ESPERION CORPORATE PRESENTATION

August 2021

ESPERION The Lipid Management Company

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SAFE HARBOR

FORWARD- LOOKING STATEMENTS

This presentation contains forward-looking statements that are made pursuant to the safe harbor provisions of the federal securities laws, including statements regarding the global clinical development and commercialization plans for bempedoic acid tablet and the bempedoic acid / ezetimibe fixed dose combination tablet, including ESPERION's timing, designs, plans for announcement of results regarding its CLEAR Outcomes study and other ongoing clinical studies for bempedoic acid tablet and the bempedoic acid / ezetimibe combination fixed dose tablet, timing for the review and approval of expanded indications for their effect on cardiovascular events, ESPERION's expectations for the market for medicines to lower LDL-C, including the prospects for success of the commercial launch and market adoption of bempedoic acid tablet and the bempedoic acid / ezetimibe fixed dose combination tablet in the United States and European Union and the Company's overall growth, the development of ESPERION's in-licensed pre-clinical oral PCSK9 inhibitor program, and ESPERION's financial outlook, including expectations for future revenues from its product sales, partnership collaborations and other sources.

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, delays or failures in ESPERION's clinical development and the commercialization plans of both ESPERION and Daiichi Sankyo group, failure to obtain the approval of bempedoic acid or the bempedoic acid / ezetimibe combination tablet or expanded indications in countries outside of the U.S., or approval of expanded indications, that existing cash resources may be used more quickly than anticipated, that Otsuka and Daiichi Sankyo are able to successfully commercialize its products, the impact of the evolving COVID-19 pandemic on our business, clinical activities, 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.

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ESPERION®
Our sole focus is helping patients manage bad cholesterol

ESPERION LEADERSHIP TEAM

ALL WITH STRONG CONNECTIONS TO OUR PURPOSE

Sheldon Koenig
President and Chief Executive Officer
Dedicated to the Cardiovascular field, both in the US and globally, for over 15 years, Sheldon's passion is patient education and ensuring health care providers have treatment options.

Rick Bartram
Chief Financial Officer
Rick's father had CVD and T2D, and high cholesterol uncontrolled by statins alone, which resulted in several MIs and stroke prior to his death at age 58.

JoAnne Foody
Chief Medical Officer
JoAnne lost all four grandparents and only uncle to premature heart disease. This drove her to become a preventive cardiologist, before it was even a specialty, to tackle heart disease.

Ashley Hall
Chief Regulatory Officer
Despite being a lifelong professional and all around athlete, Ashley's father had his first heart attack when he was in his 50s and a second one in his 70s due to uncontrolled familial high cholesterol.

Ken Fiorelli
Chief Technical Operations Officer
Several of Ken's family members have struggled with high cholesterol and T2D. Treatment with statins did not bring their cholesterol levels to target.

