BEMPEDOIC ACID / EZETIMIBE COMBINATION TABLET PHASE 2 STUDY (1002-058)

Top-Line Results

ESPERION® The Lipid Management Company

SAFE HARBOR

FORWARD – LOOKING STATEMENTS

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ESPERION: LIPID MANAGEMENT FOR EVERYBODY

Convenient, Oral, Once-Daily Therapy

Convenient, once-daily, oral, cost effective therapies are preferred by patients, physicians, and payers

High Unmet Need

>18 million patients in the US not at their LDL-C goal despite broad use of statins, including >6 million patients considered "statin averse"[1]

Early Alignment on Reimbursement

Initial payer feedback highly positive, pursuing preferential formulary position

Optimal Positioning and Pricing Strategy

Preparing to provide access to BA and BA/EZE combo tablet to millions of appropriate patients:
- Complement statins

New ACC/AHA Guidelines

More than 60 percent of ASCVD patients who are not able to reach their LDL-C goals with statins alone need less than an additional 40 percent reduction to reach their LDL-C goal[2]

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(1) ZS Associates primary and secondary research, 2018
(2) Data on file: analysis of NHANES database. Esperion Therapeutics, Inc. 2019

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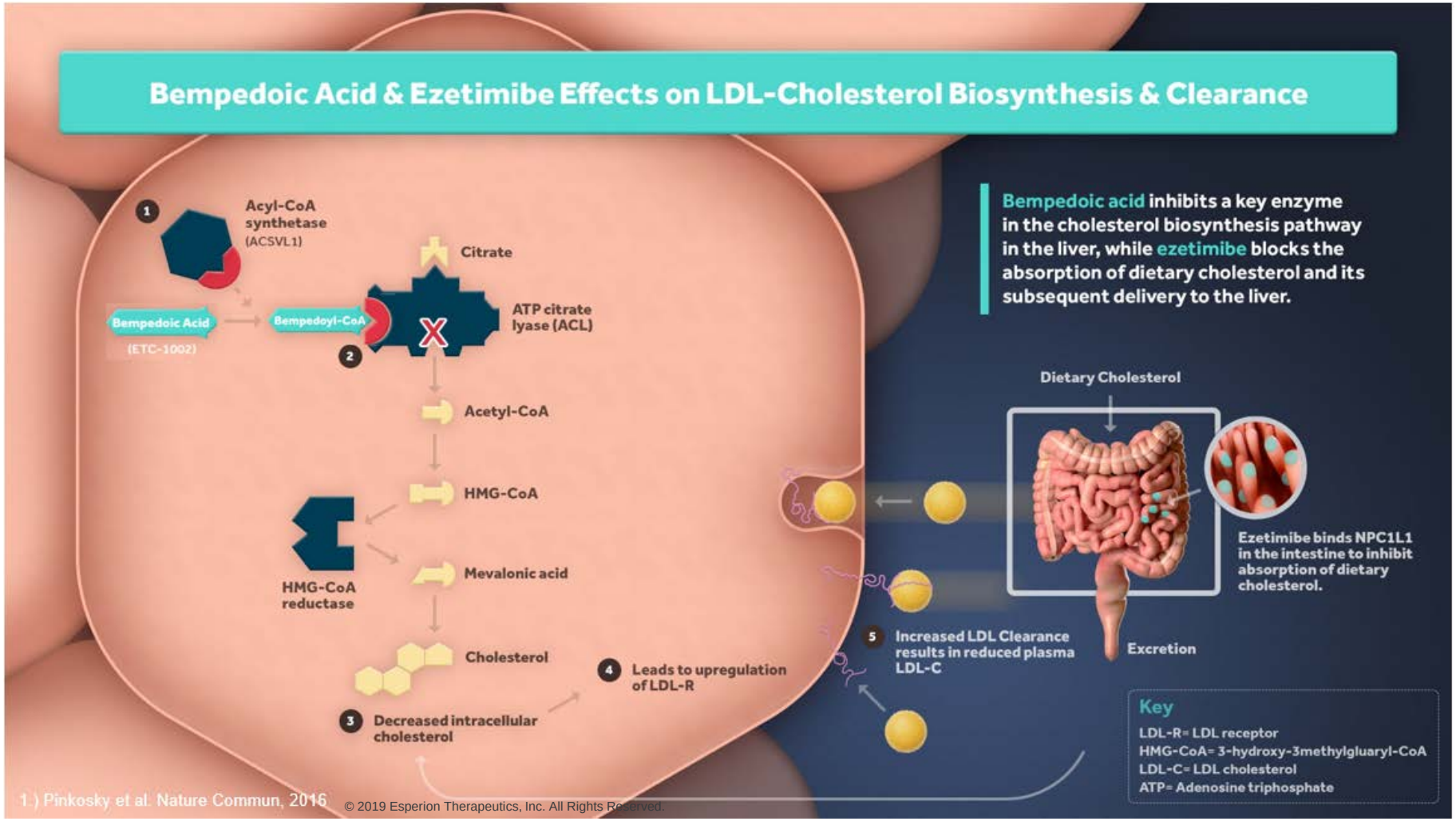
BEMPEDOIC ACID / EZETIMIBE COMBINATION TABLET

