Breaking the Statin Intolerance Barrier: Closing the Care Gap in Cardiovascular Health

Virtual KOL Investor Event
November 11, 2025

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Leading Cardiovascular Physician Experts to Explore Real-World Challenges and Impact on Patient Outcomes

Agenda

- Opening and Introduction
- When Treatment Becomes the Barrier: Empowering Patients to Stay on Therapy
- Question and Answer Session with Dr. Fatima Rodriguez and Dr. Dharmesh S. Patel

Speakers

Fatima Rodriguez, MD, MPH

Section Chief of Preventive Cardiology, Vice Chair of Clinical Research in the Department of Medicine, and Associate Director of the Stanford Center for Digital Health

Dharmesh S. Patel, MD, FACC, MBBS (Lon), FACP, FASPC, FNLA, RVPI

Lipid Director Stern Cardiovascular Foundation Memphis, TN, Clinical Professor of Cardiology at the Baptist University College of Osteopathic Medicine, Memphis Director Cardiac Rehabilitation, Baptist Desoto Hospital

Sheldon Koenig

President and Chief Executive Officer

LeAnne Bloedon, MS, RD

Vice President, Head of Development

Q3 2025: Delivering Consistently Strong Execution

Q3 TOTAL REVENUE

$87.3M

+69% Y/Y growth

Q3 U.S. NET PRODUCT SALES

$40.7M

+31% Y/Y growth

Finalized agreements with **four generic manufacturers**, including **Dr. Reddy's**

+9%

Retail Prescription Equivalents Q/Q

Bempedoic acid received **Level 1a Recommendation** in updated **ESC/EAS Guidelines** for Management of Dyslipidemia

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Outpacing the Broader Lipid-Lowering Market

Delivering growth that exceeded all other non-statin therapies, including branded competitors

Leadership Expansion

- Welcoming **John Harlow as Chief Commercial Officer** to drive the next phase of commercial growth and execution.
- Effective November 17, 2025.

Market Opportunity

- **~50% of individuals who begin statin therapy either discontinue treatment or had over a 6-month gap in therapy within two years** – representing a significant **opportunity for NEXLETOL® and NEXLIZET®**.

Brand Momentum

- Launched **“Can’t take a statin? Make NEXLIZET happen!”** campaign, targeting statin-intolerant patients.
- Quantitative data show **strong HCP perception gains** and **conversion from awareness to use**.

Commercial Performance

- Combined progress in marketing and access drove a **9% increase in total retail prescription equivalents** and a **7% increase in prescribers** in Q3 2025 versus Q2 2025.
- Total prescriber base now exceeds **30,000 HCPs**.

Strengthening Patient Reach and Market Access

Driving awareness through innovative digital campaigns and broadening reimbursement coverage

Consumer Awareness & Engagement

- **Connected-TV ads launched** September 22 on **Hulu** and **Disney+**, featuring award-winning "**Lipid Lurkers**."
- Expanded branded commercials during **Grey's Anatomy** starting **October 10** to spotlight statin intolerance and position NEXLETOL and NEXLIZET as **compelling alternatives**.
- Campaign expected to deliver **~18 million impressions**, targeting adults 50+ with prior statin use, **>6 million achieved as of mid-October**

Access Expansion

- Achieved **87% Medicare** and **86% commercial** approval rates, with average **$29/$36 copays** for a 30-day supply.
- Reflects growing **payer confidence** and improved access for patients.
- Reinforces that **getting NEXLETOL and NEXLIZET has never been easier**.

>80%
Medicare lives insured

>90%
Commercial lives insured

Momentum & Outlook

- Continued investment in targeted digital marketing and access initiatives to **expand reach** and **drive sustained growth** in 2026.
- Confident these programs will continue to **fuel category-leading performance** across the bempedoic acid franchise.

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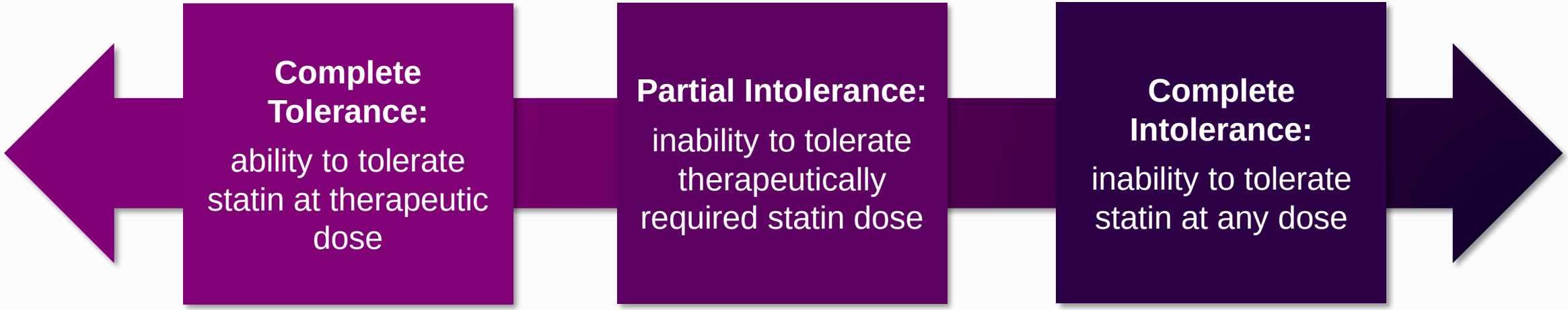
When Treatment Becomes the Barrier: Empowering Patients to Stay on Therapy

