AMARIN

Managing Lipids for Improved Cardiovascular Health

Annual General Meeting
July 9, 2013

Nasdaq: AMRN

Forward-Looking Statement and Disclaimer

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This presentation contains forward-looking statements, such as those relating to the commercial potential of Vascepa®, Amarin's product development, clinical and regulatory efforts and timelines, potential FDA approvals, intellectual property, cash flow, and other statements that are predictive in nature and that depend upon or refer to future events or conditions. 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 Quarterly Report on Form 10-Q filed with the SEC for a more complete description of risks of an investment in Amarin.

This presentation is intended for communication with investors only. Nothing in this presentation should be construed as marketing the use of Amarin's product or product candidates.

Amarin: Focused on Cardiovascular Health Solutions

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Vascepa™ (icosapent ethyl)
Next Generation Lipid Management Therapy

Initial Focus on
Triglyceride (TG) Management

Positioned to Be:

- A Leader in Treating Severe Hypertriglyceridemia
- 1st in Class for High TGs on Statin Therapy

Vascepa is Approved by FDA for Use as an Adjunct to Diet to Reduce Triglyceride Levels in Adult Patients with Severe (TG ≥500 mg/dL) Hypertriglyceridemia

Commercial Launch January 28, 2013

Company Achievements, 12 Months of Success

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Vascepa (icosapent ethyl)	July 1, 2012	July 1, 2013
REGULATORY	NDA Submitted	MARINE Approved ANCHOR PDUFA Dec 20 2013
INTELLECTUAL PROPERTY	1 Patent Issued	25 Patents Issued or Allowed
APPROVED SUPPLIERS	Nisshin	Nisshin, Chemport, BASF
CLINICAL	REDUCE-IT enrollment recently commenced	REDUCE-IT Substantially Underway PK Combo/Statin Trial Successful
COMMERCIAL	Marketing Team of <10	275 Sales Professionals, 27 District Sales Managers >7,000 clinicians prescribed Vascepa
MANAGED CARE	No formulary coverage and limited Vascepa awareness	Progression of Total Lives Covered w/o Restriction and Tier 2 Coverage* **July 1, 2013: 190M total, 65M Tier 2**

* Typical pull though = 8-12 weeks for new coverage

Vascepa Monthly Rxs (TRx), 4 months post launch

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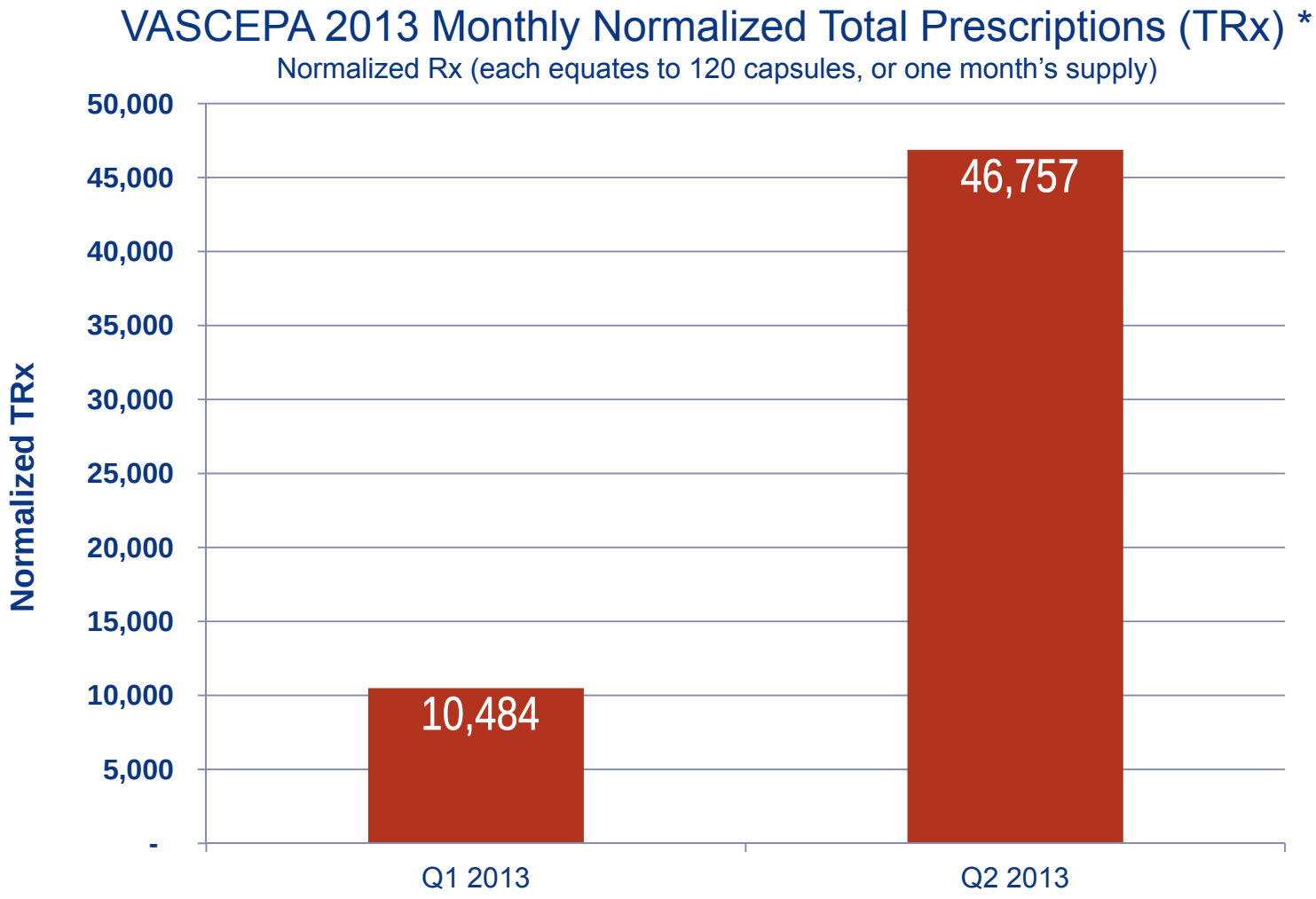

