ESPERION®

VISION 2040

Corporate Presentation

March 2026

Forward-looking Statements & Disclosures

This investor presentation 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 and business development plans, current and planned operational expenses, expected profitability, future operations, commercial products, clinical development, plans for potential future product candidates, financial condition and outlook, including expected cash runway and profitability, 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 investor presentation 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, business development, 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 investor presentation 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 investor presentation, other than to the extent required by law.

Esperion at a Glance

Commercial

NEXLETOL®
(bempedoic acid) 180mg tablets

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

Strong Financial Position

Reach Sustainable Profitability in 2026

Durable Cash Flows

Strong Balance Sheet

Attractive P&L Profile

Partnerships & Pipeline

Triple Combination

NEXT-GENERATION ORAL LIPID-LOWERING COMBINATIONS

Bempedoic acid, ezetimibe, and statin (atorvastatin or rosuvastatin)

ESP-2001

NEXT-GENERATION ACLY INHIBITOR

Indication: Primary Sclerosing Cholangitis (PSC)

Discovery Programs

EXPANDING BEYOND CARDIOVASCULAR DISEASE

Emerging product candidates with the potential to address multiple forms of chronic kidney disease, including both broad and rare indications

Commercial Execution Drove Significant Growth in 2025

LARGE, UNDERPENETRATED MARKET

~70M

addressable patients in the U.S.

Clear Commercial Focus: Statin-intolerant and statin-resistant patients (~30% overall market [1])

Winning Commercial Strategy: Balanced in-person & digital promotion, including piloted DTC efforts & invested in competitive reimbursement initiatives

Growing adoption
+34% Retail Prescription Equivalents Y/Y

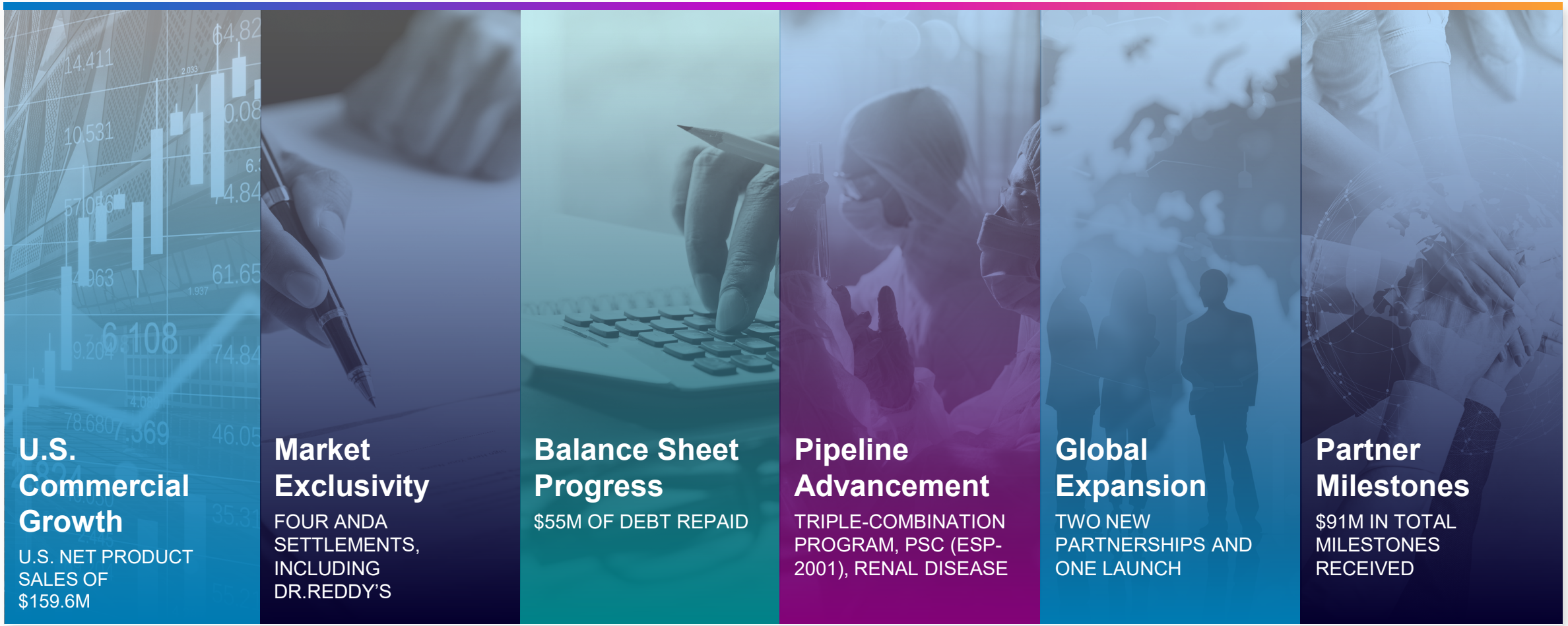
Prescriber base expanded
~25% Y/Y, now ~45,000 prescribing HCPs

