COMPANY UPDATE

November 2019

ESPERION® The Lipid Management Company

SAFE HARBOR

FORWARD – LOOKING STATEMENTS

These slides and the accompanying oral presentation contain forward-looking statements and information. The use of words such as “may,” “might,” “will,” “should,” “expect,” “plan,” “anticipate,” “believe,” “estimate,” “project,” “intend,” “future,” “potential,” or “continue,” and other similar expressions are intended to identify forward looking statements. For example, all statements we make regarding the regulatory approval pathway for bempedoic acid and the bempedoic acid / ezetimibe combination tablet and the therapeutic potential of, clinical development plan for, bempedoic acid and the bempedoic acid / ezetimibe combination tablet, including Esperion's timing, designs, plans and announcement of results regarding its CLEAR Outcomes study and other ongoing clinical studies for bempedoic acid and the bempedoic acid / ezetimibe combination tablet, timing for the review and approval of the NDAs and the MAAs and Esperion's expectations for the market for therapies to lower LDL-C, including the market adoption of bempedoic acid and the bempedoic acid / ezetimibe combination tablet, if approved, Esperion’s cash position and financial outlook, and the expected upcoming milestones described in these slides and the accompanying oral presentation. 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, delays or failures in Esperion’s studies, that positive results from a clinical study of bempedoic acid may not be sufficient for FDA or EMA approval or necessarily be predictive of the results of future or ongoing clinical studies, that notwithstanding the completion of Esperion’s Phase 3 clinical development program for LDL-C lowering, the FDA or EMA may require additional development in connection with seeking regulatory approval, that existing cash resources may be used more quickly than anticipated, and the risks detailed in Esperion's filings with the Securities and Exchange Commission. 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

ESPERION: THE LIPID MANAGEMENT COMPANY

Developing Convenient, Oral, Once-Daily Therapies

Market research reflects that convenient, oral, once-daily, cost effective therapies are preferred by patients, physicians, and payers

Addressing Unmet Need

>18 million patients in the US not at their LDL-C goal despite broad use of statins, including ~9 million patients not on a statin[1]

Pursuing Early Alignment on Reimbursement

Initial payer feedback highly positive; pursuing preferential formulary position

Preparing Optimal Positioning and Pricing Strategy

Helping to ensure that all appropriate patients have access to bempedoic acid and the bempedoic acid / ezetimibe fixed dose combination tablet (BA/EZE FDC)

Supporting New ACC/AHA Guidelines

More than 50 percent of ASCVD patients who are not able to reach their LDL-C goals with statins alone need less than an additional 40 percent reduction to reach their LDL-C goal[2]

Bempedoic acid and bempedoic acid/ ezetimibe fixed dose combination tablets are investigational products under review by the Food and Drug Administration (FDA) with PDUFA dates of February 21 and 26, 2020 respectively. As with all drugs, the FDA Review team is evaluating whether the studies demonstrate the drugs' safety (i.e., benefits appear to outweigh the known risks) and effectiveness for their proposed use.

(1) ZS Associates primary and secondary research, 2018
(2) Data on file: analysis of NHANES database. Esperion Therapeutics, Inc. 2019

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MAJORITY OF PATIENTS NEED LESS THAN 40% LDL-C LOWERING TO GET TO GOAL[1]

261.8 MILLION ADULTS LIVE IN THE U.S.[2]

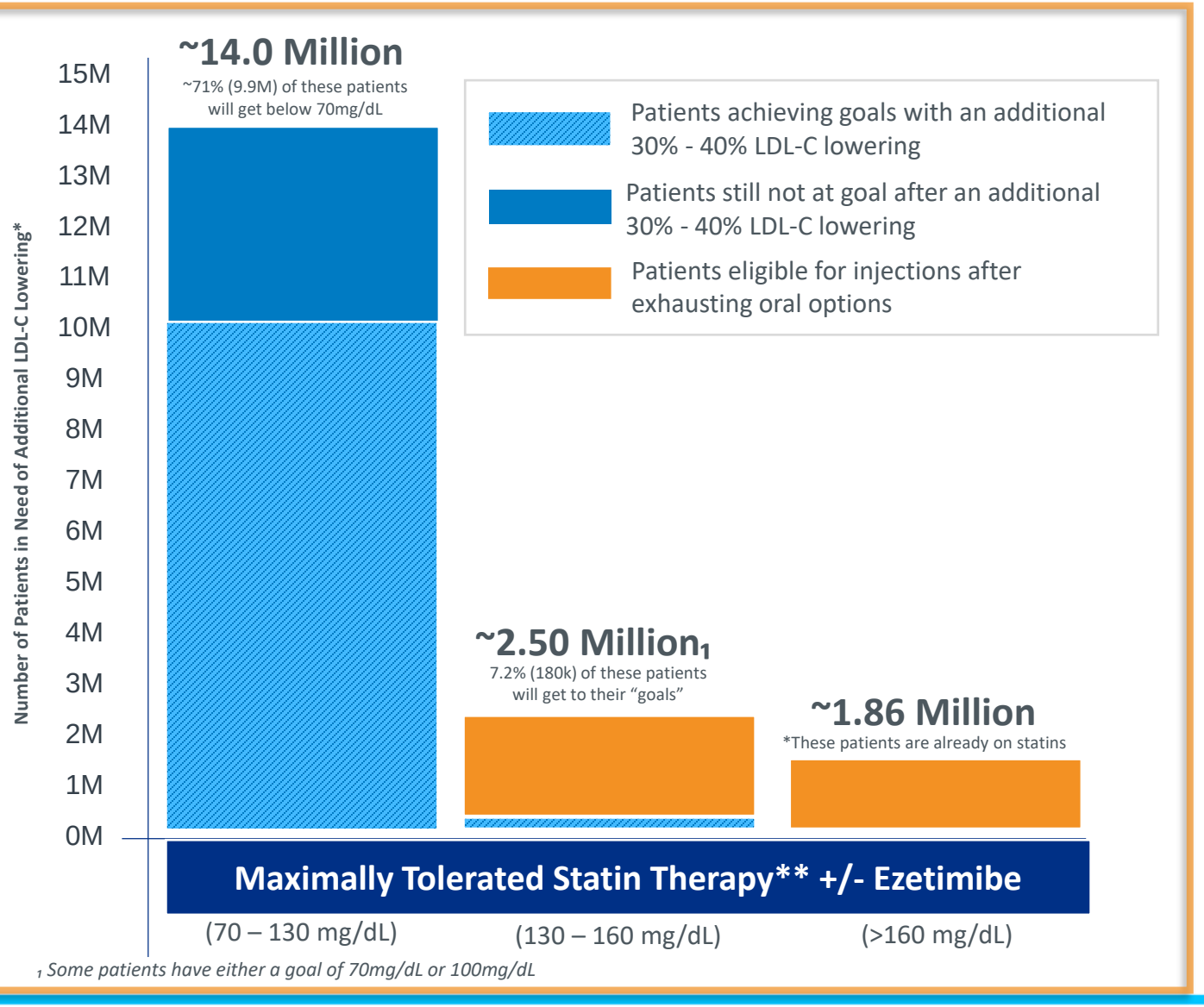
96.9 MILLION HAVE HYPERLIPIDEMIA
(ONLY 45% OF THEM ARE DIAGNOSED)

