ESPERION®

Esperion Corporate Presentation

May 2025

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 plans, current and planned operational expenses, future operations, commercial products, clinical development, 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 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, 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.

Clear Strategic Plan for Success

Expand Bempedoic Acid Franchise Globally

Strong and consistent prescription demand and increasing physician adoption continue to drive durable revenue growth

- Achieved **growth** since U.S. label expansion
- Supported by **global partnerships** who are making **significant progress** driving international revenue
- Developing **triple combination products** with bempedoic acid in the **U.S.**

Reach Sustainable Operating Profitability

Revenue growth, operating efficiency and expense discipline will pave the way to long-term profitability and free cash flow generation

Key Financial Data	
FY 2025 R&D Guidance	$55 - 65 M
FY 2025 SG&A Guidance	$160 - 170 M
FY 2025 OpEx Guidance[1]	$215 - 235 M

Portfolio Expansion and Pipeline Advancement

Our strengthened balance sheet and capital structure support plans to expand our portfolio

- Advancing our **internally developed and wholly owned** development pipeline
- **Potential acquisition or in-licensing** of cardiometabolic products that are **synergistic with our commercial call point**

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

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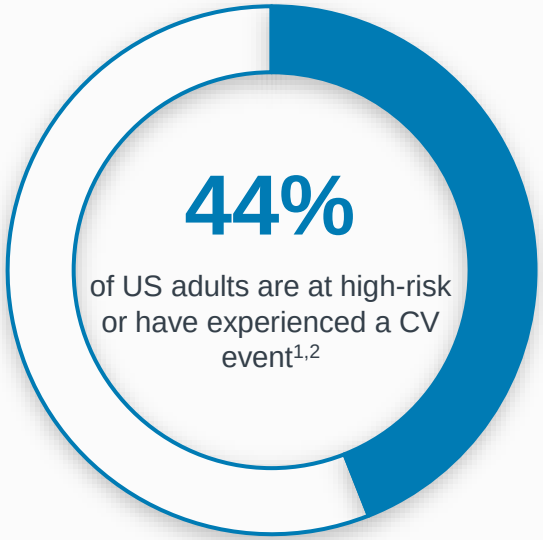
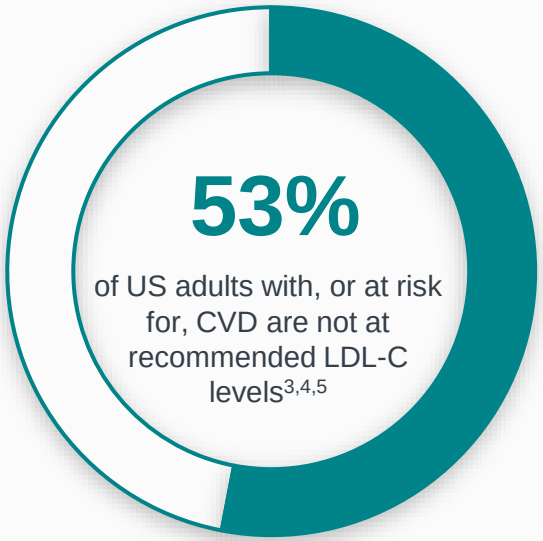
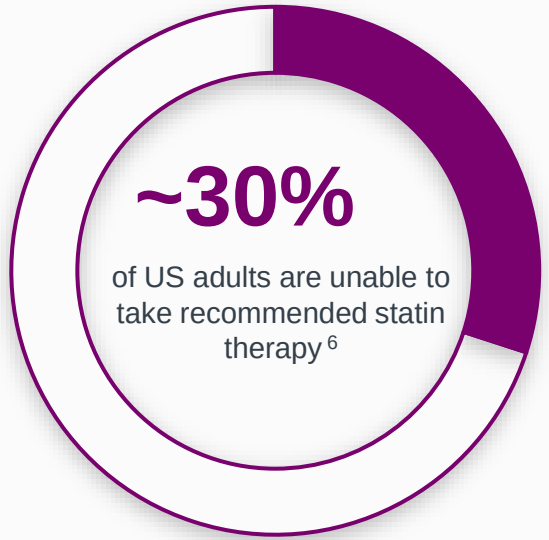
Driving U.S. and Global Growth and Reaching Profitability

Despite Statins, an Ongoing Need for Oral Therapies Remains







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]

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

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.