COMPLEMENTARY NON-STATIN MECHANISMS OF ACTION (MOAS)



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STUDY 058 RESULTS

1002-058 SUMMARY OF STUDY FINDINGS

In the 1002-058 Study, bempedoic acid / ezetimibe combination tablet in patients with elevated LDL-C and type 2 diabetes provided:

- 40% LDL-C lowering versus placebo ($p<0.001$)
- 25% hsCRP reduction versus baseline ($p<0.001$)
- No worsening of glycemic control

The bempedoic acid / ezetimibe combination tablet demonstrated:

- Overall adverse events (AEs) comparable to placebo
- No increases in muscle-related AEs; no SAEs; no discontinuations due to AEs; no elevations in LFTs were observed

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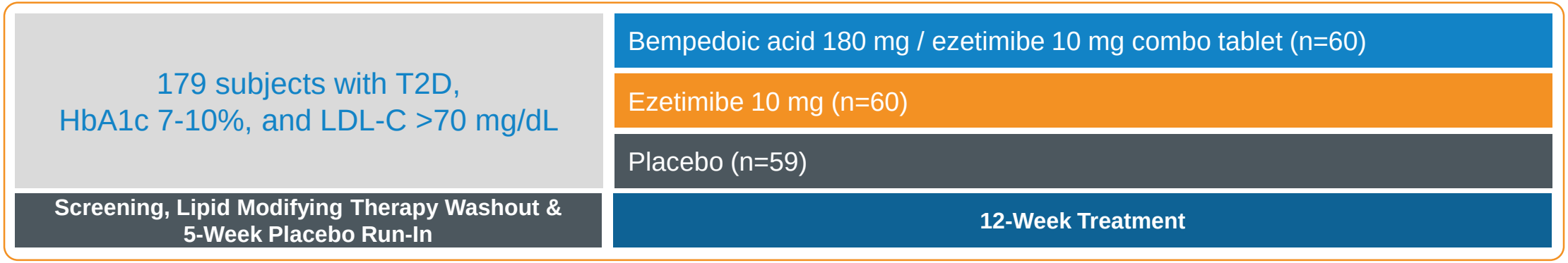
1002-058 STUDY DESIGN



Co-Primary Objectives

- LDL-C lowering efficacy of the bempedoic acid / ezetimibe combination tablet vs placebo
- LDL-C lowering efficacy of the bempedoic acid / ezetimibe combination tablet vs ezetimibe

Secondary Objectives

- Effect on HbA1c levels
- Effect on hsCRP, non-HDL-C, ApoB, total cholesterol and TGs
- Safety and tolerability

Exploratory Objectives

- Fasting glucose, fasting insulin, insulin resistance, beta cell function, and additional glycemic measurements

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1002-058 STUDY DEMOGRAPHICS & BASELINE CHARACTERISTICS

	Bempedoic Acid / Ezetimibe Combination Tablet N=60	Placebo N=59	Ezetimibe N=60	Total Across Study N=179
Demographics				
Age: years	61.4 ± 9.1	61.9 ± 8.5	60.8 ± 8.3	61.4 ± 8.6
Gender: % Female (M/F)	45%	51%	48%	48%
Race				
White: % (N)	68%	70%	73%	70%
Baseline Characteristics; Mean ± SD				
BMI: kg/m^2	31.1 ± 4.7	31.2 ± 4.4	31.6 ± 4.3	31.3 ± 4.5
Diabetes duration (yrs)	11.1 ± 8.9	11.5 ± 7.0	12.5 ± 6.5	11.7 ± 7.5
Hypertension: % (N)	80%	75%	80%	78%
Background Diabetes Medications; %(N)				
Metformin	77%	70%	80%	75%
Sulfonylurea	32%	41%	40%	37%
Other	12%	12%	5%	10%

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1002-058 STUDY DEMOGRAPHICS & BASELINE CHARACTERISTICS (CONT.)

