ESPERION | REACHING GOALS

Q1 2024 Earnings Presentation

May 7, 2024

Forward-looking Statements & Disclosures

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.

Business Update

Sheldon Koenig, President and CEO

Solid Q1 2024 Results

Disciplined execution of strategic plan resulted in strong start to 2024 ahead of new labels

	Total Revenue	US Product Sales, Net	Retail Prescription Equivalents Y/Y
Q1	**$138M** +467% Y/Y	**$25M** +46% Y/Y	**+43%**

Q1 and Recent Highlights

- **Retail prescription equivalents** grew **43% Y/Y** and **6% Q/Q**
- **FDA approval** of broad **new label expansions** for NEXLETOL® and NEXLIZET®, increasing potential addressable population to more than **70 million patients** in the U.S.
    - Expands to **primary prevention** and **removes statin use** qualifier
- **Received positive CHMP opinion** with EC determination on track and still anticipated in **Q2 2024**
- Continued dissemination of **CLEAR Outcomes** analyses, demonstrating bempedoic acid's efficacy in **diverse populations**
- Initiated **tech transfer** with DSE for EU tablet manufacturing and supply; on track for **completion by H2 2025**
- Confirmed **utilization management criteria updates** by two major payers, representing **40 million lives**
- Launched **Lipid Lurker consumer campaign** and promotional materials, trained and **certified sales reps on new labels**

New Labels for NEXLETOL and NEXLIZET Exceed Expectations

Key takeaway: significant win for millions of patients and providers alike

Only LDL-C lowering non-statin to be indicated for primary prevention

Adds **cardiovascular risk** reduction indication

Expands to **Primary Prevention**

Removes **statin use** qualifier from indication

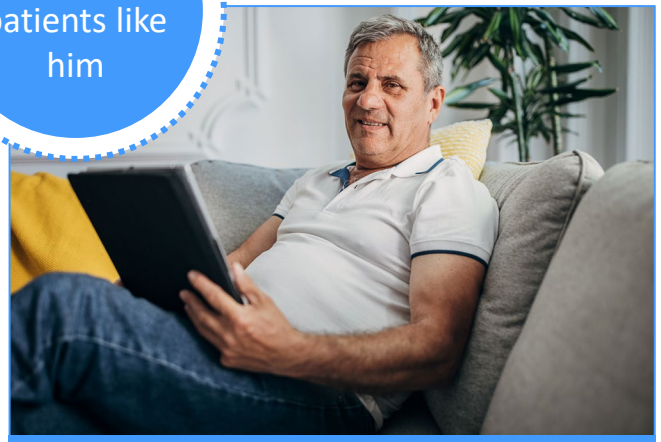
Positions NEXLETOL and NEXLIZET as the non-statin of *first choice* in cardiovascular risk reduction and LDL-C lowering treatment paradigms

