

ESPERION[®]

Esperion Corporate Presentation

August 2025

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Clear Strategic Plan for Success

Expand Bempedoic Acid Franchise Globally	Reach Sustainable Operating Profitability	Portfolio Expansion and Pipeline Advancement						
<p>Strong and consistent prescription demand and increasing physician adoption continue to drive durable revenue growth</p>	<p>Revenue growth, operating efficiency and expense discipline will pave the way to long-term profitability and free cash flow generation</p>	<p>Our strengthened balance sheet and capital structure support plans to expand our portfolio</p>						
<ul style="list-style-type: none"> 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. 	<p>Key Financial Data</p> <table border="1"> <tbody> <tr> <td>FY 2025 R&D Guidance</td> <td>\$55 - 65 M</td> </tr> <tr> <td>FY 2025 SG&A Guidance</td> <td>\$160 - 170 M</td> </tr> <tr> <td>FY 2025 OpEx Guidance¹</td> <td>\$215 - 235 M</td> </tr> </tbody> </table>	FY 2025 R&D Guidance	\$55 - 65 M	FY 2025 SG&A Guidance	\$160 - 170 M	FY 2025 OpEx Guidance ¹	\$215 - 235 M	<ul style="list-style-type: none"> 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
FY 2025 R&D Guidance	\$55 - 65 M							
FY 2025 SG&A Guidance	\$160 - 170 M							
FY 2025 OpEx Guidance ¹	\$215 - 235 M							

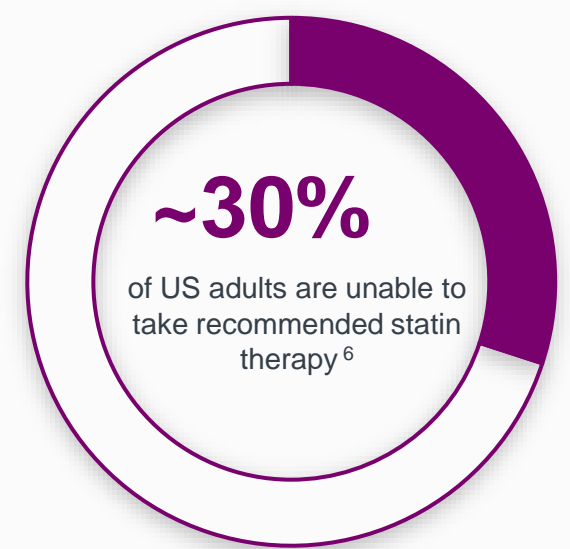
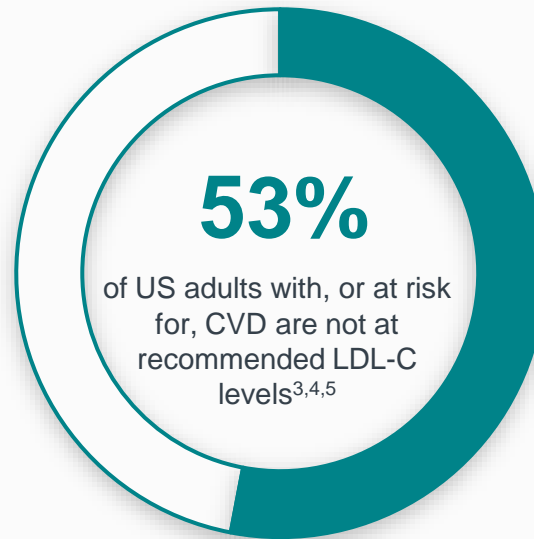
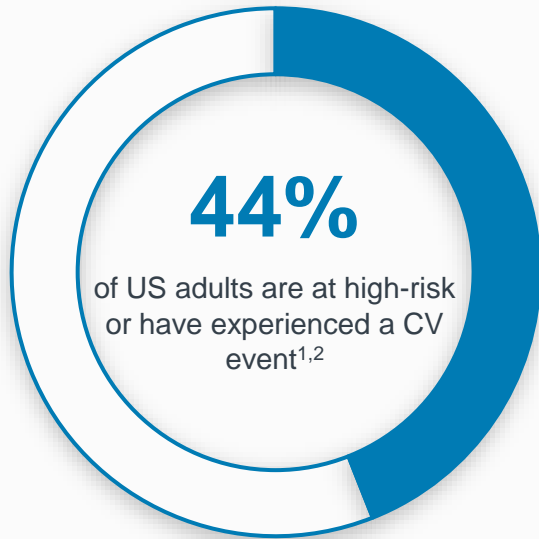
1. Includes ~\$15 million of non-cash stock-based compensation expense