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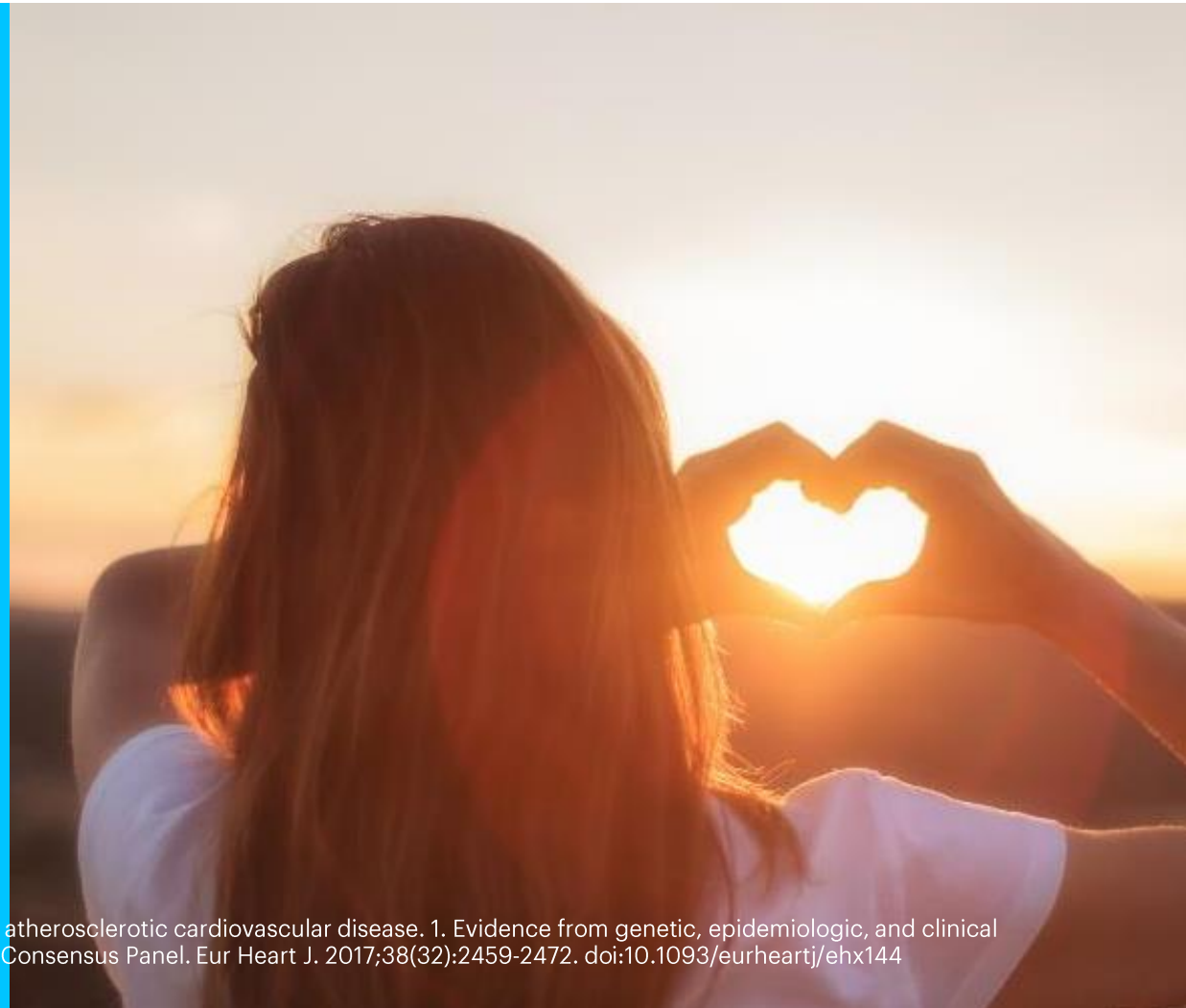
ELEVATED BAD CHOLESTEROL IS AN ESTABLISHED RISK FACTOR FOR CARDIOVASCULAR DISEASE

#1 Cause of Death Worldwide

- 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 also lowers incidence of ASCVD events[(4)]
- Significantly less innovation versus other therapy areas[(3)]



[(1)] World Health Organization
[(2)] CDC 2017-2030
[(3)] Mckinsey & Co.

[(4)] Ference BA, Ginsberg HN, Graham I, et al. Low-density lipoproteins cause atherosclerotic cardiovascular disease. 1. Evidence from genetic, epidemiologic, and clinical studies. A consensus statement from the European Atherosclerosis Society Consensus Panel. Eur Heart J. 2017;38(32):2459-2472. doi:10.1093/eurheartj/ehx144

HIGH CHOLESTEROL HAS BEEN TREATABLE FOR DECADES, BUT SOMETHING ISN'T WORKING

Patients still have trouble reaching their goals

Nearly **80%** of very high-risk patients did not meet a guideline-recommended LDL-C target[1]

8.7 million patients in the U.S. don't reach their LDL-C goals despite taking a statin[2]

Patients still struggle with their medicines

Up to **20%** of people who could be treated with a statin experience statin intolerance[3]

Over **1/3** of patients discontinue statin treatment within a year[4]

9.6 million patients in the U.S. with high LDL-C are not on statins, often due to tolerability concerns[2]

18.3 million patients in the U.S. require additional LDL-C lowering therapy

(1) Yan AT, Yan RT, Tan M, et al. Contemporary management of dyslipidemia in high-risk patients: targets still not met. Am J Med. 2006;119(8):676-683. doi:10.1016/j.amjmed.2005.11.015
(2) ZS Associates primary and secondary research, Sep-Oct 2018. Primary research N = 350 healthcare practitioners
(3) Bruckert E, Hayem G, Dejager S, Yau C and Begaud B. Mild to moderate muscular symptoms with high-dosage statin therapy in hyperlipidemic patients--the PRIMO study. Cardiovasc Drugs Ther. 2005;19:403-14.
(4) Ofori-Asenso R, Zoungas S and Liew D. Reinitiation of Statin Therapy After Discontinuation: A Meta-analysis. Mayo Clin Proc. 2018;93:666-668.

