ESPERION | REACHING GOALS

Q4 and FY 2023 Earnings Presentation

February 27, 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 Q4 and FY 2023 Results

Commitment and focus on execution of strategic plan yields strong finish to 2023

	Total Revenue	US Product Sales, Net	Retail Prescription Equivalents Y/Y
Q4	$32M +72% Y/Y	$21M +39% Y/Y	+44%
FY23	$116M +54% Y/Y	$78M +40% Y/Y	+30%

Q4 / Recent Highlights

- **Retail prescription equivalents** grew **44% Y/Y** and **8% Q/Q**
- **Resolution of pending litigation**, including **$125M in near-term cash** payments, expansion of partnership, and **generation of long-term value** via anticipated cost savings and potential additional revenue streams
- **Raised $98M** in gross proceeds in equity offering, further strengthening balance sheet and commercial launch
- **FDA approval** of full CVOT label expansion remains on track, with U.S. **PDUFA date of March 31** and anticipated EMA determination in Q2 2024
    - FDA interim label update in December **removed limitations of use** and maximally tolerated statin requirement
- Continued dissemination of **CLEAR Outcomes** analyses in advance of label expansion
    - Demonstrated bempedoic acid's **reduction in vascular inflammation** as measured by hsCRP, regardless of **statin use**
- **Organization-wide preparation** for **new label**, including structural changes, hiring, and marketing groundwork

Three-Part Settlement With Daiichi Sankyo Europe

Mutually beneficial terms enable continued delivery of life-saving medicines worldwide

1	CASH	**$125M in near-term cash payments** $100M received $25M expected in Q3 2024
2	MANUFACTURING & SUPPLY	**Transfer of manufacturing and supply responsibilities to Daiichi Sankyo Europe (DSE)** Significant annual cost savings
3	EXPANSION	**Development plan for triple combination therapy in Europe** Potential for additional patent exclusivity and royalty payments

Total Result

- > Near- and long-term value
- Ability to continue focusing on the business

Data Drive Meaningful Label Expansion Potential

New cardiovascular risk reduction label drives significant commercial growth opportunity

Current Label

INDICATION:

- Adjunct to diet and statin therapy
- For the treatment of primary hyperlipidemia in adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C

Positive CVOT

Anticipated Label

Indications added:

- REDUCE THE RISK OF CARDIOVASCULAR EVENTS
- Expands to *primary* prevention (in addition to secondary)

Limitations removed:

- Removes statin therapy requirement

CLEAR Outcomes

Q4 2023
FDA Removal of Limitations of Use and Max Tolerated Statin Qualifier

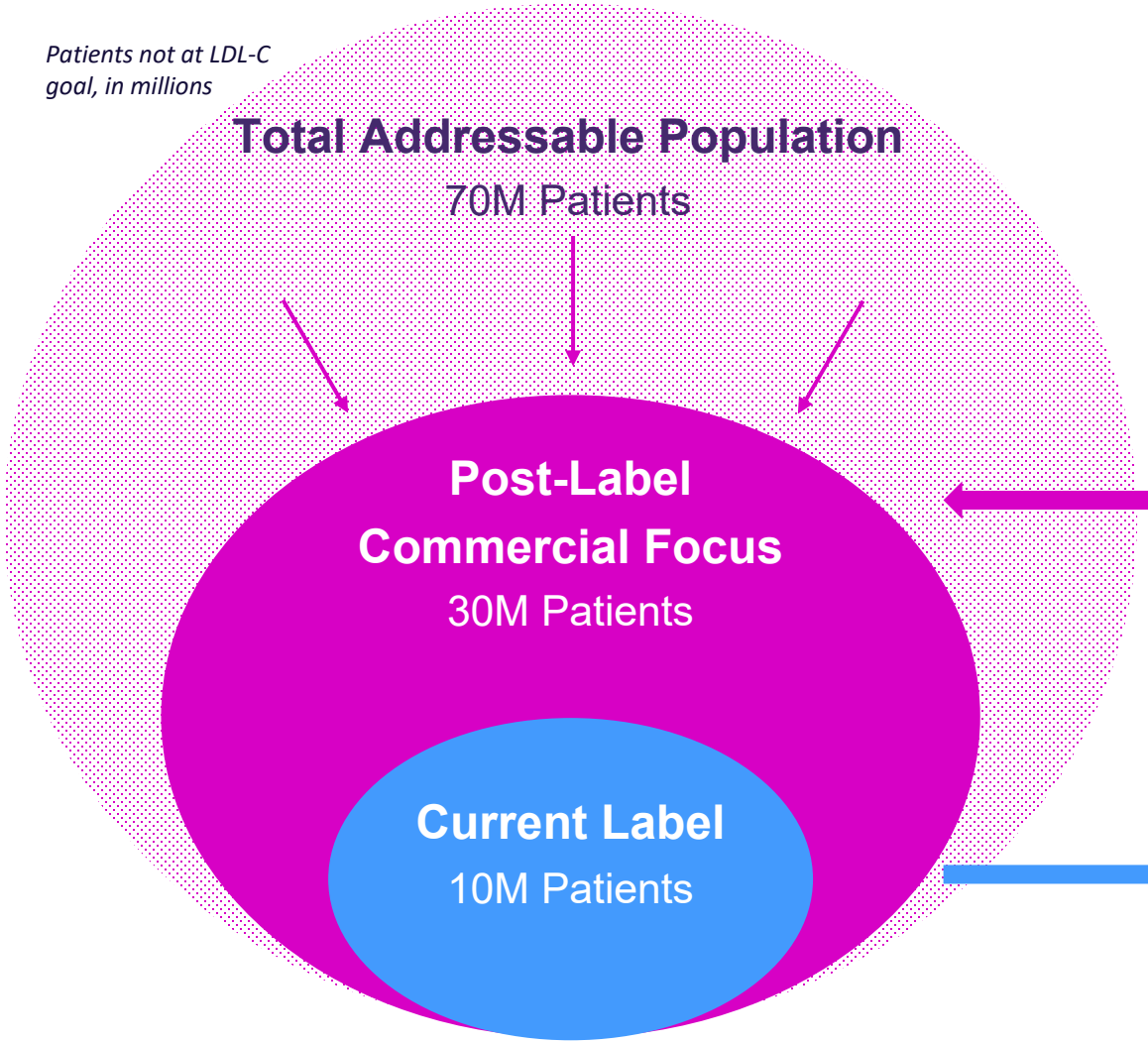
Q1 2024
March 31 PDUFA Date
Anticipated U.S. CV Risk Reduction Label Inclusion

Q2 2024
Anticipated EU CV Risk Reduction Label Inclusion

H2 2024
Additional Country Filings

Label Expansion Meaningfully Increases Addressable Market

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 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 ASCVD Patients[1]

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

Anticipated Label

- *To reduce the risk of cardiovascular events*
- *Primary and secondary prevention*
- *With or without statin therapy*