Broad payer coverage established
>90% commercial lives / >90% Medicare

1 Cheeley MK, et al. J Clin Lipidol. 2022 Jul-Aug;16(4):361-375

Year in Review

Highlights of 2025



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.
    - Alkem Laboratories Ltd.
- 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

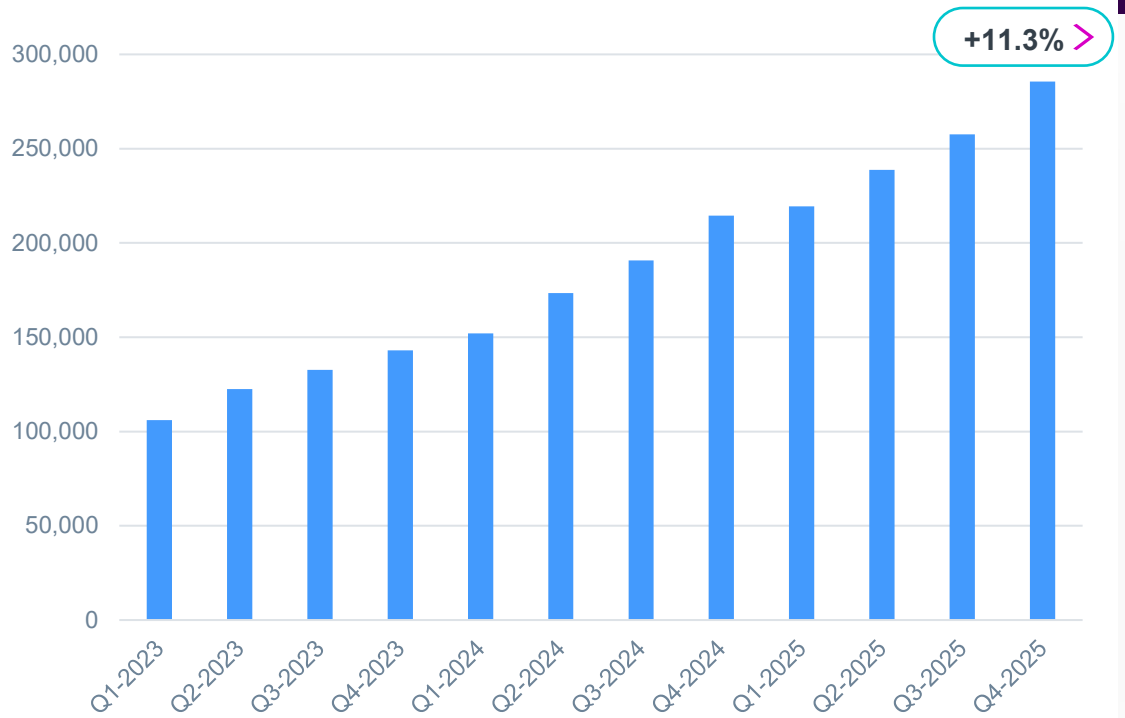
- Advancing our **internally developed and wholly owned** development pipeline
- Advancing development of **triple combination products** in the **U.S.** to unlock additional growth opportunities
- **Potential acquisition or in-licensing** of cardiometabolic products that are **synergistic with our commercial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