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Significant and Growing U.S. Market Opportunity

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

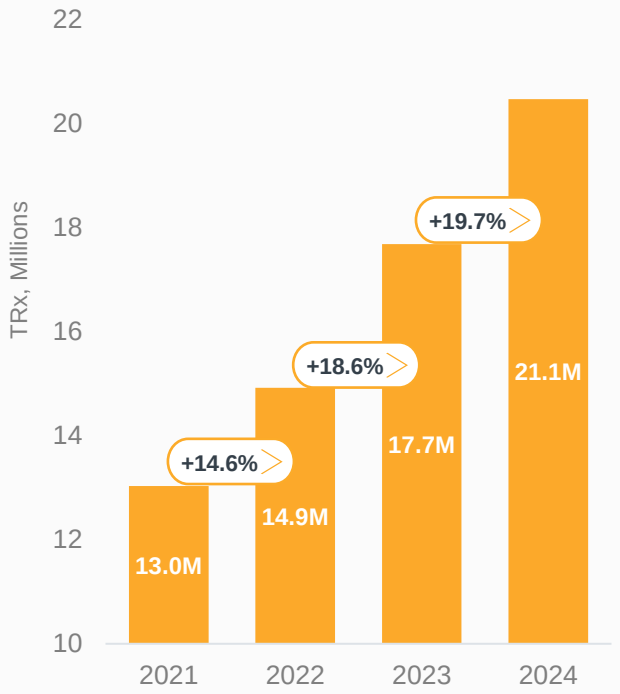
+40M Untreated High-Risk Primary Prevention & ASCVD Patients [1,2,5,6]

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

10M Under-Treated ASCVD Patients[1]

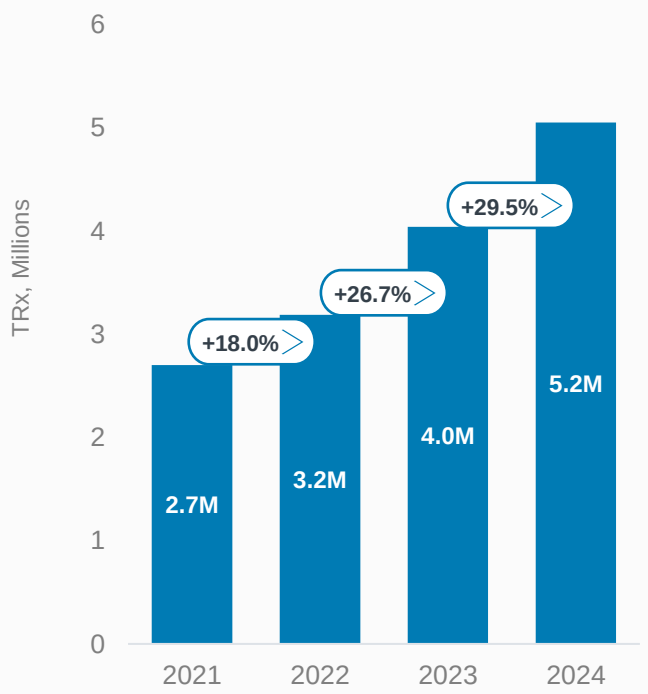
Rising demand drives double-digit growth in the non-statin market

Non-Statin Prescription Volume[7]



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

Branded Non-Statin Prescription Volume[7]



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.

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

STATINS

- Mostly generic
- First-line, widely used
- Combinable for incremental LDL-lowering
- Tolerability issues[1]
- 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 [2]					
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. Bruckert E, Hayem G, Dejager S, Yau C and Begaud B. *Cardiovasc Drugs Ther*. 2005;19:403-14. 2. Variations within the specific wording of each product indication.

