AMARIN

Vascepa® (icosapent ethyl)

Vazkepa® (icosapent ethyl)

LEADING

a new paradigm in preventative cardiovascular care

Investor Presentation

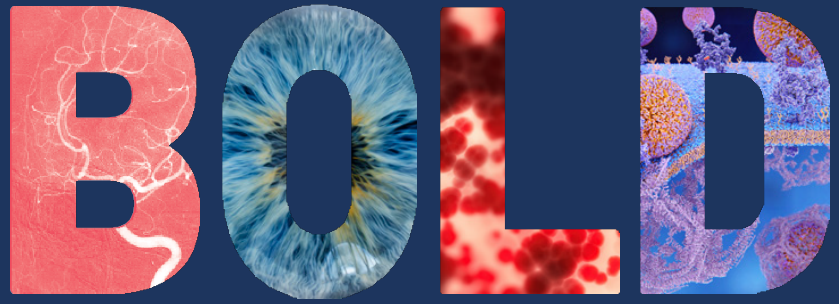
JANUARY 2022

Forward Looking Statements & Disclaimer

This presentation contains forward-looking statements, such as those relating to the commercial potential of VASCEPA®(VAZKEPA® in Europe), clinical and regulatory efforts and timelines, potential regulatory and pricing approvals, patent litigation, generic product launch, intellectual property, cash flow, research and development, and other statements that are forward-looking in nature and 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. Investors should not place undue reliance on 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 Forms 10-K and 10-Q filed with the SEC and cautionary statements outlined in recent press releases for more complete descriptions of risks in an investment in Amarin.

This presentation is intended for communication with investors and not for drug promotion.

A BOLD VISION...



...to stop heart disease from being a leading cause of death

For 30 years, the focus has been on lowering LDL cholesterol. Statins have reduced LDL with success and still serve a critical purpose, but they are not the complete solution. Elevated triglycerides are also an important marker to identify cardiovascular risk.

Now is the time to Act on CVD

Cardiovascular Disease (CVD) Is an Enormous and Worsening Public Health Burden

US CVD BURDEN

On average someone dies of CVD

EVERY 36 SECONDS

in the US[1]

$1.1tn

Estimated economic burden by 2035[2]

44M patients

Are projected to be on statins[3]

Leading cause of death globally

EUROPE CVD BURDEN

~60M

with CVD in Europe[4]

€210BN

annual spending on CV disease management[4]

>4M

People die each year from CVD in the European WHO region[5]

Increasing prevalence

INTERNATIONAL CVD BURDEN

523M

living with CVD globally[6]

~18M CVD deaths

globally in 2019[6]

China alone

290M WITH CVD

and the leading cause of death[7]

High and increasing economic burden

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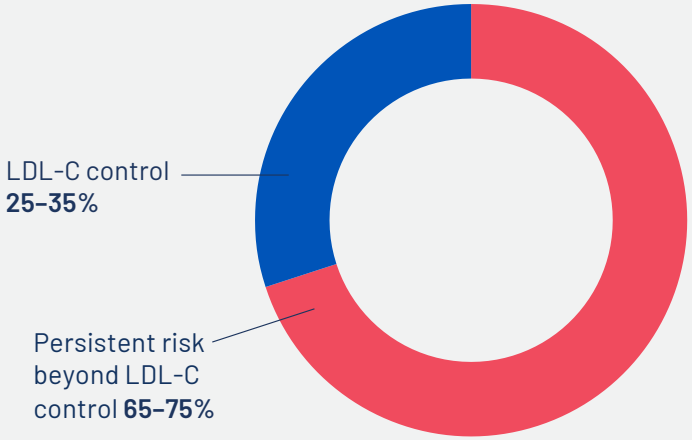
1 Heart Disease and Stroke Statistics—2021 Update: ACC. 2 Cardiovascular Disease: A Costly Burden for America Projections Through 2035; 3 IQVIA, Total Patient Tracker, Statin Projected Patient Counts (USC 32110 HMG-COA REDUCTASE INHIB) 12-months ending November 2021, accessed 1/7/2022; 4 European Heart Network A Blue Print for Action on CVD 2020 5 ESC: Cardiovascular Disease Statistics 2019 6 Global Burden of Cardiovascular Diseases and Risk Factors, 1990–2019 7 China Cardiovascular Diseases Report 2018: An Updated Summary

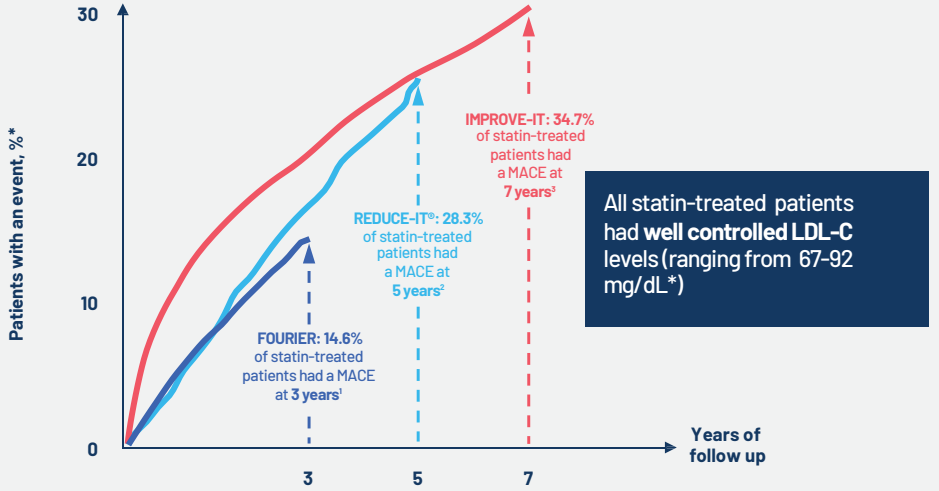
Lowering LDL-C Helps But is Not Enough for Many Patients

