ESPERION | REACHING GOALS

Esperion Corporate Presentation

May 2023

Forward-looking Statements & Disclosures

This presentation contains forward-looking statements that are made pursuant to the safe harbor provisions of the federal securities laws, including statements regarding expected operational expenses, expected revenue of our commercial products, future operations, expected milestone payments from partners, commercial products and expected growth, clinical development, expected outcomes of legal proceedings, and other statements containing the words “anticipate,” “believe,” "drive," “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 impact of the ongoing COVID-19 pandemic on our business, revenues, results of operations and financial condition, the net sales, profitability, and growth of Esperion’s commercial products, clinical activities and results, supply chain, commercial development and launch plans, the outcomes of legal proceedings, 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.

Investor Highlights

Attractive cardiovascular portfolio with significant growth opportunity

- The first non-statin LDL-C lowering therapy to demonstrate outcomes benefit in a combination of High-Risk Primary and Secondary Prevention Patients
- Blockbuster potential poised to help patients with established cardiovascular disease or at high risk for cardiovascular disease and not at their LDL-C goal despite being on a statin, or having tried a statin in the past
- Expecting to receive $440 million in potential partner milestones
- Continuing to advance our allosteric platforms for both oral PCSK9 inhibitor and next generation ACLY in prioritized kidney and liver indications; both are in pre-clinical stages

Three Step Plan to Build Shareholder Value

1

Appropriately build awareness of NEXLETOL® and NEXLIZET® and robust CLEAR Outcomes results amongst doctors and patients

2

Pursue label expansions to grow U.S. and international sales and secure receipt of milestone payments from partners

3

Achieve blockbuster status of bempedoic acid franchise and expand our innovative pipeline:

- ACLY
- Oral PCSKi

Esperion Leadership Team

All with strong connections to our purpose

Sheldon Koenig
President & Chief Executive Officer

PORTOLA MERCK SANOFI

Glenn Brame
Chief Technical Operations Officer

zymergen PORTOLA Genentech A Member of the Roche Group

Betty Jean (BJ) Swartz
Chief Strategy Officer

Wyeth PORTOLA Celgene

Ben Halladay, MBA
Chief Financial Officer

NOV bmc Pfizer

Eric Warren, R.Ph.
Chief Commercial Officer

SANOFI MERCK Nabriva THERAPEUTICS

JoAnne Foody, MD, FACC, FAHA
Chief Medical Officer

HARVARD MEDICAL SCHOOL MERCK janssen

Ben Looker, Esq.
General Counsel

TRILLIUM THERAPEUTICS INC. morphosys GOODWIN

Scientific Advisory Board

Renowned scientists to guide pipeline development

Peter Libby, MD, FAHA
Board Co-Chair, Brigham and Women's Hospital

Erin Bohula May, MD DPhil
Brigham and Women's Hospital

David Cohen, MD, PhD
Brigham and Women's Hospital

Marilyn Glassberg, MD
Loyola University of Chicago Stritch School of Medicine

Pradeep Natarajan, MD, MMsC
Massachusetts General Hospital

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Board Co-Chair, Esperion CMO

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University of Washington

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Massachusetts General Hospital

Paul Ridker, MD
Brigham and Women's Hospital

Jeffrey Bender, MD
Yale School of Medicine

Dennis Bruemmer, MD, PhD
Sydell and Arnold Miller Family Heart, Vascular & Thoracic Institute

Gabrielle Fredman, PhD
Albany Medical College

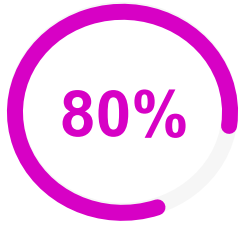
R. Preston Mason, MBA, PhD
Brigham and Women's Hospital

Gerald Shulman, MD, PhD, MACP, MACE, FRCP
Yale

Millions of U.S. Patients in Need

Current therapies are falling short for large patient population

Patients still have trouble reaching their LDL-C goals

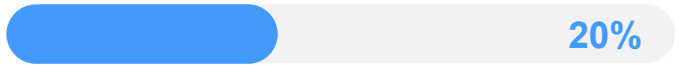


Nearly 80% of very high-risk patients did not meet a guideline-recommended LDL-C goal [1]

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]

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]

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.

