Seven Data Presentations Relevant to Vascepa® (Icosapent Ethyl) Capsules and Persistent Cardiovascular Risk to be Presented at American Heart Association's 2019 Scientific Sessions, November 16 – 18

November 4, 2019

Amarin to Webcast Discussion of Presented Data November 18, 4:30 - 5:30 p.m., Eastern Time

DUBLIN, Ireland and BRIDGEWATER, N.J., Nov. 04, 2019 (GLOBE NEWSWIRE) -- **Amarin Corporation plc** (NASDAQ:AMRN), a pharmaceutical company focused on improving cardiovascular health, announced that two independently conducted studies, two moderated poster sessions and three presentations based on research supported by Amarin will be presented at the American Heart Association's (AHA) 2019 Scientific Sessions, November 16-18, in Philadelphia, PA.

"Cardiovascular disease is the leading cause of death and the costliest chronic disease in the U.S. today," [1] said Craig Granowitz, M.D., Ph.D., senior vice president and chief medical officer, Amarin. "It is imperative that we conduct and share scientific research that may help address the often devastating, debilitating and deadly conditions that now affect almost half of Americans.[2] Several of the scheduled presentations at AHA focus on Amarin's REDUCE-IT ® study and provide further context on the potential clinical and economic value of *Vascepa*® (icosapent ethyl) as a treatment for people who have statin-controlled cholesterol levels, yet have elevated triglyceride levels and are otherwise still at high risk of cardiovascular events."

Upcoming Featured Presentations

- **Session FS.AOS.01 – Featured Science Population Science, November 16, 7:30 – 7:40 a.m., Eastern U.S. Time**
  "Cost-Effectiveness of Icosapent Ethyl in REDUCE-IT," – presented by William S. Weintraub, M.D., MedStar Washington Hospital.

- **Session FS.MDP.05 – Follow-up of Landmark Trials, Moderated Science Poster, November 17, 4:20 – 4:25 p.m., Eastern U.S. Time**
  MDP479, "REDUCE-IT USA: Results from the 3,146 Patients Randomized in the United States," – presented by Deepak L. Bhatt, M.D., M.P.H., Brigham and Women's Hospital and Harvard Medical School.

- **Session LBS.06 – Late Breaking Science VI: New Frontiers in Lipid Therapy, November 18, 9:00 – 9:10 a.m., Eastern U.S. Time**
  "Effect of Icosapent Ethyl on Progression of Coronary Atherosclerosis in Patients with Elevated Triglycerides (200 – 499 mg/dL) on Statin Therapy (EVAPORATE study)," – presented by Matthew J. Budoff, M.D., Los Angeles Biomedical Research.

Other Upcoming Data Presentations

- **Presentation Sa1056, "Purified Eicosapentaenoic Acid Ameliorates Cardiac Fibrosis and Tissue Inflammation on Spontaneously Hypertensive Rats," – Giselle C. Meléndez, M.D.,** Danielle Medina-Hernandez, Adam Pflum, M.D., Vivian Xu, David M. Herrington, M.D., presented Saturday, November 16., 1:30 – 2 p.m., Eastern U.S. Time.

- **Presentation Su3237, "Improving Appropriate Use Of Omega-3 Fatty Acids In Primary Care: Success Of Online CME," – Jelena Spyropoulos**, Medscape Education, New York, NY; George Boutsalis, David Anderson – presented Sunday, November 17, 12:30 – 1 p.m., Eastern U.S. Time.

- **Presentation Mo1016, "Influence of Eicosapentaenoic and Arachidonic Acid on Cholesterol Crystal Formation in Membranes under Hyperglycemic Conditions,"** – Samuel C.R. Sherratt, B.S., R. Preston Mason, Ph.D. -- presented Monday, November 18, 11:30 a.m. – noon, Eastern U.S. Time.

- **Moderated Poster Presentation MDP414, "Many Statin Treated Persons with Borderline Triglyceride Levels are at Risk of ASCVD," – Nathan D. Wong**, Wenjun Fan, Sephy Philip, Peter P. Toth, and Craig Granowitz – presented Monday, November 18, 1:20 -1:25 p.m., Eastern U.S. Time.

As will be disclosed in the presentations listed above, much of this independent research was funded by Amarin.

Vascepa is currently approved in the United States as an adjunct to diet to reduce triglyceride levels in adult patients with severe (≥500 mg/dL) hypertriglyceridemia. Amarin has submitted a supplemental new drug application (sNDA) to the U.S. FDA for a label expansion based on the REDUCE-IT study results showing reduction of cardiovascular events in high-risk patients. The

Prescription Drug User Fee Act (PDUFA) target action date set by the FDA to act on the sNDA is December 28, 2019. Assuming FDA approval, *Vascepa* is positioned to become the first drug indicated to reduce persistent residual cardiovascular risk in statin-managed patients with elevated triglycerides (135 mg/dL or greater) and other risk factors for cardiovascular disease. The approval of such label expansion and the wording of the indication statement is under regulatory review.