Controlled LDL-C doesn't eliminate CV risk; P-CVR often remains; 25%-35% lowering major adverse CV events (MACE) shown in CV outcome studies of statin therapies.

P-CVR – Persistent Cardiovascular Risk



Placebo groups from multiple recent trials show high P-CVR despite statin-based standard-of-care; 14.6% to 34.7% of patients treated for LDL-C, but not for P-CVR, experienced a major adverse cardiovascular event (MACE) in 3-7 Years.



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

Note: FOURIER, REDUCE-IT® and IMPROVE-IT trials evaluated evolocumab, icosapent ethyl and ezetimibe / simvastatin, respectively
* 67 mg/dL is equivalent to 0.8 mmol/L and 92 mg/dL is equivalent to 1.0 mmol/L

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

CV drug development:

A CHALLENGING endeavor

- Many biopharma abandoned drug development in CV
- Requirements for long-term outcomes studies evaluating thousands of patients take years to fulfill
- Significant costs to fund the commercial infrastructure needed for broad primary care reach

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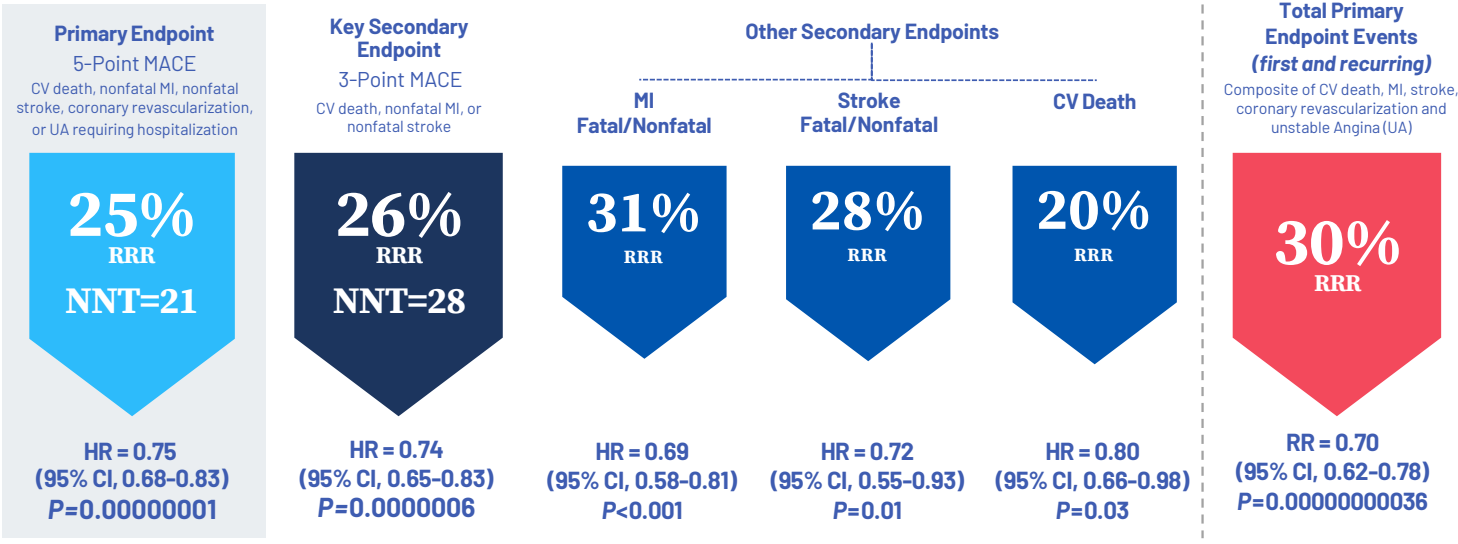
SUCCEEDING in a challenging environment

- With REDUCE-IT®, developed the first and only approved medication for reducing cardiovascular risk beyond LDL lowering therapies in certain high-risk, statin-treated, patients
- Received an US FDA approval with unanimous Advisory committee positive vote of 16:0
- Received European Medicines Agency (EMA) approval for a broad label in-line with the REDUCE-IT evidence

VASCEPA/VAZKEPA has Demonstrated CV Risk Reduction Beyond Standard-of-Care (including Statins) in Landmark CVOT



- ✓ Significant reductions across the prespecified testing hierarchy [1]
- ✓ Generally consistent reductions across subgroups
- ✓ Analyses suggest lipid, lipoprotein, and inflammatory markers (including TG) likely have limited contribution to the overall CV benefit demonstrated with icosapent ethyl (IPE)
- ✓ Analysis suggests CV benefit derived from multifactorial effects of icosapent ethyl administered at high levels
- ✓ Well-tolerated safety profile with overall adverse event rates similar for both VASCEPA and placebo patients as per US FDA, Health Canada, and European Commission approved labels for VASCEPA/VAZKEPA and peer-reviewed publication

