Q1 2025 Earnings Presentation

May 6, 2025

Forward-looking Statements & Disclosures

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Business Update

Sheldon Koenig, President and CEO

Clear Strategic Plan for Success

Expand Bempedoic Acid Franchise Globally

Strong and consistent prescription demand and increasing physician adoption continue to drive durable revenue growth

- Achieved **growth** since U.S. label expansion
- Supported by **global partnerships** who are making **significant progress** driving international revenue
- Developing **triple combination products** with bempedoic acid in the **U.S.**

Reach Sustainable Operating Profitability

Revenue growth, operating efficiency and expense discipline will pave the way to long-term profitability and free cash flow generation

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

Portfolio Expansion and Pipeline Advancement

Our strengthened balance sheet and capital structure support plans to expand our portfolio

- Advancing our **internally developed and wholly owned** development pipeline
- **Potential acquisition or in-licensing** of cardiometabolic products that are **synergistic with our commercial call point**

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

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Driving U.S. and Global Growth and Reaching Profitability

Q1 2025 Performance

TOTAL REVENUE

$65.0M

-53% decrease

+63% growth

adjusting for one time settlement agreement milestone with DSE received in Q1 2024

U.S. NET PRODUCT SALES

$34.9M

+41% growth

Expanding Access and Strengthening Clinical Validation

Market Access Wins	Over **30 major healthcare plans** removed prior authorizations, adopted electronic step edits, and expanded formulary coverage.
Clinical Validation Strengthened	NEXLETOL® (bempedoic acid) and NEXLIZET® (bempedoic acid and ezetimibe) added to the 2025 ACC/AHA Multi-Society Guidelines with bempedoic acid receiving the **highest Level 1a** and Level 2a recommendations for ACS patients.
Reimbursement Team Expansion	**Tripled** the U.S. field reimbursement team to **15 specialists** strategically aligned with sales regions to support prescribers and broaden patient access.
Patient and Provider Initiatives	Launched new tactics highlighting statin intolerance in up to **30% of patients**.

ACS: Acute Coronary Syndromes

Q1 2025 Script Trends and Drivers

Q1 2025 script growth grew 2% compared to Q4 2024, reflecting a flat lipid-lowering market due to seasonal headwinds:

- Changes in Medicare Part D
- Higher out-of-pocket costs as patients need to meet their annual insurance deductibles

Early Q2 2025 trends are encouraging with prescription volume currently tracking approximately **8% higher** than Q1 2025.

1. Through March 28, 2025.

Oral Triple Combination

	Triple Combo[1]	Ezetimibe[2]	Obicetrapib[3]	PCSK9i[4]
Approval Status	In development	Approved/Generic	In development	3 approved products
LDL-C reduction	~ 60% - 70%	19%	33%	~ 48% - 71%
Administration				
Dosing	Once daily	Once daily	Once daily	Bi-weekly to 6 months

Oral CETP inhibitor **not approved** with **unknown safety profile**. **No proven** CV RR data. PCSK9i products are **injectable**.

1. Product in development, not approved, LDL-C data based on literature evaluating co administered products (Rubino et.al Atherosclerosis 320 (2021) 122-128, Mahajan et.al. J. Clin. Lipidology (2004), Vol 18 (5) e867-872; 2. USPI for Zetia (November 2024), monotherapy and on statin; 3. New Amsterdam Pharma corporate presentation (Jan 2025); 4. USPI for Repatha (Nov 2024), Praluent (March 2024) and Leqvio (July 2024)

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Strategic Partnerships Driving Global Reach

