AMARIN

Leading a New Paradigm in Preventative Cardiovascular Care

Investor Presentation

February 25, 2021

Vascepa®
(icosapent ethyl)

Forward-Looking Statements and Disclaimer

AMARIN

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 Highlights

United States

- Prescription growth in US resulted in record high annual (2020) and quarterly (Q4'20) revenue levels
  - 2020 net total revenue of ~$614.1 million, 43% increase over 2019 despite COVID-19 impact
- Managed care coverage improved in 2020 and further improved to start 2021

Europe

- Positive CHMP opinion from European Medicines Agency for icosapent ethyl for cardiovascular risk reduction positioning this important drug, under the brand name VAZKEPA, for expected European Commission approval in Apr'21
- Team increased to ~50 experienced professionals to advance pre-launch and market access preparations

China

- China Phase 3 trial of VASCEPA completed with positive results supporting submission for regulatory approval through commercial partner
- Chinese Society of Cardiology medical treatment guidelines updated to include icosapent ethyl
- National Medical Products Administration (NMPA) accepted for review the New Drug Application for VASCEPA

Other

- Positive results in first pilot study of VASCEPA reduced symptoms of COVID-19 in infected outpatients
- Ended 2020 with $563.4 million in total cash and investments and no debt

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

- Secure regulatory approval for VAZKEPA (target April 2021)
- Pursue market (reimbursement) access on a country-by-country basis using approved label and supporting clinical effectiveness data; and
- Commence commercial launch pursuant to market access, including expected launch in Germany after initial awareness campaign

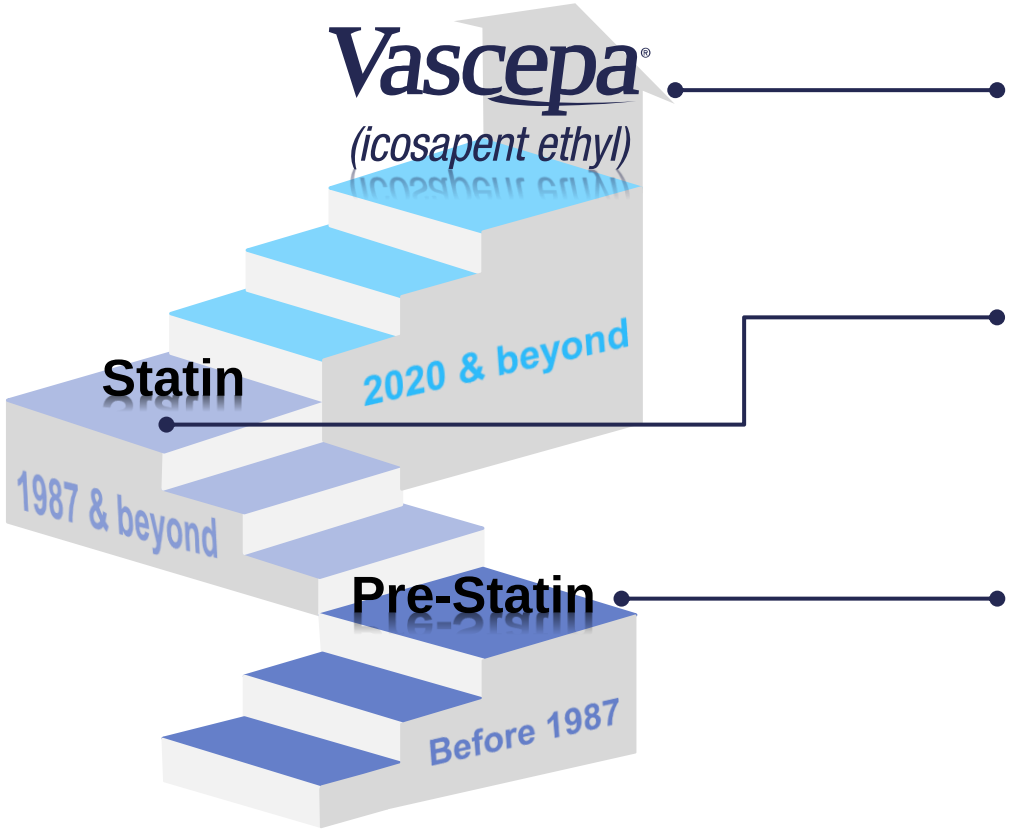
China and RoW

- Support existing commercial partners, including regulatory support in Middle East and China (approval in China targets 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 and diversification opportunities (e.g., ongoing COVID-19 studies)

