ESPERION COMPANY UPDATE

January 2020

ESPERION® The Lipid Management Company

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 bempedoic acid and the bempedoic acid / ezetimibe combination tablet and the therapeutic potential of the clinical development plan for bempedoic acid and the bempedoic acid / ezetimibe combination tablet, including Esperion's timing, designs, plans and announcement of results regarding its CLEAR Outcomes study and other ongoing clinical studies for bempedoic acid and the bempedoic acid / ezetimibe combination tablet, timing for the review and approval of the NDAs and the MAAs 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 tablet, if approved, Esperion’s cash position and financial outlook, and the expected upcoming milestones described in these slides and the accompanying oral presentation. Any express or implied statements contained in this 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, 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 notwithstanding the completion of Esperion’s Phase 3 clinical development program for LDL-C lowering, the FDA or EMA may require additional development in connection with seeking regulatory approval, 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. Esperion disclaims any obligation or undertaking to update or revise any forward-looking statements contained in this presentation, other than to the extent required by law.

Bempedoic acid and bempedoic acid/ ezetimibe fixed dose combination tablets are investigational products under review by the Food and Drug Administration (FDA) with PDUFA dates of February 21 and 26, 2020 respectively. As with all drugs, the FDA Review team is evaluating whether the studies demonstrate the drugs’ safety (i.e., benefits appear to outweigh the known risks) and effectiveness for their proposed use.

ESPERION: THE LIPID MANAGEMENT COMPANY

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(1) ZS Associates primary and secondary research, 2018

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UPON APPROVAL, FIRST NEW ORAL, NON-STATIN LDL-C LOWERING DRUGS IN THE U.S. IN ALMOST TWO DECADES

PDUFA DATES OF FEBRUARY 21ST AND 26th 2020

Bempedoic Acid Tablet

LDL-C Lowering

- **18%** LDL-C lowering on top of maximally tolerated statins (primary endpoint – placebo corrected) [1]
- **28%** LDL-C lowering on no background statin (primary endpoint – placebo corrected) [2]
- **19%**[3] – **22%**[1] at week 12 hsCRP reduction (secondary endpoint – change from baseline)
- **0.2%**[3] HbA1c lowering (primary measurement – placebo corrected)

Shared Benefits:

- Oral, once-daily
- Non-statin, ACL inhibitor-based mechanism of action
- Not active in skeletal muscle
- Overall adverse events comparable to placebo

Bempedoic Acid / Ezetimibe Fixed Dose Combination Tablet (BA / EZE FDC)

LDL-C Lowering

- **29%** LDL-C lowering on maximally tolerated statins (primary endpoint – placebo corrected)[4]
- **44%** LDL-C lowering on no background statins (post-hoc analysis – placebo corrected)[4]
- **34%** hsCRP reduction (secondary endpoint - change from baseline)[4]

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(1) Ray, K. K. (2019). Safety and Efficacy of Bempedoic Acid to Reduce LDL Cholesterol. New England Journal of Medicine, 380(11), 1022–1032. doi: 10.1056/nejmoa1803917

(2) Ballantyne, C. M. (2018). Efficacy and safety of bempedoic acid added to ezetimibe in statin-intolerant patients with hypercholesterolemia: A randomized, placebo-controlled study. Atherosclerosis, 277, 195–203. doi: 10.1016/j.atherosclerosis.2018.06.002

(3) Goldberg, A. (2019). Effect of Bempedoic Acid vs Placebo Added to Maximally Tolerated Statins on Low-Density Lipoprotein Cholesterol in Patients at High Risk for Cardiovascular Disease The CLEAR Wisdom Randomized Clinical Trial. JAMA, 322(18), 1780–1788. Retrieved from https://jamanetwork.com/journals/jama/fullarticle/2754792

(4) (2018, August 27). Bempedoic Acid / Ezetimibe Combo Pill (1002FDC-053) Pivotal Phase 3 Efficacy Study Top-Line Result. Retrieved from https://esperion.gcs-web.com/static-files/1639de53-9494-4299-98a5-0b6f1317678a

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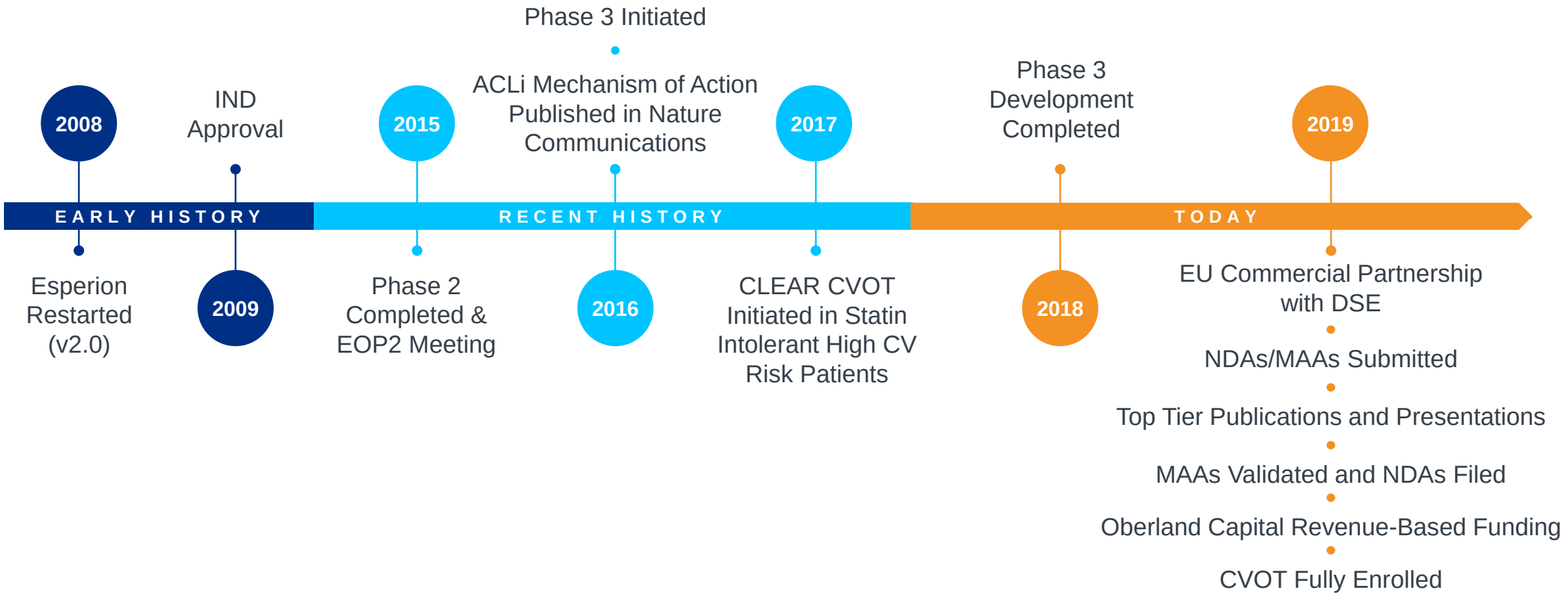
ESPERION: ADVANCING HISTORY IN LDL-C LOWERING