9.6 MILLION ARE NOT ON A STATIN

34.1 MILLION ARE ON A STATIN

8.7 MILLION ARE ABOVE LDL-C GOAL

18.3 MILLION NEED ADDITIONAL LDL-C LOWERING
THESE ARE OUR ELIGIBLE PATIENTS



Source: ZS Associates primary and secondary research, Sep-Oct 2018. Primary research N = 350 healthcare practitioners

(1) *NHANES, Esperion Analysis. Estimates are rounded*

(2) United Nations (2017) World Population Prospects: the 2017 Revision. Available from: https://esa.un.org/unpd/wpp/ [Accessed 26 July 2018]

**Excludes Low CVD Risk patients because, by definition, they do not need additional LDL-C lowering*

***Includes patients only able to tolerate less than the approved daily starting dose of a statin (considered statin intolerant) Graphs include patients with multiple additional risk factors for ASCVD*

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BEMPEDOIC ACID AND BEMPEDOIC ACID/ EZETIMIBE FIXED DOSE COMBINATION TABLETS ARE INVESTIGATIONAL PRODUCTS UNDER REVIEW BY THE FOOD AND DRUG ADMINISTRATION (FDA) WITH PDUFA DATES OF FEBRUARY 21 AND 26, 2020 RESPECTIVELY. AS WITH ALL DRUGS, THE FDA REVIEW TEAM IS EVALUATING WHETHER THE STUDIES DEMONSTRATE THE DRUGS' SAFETY (I.E., BENEFITS APPEAR TO OUTWEIGH THE KNOWN RISKS) AND EFFECTIVENESS FOR THEIR PROPOSED USE.

IN CLINICAL STUDIES, TWO NON-STATIN ORAL TABLETS LOWERED LDL-C AND REDUCED HSCRP

COMPLETED PHASE 3 CLINICAL STUDIES IN OVER 4,000 PATIENTS

Bempedoic Acid

Consistent LDL-C Lowering

- **18%** LDL-C lowering on top of maximally tolerated statins (primary endpoint – placebo corrected) [1]
- **28%** LDL-C lowering on no background statin (primary endpoint – placebo corrected) [2]
- **19%**[3] – **22%**[1] at week 12 hsCRP reduction (secondary endpoint)
- **0.2%**[3] HbA1c lowering (primary measurement)

Shared Benefits:

- Oral, once-daily
- Non-statin, ACL inhibitor-based mechanism of action
- Overall adverse events comparable to placebo

Bempedoic Acid / Ezetimibe Fixed Dose Combination Tablet

Consistent LDL-C Lowering

- **29%** LDL-C lowering on maximally tolerated statins (primary endpoint - placebo-controlled)[4]
- **44%** LDL-C lowering on no background statins (post-hoc analysis - placebo-corrected)[4]
- **34%** hsCRP reduction (secondary endpoint)[4]

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(1) Ray, K. K. (2019). Safety and Efficacy of Bempedoic Acid to Reduce LDL Cholesterol. New England Journal of Medicine, 380(11), 1022–1032. doi: 10.1056/nejmoa1803917