ESPERION®

Executing a Focused and Result-Driven Commercial Strategy

TARGETED EXPANSION

Strategically expanded U.S. sales force to prioritize high-value **primary care physicians** and **cardiologists** with focused in-person detailing

PHYSICIAN ENGAGEMENT

Maximized digital outreach with an integrated, eight-channel campaign to **deeply engage** and **influence physician behavior**

PATIENT AWARENESS

Activated a powerful digital consumer campaign, driving **patients** to proactively **discuss cardiovascular risk** with their healthcare providers

REIMBURSEMENT SUCCESS

Secured **reimbursements** and **removed** significant **restrictions** and barriers to access so physicians can now prescribe NEXLETOL® and NEXLIZET® with increased **confidence**

Strategic Partnerships Driving Global Reach

Approved in **40** countries globally

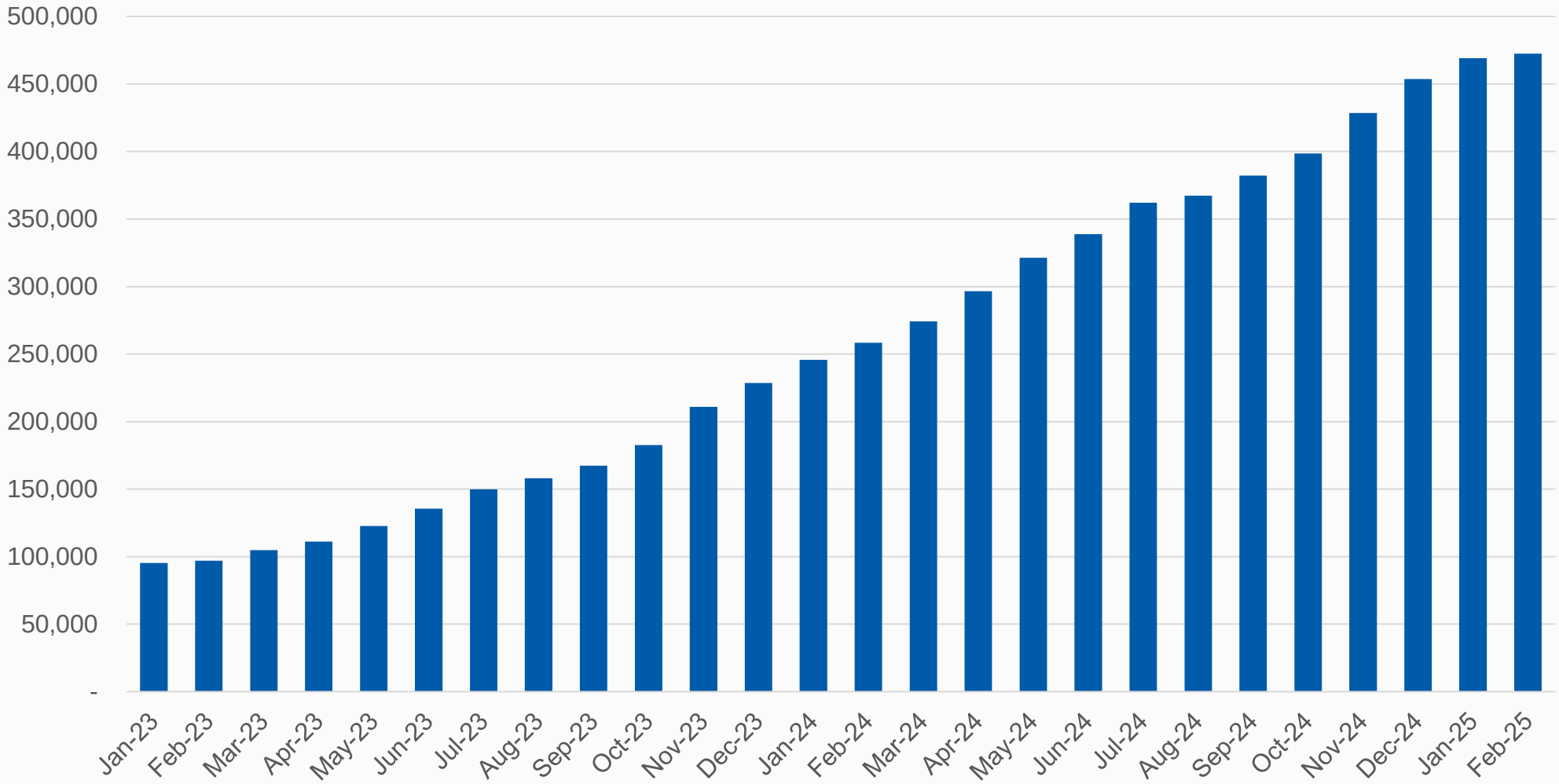
Maximizing Global Reach Across Key Regions

