ESPERION®

Esperion Corporate Presentation

November 2025

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Clear Strategic Plan for Success

Expand Bempedoic Acid Franchise Globally

- Key **ANDA settlements** provide the potential to secure additional years of exclusivity, extending blockbuster revenue potential
  - Settlement agreements for April 19, 2040 reached with:
    - Dr. Reddy's Laboratories
    - Micro Labs USA, Inc.
    - Hetero USA Inc.
    - Accord Healthcare Inc.
- Deploying a balanced **in-person** and **digital** engagement strategy that has accelerated **physician adoption** – and serve as a driver for growth
- **Leveraging global partnerships** to support meaningful revenue growth and expand market awareness **worldwide**

Transition to Cash Generating Pharmaceutical Company

- Operating income from ongoing business in 2025 **supports expectations** for **sustainable profitability**
- **Revenue growth** from expanding product adoption and geographic reach supporting profitability objectives

Pipeline Advancement and Portfolio Expansion

- Advancing our **internally developed and wholly owned** development pipeline
- Advancing development of **triple combination products** in the **U.S.** to unlock additional growth opportunities
- **Potential acquisition or in-licensing** of cardiometabolic products that are **synergistic with our commercial call point**

ANDA – Abbreviated New Drug Application

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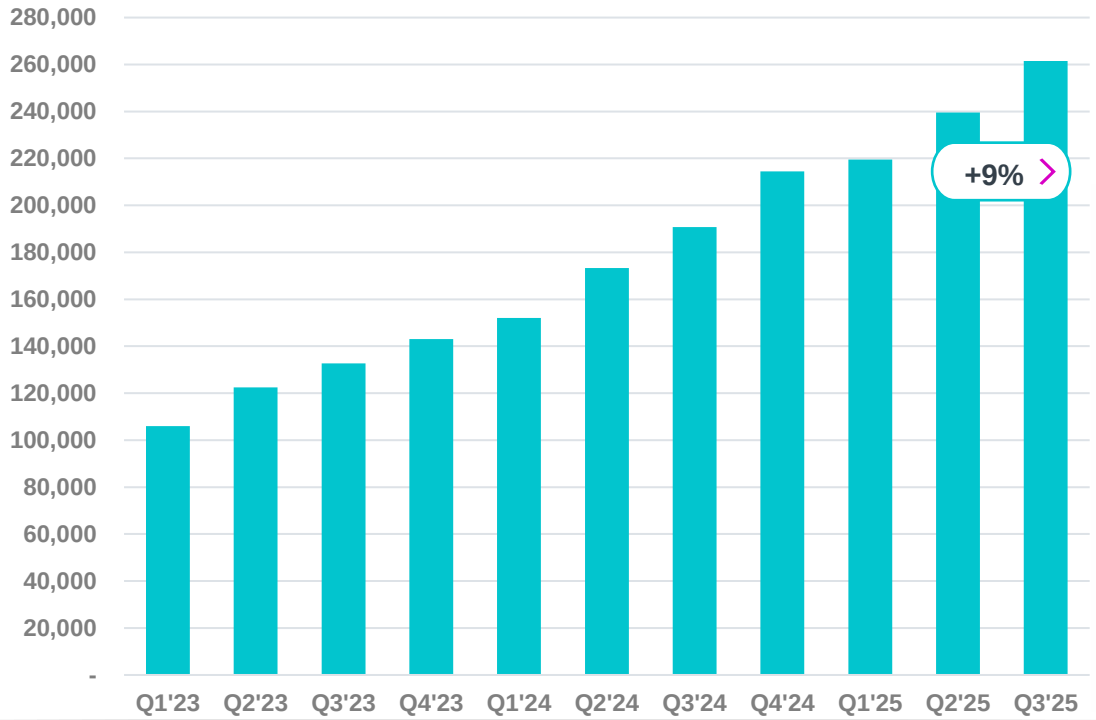
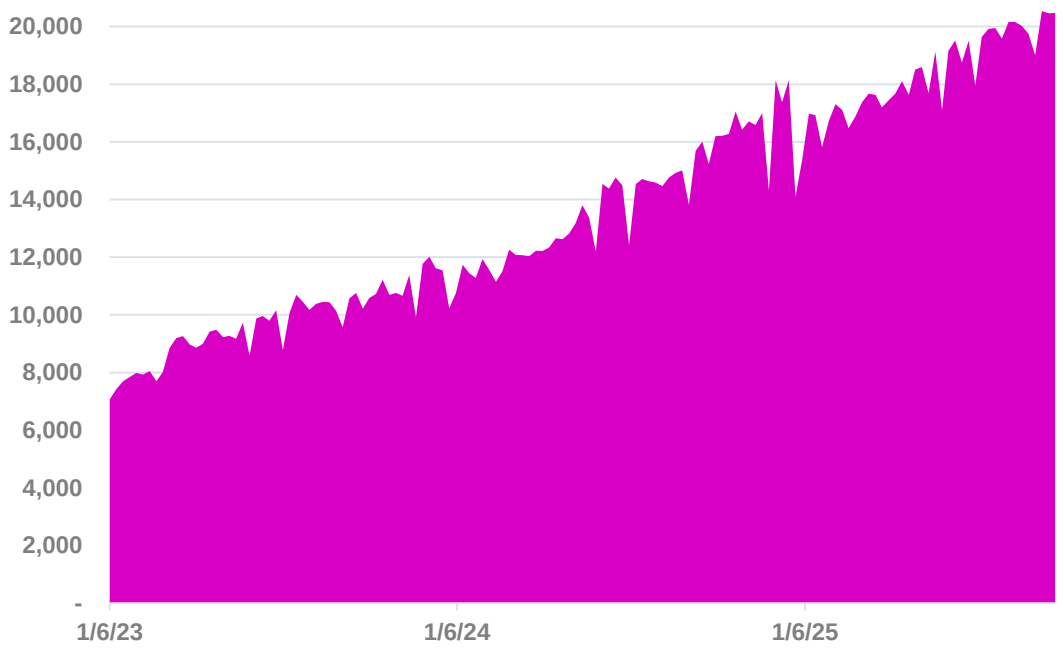
Strong Prescription Trend and Increasing Physician Adoption Continue to Drive Durable Revenue Growth

