# The Next Step in Getting Patients To Goal

March 6, 2023

CLEAR Outcomes

ESPERION

# 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, 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 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, 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.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and Esperion’s own internal estimates and research. While Esperion believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.




CLEAR Outcomes

# Agenda

- Opening Remarks
- CLEAR Outcomes Data
- Importance of CVOT and Bempedoic Acid
- Commercial Update
- FY 2023 Financial Guidance

# Speaker Profiles

**Sheldon Koenig**
President & CEO, Esperion

**JoAnne Foody, MD, FACC, FAHA**
Chief Medical Officer, Esperion

**Steven E. Nissen, MD**
Principal Investigator for CLEAR Outcomes

**Eric Warren, R.Ph.**
Chief Commercial Officer, Esperion

**BJ Swartz**
Chief Strategy Officer, Esperion

**Ben Halladay**
Chief Financial Officer, Esperion




CLEAR Outcomes

# CLEAR Outcomes – A Game Changer for Esperion

**1**

We have a unique and successful outcome study in a large therapeutic category that demonstrates the benefits of bempedoic acid, the active ingredient in NEXLETOL® & NEXLIZET®

**2**

We are poised for a major inflection in sales and prescriptions and are targeting blockbuster status

**3**

Based on the robustness of the CLEAR Outcomes data, we believe we would be entitled to receive $300 million in milestone payments from collaborative partners upon inclusion of cardiovascular risk reduction data in the European label and up to $140 million upon other regulatory milestones



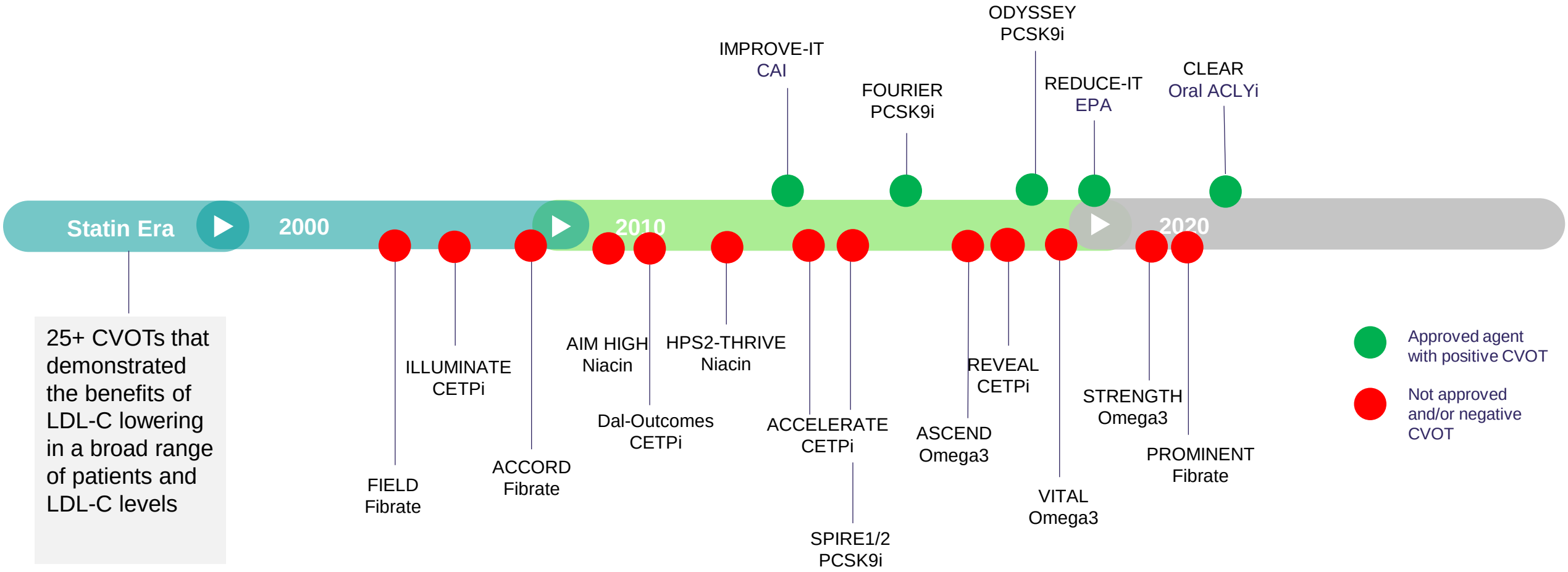

CLEAR Outcomes

# What's Next? Importance of CVOT and Bempedoic Acid

JoAnne Foody, MD, FACC, FAHA

Chief Medical Officer

# First Non-Statin Lipid Lowering Therapy with Positive CVOT




*In patients wilth controlled LDL-C but elevated TGs




CLEAR Outcomes

# A Real Game Changer - Landmark CLEAR Outcomes Study

First-of-its-kind, unprecedented CVOT in patients unable to maximize or tolerate a statin

Focused on significant, underserved population unable to maximize or tolerate statins

Over 14,000 patients in 32 countries

~50% women

**Primary Endpoint (MACE-4):** Composite of the time to first cardiovascular death, nonfatal myocardial infarction, non-fatal stroke, or coronary revascularization

**Hierarchy of Secondary Endpoints:**

- MACE-3
- Fatal and non-fatal MI
- Coronary revascularization
- Fatal and non-fatal stroke
- Death from cardiovascular causes
- All-cause mortality

CLEAR Outcomes

# THE CLEAR Program >60,000 Patients in >30 Countries

## Large integrated, scientifically rigorous program to establish bempedoic acid as a new standard of care

### Lipid Lowering

#### Registration Trials – Phase 3

CLEAR Serenity 1002-050
CLEAR Harmony 1002FDC-053
CLEAR Tranquility
CLEAR Wisdom

#### Registration Trials – Phase 2

1002-008 1002-006
1002-038 1002-009
1002-039 1002-035
1002-003 1002-007
1002-005 1002-014

#### Diverse Patient Populations

CLEAR Path 1 (pediatrics)
Lactation study*
Pregnancy study
End Stage Renal Disease*

### Outcomes

#### Primary/Secondary Prevention

CLEAR Outcomes

### Healthcare System Partnerships

#### US Healthcare Systems

UT Southwestern Medical Center
Baylor Scott & White/VA*
Durham VA Medical Center*

#### NHS

UK NHS Clinical audit

### Implementation Science & Real-World Evidence

#### Initiation of Treatment

FCQN-Spencer Health Program
PAD Alert

#### Post-ACS

CLEAR ACS

*Planned




CLEAR Outcomes

# Data Drives Meaningful Label Expansion Potential

## Many more patients can potentially benefit

### 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 in patients with established CVD or at high risk for CVD
- Post CVOT Potential Label Modifications:
  - Removes maximally tolerated statin therapy
  - Expands to primary and secondary prevention




CLEAR Outcomes

# NEXLETOL® & NEXLIZET® - Optimized to Address Unmet Medical Need

**Based on robust data, NEXLETOL/NEXLIZET designed for use alone or in combination with statins to improve outcomes.**

- Statins remain first-line therapy to reduce the risk of major adverse cardiovascular events.[1,2]
- Lower dose statin and withdrawal from statin therapy is associated with increased risk of adverse cardiovascular events.[3,4]
- Up to 30% of patients are unable to tolerate guideline-recommended doses of statins.[5,6]
- Bempedoic Acid (contained in both NEXLETOL and NEXLIZET) is specifically designed as a prodrug activated in only in the liver to specifically reduce the likelihood of statin-associated adverse effects and fewer drug-drug interactions.[7,8]
- The ***CLEAR Program*** has assessed the impact of NEXLETOL/NEXLIZET in combination with statin or alone on key endpoints including LDL lowering and CV outcomes





CLEAR Outcomes

# New England Journal of Medicine Editorials

The NEW ENGLAND JOURNAL of MEDICINE

EDITORIAL

SCIENCE BEHIND THE STUDY

## Bempedoic Acid and the Prevention of Cardiovascular Disease

John F. Keaney, Jr., M.D.

In an article now published in the *Journal*, Nissen and colleagues report the results of the CLEAR (Cholesterol Lowering via Bempedoic Acid, an ACL-Inhibiting Regimen) Outcomes trial, which tested the effect of bempedoic acid in patients with or at increased risk for cardiovascular disease.[1] Patients who were unable or unwilling to take high-intensity statins because of unacceptable adverse effects ("statin-intolerant" patients) were the target trial population; statins are typically used as first-line agents to prevent cardiovascular events in patients at high cardiovascular risk. Nissen et al. found that the percent reduction in the LDL cholesterol level was 21 percentage points greater with bempedoic acid than with placebo. This reduction in cholesterol level corresponded to a 13% lower risk of major adverse cardiovascular events, defined as a four-component composite of death from cardiovascular causes, nonfatal myocardial infarction, nonfatal stroke, or coronary revascularization. These results are discussed in an accompanying editorial[2] and are welcome news for a patient population in which it is otherwise very challenging to achieve

**Key Concepts**

**Prodrug**

A therapeutic agent that is delivered in an inactive form and is metabolized to its active form in vivo.

**Protein prenylation**

The addition of farnesyl or geranygeranyl moieties (both of which are hydrophobic) to proteins, which facilitates their attachment to membranes.

*An expanded illustrated glossary is available at NEJM.org*

response, cholesterol-depleted cells up-regulate low-density lipoprotein (LDL) receptors on the cell surface to internalize more cholesterol for cellular needs (Fig. 1). In the liver, this process affords increased removal of cholesterol-rich LDL particles from the circulation, which explains the LDL cholesterol–lowering effect of statins

The NEW ENGLAND JOURNAL of MEDICINE

EDITORIAL

## Benefits of Bempedoic Acid — Clearer Now

John H. Alexander, M.D., M.H.S.