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*

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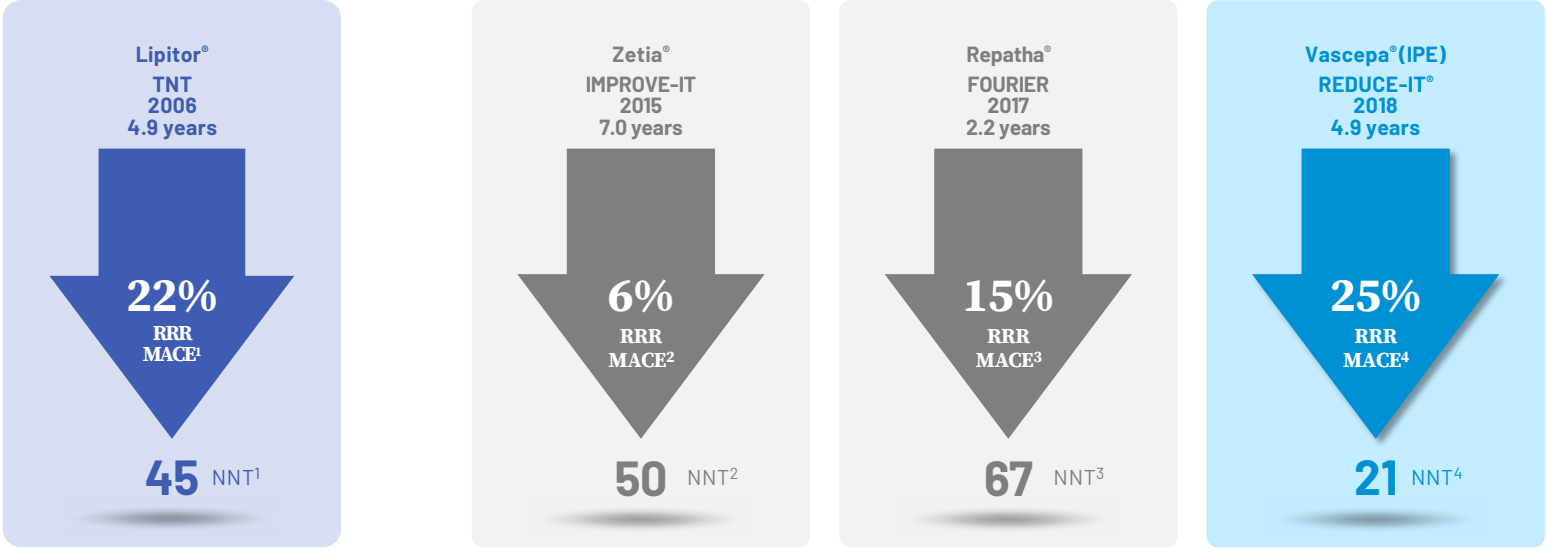
VASCEPA/VAZKEPA Has the Lowest NNT Among New Therapies Proven to Reduce MACE When Added to Current Standard-of-Care

Statin monotherapy

On top of statin therapy



Results on left are based on first occurrence of MACE;*

VASCEPA/VAZKEPA in total events analysis (first and recurring MACE) resulted on average in 1 fewer MACE per 6 patients treated

COST EFFECTIVE BY ICER

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

***Based on primary composite endpoints of each trial**

Note: Cross-trial comparisons are subject to differences in populations, primary outcomes, study duration and other trial design aspects. Information provided for context only; none of the products have same indication as Vascepa®

1. LaRosa JC, et. al., N Engl J Med 2005;352:1425-35; 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

VASCEPA/VAZKEPA is a Preventative Cardiovascular (CV) Care Treatment Option Beyond LDL-C Lowering

VASCEPA/VAZKEPA is the only drug proven to reduce persistent CV risk in the population studied (P-CVR)

Broad Third-Party Support for Icosapent Ethyl

20+ leading medical societies recognizing importance of Icosapent Ethyl:

American Association of Clinical Endocrinologists **Chinese Society of Cardiology** Brazilian Society of Cardiology **American College of Endocrinology**

American College of Cardiology American Diabetes Association **American Heart Association** American Stroke Association

Canadian Cardiovascular Society **Committee, in collaboration with the Canadian Stroke Consortium** Canadian Stroke Best Practice Recommendations Advisory

Chinese Journal of Internal Medicine (a journal of the Chinese Medical Association) Chinese Association of Cardiovascular Surgeons (CACS)

Chinese Society of Thoracic and Cardiovascular Surgery (CSTCVS) **Colombian Society of Cardiology & Colombian Association of Endocrinology, Diabetes and Metabolism**

Diabetes CardioRenal Metabolic Diseases (DCRM) Task Force European Society of Cardiology **Egyptian Heart Journal** Endocrine Society

European Association of Preventive Cardiology **European Atherosclerosis Society** Japanese Circulation Society **National Lipid Association**

