Leading a New Paradigm in Cardiovascular Disease Management

Investor Presentation

February 2020

9th Annual SVB Leerink Global Healthcare Conference

Vascepa® (icosapent ethyl)

Forward-Looking Statements and Disclaimer

Forward-looking statements

This presentation contains forward-looking statements, such as those relating to the commercial potential of VASCEPA®, clinical and regulatory efforts and timelines, potential regulatory approvals, intellectual property, cash flow, and other statements that are predictive in nature and that depend upon or refer to future events or conditions, including financial guidance and milestones. These statements involve known and unknown risks, uncertainties and other factors that can cause actual results to differ materially. For example, as with any study result, further REDUCE-IT® data assessment and data release by Amarin and FDA could yield additional useful information to inform greater understanding of the trial outcome. Investors should not place undue reliance on primary data or forward-looking statements, which speak only as of the presentation date of this presentation. Please refer to the "Risk Factors" section in Amarin's most recent Form 10-K filed with the SEC and cautionary statements outlined in recent press releases for more complete descriptions of risks in an investment in Amarin.

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This presentation is intended for communication with investors only.

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Lead Product VASCEPA® (icosapent ethyl)

There is an **urgency to treat Persistent Cardiovascular Risk (P-CVR)** as it remains high despite statin-based standard-of-care therapy in patients with elevated TG[1]

VASCEPA (IPE) is the **first and only medication FDA-approved**[2] for its indication to reduce P-CVR

In the practice-changing trial REDUCE-IT®, VASCEPA (IPE) 4g/d demonstrated **unprecedented CV event reductions** independent of baseline or achieved TG levels[1]

VASCEPA (IPE) has received **increasing support from leading medical bodies** in cardiology, lipidology and endocrinology as an important CV treatment option, has a **well-established safety profile and is cost-effective**[1,3-6]

CVD = cardiovascular disease; MI = myocardial infarction; UA = unstable angina.

1. Bhatt DL et al; for REDUCE-IT Investigators. *N Engl J Med*. 2019;380(1):11-22; 2. VASCEPA [package insert]. Bridgewater, NJ: Amarin Pharma, Inc.; 2019; 3. Bays HE, et al. *Am J Cardiol.* 2011;108(5):682-690; 4. Additive Therapies for Cardiovascular Disease: Effectiveness and Value. Institute for Clinical and Economic Review website. https://icer-review.org › ICER_CVD_Final_Evidence_Report_101719. Accessed December 11, 2019; 5. American Diabetes Association. [web annotation]. Diabetes Care. 2019;42(Suppl.1):S103–S123. https://hyp.is/JHhz_lCrEembFJ9LIVBZIw/care.diabetesjournals.org/content/42/Supplement_1/S103. Updated March 27, 2019. Accessed March 28, 2019; 6. Orringer CE, et al. *J Clin Lipidol*. 2019;13(6):860-872.

A New Era in CVD Prevention With Broad Application[1-4]

- **Established CVD** (patients with prior CV event [e.g., stroke, heart attack, revascularization] or patients with CAD, PAD, carotid disease and/or cerebrovascular disease)

OR

- **Diabetes Mellitus (type 1 and 2) <u>and</u> ≥2 additional risk factors for CVD**

- **Maximally tolerated statin therapy**
- **Elevated triglycerides (≥150 mg/dL): a marker of CV risk**

