ESPERION | REACHING GOALS

Esperion Corporate Presentation

May 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.

Investment Highlights

Attractive cardiovascular portfolio with significant growth opportunity

Attractive market

Large attractive cholesterol-lowering market with high unmet need

Differentiated therapy

The first non-statin LDL-C lowering therapy to demonstrate outcomes benefit in a combination of high-risk primary and secondary prevention patients

Blockbuster potential

Poised to help patients with established cardiovascular disease or at high risk for cardiovascular disease and not at their LDL-C goal despite being on a statin, or having tried a statin in the past

Compelling pipeline

Continuing to advance our allosteric platform for next generation ACLY with potential for broad therapeutic application; in pre-clinical stages

Strong IP

Composition of matter and/or market exclusivity coverage through mid-2031* in major markets, providing opportunity for ample growth and value creation

Experienced team

Executive team, board of directors, and scientific advisory board all deeply entrenched in cardiovascular space

* Pending pediatric exclusivity extension grant

Elevated Bad Cholesterol

An established risk factor for cardiovascular disease

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

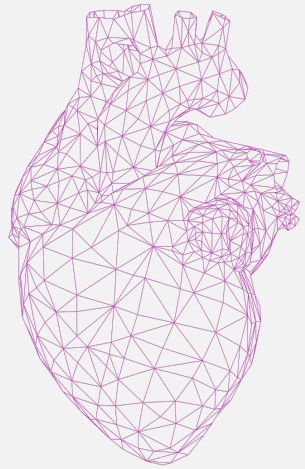
Accounts for ~1 in 3 deaths in the U.S. and Europe [1]

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]