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

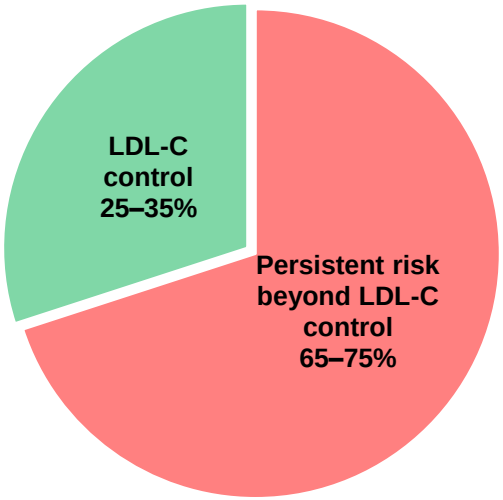


- **Attacking persistent CV Risk (P-CVR), the risk beyond LDL-C lowering**
- **Aggressive LDL-C ↓↓ "Lower is Better"**
  - Statins
  - Ezetimibe
  - PCSK-9
  - Bempedoic acid
- **Modest LDL-C ↓ or HDL-C ↑**
  - Niacin
  - Fibrates
  - Bile acid sequestrants

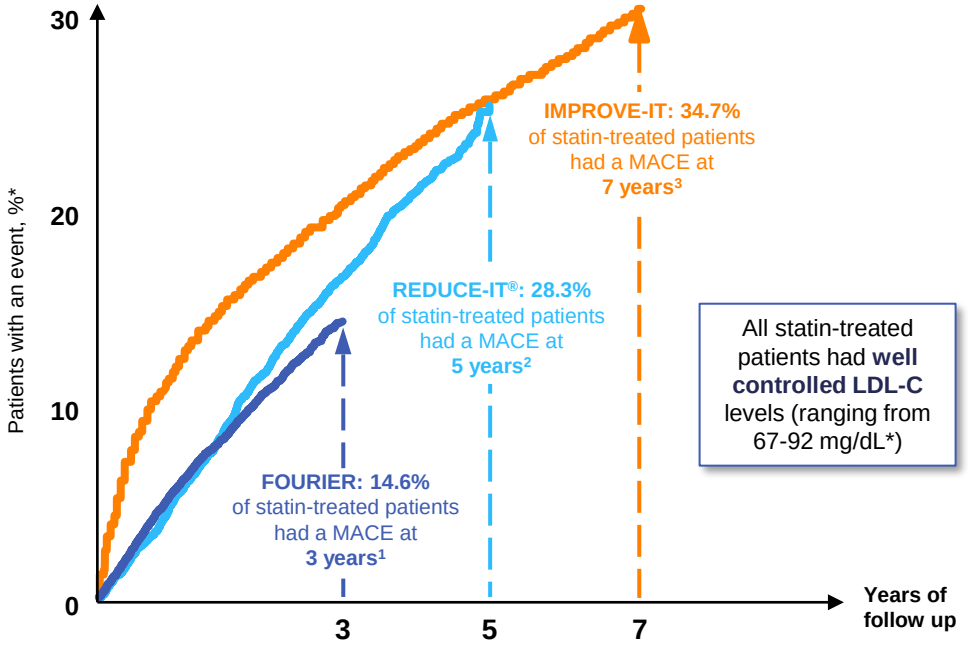
VASCEPA is the only drug proven to reduced persistent CV risk in the population studied (P-CVR)