LeAnne Bloedon, MS, RD
VP, Head of Development

Statin Intolerance is a Spectrum

The National Lipid Association (NLA) defines statin intolerance as one or more adverse effects associated with statin therapy, which resolves or improves with dose reduction or discontinuation.

Up to 30% of US adults experience some degree of statin intolerance



Reference: Cheeley MK, et al. *J Clin Lipidology*. 2022;16:361-375.

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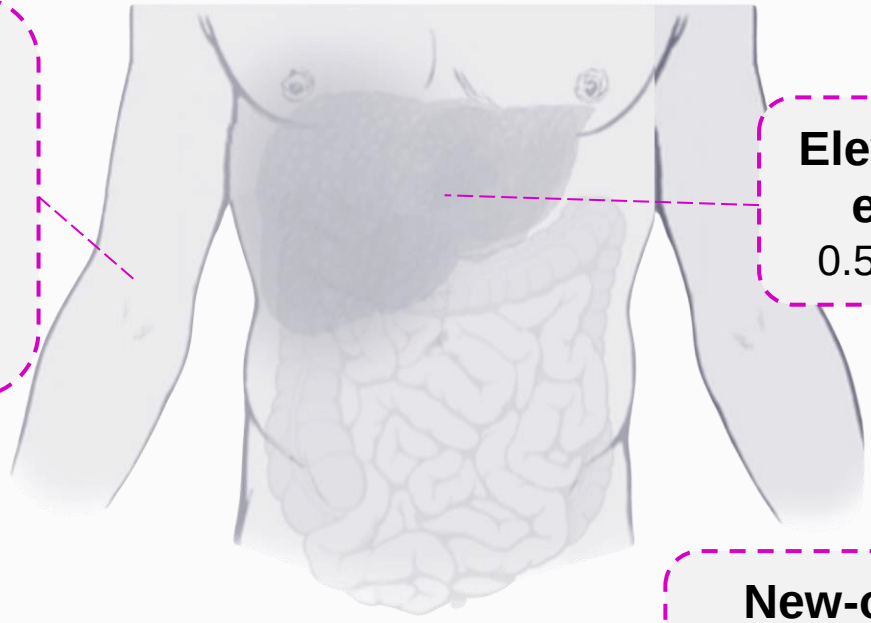
Statin Intolerance May Affect Quality of Life

Risk Factors for Statin Intolerance[2,6]

- Female
- Increasing age
- Asian or Black race
- SLCO1B1 gene mutation
- Strenuous exercise
- Hypothyroidism
- Diabetes
- Liver disease
- Kidney disease
- Obesity

Most common: statin-associated muscle symptoms (SAMS)
7% to 29%[1-3]



Elevated liver enzymes
0.5% to 3.0%[4]

New-onset diabetes
12%[5]

References: 1. Stroes ES, et al. *Eur Heart J.* 2015 May 1;36(17):1012-22. 2. Bytyçi I, et al. *Eur Heart J.* 2022 Sep 7;43(34):3213-3223. 3. Hovingh GK, et al. *Athero.* 2016 Feb;245:111-7. 4. Jose J, et al. *J Pharm Bioallied Sci.* 2016;8(1):23-28. 5. Thakker D. *Pharmacoepi Drug Saf.* 2016;25:1131-1149. 6. Tuteja S, et al. Circ Genom Precis Med. 2018;11(9).