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ESPERION[®]

**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 CVD⁹

Statins alone are not enough to optimize LDL-C and prevent CVD¹⁰

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

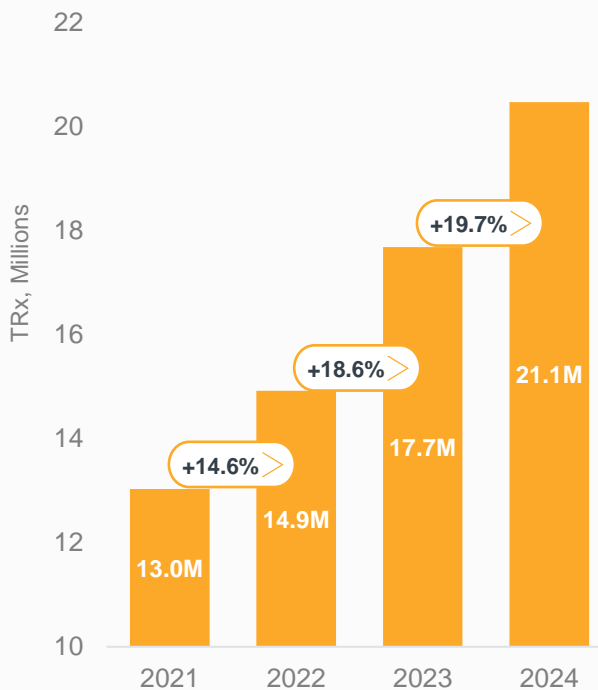
Under-Treated High-Risk Primary Prevention & ASCVD Patients^{2,3,4,5}

10M

Under-Treated ASCVD Patients¹

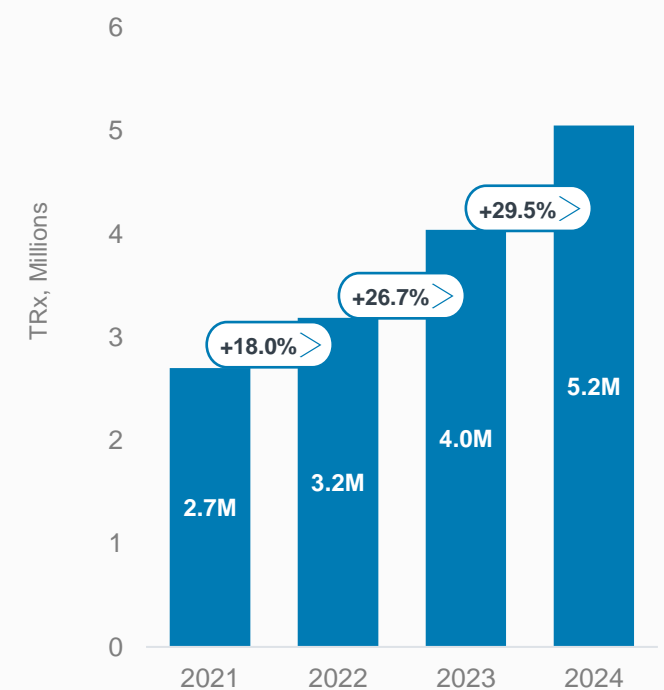
Rising demand drives double-digit growth in the non-statin market

Non-Statin Prescription Volume⁷



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

Branded Non-Statin Prescription Volume⁷



6 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.

