AMARIN

Leading a New Paradigm in Preventative Cardiovascular Care

Goldman Sachs

42nd Annual Global Healthcare Conference

June 8, 2021

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® (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.

Recent Updates and Results

Milestones Achieved

- European Commission (EC) authorized marketing of Amarin's VAZKEPA in European Union (Mar'21)
- Medicines and Healthcare Product Regulatory Agency (MHRA) authorized marketing of Amarin's VAZKEPA in England, Scotland and Wales (Apr'21)
- Regulatory authorities in Mainland China and Hong Kong, in response to submission by Amarin's commercial partner, accepted icosapent ethyl for review with decisions expected before end of 2021
- 17 medical societies now recommend use of icosapent ethyl (IPE)

Financial

- Operating spending in United States (US) intentionally slowed to help offset market headwinds of COVID-19 and other factors
- Atypical generic competition in the US accounted for ~9% of icosapent ethyl prescriptions as estimated by Symphony Health in Q1'21
- Net total revenue for Q1'21 was $142.2 million, including $140.8 from net product sales in the US and none from net product sales in Europe where VAZKEPA is expected to launch before the end of Q3'21
  - Net product sales in US in Q1'21 were down 3% from prior year due to 1) COVID-19; 2) severe winter weather; 3) generic competition and 4) calendar anomaly reported in Q1'20 which, as expected, was not repeated in Q1'21
- Expense management improved bottom line in Q1'21; profitable excluding non-cash costs

Management Changes

- Transition plans/retirements announced for CEO and general counsel

Remaining 2021 Priorities

United States

- As impact of COVID-19 on patients avoiding doctors' visits recedes, resume launch and growth of VASCEPA for persistent cardiovascular risk based on the landmark REDUCE-IT® outcomes study (P-CVR)

Europe

- Pursue market (reimbursement) access on a country-by-country basis using approved label and supporting clinical effectiveness data
- Commence commercial launch pursuant to market access, including expected launch in Germany before the end of Q3'21

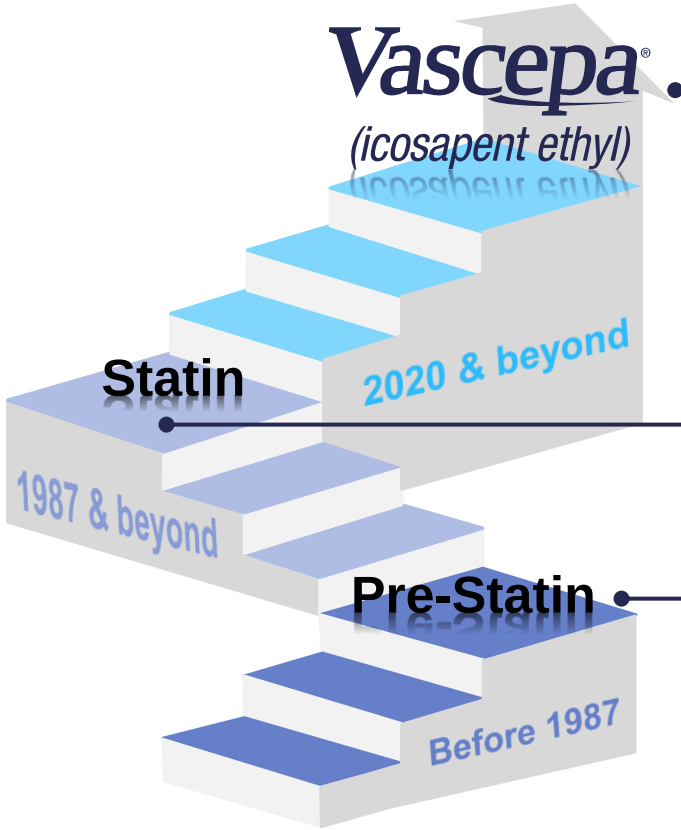
China and Rest of World (RoW)

- Support existing commercial partners, including regulatory support in Middle East and China (approval in China targeted for near end of 2021), and prepare for further international expansion after approval and market access progress in Europe

Other

- Increasingly evaluate and pursue product pipeline opportunities (e.g., ongoing COVID-19 studies) and diversification opportunities

VASCEPA Is a New Preventative Cardiovascular (CV) Care Treatment Option Beyond LDL-C Lowering

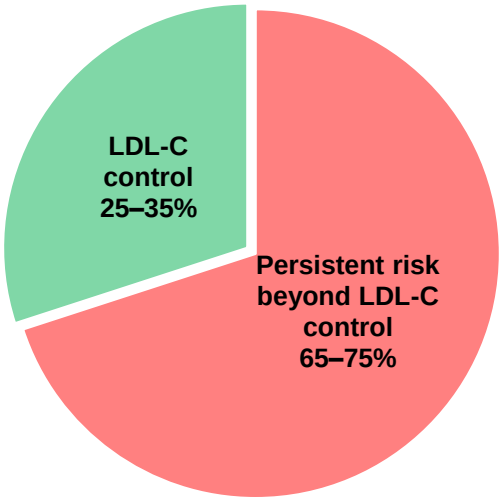


- **Attacking persistent CV Risk (P-CVR), the risk beyond LDL-C lowering**
- **Aggressive LDL-C ↓↓ "Lower is Better"**
  - Statins
  - Ezetimibe
  - PCSK9 inhibitors
  - Bempedoic acid
- **Modest LDL-C ↓ or HDL-C ↑**
  - Niacin
  - Fibrates
  - Bile acid sequestrants

