Bempedoic Acid / Ezetimibe Combo Pill
(1002FDC-053)
Pivotal Phase 3 Efficacy Study
Top-Line Results

August 27, 2018
Safe Harbor

Forward-Looking Statements

These slides and the accompanying oral presentation contain forward-looking statements and information. The use of words such as “may,” “might,” “will,” “should,” “expect,” “plan,” “anticipate,” “believe,” “estimate,” “project,” “intend,” “future,” “potential,” or “continue,” and other similar expressions are intended to identify forward looking statements. For example, all statements we make regarding the regulatory approval pathway for the bempedoic acid / ezetimibe combination pill and bempedoic acid and the therapeutic potential of, clinical development plan for, the bempedoic acid / ezetimibe combination pill and bempedoic acid, including Esperion’s timing, designs, plans and announcement of results regarding its global pivotal Phase 3 clinical development program for bempedoic acid and the bempedoic acid / ezetimibe combination pill, Esperion’s timing and plans for submission of NDAs to the FDA and MAAs to the EMA and Esperion's expectations for the market for therapies to lower LDL-C, including the market adoption of bempedoic acid and the bempedoic acid / ezetimibe combination pill, if approved, are forward looking. All forward-looking statements are based on estimates and assumptions by our management that, although we believe to be reasonable, are inherently uncertain. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected. These statements are also subject to a number of material risks and uncertainties, including but not limited to, delays or failures in Esperion’s studies, that positive results from a clinical study of bempedoic acid may not be sufficient for FDA or EMA approval or necessarily be predictive of the results of future or ongoing clinical studies, that existing cash resources may be used more quickly than anticipated, and the risks detailed in Esperion's filings with the Securities and Exchange Commission. Any forward-looking statement speaks only as of the date on which it was made. Esperion disclaims any obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law.
Bempedoic Acid Franchise
Development Program Updates
Bempedoic Acid / Ezetimibe Combo Pill and Bempedoic Acid Development Program

Pivotal Phase 3 Top-line Results to be Completed in October

Comparable in Design and Scale to PCSK9i Programs

**LDL-C Lowering Indication (Total N=≈4,000):**

- **ASCVD and/or HeFH/10; Low, Very Low or No Statin Background Therapy***
  - **Study 3:** SI, N=345 | TLRs Announced May 23
    - 12 weeks LDL-C / 24 weeks safety

- **ASCVD and/or HeFH/10; Statin Add-On**
  - **Study 4:** SI, +EZ, N=269 | TLRs Announced March 7
    - 12 weeks LDL-C / 12 weeks safety

- **ASCVD and/or HeFH Statin Add-On**
  - **Study 053:** N=382 | TLRs Announced August 22
    - 12 weeks LDL-C / 12 weeks safety

- **ASCVD and/or HeFH Statin Add-On**
  - **Study 1:** Long-Term, N=2,230 | TLRs Announced May 2
    - 52 weeks safety / 12 weeks LDL-C

- **OLE N=1,462 | (Fully Enrolled) TLRs Expected in Q4 2019**
  - 1.5 yrs safety

- **Study 2:** Long-Term, N=779 | (Fully Enrolled) TLRs Expected in October
  - 12 weeks LDL-C / 52 weeks safety

*Studies are being conducted to obtain an indication for use in patients on no background statin therapy in Europe
Clinical Development and Regulatory Strategy
Bempedoic Acid / Ezetimibe Combination Pill and Bempedoic Acid

Global Clinical Development Programs to Support Target Label(s)

Bempedoic Acid / Ezetimibe Combo Pill LDL-C Lowering NDA Submission (Q1 2019)

Bempedoic Acid LDL-C Lowering NDA Submission (Q1 2019)

CV RR Submission (2022)

CLEAR Outcomes CVOT ➔
CV Risk Reduction Label in U.S. and Europe
(Note: breadth of LDL-C lowering label and CV RR label will broaden similar to post-CVOT PCSK9i CV RR label 2017)

LDL-C Lowering Program ➔
Adjunct to diet and maximally tolerated statin therapy for the treatment of adults with ASCVD and/or HeFH who require additional lowering of LDL-C
Bempedoic Acid / Ezetimibe Combination Pill

Complementary Non-Statin Mechanism of Action (MOAs)

**Bempedoic Acid & Ezetimibe Effects on LDL-Cholesterol Biosynthesis & Clearance**

**Bempedoic Acid** inhibits a key enzyme in the cholesterol biosynthesis pathway in the liver, while **ezetimibe** blocks the absorption of dietary cholesterol and its subsequent delivery to the liver.