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Patients with Statin Intolerance Remain at CV Risk

Statin intolerance contributes to nonadherence[1]

~29%

of patients discontinue their statin within the first year[2]

Patients with statin intolerance are at an increased risk of CVD vs. those with high adherence to statins[3]:

50%

higher rate of recurrent of myocardial infarction (MI)[3]

51%

higher rate of coronary heart disease (CHD)[3]

> **In high and very high-risk patients who are statin intolerant, clinicians should consider initiating non-statin therapy while additional attempts are made to identify a tolerable statin.[4]**
> **– *National Lipid Association***

CV= cardiovascular, CVD= cardiovascular disease

References: 1.Kamal-Bahl SJ, et al. *Am J Cardiol*. 2007;99:530-534. 2. Stroes ES, et al. *Eur Heart J*. 2015 May 1;36(17):1012-22.
3. Serban MC, et al. J Am Coll Cardiol. 2017;69:1386-1395. 4.Cheeley MK, et al. *J Clin Lipidology*. 2022;16:361-375

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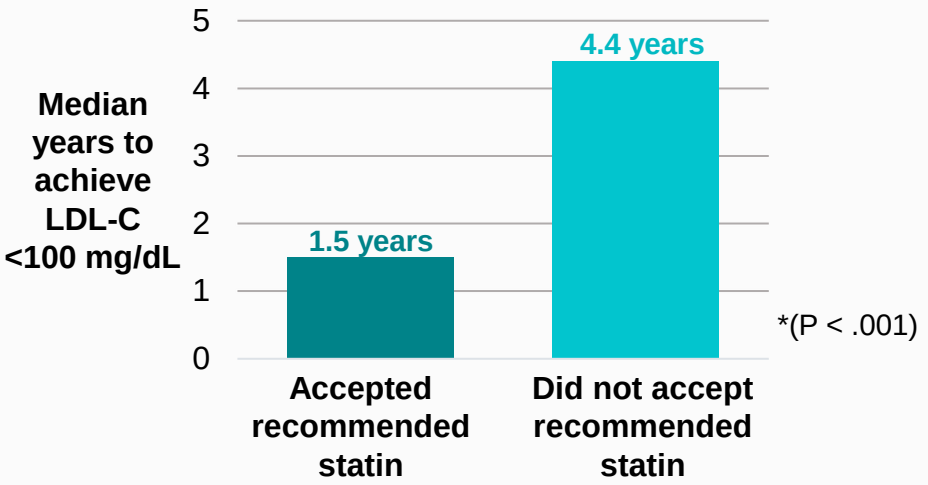
Statin Refusal is a Growing Challenge

Statin refusal: when a patient rejects a physician's statin recommendation, often due to **fear** of side effects like muscle pain, concerns about long-term safety, and/or disbelief in the benefits of statins.[1]

1 in 5 people at high CV risk did **not** accept the initial HCP recommendation of statin therapy in a large study of ~24,000 statin-naïve patients.[2]

Not Accepting Recommended Statin Therapy Led to Longer LDL-C Exposure*[2]



CV = cardiovascular, HCP = healthcare provider

References: 1. Bradley CK, et al. *J Am Heart Assoc*. 2019;8(7):e011765. 2. Brown CJ, et al. *JAMA Netw Open*. 2023;6(2):e231047.

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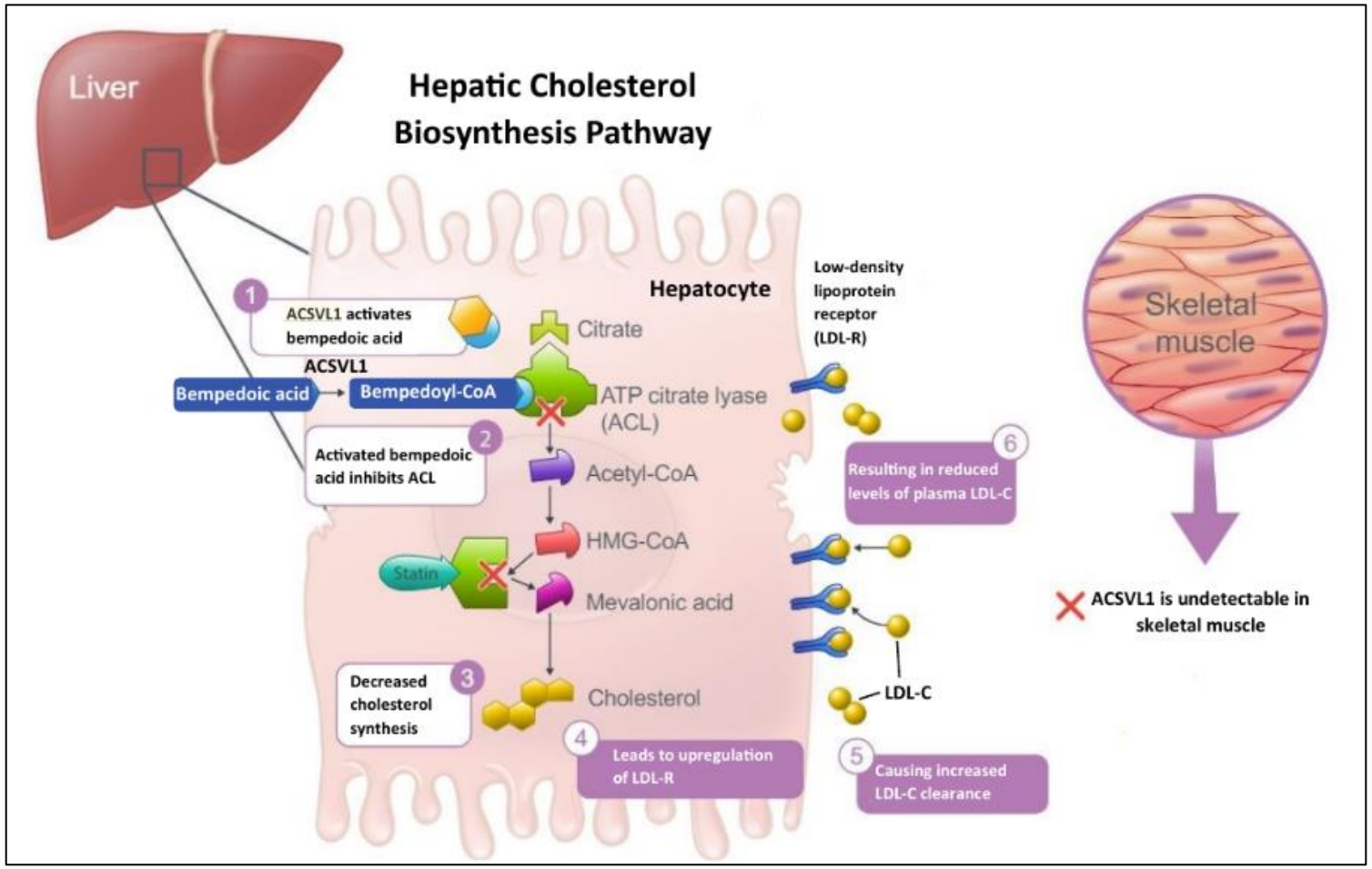
Bempedoic Acid: A Therapy Made to Address Statin Intolerance



