ESPERION | REACHING GOALS

Q3 2024 Earnings Presentation

November 07, 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

Strong and Steady Growth Across Key Areas

Total Revenue

$51.6 M

+52% Y/Y

U.S. Net Product Sales

$31.1 M

+53% Y/Y

Retail Prescription Equivalents Q/Q

12%

New to Brand Prescriptions Q/Q

18%

Transformative Accomplishments Establishing a Strong Foundation for Growth

- Expanded sales force to 150 representatives in the U.S.
- Received FDA approval for label expansions
- Updated payer utilization management criteria to include label expansions
- Monetized European royalties and concurrent payoff and termination of existing revenue interest facility
- Enhanced awareness of new indications among healthcare providers by implementing a strong marketing program
- Supported strong international growth and further expansion of NILEMDO® (bempedoic acid) and NUSTENDI® (bempedoic acid and ezetimibe)

RESULTING IN **DOUBLE-DIGIT** PRESCRIPTION GROWTH IN BOTH QUARTERS SINCE THE LAUNCH

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.

Delivering Results with a Focused and Strategic Commercial Approach

Updated UM Criteria

- Secured reimbursements and removed significant restrictions and barriers to access so physicians can now prescribe NEXLETOL® (bempedoic acid) and NEXLIZET® (bempedoic acid and ezetimibe) with increased confidence
- Expanded our Medicare formulary coverage for NEXLETOL and NEXLIZET
  - Added Optum/United AARP and CVS/SilverScript
- Physicians can now prescribe NEXLETOL and NEXLIZET with increased confidence

>65%
Medicare insured lives

>165M
Lives covered with updated UM criteria

>92%
Commercial lives insured

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

~24,000
Healthcare providers writing scripts

+12%
Increase in Retail Prescription Equivalents Q/Q

+18%
Increase in New to Brand Prescriptions Q/Q

October Prescription Growth Validates Strategic Momentum

MARKETING, SALES AND MANAGED CARE INITIATIVES ARE DRIVING INCREASED PRESCRIPTION GROWTH INTO THE FOURTH QUARTER

Growth in the First Four Weeks of Q4 2024 Compared to the First Four Weeks of Q3 2024