New Labels Enable Treatment of Wide Range of Patients

Nearly 70 million U.S. patients can now benefit from NEXLETOL and NEXLIZET

10M patients like him

Nick

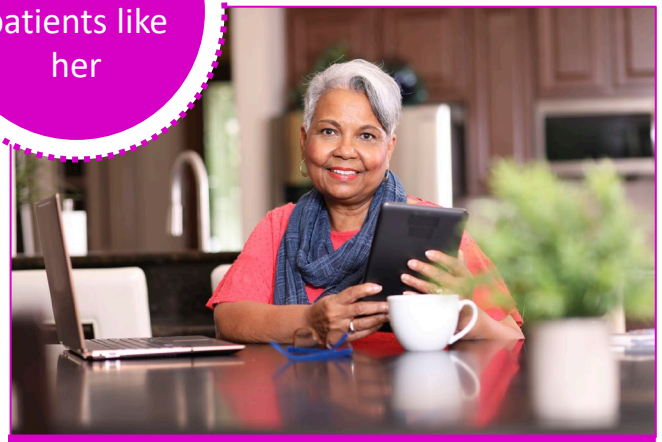


Under-Treated Secondary Prevention

- Diagnosed CVD
- On high intensity statin
- Needs *more* LDL-C lowering

20M patients like her

Nora



Under-Treated Primary Prevention

- No CVD, with diabetes
- On low dose statin
- Needs *more* LDL-C lowering

40M patients like her

Naomi

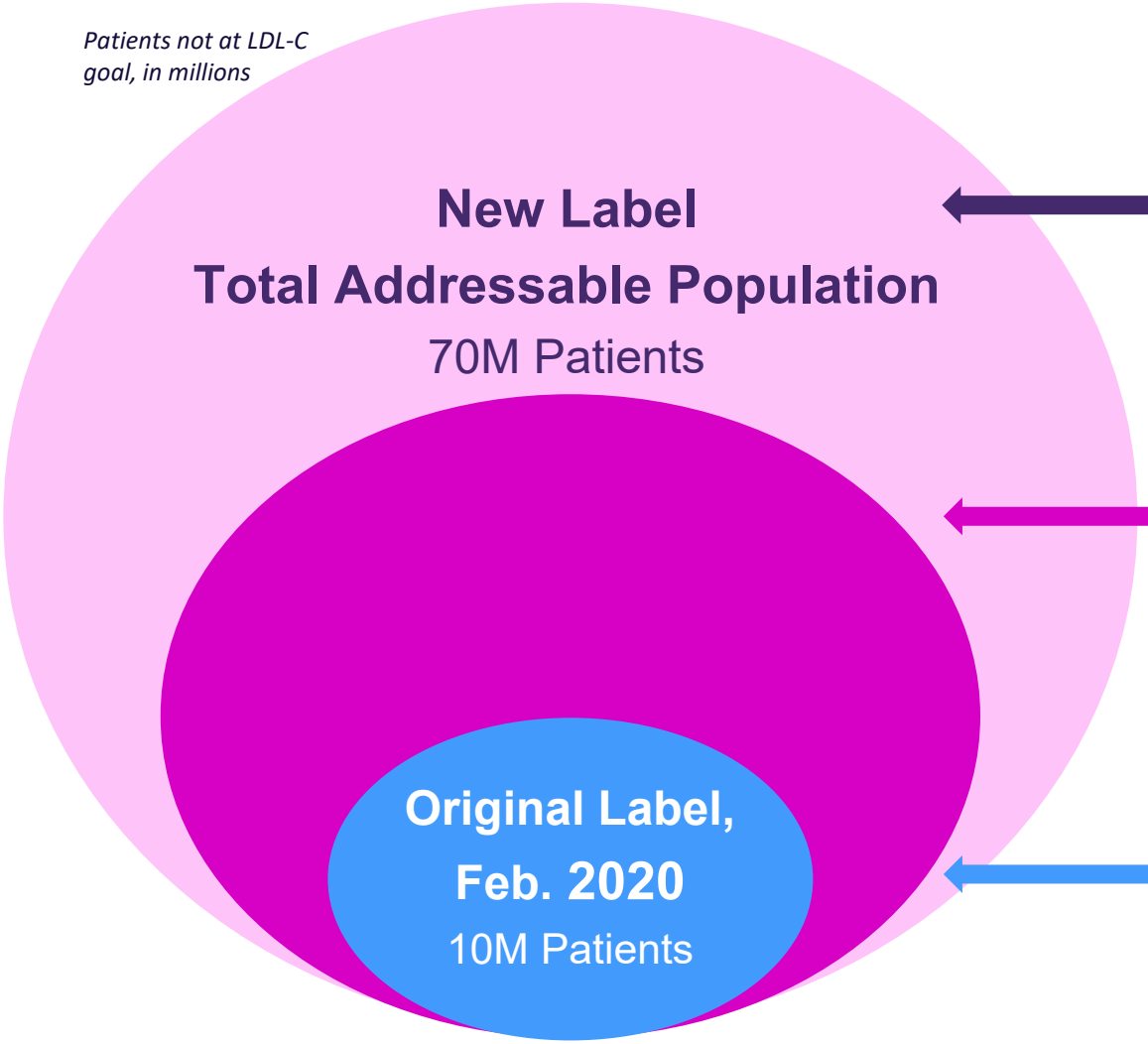
Untreated Primary Prevention

- No CVD
- Unwilling to take statin therapy
- Needs LDL-C lowering

Don't currently have other non-statin LDL-C lowering options with CV outcomes

New Labels Dramatically Increase Addressable Market

Patients not at LDL-C goal, in millions



+40M Untreated High-Risk Primary Prevention & ASCVD Patients

Primary prevention and not on a statin[1,2,5,6]