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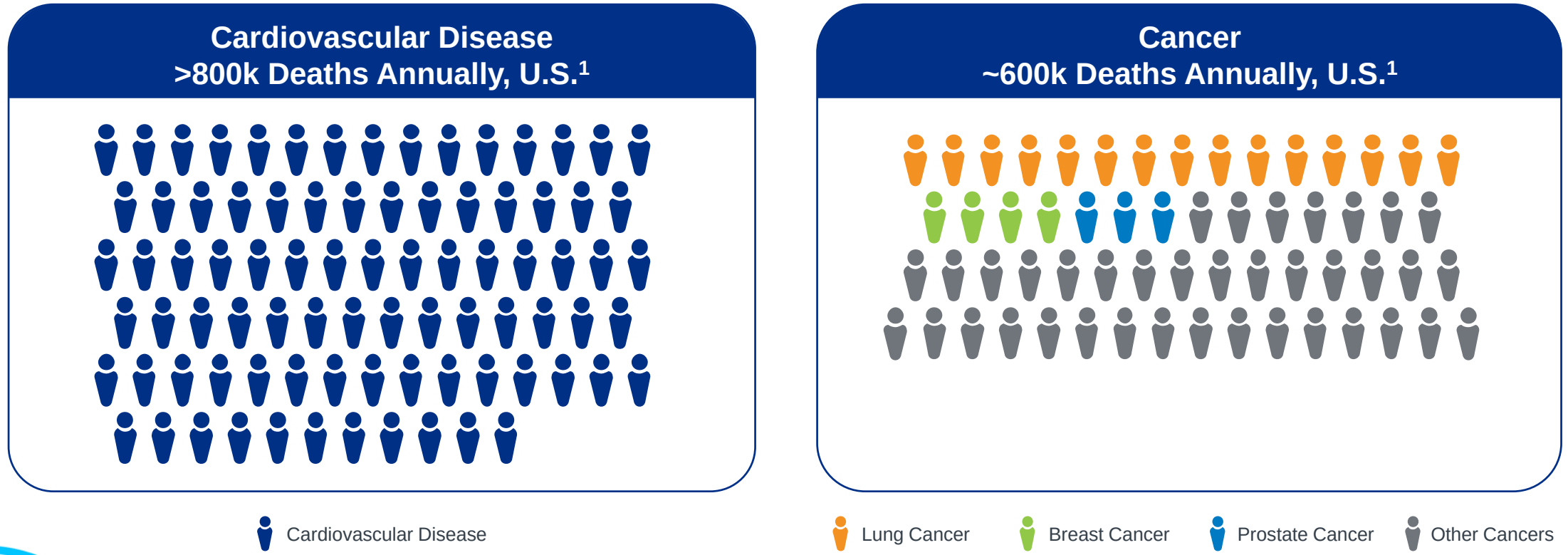
UNMET NEEDS IN CARDIOVASCULAR DISEASE

ESPERION: ADDRESSING A GLOBAL PROBLEM

CARDIOVASCULAR DISEASE REMAINS THE #1 CAUSE OF DEATH GLOBALLY[2]

Cardiovascular Disease (CVD) accounts for ~1 in 3 deaths[1] in the U.S., and represents more annual deaths than all forms of cancers combined

= ~10,000 deaths



(1) Benjamin, E. et al (2017). Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association. Circulation, 136(10). doi: 10.1161/cir.0000000000000530.
(2) World Health Organization. (2018). Top 10 causes of death. Retrieved from https://www.who.int/gho/mortality_burden_disease/causes_death/top_10/en/

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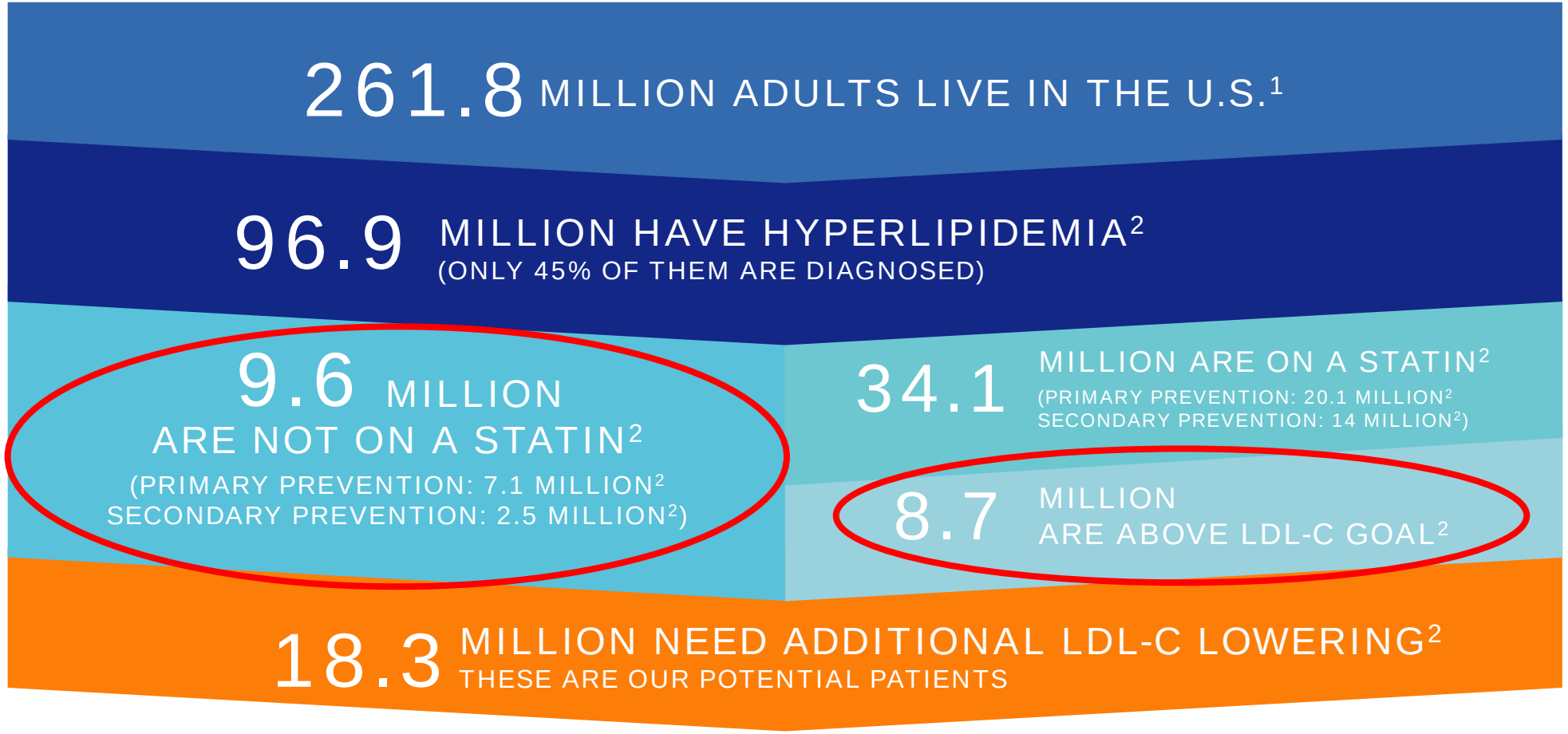
MILLIONS OF PATIENTS ON MAXIMALLY TOLERATED STATINS STILL NEED FURTHER LDL-C LOWERING