* TRx (number of identified prescriptions filled) data from Symphony Health Solutions, TRx counts from PHAST Prescription Monthly (Feb – May 2013), PHAST Prescription Weekly (for the four weeks ended June 28, 2013).

New Paradigm in Managing Cardiovascular Health

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	Traditional Physician Focus	Current Treatment Therapy	Next Generation
FOCUS	LDL-C & Total Cholesterol	Triglycerides (fats in blood - TG)	TG Reduction without LDL-C Increase (LDL-C decrease in ANCHOR)
LIPID PARAMETERS	LDL-C ↑ HDL-C ↓	TGs ↓ LDL-C ↑	TGs ↓ LDL-C ↔
KEY TREATMENTS	Statins, Niacin, Fibrates	Fibrates, Prescription Omega-3	Amarin's Vascepa®

Vascepa: Potential to Redefine Lipid Management Therapies

Note: Arrows show direction only—not to scale

Large Underpenetrated Market Opportunities

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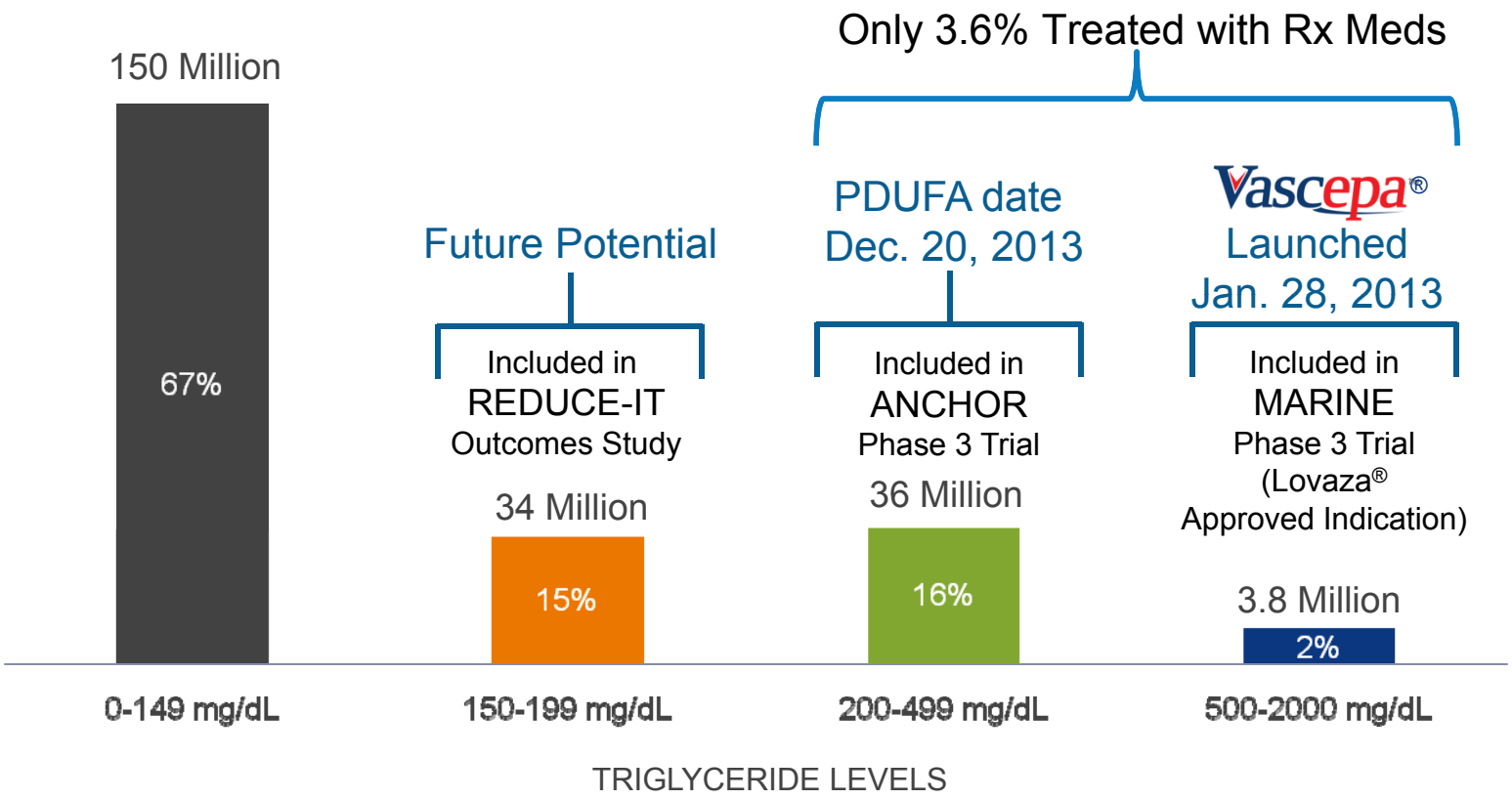
U.S. Adult Population Based on TG levels



Source: Datamonitor and Archives of Internal Medicine, 2009;169(6):572-578

>100M People in Top 7 Global Markets for Initially-Targeted Indications

Differentiated Product (not head-to-head study data)

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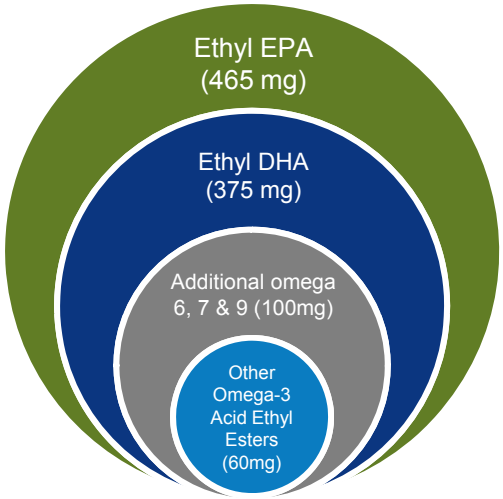
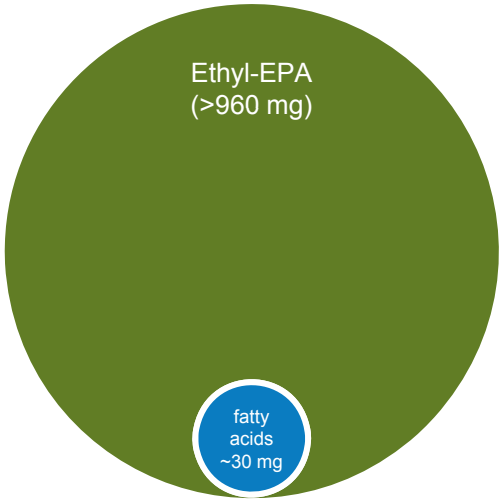
LOVAZA