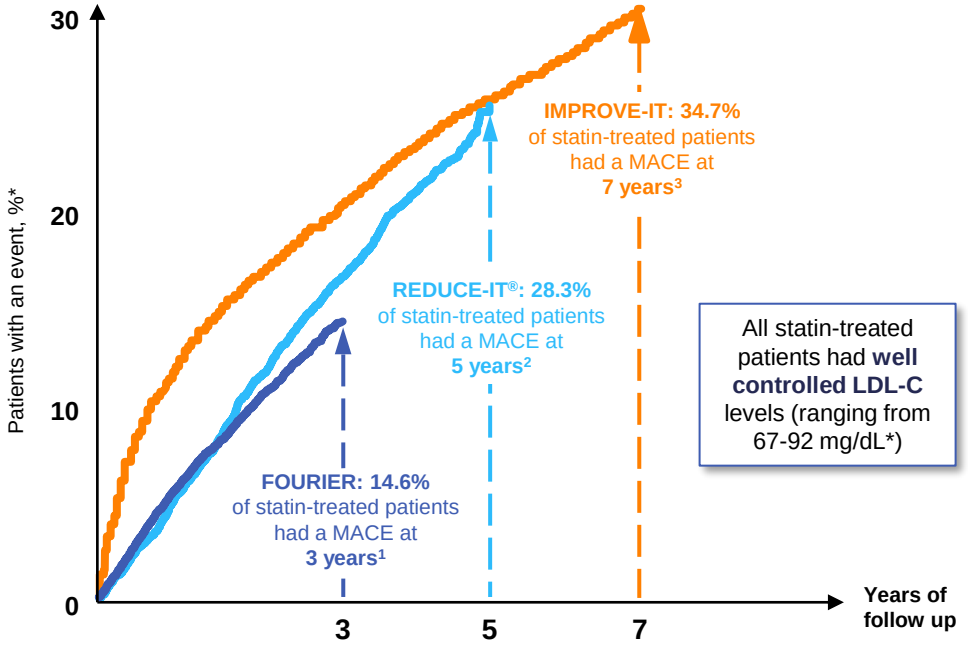
VASCEPA is the only drug proven to reduce persistent CV risk in the population studied (P-CVR)

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



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

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

US CV disease burden

1 stroke, heart attack or death from CVD
every 13 seconds in the US

$555bn
annual treatment cost expected to double in 20 years

38M
patients on statins

EU CV disease burden

~83.5M with CVD
in ESC member countries

€210bn
annual spending on CV disease management

44M
patients on statins

ROW CV disease burden

486M
living with CVD globally

>$1.0tn
estimated economic burden by 2030

China alone
52M people have CVD and high TG with broad and growing statin use

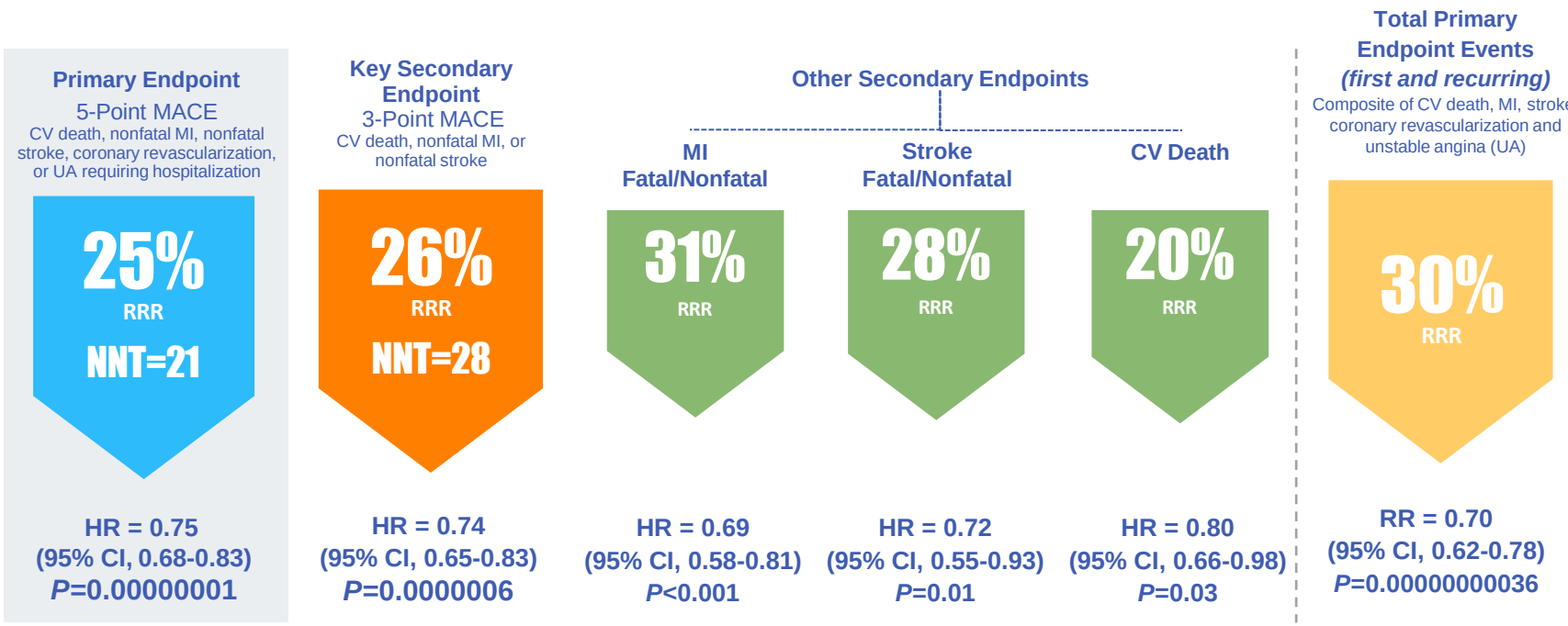
Leading cause of death globally

Increasing prevalence

High and increasing economic burden

Sources: http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491543.pdf; Centers for Disease Control and Prevention, https://www.cdc.gov/nchs/fastats/leadingcauses-of-death AHA: Cardiovascular Disease: A Costly Burden for America — Projections through 2035.htm, January, 20, 2017; American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Circulation. 2020; 141:e1–e458; European Society of Cardiology: Cardiovascular Disease Statistics 2017, European Heart Journal, Volume 39, Issue 7, 14 February 2018, Pages 508–579; European Heart Network Report, 2017; World Health Organization, https://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds); 2020 AHA Fact Sheet, https://www.heart.org/-/media/files/about-us/statistics/2020-heart-disease--stroke-statistical-update-fact-sheet-ucm505489.pdf; WEF-Harvard Global Economic Burden, http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf; Chinese Circulation Journal, July, 2019, Vol 34 Number 7 (Series Number 253}; IMS China database 2014-2018Q3