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

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

STATINS

- Mostly generic
- First-line, widely used
- Combinable for incremental LDL-lowering
- Tolerability issues¹
- 25-55% drops in LDL-C

NON-STATIN THERAPIES

	Ezetimibe	 NEXLETOL[®] <small>(bempedoic acid) 180mg tablets</small>	 NEXLIZET[®] <small>(bempedoic acid/ezetimibe) 180mg/10mg tablets</small>	PCSK9i mAbs	PCSK9i siRNA
CV Risk Reduction Indication²					
Primary Prevention	✗	✓	✓	✗	✗
Secondary Prevention	✗	✓	✓	✓	✗
LDL-C Lowering²					
Observed LDL-C Reduction	19%	17-18%	38%	48-71%	48-52%
Use Without a Statin	✓	✓	✓	✓	✗
Administration					

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



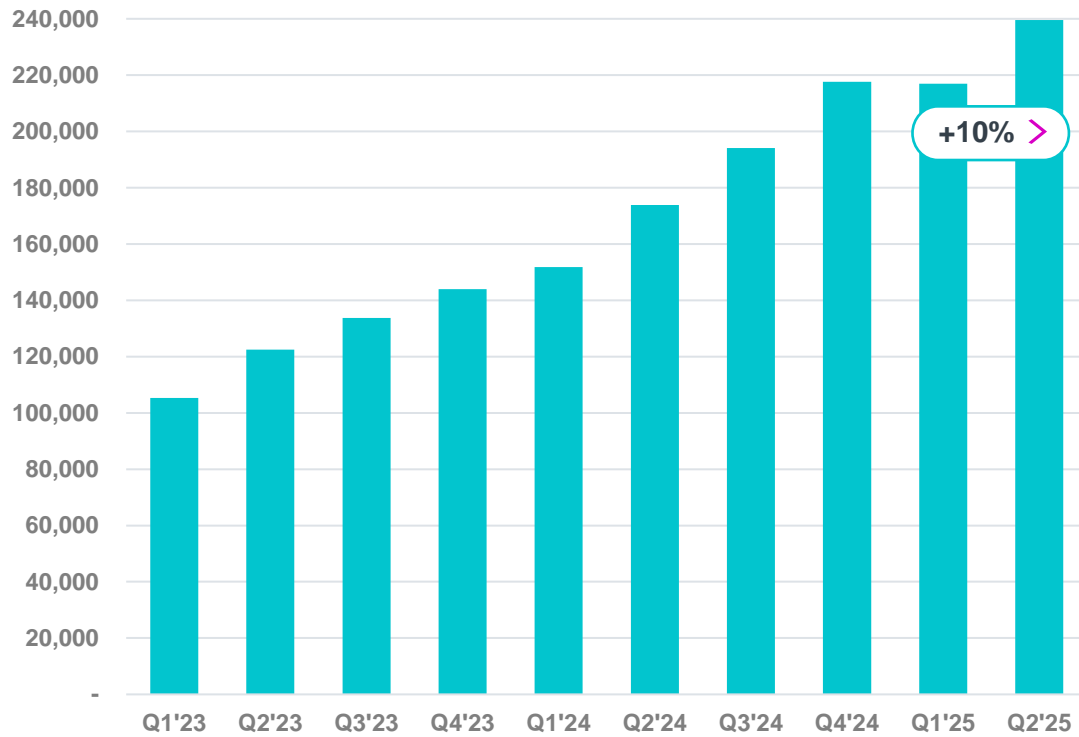
REIMBURSEMENT SUCCESS



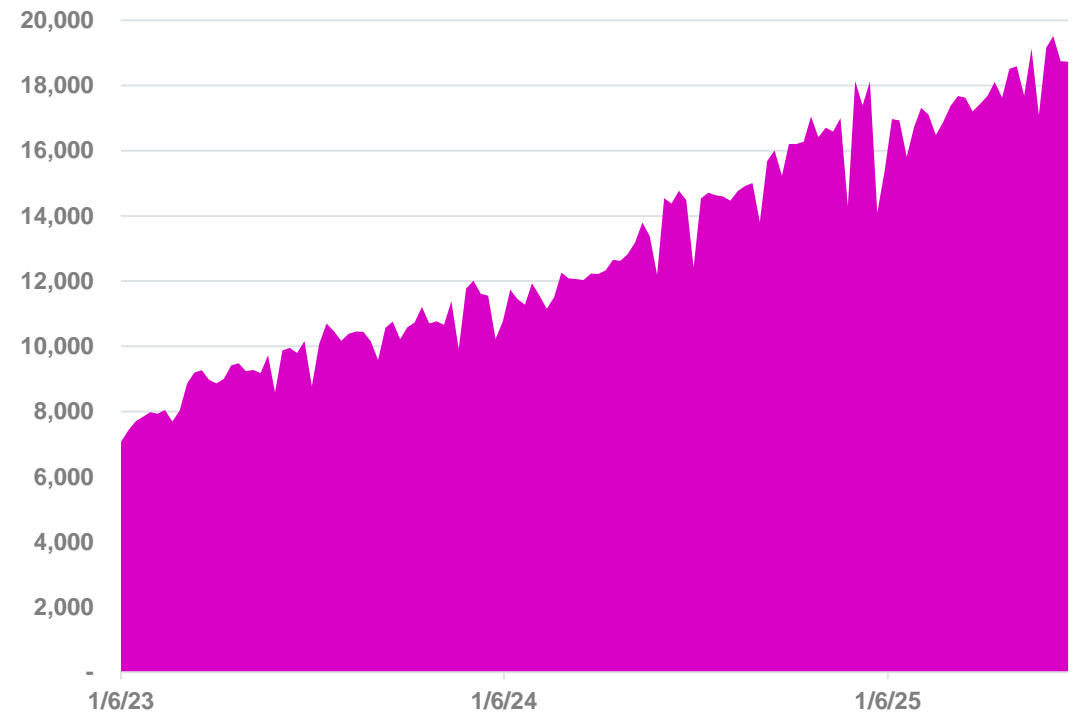
Secured **reimbursements** and **removed** significant **restrictions** and barriers to access so physicians can now prescribe NEXLETOL® and NEXLIZET® with increased **confidence**