Quarterly Franchise Retail Prescription Equivalents (RPE) Trend



Weekly Franchise RPE Trend[1]



1. Through September 26, 2025.

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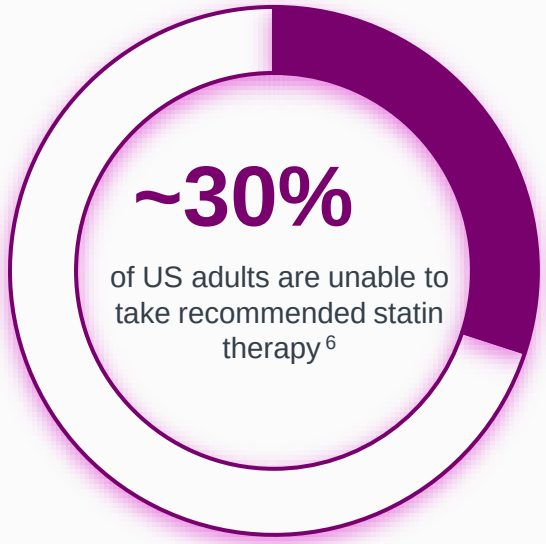
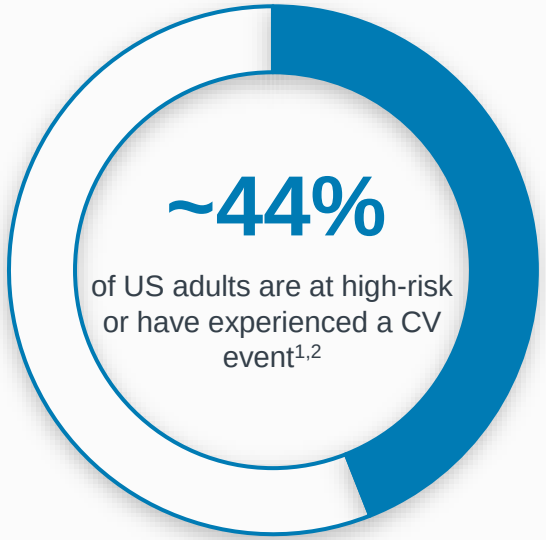
Driving U.S. and Global Growth and Reaching Profitability