Vascular atherosclerosis begins in young adulthood and progresses over decades. The condition is associated with considerable morbidity and mortality from coronary, cerebrovascular, and peripheral vascular disease. The foundation of contemporary prevention and treatment of atherosclerosis is lowering the serum cholesterol level with 3-hydroxy-3-methylglutaryl–coenzyme A (HMG-CoA) reductase inhibitors (statins). Statins reduce the low-density lipoprotein (LDL) cholesterol level, slow the progression of atherosclerosis, and reduce the morbidity and mortality associated with coronary, cerebrovascular, and peripheral vascular events.[1] High-intensity statin therapy is recommended for all patients with established atherosclerotic vascular disease, as well as those at high risk for atherosclerotic vascular disease.[2] Unfortunately, a sizable percentage (approximately 10%) of those who would

ial hypercholesterolemia.[8-10] Bempedoic acid is a prodrug that is metabolized to its active metabolite in the liver but not in peripheral tissues and thus has few, if any, muscle-related side effects.[9] What has been lacking to date is high-quality evidence that bempedoic acid reduces the risk of clinical events.

In an article now published in the *Journal*, Nissen et al. begin to fill this gap with the results of the CLEAR (Cholesterol Lowering via Bempedoic Acid [ECT1002], an ACL-Inhibiting Regimen) Outcomes trial.[11] A total of 13,970 patients who had or were at high risk for atherosclerotic vascular disease and were unable to take more than a very low dose of a statin were randomly assigned to receive bempedoic acid (180 mg daily) or placebo. The percent reduction in the LDL cholesterol level was greater with bempedoic acid than with placebo by 21 percent-




CLEAR Outcomes

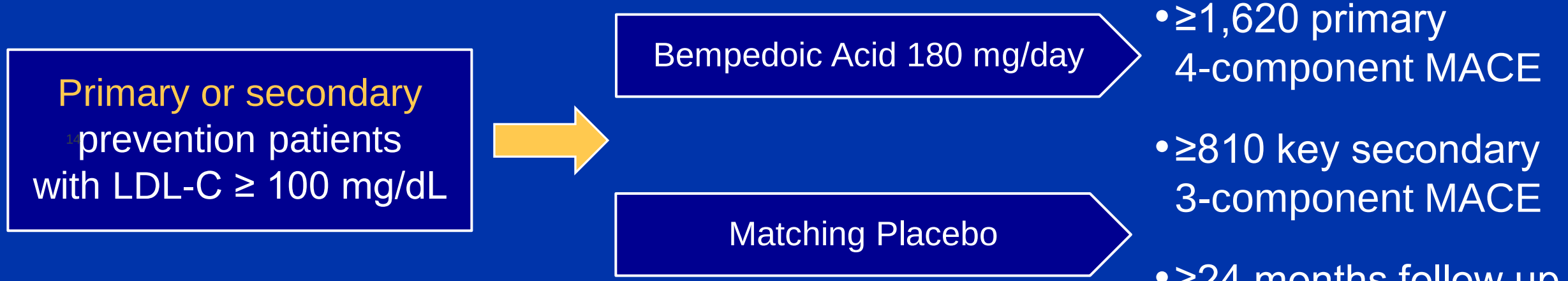
# CLEAR Outcomes Data

Steven E. Nissen, MD

Principal Investor for CLEAR Outcomes

# CLEAR Outcomes Trial Design

- Statin intolerance: An adverse effect that started or increased during statin therapy and resolved or improved after therapy discontinued.
- Intolerance to 2 or more statins or 1 statin if unwilling to attempt a second statin or advised by physician to not attempt second statin. Very low dose statin therapy permitted (< lowest approved dose).



# Primary and Key Secondary Endpoints

- Primary endpoint 4-component MACE: nonfatal MI, nonfatal stroke, coronary revascularization or cardiovascular death
- Hierarchical testing of key secondary endpoints:

1) 3-component MACE (MI, stroke or CV death)
2) Fatal and nonfatal MI
3) Coronary revascularization
4) Fatal and nonfatal stroke
5) Cardiovascular death
6) All-cause mortality

Sequential Testing

# Study Milestones

- 13,970 patients randomized at 1250 sites in 32 countries.
- Patients enrolled December 2016 to August 2019 with median duration of follow-up 40.6 months.
- Despite the pandemic, complete assessment for the primary endpoint in 95.3% and vital status in 99.4% of patients.
- 4-component MACE occurred in 1746 patients and 3-component MACE in 1238 patients.



