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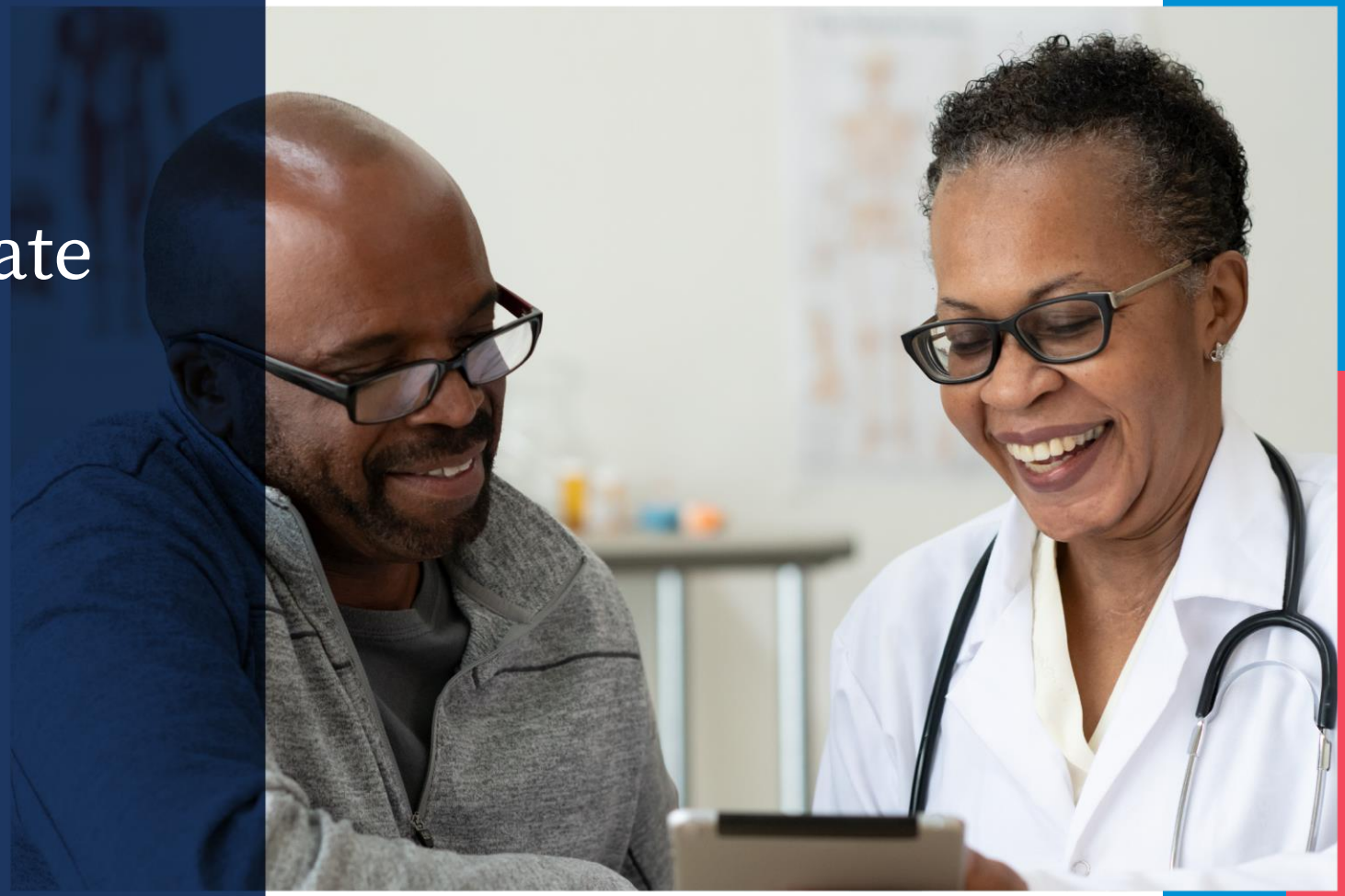
First Quarter 2022 Financial Results and Business Update Conference Call



Karim Mikhail
President & CEO

Dr. Steve Ketchum
President of R&D and CSO

Michael Kalb
CFO

May 4, 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.