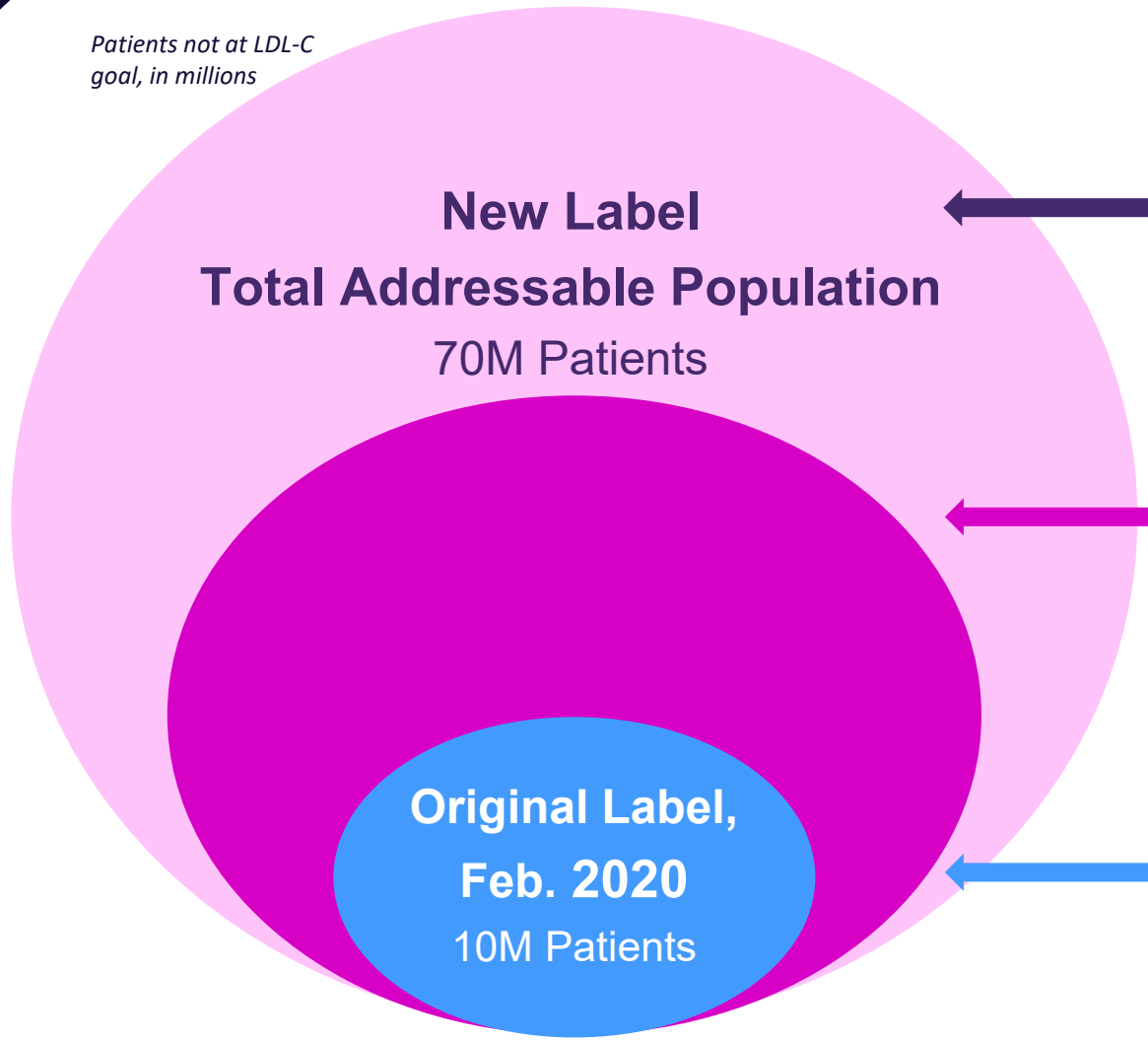
#1 Cause Of Death Worldwide



1. World Health Organization
2. CDC 2017-2030
3. Ference BA, Ginsberg HN, Graham I, et al. *Eur Heart J.* 2017;38(32):2459-2472. doi:10.1093/eurheartj/ehx144
4. Mckinsey & Co.

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.

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 statin therapy for the treatment of primary hyperlipidemia in adults with heterozygous familial hypercholesterolemia (HeFH) or atherosclerotic cardiovascular disease (ASCVD) who require additional lowering of LDL-C. Important safety information can be found on slides 19 and 20. 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 with an option *next* after statins

70 million patients *need additional LDL-C lowering* [1]

Oral Medications: 4 out of 5 patients prefer a pill [2]

Statins

Mostly generic

First-line, widely used

Combinable for incremental LDL-lowering

Tolerability issues [3]

25-55% drops in LDL-C

Adjunct Therapies

NEXLETOL® (bempedoic acid) 180mg tablets	Broadly combinable Potential first-line for statin intolerance 18-25% drops in LDL-C
NEXLIZET® (bempedoic acid/ezetimibe) 180mg/10mg tablets	Broadly combinable Potential first-line for statin intolerance Combination of bempedoic acid + ezetimibe 38% drop in LDL-C
Ezetimibe	Mostly generic Widely used Combinable for incremental LDL-D lowering 15-18% drops in LDL-C

Oral non-statin gap

Injectable Medication

PCSK9i: Adjunct Therapy

Higher cost

Recurring shots

45-64% drops in LDL-C

1. Refer to slide 5 for references.
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3003606/
3. Bruckert E, Hayem G, Dejager S, Yau C and Begaud B. *Cardiovasc Drugs Ther*. 2005;19:403-14.

A Real Game Changer – Landmark CLEAR Outcomes Study

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

New class of medicine, ATP citrate lyase inhibitor

~14,000 patients in 32 countries

Focused on significant, underserved population, including ~50% women

Unprecedented CVOT

Results published in NEJM

- MACE-4 reduction of 13%; MACE-3 reduction of 15%
- Myocardial infarction reduction of 23%; coronary revascularization reduction of 19%
- LDL-C reduction of 22%; hsCRP reduction of 22%
- First dedicated trial for statin intolerant patients
- 70% secondary prevention / 30% primary prevention