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

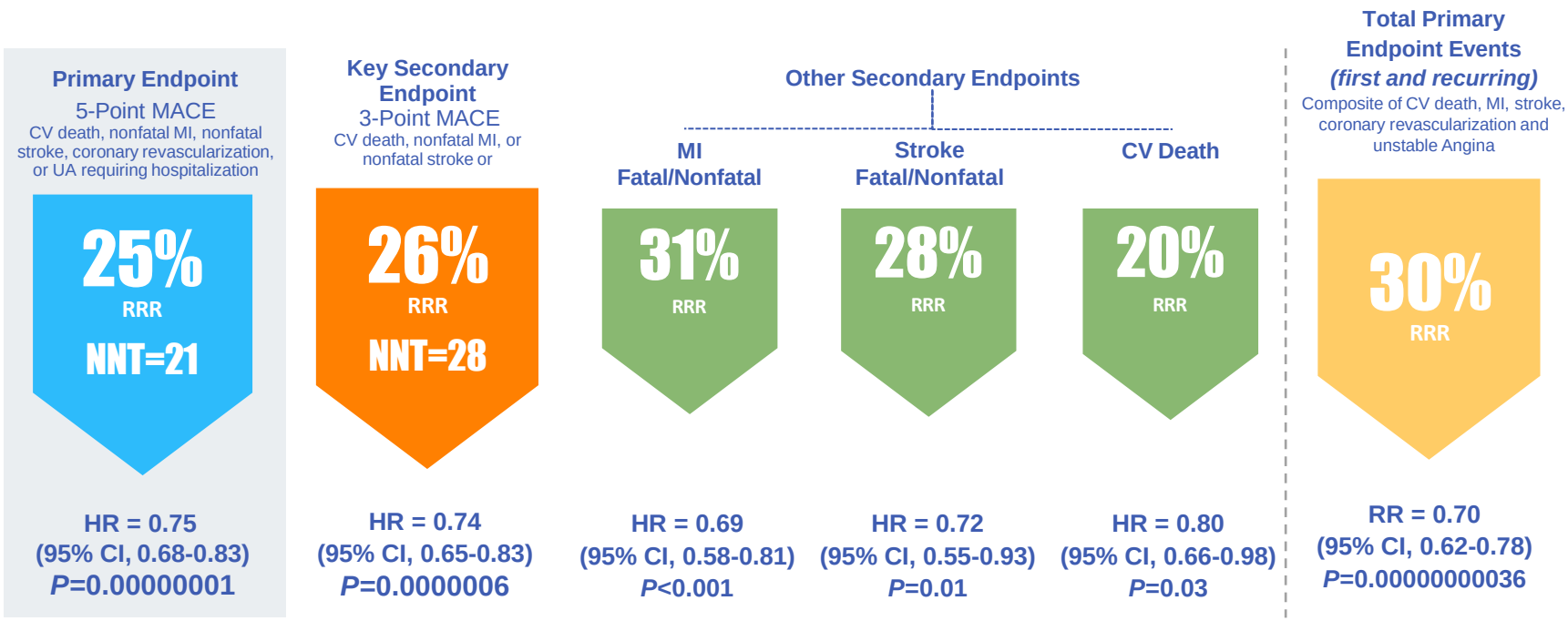
Leading cause of death globally

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



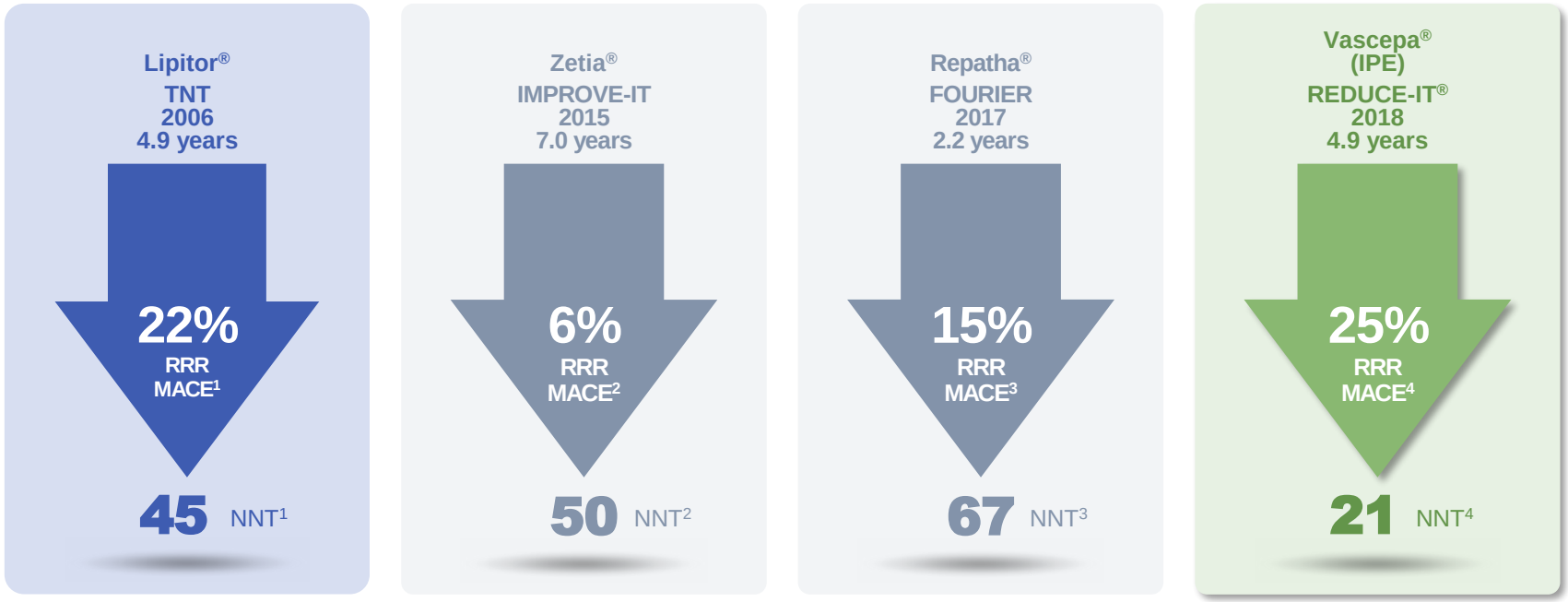
- ✓ Significant reductions across the prespecified testing hierarchy [1]
- ✓ Generally consistent reductions across subgroups
- ✓ Analyses suggest lipid, lipoprotein, and inflammatory markers (including TG) likely have limited contribution to the overall CV benefit demonstrated with icosapent ethyl
-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

Numerous leading medical societies recognizing importance of Icosapent Ethyl:

- American Association of Clinical Endocrinologists
- American Diabetes Association
- American College of Endocrinology
- American Heart Association
- Brazilian Society of Cardiology
- Chinese Society of Cardiology
- Colombian Society of Cardiology & Colombian Association of Endocrinology, Diabetes and Metabolism
- 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

Before 2021; Mostly R&D and US Commercial Focus

US

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

2021 and Beyond Expanding to Europe and RoW

Europe

Multi-billion-dollar opportunity

Regulatory status:

- Positive CHMP opinion
- European Commission approval expected in Apr 2021

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 pending 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 approval and market access in Europe

United States Commercial Priorities

Increase US VASCEPA use and profits

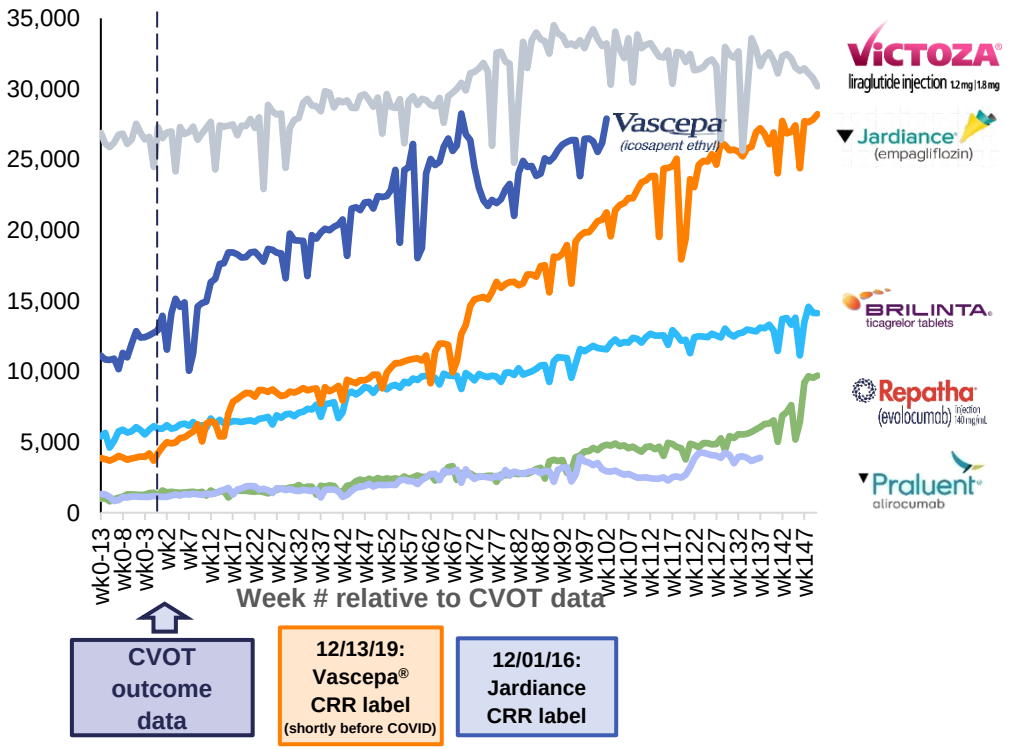
- Increase education of healthcare professionals and patients
  - Continue to adapt during COVID-19 era
  - Leverage medical guidelines and data showing that **no other drug has the same effect** as VASCEPA
- Increase in-person meetings with healthcare professionals in a phased manner as patients resume 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
- Skinny label of launched generic is indicated only for VHTG, representing ~7% of VASCEPA Rx
- 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 (none compete with VASCEPA)

Weekly new Rx indexed to time of CVOT outcome data



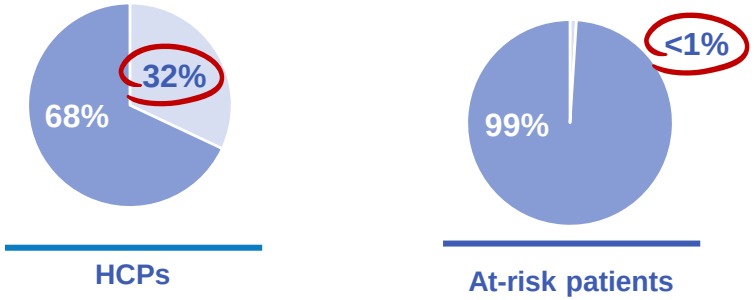
- VASCEPA growth has exceeded most other "CVOT" peers
- VASCEPA growth is increasing despite launching shortly before the onset of COVID-19
- Physician and patient awareness of VASCEPA remain low
- Opportunity to increase face to face interactions and resume other launch initiatives as the impact of COVID-19 recedes
- COVID-19 impact during 2020 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 tele-sales

Source: Symphony Health Solutions, PHAST Weekly, WE 10/23/2020
Note: New Rx data for each product are shown relative to its CVOT data presentation, defined as Wk 0; Victoza as of 06/13/16; Vascepa® as of 11/10/18; Jardiance as of 09/17/15; 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)

VASCEPA Awareness and Understanding Remain Low Creating Opportunities Through Education and Promotion

HCP and patient awareness

Unaided awareness of VASCEPA for CV risk reduction based on September 2020 survey results



- VASCEPA is a promotionally sensitive brand
- P-CVR indication launched recently in Q1'20 and HCP awareness remains low
- COVID-19 limited sales force impact, outreach and educational programs immediately upon launch
- Limited historical field force size and promotional spending for VASCEPA compared to most other CVOT drugs due to lack of leverage and budget constraints as a single-product company