Amarin Growth Strategy

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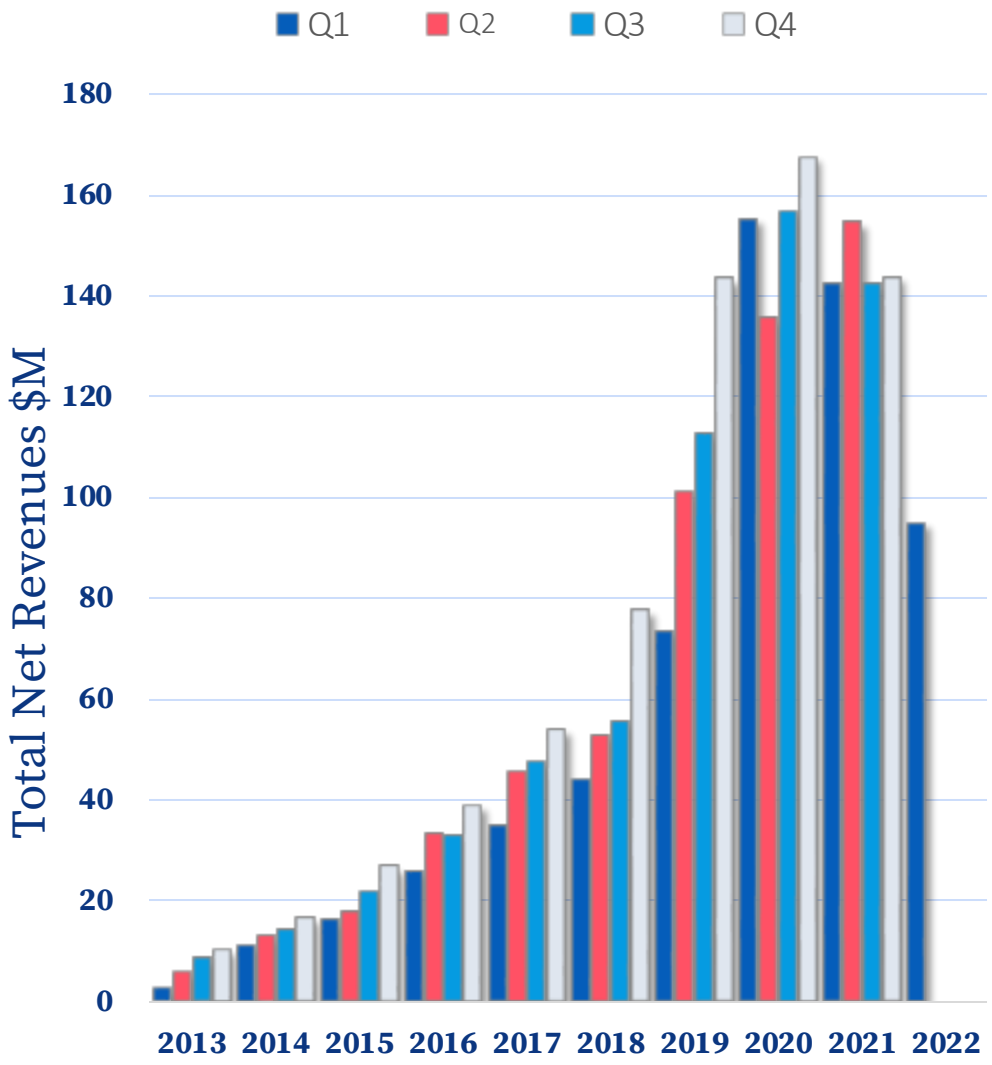
Total Revenue by Quarter



First Quarter 2022 Results

- First quarter 2022 total net revenue was $94.6 million, including U.S. product revenue of $93.5 million; decline versus the same period in the prior year and prior quarter.
- Net revenues impacted by third generic entrant to the market, resulting in lower volume, lower average net selling price and seasonality in the U.S. as we focused efforts on securing exclusive business.
- Closely monitoring U.S. market dynamics, including generic penetration rates, market supply, and icosapent ethyl market growth. Have not seen an acceleration of total generic penetration with third entrant on the market.
- Goal is to offset market dynamics with increased operational excellence efforts; Begun implementing savings of approximately $30 million in annual marketing expenses.
- Objective is to maintain contribution margin this year while focusing on gaining pricing and reimbursement and expanding our International business over time.

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Go-To-Market **STRATEGY** progress in the U.S.