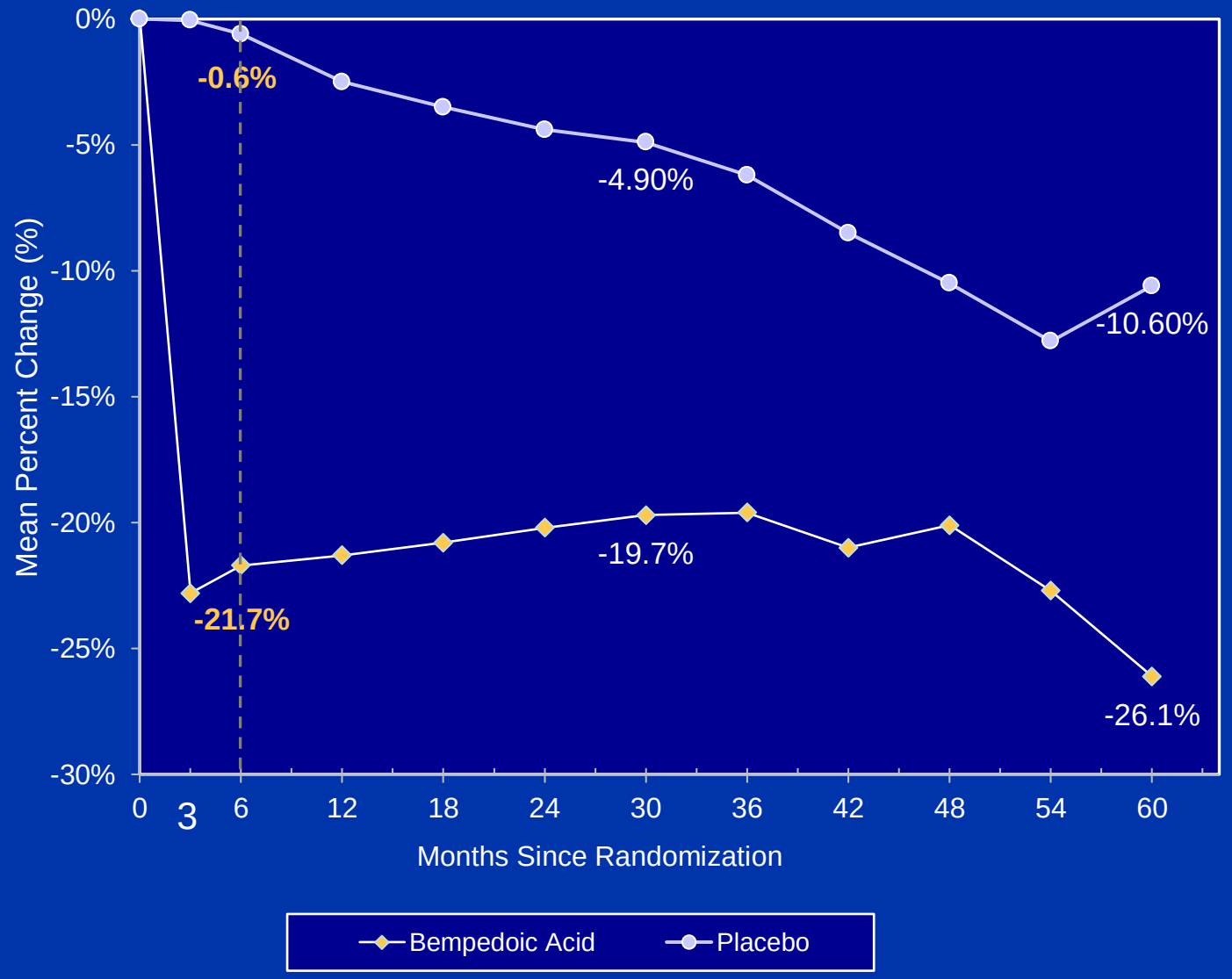
16

# Selected Baseline Characteristics

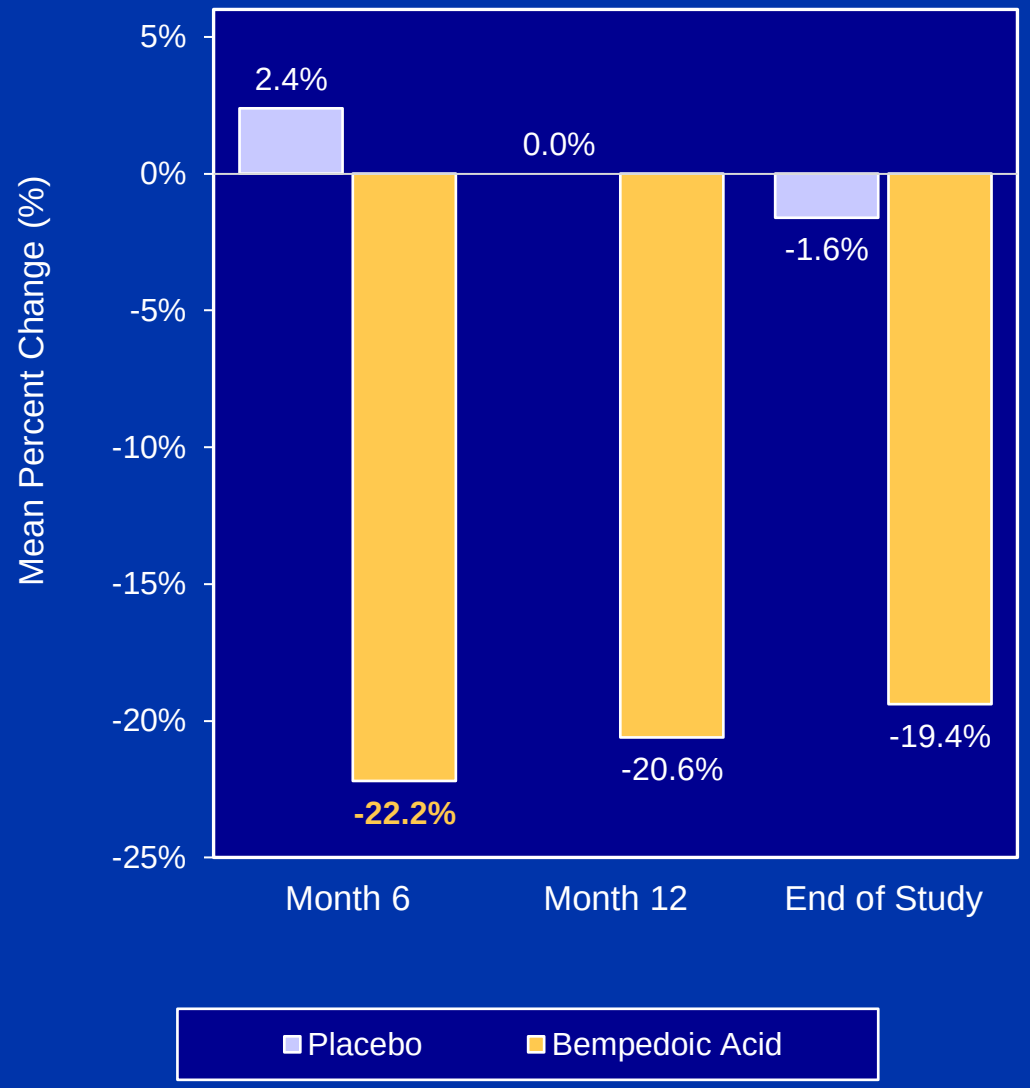
| Characteristic | Bempedoic Acid N=6992 | Placebo N=6978 |
|---|---|---|
| Mean Age (years) | 65.5 | 65.5 |
| Female sex | 48.1% | 48.4% |
| White | 91.5% | 90.8% |
| LDL cholesterol (mg/dL) | 139.0 | 139.0 |
| HDL cholesterol (mg/dL) | 49.6 | 49.4 |
| hsCRP (mg/L) | 2.3 | 2.3 |
| High Risk Primary Prevention | 30.0% | 30.2% |
| Secondary Prevention | 70.0% | 69.8% |
| Diabetes | 45.0% | 46.3% |
| Baseline statin use | 22.9% | 22.5% |

