

**ANNEX I**  
**SUMMARY OF PRODUCT CHARACTERISTICS**

## 1. NAME OF THE MEDICINAL PRODUCT

Vazkepa 998 mg soft capsules

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains 998 mg of icosapent ethyl.

### Excipients with known effect

Each capsule contains 30 mg maltitol (E965 ii), 83 mg sorbitol (E420 ii) and soya lecithin.

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Soft capsule (capsule)

Oblong soft capsule, 25 x 10 mm, printed with "IPE" in white ink, with a light yellow to amber shell containing a colourless to pale yellow liquid.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

Vazkepa is indicated to reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides ( $\geq 150$  mg/dL) and

- established cardiovascular disease, or
- diabetes, and at least one other cardiovascular risk factor.

For study details including cardiovascular risk factors and results with respect to effects on cardiovascular events see section 5.1.

### 4.2 Posology and method of administration

#### Posology

The recommended daily oral dose is 4 capsules taken as two 998 mg capsules twice daily.

If a dose is missed, patients should take it as soon as they remember. However, if one daily dose is missed, the next dose should not be doubled.

#### *Elderly ( $\geq 65$ years)*

No dose adjustment is necessary based on age (see section 5.2).

#### *Renal impairment*

No dose reduction is recommended (see also section 5.2).

#### *Hepatic impairment*

No dose reduction is recommended (see also sections 4.4 and 5.2).

### *Paediatric population*

There is no relevant use of icosapent ethyl in children aged <18 years of age in reducing the risk of cardiovascular events in statin-treated patients at high cardiovascular risk with elevated triglycerides and other risk factors for cardiovascular disease.

### Method of administration

Oral use.

Vazkepa should be taken with or following a meal.

To ensure the full intended dose is received, patients should be advised to swallow the capsules whole and not to break, crush, dissolve, or chew them.

### **4.3 Contraindications**

Hypersensitivity to the active substance, soya or to any of the excipients listed in section 6.1.

### **4.4 Special warnings and precautions for use**

#### Allergies to fish and/or shellfish

Icosapent ethyl is obtained from the oil of fish. It is not known whether patients with allergies to fish and/or shellfish are at increased risk of an allergic reaction to icosapent ethyl. Icosapent ethyl should be used with caution in patients with known hypersensitivity to fish and/or shellfish.

#### Hepatic impairment

In patients with hepatic impairment, alanine aminotransferase (ALT) and aspartate aminotransferase (AST) concentrations should be monitored as clinically indicated before the start of treatment and at appropriate intervals during treatment.

#### Atrial fibrillation or flutter

Icosapent ethyl was associated with an increased risk of atrial fibrillation or flutter requiring hospitalisation in a double-blind placebo-controlled trial. The incidence of atrial fibrillation was greater in patients with a previous history of atrial fibrillation or flutter (see section 4.8). Patients, particularly those with a relevant medical history, should be monitored for clinical evidence of atrial fibrillation or atrial flutter (e.g., dyspnoea, palpitations, syncope/dizziness, chest discomfort, change in blood pressure, or irregular pulse). Electrocardiographic evaluation should be performed when clinically indicated.

#### Bleeding

Treatment with icosapent ethyl has been associated with an increased incidence of bleeding. Patients taking icosapent ethyl along with antithrombotic agents, i.e., antiplatelet agents, including acetylsalicylic acid, and/or anticoagulants, may be at increased risk of bleeding and should be monitored periodically (see section 4.8).

#### Excipients content

##### *Sorbitol (E420 ii)*

This medicinal product contains 83 mg of sorbitol in each capsule. The additive effect of concomitantly administered medicinal products containing sorbitol (or fructose) and dietary intake of sorbitol (or fructose) should be taken into account.

The content of sorbitol in medicinal products for oral use may affect the bioavailability of other medicinal products for oral use administered concomitantly.

Patients with hereditary fructose intolerance (HFI) should not take this medicinal product.

#### Maltitol (E965 ii)

This medicinal product contains 30 mg of maltitol in each capsule.

Patients with rare hereditary problems of fructose intolerance should not take this medicinal product.

#### Soya lecithin

This medicinal product contains soya lecithin. Patients who are allergic to soya or peanut should not use this medicinal product.

### **4.5 Interaction with other medicinal products and other forms of interaction**

Icosapent ethyl was studied at the dose level of four 998 mg capsules/day with the following medicinal products which are typical substrates of cytochrome P450 enzymes: omeprazole, rosiglitazone, warfarin and atorvastatin. No interactions were observed.

### **4.6 Fertility, pregnancy and lactation**

#### Pregnancy

There are a limited amount of data from the use of icosapent ethyl in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3). As a precautionary measure, it is preferable to avoid the use of icosapent ethyl during pregnancy unless the benefit of use outweighs the potential risk to the foetus.