1. Acyl-CoA synthetase (ACSVL1)
2. ATP citrate lyase (ACL)
3. HMG-CoA reductase
4. Leads to upregulation of LDL-R
5. Increased LDL Clearance results in reduced plasma LDL-C

**Key**
- LDL-R: LDL receptor
- HMG-CoA: 3-hydroxy-3-methylgluanyl-CoA
- LDL-C: LDL cholesterol
- ATP: Adenosine triphosphate
In this Phase 3 study the bempedoic acid / ezetimibe combination pill provided clinically and statistically significant 35% LDL-C lowering and 34% hsCRP reductions in high-risk patients taking maximally tolerated statins.

The bempedoic acid / ezetimibe combination pill was observed to be safe and well tolerated.
- AEs and SAEs were well balanced between the arms of the study
- No increases in muscle-related AEs; no elevations in LFTs were observed

The pivotal Phase 3, four-arm study design including a primary endpoint of LDL-C lowering, study statistics and an abbreviated 505(b)(2) regulatory pathway were discussed and agreed to with the U.S. Food and Drug Administration (FDA) in 2017.
1002FDC-053 (BA/EZE Combo Pill) Phase 3 Efficacy Study

**Study Design**

**Primary Objective:**
- LDL-C lowering of combo pill versus placebo, BA 180 mg and EZE 10 mg

**Secondary Objectives:**
- hsCRP, non-HDL-C, total cholesterol, and apoB
- Safety and tolerability

<table>
<thead>
<tr>
<th>12-Week Treatment</th>
<th>Bempedoic acid 180 mg / ezetimibe 10 mg combo pill (n=108)</th>
<th>Bempedoic acid 180 mg (n=110)</th>
<th>Ezetimibe 10 mg (n=109)</th>
<th>Placebo (n=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>382 high CV risk (ASCVD and/or HeFH, or high-risk 1° prevention) patients with LDL-C &gt;100 mg/dL treated with maximally tolerated statin therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Demographics & Baseline Characteristics: Full Analysis Set

#### Demographics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Bempedoic Acid / Ezetimibe Combo Pill N=108</th>
<th>Bempedoic Acid 180 mg N=110</th>
<th>Ezetimibe 10 mg N=109</th>
<th>Placebo N=55</th>
<th>Total Across Study N=382</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: years</td>
<td>63 ± 10</td>
<td>65 ± 10</td>
<td>64 ± 9</td>
<td>66 ± 11</td>
<td>64 ± 10</td>
</tr>
<tr>
<td>Gender: % Female (M/F)</td>
<td>54% (58F/50M)</td>
<td>59% (65F/45M)</td>
<td>57% (57F/52M)</td>
<td>40% (22F/33M)</td>
<td>53% (202F/180M)</td>
</tr>
</tbody>
</table>

#### Race / Ethnicity

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Bempedoic Acid / Ezetimibe Combo Pill N=108</th>
<th>Bempedoic Acid 180 mg N=110</th>
<th>Ezetimibe 10 mg N=109</th>
<th>Placebo N=55</th>
<th>Total Across Study N=382</th>
</tr>
</thead>
<tbody>
<tr>
<td>White: % (N)</td>
<td>79% (85)</td>
<td>82% (90)</td>
<td>84% (91)</td>
<td>87% (48)</td>
<td>82% (314)</td>
</tr>
<tr>
<td>Black or African American: % (N)</td>
<td>19% (20)</td>
<td>17% (19)</td>
<td>15% (16)</td>
<td>13% (7)</td>
<td>16% (62)</td>
</tr>
<tr>
<td>Hispanic or Latino: % (N)</td>
<td>29.6% (32)</td>
<td>30.0% (33)</td>
<td>29.4% (32)</td>
<td>36.4% (20)</td>
<td>30.6% (117)</td>
</tr>
</tbody>
</table>