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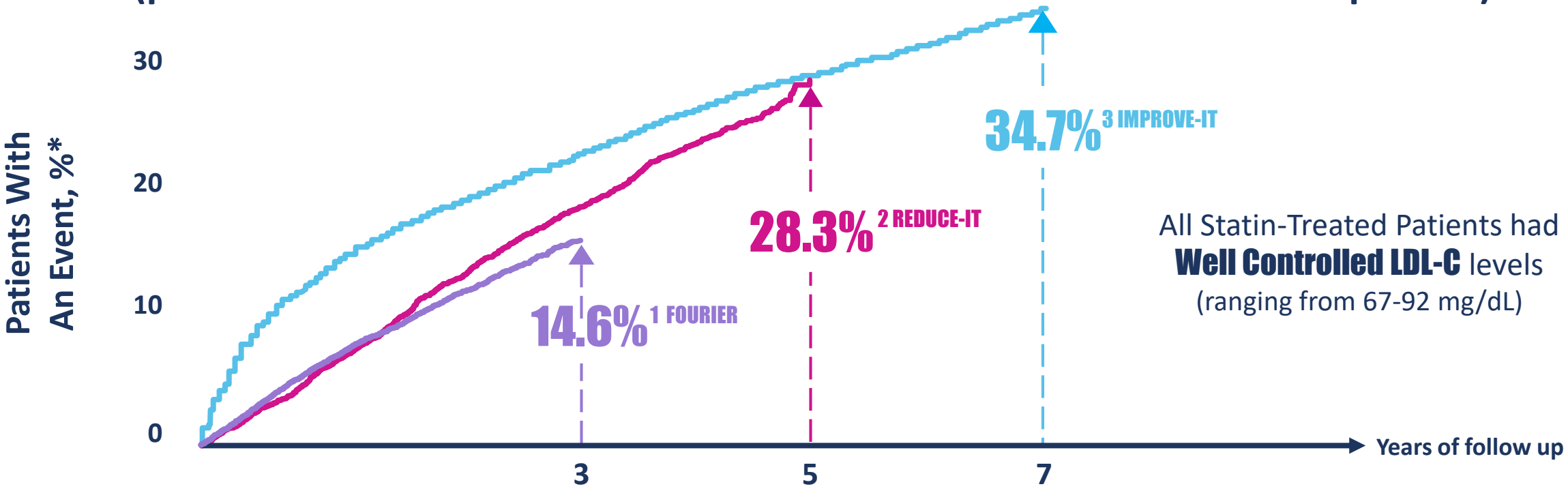
1. VASCEPA [package insert]. Bridgewater, NJ: Amarin Pharma, Inc.; 2019; 2. https://www.mayoclinic.org/diseases-conditions/heart-disease/symptoms-causes/syc-20353118;
3. https://www.nhlbi.nih.gov/health-topics/ischemic-heart-disease; 4. https://my.clevelandclinic.org/health/diseases/16898-coronary-artery-disease.

Even in Patients Treated With Current Standard-of-Care, Persistent CV Risk (P-CVR) Is High and Remains Over Time[1-3]

Multiple Recent Trials Show High P-CVR With Statin-Based Standard-of-Care (placebo-arms of cardiovascular outcomes studies of statin treated patient)



Cross-trial comparisons are subject to differences in populations, primary outcomes, and other trial design aspects

*In FOURIER, REDUCE-IT and IMPROVE-IT MACE was defined as a 5-point composite of nonfatal MI, nonfatal stroke, CV death, hospitalization for UA, or coronary revascularization. 100% of patients were on a statin, and >80% were taking antiplatelet/anticoagulant, ACEi/ARBs, and a beta-blocker; FOURIER: Patients had clinically evident ASCVD; REDUCE-IT: Patients had established CVD or had diabetes mellitus and at least one additional risk factor; IMPROVE-IT: Patients had been hospitalized within the preceding 10 days for an ACS.

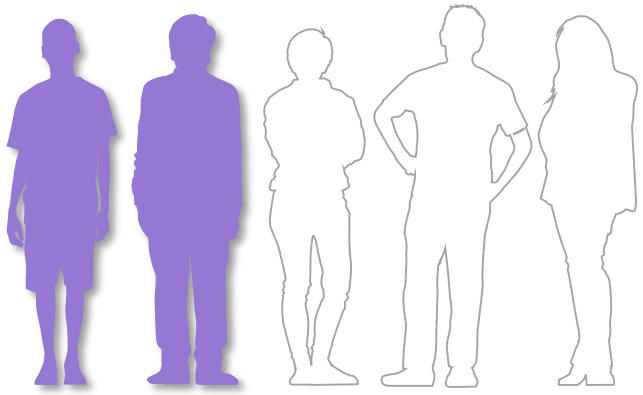
ACEi = angiotensin converting enzyme inhibitor; ARB = angiotensin II receptor blocker; CVOT = cardiovascular outcome trial; MACE = major adverse cardiovascular event.

1. Sabatine MS, et al. *N Engl J Med.* 2017;376(18):1713-1722; 2. Bhatt DL, et al; for REDUCE-IT Investigators. *N Engl J Med*. 2019;380(1):11-22; 3. Cannon CP, et al. *N Engl J Med.* 2015;372(25):2387-2397.

Real World Data Demonstrates High P-CVR[1]

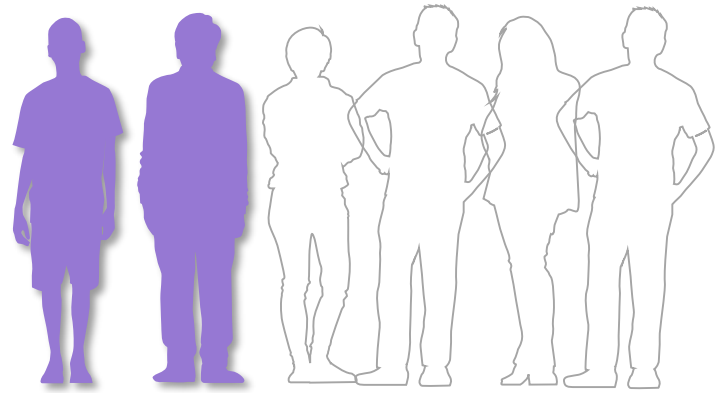
Patients experiencing ≥ 1 events during a 2-year follow up

