ESPERION | REACHING GOALS

Q2 2024 Earnings Presentation

August 12, 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

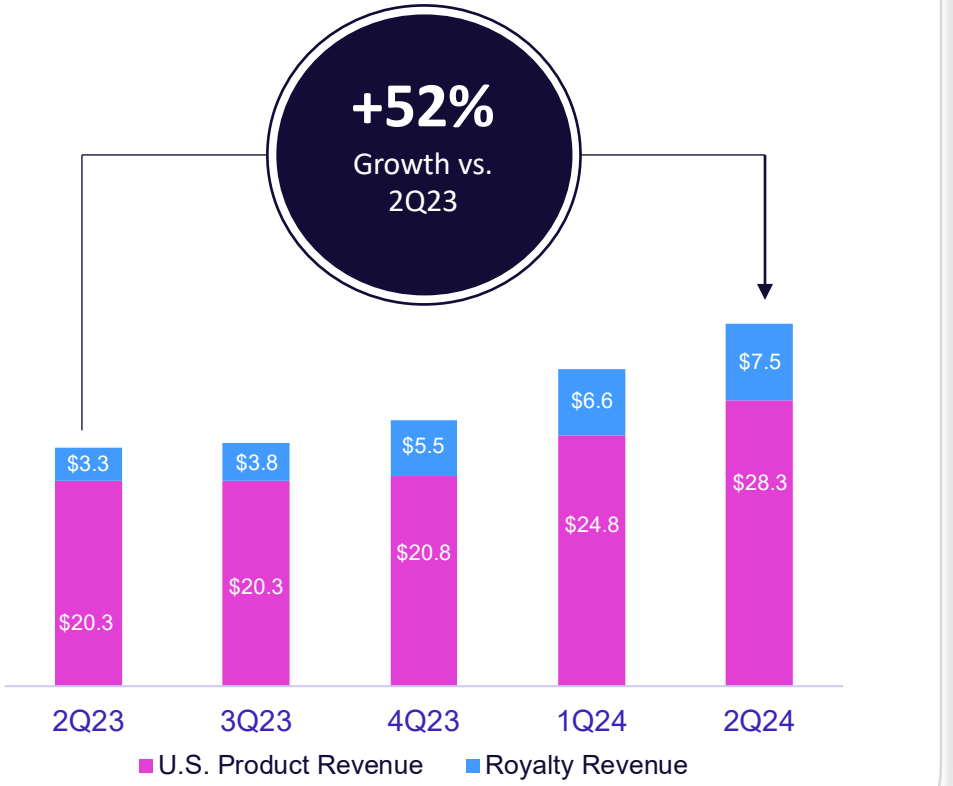
Sheldon Koenig, President and CEO

Continued Growth Across Key Areas

Disciplined execution of strategic plan is building momentum

	Total Revenue	US Product Sales, Net	Retail Prescription Equivalents Q/Q
Q2	**$74M** +186% Y/Y	**$28M** +39% Y/Y	**+14%**

Successful Execution Driving Strong Results



Double Digit Growth

- U.S. net product revenue was $28.3M (+39% YoY)
- Collaboration revenue was $45.4M (+727% YoY)

Monetized European Royalties

- Completed transformational transaction by monetizing European royalties on bempedoic acid sales to OMERS Life Sciences for $304.7 Million
- Allocated proceeds for early, discounted payoff and termination of Oberland Capital revenue interest facility

Secured Updated UM Criteria

- Partnered with major payers to improve the quantity and quality of coverage for NEXLETOL® and NEXLIZET®
- By mid-July, over 80% of payers aligned UM criteria with new label updates
- ~11% TRPE increase during the final four weeks of June

Significant International Progress

- Received European Commission label update approval for NILEMDO® and NUSTENDI ®
- Bempedoic acid achieved primary endpoint in a Phase 3 trial in Japan, with Otsuka anticipating NDA filing in 2H 2024
- New Drug Applications for product approvals in Canada, Australia and Israel are on track for submission by the end of this year

New Labels Dramatically Increase Addressable Market

70M **New Label Total Addressable Market Opportunity**

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

Original Label

Feb. 2020

Under-Treated ASCVD Patients[1]

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

Approved New Label

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

- Adds **cardiovascular risk** reduction indication
- Expands to **Primary Prevention**
- Removes **statin use** qualifier from indication

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.