#### Baseline Characteristics

<table>
<thead>
<tr>
<th>Baseline Characteristics</th>
<th>Bempedoic Acid / Ezetimibe Combo Pill N=108</th>
<th>Bempedoic Acid 180 mg N=110</th>
<th>Ezetimibe 10 mg N=109</th>
<th>Placebo N=55</th>
<th>Total Across Study N=382</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI: kg/m²</td>
<td>31.2 ± 5.9</td>
<td>30.6 ± 5.5</td>
<td>30.4 ± 4.4</td>
<td>30.5 ± 4.7</td>
<td>30.7 ± 5.2</td>
</tr>
<tr>
<td>ASCVD and/or HeFH: % (N)</td>
<td>56% (61)</td>
<td>62% (68)</td>
<td>55% (60)</td>
<td>58% (32)</td>
<td>57.9% (221)</td>
</tr>
<tr>
<td>Multiple CV Risk Factors: % (N)</td>
<td>44% (47)</td>
<td>38% (42)</td>
<td>45% (49)</td>
<td>42% (23)</td>
<td>42.1% (161)</td>
</tr>
<tr>
<td>Diabetes: % (N)</td>
<td>45% (49)</td>
<td>56% (62)</td>
<td>56% (61)</td>
<td>44% (24)</td>
<td>51% (196)</td>
</tr>
<tr>
<td>Hypertension: % (N)</td>
<td>87% (94)</td>
<td>89% (98)</td>
<td>85% (93)</td>
<td>86% (47)</td>
<td>87% (332)</td>
</tr>
<tr>
<td>Background Statin Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Intensity Statin: % (N)</td>
<td>39% (42)</td>
<td>36% (40)</td>
<td>36% (39)</td>
<td>38% (21)</td>
<td>37% (142)</td>
</tr>
<tr>
<td>Low/Moderate Intensity Statin: % (N)</td>
<td>31% (33)</td>
<td>39% (43)</td>
<td>35% (38)</td>
<td>36% (20)</td>
<td>35% (134)</td>
</tr>
<tr>
<td>No Statin: % (N)</td>
<td>31% (33)</td>
<td>25% (27)</td>
<td>29% (32)</td>
<td>25% (14)</td>
<td>28% (106)</td>
</tr>
</tbody>
</table>
# Baseline Lipids and hsCRP: Full Analysis Set

<table>
<thead>
<tr>
<th></th>
<th>Bempedoic Acid / Ezetimibe Combo Pill N=108</th>
<th>Bempedoic Acid 180 mg N=110</th>
<th>Ezetimibe 10 mg N=109</th>
<th>Placebo N=55</th>
<th>Total Across Study N=382</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Efficacy Endpoint</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDL-C: mg/dL</td>
<td>152 ± 39</td>
<td>146 ± 36</td>
<td>147 ± 39</td>
<td>153 ± 42</td>
<td>149 ± 39</td>
</tr>
<tr>
<td><strong>Secondary Efficacy Endpoints</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hsCRP: mg/L*</td>
<td>3.12 (1.65, 6.23)</td>
<td>2.95 (1.44, 5.83)</td>
<td>3.03 (1.40, 6.56)</td>
<td>3.01 (1.24, 5.01)</td>
<td>3.02 (1.44, 6.05)</td>
</tr>
<tr>
<td>HDL-C: mg/dL</td>
<td>49 ± 13</td>
<td>50 ± 12</td>
<td>51 ± 15</td>
<td>50 ± 13</td>
<td>50 ± 13</td>
</tr>
<tr>
<td>non-HDL-C: mg/dL</td>
<td>186 ± 45</td>
<td>178 ± 39</td>
<td>179 ± 44</td>
<td>182 ± 45</td>
<td>181 ± 43</td>
</tr>
<tr>
<td>Total Cholesterol: mg/dL</td>
<td>235 ± 47</td>
<td>228 ± 41</td>
<td>230 ± 47</td>
<td>232 ± 46</td>
<td>231 ± 45</td>
</tr>
<tr>
<td>Triglycerides: mg/dL*</td>
<td>158 (111.00, 202.25)</td>
<td>150 (111.50, 196.50)</td>
<td>146 (113.50, 213.00)</td>
<td>142 (108.50, 192.00)</td>
<td>148 (112.50, 200.50)</td>
</tr>
<tr>
<td>apoB: mg/dL</td>
<td>119 ± 30</td>
<td>115 ± 26</td>
<td>115 ± 29</td>
<td>116 ± 30</td>
<td>116 ± 29</td>
</tr>
</tbody>
</table>