1

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

2

Expanding Healthcare Provider Engagement:

Amplification of physician reach through digital channels

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

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

As of March 31, **45%** of total Commercial & Medicare Part D lives[1] have VASCEPA as the **exclusive** IPE product

Seeing benefits of digital **omnichannel efforts** to ensure patients at-risk for a CV event receive branded VASCEPA

BlinkRx Initiative showing early wins; continuing to evaluate additional opportunities to optimize provider engagement

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1. As of March 31, 2022 and on weighted average basis

Secured Reimbursement for VAZKEPA® in Sweden

- First Health Technology Assessment (HTA) reimbursement in Europe marking the **start of the next phase of European growth strategy**
- Sweden known to be at the forefront in the prevention and treatment of cardiovascular disease
- Significant milestone **acknowledging the value of VAZKEPA** to further strengthen cardiovascular care in Sweden
- National reimbursement restricted to statin-treated patients with established cardiovascular disease (eCVD) and elevated triglycerides (≥ 150 mg/dl [≥ 1.7 mmol/l]), representing ~70% of the REDUCE-IT® studied patient population[1]
- Price of 160 Euro /per month; ~US$180 per month
- Accelerating commercial activities in Sweden

[1] *Bhatt DL, Steg PG, Miller M, et al. Cardiovascular Risk Reduction with Icosapent Ethyl for Hypertriglyceridemia. N Engl J Med. 2019;380(1):11-22*

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 Progress and Outlook for Remainder of 2022:

✓ Clinical and Health Technology Assessment processes and reimbursement discussions progressing across all targeted European markets

- **UK:** Ongoing, active work with NICE on reimbursement; recently received a second Appraisal Consultation Document or ACD
- **Germany:** On the market with temporary reimbursement; initiated and in early stages of formal price negotiations with G-BA; initial sales impacted by local market conditions (COVID-19) as well as healthcare austerity measures
- **France:** Received positive reimbursement assessment from HAS: started price negotiation process

- Remain on track to receive pricing decisions in up to eight countries this year; Plans to launch VAZKEPA in up to six European countries this year

International Growth Expansion Through Partnerships Represents Potential $1B Opportunity

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

1st wave 2022

PROGRESS

6 COUNTRIES

HONG KONG, ISRAEL, AUSTRALIA, NEW ZEALAND, and KSA

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.

Continuing to Diversify the VASCEPA/VAZKEPA Market Opportunity

BUSINESS DEVELOPMENT

Searching for opportunities to **expand our offering** in the cardio-metabolic space