CURRENT TREATMENT OPTIONS ARE INADEQUATE FOR MANY PATIENTS IN NEED



(1) United Nations (2017) World Population Prospects: the 2017 Revision. Available from: https://esa.un.org/unpd/wpp/ [Accessed 26 July 2018]
(2) ZS Associates primary and secondary research, Sep-Oct 2018. Primary research N = 350 healthcare practitioners

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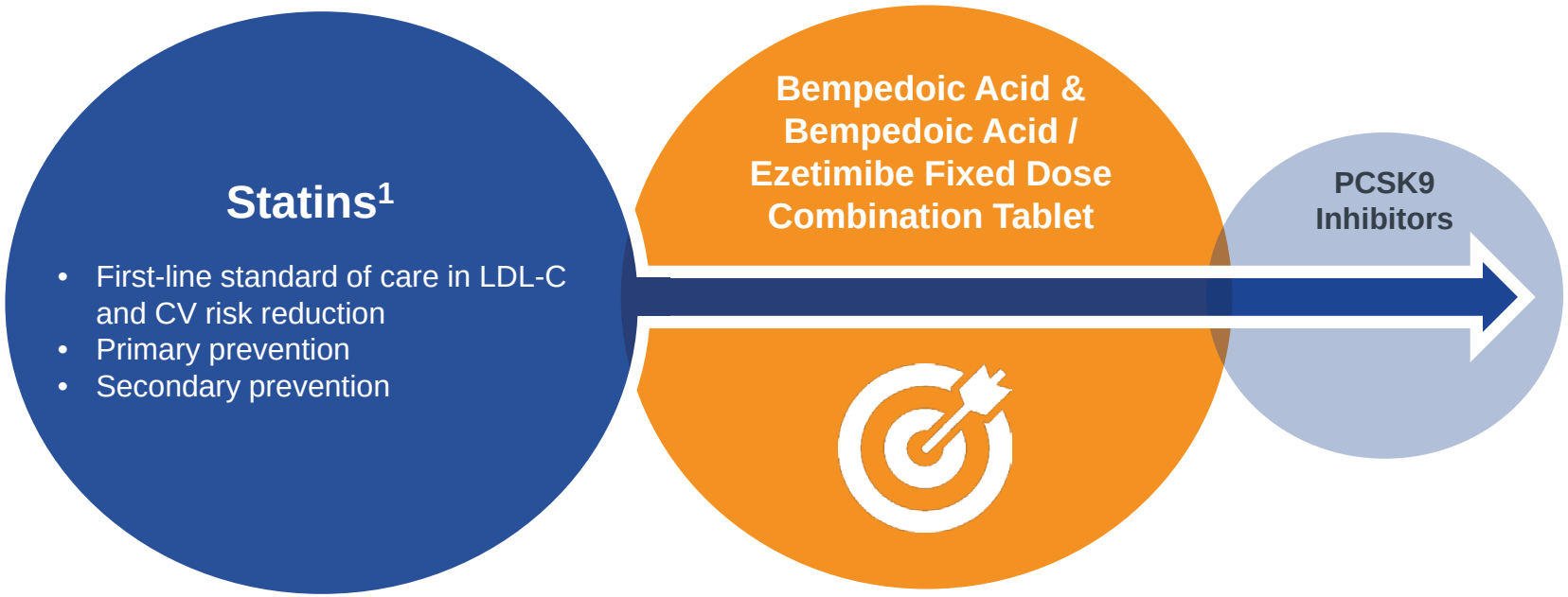
POTENTIAL TO COMPLEMENT EXISTING LDL-C LOWERING THERAPIES

FOR PATIENTS ON MAXIMALLY TOLERATED STATINS (INCLUDING NO STATIN AT ALL)

Where Our Drugs Fit

Bempedoic acid and bempedoic acid / ezetimibe fixed dose combination tablets have the potential to deliver significant results alone or in combination with other LDL-C lowering therapies, so more patients can achieve their LDL-C goal.



Potential Patient Profile

Patients who need additional LDL-C lowering to get to LDL-C goal who are on maximally tolerated statins (including patients on no statin at all).

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(1) Grundy, et al. (2019). 2018 Cholesterol Clinical Practice Guideline. Journal of the American College of Cardiology 72, 285–350.

