ESPERION | REACHING GOALS

Esperion Corporate Presentation

January 2023

Forward-looking Statements & Disclosures

This presentation 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 expected receipt of milestone payments from partners, 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 impact of the ongoing COVID-19 pandemic on our business, revenues, results of operations and financial condition, the net sales, profitability, and growth of Esperion’s commercial products, clinical activities and results, 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.

Three Step Plan to Build Shareholder Value

1

Appropriately build awareness of NEXLETOL® and NEXLIZET® and robust CLEAR Outcomes results amongst doctors and patients

2

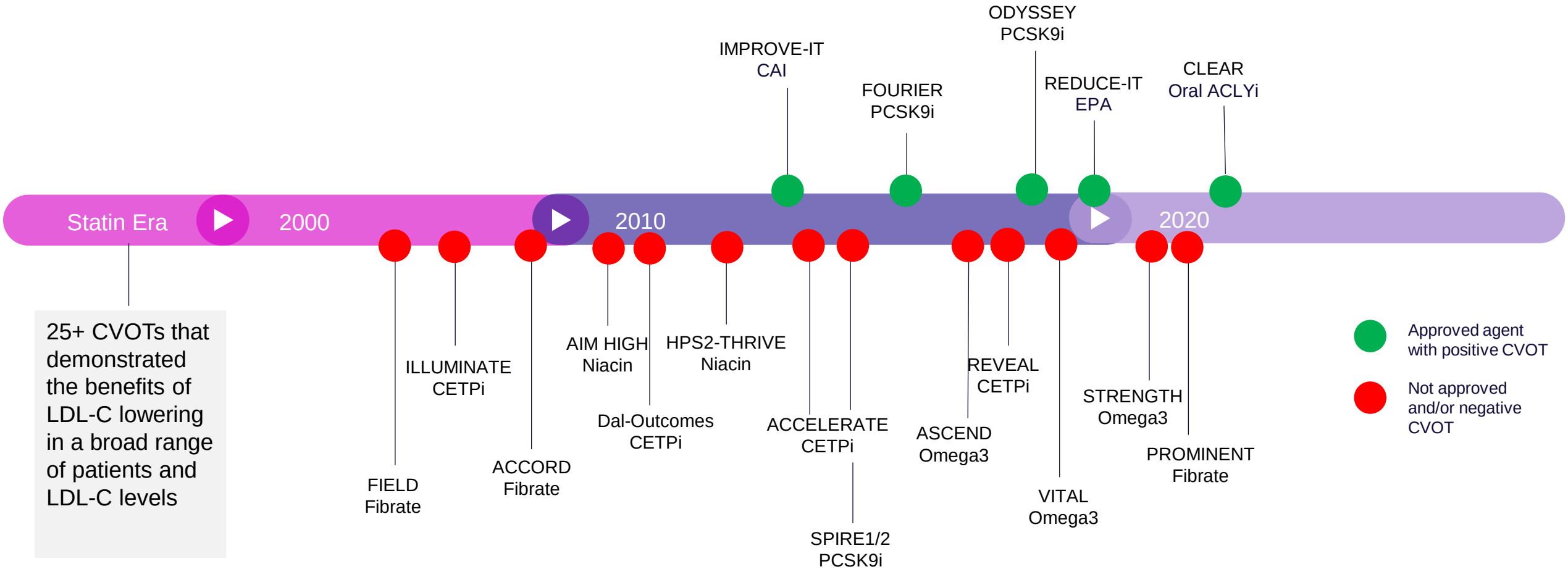
Pursue label expansions to grow U.S. and international sales and secure receipt of milestone payments from partners

3

Achieve blockbuster status of bempedoic acid franchise and expand our innovative pipeline:

- ACLY
- Oral PCSKi

After Statins, Few *Approved* Lipid Lowering Therapies with *Positive* CVOT



*In patients will controlled LDL-C but elevated TGs

NEXLETOL® & NEXLIZET® - Optimized to Address Unmet Medical Need

- Statins remain first line therapy to reduce the risk of major adverse cardiovascular events.[1,2]
- Lower dose statin and withdrawal from statin therapy is associated with increased risk of adverse cardiovascular events.[3,4]
- Up to 30% of patients are unable to tolerate guideline-recommended doses of statins.[5,6]
- Like statins, bempedoic acid upregulates LDL receptors increasing clearance of LDL cholesterol from the circulation.[7]
- Bempedoic Acid (contained in both NEXLETOL and NEXLIZET) is specifically designed as a prodrug activated in only in the liver to specifically reduce the likelihood of statin-associated adverse effects and fewer drug-drug interactions.[7,8]
- The ***CLEAR Program*** has assessed the impact of NEXLETOL/NEXLIZET in combination with statin or alone on key endpoints including LDL lowering and CV outcomes
- **Based on robust data, NEXLETOL/NEXLIZET designed for use alone or in combination with statins.**