#### Breast-feeding

It is not known whether icosapent ethyl is excreted in human milk. Studies from the literature have shown that the active metabolite eicosapentaenoic acid (EPA) is excreted in human milk at levels which correlated to maternal diet. Available toxicological data in rats have shown excretion of icosapent ethyl in milk (see section 5.3).

A risk to the suckling child cannot be excluded.

A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from icosapent ethyl therapy considering the benefit of breast-feeding for the child and the benefit of therapy for the woman.

#### Fertility

There are no data on fertility in humans from the use of icosapent ethyl. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3).

### **4.7 Effects on ability to drive and use machines**

On the basis of its pharmacodynamic profile and clinical study adverse reaction data, icosapent ethyl is expected to have no or negligible influence on the ability to drive and use machines.

### **4.8 Undesirable effects**

#### Summary of the safety profile

The most frequently reported adverse reactions associated with icosapent ethyl were bleeding (11.8%), peripheral oedema (7.8%), atrial fibrillation (5.8%), constipation (5.4%), musculoskeletal pain (4.3%), gout (4.3%) and rash (3.0%).

#### Tabulated list of adverse reactions

Adverse reactions are classified according to frequency and system organ class. Reporting frequencies for adverse reactions have been estimated from a long-term cardiovascular outcomes study in which subjects were observed for a median follow-up duration of 4.9 years. Frequency categories are defined according to the following conventions: very common ( $\geq 1/10$ ), common ( $\geq 1/100$  to  $< 1/10$ ), uncommon ( $\geq 1/1,000$  to  $< 1/100$ ), rare ( $\geq 1/10,000$  to  $< 1/1,000$ ) and very rare ( $< 1/10,000$ ).

Table 1 lists adverse reactions

**Table 1 Adverse reactions**

MedDRA Sytem organ class	Adverse reaction	Frequency
Immune system disorders	Hypersensitivity	Uncommon
Metabolism and nutrition disorders	Gout	Common
Nervous system disorders	Dysgeusia <sup>1</sup>	Uncommon
Cardiac disorders	Atrial fibrillation or flutter <sup>2</sup>	Common
Vascular disorders	Bleeding <sup>2</sup>	Very common
Gastrointestinal disorders	Constipation <sup>2</sup>	Common
	Eructation	Common
Skin and subcutaneous tissue disorders	Rash	Common
Musculoskeletal and connective tissue disorders	Musculoskeletal pain	Common
General disorders and administration site conditions	Peripheral oedema	Common

1 Dysgeusia describes the “verbatim” term: Fishy taste

2 See section Description of selected adverse reactions

#### Description of selected adverse reactions

##### *Bleeding*

Bleeding occurred in 11.8% of subjects receiving icosapent ethyl in a placebo-controlled cardiovascular outcomes trial compared with 9.9% in subjects receiving placebo. Serious bleeding events were reported more frequently in subjects receiving icosapent ethyl than in those receiving placebo when administered in combination with concomitant antithrombotic medication (3.4% vs. 2.6%), but occurred at the same rate (0.2%) in subjects not taking concomitant anticoagulant/antiplatelet medication (see section 4.4).

The bleeding events most frequently observed with icosapent ethyl were gastrointestinal bleeding (3.1%), contusion (2.5%), haematuria (1.9%), and epistaxis (1.5%).

##### *Atrial fibrillation/flutter*

Atrial fibrillation or atrial flutter occurred in 5.8% of subjects receiving icosapent ethyl in a placebo-controlled cardiovascular outcomes trial compared with 4.5% in subjects receiving placebo. Atrial fibrillation or atrial flutter requiring hospitalisation for 24 hours or more occurred in 3% of subjects treated with icosapent ethyl compared with 2% in subjects receiving placebo. Atrial fibrillation and atrial flutter were reported more frequently in subjects with a previous history of atrial fibrillation or atrial flutter receiving icosapent ethyl than in those receiving placebo (12.5% vs. 6.3%) (see section 4.4).

## *Constipation*

Constipation occurred in 5.4% of subjects receiving icosapent ethyl in a placebo-controlled cardiovascular outcomes trial compared with 3.6% of subjects receiving placebo. Serious constipation was less common for icosapent ethyl (0.1%) and placebo (0.2%). The relative incidence of constipation in this study may have been confounded by a residual laxative effect for placebo, which comprised a subtherapeutic dose of light mineral oil (4 mL).

The following adverse reactions have been identified from global post-marketing use of icosapent ethyl. Because these reactions are reported voluntarily from a population of uncertain size, it is generally not possible to reliably estimate their frequency or establish causal relationship to drug exposure: blood triglycerides increased, arthralgia, diarrhoea, abdominal discomfort, and pain in the extremities.

### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via [the national reporting system](#) listed in [Appendix V](#).

## **4.9 Overdose**

There is no specific treatment for icosapent ethyl overdose. In the event of an overdose, the patient should be treated symptomatically, and supportive measures instituted as required.

# **5. PHARMACOLOGICAL PROPERTIES**

## **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Lipid modifying agents, Other lipid modifying agents, ATC code: C10AX06

### Mechanism of action

Icosapent ethyl is a stable ethyl ester of the omega-3 fatty acid, eicosapentaenoic acid (EPA). The mechanisms of action contributing to reduction of cardiovascular events with icosapent ethyl are not completely understood. The mechanisms are likely multi-factorial including improved lipoprotein profile with reduction of triglyceride-rich lipoproteins, anti-inflammatory, and antioxidant effects, reduction of macrophage accumulation, improved endothelial function, increased fibrous cap thickness/stability, and antiplatelet effects. Each of these mechanisms can beneficially alter the development, progression, and stabilisation of atherosclerotic plaque, as well as the implications of plaque rupture, and preclinical and clinical studies support such benefits with EPA. Systemic and localised anti-inflammatory effects of EPA may result from displacement of pro-inflammatory arachidonic acid (AA), directing catabolism away from eicosanoids (2-series prostaglandins and thromboxanes, and 4-series leukotrienes) to non- or anti-inflammatory mediators. However, the direct clinical meaning of individual findings is not clear.

### Pharmacodynamic effects

Icosapent ethyl improves the lipoprotein profile by suppressing cholesterol-, fatty acid- and triglyceride (TG)-synthesising enzymes, increasing fatty acid  $\beta$ -oxidation, and reducing microsomal triglyceride transfer (MTP) protein, resulting in decreased hepatic TG and very low-density lipoprotein (VLDL) synthesis and release. Icosapent ethyl also increases expression of lipoprotein lipase leading to increased TG removal from circulating VLDL and chylomicron particles. In patients with elevated TG levels, icosapent ethyl lowers TG, VLDL, remnant lipoprotein cholesterol, and

levels of inflammatory markers such as C-reactive protein. However, TG reduction appears to provide only a minor contribution to the reduction in risk of cardiovascular events with icosapent ethyl.

### Clinical efficacy and safety

REDUCE-IT was a multinational, double-blind, randomised, placebo-controlled, event-driven trial in 8,179 (4,089 icosapent ethyl, 4,090 placebo) statin-treated adult patients enrolled with low-density lipoprotein cholesterol (LDL-C) >1.03 mmol/L (40 mg/dL) and ≤2.59 mmol/L (100 mg/dL) and moderately elevated triglyceride (TG) levels (≥1.53 mmol/L and <5.64 mmol/L [≥135 mg/dL and <500 mg/dL] as measured during patient screening, i.e. qualifying visits pre-enrolment) and either established cardiovascular disease (70.7%) or diabetes and other risk factors for cardiovascular disease (29.3%). Patients with established cardiovascular disease were defined as being at least 45 years of age and having a documented history of coronary artery disease, cerebrovascular or carotid disease, or peripheral artery disease. Patients in the other risk group were defined as being at least 50 years of age with diabetes requiring medical treatment and at least one additional risk factor i.e., hypertension or on an antihypertensive medicinal product; age at least 55 years (men) or at least 65 years (women); low high-density lipoprotein cholesterol levels; smoking; raised high-sensitivity C-reactive protein levels; renal impairment; micro or macroalbuminuria; retinopathy; or reduced ankle brachial index. Patients were randomly assigned 1:1 to receive either icosapent ethyl or placebo (as 4 capsules daily). The median follow-up duration was 4.9 years. Overall, 99.8% of patients were followed for vital status until the end of the trial or death.

The baseline characteristics were balanced between the groups, median age at baseline was 64 years (range: 44 years to 92 years), with 46% being at least 65 years old; 28.8% were women. The trial population was 90.2% White, 5.5% Asian, 4.2% identified as Hispanic ethnicity, and 1.9% were Black. Regarding prior diagnoses of cardiovascular disease, 46.7% had prior myocardial infarction, 9.2% had symptomatic peripheral arterial disease, and 6.1% prior unknown stroke or transient ischemic attack (TIA). Selected additional baseline risk factors included hypertension (86.6%), diabetes mellitus (0.7% type 1; 57.8% type 2), eGFR <60 mL/min per 1.73 m<sup>2</sup> (22.2%), congestive heart failure (17.7%), and current daily cigarette smoking (15.2%). Most patients were taking moderate-intensity (63%) or high-intensity (31%) statin therapy at baseline. Most patients at baseline were taking at least one other cardiovascular medicinal product including antiplatelet and/or antithrombotic agents (85.5%), beta blockers (70.7%), antihypertensives (95.2%), angiotensin converting enzyme (ACE) inhibitors (51.9%), or angiotensin receptor blockers (ARB; 26.9%); 77.5% were taking an ACE inhibitor or ARB. The protocol excluded patients taking PCSK9 inhibitors. On stable background lipid-lowering therapy, the median [Q1, Q3] LDL-C at baseline was 1.9 [1.6, 2.3] mmol/L (75.0 [62.0, 89.0] mg/dL); the mean (SD) was 2.0 (0.5) mmol/L (76.2 [20.3] mg/dL). On stable background lipid-lowering therapy, the median [Q1, Q3] fasting TG was 2.4 [2.0, 3.1] mmol/L (216.0 [176.0, 272.5] mg/dL); the mean (SD) was 2.6 (0.9) mmol/L (233.2 [80.1] mg/dL).

