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Virtual KOL Event

January 22, 2025

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This press release 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, including the timing, designs and plans for the CLEAR Outcomes study and its results, 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 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, 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 press release 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 press release, other than to the extent required by law.

Diving into real-world testimony on clinical experience and place in therapy for NEXLETOL® (bempedoic acid) and NEXLIZET® (bempedoic acid and ezetimibe)

Agenda

- Opening and Introduction
- Summary of Bempedoic Acid's Unique Development Program
- Question and Answer Session with Dr. Moriarty

Speakers

Patrick Moriarty, M.D.
Professor of Medicine at The University of Kansas Medical Center in Kansas City, Kansas and Director of Clinical Pharmacology at the Atherosclerosis & Lipid-Apheresis Center.

Sheldon Koenig
President and Chief Executive Officer

LeAnne Bloedon, MS, RD
VP, Clinical Development

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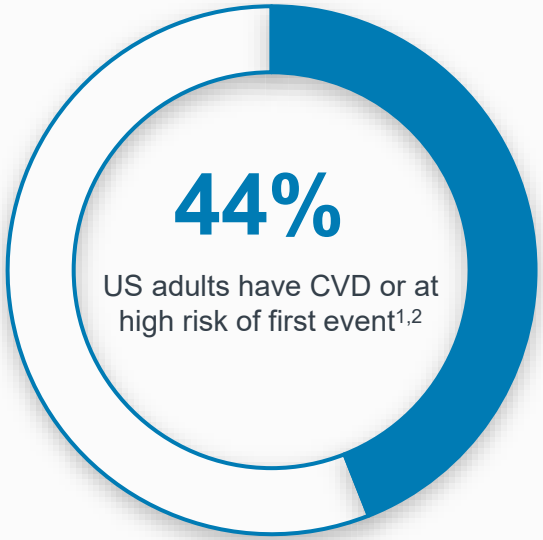
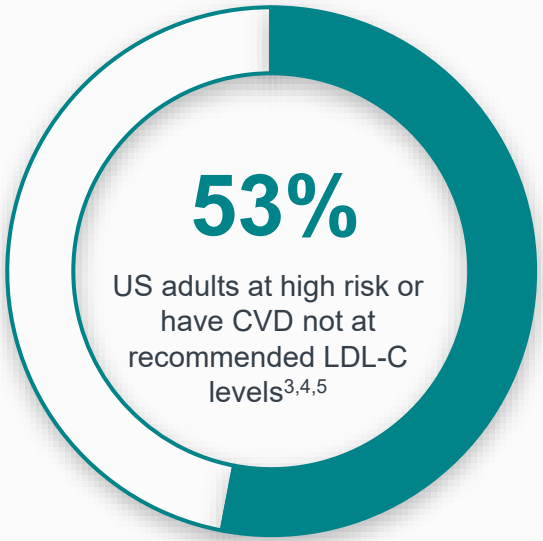
Summary of Bempedoic Acid's Unique Development Program

LeAnne Bloedon, MS, RD
VP, CLINICAL DEVELOPMENT

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 a 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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The BA Clinical Development Program: Designed to Address All Unmet Needs and Real-World Use

Varying background statin intensities

In combination with other lipid-modifying therapies

Populations with high unmet need

BA: Primary Hyperlipidemia Phase 3 Studies

	CLEAR Harmony[1] (N=2230)	CLEAR Wisdom[2] (N=779)	CLEAR Serenity[3] (N=345)	CLEAR Tranquility[4] (N=269)	053 Trial: BA + EZE[5] (N=301)
Patient Population	History of ASCVD and/or HeFH		History of ASCVD and/or HeFH or Primary Prevention		History of ASCVD and/or HeFH or Primary Prevention
Background Lipid Lowering Therapies (LLT)	Maximally Tolerated Statin + Other LLT		Partial or Complete Statin Intolerance + Other LLT		Maximally Tolerated Statin + Other LLT
Trial Duration	52 weeks		12 to 24 weeks		12 weeks
% Change in LDL-C vs. placebo	-17% to -18%		-21% to -29%		-38%
% Change in hsCRP vs. placebo	-9 to -22%		-24% to -31%		-37%

