ESPERION CORPORATE PRESENTATION

October 2021

ESPERION The Lipid Management Company

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FORWARD-LOOKING STATEMENTS & DISCLAIMERS

This presentation contains forward-looking statements that are made pursuant to the safe harbor provisions of the federal securities laws, including statements regarding the global clinical development and commercialization plans 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 expanded indications for their effect on cardiovascular events, ESPERION's expectations for the market for medicines to lower LDL-C, including the prospects for success of the commercial launch and market adoption of bempedoic acid tablet and the bempedoic acid / ezetimibe fixed dose combination tablet in the United States and European Union and the Company's overall growth, the development of ESPERION's in-licensed pre-clinical oral PCSK9 inhibitor program, and ESPERION's financial outlook, including expectations for future revenues from its product sales, partnership collaborations and other sources. Any express or implied statements contained in this 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, delays or failures in ESPERION's clinical development and the commercialization plans of both ESPERION and Daiichi Sankyo group, failure to obtain the approval of bempedoic acid or the bempedoic acid / ezetimibe combination tablet or expanded indications in countries outside of the U.S., or approval of expanded indications, that existing cash resources may be used more quickly than anticipated, that Otsuka and Daiichi Sankyo are able to successfully commercialize its products, the impact of the ongoing COVID-19 pandemic on our business, clinical activities, supply chain, commercial development and launch plans, and the risks detailed in ESPERION's filings with the Securities and Exchange Commission. Any forward-looking statements contained in this 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 presentation, other than to the extent required by law.

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Our sole focus is helping patients manage bad cholesterol

INVESTMENT HIGHLIGHTS

Two approved drugs launched in Q2 2020 in the U.S. to lower elevated LDL-cholesterol in specified adults

CLEAR Cardiovascular Outcomes trial pending completion in late 2022 and oral PCSK9i in early-stage development

Large attractive cholesterol-lowering market with high unmet need

Experienced management team and Board

Compelling global partnerships with Daiichi-Sankyo and Otsuka, companies entrenched in the cardiovascular space

Strong IP protection; anticipated until mid- 2031[1]

(1) Inclusive of anticipated Hatch Waxman and pediatric patent term extensions

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ESPERION LEADERSHIP TEAM

ALL WITH STRONG CONNECTIONS TO OUR PURPOSE

Sheldon Koenig
President and Chief Executive Officer

PORTOLA MERCK SANOFI

JoAnne Foody, MD, FACC, FAHA
Chief Medical Officer

Yale SCHOOL OF MEDICINE
HARVARD MEDICAL SCHOOL MERCK janssen

Rick Bartram
Chief Financial Officer

pwc

Ken Fiorelli
Chief Technical Operations Officer

Bristol Myers Squibb Johnson&Johnson Otsuka

Eric Warren, R.Ph.
Head of Sales and Marketing

SANOFI MERCK Nabriva THERAPEUTICS

Betty Jean (BJ) Swartz
Senior Vice President Marketing Access and HEOR

AUXILIUM PORTOLA Celgene agios Wyeth kaléo

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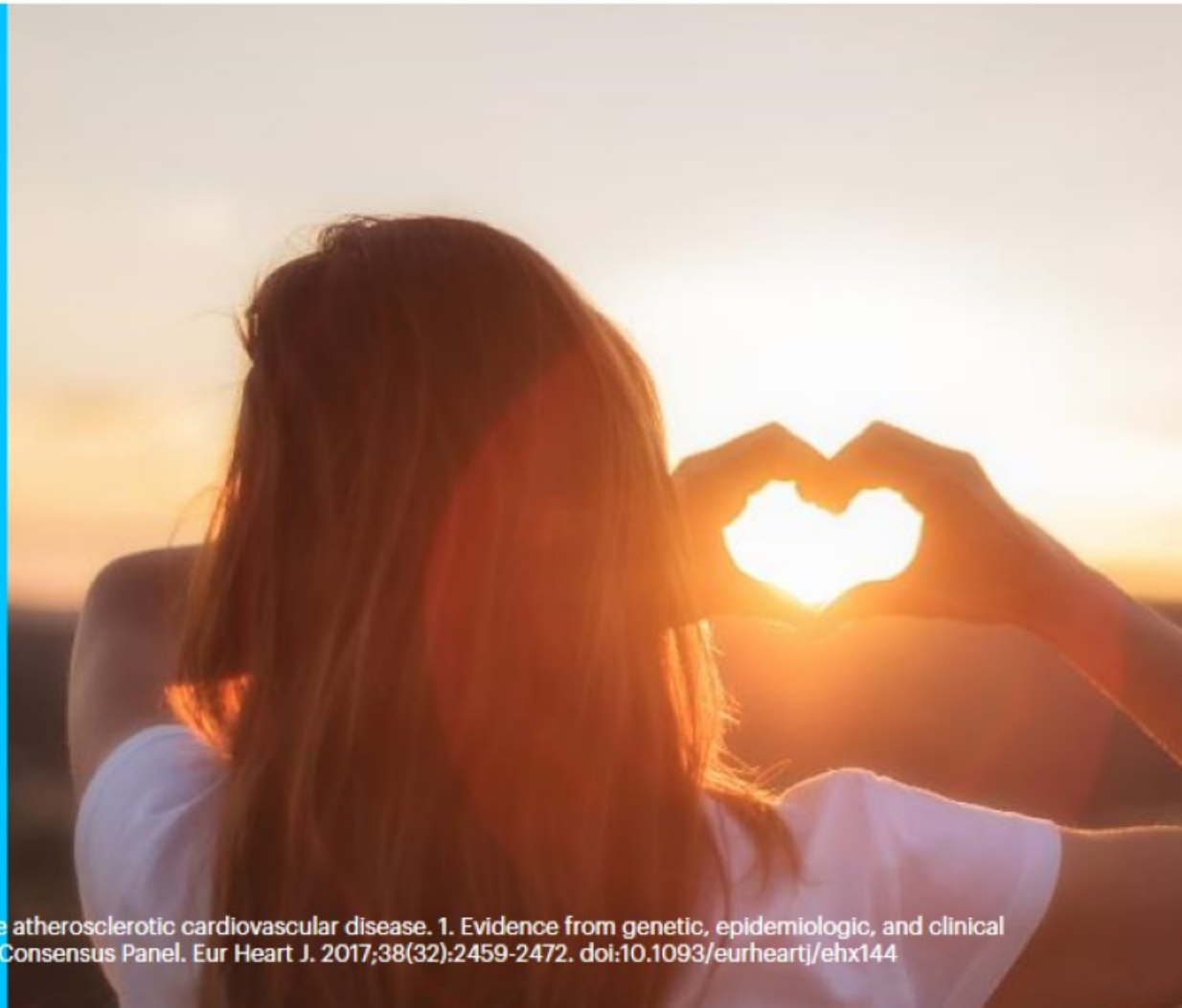
ELEVATED BAD CHOLESTEROL IS AN ESTABLISHED RISK FACTOR FOR CARDIOVASCULAR DISEASE