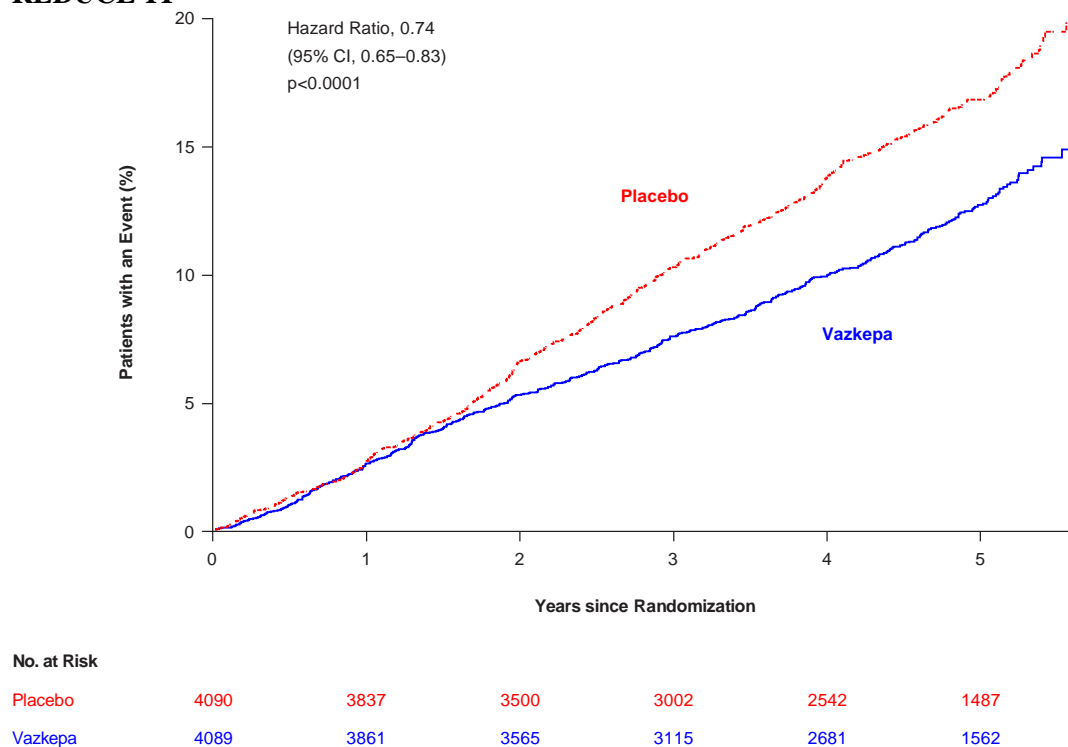
Icosapent ethyl significantly reduced the risk for the primary composite endpoint (time to first occurrence of cardiovascular death, myocardial infarction, stroke, coronary revascularisation, or hospitalisation for unstable angina; p<0.0001) and the key secondary composite endpoint (time to first occurrence of cardiovascular death, myocardial infarction, or stroke; p<0.0001). The results of the primary and secondary efficacy endpoints are shown in Table 2. The Kaplan-Meier estimates of the cumulative incidence of the key secondary composite endpoint over time are shown in Figure 1.