1. Ray KK, et al. *N Engl J Med*. 2019;380:1022–1032. 2. Goldberg AC, et al. *JAMA*. 2019;322:1780–1788. 3. Laufs U, et al. *J Am Heart Assoc*. 2019;8:e011662. 4. Ballantyne CM, et al. *Atherosclerosis*. 2018;277:195–203. 5. Ballantyne CM, et al. *Eur J Prev Cardiol*. 2020;27:593–603.

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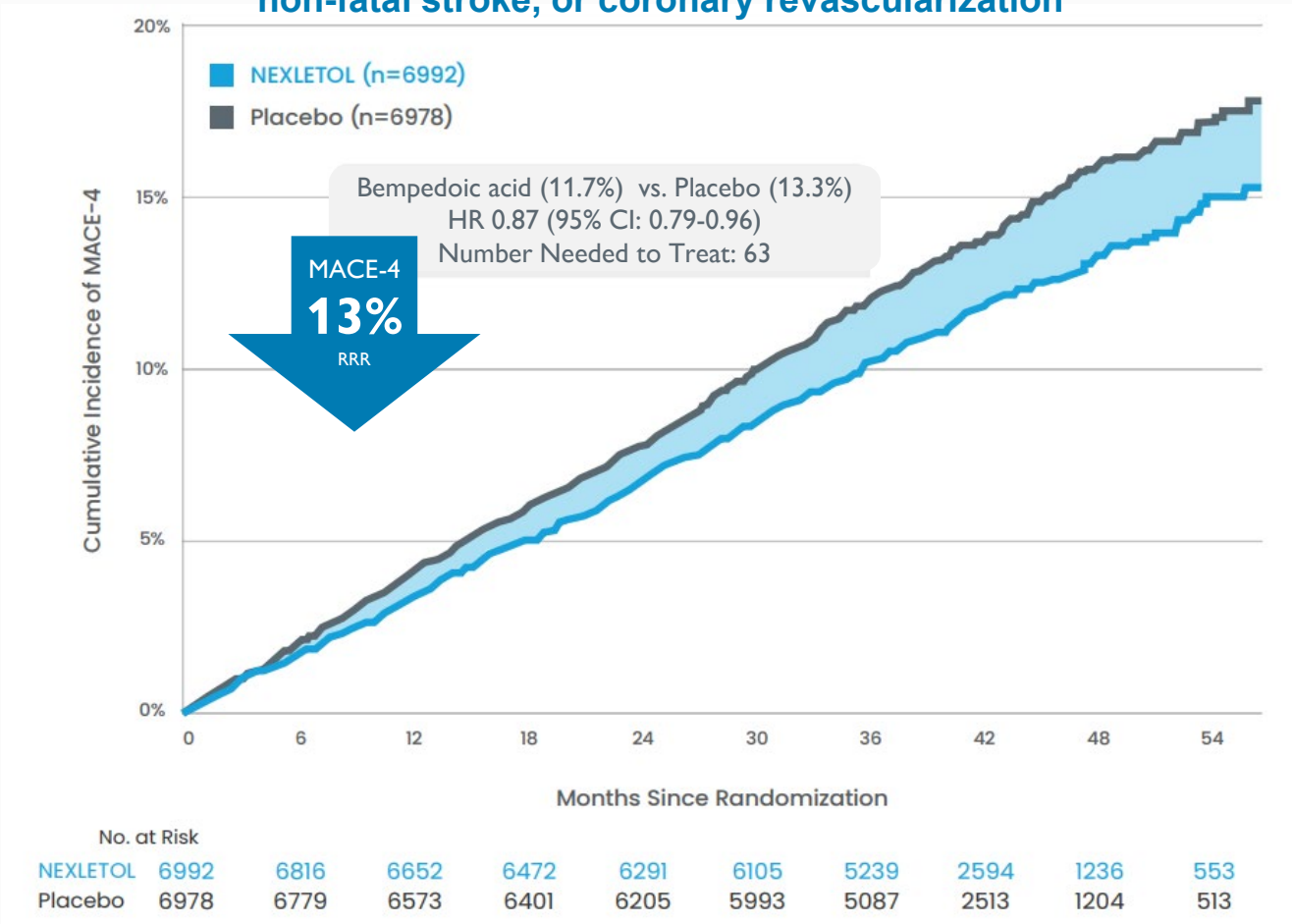
CLEAR Outcomes

