ESPERION | REACHING GOALS

Esperion Corporate Presentation

November 2022

Forward-looking Statements & Disclosures

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Evolving into a Unique Global Cardiometabolic Biotech

2008

Established by Lipitor founder Dr. Roger Newton to develop cholesterol lowering medicines

2020

First products approved and generating revenue. Strong execution to become a fully integrated company with both R&D and commercial capabilities

TODAY

Evolving into a global cardiometabolic biotech.
Advancing CLEAR Outcomes and pre-clinical pipeline assets to reach broad opportunities worldwide

Esperion Leadership Team

All with strong connections to our purpose

Sheldon Koenig
President & Chief Executive Officer

Ken Fiorelli
Chief Technical Operations Officer

Betty Jean (BJ) Swartz
Chief Strategy Officer

Eric Warren, R.Ph.
Chief Commercial Officer

JoAnne Foody, MD, FACC, FAHA
Chief Medical Officer

Ben Looker, Esq.
General Counsel

Scientific Advisory Board Appointed

Renowned scientists to guide pipeline development

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

JoAnne Foody, MD, FACC, FAHA
Board Co-Chair, Esperion CMO

Jeffrey Bender, MD
Yale School of Medicine

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

Karin Bornfeldt, PhD, FAHA
University of Washington

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

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

Gabrielle Fredman, PhD
Albany Medical College

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

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

Pradeep Natarajan, MD, MMsC
Massachusetts General Hospital

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

Elevated Bad Cholesterol

An established risk factor for cardiovascular disease

Causes more annual deaths than all forms of cancers combined[1]

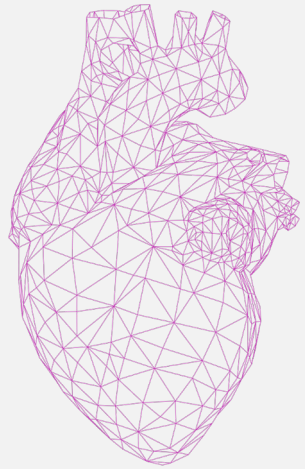
Accounts for ~1 in 3 deaths in the U.S. and Europe[1]

CDC estimates heart disease deaths will increase 25% by 2030[2]

Studies show reducing LDL-C levels with lipid-lowering agents lowers incidence of ASCVD events[3]

Significantly less innovation versus other therapy areas[4]

#1 Cause Of Death Worldwide



1. World Health Organization
2. CDC 2017-2030
3. Ference BA, Ginsberg HN, Graham I, et al. Low-density lipoproteins cause atherosclerotic cardiovascular disease. 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
4. Mckinsey & Co.

18.3 Million U.S. Patients in Need

Current therapies are falling short for large patient population

Patients still have trouble reaching their LDL-C goals

80%

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

20%

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.

Introduced First Oral Non-statin LDL-C Lowering Therapy in 20 Years

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

NEXLIZET®
(bempedoic acid and ezetimibe) Tablet is the first and only 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 22 & 23. Full prescribing information can be found at: 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.

Addressing a Gap in Existing Therapy

Providing patients additional options in the statin adjunct market

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

Statins

Mostly generic

First-line, widely used

Combinable for incremental LDL-lowering

Tolerability issues [2]

25-55% drops in LDL-C

18.3 million patients
need additional LDL-C lowering [3]

Adjunct Therapies

NEXLETOL™ (bempedoic acid) tablets	Broadly combinable Potential first-line for statin intolerance 18-25% drops in LDL-C
Ezetimibe	Mostly generic Widely used Combinable for incremental LDL-C lowering 15-18% drops in LDL-C
NEXLIZET™ (bempedoic acid and ezetimibe) tablets	Broadly combinable Potential first-line for statin intolerance 38% drop in LDL-C