Data Drive Meaningful Label Expansion Potential

Driving future commercial growth opportunity

Before

INDICATION:

- 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:

- Cardiovascular morbidity and mortality effect has not been determined

Positive CVOT

After

POTENTIAL LABEL IMPLICATIONS:

- Additional indication: REDUCE THE RISK OF CARDIOVASCULAR EVENTS
- Post CVOT Potential Label Modifications:
  - Removes maximally tolerated statin therapy
  - Expands to primary and secondary prevention

CLEAR Outcomes

H1 2023
Planned sNDA Submission
Planned EMA Submission

H2 2023
Scientific & Medical Meeting Presentations

H1 2024
Potential CV Risk Reduction Label Inclusion - U.S. and Europe

Enhanced Positioning Following CLEAR Outcomes

Substantial Increase in Addressable Patients by Removing Max-Tolerated Statin and ASCVD Limitations

Today

"ADD" NEXLETOL/NEXLIZET to reduce LDL-C

Post CLEAR Outcomes Label Update

NEXLETOL/NEXLIZET is the CLEAR Next Step after statins, as it is the first non-statin LDL-C lowering therapy to demonstrate outcomes benefit in a combination of High-Risk Primary and Secondary Prevention Patients

Commercial Activities To Position NEXLETOL and NEXLIZET as the CLEAR Next-Step after Statins

Completed in Q1 2023

HCP Segmentation and Field Sales Force Sizing

Starting in Q2 2023

Enhanced Digital Outreach Aligned with HCP Segmentation

Wave 1 Sales Force Expansion

Partnership w/Currax to Expand PCP Reach by 72 reps (2x)

Expected to Start in Q3 2023

Prepare CLEAR Launch Campaign and Promotional Messaging

Targeted Consumer Activation

Expected to Start in Q4 2023

Wave 2 Sales Force Expansion

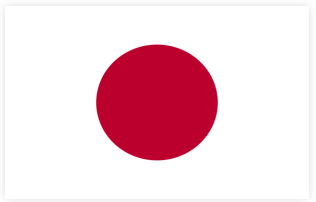
Strong Intellectual Property

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

Medicines Approved in 30+ Countries

Partnered with global cardiovascular leaders; future opportunities remaining

Daiichi Sankyo

Launched in Germany, UK, Austria, Belgium, Switzerland and Spain to date.