Investor Webcast on November 18, 4:30 p.m., Eastern U.S. Time
Amarin will host a webcast at 4:30 p.m. Eastern U.S. Time, November 18, 2019. The webcast will be accessible through the investor relations section of the company's website at www.amarincorp.com. The webcast can also be heard via telephone by dialing 877-407-8033. A replay of the webcast will be available for two weeks following the webcast. To hear a replay of the webcast, dial 877-481-4010 (inside the United States) or 919-882-2331 (outside the United States). A replay of the webcast will also be available through the company's website shortly after the webcast. For both dial-in numbers please use conference ID 55923.

About Amarin
Amarin Corporation plc. is a rapidly growing, innovative pharmaceutical company focused on developing therapeutics to improve cardiovascular health. Amarin's product development program leverages its extensive experience in polyunsaturated fatty acids and lipid science. *Vascepa* (icosapent ethyl) is Amarin's first FDA-approved drug and is available by prescription in the United States, Lebanon and the United Arab Emirates. Amarin's commercial partners are pursuing additional regulatory approvals for *Vascepa* in Canada, China and the Middle East. For more information about Amarin, visit www.amarincorp.com.

About REDUCE-IT®
REDUCE-IT, an 8,179-patient cardiovascular outcomes study, was completed in 2018.

REDUCE-IT was the first multinational cardiovascular outcomes study that evaluated the effect of prescription pure EPA therapy as an add-on to statins in patients with high cardiovascular risk
who, despite stable statin therapy, had elevated triglyceride levels (at least 135 mg/dL). A large proportion of the male and female patients enrolled in this outcomes study were diagnosed with type 2 diabetes.

More information on the REDUCE-IT study results can be found at www.amarincorp.com.

About Cardiovascular Disease
Worldwide, cardiovascular disease (CVD) remains the #1 killer of men and women. In the United States CVD leads to one in every three deaths – one death approximately every 38 seconds – with annual treatment cost in excess of $500 billion.[3,4]

Multiple primary and secondary prevention trials have shown a significant reduction of 25% to 35% in the risk of cardiovascular events with statin therapy, leaving significant persistent residual risk despite the achievement of target LDL-C levels.[5]

Beyond the cardiovascular risk associated with LDL-C, genetic, epidemiologic, clinical and real-world data suggest that patients with elevated triglycerides (TG) (fats in the blood), and TG-rich lipoproteins, are at increased risk for cardiovascular disease.[6,7,8,9]

About *Vascepa*® (icosapent ethyl) Capsules
Vascepa (icosapent ethyl) capsules are a single-molecule prescription product consisting of the omega-3 acid commonly known as EPA in ethyl-ester form. *Vascepa* is not fish oil, but is derived from fish through a stringent and complex FDA-regulated manufacturing process designed to effectively eliminate impurities and isolate and protect the single molecule active ingredient from degradation. *Vascepa*, known in scientific literature as AMR101, has been designated a new chemical entity by the FDA. Amarin has been issued multiple patents internationally based on the unique clinical profile of *Vascepa*, including the drug's ability to lower triglyceride levels in relevant patient populations without raising LDL-cholesterol levels.

The FDA has not completed its review and made a final determination on a supplemental new drug application related to REDUCE IT. FDA has not reviewed the information herein or determined whether to approve *Vascepa* for use to reduce the risk of major adverse cardiovascular events in the REDUCE-IT patient population
Indication and Usage Based on Current FDA-Approved Label (not including REDUCE-IT results)

- *Vascepa* (icosapent ethyl) is indicated as an adjunct to diet to reduce triglyceride (TG) levels in adult patients with severe (≥500 mg/dL) hypertriglyceridemia.
- The effect of *Vascepa* on the risk for pancreatitis and cardiovascular mortality and morbidity in patients with severe hypertriglyceridemia has not been determined.

Important Safety Information for *Vascepa* Based on Current FDA-Approved Label (not including REDUCE-IT results) (Includes Data from Two 12-Week Studies (n=622) (MARINE and ANCHOR) of Patients with Triglycerides Values of 200 to 2000 mg/dL)

- *Vascepa* is contraindicated in patients with known hypersensitivity (e.g., anaphylactic reaction) to *Vascepa* or any of its components.
- In patients with hepatic impairment, monitor ALT and AST levels periodically during therapy.
- Use with caution in patients with known hypersensitivity to fish and/or shellfish.
- The most common reported adverse reaction (incidence >2% and greater than placebo) was arthralgia (2.3% for *Vascepa*, 1.0% for placebo). There was no reported adverse reaction >3% and greater than placebo.

- Adverse events and product complaints may be reported by calling 1-855-VASCEPA or the FDA at 1-800-FDA-1088. Patients receiving treatment with Vascepa and other drugs affecting coagulation (e.g., anti-platelet agents) should be monitored periodically.
- Patients should be advised to swallow *Vascepa* capsules whole; not to break open, crush, dissolve, or chew *Vascepa*.

FULL VASCEPA PRESCRIBING INFORMATION CAN BE FOUND AT WWW.VASCEPA.COM.

