Leading a New Paradigm in Cardiovascular Health Management

Jefferies 2019 Healthcare Conference
June 6, 2019

NASDAQ: AMRN
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 FDA 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-Q filed with the SEC and cautionary statements outlined in recent press releases for more complete descriptions of risks in an investment in Amarin.

Presentation is for investors (not drug promotion)

This presentation is intended for communication with investors only. Nothing in this presentation should be construed as promoting the use of Amarin’s product or product candidates.
Problem: **cardiovascular (CV) disease** is an **enormous and worsening public health burden**

Unmet Need: **urgent need** to help more patients with CV disease; lowering cholesterol alone is not enough

Solution: **Landmark positive CV outcomes trial results** of Amarin’s **Vascepa®** shows it can effectively and safely lessen this enormous CV health burden

- Landmark global outcomes study **positions Vascepa to become first drug to cost-effectively help address residual CV risk beyond cholesterol management**
  - Unprecedented results presented at AHA and published in NEJM in Nov’18
- Amarin pursuing **expanded label and promotion for Vascepa** based on recent outcomes study results from REDUCE-IT™ trial and sNDA submission

Current Label: **Vascepa is already approved** for important niche market of treating patients with very high triglyceride levels ≥500 mg/dL

**Advantage of Being First** but Not New: potential cost-effective high share of voice coupled with existing broad formulary coverage **positions Vascepa well for growth in billion dollar market**
sNDA for expanded REDUCE-IT indication accepted by FDA with priority review

- PDUFA date of September 28, 2019
- Accelerating plans for commercial expansion and launch following assumed FDA approval of Vascepa as the first therapy for its targeted CV risk reduction indication

67% increase in net total revenue in Q1 2019 compared to Q1 2018

- Growth primarily driven by increased volume of Vascepa sales
  - Increased Vascepa prescription volume from prior prescribers and new prescribers
  - NRx increase of ~80%, per Symphony Health, in Q1 2019 compared to Q1 2018

American Diabetes Association’s Standards of Medical Care updated to reflect REDUCE-IT results

- Recommendation added that icosapent ethyl be considered for patients with diabetes and atherosclerotic cardiovascular disease or other cardiac risk factors on a statin with controlled LDL-C, but with elevated triglycerides (135-499 mg/dL) to reduce CV risk

Large Need for CV Risk Reduction Beyond Controlled LDL-C

~65%-75% residual CV risk beyond current standard of care

- Controlled LDL-C does not eliminate CV risk
- Remaining residual CV risk high even with controlled LDL-C

Cardiovascular Disease: #1 cause of death in the U.S.

- >800,000 deaths each year attributable to CV disease; more than all cancers combined
- Annual treatment cost $555 billion; expected to double within twenty years
- One death every 38 seconds

No FDA approved therapy exists for treating CV risk in dyslipidemia patients beyond LDL-C

- ~38M patients in U.S. are on statin therapy
- >25% of adults in U.S. have CV risk factors beyond LDL-C (e.g. ~50M to 70M adults in U.S. have elevated triglycerides levels >150 mg/dL)
  - ~12M of these patients are already on statin therapy

CV Risk Increases Across TG Levels up to ~150 mg/dL Above Which Risk Remains but the Relationship Flattens

In addition to this clinical data, genetics studies support that TG levels are as well correlated to CV risk as are LDL levels.

Dashed lines reflect 95% confidence interval.

CV risk begins increasing at TG levels <100 mg/dL.
Unprecedented CV Outcomes Position Amarin for Growth

REDUCE-IT cardiovascular outcomes study was robustly conducted

- Evaluated Vascepa effects on statin-treated patients with residual elevated TG and other CV risks
  - Patients had well-controlled baseline LDL-C (median 75 mg/dL) and remained on statin therapy and other standard of care medications
  - 8,179 patients randomized 1:1 between Vascepa-arm and placebo-arm
- Conducted under a Special Protocol Assessment (SPA) agreement with FDA
- >35,000 patient years of study

REDUCE-IT results were positive as per peer reviewed presentations and publications

- Primary results based on first occurrence of major adverse cardiovascular events (MACE):
  - Presented at AHA scientific sessions in Nov 2018
  - Published in *The New England Journal of Medicine (NEJM); the NEJM Journal Watch Cardiology* and the *American College of Cardiology* recognized REDUCE-IT results as top cardiovascular news for 2018
- Total events based on first and recurrent MACE:
  - Presented at ACC scientific sessions in Mar 2019
  - Published in *Journal of American College of Cardiology*
## Primary Endpoint Achieved in Vascepa Outcomes Study
### Largest CV Risk Reduction of Any Drug on Top of Statin Therapy