ACL = ATP-citrate lyase; ACSVL1 = very long-chain acyl-CoA synthetase-1; ATP = adenosine triphosphate; HMG-CoA = 3-hydroxy-3-methylglutaryl-CoA; LDL = low-density lipoprotein cholesterol; LDLR = low-density lipoprotein receptor.

Pinkosky SL, et al. *Nat Commun*. 2016;7:13457.

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Bempedoic Acid Clinical Development Program Evaluated the Full Spectrum of Statin Use

	CLEAR Harmony[1] (N=2230)	CLEAR Wisdom[2] (N=779)	CLEAR Serenity[3] (N=345)	CLEAR Tranquility[4] (N=269)	053 Trial: BA + EZE[5] (N=301)	CLEAR Outcomes[6] (N=13,970)
Patient Population	History of ASCVD and/or HeFH		History of ASCVD and/or HeFH or Primary Prevention		History of ASCVD and/or HeFH or Primary Prevention	Primary & Secondary Prevention
Background Statin	90% Moderate or High Intensity; 10% Partial or Complete Statin Intolerance		18% Partial, 82% Complete Statin Intolerance		59% Moderate or High Intensity, 8% Partial, 33% Complete Statin Intolerance	22% Partial, 78% Complete Statin Intolerance
Trial Duration	52 weeks		12 to 24 weeks		12 weeks	Median follow up 3.4 yr
% Change in LDL-C vs. placebo	-17% to -18%		-21% to -29%		-38%	-22%
% Change in hsCRP vs. placebo	-9 to -22%		-24% to -31%		-37%	-22%

1. Ray KK, et al. *N Engl J Med*. 2019;380:1022–1032. 2. Goldberg AC, et al. *JAMA*. 2019;322:1780–1788. 3. Laufs U, et al. *J Am Heart Assoc*. 2019;8:e011662. 4. Ballantyne CM, et al. *Atherosclerosis*. 2018;277:195–203. 5. Ballantyne CM, et al. *Eur J Prev Cardiol*. 2020;27:593–603. 6. Nissen SE, et al. *N Engl J Med*. 2023;388(15):1353-1364.

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CLEAR Outcomes Used a Real-World Statin Intolerance Definition

