ESPERION®

Q3 2025 Earnings Presentation

November 6, 2025

Forward-looking Statements & Disclosures

This investor 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, expected profitability, future operations, commercial products, clinical development, plans for potential future product candidates, financial condition and outlook, including expected cash runway and profitability, 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 investor presentation 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 investor presentation 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 investor presentation, other than to the extent required by law.

CEO Commentary

*"Our third quarter performance reflects **consistently** strong execution across our **commercial, clinical,** and **global expansion** strategies. Recent **ANDA settlements** strengthen our ability to sustain market leadership, while the inclusion of bempedoic acid as a **Class I, Level A recommendation** in the **2025 ESC/EAS** guidelines marks a pivotal milestone. We expect similar recognition in the upcoming **U.S. guidelines**, further solidifying bempedoic acid's role as a **foundational** option in the evolving treatment paradigm."*

Sheldon Koenig

PRESIDENT AND CHIEF EXECUTIVE OFFICER

Q3 2025: Delivering Consistently Strong Execution

Q3 TOTAL REVENUE

$87.3M

+69% Y/Y growth

Q3 U.S. NET PRODUCT SALES

$40.7M

+31% Y/Y growth

Finalized agreements with **four generic manufacturers**, including **Dr. Reddy's**

+9%

Retail Prescription Equivalents Q/Q

Bempedoic acid received **Level 1a Recommendation** in updated **ESC/EAS Guidelines** for Management of Dyslipidemia

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Outpacing the Broader Lipid-Lowering Market

Delivering growth that exceeded all other non-statin therapies, including branded competitors

Leadership Expansion

- Welcoming **John Harlow as Chief Commercial Officer** to drive the next phase of commercial growth and execution.
- Effective November 17, 2025.

Market Opportunity

- **~50% of individuals who begin statin therapy either discontinue treatment or had over a 6-month gap in therapy within two years** – representing a significant **opportunity for NEXLETOL and NEXLIZET**.

Brand Momentum

- Launched **“Can’t take a statin? Make NEXLIZET happen!”** campaign, targeting statin-intolerant patients.
- Quantitative data show **strong HCP perception gains** and **conversion from awareness to use**.

Commercial Performance

- Combined progress in marketing and access drove a **9% increase in total retail prescription equivalents** and a **7% increase in prescribers** versus Q2 2025.
- Total prescriber base now exceeds **30,000 HCPs**.

Strengthening Patient Reach and Market Access

Driving awareness through innovative digital campaigns and broadening reimbursement coverage

Consumer Awareness & Engagement

- **Connected-TV ads launched** September 22 on **Hulu** and **Disney+**, featuring award-winning "**Lipid Lurkers**."
- Expanded branded commercials during **Grey's Anatomy** starting **October 10** to spotlight statin intolerance and position NEXLETOL and NEXLIZET as **compelling alternatives**.
- Campaign expected to deliver **~18 million impressions**, targeting adults 50+ with prior statin use, **>6 million achieved as of mid-October**

Access Expansion

- Achieved **87% Medicare** and **86% commercial** approval rates, with average **$29/$36 copays** for a 30-day supply.
- Reflects growing **payer confidence** and improved access for patients.
- Reinforces that **getting NEXLETOL and NEXLIZET has never been easier**.

>80%
Medicare lives insured

>90%
Commercial lives insured

Momentum & Outlook

- Continued investment in targeted digital marketing and access initiatives to **expand reach** and **drive sustained growth** in 2026.
- Confident these programs will continue to **fuel category-leading performance** across the bempedoic acid franchise.

Bempedoic Acid Received 1a Recommendation in Updated ESC/EAS Guidelines for Management of Dyslipidaemias

> ***Strike early, strike strong***

- Bempedoic acid was the **only new non-statin** included with LDL-C and CV risk reduction data.
- First time a guideline has given a Level IA to recommend combination therapy based on magnitude of LDL-C reduction needed.