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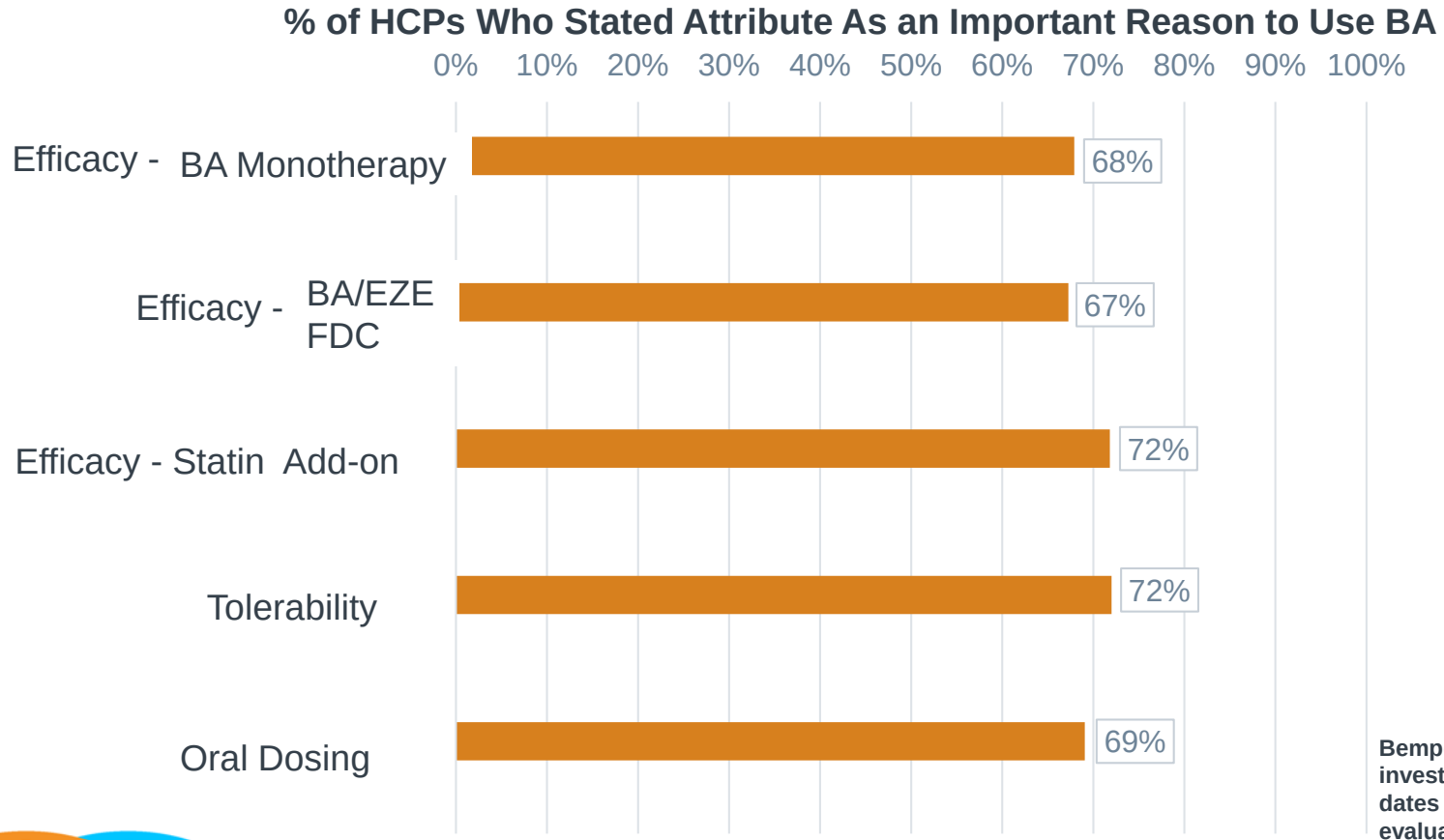
BEMPEDOIC ACID'S EFFICACY, TOLERABILITY AND ORAL DOSING ARE "TOP-THREE" KEY FACTORS FOR PHYSICIANS

BA Attributes Important to Doctors[1]



Nearly 70% of physicians surveyed are likely to consider, if approved, Bempedoic Acid because of[2]

- ✓ **Reductions in LDL-C**
- ✓ **Safety profile comparable to placebo**
- ✓ **Oral administration**

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(1) ZS Associates Market Sizing and Forecasting Project, August 2018. N=350 Physicians
(2) Medical Marketing Economics physician research, March 2019; N = 142 physicians (90 Primary Care, 52 Cardiology)