CLEAR Outcomes

Primary prevention results published in JAMA

- MACE-4 reduction of 30%; MACE-3 reduction of 36%

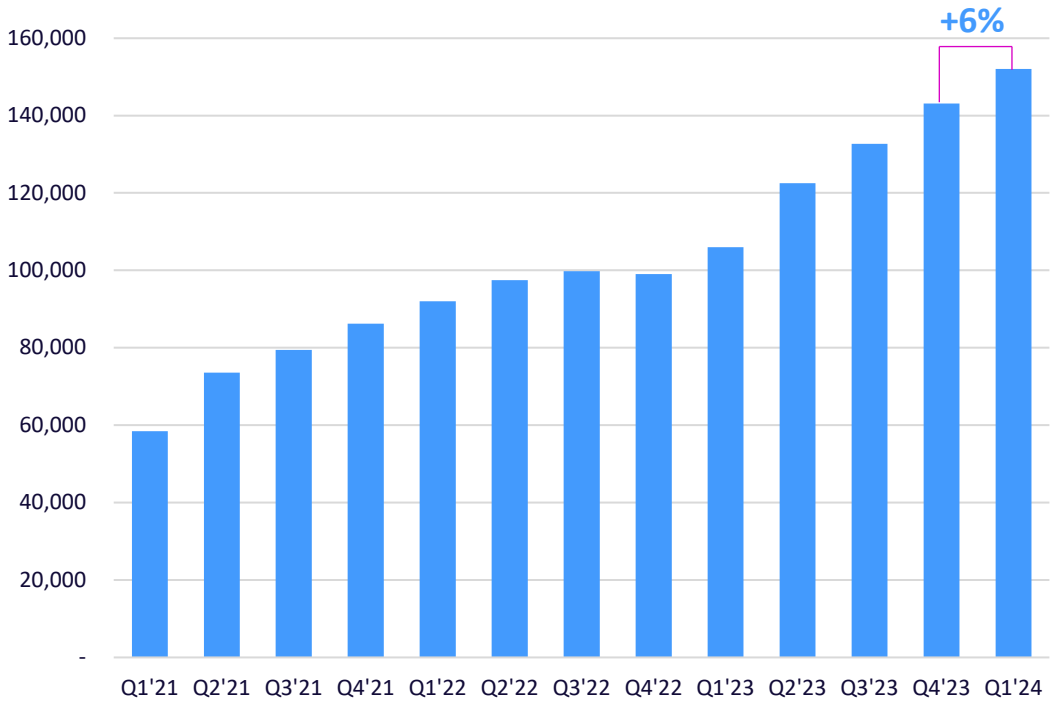
NEXLETOL: the only LDL-C lowering therapy since statins to reduce cardiovascular risk in both primary and secondary prevention populations

Note: please visit esperionscience.com for more information and links to journal publications.

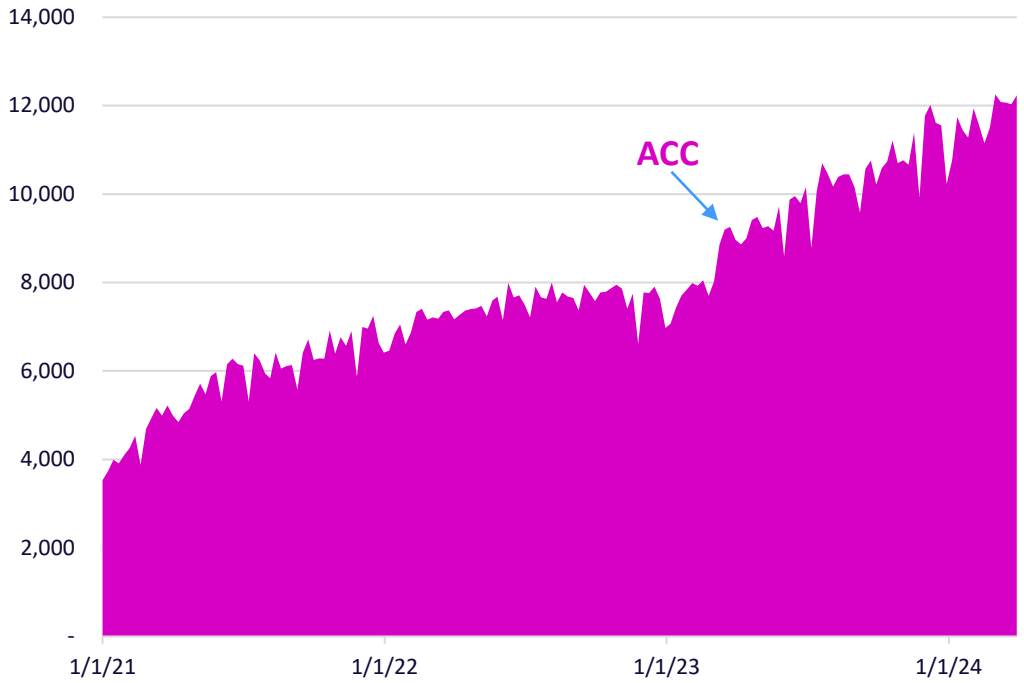
Disciplined Execution Enables Continued U.S. Growth