Recommendations	Class	Level
Non-statin therapies with proven cardiovascular benefit (including bempedoic acid), taken alone or in combination, are recommended for patients who are unable to take statin therapy to lower LDL-C levels and reduce the risk of CV events. The choice should be based on the magnitude of additional LDL-C lowering needed.	I	A
Bempedoic acid is recommended in patients who are unable to take statin therapy to achieve the LDL-C goal.	I	B
The addition of bempedoic acid to the maximally tolerated dose of statin with or without ezetimibe should be considered in patients at high or very high risk in order to achieve the LDL-C goal.	IIa	C

European Guidelines Expected to Inform Upcoming U.S. Cholesterol Treatment Guidelines

Strategic Partnerships Driving Global Reach

Approved in **40** countries globally

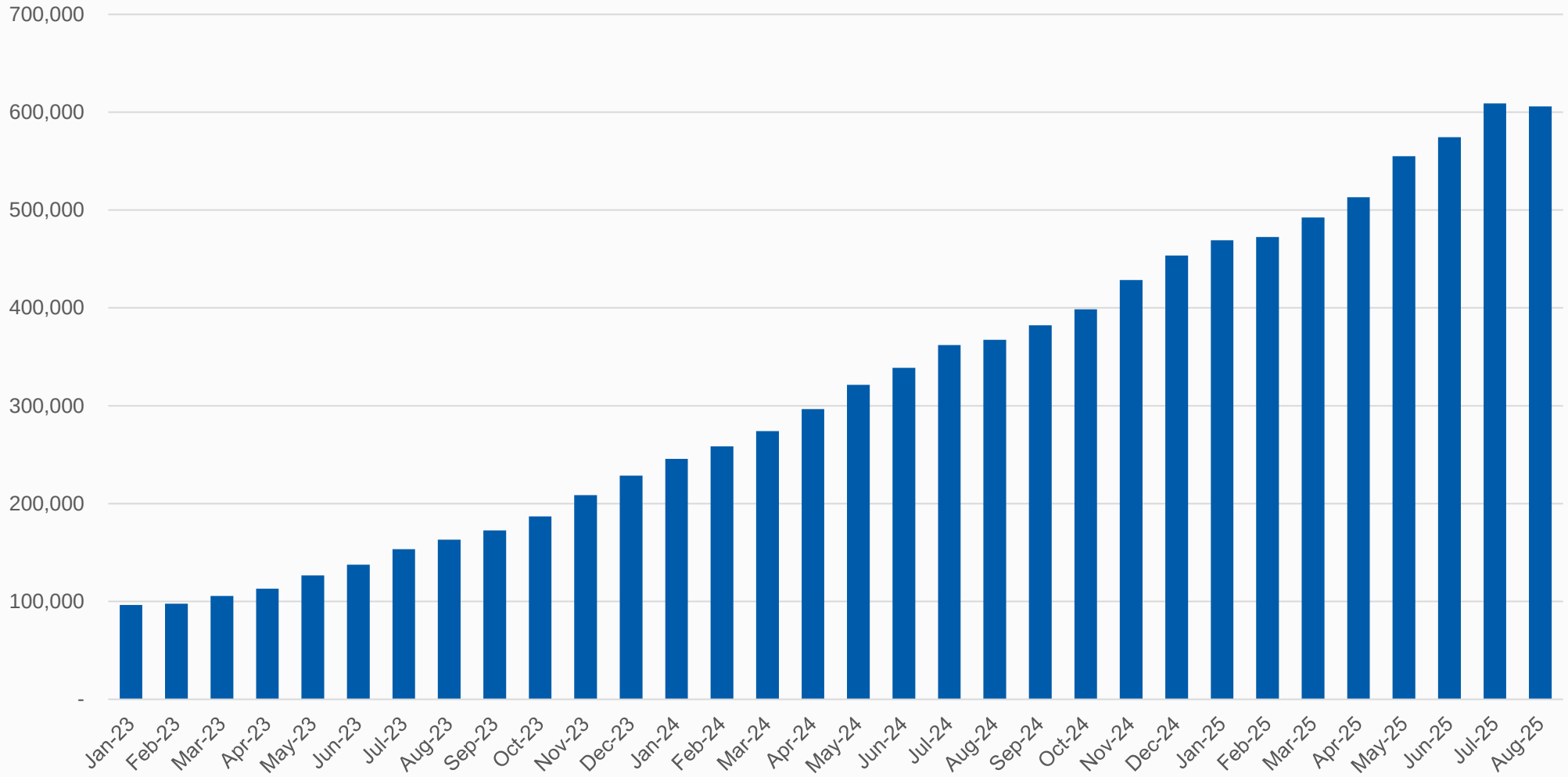
Maximizing Global Reach Across Key Regions