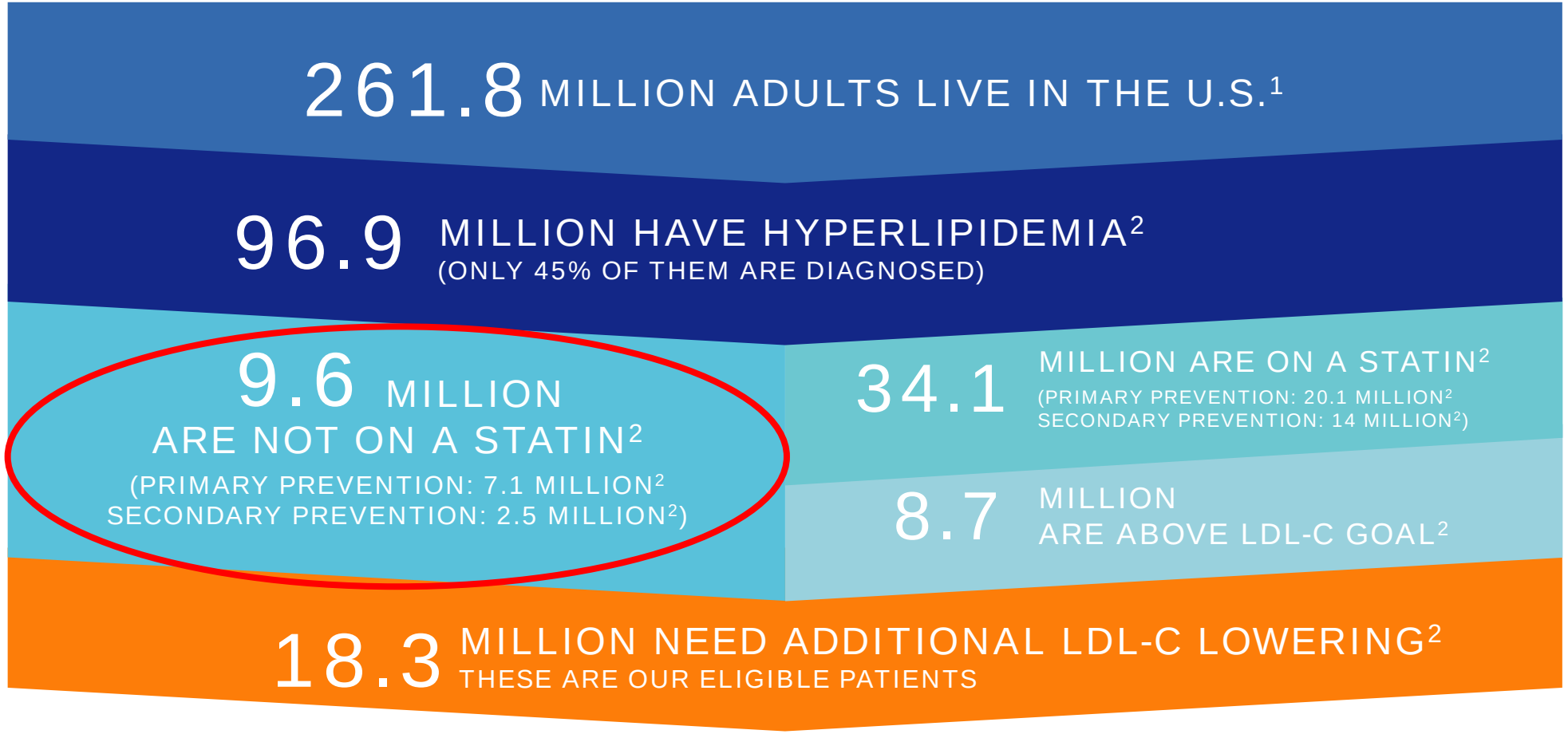
(2) Ballantyne, C. M. (2018). Efficacy and safety of bempedoic acid added to ezetimibe in statin-intolerant patients with hypercholesterolemia: A randomized, placebo-controlled study. Atherosclerosis, 277, 195–203. doi: 10.1016/j.atherosclerosis.2018.06.002

(3) Goldberg, A. (2019). Effect of Bempedoic Acid vs Placebo Added to Maximally Tolerated Statins on Low-Density Lipoprotein Cholesterol in Patients at High Risk for Cardiovascular Disease The CLEAR Wisdom Randomized Clinical Trial. JAMA, 322(18), 1780–1788. Retrieved from https://jamanetwork.com/journals/jama/fullarticle/2754792

(4) (2018, August 27). Esperion Announces Positive Top-Line Results from Pivotal Phase 3 Bempedoic Acid / Ezetimibe Combination Pill Study. Retrieved from https://esperion.gcs-web.com/node/10191/pdf

TREATMENT OPTIONS ARE INADEQUATE FOR MANY

STRONG NEED FOR NEW THERAPIES



(1) United Nations (2017) World Population Prospects: the 2017 Revision. Available from: https://esa.un.org/unpd/wpp/ [Accessed 26 July 2018]
(2) ZS Associates primary and secondary research, Sep-Oct 2018. Primary research N = 350 healthcare practitioners