Proven CV Risk Reduction in 13,970 Primary or Secondary Prevention Patients with Statin Intolerance

Primary Composite Endpoint (MACE-4): CV death, non-fatal MI, non-fatal stroke, or coronary revascularization



MACE-3
(CV death, nonfatal MI, or nonfatal stroke)
HR 0.85
(95% CI: 0.76-0.96)
15% RRR

Nonfatal Myocardial Infarction
HR 0.73
(95% CI: 0.62-0.87)
27% RRR

Coronary Revascularization
HR 0.81
(95% CI: 0.72-0.92)
19% RRR

-20%
mean change in LDL-C from baseline vs. placebo at 6 months

CI=confidence interval; HR=Hazard Ratio; RRR=Relative Risk Reduction; AE=Adverse Event

Nissen SE et al. *N Engl J Med.* 2023;388-1353-1364

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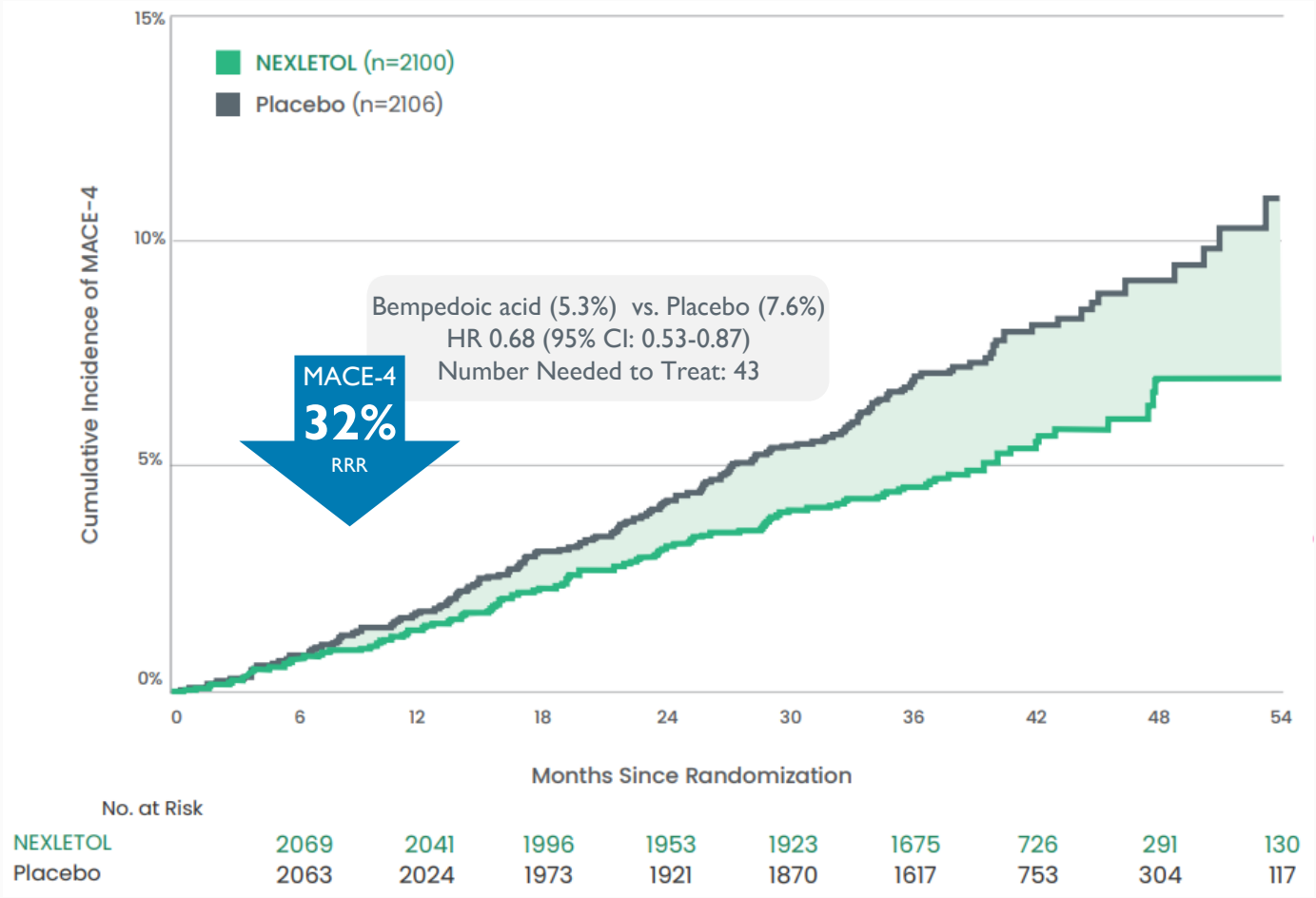
BA the Only Non-statin FDA Approved to Lower LDL-C and Reduce CV Risk in Primary Prevention Patients