ANDA – Abbreviated New Drug Application

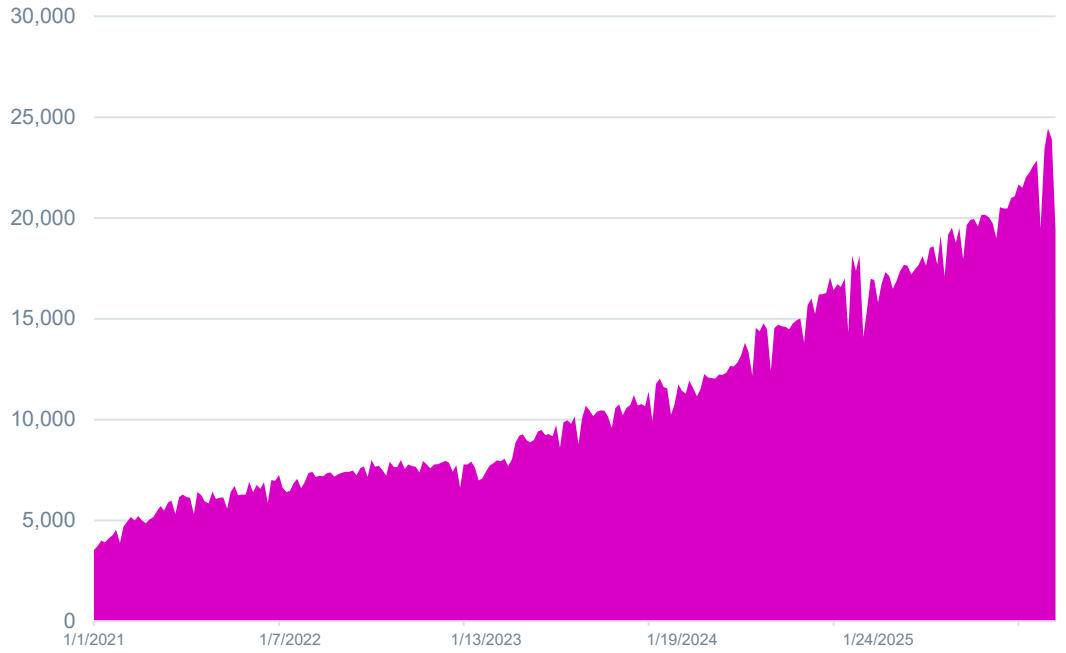
ESPERION

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 December 31, 2025.

ESPERION

ESPERION®

Driving U.S. Global Growth and Reaching Profitability

Multi-Year Proven Track Record of Execution

Consistent U.S. Commercial Execution

- Delivered strong year-over-year revenue and TRX growth
- Expanded the product label, significantly broadening the U.S. addressable patient population to more than 70 million patients
- Achieved broad national commercial and Medicare payer coverage
- Secured ANDA settlements highlighting potential longer term exclusivity runway

Global Partner Execution

- Japan: Successfully executed the commercial launch
- Canada: Secured regulatory approval for NEXLETOL
- Europe: Achieved inclusion in ESC/EAS guidelines as a Class I, Level A recommendation

Disciplined Financial Management

- Strengthened the capital structure
- Meaningfully reduced debt
- Positioned to support continued commercial expansion, pipeline advancement, and strategic BD in 2026 and beyond

Pipeline Execution

- Advanced the pipeline with selection of ESP-2001 selected as a lead preclinical candidate for PSC
- Progressed triple combination program
- Initiated early renal discovery programs

Major Catalysts to Drive Growth in 2026 and Beyond

U.S. Guideline Momentum

Expected inclusion in U.S. guidelines in early 2026

Market Exclusivity

Potential expansion supported by initial ANDA settlements

Commercial Investment

Continued sales and marketing expansion

Oral Triple Combination

Lifecycle management opportunity

International Expansion

Milestone payments and royalty revenues

Improved Gross Margins

Tech transfer with European partner

ESPERION

ESPERION®

Our Vision 2040 is grounded in proven execution and defines how we scale Esperion into a global, multi-product pharmaceutical company.

From Execution to Ambition

Strengthen and Expand the Bempedoic Acid Franchise

- Continue to unlock the multi billion-dollar potential of the NEXLETOL/NEXLIZET franchise

Build a Diversified, Multi-Product Portfolio

- Leverage established U.S. commercial infrastructure to support product acquisitions, co-promotions, in-licensing, and revenue-share partnerships

Advance the Next-Generation ACLY Pipeline

- Build a diversified portfolio of internally developed, wholly owned ACLY inhibitors globally targeting rare and orphan diseases

Achieve at least 5 marketed products by 2040 through a combination of BD and internal pipeline advancement