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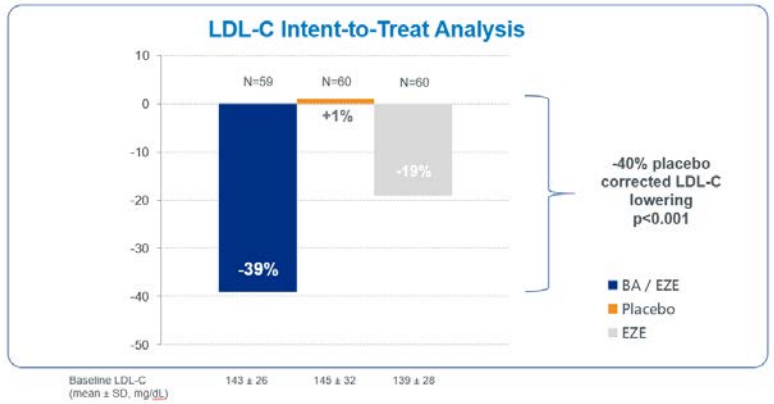
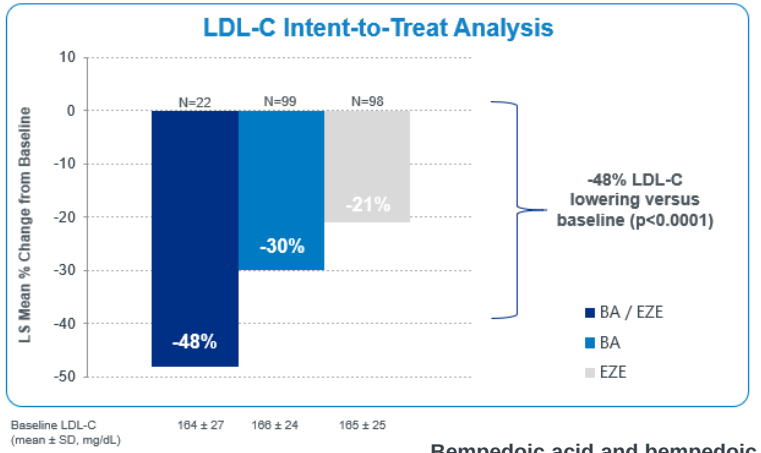
BA/EZE FDC LDL-C LOWERING EFFICACY ON NO BACKGROUND STATIN

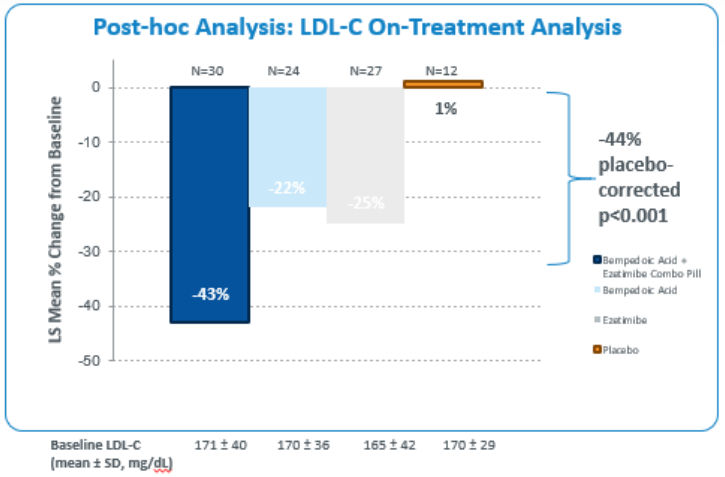
Study 058 (12 weeks) – 40% LDL-C Lowering[1]



Study 008 (12 weeks) – 48% LDL-C Lowering[3]



Study 053 (12 weeks) – 44% LDL-C Lowering[2]



% Change in hsCRP

- Bempedoic acid/ezetimibe → 25%[1] to 34%[2] reduction

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(1) Esperion.(2019). Bempedoic Acid / Ezetimibe Combination Tablet Phase 2 Study (1002-058) [slide 10] Retrieved from https://esperion.gcs-web.com/static-files/f43631d5-c256-435a-a583-d8d2b36a23f5
(2) Esperion (2018). Bempedoic Acid / Ezetimibe Combo Pill (1002FDC-053) Pivotal Phase 3 Efficacy Study Top-Line Results [slide 13].Retrieved From https://investor.esperion.com/static-files/1639de53-9494-4299-98a5-0b6f1317678a
(3) Esperion (2014). ETC-1002-008 Phase 2b Top-Line Results [slide 4] https://esperion.gcs-web.com/static-files/a16e18e7-203a-4880-b896-c25c6dca48f9

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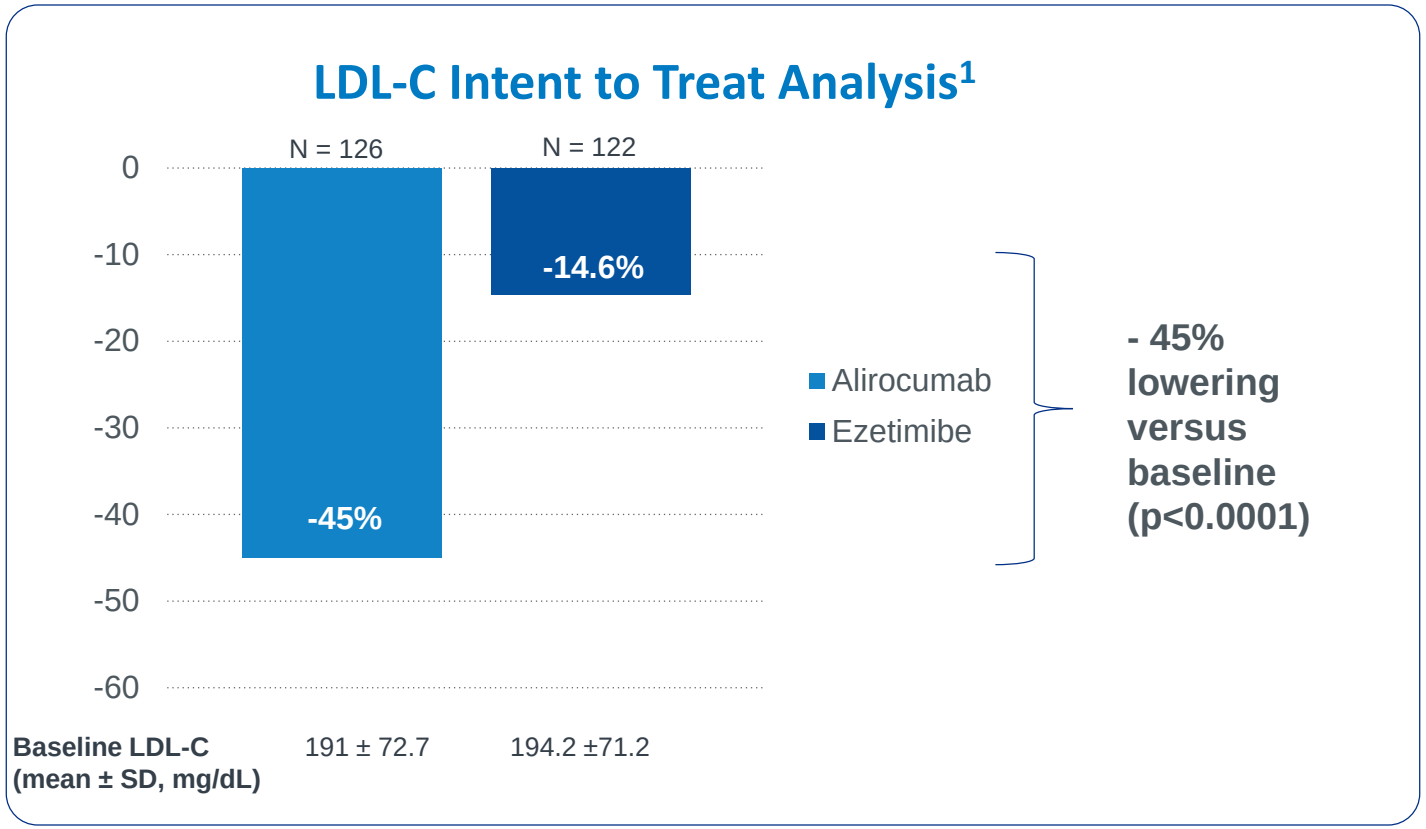
ALIROCUMAB (ODYSSEY ALTERNATIVE)



