




### Appropriate Use of Omega-3 Products

Omega-3 fatty acid products are often prescribed for patients with hypertriglyceridemia to prevent pancreatitis and lower the risk of cardiovascular events. Vascepa® and Lovaza® are U.S. Food and Drug Administration (FDA) approved to be used as an adjunct to dietary management to reduce triglyceride (TG) levels in adults with severe hypertriglyceridemia, defined as TG  $\geq 500$  mg/dL.<sup>1,2</sup> While studies of omega-3 products in patients with hypertriglyceridemia have shown to lower the risk of pancreatitis episodes, they have yielded mixed results regarding cardiovascular benefit.<sup>3,4</sup> According to the recent American Heart Association (AHA)/American College of Cardiology (ACC) clinical guidelines, statin therapy remains first-line for atherosclerotic cardiovascular disease (ASCVD) prevention, and the use of omega-3 products is not recommended unless TG  $\geq 500$  mg/dL.<sup>5</sup>

The AHA/ACC highlights the importance of addressing lifestyle modifications and secondary factors (Figure 1) before initiation of pharmacological agents for the management of hypertriglyceridemia.<sup>5</sup>

 Diet	 Drugs	 Disorders
<ul style="list-style-type: none"> <li>• Weight gain</li> <li>• High saturated-fat diet</li> <li>• High intake of refined carbohydrates</li> <li>• Excessive alcohol intake</li> </ul>	<ul style="list-style-type: none"> <li>• Oral estrogens</li> <li>• Tamoxifen</li> <li>• Raloxifene</li> <li>• Glucocorticoids</li> <li>• Bile acid sequestrants</li> <li>• Atypical antipsychotics</li> <li>• Immunosuppressants (cyclosporine, sirolimus, tacrolimus)</li> <li>• Protease inhibitors</li> <li>• Beta blockers</li> <li>• Thiazide diuretics</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes (poorly controlled)</li> <li>• Hypothyroidism</li> <li>• Chronic liver or kidney disease</li> <li>• Nephrotic syndrome</li> </ul>

**Figure 1. Secondary causes most commonly encountered in clinical practice**

For patients with moderate to severe hypertriglyceridemia and ASCVD risk  $\geq 7.5\%$ , the AHA/ACC recommends initiation or intensification of statin therapy for cardiovascular risk reduction. In patients at risk of pancreatitis with persistently elevated TG  $\geq 500$  mg/dL, it is reasonable to add TG-lowering agent such as fibrates or omega-3 fatty acids.<sup>5,6</sup> Fibric acid derivatives should be initiated first since they offer the greatest TG reduction, followed by omega-3 agents. Over-the-counter (OTC) fish oils contain the same active ingredients as prescription fish oils, but in less potent strengths. The use of USP-verified OTC fish oils may be a viable option if adherence can be managed.<sup>1</sup>

Formulary Status of Pharmacological Agents for Hypertriglyceridemia				
Drug Class	% TG Reduction <sup>1</sup>	Drug	MCAL	OC/OCC
statins	10-30	atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin	Formulary	Formulary
fibric acid derivatives	30-50	gemfibrozil	Formulary	Formulary
		fenofibrate	Formulary <sup>#</sup>	Formulary <sup>#</sup>
omega-3 fatty acids	20-50	OTC fish oil	ST (must try formulary statin)	NF
		Lovaza	ST (must try OTC fish oil)	NF
		Vascepa	NF	PA required

MCAL: Medi-Cal; OC: OneCare; OCC: OneCare Connect; PA: Prior Authorization; ST: Step Therapy; NF: Non-formulary; <sup>#</sup>PA required for certain strengths/formulations

#### References

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4. Nilsen DWT, Albrechtsen G, Landmark K, et al. Effects of a high-dose concentration of n-3 fatty acids or corn oil introduced early after an acute myocardial infarction on serum triacylglycerol and HDL cholesterol. *Am J Clin Nutr* 2001;74:50-56.
5. Jacobson, TA. et al. National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1—Full Report. *Journal of Clinical Lipidology*, Volume 9, Issue 2, 129 – 169. Grundy SM, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APHA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol, *Journal of the American College of Cardiology* (2018). doi: <https://doi.org/10.1016/j.jacc.2018.11.003>.
6. Jacobson TA. et al. National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1—Full Report. *Journal of Clinical Lipidology*. 2015;9(2):129-169.

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