Oral non-statin gap

Injectable Medication

PCSK9i: Adjunct Therapy

Higher cost

Recurring shots

45-64% drops in LDL-C

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3003606/
2. . 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.
3. ZS Associates primary and secondary research, Sep-Oct 2018. Primary research N = 350 healthcare practitioners

Current LDL-C Lowering Therapies[1,2]

NEXLETOL® & NEXLIZET® are safe & well-tolerated oral options

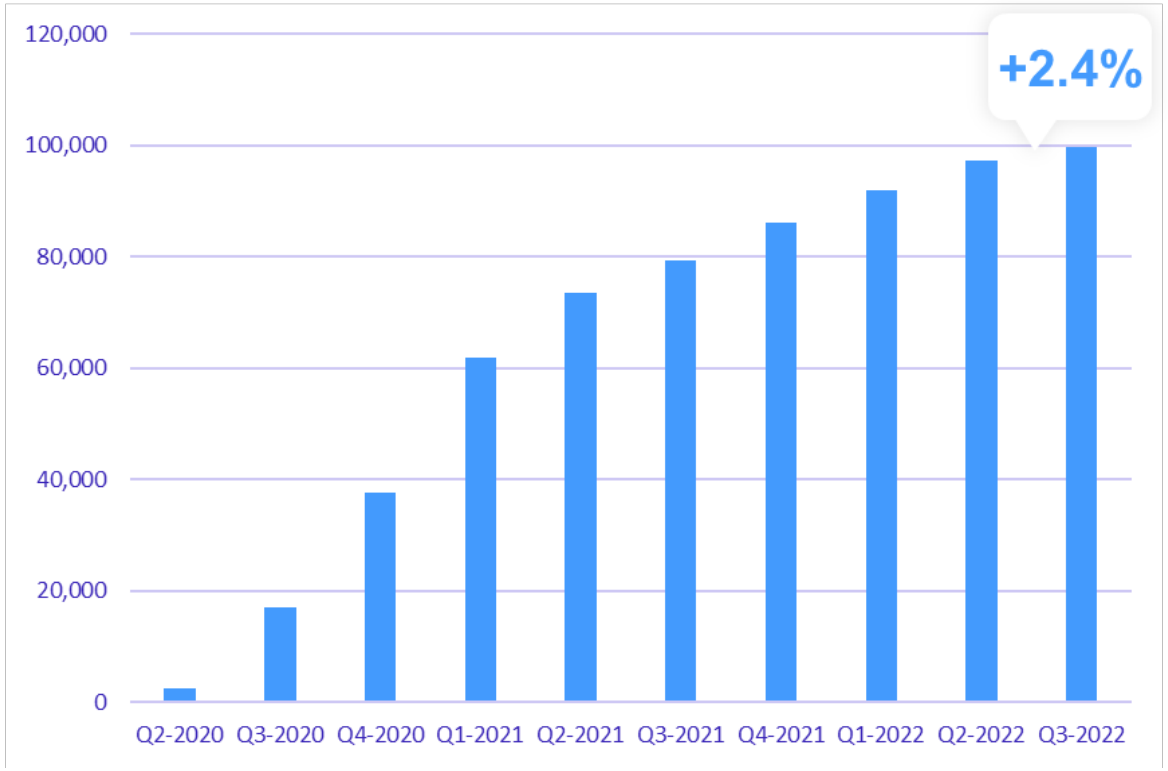
	Statin	Ezetimibe	NEXLIZET®	NEXLETOL®	PRALUENT® & REPATHA®	LEQVIO®
Dosing	Oral	Oral	**Oral**	**Oral**	Injectable mAb	Injectable siRNA
LDL-C Lowering	25-60% [h,i]	13-20% [b]	**38% [f]**	**18% - 25% [a]**	50% – 60% [c]	52% [l]
MOA	Inhibits HMG-CoA reductase	Inhibits NPC1L1	**Inhibits ACL and NPC1L1**	**Inhibits ACL**	Inhibits PCSK9	siRNA directed to PCSK9 mRNA
hsCRP Effect	Up to -40% [j, k]	No meaningful change	**-35% [f]**	**-20-30% [a]**	No meaningful change	Est. +1-4% [m]
CV Outcomes	~20-30%RRR [g]	6% RRR [e]	-	**2H'22 [3]**	15% RRR [d]	2H'26 [4]