VASCEPA Is Unique: Demonstrated CV Risk Reduction Beyond Standard-of-Care (including Statins) in Landmark CVOT



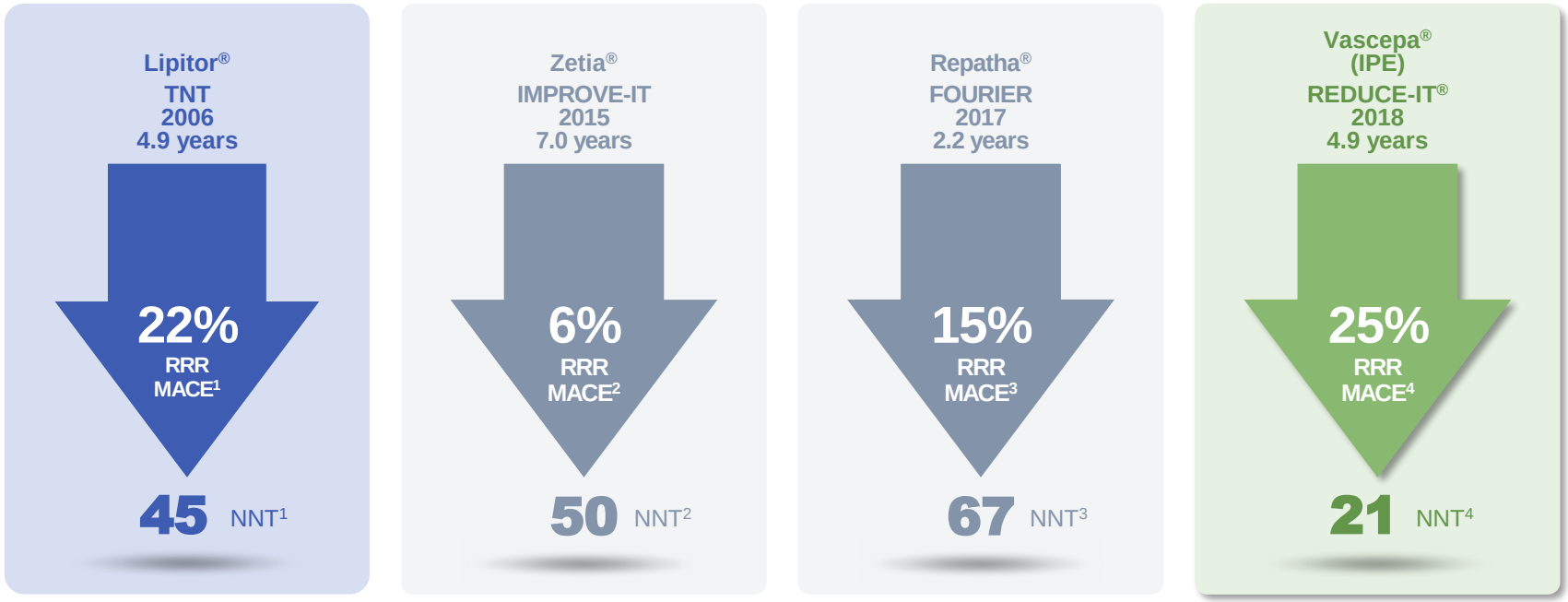
- ✓ Significant reductions across the prespecified testing hierarchy [1]
- ✓ Generally consistent reductions across subgroups
- ✓ Analyses suggest lipid, lipoprotein, and inflammatory markers (including TG) likely have limited contribution to the overall CV benefit demonstrated with icosapent ethyl (IPE)
- ✓ 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*

VASCEPA 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**



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

Results above are based on first occurrence of MACE*; VASCEPA in total events analysis (first and recurring MACE) resulted on average in 1 fewer MACE per 6 patients treated

*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

Broad Third-Party Support for VASCEPA (Icosapent Ethyl)

17 leading medical societies recognizing importance of Icosapent Ethyl:

- American Association of Clinical Endocrinologists
- American Diabetes Association
- American College of Endocrinology
- American Heart Association
- American Stroke Association
- Brazilian Society of Cardiology
- Canadian Cardiovascular Society
- Chinese Journal of Internal Medicine (a journal of the Chinese Medical Association)
- Chinese Society of Cardiology
- Colombian Society of Cardiology & Colombian Association of Endocrinology, Diabetes and Metabolism
- Egyptian Heart Journal
- Endocrine Society
- European Society of Cardiology
- European Atherosclerosis Society
- Japanese Circulation Society
- National Lipid Association
- Thrombosis Canada

Analyses show VASCEPA to be cost effective

- Institute for Clinical and Economic Review (ICER) report shows VASCEPA as cost effective for CV risk reduction (Oct'19)
- Comprehensive analysis determined Icosapent Ethyl to be highly cost-effective in patients from the REDUCE-IT study, and may even demonstrate cost-savings in the majority of simulations (Nov'19)