	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	Evaluating Partner Opportunities
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	N/A

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
		• Submitted New Drug Application in Nov. ‘24	• Received regulatory approval to market product (mono & dual) and launched:
			  • Hong Kong in 2023
			  • Thailand and Macau in 2024
			• Received regulatory approval to market product (mono)
			  • Myanmar and Taiwan in 2024
				• Entered into a licensing agreement in Dec. ’24
				• Filed NDA for marketing approval in Q1 2025
					• Entered into a licensing agreement in Feb ’25	• Submitted New Drug Application in Nov. ’24
						• Expect market approval in Q4 2025

Approval and launch in additional territories anticipated in 2025

International Growth Continues at Strong Pace



~472,500
patients through Feb'25

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

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Well-Positioned Against Potential Competitors

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 *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.*estimated trial primary completion date

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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

ACLY: ATP citrate lyase; 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)

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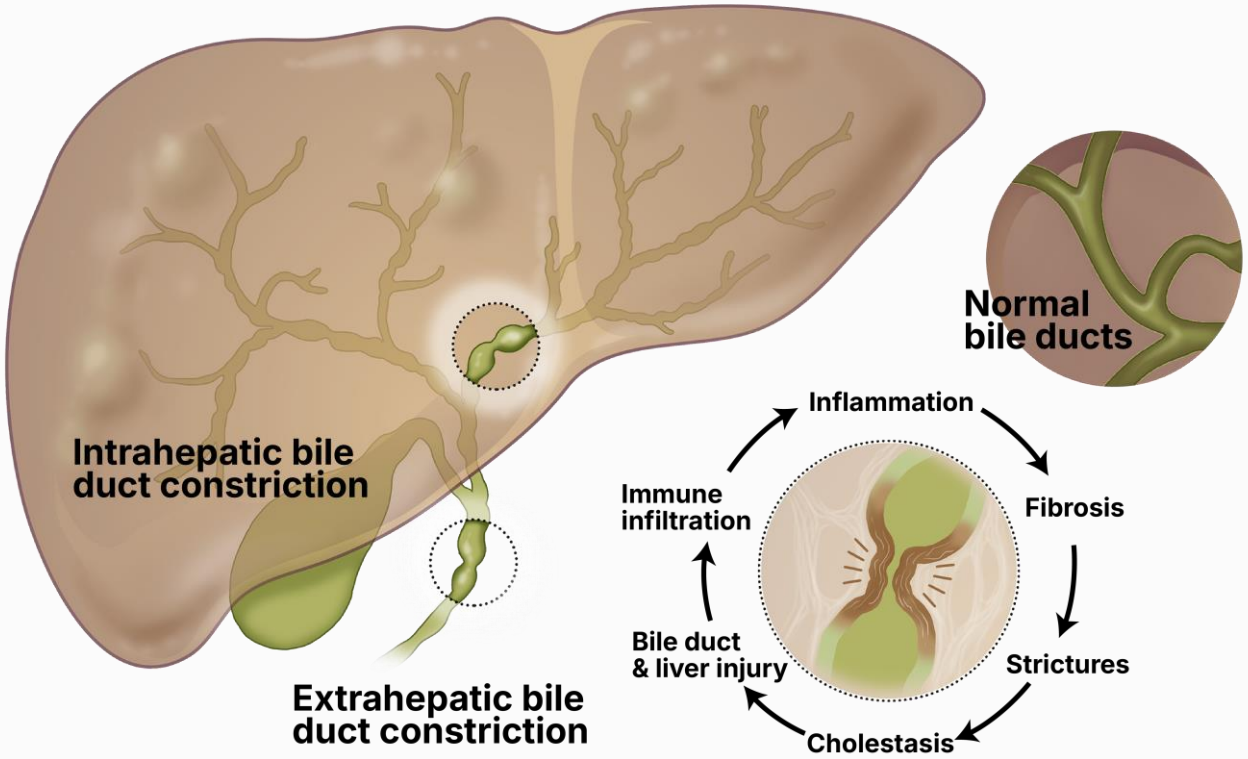
Next Generation ACLY Inhibition

