NEXLETOL™ (BEMPEDOIC ACID) TABLETS
U.S. FDA APPROVAL CONFERENCE CALL

February 2020

ESPERION® The Lipid Management Company

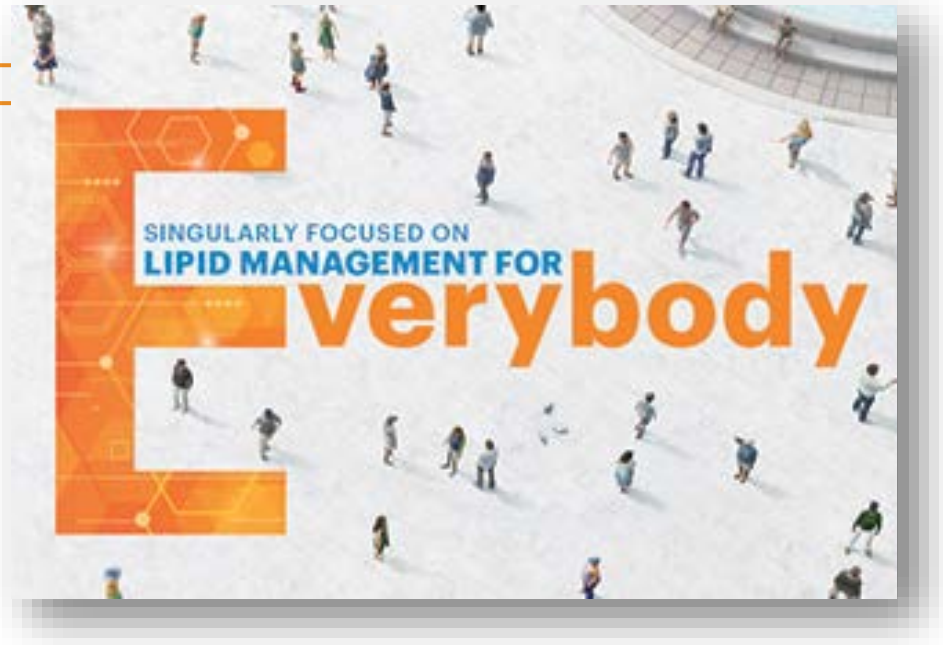
SAFE HARBOR

FORWARD- LOOKING STATEMENTS

This press release contains forward-looking statements that are made pursuant to the safe harbor provisions of the federal securities laws, including statements regarding the regulatory approval pathway for bempedoic acid tablet and the bempedoic acid / ezetimibe fixed dose combination tablet, the therapeutic potential of, and the clinical development plan for bempedoic acid tablet and the bempedoic acid / ezetimibe fixed dose combination tablet, including Esperion's timing, designs, plans for announcement of results regarding its CLEAR Outcomes study and other ongoing clinical studies for bempedoic acid tablet and the bempedoic acid / ezetimibe combination fixed dose tablet, timing for the review and approval of the NDA and the MAAs, and Esperion's expectations for the market for medicines to lower LDL-C, including the commercial launch and market adoption of bempedoic acid tablet and the bempedoic acid / ezetimibe fixed dose combination tablet, if approved. 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 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.

OUR DECADE-LONG PURSUIT TO ACHIEVE OUR SINGULAR MISSION

Introducing an innovative medicine to help appropriate patients reach their LDL-C goals