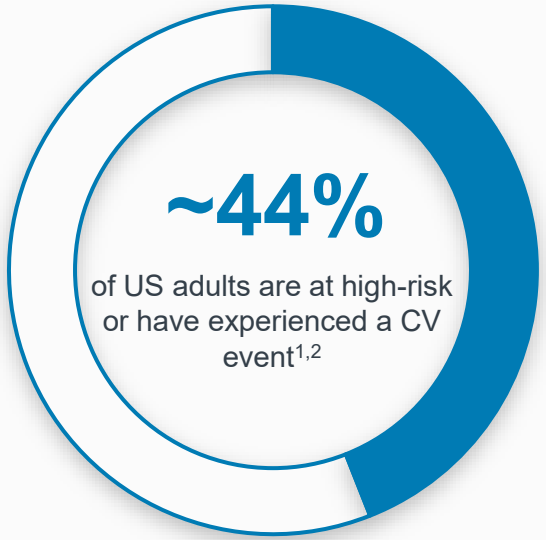
ESPERION®

Strengthen and Expand the Bempedoic Acid Franchise

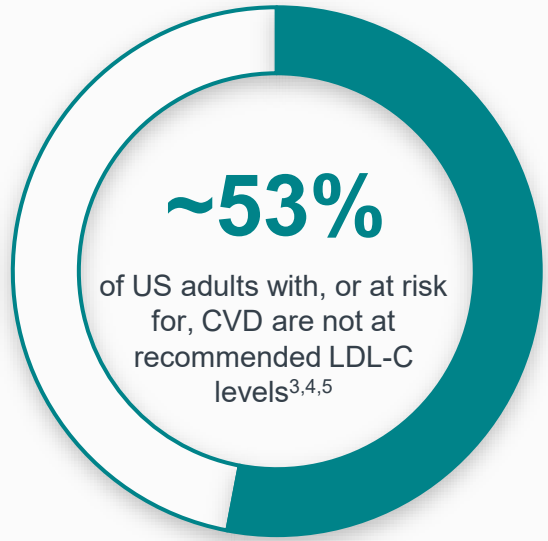
Despite Statins, an Ongoing Medical Need for Oral Therapies Remains

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

ESPERION

Significant and Growing U.S. Market Opportunity

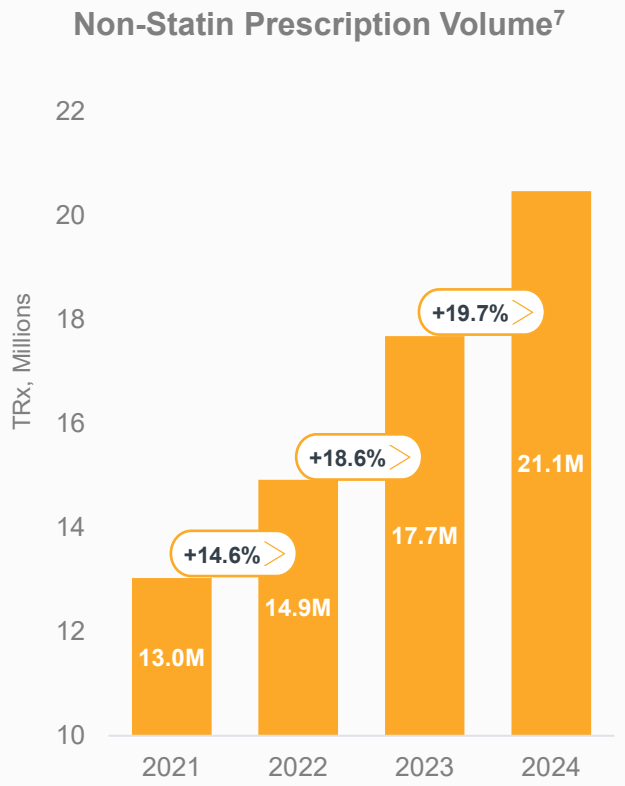
Over 70 million at-risk patients are undertreated or not treated