1. Please see slides 25 & 26 for Important Safety Information on Nexletol and Nexlizet
2. Data in chart is not based on head-to-head comparable data but on FDA approved labeling; refer to slide 27 for references a-m
3. Full MACE-4 (major adverse cardiac event) accumulation achieved in 2H 2022
4. Inclisiran cardiovascular outcomes results still exploratory

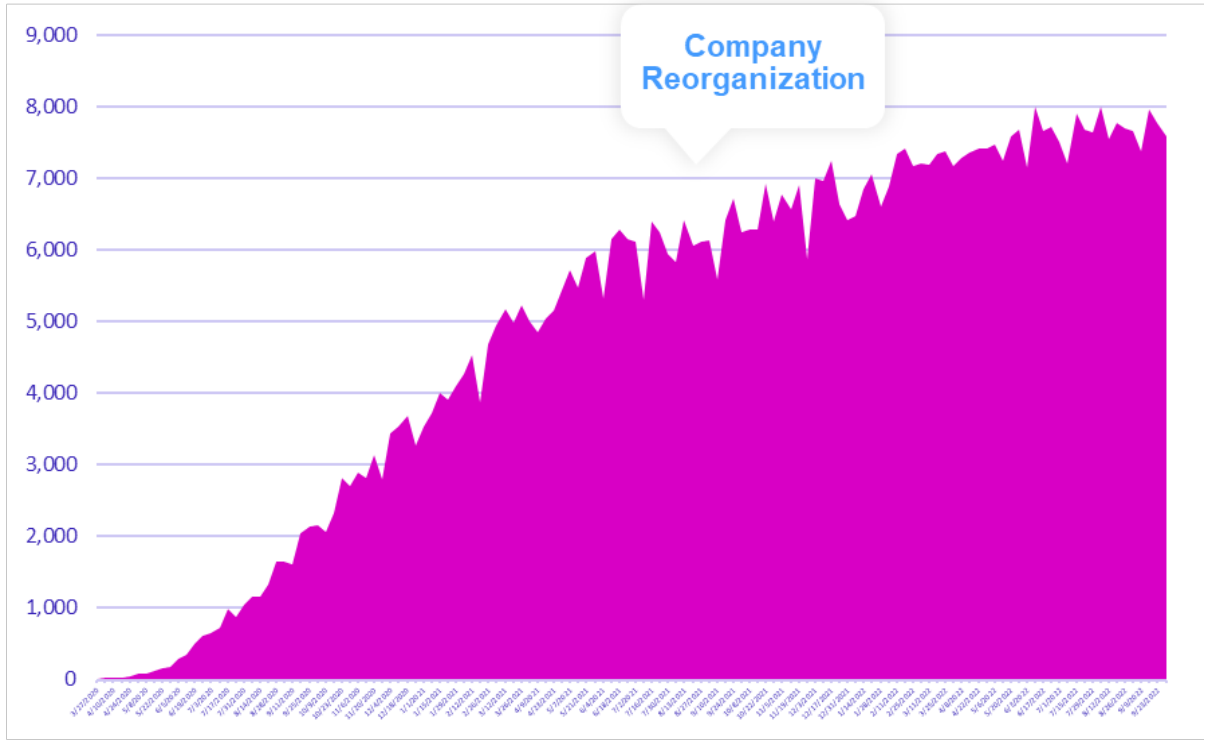
U.S Revenue of $14.0 Million

Focused on driving consistent growth as we approach CVOT results

Quarterly Franchise RPE Trend



Weekly Franchise RPE Trend Since Launch [1]