+ 20M Under-Treated High-Risk Primary Prevention & ASCVD Patients

15M high-risk primary prevention on a statin[2,3,4]
5M high-risk primary prevention and ASCVD, statin intolerant[5]

10M Under-Treated ASCVD Patients[1]

Secondary prevention population *and* on a maximally tolerated statin, not at LDL-C goal

Approved New Label

- *To reduce the risk of cardiovascular events*
- *Primary and secondary prevention*
- *With or without statin therapy*
- *Primary hyperlipidemia*

Original Label

- *HeFH or ASCVD*
- *On max tolerated statin*
- *Not at LDL-C goal*

1. Allen JM, et al. Circulation. 2019;140:A12904. 2. Shen M, Nargesi AA, et al. J Am Heart Assoc. 2022;11:e026075. 3. Yang Y, et al. Circulation. 2021;144:A10434. 4. Wong ND, et al. J Clin Lipidology. 2016;10:1109-1118. 5. Bytyci I, et al. Eur Heart J. 2022;00:1-16. 6. Total U.S. Resident Population by Age, Sex, and Series: April 1, 2020 [table]; US Census Bureau: 2020.

FDA Approved New NEXLETOL and NEXLIZET Labels

FDA approved indications of existing LDL-C lowering therapies

Indication	NEXLETOL	NEXLIZET	Zetia*	Repatha*	Praluent*	Leqvio*
CV Risk Reduction #						
Primary Prevention	☑	☑	☒	☒	☒	☒
Secondary Prevention	☑	☑	☒	☑	☑	☒
LDL-C Lowering #						
Primary Hyperlipidemia	☑	☑	☑	☑	☑	☑
Use Without a Statin	☑	☑	☑	☑	☑	☒

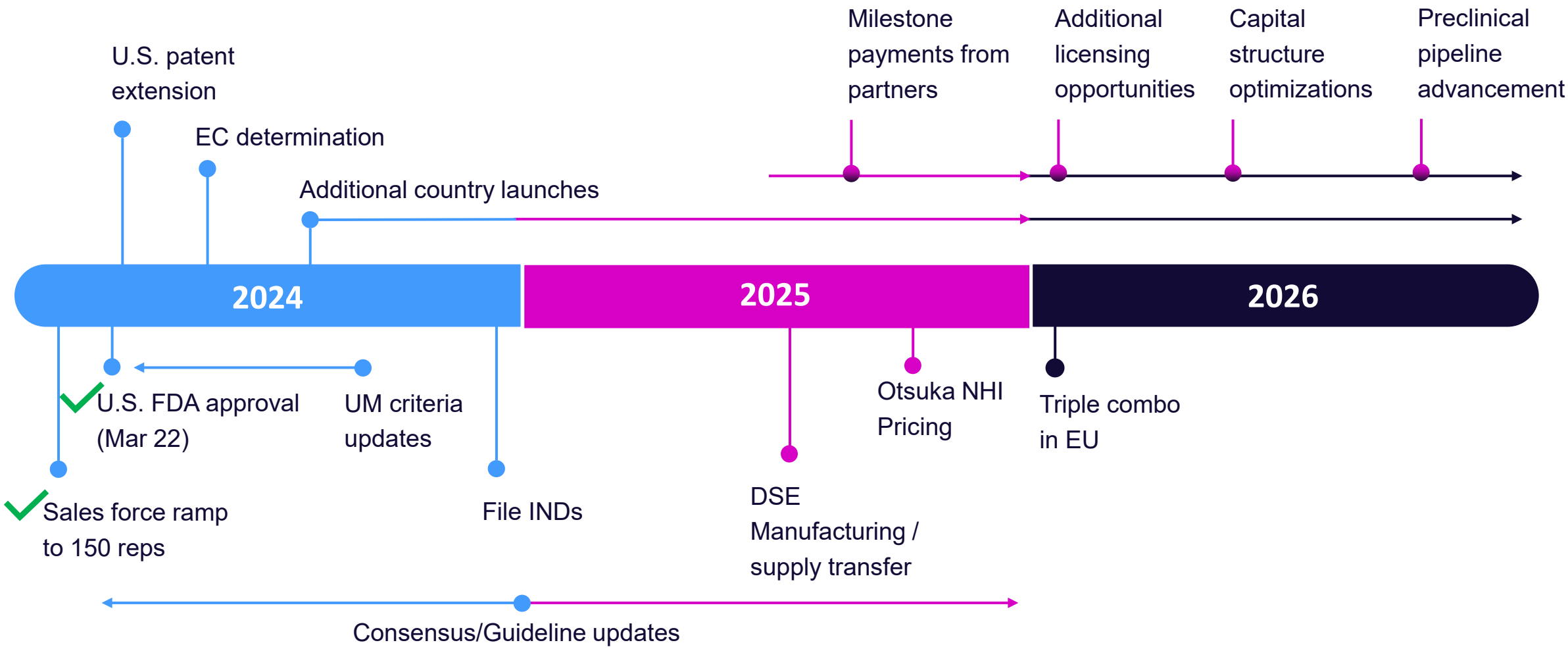
* Based on current version of FDA approved label, sourced from FDA drug approval database (drugs@fda); Comparison does not include Pediatric, HoFH or sitosterolemia indications.
# Variations within the specific wording of each product indication.