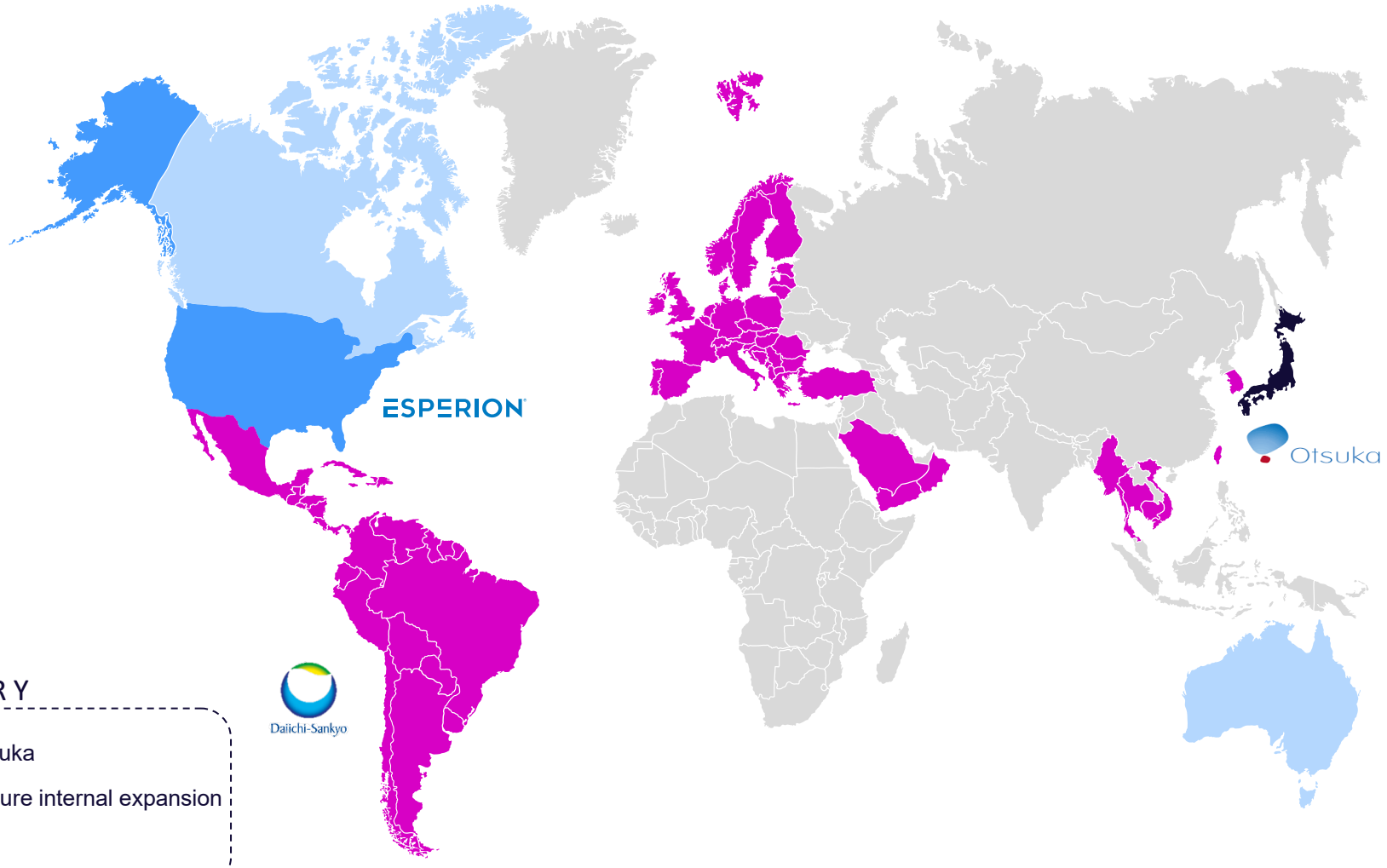
+17%

Increase in Retail Prescription Equivalents

+20%

Increase in New to Brand Prescriptions

Great Strides Expanding International Reach



Global Partnerships Expected to be Valuable Royalty Contributors

Daiichi Sankyo

- Continues to post strong prescription and revenue growth
  - ~19% sequential increase in our royalty revenue, which was $8.9 million
- 80% of patients in Europe unable to reach guideline-recommended levels for LDL-C, despite taking statins
- DS ASCA received regulatory approval to market NILEMDO in Taiwan

Otsuka

- Remains on track to file a New Drug Application (NDA) in Japan in Q4 2024
- Approval and National Health Insurance (NHI) pricing anticipated in 2025