Cardiovascular outcomes study results published in leading medical journals

- *The New England Journal of Medicine*
- *Journal of American College of Cardiology*
- *European Heart Journal*
- *Circulation (AHA)*

VASCEPA has been prescribed over 10 million times

US FDA Advisory Committee voted unanimously (16-0) in favor of VASCEPA approval for P-CVR; favorable benefit/risk profile characterized in efficacy and safety portions of FDA-approved label

Large Global Need and Opportunity for VASCEPA

US

Before 2021; Mostly R&D and US Commercial Focus

Multi-billion-dollar opportunity

Regulatory status:

Approved for P-CVR and original niche indication of treating TG ≥500 mg/dL

Market access status:

Broadly covered

Deemed cost effective by ICER

Commercial status:

Launched in 2020 for P-CVR

Marketed/sold by Amarin

Largest portion of 2020 estimated net revenue of ~$600 million

Generic competition in atypical generic market with potential for branded VASCEPA to grow faster than generics

Europe

2021 and Beyond Expanding to Europe and RoW

Multi-billion-dollar opportunity

Regulatory status:

Approved for P-CVR

Market access status:

Positioned for potential net pricing at least as good as in US (as was achieved in Canada) supported by CVOT results that were not available when priced in US

Formal market access negotiations commencing following March 2021 label approval

Commercial status:

Country-by-country launches expected to start in 2021

To be marketed/sold by Amarin in largest countries

No direct competitor; earlier products failed CVOTs

Rest of World (RoW)

Billion-dollar opportunity

Status of partnered geographies:

Canada: Launched via partner in 2020

Middle East: Launched via distributor in select countries for TG lowering; now pursuing P-CVR indications

China: Phase 3 clinical study of VASCEPA successfully completed in 2020; regulatory submission accepted with an anticipated decision near the end of 2021

Many other large potential market opportunities for VASCEPA remain unaddressed (e.g., Russia, Latin America, Australia, etc.); they will receive increased focus after securing market access in Europe

United States Commercial Priorities

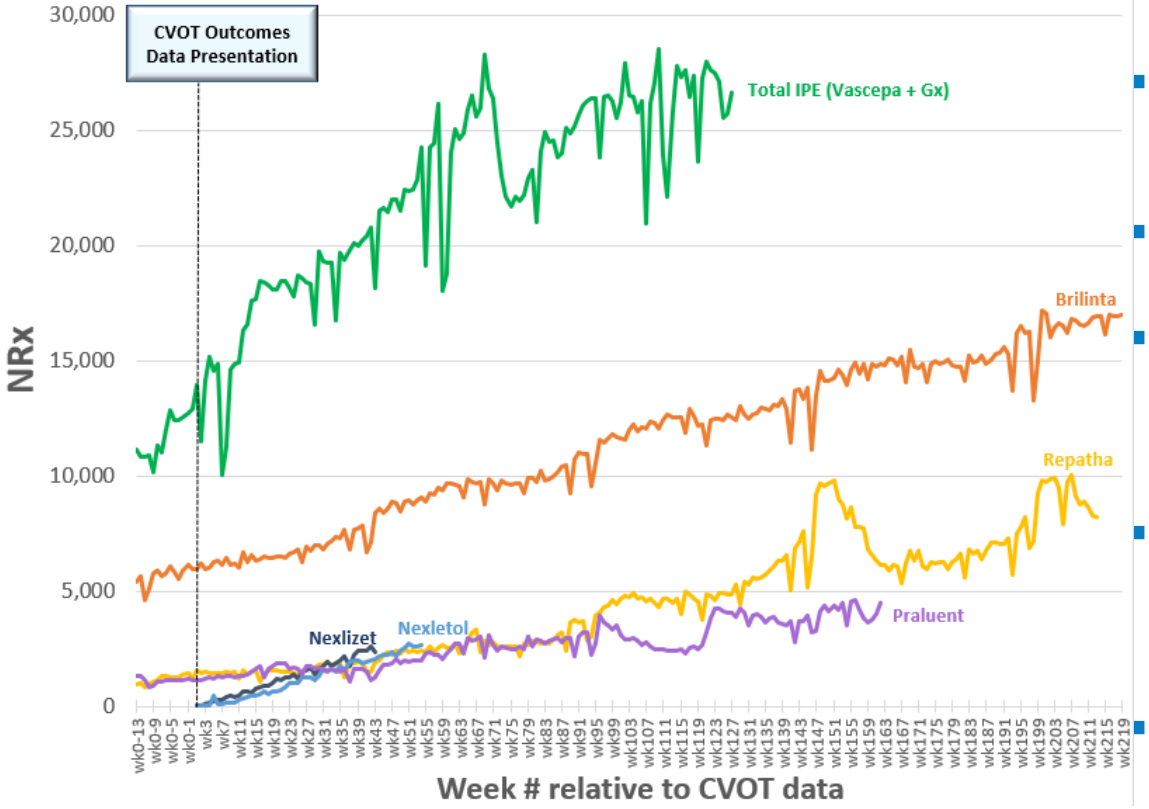
Increase US VASCEPA use and profits

- Increase education of healthcare professionals and patients
  - Continue to adapt during COVID-19 era
  - Leverage medical guidelines and data showing that **no other drug has the same effect** as VASCEPA
- Increase in-person meetings with healthcare professionals in a phased manner as patients resume routine physician visits as the impact of COVID-19 recedes
  - Leverage sales force expansion completed in Mar'20 to reach more doctors more frequently
- Sponsor numerous medical education programs and scientific presentations/publications;
  - >100 presented/published in recent years
- Leverage recent improvements in already broad managed care coverage
- Manage spending to reflect variability of COVID-19 and generic entry to support profit growth while allowing for quarterly variability, including potential impact of generic supply stockpiled prior to launch

Adjust to threat of generic competition in atypical market environment for generics