AN EXPERIENCED TEAM – THE LIPID EXPERTS

Tim Mayleben
President and
Chief Executive Officer

Mark Glickman
Chief Commercial
Officer

Ashley Hall
Chief Development
Officer

Rick Bartram
Chief Financial Officer

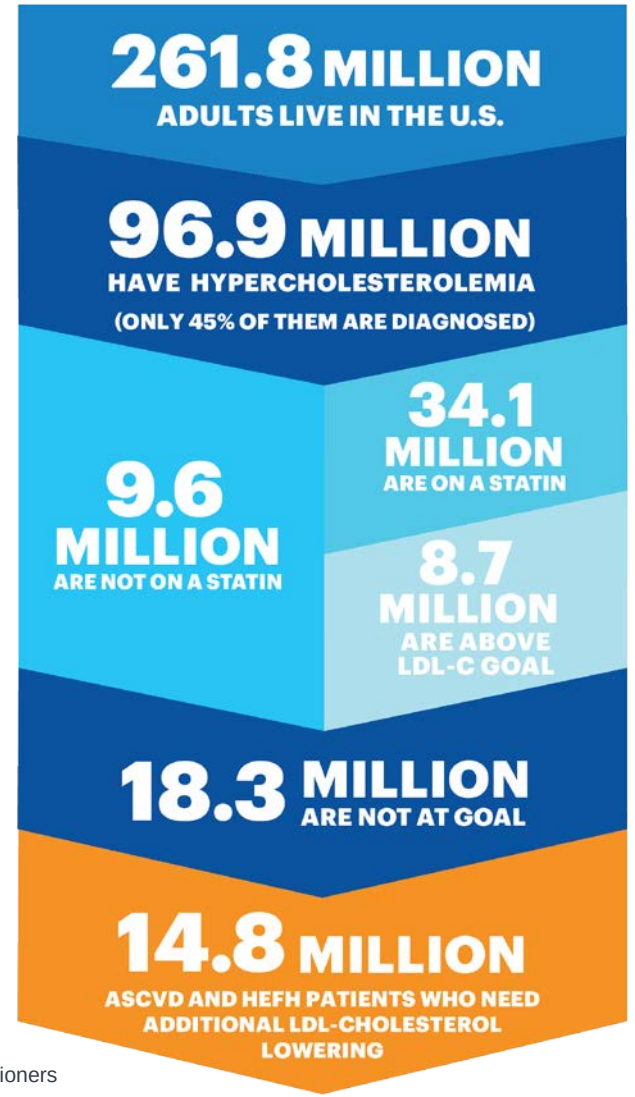
Regina Cavaliere
Chief Ethics and
Compliance Officer

Ken Fiorelli
Chief Technical
Operations Officer

Bill Sasiela
Sr. VP, Clinical
Development

MILLIONS OF PATIENTS REMAIN UNABLE TO ACHIEVE LDL-C GOALS

MORE LOWERING NEEDS TO BE DONE



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

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NEXLETOL™ FDA APPROVED IN U.S.

HELPING APPROPRIATE PATIENTS ACHIEVE THEIR LDL-C GOALS

NEXLETOL™
(bempedoic acid) tablets

Available
March 30, 2020

NEXLETOL™ available by prescription only.

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ANSWERING HEALTH CARE PROVIDERS' CALL

HELPING TO GET MORE PATIENTS TO LDL-C GOAL

NEXLETOL™ (bempedoic acid) tablets

Available March 30, 2020

NEXLETOL™ is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or established atherosclerotic cardiovascular disease (ASCVD) who require additional lowering of LDL-C.

Limitations of Use: The effect of NEXLETOL™ on cardiovascular morbidity and mortality has not been determined.

- Oral, once-daily, non-statin medicine, with no need to titrate dose
- The first and only ACL inhibitor, with a mechanism of action complementary to statins
- Significant additional LDL-C lowering as an add on to maximally tolerated statin therapy
- Safety profile with incidence of most common adverse events generally comparable to placebo

NEXLETOL™: SIGNIFICANT ADDITIONAL LDL-C LOWERING EFFICACY IN PATIENTS ON MAXIMALLY TOLERATED STATINS

FDA APPROVAL BASED ON ROBUST EVIDENCE FROM TWO PHASE 3 STUDIES IN OVER 3,000 PATIENTS*

NEXLETOL™
(bempedoic acid) tablets

- Average 18% LDL-cholesterol lowering on top of maximally tolerated statin therapy with over 50% of studied patients on high intensity statins.
- USPI notes positive effects on other lipid parameters including non-HDL-C, apolipoprotein B (apo B), total cholesterol (TC).
- Results were consistent across all subgroups studied:

  Age, gender, race, ethnicity, region, history of diabetes, baseline LDL-C, body mass index, HeFH status, and background therapies.

*See appendix for additional information on the two Phase 3 studies included in the NEXLETOL label

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NEXLETOL™ SAFETY PROFILE

INCIDENCE OF MOST COMMON AEs GENERALLY COMPARABLE TO PLACEBO

Safety profile based on results of Phase 3 clinical trials CLEAR Harmony (Study 040) and CLEAR Wisdom (Study 047):

- A positive benefit / risk profile in appropriate patients
- No contraindications
- Warnings and Precautions statements include increased risk of hyperuricemia and tendon rupture
- Adverse events generally comparable to placebo
- Most common adverse reactions in ≥2% of patients taking NEXLETOL and more frequently than placebo,
  - Upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, and elevated liver enzymes
- Adverse events reported less frequently but still more often than in placebo included benign prostatic hyperplasia and atrial fibrillation
- Avoid concomitant use with simvastatin (>20 mg/day) or pravastatin (>40 mg/day)