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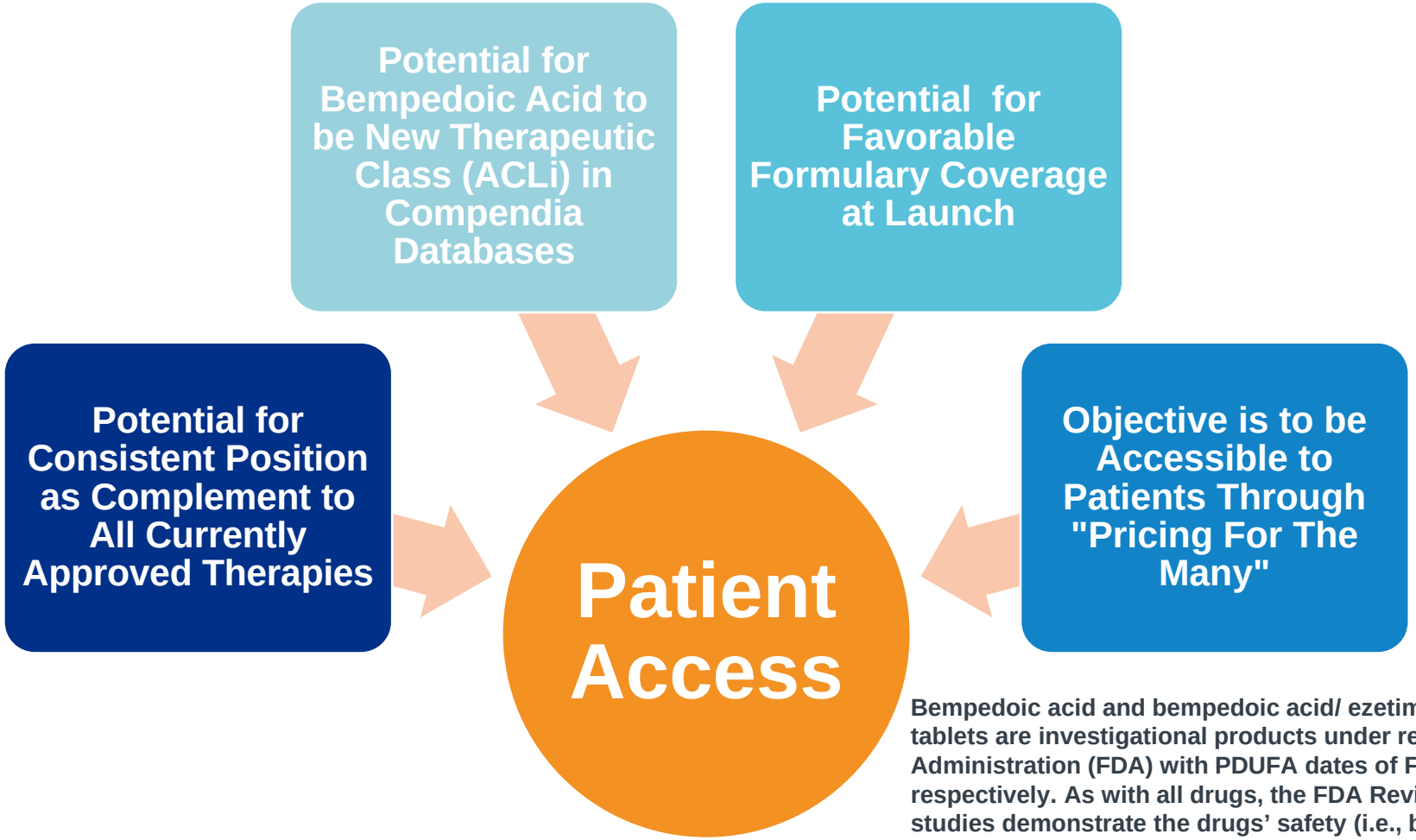
MARKET ACCESS STRATEGY: OFFER FAVORABLE PRICING AND MINIMIZE ACCESS CHALLENGES TO PATIENTS



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U.S. COMMERCIAL LAUNCH PLANS

ESPERION STRATEGIC U.S. LAUNCH PLANS

INITIAL LAUNCH TO TARGET SPECIALIST PRESCRIBERS WHO REPRESENT 40% OF LDL-C LOWERING SCRIPTS

Research-Driven Launch Strategy

Market research indicates ~300 reps is ideal for efficient initial launch, targeting 40% of total LDL-C prescriptions

	Decile	10	9	8	7	6	5	4	3	2	1
	HCP Writer Count	5,474	8,076	9,976	11,929	14,207	17,094	21,208	28,062	43,962	499,449
	Cumulative Writer Count	5,474	13,550	23,526	35,455	49,662	66,756	87,964	116,026	159,988	659,437
Specialty Group	PCP	4,436	6,655	8,041	9,324	10,538	11,873	13,618	15,924	20,431	136,029
	Cardiologist	750	943	1,112	1,333	1,598	1,969	2,315	2,923	3,923	12,761
	NP/PA									666	132,109
	Endocrinologist									238	4,120
	Other									704	214,430
	Annual Market TRx	22,700								000	22,700,000
	TRx Per Writer	4								616	45

Rep Count	46	113	196	295
% of Rx Covered	10%	20%	30%	40%

Sales Rep Count Assuming 120 Targets Per Rep

Rep Count	46	67	83	99	118	142	177	234	366	4,162
Cumulative Rep Count	46	113	196	295	414	556	733	967	1,333	5,495
% of Rx Covered	10%	20.0%	30.0%	40.0%	50.0%	60.0%	70.0%	80.0%	90.0%	100.0%
% of HCP Covered	0.8%	2.1%	3.6%	5.4%	7.5%	10.1%	13.3%	17.6%	24.3%	100.0%

Esperion's Approach to a U.S. Launch

- ✓ Phase 1 will focus on Cardiologists, Lipidologists, Endocrinologists and Primary Care Physicians
- ✓ Primary Care call point will be highly targeted to those physicians who treat a lot of patients with hypercholesterolemia
- ✓ Salesforce will tactically grow with the achievement of significant revenue levels
- ✓ After presumed positive CVOT results expect another growth point of our salesforce

(Source) Symphony Health prescriber-level data, April 2019

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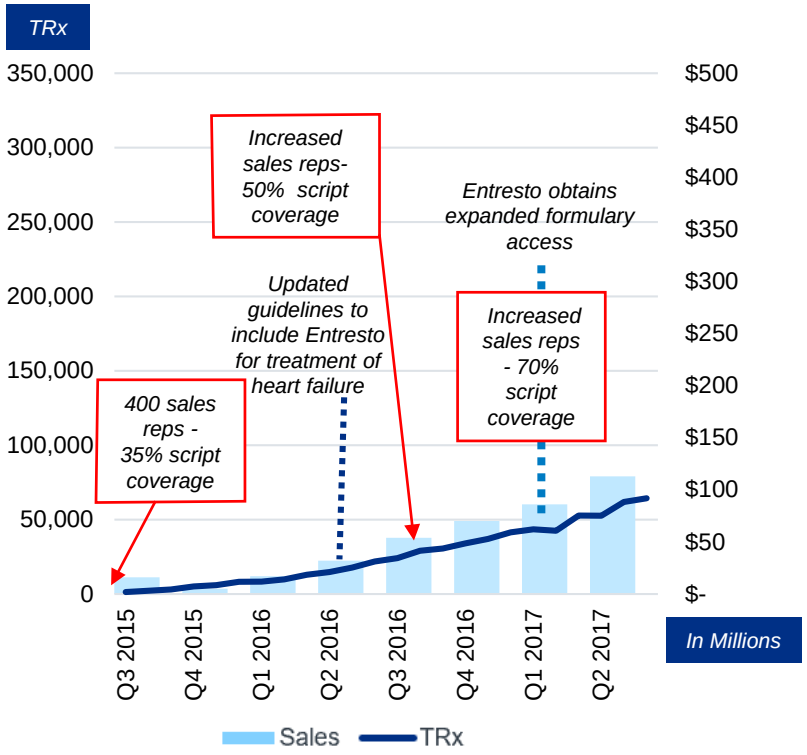
HISTORICAL DRUG LAUNCH STORIES