Historical misconceptions being overcome

1. *Lowering cholesterol is the only step that can be taken to reduce CV risk*
2. *Older, widely prescribed TG-lowering therapies provide CV benefit*
3. *Dietary supplement fish oil products are a less expensive, yet effective alternative to Rx CV drugs*
4. *VASCEPA is only a TG-lowering therapy*
5. *Managed care access is poor*

Strategic marketing imperatives

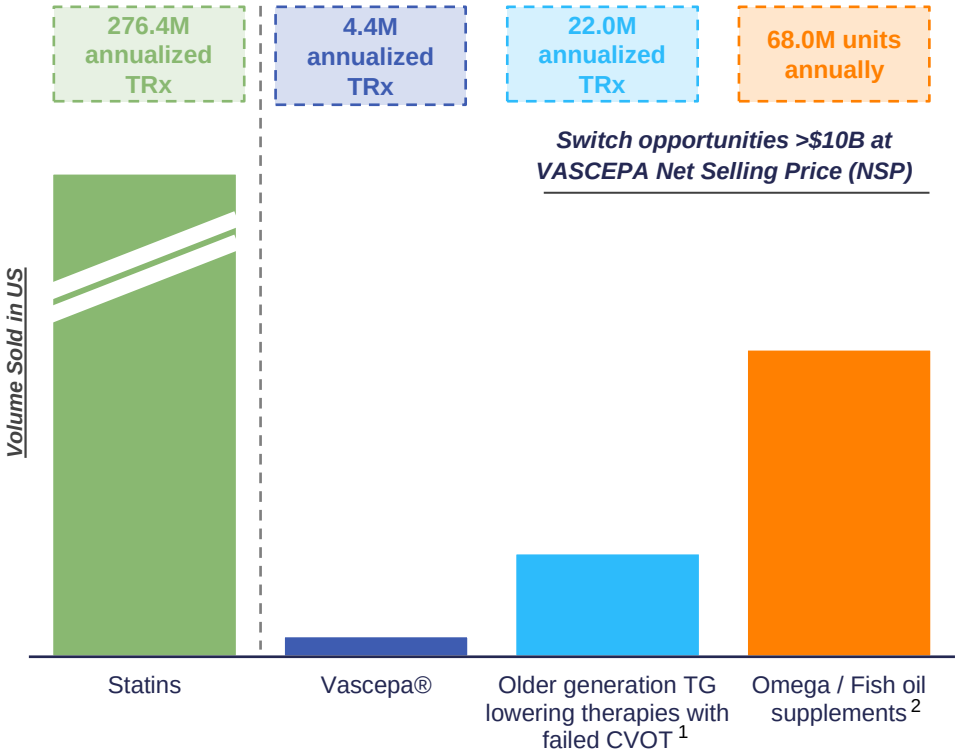
1. **Generate heightened awareness of the need to treat CV risk beyond statins**
2. **Differentiate Rx icosapent ethyl VASCEPA from perceived alternatives; leverage FDA approval and medical guidelines**
3. **Expand access and remove barriers to prescribing / obtaining VASCEPA**

Correcting false beliefs can happen through data driven education and understanding by key stakeholders

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

AMARIN

VASCEPA Use Is Small Compared to Older Products



Commentary

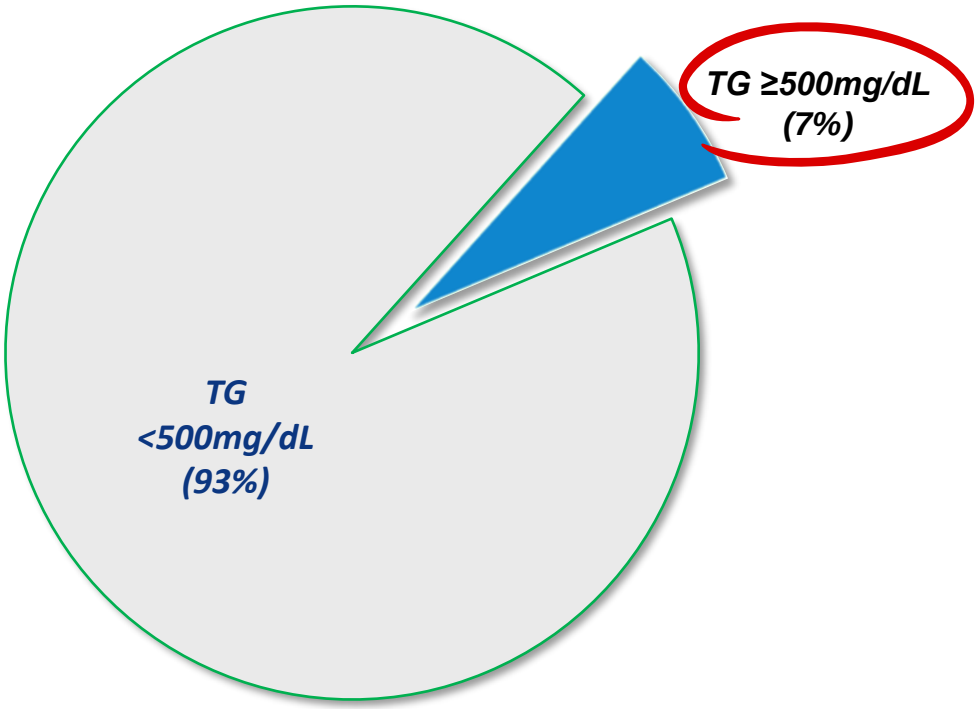
- Significant opportunity remains for new patient starts and conversion from fenofibrates, niacin and Omega-3 drugs with DHA – all of which have failed cardiovascular outcomes studies on top of statins
- In addition, large opportunity to convert patients on dietary supplement fish oil products, which 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

