New Analyses from REDUCE-IT® and EPA Mechanistic Data to be Presented at the European Society of Cardiology (ESC) Congress 2026

August 24, 2026

DUBLIN and BRIDGEWATER, N.J., Aug. 24, 2026 (GLOBE NEWSWIRE) -- Amarin Corporation plc (NASDAQ:AMRN), a company committed to advancing the science of cardiovascular disease worldwide, today announced upcoming presentations at the European Society of Cardiology (ESC) Congress 2026, August 28th - 31st, in Munich, Germany.

The accepted abstracts add to the body of evidence generated from REDUCE-IT and related research investigating cardiovascular risk factors, biomarkers and potential mechanisms associated with the effects of icosapent ethyl or eicosapentaenoic acid (EPA). The presentations include analyses of treatment adherence, long-term outcomes, lipoprotein(a) [Lp(a)], coagulation biomarkers and cellular pathways relevant to cardiovascular disease.

Featured Amarin-supported abstracts to be presented by international academic collaborators (italicized below) at ESC 2026 include:

Moderated Poster Presentations

- **Adherence and Legacy Effects of High Dose Eicosapentaenoic Acid in Hypertriglyceridemia and High CV Risk – REDUCE-IT Legacy**
  Chris Packard, PG Steg, DL Bhatt, E Bjornson, M Adiels, SB Ketchum, H Hannachi, A Lira Pineda, J Boren
  - Available August 28th, 10:15 CET
  - Station 2 – Research Gateway – Hall A1

- **Sex Differences in Early Study Discontinuation and Study Drug Withdrawal: Insights From REDUCE-IT**
  Marte Van Der Bijl, DL Bhatt, HM den Ruijter, ICD Westendorp, SB Ketchum, A Lira Pineda, A Schut, Y Appelman, E Boersma, JE Roeters van Lennep
  - Available August 28th, 14:15 CET
  - Station 8 – Research Gateway – Hall A1

- **Effects Of Icosapent Ethyl on Coagulation Biomarkers and Their Association with Event-free Survival in High-risk Cardiovascular Patients: A Post Hoc Analysis of the REDUCE-IT Trial**
  Anina Künzli, Amedeo Tirandi, Susan Bengs, Stefano Ministrini, Yustina M. Puspitasari, Luca Liberale, Fabrizio Montecucco, Deepak L. Bhatt, Thomas F. Lüscher, Giovanni G. Camici
  - Available August 30th, 10:15 CET
  - Station 3 – Research Gateway – Hall A1

- **Eicosapentaenoic Acid (EPA) Limits Rapid Oxidation of Lipoprotein(a) [Lp(a)] Yielding Favorable Changes in Endothelial Cell Protein Expression That May Contribute to Clinical Benefits**
  R. Preston Mason, Samuel C.R. Sherratt, Peter Libby, Richard L. Dunbar, Deepak L Bhatt
  - Available August 30th, 16:15 CET
  - Exchange Circle 4 – Research Gateway – Hall A1

Oral Presentations

- **Lipoprotein(a) Variability in High CV Risk Patients with Hypertriglyceridemia and Controlled LDL-C On Statin Therapy – REDUCE-IT Lp(a) Variability**
  Michael Szarek, *DL Bhatt*, M Miller, EA Brinton, JC Tardif, CM Ballantyne, SB Ketchum, A Lira Pineda, PG Steg, TA Jacobson, RP Mason
  - Available August 28th, 10:45 CET
  - Science Box 5 – Research Gateway – Hall A1

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.[i] The primary results of REDUCE-IT were published in The New England Journal of Medicine in November 2018.[ii] The total events results of REDUCE-IT were published in the Journal of the American College of Cardiology in March 2019.[iii] These and other publications can be found in the R&D section on the company's website at www.amarincorp.com.

About VASCEPA®/VAZKEPA® (icosapent ethyl) Capsules
VASCEPA (icosapent ethyl) 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 thirty-one 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 the United Kingdom (applying to England, Scotland, Wales, and Northern Ireland). VAZKEPA is currently approved and sold in Europe in Sweden, Finland, England/Wales, Spain, Netherlands, Scotland, Greece, Portugal, Italy, Slovenia, Romania, 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 overall efforts to expand access and reimbursement to VASCEPA/VAZKEPA across global markets; expectations regarding potential market dynamics, payer behavior, and the competitive landscape; 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 and subsequent quarterly reports 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 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.

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[i] Bhatt DL, Steg PG, Brinton E, et al., on behalf of the REDUCE-IT Investigators. Rationale and Design of REDUCE-IT: Reduction of Cardiovascular Events with Icosapent Ethyl–Intervention Trial. *Clin Cardiol.* 2017;40:138-148.

[ii] Bhatt DL, Steg PG, Miller M, et al., on behalf of the REDUCE-IT Investigators. Cardiovascular Risk Reduction with Icosapent Ethyl for Hypertriglyceridemia. *N Engl J Med.* 2019;380:11-22. DOI: 10.1056/NEJMoa1812792

[iii] Bhatt DL, Steg PG, Miller M, et al., on behalf of the REDUCE-IT Investigators. Effects of Icosapent Ethyl on Total Ischemic Events: From REDUCE-IT. *J Am Coll Cardiol.* 2019;73:2791-2802.