Despite Statins, an Ongoing Medical Need for Oral Therapies Remains

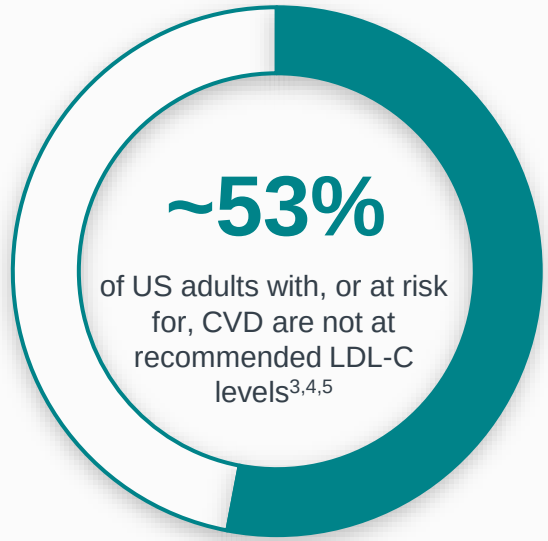
Marketing & Sales Strategic Focus Area:
Our near-term priority population



Statins alone are not enough to optimize LDL-C and prevent CVD[10]



CVD remains a leading health risk in US men and women[7,8]



High levels of LDL-C are the main risk factor for CVD[9]

1. Shen M, et al. J Am Heart Assoc, 2022;11:3026075. 2. Metser G. et al. Am J Cardiol. 2021;161:36-41 . 3.Allen JM, et al. Circulation. 2019;140:A12904. 4. Yang Y, et al. Circulation. 2021;144:A10434. 5. Wong ND, et al. J Clin Lipid.2016;10:1109-1118. 6. Cheeley MK, et al. J Clin Lipidol. 2022 Jul-Aug;16(4):361-375. 7. Ahmad FB, Anderson RN. JAMA. 2021;325(18):1829-1830. 8. Tsao C, et al. Circulation. 2023;147:e93-e621. 9. Int J Environ Res Public Health. 2022 Jul 6;19(14):8272. doi: 10.3390/ijerph19148272.10. Gu J, et al. Am J Prev Cardiol. 2022 Mar 20;10:100336. LDL-C: Low-Density Lipoprotein Cholesterol CVD: Cardiovascular Disease

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Significant and Growing U.S. Market Opportunity

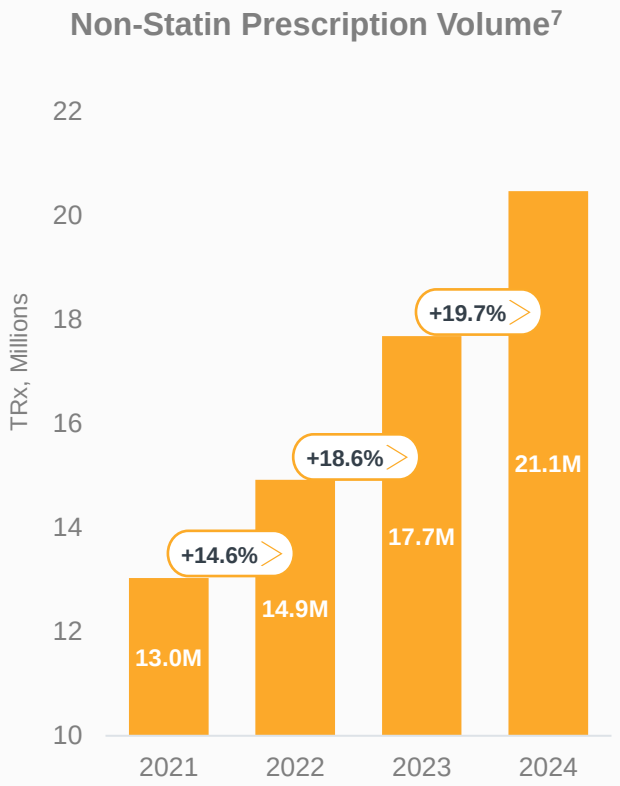
Over 70 million at-risk patients are undertreated or not treated

