ANCHOR Study Results Overview

April 18, 2010

Nasdaq: AMRN

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Overview of Lead Product - AMR101

- **Strong clinical results support best-in-class indications for very high triglycerides (≥500 mg/dL) and mixed dyslipidemia (≥200 mg/dL - <500 mg/dL, on statin therapy)**
  - All endpoints met for pivotal MARINE trial as reported November 29, 2010
  - All endpoints met for pivotal ANCHOR trial as reported April 18, 2011
  - Data suggests dosing flexibility and no increase in LDL-C providing significant market differentiation
  - Strong safety profile that is comparable to placebo
  - Encouraging important lipid biomarker results
- **Blockbuster sales potential in a relatively untapped markets**
  - Very high triglycerides market is a growing market with revenues in excess of $1 billion
  - No omega-3 based product is approved for the larger mixed-dyslipidemia market
- **AMR101 is an unpartnered drug candidate**
- **Well-defined clinical and regulatory path**
  - SPA agreements with FDA for each of MARINE and ANCHOR Phase 3 trials
  - NDA expected to be filed in Q3, 2011

Unique Opportunity: Significant Differentiation & Risk Mitigation

Phase 3 Program: Concurrently Run Pivotal Trials

	MARINE TRIAL	ANCHOR TRIAL
Size:	229 patients	702 patients
Population:	Patients with very high triglycerides (≥500 mg/dL)	Patients with mixed dyslipidemia (high triglycerides ≥200 mg/dL and <500 mg/dL on statin therapy)
Duration:	12 week treatment period (after 6-8 week run-in period)	Same
Dose:	2 g and 4 g of AMR101 per day	Same
Control:	Placebo-controlled, double-blind	Same
Primary endpoint:	Reduction in triglyceride levels	Same plus secondary endpoint: LDL-C non-inferiority to PBO
Follow-on:	Patients are offered a 40 week open-label extension period (Results not required for NDA)	Phase 3b follow-on outcome study is to be commenced prior to NDA (Results not required for NDA)
Principal Investigator	H. Bays, M.D. (Louisville, KY)	Professor C. Ballantyne, M.D. (Houston, TX)

ANCHOR Study Population

- Baseline Triglycerides (TGs);
  - 4 gram dosing cohort – 265 mg/dL
  - 2 gram dosing cohort – 254 mg/dL
  - Placebo cohort - 259 mg/dL
- Baseline LDL-C = 83 mg/dL
- All patients were high-risk and on optimized background statin therapy
  - simvastatin (Zocor), atorvastatin (Lipitor) , rosuvastatin (Crestor)
- 61% Male
- Majority of patients were diabetic (73%)

ANCHOR Study Results - Lipid Results; Median Changes

- 4 grams of AMR101 as compared to placebo;
  - Reduced TGs by 21.5% (p <0.0001)
  - Reduced non-HDL-C by 13.6% (p <0.0001)
  - Reduced LDL-C by 6.2% (demonstrated superiority over statin alone) (p=0.0067)
  - LDL-C upper confidence boundary -1.7%*
- 2 grams of AMR101 as compared to placebo;
  - Reduced TGs by 10.1% (p = 0.0005)
  - Reduced non-HDL-C by 5.5% (p =0.0054)
  - Reduced LDL-C by 3.6% (p =0.0867)
  - LDL-C upper confidence boundary 0.05%*

*Upper boundary needed to be <+6%

ANCHOR Study Results - Additional Data

- Reduction in achieved pre-specified secondary endpoints
  - Non-HDL-C
  - Apo B
  - Lp-PLA_2
  - VLDL-C

  All statistically significant, both doses
- TG reductions even greater with higher statin efficacy regimens
- AMR101 Safety
  - Well tolerated with safety comparable to placebo
  - Safety/tolerability more favorable than other triglyceride lowering therapies
  - No treatment related SAEs

Summary of Largest Omega-3 Mixed Dyslipidemia Studies

	COMBOS Study Lovaza (Ethyl EPA/DHA)	ANCHOR Study AMR101 (Ethyl-EPA)
Population	TG 200-500 mg/dL	TG 200-499 mg/dL
N	254	702
Baseline TG	269 mg/dL	259 mg/dL
Statin Use	Single statin; fixed dose simvastatin 40 mg/day	3 statins; treated to goal simva-, rosuva-, or atorvastatin
Risk Profile	Any risk (Hx of CV events ≤ 6 months excluded) LDL-C <10% above NCEP ATP III goal	High risk ATP III LDL-C <100 mg/dL
OM-3 & Dosage	Lovaza 4 g/day	AMR101 - 2 or 4 g/day
Design	Powered for TG ↓ only	Powered for TG ↓ & to exclude LDL-C elevation
Duration	8 weeks	12 weeks
Endpoint	Non–HDL-C	TG reduction
Result	TG ↓ 23%; LDL-C ↑ 3.5%	4 g/day: TG ↓ 21.5%*; LDL-C ↓ 6.2%
Status	Indication not approved	SPA endpoints achieved

*ANCHOR enrolled a limited number of patients with TG baselines <200 mg/dL. In patients with TG baseline >200 mg/dL, TG levels decreased 23%.