*Median Values (Q1, Q3)
An absolute LDL-C lowering of >50 mg/dL was observed in patients that remained on treatment

**LDL-C On-Treatment Analysis**

- Placebo: -3%
- Ezetimibe: -24%
- Bempedoic Acid: -20%
- Bempedoic Acid + Ezetimibe Combo Pill: -35%

-32% placebo-corrected p<0.001

**Baseline LDL-C** (mean ± SD, mg/dL)
- Placebo: 153 ± 42
- Ezetimibe: 147 ± 39
- Bempedoic Acid: 146 ± 36
- Bempedoic Acid + Ezetimibe Combo Pill: 152 ± 39

An absolute LDL-C lowering of >50 mg/dL was observed in this full analysis population (ITT)

**LDL-C Full Analysis Set**

- Placebo: -3%
- Ezetimibe: -21%
- Bempedoic Acid: -18%
- Bempedoic Acid + Ezetimibe Combo Pill: -32%

-29% placebo-corrected p<0.001

**Baseline LDL-C** (mean ± SD, mg/dL)
- Placebo: 153 ± 42
- Ezetimibe: 147 ± 39
- Bempedoic Acid: 146 ± 36
- Bempedoic Acid + Ezetimibe Combo Pill: 152 ± 39
1002FDC-053 (BA/EZE Combo Pill)  Phase 3 Efficacy Study

**hsCRP Percent Change from Baseline at 12 weeks**

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>Ezetimibe</th>
<th>Bempedoic Acid</th>
<th>Bempedoic Acid + Ezetimibe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>102</td>
<td>101</td>
<td>52</td>
<td>102</td>
</tr>
<tr>
<td><strong>Baseline hsCRP</strong> (median; Q1, Q3 mg/L)</td>
<td>3.01 (1.2, 5.0)</td>
<td>3.03 (1.4, 6.6)</td>
<td>2.95 (1.4, 5.8)</td>
<td>3.12 (1.7, 6.2)</td>
</tr>
</tbody>
</table>

- **4%**
- **-8.5%**
- **-20%**
- **-34%**

*p-value <0.05 for both placebo and ezetimibe versus combo based on Wilcoxon Rank Sum Test*
An absolute LDL-C lowering of >70 mg/dL was observed in patients that remained on treatment.

Post-hoc Analysis: LDL-C On-Treatment Analysis

Baseline LDL-C (mean ± SD, mg/dL)
- Placebo: 170 ± 29
- Ezetimibe: 165 ± 42
- Bempedoic Acid: 170 ± 36
- Bempedoic Acid + Ezetimibe Combo Pill: 171 ± 40

LS Mean % Change from Baseline
- Placebo: 1%
- Ezetimibe: -25%
- Bempedoic Acid: -22%
- Bempedoic Acid + Ezetimibe Combo Pill: -43%

-44% placebo-corrected, p<0.001
1002FDC-053 (BA/EZE Combo Pill) Phase 3 Efficacy Study
Efficacy Comparison in SI Patients with No Statin Background Therapy

% Change LDL-C at Week 12 (No Statin Background Therapy)
Post-hoc Analysis

Effects On hs-CRP:
- Bempedoic acid/ezetimibe (study 008) → -26%
- Bempedoic acid/ezetimibe (study 053) → -34%
- PCSK9-inhibitors → no effect on hs-CRP

Baseline LDL-C (mean ± SD, mg/dL)
162 ± 27 142 ± 39 142 ± 22 141 ± 27

Source 1: Odyssey Alternative; J Am Coll Cardiol 2014;63:2541–8)
Source 2: GUASS-2; J Am Coll Cardiol 2014;63:2541–8)
### Overview of Adverse Events