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

Quarterly Franchise RPE Trend



Weekly Franchise RPE Trend¹



Strategic Partnerships Driving Global Reach

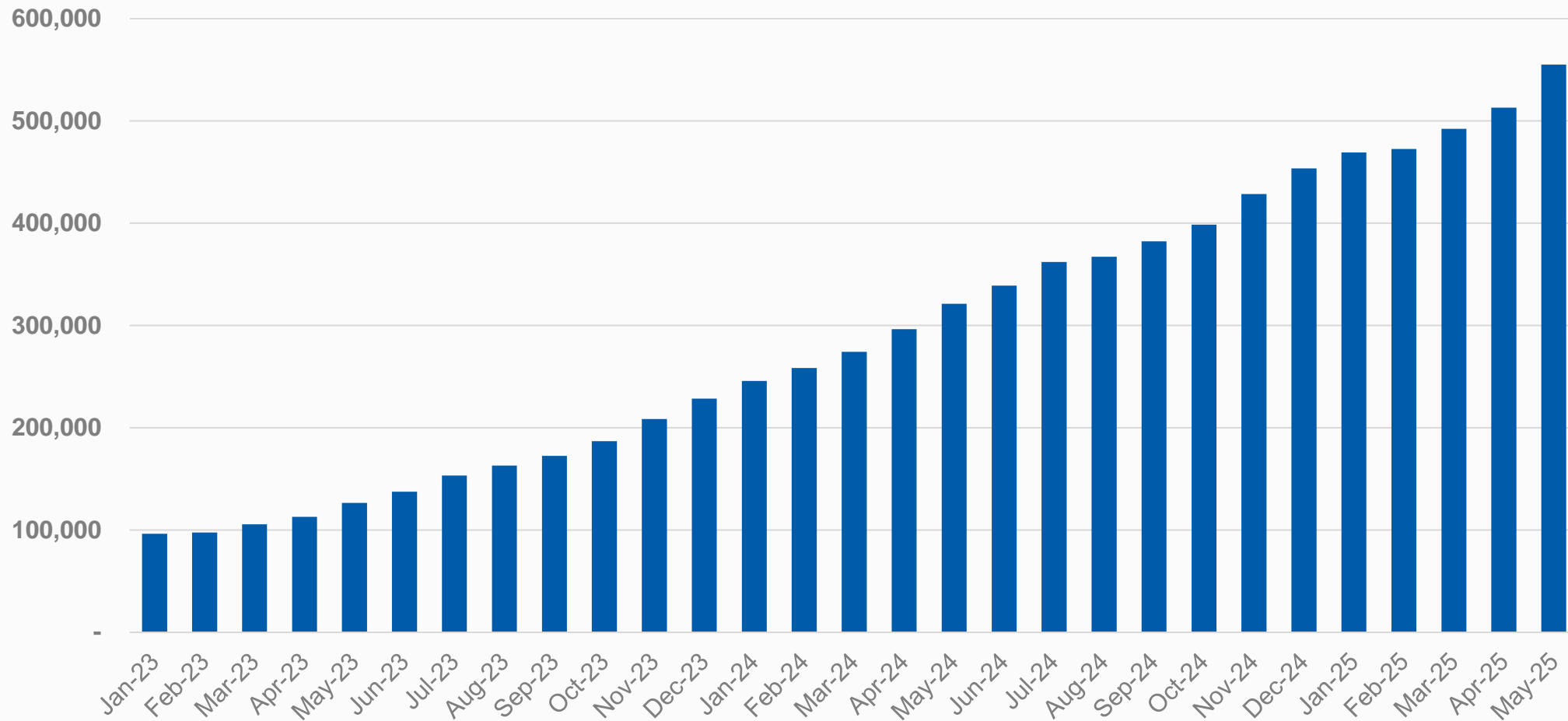
Approved in
40
countries
globally

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	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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Expect approval and National Health Insurance pricing in the second half of 2025 	<ul style="list-style-type: none"> Received regulatory approval to market product (mono & dual) and launched: <ul style="list-style-type: none"> Hong Kong in 2023 Thailand and Macau in 2024 Received regulatory approval to market product (mono) <ul style="list-style-type: none"> Myanmar and Taiwan in 2024 	<ul style="list-style-type: none"> Filed NDA for marketing approval in Q1 2025; approval anticipated in the first half of 2026 	<ul style="list-style-type: none"> Filed marketing application in Australia in July 2025 Expect market approval in Q4 2026 	<ul style="list-style-type: none"> Expect market approval in Q4 2025

Approval and launch in additional territories anticipated in 2025

International Growth Continues at Strong Pace



~555,000 patients through May'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 Torcetrapib: -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*) Torcetrapib: +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 © 2025 Esperion Therapeutics, Inc. All rights reserved.

Significantly Differentiated from *Potential* Competitors cont.

