New REDUCE-IT® Analysis Presented at the European Atherosclerosis Society (EAS) Congress 2026 Suggests Risk-Weighted ApoB May Improve Identification of Residual Cardiovascular Risk in Statin-Treated Patients with Hypertriglyceridemia

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DUBLIN and BRIDGEWATER, N.J., May 27, 2026 (GLOBE NEWSWIRE) -- Amarin Corporation plc (NASDAQ: AMRN) (Amarin), a company committed to advancing the science of cardiovascular disease (CVD) worldwide, today announced new data from a post hoc analysis of the REDUCE-IT® trial presented at the European Atherosclerosis Society (EAS) Congress 2026 in Athens, Greece.

The analysis, conducted in the REDUCE-IT placebo arm, evaluated risk-weighted apolipoprotein B (RW-apoB), an integrated metric designed to reflect the relative atherogenicity of apoB-containing lipoproteins. Among statin-treated patients with elevated triglycerides (TG) , RW-apoB was found to more effectively identify individuals at increased residual cardiovascular (CV) risk compared with traditional lipid biomarkers.

Residual cardiovascular risk remains a well-recognized challenge in statin-treated patients, particularly among those with elevated TGs despite controlled low-density lipoprotein cholesterol (LDL-C) levels.

Across 3,485 participants in the REDUCE-IT placebo arm followed for a median of 4.9 years and with lipid measurements available, RW-apoB levels were on average calculated to be approximately 30% higher than measured apoB, suggesting potential underrecognition of lipid-associated residual risk. RW-apoB demonstrated superior risk prediction for cardiovascular outcomes in this statin-treated population compared with LDL-C, non-HDL-C, and apoB.

In addition, application of European Society of Cardiology (ESC)-defined intervention thresholds identified a greater proportion of patients at elevated risk when using RW-apoB compared with apoB alone, supporting its potential role in improving risk stratification in routine clinical settings.

“The findings presented at EAS build on some of our prior work demonstrating that apoB-containing lipoproteins do not contribute equally to atherosclerotic risk[i],” said Michaela B. Rehman, Cardiology Department, Ramsay Santé, Médipôle Lyon-Villeurbanne, Villeurbanne, France and lead author of the analysis. “By incorporating the relative atherogenicity of triglyceride-rich lipoproteins and lipoprotein(a), risk-weighted apoB provides a more integrated assessment of lipid-related risk. These results extend earlier research and suggest that this approach may help identify statin-treated patients who remain at elevated cardiovascular risk and may benefit from additional intervention.”

Risk-weighted apoB is calculated by assigning differential weights to lipid components, including triglyceride-rich lipoproteins and lipoprotein(a), which have been shown to be 4-5 and 6–7 times, respectively, more atherogenic per particle than LDL, thereby providing a more accurate reflection of the total atherogenic burden and coronary heart disease risk.

“As a reminder, findings from the REDUCE-IT trial previously demonstrated that treatment with icosapent ethyl significantly reduced major adverse cardiovascular events in high-risk, statin-treated patients with elevated triglycerides,” said Deepak L. Bhatt, MD, MPH, MBA, Director of the Mount Sinai Fuster Heart Hospital at the Icahn School of Medicine at Mount Sinai in New York and Principal Investigator of REDUCE-IT. “Importantly, ongoing analyses continue to enhance understanding of residual risk and inform approaches to improving patient identification and management.”

These insights, together with recent guideline updates, have supported the evolving role of icosapent ethyl (IPE) in contemporary lipid management. The 2025 focused update to the ESC/EAS dyslipidemia guidelines included high-dose IPE among recommended therapies for high- and very high-risk patients based on the REDUCE-IT evidence base. More recently, the 2026 ACC/AHA/Multisociety guideline update further characterizes the clinical role of IPE in reducing CV risk in statin-treated patients with elevated TGs, reinforcing its relevance in addressing an important medical need for the millions of patients with persistent cardiovascular risk.

