ESPERION®

VISION 2040

Q4 and Full Year 2025 Earnings Presentation

March 10, 2026

Forward-looking Statements & Disclosures

This investor presentation 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 and business development plans, current and planned operational expenses, expected profitability, future operations, commercial products, clinical development, plans for potential future product candidates, financial condition and outlook, including expected cash runway and profitability, expectations regarding the acquisition of Corstasis Therapeutics, Inc. ("Corstasis") and the prospects associated with Enbumyst, including the potential size of the congestive heart failure ("CHF") market opportunity, plans to submit a supplemental New Drug Application, 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 presentation that are not statements of historical fact may be deemed to be forward-looking statements. Forward-looking statements are not guarantees of future performance and involve numerous evolving risks and uncertainties that Esperion may not be able to accurately predict or assess, and that could cause Esperion's actual results to differ materially from those projected, including, without limitation, the failure to consummate the Corstasis transaction or to achieve anticipated sales of Enbumyst, the potential size of the CHF addressable market, the net sales, profitability, and growth of Esperion's commercial products, including its ability to achieve its Vision 2040 plans, clinical activities and results, supply chain, commercial development and launch plans, business development, 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 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, whether as a result of new information, future events or otherwise, other than to the extent required by law.

CEO Commentary

"2025 was a defining year for Esperion. We delivered strong growth in our U.S. cardiovascular franchise, broadened access and adoption among statin intolerant or statin-resistant patients and strengthened the durability of our business with important intellectual property and market access advances. Importantly, we used this momentum to chart our next chapter with Vision 2040 - a bold plan to build a multiproduct, innovation driven company with continued leadership in cardiometabolic disease and targeted expansion into rare hepatic and renal conditions. Our recently announced agreement to acquire Corstasis Therapeutics represents a compelling and strategically aligned opportunity that accelerates Esperion's momentum and advances our long-term Vision 2040."

Sheldon Koenig

PRESIDENT AND CHIEF EXECUTIVE OFFICER

VISION 2040 in Action: A Transformational Leap Forward

NEXLETOL® (bempedoic acid) 180mg tablets

NEXLIZET® (bempedoic acid/ezetimibe) 180mg/10mg tablets

Enbumyst™ (bumetanide nasal spray) 0.5 mg

- Diversified Product Portfolio
- Reach Sustainable Profitability in 2026
- Durable Cash Flows
- Strong Balance Sheet
- Attractive P&L Profile

Perfectly positioned to aggressively attack two of the largest cardiometabolic markets, allowing us to further our mission of helping millions of patients worldwide

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2025 | A Pivotal Year; the Strongest in Esperion's History

FY 2025 U.S. NET PRODUCT SALES

$159.6M

+38% Y/Y growth

TOTAL REVENUE

$403.1M

RETAIL PRESCRIPTION EQUIVALENTS Y/Y

+34%

YE 2025 CASH & CASH EQUIVALENTS

$167.9M

Q4 2025: Delivering Consistently Strong Execution

Q4 TOTAL REVENUE

$168.4M

+144% Y/Y growth

Q4 U.S. NET PRODUCT SALES

$43.7M

~38% Y/Y growth

Finalized agreements with **five generic manufacturers**

+11.3%

Retail Prescription Equivalents Q/Q

Increased **unique HCPs** prescribing NEXLETOL and NEXLIZET by **24%** in 2025

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Bempedoic Acid: Partner-Led Expansion Outside the U.S.

Multi-Billion $ Global Opportunity Provides Additional Revenue Streams

	Europe, Asia & South America	Japan	Israel	Australia & New Zealand	Canada
Partner	**Daiichi Sankyo Europe / Daiichi Sankyo Co., Ltd.**	**Otsuka Pharmaceutical Co., Ltd.**	**Neopharm Israel**	**CSL Seqirus**	**HLS Therapeutics**
Highlights	• Included in ESC/EAS guidelines as a Class I, Level A recommendation • Introduced oral triple-combination therapy • >600,000 patients treated to date • Regulatory approval and reimbursement for NILEMDO in France	• Launched in December 2025 with favorable pricing • Represents the third largest cardiovascular prevention market globally	• Approval anticipated in the first half of 2026	• Approval anticipated in Q4 2026	• NILEMDO launched in Q1 2026 • Expects approval for NEXLIZET in 2026
Milestones and Royalties	Tiered royalties 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