- VASCEPA is not a mature product – still largely unknown
- Generic supply is expected to remain limited and potentially variable due to manufacturing complexities, costs and lead times combined with limited investment by generic companies in supply capacity
- Historical analogue from EPADEL in Japan – ~60% branded share maintained despite generic competition for >10 years

VASCEPA Growth Compares Well to Other Drugs with Positive CVOT Results in Recent Years (none compete with VASCEPA)



- VASCEPA growth has exceeded most other recent "CVOT" peers
- VASCEPA growth is increasing despite launching shortly before the onset of COVID-19
- Physician and patient awareness of VASCEPA remain low
- Opportunity to increase face to face interactions and resume other launch initiatives as the impact of COVID-19 recedes
- COVID-19 impact during 2020 and 2021 was significant in densely populated areas where Amarin has the most selling experience
- Standard blood (lipid) tests are typically required for VASCEPA prescriptions which can't be done via televisits

Source: Symphony Health Solutions, PHAST Weekly, WE 4/16/2021
Note: New Rx data for each product are shown relative to its CVOT data presentation, defined as Wk 0; Nexlizet and Nexletol are relative to launch week after receiving FDA approval; Nexlizet as of 6/12/2020; Vascepa® as of 11/10/18; Nexletol as of as of 3/27/2020; Brilinta as of 03/14/15; Repatha as of 03/17/17; Praulent as of 03/10/18
CRR = Cardiovascular risk reduction (the form of such labels vary between drugs – Vascepa® is for reduction of P-CVR)

Switching At-Risk Patients from Unproven Products to VASCEPA Represents Large Growth Opportunity

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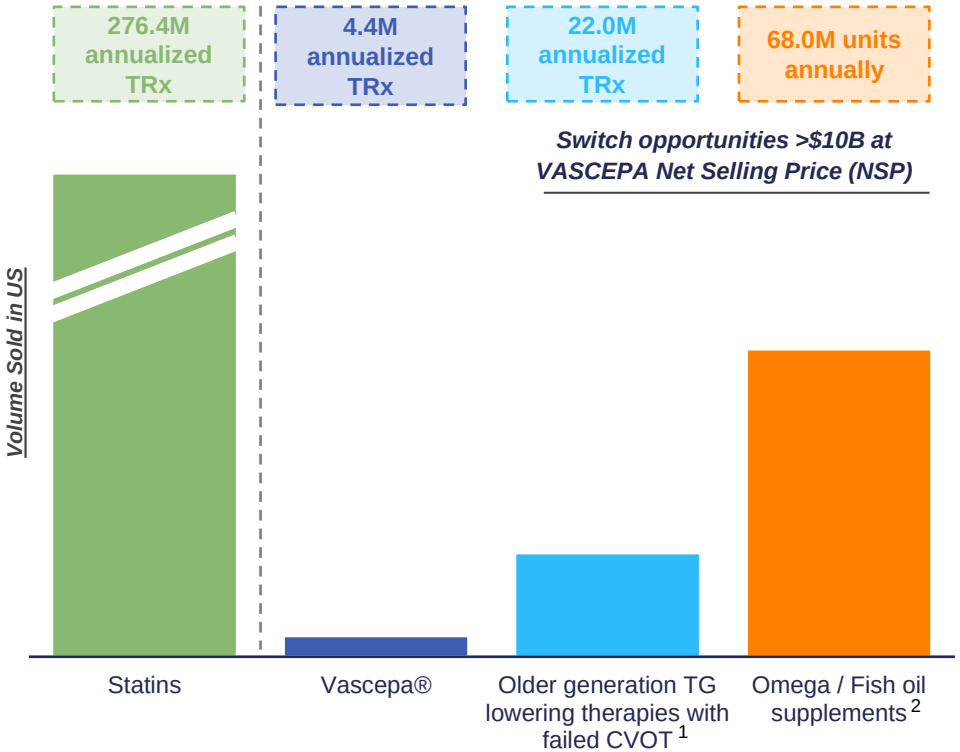
VASCEPA Use Is Small Compared to Older Products



Commentary

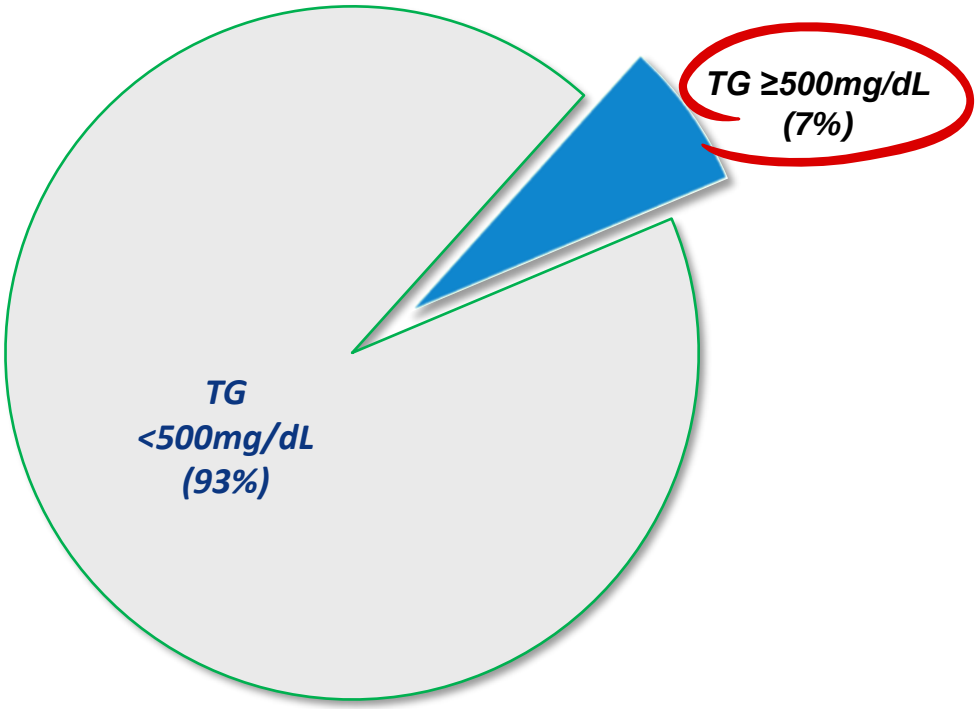
- Significant opportunity remains for new patient starts and conversion from fenofibrates, niacin and Omega-3 drugs with DHA – all of which have failed cardiovascular outcomes studies on top of statins
- In addition, large opportunity to convert patients on dietary supplement fish oil products, which have failed to prove efficacy for CRR
  - 70M bottles sold in the US annually; ~$9B in annual sales at VASCEPA NSP, however, not all are sold to patients with P-CVR
  - 54% of patients with high TG use a supplement to aid with TG lowering[3]
- Until VASCEPA's P-CVR label was approved at end of 2019 and FDA feedback received in 2020 regarding consumer promotion, Amarin's ability to promote messages to correct market myths regarding CV care was limited