	Europe	Japan	Asia & South America	Israel	Australia & New Zealand	Canada
Partner	Daiichi Sankyo Europe	Otsuka Pharmaceutical Co., Ltd.	Daiichi Sankyo Co., Ltd.	Neopharm Israel	CSL Seqirus	HLS Therapeutics
Agreement Terms	Tiered royalties and additional sales milestones	Tiered royalties, regulatory, pricing and additional sales milestones	Tiered royalties and additional sales milestones	Tiered royalties and additional milestones	Upfront and near-term milestone payments	Upfront Payment, Milestones and Tiered Royalties

Highlights	• Launched in many key markets including Germany, UK, Austria, Belgium, Switzerland, Italy, Spain, Netherlands, Slovakia and Czech Republic to date
	• Expanded label approved in EU and UK in May/June ’24
		• Expect approval and National Health Insurance pricing in the second half of 2025	• Received regulatory approval to market product (mono & dual) and launched:
			  • Hong Kong in 2023
			  • Thailand and Macau in 2024
				• Filed NDA for marketing approval in Q1 2025; approval anticipated in the first half of 2026	• Filed marketing application in Australia in July 2025
					• Expect market approval in Q4 2026
						• Expect market approval in Q4 2025

Approval and launch in additional territories anticipated in 2025

International Growth Continues at Strong Pace



~600,000
patients through August 2025

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

ESPERION®

Pipeline Advancement

Proven Science, Innovative Pipeline

Innovative Portfolio & Pipeline

PRODUCT/PROGRAM	EXPLORATORY	LEAD ID	LEAD OPTIMIZATION	PRECLINICAL DEVELOPMENT	CLINICAL DEVELOPMENT	APPROVED / COMMERCIAL	MILESTONES
Cardiovascular Disease (LDL-C lowering / CV Risk reduction)							
NEXLETOL® bempedoic acid							Approved 2020 Expanded label 2024
NEXLIZET® bempedoic acid and ezetimibe							Approved 2020 Expanded label 2024
Triple Combination A bempedoic acid, ezetimibe, and atorvastatin							NDA: 2027
Triple Combination B bempedoic acid, ezetimibe, and rosuvastatin							NDA: 2027
Liver Diseases							
Primary Sclerosing Cholangitis (PSC)							IND: 2026
Renal Diseases							To Be Announced