Levers to Drive Inflection

Five core pillars to ensure success

Roadmap for Long-Term Value Growth

Steady stream of meaningful catalysts drive sustained, long-term value



Note: Items listed subject to change.

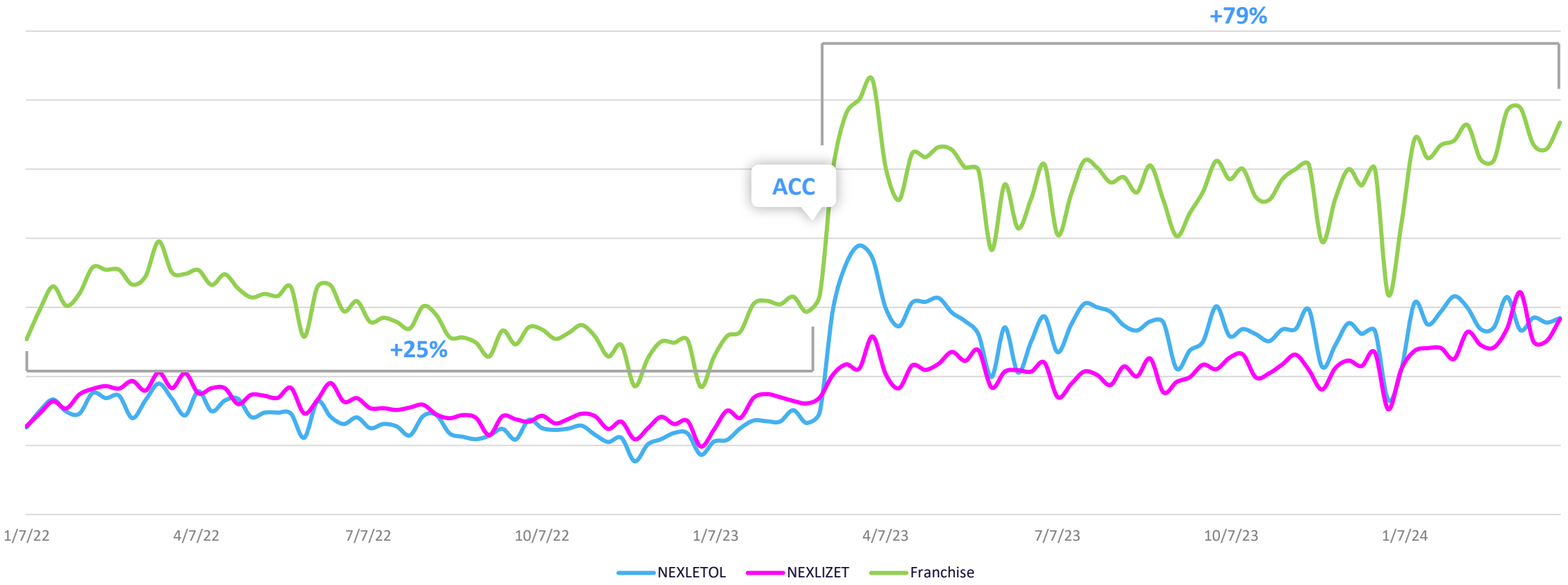
Financial Update

Ben Halladay, Chief Financial Officer