% Change in hsCRP

- PCSK9-inhibitors → **no** effect on hsCRP[2]

(1) Moriarty, P., et al (2015). Efficacy and safety of alirocumab vs ezetimibe in statin-intolerant patients, with a statin rechallenge arm: The ODYSSEY ALTERNATIVE randomized trial. Journal of Clinical Lipidology, 9(6), 758–769.

(2) Sahebkar, A., et al (2016). Effect of monoclonal antibodies to PCSK9 on high-sensitivity C-reactive protein levels: a meta-analysis of 16 randomized controlled treatment arms. *British journal of clinical pharmacology*, *81*(6), 1175–1190. doi:10.1111/bcp.12905

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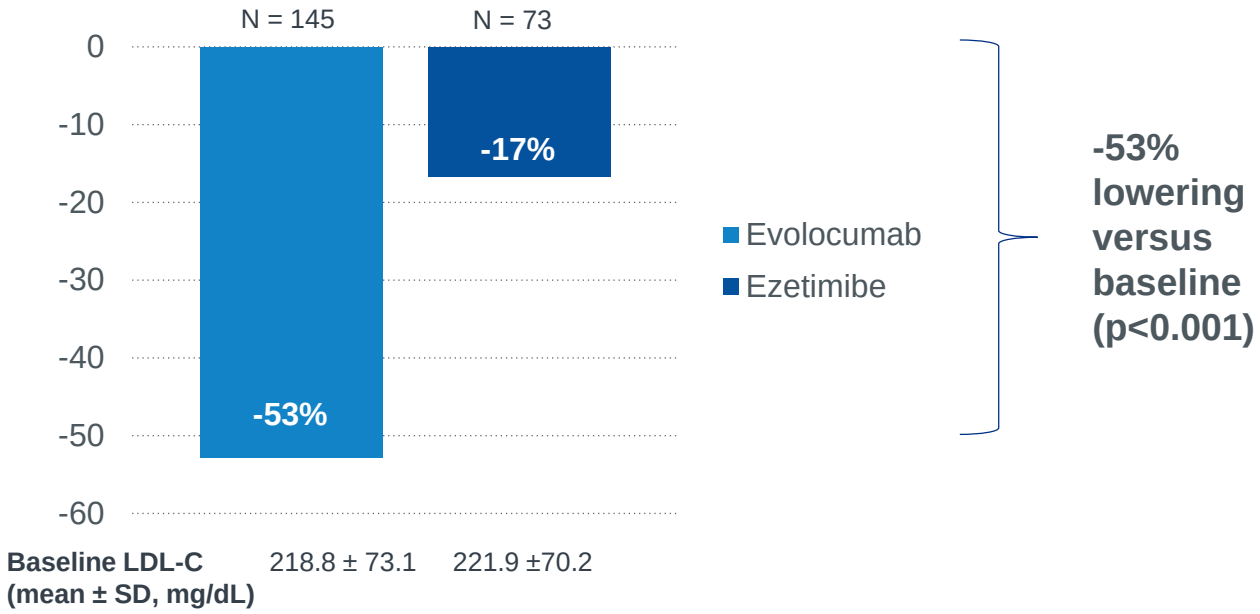
EVOLOCUMAB (GAUSS-3)

LDL-C Intent to Treat[1]



% Change in hsCRP

- PCSK9-inhibitors → **no** effect on hsCRP[2]

(1) Nissen, S. E. (2016). Efficacy and Tolerability of Evolocumab vs Ezetimibe in Patients With Muscle-Related Statin Intolerance. Jama, 315(15), 1580. doi: 10.1001/jama.2016.3608
(2) Sahebkar, A., et al (2016). Effect of monoclonal antibodies to PCSK9 on high-sensitivity C-reactive protein levels: a meta-analysis of 16 randomized controlled treatment arms. *British journal of clinical pharmacology*, *81*(6), 1175–1190. doi:10.1111/bcp.12905