Focused on Sales Execution

Managed Care Efforts

- Partnered with major payers to improve the quantity and quality of coverage
- Collaborated to updated UM criteria to include the recent label updates

>80%
Payers have updated their UM criteria by mid-July

92%
Preferred commercial coverage

>50%
Preferred Medicare coverage

~114 Million
Lives covered with updated UM criteria

Sales & Marketing Efforts

- Expanded U.S. sales force targeting specific subsets of primary care physicians and cardiologists with in-person detailing
- Increased digital campaign tactics to include a full-scale approach across eight channels to reach physicians
- Implemented a digital consumer outreach campaign to drive patients to talk to their HCP about CV risk

6
Continuous quarters of TRPEs growth

>21,000
Healthcare practitioners writing scripts

>90%
Targeted healthcare providers reached with digital campaign tactics

Growth Drivers


Strong clinical data


First FDA approved oral non-statins cardiovascular risk reduction and LCL-C lowering drug for primary and secondary prevention


Large market opportunity with a significant unmet medical need


Robust payer access alignment and coverage

Great Strides Expanding International Reach

Expected to be a Meaningful Revenue Driver Over Time

Esperion

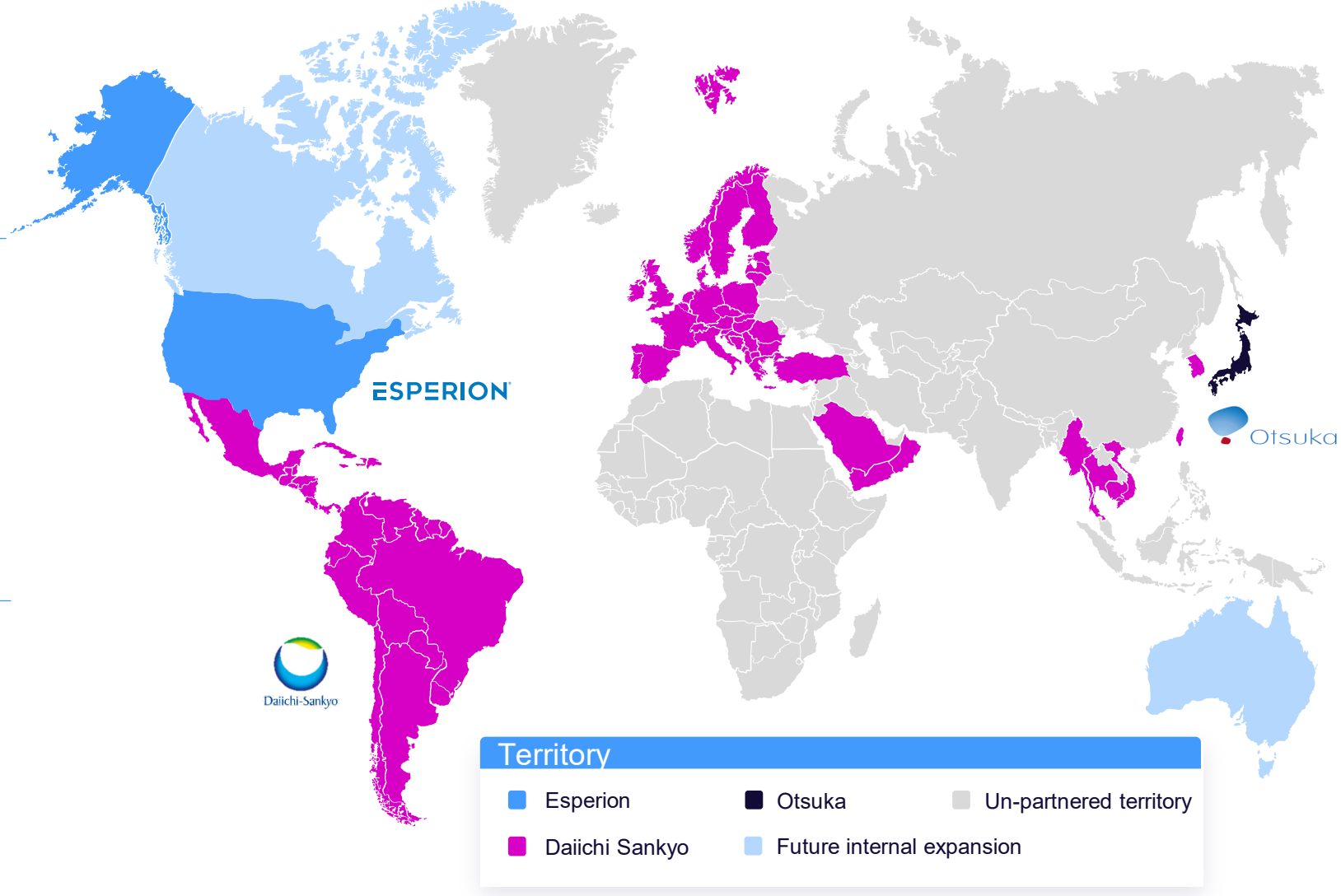
- **New Drug Applications in Canada, Australia and Israel are on track for submission by the end of this year**