1. Through September 30, 2022

*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

Unprecedented CLEAR Outcomes Study

Assessing cardiovascular risk reduction of bempedoic acid

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

- New class of medicine, ATP citrate lyase inhibitor, with potential clinically relevant cardiometabolic effects [n]
- Over 14,000 patients in 32 countries fully enrolled
- Focused on significant, underserved population, including ~50% women

Reasons to believe in CLEAR Outcomes

- Highest baseline LDL-C of any recent non-statin CVOT (139mg/dl vs. <100mg/dl)
  - CV risk reduction based on absolute LDL-C reduction
- Longer duration of study allows fuller assessment of LDL-C lowering impact on CV risk reduction
- Anti-inflammatory and glucose-lowering effects could provide potentially greater risk reduction [o-u]

» Achieved 100% MACE-4 accumulation; Anticipate top-line press release in January 2023; full data presentation at ACC in March 2023

1. Refer to slide 25 for references n-u

Highly Differentiated Compared to Historical Outcomes Trials

CLEAR Outcomes

	IMPROVE-IT [2]	FOURIER [2]	ODYSSEY [2]	CLEAR OUTCOMES [1]
Drug/Biologic	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
Hazard Ratio of primary endpoint	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 (A1c) in T2DM	No effect	No effect	No effect	0.2-0.3% reduction in all T2D patients in Phase 3 studies
Effect on new onset T2DM	No effect	No effect	No effect	20% reduction observed in 52-week Ph 3 studies

Not based on head-to-head data but refers to FDA review documents

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

Meaningful U.S. Label Expansion Potential

Driving future commercial growth opportunity

CLEAR Outcomes

Before

PATIENT POPULATION SIZE:

8 Million

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

PATIENT POPULATION SIZE:

19 Million

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

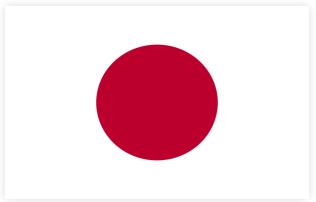
Strong Intellectual Property

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.