Like statins, VASCEPA has the potential to be ubiquitous for CV prevention treatment

Source: IQVIA NPA Market Dynamics accessed on 12/17/20; MAT on-therapy patients; [1] Older generation TG lowering therapies with failed CVOT includes generic & branded fenofibrates, gemfibrozil, niacin, generic omega-3, and Lovaza; [2] Nielson data 52-weeks ending 04/18/20; [3] Based on Amarin primary market research survey

Generic "Skinny Label" Launched in US Is Indicated for <10% of VASCEPA US Prescriptions

Approximately 7% of VASCEPA's prescriptions are for patients that have TG ≥500 mg/dL, and some of these are prescribed for CRR rather than TG lowering



Source: IQVIA NDTI, September 2020

Hikma launched generic IPE in Nov'20

- Thus far, generic supply appears limited
- Indication is only for TG ≥500 mg/dL
- Net pricing of generic is higher than branded VASCEPA for many payers and patients (WAC price is 12.3% below branded VASCEPA, rebate levels to many payers exceed this WAC price difference)

No other generic launched

- Dr. Reddy's Labs and Teva received FDA approval for generic IPE in May'20 and Aug'20, respectively
- Apotex ANDA currently not approved

Amarin pursuing various legal actions to enforce its rights, including infringement lawsuit filed against Hikma in Nov'20 and expanded in Jan'21 to include payer, HealthNet

TG ≥500 mg/dL indication is not being pursued in Europe and various other markets to avoid potential generic entry for skinny label

Europe First-in-Class Opportunity

~49M people in the European Union (EU) with CV disease[1]

- Includes 38 million diagnosed with ischemic heart disease (IHD), stroke or peripheral heart disease
- IHD and stroke are, respectively, the first and second most common single causes of death in the EU

Recent VAZKEPA approvals open door to commercialization in EU and Great Britain (GB)[2]

- European Commission and MHRA authorization of IPE to be marketed and sold in EU and GB for icosapent ethyl to reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (≥150 mg/dL) and:
  - established cardiovascular disease, or
  - diabetes, and at least one other cardiovascular risk factor
- Approved label acknowledges IPE's multifactorial mechanisms of action
- Brand name VAZKEPA for Europe supports effective translation into multiple languages
  - Pronounced using a short "e" Vaz-kĕ-pah
- First and only drug approved for P-CVR indication

1) http://www.ehnheart.org/cvd-statistics.html. 2) https://ec.europa.eu/health/documents/community-register/html/h1524.htm

Europe First-in-Class Opportunity

Commercialization Plans

- Market access (reimbursement) initiatives to accelerate post approval
- Leverage robust clinical efficacy of VAZKEPA and supportive pharmacoeconomic data (e.g., high costs associated with treating strokes, heart attacks and other major adverse cardiovascular events (MACE))
- Amarin team in Europe of ~50 professionals in January 2021 and expected to grow to ~300 by the end of 2021, with 150 sales professionals to be deployed in May 2021, for pre-launch market awareness initiatives in Germany
- Market awareness initiatives underway in advance of VAZKEPA launch in Europe
  - Leading medical societies in Europe, ESC and EAS, already include icosapent ethyl in their medical guidelines
- Launch in Germany expected before the end of Q3'21 after initial awareness campaign to be followed by launches elsewhere in Europe subject to successfully securing market access

Exclusivity expected for many years

- Regulatory exclusivity expected for 10 years from March 26, 2021 approval, possibly 11 years
- Patents issued expire in 2033
- Filed patent applications could extend protection into 2039

China First-in-Class Opportunity

Positive Phase 3 Clinical Trial Results Announced Late in 2020

- Study achieved primary endpoint with VASCEPA lowering TG levels by 19.9% ($p<0.001$) compared to placebo at the end of 12-week treatment period
- VASCEPA was well-tolerated with a safety profile similar to placebo and there were no treatment-related serious adverse events
- Mirrored MARINE study results, demonstrating consistency in treatment outcomes across Western and Asian patient populations

Seeking to position VASCEPA as first-in-class therapy

- First approval in China creates potentially high hurdle for future competitive product(s), if any

Commercial partner, Edding, preparing for product launch

- Successfully promotes multiple products in China
- Understands the importance of VASCEPA's high quality manufacturing through Amarin for both product effectiveness and market growth reasons

Chinese Society of Cardiology now already includes icosapent ethyl in their medical guidelines for primary prevention of CV diseases