Daiichi Sankyo

- **Received label expansion approval from the EC as treatments to reduce cardiovascular risk by lowering LCL-C levels in Q2 2024**
- 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 completed in Japan in Q2 2024**
- **NDA filing anticipated in second half of 2024**
- **Expected approval and National Health Insurance pricing in 2025**
- Tiered royalties, regulatory, and sales milestones



Financial Update

Ben Halladay, Chief Financial Officer

Transformational Transaction Improves Financial Foundation

OMERS Life Sciences

- Purchased Esperion's European royalty on bempedoic acid products for $304.7 million
- EU royalties revert to Esperion once OMERS receives 1.7 times its investment
- Esperion retains rights to receive all potential future milestones of up to $300 million based on commercial performance by DSE

Oberland Capital

- Funds received from this transaction have been used for the early, discounted payoff and termination of the Oberland Capital revenue interest facility

The Benefits

- Agreement provides increased operational and financial flexibility
- Strategically leverages an asset to unencumber balance sheet from senior secured liens
- Removes all covenants associated with the agreement
- Avoids significant headwind of payment step ups in 2025
- Dramatically improves the liquidity outlook of the company

Strengthened Capital Position Enables Future Inflection

Disciplined investment and expense allocation supports execution of commercial launch

$189M Q2 2024 Cash & Cash Equivalents

$140M Potential Milestones for Japanese Submissions & Regulatory Events

$28M Q2 2024 U.S. Net Product Revenue
+39% Growth Y/Y

Key Financial Data

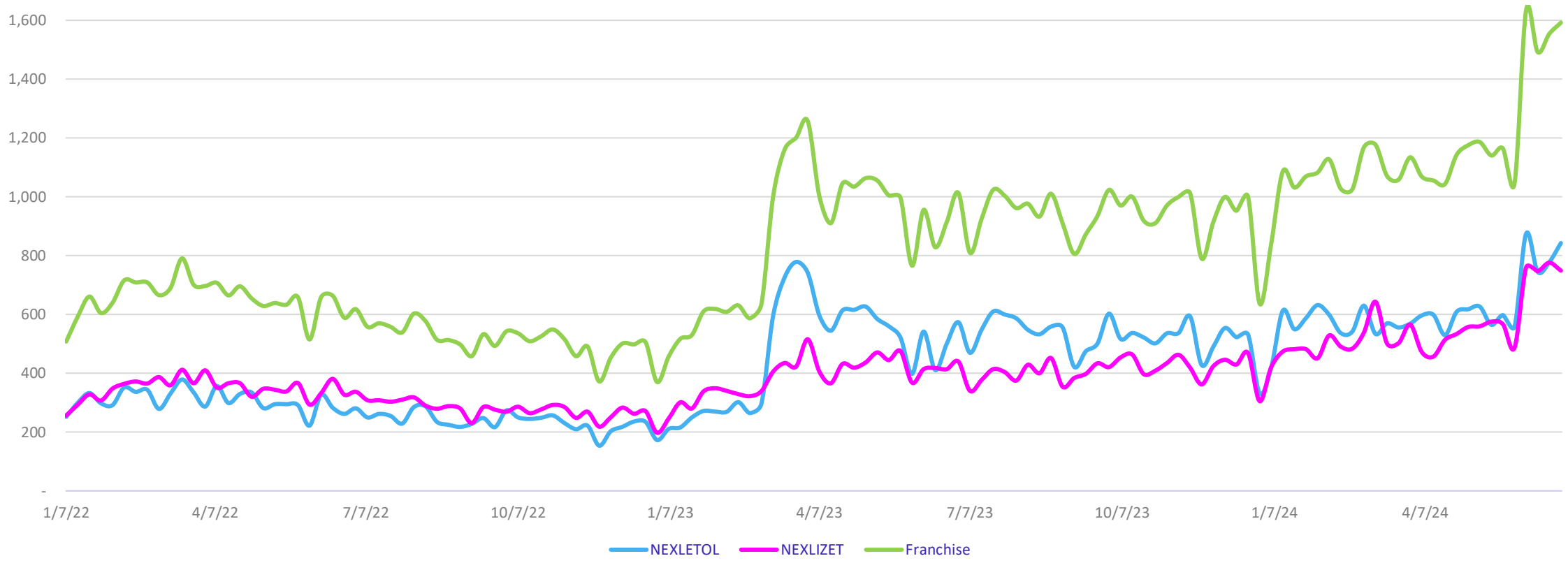
FY 2024 R&D Guidance	$45 - 55 Million
FY 2024 SG&A Guidance	$180 - 190 Million
FY 2024 OpEx Guidance[1]	$225 - 245 Million