COMPARABLE SALESFORCE SIZES AT LAUNCH

Entresto Launch

Monthly TRx and Quarterly WW Sales

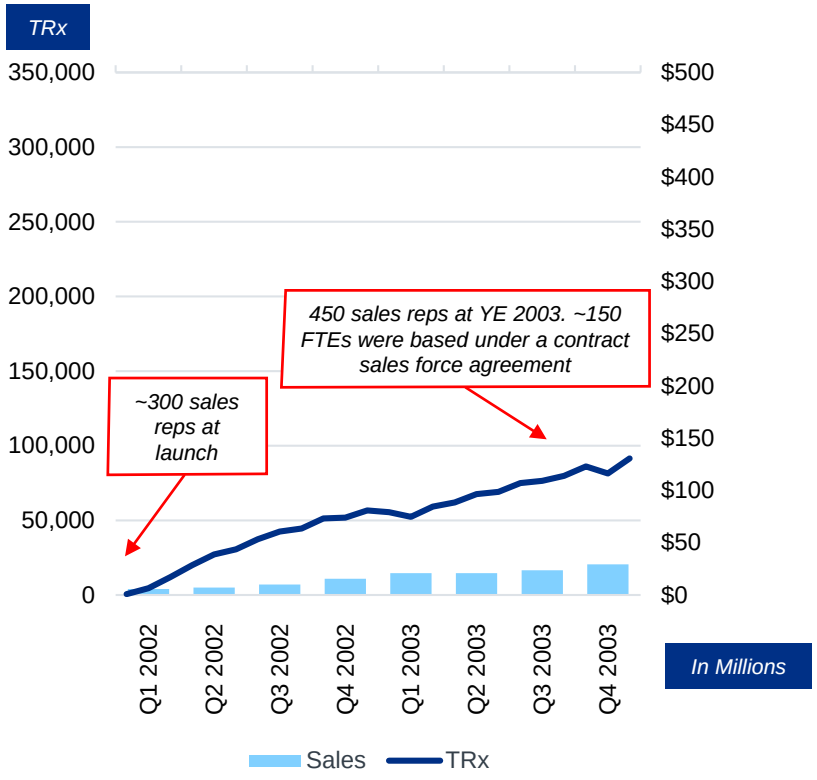


Xarelto Launch

Monthly TRx and Quarterly WW Sales

Advicor Launch

Monthly TRx and Quarterly WW Sales



Source: Symphony Health, EvaluatePharma, Company Reports

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AN EXPERIENCED TEAM – THE LIPID EXPERTS

Tim Mayleben
President and Chief Executive Officer

Mark Glickman
Chief Commercial Officer

Ashley Hall
Chief Development Officer

Rick Bartram
Chief Financial Officer

Regina Cavaliere
Chief Ethics and Compliance Officer

Ken Fiorelli
Chief Technical Operations Officer

Bill Sasiela
Sr. VP, Clinical Development

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ESPERION: BUILDING SUSTAINABLE SHAREHOLDER VALUE

MILESTONES & KEY EVENTS

2019

✓Daiichi Sankyo Europe Commercial Partnership
✓Six Regulatory Marketing Applications Submitted
✓Phase 3 Results Published / Presented in Top-Tier Journals / Meetings
✓FDA Acceptance for Filing Letters Received; and Communication of “No Advisory Committee Meeting”
✓$200M Oberland Capital Revenue Interest Funding
✓Favorable LDL-C Lowering BA/EZE Fixed Dose Combination Results in Study 058
✓CVOT Enrollment Complete in Over 14,000 Patients

2020

- FDA PDUFA Dates (Feb 21st & 26th)
- $25M Milestone Payment from Oberland Upon FDA Approval (1Q)
- Anticipated Committee for Medicinal Products for Human Use Opinion (1Q)
- Anticipated European Commission Decision (2Q)
- Commercial Launches Planned in the US (1Q) and EU (2Q)
- Potential ROW Agreement (2Q)
- $150M Milestone Payment from Daiichi Sankyo Europe Upon 1st Commercial Sale (2Q/3Q)

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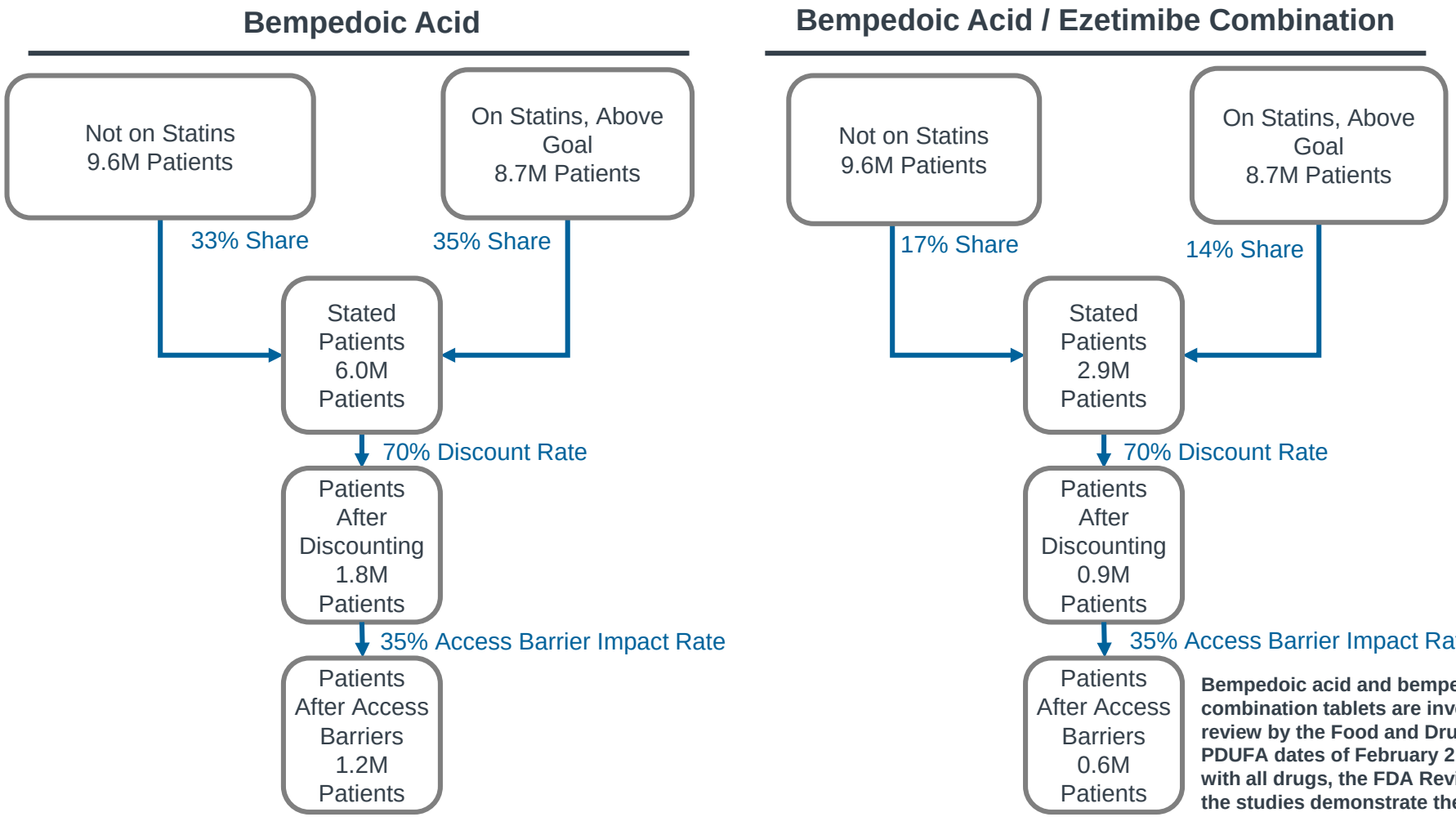
BA AND BA/EZE FDC ARE FORECASTED TO HAVE >1.8M PATIENTS ON THERAPY AT PEAK