#1 Cause of Death Worldwide

- Causes more annual deaths than all forms of cancers combined(1)
- Accounts for ~1 in 3 deaths in the U.S. and Europe(1)
- CDC estimates heart disease deaths will increase 25% by 2030(2)
- Studies show reducing LDL-C levels with lipid-lowering agents also lowers incidence of ASCVD events(4)
- Significantly less innovation versus other therapy areas(3)



(1) World Health Organization
(2) CDC 2017-2030
(3) Mckinsey & Co.

(4) Ference BA, Ginsberg HN, Graham I, et al. Low-density lipoproteins cause atherosclerotic cardiovascular disease. 1. Evidence from genetic, epidemiologic, and clinical studies. A consensus statement from the European Atherosclerosis Society Consensus Panel. Eur Heart J. 2017;38(32):2459-2472. doi:10.1093/eurheartj/ehx144

HIGH CHOLESTEROL HAS BEEN TREATABLE FOR DECADES, BUT SOMETHING ISN'T WORKING

Patients still have trouble reaching their goals

Nearly **80%** of very high-risk patients did not meet a guideline-recommended LDL-C target[1]

8.7 million patients in the U.S. don't reach their LDL-C goals despite taking a statin[2]

Patients still struggle with their medicines

Up to **20%** of people who could be treated with a statin experience statin intolerance[3]

Over **1/3** of patients discontinue statin treatment within a year[4]

9.6 million patients in the U.S. with high LDL-C are not on statins, often due to tolerability concerns[2]

18.3 million patients in the U.S. require additional LDL-C lowering therapy

(1) Yan AT, Yan RT, Tan M, et al. Contemporary management of dyslipidemia in high-risk patients: targets still not met. Am J Med. 2006;119(8):676-683. doi:10.1016/j.amjmed.2005.11.015
(2) ZS Associates primary and secondary research, Sep-Oct 2018. Primary research N = 350 healthcare practitioners
(3) Bruckert E, Hayem G, Dejager S, Yau C and Begaud B. Mild to moderate muscular symptoms with high-dosage statin therapy in hyperlipidemic patients--the PRIMO study. Cardiovasc Drugs Ther. 2005;19:403-14.
(4) Ofori-Asenso R, Zoungas S and Liew D. Reinitiation of Statin Therapy After Discontinuation: A Meta-analysis. Mayo Clin Proc. 2018;93:666-668.

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WE DEVELOPED THE FIRST NEW ORAL MEDICINE FOR CHOLESTEROL MANAGEMENT IN 20 YEARS

NEXLETOL®(bempedoic acid) Tablets are the first oral, once-daily, non-statin LDL-C lowering medicine approved since 2002 for indicated patients

NEXLIZET® (bempedoic acid and ezetimibe) Tablets are the first oral non-statin, LDL-C lowering combination medicine ever approved

NEXLETOL® and NEXLIZET® are each 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®and NEXLIZET® on cardiovascular morbidity and mortality has not been determined. Important safety information can be found on slides 27/28 and online: https://pi.esperion.com/nexletol/nexletol-pi.pdf and https://pi.esperion.com/nexlizet/nexlizet-pi.pdf

NEXLETOL® and NEXLIZET® available by prescription only. Known as NILEMDO ™ (bempedoic acid) & NUSTENDI ™ (bempedoic acid and ezetimibe) in Europe

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WE ARE ADDRESSING A GAP IN ORAL MEDICINES

MAKING LIPID MANAGEMENT EASY FOR PATIENTS AND PHYSICIANS

Oral Medications
4 out of 5 patients prefer a pill [1]

Injectable Medication

Statins

- Mostly generic
- First-line, widely used
- Combinable for incremental LDL-lowering
- Tolerability issues

Ezetimibe

- Mostly generic
- First-line, widely used
- Combinable for incremental LDL-lowering
- Tolerability issues

Bempedoic Acid

- Broadly combinable
- Potential first-line for statin intolerance

NEXLETOL® (bempedoic acid)

NEXLIZET® (bempedoic acid and ezetimibe) tablets

Oral PCSK9i[3]