	Bempedoic Acid ¹	PCSK9i [enlicotide 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	<ul style="list-style-type: none"> Oral (requires fasting 8 hours prior and 30 minutes after) 50% decrease in bioavailability and absorption with food²
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. Nexleto® (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	Progressing	Progressing	Progressing	Progressing	Progressing	Approved	Approved 2020 Expanded label 2024
NEXLIZET® bempedoic acid and ezetimibe	Progressing	Progressing	Progressing	Progressing	Progressing	Approved	Approved 2020 Expanded label 2024
Triple Combination A bempedoic acid, ezetimibe, and atorvastatin	Progressing	Progressing	Progressing	Progressing	Not Started	Not Started	NDA: 2027
Triple Combination B bempedoic acid, ezetimibe, and rosuvastatin	Progressing	Progressing	Progressing	Progressing	Not Started	Not Started	NDA: 2027
Liver Diseases							
Primary Sclerosing Cholangitis (PSC)	Progressing	Progressing	Progressing	Not Started	Not Started	Not Started	IND: 2026
Renal Diseases							
	Progressing	Progressing	Not Started	Not Started	Not Started	Not Started	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

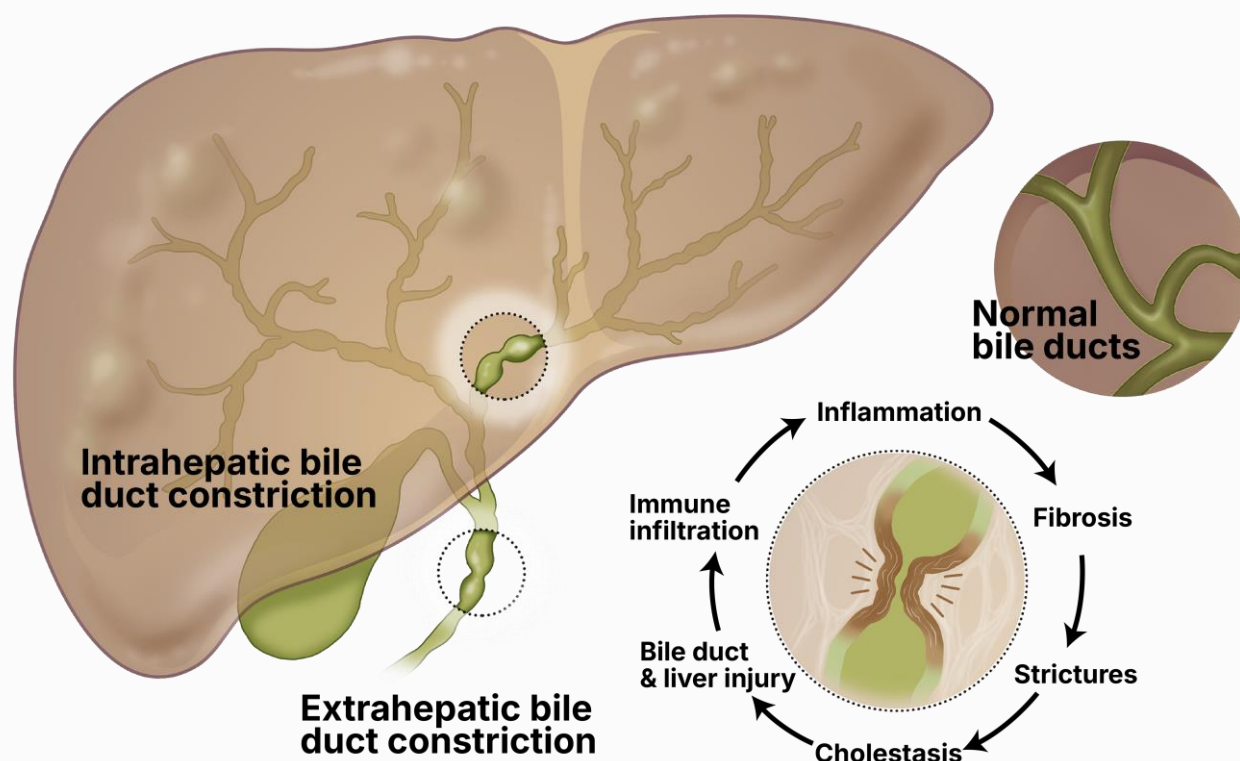
Oral CETP inhibitor **not approved** with **unknown safety profile**. **No proven CV RR data**. PCSK9i products are **injectable**.