Regulatory, reimbursement and commercialization plans underway

- NMPA accepted for review the New Drug Application for VASCEPA, approval decision for Mainland China anticipated near end of 2021; similar review underway in Hong Kong
- Similar to Europe, market access and launch initiatives to accelerate approaching and after regulatory approval

VASCEPA/VAZKEPA Infectious Disease Potential Opportunities

Based on data related to the mechanism of action and effects of VASCEPA/VAZKEPA, it is hypothesized that VASCEPA/VAZKEPA may play a potential beneficial role in:

- Preventing SARS-CoV-2 infection
- Potentially reducing clinical severity in patients infected by the virus

Supporting four investigator-initiated studies

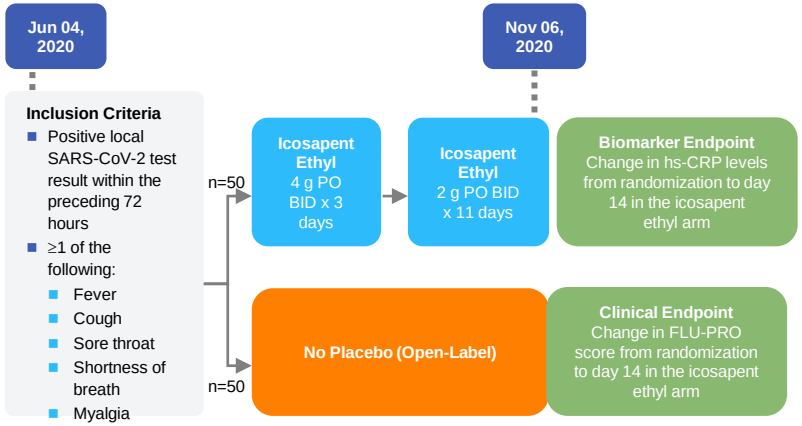
- Canada: COVID-19 CardioLink-9 clinical trial – Completed
  - Results were positive and presented in Dec'20
  - Small study; data from other studies needed to support hypothesis
- Argentina: PREPARE-IT clinical trials – First of two studies started in '20 and is ongoing
  - Investigating the effects of VASCEPA/VAZKEPA on reducing SARS-CoV-2 infections
  - 2,000 participants; potential results mid-'21
- United States: MITIGATE clinical trial - Ongoing
  - Investigating the effects of VASCEPA/VAZKEPA on laboratory-confirmed viral upper respiratory infection rates
  - 1,500 participants; patient enrollment ongoing, potential results in '22

Amarin supports but does not manage investigator-initiated studies (timing per above represents rough estimates)

After more clinical data are available, assessments will be advanced regarding potential regulatory and commercial opportunities of VASCEPA/VAZKEPA and COVID-19 and/or potentially other infectious diseases

CardioLink-9: Investigational Study of Effects of VASCEPA on Inflammatory Biomarkers in COVID-19 Infected Patients

Study design

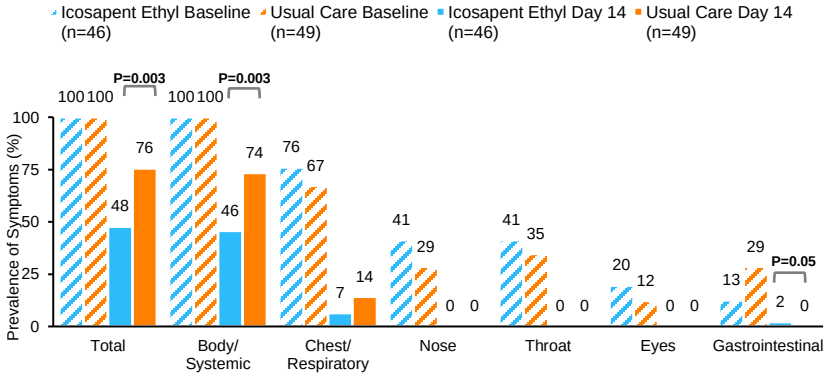


Inflammatory biomarker endpoint: unadjusted hs-CRP changes from baseline to day 14[1]

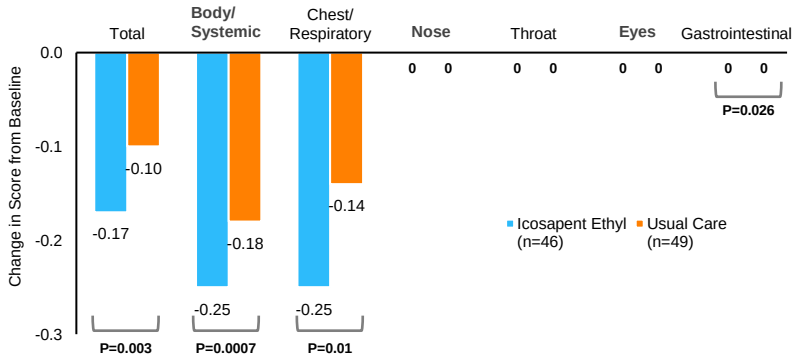
	Baseline (mg/L)	Day 14 (mg/L)	Median Percent Change from Baseline	Median Change from Baseline (mg/L)	P-value (within group)
Icosapent Ethyl (n=44)	3.2 (0.9, 11.6)	1.6 (0.6, 4.4)	-25.0 (-80.1, 26.7)	-0.5 (-6.9, 0.4)	0.011
Usual Care (n=47)	2.3 (0.7, 6.5)	2.1 (0.5, 5.8)	-5.6 (57.1, 84.2)	-0.1 (-3.2, 1.7)	0.51

P-value (between groups) 0.082

Clinical endpoint: prevalence of FLU-PRO symptoms[2]



FLU-PRO scores: changes in total and individual domain scores from baseline to day 14



FLU-PRO, InFLUenza Patient-Reported Outcome; hs-CRP, high-sensitivity C-reactive protein. https://clinicaltrials.gov/ct2/show/NCT04412018; https://www.vascepacovid19.com/#about. Bhatt DL et al. NLA 2020 Late Breaking Presentation