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>Relative Risk Reduction (RRR) on top of statin therapy</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Endpoint (5-point MACE)</td>
<td>↓ 25%</td>
<td>0.000000001</td>
</tr>
<tr>
<td>Key Secondary Endpoint (3-point “Hard” MACE)</td>
<td>↓ 26%</td>
<td>0.00000006</td>
</tr>
<tr>
<td>CV Death</td>
<td>↓ 20%</td>
<td>0.03</td>
</tr>
<tr>
<td>Heart Attack (Fatal or Nonfatal)</td>
<td>↓ 31%</td>
<td>0.0000005</td>
</tr>
<tr>
<td>Stroke (Fatal or Nonfatal)</td>
<td>↓ 28%</td>
<td>0.01</td>
</tr>
</tbody>
</table>

“This may be the biggest development in cardiovascular prevention since statins.”
- Deepak L. Bhatt, MD, MPH
  Professor of Medicine at Harvard Medical School
  Executive Director of Interventional Cardiovascular Programs at Brigham and Women’s Hospital Heart and Vascular Center
  Global Principal Investigator and Steering Committee Chair for REDUCE-IT
- Brigham and Women’s REDUCE-IT results press release November 10, 2018

MACE = major adverse cardiovascular events
CV Event Curve for Primary Endpoint Separated at ~1 Year and Remained Separated Throughout Follow-up Period

Hazard Ratio, 0.75
(95% CI, 0.68–0.83)
RRR = 24.8%
ARR = 4.8%
NNT = 21 (95% CI, 15–33)
P=0.00000001

CV event curve for key secondary endpoint (3-point MACE), not shown here, separated prior to 2 years and remained separated throughout follow-up period

MACE Continues to be REDUCED Beyond 1st Events
(25%, 32%, 31% and 48% for 1st, 2nd, 3rd and 4th Events, Respectively)

Number of Primary Composite Endpoint Events

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Placebo (N=4090)</th>
<th>Icosapent Ethyl (N=4089)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Events</td>
<td>901</td>
<td>705</td>
</tr>
<tr>
<td>2nd Events</td>
<td>376</td>
<td>236</td>
</tr>
<tr>
<td>3rd Events</td>
<td>143</td>
<td>63</td>
</tr>
<tr>
<td>≥4 Events</td>
<td>126</td>
<td>72</td>
</tr>
</tbody>
</table>

RR 0.70
(95% CI, 0.62-0.78)
P=0.00000000036

30% Reduction in Total Events
Average ~1 Fewer Event per 6 Patients
Treated with Icosapent Ethyl for 5 years

Reduced Dataset Event No.

Total (First and Subsequent) Events
Key Secondary Endpoint (3 Point “Hard” MACE: CV Death, MI, Stroke)

Key Secondary Composite Endpoint

- Placebo: Total Events
- Icosapent Ethyl: Total Events
- Placebo: First Events
- Icosapent Ethyl: First Events

Total Events:
RR, 0.72
(95% CI, 0.63–0.82)
P=0.00000071

Primary (1st) Events:
HR, 0.74
(95% CI, 0.65–0.83)
P=0.0000006

RR= rate ratio
HR= hazard ratio

Additional Important Results from REDUCE-IT

Positive results consistent across multiple subgroups including
- Male/female
- Diabetes/no diabetes
- Secondary/primary prevention cohorts

Number needed to treat (NNT): 21 for primary endpoint
- Low NNT combined with affordable price of Vascepa should support continued broad managed care coverage
- For context, NNTs for other notable, but not competitive with Vascepa, drugs:
  - Atorvastatin (Lipitor®): 45
  - Evolocumab (Repatha®): 67
    - No head-to-head study with these drugs
    - Study periods and study populations differ

~1 fewer MACE per 6 patients treated in total event analysis
- Result should be helpful in pharmacoeconomic analysis

Robust CV Risk Reduction Independent of TG Levels

Reduction of CV events was similar for patients with TG levels above and below 150 mg/dL
- ~10% of patients enrolled had TG levels <150 mg/dL
- At 1 year ~36% of patients on Vascepa had TG levels <150 mg/dL
  - Primary endpoint RRR in such patients were 29% and 30% for TG ≥150 mg/dL and <150 mg/dL