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Next Generation ACLY Inhibition



PSC: A Complex Disease with Great Unmet Need



Progressive inflammatory and fibrotic disease that injures bile ducts¹

The etiology of PSC is unclear but likely due to multiple mechanisms¹

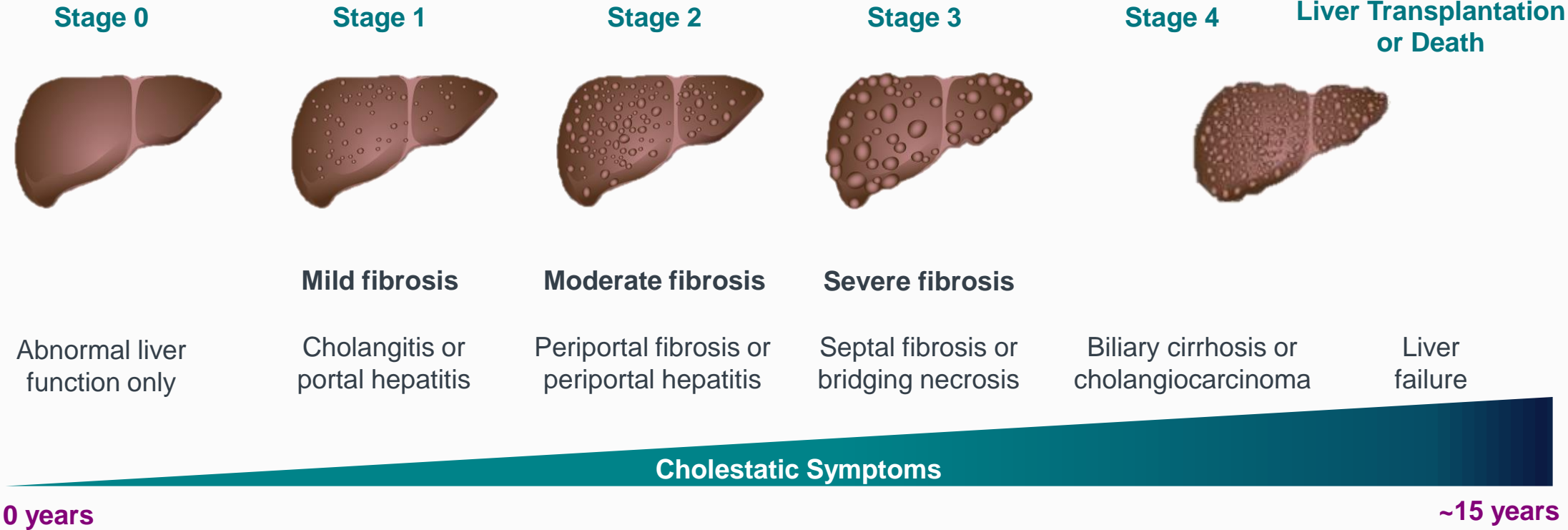
No approved therapies to cure or halt PSC progression¹