This summary does not reflect the full safety profile – please see Full Prescribing Information

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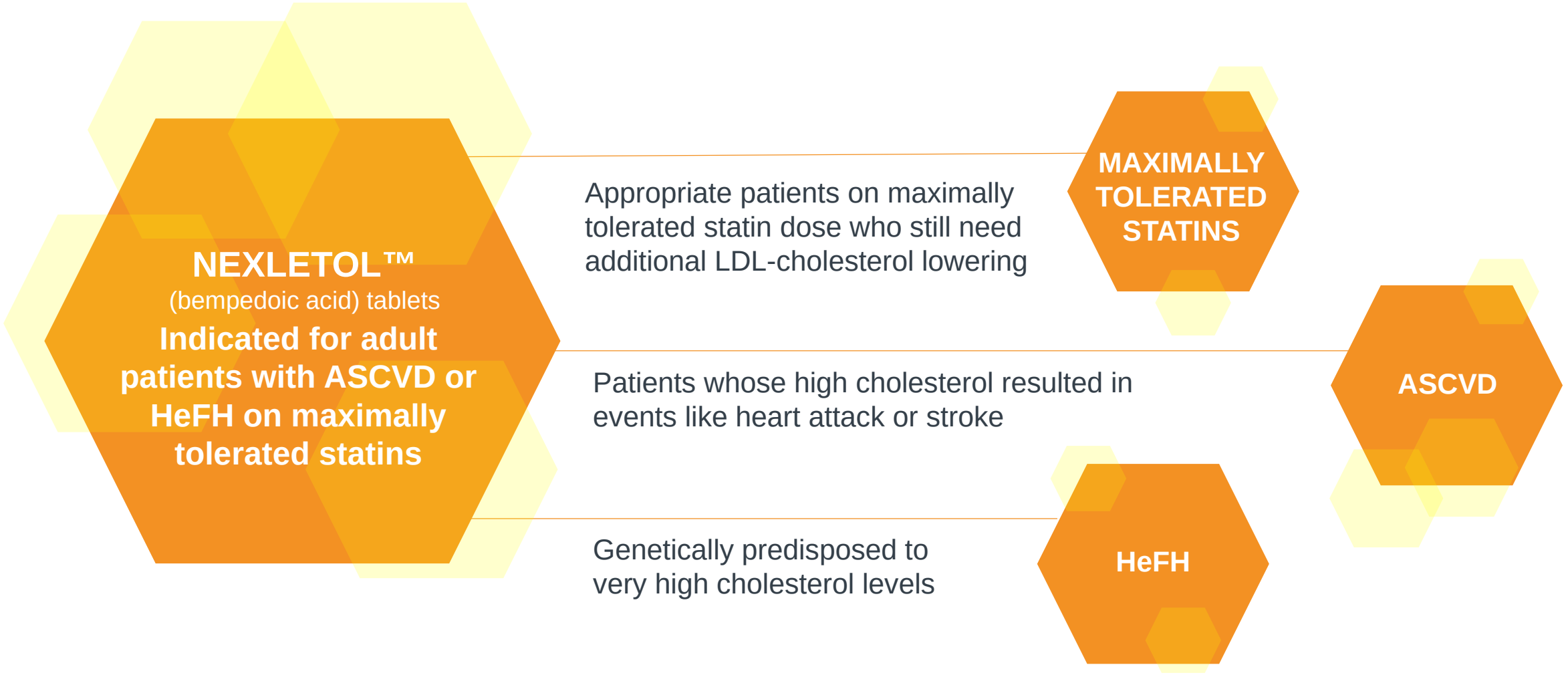
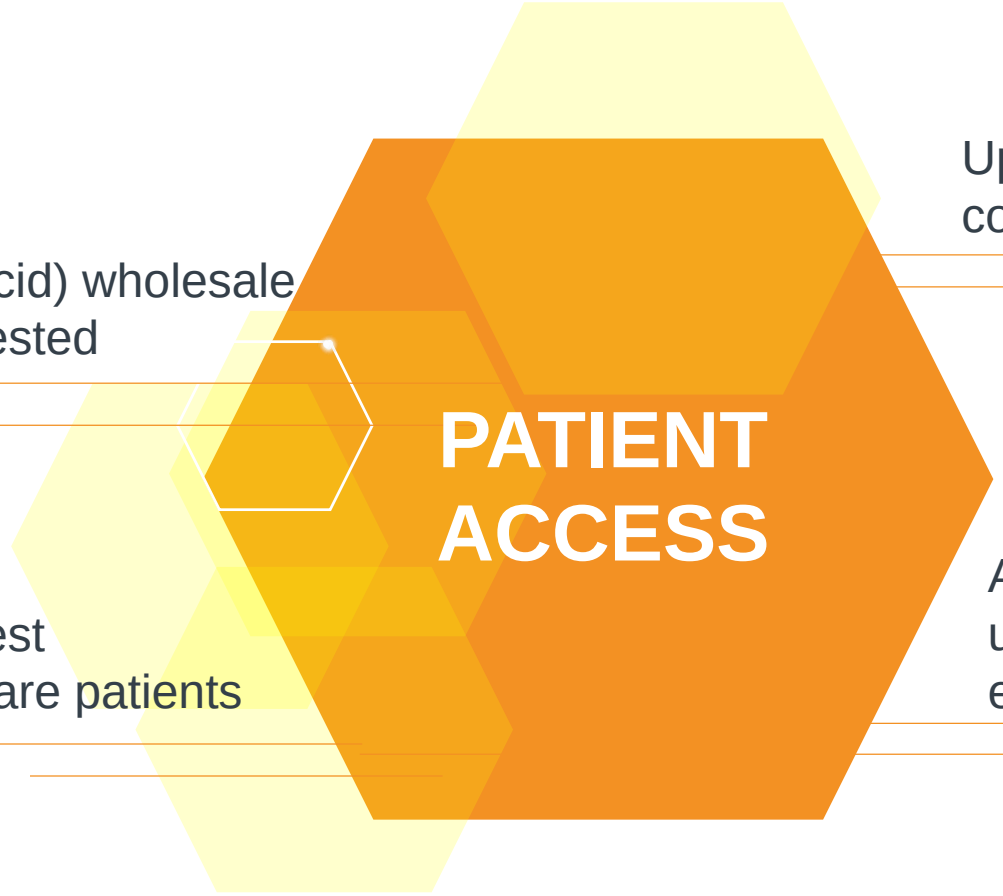
NEXLETOL™
(bempedoic acid) tablets