European Commission approval expected in Apr'21, 67 days from CHMP opinion[2]

- CHMP positive opinion announced on Jan 29, 2021 recommending market authorization 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.
- Brand name VAZKEPA
  - Pronounced using a short "e" Vaz-kĕ-pah
- Positioned to be first and only drug approved for P-CVR indication

1) http://www.ehnheart.org/cvd-statistics.html. 2) https://ema.europa.eu/en/medicines/human/summaries-opinion/vazkepa

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 MACE)
- Amarin team in Europe expanded to ~50 professionals to start 2021 and expected to grow to ~200 by the end of 2021
- 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
- At a minimum, launch in Germany is expected in 2021 after initial awareness campaign

Exclusivity expected for many years

- Regulatory exclusivity expected for 10 years from approval, possibly 11
- 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 via 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

AMARIN

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 reduce clinical severity in patients infected by the virus

Supporting three investigator-initiated studies

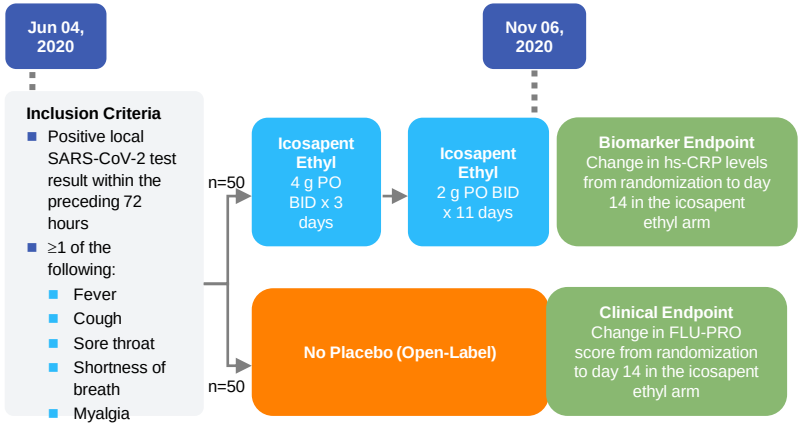
- Canada: COVID-19 CardioLink-9 clinical trial – Completed
  - Results were positive and presented in Dec'20
  - Small study; data from other studies needed to support hypothesis
- Argentina: PREPARE-IT clinical trials – First of two studies started in '20 and is ongoing
  - Investigating the effects 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; potential results near end of '21

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

After more clinical data is 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

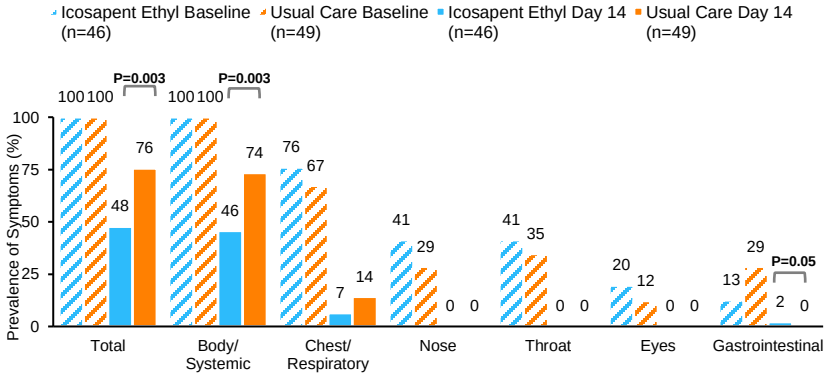


Inflammatory biomarker endpoint: unadjusted hs-CRP changes from baseline to day 14[1]