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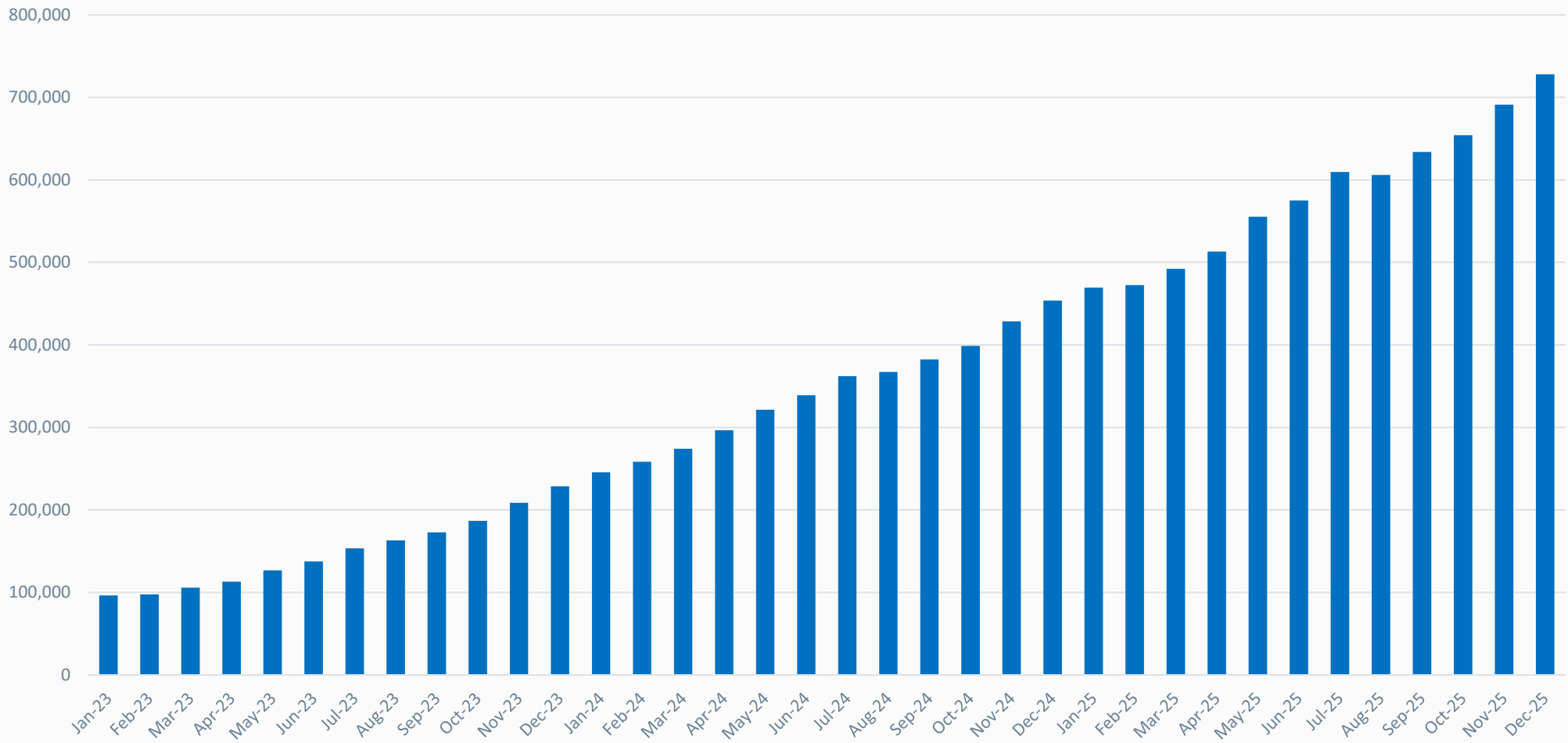
International Growth Continues at Strong Pace



~728,000
patients through December 2025

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

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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							Approved 2020 Expanded label 2024
NEXLIZET® bempedoic acid and ezetimibe							Approved 2020 Expanded label 2024
Triple Combination A bempedoic acid, ezetimibe, and atorvastatin							NDA: 2027
Triple Combination B bempedoic acid, ezetimibe, and rosuvastatin							NDA: 2027
Liver Diseases							
Primary Sclerosing Cholangitis (PSC)							IND: 2026
Renal Diseases							To Be Announced

LDL-C: low-density lipoprotein cholesterol; CV: cardiovascular; NDA: New Drug Application; IND: Investigational New Drug

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Corstasis Therapeutics

Corstasis Therapeutics Acquisition Overview

Company Summary

- Lead asset, **Enbumyst™ (bumetanide nasal spray), FDA-approved in September 2025** for adults with **edema associated with congestive heart failure**, and hepatic and renal disease, including nephrotic syndrome
- Commercially launched product that complements Esperion portfolio
- Additional presentations and pipeline products in development for congestive heart failure, hepatic and renal disease markets

Transaction Summary

- Esperion to own **global** rights to Enbumyst and all pipeline assets
- $75M upfront cash payment, up to $180M in regulatory- and commercial-based milestones, and low-double digit royalties on sales of Enbumyst and follow-on products
- Plans to finance upfront cash payment with a combination of debt and royalty monetization

What Makes Enbumyst Stand Out?