PSC: A Complex Disease with Great Unmet Need



- Progressive inflammatory and fibrotic disease that injures bile ducts[1]
- The etiology of PSC is unclear but likely due to multiple mechanisms[1]
- No approved therapies to cure or halt PSC progression[1]
- Death or liver transplantation expected within 1-2 decades after diagnosis[2]

PSC: primary sclerosing cholangitis

1. Saner FH, et al. Transplantation for Primary Sclerosing Cholangitis: Outcomes and Recurrence. J Clin Med. 2023 May 11;12(10):3405; 2. Bowlus C, Arrivé L, Bergquist A, et al. AASLD practice guidance on primary sclerosing cholangitis and cholangiocarcinoma Hepatology. 2023;77(2):659-702.

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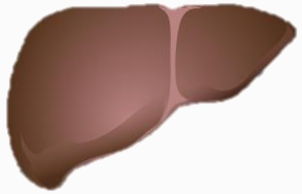
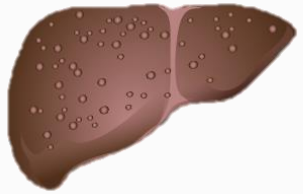
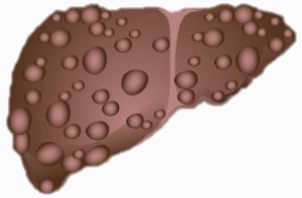
PSC Progression: From Silent Onset to Rapid Decline[1-7]

The average time between PSC diagnosis and liver transplant or death is 10 to 20 years

Addressable PSC Population: Stages 0-3

Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Liver Transplantation or Death
					
	Mild fibrosis	**Moderate fibrosis**	**Severe fibrosis**		
Abnormal liver function only	Cholangitis or portal hepatitis	Periportal fibrosis or periportal hepatitis	Septal fibrosis or bridging necrosis	Biliary cirrhosis or cholangiocarcinoma	Liver failure

Cholestatic Symptoms

0 years **~15 years**

PSC: primary sclerosing cholangitis

1. Steele IL, et al. *MedGenMed*. 2007;9(2):20.; 2. Rupp C, et al. *United European Gastroenterol J*. 2018;6(2):255-262.; 3. Singh S, Talwalkar JA. *Clin Gastroenterol Hepatol*. 2013;11(8):898-907.; 4. Karlsen TH, et al. *J Hepatol*. 2017;67(6):1298-1323; 5. Skarby AJ, et al. *JHEP Rep*. 2024;6(1):100609.; 6. Thylin M, et al. *Liver Int*. 2024;44(9):2351-2358.; 7. Hilscher MB, et al. *Hepatol Commun*. 2018;2(7):836-844.

No Approved Therapy with Proven Efficacy to Cure or Halt PSC Progression

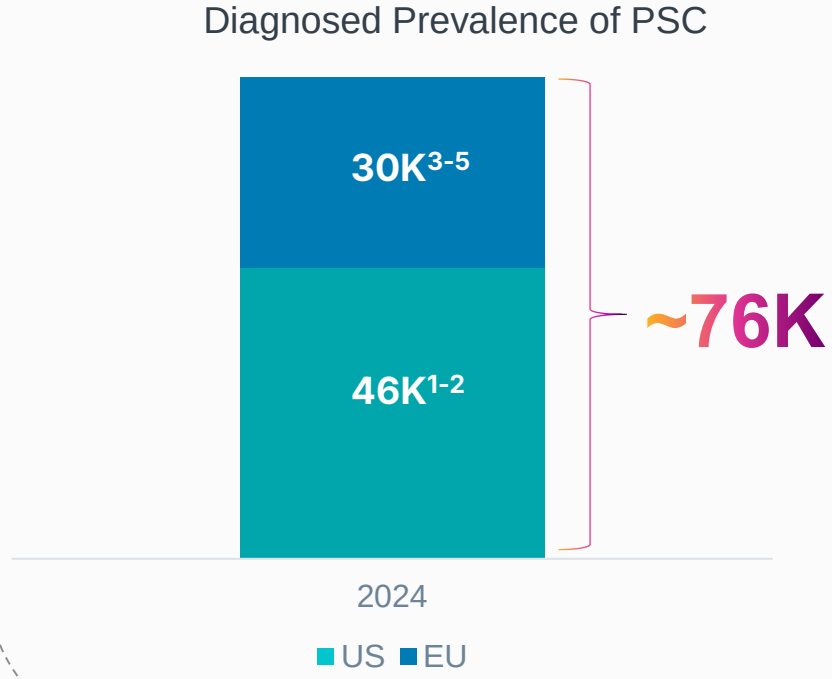
Esperion's oral next generation ACLY inhibitor has the potential to be the only agent to directly inhibit all 3 mechanisms of PSC disease progression