# Effect of Trial Regimens on LDL-C and hsCRP

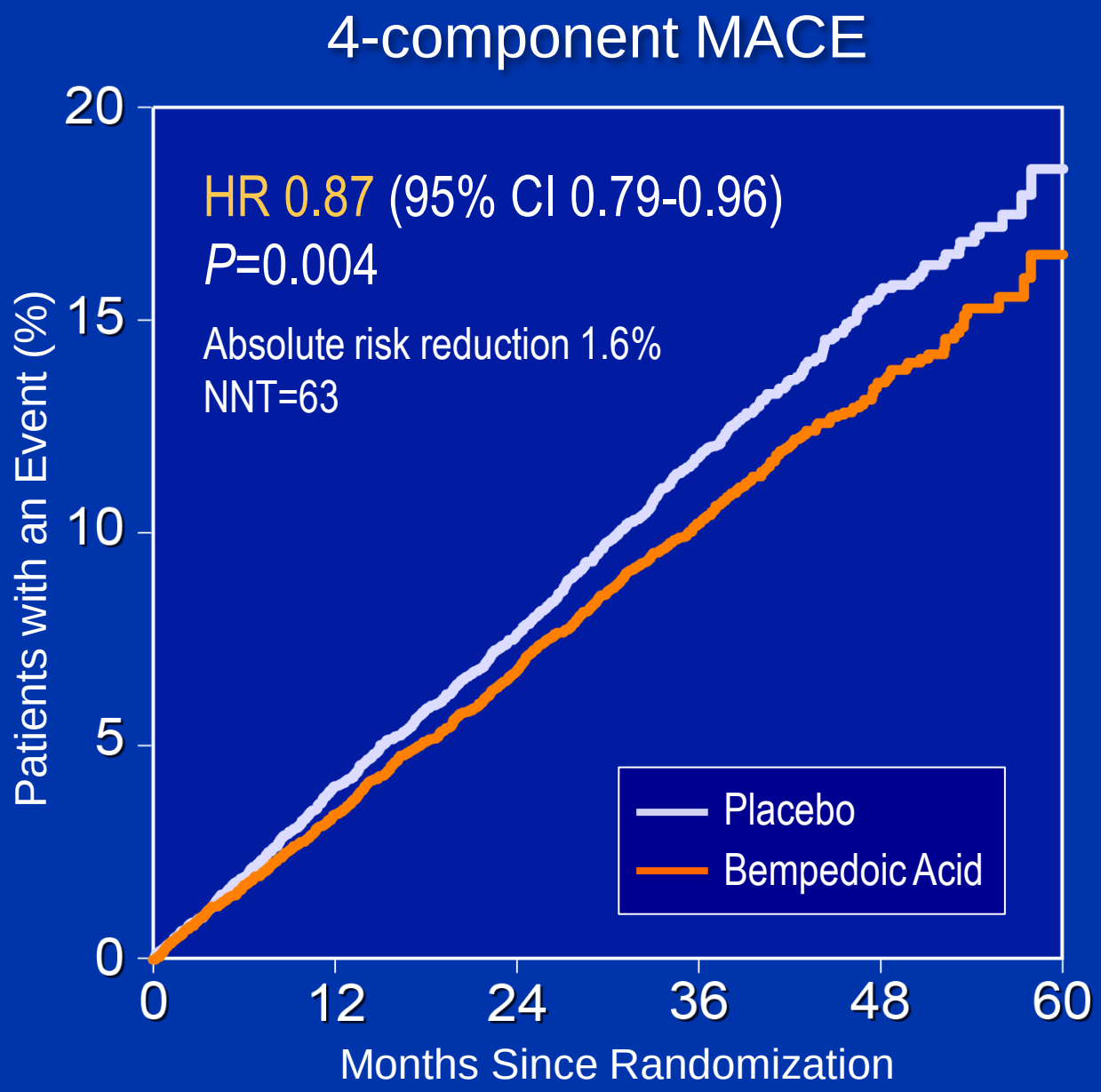
## Percent Change in LDL-C over Time

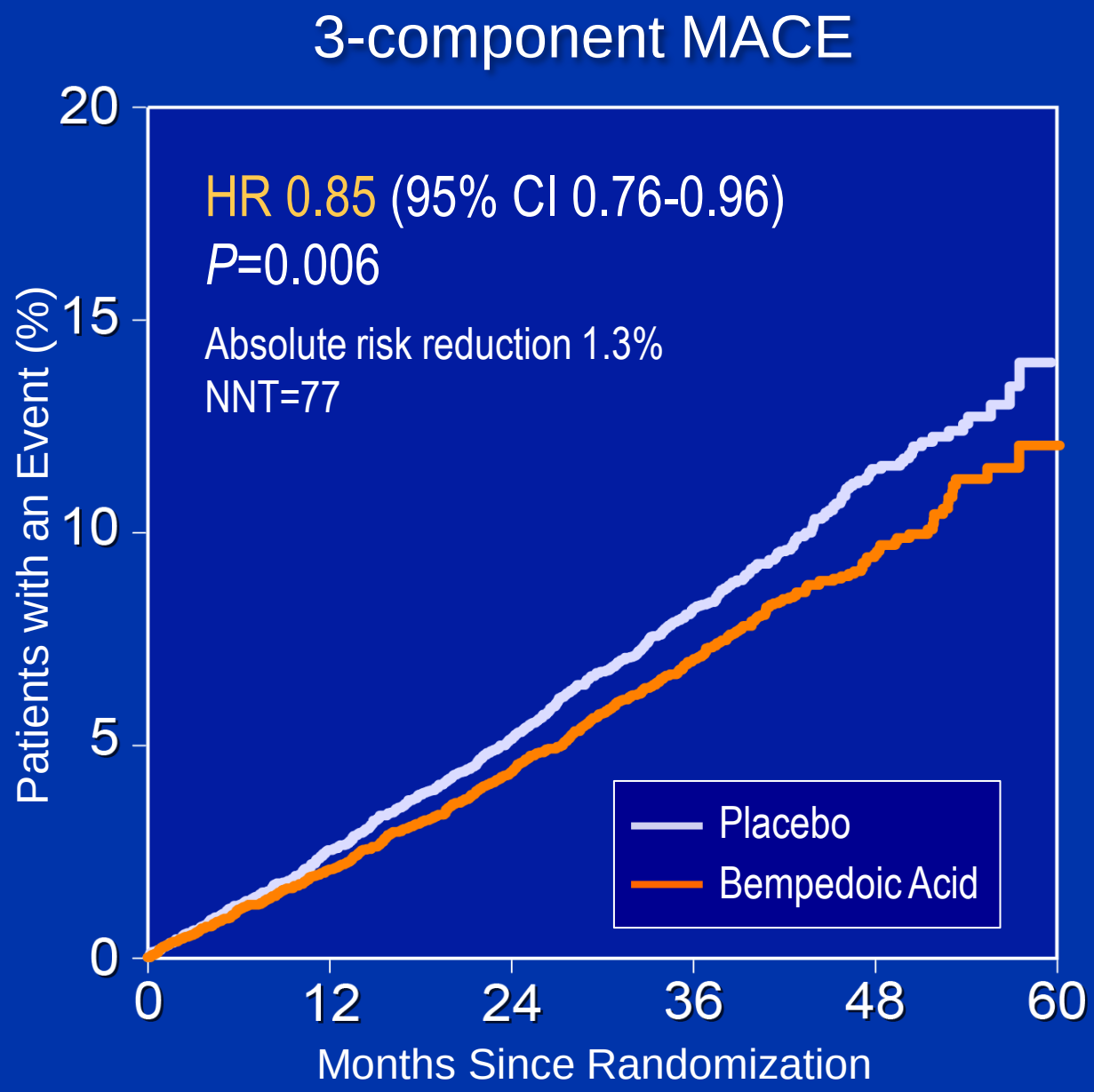



## Percent Change in hsCRP



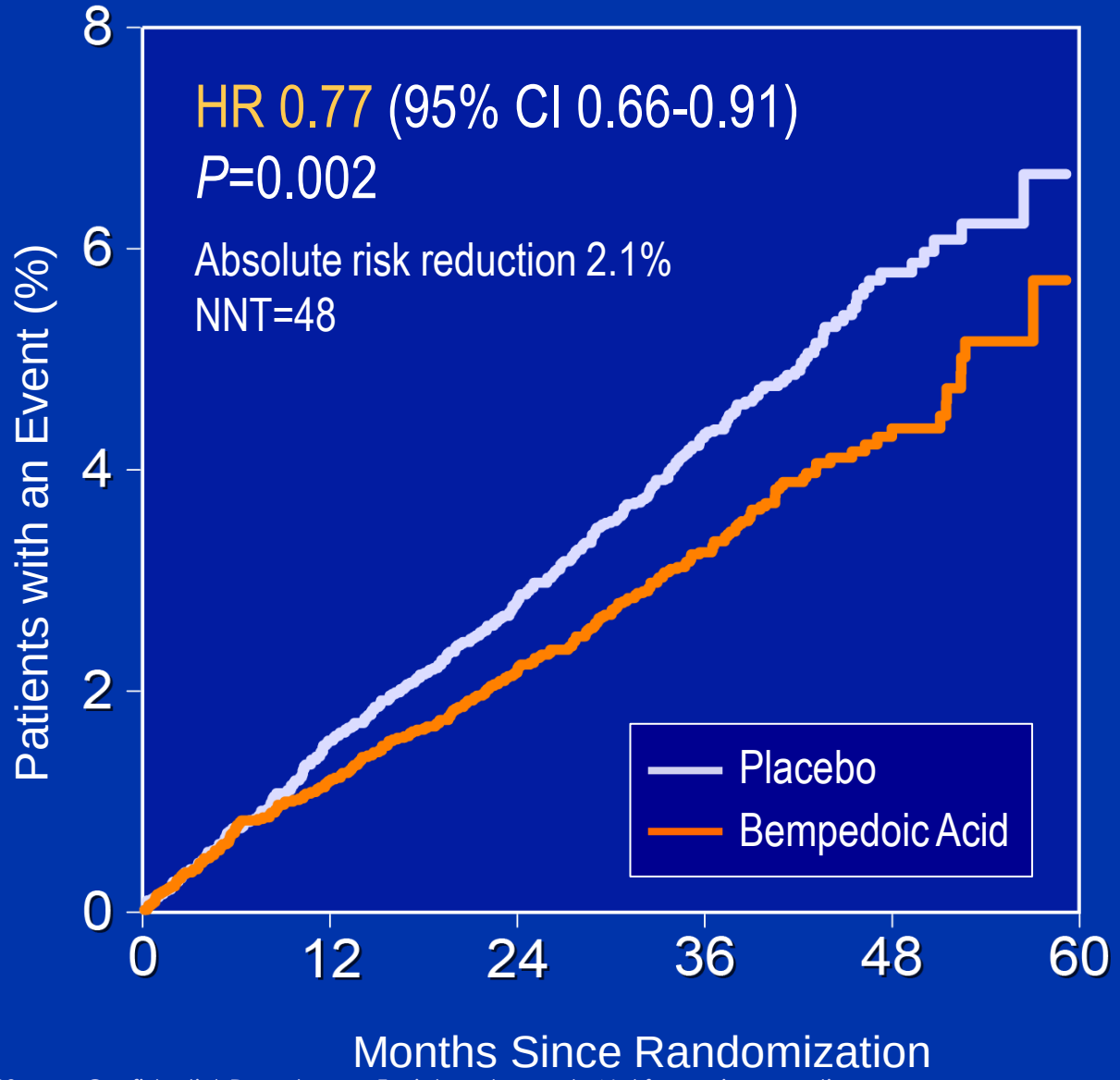
# Primary and First Key Secondary Cardiovascular End Points