<table>
<thead>
<tr>
<th>Treatment Emergent Adverse Events (AEs)</th>
<th>Bempedoic Acid / Ezetimibe Combo Pill N=107</th>
<th>Bempedoic acid N=110</th>
<th>Ezetimibe N=109</th>
<th>Placebo N=55</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of AEs in All Patients (patient incidence)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any AE(s)</td>
<td>59% (63)</td>
<td>62% (68)</td>
<td>53% (58)</td>
<td>44% (24)</td>
</tr>
<tr>
<td>Serious AE(s)*</td>
<td>8% (8)</td>
<td>6% (7)</td>
<td>9% (10)</td>
<td>2% (1)</td>
</tr>
<tr>
<td>Discontinuation due to AE(s)</td>
<td>7% (7)</td>
<td>8% (9)</td>
<td>9% (10)</td>
<td>4% (2)</td>
</tr>
<tr>
<td>Fatal Adverse Events</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*No SAE reported as related to study medication*
Table 1. Adverse Reactions Occurring in Greater than or Equal to ≥3% of [TRADE_NAME]*

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>[TRADE_NAME] BA / EZE FDC (N = 107) n (%)</th>
<th>[TRADE_NAME] Bempedoic Acid (N = 110) n (%)</th>
<th>Ezetimibe N=109 n(%)</th>
<th>Placebo (N =55) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary tract infection</td>
<td>7.5% (8)</td>
<td>2.7% (3)</td>
<td>2.8% (3)</td>
<td>3.6% (2)</td>
</tr>
<tr>
<td>Nasopharyngitis</td>
<td>3.7% (4)</td>
<td>5.5% (6)</td>
<td>3.7% (4)</td>
<td>1.8% (1)</td>
</tr>
<tr>
<td>Myalgia</td>
<td>1.9% (2)</td>
<td>4.5% (5)</td>
<td>1.8% (2)</td>
<td>1.8% (1)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>2.8% (3)</td>
<td>4.5% (5)</td>
<td>1.8% (2)</td>
<td>0</td>
</tr>
<tr>
<td>Constipation</td>
<td>3.7% (4)</td>
<td>0</td>
<td>1.8% (2)</td>
<td>0</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>0.9% (1)</td>
<td>3.6% (4)</td>
<td>3.7% (4)</td>
<td>3.6% (2)</td>
</tr>
<tr>
<td>Back pain</td>
<td>2.8% (3)</td>
<td>2.7% (3)</td>
<td>3.7% (4)</td>
<td>3.6% (2)</td>
</tr>
<tr>
<td>Muscle spasms</td>
<td>1.9% (2)</td>
<td>0.9% (1)</td>
<td>3.7% (4)</td>
<td>0</td>
</tr>
<tr>
<td>Anaemia</td>
<td>0.9% (1)</td>
<td>1.8% (2)</td>
<td>0.9% (1)</td>
<td>3.6% (2)</td>
</tr>
<tr>
<td>Dyspnœa</td>
<td>0</td>
<td>0</td>
<td>0.9% (1)</td>
<td>3.6% (2)</td>
</tr>
<tr>
<td>Headache</td>
<td>1.9% (2)</td>
<td>3.6% (4)</td>
<td>1.8% (2)</td>
<td>1.8% (1)</td>
</tr>
</tbody>
</table>

*Please note this is a DRAFT for example purposes based only on Study 053 and based on a 3% cut-off – this is not considered final.

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New Study 1 (1002-040) Results Presented at ESC 2018

