Amarin Highlights New Data on Lipoprotein(a) and other Apolipoprotein B Containing Lipoproteins at American Heart Association (AHA) Scientific Sessions 2026

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DUBLIN and BRIDGEWATER, N.J., Nov. 09, 2026 (GLOBE NEWSWIRE) -- Amarin Corporation plc (NASDAQ: AMRN), a company committed to advancing the science of cardiovascular disease worldwide, today highlighted new clinical data evaluating lipoprotein(a) [Lp(a)] and other apolipoprotein B (apoB) containing lipoproteins as predictors of major adverse cardiovascular events (MACE), as well as new mechanistic findings examining the effects of eicosapentaenoic acid (EPA) on Lp(a) oxidation and related inflammatory and oxidative stress pathways. The data were presented at the American Heart Association (AHA) Scientific Sessions 2026 this weekend in Chicago, Illinois.

The new research comes amid increased scientific focus on Lp(a) as an important contributor to residual cardiovascular risk and builds on previously published findings from the REDUCE-IT® Lp(a) *post hoc* analysis published in the Journal of the American College of Cardiology (JACC).[i] That analysis demonstrated that baseline Lp(a) levels were associated with increased cardiovascular risk despite statin-controlled LDL-C, while icosapent ethyl (IPE) consistently reduced MACE on top of statin therapy across the spectrum of Lp(a) concentrations, including among patients with clinically relevant elevations in Lp(a). Importantly, these findings remain highly relevant following the recent announcement that the Lp(a)HORIZON cardiovascular outcomes trial did not meet its primary endpoint despite substantial Lp(a) lowering, highlighting the need for therapies that have demonstrated cardiovascular event reduction in high-risk patients.[ii] VASCEPA/VAZKEPA (icosapent ethyl) is approved and commercially available in major global regions and has demonstrated cardiovascular benefit on top of statin therapy in REDUCE-IT participants with both high and low baseline Lp(a) levels.

“The evolving science around Lp(a) continues to deepen our understanding of residual cardiovascular risk and the complex pathways that contribute to cardiovascular events,” said Aaron Berg, President & Chief Executive Officer. ”These findings are particularly noteworthy in light of the recent Lp(a) HORIZON results. While the search for targeted Lp(a)-lowering therapies continues, VASCEPA/VAZKEPA is available today and has demonstrated cardiovascular event reduction on top of statin therapy across both high and low Lp(a) levels in REDUCE-IT. Together, the clinical and mechanistic findings presented at AHA provide important context for understanding Lp(a)-associated risk and potential approaches to addressing residual cardiovascular risk.”

The analyses and their key findings are outlined below:

Comparison of Lipoprotein(a) and other Apolipoprotein B Containing Lipoproteins as Predictors of Major Adverse Cardiovascular Events in REDUCE-IT

This analysis evaluated baseline Lp(a) and apoB measurements among 6,988 participants in REDUCE-IT. While Lp(a) and LDL particles each contain a single apoB molecule, emerging evidence suggests Lp(a) may be more atherogenic on a per-particle basis.[iii] The analysis tested whether, after LDL-C control with statin therapy, Lp(a) was more strongly associated with cardiovascular risk than non-Lp(a) apoB-containing lipoproteins.

The findings suggest that among REDUCE-IT participants with statin-controlled LDL-C and elevated triglycerides, Lp(a) was independently associated with risk of MACE whereas non-Lp(a) apoB was not prognostic. Similar results were observed among participants with Lp(a) levels above and below 150 nmol/L, and risk was most evident among patients in the highest Lp(a) quartile. Investigators concluded that Lp(a) represents an important contributor to residual cardiovascular risk in this population independent of IPE treatment.

Lipoprotein(a) Oxidation Promotes Expression of Inflammatory and Oxidative Stress Proteins in Endothelial Cells and Limited by Eicosapentaenoic Acid

This set of experiments assessed the effects of oxidized Lp(a), or oxLp(a), on endothelial cells and associated protein expression, as well as the effects of EPA pretreatment. Previous research has demonstrated that Lp(a) carries oxidized phospholipids and undergoes more rapid oxidation than other apoB-containing lipoproteins, a mechanism that may exacerbate oxidative stress and promote pro-atherogenic endothelial cell dysfunction. In the current study, exposure to oxLp(a) induced significant changes in the expression of more than 600 proteins, including proteins associated with reactive oxygen species signaling, lipid peroxidation, ferroptosis, inflammation, and matrix degradation.

The experiments also found that oxLp(a) increased release of the inflammatory cytokine IL-6 by 27% relative to control, while EPA treatment reduced IL-6 levels by 31% relative to oxLp(a). EPA pretreatment significantly increased expression of anti-inflammatory and cytoprotective proteins and reversed multiple oxLp(a)-associated protein changes linked to oxidative stress, ferroptosis, and

cellular injury. Investigators concluded that EPA may help mitigate biological processes associated with oxidized Lp(a)-induced endothelial dysfunction and oxidative damage.

About Amarin

At the Heart of Amarin Corporation is a singular focus on advancing cardiovascular disease prevention worldwide. Our flagship oral prescription therapy, VASCEPA® (icosapent ethyl or IPE), is the U.S. market leader across all available IPE products and has been prescribed more than 32 million times globally. Through our independent U.S. commercial operations and global commercial partnerships, Amarin supports access to VASCEPA/VAZKEPA® across nearly 100 markets worldwide. For more information, visit www.amarincorp.com and follow Amarin on LinkedIn and X. To be added to the Company's email list and receive news directly, please visit https://investors.amarincorp.com/email-alerts.

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 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] Szarek, M, Bhatt, D, Miller, M. et al. Lipoprotein(a) Blood Levels and Cardiovascular Risk Reduction With Icosapent Ethyl. JACC. 2024 Apr, 83 (16) 1529–1539. https://doi.org/10.1016/j.jacc.2024.02.016

[ii] Novartis. Novartis announces Lp(a)HORIZON Phase III topline results for pelacarsen in patients with elevated Lp(a) and established cardiovascular disease (CVD). Press release. September 4, 2026. Accessed October 29, 2026. https://www.novartis.com/news/media-releases/novartis-announces-lpahorizon-phase-iii-topline-results-pelacarsen-patients-elevated-lpa-and-established-cardiovascular-disease-cvd

[iii] Szarek M, Bhatt DL, Miller M, et al. Comparison of lipoprotein(a) and other apolipoprotein B containing lipoproteins as predictors of major adverse cardiovascular events in REDUCE-IT. Circulation. 2026;154(Suppl 1):Abstract 8761. doi:10.1161/circ.154.suppl_1.8761