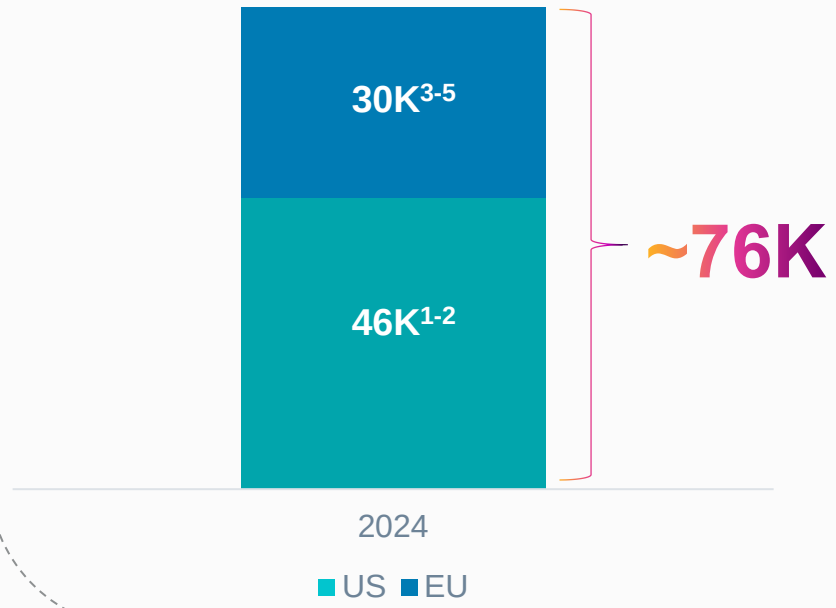
LDL-C: low-density lipoprotein cholesterol; CV: cardiovascular; NDA: New Drug Application; IND: Investigational New Drug

PSC: High Unmet Need Driving Significant Market Opportunity

Selected ESP-2001 as preclinical development candidate; IND-enabling studies underway to support a planned 2026 IND filing

PSC: A Rare and Progressive Liver Disease

Diagnosed Prevalence of PSC



>$1B Annual Market Opportunity Estimate

- **No approved therapies** with proven efficacy to cure or halt PSC progression
- Potential **Orphan Drug Designation & Fast Track** Approval
- Discovery program is **internally developed and wholly-owned globally**

This program highlights the broader potential of ACLY biology

PSC: primary sclerosing cholangitis

Financial Update

Ben Halladay, Chief Financial Officer

Consistently Strong Third Quarter

TOTAL REVENUE

$87.3M

69% increase Y/Y

U.S. NET PRODUCT SALES

$40.7M

31% increase Y/Y

COLLABORATION REVENUE

$46.7M

128% increase Y/Y

Closed on a **$75 million** follow-on equity offering, which provided net proceeds of approximately **$72.6 million**.