Robust Outcomes Data Sustains NBRX Momentum

Outcomes data enabled continued growth for a full year post-ACC in March 2023

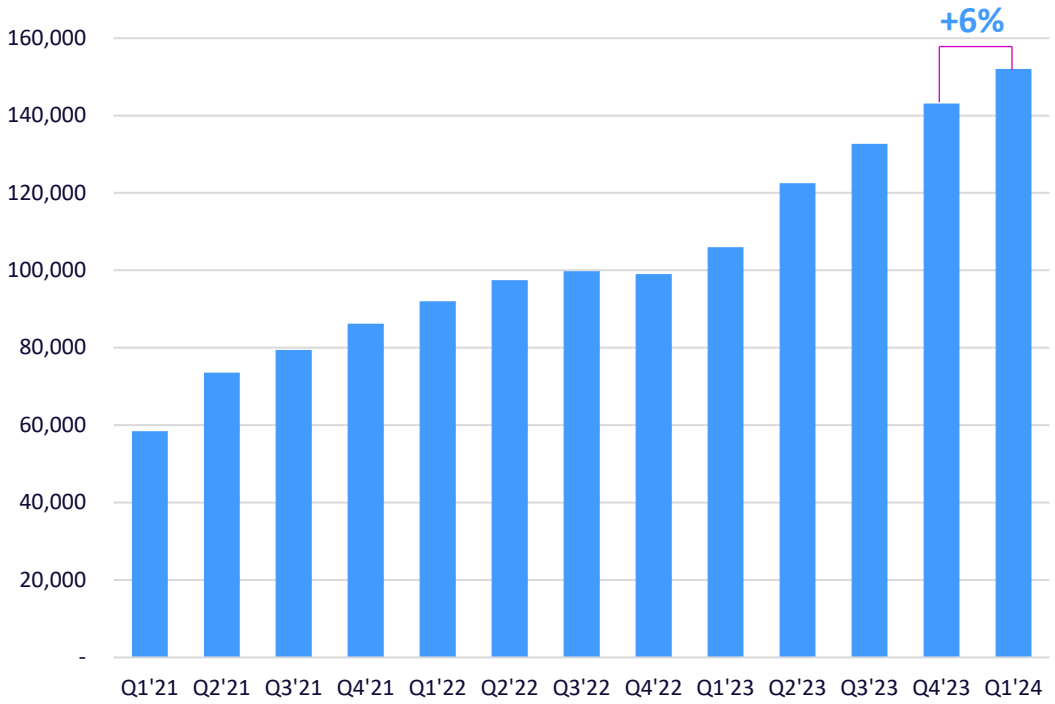
Franchise New to Brand Rx Trends



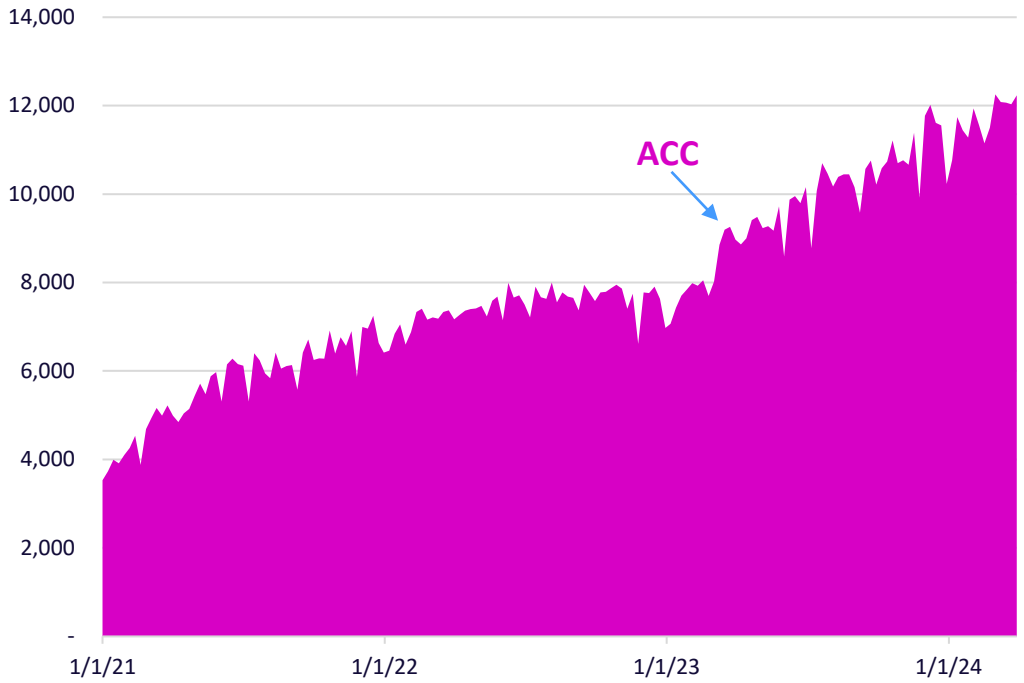
Disciplined Execution Enables Continued U.S. Growth