A Complex Mixture of Fatty Acids



VASCEPA

Icosapent Ethyl (Pure EPA)



	LOVAZA	VASCEPA
TG INDICATION TARGET		
≥500 mg/dL	Marketed	Launched, Jan. 28, 2013
≥200 mg/dL and <500mg/dL	Studied, LDL-C Endpoint Not Achieved	Endpoints Achieved, sNDA Accepted, AdCom Date: Oct. 16, 2013; PDUFA Date: Dec. 20, 2013
≥150 mg/dL	Not Studied	Being Studied in REDUCE-IT
LDL EFFECT*	Elevated LDL-C over 49%	No Elevation in MARINE (Reduction in ANCHOR)
NON-HDL-C EFFECT*	Reduced 10.2%	Reduced 17.7%
TOTAL CHOLESTEROL EFFECT*	Reduced 8.0%	Reduced 16.3%
ADDTL. BIOMARKERS*	Limited, Variable or Not Characterized in Label for Approved Indication	Additional Beneficial Effects
TASTE/ERUCTATION*	Fishy Taste / Smell / Burp	None
ATRIAL FIBRILLATION WARNING*	Added to package insert	None
STATUS	~$1B In U.S. Sales (Marketed As Omacor Outside U.S.)	Approved for Use in the U.S. (MARINE) Available by Prescription

*placebo adjusted data and other info from FDA approved package inserts in TG ≥500 mg/dL patients

Multiple Clinical Needs: Initial Indication

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	Severe (≥500 mg/dL) Hypertriglyceridemia
POPULATION	TG ≥500 mg/dL
RISKS TO PATIENTS	Compromised Cardiovascular Health Pancreatitis
U.S. MARKET	3.8 M Patients
PRESCRIBERS	Cardiologists, Endocrinologists, Lipidologists Some Primary Care Physicians

LAUNCHED
January 28, 2013

$4-6B
Market Opportunity

The effect of VASCEPA on cardiovascular mortality/morbidity and pancreatitis risk in patients with severe hypertriglyceridemia has not been determined.

Multiple Clinical Needs: Second Targeted Indication

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	Severe (≥500 mg/dL) Hypertriglyceridemia	High TGs on Statin Therapy
POPULATION	TG ≥500 mg/dL	TG ≥200 mg/dL to <500 mg/dL
RISKS TO PATIENTS	Compromised Cardiovascular Health Pancreatitis	Cardiovascular Disease Multiple Lipid Disorders
U.S. MARKET	3.8 M Patients	36 M Patients with TGs 200-500 mg/dL Mixed Dyslipidemia
PRESCRIBERS	Cardiologists, Endocrinologists, Lipidologists Some Primary Care Physicians	Primary Care Physicians

ANCHOR
PDUFA
Dec. 20, 2013

$40B
Market Opportunity

Multiple Clinical Needs: Future Potential Indication

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	Severe (≥500 mg/dL) Hypertriglyceridemia	High TGs on Statin Therapy	Moderate TGs
POPULATION	TG ≥500 mg/dL	TG ≥200 mg/dL to <500 mg/dL	TG ≥150 mg/dL to 199 mg/dL
RISKS TO PATIENTS	Compromised Cardiovascular Health Pancreatitis	Cardiovascular Disease Multiple Lipid Disorders	Significant Additional Market Opportunities Including Prevention
U.S. MARKET	3.8 M Patients	36 M Patients with TGs 200-500 mg/dL Mixed Dyslipidemia	34 M Patients Potential Follow-On Indications
PRESCRIBERS	Cardiologists, Endocrinologists, Lipidologists Some Primary Care Physicians	Primary Care Physicians	Primary Care Physicians

Included in Outcome Study, Substantially Underway

Targeting Multiple Clinical Needs

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	Severe (≥500 mg/dL) Hypertriglyceridemia	High TGs on Statin Therapy	Moderate TGs
POPULATION	TG ≥500 mg/dL	TG ≥200 mg/dL to <500 mg/dL	TG >150 mg/dL to 199 mg/dL
RISKS TO PATIENTS	Compromised Cardiovascular Health Pancreatitis	Cardiovascular Disease Multiple Lipid Disorders	Significant Additional Market Opportunities incl. Prevention
U.S. MARKET	3.8 M Patients	36 M Patients with TGs 200-500 mg/dL Mixed Dyslipidemia	34 M Patients Potential Follow-On Indications
PRESCRIBERS	Cardiologists, Endocrinologists, Lipidologists Some Primary Care Physicians	Primary Care Physicians	Primary Care Physicians