- **Cholestasis & Injury**
  of liver and bile ducts
- **Inflammation**
  & immune cell recruitment
- **Fibrosis**
  in liver and bile ducts

ACLY: ATP citrate lyase; PSC: primary sclerosing cholangitis

High Unmet Need Driving Significant Market Opportunity

PSC: A Rare and Progressive Liver Disease



>$1B Annual Market Opportunity Estimate

- **No approved therapies** with proven efficacy to cure or halt PSC progression
- **High healthcare burden** from hospitalization, transplants, and long-term management costs
- **Death or liver transplantation expected** within 1-2 decades after diagnosis
- Potential **Orphan Drug Designation & Fast Track** Approval
- Discovery program is **internally developed and wholly-owned globally**

PSC: primary sclerosing cholangitis

1. Bakhshi Z, et al. *J Gastroenterol*. 2020 May;55(5):523-532.; 2. Nguyen A, et al. *Front Gastroenterol (Lausanne)*. 2022;1:1076788.; 3. Liang H, et al. *Medicine (Baltimore)*. 2017;96(24):e7116.; 4. Boonstra K, et al. *Hepatology*. 2013;58(6):2045-55.; 5. Krampe, J, et al. Poster presented at: ISPOR 2024; Nov 2, 2024; Barcelona, Spain

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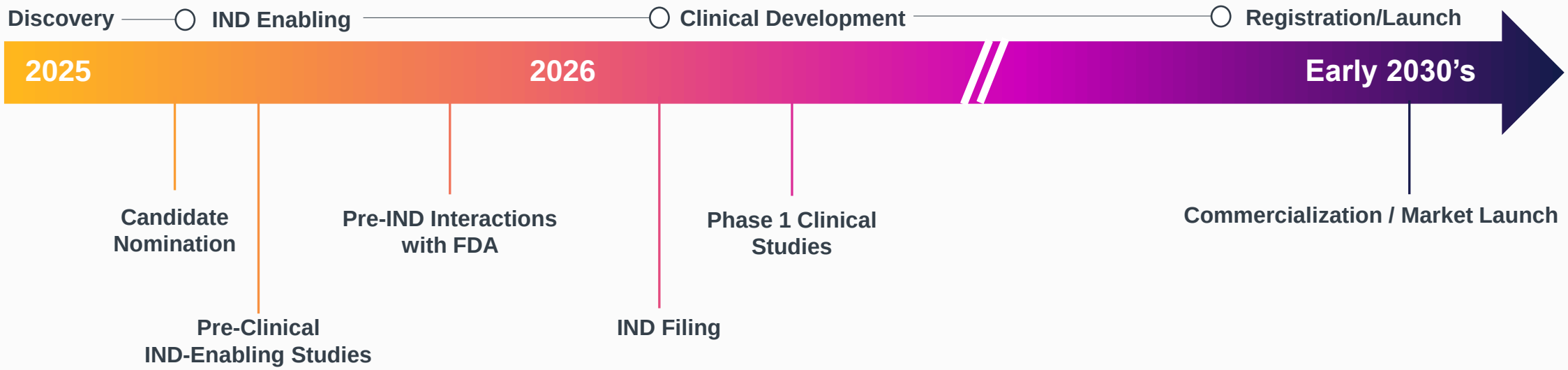
Development Timeline



IND: Investigational New Drug; 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 · NOV · bmc

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LIPOCINE ENHANCING HEALTH · Dr. Reddy's

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Important Safety Information

NEXLETOL® 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. 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® 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. 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.
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