+ ~40M Untreated High-Risk Primary Prevention & ASCVD Patients [1,2,5,6]

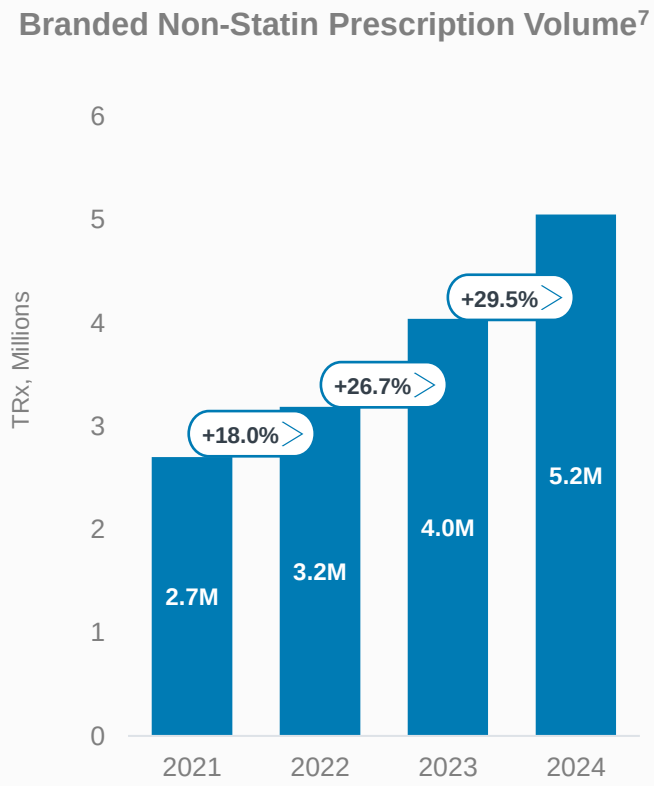
+ ~20M Under-Treated High-Risk Primary Prevention & ASCVD Patients[2,3,4,5]

~10M Under-Treated ASCVD Patients[1]

Rising need drives double-digit growth in the non-statin market



Branded non-statin therapies are leading growth in the non-statin market



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. 7. Symphony Data as of Dec 31, 2024.

Filling the Treatment Gap: Our Breakthrough in LDL-C Management

STATINS

- Mostly generic
- First-line, widely used
- Combinable for incremental LDL-lowering
- 25-55% drops in LDL-C

NON-STATIN THERAPIES

	Ezetimibe	NEXLETOL® (bempedoic acid) 180mg tablets	NEXLIZET® (bempedoic acid/ezetimibe) 180mg/10mg tablets	PCSK9i mAbs	PCSK9i siRNA
CV Risk Reduction Indication [1]					
Primary Prevention	✗	✓	✓	✗	✗
Secondary Prevention	✗	✓	✓	✓	✗
LDL-C Lowering [2]					
Observed LDL-C Reduction	19%	17-18%	38%	48-71%	48-52%
Use Without a Statin	✓	✓	✓	✓	✗
Administration					

1. Variations within the specific wording of each product indication.
No head-to-head studies have been conducted; cross-study data reflect different study designs, populations, and other features.