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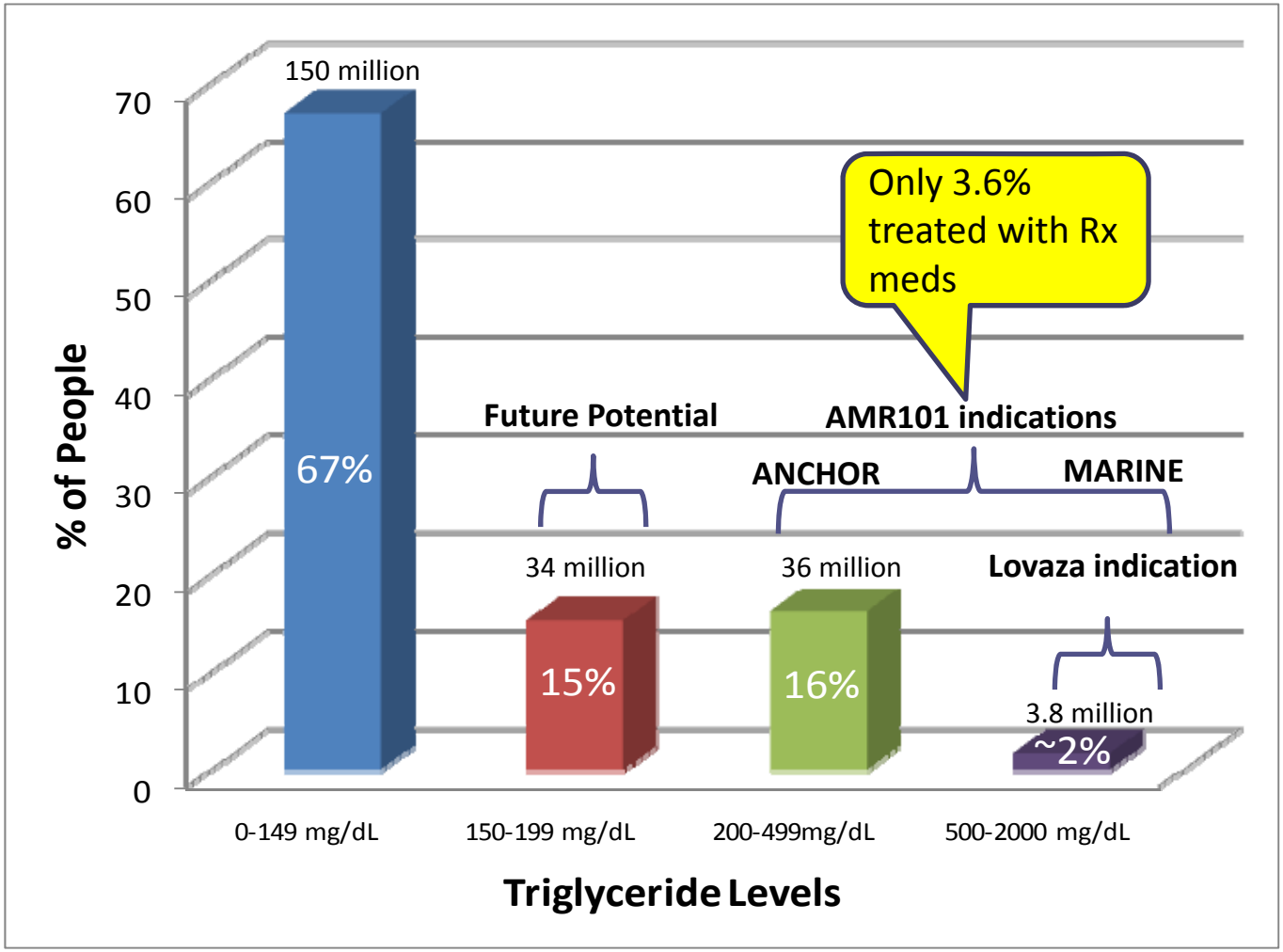
Large Underpenetrated Market Opportunities



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

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MARINE Study Results Overview

MARINE Study Results – Lipid Results; Median Changes

- 4 grams of AMR101 as compared to placebo;
  - Reduced TGs by 33% ($p<0.0001$); 45% in patients with TG>750 mg/dl ($p=0.0001$)
  - Reduced non-HDL-C by 18% ($p<0.001$)
  - Reduced LDL-C by a non-significant 2.3%*
- 2 grams of AMR101 as compared to placebo;
  - Reduced TGs by 20% ($p=0.0051$); 33% in patients with TG>750 mg/dl ($p=0.0016$)
  - Reduced non-HDL-C by 8% ($p<0.05$)
  - Increased LDL-C by a non-significant 5.2%*
- Greater median reductions in TGs seen in patients on statins

*This is the first and only study to show no elevation of LDL in this treated population (compared to fibrates and prescription omega-3 acid ethyl esters). Typical LDL-C elevations are ~50% with other approved therapies.

MARINE Study Results - Additional Data

- Reduction in achieved pre-specified biomarker endpoints ($p<0.05$ for all and $p<0.01$ for some)
  - Apo B
  - Lp-PLA_2
  - VLDL-C
  - Total Cholesterol
- AMR101 Safety
  - Well tolerated
  - Safety comparable to placebo
  - Safety more favorable than other triglyceride lowering therapies
  - No treatment related SAEs
  - Data to be presented at NLA in May 2011