THE CLEAR Program >60,000 Patients in >30 Countries

Large integrated, scientifically rigorous program to establish bempedoic acid as a new standard of care

Lipid Lowering

Registration Trials – Phase 3

CLEAR Serenity
CLEAR Harmony
CLEAR Tranquility
CLEAR Wisdom
1002-050
1002FDC-053

Registration Trials – Phase 2

1002-008
1002-038
1002-039
1002-003
1002-005
1002-006
1002-009
1002-035
1002-007
1002-014

Diverse Patient Populations

CLEAR Path 1 (pediatrics)
Lactation study*
Pregnancy study
End Stage Renal Disease*

Outcomes

Primary/Secondary Prevention

CLEAR Outcomes

Healthcare System Partnerships

US Healthcare Systems

UT Southwestern Medical Center
Baylor Scott & White/VA*
Durham VA Medical Center*

NHS

UK NHS Clinical audit

Implementation Science & Real-World Evidence

Initiation of Treatment

FCQN-Spencer Health Program
PAD Alert

Post-ACS

CLEAR ACS

*Planned

Landmark CLEAR Outcomes Study

Successfully achieved primary endpoint

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

Focused on significant, underserved population unable to maximize or tolerate statins

Over 14,000 patients in 32 countries

~50% women

Primary Endpoint (MACE-4): Composite of the time to first cardiovascular death, nonfatal myocardial infarction, non-fatal stroke, or coronary revascularization

Hierarchy of Secondary Endpoints:

- MACE-3
- Fatal and non-fatal MI
- Coronary revascularization
- Fatal and non-fatal stroke
- Death from cardiovascular causes
- All-cause mortality

“Fifth Mechanism of LDL Lowering that has Translated into Reductions in Cardiovascular Events”

“Bempedoic acid works in the same pathway as statins, but two steps up, working through the LDL receptor. ***It is the 5th different mechanism of LDL lowering that has translated into reductions in cardiovascular events****.”*

*“****Bempedoic acid has been tested largely for people who are statin intolerant, but it can be used on top of a statin,*** *you get almost 20% reduction in LDL cholesterol when used on top of a statin, and for statin intolerant people about 25%-28% lowering.”*

Dr. Kausik Ray,
President European Atherosclerosis Society

Dr. C. Michael Gibson,
M.S., M.D.

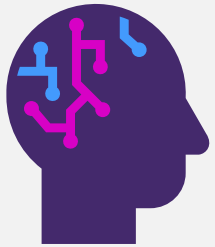
“What really becomes important is for us to use the treatments that are available, and our biggest challenge is we don't use them well enough. ***We should be thinking about prevention and starting interventions early because LDL cholesterol accumulation and exposure is what leads to heart disease.”***

Commercial Activities Underway To Unlock Potential

Driving increased demand in advance of full-scale promotion

HCP Segmentation and Field Sales Force Sizing (Q1 2023)

Promotional Message and Positioning Refinement (Q2 2023)



Prepare CLEAR Launch Campaign and Promotional Messaging (Q2-Q4 2023)

Field Sales Force Expansion (Q4 2023)

Financial Strength to Deliver Growth

Cash runway sufficient beyond CLEAR Outcomes through the end of 2023

$166M 2022 Cash, Cash Equivalents & Investment Securities Available-for-Sale

>$1.2B Potential Future Ex-U.S. Collaboration Milestones from Partners

$14.4M - $15.1M Fourth Quarter 2022 US Net Product Revenue FY Growth Between 38% and 40% Year Over Year