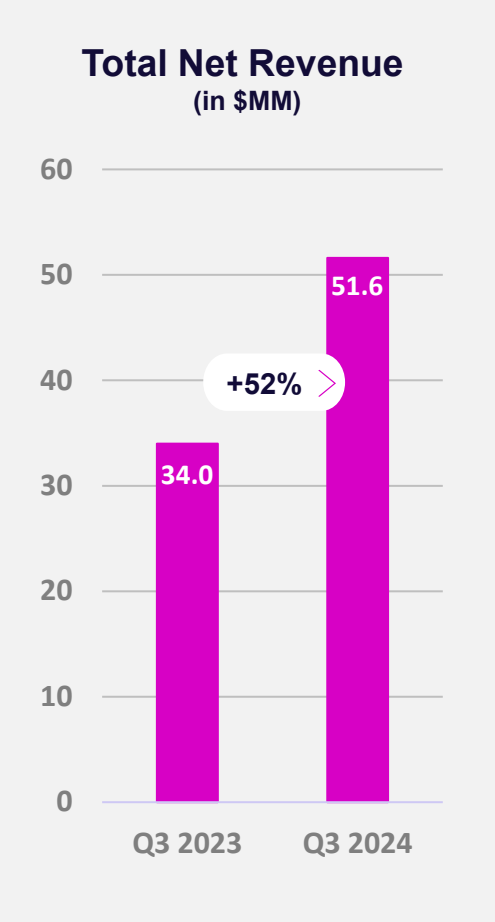
Esperion

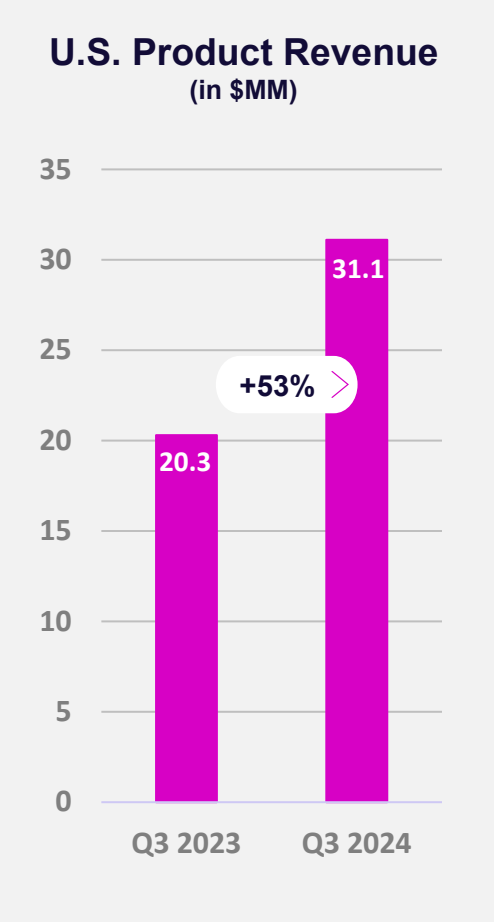
- New Drug Applications in Canada are planned for November 2024
- Potential submissions and/or partnerships in Australia and Israel expected in the first half of 2025