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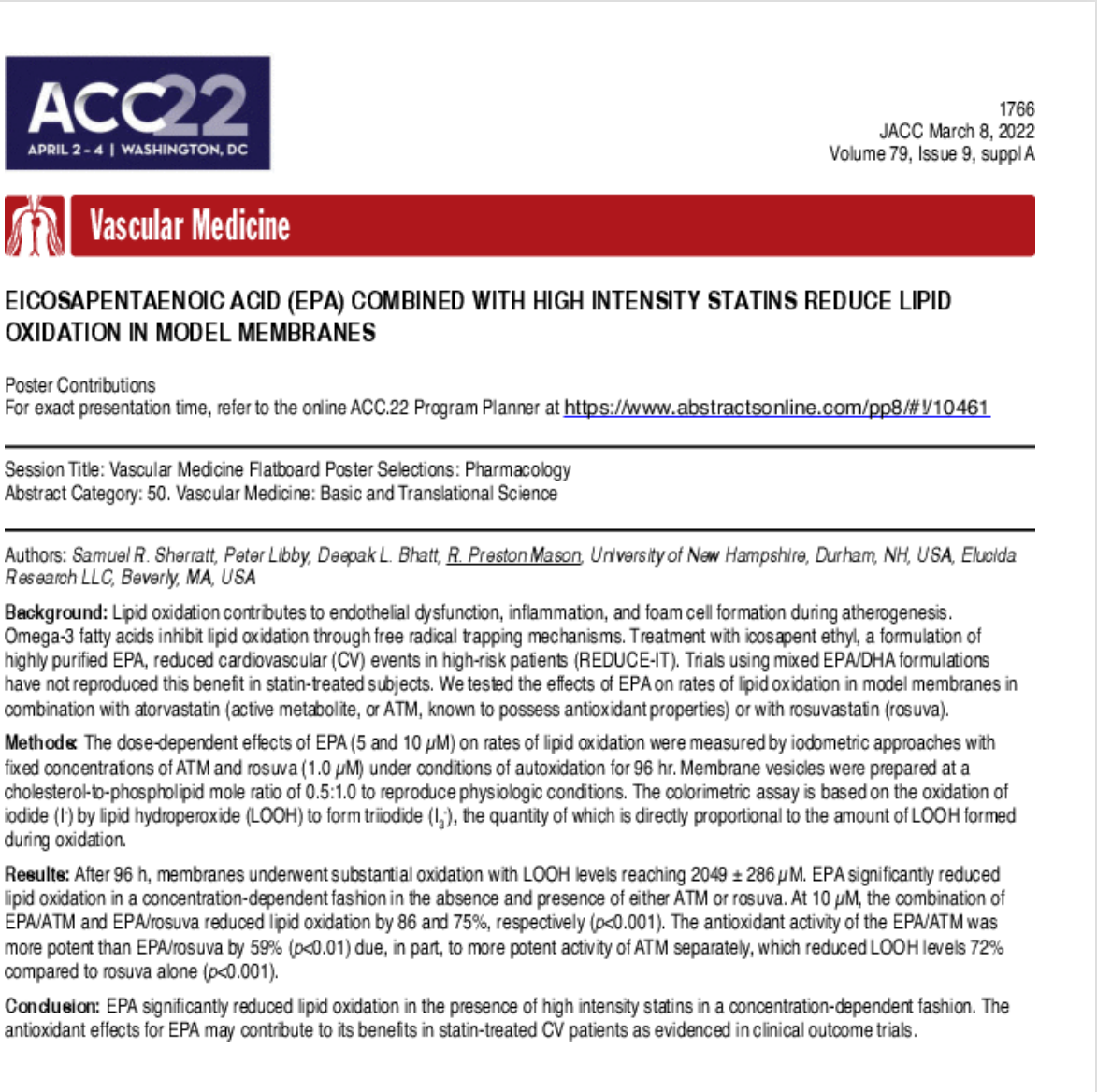
ADDING SENIOR LEADERSHIP TALENT

David Keenan,
SVP, Technical Operations

Dr. Nabil Abadir,
SVP and Chief Medical Officer

ACC 2022:
In-Vitro Data Support Increased Benefit of FDC Approach

- *In vitro* data presented at the American College of Cardiology Annual Meeting 2022.
- Data showed while statins and EPA can work independently to reduce lipid oxidation, which can contribute to CV risk, they may work even better together.
- Findings support our belief regarding the potential for increased benefit to appropriate high-risk patients from VASCEPA in combination with statins, consistent with the results from the REDUCE-IT® trial.



ACC22
APRIL 2 - 4 | WASHINGTON, DC

1766
JACC March 8, 2022
Volume 79, Issue 9, suppl A

Vascular Medicine

EICOSAPENTAENOIC ACID (EPA) COMBINED WITH HIGH INTENSITY STATINS REDUCE LIPID OXIDATION IN MODEL MEMBRANES

Poster Contributions
For exact presentation time, refer to the online ACC.22 Program Planner at https://www.abstractsonline.com/pp8/#!/10461

Session Title: Vascular Medicine Flatboard Poster Selections: Pharmacology
Abstract Category: 50. Vascular Medicine: Basic and Translational Science

Authors: *Samuel R. Sherratt, Peter Libby, Deepak L. Bhatt, R. Preston Mason, University of New Hampshire, Durham, NH, USA, Elucida Research LLC, Beverly, MA, USA*

Background: Lipid oxidation contributes to endothelial dysfunction, inflammation, and foam cell formation during atherogenesis. Omega-3 fatty acids inhibit lipid oxidation through free radical trapping mechanisms. Treatment with icosapent ethyl, a formulation of highly purified EPA, reduced cardiovascular (CV) events in high-risk patients (REDUCE-IT). Trials using mixed EPA/DHA formulations have not reproduced this benefit in statin-treated subjects. We tested the effects of EPA on rates of lipid oxidation in model membranes in combination with atorvastatin (active metabolite, or ATM, known to possess antioxidant properties) or with rosuvastatin (rosuva).