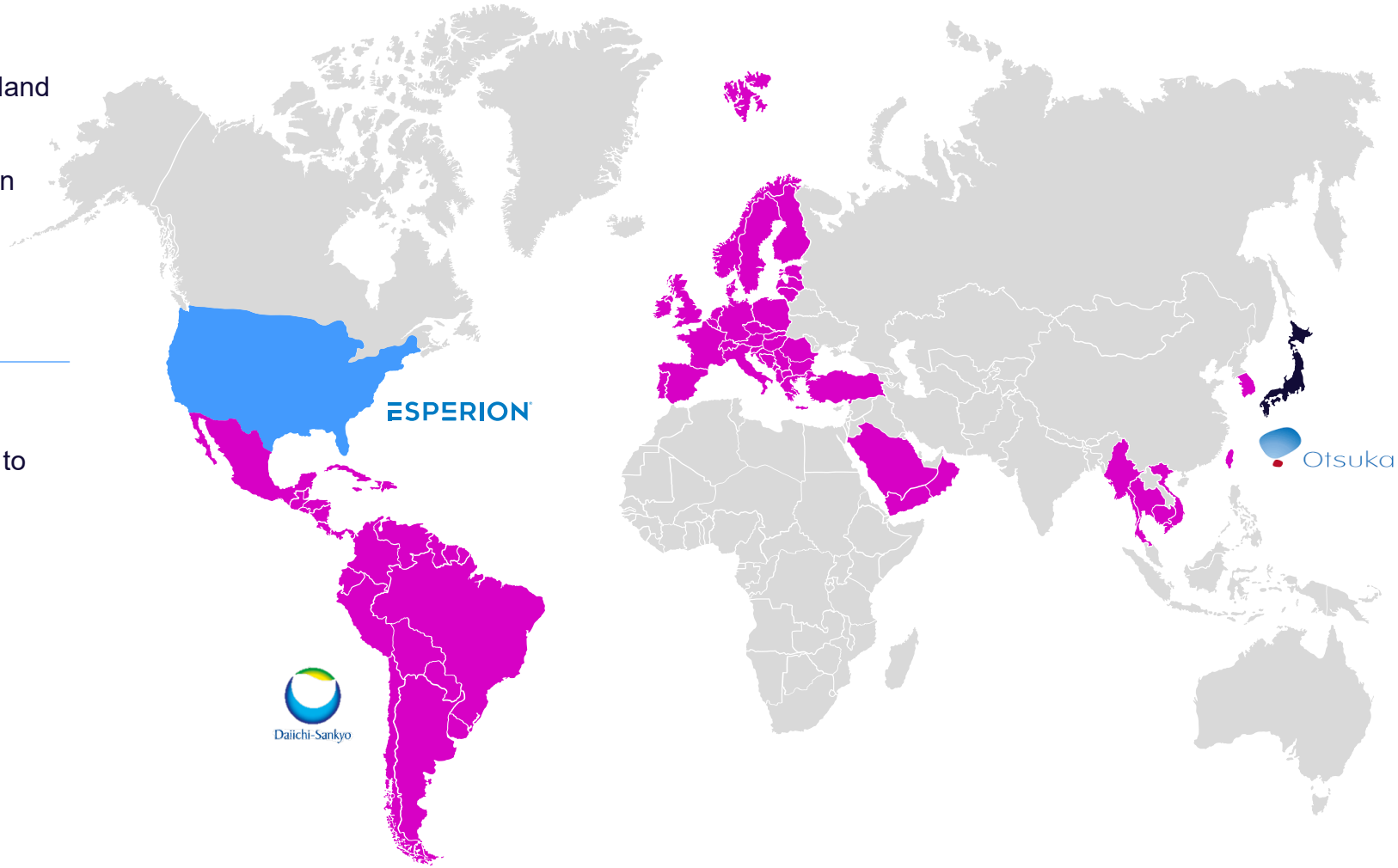
Expanded relationship in 2021 to include ASCA region