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

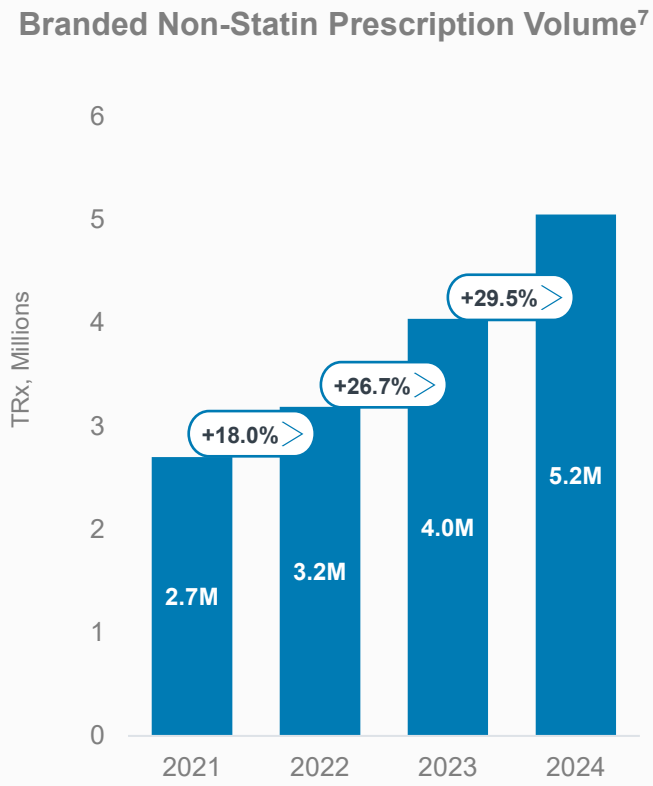
+ ~20M Under-Treated High-Risk Primary Prevention & ASCVD Patients[2,3,4,5]

~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.

ESPERION

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

ESPERION®

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
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	☒
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.
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

Bempedoic Acid: Partner-Led Expansion Outside the U.S.

Multi-Billion $ Global Opportunity Provides Additional Revenue Streams

	Europe, Asia & South America	Japan	Israel	Australia & New Zealand	Canada
Partner	**Daiichi Sankyo Europe / Daiichi Sankyo Co., Ltd.**	**Otsuka Pharmaceutical Co., Ltd.**	**Neopharm Israel**	**CSL Seqirus**	**HLS Therapeutics**
Highlights	• Included in ESC/EAS guidelines as a Class I, Level A recommendation • Introduced oral triple-combination therapy • >600,000 patients treated to date • Regulatory approval and reimbursement for NILEMDO in France	• Launched in December 2025 with favorable pricing • Represents the third largest cardiovascular prevention market globally	• Approval anticipated in the first half of 2026	• Approval anticipated in Q4 2026	• NILEMDO launched in Q1 2026 • Expects approval for NEXLIZET in 2026
Milestones and Royalties	Tiered royalties 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