ESPERION®

The Next Step in Cardiovascular Risk Reduction

CLEAR Outcomes

NEXLETOL® (bempedoic acid) 180mg tablets

CV Risk Reduction

Nonfatal MI

27% RRR

HR, 0.73 (95% CI: 0.62-0.87)

Coronary Revascularization

19% RRR

HR, 0.81 (95% CI: 0.72-0.92)

Primary Prevention*

30% of patients enrolled have not had their first event but are at high risk

MACE-4

(nonfatal MI, coronary revascularization, nonfatal stroke, or CV death)

32% RRR

HR, 0.68 (95% CI: 0.53-0.87)

NEXLIZET® (bempedoic acid/ezetimibe) 180mg/10mg tablets

LDL-C Reduction

The primary endpoint was percent change from baseline to Week 12 in LDL-C. Results shown are based on a mean 38% placebo-corrected LDL-C reduction
(-36% NEXLIZET vs +2% placebo)

- ***Not activated*** in skeletal ***muscle***
- Does ***not*** raise glucose
- ***Reduces*** hsCRP
- Use ***with*** or ***without*** a statin

* - As pre-specified exploratory analysis

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Bempedoic Acid Received 1a Recommendation in Updated ESC/EAS Guidelines for Management of Dyslipidaemias

> ***Strike early, strike strong***

- Bempedoic acid was the **only new non-statin** included with LDL-C and CV risk reduction data.
- First time a guideline has given a Level IA to recommend combination therapy based on magnitude of LDL-C reduction needed.

Recommendations	Class	Level
Non-statin therapies with proven cardiovascular benefit (including bempedoic acid), taken alone or in combination, are recommended for patients who are unable to take statin therapy to lower LDL-C levels and reduce the risk of CV events. The choice should be based on the magnitude of additional LDL-C lowering needed.	I	A
Bempedoic acid is recommended in patients who are unable to take statin therapy to achieve the LDL-C goal.	I	B
The addition of bempedoic acid to the maximally tolerated dose of statin with or without ezetimibe should be considered in patients at high or very high risk in order to achieve the LDL-C goal.	IIa	C

European Guidelines Expected to Inform Upcoming U.S. Cholesterol Treatment Guidelines

Significantly Differentiated from *Potential* Competitors

	Bempedoic Acid[1]	CETPi
Commercially Available	☑ (alone and in combination with ezetimibe)	☒
LDL-C Lowering	Bempedoic acid: -17-20% Bempedoic acid + ezetimibe: -38%	Obicetrapib: -33-35%[2] Torceptrapib: -25%[3] Dalcetrapib: No difference[4] Evacetrapib: -37%[5] Anacetrapib: -40%[6]
CV Risk Reduction	MACE-4: -13% MACE-3: -15%	Obicetrapib: Not available (Q4 2026*) Torceptrapib: +25%[3] Dalcetrapib & Evacetrapib: No change[4-5] Anacetrapib: -9%[6]
CV Risk Reduction in Primary Prevention	MACE-4: -32% MACE-3: -39%	Not planned
CV Risk Reduction in Statin Intolerant Patients	☑	Not planned
FDA Approved for CV Risk Reduction	☑ Primary & Secondary Prevention	☒
Safety & Tolerability	Demonstrated safety in 9,000+ patients across Phase 3 clinical trials	Long-term safety of obicetrapib not established[2] Safety concerns halted dev. on 4 previous CETPis due to ↑ death & CV risk, clinical futility and fat tissue accumulation[3-6] Concern for macular degeneration from genetic studies[7]