Polish Cardiac Society Working Group on Cardiovascular Pharmacotherapy (SFSN PTK) Saudi National Diabetes Center **Thrombosis Canada**

The Institute for Clinical and Economic Review (ICER) confirms the cost effectiveness of Vascepa across all of the non-profit organization's analyses, based on its Quality-adjusted life year (QALY) metrics of <$50,000. October 2017

Significant Growth Opportunity for VASCEPA/VAZKEPA

US | **Before 2021;** Mostly R&D and US Commercial Focus | **EUROPE** | **2021 and Beyond:** Expanding to Europe and International | **INTERNATIONAL**

APPROVED
Approved for lowering cardiovascular risk (2019) and treating severe hypertriglyceridemia (original niche indication – 2012)

FY21 net revenue expected to approximate
~$575 MILLION (unaudited)

Limited
GENERIC
competition

APPROVED
for lowering cardiovascular risk (2021)

10 YEAR
regulatory data protection period – no direct competitor

LAUNCHED
in **Germany** Sept 2021
Available for private prescribing prior to launch in other EU markets

Market access dossiers filed in
10 COUNTRIES
Launches throughout Europe expected in 2022

Gain access to
~20 ADDITIONAL COUNTRIES
to reach the top 50 cardiometabolic markets in the world

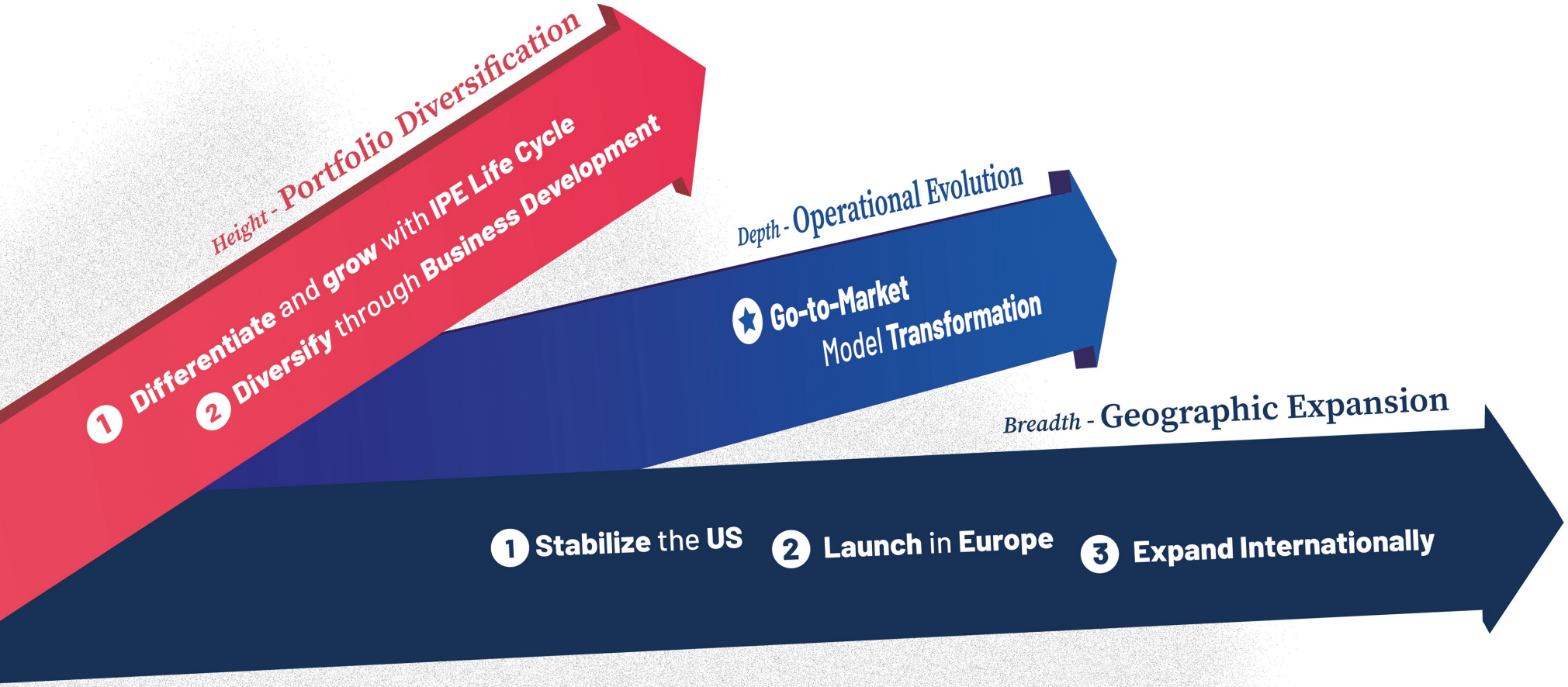
CANADA: LAUNCHED
via partner in 2020

CHINA Submission accepted - anticipated decision in the second half of 2022

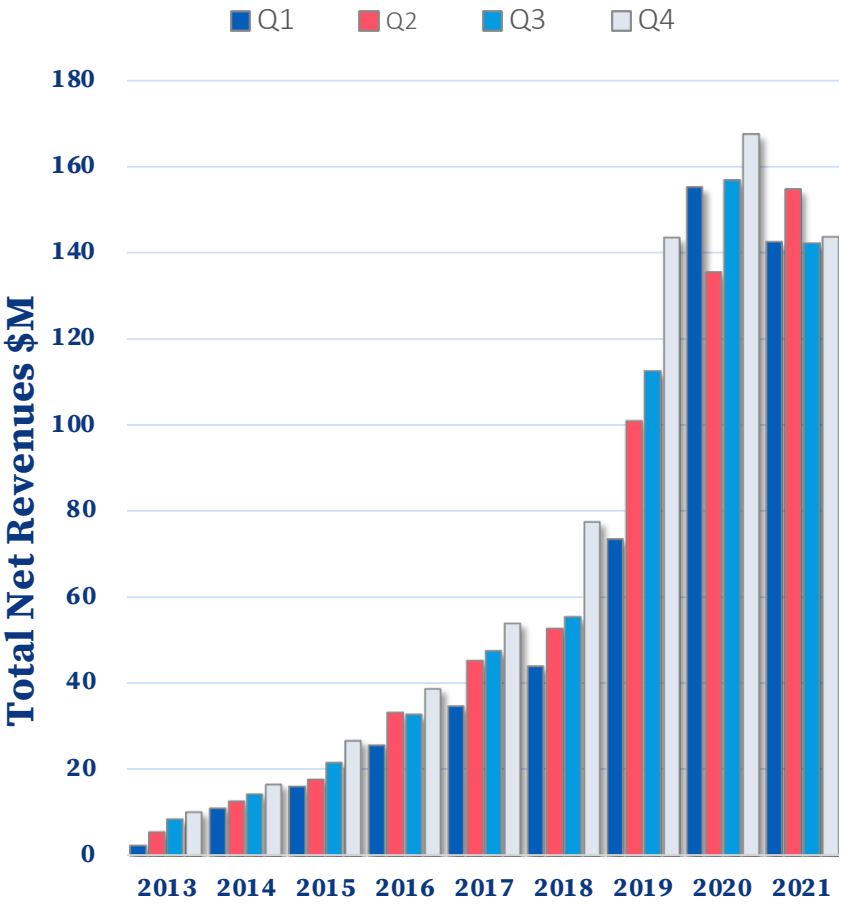
MIDDLE EAST: LAUNCHED
via distributor in select countries for TG lowering; now pursuing P-CVR indications