Milestones totaling $1.2 billion

Otsuka

Phase II study completed in Japan; plans to advance to Phase III

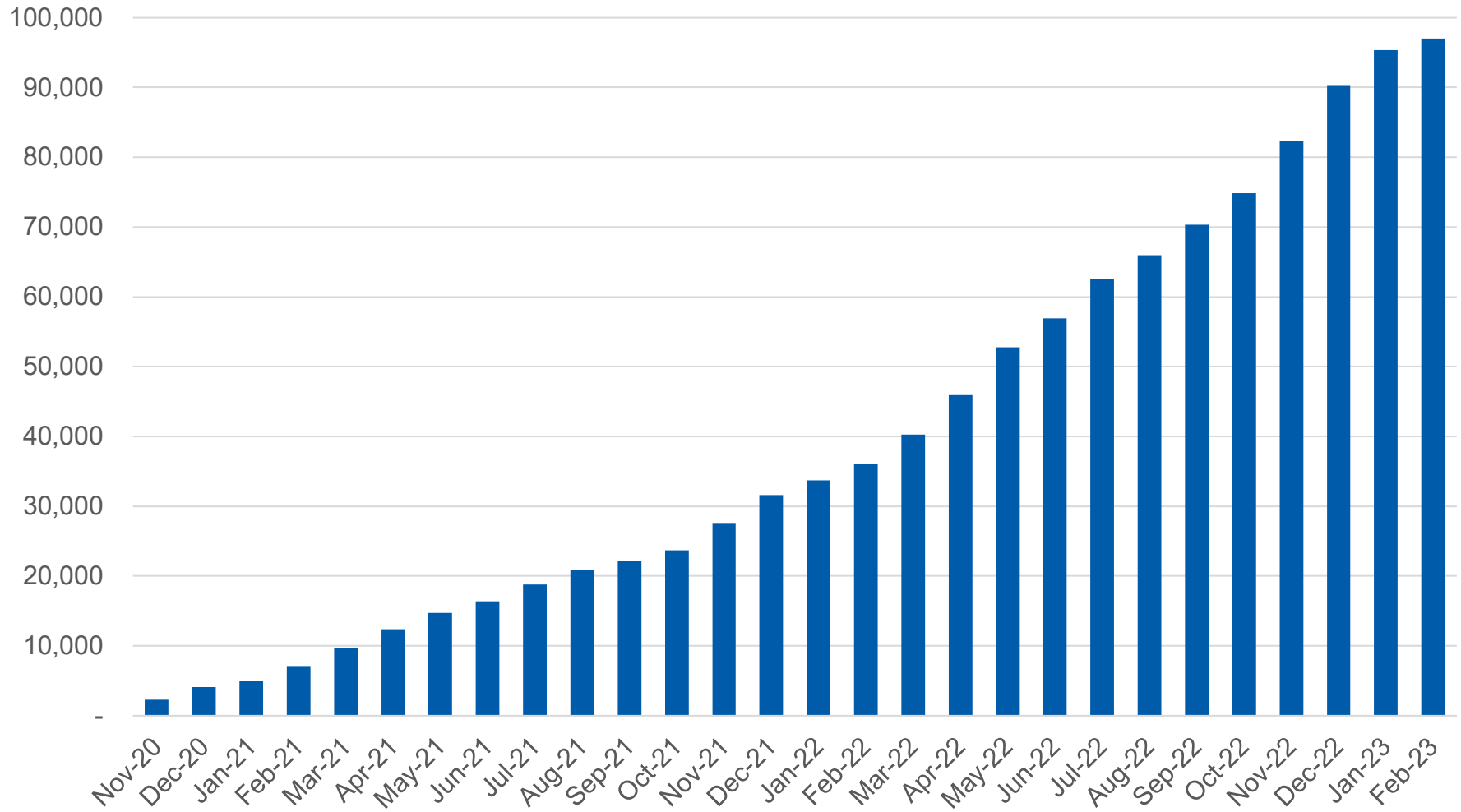
$600 million in milestones and development costs