- Clinically supported mechanism
- First-in-class potential

PCSK9i

- Higher cost
- Recurring shots

18.3 million patients need additional LDL-C lowering [2]

Oral non-statin gap

(1) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3003606/
(2) ZS Associates primary and secondary research, Sep-Oct 2018. Primary research N = 350 healthcare practitioners
(3) Investigational program in development and not approved

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SAFE AND WELL TOLERATED MEDICINES[1]

SUBSTANTIAL REDUCTIONS IN LDL-C VIA NOVEL MOA

(2)	Statin	Ezetimibe	Nexlizet	Nexletol	PCSK9s
Dosing	Oral	Oral	**Oral**	**Oral**	Injectable
LDL-C Lowering	25-55%	15-18%	**38%**	**18% - 25%**	45-55% (mono tx) 45-64% (+ MTS)
MOA	Inhibits HMG-CoA reductase	Inhibits NPC1L1	**Inhibits ACL and NPC1L1**	**Inhibits ACL**	Inhibits PCSK9
hsCRP Lowering	Up to 40%	No change	**20-30%**	**20-30%**	No change
Outcomes	~20-30%RRR	6% RRR	**TBD**	**2H'22[3]**	15% RRR

(1) Please see slides 27 & 28 for Important Safety Information on Nexletol® and Nexlizet®
(2) Data is not based on head-to-head comparable data but on FDA approved labeling
(3) Full MACE (major adverse cardiac event) accumulation forecasted for 2H 2022

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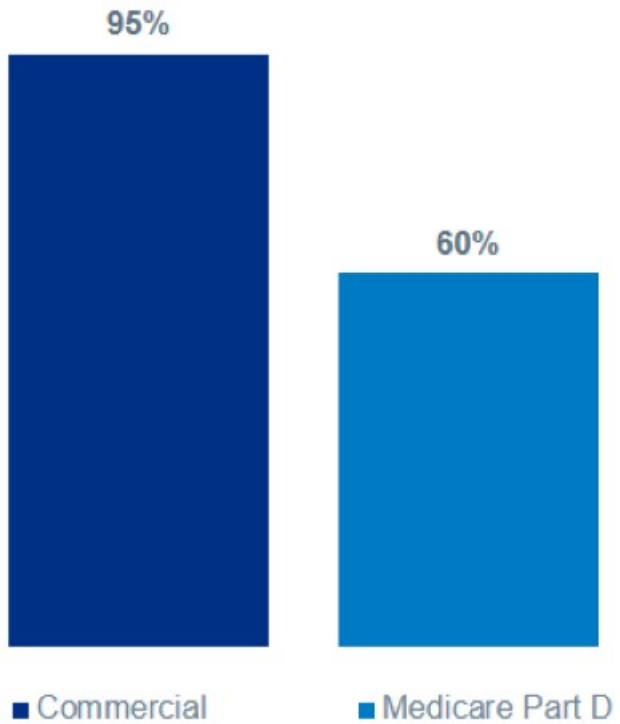
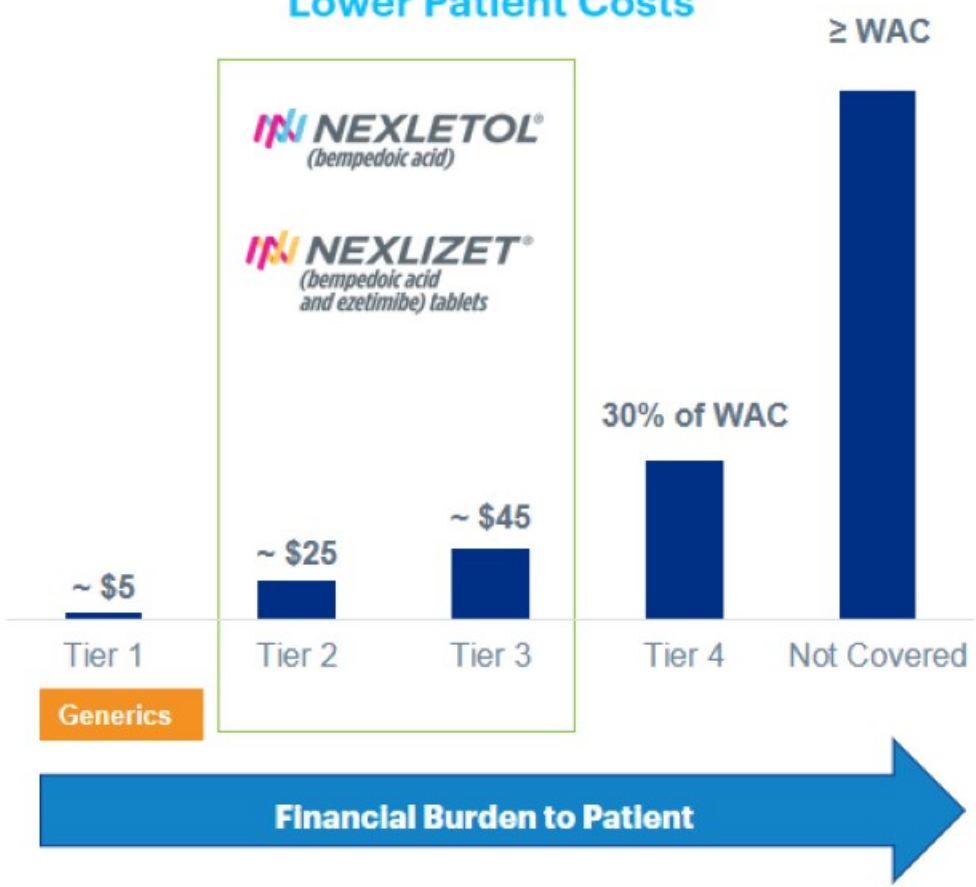
BROAD AND HIGH-QUALITY U.S. PAYER COVERAGE