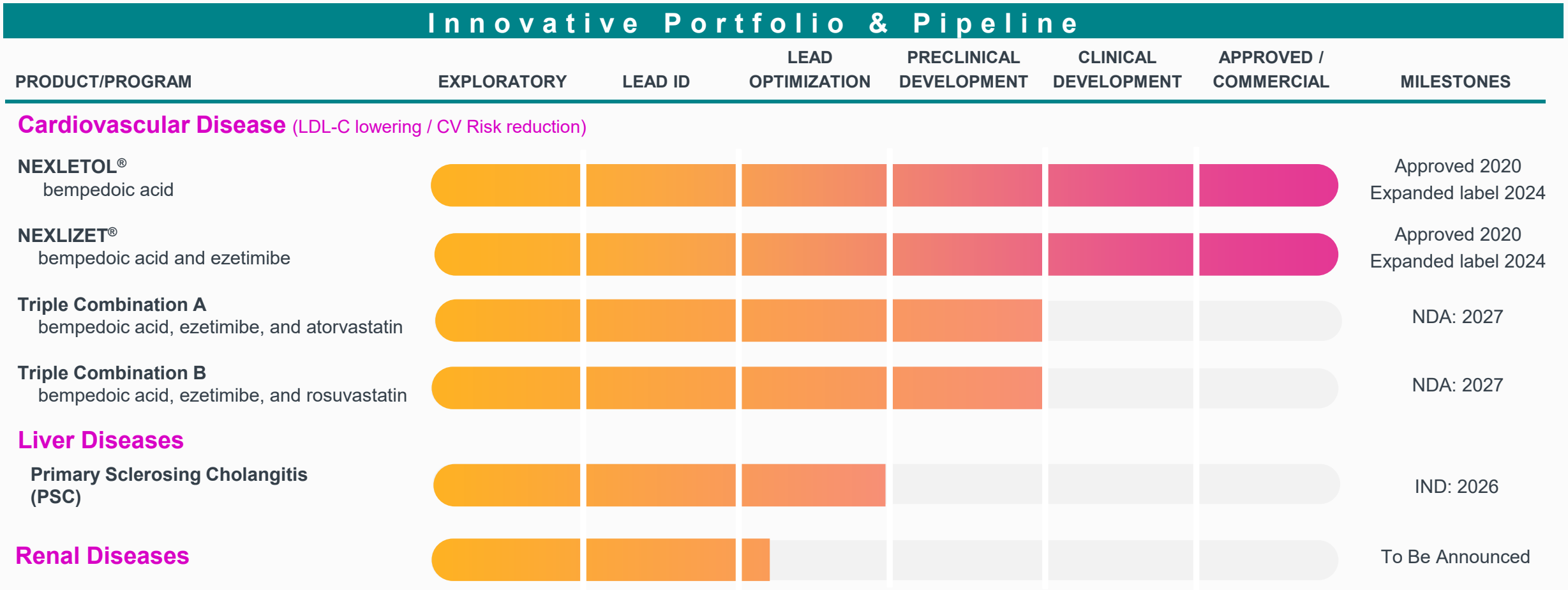
ESPERION

ESPERION®

Advance the Next-Generation ACLY Pipeline

Proven Science, Innovative Pipeline

Innovative Portfolio & Pipeline



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

ESPERION®

Leveraging a World-Class ACLY Platform to Expand the Pipeline

Deep expertise in ACLY biology, a target with broad potential across multiple disease pathways

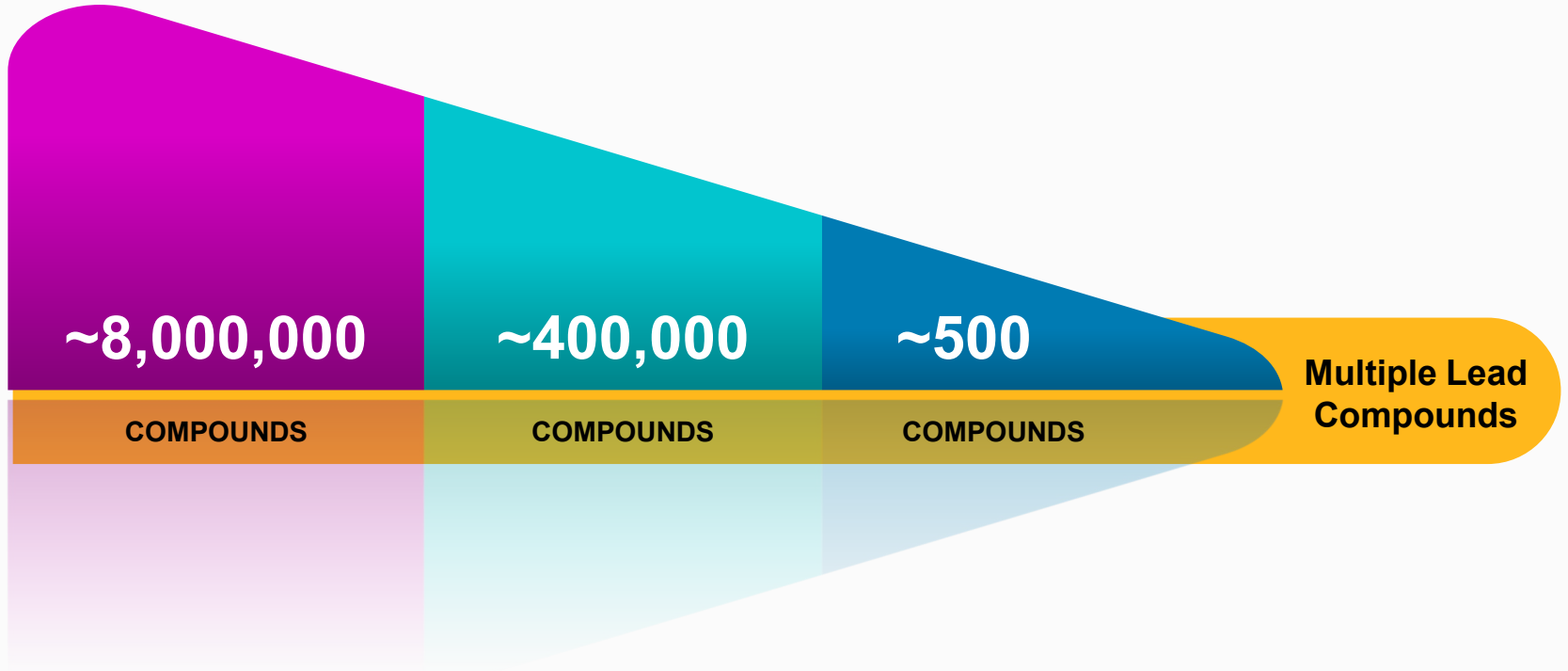
Lead preclinical candidate ESP-2001 for the treatment of primary sclerosing cholangitis (PSC)