Important Safety Information for *Vascepa* based on REDUCE-IT, as previously reported in *The New England Journal of Medicine* publication of the primary results of the REDUCE-IT study:

- Excluding the major adverse cardiovascular events (MACE) results described above, overall adverse event rates in REDUCE-IT were similar across the statin plus *Vascepa* and the statin plus placebo treatment groups.
- There were no significant differences between treatments in the overall rate of treatment emergent adverse events or serious adverse events leading to withdrawal of study drug.
- There was no serious adverse event (SAE) occurring at a frequency of >2% which occurred at a numerically higher rate in the statin plus *Vascepa* treatment group than in the statin plus placebo treatment group.
- Adverse events (AEs) occurring in 5% or greater of patients and more frequently with *Vascepa* than placebo were:
  - peripheral edema (6.5% *Vascepa* patients versus 5.0% placebo patients), although there was no increase in the rate of heart failure in *Vascepa* patients
  - constipation (5.4% *Vascepa* patients versus 3.6% placebo patients), although mineral oil, as used as placebo, is known to lower constipation, and
  - atrial fibrillation (5.3% *Vascepa* patients versus 3.9% placebo patients), although there were reductions in rates of cardiac arrest, sudden death and myocardial infarctions observed in *Vascepa* patients
- There were numerically more SAEs related to bleeding in the statin plus *Vascepa* treatment group although overall rates were low with no fatal bleeding observed in either group and no significant difference in adjudicated hemorrhagic stroke or serious central nervous system or gastrointestinal bleeding events between treatments.
- In summary, *Vascepa* was well tolerated with a safety profile generally consistent with clinical experience associated with omega-3 fatty acids and current FDA-approved labeling of such products.

Important Cautionary Information About These Data
Further REDUCE-IT data assessment and data release are expected to yield additional useful information to inform greater understanding of the trial outcome. For example, detailed data assessment by regulatory authorities, such as the FDA and Health Canada, will continue and take time to complete and announce. The FDA advisory committee process and the final evaluation by regulatory authorities of the totality of efficacy and safety data from REDUCE-IT is anticipated to include some or all of the following, as well as other considerations: new information or analyses affecting the degree of treatment benefit on studied endpoints; study conduct and data robustness, quality, integrity and consistency; additional safety data considerations and risk/benefit considerations; and consideration of REDUCE-IT results in the context of other clinical studies. More detailed presentation of such considerations is set forth in the risk factors section of Amarin's Quarterly Report on Form 10-Q filed with the U.S. Securities and Exchange Commission. Because regulatory reviews are typically fluid and not definitive interactions between sponsor and agency on individual elements of an application and related information, Amarin does not plan to update investors further on ongoing communications with regulatory authorities. Amarin plans to announce the final outcome of such regulatory reviews when appropriate.

Forward-Looking Statements
This press release contains forward-looking statements, including statements regarding the use of *Vascepa* to potentially help millions of patients. These forward-looking statements are not promises or guarantees and involve substantial risks and uncertainties. Among the factors that could cause actual results to differ materially from those described or projected herein include the following: uncertainties associated generally with research and development, clinical trials and related regulatory reviews and approvals; the risk that data interpretations or other information from third parties, the regulatory review process, regulatory authorities and in connection with an advisory committee could be made public that are negative or may delay approval or limit *Vascepa's* marketability; the risk that special protocol assessment (SPA) agreements with the FDA are not a guarantee that FDA will approve a product candidate; the risk associated with the FDA's rescinding the REDUCE-IT SPA agreement; the risk related to FDA advisory committee meetings; and the risk that the FDA may not complete its review of the REDUCE-IT sNDA within the timing expected. A further list and description of these risks, uncertainties and other risks associated with an investment in Amarin can be found in Amarin's filings with the U.S. Securities and Exchange Commission, including its most recent Quarterly Report on Form 10-Q. Existing and prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. Amarin undertakes no obligation to update or revise the information contained in this press release, whether as a result of new information, future events or circumstances or otherwise.

Availability of Other Information About Amarin
Investors and others should note that Amarin communicates with its investors and the public using the company website (www.amarincorp.com), the investor relations website (investor.amarincorp.com), including but not limited to investor presentations and investor FAQs, Securities and Exchange Commission filings, press releases, public conference calls and webcasts. The information that Amarin posts on these channels and websites could be deemed to be material information. As a result, Amarin encourages investors, the media, and others interested in Amarin to review the information that is posted on these channels, including the investor relations website, on a regular basis. This list of channels may be updated from time to time on Amarin's investor relations website and may include social media channels. The contents of Amarin's website or these channels, or any

other website that may be accessed from its website or these channels, shall not be deemed incorporated by reference in any filing under the Securities Act of 1933.

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[2] The American Heart Association's "Heart Disease and Stroke Statistics-2019 Update"

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[5] Ganda OP, Bhatt DL, Mason RP, et al. Unmet need for adjunctive dyslipidemia therapy in hypertriglyceridemia management. J Am Coll Cardiol. 2018;72(3):330-343.

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