ESPERION

Our Aspiration:

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WE DEVELOPED THE FIRST NEW ORAL MEDICINE FOR CHOLESTEROL MANAGEMENT IN 20 YEARS

NEXLETOL®(bempedoic acid) Tablets are the first oral, once-daily, non-statin LDL-C lowering medicine approved since 2002 for indicated patients

NEXLIZET® (bempedoic acid and ezetimibe) Tablets are the first oral non-statin, LDL-C lowering combination medicine ever approved

NEXLETOL® and NEXLIZET® are each indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or established atherosclerotic cardiovascular disease (ASCVD) who require additional lowering of LDL-C. Limitations of Use: The effect of NEXLETOL®and NEXLIZET® on cardiovascular morbidity and mortality has not been determined. Important safety information can be found on slides XX/XX and online:
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

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WE ARE ADDRESSING A GAP IN ORAL MEDICINES

MAKING LIPID MANAGEMENT EASY FOR PATIENTS AND PHYSICIANS

Oral Medications
4 out of 5 patients prefer a pill [1]

Injectable Medication

Statins

- Mostly generic
- First-line, widely used
- Combinable for incremental LDL-lowering
- Tolerability issues

Ezetimibe

- Mostly generic
- First-line, widely used
- Combinable for incremental LDL-lowering
- Tolerability issues

Bempedoic Acid

- Broadly combinable
- Potential first-line for statin intolerance

NEXLETOL™ (bempedoic acid) tablets

NEXLIZET™ (bempedoic acid and ezetimibe) tablets

Oral PCSK9i[3]

- Clinically supported mechanism
- First-in-class potential

PCSK9i

- Higher cost
- Recurring shots

18.3 million patients need additional LDL-C lowering [2]

Oral non-statin gap

(1) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3003606/
(2) ZS Associates primary and secondary research, Sep-Oct 2018. Primary research N = 350 healthcare practitioners
(3) Investigational program in development and not approved

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SAFE AND WELL TOLERATED MEDICINES(1)

SUBSTANTIAL REDUCTIONS IN LDL-C VIA NOVEL MOA

(2)	Statin	Ezetimibe	Nexlizet	Nexletol	PCSK9s
Dosing	Oral	Oral	**Oral**	**Oral**	Injectable
LDL-C Lowering	25-55%	15-18%	**38%**	**18% - 25%**	45-55% (mono tx) 45-64% (+ MTS)
MOA	Inhibits HMG-CoA reductase	Inhibits NPC1L1	**Inhibits ACL and NPC1L1**	**Inhibits ACL**	Inhibits PCSK9
hsCRP Lowering	Up to 40%	No change	**20-30%**	**20-30%**	No change
Outcomes Data	~20-30%RRR	6% RRR	**n/a**	**2H'22**	15% RRR

(1) Please see slides 27 & 28 for Important Safety Information on Nexletol® and Nexlizet®
(2) Data is not based on head-to-head date but on FDA approved labeling