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Source: ZS Associates Market Sizing and Forecasting Project, August 2018. N=350 Physicians

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(1) ZS Associates primary and secondary research, 2018

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APPENDIX

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CLEAR OUTCOMES TRIAL DESIGNED TO EVALUATE CV RISK REDUCTION IN HIGH RISK PATIENTS NOT ON BACKGROUND STATIN THERAPY

LANDMARK CV OUTCOMES TRIAL DESIGN; TOP-LINE RESULTS EXPECTED IN 2022

Design

A randomized, double-blind, placebo controlled study to assess the effects of bempedoic acid on the occurrence of major cardiovascular events in patients with, or at high risk for, CVD who are statin intolerant.

14,032 patients in over 1,400 sites in 32[1] countries

Bempedoic Acid 180 mg (n=7016)	Placebo (n=7016)

Estimated 4.75 Year Treatment

Primary Endpoint : Effect of bempedoic acid vs placebo on four-component composite MACE endpoint[2] (minimum of 1632 events)

Baseline LDL-C levels : 100-190 mg/dL in 2º prevention and > 100 mg/dL in 1º prevention; expected mean baseline > 135 mg/dL

Study Chairman : Steven Nissen M.D.

Co-Principal Investigators : A. Michael Lincoff M.D., Cleveland Clinic, and Stephen Nicholls M.D., Monash University in Melbourne.

In Support of Labeling Amendments

Key Milestones

- ✓ Q4 2016 study initiated
- ✓ Q3 2019 enrollment completed
- 2H 2022 results expected

(1) 52% Europe, 25% North America, 9% South America, 8% Asia
(2) CV death, nonfatal myocardial infarction (MI), nonfatal stroke, or coronary revascularization
(Source) Evaluation of Major Cardiovascular Events in Patients With, or at High Risk for, Cardiovascular Disease Who Are Statin Intolerant Treated With Bempedoic Acid (ETC-1002) or Placebo - Full Text View. (n.d.). Retrieved October 18, 2019, from https://www.clinicaltrials.gov/ct2/show/NCT02993406?term=Clear+Outcomes+Esperion&rank=1.

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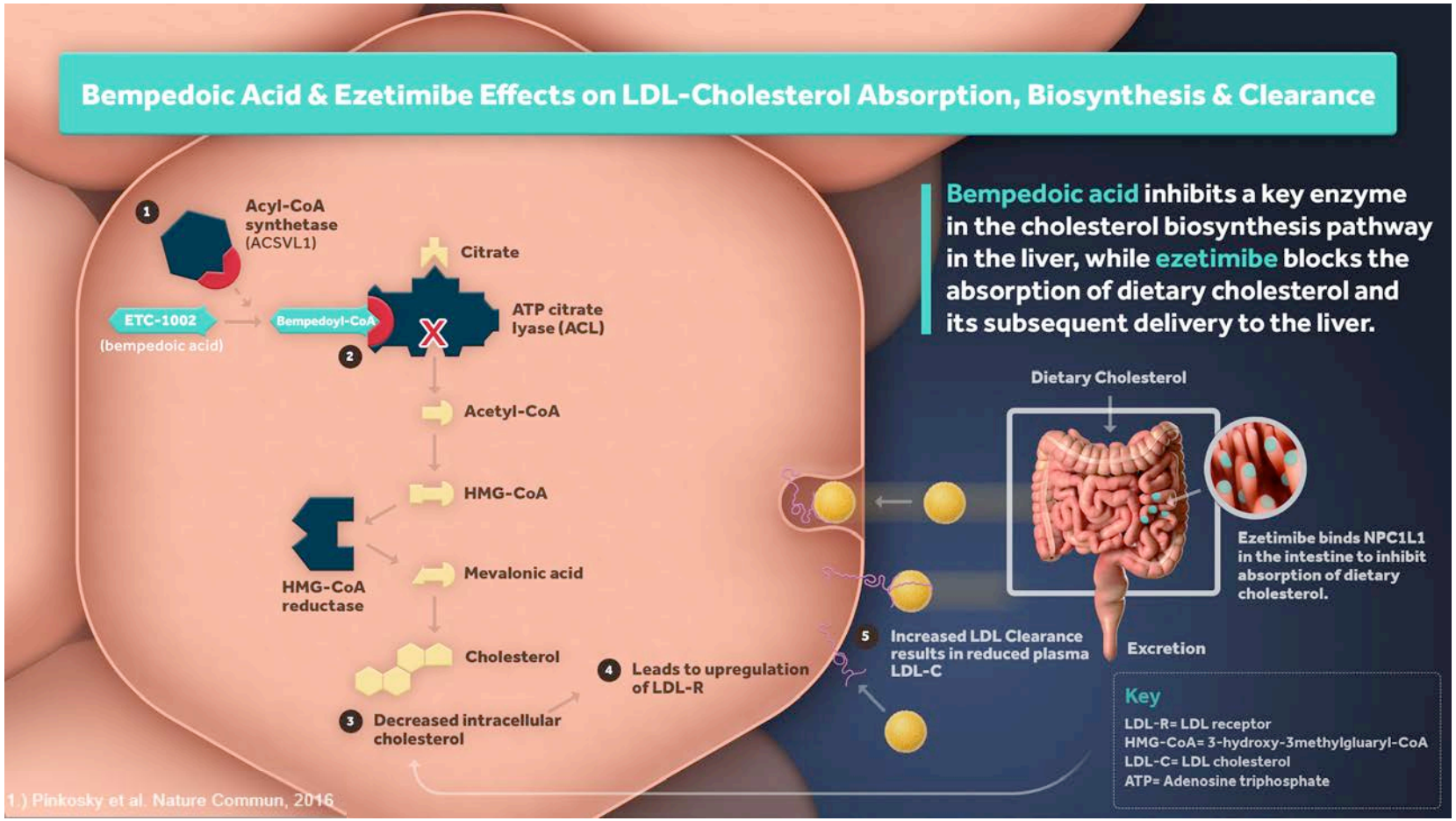
BEMPEDOIC ACID / EZETIMIBE FIXED DOSE COMBINATION TABLET