Current Label

- *HeFH or ASCVD or primary hyperlipidemia*
- *On statin*
- *Not at LDL-C goal*

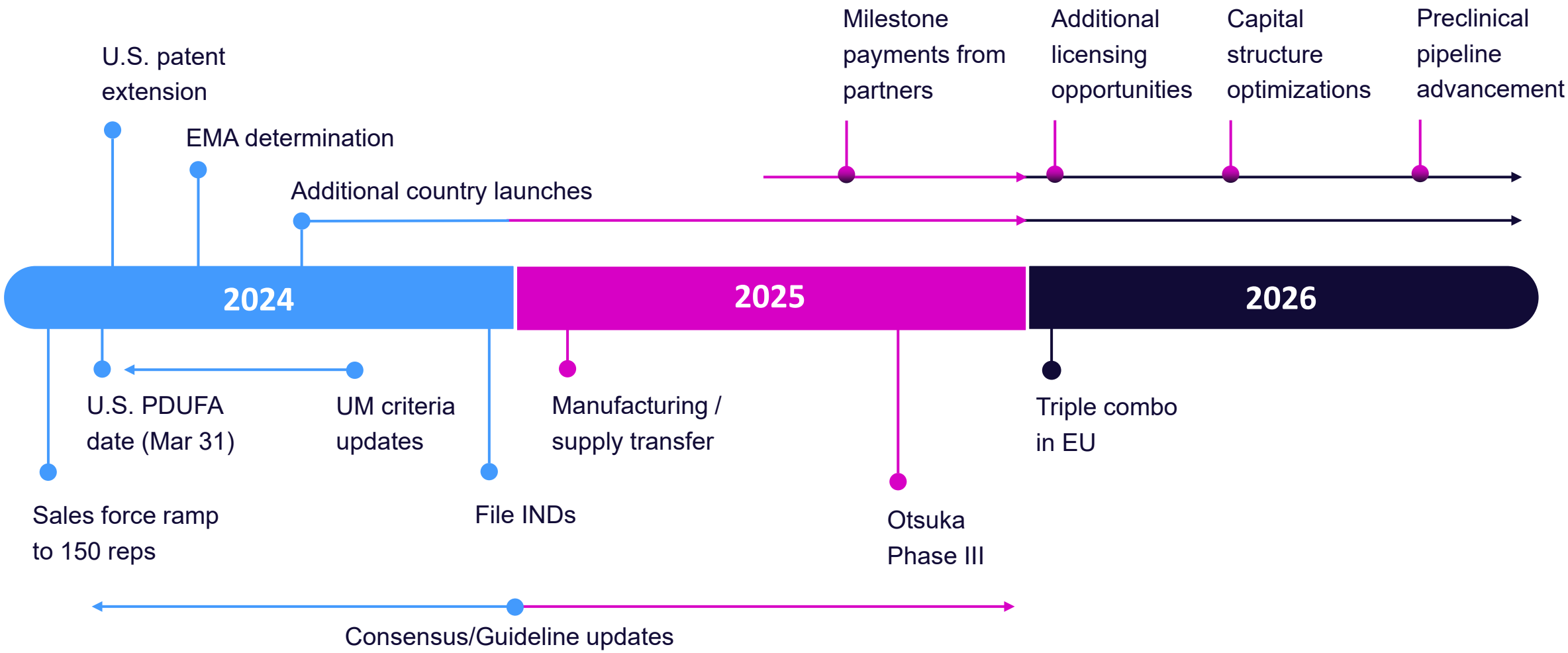
1. Allen JM, et al. Circulation. 2019;140:A12904. 2. Shen M, Nargesi AA, et al. J Am Heart Assoc. 2022;11:e026075. 3. Yang Y, et al. Circulation. 2021;144:A10434. 4. Wong ND, et al. J Clin Lipidology. 2016;10:1109-1118. 5. Bytyci I, et al. Eur Heart J. 2022;00:1-16. 6. Total U.S. Resident Population by Age, Sex, and Series: April 1, 2020 [table]; US Census Bureau: 2020.

Levers to Drive Inflection

Five Core Pillars to Ensure Success

Roadmap for Long-Term Value Growth

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



Note: Items listed subject to change.