≈40%



History of CV Event*

≈34%



Diabetes and Multiple CV Risk Factors†

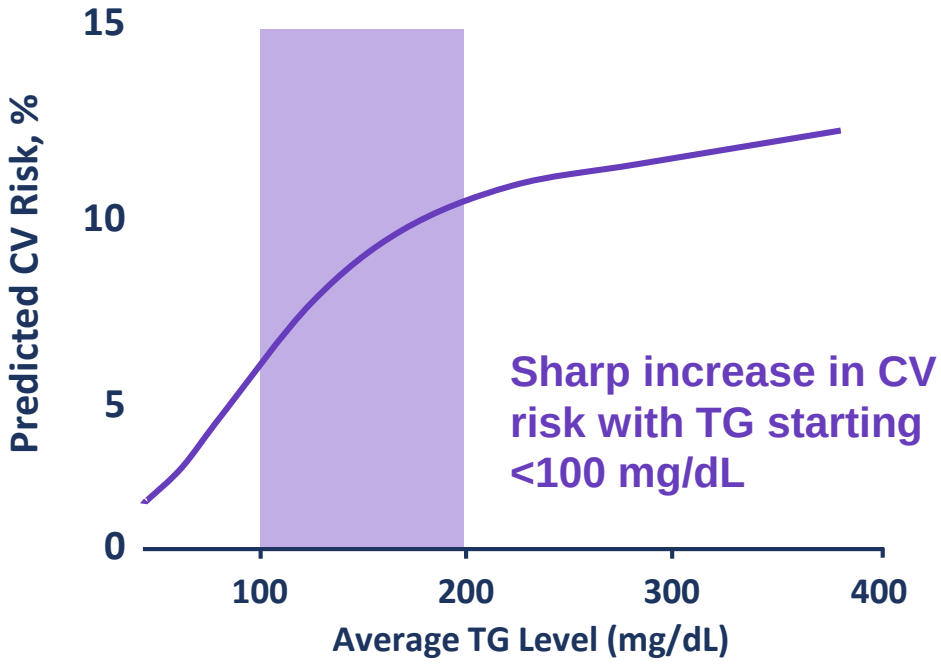
*Patients with a history of a CV event, including MI, stroke, UA, CABG, or PCI; †Patients who had CVD or risk-equivalent conditions, including chronic ischemic heart disease, stable angina, peripheral arterial disease, abdominal aortic aneurysm, transient ischemic attack [TIA], or type 2 DM.

CABG = coronary artery bypass graft; MI = myocardial infarction; PCI = percutaneous coronary intervention.

1. Punekar RS, et al. *Clin Cardiol*. 2015;38(8):483-491.

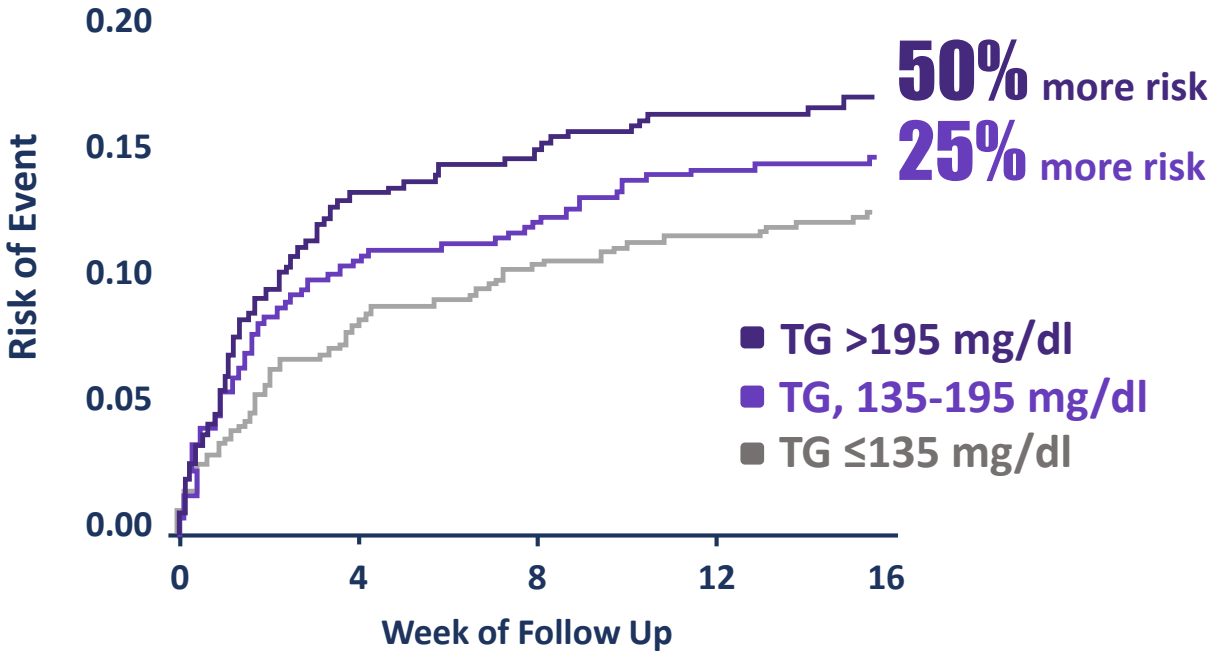
There Is an Immediate Increased Risk for CV Events in Patients With Elevated TGs