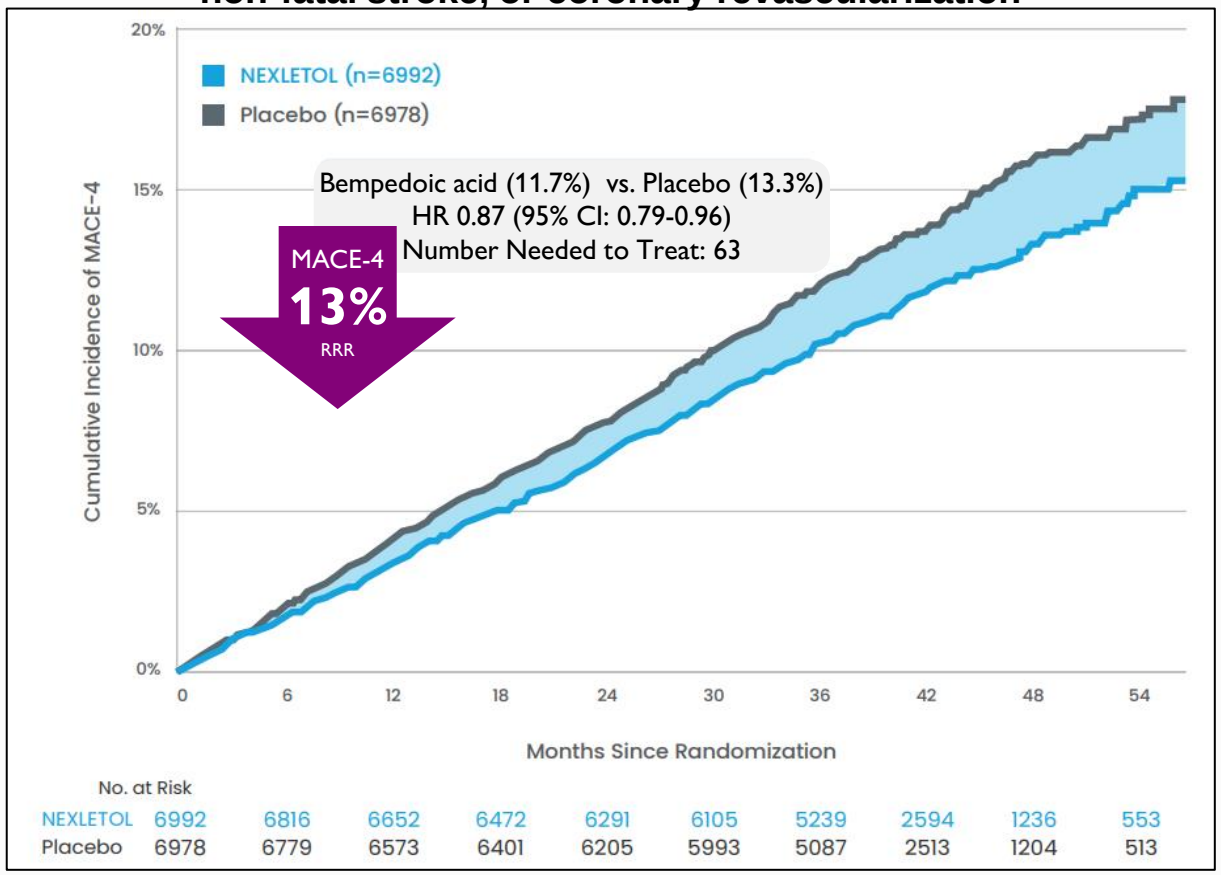
- Patient-reported statin intolerance due to an adverse safety effect that started or increased during statin therapy and resolved or improved when statin therapy was discontinued resulting in an inability to tolerate:
  - 2 or more statins at any dose, or
  - 1 statin at any dose and unwilling to attempt a second statin or advised by a physician to not attempt a second statin.
- Statins were allowed only at stable, average daily doses below the lowest recommended starting dose:

rosuvastatin <5 mg	pravastatin <40 mg
atorvastatin <10 mg	fluvastatin <40 mg
simvastatin <10 mg	pitavastatin < 2 mg

Strong Efficacy Data Supporting CV Risk Reduction

CLEAR Outcomes; data in 13,970 primary or secondary prevention patients with statin intolerance

Primary Composite Endpoint (MACE-4): CV death, non-fatal MI, non-fatal stroke, or coronary revascularization



MACE-3
(CV death, nonfatal MI, or nonfatal stroke)
HR 0.85
(95% CI: 0.76-0.96)
15% RRR