	Bempedoic Acid / Ezetimibe Combination Tablet N=60	Placebo N=59	Ezetimibe N=60	Total Across Study N=179
Primary Efficacy Endpoint				
LDL-C: mg/dL	145.1 ± 31.5	143.4 ± 26.4	139.2 ± 28.1	142.6 ± 28.7
Secondary Efficacy Endpoints				
Non-HDL-C: mg/dL	181.7 ± 36.6	177.4 ± 29.1	172.9 ± 33.3	177.3 ± 33.2
Total Cholesterol: mg/dL	230.3 ± 37.2	225.9 ± 32.8	221.3 ± 33.6	225.9 ± 34.6
apoB: mg/dL	121.6 ± 23.0	120.8 ± 18.5	117.3 ± 23.0	119.9 ± 21.6
hsCRP*: mg/L	2.6 (1.7,4.9)	3.5 (1.5,8.0)	2.4 (1.5,5.6)	2.6 (1.6,5.7)
HbA1c: %	7.86 ± 0.93	8.02 ± 0.77	7.96 ± 1.28	7.95 ± 1.01
Other Endpoints				
Fasting plasma glucose: mg/dL	162.4 ± 46.1	174.2 ± 57.5	153.3 ± 46.7	163.2 ± 50.8
Triglycerides*: mg/dL	172.3 (127.5,238.5)	163.0 (124.5,219.5)	159.3 (118.3,236.5)	163.0 (121.1,232.5)
HDL-C: mg/dL	48.7 ± 13.1	48.5 ± 13.5	48.0 ± 10.8	48.4 ± 12.4

Mean ± SD; *Median (Q1,Q3)

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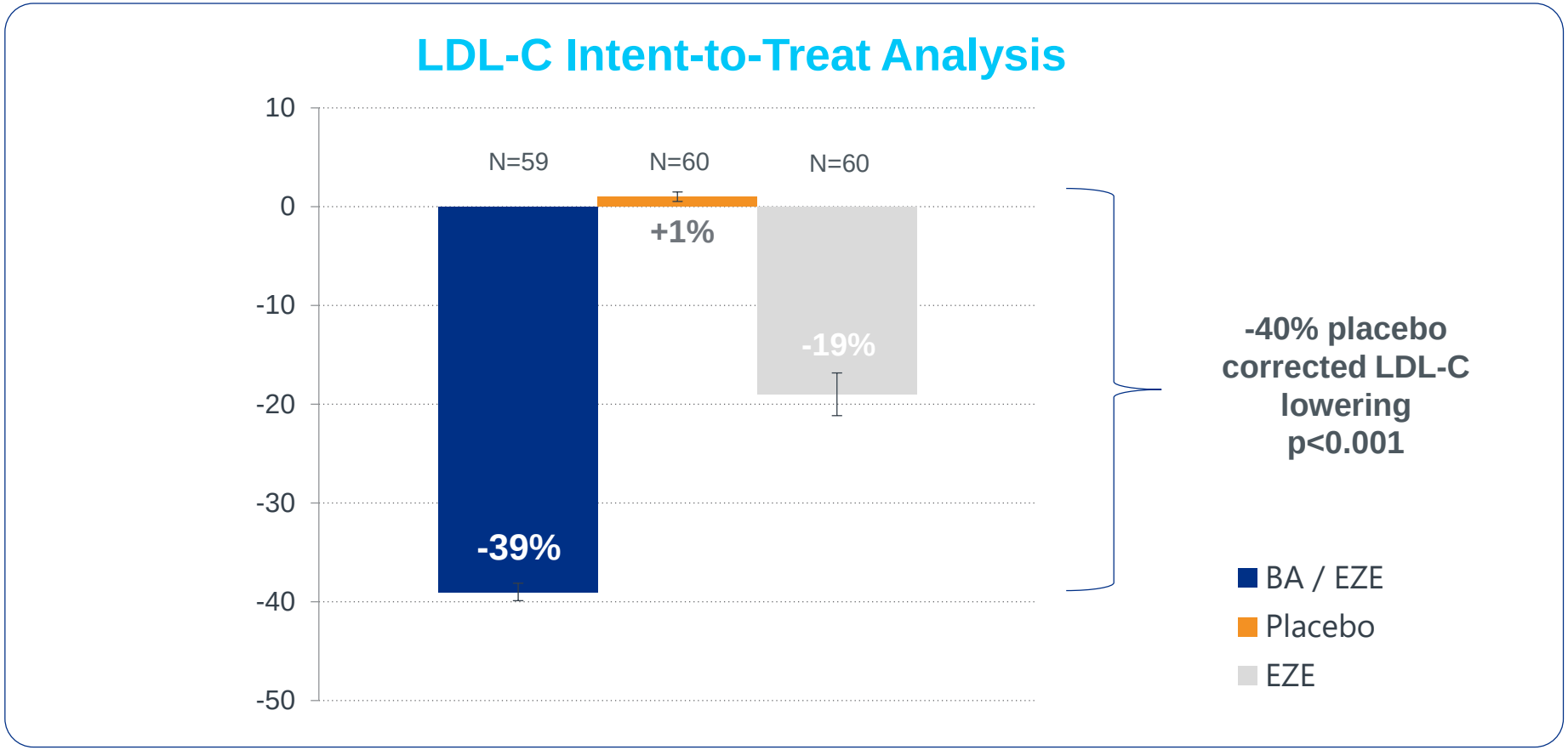
1002-058 STUDY LDL-C LOWERING RESULTS