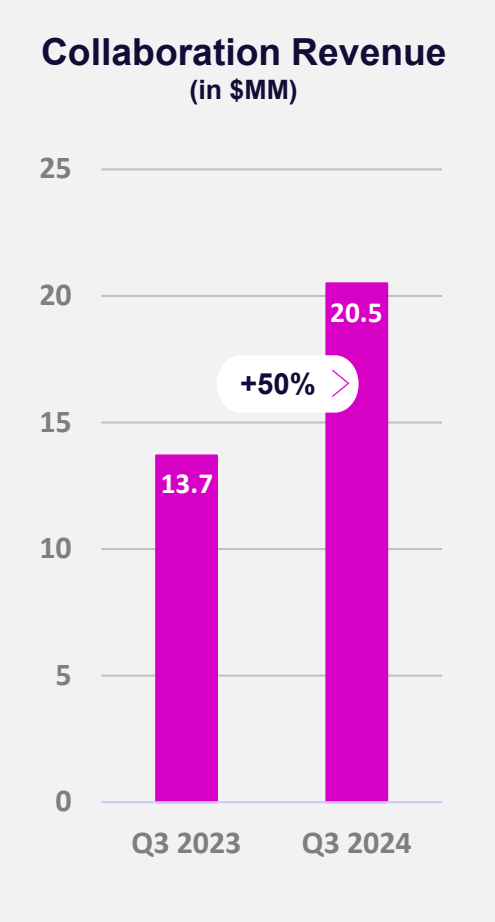
Financial Update

Ben Halladay, Chief Financial Officer

Q3 2024 Financial Highlights





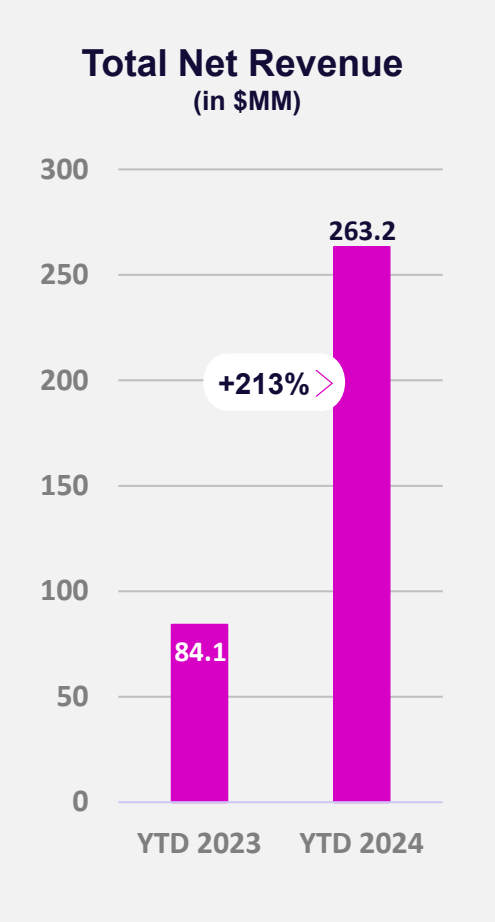


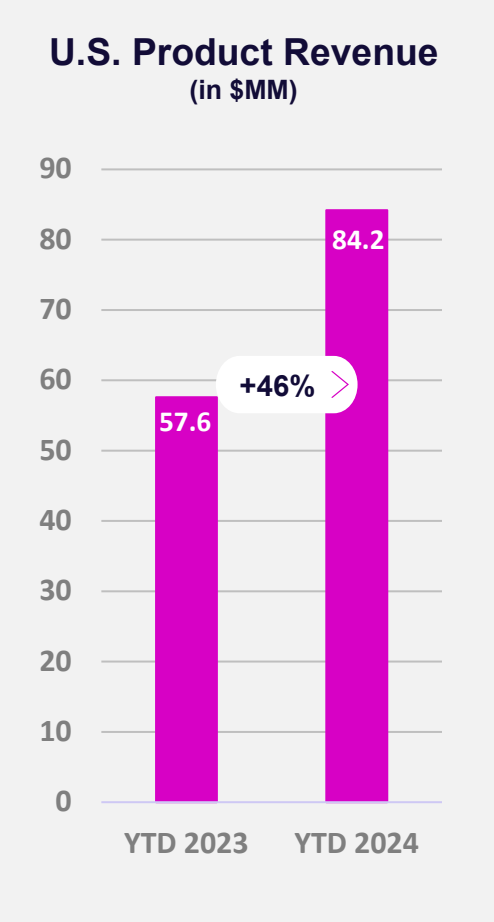
KEY ACCOMPLISHMENTS

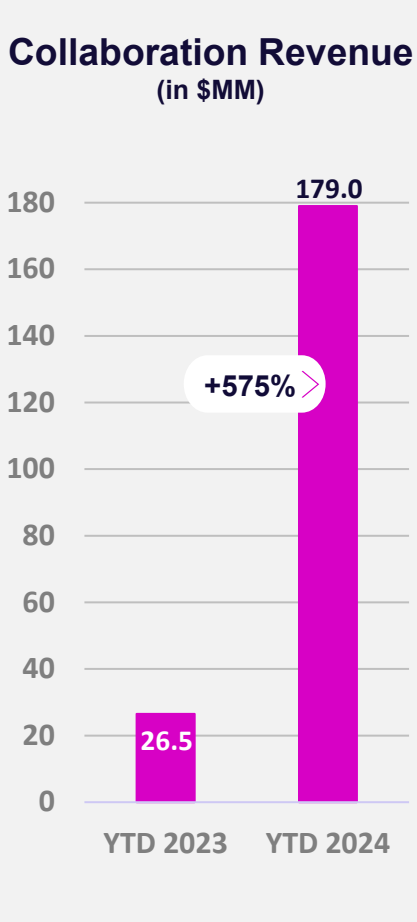
Double Digit Growth

- U.S. net product revenue was $31.1M (+53% YoY)
- Collaboration revenue was $20.5M (+50% YoY)

YTD Financial Highlights







KEY ACCOMPLISHMENTS

Double Digit Growth

- U.S. net product revenue was $84.2M (+46% YoY)
- Collaboration revenue was $179.0M (+575% YoY)

Monetized European Royalties

- Strengthening our balance sheet by monetizing the European royalties on our bempedoic acid product sales and allocating the proceeds for the early, discounted payoff and termination of a previous revenue interest facility

Strengthened Capital Position Enables Future Inflection

Disciplined investment and expense allocation supports execution of commercial launch