AVAILABLE
MARCH 30, 2020

FITS INTO LDL-C TREATMENT ARMAMENTARIUM



COMMITTED TO PATIENT AFFORDABILITY AND ACCESS



NEXLETOL™ (bempedoic acid) wholesale acquisition cost thoroughly tested

Committed to achieving the lowest branded tier coverage for Medicare patients

Up to 50% commercial formulary coverage at launch

As low as $10 per prescription, up to a 3-month supply for eligible patients

STRATEGICALLY-BUILT, PHYSICIAN-FACING TEAM SET TO DEPLOY FOR A SUCCESSFUL LAUNCH

TARGET AUDIENCE IDENTIFIED

- Over 36,000 healthcare providers who write 40% of all LDL-C lowering medicine prescriptions

EXPERTS READY TO GO

- 290 industry tenured territory managers with an average of 13 years of CV expertise in sales
- 30 regional directors with an average of 15 years of sales leadership experience

PHASED APPROACH TO LAUNCH, BASED ON REVENUE MILESTONES

- Launch focused on Cardiologists, Lipidologists, Endocrinologists and high CV Rx-writing PCPs
- Additional territory managers will be added as prescription milestones are achieved
- Progress to be transparent through Symphony and IQVIA databases

MULTICHANNEL APPROACH TO EDUCATE AND SUPPORT SUCCESSFUL INITIATION

COMMITMENT FULFILLED

WE'VE PUT IN THE WORK TO WIN FOR ALL STAKEHOLDERS

HCPs

Delivered a product to help adult patients with HeFH or ASCVD on maximally tolerated statin achieve their LDL-C goals

Patients

Ensured optimal access to an oral, once-daily, non-statin product with proven LDL-C efficacy, and safety profile that can help patients finally reach their goals

Payers

Built extensive managed care relationships through productive conversations helping ensure the best patient access

Note: The effect of NEXLETOL™ on cardiovascular morbidity and mortality has not been determined.