MEDICARE PART D STRATEGY DRIVING IMPROVED PULL-THROUGH

Continued Improvement in Payer Coverage



Coverage is in Preferred Tiers with Lower Patient Costs



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SUCCESSFUL CLEAR OUTCOMES CREATES SIGNIFICANT GROWTH OPPORTUNITY FOR NEXLETOL/NEXLIZET

	Now	Post Clear Outcomes Study & Expanded Approvals
Indicated Population Size (# pts)	~8MM	~19MM (including CV risk reduction)
Market Access	Prior Authorizations often requiring documentation aligned with indicated population	Significant reduction in burden of prior authorizations (i.e. electronic look back vs. documentation)
Guidelines Placement	Broad option as add on therapy: AACE, ESC	New: NLA, ACC, AHA Enhanced: AACE, ESC
Quality of Evidence	LDL-C reduction	Hard Outcome Benefit

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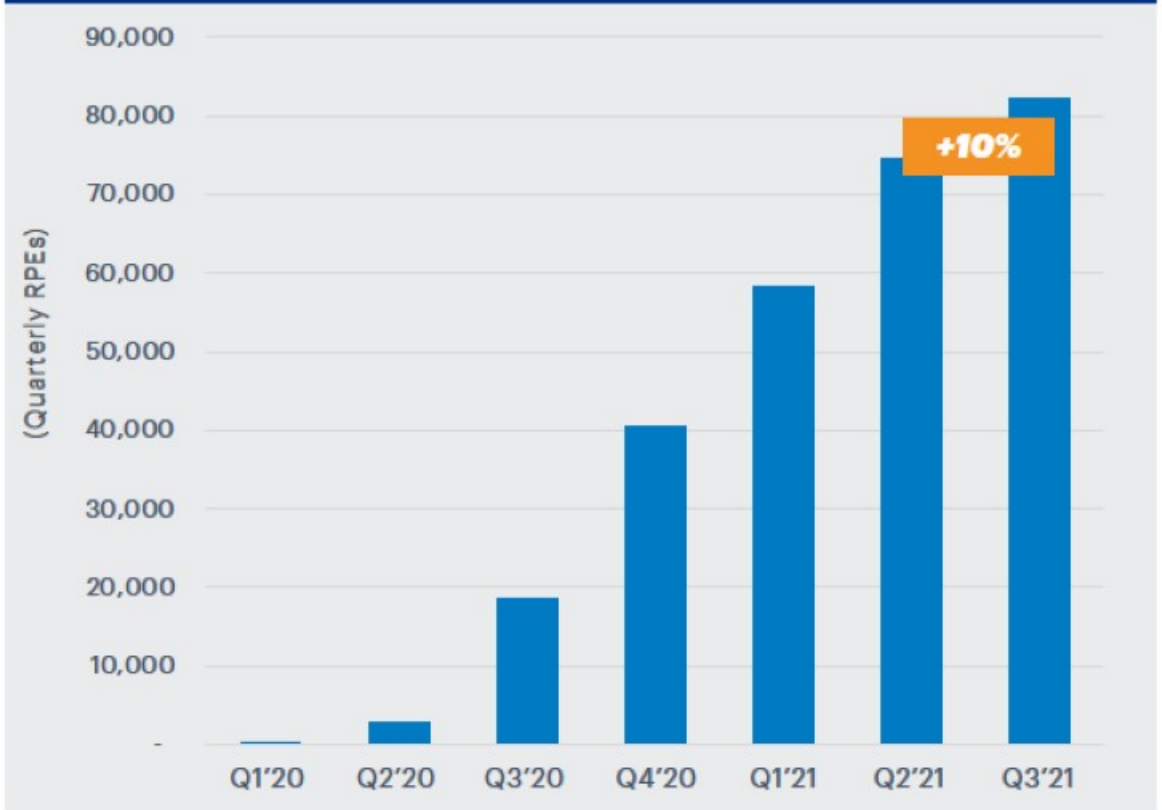
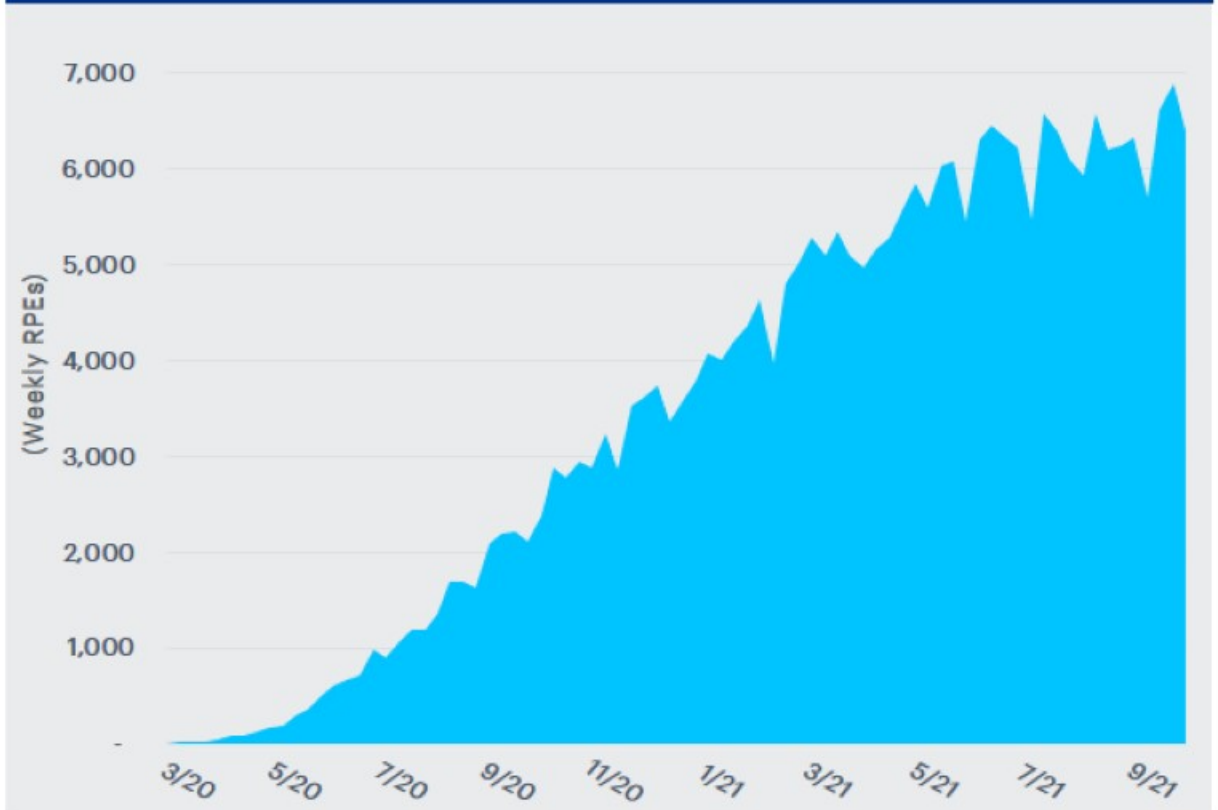
PRE-ANNOUNCING PRELIMINARY/UNAUDITED Q3 SALES OF $10.5-11.0 MILLION