Patient Prospects in Top 7 World Markets
2-3x U.S. Patient Population

Vascepa Cardiovascular Outcomes Study: REDUCE-IT

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PURPOSE

- Evaluate Vascepa Effectiveness in Reducing Cardiovascular Events

DESIGN

- SPA Agreement Reached in Aug 2011
  - ~8,000 Patients on Optimized Statin Therapy
  - Population with CVD or "at Risk," incl. TGs >150 mg/dL
  - International Site Selection

TIMING

- ~6 Year Duration
- First Patient Dosed: December 2011
- Status: Substantially Underway, Facilitated Dec. 20, 2013 sNDA PDUFA date for ANCHOR Indication

OPPORTUNITY

- Potential Doubling of Vascepa Market Opportunity Beyond ANCHOR

REDUCE-IT Study Positions Vascepa to Potentially Address Patient Populations of More than 70 Million in U.S. Alone

JELIS Study: Ethyl-EPA Reduced Coronary Events

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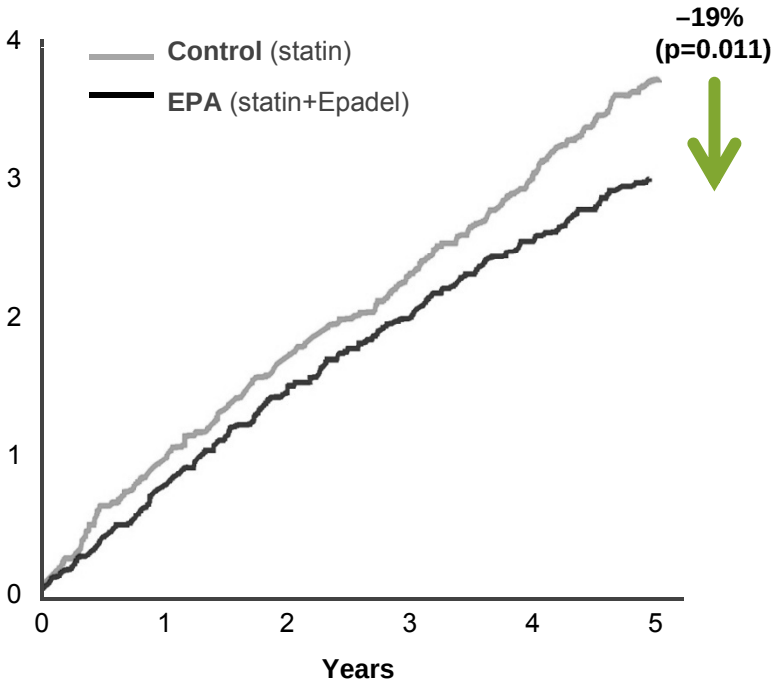
18,645 Japanese Men and Women Randomized to Statin Alone or Statin + Ethyl-EPA (Epadel) and Followed for 5 Years

TOTAL COHORT

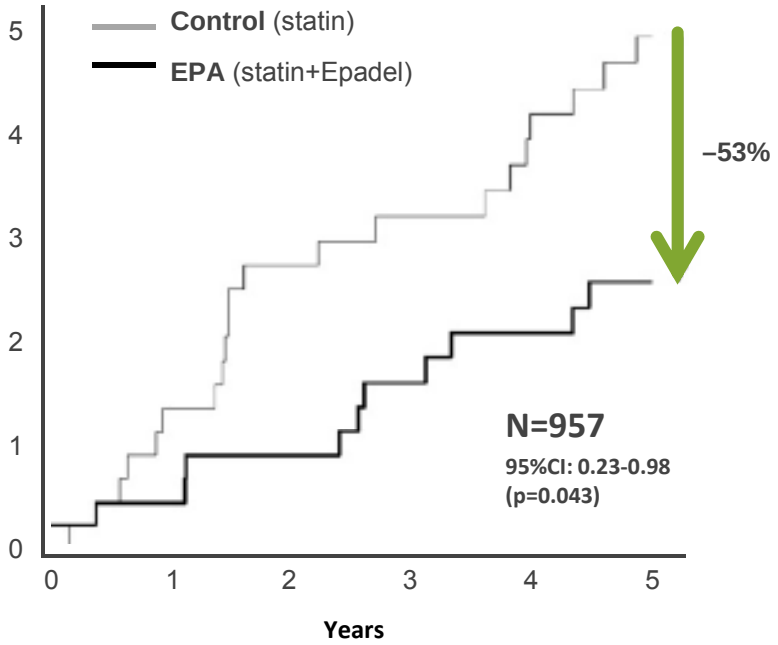
(No Pre-specified Minimum TG level)
Cumulative Incidence of Major Coronary Events (%)