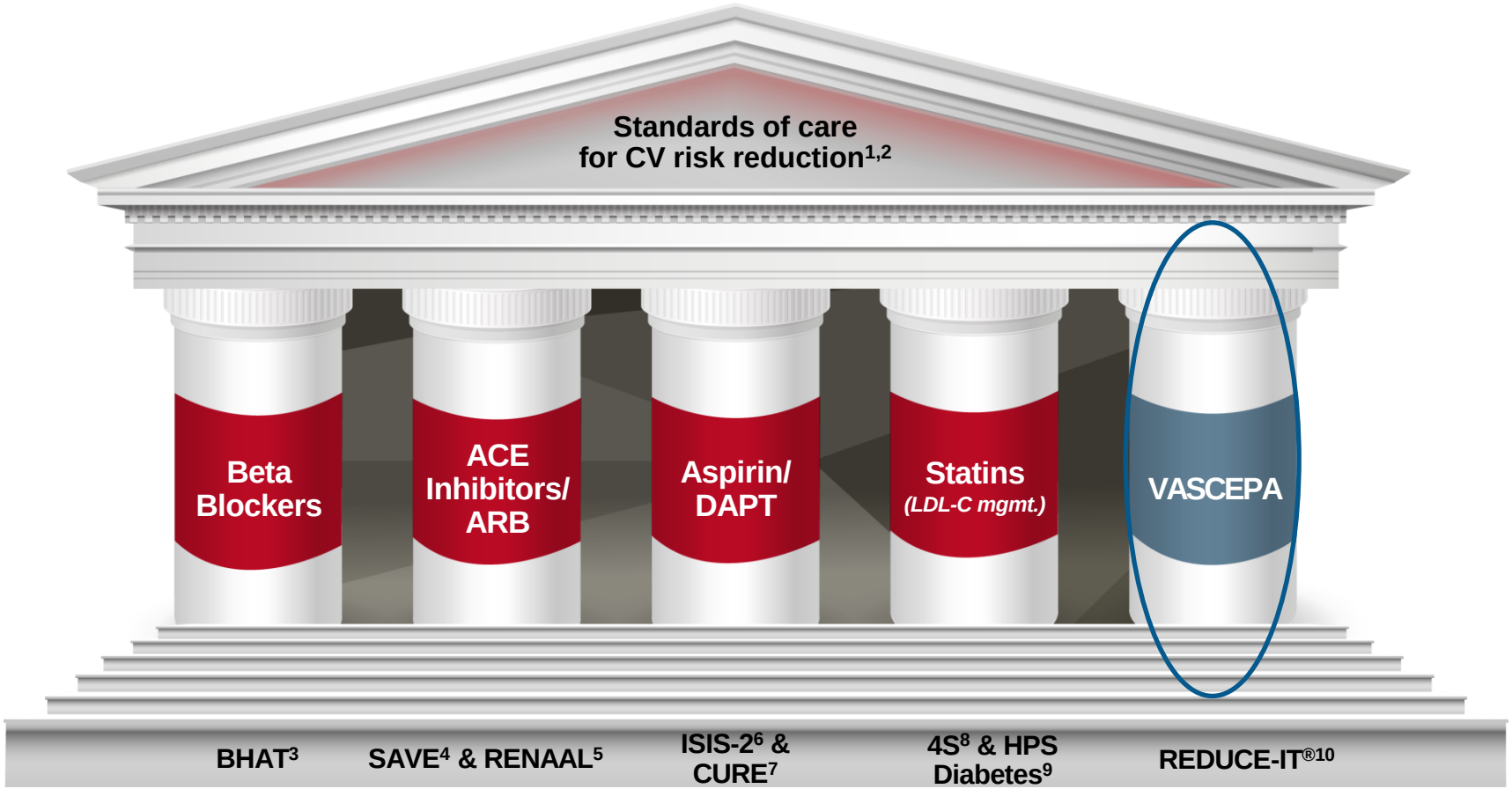
[1] Data is presented as median (interquartile range); [2] Values shown are based on number of patients with non-missing assessments at respective visits

Resources Exist to Support Launch in Europe

(Millions) (Unaudited) As of March 31, 2021

Cash and Investments	$538.7	
Debt		
NOTES	None	
ROYALTY-BEARING INSTRUMENTS	None	Repayment completed in 2020
Common Stock and Equivalent Shares[1]		
COMMON SHARES	395	
OPTIONS AND RESTRICTED STOCK	30	Aggregate of all outstanding regardless of price or vesting
TOTAL IF ALL EXERCISED	425	
Tax Jurisdiction (primary)	Ireland	Loss carryforwards of ~$900

VASCEPA Is Becoming the Next Pillar of CV Care



1. American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*. 2019;139(10):e56-e66; 2. Jernberg T et al. *JAMA*. 2011;305(16):1677-1684; 3. Goldstein S. *Circulation*. 1983;67(6 pt 2):153-157; 4. SAVE Investigators. *N Engl J Med*. 1992;327(10):669-677; 5. RENAAL Study Investigators. *N Engl J Med*. 2001;345:861-869; 6. ISIS-2 (Second International Study of Infarct Survival) Collaborative Group. *Lancet*. 1988;2(8607):349-360; 7. Clopidogrel in Unstable Angina to Prevent Recurrent Events Trial Investigators. *N Engl J Med*. 2001;345(7):494-502; 8. Scandinavian Simvastatin Survival Study Group. *Lancet*. 1994;344(8934):1383-1389; 9. Heart Protection Study Collaborative Group. *Lancet*. 2003;361(9374):2005-2016, 10. REDUCE-IT® Investigators. *N Engl J Med*. 2019;380(1):11-22.

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