Nonfatal Myocardial Infarction
HR 0.73
(95% CI: 0.62-0.87)
27% RRR

Coronary Revascularization
HR 0.81
(95% CI: 0.72-0.92)
19% RRR

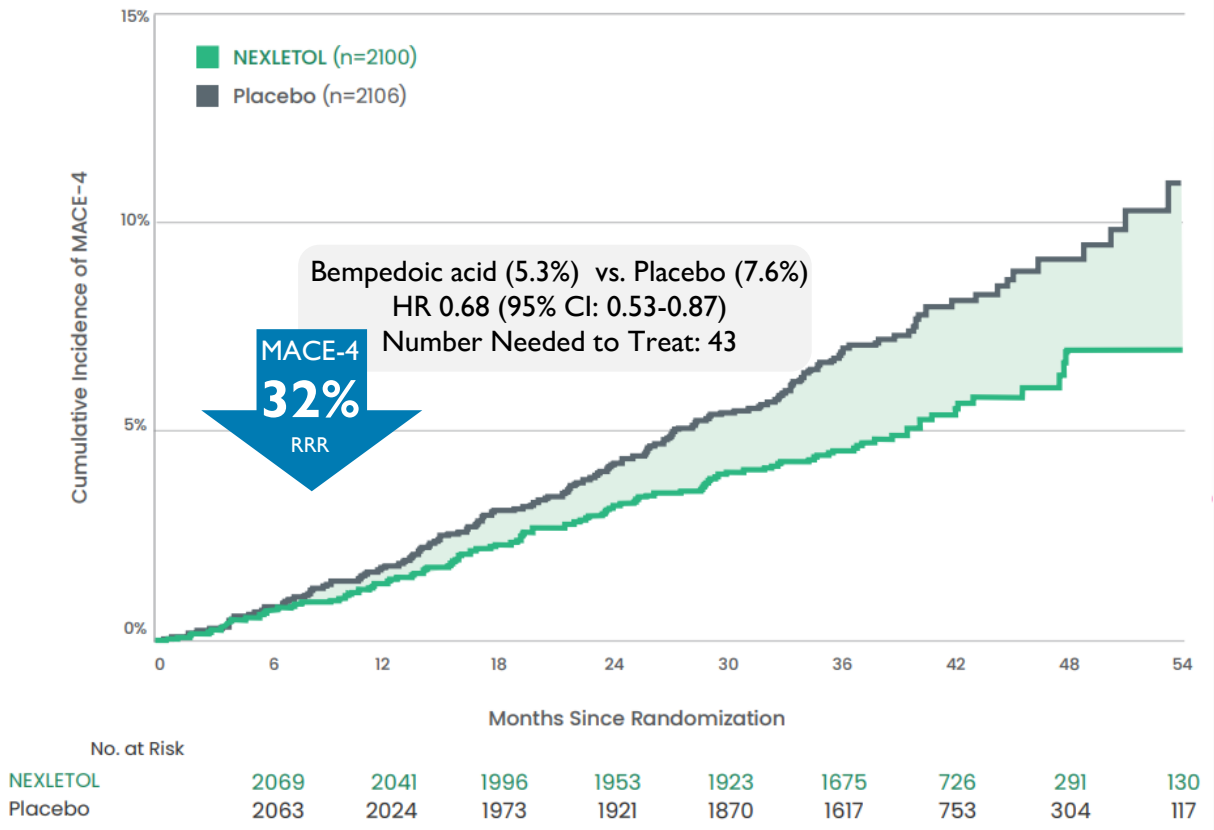
-20%
mean change in LDL-C from baseline vs. placebo at 6 months

CI=confidence interval; HR=Hazard Ratio; RRR=Relative Risk Reduction; AE=Adverse Event CV = cardiovascular; MI= myocardial infarction

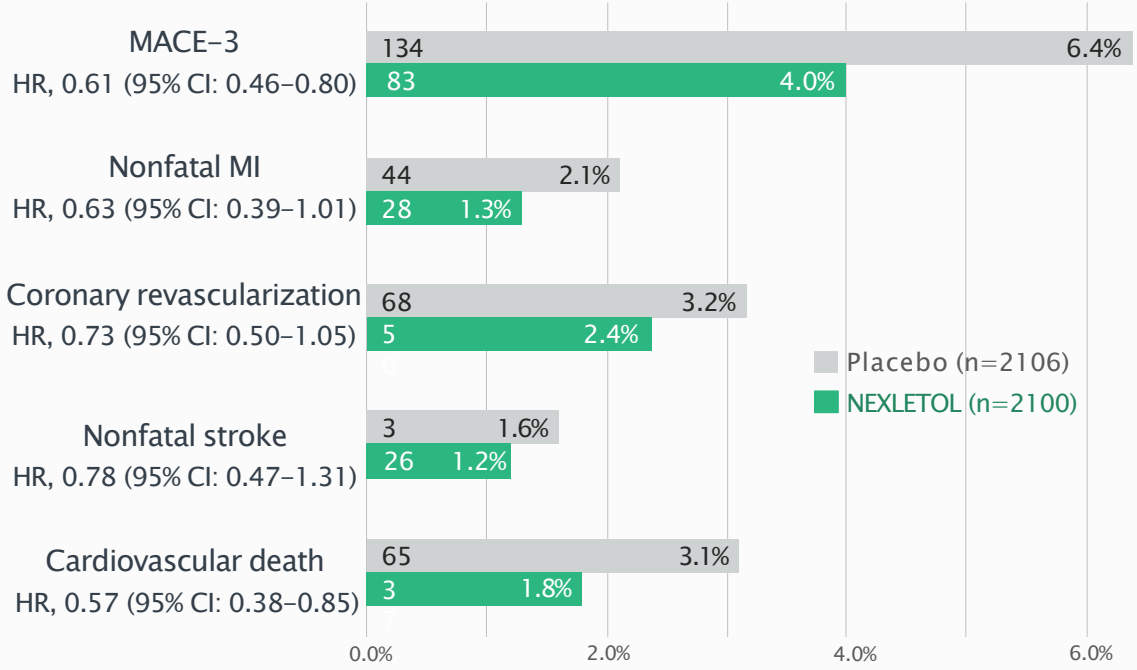
Nissen SE et al. *N Engl J Med.* 2023;388-1353-1364