REDUCE-IT was a clinical outcomes study not a TG lowering trial
- Median change in TG from baseline to year 1 for Vascepa vs. placebo was -19.7%
  - Similar to JELIS study, RRR exceeded TG reduction
- Median change in LDL-C from baseline to year 1 for Vascepa vs. placebo was -6.6%
  - RRR, as expected, was not likely significantly due to LDL-C modification

Clinical effect of Vascepa cannot be generalized to any other product
- Early stage data show that Vascepa has multiple effects that extend beyond lipid-level modification including anti-thrombotic effects, anti-oxidant effects, antiplatelet or anticoagulant effects, membrane-stabilizing effects, effects on stabilization and/or regression of coronary plaque and inflammation reduction

Overall adverse event rates in REDUCE-IT were similar across the statin plus Vascepa and the statin plus placebo treatment groups

- Overall patient population had numerous events reflecting their at-risk condition and need for medical care
- No significant differences between treatments in the overall rate of treatment-emergent adverse events or serious adverse events leading to withdrawal of study drug

No Serious Adverse Event (SAE) >2% frequency and greater in Vascepa-arm

Adverse Events (AE) greater in the Vascepa-arm, included:

- Peripheral edema (6.5% Vascepa-arm; 5.0% placebo-arm), atrial fibrillation (5.3% Vascepa-arm; 3.9% placebo-arm) and serious bleeding (2.7% Vascepa-arm; 2.1% placebo-arm)
- These events did not appear associated with increased MACE or other major issues
  - Peripheral edema increased without increase in heart failure
  - AFib increased but heart attack, cardiac arrest and sudden death each decreased >30%
  - Bleeding rates were characterized as low; no fatal bleeding assessed by investigators as related to Vascepa; no significant increases in hemorrhagic stroke, CNS bleeding or GI bleeding

### Table: CVOT Relative Risk Reduction (RRR) on Top of Statin Therapy

<table>
<thead>
<tr>
<th>Class</th>
<th>CVOT</th>
<th>Relative Risk Reduction (RRR)</th>
<th>Positive CVOT</th>
<th>Peak Net Sales in U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATIN THERAPY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statins</td>
<td>Various</td>
<td>25-35%</td>
<td>√</td>
<td>&gt;$20B - 2016</td>
</tr>
<tr>
<td><strong>OTHER LDL-CHOLESTEROL LOWERING DRUGS ON TOP OF STATIN THERAPY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol Absorption Inhibitors</td>
<td>IMPROVE-IT</td>
<td>6%</td>
<td>√</td>
<td>$1.8B - 2007</td>
</tr>
<tr>
<td>PCSK9 Inhibitors</td>
<td>FOURIER ODYSSEY</td>
<td>15%</td>
<td>√</td>
<td>Recently Launched</td>
</tr>
<tr>
<td><strong>OTHER DRUGS ON TOP OF STATIN THERAPY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-Inflammatory</td>
<td>CANTOS</td>
<td>15%</td>
<td>√</td>
<td>N/A</td>
</tr>
<tr>
<td>Omega-3 Mixture (Lovaza 1g/d)</td>
<td>ASCEND/VITAL</td>
<td>Not Significant</td>
<td>X</td>
<td>$1.0B - 2013</td>
</tr>
<tr>
<td>EPA (Epadel)</td>
<td>JELIS</td>
<td>19%</td>
<td>√</td>
<td>N/A (in Japan only)</td>
</tr>
<tr>
<td><strong>EPA (Vascepa)</strong></td>
<td>REDUCE-IT</td>
<td>25%</td>
<td>√</td>
<td>TBD</td>
</tr>
</tbody>
</table>

25% RRR with Vascepa is largest of any therapy on top of statins
Many other therapies failed trying to lower CV risk (e.g. CETP inhibitors, fibrates, niacin)
Lipitor (atorvastatin) lowers CV risk ~25%; REDUCE-IT effect is incremental to statins
Science of Lipid Management and Clinical Effects of Omega-3 Fatty Acids Are Complex

Vascepa is unique proven prescription therapy developed over 10 years at cost of >$500M

Single active ingredient EPA (eicosapentaenoic acid)

- Unique omega-3 molecule\(^1\) derived from nature
  - New chemical entity designation by FDA for Vascepa as pure EPA
  - Purity achieved while overcoming the fragility and stability issues associated with omega-3s
- Excludes saturated fats, omega-6s and other components in fish oil
- No known drug-drug interactions\(^1\)

EPA is smaller than DHA in length and number of double bonds that influence activities