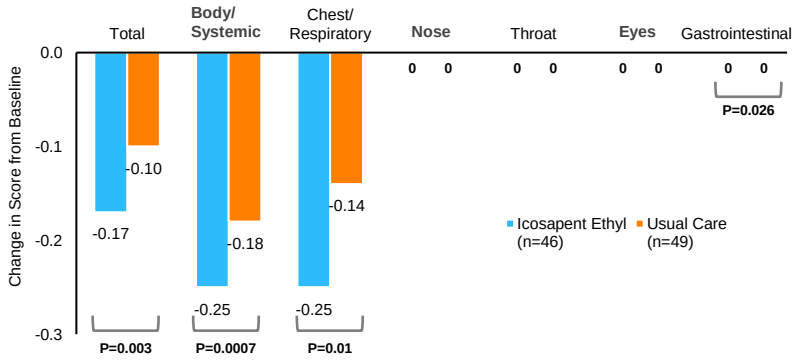
	Baseline (mg/L)	Day 14 (mg/L)	Median Percent Change from Baseline	Median Change from Baseline (mg/L)	P-value (within group)
Icosapent Ethyl (n=44)	3.2 (0.9, 11.6)	1.6 (0.6, 4.4)	-25.0 (-80.1, 26.7)	-0.5 (-6.9, 0.4)	0.011
Usual Care (n=47)	2.3 (0.7, 6.5)	2.1 (0.5, 5.8)	-5.6 (57.1, 84.2)	-0.1 (-3.2, 1.7)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

P-value (between groups) 0.082

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



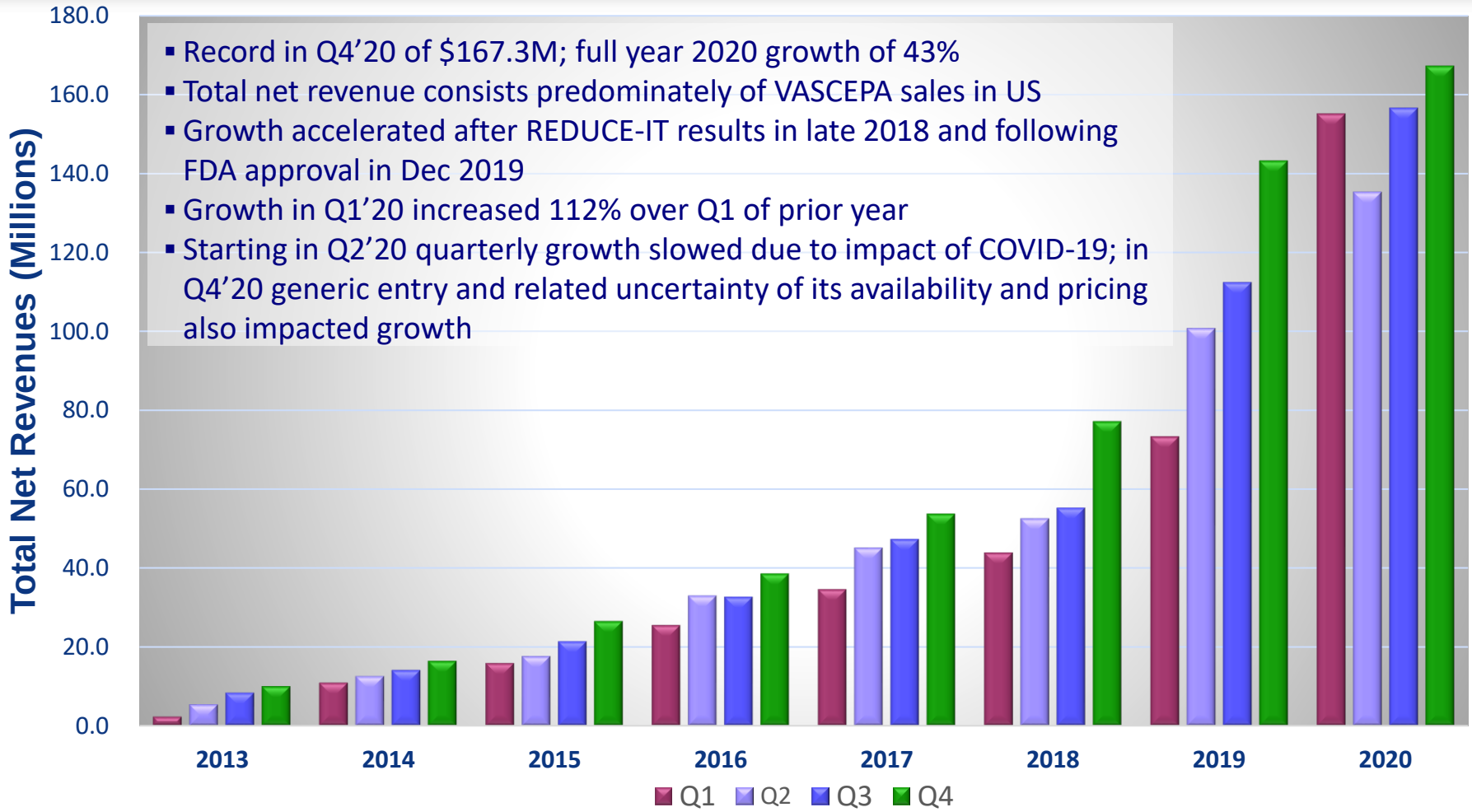
FLU-PRO scores: changes in total and individual domain scores from baseline to day 14