INITIATING regulatory filing processes for **Australia**, **New Zealand**, **Israel** plus up to 3 others in 2022

Amarin Future Growth Strategy



Amarin Total Revenue by quarter



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Source: Symphony Health Solutions, November, 2021

Full Year 2021 Financial Highlights

- Total full year 2021 revenue, net expected to approximate $580 million (unaudited), compared with $614.1 million in 2020
- U.S. VASCEPA retained 80% and 86% of the IPE market, as per Symphony Health data in the three months and eleven months ended November 30, 2021, respectively
- ~$490 million in cash and investments and no debt
- Strong balance sheet to support growth and expansion plans

Amarin go-to-market **STRATEGY** to drive growth in the US

1

Expanding Healthcare Provider Engagement:

3-4 X amplification of physicians reach through digital channels

Sales force optimization to focus on the most productive and accessible territories

reached

> 150,000 HCPs

Via Omnichannel

2

Managed Care Access Enhancement:

Drive incremental volume growth through further removing barriers to VASCEPA

Rx to ensure that patients in need of CV risk reduction receive proper therapy

40% of total Commercial & Medicare Part D lives[1] have VASCEPA as the **exclusive** IPE product

3

Optimizing VASCEPA Prescriptions for CV Risk Reduction:

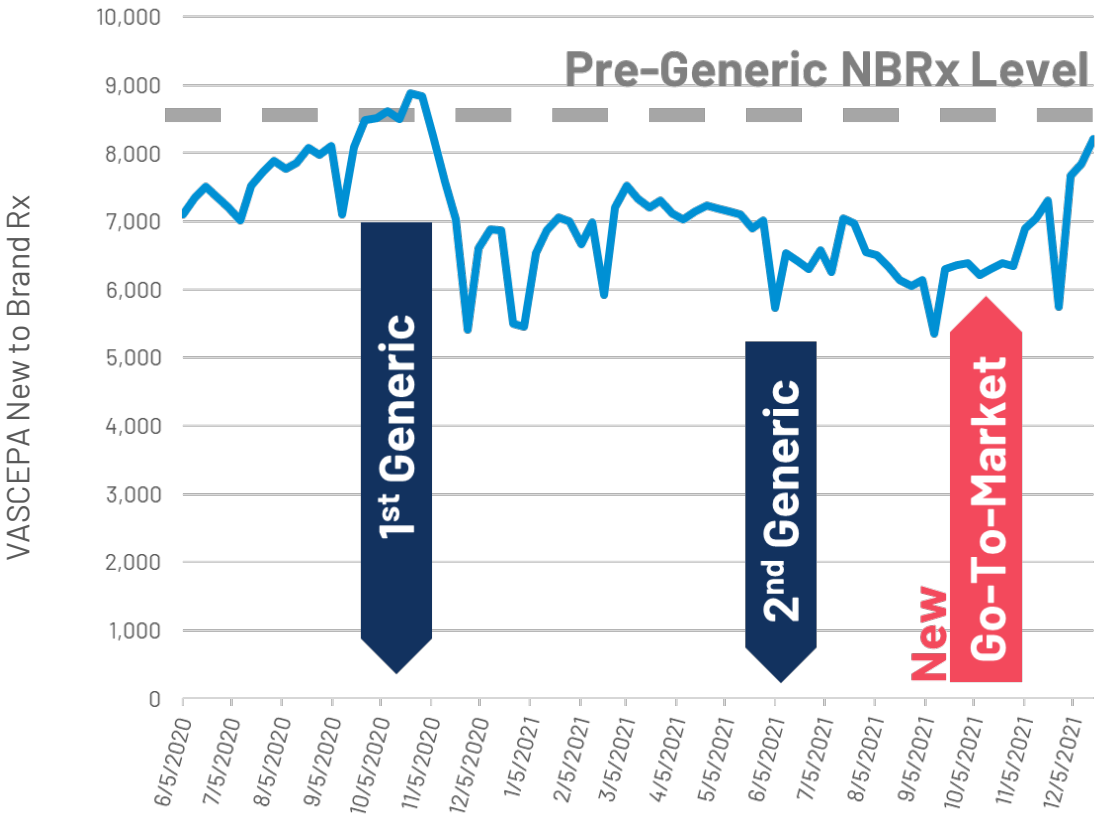
Address gaps in prescribing ecosystem to reduce inappropriate generic substitution