Source: Yokoyama M. et al, *Lancet 2007; 369:1090-1098*

SUB GROUP

(TG≥150 mg/dL and HDL<40 mg/dL)
Cumulative Incidence of Major Coronary Events (%)



P value adjusted for age, gender, smoking, diabetes, and hypertension.
CI=confidence interval.
Source: Saito et al, *Atherosclerosis* 2008; 200: 135-140

Commercialization Strategy

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Market Launch

- Launched Initial Indication (MARINE) on January 28, 2013
  - 275 sales professionals with >10 years average pharmaceutical experience

Supply

- Global Supply Chain for Diversity and Cost Competition
- Continuing to Build Inventory for Anticipated Demand

Exclusivity

- Well-Positioned to Protect Vascepa Beyond 2030 Through:
  - Patent protection (25 patents issued or allowed plus >30 applications)
  - Regulatory exclusivity
  - Trade secrets
  - Taking advantage of manufacturing barriers to entry

Regulatory

- Approved for Severe (TG ≥500 mg/dL) Hypertriglyceridemia
- ANCHOR Indication sNDA accepted, AdCom date of Oct. 16, 2013; PDUFA date of Dec. 20, 2013

Proven Management Team in Place to Execute the Strategy

Vascepa Well Positioned for Success

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- Specialty Market
  - Initial indication: 1 in 50 U.S. adults in MARINE patient population
  - 30K physicians readily identifiable top targets
- Unique Product
  - "Handles" of label differentiation
    - No increase in LDL-C
    - Significantly reduces non-HDL-C
    - Significant improvement in other important biomarkers
    - Favorable side effects profile
    - No A-fib warning/precaution
  - Potential mixed dyslipidemia (ANCHOR) indication

- Payors Appreciate Safety/Efficacy of Vascepa
  - Estimated >190 million lives already covered
    - Significant progress in migration of lives from Tier 3 to Tier 2, converting 65 million as of July 1, 2013