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

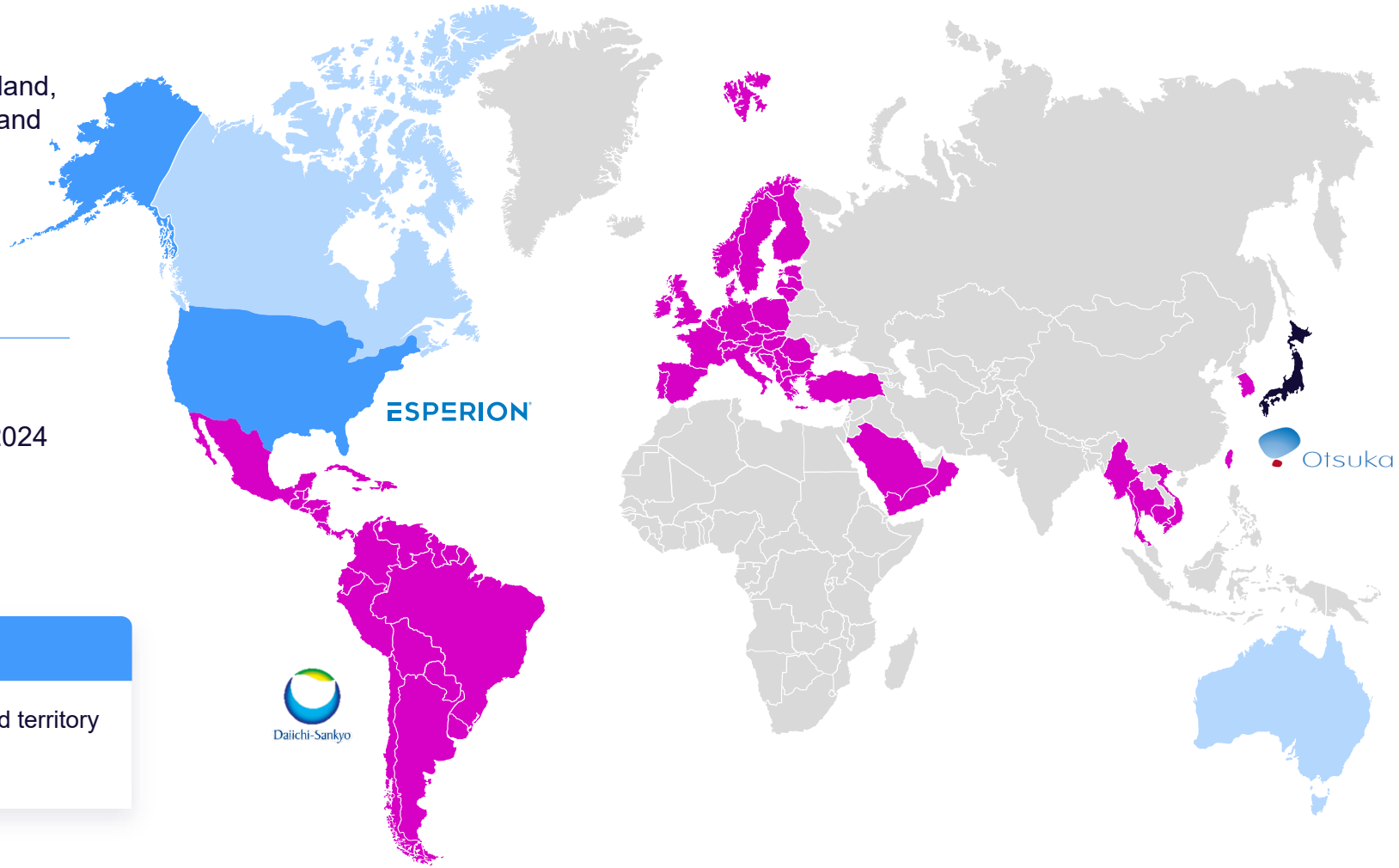
Launched in Germany, UK, Austria, Belgium, Switzerland, Italy, Spain, Netherlands, Slovakia, Czech Republic, and Hong Kong to date