- Small molecule capable of entering and improving function of endothelial cells
- Doesn’t inhibit clearance of LDL-C like DHA (docosahexaenoic acid)

Omega-3s are easily oxidized or otherwise damaged

- Vascepa is expertly manufactured and encapsulated
- Demonstrated multi-year stability with consistent reproducibility

\(^1\)See Vascepa\(^{®}\) (package insert). Bedminster, NJ: Amarin Pharma Inc.; 2017
Mechanistic Effects of Vascepa’s Active Ingredient on Multiple Atherosclerotic Processes Beyond Lipid Modification

Multiple Processes Potentially Affected by EPA

- Endothelial function
- Oxidative stress
- Foam cell formation
- Inflammation/cytokines
- Plaque formation/progression
- Platelet aggregation
- Thrombus formation
- Plaque rupture

The extent to which these or other pleiotropic effects of EPA may have contributed to the success of Vascepa in the REDUCE-IT study relative to other effects of EPA (e.g. lipid lowering) is under evaluation.

Priority focus on large U.S. market opportunity

Transforming from niche to large outcomes-based opportunity

Market experience provides foundation for growth

- Managed care coverage already broad
- >5M Rx for Vascepa since launched for niche market in 2013

Expanding Vascepa promotion in 2019

- Expanded U.S. physician targets from ~20k to >50k
- Initial feedback from healthcare professionals regarding REDUCE-IT results broadly positive with new prescribers increasing
- Targeted promotion based on Amarin’s First Amendment decision and related FDA agreement reached in 2016 regarding communication of truthful and non-misleading information to healthcare professionals
  - Expand promotion further following label expansion

Vascepa promotion to expand further following label expansion

- Current promotion is qualified and limited, particularly to consumers
Preparing for Growth

**Strengthening relationships**
- Building relationships with KOLs and industry groups
  - 24 scientific publications/posters supported in early 2019 and >40 in 2018
  - Active in medical education programs and other forms of educational and promotional outreach

**Supply capacity expanding**
- Multiple proven suppliers for Vascepa
  - Evaluating options to expand capacity to support multiple billions of dollars in revenue

**Sustainable business**
- Vascepa patents listed in the FDA’s Orange Book expire in 2030
  - Teva, by agreement, may launch generic in August 2029
- NCE protection

**International expansion**
- Middle East: Partner obtained approved for Vascepa sales in Lebanon and United Arab Emirates with applications in other countries under review
- Canada: Partner received priority review from Health Canada for Vascepa; NDS seeking Vascepa label based on REDUCE-IT submitted to Health Canada on Apr 26, 2019
- China: Regulatory approval for Vascepa being pursued via ongoing clinical study
- Europe: Aiming before the end of 2019 to submit application seeking approval for Vascepa
- Other geographies: opportunities being pursued
Evolution of Preventative Cardiovascular Care

Before statin therapy

- Pre-Statins
  - Cholesterol Resins

Focus on LDL-C

- STATINS
- PCSK9s
- Ezetimibe

Cholesterol resins to LDL-C reduction to CV outcomes

After statin therapy

- Modification of other lipid markers have not lowered CV risk

- Fibrates,
  - Niacin,
  - Omega-3 Mixtures

Lipid biomarker modification (e.g., HDL, TGs) to CV event reduction with Vascepa’s multiple effects

~25% RRR on top of statins
Capitalization Summary ( Millions )
As of March 31, 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$211</td>
</tr>
<tr>
<td>Debt Obligations</td>
<td></td>
</tr>
<tr>
<td>NOTES</td>
<td>$ - None</td>
</tr>
<tr>
<td>ROYALTY-BEARING INSTRUMENT¹</td>
<td>$81</td>
</tr>
<tr>
<td>Common Stock and Equivalent Shares</td>
<td></td>
</tr>
<tr>
<td>COMMON/PREFERRED SHARES²</td>
<td>360</td>
</tr>
<tr>
<td>OPTIONS AND RESTRICTED STOCK</td>
<td>26</td>
</tr>
<tr>
<td>TOTAL IF ALL EXERCISED</td>
<td>386</td>
</tr>
<tr>
<td>Tax Jurisdiction (primary)</td>
<td>Ireland</td>
</tr>
</tbody>
</table>

¹ Represents face value of debt balance remaining to be paid in cash; a slightly lower carrying value is reported for accounting purposes in accordance with U.S. GAAP
² Includes 29 million common share equivalents issuable upon conversion of preferred shares
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