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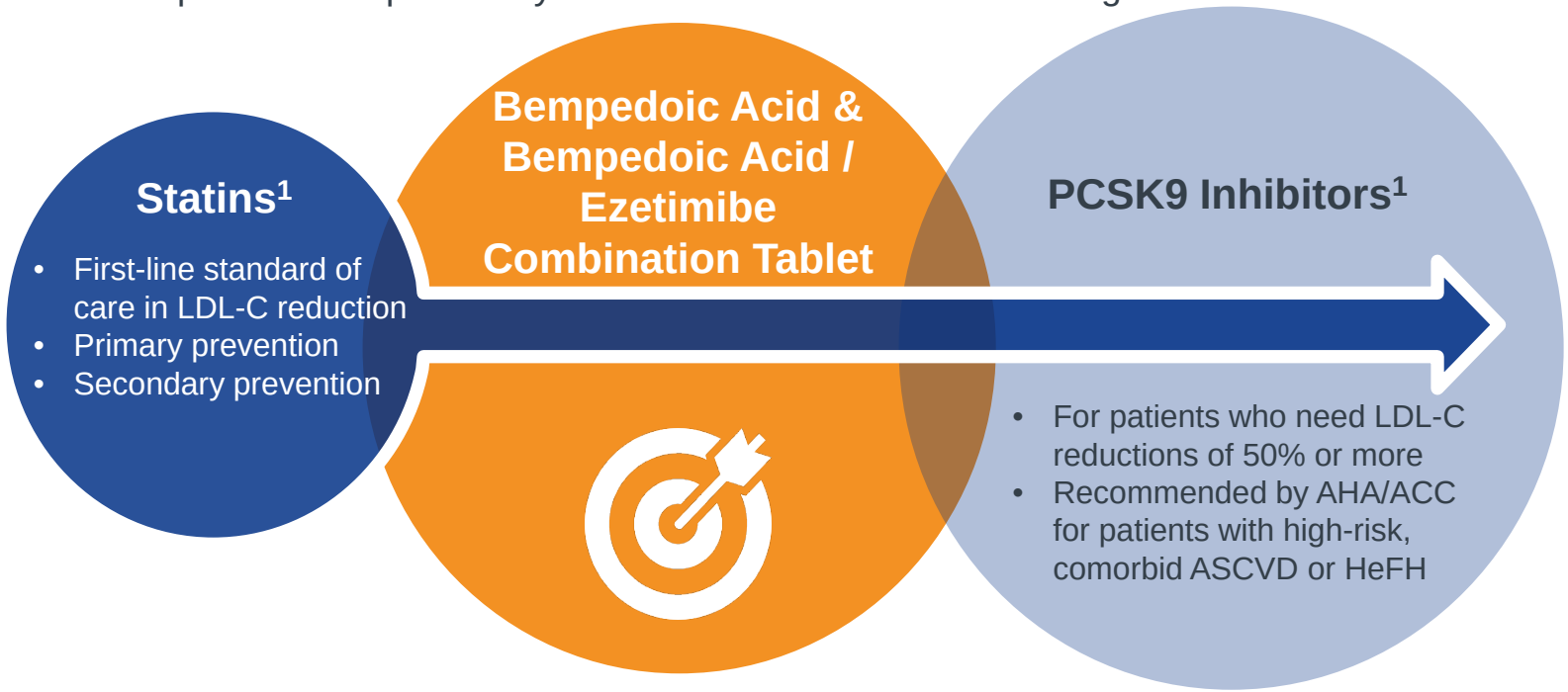
FOR PATIENTS: COMPLEMENT EXISTING THERAPIES

FOR PATIENTS ON STANDARD-OF-CARE MAXIMALLY TOLERATED STATINS

Where We Fit

Bempedoic acid and bempedoic acid / ezetimibe fixed dose combination tablet have the potential to deliver significant results alone or in combination with other LDL-C therapies, so more patients can potentially achieve additional LDL-C lowering.



Potential Patient Profiles

- Patients who need additional LDL-C lowering who are on maximally tolerated statins
- Patients whose health insurance status compromises access to PCSK9 inhibitors
- Patients who are unwilling to take injections

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(1) Grundy, et al. (2019). 2018 Cholesterol Clinical Practice Guideline. Journal of the American College of Cardiology 72, 285–350.