Vascepa Exclusivity Strategy

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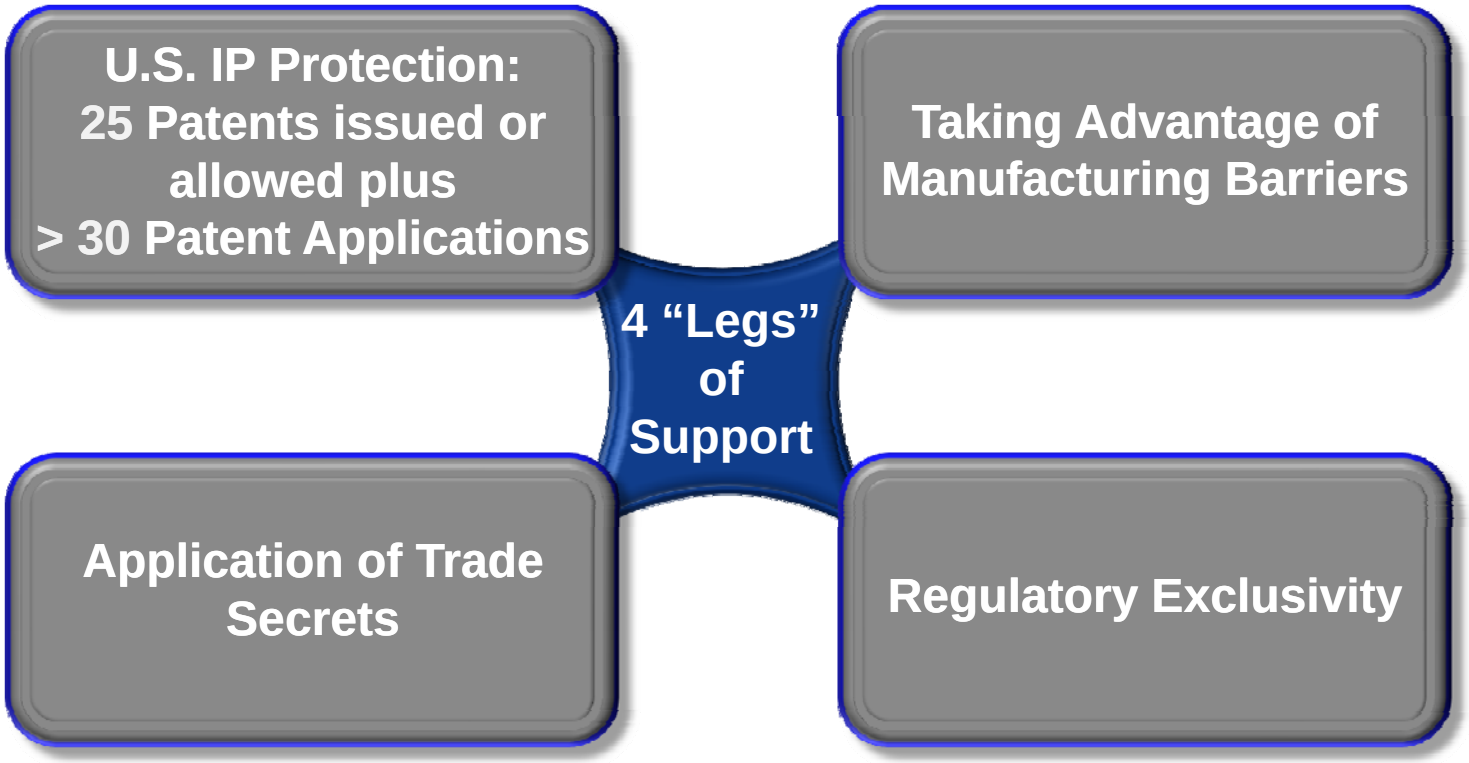

Goal: Exclusivity Through 2030 and Beyond

Important Potential Milestones Over Next 12 Months

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Updates on MARINE sales results

Further managed care migration from Tier-3 to Tier-2

Approval of sNDA for ANCHOR indication

- Would significantly expand approved patient population for Vascepa
- Advisory Committee (EDMAC) date of October 16, 2013
- PDUFA date December 20, 2013

Commercialization path selection and launch for ANCHOR indication

Prosecution of numerous patent applications (>30 in U.S.)

Approval of sNDA for additional supplier

Additional clinical data presentations

FDA exclusivity determination

Capitalization Summary (March 31, 2013)

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Liquid Assets (Millions)

CASH	$201.8	
LONG-TERM DEBT (PRINCIPAL)[1]	$101.5	
EXCHANGEABLE SENIOR NOTES[2]	$137.7	

Common Stock and Equivalent Shares (Millions, Except per Share Amounts)

COMMON SHARES	150.7	
OPTIONS	11.3	Average Exercise Price of $7.45
WARRANTS	9.9	Average Exercise Price of $1.44
RESTRICTED STOCK UNITS	0.9	Average Exercise Price of $8.49
TOTAL IF ALL EXERCISED	172.8	
TAX JURISDICTION (PRIMARY)	Ireland	12.5% Tax Rate (Est. Global Blended Rate 15%)

[1] Represents the carrying value at March 31, 2013. Maximum repayment amount is $150m, including interest
[2] Represents the carrying value at March 31, 2013. Principal repayment amount is $150m, plus 3.5% interest

Investment Highlights

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Large Worldwide Sales Potential

- Multiple underserved patient populations with elevated TG levels

Differentiated Product

- TG reduction in studied patients with no increase, or a decrease, in LDL-C
- Reductions in apo B, non-HDL-C and total cholesterol
- Safety comparable to placebo
- No atrial fibrillation warning or precaution

Strong Execution

- Phase 3 trials completed–all primary endpoints achieved
- FDA approved for Severe (TG $\geq$500 mg/dL) Hypertriglyceridemia
- ANCHOR indication PDUFA date December 20, 2013

Commercialization Strategy

- Vascepa commercial launch January 28, 2013 for MARINE indication
- 275 experienced sales representatives
- Increase awareness and managed care coverage before ANCHOR approval

Experienced Management

- Team with history of product development and launch successes

Leading a New Paradigm in Cardiovascular Health Management