Cash and 2025 Guidance

Cash & Cash Equivalents

$92.4M

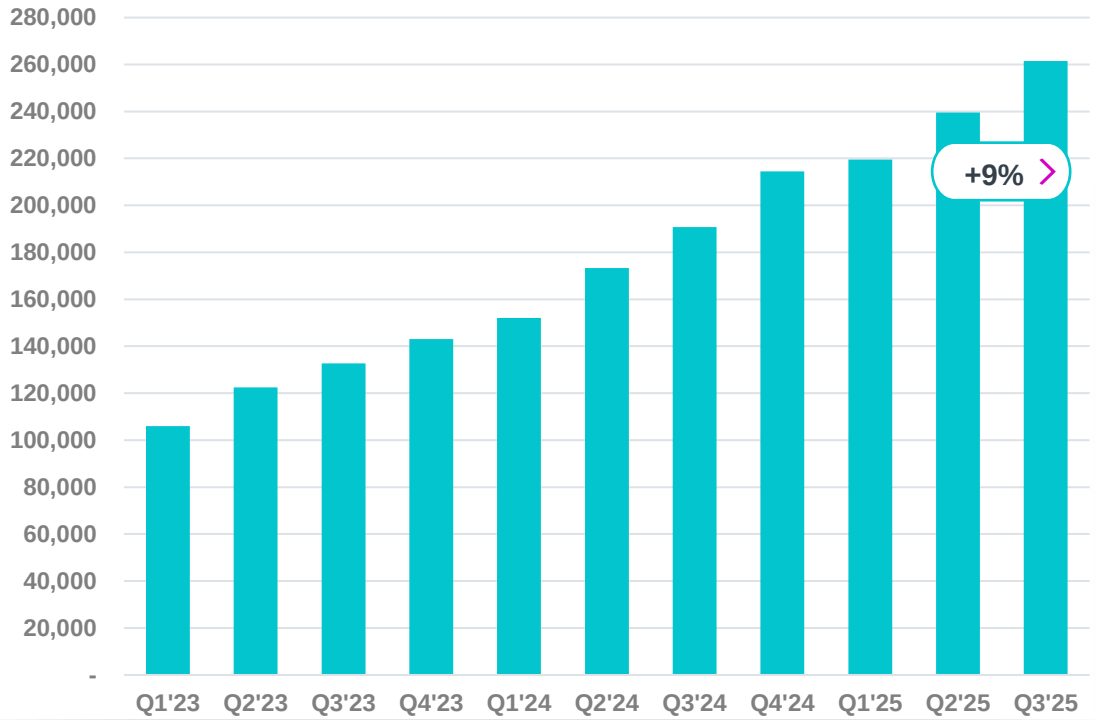
Key Financial Data

FY 2025 R&D Guidance	$55 – 65 M
FY 2025 SG&A Guidance	$160 – 170 M
FY 2025 OpEx Guidance[1]	$215 – 235 M

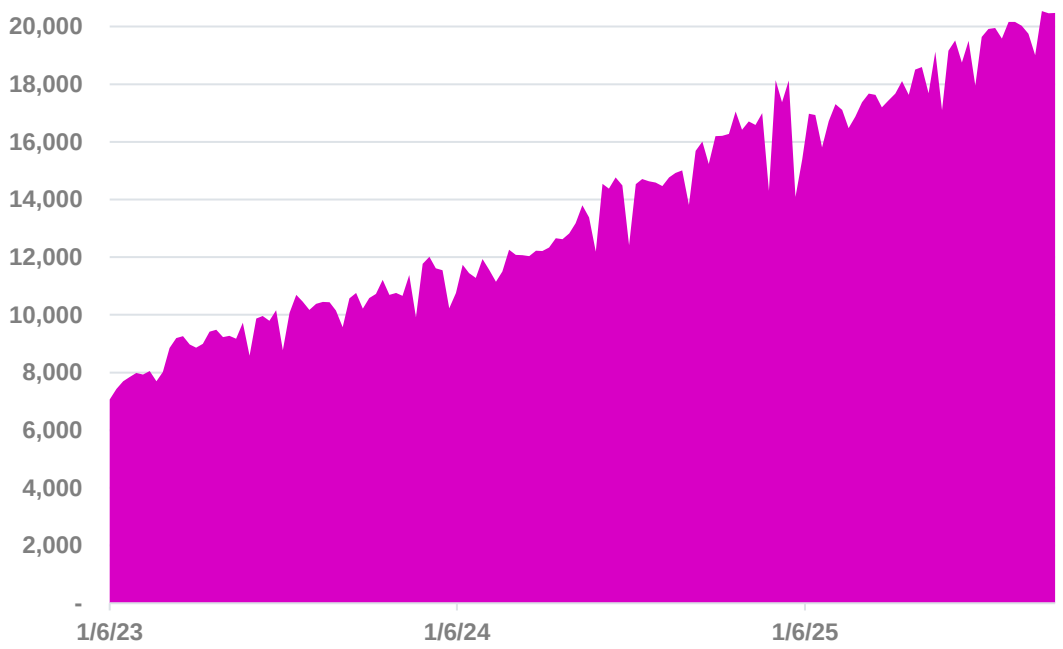
1. Includes ~$15 million of non-cash stock-based compensation expense

Strong Prescription Trend and Increasing Physician Adoption Continue to Drive Durable Revenue Growth

Quarterly Franchise Retail Prescription Equivalents (RPE) Trend



Weekly Franchise RPE Trend[1]



1. Through September 26, 2025.

ESPERION®

Important Safety Information

NEXLETOL® (bempedoic acid) 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® (bempedoic acid and ezetimibe) 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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