CETPi: cholesterol ester transfer protein; MACE-4: CV death, nonfatal myocardial infarction, nonfatal stroke, or coronary revascularization; MACE-3: CV death, nonfatal myocardial infarction, or nonfatal stroke 1. Nexletol (bempedoic acid) Tablets [Package Insert]; Nexlizet (bempedoic acid and ezetimibe) [Package Insert] Ann Arbor, MI: Esperion Therapeutics, Inc.; 2. New Amsterdam Pharma Conference Call Presentation December 10, 2024. 3. N Engl J Med. 2007;357:2109–22; 4. N Engl J Med. 2012;367:2089–99; 5. N Engl J Med. 2017;376:1933–1942; 6. N Engl J Med. 2017;377:1217–1227.; 7. Proceedings of the National Academy of Sciences of the United States of America. 2010;107:7401–6

Esperion has not conducted any head-to-head studies comparing its product candidates to any third party drug products or candidates, whether investigated or approved. Information regarding other drug products in this presentation is meant to provide context for illustrative purposes only. Because there are no head-to-head studies, no conclusions should be made based on cross study comparisons. *estimated trial primary completion date

Significantly Differentiated from *Potential* Competitors cont.

	Bempedoic Acid[1]	PCSK9i [enlicitide decanoate (MK-0616)]
Commercially Available	☑ (alone and in combination with ezetimibe)	☒
LDL-C Lowering	Bempedoic acid: -17-20% Bempedoic acid + ezetimibe: -38%	-60%[2]
CV Risk Reduction	MACE-4: -13% MACE-3: -15%	Not available (Q3 2029*)
CV Risk Reduction in Primary Prevention	MACE-4: -32% MACE-3: -39%	Not available
FDA Approved for CV Risk Reduction	☑ Primary & Secondary Prevention	☒
CV Risk Reduction in Statin Intolerant Patients	☑	Not planned
Administration	Oral	• Oral (requires fasting 8 hours prior and 30 minutes after) • 50% decrease in bioavailability and absorption with food[2]
Safety & Tolerability	Demonstrated safety in 9,000+ patients across Phase 3 clinical trials	Long-term safety is not established

PCSK9i: proprotein convertase subtilisin/kexin type 9; MACE-4: CV death, nonfatal myocardial infarction, nonfatal stroke, or coronary revascularization; MACE-3: CV death, nonfatal myocardial infarction, or nonfatal stroke 1. Nexletol® (bempedoic acid) Tablets [Package Insert]. Ann Arbor, MI: Esperion Therapeutics, Inc.; 2. *J Am Coll Cardiol*. 2023 Apr 25;81(16):1553-1564.
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*estimated trial primary completion date

Strategic Partnerships Driving Billion $ Global Opportunity

Approved in **41** countries globally

Maximizing Global Reach Across Key Regions

	Europe	Japan	Asia & South America	Israel	Australia & New Zealand	Canada
Partner	Daiichi Sankyo Europe	Otsuka Pharmaceutical Co., Ltd.	Daiichi Sankyo Co., Ltd.	Neopharm Israel	CSL Seqirus	HLS Therapeutics
Agreement Terms	Tiered royalties and additional sales milestones	Tiered royalties, regulatory, pricing and additional sales milestones	Tiered royalties and additional sales milestones	Tiered royalties and additional milestones	Upfront and near-term milestone payments	Upfront Payment, Milestones and Tiered Royalties

Highlights	• Launched in many key markets including Germany, UK, Austria, Belgium, Switzerland, Italy, Spain, Netherlands, Slovakia and Czech Republic to date
	• Expanded label approved in EU and UK in May/June ’24
		• Received approval in Q3 2025
		• National Health Insurance pricing approval in Q4 2025
			• Received regulatory approval to market product (mono & dual) and launched:
			  • Hong Kong in 2023
			  • Thailand and Macau in 2024
				• Filed NDA for marketing approval in Q1 2025; approval anticipated in the first half of 2026	• Filed marketing application in Australia in July 2025
					• Expect market approval in Q4 2026
						• Expect market approval in Q4 2025