Evaluating various innovative solutions designed to better manage IPE Rx for CVRR

partnered with **BlinkRx** providing an enhanced, digital-first prescription fulfilment channel, that eliminates the challenges for patients in starting and remaining on VASCEPA

1. As of December 2021 and on weighted average basis

Early signals of the impact of our new Go-To-Market Strategy



- New to Brand (NTB) growth being led by Branded VASCEPA– Up 8% in recent 4 weeks reaching pre-generic level – Total IPE up 5%
- Cardiology, Primary Care and Endocrinology all contributing to NTB growth
- Importantly, Cardiology showing consistent growth up 12% in recent 4 weeks

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Source: Symphony Prescriber Source Data, WE 12/17/2021
NTB: Patients with first fill in 12-months time period for product.

VAZKEPA in Europe ACHIEVEMENTS

EXPECT VAZKEPA TO BE LAUNCHED IN MAJOR EUROPEAN MARKETS IN 2022

	December 2020	December 2021
Regulatory approval	No	EMA & MHRA
Reimbursement	None	10 market dossiers submitted On-going constructive discussions with all health authorities
Infrastructure	None	EU commercial hub established in Zug, Switzerland Key financial, legal and compliance processes in place
Medical Education	Limited	Medical Directors and MSL driving significant medical education programs across Europe, with the most influential national and European opinion leaders
Supply Chain	Solid manufacturing network & 3PL agreement	Signed contracts with wholesalers in Germany, UK, Italy & the Nordics
Marketing Strategy	Initial Planning	Go to market strategy, content engine, digital capabilities and CRM foundations ready for 2022 launches
Team	Recruitment of core team ~10	~ 250 Associates

Significant Market Opportunity

4M deaths per year in Europe WHO region due to CVD[1]

~€210B annual CVD costs to European Union[2]

10+ years of market exclusivity in Europe

1. ESC: Cardiovascular Disease Statistics 2019
2. European Heart Network. European Cardiovascular Disease Statistics 2017. https://ehnheart.org/cvd-statistics/cvd-statistics-2017.html. Accessed January 2022

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Europe Outlook 2022:

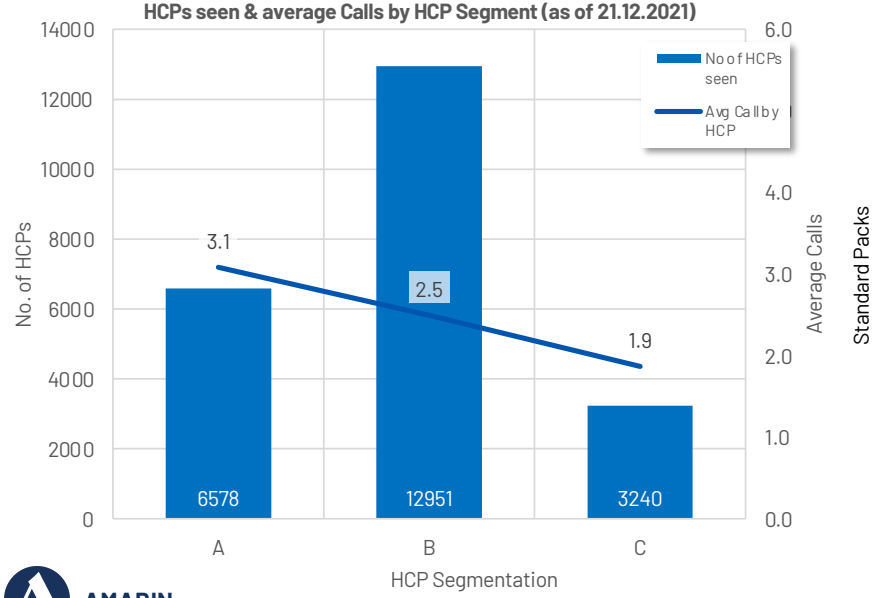
- ✓ Filed market access dossiers in ten key EU countries ahead of YE schedule
- Reimbursement decisions expected in up to 8 countries
- The launch of VAZKEPA in up to 6 countries
- Plans to file next wave of five market access dossiers in 2022
- Execution of several agreements in Central & Eastern European markets with partners who already have established infrastructure in such markets