The Framingham Offspring Study[1*]



MIRACL Clinical Trial[2,†]

CHD Death, Nonfatal MI, Stroke, or Hospitalization for UA
at 16 Weeks



*N=1336 adults ranging 53–57 years of age, free of having CVD, a 6.9% 10-year CHD Kaplan-Meier event rate, and enrolled in the Framingham Offspring Study were evaluated for the association between TG and CHD events (MI, angina, revascularization, CV death). Average TG may be slightly better correlated with future CVD risk compared with a single or peak TG measurement. Increasing TG levels are associated with increased CV risk, even after adjusting for other potential confounders. A threshold below which increasing TG were not associated with increasing CV risk was not identified. Adapted from Navar AM et al. Poster presented at: 68th Scientific Session of the ACC; March 18, 2019; New Orleans, LA; †Median LDL-C levels were 60 mg/dl while undergoing statin therapy.

ACS = Acute coronary syndrome; CHD = Coronary heart disease; LDL-C = Low-density lipoprotein-cholesterol; MIRACL = Myocardial Ischemia Reduction with Aggressive Cholesterol Lowering; TG = triglycerides.

1. Navar AM et al. Poster presented at: 68th Scientific Session of the ACC; March 18, 2019; New Orleans, LA; 2. Schwartz, G.G. et al. *J Am Coll Cardiol*. 2015; 65(21):2267–75.

VASCEPA (IPE) Demonstrated Breakthrough CV Risk Reduction Beyond the Standard-of-Care (Including Statins) in the Landmark VASCEPA CVOT[1]

VASCEPA (IPE) Is the Only Drug That Met 5-Point MACE Primary and 3-Point Hard MACE Key Secondary Endpoint in a Randomized, Placebo-Controlled CVOT[1]

Primary Endpoint
5-Point MACE
nonfatal MI, nonfatal stroke, CV death, coronary revascularization, or UA requiring hospitalization