>59,200 PATIENTS HAVE NOW TAKEN NEXLETOL OR NEXLIZET

QUARTERLY FRANCHISE RPE TREND



WEEKLY FRANCHISE RPE TREND SINCE LAUNCH



*Based on Symphony data

RPE = Retail Prescription Equivalence; derived by normalizing the extended units Rx (no. of tablets) to determine the 30-day supply equivalent

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WE HAVE A PLAN FOR TRANSFORMATIVE LONG-TERM GROWTH

1. Optimize organizational structure and operational processes to enable growth ahead of an inflection post the read-out of the CLEAR Outcomes trial
2. Reduce overall workforce by **40 percent** and further shift marketing strategy towards a greater proportion of digital and virtual outreach
3. Significantly reduce operational expense in FY 2021 & FY 2022 to generate an estimated annualized cash savings of **at least $80 million**

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CLEAR OUTCOMES STUDY

First-of-its-kind, unprecedented CVOT in patients who have statin intolerability

- Entirely new class of medicine
- Over 14,000 patients in 32 countries fully enrolled
- Focused on significant, underserved population including 50% women versus 28% average

Novel design ensures high degree of confidence

- Highest baseline LDL-C of any recent non-statin CVOT (139mg/dl vs. >100mg/dl)
- Longer duration of study more favorable for full assessment of LDL-C lowering impact
- Anti-inflammatory and glucose-lowering effects of bempedoic acid provides potential greater risk reduction

Fully enrolled and on track to reach target number of MACE endpoints in second half 2022 and top-line results in Q1 2023

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CVOT CONFIDENCE DERIVED IN DIFFERENTIATED DESIGN

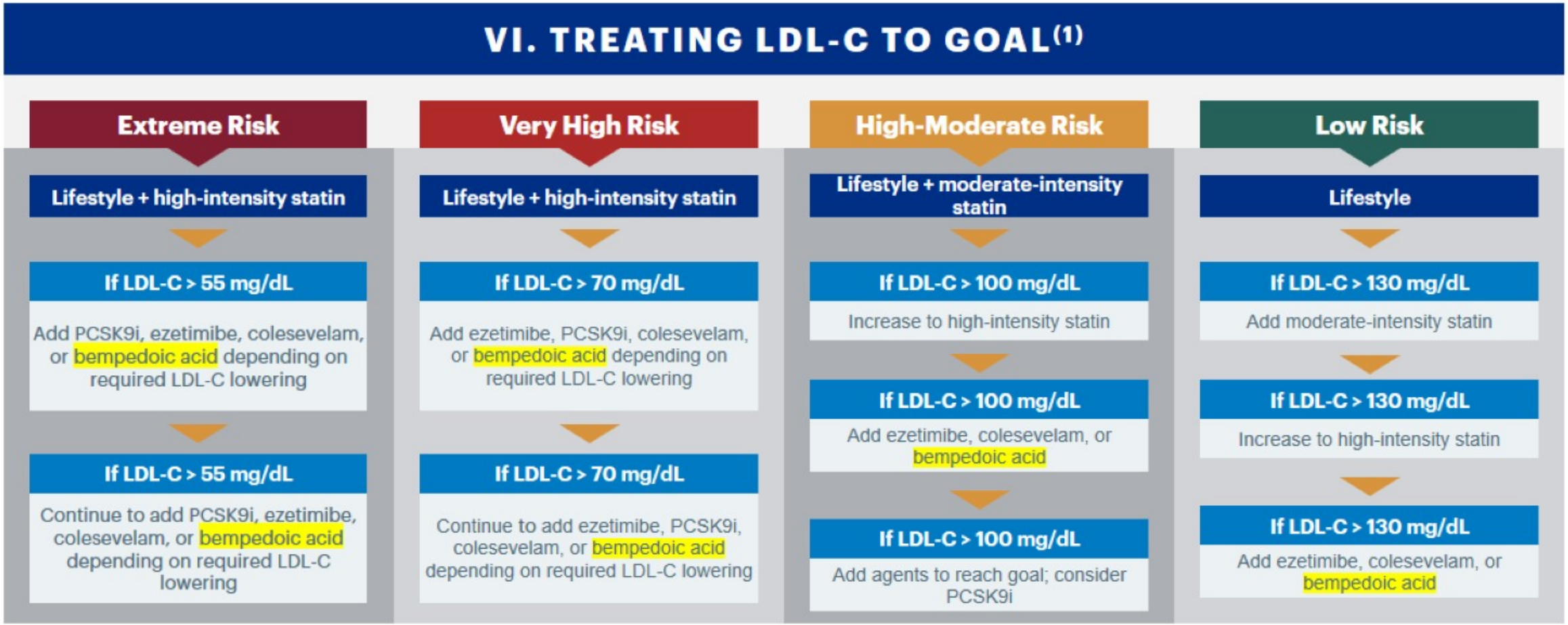
CLEAR Outcomes Designed for Success:

- Patients **Not on** background statin therapies have greater efficacy with Bempedoic acid
  - **Ph 3 SI Pool (18% Statin) = ~-25%**
  - Ph 3 ASCVD Pool (97% Statin) = ~-18%
- CLEAR patients have significantly higher mean baseline LDL-C levels than any recent CVOTs:
  - **CLEAR - 139 mg/dL**
  - ODYSSEY and FOURIER (~92 mg/dL)
  - IMPROVE-IT (~69 mg/dL)
- **Absolute** LDL-C lowering, **NOT percent** LDL-C lowering, drives CV risk reduction benefit
  - Every 1 mmol/L (39 mg/dL) absolute lowering = 22% RRR in major CV events
- 4-year treatment duration needed to see full effects of LDL-C lowering
  - **CLEAR – est. 3.8 years**
  - ODYSSEY and FOURIER <3 years

	IMPROVE-IT[2]	FOURIER[2]	ODYSSEY[2]	CLEAR[1]
Drug	Ezetimibe	Evolocumab	Alirocumab	**Bempedoic acid**
Baseline LDL-C	69 mg/dl	92 mg/dl	92 mg/dl	**139 mg/dl**
Median Treatment Duration	6.7 yrs	2.2 yrs	2.8 yrs	**Est. 3.8 yrs**
HR of primary EP	0.936	0.85	0.85	**90% Power to Achieve HR of 0.85**
Effect on CRP	No effect	No effect	No effect	**-18 to -33% in Ph 3 studies**
Effect on weight	No effect	No effect	No effect	**~ -0.8 kg over 52 weeks in Ph 3 studies**
Effect on glycemic control in type 2 diabetes	No effect	No effect	No effect	**0.2-0.3% reduction in all T2D patients in Phase 3 studies**
Effect on new onset T2D	No effect	No effect	No effect	**20% reduction observed in 52-week Ph 3 studies**

(1) S.J. Nicholls, A.M. Lincoff, H.E. Bays, et al., Rationale and design of the CLEAR-outcomes trial: Evaluating the effect of Bempedoic acid on cardiovascular events in patients with statin intolerance, American Heart Journal (2020), https://doi.org/10.1016/j.ahj.2020.10.060
(2) Different trials with different patient populations and trial designs

GOAL IS TO PURSUE INCLUSION IN TREATMENT GUIDELINES



Adapted from the 2020 AACE/ACE LDL-C treatment algorithm; highlighting of bempedoic acid as example of potential placement to illustrate key point[1]

(1) Handelsman Y, Jellinger PS, Guerin CK, et al. Endocr Pract. 2020;26(10):1196-1224.