Bempedoic Acid: the Only Non-statin FDA Approved to Lower LDL-C and Reduce CV Risk in Primary Prevention Patients

MACE-4 in Primary Prevention Patients: CV death, non-fatal MI, non-fatal stroke, or coronary revascularization



MACE-3 (CV death, non-fatal MI, non-fatal stroke) and Components of Primary Composite Endpoint



The above data reflect unadjusted efficacy outcomes per the trial statistical analysis plan. The efficacy outcomes presented within the publication were adjusted for baseline characteristics (see publication).

CI=confidence interval; HR=Hazard Ratio; RRR=Relative Risk Reduction; MI=myocardial infarction; CV=cardiovascular

1. Nissen SE, Menon V, Nicholls SJ, et al. Bempedoic acid for primary prevention of cardiovascular events in statin-intolerant patients. JAMA. 2023;330(2):131-140. 2. Nissen SE, Menon V, Nicholls SJ, et al. Bempedoic acid for primary prevention of cardiovascular events in statin-intolerant patients. JAMA. 2023;330(suppl 2):131-140. 3. Data on file. 1002-043 MACE-4, MACE-3, and MACE components for primary prevention patients (full analysis set). March 2024.

Safety Demonstrated in almost 10,000 Bempedoic Acid Treated Patients Across Phase 3 Trials

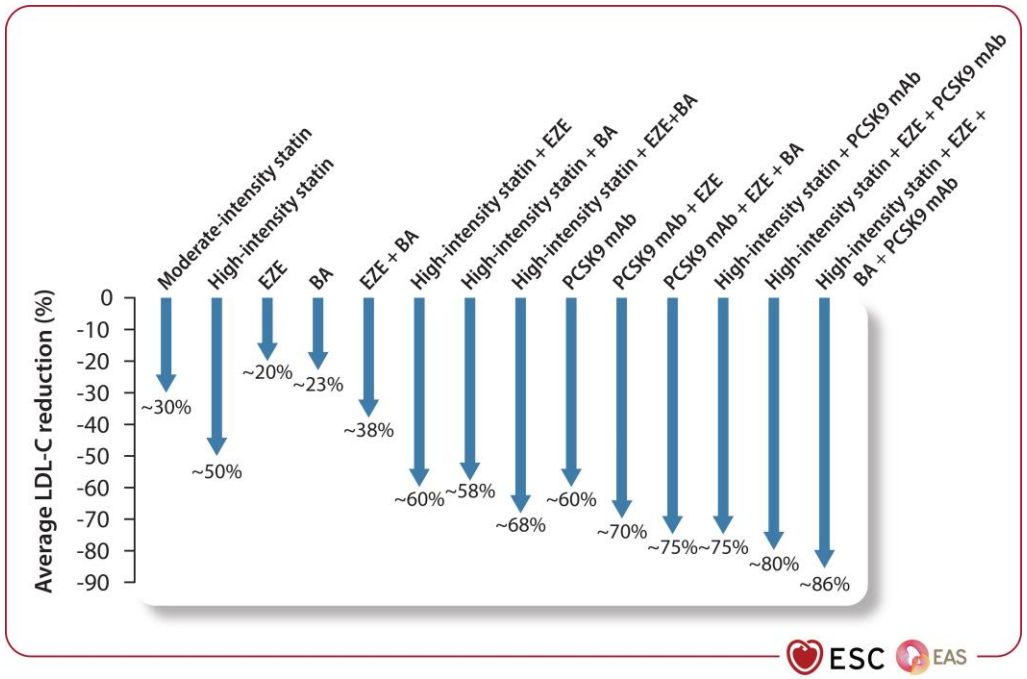
Treatment Emergent Adverse Events in CLEAR Outcomes

	Bempedoic Acid (N=7001)	Placebo (N=6964)
Any Treatment Emergent Adverse Event	86.3%	85.0%
Any Serious Treatment Emergent Adverse Event	25.2%	24.9%
Adverse Event Leading to Discontinuation of Study Drug	10.8%	10.4%
Myalgia Discontinuation of Study Drug Due to Myalgia	5.6% 1.8%	6.8% 1.9%
Gout Discontinuation of Study Drug Due to Gout	3.2% 0.1%	2.2% <0.1%
Hyperuricemia	10.9%	5.6%
New Onset Diabetes in Patients Without Diabetes at Baseline	16.1%	17.1%
Renal impairment	11.5%	8.6%
Elevated hepatic-enzyme level	4.5%	3.0%
Adjudicated tendon rupture	1.2%	0.9%
Tendinopathies	1.7%	1.8%