Tiered royalties and additional sales milestones

Otsuka

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

Tiered royalties, regulatory, and sales milestones

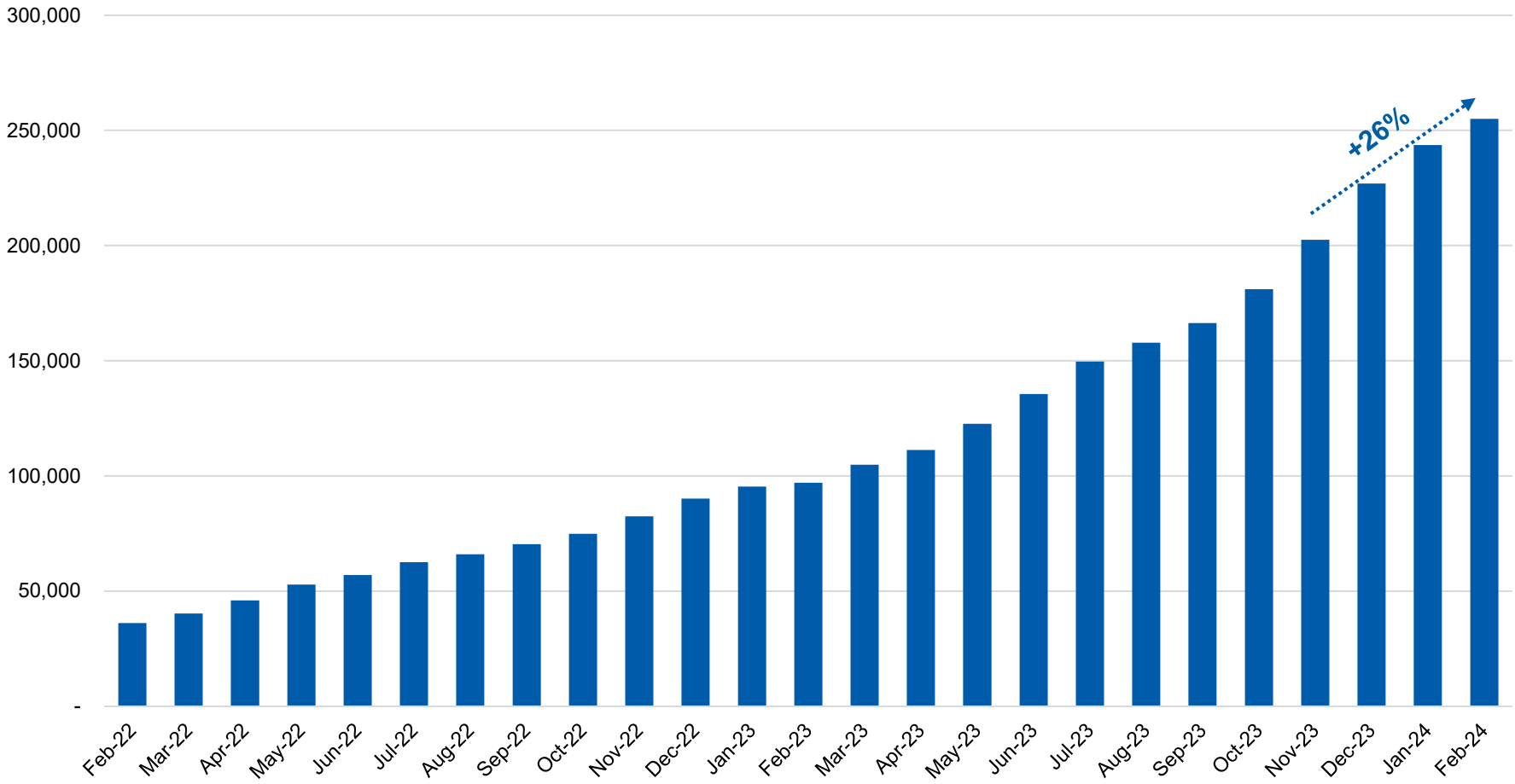


Territory

- 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.

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

Growing our Pipeline Beyond Bempedoic Acid

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			

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* 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* (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.

* Pending pediatric exclusivity extension grant.

Esperion Leadership Team

All with strong connections to our purpose

Sheldon Koenig
President & Chief Executive Officer

PORTOLA MERCK SANOFI

Glenn Brame
Chief Technical Operations Officer

zymergen PORTOLA Genentech A Member of the Roche Group

Betty Jean (BJ) Swartz
Chief Business Officer

Wyeth PORTOLA Celgene

Ben Halladay
Chief Financial Officer

NOV bmc Pfizer

Eric Warren, R.Ph.
Chief Commercial Officer

SANOFI MERCK Nabriva THERAPEUTICS

JoAnne Foody, MD, FACC, FAHA
Chief Medical Officer

HARVARD MEDICAL SCHOOL MERCK janssen

Ben Looker, Esq.
General Counsel

TRILLIUM THERAPEUTICS INC. morphosys GOODWIN

Scientific Advisory Board

Renowned scientists to guide pipeline development

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Brigham and Women's Hospital

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Brigham and Women's Hospital

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Loyola University of Chicago Stritch School of Medicine

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Yale School of Medicine

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

Gabrielle Fredman, PhD
Albany Medical College

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

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

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.
- Report pregnancies to Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.

See full prescribing information here.