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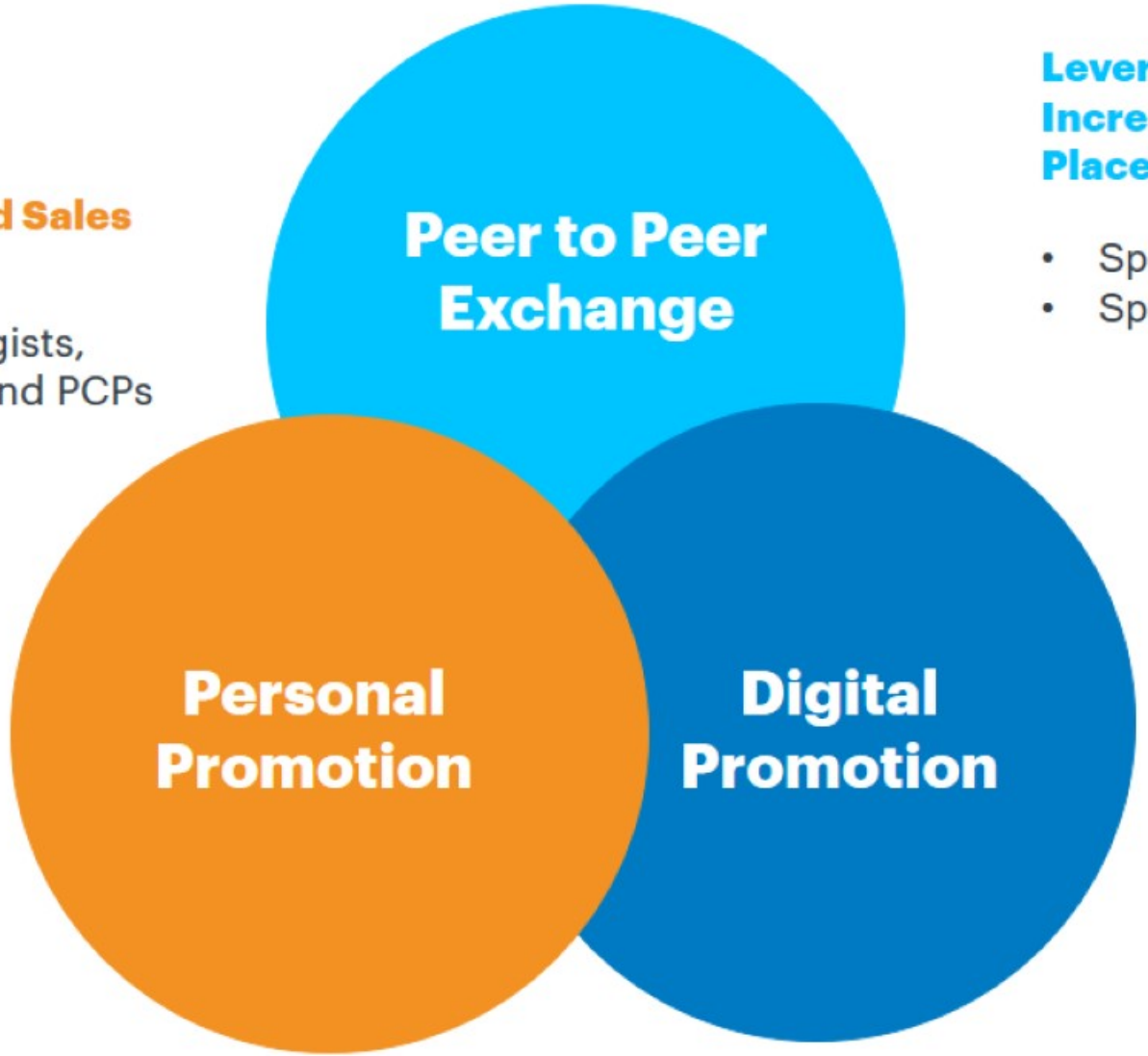
ENGAGEMENT PROCESS GOING FORWARD

In-Person Medical Communications and Sales Promotion to:

- Targeted Cardiologists, Endocrinologists and PCPs



Leverage Peer-to-Peer Networks to Increase Awareness and Appropriate Place in Treatment Paradigm:

- Specialists to Peer Specialists
- Specialists to Network PCPs

Innovative Digital Promotion to Drive Broad Awareness with:

- Existing Rxers
- High Potential Specialists and PCPs
- Payers
- Pharmacy
- Integrated Delivery Networks (IDNs)

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RECENTLY ADJUSTED COST STRUCTURE

POSITIONING COMPANY FOR LONG-TERM GROWTH & CURRENT HEALTHCARE ENVIRONMENT

Align operational and expense structure to enable future growth with continued investment behind CLEAR Outcomes Trial and IND-enabling activities of early-stage pipeline

40% workforce reduction implemented immediately

The Company is orienting the business with the realities of the current market environment

Optimized blend of focused outreach including a streamlined sales force, and a suite of digital initiatives designed to increase awareness and utilization of our medicines in appropriate patients.

Growth of NEXLETOL and NEXLIZET should dramatically inflect after **expected Outcomes Trial top-line results in Q1 2023**

Key Financial Data	
FY 2021 R&D Guidance	$110 - $115 Million
FY 2021 SG&A Guidance	$195 - $200 Million
FY 2021 Op Ex Guidance[1]	$305 - $315 Million
Q3 2021 Common Shares Outstanding[2]	26.8 Million
FY 2022 Op Ex Guidance[1]	$220-$240 Million

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(1) Includes $25M of non-cash stock-based compensation expense
(2) Accounts for $50M prepaid forward feature

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PARTNERING FOR GLOBAL COMMERCIAL SUCCESS

Leveraging Cardiovascular Commercial Expertise Abroad

Daiichi-Sankyo

- Launched in Germany, other European launches planned for 2021
- Recent deal expansion into ASCA region
- Milestones totaling $1.1 billion
- ~21,000 patients on therapy as of Q2 2021 end

Otsuka

- Phase II study initiated in Japan
- $600 million in milestones and development costs

- Optionality in the remaining geographies to partner with leading local companies in the future

ASCA = Asia, South & Central America

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STRONG INTELLECTUAL PROPERTY PROVIDES SECURITY FOR AMPLE GROWTH AND VALUE CREATION

- 100% U.S. and ROW Rights (outside of EU, Japan, and select countries in Asia, South/Latin America and Middle East) to NEXLETOL® and NEXLIZET®
- Composition of matter and/or market exclusivity coverage through mid-2031[(1)] in major markets
- Life-cycle management opportunities to extend exclusivity both with NEXLETOL® and NEXLIZET® and future formulations
- Formulation, process manufacturing and methods of use pending applications may extend exclusivity through 2040, if issued

Composition of matter patent/IP coverage at least through mid-2031[(1)] (with patent term extension) in the United States.

Composition of matter patent/IP coverage through at least 2028 (with patent term extension) in parallel with ten years of post-approval data exclusivity in Europe (i.e. February 2030).

Composition of matter patent/IP coverage through 2028 (with potential patent term extension).
Eight years of post-approval data exclusivity in Japan is expected following anticipated regulatory approval in ~2025.