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1002-058 STUDY LDL-C LOWERING RESULTS (CONT.)

Treatment Goal	% of Patients Meeting Treatment Goal at Week 12		
	Bempedoic Acid / Ezetimibe Combination Tablet N=60	Placebo N=59	Ezetimibe N=60
LDL-C < 70 mg/dL	39%*	0	5%
LDL-C < 100 mg/dL**	72%*	9%	32%
LDL-C reduction > 50%	41%*	0	0

*p<0.001 for BA/EZE vs placebo and BA/EZE vs EZE
**Post-hoc analysis

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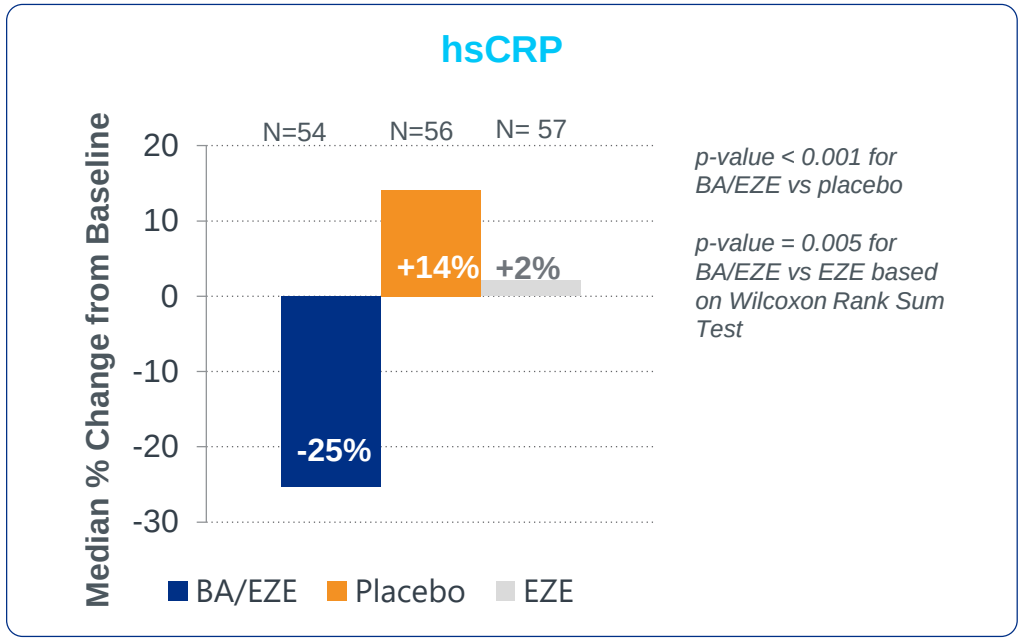
1002-058 STUDY KEY SECONDARY ENDPOINTS