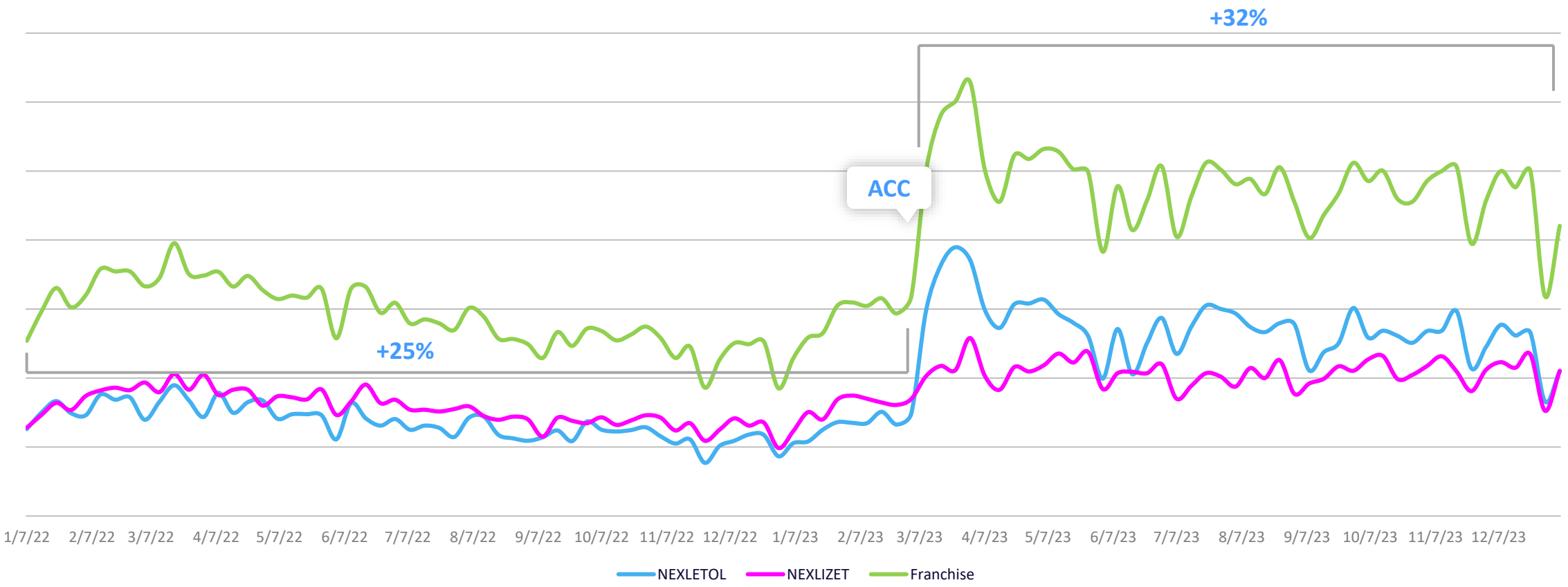
Financial Update

Ben Halladay, Chief Financial Officer

Robust Outcomes Data Sustains NBRX Momentum

Outcomes data enables sustained growth well beyond initial readout at ACC in March 2023