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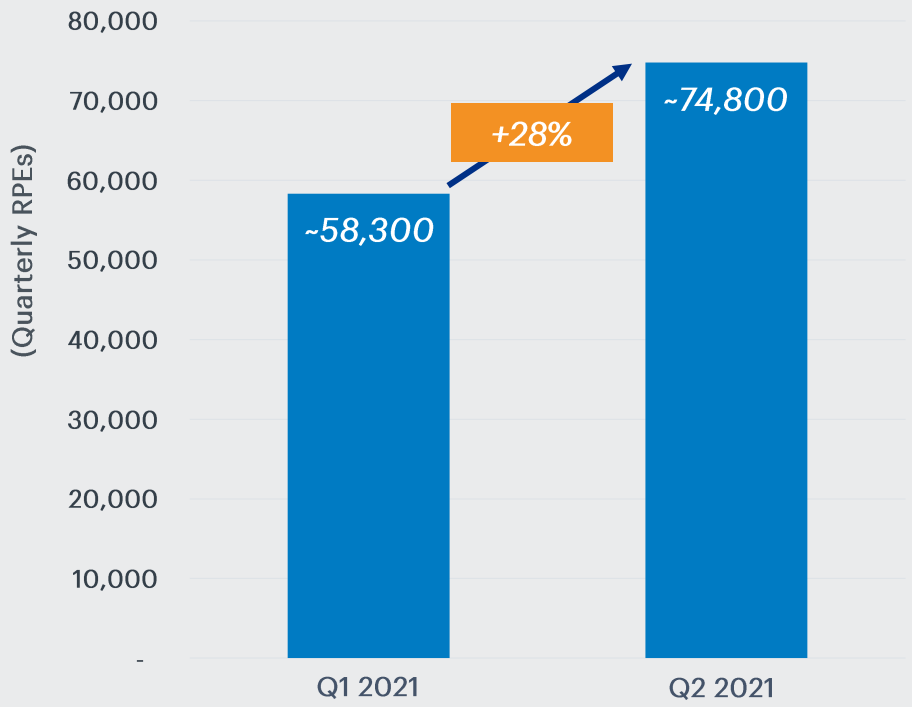
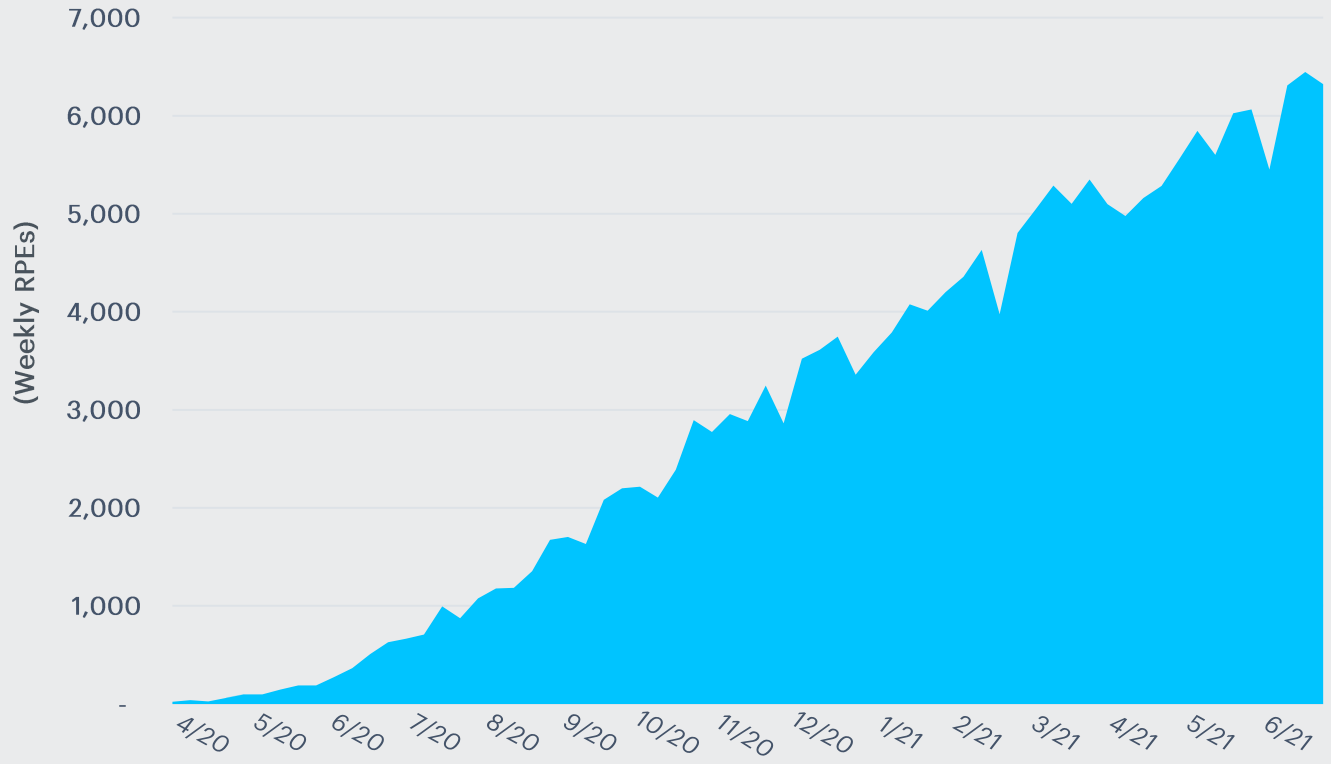
OUR MEDICINES ARE GROWING STRONG