About Amarin
Amarin is a global pharmaceutical company committed to reducing the cardiovascular disease (CVD) burden for patients and communities and to advancing the science of cardiovascular care around the world. We own and support a global branded product approved by multiple regulatory authorities based on a track record of proven efficacy and safety and backed by robust clinical trial evidence. Our commercialization model includes a direct sales approach in the U.S. and an indirect distribution strategy internationally, through a syndicate of reputable and well-established partners with significant geographic expertise, covering close to 100 markets worldwide. Our success is driven by a dedicated, talented, and highly skilled team of experts passionate about the

fight against the world's leading cause of death, CVD.

About REDUCE-IT®
REDUCE-IT was a global cardiovascular outcomes study designed to evaluate the effect of VASCEPA in adult patients with LDL-C controlled to between 41-100 mg/dL (median baseline 75 mg/dL) by statin therapy and various cardiovascular risk factors including persistent elevated triglycerides between 135-499 mg/dL (median baseline 216 mg/dL) and either established cardiovascular disease (secondary prevention cohort) or diabetes mellitus and at least one other cardiovascular risk factor (primary prevention cohort).

REDUCE-IT, conducted over seven years and completed in 2018, followed 8,179 patients at over 400 clinical sites in 11 countries with the largest number of sites located within the United States. REDUCE-IT was conducted based on a special protocol assessment agreement with FDA. The design of the REDUCE-IT study was published in March 2017 in Clinical Cardiology.[ii] The primary results of REDUCE-IT were published in The New England Journal of Medicine in November 2018.[iii] The total events results of REDUCE-IT were published in the Journal of the American College of Cardiology in March 2019.[iv] These and other publications can be found in the R&D section on the company's website at www.amarincorp.com. Dr. Bhatt serves as the Chair of the REDUCE-IT Steering Committee with research funding paid to Brigham and Women's Hospital and the Icahn School of Medicine at Mount Sinai.

About Cardiovascular Risk
Cardiovascular disease (CVD) is the number one cause of death in the world. In the United States alone, CVD - including heart disease, stroke, hypertension and heart failure - accounts for approximately 915,973 deaths per year, or about one death every 34 seconds.[v]

Controlling bad cholesterol, also known as LDL-C, is one way to reduce a patient's risk for cardiovascular events, such as heart attack, stroke or death. However, even with the achievement of target LDL-C levels, millions of patients still have significant and persistent risk of cardiovascular events, especially those patients with elevated triglycerides. Statin therapy has been shown to control LDL-C, thereby reducing the risk of cardiovascular events by 25-35%.[vi] Significant cardiovascular risk remains after statin therapy. People with elevated triglycerides have 35% more cardiovascular events compared to people with normal (in range) triglycerides taking statins.[vii,viii,ix]

About VASCEPA®/VAZKEPA® (icosapent ethyl) Capsules
VASCEPA capsules are the first prescription treatment approved by the U.S. Food and Drug Administration (FDA) comprised solely of the active ingredient, icosapent ethyl (IPE), a unique form of eicosapentaenoic acid. VASCEPA was launched in the United States in January 2020 as the first drug approved by the U.S. FDA for treatment of the studied high-risk patients with persistent cardiovascular risk despite being on statin therapy. VASCEPA was initially launched in the United States in 2013 based on the drug's initial FDA approved indication for use as an adjunct therapy to diet to reduce triglyceride levels in adult patients with severe (≥500 mg/dL) hypertriglyceridemia. Since launch, VASCEPA has been prescribed more than twenty-five million times. VASCEPA is covered by most major medical insurance plans. In addition to the United States, VASCEPA is approved and sold in Canada, China, Australia, Lebanon, the United Arab Emirates, Saudi Arabia, Qatar, Bahrain, and Kuwait. In Europe, in March 2021 marketing authorization was granted to icosapent ethyl in the European Union for the reduction of risk of cardiovascular events in patients at high cardiovascular risk, under the brand name VAZKEPA. In April 2021 marketing authorization for VAZKEPA was granted in Great Britain (applying to England, Scotland and Wales). VAZKEPA is currently approved and sold in Europe in Sweden, Finland, England/Wales, Spain, Netherlands, Scotland, Greece, Portugal, Italy, Denmark and Austria.