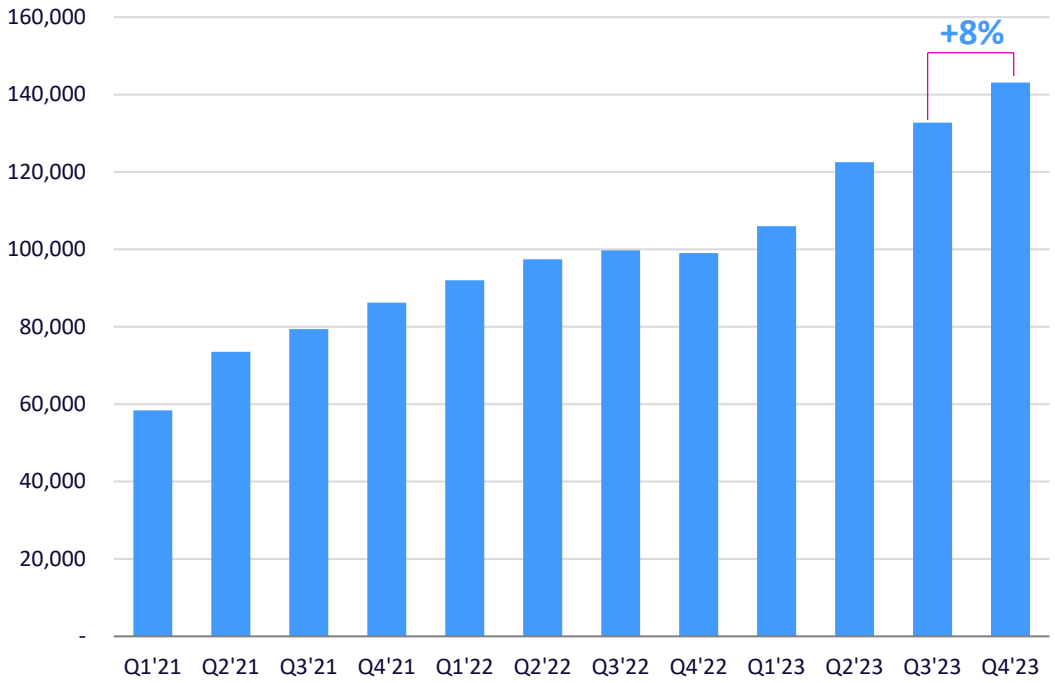
Franchise New to Brand Rx Trends



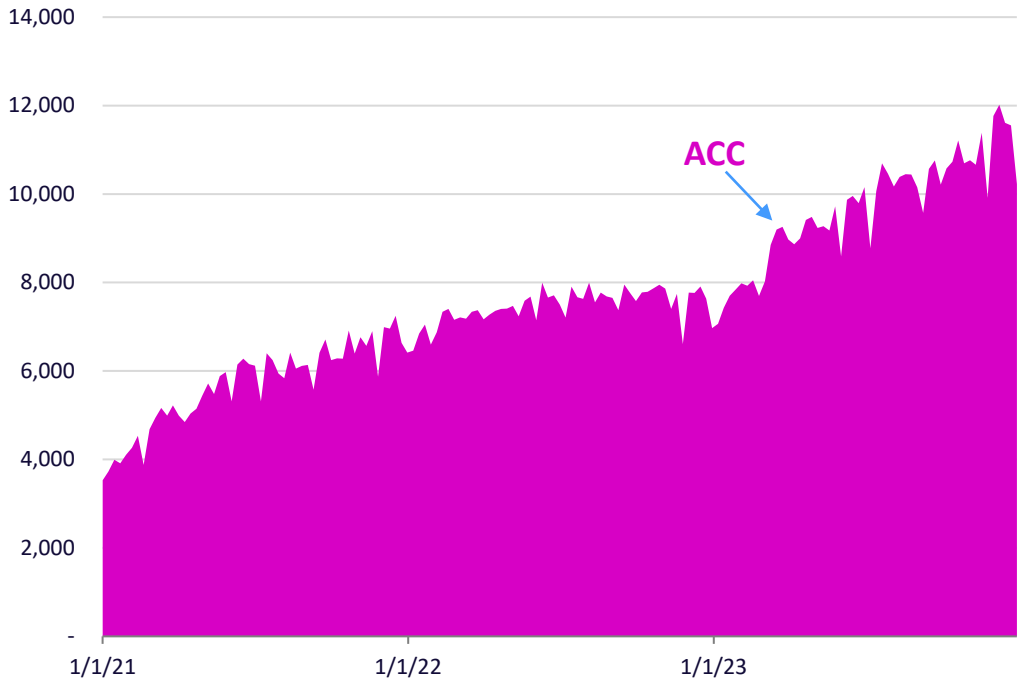
Disciplined Execution Enables Continued U.S. Growth

Growth continues through end of 2023; inflection anticipated with expanded label in 2024