Developed in collaboration with cardiology experts to address unmet need for nasal option in loop-diuretic therapy

Uniqueness

- First and only nasal spray diuretic
- Provides rapid absorption (bypassing GI issues), ease of use for outpatient self-administration
- Similar effect on diuresis, natriuresis, and urinary potassium excretion compared with IV bumetanide
- Improved compliance vs. oral tablets or IV injections

Differentiation

- Cost savings based on differentiated pricing
- Ease of use
- Overcomes variability in absorption of oral diuretics due to gut edema
- May avoid need for IV diuretics in ER, office/infusion centers

Clinical Advantages

- Treats edema in CHF, and hepatic and renal disease
- Dosing may be individualized based on patient response (0.5-2mg)
- Reduces hospitalization risks by enabling at-home recovery
- Favorable safety profile

Market Edge

- Addresses gaps in current standards of care
- Early data shows high patient preference in trials
- Differentiated form factor offers less burdensome administration for patients

Congestive Heart Failure Hospitalizations

1 in 4 patients readmitted within 30 days, driving significant healthcare costs

Greatest Expenditure for CHF Treatment Estimated to be $8-15B Annually with Most Common Cost Due to Need for IV Diuretic Treatment

4 Million Hospital Admissions

CHF drives **millions of hospital admissions each year** – 1M as a primary diagnosis and an additional 3M where CHF is documented as a secondary or tertiary diagnosis

~67% of Admissions are for Diuresis Only

Approximately two-thirds of the 1 million annual U.S. hospitalizations for CHF are primarily for diuresis – many of which may be avoidable

~4-7 Days per Admission

Hospital stays for acute decompensated heart failure (ADHF) are prolonged, averaging 4-7 days per admission in the U.S. and averaging $11,840 for initial hospitalization

Sources: The Efficacy, Safety, And Cost Savings Of High Dose IV Diuretics For Heart Failure Patients In An Outpatient Setting With Limited Hospital Bed Space Due To Covid-19 – PMC, Acute Decompensated Heart Failure Update – PMC, Economic burden of hospitalizations of Medicare beneficiaries with heart failure – PMC, The Cost Burden of Worsening Heart Failure in the Medicare Fee For Service Population: An Actuarial Analysis, CEOR_A_423868 721.731

Multi-Billion Dollar Annual US Market Opportunity

Revolutionizing Outpatient CHF Management

Goal of Therapy | **Reduce Admissions and Readmissions to Improve Outcomes and Lower the Cost of Care**

Sources: Decision Resources Group Report 2023 diagnosed events of Acute HF in the US for 2022 and HF prevalence of 7.2M cases, Virani, et. al. Circulation 2020;:2.374 MHF clinic visits, H-CUP 2017 Inpatient Stays HF principal diagnosis 1M primary HF diagnosis