**Table 2 Effect of icosapent ethyl on time to first occurrence of cardiovascular events in patients with elevated triglyceride levels and cardiovascular disease or diabetes and other risk factors in REDUCE-IT**

	Icosapent ethyl	Placebo	Icosapent ethyl vs Placebo
	N = 4,089 n (%)	N = 4,090 n (%)	Hazard Ratio (95% CI)
<b>Primary composite endpoint</b>			
Cardiovascular death, myocardial infarction, stroke, coronary	705 (17.2)	901 (22.0)	0.75 (0.68, 0.83)

	<b>Icosapent ethyl</b>	<b>Placebo</b>	<b>Icosapent ethyl vs Placebo</b>
	<b>N = 4,089</b> <b>n (%)</b>	<b>N = 4,090</b> <b>n (%)</b>	<b>Hazard Ratio</b> <b>(95% CI)</b>
revascularisation, hospitalisation for unstable angina (5-point MACE)			
<b>Key secondary composite endpoint</b>			
Cardiovascular death, myocardial infarction, stroke (3-point MACE)	459 (11.2)	606 (14.8)	0.74 (0.65, 0.83)
<b>Other secondary endpoints</b>			
Cardiovascular death <sup>[1]</sup>	174 (4.3)	213 (5.2)	0.80 (0.66, 0.98)
Death by any cause <sup>[2]</sup>	274 (6.7)	310 (7.6)	0.87 (0.74, 1.02)
Fatal or non-fatal myocardial infarction	250 (6.1)	355 (8.7)	0.69 (0.59, 0.81)
Fatal or non-fatal stroke	98 (2.4)	134 (3.3)	0.72 (0.55, 0.93)
Emergent or urgent coronary revascularisation	216 (5.3)	321 (7.8)	0.65 (0.55, 0.78)
Coronary revascularisation <sup>[3]</sup>	376 (9.2)	544 (13.3)	0.66 (0.58, 0.76)
Hospitalisation for unstable angina <sup>[4]</sup>	108 (2.6)	157 (3.8)	0.68 (0.53, 0.87)
<p>[1] Cardiovascular death includes adjudicated cardiovascular deaths and deaths of undetermined causality.</p> <p>[2] Death by any cause, or total mortality, is not a component of either the primary composite endpoint or key secondary composite endpoint.</p> <p>[3] The predefined composite secondary endpoint included emergent or urgent revascularisation (p&lt;0.0001); coronary revascularisations is the composite of all revascularisation and was predefined as a tertiary endpoint.</p> <p>[4] Determined to be caused by myocardial ischemia by invasive/non-invasive testing and requiring emergent hospitalisation.</p>			

**Figure 1 Kaplan-Meier estimated incidence of key secondary composite endpoint in REDUCE-IT**





Key secondary composite endpoint consisted of cardiovascular death, myocardial infarction, or stroke (3-point MACE)

Abbreviations: CI confidence interval

The median TG and LDL-C baseline values were similar between the icosapent ethyl group and placebo group. The median change in TG from baseline to Year 1 was -0.4 mmol/L (-39 mg/dL, -18%) in the icosapent ethyl group and 0.1 mmol/L (5 mg/dL, 2%) in the placebo group. The median change in LDL-C from baseline to Year 1 was 0.1 mmol/L (2 mg/dL, 3%) in the icosapent ethyl group and 0.2 mmol/L (7 mg/dL, 10%) in the placebo group. Prespecified analyses of the effect of icosapent ethyl on cardiovascular outcomes in the REDUCE-IT trial showed little to no correlation between either TG or LDL-C response and cardiovascular effect based on baseline or on-study achieved TG or LDL-C levels. See section 5.1 mechanism of action for more information.

### Paediatric population

The European Medicines Agency has waived the obligation to submit the results of studies with icosapent ethyl in all subsets of the paediatric population for the treatment of hypertriglyceridemia and to reduce the risk cardiovascular events (see section 4.2 for information on paediatric use).

## **5.2 Pharmacokinetic properties**

### Absorption

After oral administration, icosapent ethyl is de-esterified during the absorption process and the active metabolite EPA is absorbed in the small intestine and enters the systemic circulation mainly via the thoracic duct lymphatic system. Peak plasma concentrations of EPA were reached approximately 5 hours following oral doses of icosapent ethyl.

Icosapent ethyl was administered with or following a meal in all clinical studies; no food effect studies were performed (see section 4.2).

### Distribution

The mean volume of distribution at steady-state of EPA is approximately 88 liters. The majority of EPA circulating in plasma is incorporated in phospholipids, triglycerides and cholesteryl esters, and <1% is present as the unesterified fatty acid. Greater than 99% of unesterified EPA is bound to plasma proteins.

### Biotransformation and elimination

EPA is mainly metabolised by the liver via beta-oxidation similar to dietary fatty acids. Beta oxidation splits the long carbon chain of EPA into acetyl Coenzyme A, which is converted into energy via the Krebs cycle. Cytochrome P450-mediated metabolism is a minor pathway of elimination of EPA. The total plasma clearance of EPA at steady-state is 684 mL/hr. The plasma elimination half-life ( $t_{1/2}$ ) of EPA is approximately 89 hours. Icosapent ethyl does not undergo renal excretion.