Quarterly Franchise RPE Trend



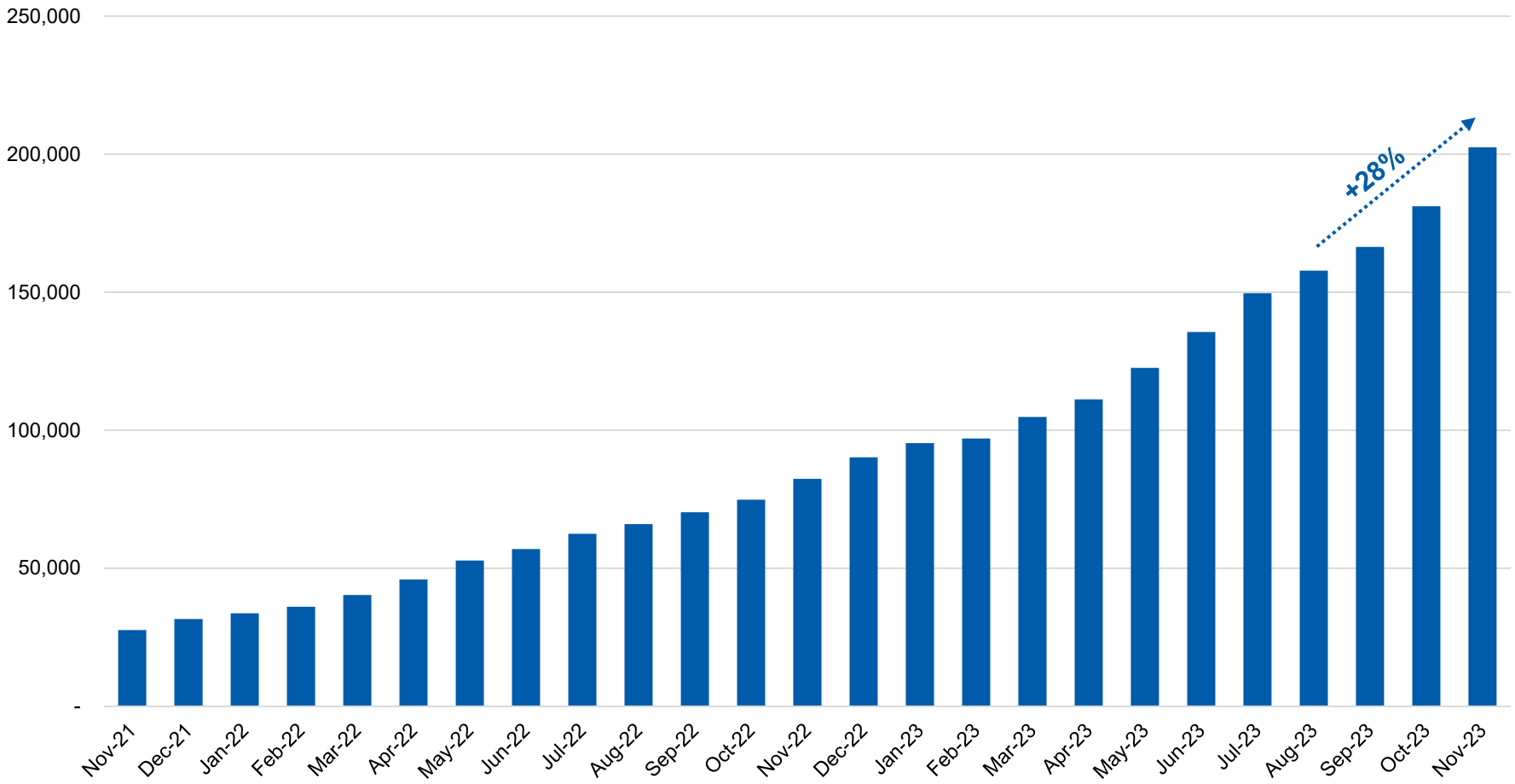
Weekly Franchise RPE Trend[1]



1. Through December 31, 2023.
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.

Growth in Europe Accelerates Through Year-End

Cardiovascular risk reduction data and new market launches drive accelerating adoption



~202,000 patients through November ‘23

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

Medicines Approved in 30+ Countries

Partnered with global cardiovascular leaders; future opportunities remaining

Daiichi Sankyo

Launched in Germany, UK, Austria, Belgium, Switzerland, Italy, Spain and Hong Kong to date