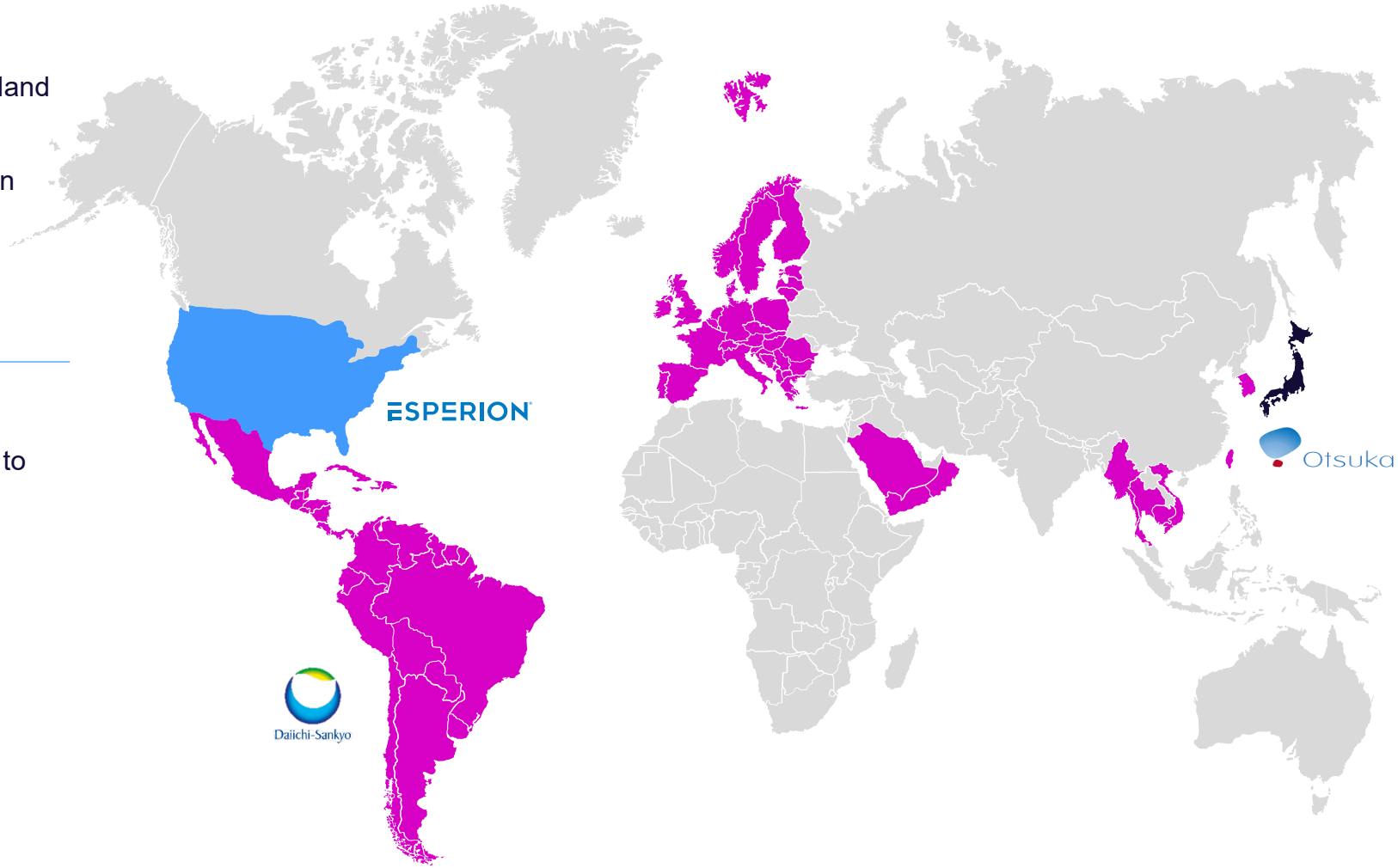
Expanded relationship in 2021 to include ASCA region

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

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			

Financial Strength to Deliver Growth

Cash runway sufficient beyond CLEAR Outcomes read-out

$14.0M Q3 2022 U.S. Product Revenue

$239M Q3 2022 Cash, Cash Equivalents, Restricted Cash & Investment Securities Available-for-Sale [1]