$145M Q3 2024 Cash & Cash Equivalents

$140M Potential Milestones for Japanese Submissions & Regulatory Events

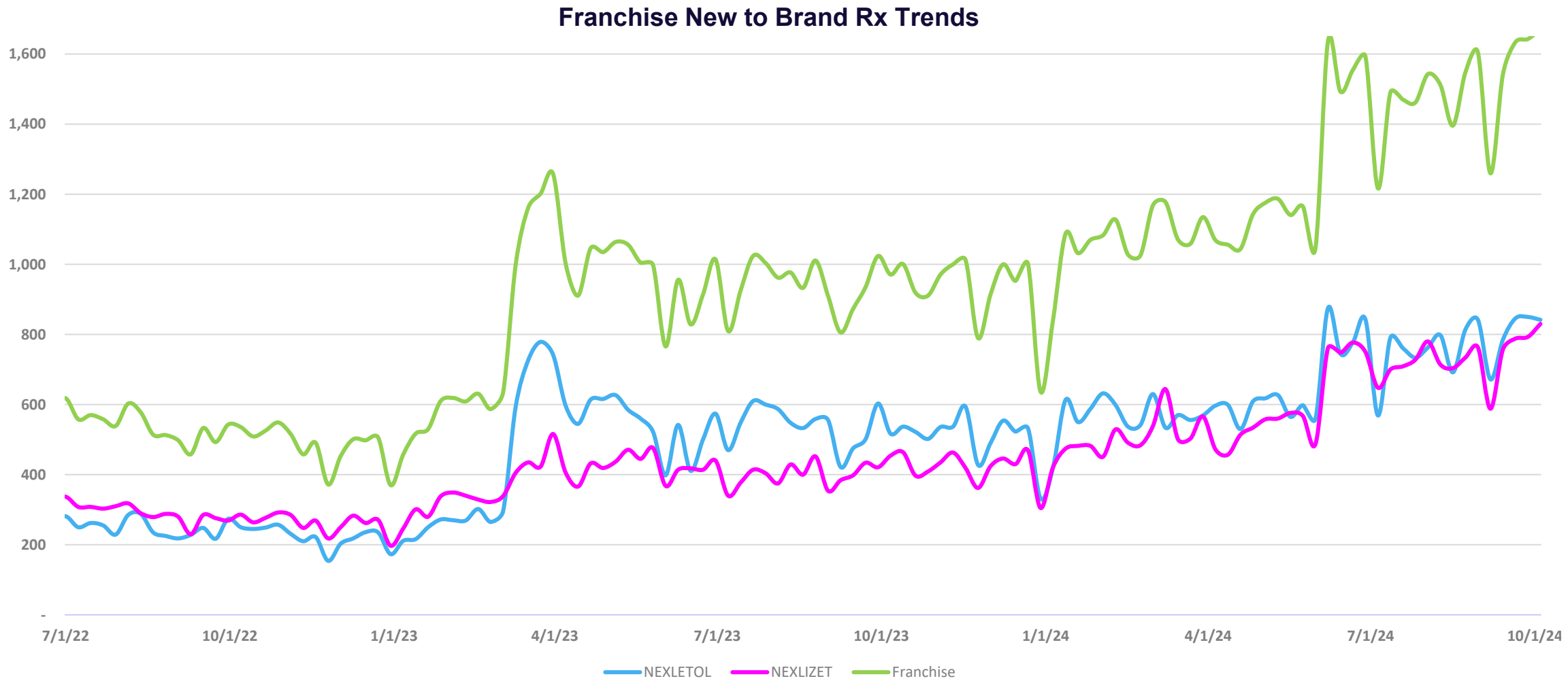
$31M Q3 2024 U.S. Net Product Revenue
+53% Growth Y/Y