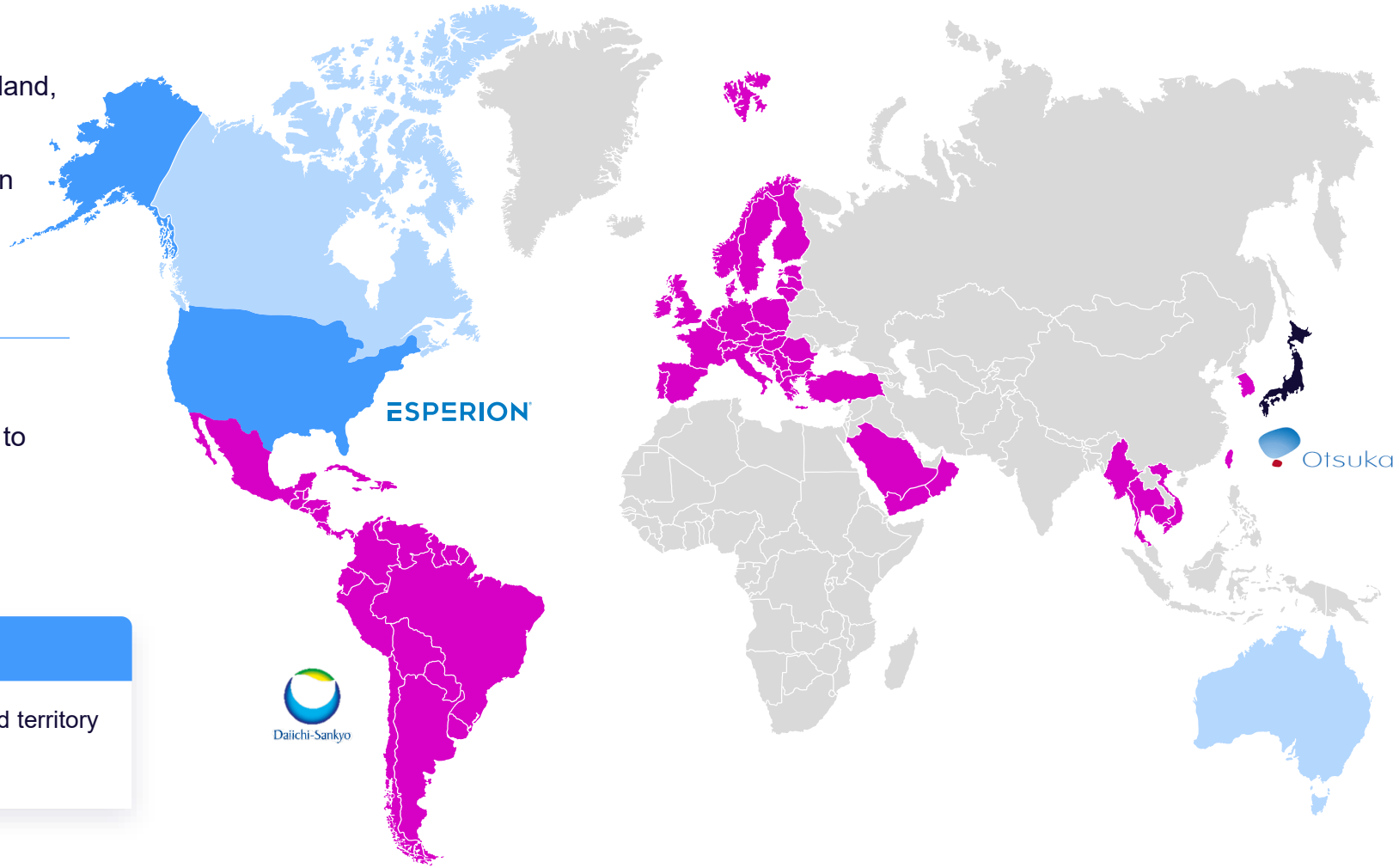
Expanded relationship in 2021 to include ASCA region

Tiered royalties and additional sales milestones

Otsuka

Phase II study completed in Japan; plans to advance to Phase III

Tiered royalties, regulatory, and sales milestones



Territory

- Esperion
- Otsuka
- Un-partnered territory
- Daiichi Sankyo
- Future internal expansion

Note: ASCA = Asia, South and Central America.