Territory	
Esperion	Otsuka
Daiichi Sankyo	Un-partnered territory

ASCA = Asia, South & Central America

EU Patients on Nilemdo®/Nustendi®



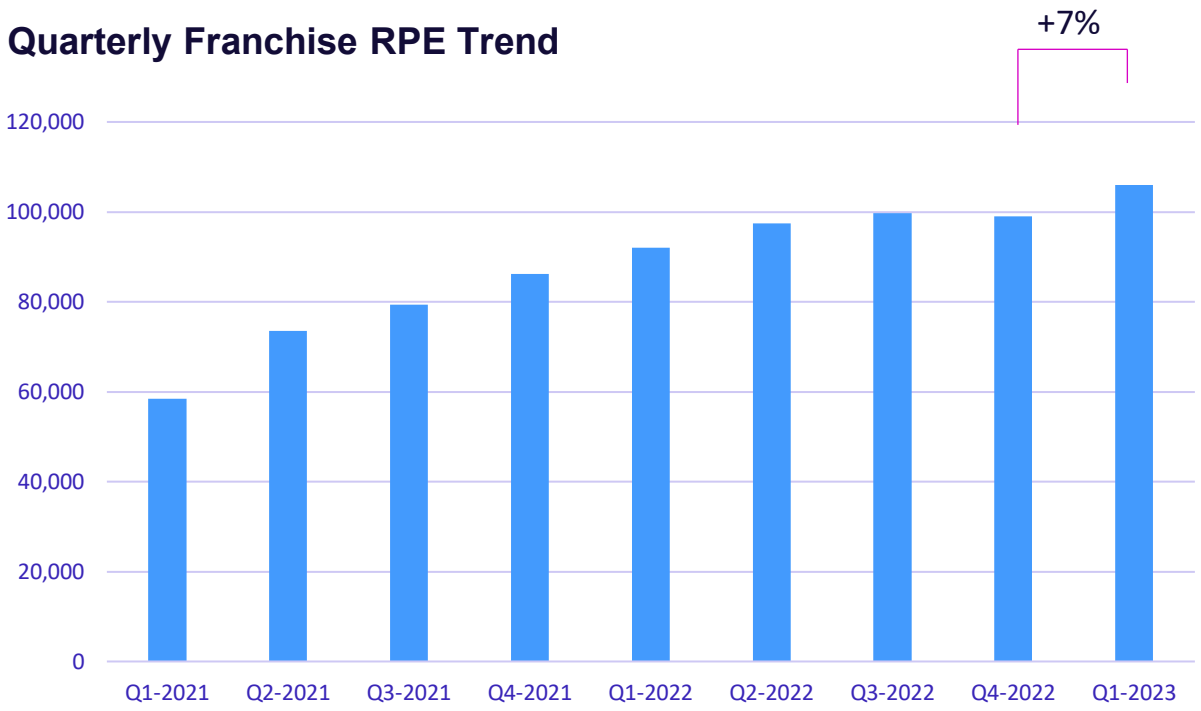
~97,000 pts
through Feb ‘23

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

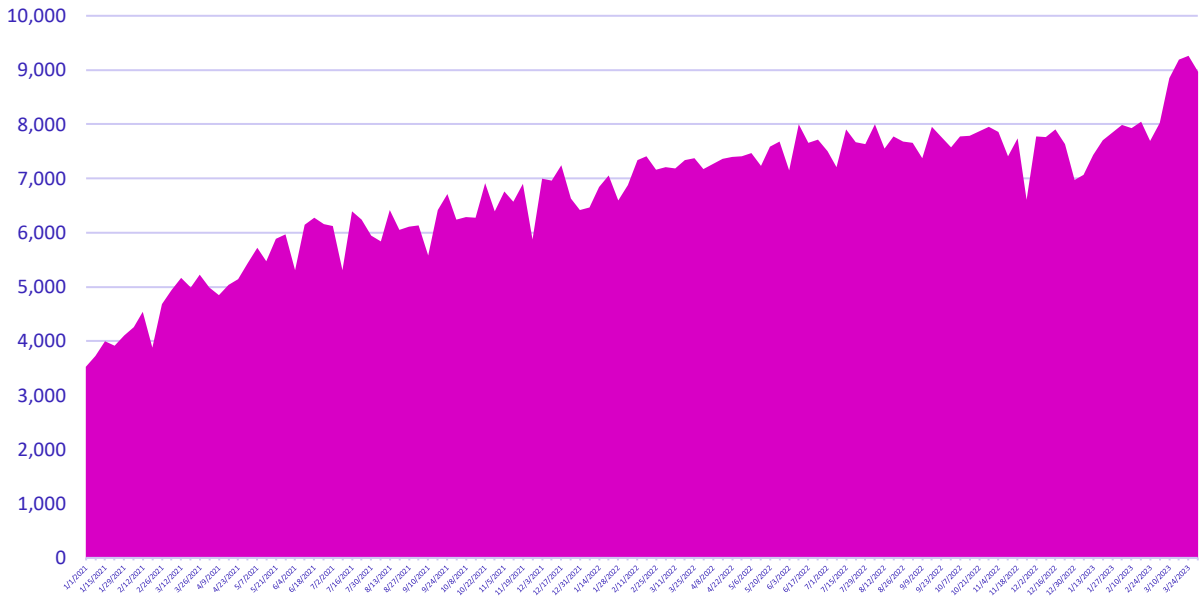
Q1 2023 U.S Net Revenue of $17.0 Million

+27% U.S. net revenue growth Y/Y, with +15% TRPE growth Y/Y

Quarterly Franchise RPE Trend



Weekly Franchise RPE Trend [1]



1. Through March 31, 2023. Weekly trends include 2021, 2022, and 2023.
Based on Symphony Data. RPE = Retail Prescription Equivalent; derived by normalizing the extended Rx units (number of tablets) to determine the 30-day supply equivalent.