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

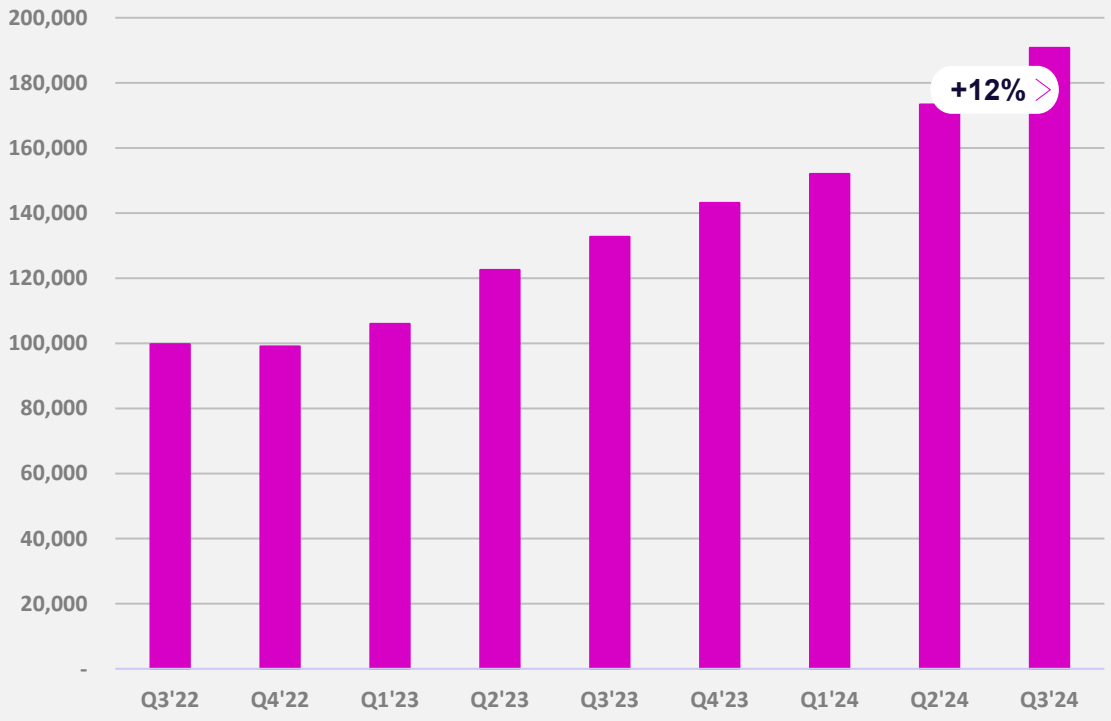
1. Includes ~$20 million of non-cash stock-based compensation expense