Actively advancing programs in renal disease

Virtual Screening
Structure & ligand based virtual screening toolbox

Knowledge Base
Structure-based approach using in-house protein structures

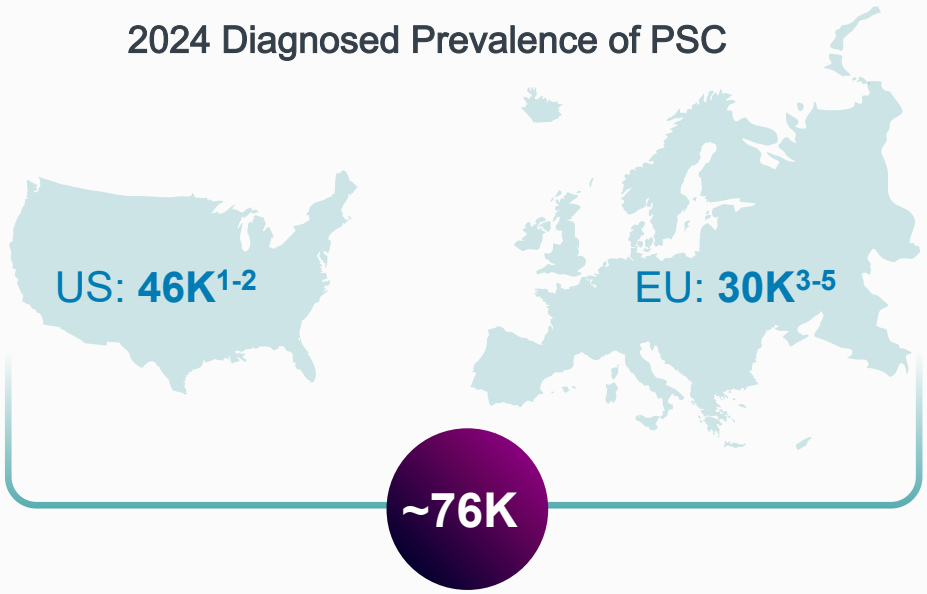
High Throughput Screening
Novel rapid-fire mass spectrometry



PSC: High Unmet Need Driving Significant Market Opportunity

PSC: A Rare and Progressive Liver Disease

2024 Diagnosed Prevalence of PSC



Annual Market Opportunity Estimate

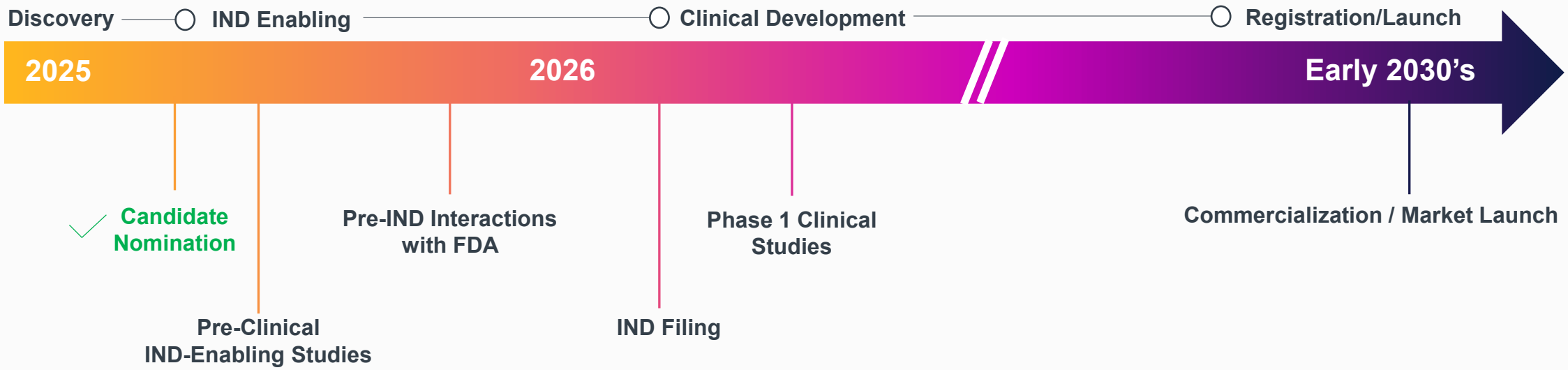
>$1B

- **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**
- **IND-enabling studies initiated**, with the goal of submitting an IND and beginning first-in-human studies in 2026