Death or liver transplantation expected within 1-2 decades after diagnosis²

PSC Progression: From Silent Onset to Rapid Decline¹⁻⁷

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

Addressable PSC Population: Stages 0-3




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

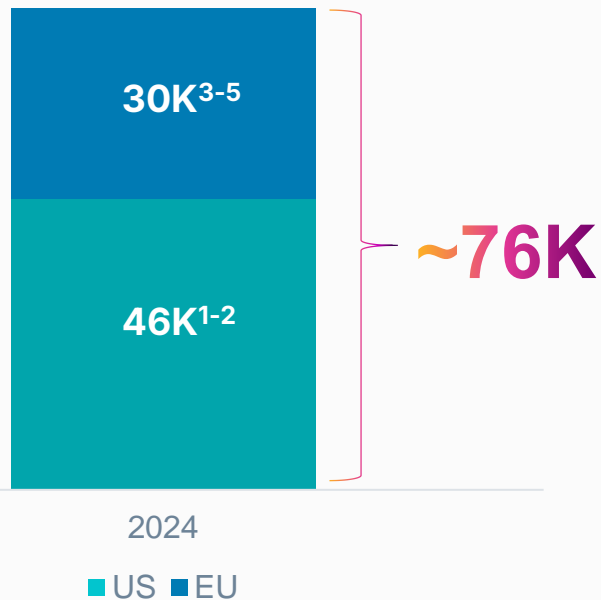
 **Inflammation**
& immune cell recruitment

 **Fibrosis**
in liver and bile ducts

High Unmet Need Driving Significant Market Opportunity

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
- **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**

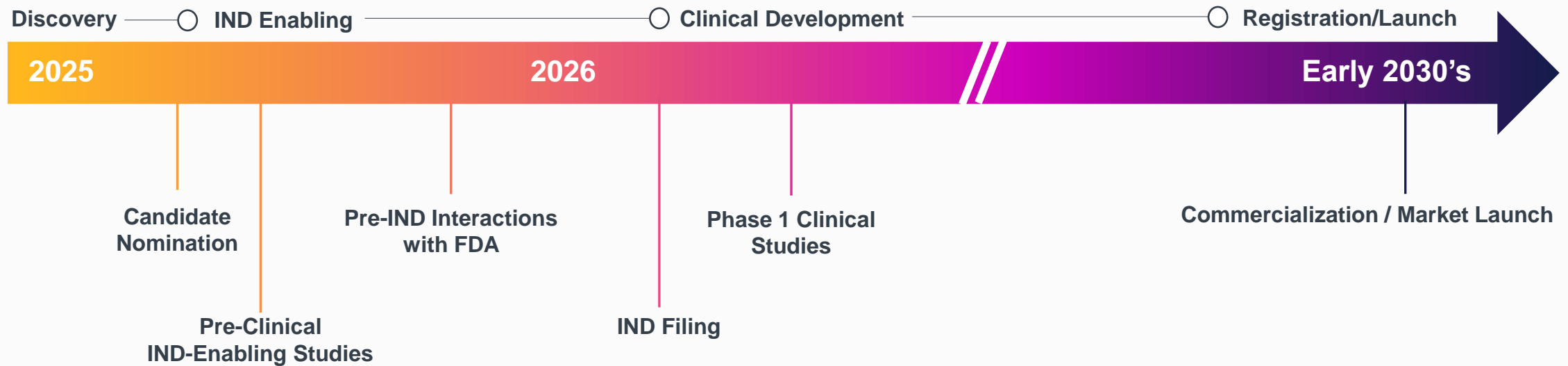
PSC: primary sclerosing cholangitis

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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):e71116.; 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

ESPERION

Development Timeline



IND: Investigational New Drug; FDA: Food and Drug Administration

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Experienced Leaders, Breakthrough Results



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EXECUTIVE OFFICER



Ben Halladay
CHIEF FINANCIAL OFFICER



Betty Jean Swartz
CHIEF BUSINESS OFFICER



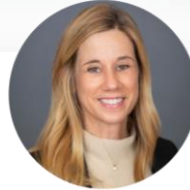
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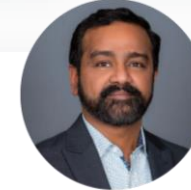
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Important Safety Information

NEXLETOL[®] (bempedoic acid) 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 $\geq 2\%$ 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 $\geq 2\%$ 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 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 $\geq 2\%$ 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 $\geq 2\%$ 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 $\geq 3\%$ 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 $\geq 2\%$ 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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