1. NAME OF MEDICINAL PRODUCT

Omacor®, 1000mg, capsule, soft

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One capsule contains:
Omega-3-acids ethyl esters 90 1000mg
Comprising eicosapentaenoic acid (EPA) ethyl ester (460mg) and docosahexaenoic acid (DHA) ethyl ester (380mg).

The total contents of Omega-3-acid ethyl esters is about 90%.

For a list of excipients see section 6.1.

3. PHARMACEUTICAL FORM

Capsule, soft.
Soft, oblong, transparent gelatin capsules containing pale yellow oil.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Hypertriglyceridaemia
Endogenous hypertriglyceridaemia as a supplement to diet when dietary measures alone are insufficient to produce an adequate response:
type IV in monotherapy,
- type IIb/III in combination with statins, when control of triglycerides is insufficient.

4.2 Posology and method of administration

Hypertriglyceridaemia

Initial treatment two capsules daily. If adequate response is not obtained, the dose may be increased to four capsules daily.

The capsules may be taken with food to avoid gastrointestinal disturbances.

There is no information regarding the use of Omacor® in children, in elderly patients over 70 years of age, or in patients with hepatic impairment (see Warning and precautions for use), and only limited information regarding the use in patients with renal impairment.

4.3 Contraindications

Hypersensitivity to the active substance, to soya, to peanut or to any of the excipients.

4.4 Special Warning and Precautions for use

Systematic reviews and meta-analyses of randomized controlled clinical trials highlighted a dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors treated with omega-3-acid ethyl esters compared to placebo. The observed risk is highest with a dose of 4 g/daily (see section 4.8). If atrial fibrillation develops, treatment should be permanently discontinued.

Because of the moderate increase in bleeding time (with the high dosage, i.e. 4 capsules), patients with bleeding disorders or receiving anticoagulant therapy or other drugs affecting coagulation (e.g acetylsalicylic acid or NSAIDs) must be monitored and the dosage of anticoagulant adjusted if necessary (see section 4.5 Interaction with other Medicinal Products and other forms of Interaction).Make allowance for the increased bleeding time in patients at high risk of hemorrhage (because of severe trauma, surgery, etc.).

During treatment with Trademark, there is a fall in thromboxane A2 production. No significant effect has been observed on the other coagulation factors. Clinical studies did not show increased frequency of bleeding episodes. In some patients a small but significant increase (within normal values) in ASAT and ALAT was reported, but there are no data indicating an increased risk for patients with hepatic impairment. ALAT and ASAT levels should be monitored in patients with any signs of liver damage (in particular with the high dosage, i.e. 4 capsules).

Omacor® is not indicated in exogenous hypertiglyceridaemia (type 1 hyperchylomicronaemia).

4.5 Interaction with other medicinal products and other forms of interaction

Increased bleeding time has been seen when Omacor®is given in conjunction with oral anticoagulants or other drugs affecting coagulation (e.g. acetylsalicylic acid or NSAIDs). This may result from a possible additive effect on bleeding time, but haemorrhagic complications have not been documented (see section Special Warning and Precautions for use).

Acetylsalicylic acid:
Patients should be informed about potentially increased bleeding time.

Anti-coagulants:
Omacor® has been given in conjunction with warfarin without haemorrhagic complications. However, the prothrombin time/International normalized ratio (PT/INR) must be checked when Omacor® is combined with drug affecting PT/INR or when treatment with Omacor® is stopped.

4.6 Pregnancy and Lactation

Pregnancy
There are no adequate data from the use of Omacor® in pregnant women. Studies in animals have not shown reproductive toxicity.

The potential risk for humans is unknown. Therefore, Omacor® should not be used during pregnancy unless clearly necessary.

Lactation
There are no data on the excretion of Omacor® in human milk. Omacor® should not be used during lactation.

Fertility
There are no adequate data on the effect of Omacor® on fertility.