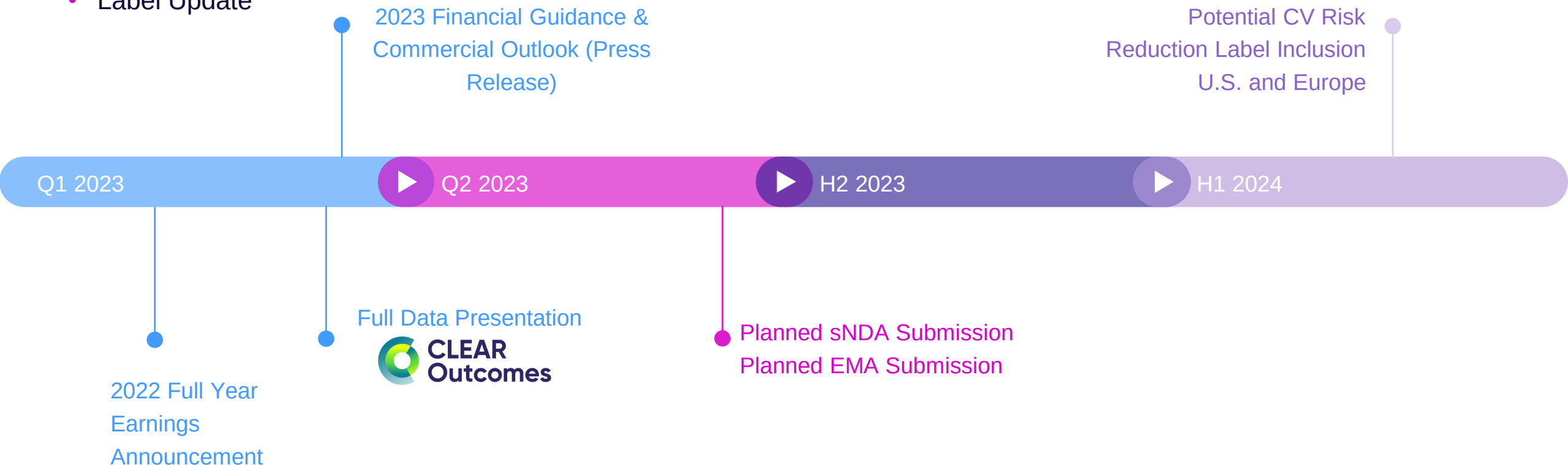
Key Financial Data

FY 2022 R&D Guidance	$100 - $110 Million
FY 2022 SG&A Guidance	$120 - $130 Million
FY 2022 Op Ex Guidance [1]	$220 - $240 Million
Q3 2022 Common Shares Outstanding [2]	74.6 Million

1. Includes $25M of anticipated non-cash stock-based compensation expense
2. After accounting for 2.0 million treasury shares to be purchased in the $50M prepaid forward transaction as part of the November 2020 convertible debt financing

Timeline & Next Steps

- Meetings with payers, including VA, Department of Defense, Indian Healthcare
- Partnership with RFK Racing – branded car and drivers
- Late Breaking Clinical Trial Presentation at ACC on Saturday March 4 at 9:30 a.m. CT/10:30 a.m. ET
- Enhanced Commercial Activities
- Label Update



Key Takeaways

1

We have a unique and successful outcome study in a large therapeutic category that demonstrates the benefits of bempedoic acid, the active ingredient in NEXLETOL® & NEXLIZET®

2

We are poised for a major inflection in sales and prescriptions and are targeting blockbuster status

3

Based on the robustness of the CLEAR Outcomes data, the Company believes it would be entitled to receive milestone payments from collaborative partners upon inclusion of cardiovascular risk reduction data in the US and European labels

THANK YOU

ESPERION | REACHING GOALS

Important Safety Information

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

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

References

1. Arnett DK, Blumenthal RS, Albert MA et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2019 Sep 10;74(10):1376-1414. doi: 10.1016/j.jacc.2019.03.009. Epub 2019 Mar 17. Erratum in: J Am Coll Cardiol. 2019 Sep 10;74(10):1428-1429. Erratum in: J Am Coll Cardiol. 2020 Feb 25;75(7):840. PMID: 30894319; PMCID: PMC8344373.

2. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2019;139:e1082–e1143. DOI: 10.1161/CIR.0000000000000625.

3. Zhang H, Plutzky J, Shubina M, Turchin A. Continued statin prescriptions after adverse reactions and patient outcomes. A cohort study. Ann Intern Med. 2017. [Epub ahead of print]. doi:10.7326/M16-0838

4. Serban M-C, Colantonio LD, Manthripragada AD, et al. Statin Intolerance and Risk of Coronary Heart Events and All-Cause Mortality Following Myocardial Infarction. J Am Coll Cardiol. 2017;69(11):1386-1395.

5. Stroes ES, Thompson PD, Corsini A, et al; European Atherosclerosis Society Consensus Panel. Statin-associated muscle symptoms: impact on statin therapy-European Atherosclerosis Society Consensus Panel Statement on Assessment, Aetiology and Management. Eur Heart J. 2015 May 1;36(17):1012-22. doi: 10.1093/eurheartj/ehv043. Epub 2015 Feb 18. PMID: 25694464; PMCID: PMC4416140.

6. Cheeley MK, Saseen JJ, Agarwala A, et al. NLA scientific statement on statin intolerance: a new definition and key considerations for ASCVD risk reduction in the statin intolerant patient. J Clin Lipidol. 2022;16(4):361-375. doi:10.1016/j.jacl.2022.05.068. Epub 2022 Jun 9.

7. Pinkosky SL, Newton RS, Day EA, et al. Liver-specific ATP-citrate lyase inhibition by bempedoic acid decreases LDL-C and attenuates atherosclerosis. Nat Commun 2016; 7: 13457.

8. Ray KK, Bays HE, Catapano AL, et al. CLEAR Harmony Trial. Safety and Efficacy of Bempedoic Acid to Reduce LDL Cholesterol. N Engl J Med. 2019 Mar 14;380(11):1022-1032. doi: 10.1056/NEJMoa1803917. PMID: 30865796.

Thank You