Launched VAZKEPA in Germany

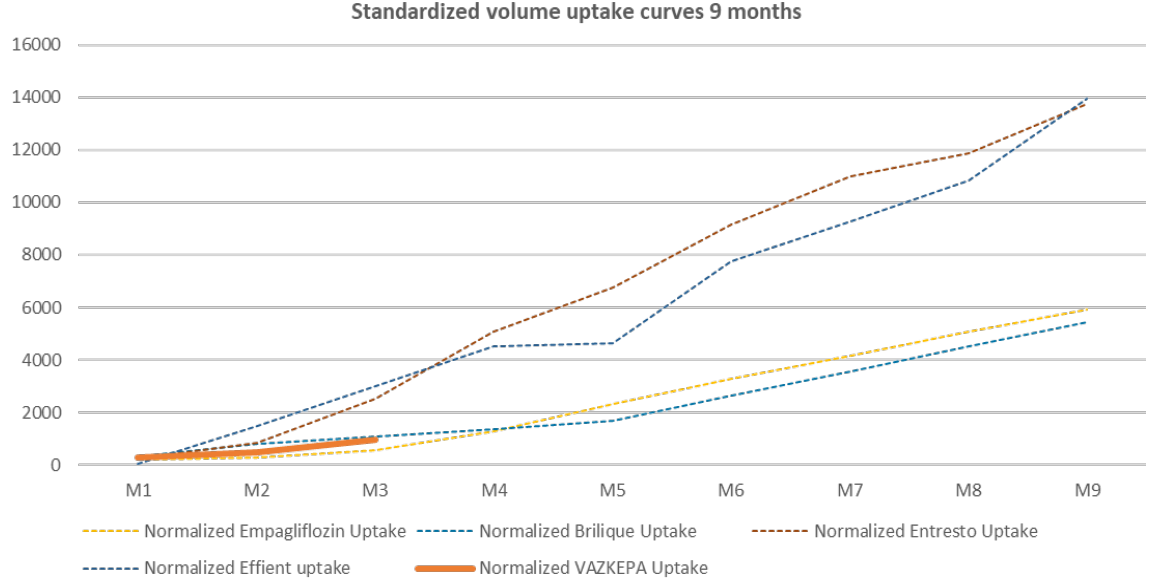
Relentless focus on education, awareness & access

World class scientific launch, scientific media resonance and recognition (Galenus von Pergamon prize finalist)

Short Pre-Launch and Covid resurgence, leading to an average frequency of 2.6 in our targeted doctors



VAZKEPA volume uptake benchmark comparable to other CV medicines recently launched*



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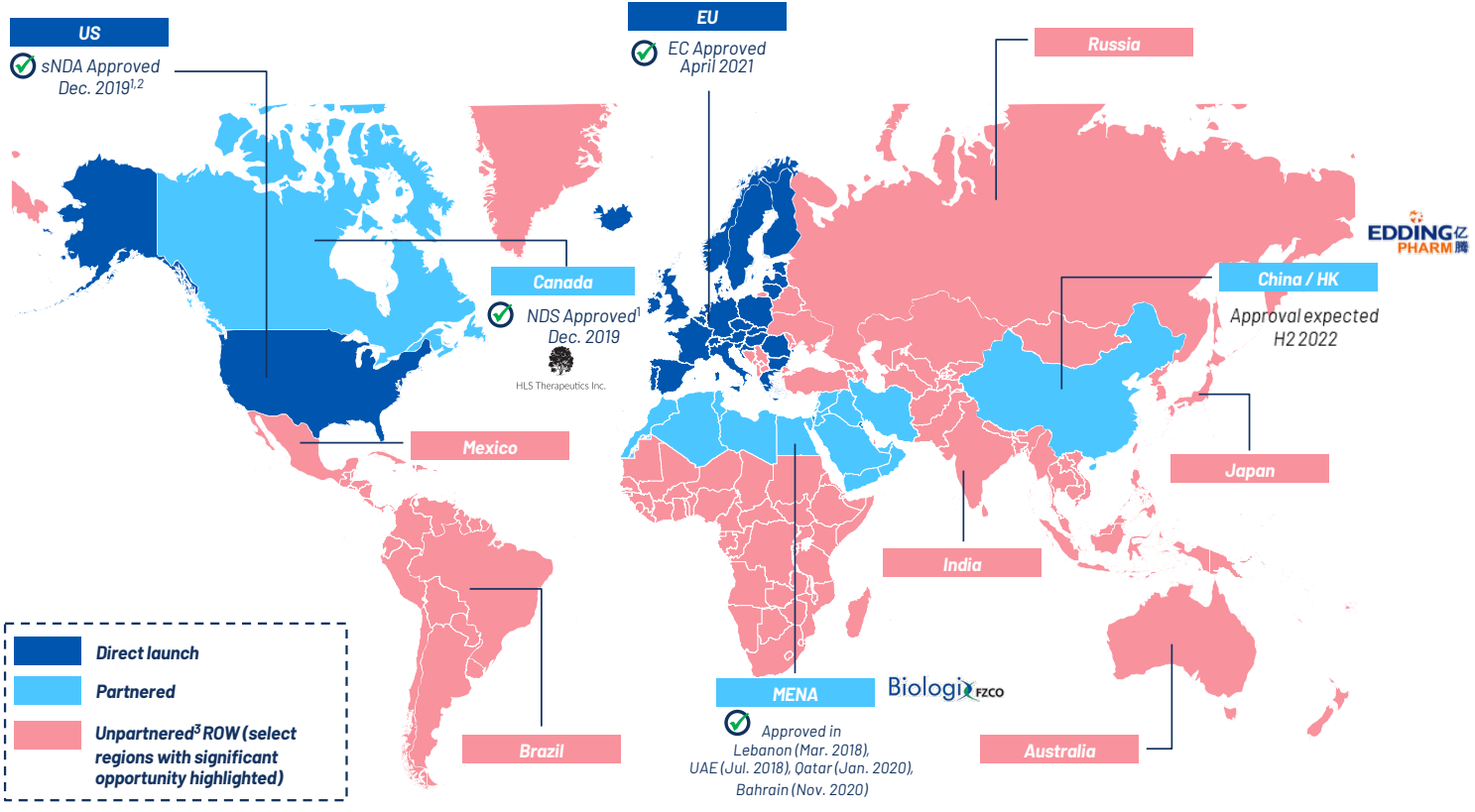
Note : Spec Field Force in field since Feb 21, and PCP since Apr 21