Nissen SE et al. *N Engl J Med.* 2023;388-1353-1364

Recent ESC/EAS Guideline Update Highlights Bempedoic Acid

Average LDL-C reduction with different therapies with proven CV benefit



> ***Strike early, strike strong***

Class I Level A

Non-statin therapies with **proven CV benefit**, including bempedoic acid, recommended alone or in combination for patients unable to take statin therapy

Class I Level B

Bempedoic acid recommended for LDL-C reduction in **statin intolerant** patients

CV = cardiovascular

Mach F, et al. *Eur Heart J*, 2025.

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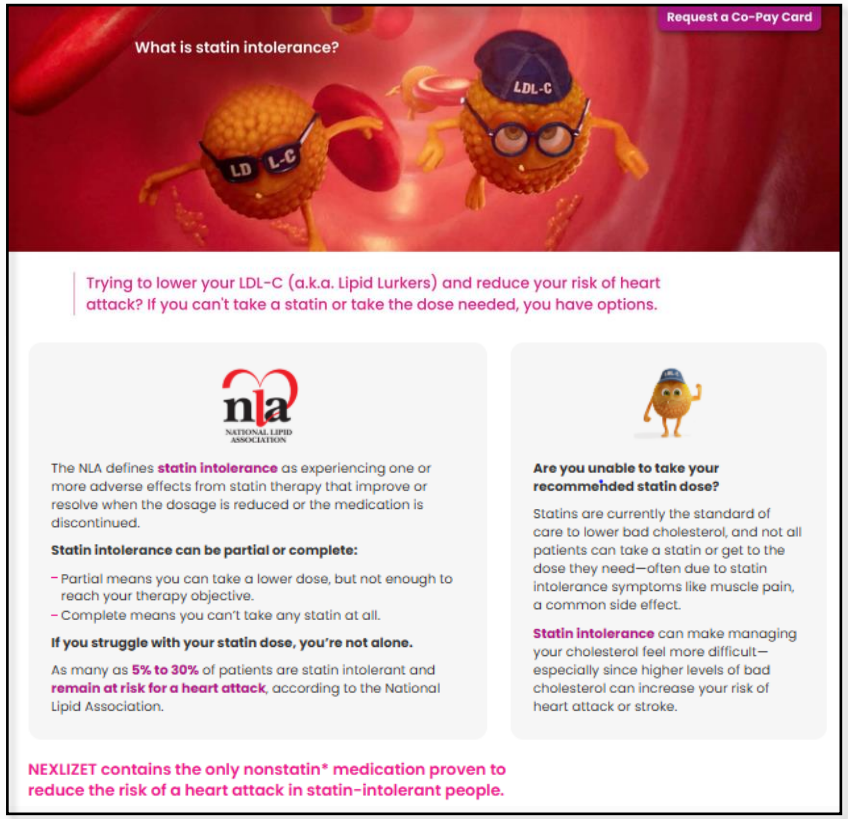
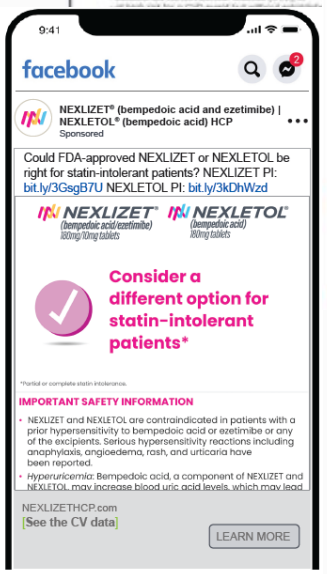
Statin Intolerant Focused Material for Both Physicians to Use with Patients and Direct to Consumer





Can't take a statin? Make NEXLIZET happen!

- **Over 650,000** visits to our consumer statin intolerance website in Q2
- **More than 600,000** click throughs to our HCP statin intolerance site in Q2

Strong engagement underscores the impact of this successful, targeted awareness campaign

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Q&A Session

Fatima Rodriguez, MD, MPH

Section Chief of Preventive Cardiology, Vice Chair of Clinical Research in the Department of Medicine, and Associate Director of the Stanford Center for Digital Health

Dharmesh S. Patel, MD, FACC, MBBS (Lon), FACP, FASPC, FNLA, RVPI

Lipid Director Stern Cardiovascular Foundation Memphis, TN, Clinical Professor of Cardiology at the Baptist University College of Osteopathic Medicine, Memphis
Director Cardiac Rehabilitation, Baptist Desoto Hospital

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Important Safety Information

NEXLETOL® (bempedoic acid) 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® (bempedoic acid and ezetimibe) 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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