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Financial Update

Ben Halladay, Chief Financial Officer

FY 2026 Operating Expense Guidance

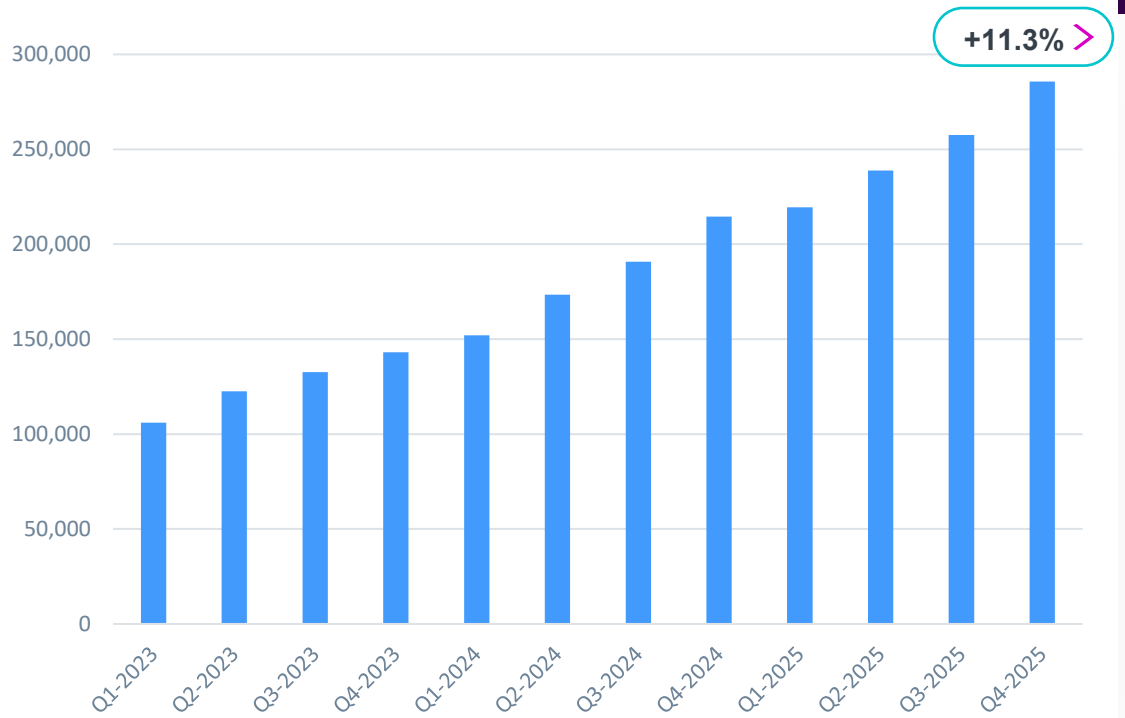
FY 2026 R&D Guidance	$40 – 50 M
FY 2026 SG&A Guidance	$185 – 205 M
FY 2026 OpEx Guidance[1]	$225 – 255 M

- Reflects continued investment in U.S. commercial execution
- Strong synergies between our product lines allows launch of Enbumyst with modest increases
- Supports advancement of pipeline programs, including ESP-2001 and triple combination program
- Maintains focus on disciplined spend and return on investment

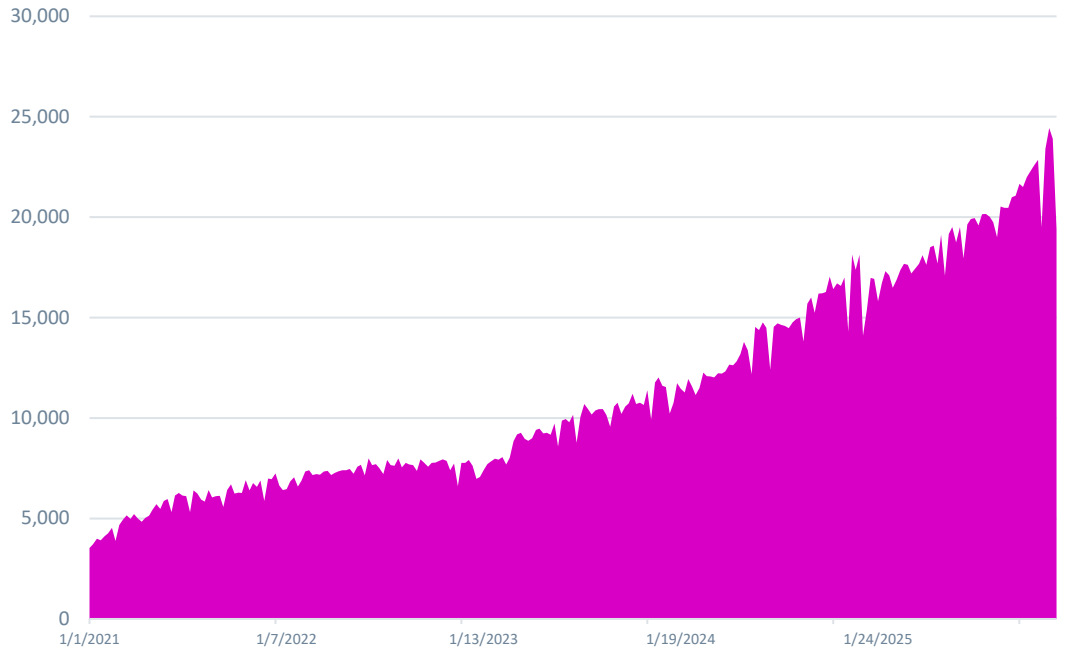
1. Includes ~$15 million of non-cash stock-based compensation expense

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

Quarterly Franchise Retail Prescription Equivalents (RPE) Trend



Weekly Franchise RPE Trend[1]



1. Through December 31, 2025.

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Important Safety Information

Enbumyst Safety Information

ENBUMYST is contraindicated in patients with anuria, who are in hepatic coma and have a history of hypersensitivity to bumetanide.