COMMERCIAL INITIATIVES GAINING TRACTION

QUARTERLY FRANCHISE RPE TREND



WEEKLY FRANCHISE RPE TREND SINCE LAUNCH



*Based on Symphony data

RPE = Retail Prescription Equivalence; derived by normalizing the extended units Rx (no. of tablets) to determine the 30-day supply equivalent

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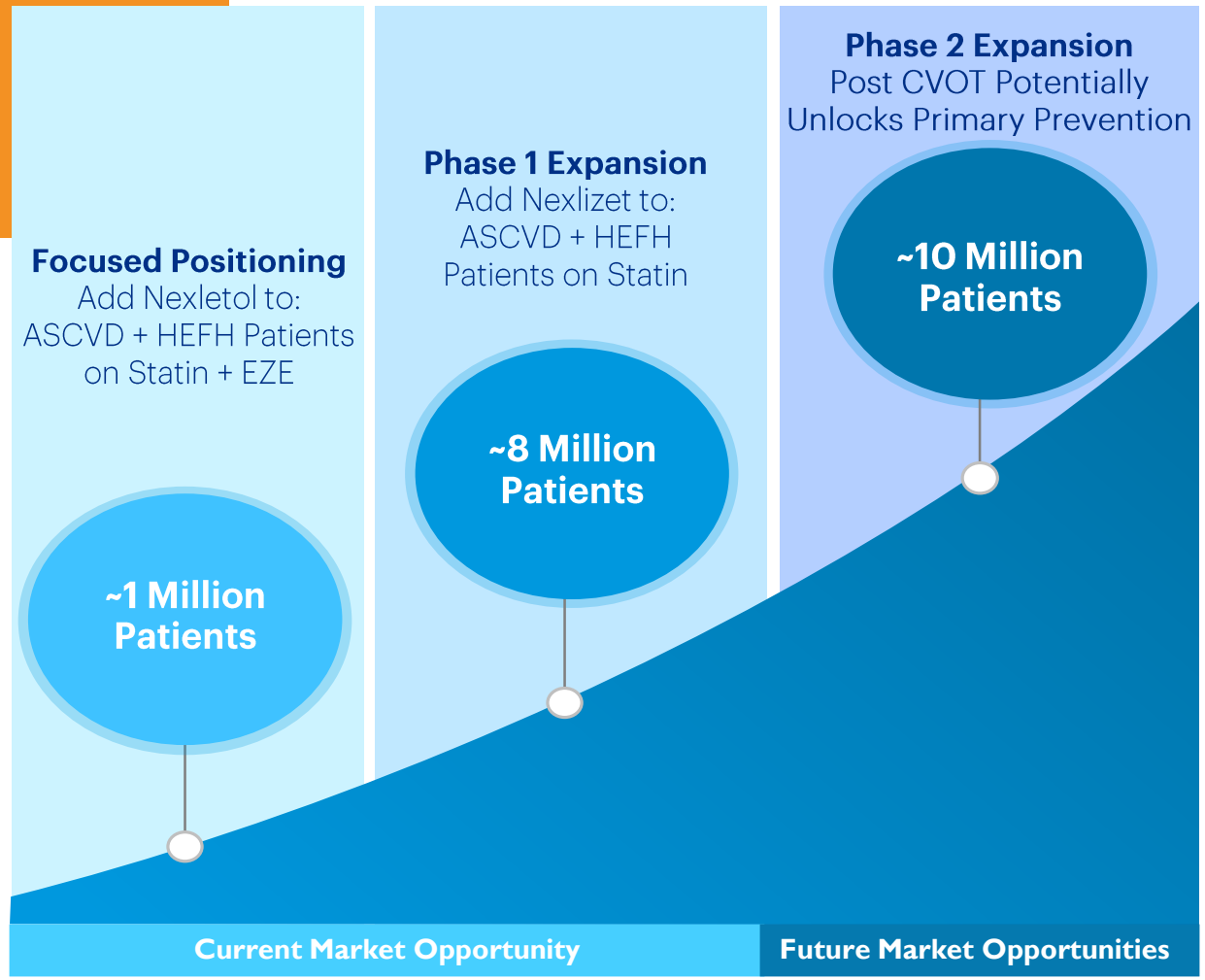
THREE GROWTH PHASES: SCRATCHING THE SURFACE OF PATIENT SEQUENCES

- >35,000 patients now on NEXLETOL or NEXLIZET therapy(1)
- Long growth runway in currently targeted patient sequences
- Gain access to additional 10 million patients upon potential cardiovascular risk reduction indication expansion