### Pharmacokinetic/pharmacodynamic relationship(s)

#### *Triglycerides level/reduction in hypertriglyceridemia*

A linear relationship between EPA levels in plasma or red blood cells (RBCs) and TG reduction was observed in two Phase III studies.

#### *Cardiovascular risk reduction*

Analyses of the primary (5-point) and key secondary (3-point) MACE endpoints suggest that on-treatment lipoprotein changes had limited influence on cardiovascular risk reductions, while on-

treatment steady-state serum EPA levels accounted for the majority of the relative risk reduction observed in REDUCE-IT. Baseline serum EPA level was 26 µg/mL; compared to patients with an on-treatment steady-state serum EPA level below 100 µg/mL, patients with on-treatment EPA levels  $\geq 175$  µg/mL had a >50% reduced risk of a cardiovascular event.

### Renal and hepatic impairment

The pharmacokinetics of icosapent ethyl has not been studied in patients with renal or hepatic impairment. Patients did not require routine dose adjustment due to hepatic or renal impairment in a well-controlled cardiovascular outcomes study of icosapent ethyl.

### Other special populations

#### *Elderly ( $\geq 65$ years)*

The pharmacokinetics of icosapent ethyl has not been studied in elderly patients. Elderly patients did not require routine dose adjustment in well-controlled clinical studies of icosapent ethyl.

#### *Paediatric population*

The pharmacokinetics of icosapent ethyl has not been studied in paediatric subjects.

## **5.3 Preclinical safety data**

Non-clinical data reveal no special hazard for humans based on conventional studies of repeated dose toxicity, genotoxicity, carcinogenic potential and toxicity to reproduction and development.

At the highest dose levels in reproductive and developmental studies, no adverse effects were observed in rats or rabbits at approximately 6 to 8 times the human equivalent dose based on body surface area comparison. In a rat embryo-foetal study, no adverse effects were observed at exposures 6.9 fold higher than the clinical exposure (based on AUC).

Animal studies indicate that icosapent ethyl crosses the placenta and is found in foetal plasma.

Animal studies indicate that icosapent ethyl is excreted in milk.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

#### Capsule fill

all-rac-alpha-tocopherol

#### Capsule shell

Gelatin

Glycerol

Liquid maltitol (E965 ii)

Liquid sorbitol (non-crystallising) (E420 ii)

Purified water

Soya lecithin

#### Printing ink

Titanium dioxide

Propylene glycol

Hypromellose

## **6.2 Incompatibilities**

Not applicable.

## **6.3 Shelf life**

4 years.

## **6.4 Special precautions for storage**

Store below 30 °C.

Bottle: keep the bottle tightly closed in order to protect from moisture.

Blister: store in the original package in order to protect from moisture.

## **6.5 Nature and contents of container**

High density polyethylene (HDPE) bottles with a child-resistant polypropylene heat induction sealed closure containing 120 soft capsules.

PVC/PCTFE/Al perforated unit dose blisters containing 4x2 soft capsules.

## **6.6 Special precautions for disposal**

No special requirements for disposal.

## **7. MARKETING AUTHORISATION HOLDER**

Amarin Pharmaceuticals Ireland Limited  
88 Harcourt Street  
Dublin 2, D02DK18  
Ireland

## **8. MARKETING AUTHORISATION NUMBER(S)**

EU/1/20/1524/001

EU/1/20/1524/002

## **9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation:

## **10. DATE OF REVISION OF THE TEXT**

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu>.

## **ANNEX II**

- A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**
- C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**
- D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

## **A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE**

Name and address of the manufacturer(s) responsible for batch release

MIAS Pharma Limited  
Suite 2, Stafford House, Strand Road  
Portmarnock  
Co. Dublin

## **B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**

Medicinal product subject to medical prescription.

## **C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**

- **Periodic safety update reports (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

The marketing authorisation holder (MAH) shall submit the first PSUR for this medicinal product within 6 months following authorisation.

## **D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

**ANNEX III**  
**LABELLING AND PACKAGE LEAFLET**

## **A. LABELLING**

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**BOTTLE CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

Vazkepa 998 mg soft capsules  
icosapent ethyl

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each capsule contains 998 mg of icosapent ethyl.

**3. LIST OF EXCIPIENTS**

Contains maltitol (E965 ii), sorbitol (E420 ii) and soya lecithin.  
See the package leaflet for further information.

**4. PHARMACEUTICAL FORM AND CONTENTS**

Soft capsule

120 capsules

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

**Swallow the capsules whole.**

Do not break, crush, dissolve or chew the capsules.

Read the package leaflet before use.

Oral use.

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

**Keep the bottle tightly closed in order to protect from moisture.**



Store below 30 °C.

