Esperion
The Lipid Management Company

Company Updates

Bank of America/Merrill Lynch Healthcare Conference

May 15, 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 anticipated safety and efficacy profile 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 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.

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Esperion Today – Focused Bempedoic Acid Franchise

- Two non-statin, ACLi-based, once-daily, oral LDL-C lowering therapies
- Complementary to statins and ezetimibe, SOC oral LDL-C lowering therapies, and PCSK9i therapy
- Agreed upon regulatory pathways to approval with FDA for both products
- Experienced Lipid Management Team
- Funded through approval, with ~$240 million in cash at March 31st

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Bempedoic Acid and Bempedoic Acid / Ezetimibe Combination Pill Address Factors Increasingly Critical in LDL-C Treatment Choices

Updated treatment goals from ACC/AHA by Q1 2019 will result in more patients eligible for LDL-C lowering therapy

Updated ACC/AHA goals increase demand for complementary, accessible, cost-effective, oral LDL-C lowering therapies to help patients achieve the new treatment goals

Payers drawn to cost-effective, convenient, once-daily, oral LDL-C lowering therapies

Increasing utilization of generic ezetimibe will drive combination pill adoption

BEMPEDOIC ACID

Clinically and Statistically Significant LDL-C Lowering and Reductions in hsCRP , Observed to be Safe and Well-Tolerated

Targeted Mechanism of Action

Complementary and Convenient Once-daily, Oral Treatment Option

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Study 1 Top-Line Results Highlights

Bempedoic Acid 180mg Added to Maximally Tolerated Statins (50% on High-Intensity Statins)

Observed to be safe and well-tolerated in more than 2,200 high-risk patients with ASCVD and/or HeFH on stable background lipid-modifying therapy, including maximally-tolerated statins

- *Comparable to placebo with similar frequency of AEs, SAEs, muscle-related AEs and discontinuations*
- *LFT elevations were low overall and consistent with previous studies*

Significantly lowered LDL-C by 20% vs. placebo (p<0.001) (on-treatment)

- *Consistent lowering of LDL-C regardless of statin intensity; sustained over time*

Significantly reduced hsCRP by 22% (p<0.001)

Significantly lowered non-HDL-C, total cholesterol and apoB (p<0.001)

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Study 1 Supplemental Materials Summary

8K Filed Tuesday, May 8th

- By design, Study 1 enrolled the oldest and highest CV risk patient population of all recently completed long-term LDL-C lowering clinical studies with high levels of smoking, obesity and elevated blood pressure
  - As a result, safety event rates were in the range expected for this high-risk population
- The fully-independent DMC has consistently reviewed both the Phase 3 and CVOT safety results and recommended continuation of the program
- Liver Function Tests (LFTs) elevations were as expected, very low overall, and consistent with both statins and ezetimibe

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- ALL fatal AE(s) were considered unrelated to study treatment, and pooled pcsk9i event rates (0.9%) were comparable to the 0.9% rate observed in Study 1
  - 5 were due to cancer; 4 lung cancer, by far the leading cause of cancer death in older people; with 80% of lung cancer deaths caused by smoking and for which symptoms typically don't appear until the cancer is advanced
  - 5 were due to cardiac events, 3 of which were heart attacks (MI) within the first 61 days after randomization in patients who had had coronary events prior to entering the study
  - Measures of adjudicated cardiovascular events ALL favored bempedoic acid over placebo

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- As expected, LDL-C lowering efficacy with bempedoic acid was less at 52 weeks than at 12 weeks, consistent with long-term studies of ALL approved LDL-C lowering therapies

- Bempedoic acid's MOA has been conclusively demonstrated as inhibition of ATP-Citrate Lyase

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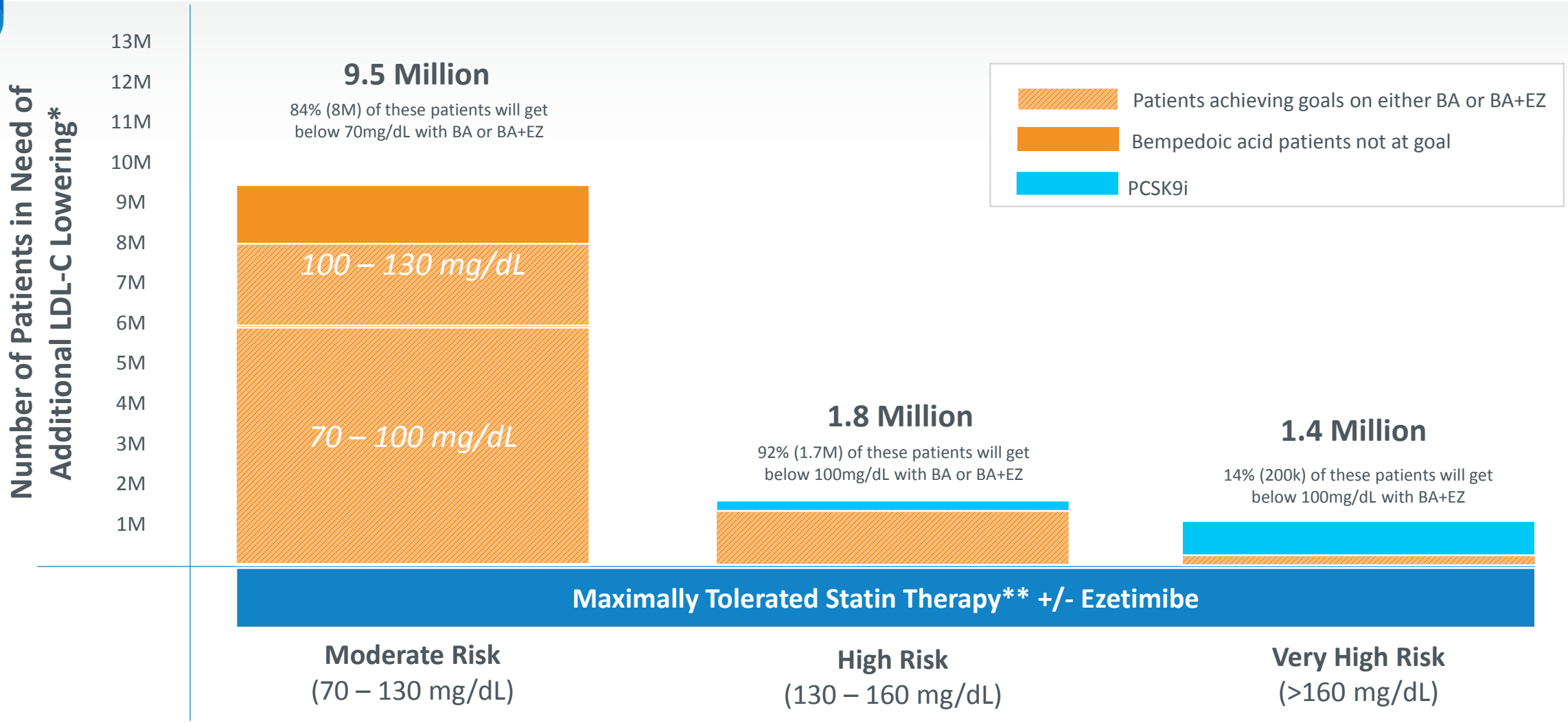
12-13M ASCVD and/or HeFH Patients with Elevated LDL-C