MACE-4 in Primary Prevention Patients: CV death, non-fatal MI, non-fatal stroke, or coronary revascularization



MACE-3
(CV death, nonfatal MI, or nonfatal stroke)
HR 0.61 (95% CI: 0.46-0.80)

39%
RRR

CV death
HR 0.57 (95% CI: 0.38, 0.85)

43%
RRR

CI=confidence interval; HR=Hazard Ratio; RRR=Relative Risk Reduction; MI=myocardial infarction; CV=cardiovascular

Nissen et al. *JAMA*. 2023 Jul 11;330(2):131-140.

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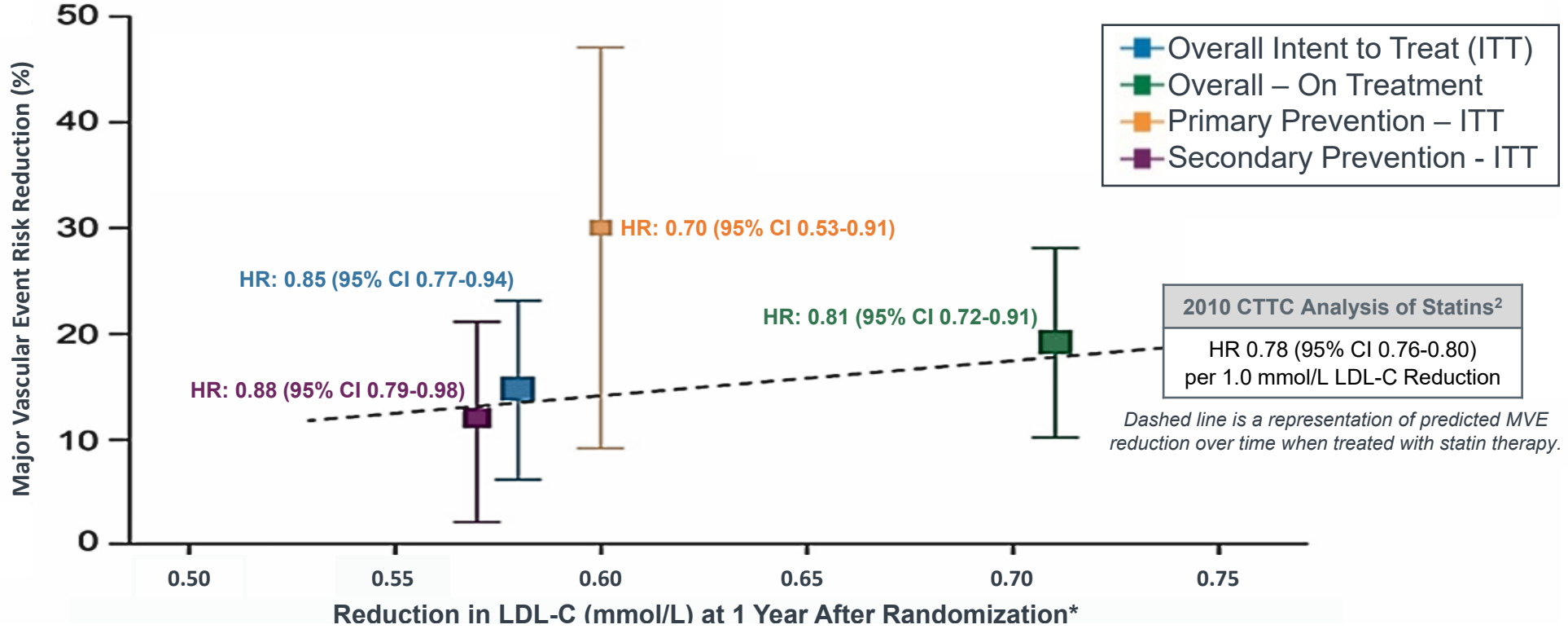
BA: Proportional Effect of LDL-C Reduction on Major Vascular Events