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

Robust Outcomes Data Sustains NBRX Momentum

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

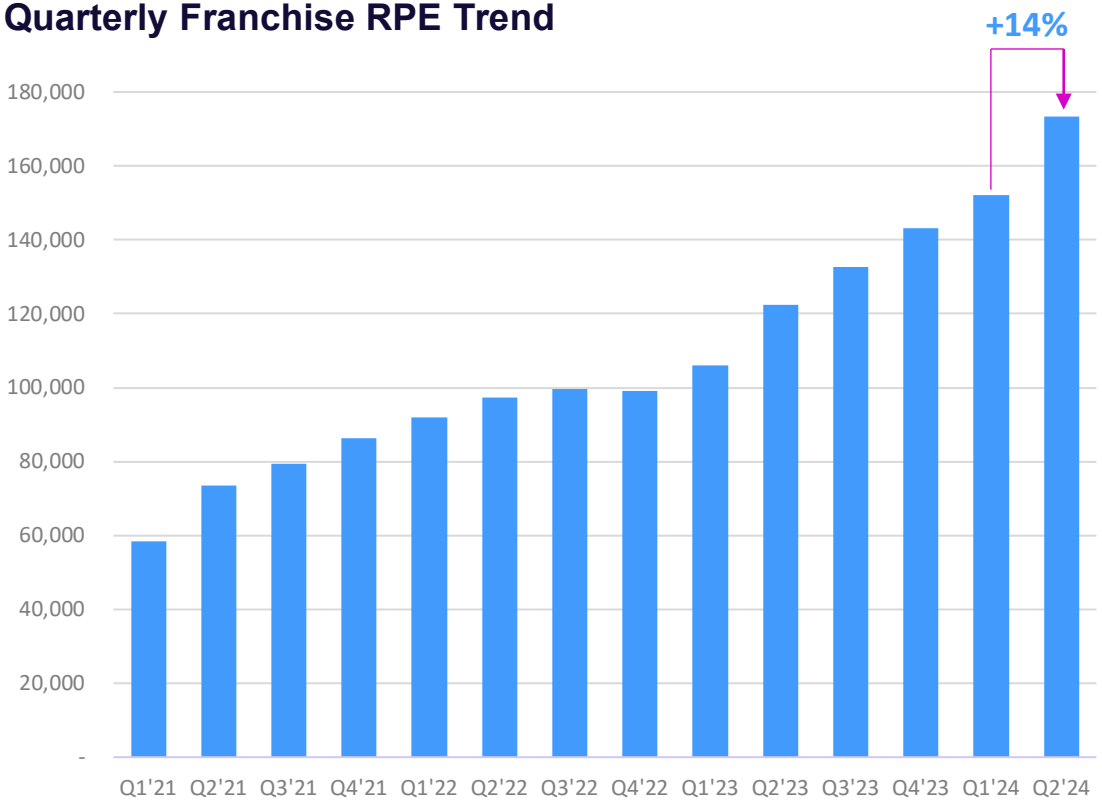
Franchise New to Brand Rx Trends



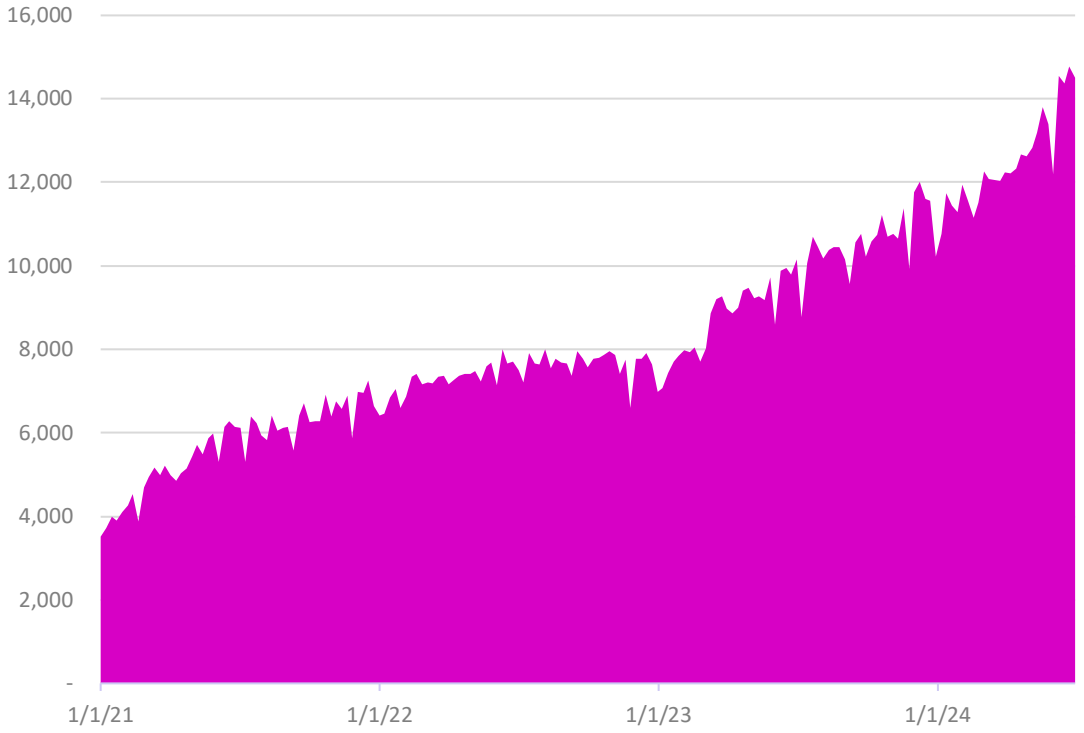
Disciplined Execution Enables Continued U.S. Growth