(1) As of March 31, 2021

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IMPLEMENTED OPERATIONAL INITIATIVES FOR ACCELERATED GROWTH IN SECOND HALF 2021

DRIVE AWARENESS

- Leverage Medical Science Liaisons
- Establish Scientific Platform

EXPAND MEDICAL EDUCATION

- Introduced Enhance Product Positioning
- Initiated Real World Evidence Study
- Promote Health Economics Benefits

PULL THROUGH MANAGED CARE

- Secured Formulary Coverage of Major Provider

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ESPERION MARKET ACCESS & HEOR

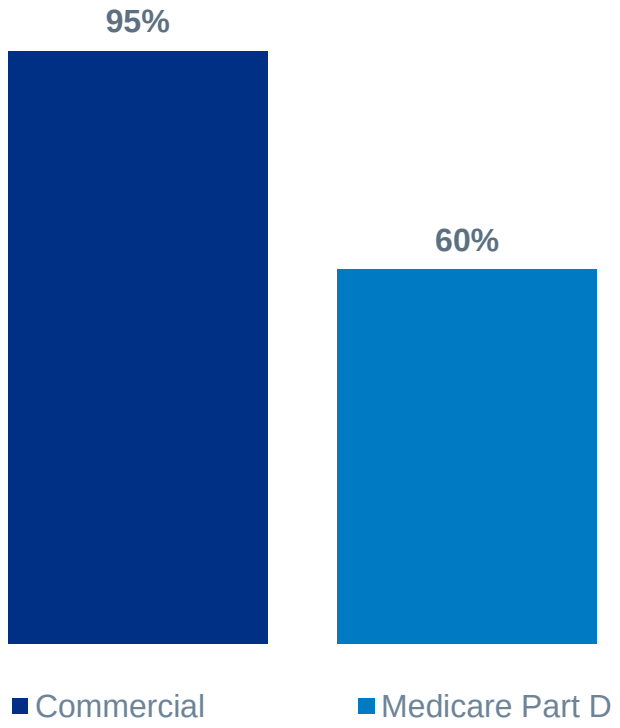
2021 OBJECTIVE TO PLAN, STRATEGIES AND IMPLEMENTATION

Plan	Refine Payer Value Proposition	Broaden Coverage with Medicare Part D Payers	Generate Supporting Real World Evidence
Strategy	• Build key storyline clearly establishing unmet need that resonates with payers • Define place in therapy and manageable budget impact	• Improve geography-specific Market Access challenges • Reengage and reset with payers to identify and define opportunity • Collaborate with Medical Affairs to leverage lipid lowering consensus decision pathways	• Demonstrate unmet need in patients with statin intolerance • Evaluate bempedoic acid in understudied populations • Measure real-world tendon rupture prevalence
Implementation	1. Value messages and slide deck 2. AMCP Dossier 3. Budget Impact Model	1. Meet 1:1 with field sales Districts: Keeps, Starts, Stops 2. Evaluate opportunities for Value/Outcomes Based Contracting and other study opportunities with payers	1. Collaboration with UT Southwestern – Cerner EMR Data Analysis 2. Feasibility discussions (e.g., FH Foundation, ABC)