In the 1002-058 Study, bempedoic acid / ezetimibe combination tablet provided:

- 25% hsCRP reduction versus baseline (p<0.001)
- No worsening of glycemic control
- Reductions in total cholesterol (27%), ApoB (27%) and non-HDL-C (33%) versus placebo (p<0.001)



Baseline hsCRP (median; Q1, Q3, mg/dL)	2.6 (1.7,4.9)	3.5 (1.5,8.0)	2.4 (1.5,5.6)
N=	60	59	60

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1002-058 STUDY TOP-LINE SAFETY

Treatment Emergent Adverse Events (AEs)	Bempedoic Acid / Ezetimibe Combination Tablet N=60	% of Patients Placebo N=59	Ezetimibe N=60
Any AE(s)	43%	37%	30%
Serious AE(s)	0	2%	2%
Discontinuation due to AE(s)	0	0	2%
Fatal Adverse Events	0	0	0

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1002-058 STUDY TOP-LINE LIVER AND MUSCLE SAFETY

Treatment Emergent Adverse Events (AEs)	Bempedoic Acid / Ezetimibe Combination Tablet N=60	% of Patients	
		Placebo N=59	Ezetimibe N=60
Potential Muscle-related AE(s) in All Patients			
Muscle-related AE(s)	2%	2%	2%
Myalgia	0	2%	0
Muscle Spasms	2%	0	2%
Discontinuation due to AE(s)	0	0	2%
Lab Abnormalities			
Repeated & confirmed ALT/AST >3X ULN	0	0	2%
Repeated & Confirmed incidence of CK >5X ULN	0	0	0

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1002-058 STUDY CONCLUSIONS

In Study 058, treatment with the bempedoic acid / ezetimibe combination tablet in patients with elevated LDL-C and type 2 diabetes provided:

- Clinically and statistically significant 40% LDL-C lowering and 25% hsCRP reductions ($p<0.001$)
- No worsening of glycemic control
- Did not lead to higher overall adverse events compared with placebo

The Bempedoic acid / ezetimibe combination tablet could be an important, new, oral, once-daily treatment option that provides efficacious LDL-C lowering in patients with hypercholesteremia, including those with type 2 diabetes.

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LOOKING AHEAD

ESPERION: FOCUSED ON DEVELOPING ONCE-DAILY, ORAL, COST EFFECTIVE THERAPIES

"LIPID MANAGEMENT FOR EVERYBODY" WITH AIM TO PROVIDE BENEFIT FOR PATIENTS, PAYERS AND PHYSICIANS

Patients

Focused on getting appropriate patients to their LDL-C goal with a safe and effective, oral, once-daily, convenient and cost-effective option

Payers

Developing products that address the need for efficacious, safe, tolerable, cost-effective LDL-C management

Physicians

Nearly **70%** of physicians are likely to prescribe a safe and effective, oral, once-daily therapy with ease of administration

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MARKET RESEARCH SHOWS HCPS PERCEIVE BA & BA/EZE AS VALUABLE AND POTENTIAL FOR UP TO AN 18% SHARE

- Overall, physicians rated BA to be highly valuable, 7.5 out of a 10-point scale (10 = very valuable)
- BA & BA/EZE may garner up to ~18% share of LDL-lowering treatment prescribing when introduced

- Physicians were most likely to prescribe BA due to ease of oral administration, good efficacy and safety profile

What is your likelihood to prescribe BA?
(1-7 Scale: 1=Extremely Negative, 7=Extremely Positive)

	Total (n=38)	PCP (n=19)	Specialists (n=19)
Top 3 Box	**48%**	**48%**	**48%**
Middle Box	**21%**	**26%**	**16%**
Bottom 3 Box	32%	26%	37%

What is your likelihood to prescribe BA/EZE?
(1-7 Scale: 1=Extremely Negative, 7=Extremely Positive)

	Total (n=38)	PCP (n=19)	Specialists (n=19)
Top 3 Box	**64%**	**74%**	**53%**
Middle Box	**22%**	**11%**	**32%**
Bottom 3 Box	16%	16%	16%

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(1) Share Allocation Assessment Quant, July 2019 N=100
(2) MME Bempedoic Acid Quant Pricing Study, March 2019 N=142 HCPs
(3) Cognitive Consulting Online Bulletin Board, July 2019 N=42