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HCPs UNDERSTAND THE UNMET NEED AND ARE READY FOR NEXLETOL™ (BEMPEDOIC ACID) TABLETS

"There are **a lot of patients not making goal**. It would be nice having something simple to use to get them down to goal. I'm also impressed with the low side-effect profile comparable to placebo."
— Family Practitioner

"The impressive thing was that it's oral. A lot of patients would be interested in that. The pill form is easier. You don't have to schedule appointments, do training, and **a lot of patients are afraid of needles**."
— Family Practitioner

"There are **numerous patients that I am going to use this** for."
— Internal Medicine

"I like that it's an additional therapy. Not another statin. It's a different class of medication when we really haven't had too many. It's **nice to have a change of pace**…"
— Physician Assistant

Source: Dicicco Research – Core Visual Aid Qualitative Testing, January 2020. N = 28 HCPs

IMPORTANT SAFETY INFORMATION

INDICATION
NEXLETOL™ is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

Limitations of Use: The effect of NEXLETOL on cardiovascular morbidity and mortality has not been determined.

IMPORTANT SAFETY INFORMATION
Dosage Form and Quantity: NEXLETOL is available as an oral tablet containing 180 mg of bempedoic acid, taken once a day with or without food.

Contraindications: None.

Warnings and Precautions: *Hyperuricemia:* NEXLETOL may increase blood uric acid levels. Hyperuricemia may occur early in treatment and persist throughout treatment, and may lead to the development of gout, especially in patients with a history of gout.
Tendon Rupture: NEXLETOL is associated with an increased risk of tendon rupture, most commonly involving the biceps tendon, rotator cuff, and Achilles tendon. Tendon rupture occurred within weeks and or months. Tendon rupture may occur more frequently in patients over 60 years of age, patients taking corticosteroid or fluoroquinolone drugs, patients with renal failure and patients with previous tendon disorders.

Adverse Events: In clinical trials, the most commonly reported adverse events were upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, and elevated liver enzymes. Events reported less frequently, but still more often than in placebo, included benign prostatic hyperplasia and atrial fibrillation.

Laboratory Tests: NEXLETOL was associated with persistent changes in laboratory tests within the first four weeks of treatment, including increases in creatinine and blood urea nitrogen, decreases in hemoglobin and leukocytes, increases in platelet counts, increases in liver enzymes (AST and/or ALT), and increases in creatine kinase. Laboratory abnormalities generally did not require medical intervention. Laboratory test values generally returned to baseline following discontinuation of treatment.

Drug Interactions:
Simvastatin and Pravastatin: Concomitant use results in increased concentrations and increased risk of simvastatin or pravastatin-related myopathy. Use with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided.

Special Populations: It is not recommended that NEXLETOL be taken during breastfeeding. A pregnant patient should consult with their healthcare provider about whether to continue treatment with NEXLETOL during the pregnancy. The safety and efficacy of NEXLETOL have not been established in patients under the age of 18. Patients over 65 accounted for nearly 60% of patients in clinical trials. No adjustments in dosing are required for age, or for patients with mild or moderate renal or hepatic impairment.

NEXLETOL is available only by prescription.

To report SUSPECTED ADVERSE REACTIONS, contact ESPERION at 833-377-7633 (833 ESPRMED) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see Full Prescribing Information.

INVESTORRELATIONS@ESPERION.COM

APPENDIX

ADDITIONAL INFORMATION ON NEXLETOL™ (BEMPEDOIC ACID) TABLETS PHASE 3 STUDIES

CLEAR Harmony (1002-040) and CLEAR Wisdom (1002-047) were 52-week, randomized, double-blind Phase 3 trials in 2,230 patients (CLEAR Harmony) randomized 2:1 to receive NEXLETOL™ (n=1,488) or placebo (n=742), and in 779 patients (CLEAR Wisdom) randomized 2:1 to receive NEXLETOL™ (n=522) or placebo (n=257). Both trials included patients aged ≥18 years with fasting LDL-C ≥70 mg/dL, and high-risk patients with heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease. NEXLETOL™ was added to patients' highest tolerated statin dose either alone or with other lipid-lowering therapies. In CLEAR Harmony, primary endpoint was general safety, which included adverse events, clinical safety laboratories, physical examinations, vital signs, and electrocardiogram. Secondary endpoint was % change from baseline to Week 12 in LDL-C. In CLEAR Wisdom, primary endpoint was % change from baseline to Week 12 in LDL-C. Secondary endpoints were % change from baseline to Week 24 in LDL-C, % change from baseline to Week 12 in non-HDL-C, total C, apolipoprotein B, and hsCRP, and absolute change from baseline to Weeks 12 and 24 in LDL-C.