Combined Marketing, Managed Care and Sales Initiatives Drive 18% NBRX Growth Q/Q

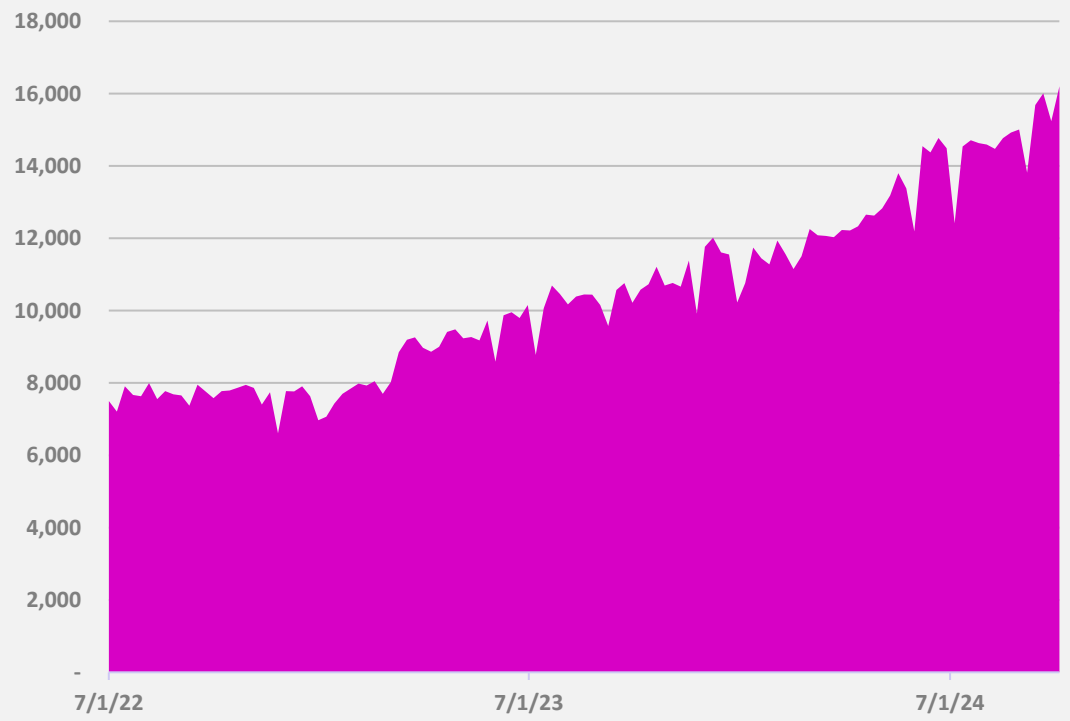


Strong Momentum in First Six Months of Launch, Steady Growth Continues Through Q3 2024

Quarterly Franchise RPE Trend



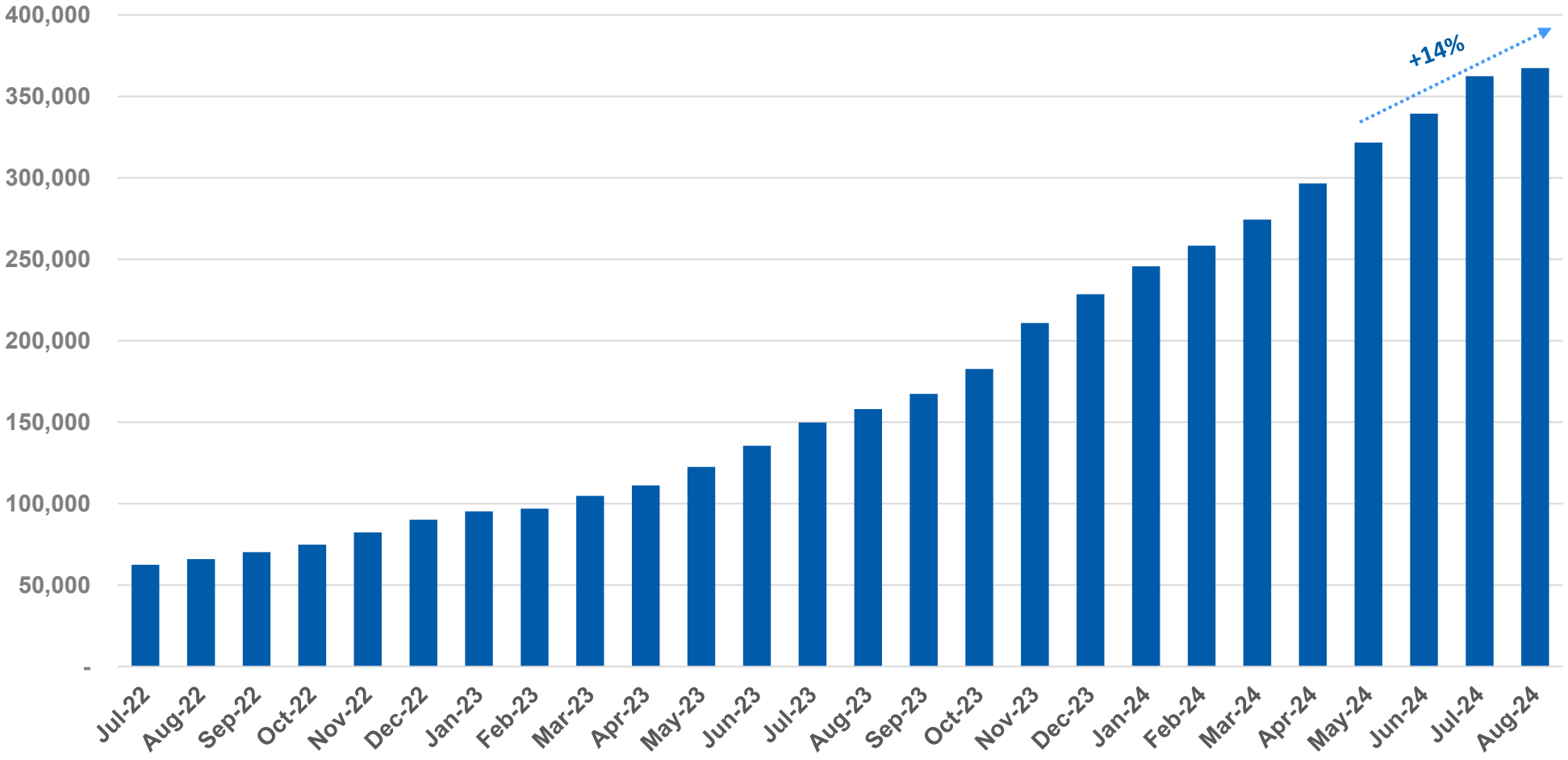
Weekly Franchise RPE Trend[1]