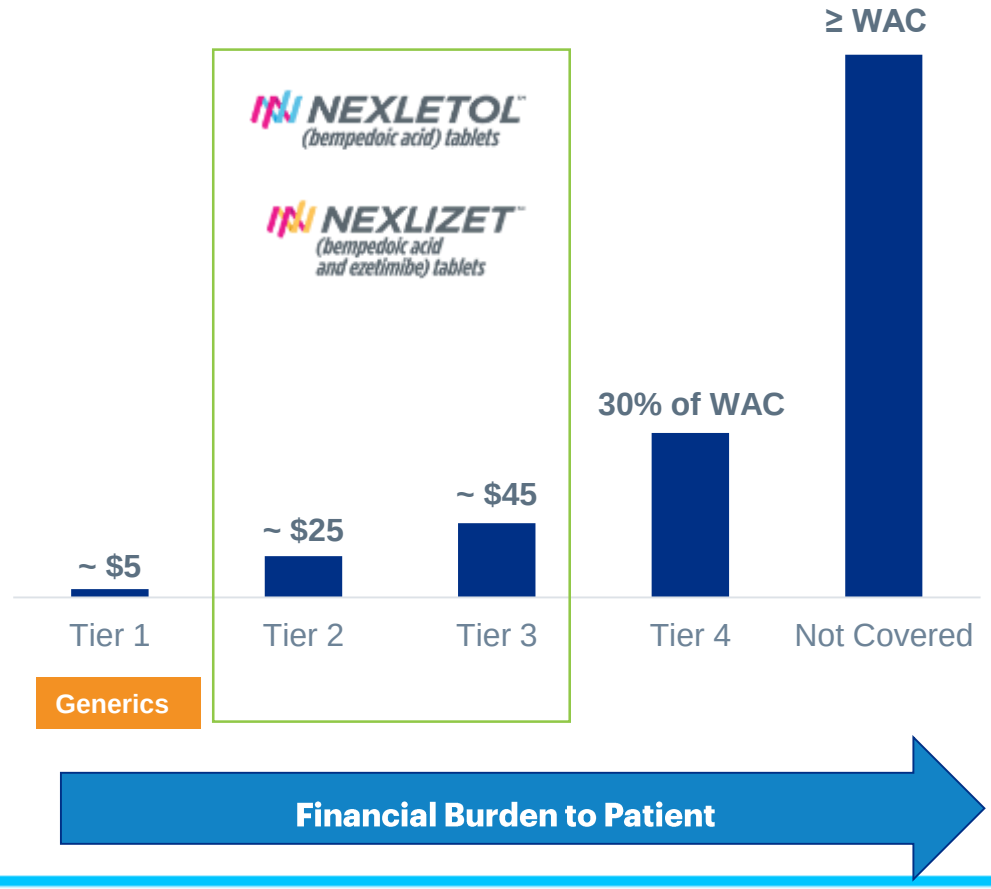
BROAD AND HIGH-QUALITY U.S. PAYOR COVERAGE

MEDICARE PART D STRATEGY DRIVING IMPROVED PULL-THROUGH

Continued Improvement in Payor Coverage



Coverage is in Preferred Tiers with Lower Patient Costs



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CLEAR OUTCOMES STUDY

First-of-its-kind, unprecedented CVOT in patients who have statin intolerability

- Entirely new class of medicine
- Over 14,000 patients in 32 countries fully enrolled
- Focused on significant, underserved population including 50% women versus 28% average

Novel design ensures high degree of confidence

- Highest baseline LDL-C of any recent non-statin CVOT (139mg/dl vs. >100mg/dl)
- Longer duration of study more favorable for full assessment of LDL-C lowering impact
- Anti-inflammatory and glucose-lowering effects of bempedoic acid provides potential greater risk reduction

Fully enrolled and on track to reach target number of MACE endpoints in second half of 2022

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CVOT CONFIDENCE DERIVED IN DIFFERENTIATED DESIGN

CLEAR Outcomes Designed for Success:

- Patients **Not on** background statin therapies have greater efficacy with Bempedoic acid
  - **Ph 3 SI Pool (18% Statin)** = ~-25%
  - Ph 3 ASCVD Pool (97% Statin) = ~-18%
- CLEAR patients have significantly higher mean baseline LDL-C levels than any recent CVOTs:
  - **CLEAR - 139 mg/dL**
  - ODYSSEY and FOURIER (~92 mg/dL)
  - IMPROVE-IT (~69 mg/dL)
- **Absolute** LDL-C lowering, **NOT percent** LDL-C lowering, drives CV risk reduction benefit
  - Every 1 mmol/L (39 mg/dL) absolute lowering = 22% RRR in major CV events
- 4-year treatment duration needed to see full effects of LDL-C lowering
  - **CLEAR – est. 3.8 years**
  - ODYSSEY and FOURIER <3 years

	IMPROVE-IT(2)	FOURIER(2)	ODYSSEY(2)	CLEAR
Drug	Ezetimibe	Evolocumab	Alirocumab	**Bempedoic acid**
Baseline LDL-C	69 mg/dl	92 mg/dl	92 mg/dl	**139 mg/dl**
Median Treatment Duration	6.7 yrs	2.2 yrs	2.8 yrs	**Est. 3.8 yrs**
HR of primary EP	0.936	0.85	0.85	**90% Power to Achieve HR of 0.85**
Effect on CRP	No effect	No effect	No effect	**-18 to -33% in Ph 3 studies**
Effect on weight	No effect	No effect	No effect	**~ -0.8 kg over 52 weeks in Ph 3 studies**
Effect on glycemic control in type 2 diabetes	No effect	No effect	No effect	**0.2-0.3% reduction in all T2D patients in Phase 3 studies**
Effect on new onset T2D	No effect	No effect	No effect	**20% reduction observed in 52-week Ph 3 studies**