This program highlights the broader potential of ACLY biology

PSC: primary sclerosing cholangitis

Development Timeline



FDA: Food and Drug Administration

Oral Triple Combination Opportunity

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

- Highly compelling efficacy: published literature suggests >60% LDL-C reduction
- Oral option with injectable-like efficacy
- Builds directly on the bempedoic acid franchise, leveraging existing commercial infrastructure
- Approval anticipated in 2027

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. USPIs for Repatha (Nov 2024), Praluent (March 2024), Leqvio (July 2024) and Lerochol (Dec 2025)
No head-to-head studies have been conducted; cross-study data reflect different study designs, populations, and other features.

ESPERION

FY 2026 Operating Expense Guidance

FY 2026 R&D Guidance	$40 – 50 M
FY 2026 SG&A Guidance	$185 – 205 M
FY 2026 OpEx Guidance[1]	$225 – 255 M

- Reflects continued investment in U.S. commercial execution
- Strong synergies between our product lines allows launch of Enbumyst with modest increases
- Supports advancement of pipeline programs, including ESP-2001 and triple combination program
- Maintains focus on disciplined spend and return on investment

1. Includes ~$15 million of non-cash stock-based compensation expense

From Execution to Ambition

Strengthen and Expand the Bempedoic Acid Franchise

- Continue to unlock the multi billion-dollar potential of the NEXLETOL/NEXLIZET franchise

Build a Diversified, Multi-Product Portfolio

- Leverage established U.S. commercial infrastructure to support product acquisitions, co-promotions, in-licensing, and revenue-share partnerships

Advance the Next-Generation ACLY Pipeline

- Build a diversified portfolio of internally developed, wholly owned ACLY inhibitors globally targeting rare and orphan diseases

Achieve at least 5 marketed products by 2040 through a combination of BD and internal pipeline advancement

Experienced Leaders, Breakthrough Results

Sheldon Koenig
PRESIDENT AND CHIEF EXECUTIVE OFFICER

PORTOLA · MERCK · SANOFI

Ben Halladay
CHIEF FINANCIAL OFFICER

Pfizer · NOV · bmc

John Harlow
CHIEF COMMERCIAL OFFICER

melinta therapeutics · Pfizer · BAUDAX BIO · NOVARTIS

Betty Jean Swartz
CHIEF BUSINESS OFFICER

Wyeth · PORTOLA · Celgene

Glenn Brame
CHIEF TECHNICAL OPERATIONS OFFICER

zymergen · PORTOLA · Genentech A Member of the Roche Group

Ben Looker, Esq.
GENERAL COUNSEL

TRILLIUM THERAPEUTICS INC. · morphosys · GOODWIN

Stephen Pinkosky
VP, EARLY & PRE-CLINICAL DRUG DISCOVERY

LeAnne Bloedon
VP, CLINICAL DEVELOPMENT

Heather Persh
VP, HUMAN RESOURCES

Pfizer · VERICEL · Aegerion Pharmaceuticals · Penn · mckinley · A123 SYSTEMS

ESPERION

ESPERION®

Important Safety Information

NEXLETOL® (bempedoic acid) Important Safety Information

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, 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

- 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. Monitor as clinically indicated 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 in 0.5% of patients treated with NEXLETOL in primary hypercholesterolemia trials, versus 0% on placebo. In the cardiovascular outcomes trial, the rates were 1.2% for NEXLETOL and 0.9% for placebo. 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 hypercholesterolemia 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.
- Concomitant use of 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 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 NEXLETOL and any potential adverse effects on the breastfed infant from NEXLETOL or from the underlying maternal condition.
- 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:

- as an adjunct to diet and exercise to reduce LDL-C in adults with hypercholesterolemia, including HeFH.
- bempedoic acid, a component of NEXLIZET, 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).

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. 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 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 ≥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.
- The most common 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, at an incidence of ≥2% and 0.5% greater than placebo, were hyperuricemia, renal impairment, anemia, elevated liver enzymes, muscle spasms, gout, and cholelithiasis.
- Concomitant use of NEXLIZET 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 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 and any potential adverse effects on the breastfed infant from NEXLIZET or from the underlying maternal condition.
- Report pregnancies to Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.

See full prescribing information here.