Steady growth continues through Q2 2024; inflection anticipated with newly approved and significantly expanded labels

Quarterly Franchise RPE Trend



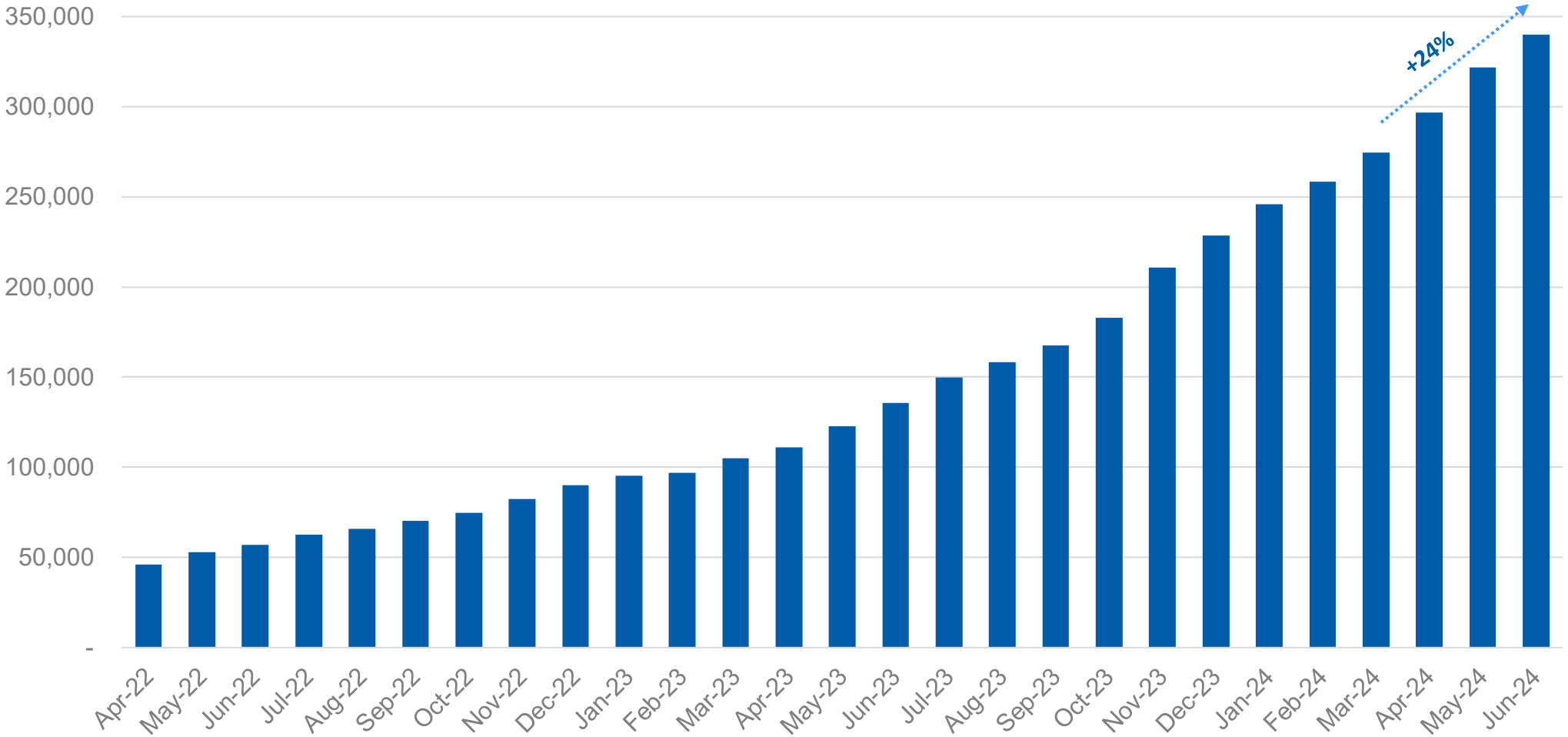
Weekly Franchise RPE Trend[1]