Steady growth continues through Q1 2024; inflection anticipated with newly approved and significantly expanded labels

Quarterly Franchise RPE Trend



Weekly Franchise RPE Trend[1]



1. Through March 31, 2024.
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.

Medicines Approved in 30+ Countries

Partnered with global cardiovascular leaders; future opportunities remaining

Daiichi Sankyo

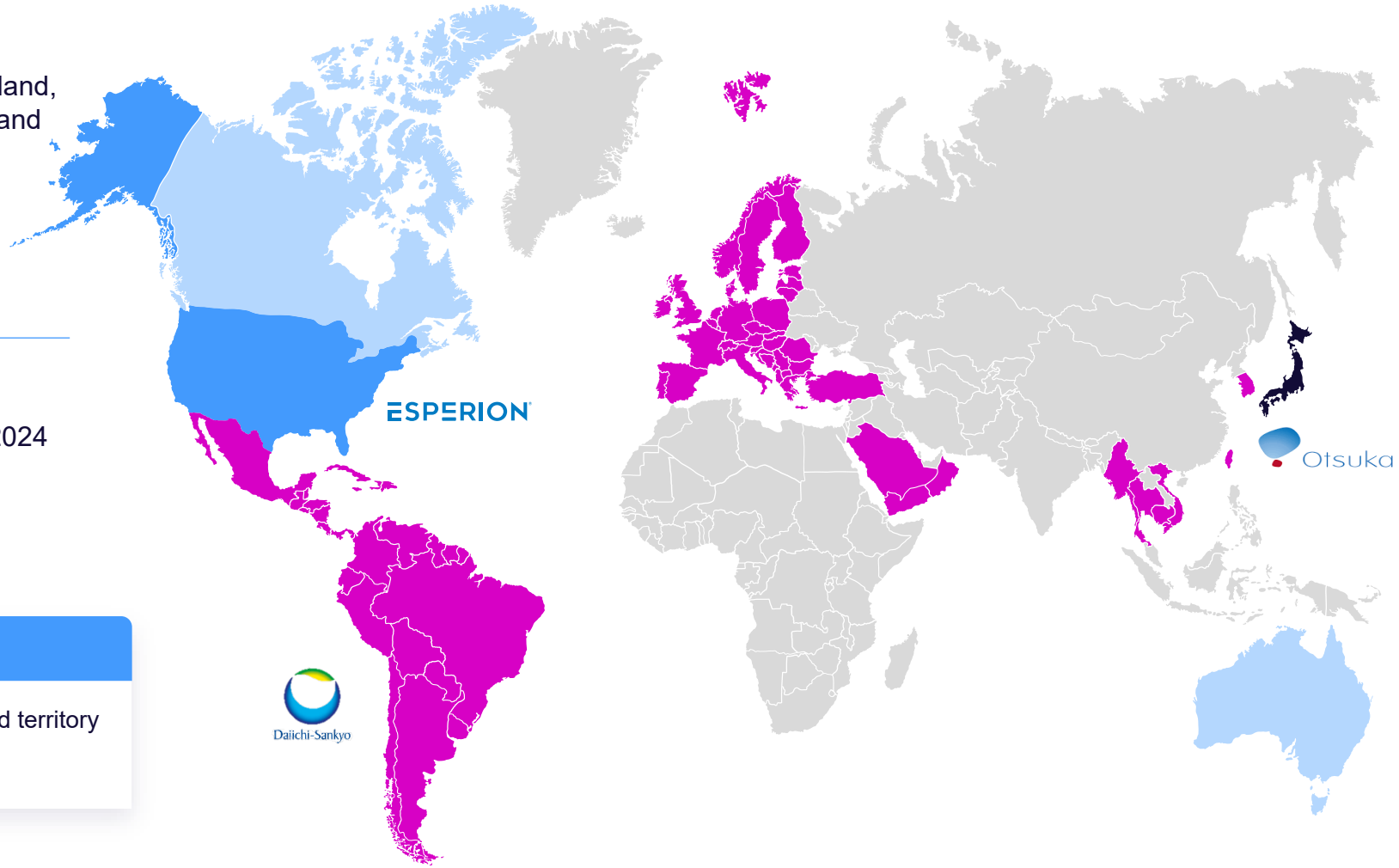
Launched in Germany, UK, Austria, Belgium, Switzerland, Italy, Spain, Netherlands, Slovakia, Czech Republic, and Hong Kong to date