Focus on Diabetes Endpoint

• As context, 4 out of 5 patients with diabetes over age 65 die from ASCVD
• Lowering LDL-C reduces mortality risk associated with ASCVD
• Statins, especially high-intensity statins, lower LDL-C but increase HbA1c and new onset or worsening of diabetes
  • Statin class label: increases in HbA1c and fasting serum glucose have been reported with statins
  • Rosuvastatin’s label contains additional language including: significantly higher frequency of diabetes in patients taking rosvastatin (2.8%) vs placebo (2.3%). HbA1c was significantly increased by 0.1% in rosvastatin-treated patients compared with placebo-treated patients.
• Study 1 demonstrated that new onset or worsening of diabetes occurred less frequently in patients taking statins plus bempedoic acid (3.3%) than in patients taking statins plus placebo (5.4%) (p<0.02)
  • Mechanistically, it has been hypothesized that statins inhibit beta cells in the pancreas – important insulin producing cells – and disrupt the insulin signaling pathway in adipose tissue
  • Mechanistically, bempedoic acid is a pro-drug and is converted to its active CoA form only in liver cells thereby not inhibiting beta cells nor disrupting the insulin signaling pathway in adipose tissue
Two Targeted Non-Statin Oral LDL-C Lowering Therapies in Phase 3
Therapies to Complement All LDL-C Lowering Therapies, Providing Even Greater LDL-C Lowering

**Bempedoic Acid / Ezetimibe Combination Pill**

- Efficacy comparable to injectable PCSK9i monotherapy (~50% LDL-C lowering) – plus differentiated hsCRP reduction

- Profile:
  - **Once-daily, convenient, cost-effective, oral combination pill**
  - 35% LDL-C lowering on maximally tolerated statin therapy
  - 43% LDL-C lowering on no background statin therapy
  - 64% total LDL-C lowering when combined with atorva 20 mg
  - 34% hsCRP reduction; a key marker of inflammation
  - **Safe and well-tolerated without increases in muscle-related adverse events**

- NDA and MAA submissions for LDL-C lowering indication by Q1 2019

**Bempedoic Acid**

- Consistent and complementary LDL-C lowering – plus differentiated hsCRP reduction

- Profile:
  - **Once-daily, convenient, cost-effective, oral pill**
  - 20%+ LDL-C lowering on statins, including high-intensity statins
  - Up to 30% LDL-C lowering on no background statin therapy
  - 22-40% hsCRP reduction; a key marker of inflammation
  - **Safe and well-tolerated without increases in muscle-related adverse events**

- NDA and MAA submissions for LDL-C lowering indication by Q1 2019

Bempedoic Acid / Ezetimibe Combination Pill and Bempedoic Acid are **Not** a Replacement for Statins or Ezetimibe
12-13M ASCVD and/or HeFH Patients with Elevated LDL-C

Bempedoic Acid Franchise Addresses Most Patients Not at LDL-C Treatment Goal

Number of Patients in Need of Additional LDL-C Lowering*

- **13M**
- **12M**
- **11M**
- **10M**
- **9M**
- **8M**
- **7M**
- **6M**
- **5M**
- **4M**
- **3M**
- **2M**
- **1M**

### 9.5 Million

- **(100 – 130 mg/dL)**
- ~70% (6.6M) of these patients will get below 70mg/dL with BA or BA / EZ

### 1.8 Million

- **(70 – 100 mg/dL)**
- ~72% (1.3M) of these patients will get below 100mg/dL with BA or BA / EZ

### 1.4 Million

- **~70% (1.4M) of these patients will get below 100mg/dL with BA or BA / EZ**

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**Maximally Tolerated Statin Therapy** **+/- Ezetimibe**

- **Moderate Risk** (70 – 130 mg/dL)
- **High Risk** (130 – 160 mg/dL)
- **Very High Risk** (>160 mg/dL)

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*Excludes Low CVD Risk patients because, by definition, they do not need additional LDL-C lowering

**Includes patients only able to tolerate less than the approved daily starting dose of a statin (considered statin intolerant)
Phase 3 Efficacy Snapshot (LDL-C)  
Consistent and Efficacious LDL-C Lowering

**Study 4** (No Statin; 12 weeks) – 28% LDL-C Lowering

**Study 3** (No Statin; 24 weeks) – 24% LDL-C Lowering

**Study 1** (+Statins; 52 weeks) – 20% LDL-C Lowering

**FDC Study 053** (+Statins; 12 weeks) – 32% LDL-C Lowering
**1002-053 LDL-C Lowering Illustration**

<table>
<thead>
<tr>
<th>Baseline LDL-C mg/dL</th>
<th>160</th>
<th>150</th>
<th>140</th>
<th>130</th>
<th>120</th>
<th>110</th>
<th>100</th>
<th>90</th>
<th>80</th>
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<tbody>
<tr>
<td><strong>51 mg/dL ↓</strong> Total LDL-C (32% Total Reduction)</td>
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<td><strong>32 mg/dL ↓</strong></td>
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<td>(21% ↓)</td>
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<td><strong>19 mg/dL ↓</strong></td>
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<td>(16% ↓)</td>
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**1002-053 Initial Baseline LDL-C (152 mg/Dl)**