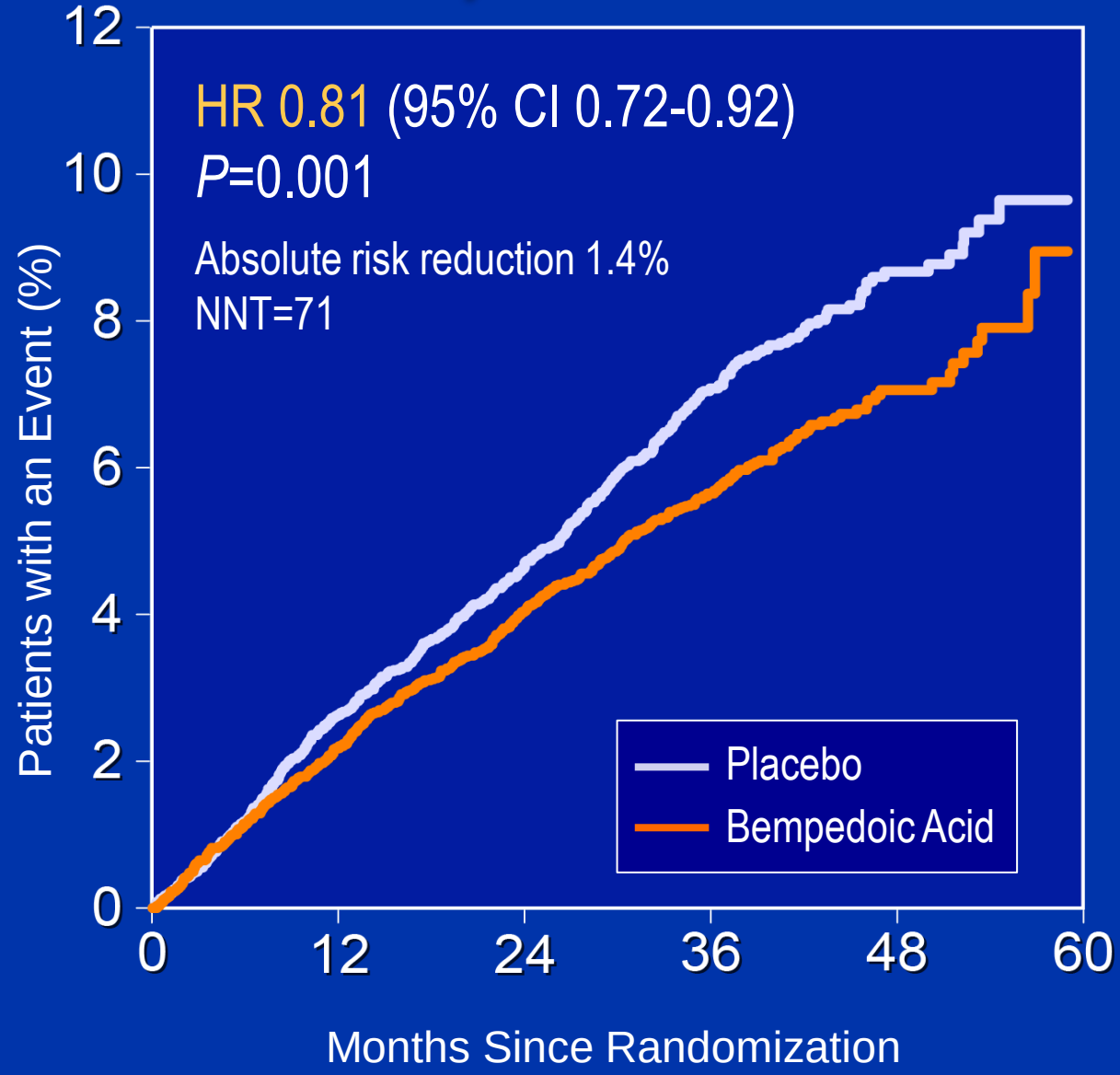



# Key Secondary End Point: MI and Coronary Revascularization

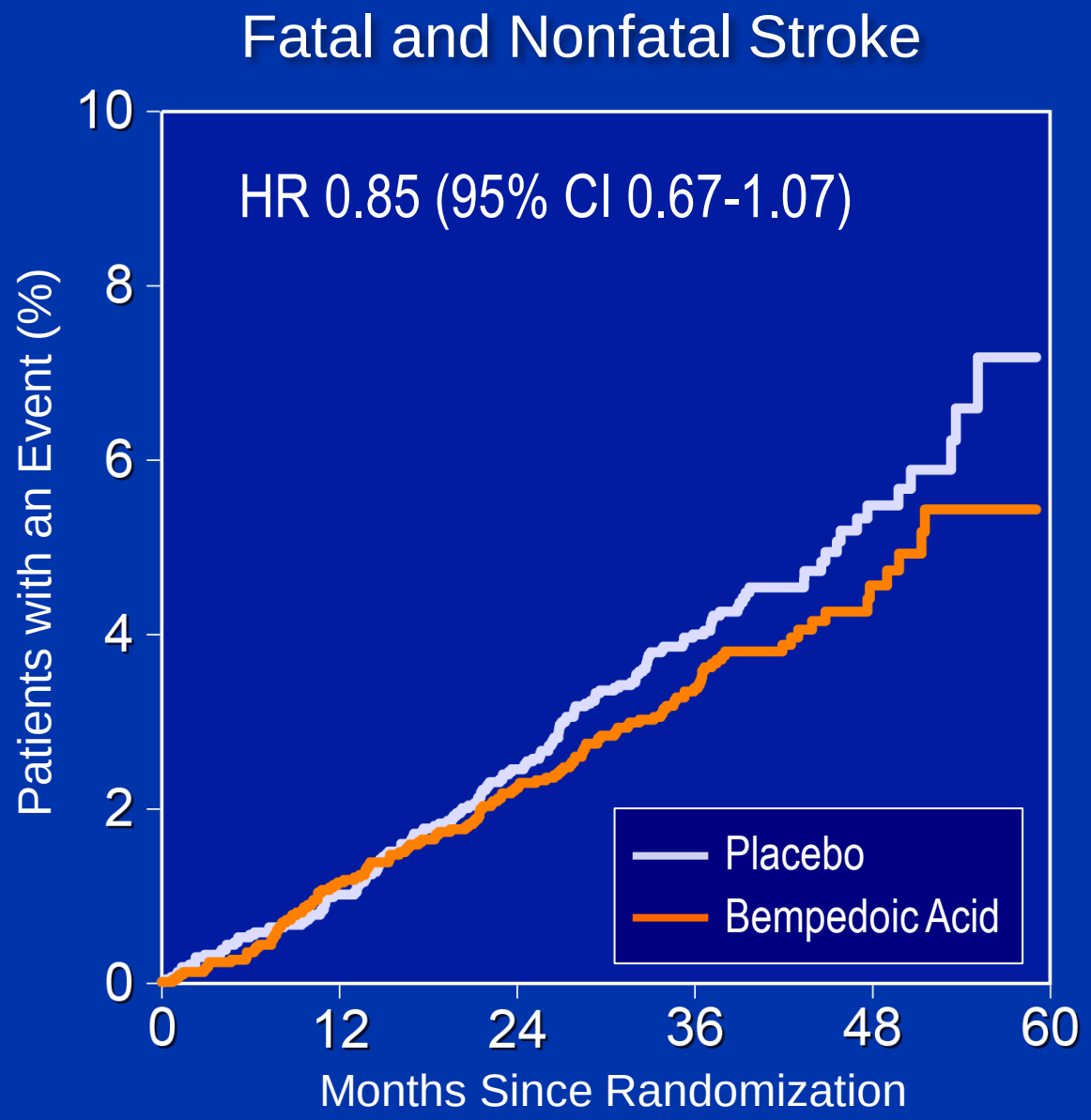
## Fatal and Nonfatal MI

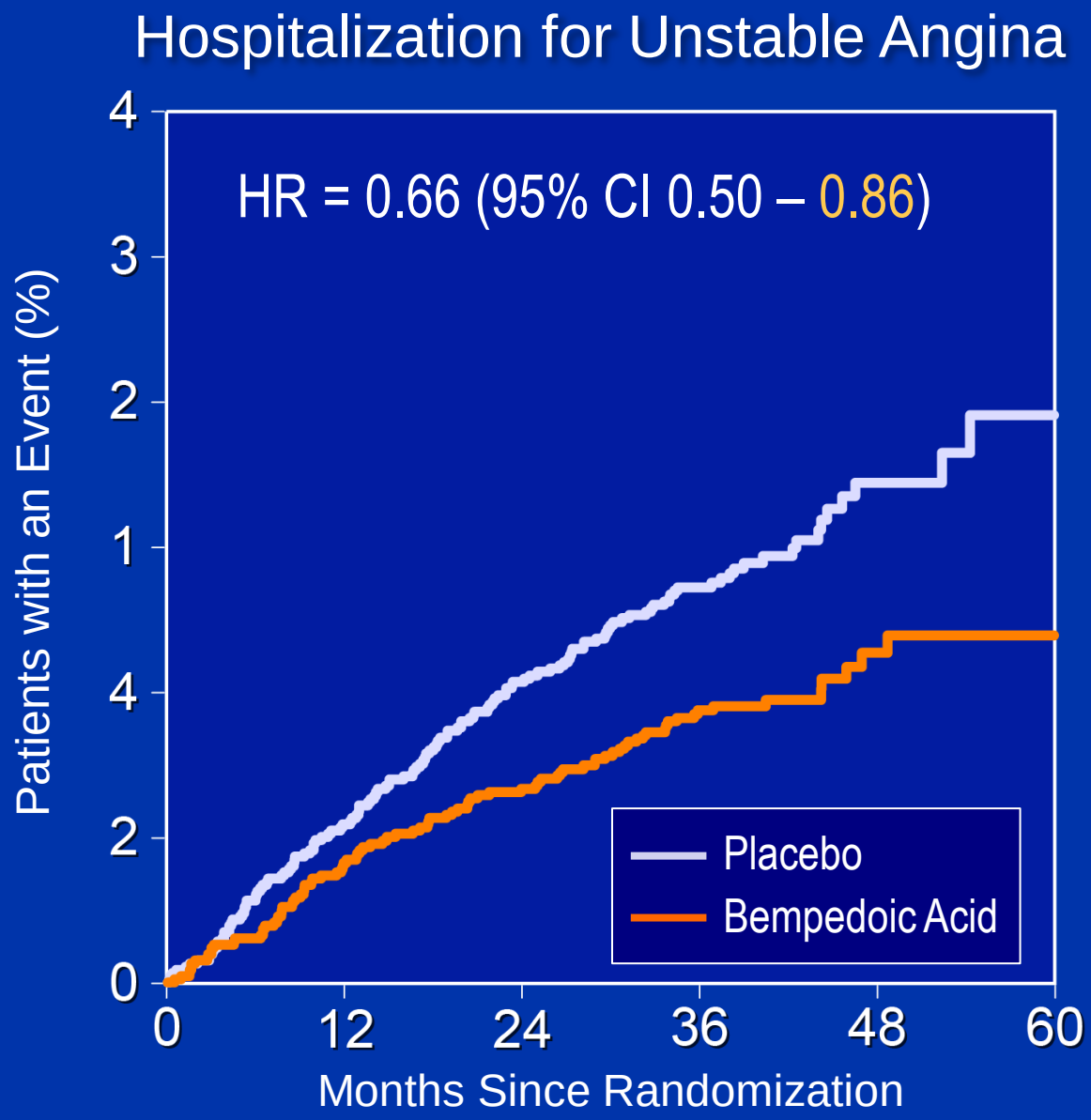



## Coronary Revascularization

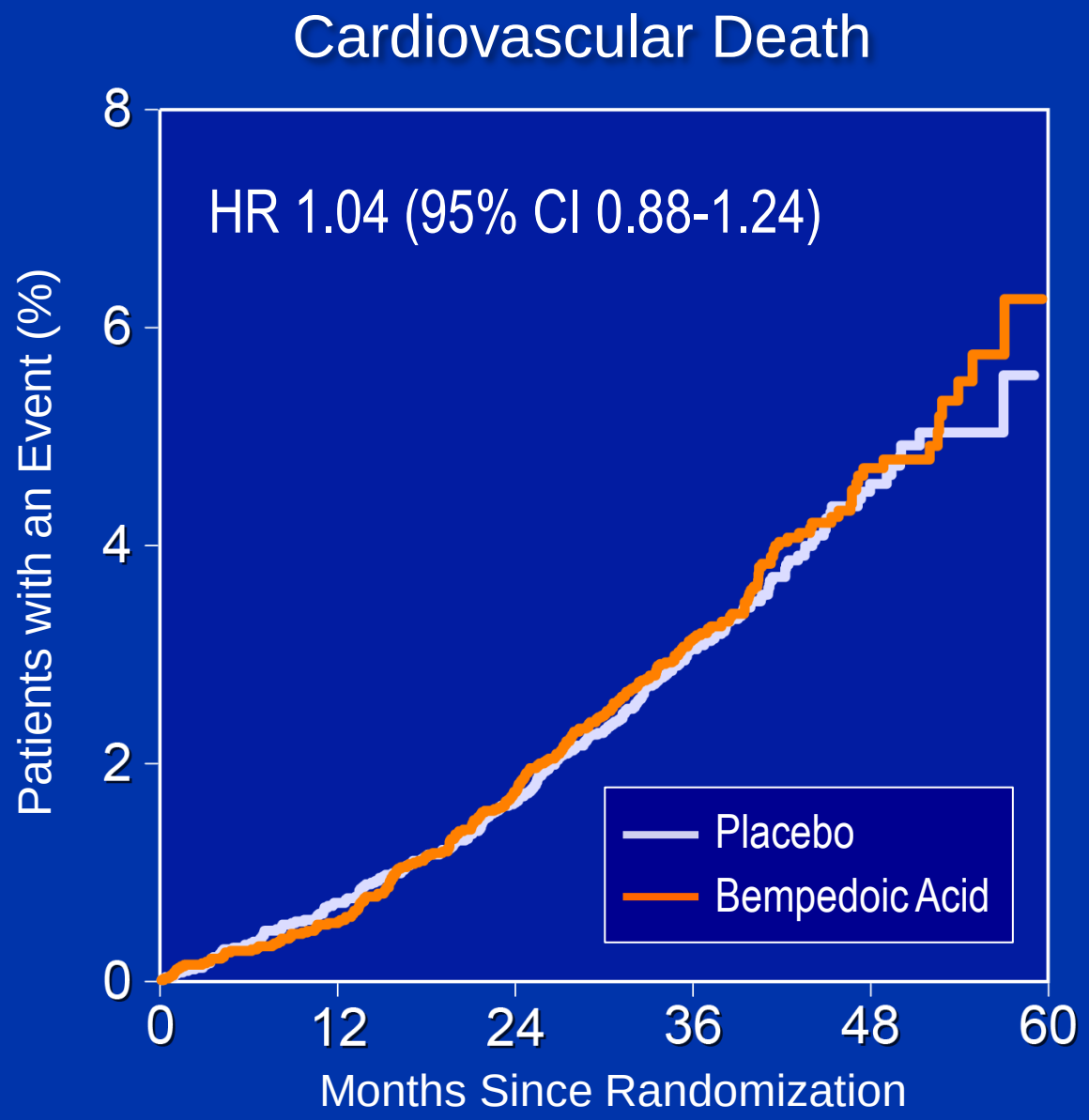


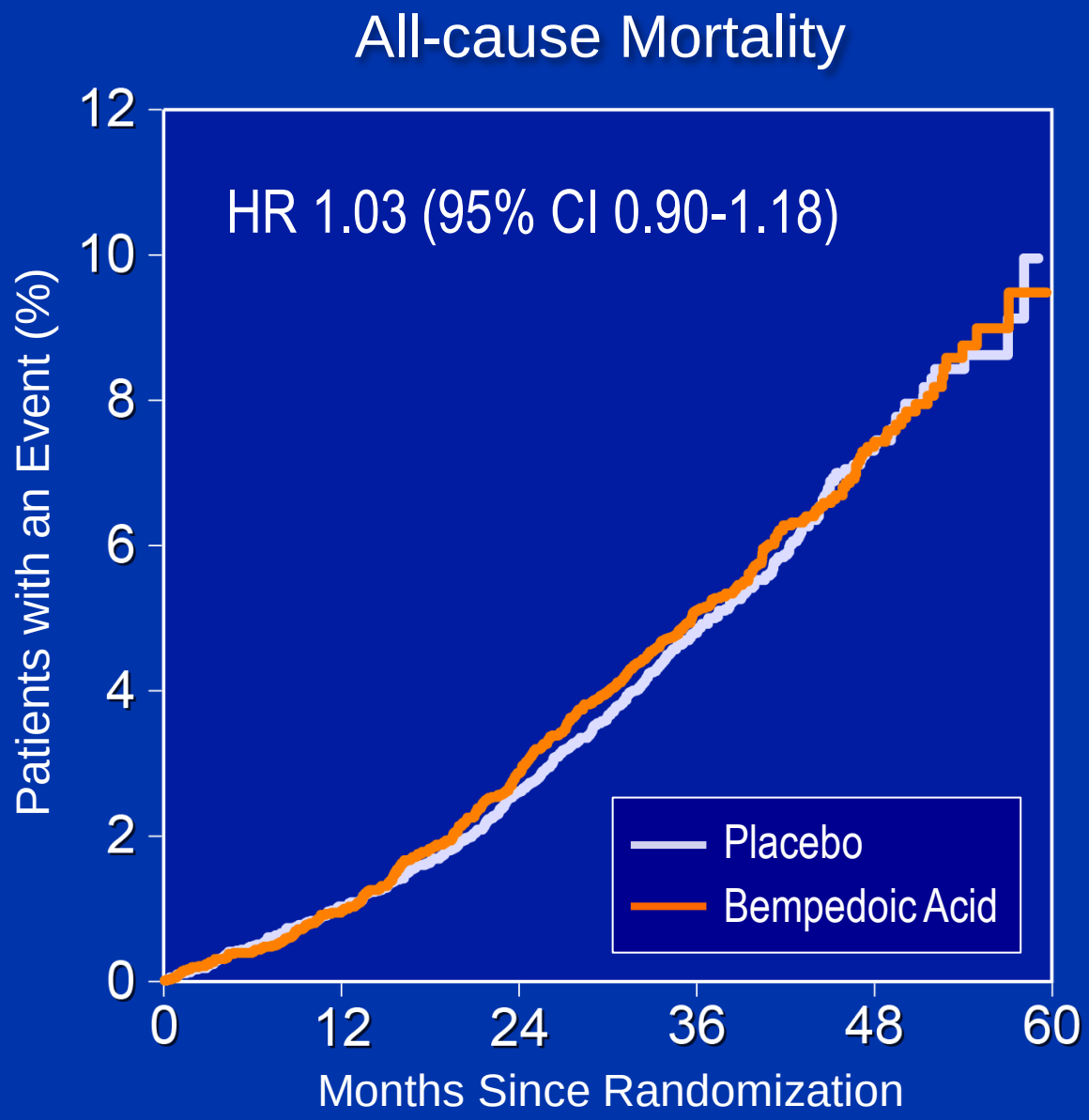
# Effect on Stroke and Hospitalization for Unstable Angina



# Effects of Trial Regimens on Mortality End Points

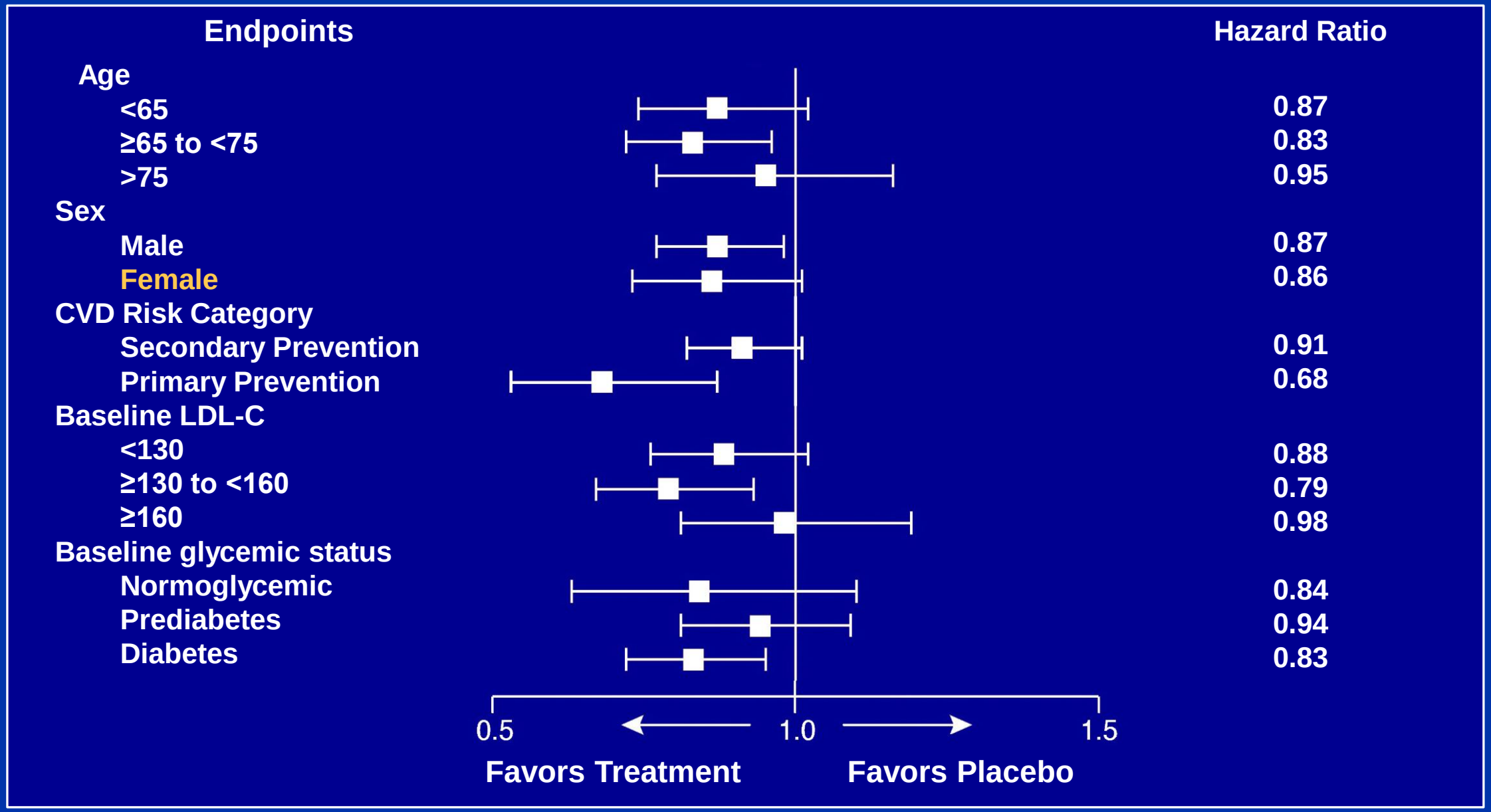


# Investigator-Reported Adverse Effects

| Characteristic | Bempedoic Acid N=7001 | Placebo N=6964 |
|---|---|---|
| Serious Treatment Emergent Adverse event | 25.2% | 24.9% |
| Adverse event leading to drug discontinuation | 10.8% | 10.4% |
| Any muscle disorder | 15.0% | 15.4% |
| **New onset diabetes** | **16.1%** | **17.1%** |
| Elevated hepatic enzymes | 4.5% | 3.0% |
| Prespecified renal events | 11.5% | 8.6% |
| Gout | 3.1% | 2.1% |
| Cholelithiasis | 2.2% | 1.2% |
| Adjudicated tendon rupture | 1.2% | 0.9% |

# Primary MACE-4 End Point in Selected Subgroups



# Limitations

- The trial enrolled only patients with documented statin intolerance. Effects in other populations were not studied.
- Addition of other therapies (including PCSK9 inhibitors) narrowed the LDL-C differences between bempedoic acid and placebo over time.
- The pandemic created challenges in achieving complete follow up, although full outcome data were available in 95.3% of patients and vital status determined in 99.4%.