1. Through September 30, 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



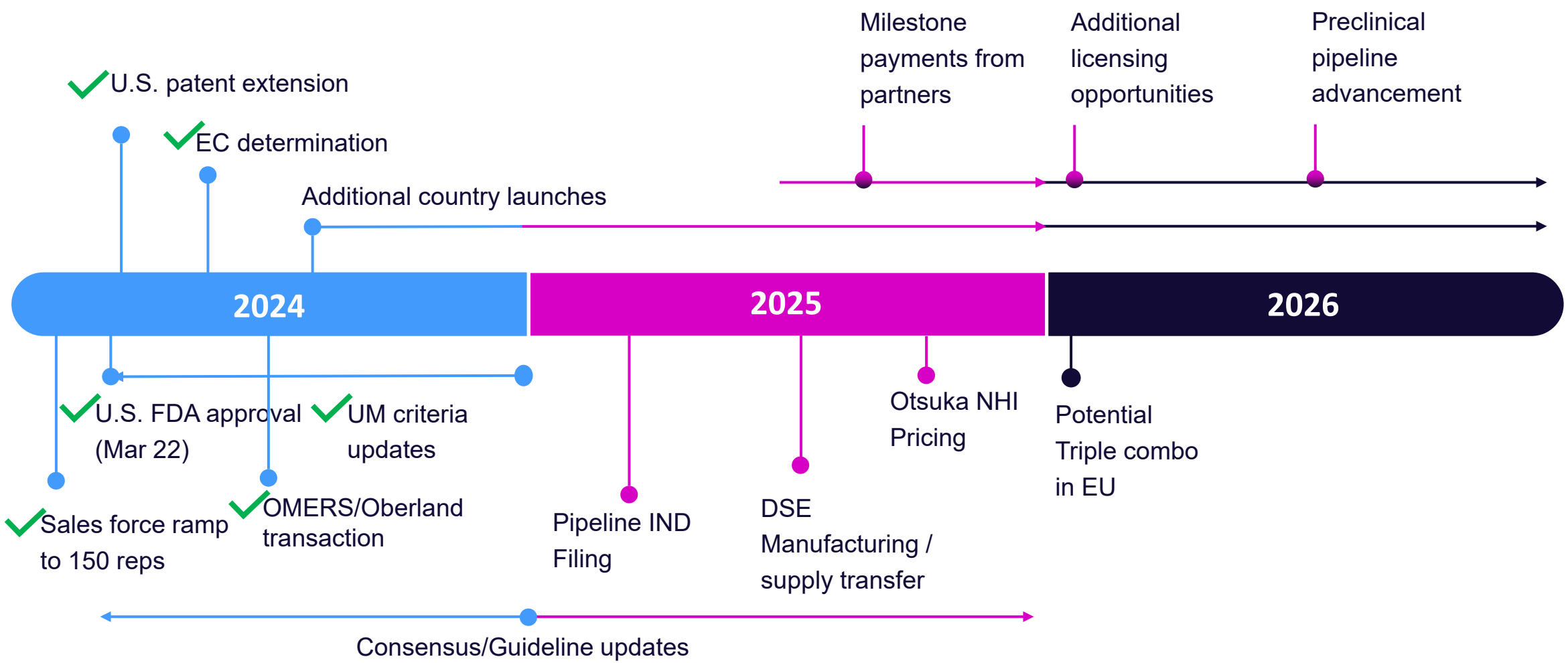
367,400 patients through August '24

Note: Numbers are approximate and based on an internal calculation methodology and includes Germany, UK, Austria, Belgium, Switzerland, Italy, Spain, the Netherlands.

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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