25% RRR
NNT=21

HR = 0.75
(95% CI, 0.68-0.83)
***P*=0.00000001**

Key Secondary Endpoint
3-Point MACE
nonfatal MI, nonfatal stroke, or CV death

26% RRR
NNT=28

HR = 0.74
(95% CI, 0.65-0.83)
***P*=0.0000006**

Other Secondary Endpoints

MI Fatal/Nonfatal
31% RRR
HR = 0.69
(95% CI, 0.58-0.81)
***P*<0.001**

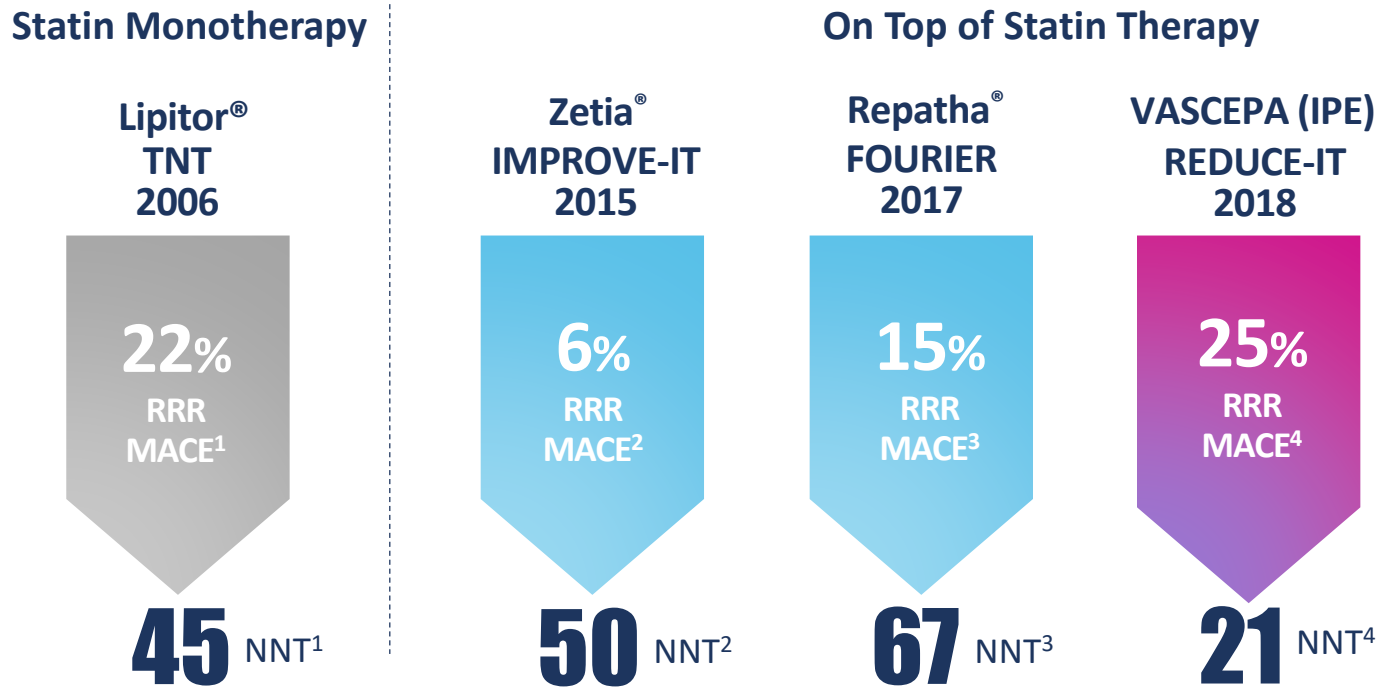
Stroke Fatal/Nonfatal
28% RRR
HR = 0.72
(95% CI, 0.55-0.93)
***P*=0.01**

CV Death
20% RRR
HR = 0.80
(95% CI, 0.66-0.98)
***P*=0.03**

HR = hazard ratio; NNT = number needed to treat.

1. Bhatt DL et al; for REDUCE-IT Investigators. *N Engl J Med*. 2019;380(1):11-22.

VASCEPA (IPE) Has the Lowest NNT* Among New Therapies Proven to Reduce CV Outcomes When Added to the Current Standard-of-Care



Number of patients who need to be treated to prevent one additional bad outcome

Cross-trial comparisons are subject to differences in populations, primary outcomes, and other trial design aspects

*Based on primary composite endpoints of each trial.

In TNT, MACE was a 4-point composite of CHD death, nonfatal MI, resuscitated cardiac arrest, or fatal or nonfatal stroke. For IMPROVE-IT, FOURIER, and REDUCE-IT, MACE was a 5-point composite of nonfatal MI, nonfatal stroke, CV death, hospitalization for UA, or coronary revascularization.

Median duration of follow-up was 4.9 years in TNT, 7.0 years in IMPROVE-IT, 2.2 years in FOURIER, and 4.9 years in REDUCE-IT.

1. Waters DD, et al. *J Am Coll Cardiol*. 2006;48(9):1793-1799; 2. Cannon CP, et al. *N Engl J Med*. 2015;372(25):2387-2397; 3. Sabatine MS, et al. *N Engl J Med*. 2017;376(18):1713-1722; 4. Bhatt DL et al; for REDUCE-IT Investigators. *N Engl J Med*. 2019;380(1):11-22

