastatin- or pravastatin-related myopathy. Concomitant use with fibrates may increase triglycerides and decrease high-density lipoprotein cholesterol. Monitor and adjust therapies as recommended.
- Discontinue NEXLIZET or NEXLETOL when pregnancy is recognized unless the benefits of therapy outweigh the potential risks to the fetus. The benefits of breastfeeding should be considered along with the mother’s clinical need for NEXLIZET or NEXLETOL and any potential adverse effects on the breastfed infant from NEXLIZET or NEXLETOL or from the underlying maternal condition.

Report pregnancies to Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.

About Esperion Therapeutics

Esperion Therapeutics, Inc. is a commercial-stage biopharmaceutical company dedicated to developing and delivering innovative cardiometabolic and rare/orphan disease therapies. The Company leverages deep domain expertise in ACLY biology to develop and commercialize transformative medicines for patients worldwide. Esperion currently markets two oral, once-daily, non-statin therapies for patients struggling to maintain their low-density lipoprotein cholesterol (LDL-C) levels and are at risk of cardiovascular disease.

With a broad U.S. commercial infrastructure and global approvals across more than 40 countries, Esperion is well positioned to serve as a partner-of-choice for global innovators seeking U.S. market access through acquisition, in-license, co-promotion and revenue share opportunities. In tandem, the Company is advancing its leadership in ACLY biology to build a diversified pipeline of novel product candidates, including treatments for Primary Sclerosing Cholangitis and renal diseases. For more information, visit esperion.com and follow Esperion on [LinkedIn](#) and [X](#).

Forward-Looking Statements

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.

Esperion Contact Information:

Investors:

Alina Venezia

investorrelations@esperion.com

(734) 887-3903

Media:

Tiffany Aldrich

corporateteam@esperion.com

(616) 443-8438