Methods: The dose-dependent effects of EPA (5 and 10 μM) on rates of lipid oxidation were measured by iodometric approaches with fixed concentrations of ATM and rosuva (1.0 μM) under conditions of autoxidation for 96 hr. Membrane vesicles were prepared at a cholesterol-to-phospholipid mole ratio of 0.5:1.0 to reproduce physiologic conditions. The colorimetric assay is based on the oxidation of iodide (I^-) by lipid hydroperoxide (LOOH) to form triiodide (I_3^-), the quantity of which is directly proportional to the amount of LOOH formed during oxidation.

Results: After 96 h, membranes underwent substantial oxidation with LOOH levels reaching 2049 ± 286 μM. EPA significantly reduced lipid oxidation in a concentration-dependent fashion in the absence and presence of either ATM or rosuva. At 10 μM, the combination of EPA/ATM and EPA/rosuva reduced lipid oxidation by 86 and 75%, respectively ($p<0.001$). The antioxidant activity of the EPA/ATM was more potent than EPA/rosuva by 59% ($p<0.01$) due, in part, to more potent activity of ATM separately, which reduced LOOH levels 72% compared to rosuva alone ($p<0.001$).

Conclusion: EPA significantly reduced lipid oxidation in the presence of high intensity statins in a concentration-dependent fashion. The antioxidant effects for EPA may contribute to its benefits in statin-treated CV patients as evidenced in clinical outcome trials.

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Development of a Fixed-Dose Combination Portfolio

Improve Adherence

Increased **adherence** as evidenced by studies performed both in Europe and the US, as well as **adequate dosing** of fixed-dose combination treatment immediately after a CVD event has the **potential to improve clinical outcomes**[1]

Greater Patient Convenience

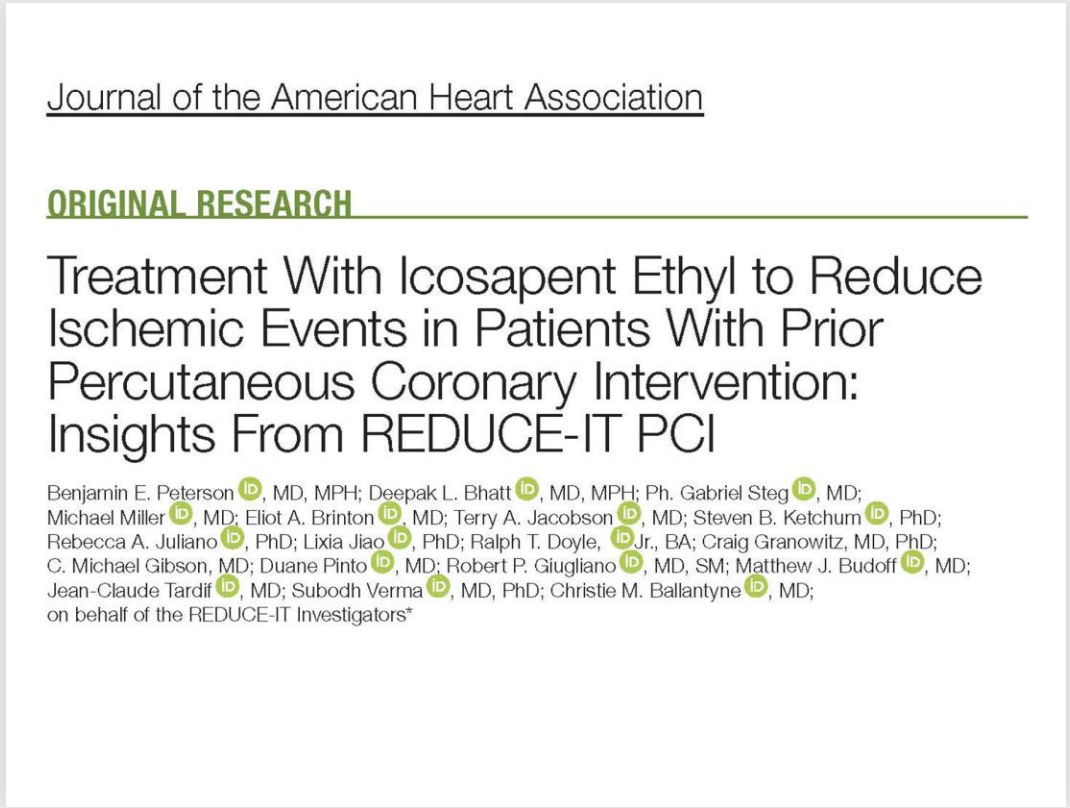
Reduced pill burden, meaning **greater convenience** for high-risk cardiovascular patients that have other comorbidities and, therefore, multiple medications, needing repeat visits to HCP for treatment intensification