United States Indications and Limitation of Use
VASCEPA is indicated:

- As an adjunct to maximally tolerated statin therapy to reduce the risk of myocardial infarction, stroke, coronary revascularization and unstable angina requiring hospitalization in adult patients with elevated triglyceride (TG) levels (≥ 150 mg/dL) and established cardiovascular disease or diabetes mellitus and two or more additional risk factors for cardiovascular disease.
- As an adjunct to diet to reduce TG levels in adult patients with severe (≥ 500 mg/dL) hypertriglyceridemia.

The effect of VASCEPA on the risk for pancreatitis in patients with severe hypertriglyceridemia has not been determined.

Important Safety Information

- VASCEPA is contraindicated in patients with known hypersensitivity (e.g., anaphylactic reaction) to VASCEPA or any of its components.
- VASCEPA was associated with an increased risk (3% vs 2%) of atrial fibrillation or atrial flutter requiring hospitalization in a double-blind, placebo-controlled trial. The incidence of atrial fibrillation was greater in patients with a previous history of atrial fibrillation or atrial flutter.
- It is not known whether patients with allergies to fish and/or shellfish are at an increased risk of an allergic reaction to VASCEPA. Patients with such allergies should discontinue VASCEPA if any reactions occur.

- VASCEPA was associated with an increased risk (12% vs 10%) of bleeding in a double-blind, placebo-controlled trial. The incidence of bleeding was greater in patients receiving concomitant antithrombotic medications, such as aspirin, clopidogrel or warfarin.
- Common adverse reactions in the cardiovascular outcomes trial (incidence ≥3% and ≥1% more frequent than placebo): musculoskeletal pain (4% vs 3%), peripheral edema (7% vs 5%), constipation (5% vs 4%), gout (4% vs 3%), and atrial fibrillation (5% vs 4%).
- Common adverse reactions in the hypertriglyceridemia trials (incidence >1% more frequent than placebo): arthralgia (2% vs 1%) and oropharyngeal pain (1% vs 0.3%).
- Adverse events may be reported by calling 1-855-VASCEPA or the FDA at 1-800-FDA-1088.
- Patients receiving VASCEPA and concomitant anticoagulants and/or anti-platelet agents should be monitored for bleeding.

FULL U.S. FDA-APPROVED VASCEPA PRESCRIBING INFORMATION CAN BE FOUND AT WWW.VASCEPA.COM

Europe
For further information about the Summary of Product Characteristics (SmPC) for VAZKEPA® in Europe, please visit: https://www.ema.europa.eu/en/documents/product-information/vazkepa-epar-product-information_en.pdf

Globally, prescribing information varies; refer to the individual country product label for complete information.

Forward-Looking Statements
This press release contains forward-looking statements which are made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, including beliefs about Amarin's outlook for achievements in 2026 and beyond; Amarin's 2026 financial outlook and cash position; Amarin's overall efforts to expand access and reimbursement to VAZKEPA across global markets; expectations regarding potential strategic collaboration and licensing agreements with third parties, including our ability to attract additional collaborators, as well as our plans and strategies for entering into potential strategic collaboration and licensing agreements and the overall potential and future success of VASCEPA/VAZKEPA and Amarin that are based on the beliefs and assumptions and information currently available to Amarin.

All statements other than statements of historical fact contained in this press release are forward-looking statements. These forward-looking statements are not promises or guarantees and involve substantial risks and uncertainties. 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 Amarin's annual report on Form 10-K for the fiscal year ended 2025. Existing and prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date they are made. Amarin undertakes no obligation to update or revise the information contained in its forward-looking statements, whether as a result of new information, future events or circumstances or otherwise. Amarin's forward-looking statements do not reflect the potential impact of significant transactions the company may enter into, such as mergers, acquisitions, dispositions, joint ventures or any material agreements that Amarin may enter into, amend or terminate. 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 (www.amarincorp.com/investor-relations), including but not limited to investor presentations and investor FAQs, U.S. Securities and Exchange Commission filings, press releases, public conference calls and webcasts.

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