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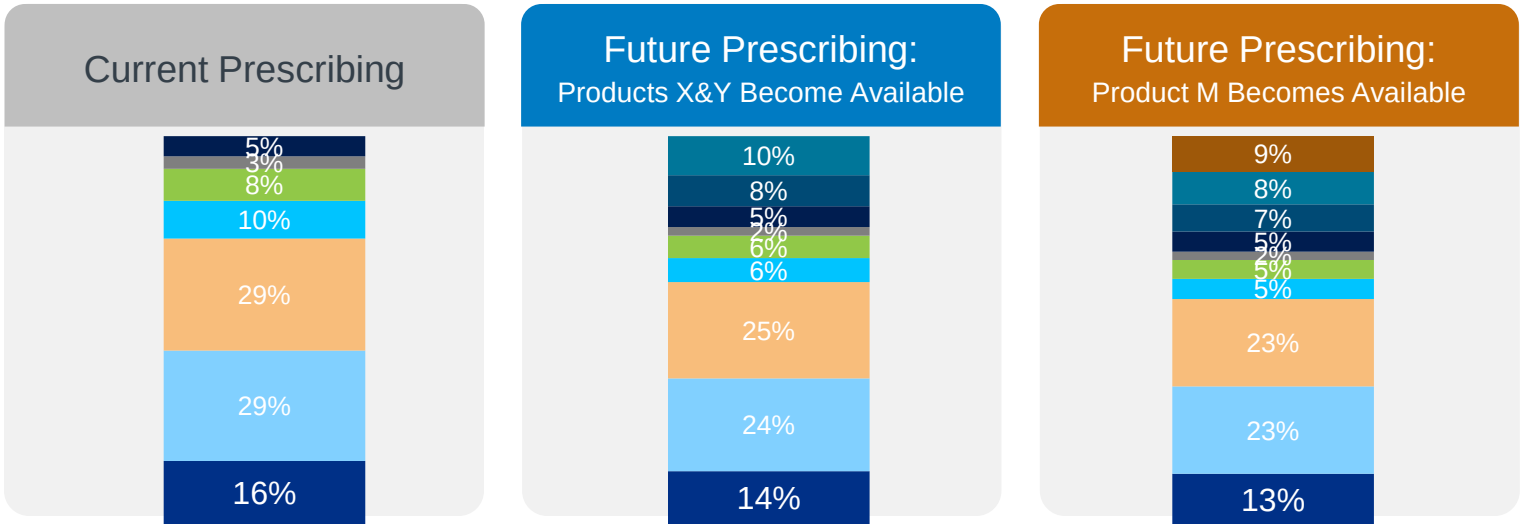
MARKET RESEARCH INDICATES BA & BA/EZE HOLD ~15% PREFERENCE SHARE OF THE LDL-LOWERING MARKET WHEN INCLISIRAN BECOMES AVAILABLE

Source of Volume

(% of Patients, Total HCPs)

- % Product M (inclisiran)
- % Product Y (BA / EZE combination tablet)
- % Product X (bempedoic acid)
- % PCSK9is (e.g. Repatha)
- % Colesevelam (e.g. Welchol)
- % Simvastatin/ ezetimibe (e.g. Vytorin)
- % Ezetimibe (e.g. Zetia)
- % Statins, high intensity
- % Statins, moderate intensity
- % Statins, low intensity



	Card	Endo	PCP	Gastro	Card	Endo	PCP	Gastro	Card	Endo	PCP	Gastro
% Product M (inclisiran)									10%	9%	10%	8%
% Product Y (BA / EZE combination tablet)					20%	17%	24%	15%	17%	14%	22%	12%
% Product X (bempedoic acid)												
% PCSK9is (e.g. Repatha)	9%	3%	5%	2%	8%	6%	4%	3%	8%	5%	4%	3%
% Colesevelam (e.g. Welchol)	3%	4%	5%	2%	2%	3%	3%	2%	2%	3%	2%	2%
% Simvastatin/ ezetimibe (e.g. Vytorin)	5%	10%	10%	10%	3%	8%	6%	7%	2%	8%	4%	6%
% Ezetimibe (e.g. Zetia)	12%	11%	11%	6%	6%	8%	7%	5%	5%	7%	6%	3%
% Statins, high intensity	36%	26%	22%	26%	31%	20%	20%	24%	29%	17%	19%	21%
% Statins, moderate intensity	24%	25%	29%	36%	21%	22%	22%	30%	19%	20%	20%	30%
% Statins, low intensity	11%	20%	18%	18%	10%	17%	14%	15%	9%	16%	14%	15%

Source: Share Allocation Assessment Quant, July 2019. N=100 Physicians.