Commercial Opportunity

Allows us to maximize the **INVESTMENT** made into the REDUCE-IT study, where IPE was used on top of a statin, by offering the benefits of VASCEPA/VAZKEPA in a **BROAD PORTFOLIO OF PRODUCTS**

1. Drexel H, Coats AJS, Spoletini I, et al. An expert opinion paper on statin adherence and implementation of new lipid-lowering medications by the ESC Working Group on Cardiovascular Pharmacotherapy: Barriers to be overcome. *Eur Heart J Cardiovasc Pharmacother*. 2020;6(2):115-121.

REDUCE-IT Data Continue to Support CV Risk Reduction Benefits of VASCEPA/VASKEPA

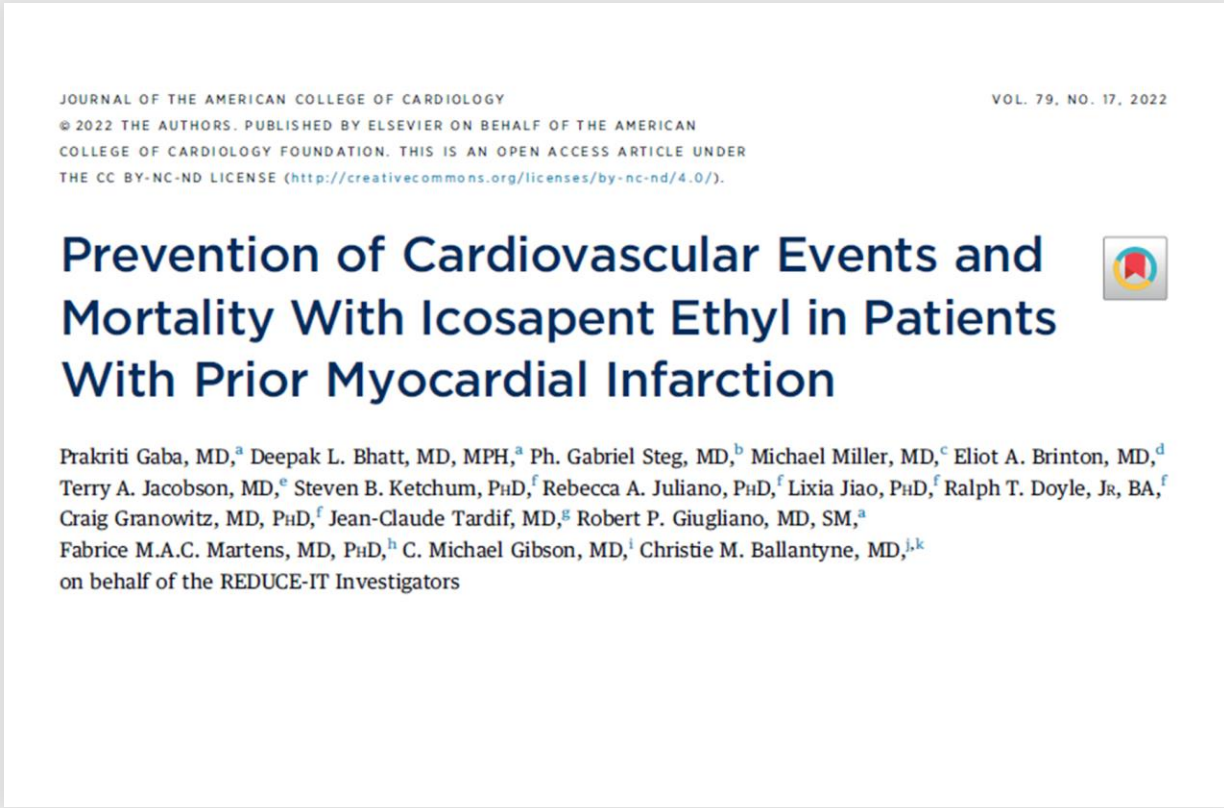


Journal of the American Heart Association

ORIGINAL RESEARCH

Treatment With Icosapent Ethyl to Reduce Ischemic Events in Patients With Prior Percutaneous Coronary Intervention: Insights From REDUCE-IT PCI