Tiered royalties and additional sales milestones

Otsuka

Phase III study close-out in Japan anticipated in Q2 2024

Tiered royalties, regulatory, and sales milestones

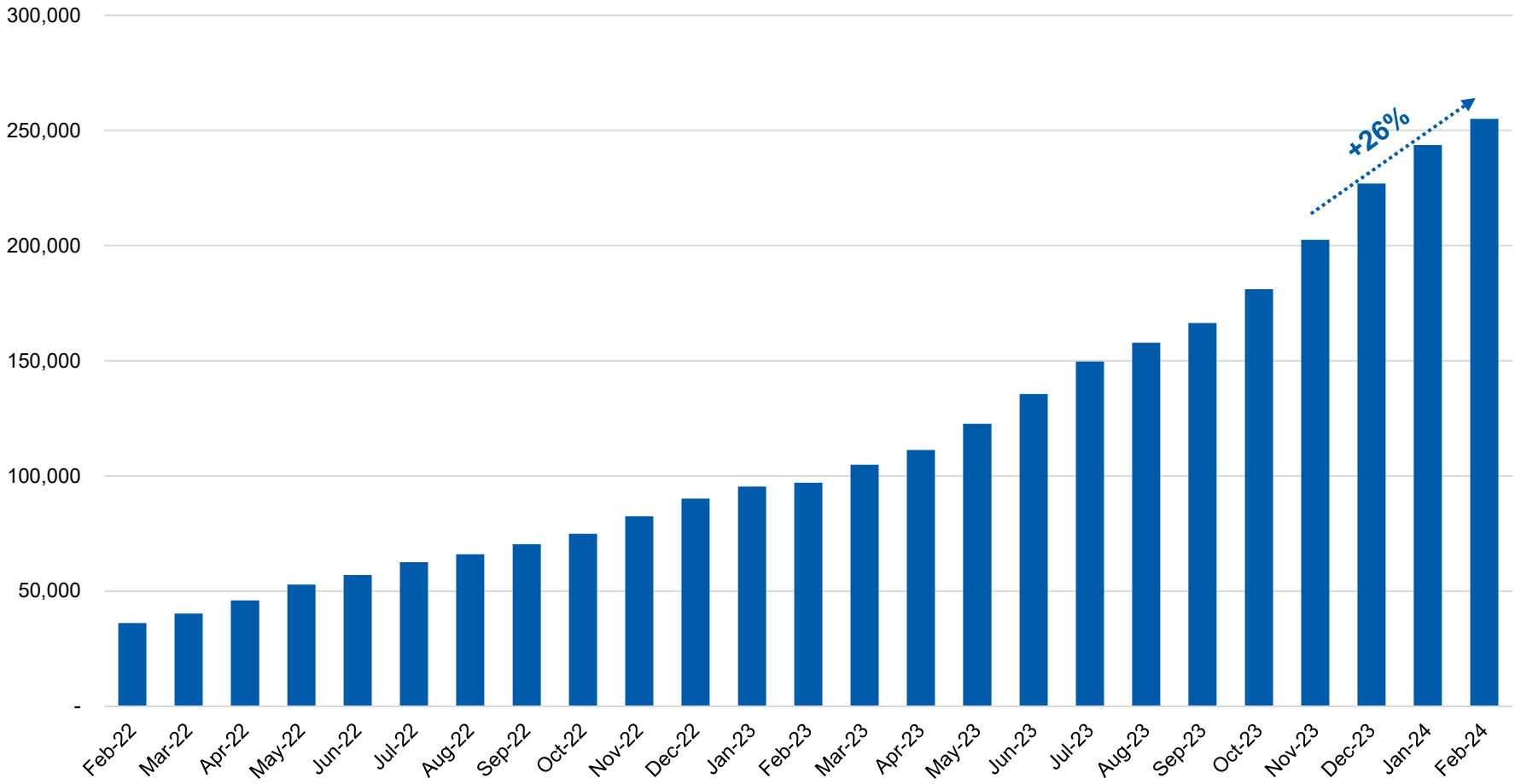


Territory

- Esperion
- Otsuka
- Un-partnered territory
- Daiichi Sankyo
- Future internal expansion

International Growth Continues at Strong Pace

Cardiovascular risk reduction data and new market launches drive accelerating adoption



255,000 patients through February '24

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

Strengthened Capital Position Enables Future Inflection

Disciplined investment and expense allocation supports execution of commercial launch