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Amarin Pharmaceuticals Ireland Ltd.  
88 Harcourt Street  
Dublin 2  
D02DK18  
Ireland

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/20/1524/001

**13. BATCH NUMBER**

Lot

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

VAZKEPA

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC  
SN  
NN

**PARTICULARS TO APPEAR ON THE IMMEDIATE PACKAGING**

**BOTTLE LABEL**

**1. NAME OF THE MEDICINAL PRODUCT**

Vazkepa 998 mg soft capsules  
icosapent ethyl

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each capsule contains 998 mg of icosapent ethyl.

**3. LIST OF EXCIPIENTS**

Contains maltitol (E965 ii), sorbitol (E420 ii) and soya lecithin.  
See the package leaflet for further information.

**4. PHARMACEUTICAL FORM AND CONTENTS**

Soft capsule

120 capsules

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**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

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**12. MARKETING AUTHORISATION NUMBER(S)**

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**13. BATCH NUMBER**

Lot

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

VAZKEPA

**17. UNIQUE IDENTIFIER – 2D BARCODE**

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**CARTON FOR UNIT DOSE BLISTERS**

**1. NAME OF THE MEDICINAL PRODUCT**

Vazkepa 998 mg soft capsules  
icosapent ethyl

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each capsule contains 998 mg of icosapent ethyl.

**3. LIST OF EXCIPIENTS**

Contains maltitol (E965 ii), sorbitol (E420 ii) and soya lecithin.  
See the package leaflet for further information.

**4. PHARMACEUTICAL FORM AND CONTENTS**

Soft capsule

4x2 capsules

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

**Swallow the capsules whole.**

Do not break, crush, dissolve or chew the capsules.  
Read the package leaflet before use.

Oral use.

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

**Store in the original package in order to protect from moisture.**

Store below 30 °C.

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Amarin Pharmaceuticals Ireland Ltd.  
88 Harcourt Street  
Dublin 2  
D02DK18  
Ireland

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/20/1524/002

**13. BATCH NUMBER**

Lot

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

VAZKEPA

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC  
SN  
NN

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**UNIT DOSE BLISTERS**

**1. NAME OF THE MEDICINAL PRODUCT**

Vazkepa 998 mg capsules  
icosapent ethyl

**2. NAME OF THE MARKETING AUTHORISATION HOLDER**

Amarin Pharmaceuticals Ireland Ltd.

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. OTHER**

**Day 1**  
**Dose 1**  
**Dose 2**

**Day 2**  
**Dose 1**  
**Dose 2**

**B. PACKAGE LEAFLET**

## Package leaflet: Information for the patient

### Vazkepa 998 mg soft capsules icosapent ethyl

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

#### What is in this leaflet

1. What Vazkepa is and what it is used for
2. What you need to know before you take Vazkepa
3. How to take Vazkepa
4. Possible side effects
5. How to store Vazkepa
6. Contents of the pack and other information

#### 1. What Vazkepa is and what it is used for

Vazkepa contains the active substance icosapent ethyl, a highly purified omega-3 fatty acid from fish oil.

Vazkepa lowers levels of triglycerides (types of fat) in the blood and it is used with a statin medicine (that lowers blood cholesterol) to prevent cardiovascular events, such as:

- heart attack
- stroke
- death from heart or vascular disease

Vazkepa is used in adults with high blood triglycerides who already have heart disease or have diabetes and other conditions that put them at a higher risk of cardiovascular events.

#### 2. What you need to know before you take Vazkepa

##### Do not take Vazkepa

- If you are **allergic to icosapent ethyl**, soya or any of the other ingredients of this medicine (listed in section 6).

##### Warnings and precautions

Talk to your doctor or pharmacist before taking Vazkepa:

- If you are **allergic to fish or to shellfish**.
- If you have **problems with your liver**.
- If you have **problems with irregular heartbeat** (atrial fibrillation or flutter).
- If you take an anticoagulant medicine (which prevents blood from clotting), medicines that inhibit platelets in the blood or are at **risk of bleeding**.

If any of the above applies to you, talk to your doctor.



### Blood tests

During your treatment your doctor may carry out blood tests to check for any problems with your liver and to check how your blood is clotting.

### **Children and adolescents**

Do not give this medicine to children and young people below 18 years of age because it has not been studied in these people.

### **Other medicines and Vazkepa**

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

If you are taking other medicines at the same time as Vazkepa that affect how your blood clots, such as an anticoagulant medicine, you will have blood tests during treatment.

### **Pregnancy, breast-feeding and fertility**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

### Pregnancy

Vazkepa is not recommended for use during pregnancy unless your doctor advises you to take it.

### Breast-feeding

Vazkepa is not recommended for use while breast-feeding as the effect on your baby is not known. Your doctor will help you to weigh up the benefit of treatment against any risk to your breast-feeding baby.

### Fertility

Talk with your doctor about fertility during treatment.