CV risk reduction with bempedoic acid is similar to that achieved with statins for a given absolute magnitude of LDL-C lowering.[1]



CTT = Cholesterol Treatment Trialists; Major Vascular Event (MVE) = fatal coronary heart disease, non-fatal MI, any stroke, or coronary revascularization; CVD=cardiovascular disease; HR = hazard ratio; CI = Confidence Interval; Intention to Treat (ITT) – all events in all randomized patients
On Treatment – censoring events occurring >30 days after early study drug discontinuation
Lincoff AM, et al. *J Am Coll Cardiol*. 2024; 84(2):152-162. CTT Collaboration. Lancet 2010:376:1670.

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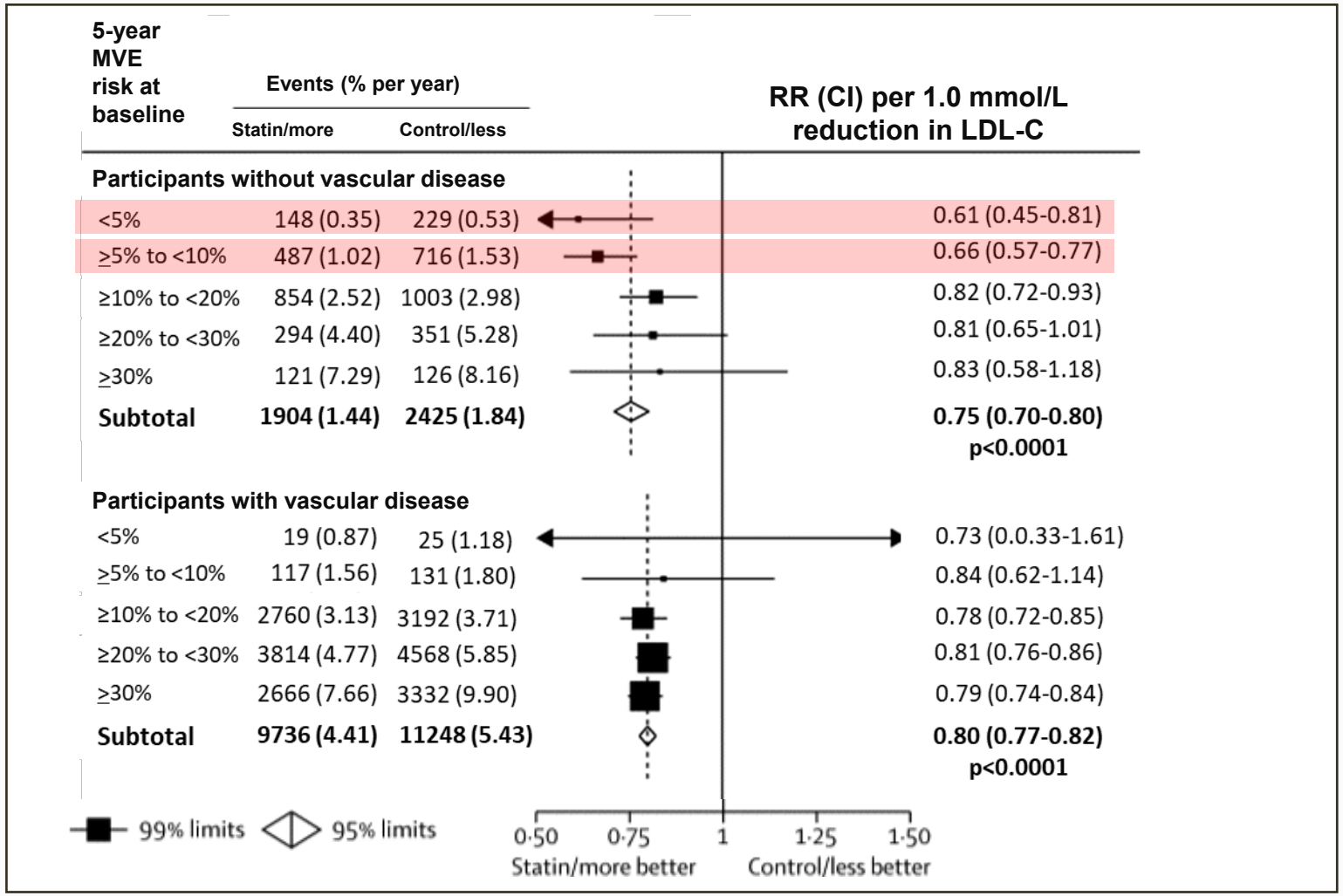
Earlier Investment in LDL-C Reduction Yields Larger CV Risk Reduction



1. Cholesterol Treatment Trialists' (CTT) Collaborators, Mihaylova B et al. Lancet 2012: 380: 581-590

MVE: Major vascular event; RR: Relative Risk; CI: Confidence Interval

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Safety has been demonstrated in almost 10,000 BA treated patients across Phase 3 trials

With exposure up to 6 years, BA was generally well-tolerated with similar safety to placebo in CLEAR Outcomes

	Bempedoic Acid (N=7001)	Placebo (N=6964)
Any Treatment Emergent Adverse Event	86.3%	85.0%
Any Serious Treatment Emergent Adverse Event	25.2%	24.9%
Adverse Event Leading to Discontinuation of Study Drug	10.8%	10.4%
Myalgia	5.6%	6.8%
Discontinuation of Study Drug Due to Myalgia	1.8%	1.9%
Gout	3.2%	2.2%
Discontinuation of Study Drug Due to Gout	0.1%	<0.1%
New Onset Diabetes in Patients Without Diabetes at Baseline	16.1%	17.1%

CI=confidence interval; HR=Hazard Ratio; RRR=Relative Risk Reduction; AE=Adverse Event

Bays HE, et al. JCL 2023. Oct 31:S1933-2874(23)00313-6

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BA Filling the Treatment Gap: The Next Step in CV Risk Reduction

STATINS

- Mostly generic
- First-line, widely used
- Combinable for incremental LDL-lowering
- Tolerability issues[1]
- 25-55% drops in LDL-C

AVAILABLE 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.

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Diving into real-world testimony on clinical experience and place in therapy for NEXLETOL® (bempedoic acid) and NEXLIZET® (bempedoic acid and ezetimibe)

Patrick Moriarty, M.D.
Professor of Medicine at The University of Kansas Medical Center in Kansas City, Kansas and Director of Clinical Pharmacology at the Atherosclerosis & Lipid-Apheresis Center.

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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.
- 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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