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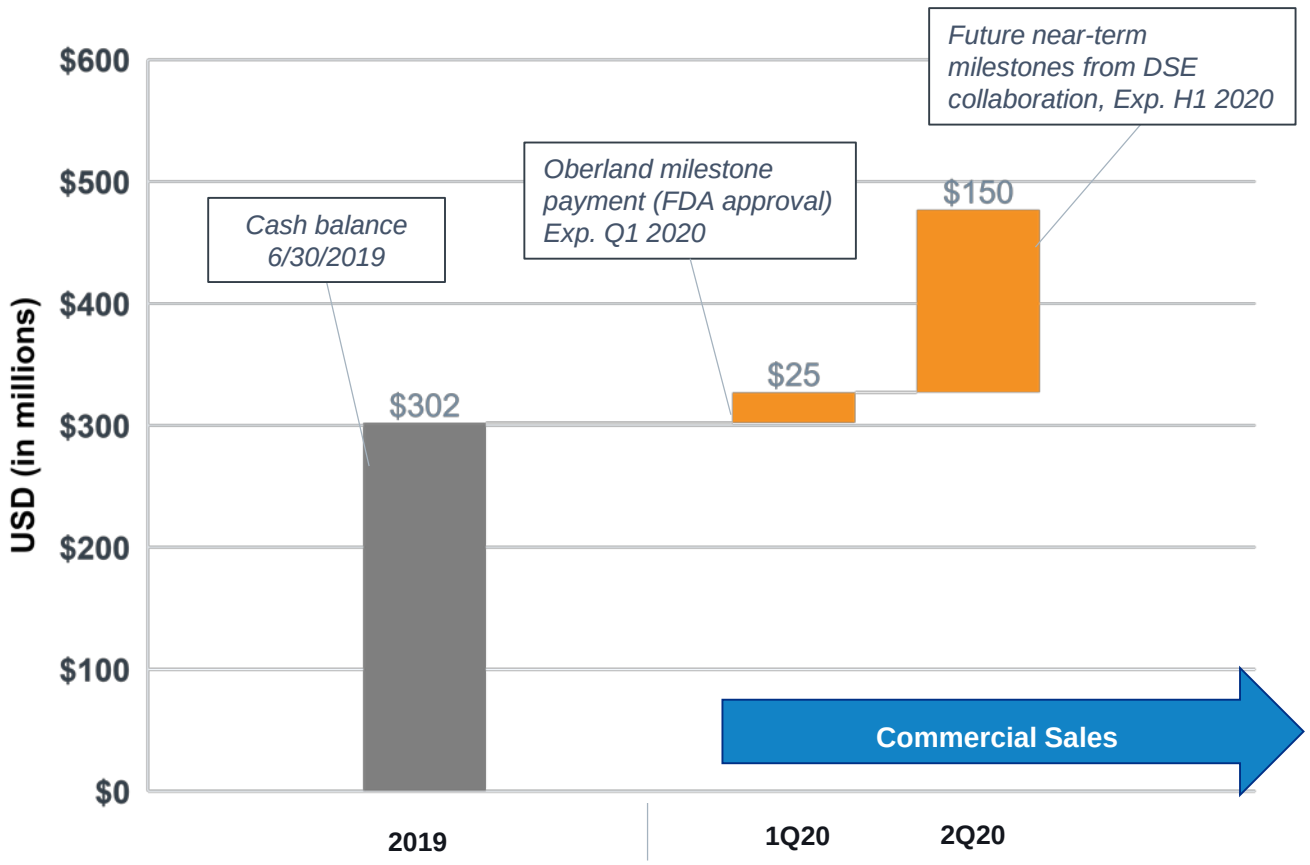
ESPERION: FULLY FUNDED THROUGH PROFITABILITY