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

Quarterly History of Total Net Revenue



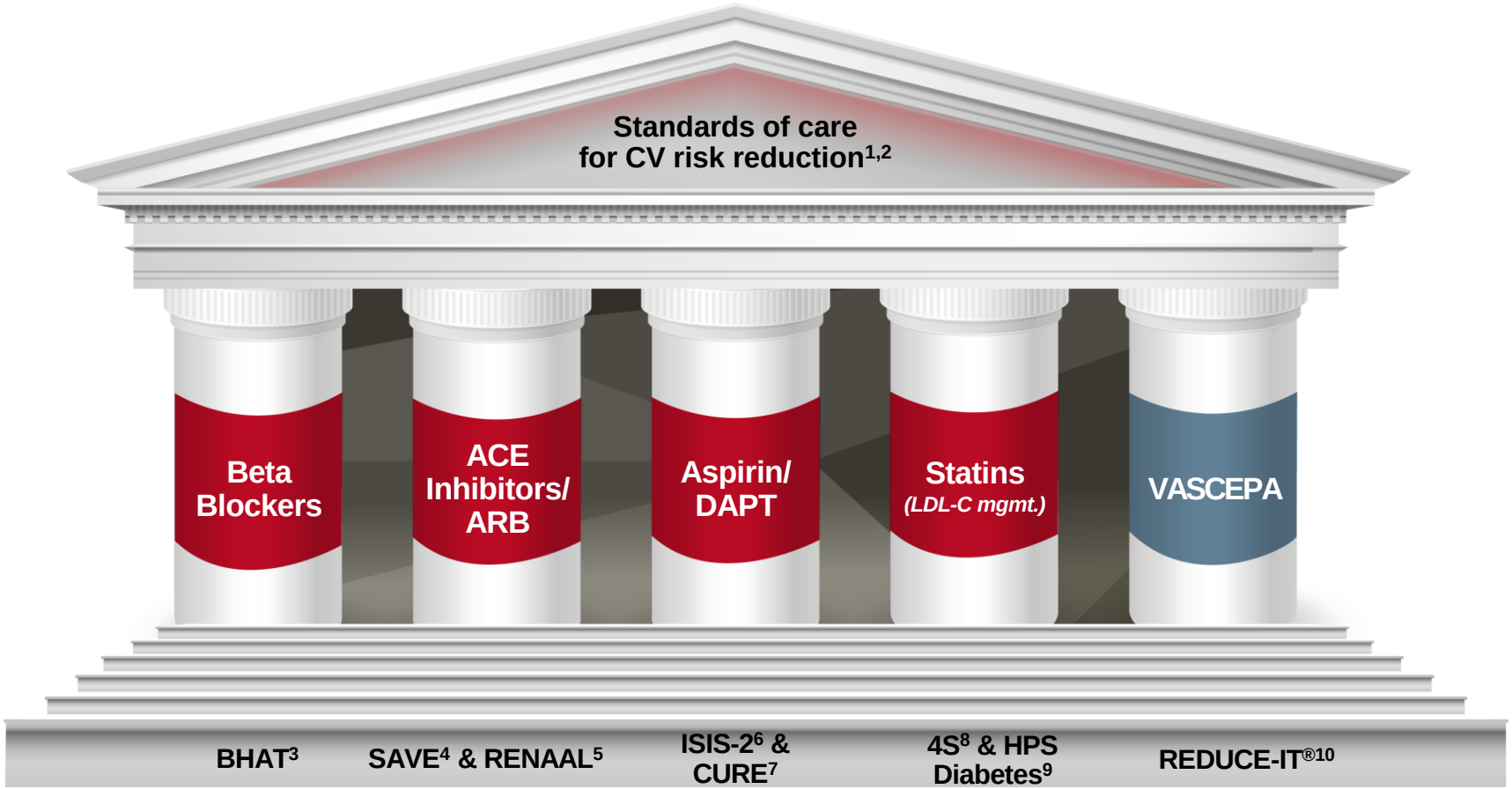
- Record in Q4'20 of $167.3M; full year 2020 growth of 43%
- Total net revenue consists predominately of VASCEPA sales in US
- Growth accelerated after REDUCE-IT results in late 2018 and following FDA approval in Dec 2019
- Growth in Q1'20 increased 112% over Q1 of prior year
- Starting in Q2'20 quarterly growth slowed due to impact of COVID-19; in Q4'20 generic entry and related uncertainty of its availability and pricing also impacted growth

- Normalized prescription growth in the US driving overall net product revenue increase; however, quarterly variability reflects various factors including changes in inventory levels maintained by independent wholesalers. Normalized = 30-day supply of 4g VASCEPA daily
- Seasonal factors, particularly in Q1 of each year, impact prescription levels; year over year comparisons most representative

Capitalization Summary (Millions)
As of December 31, 2020

Cash and Investments	$563.4	
Debt		
NOTES	None	
ROYALTY-BEARING INSTRUMENTS	None	Repayment completed in 2020
Common Stock and Equivalent Shares[1]		
COMMON SHARES	393	
OPTIONS AND RESTRICTED STOCK	24	Aggregate of all outstanding regardless of price or vesting
TOTAL IF ALL EXERCISED	417	
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.

AMARIN

Leading a New Paradigm in Preventative Cardiovascular Care

Investor Presentation

February 25, 2021

Vascepa®
(icosapent ethyl)