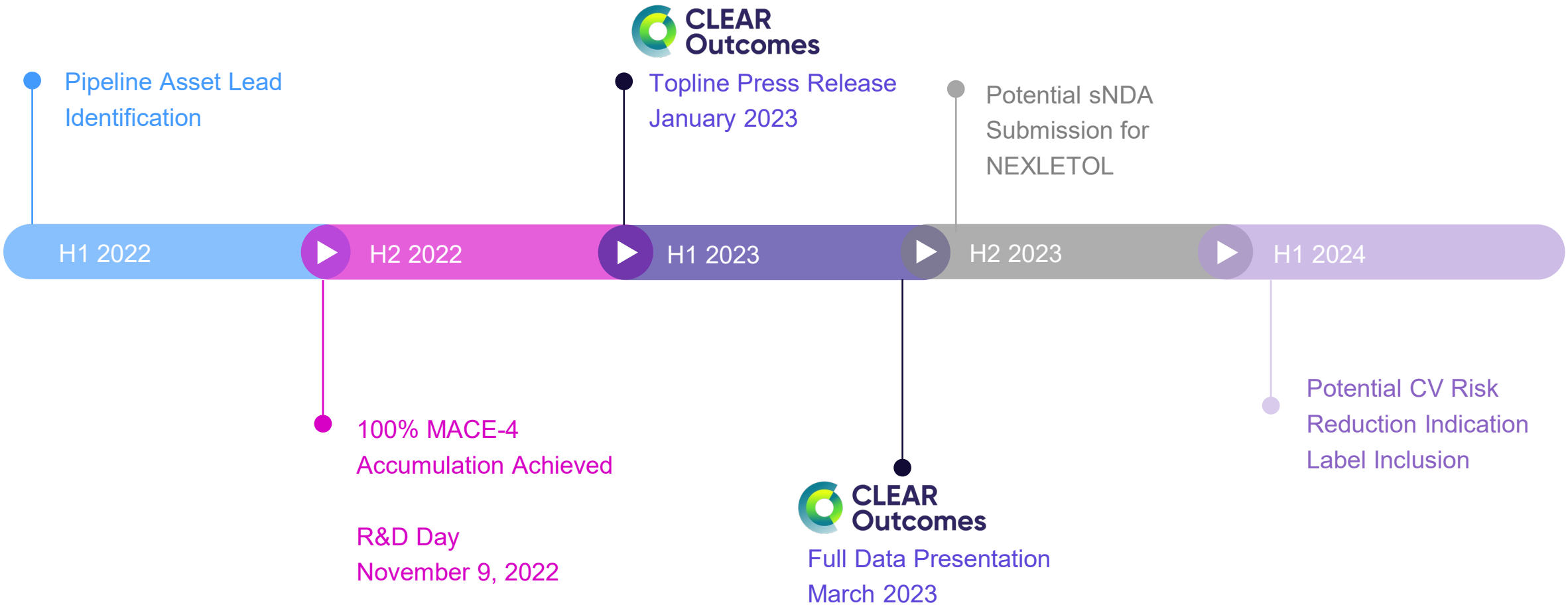
>$1.2B Potential Future Ex-U.S. Collaboration Milestones from Daiichi Sankyo & Otsuka

Key Financial Data

FY 2022 R&D Guidance	$100 - $110 Million
FY 2022 SG&A Guidance	$120 - $130 Million
FY 2022 Op Ex Guidance [2]	$220 - $240 Million
Q3 2022 Common Shares Outstanding [3]	71.7 Million

1. Includes $50M of restricted cash
2. Includes $25M of anticipated non-cash stock-based compensation expense
3. 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

Upcoming Events



THANK YOU

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

a) Banach, M., Bays, H., Catapano, A., Duell, P., Goldberg, A., Gotto, A., Leiter, L., Ray, K., Bloedon, L. A., Ye, Z., & Mancini, G. (2020). Association of Bempedoic Acid Administration With Atherogenic Lipid Levels in Phase 3 Randomized Clinical Trials of Patients With Hypercholesterolemia. Circulation, 142(Suppl_3). https://doi.org/10.1161/circ.142.suppl_3.14248

b) Correction to: 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. (2019). Circulation, 139(25). https://doi.org/10.1161/cir.0000000000000698

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d) Odyssey outcomes. American College of Cardiology. (n.d.). Retrieved January 7, 2022, from https://www.acc.org/latest-in-cardiology/articles/2018/07/05/13/22/odyssey-outcomes

e) P. Cannon, C. (2015). Ezetimibe plus a statin after acute coronary syndromes. New England Journal of Medicine, 373(15), 1473–1477. https://doi.org/10.1056/nejmc1509363

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j) Plenge, J. K., Well, K. M., Grunwald, G., Forster, J., Poirier, P., & Eckel, R. H. (2002). Simvastatin lowers C-reactive protein by 14 days: An effect independent of that on LDL cholesterol. Journal of the American College of Cardiology, 39, 222. https://doi.org/10.1016/s0735-1097(02)80986-x

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m) Table 2. Percentage Change in PCSK9 Levels and Lipid Parameters at Day 510 (Observed, ITT Population) Efficacy and Safety in Patients with Heterozygous Familial Hypercholesterolemia (Phase III Clinical Study ORION-9).pdf

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Thank You