ENBUMYST is a diuretic that may cause fluid, electrolyte, and metabolic abnormalities. Excessive fluid loss can lead to dehydration, decreased blood volume, and increased risk of blood clots. Abnormalities may include changes in blood electrolytes, nitrogen, glucose, and uric acid. The chance of getting these abnormalities is higher in people who are elderly, use higher doses or who do not get enough electrolytes by mouth.

If increasing azotemia and oliguria occur during treatment of severe progressive renal disease, discontinue bumetanide.

Although unlikely at the recommended doses, the potential for ototoxicity must be considered a risk of intravenous therapy, at high doses, repeated frequently in the face of renal excretory function impairment.

Avoid use in patients with significant nasal mucosal or structural abnormalities, such as acute episodes of rhinitis or congestion due to any cause.

Advise lactating women treated with ENBUMYST to monitor their infants for excessive urine output, dehydration, and lethargy.

Most common adverse reactions are hypovolemia, headache, muscle cramps, dizziness, hypotension, nausea and encephalopathy (in patients with pre-existing liver disease).

These are not all of the possible side effects of ENBUMYST. To report suspected adverse reactions, contact Corstasis Therapeutics at 1-877-300-5339 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see the full Prescribing Information for ENBUMYST.

NEXLETOL® (bempedoic acid) Important Safety Information

NEXLETOL is indicated:

- to reduce the risk of major adverse cardiovascular events (cardiovascular death, myocardial infarction, stroke, or coronary revascularization) in adults at increased risk for these events who are unable to take recommended statin therapy (including those not taking a statin).
- as an adjunct to diet and exercise, in combination with other LDL-C lowering therapies or alone when concomitant LDL-C lowering therapy is not possible, to reduce LDL-C in adults with hypercholesterolemia, including HeFH.

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. Monitor as clinically indicated 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 occurred in 0.5% of patients treated with NEXLETOL in primary hypercholesterolemia trials, versus 0% on placebo. In the cardiovascular outcomes trial, the rates were 1.2% for NEXLETOL and 0.9% for placebo. 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 hypercholesterolemia 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.
- Concomitant use of NEXLETOL with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided due to the potential for increased risk of simvastatin- or pravastatin-related myopathy. Concomitant use with fibrates may increase triglycerides and decrease high-density lipoprotein cholesterol. Monitor and adjust therapies as recommended.
- Discontinue NEXLETOL when pregnancy is recognized unless the benefits of therapy outweigh the potential risks to the fetus. The benefits of breastfeeding should be considered along with the mother's clinical need for NEXLETOL and any potential adverse effects on the breastfed infant from NEXLETOL or from the underlying maternal condition.
- 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 indicated:

- as an adjunct to diet and exercise to reduce LDL-C in adults with hypercholesterolemia, including HeFH.
- bempedoic acid, a component of NEXLIZET, is indicated to reduce the risk of major adverse cardiovascular events (cardiovascular death, myocardial infarction, stroke, or coronary revascularization) in adults at increased risk for these events who are unable to take recommended statin therapy (including those not taking a statin).

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. Monitor as clinically indicated and initiate treatment with urate-lowering drugs as appropriate.
- Tendon Rupture: Bempedoic acid is associated with an increased risk of tendon rupture or injury. Tendon rupture occurred in 0.5% of patients treated with bempedoic acid in primary hypercholesterolemia trials, versus 0% on placebo. In the cardiovascular outcomes trial, the rates were 1.2% for bempedoic acid and 0.9% for placebo. 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 hypercholesterolemia trials of bempedoic acid 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.
- The most common 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, at an incidence of ≥2% and 0.5% greater than placebo, were hyperuricemia, renal impairment, anemia, elevated liver enzymes, muscle spasms, gout, and cholelithiasis.
- Concomitant use of NEXLIZET with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided due to the potential for increased risk of simvastatin- or pravastatin-related myopathy. Concomitant use with fibrates may increase triglycerides and decrease high-density lipoprotein cholesterol. Monitor and adjust therapies as recommended.
- Discontinue NEXLIZET when pregnancy is recognized unless the benefits of therapy outweigh the potential risks to the fetus. The benefits of breastfeeding should be considered along with the mother's clinical need for NEXLIZET and any potential adverse effects on the breastfed infant from NEXLIZET or from the underlying maternal condition.
- Report pregnancies to Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.

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