$227M Q1 2024 Cash &Cash Equivalents

$140M Milestone for Japanese Submissions & Regulatory Events

$25M Q1 2024 U.S. Net Product Revenue
+46% Growth Y/Y

Key Financial Data

FY 2024 R&D Guidance	$45 - 55 Million
FY 2024 SG&A Guidance	$180 - 190 Million
FY 2024 OpEx Guidance[1]	$225 - 245 Million

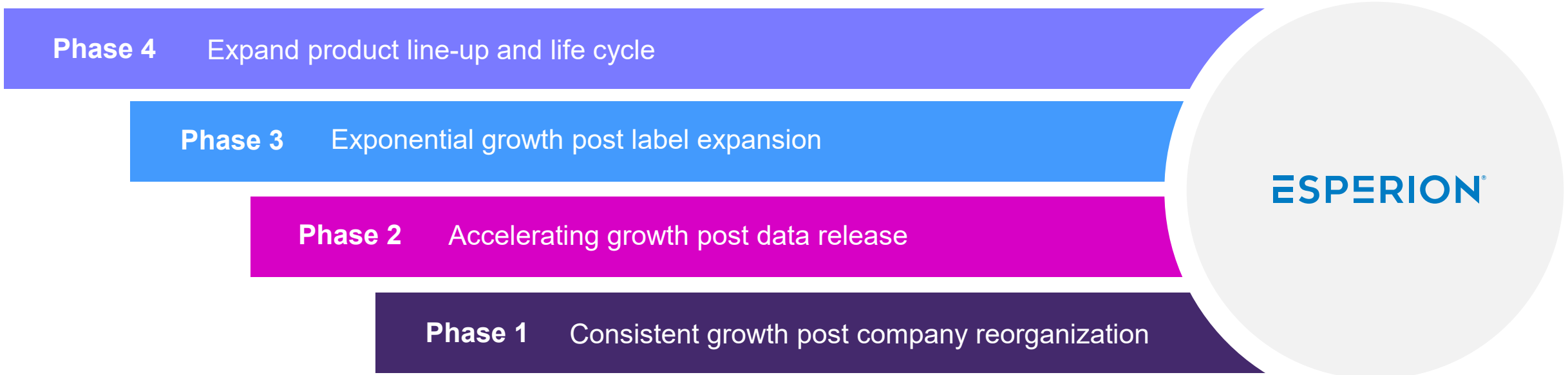
1. Includes $20 million of non-cash stock-based compensation expense

Corporate Update

Sheldon Koenig, President & CEO

Delivering on our Commitments

Executing on a strategic plan to achieve blockbuster status



Q & A

THANK YOU

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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