- **ezetimibe 21% LDL-C lowering**
  - 152 mg/dL – Initial Baseline LDL-C Level
  - (32 mg/dL) – Reduction
  - 120 mg/dL – Re-Baselined LDL-C Level

- **From re-baselined LCL-C level of 120 mg/dL, patients in 1002-053 achieved a final LDL-C level of 101 mg/dL**
  - 120 mg/dL – Re-Baselined LDL-C Level
  - (19 mg/dL) – Reduction from bempedoic acid
  - 101 mg/dL – Final Baseline LDL-C
1002-053 Initial Baseline LDL-C (152 mg/dL)

Bempedoic acid 18% LDL-C lowering
152 mg/dL – Initial Baseline LDL-C Level
(27 mg/dL) – Reduction
125 mg/dL – Re-Baselined LDL-C Level

From re-baselined LDL-C level of 125 mg/dL, patients in 1002-053 achieved a final LDL-C level of 101 mg/dL
125 mg/dL – Re-Baselined LDL-C Level
(24 mg/dL) – Reduction from ezetimibe
101 mg/dL – Final Baseline LDL-C

51 mg/dL ↓
Total LDL-C (32% Total Reduction)

27 mg/dL (18% ↓)

24 mg/dL (19% ↓)
# Overview of Muscle-Related Adverse Events

<table>
<thead>
<tr>
<th>Potential Muscle AESI</th>
<th>Bempedoic Acid / Ezetimibe Combo Pill N=107</th>
<th>Bempedoic acid N=110</th>
<th>Ezetimibe N=109</th>
<th>Placebo N=55</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of Potential Muscle AESIs in All Patients (patient incidence)</strong></td>
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<tr>
<td>Any Potential Muscle AESI(s)*</td>
<td>5.6% (6)</td>
<td>6.4% (7)</td>
<td>6.4% (7)</td>
<td>5.5% (3)</td>
</tr>
<tr>
<td>Discontinuation of Study Drug due to Potential Muscle AESI(s)*</td>
<td>0.9% (1)</td>
<td>2.7% (3)</td>
<td>0.9% (1)</td>
<td>1.8% (1)</td>
</tr>
<tr>
<td><strong>All Potential Muscle AESIs by MedDRA Preferred Term</strong></td>
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<tr>
<td>Myalgia</td>
<td>1.9% (2)</td>
<td>4.5% (5)</td>
<td>1.8% (2)</td>
<td>1.8% (1)</td>
</tr>
<tr>
<td>Muscle Spasms</td>
<td>1.9% (2)</td>
<td>0.9% (1)</td>
<td>3.7% (4)</td>
<td>0</td>
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<tr>
<td>Pain in extremity</td>
<td>1.9% (2)</td>
<td>1.8% (2)</td>
<td>0.9% (1)</td>
<td>1.8% (1)</td>
</tr>
<tr>
<td>Muscular weakness</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.8% (1)</td>
</tr>
</tbody>
</table>

*Includes all “muscular disorders” defined in the SAP as: muscle spasms, myalgia, muscular weakness, myoglobin blood increased, myoglobin blood present, myoglobin urine present, myoglobinaemia, myoglobinuria, myopathy, myopathy toxic, necrotizing myositis, pain in extremity, rhabdomyolysis
## Safety Labs - Safety Population

<table>
<thead>
<tr>
<th>Lab Abnormality</th>
<th>Bempedoic Acid / Ezetimibe Combo Pill N=107</th>
<th>Bempedoic acid N=110</th>
<th>Ezetimibe N=109</th>
<th>Placebo N=55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeated &amp; confirmed ALT/AST &gt; 3 x ULN</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Repeated &amp; Confirmed incidence of CK &gt;5x ULN</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>