Approval and launch in additional territories anticipated in Q4 2025 and beyond

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Pipeline Advancement

Proven Science, Innovative Pipeline

Innovative Portfolio & Pipeline

PRODUCT/PROGRAM	EXPLORATORY	LEAD ID	LEAD OPTIMIZATION	PRECLINICAL DEVELOPMENT	CLINICAL DEVELOPMENT	APPROVED / COMMERCIAL	MILESTONES
Cardiovascular Disease (LDL-C lowering / CV Risk reduction)							
NEXLETOL® bempedoic acid							Approved 2020 Expanded label 2024
NEXLIZET® bempedoic acid and ezetimibe							Approved 2020 Expanded label 2024
Triple Combination A bempedoic acid, ezetimibe, and atorvastatin							NDA: 2027
Triple Combination B bempedoic acid, ezetimibe, and rosuvastatin							NDA: 2027
Liver Diseases							
Primary Sclerosing Cholangitis (PSC)							IND: 2026
Renal Diseases							To Be Announced

LDL-C: low-density lipoprotein cholesterol; CV: cardiovascular; NDA: New Drug Application; IND: Investigational New Drug

Oral Triple Combination

	Triple Combo[1]	Ezetimibe[2]	Obicetrapib[3]	PCSK9i[4]
Approval Status	In development	Approved/Generic	In development	3 approved products
LDL-C reduction	~ 60% - 70%	19%	33%	~ 48% - 71%
Administration				
Dosing	Once daily	Once daily	Once daily	Bi-weekly to 6 months

Oral CETP inhibitor **not approved** with **unknown safety profile**. **No proven** CV RR data. PCSK9i products are **injectable**.

1. Product in development, not approved, LDL-C data based on literature evaluating co administered products (Rubino et.al Atherosclerosis 320 (2021) 122-128, Mahajan et.al. J. Clin. Lipidology (2004), Vol 18 (5) e867-872; 2. USPI for Zetia (November 2024), monotherapy and on statin; 3. New Amsterdam Pharma corporate presentation (Jan 2025); 4. USPI for Repatha (Nov 2024), Praluent (March 2024) and Leqvio (July 2024)

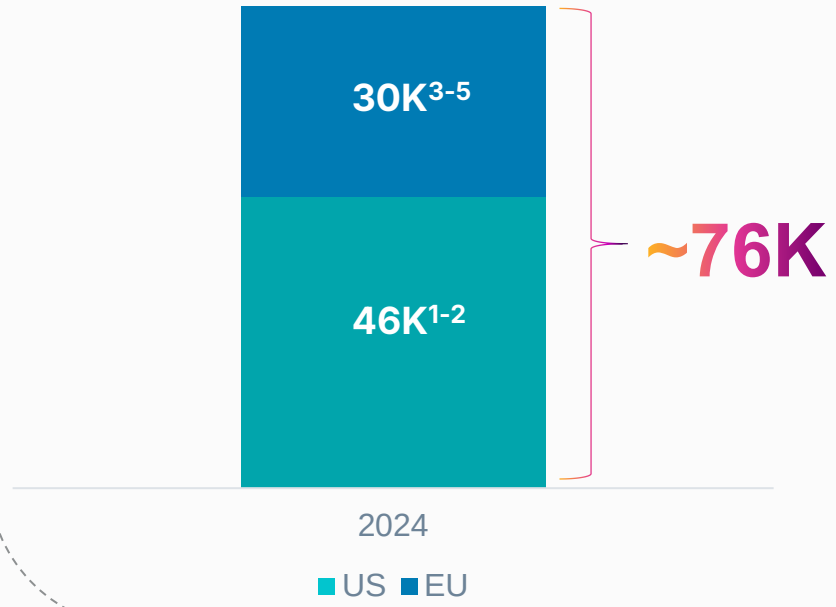
No head-to-head studies have been conducted; cross-study data reflect different study designs, populations, and other features.