### **Driving and using machines**

This medicine is unlikely to affect your ability to drive or use tools or machines.

### **Vazkepa contains maltitol, sorbitol and soya lecithin**

#### Maltitol (E965 ii)

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicine.

#### Sorbitol (E420 ii)

This medicine contains 83 mg sorbitol in each capsule.

Sorbitol is a source of fructose. If your doctor has told you that you have an intolerance to some sugars or if you have been diagnosed with hereditary fructose intolerance (HFI), a rare genetic disorder in which a person cannot break down fructose, talk to your doctor before you take this medicine.

#### Soya lecithin

This medicine contains soya lecithin. If you are allergic to soya or peanut, do not use this medicine.

## **3. How to take Vazkepa**

Always take this medicine exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure. Do not change your dose without talking to your doctor.

### How much to take

The recommended dose is two capsules by mouth, twice a day, with or after a meal.

Swallow the capsules whole; **Do not** break, crush, dissolve or chew the capsules.

### **Use in elderly**

There is no need to change the dose in elderly patients. They can take the usual recommended dose.

### **If you take more Vazkepa than you should**

If you accidentally take more capsules than your doctor has prescribed, contact your doctor or pharmacist for advice.

### **If you forget to take Vazkepa**

If you miss a dose, take it as soon as you remember. However if you missed taking the medicine for a whole day, just take your next scheduled dose. **Do not take a double dose** to make up for a forgotten dose. If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

### **If you stop taking Vazkepa**

Do not stop taking this medicine until you have spoken with your doctor.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

## **4. Possible side effects**

Like all medicines, this medicine can cause side effects, although not everybody gets them.

### **Contact your doctor**

- if you get heart palpitations or irregular heartbeat. These could be symptoms of a serious condition known as atrial fibrillation. This is a **common** side effect (may affect up to 1 in 10 people):
- if you bruise easily or cannot stop bleeding. This is a **very common** side effect (may affect more than 1 in 10 people). Your risk of bleeding may increase if you are also taking an anticoagulant medicine.

**Get medical help** if you get any of the following side effects. These symptoms could be due to a serious condition known as **hypersensitivity** which can happen at any time during treatment. This is an **uncommon** side effect (may affect up to 1 in 100 people)

- difficulty breathing
- tightening or scratching of the throat
- swelling of the lips
- hives (raised bumps on the skin)
- rash and an itchy skin
- stomach pain or cramps
- diarrhoea
- nausea and vomiting

### Other side effects that may occur

**Common** side effects (may affect up to 1 in 10 people):

- swelling of your hands, arms, legs and feet
- pain in muscles, bones or joints
- gout (painful swelling in the joints because of a build up of uric acid)
- rash
- constipation
- burping

**Uncommon** side effect (may affect up to 1 in 100 people)

- bad taste in the mouth

### **Reporting of side effects**

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via **the national reporting system** listed in [Appendix V](#). By reporting side effects, you can help provide more information on the safety of this medicine.

## **5. How to store Vazkepa**

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the bottle label or blister carton after EXP. The expiry date refers to the last day of that month.

Store below 30 °C.

Bottle: keep the bottle tightly closed in order to protect from moisture.

Blister pack: store in the original package in order to protect from moisture.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

## **6. Contents of the pack and other information**

### **What Vazkepa contains**

- The **active substance** is icosapent ethyl. Each Vazkepa capsule contains 998 mg of icosapent ethyl.
- The other ingredients are
  - all-rac-alpha-tocopherol, gelatin, glycerol, liquid maltitol (E965 ii), liquid sorbitol (non-crystallising) (E420 ii), purified water and soya lecithin (see section 2 “Vazkepa contains maltitol, sorbitol and soya lecithin”).
  - printing ink: titanium dioxide, propylene glycol, hypromellose.

### **What Vazkepa looks like and contents of the pack**

In this pack you will find oblong soft capsules, 25 x 10 mm, printed with “IPE” in white ink, with a light yellow to amber shell containing a colourless to pale yellow liquid.

The bottles containing 120 capsules are white 300-cc, high density polyethylene (HDPE) with a child-resistant polypropylene heat induction sealed closure.

The blister packs contain 4x2 capsules in PVC/PCTFE/Al perforated unit dose blisters.

### **Marketing Authorisation Holder**

Amarin Pharmaceuticals Ireland Limited  
88 Harcourt Street  
Dublin 2, D02DK18  
Ireland

### **Manufacturer**

MIAS Pharma Limited  
Suite 2, Stafford House, Strand Road

Portmarnock  
Co. Dublin

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

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**This leaflet was last revised in .**

**Other sources of information**

Detailed information on this medicine is available on the European Medicines Agency web site:

<http://www.ema.europa.eu>