Benjamin E. Peterson, MD, MPH; Deepak L. Bhatt, MD, MPH; Ph. Gabriel Steg, MD; Michael Miller, MD; Eliot A. Brinton, MD; Terry A. Jacobson, MD; Steven B. Ketchum, PhD; Rebecca A. Juliano, PhD; Lixia Jiao, PhD; Ralph T. Doyle, Jr., BA; Craig Granowitz, MD, PhD; C. Michael Gibson, MD; Duane Pinto, MD; Robert P. Giugliano, MD, SM; Matthew J. Budoff, MD; Jean-Claude Tardif, MD; Subodh Verma, MD, PhD; Christie M. Ballantyne, MD; on behalf of the REDUCE-IT Investigators*



JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY VOL. 79, NO. 17, 2022

Prevention of Cardiovascular Events and Mortality With Icosapent Ethyl in Patients With Prior Myocardial Infarction

Prakriti Gaba, MD,[a] Deepak L. Bhatt, MD, MPH,[a] Ph. Gabriel Steg, MD,[b] Michael Miller, MD,[c] Eliot A. Brinton, MD,[d] Terry A. Jacobson, MD,[e] Steven B. Ketchum, PhD,[f] Rebecca A. Juliano, PhD,[f] Lixia Jiao, PhD,[f] Ralph T. Doyle, Jr, BA,[f] Craig Granowitz, MD, PhD,[f] Jean-Claude Tardif, MD,[g] Robert P. Giugliano, MD, SM,[a] Fabrice M.A.C. Martens, MD, PhD,[h] C. Michael Gibson, MD,[i] Christie M. Ballantyne, MD,[j,k] on behalf of the REDUCE-IT Investigators