PSC: High Unmet Need Driving Significant Market Opportunity

Selected ESP-2001 as preclinical development candidate; IND-enabling studies underway to support a planned 2026 IND filing

PSC: A Rare and Progressive Liver Disease

Diagnosed Prevalence of PSC



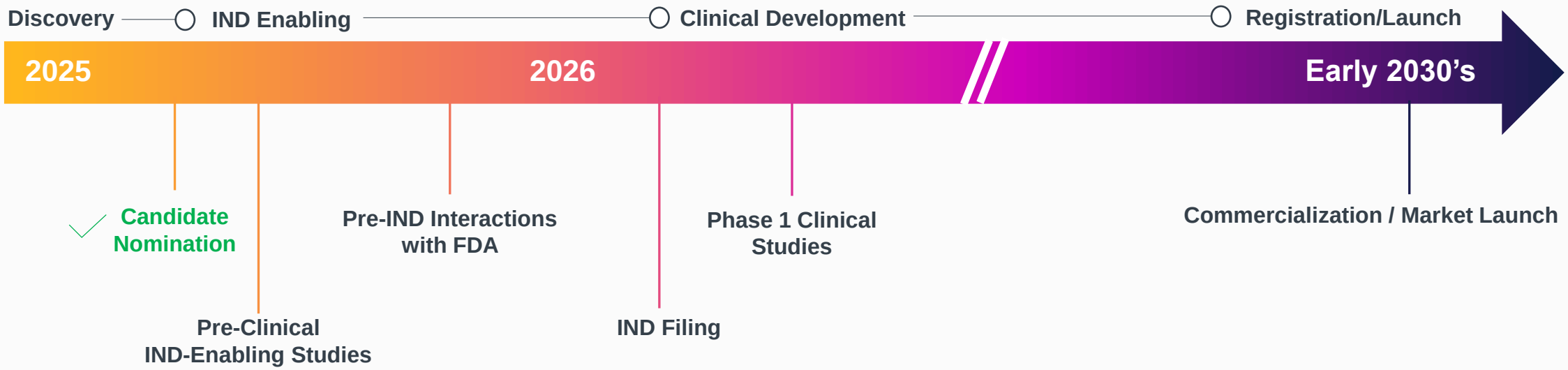
>$1B Annual Market Opportunity Estimate

- **No approved therapies** with proven efficacy to cure or halt PSC progression
- Potential **Orphan Drug Designation & Fast Track** Approval
- Discovery program is **internally developed and wholly-owned globally**

This program highlights the broader potential of ACLY biology

PSC: primary sclerosing cholangitis

Development Timeline



FDA: Food and Drug Administration

Experienced **Leaders**, Breakthrough **Results**

Sheldon Koenig

PRESIDENT AND CHIEF EXECUTIVE OFFICER

PORTOLA · MERCK · SANOFI

Ben Halladay

CHIEF FINANCIAL OFFICER

Pfizer · NOVARTIS · bmc

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melinta therapeutics · Pfizer · BAUDAX BIO · NOVARTIS

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VP, GLOBAL REGULATORY AFFAIRS

LIPOCINE ENHANCING HEALTH · Dr.Reddy's

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Important Safety Information

NEXLETOL® (bempedoic acid) Important Safety Information

- NEXLIZET is indicated:
- The bempedoic acid component of NEXLIZET and 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) with:
    - established cardiovascular disease (CVD), or
    - at high risk for a CVD event but without established CVD.
- As an adjunct to diet:
    - NEXLIZET, alone or in combination with other LDL-C lowering therapies, to reduce LDL-C in adults with primary hyperlipidemia, including HeFH.
    - NEXLETOL, 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 primary hyperlipidemia, including HeFH.
- 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® (bempedoic acid and ezetimibe) Important Safety Information

- NEXLIZET is indicated:
- The bempedoic acid component of NEXLIZET and 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) with:
    - established cardiovascular disease (CVD), or
    - at high risk for a CVD event but without established CVD.
- As an adjunct to diet:
    - NEXLIZET, alone or in combination with other LDL-C lowering therapies, to reduce LDL-C in adults with primary hyperlipidemia, including HeFH.
    - NEXLETOL, 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 primary hyperlipidemia, including HeFH.
- 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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