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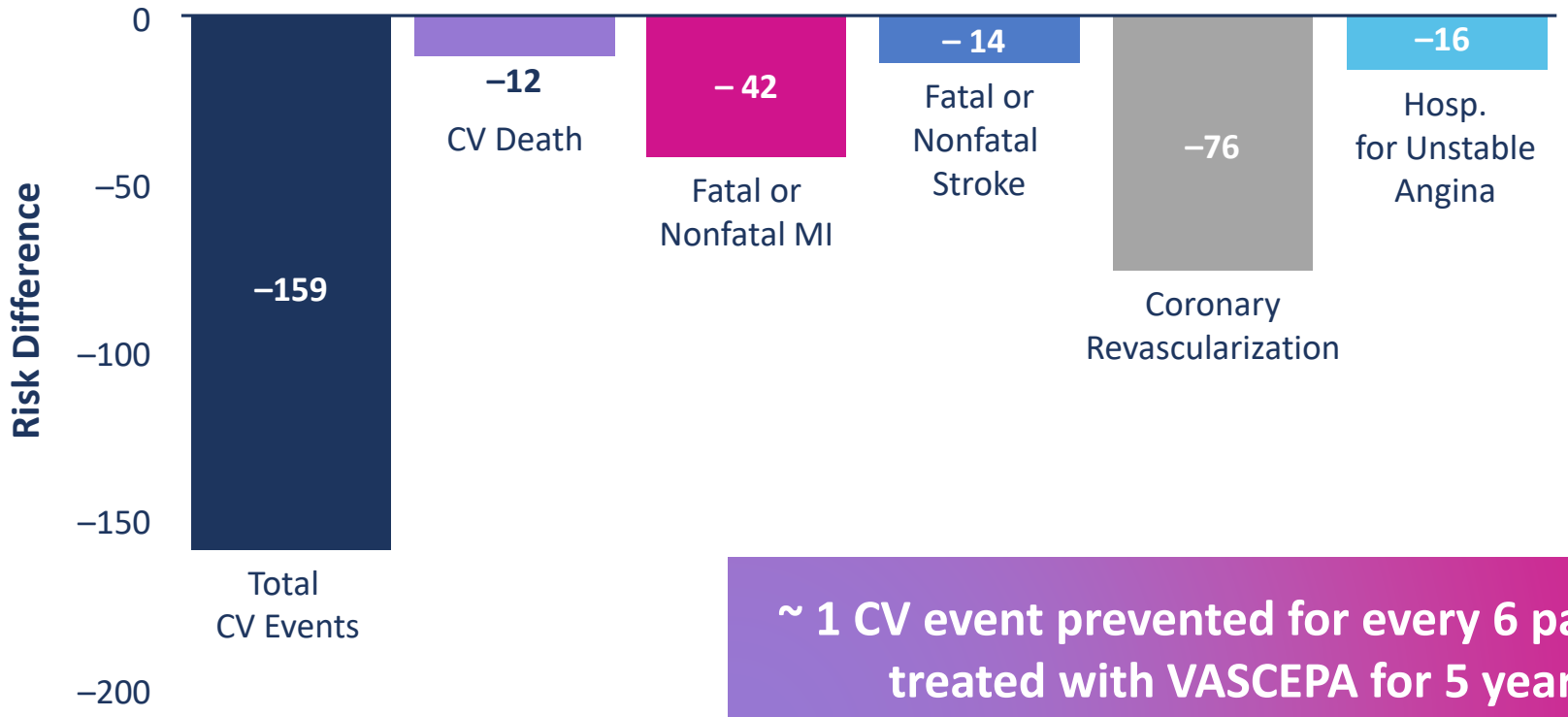
159 CV Events Prevented with Vascepa Per 1000 Patients Treated Based on Total Event[1]

TOTAL EVENTS

Risk Differences for Every 1000 Patients Treated With VASCEPA for 5 Years



~ 1 CV event prevented for every 6 patients treated with VASCEPA for 5 years

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Adapted from Bhatt DL et al; for REDUCE-IT Investigators. *J Am Coll Cardiol*.

1. Bhatt DL, et al; for REDUCE-IT Investigators. *J Am Coll Cardiol*. 2019;73:2391-2382.

VASCEPA (IPE) Has a Well-Established Safety Profile Based on a 5 Year Study

- VASCEPA was associated with an increased risk (3% vs 2%) of atrial fibrillation or atrial flutter requiring hospitalization in a double-blind, placebo-controlled trial. The incidence of atrial fibrillation was greater in patients with a previous history of atrial fibrillation or atrial flutter.

- VASCEPA was associated with an increased risk (12% vs 10%) of bleeding in a double-blind,
placebo-controlled trial. The incidence of bleeding was greater in patients receiving concomitant antithrombotic medications, such as aspirin, clopidogrel or warfarin.

- Common adverse reactions in the cardiovascular outcomes trial (incidence ≥3% and ≥1% more frequent than placebo): musculoskeletal pain (4% vs 3%), peripheral edema (7% vs 5%), constipation (5% vs 4%), gout (4% vs 3%) and atrial fibrillation (5% vs 4%).