# Conclusions

- Bempedoic acid was well-tolerated in a mixed population of primary and secondary prevention patients unable or unwilling to take statins
- Bempedoic acid lowered LDL-C by 21.7% and hsCRP by 22.2% with small increases in the incidence of gout and cholelithiasis.
- The primary end point, 4-component MACE was reduced 13%, 3-component MACE 15%, myocardial infarction 23% and coronary revascularization 19%.
- These findings establish bempedoic acid as an effective approach to reduce major cardiovascular events in statin intolerant patients.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

# Bempedoic Acid and Cardiovascular Outcomes in Statin-Intolerant Patients

S.E. Nissen, A.M. Lincoff, D. Brennan, K.K. Ray, D. Mason, J.J.P. Kastelein, P.D. Thompson, P. Libby, L. Cho, J. Plutzky, H.E. Bays, P.M. Moriarty, V. Menon, D.E. Grobbee, M.J. Louie, C.-F. Chen, N. Li, L.A. Bloedon, P. Robinson, M. Horner, W.J Sasiela, J. McCluskey, D. Davey, P. Fajardo Campos, P. Petrovic, J. Fedacko, W. Zmuda, Y. Lukyanov, and S.J. Nicholls, for the CLEAR Outcomes Investigators*

# A Final Thought

Management of patients unable or unwilling to take statins represents a challenging and frustrating clinical issue.

Regardless whether this problem represents the nocebo effect or actual intolerance, these high-risk patients need effective alternative therapies.

The CLEAR Outcomes trial provides a sound rationale for use of bempedoic acid to reduce major adverse cardiovascular outcomes in patients intolerant to statins.

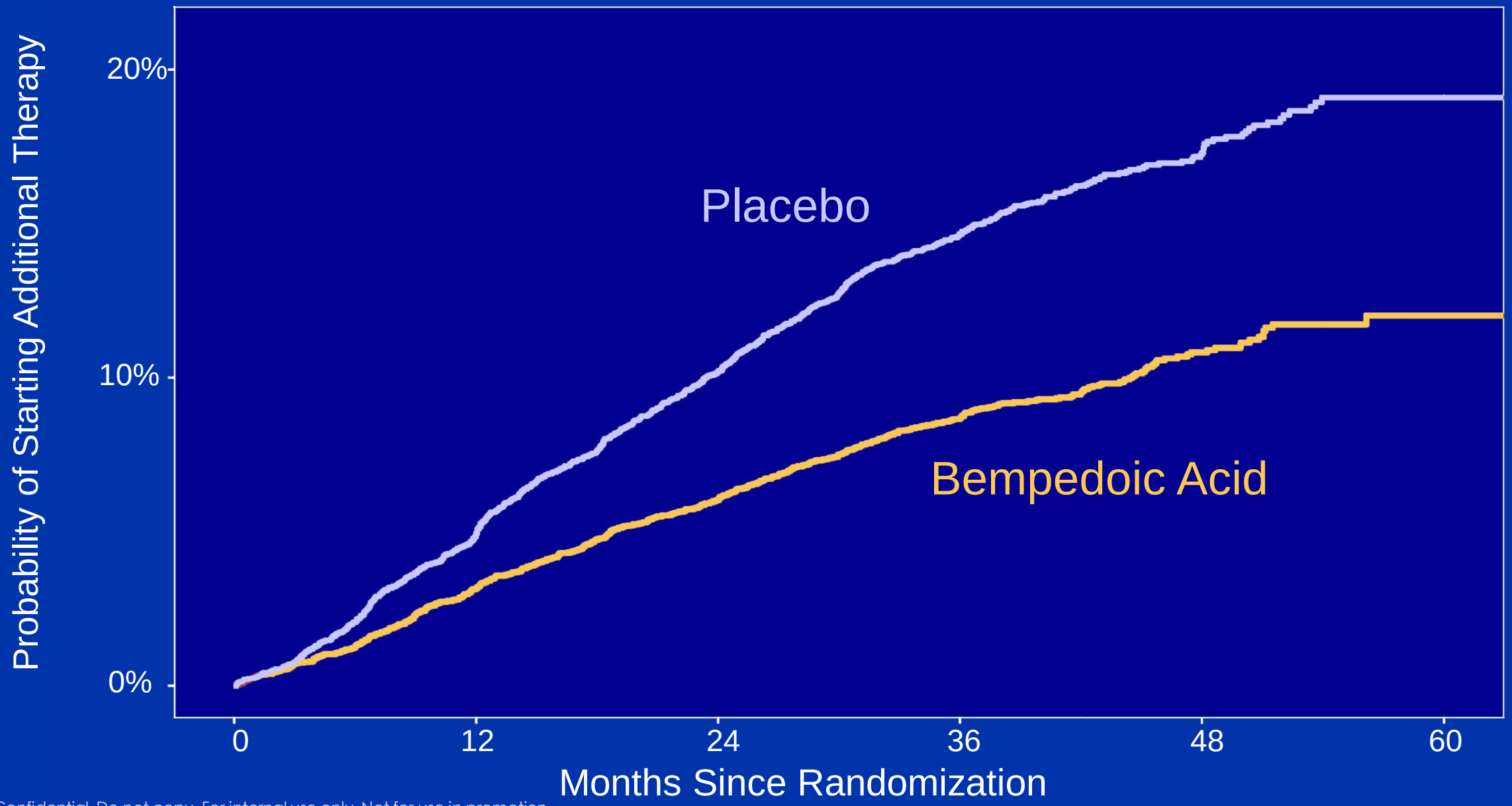
# Summary of All LMT Cross-ins During the Trial

| LMT Category | Bempedoic Acid (N = 6992) | Placebo (N = 6978) |
|---|---|---|
| **Any LMT** | 660 ( 9.4%) | 1089 (15.6%) |
| Statins* | 283 (4.0%) | 456 (6.5%) |
| PCSK9 inhibitors -mAb | 194 (2.8%) | 306 (4.4%) |
| Selective Cholesterol Absorption Inhibitors (Ezetimibe) | 189 (2.7%) | 382 (5.5%) |
| Fibrates | 72 (1.0%) | 91 (1.3%) |
| Bile Acid Sequestrants | 11 (0.2%) | 17 ( 0.2%) |
| Bempedoic Acid | 11 (0.2%) | 10 (0.1%) |
| Fixed Dose Combination: Bempedoic Acid + Ezetimibe | 6 (0.1%) | 3 (<0.1%) |
| PCSK9-siRNA | 4 (0.1%) | 5 (0.1%) |
| Niacin derivatives | 4 (0.1%) | 6 (0.1%) |



* At the end of the study <4% patients receiving a moderate or high intensity statin

# Time to Cross-in to Additional Lipid Modifying Therapy



# CTTC End Point Calculation

| Bempedoic Acid (N=6992), n (%) | Placebo (N=6978), n (%) | HR | P-value |
|---|---|---|---|
| 703 (10.1) | 816 (11.7) | **0.85 (0.77,0.94)** | 0.001 |

| | **Bempedoic Acid (N=6992)** | **Placebo (N=6978)** |
|---|---|---|
| Baseline, n | 6992 | 6978 |
| Mean (SD) | 139.0 (34.9) | 139.0 (35.2) |
| Month 12, n | 5977 | 5824 |
| Mean (SD) | 107.2 (37.8) | 133.2 (41.4) |
| Change from baseline, LS Mean (SE) | -28.5 (0.42) | -2.47 (0.43) |
| Difference of LS Means (SE) | -26.1 (0.59) mg/dl **(0.67 mmol/L)** | |

CTTC calculation = Expected HR for 0.67 mmol/L LDL-C reduction = **0.846**

# Outcomes: Non-Statin LDL-C Lowering Therapies

| | 3-Component MACE | Nonfatal MI |
|---|---|---|
| Ezetimibe | 0.90 | 0.87 |
| Evolocumab | 0.80 | 0.73† |
| Alirocumab | 0.86* | 0.86 |
| Bempedoic Acid | 0.85 | 0.73 |