(1) S.J. Nicholls, A.M. Lincoff, H.E. Bays, et al., Rationale and design of the CLEAR-outcomes trial: Evaluating the effect of Bempedoic acid on cardiovascular events in patients with statin intolerance, American Heart Journal (2020), https://doi.org/10.1016/j.ahj.2020.10.060

(2) Different trials with different patient populations and trial designs

PARTNERING FOR GLOBAL COMMERCIAL SUCCESS

Leveraging Cardiovascular Commercial Expertise Abroad

Daiichi-Sankyo

- Launched in Germany, other European launches planned for 2021
- Recent deal expansion into ASCA region
- Milestones totaling $1.1 billion
- ~14,000 patients on therapy as of Q1 2021 end

Otsuka

- Phase II study initiated in Japan
- $600 million in milestones and development costs

- Optionality in the remaining geographies to partner with leading local companies in the future

ASCA = Asia, South & Central America

EXPANDING THE FRANCHISE

- **Fixed Combination Drug Products**
  - **BA, ezetimibe & atorvastatin triple therapy Phase 2 study lowered LDL-C by 60.5% vs. placebo[1]**
- **In-licensed Programs**
  - **Announced preclinical oral PCSK9i development program in Q1 2021**

(1) J. Rubino, D.E. MacDougall, L.R. Sterling, et al., Combination of bempedoic acid, ezetimibe, and atorvastatin in patients with hypercholesterolemia: A randomized clinical trial, Atherosclerosis. 320 (2021) 122–128.

2021 STRATEGIC PRIORITIES

ESPERION® The Lipid Management Company

DRIVING

Adoption of NEXLETOL® and NEXLIZET® in the U.S.

COLLABORATING

With our commercial and development partners outside of the U.S.

ADVANCING

The next generation of innovative, oral, non-statin LDL-C lowering medicines, including our new oral PCSK9 inhibitor

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.

*With pediatric extension

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CAPITAL POSITION & KEY FINANCIALS

CAPITALIZED ON TWO NON-EQUITY-DILUTIVE FUNDING SOURCES

Q1 2021 Cash Balance	**$218M**
Oberland Capital third tranche	**$50M**
Expanded Daiichi Sankyo agreement upfront cash payment	**$30M**
Q2 2021 Cash Balance	**$219M**
Future Ex-US collaboration milestones	**>$1.2B**

Key Financial Data	
FY 2021 Revenue	No Guidance Before 2022
FY 2021 R&D Guidance	$120 - $130 Million
FY 2021 SG&A Guidance	$200 - $210 Million
FY 2021 Op Ex Guidance[1]	$320 - $340 Million
Q2 2021 Common Shares Outstanding[2]	26.3 Million

[1] Includes $30M of non-cash stock-based compensation expense
[2] Accounts for $50M prepaid forward feature

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MULTI-YEAR GROWTH OPPORTUNITY

NEAR-TERM	LONG-TERM
Current valuation not reflective of **long-term potential** of Company and its medicines	There is a **large unmet need** in LDL-cholesterol lowering that continues to deteriorate, fortifying the therapeutic need for ESPERION and its medicines
Refined commercial strategy with implemented value-generating initiatives will drive script momentum in next quarters and longer-term	Landmark **CLEAR Outcomes Trial** will determine the ability of bempedoic acid to reduce cardiovascular events and potentially expand label indication
Broad vaccination leads to **patient return to physician offices**, stimulating new-to-brand prescriptions - the life-blood of new launches	Successful execution by existing **OUS partners will increasingly contribute** to ESPERION top-line
Optimized cost structure provides appropriate resources for business operations and flexibility for future investment	In-licensed **pre-clinical oral PCSK9i program** with potential to be first-in-class

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ESPERION TODAY...

- Launched first new oral medicines for cholesterol management in 20 years
- Fully enrolled first-ever CVOT study that focuses solely on statin intolerant patients
- Partnerships driving royalties from Europe

...AND TOMORROW

- Commercial acceleration with strategic initiatives and CVOT MACE accumulation (expected H2 2022) for potential indication expansion
- Launching medicines in additional geographies
- Expanding easy treatment options with oral PCSK9 inhibitor program

THANK YOU

ESPERION The Lipid Management Company

IMPORTANT SAFETY INFORMATION

ESPERION® The Lipid Management Company

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

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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

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