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Leading Medical Societies on 4 Different Continents Recognize Icosapent Ethyl (IPE) as an Important CV Treatment Option

United States

ADA[1]
NLA[2]
AHA[3]
AACE[4]

South America

SBC[5]

Europe

ESC/EAS[6]

Asia

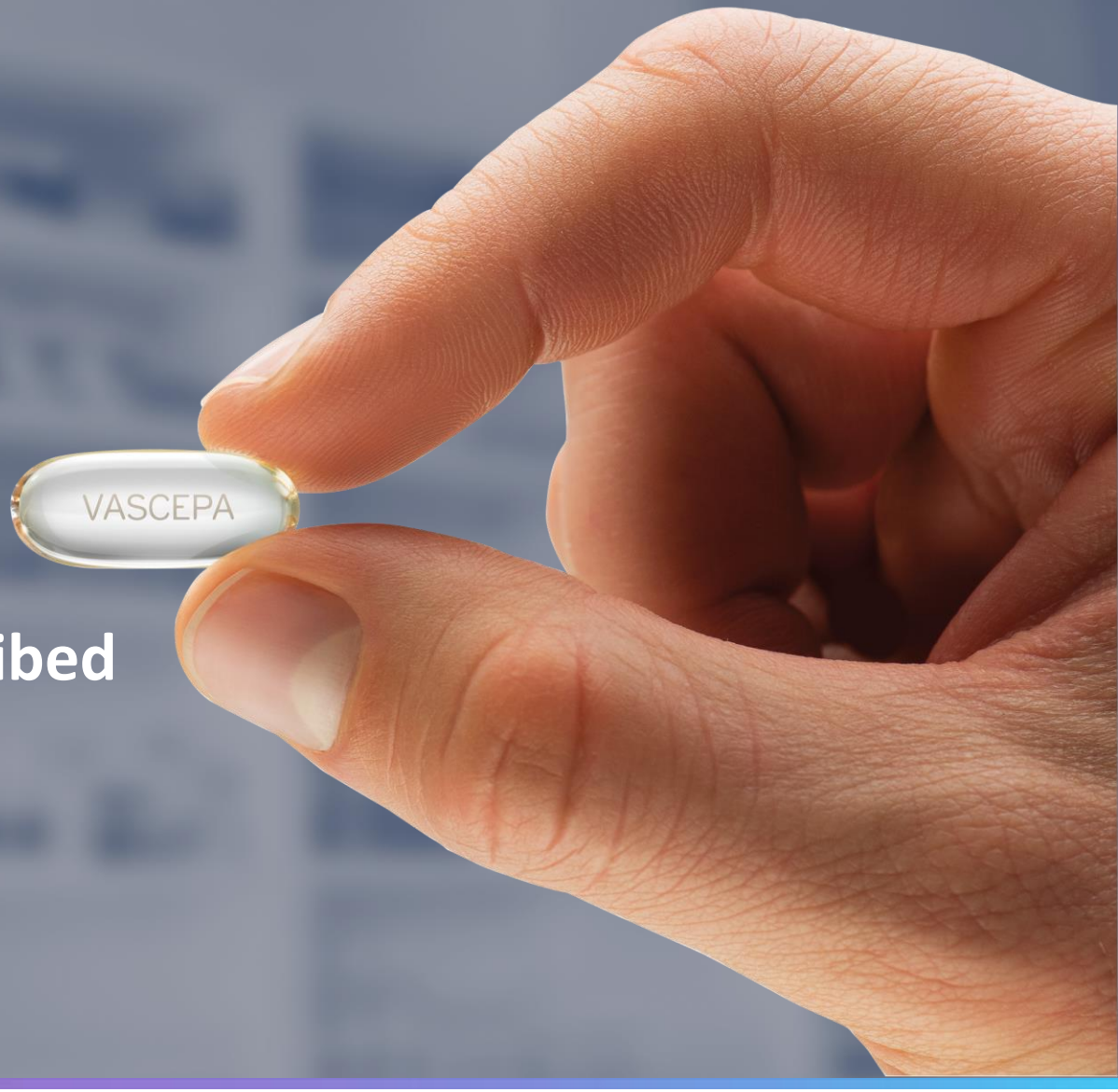
JCS/JAS[7,8]

Medical societies in cardiology, lipidology, and endocrinology worldwide recognize IPE for patients with:

- Atherosclerotic CVD (ASCVD); Type 2 Diabetes with ASCVD or other CV risk factors, or high CV risk
- Statin-controlled LDL-C
- TG 135-499 mg/dL

1. American Diabetes Association. [web annotation]. *Diabetes Care.* 2019;42(Suppl.1):S103–S123. https://hyp.is/JHhz_lCrEembFJ9LIVBZIw/care.diabetesjournals.org/content/42/Supplement_1/S103. Updated March 27, 2019. Accessed March 28, 2019; 2. Orringer CE, et al. *J Clin Lipidol*. 2019;13(6):860-872; 3. Skulas-Ray AC, et al. *Circulation*. 2019;140(12):e673-e691; 4. Garber AJ, et al. Endocr Pract. 2020;26(1):107-139; 5. Precoma DB, et al. *Arq. Bras. Cardiol*. 2019;113(4):787-891; 6. Mach F, et al. *Eur Heart J.*2019:doi: 10.1093/eurheartj/ehz455. [Epub ahead of print]; 7. Kinoshita M, et al. *J Atheroscler Thromb*, 2018; 25: 846-984; 8. Kimura K, et al. *Circ J.* 2019;83:1085 -1196.