*Trial used all-cause mortality rather than CV death

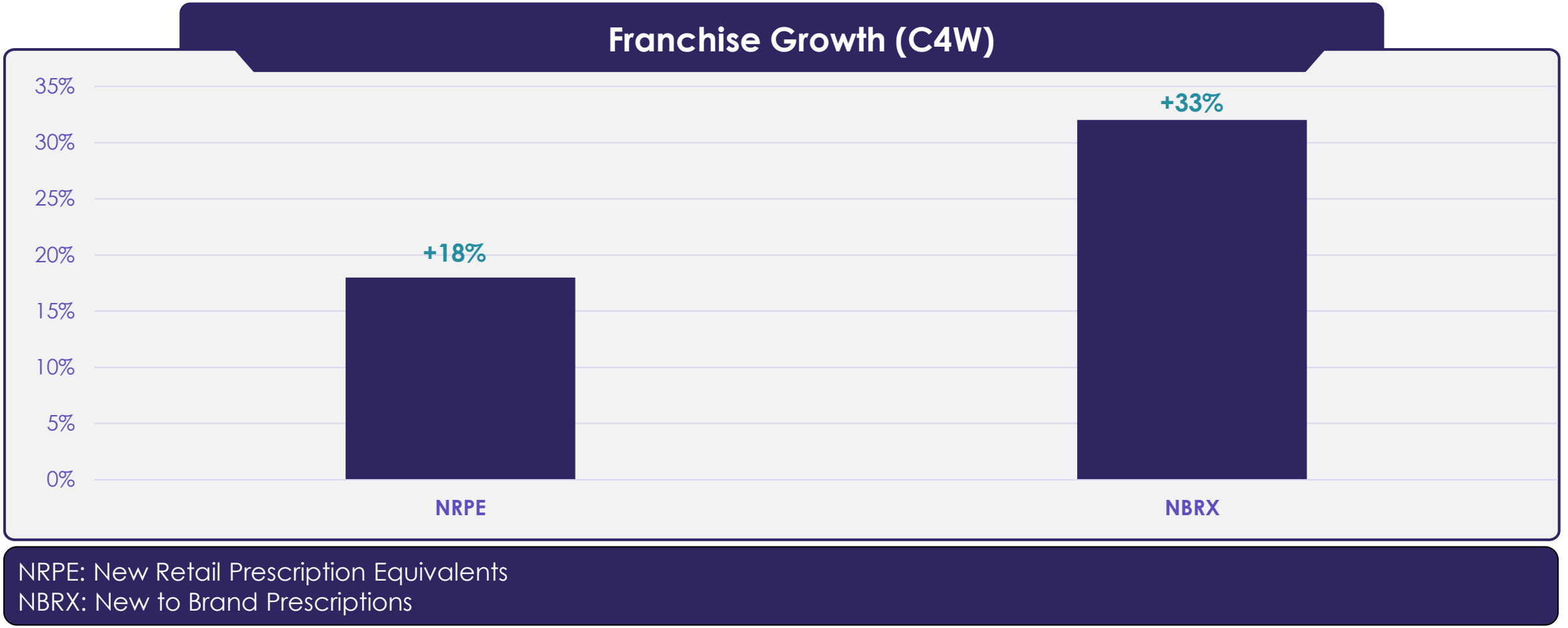
†Fatal and nonfatal MI

# Commercial Update

Eric Warren, R.Ph.

Chief Commercial Officer

# We Entered ACC 23 With Momentum, Demonstrating Robust Franchise Growth Across Key Metrics (NRPE and NBRX)




NRPE: New Retail Prescription Equivalents
NBRX: New to Brand Prescriptions

Symphony Health RX data through 2/17/23 (Combined NEXLIZET and NEXLETOL)

CLEAR Outcomes

# CLEAR Outcomes is the Catalyst for Exponential Growth

1. **First Non-Statin LDL-C Lowering Agent to Demonstrate Clinical Outcomes Benefit in a combination of High-Risk Primary and Secondary Prevention Patients**
2. **Quantitative Market Research Validates the Significant Role NEXLIZET and NEXLETOL will Play in Clinical Practice**
3. **Commercial Activities will be Scaled to Realize Full-Potential**

**NEXLIZET/NEXLETOL is the CLEAR Next Step after Statins**




CLEAR Outcomes

# Enhanced Positioning Post CLEAR Outcomes

## 6x Increase in Addressable Patients by Removing Max Tolerated Statin and ASCVD Limitations

**Today**


"ADD" NEXLIZET/NEXLETOL to reduce LDL-C

**Post CLEAR Outcomes**


NEXLIZET/NEXLETOL 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




CLEAR Outcomes

# Quantitative Market Research Validates the Significant Role NEXLIZET and NEXLETOL will have as the CLEAR Next-Step after Statins

**Methodology:**

- 250 HCPs (CDs, PCPs, Endos) Including both prescribers and non-prescribers of NEXLIZET/NEXLETOL
- 30-minute conjoint analysis assessing market share using ranges of outcomes across key primary and secondary endpoints

**Results:**

**Totality of evidence drives exponential increase in market share**

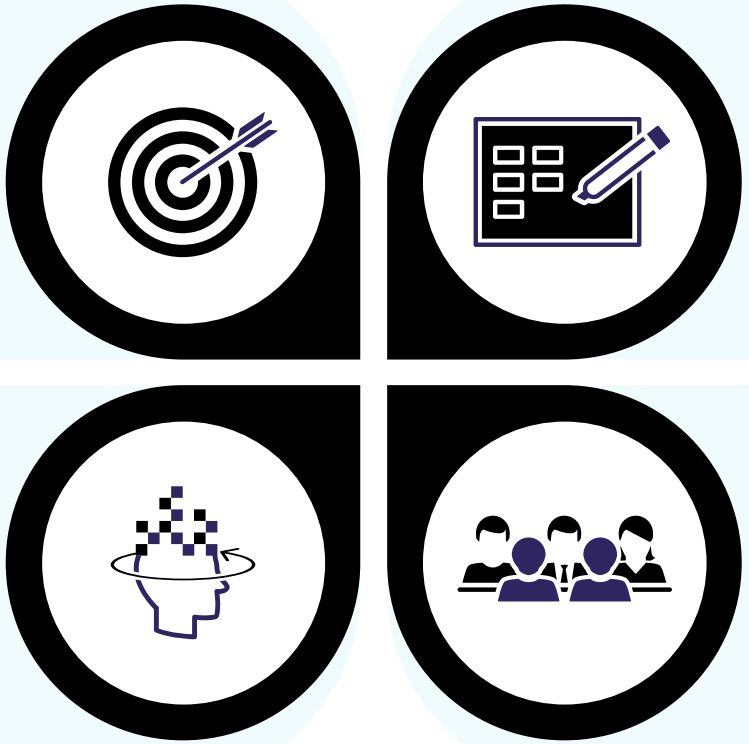
- MACE-4 RRR ranging between 11-17% resulted in ~equivalent and significant share increases
- 95% of clinicians said they would now prescribe NEXLIZET or NEXLETOL "Next" after a statin
- Clinicians will increase prescribing for both primary and secondary prevention patients
- NEXLIZET and NEXLETOL will take share across a range on non-statins with ezetimibe (market leading non-statin) the #1 source of business




CLEAR Outcomes

# Commercial Activities Underway To Ensure NEXLIZET and NEXLETOL are the CLEAR Next Step after Statins

**HCP Segmentation and Field Sales Force Sizing**
(Q1 2023)



**Promotional Message Updates Leveraging Current Label**
(Q2 2023)

**Prepare CLEAR Launch Campaign and Promotional Messaging**
(Q2 2023 - Q1 2024)

**Field Sales Force Expansion in Advance of Label Change**
(Q4 2023)

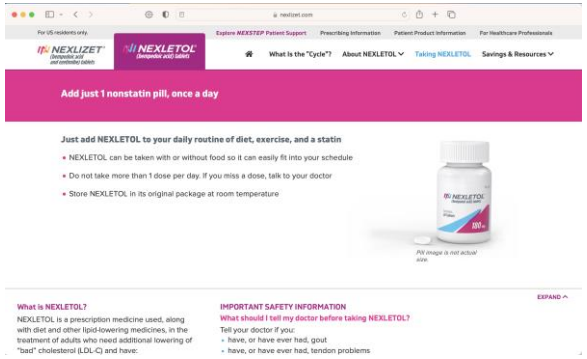



CLEAR Outcomes

# ACC 23: Late Breaker Has Generated Significant Increase in Brand Awareness

**1426%** ⬆

**PATIENT WEBSITE ACTIVITY**








CLEAR Outcomes

# Payer Update

**BJ Swartz**

**Chief Strategy Officer**

# Place in Therapy and Formulary Positioning

Appropriate utilization criteria for NEXLETOL and NEXLIZET is **NEXT** for patients using statins or history of statin intolerance, and stepped before PCSK9is, as a non-specialty oral product with proven outcomes data.

**Current Payer Coverage**

- 90% Commercial and 34% Medicare
- Bempedoic acid placed ***NEXT*** as an add-on treatment for high-risk (ASCVD) patients already on maximally tolerated statin therapy who need additional LDL-C lowering to achieve treatment goals
- Immediately post ACC, 30 Payer clinical meetings scheduled

**With CLEAR Outcomes... Reduced burden of PAs**

- Bempedoic acid becomes the only oral non-statin therapy to demonstrate CV risk reduction in both primary and secondary prevention
- Bempedoic acid provides good value by preventing CV events in high-risk patients and patients with established ASCVD while reducing the need for expensive, injectable therapies (PCSK9is)
- Anticipate rapid uptake of Medicare coverage to 70%




CLEAR Outcomes

# FY 2023 Financial Guidance

Ben Halladay

Chief Financial Officer

# Financial Strength to Deliver Growth

## Cash runway sufficient beyond CLEAR Outcomes through the end of 2023

**$167M** 2022 Cash, Cash Equivalents & Investment Securities Available-for-Sale

**$300M** Expected Milestone Payment for European Label Expansion

### 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 |
| Q4 2022 Common Shares Outstanding [2] | 74.6 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




CLEAR Outcomes

# Key Takeaways

Sheldon Koenig

President & CEO

# Key Takeaways

**1**

We have a unique and successful outcome study in a large therapeutic category that demonstrates the benefits of bempedoic acid, the active ingredient in NEXLETOL® & NEXLIZET®

**2**

We are poised for a major inflection in sales and prescriptions and are targeting blockbuster status

**3**

Based on the robustness of the CLEAR Outcomes data, we believe we would be entitled to receive $300 million in milestone payments from collaborative partners upon inclusion of cardiovascular risk reduction data in the European label and up to $140 million upon other regulatory milestones




CLEAR Outcomes

# Thank you



CLEAR Outcomes

# Q & A



CLEAR Outcomes

# Important Safety Information



CLEAR Outcomes

# 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