Approved in **40** countries globally

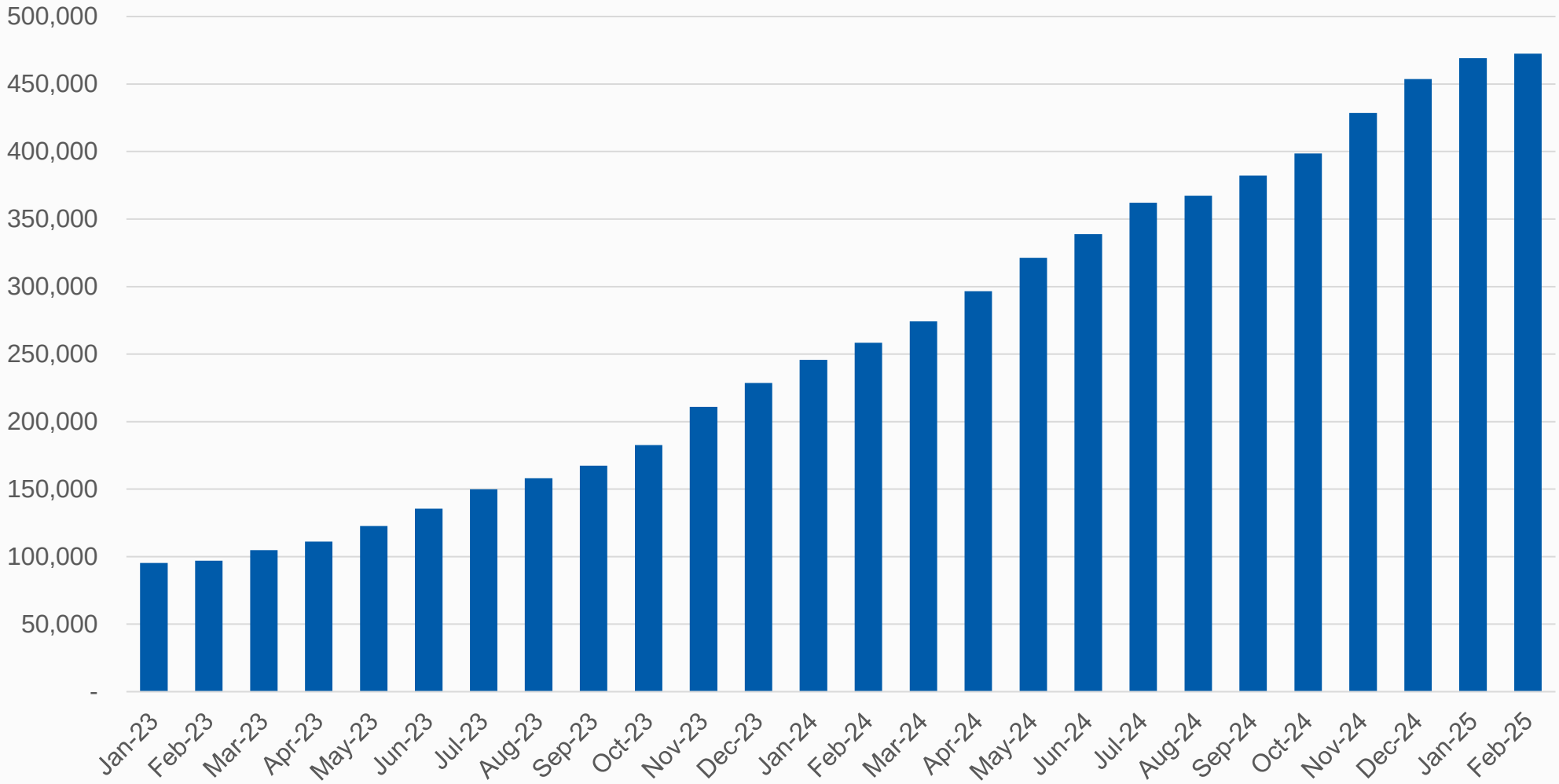
Maximizing Global Reach Across Key Regions

	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	Evaluating Partner Opportunities
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	N/A

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
		• Submitted New Drug Application in Nov. ‘24	• Received regulatory approval to market product (mono & dual) and launched:
			  • Hong Kong in 2023
			  • Thailand and Macau in 2024
			• Received regulatory approval to market product (mono)
			  • Myanmar and Taiwan in 2024
				• Entered into a licensing agreement in Dec. ’24
				• Filed NDA for marketing approval in Q1 2025
					• Entered into a licensing agreement in Feb ’25	• Submitted New Drug Application in Nov. ’24
						• Expect market approval in Q4 2025

Approval and launch in additional territories anticipated in 2025

International Growth Continues at Strong Pace



~472,500
patients through Feb'25

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

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Pipeline Advancement

Proven Science, Innovative Pipeline

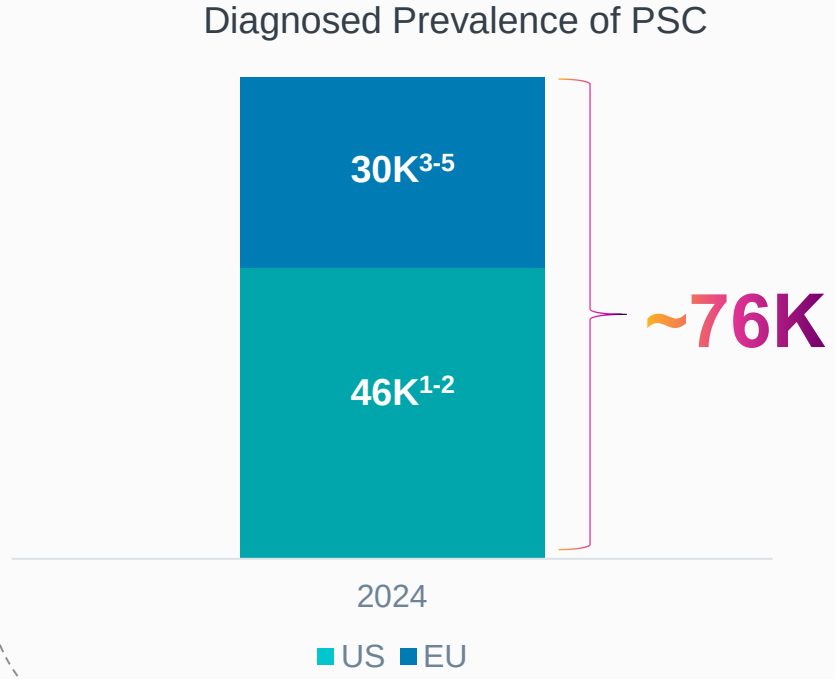
Innovative Portfolio & Pipeline

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

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

High Unmet Need Driving Significant Market Opportunity

PSC: A Rare and Progressive Liver Disease



>$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

Q1 2025 Financial Highlights

TOTAL REVENUE

$65.0M

-53% decrease

+63% growth

Adjusting for one time settlement agreement milestone with DSE received in Q1 2024

U.S. NET PRODUCT SALES

$34.9M

+41% growth

COLLABORATION REVENUE

$30.1M

-73% decrease

+97% growth

Adjusting for one time settlement agreement milestone with DSE received in Q1 2024

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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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