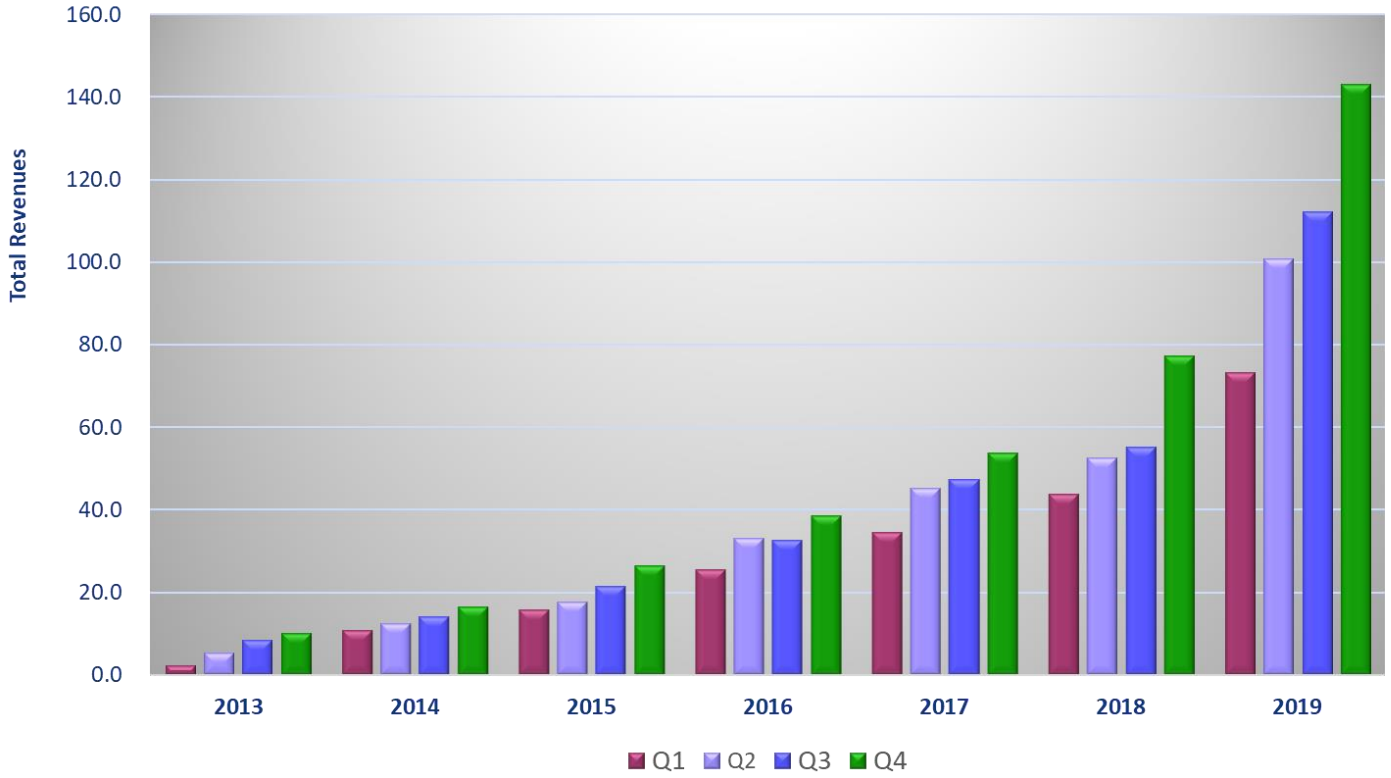
To date, VASCEPA (IPE) has been prescribed more than 8 million times[1]



1. Symphony Health, PHAST Monthly through November 2019.

Financial Results (Millions)

VASCEPA Quarterly Total Net Revenue History



- Normalized* prescription growth driving overall net product revenue increase; however, quarterly variability reflects various factors including changes in inventory levels maintained by independent wholesalers
- Seasonal factors, particularly in Q1 of each year, impact prescription levels; year over year comparisons may be most representative

* Normalized = 30-day supply of 4g VASCEPA daily

Capitalization Summary

As of December 31, 2019

Cash and Cash Equivalents	$645
Debt Obligations	
NOTES	$ -
ROYALTY-BEARING INSTRUMENT	$52
Common Stock and Equivalent Shares	
COMMON/PREFERRED SHARES[1]	389
OPTIONS AND RESTRICTED STOCK	23
TOTAL IF ALL EXERCISED	412
Tax Jurisdiction (primary)	Ireland

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