(1) If pediatric exclusivity extension is granted

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GROWING OUR PIPELINE BEYOND BEMPEDOIC ACID

Discovery	Proof of Concept	Preclinical

Oral PCSK9 Inhibitors

Novel oral small molecule allosteric approach

→ Hypercholesterolemia

Next-Gen ACL Inhibitors

Discovery of differentiated and highly potent allosteric ACL inhibitors with potential for broad therapeutic application

Potential optimization for different indications

- Hyperlipidemia & Cardiometabolic
- Oncology
- NAFL & NASH
- Kidney Disease
- Neurological Disorders

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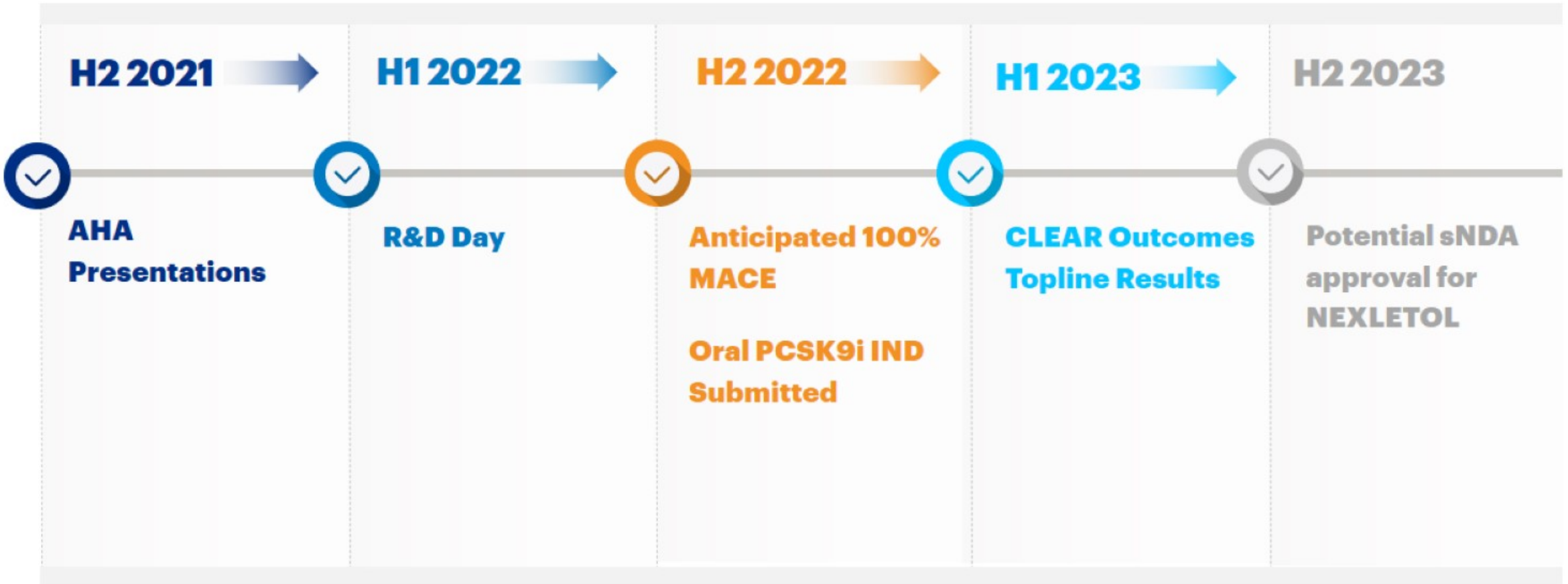
UPCOMING EVENTS



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Large attractive cholesterol-lowering market with high unmet need

Experienced management team and Board

Compelling global partnerships with Daiichi-Sankyo and Otsuka, companies entrenched in the cardiovascular space

Strong IP protection; anticipated until mid- 2031[1]

(1) Inclusive of anticipated Hatch Waxman and pediatric patent term extensions

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THANK YOU

ESPERION The Lipid Management Company

IMPORTANT SAFETY INFORMATION

ESPERION The Lipid Management Company

NEXLETOL® SAFETY PROFILE

- Contraindications: None
- Warnings and Precautions:
  - Hyperuricemia: NEXLETOL may increase blood uric acid levels, 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.
- Avoid concomitant use with simvastatin (>20 mg/day) or pravastatin (>40 mg/day) due to increased risk of adverse events.
- 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

This summary does not reflect the full safety profile – please see https://pi.esperion.com/nexletol/nexletol-pi.pdf

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NEXLIZET® SAFETY PROFILE

- Contraindication: Known hypersensitivity to ezetimibe tablets
- Warnings and Precautions:
  - Hyperuricemia: Bempedoic acid may increase blood uric acid levels, and may lead to the development of gout, especially in patients with a history of gout.
  - Tendon Rupture: Bempedoic acid is associated with an increased risk of tendon rupture.
- Avoid concomitant use with simvastatin (>20 mg/day) or pravastatin (>40 mg/day). Monitor cyclosporine concentrations with cyclosporine. If cholelithiasis is suspected in a patient receiving fenofibrate, consider alternative lipid-lowering therapy.
- Most common adverse reactions in >2% of patients taking NEXLIZET and more frequently than placebo:
  - Upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, elevated liver enzymes, diarrhea, fatigue, influenza, sinusitis, and arthralgia
- Adverse events reported less frequently but still more often than in placebo included benign prostatic hyperplasia and atrial fibrillation

This summary does not reflect the full safety profile - see https://pi.esperion.com/nexlizet/nexlizet-pi.pdf

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