COMPLEMENTARY NON-STATIN MECHANISMS OF ACTION (MOAS)



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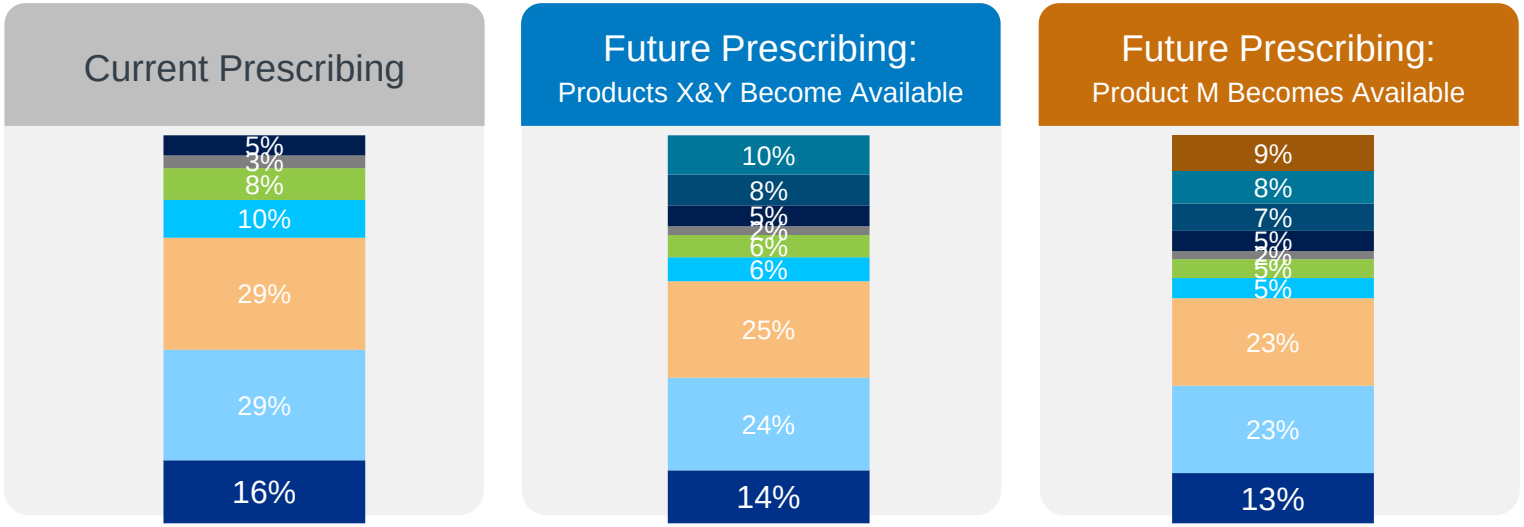
MARKET RESEARCH SHOWS FOR PHYSICIANS: BA AND BA/EZE FDC HOLD ~15% PREFERENCE SHARE OF THE LDL-LOWERING MARKET IF INCLISIRAN BECOMES AVAILABLE

Source of Volume

(% of Patients, Total HCPs)

- % Product M (inclisiran)
- % Product Y (BA / EZE FDC tablet)
- % Product X (bempedoic acid)
- % PCSK9is (e.g. Repatha)
- % Colesevelam (e.g. Welchol)
- % Simvastatin/ ezetimibe (e.g. Vytorin)
- % Ezetimibe (e.g. Zetia)
- % Statins, high intensity
- % Statins, moderate intensity
- % Statins, low intensity



	Current Prescribing				Future Prescribing: Products X&Y Become Available				Future Prescribing: Product M Becomes Available			
	Card	Endo	PCP	Gastro	Card	Endo	PCP	Gastro	Card	Endo	PCP	Gastro
% Product M (inclisiran)									10%	9%	10%	8%
% Product Y (BA / EZE FDC)					20%	17%	24%	15%	17%	14%	22%	12%
% Product X (bempedoic acid)												
% PCSK9is (e.g. Repatha)	9%	3%	5%	2%	8%	6%	4%	3%	8%	5%	4%	3%
% Colesevelam (e.g. Welchol)	3%	4%	5%	2%	2%	3%	3%	2%	2%	3%	2%	2%
% Simvastatin/ ezetimibe (e.g. Vytorin)	5%	10%	10%	10%	3%	8%	6%	7%	2%	8%	4%	6%
% Ezetimibe (e.g. Zetia)	12%	11%	11%	6%	6%	8%	7%	5%	5%	7%	6%	3%
% Statins, high intensity	36%	26%	22%	26%	31%	20%	20%	24%	29%	17%	19%	21%
% Statins, moderate intensity	24%	25%	29%	36%	21%	22%	22%	30%	19%	20%	20%	30%
% Statins, low intensity	11%	20%	18%	18%	10%	17%	14%	15%	9%	16%	14%	15%

Source: Share Allocation Assessment Quant, July 2019. N=100 Physicians.

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