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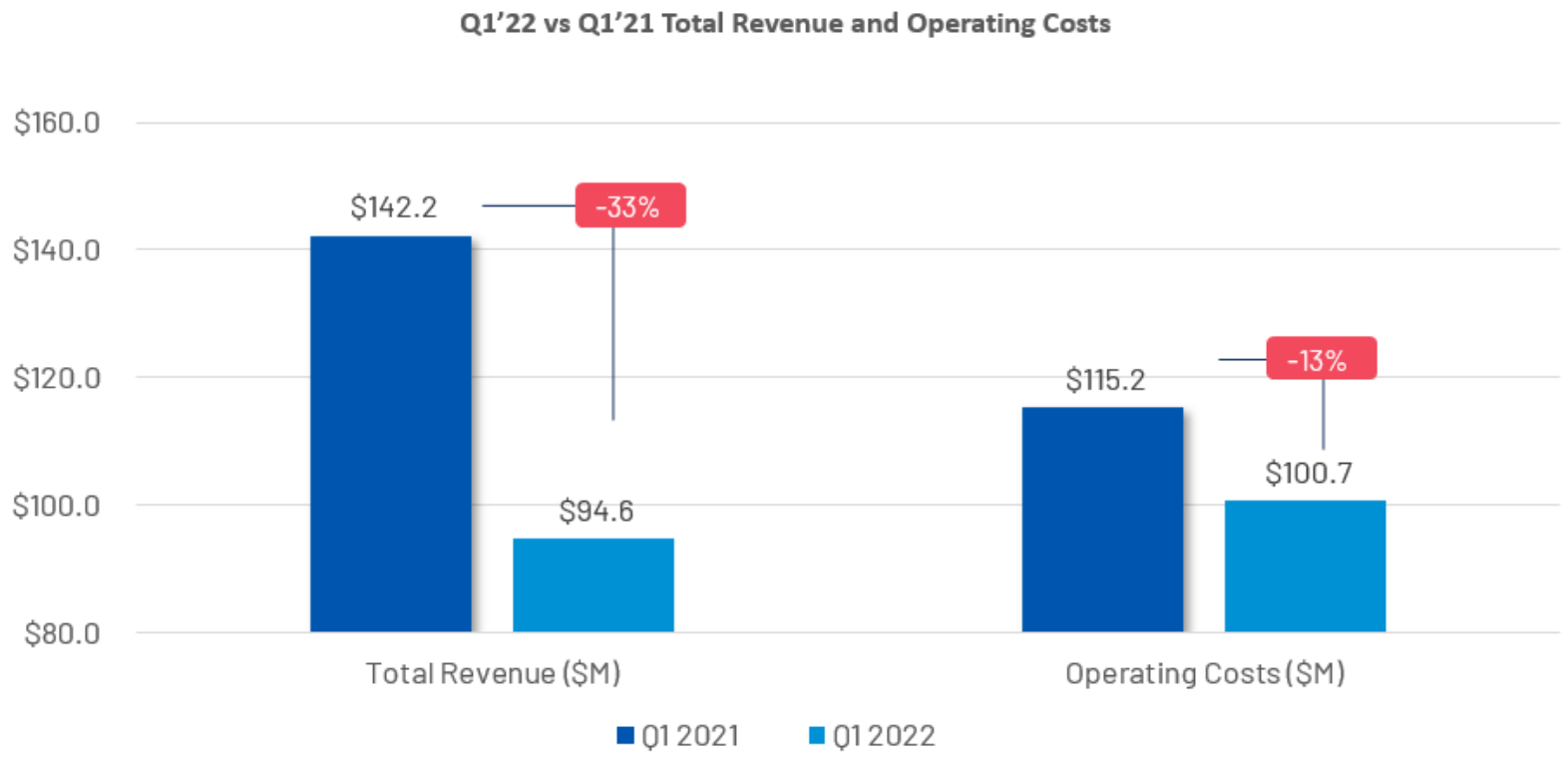
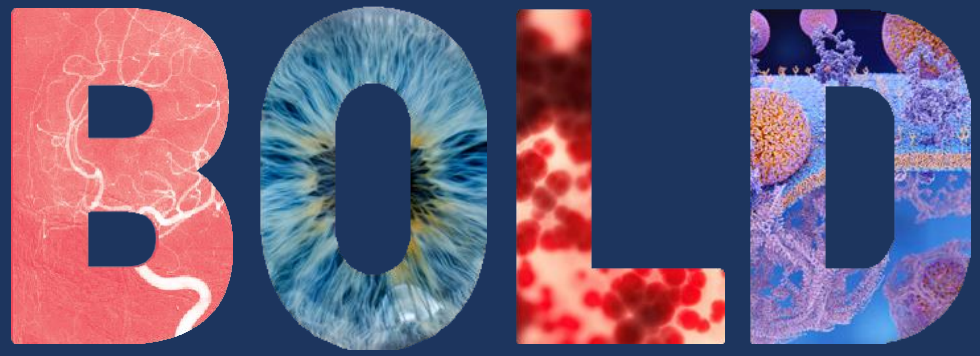
First Quarter ‘22 Total Revenue and Operating Expenses

Cash and Investments: $389.3 million



Quarterly Operating Loss

- Q1 2022: $28.3 million
- Q1 2021: $1.3 million



Leading a new paradigm
in preventive cardiovascular
care and growing our impact
for patients globally

AMBITIONS for AMARIN

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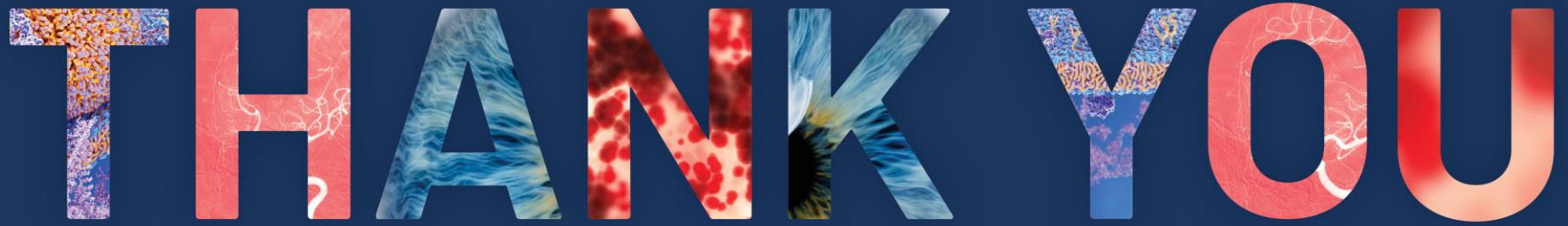
Vascepa® (icosapent ethyl)

Vazkepa® (icosapent ethyl)



Investor Presentation

May 2022