1. Through June 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.

International Growth Continues at Strong Pace

Cardiovascular risk reduction data and new market launches drive accelerating adoption



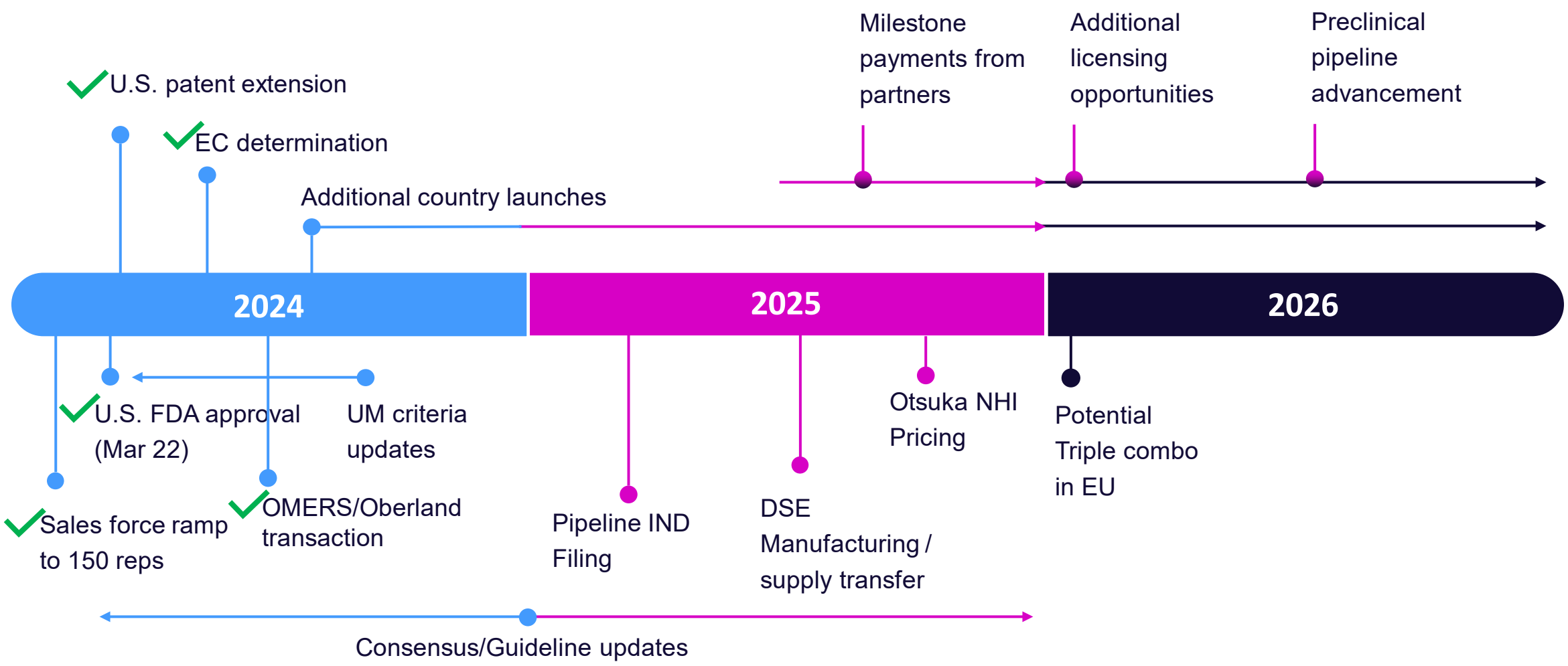
340,000 patients through June ‘24

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.

Closing and Q & A

Roadmap for Long-Term Value Growth

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



Note: Items listed subject to change.

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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