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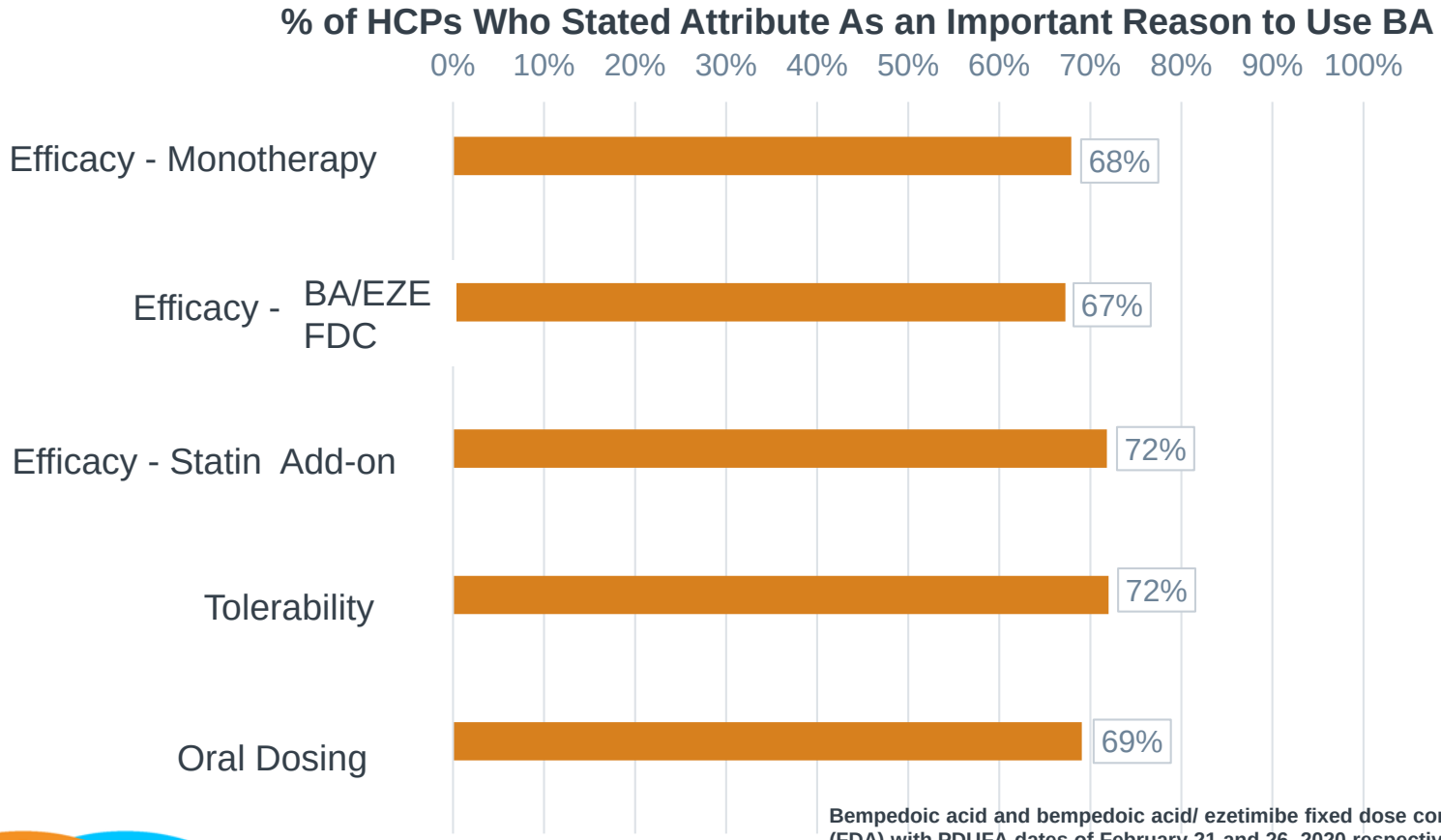
FOR PHYSICIANS MARKET RESEARCH SHOWS: EFFICACY, TOLERABILITY AND ORAL DOSING ARE IMPORTANT FACTORS FOR THEIR PATIENTS

BA Attributes Importance to Doctors[1]



Nearly 70% of Physicians are likely to prescribe Bempedoic Acid because of[2]

- ✓ **Reductions in LDL-C**
- ✓ **Good safety profile**
- ✓ **Ease of oral administration**

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(1) ZS Associates Market Sizing and Forecasting Project, August 2018. N=350 Physicians
(2) Medical Marketing Economics physician research, March 2019; N = 142 physicians (90 Primary Care, 52 Cardiology)

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ESPERION: BUILDING SUSTAINABLE VALUE

MILESTONES & KEY EVENTS

2019

✓Daiichi Sankyo Europe Commercial Partnership
✓Six Regulatory Marketing Applications Submitted
✓Phase 3 Results Published / Presented in Top-Tier Journals / Meetings
✓FDA Acceptance for Filing Letter Received
✓$200M Oberland Capital Revenue Interest Funding
✓Favorable LDL-C Lowering BA/EZE Fix Dose Combination Results in Study 058
✓CVOT Enrollment Complete in Over 14,000 Patients

2020

- FDA PDUFA Dates (Feb 21st & 26th)
- Committee for Medicinal Products for Human Use Opinion (1H)
- European Marketing Authority Response to Marketing Authorisation Application (1H)
- Commercial Launches

2022 and beyond

- CLEAR Outcomes Results

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INVESTORRELATIONS@ESPERION.COM

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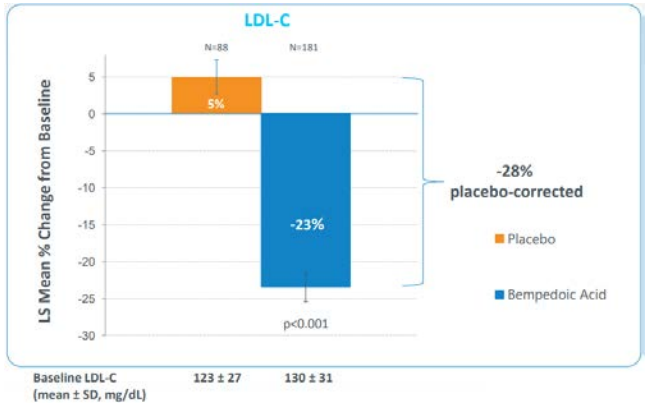
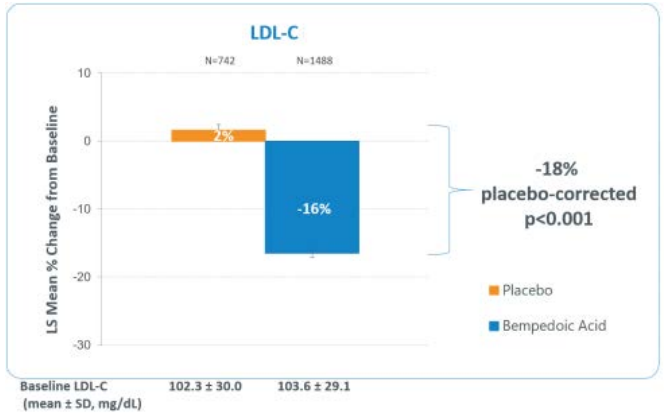
PHASE 3 PROGRAM LDL-C LOWERING EFFICACY