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



**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)*

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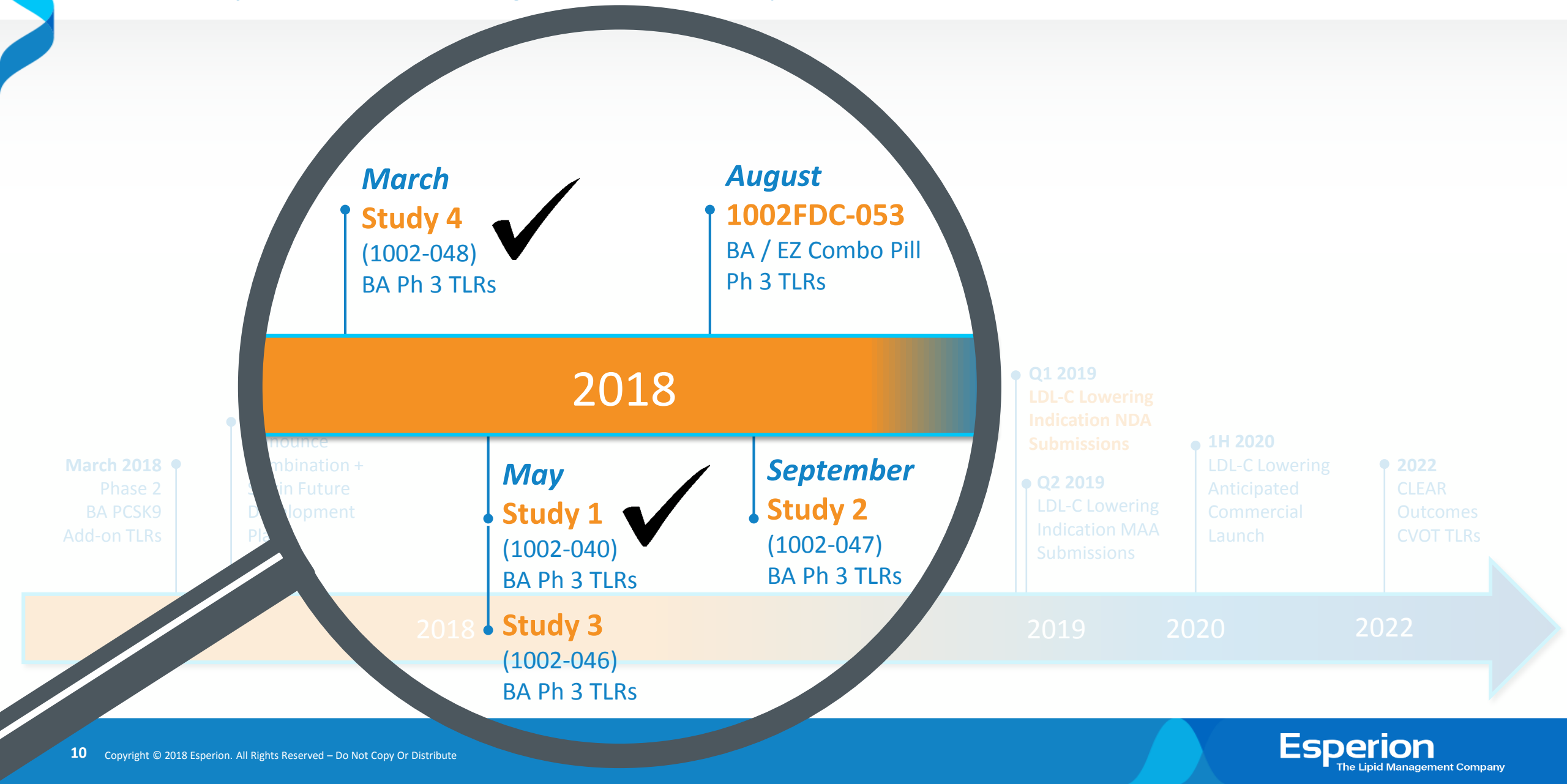
Key Upcoming Milestones

Results from Three Remaining Phase 3 Studies Expected This Year; NDA Submissions No Later Than Q1 2019



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Q & A