*Note : Normalized volume uptake curves relative to peak year sales of the Analogs to ensure comparability

Partnering to Unlock Revenue Potential in ~20 Additional Markets Internationally



[1] For cardiovascular risk reduction indication; [2] For severe hypertriglyceridemia indication; original U.S. NDA approval in July 2012;

Seeking Partnerships in approximately 20 additional Countries Representing Potential ~$1B Opportunity

Plans to Bring Unique Cardioprotective Benefits of VASCEPA/VAZKEPA to 20 Additional Markets

1st Wave 2022

6 Countries

2nd Wave 2023

9 Countries

3rd Wave 2024

5 Countries

Supported by REDUCE-IT Study and U.S. FDA and EMA Filings

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Note: The company is pursuing expansion into these various additional markets and the status of regulatory and/or patent approval will vary between market to market.

VASCEPA/VAZKEPA Life Cycle Management Progress

AS A RESULT OF THE **LCM EFFORT**

to enhance our offering to patient in need of **reducing** their Cardiovascular Risk

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And in-line with our cardiovascular outcome label where icosapent ethyl is used **on top of a statin**

AMARIN IS INITIATING

the **development** of a fixed dose combination product that has **the two components in one**

Amarin Strengthens its Executive and Board Leadership:

4 New Executive Members

Laurent Abuaf
Senior Vice President
& President of Europe
August 2021

AstraZeneca
BCG BOSTON CONSULTING GROUP

Jason Marks
Chief Legal Officer
& Corporate Secretary
August 2021

inflaRx
BAUSCH+ Health
Alcon

Alan Wills
Executive Vice President
Corporate Business
Development
November 2021

CSL Behring
AUXILIUM
Pfizer

Lisa DeFrancesco
Senior Vice President
Investor Relations
February 2022

Intercept
melinta therapeutics
Allergan

New Board Member

Per Wold-Olsen
Board Member
January 2022

MERCK
GILEAD
novo holdings
GN
MMV Medicines for Malaria Venture

Amarin: An Exciting Opportunity to Create Value

US	Grow and defend VASCEPA despite generics' presence on the market for the VHTG indication	Advance the Go-to-Market digital omnichannel model to drive greater awareness and demand	Development of fixed dose combination – icosapent ethyl and a statin
EUROPE	Build awareness of VAZKEPA across EU as we prepare for strong sequenced launches in key markets throughout 2022	Value based proposed list price of ~€200 or $240 monthly	
INTERNATIONAL	Regulatory filings, approvals and potential launches of VASCEPA, via partners, in up to six new countries, including Australia, New Zealand, and some Asia-Pacific markets	Final regulatory actions on VASCEPA in Mainland China and in Hong Kong in second half of 2022	
FUTURE	Seek partnerships and opportunities to leverage growing global commercial infrastructure and competent R&D team		

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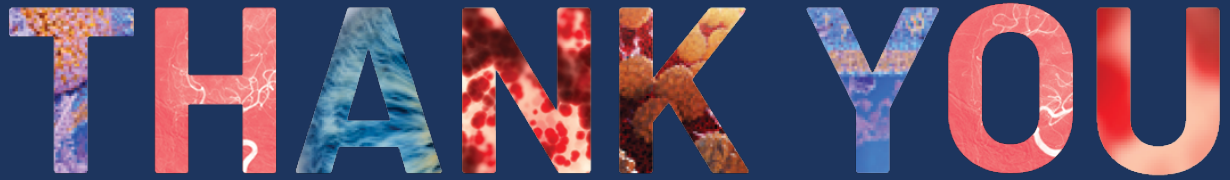

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