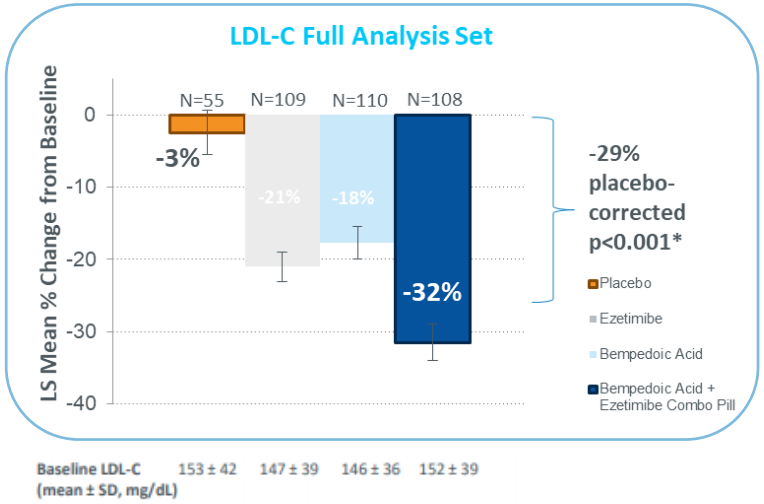
Study 4 (No Statin; 12 weeks) – 28% LDL-C Lowering



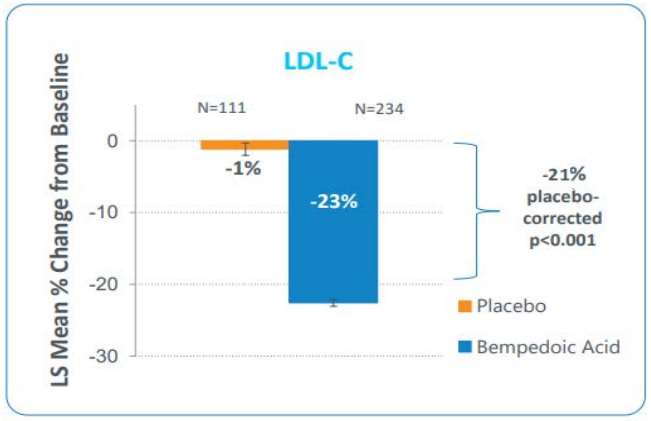
Study 1 (+Statins; 52 weeks) – 18% LDL-C Lowering



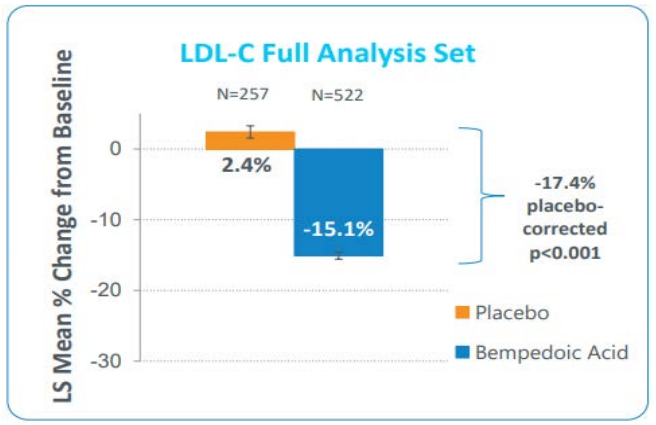
1002FDC-053 (Statins; 12 weeks) – 29% LDL-C Lowering



Study 3 (No Statin; 24 weeks) – 21% LDL-C Lowering



Study 2 (+Statins; 52 weeks) – 17% LDL-C Lowering



(Source) Data on file. ESPERION Therapeutics, Inc. 2019.

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CUMULATIVE PHASE 3 SUMMARY

ADVERSE EVENTS ARE BALANCED BETWEEN TREATMENT GROUPS

Bempedoic Acid

Treatment Emergent Adverse Events (AEs)	% of Patients	
	Bempedoic acid N=2424	Placebo N=1197
Overview of AEs in All Patients (patient incidence)		
Any AE(s)	73%	73%
Serious AE(s)	14%	13%
Discontinuation due to AE(s)*	11%	8%

*The observed difference in discontinuation frequency was not driven by any single type of adverse event or group of adverse event.

Bempedoic Acid/ Ezetimibe Fixed Dose Combination Tablet

Treatment Emergent Adverse Events (AEs)	% of Patients			
	BA / EZE FDC N=107	Bempedoic acid N=110	Ezetimibe N=109	Placebo N=55
Overview of AEs in All Patients (patient incidence)				
Any AE(s)	59%	62%	53%	44%
Serious AE(s)*	8%	6%	9%	2%
Discontinuation due to AE(s)	7%	8%	9%	4%

*No SAE reported as related to study medication

(Source) Data on file. ESPERION Therapeutics, Inc. 2019.

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