Near-Term Capital Proceeds from Collaboration Agreements



- Signed largest EU licensing agreement in the last decade with Daiichi Sankyo Europe (DSE)
  - $300 million in upfront and near-term milestones
  - $900 million in total milestones
  - Tiered royalties between 15% – 25%
- Cash as of 2Q 2019: $302 million
  - Future near-term milestone payment from Oberland upon FDA approval, Q1 2020 ($25 million)
  - Future near-term payment from DSE collaboration agreement, 1H 2020 ($150 million)
- Future capital available upon the completion of a ex-US ROW collaboration
- Significant cash balance to fund the US commercial launch in Q1 2020

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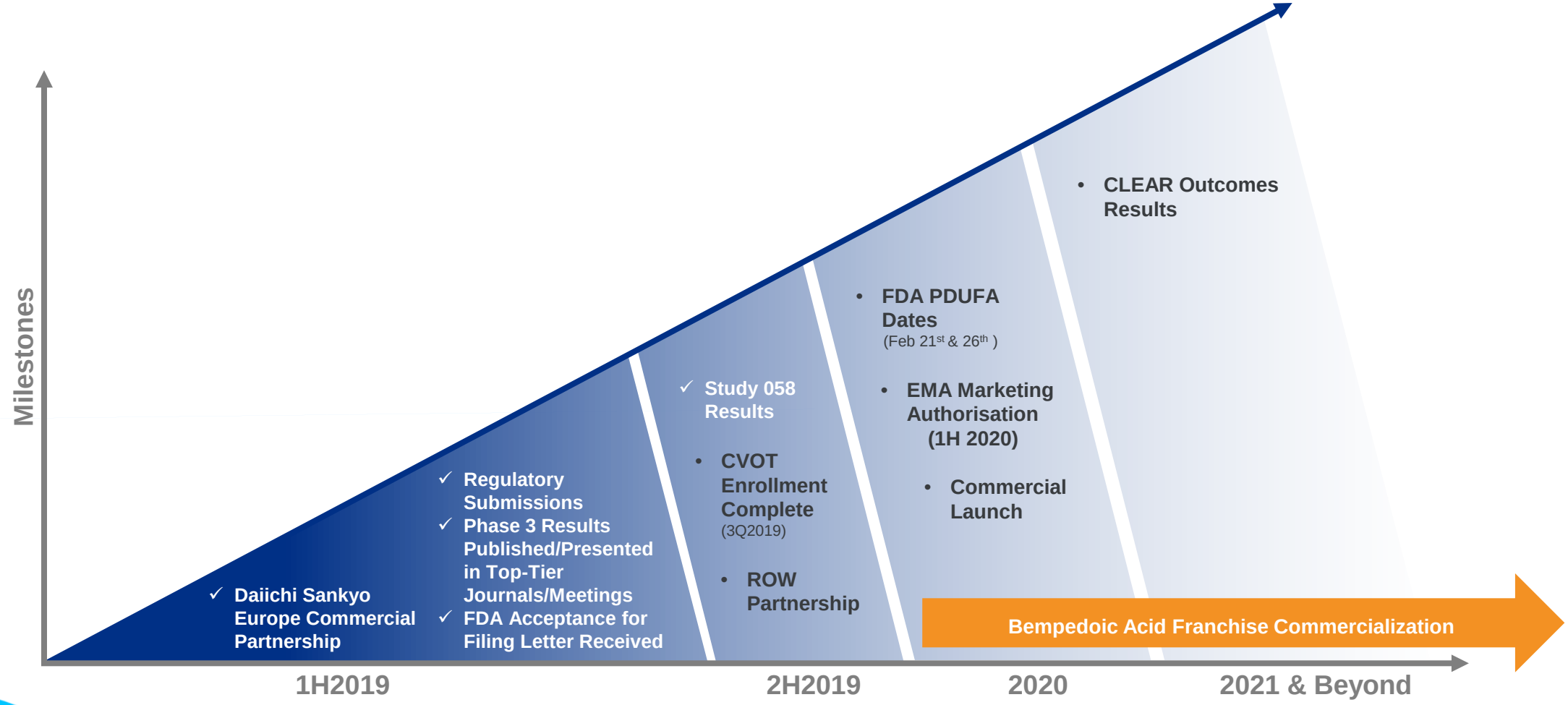
ESPERION: PROVIDING SUSTAINABLE VALUE CREATION

MILESTONES & KEY EVENTS



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