Growing our Pipeline Beyond Bempedoic Acid

Oral PCSK9 Inhibitors	Target	Discovery	Proof of Concept	Preclinical
Novel oral small molecule allosteric approach	**Hypercholesterolemia**			

Next-Generation ACL Inhibitor	Target	Discovery	Proof of Concept	Preclinical
Discovery of differentiated and highly potent allosteric ACL inhibitors with potential for broad therapeutic application. Potential optimization for different indications.	**Hyperlipidemia & Cardiometabolic**			
	Liver			
	Kidney			
	Oncology			
	Neurological Disorders			

Strong Capital Position Enables Growth

Recent capital raise plus prudent expense management extends cash runway

$162M Q1 2023 Cash, Cash Equivalents & Investment Securities Available-for-Sale

$300M Milestone for European Label Expansion

$140M Milestone for Japanese Submissions & Regulatory Events

$17M Q1 2023 U.S. Net Product Revenue
+27% Growth Y/Y

Key Financial Data

FY 2023 R&D Guidance	$100 - 110 Million
FY 2023 SG&A Guidance	$125 - 135 Million
FY 2023 Op Ex Guidance[1]	$225 - 245 Million
Q1 2023 Common Shares Outstanding [2]	87.2 Million

1. Includes $25M of non-cash stock-based compensation expense
2. After accounting for 2.0 million treasury shares to be purchased in the $50M prepaid forward transaction as part of the November 2020 convertible debt financing

After a Statin, NEXLETOL and NEXLIZET are Next!

1

Robustness of CLEAR Outcomes data has driven awareness on a global scale of the important CV benefits of NEXLETOL and NEXLIZET, leading to wide acceptance by providers, patients and payers. We anticipate filing shortly for broad CV risk reduction label. Additional important presentations and sub-analyses planned at upcoming congresses and in top tier journals.

2

We anticipate significant increases across key metrics, including: NRPE, TRPE and NBRX post ACC / simultaneous publication of CLEAR Outcomes validate the clinical significance of these data. Label change and full-scale promotion is expected to unlock full, blockbuster potential of NEXLETOL and NEXLIZET.

3

Based on the robustness of the CLEAR Outcomes data, the Company believes it would be entitled to receive milestone payments from collaborative partners upon inclusion of cardiovascular risk reduction data in the US and European labels[1].

1. As previously disclosed, the Company has filed a complaint seeking a judicial declaration that our European commercial partner is contractually required to make a $300 million milestone payment.

THANK YOU

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Important Safety Information

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

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

References

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2. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2019;139:e1082–e1143. DOI: 10.1161/CIR.0000000000000625.

3. Zhang H, Plutzky J, Shubina M, Turchin A. Continued statin prescriptions after adverse reactions and patient outcomes. A cohort study. Ann Intern Med. 2017. [Epub ahead of print]. doi:10.7326/M16-0838

4. Serban M-C, Colantonio LD, Manthripragada AD, et al. Statin Intolerance and Risk of Coronary Heart Events and All-Cause Mortality Following Myocardial Infarction. J Am Coll Cardiol. 2017;69(11):1386-1395.

5. Stroes ES, Thompson PD, Corsini A, et al; European Atherosclerosis Society Consensus Panel. Statin-associated muscle symptoms: impact on statin therapy-European Atherosclerosis Society Consensus Panel Statement on Assessment, Aetiology and Management. Eur Heart J. 2015 May 1;36(17):1012-22. doi: 10.1093/eurheartj/ehv043. Epub 2015 Feb 18. PMID: 25694464; PMCID: PMC4416140.

6. Cheeley MK, Saseen JJ, Agarwala A, et al. NLA scientific statement on statin intolerance: a new definition and key considerations for ASCVD risk reduction in the statin intolerant patient. J Clin Lipidol. 2022;16(4):361-375. doi:10.1016/j.jacl.2022.05.068. Epub 2022 Jun 9.

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8. Ray KK, Bays HE, Catapano AL, et al. CLEAR Harmony Trial. Safety and Efficacy of Bempedoic Acid to Reduce LDL Cholesterol. N Engl J Med. 2019 Mar 14;380(11):1022-1032. doi: 10.1056/NEJMoa1803917. PMID: 30865796.