Strengthened Capital Position Enables Future Growth

Disciplined investment and expense allocation supports execution of commercial launch

$82M Q4 2023 Cash, Cash Equivalents & Investment Securities Available-for-Sale

$191M[1] Cash Proceeds in January 2024 from Equity Capital Raise and Litigation Settlement

$140M Milestone for Japanese Submissions & Regulatory Events

$21M Q4 2023 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[2]	$225 - 245 Million

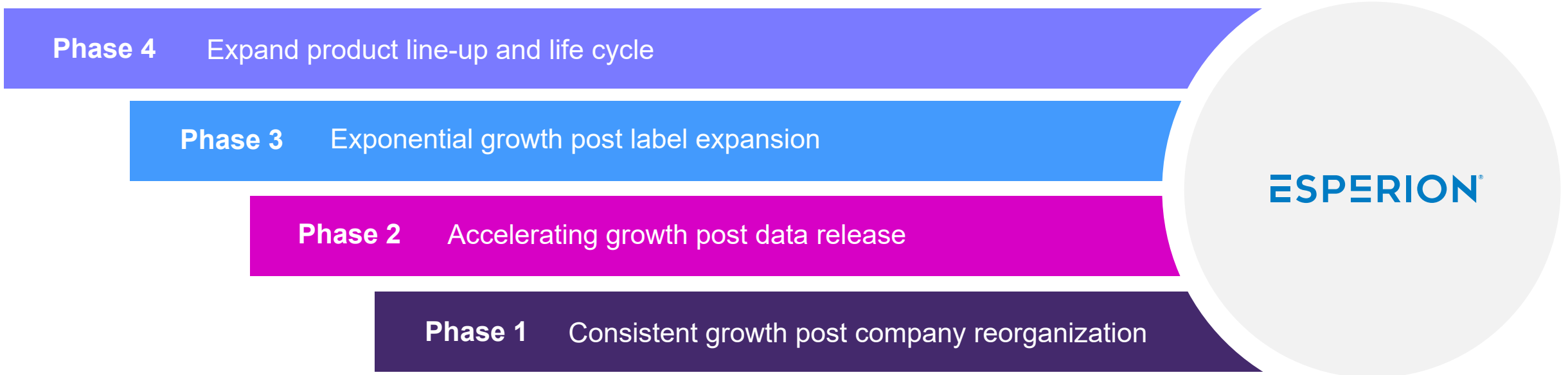
1. Includes $100 million received in January 2024 from litigation settlement, and $90.8 million in net proceeds received in January 2024 from equity capital raise.
2. Includes $20 million of non-cash stock-based compensation expense

Corporate Update

Sheldon Koenig, President & CEO

Delivering on our Commitments

Executing on a strategic plan to achieve blockbuster status



Q & A

THANK YOU

Important Safety Information

NEXLETOL® Important Safety Information

- Hyperuricemia: NEXLETOL may increase blood uric acid levels which may lead to gout. Hyperuricemia may occur early in treatment and persist throughout treatment, and may lead to the development of gout, especially in patients with a history of gout. 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 occurred within weeks to months of starting NEXLETOL. Tendon rupture may occur more frequently in patients over 60 years of age, patients taking corticosteroid or fluoroquinolone drugs, patients with renal failure, and patients with previous tendon disorders. Discontinue NEXLETOL at the first sign of tendon rupture. Avoid NEXLETOL in patients who have a history of tendon disorders or tendon rupture.
- In clinical trials, the most commonly reported adverse reactions in greater than or equal to 2% 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.
- Lactation and Pregnancy: 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 the Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.

NEXLIZET® Important Safety Information

- NEXLIZET is contraindicated in patients with a known hypersensitivity to ezetimibe tablets. Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria have been reported with ezetimibe, a component of NEXLIZET.
- 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, and may lead to the development of gout, especially in patients with a history of gout. 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 occurred within weeks to months of starting NEXLIZET. Tendon rupture may occur more frequently in patients over 60 years of age, patients taking corticosteroid or fluoroquinolone drugs, patients with renal failure, and patients with previous tendon disorders. Discontinue NEXLIZET at the first sign of tendon rupture. Avoid NEXLIZET in patients who have a history of tendon disorders or tendon rupture.
- The most common adverse reactions in clinical trials of bempedoic acid 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 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 clinical trials of NEXLIZET, the most commonly reported adverse reactions (incidence ≥3% and greater than placebo) observed that not observed in clinical trials of bempedoic acid or ezetimibe, were urinary tract infection, nasopharyngitis, and constipation.
- 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. Report pregnancies to the Esperion Therapeutics, Inc. Adverse Event reporting line at 1-833-377-7633.