# Use of Icosapent Ethyl in Statin-Treated Patients with Elevated Triglycerides and High- or Very-high ASCVD Risk



# What is Icosapent Ethyl (IPE) and REDUCE-IT?

IPE is a long-chain, marine omega-3 fatty acid and is a synthetic derivative of eicosapentaenoicacid (EPA).

The Reduction of Cardiovascular Events with Icosapent Ethyl-Intervention
Trial (REDUCE-IT) was a cardiovascular outcomes trial that examined the
effects of IPE on major adverse cardiovascular events in selected high- or
very high-risk, statin-treated patients with elevated triglycerides.

# Mechanisms of Action

### **Lipid and Non-Lipid Effects**

#### **Reduces**

TG-rich lipoproteins and non-HDL-C Platelet activation Inflammation

Anti-fibrotic

**Anti-oxidative** 

**Stabilizes membranes** 

**Increases RBC fluidity** 

## **REDUCE-IT**

Results predict that IPE reduces:

**Myocardial infraction** 

Stroke

**Coronary revascularization** 

Hospitalization for unstable angina

Incidence of total ASCVD events, including second and higher events

Cardiovascular death

# Potential Adverse Effects of IPE

Peripheral edema

Constipation as compared to mineral oil placebo

Atrial fibrillation, sometimes requiring hospitalization

Non-serious bleeding



## **NLA Recommendation**

For patients 45 years of age or older with clinical ASCVD, or 50 years of age or older with diabetes mellitus requiring medication and ≥1 additional risk factor,\* with fasting TG 135-499 mg/dL on high-intensity or maximally tolerated statin, with or without ezetimibe, treatment with IPE is recommended<sup>Ø</sup> for ASCVD risk reduction.

\*Additional risk factors include the following, based on the entry criteria in REDUCE-IT: age (men ≥55, women ≥65 years of age), cigarette smoker or stopped smoking within 3 months, hypertension (treated or untreated), HDL-C ≤40 mg/dL for men or ≤50 mg/dL for women, hs-CRP >3.0 mg/L, renal dysfunction with creatinine clearance >30 and <60 mL/min, retinopathy, micro- or macro-albuminuria, ankle-brachial index <0.9 without symptoms of intermittent claudication.

\*Evidence Rating: Class I, Level B-R.