4.7 Effects on ability to drive and use machines

Effects on ability to drive and use machines have not been studied. Nevertheless, Omacor® is expected to have no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

The frequencies of adverse reactions are ranked according to the following: Very common (≥1/10); common (≥ 1/100 to < 1/10); uncommon (≥1/1000 to < 1/100); rare (≥1/10000 to < 1/1000); very rare (< 1/10000); not known (cannot be estimated from the available data)

Immune system disorders:
Rare: hypersensitivity

Metabolism and nutrition disorders:
Uncommon: hyperglycaemia, gout

Nervous system disorders:
Uncommon: dizziness, dysgeusia, headache

Cardiac disorders:
Common: atrial fibrillation

Vascular disorders:
Uncommon: hypotension

Respiratory thoracic and mediastinal disorders:
Uncommon: epistaxis

Gastrointestinal disorders:
Common: gastrointestinal disorders (including abdominal distension, abdominal pain, constipation, diarrhea, dyspepsia, flatulence, eructation, gastro- oesophageal reflux disease, nausea or vomiting)

Uncommon: gastrointestinal haemorrhage

Hepatobiliary disorders:
Uncommon: liver disorders including transaminases increased (alanine aminotransferase increased and aspartate aminotransferase increased)

Skin and subcutaneous tissue disorders:
Uncommon: rash
Rare: Urticaria
Not known: pruritus

Description of selected adverse reactions
Atrial fibrillation
Considering seven randomized clinical trials the mean frequency in placebo treated groups was 2.8%, whereas the corresponding value in groups exposed to omega-3-fatty acids amounted to 3.4%.

4.9 Overdose

There are no special recommendations. Treatment should be symptomatic.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Omega-3-triglycerides including other esters and acids, ATC code: C10AX06.

The omega-3 series polyunsaturated fatty acids, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), are essential fatty acids.

Omacor® is active on the plasma lipids by lowering triglyceride levels as a result of a fall in VLDL (very low density lipoprotein), and the substance is also active on haemostasis and blood pressure.

Omacor® reduces the synthesis of triglycerides in the liver because EPA and DHA are poor substrates for the enzymes responsible for triglyceride synthesis and they inhibit esterification of other fatty acids.

The increase in peroxisomes of β-oxidation of fatty acids in the liver also contributes to the fall in triglycerides, by reducing the quantity of free fatty acids available for their synthesis. The inhibition of this synthesis lowers VLDL.

Omacor® increases LDL-cholesterol in some patients with hypertriglyceridaemia. A rise in HDL-cholesterol is only small, significantly smaller than seen after administration of fibrates, and not consistent.

The long-term lipid-lowering effect (after more than one year) is not known. Otherwise there is no strong evidence that lowering triglycerides reduces the risk of ischaemic heart disease.

During treatment with Omacor®, there is a fall in thromboxane A2 production and a slight increase in bleeding time. No significant effect has been observed on the other coagulation factors.

5.2 Pharmacokinetics Properties

During and after absorption, there are three main pathways for the metabolism of the omega-3 fatty acids:
- the fatty acids are first transported to the liver where they are incorporated into various categories of lipoproteins and then channelled to the peripheral lipid stores;
- the cell membrane phospholipids are replaced by lipoprotein phospholipids and the fatty acids can then act as precursors for various eicosanoids;
- the majority is oxidised to meet energy requirements.

The concentration of omega-3 fatty acids, EPA and DHA, in the plasma phospholipids corresponds to the EPA and DHA incorporated into the cell membranes.

Animal pharmacokinetic studies have shown that there is a complete hydrolysis of the ethyl ester accompanied by satisfactory absorption and incorporation of EPA and DHA into the plasma phospholipids and cholesterol esters.

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, toxicity to reproduction. In addition non-clinical literature data on safety pharmacology are indicating that there is no hazard for humans.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Capsule core:
Alpha-tocopherol

Capsule shell:

Gelatin, Glycerol, Purified water, Medium-chain triglycerides, Lecithin (soya)

6.2 Incompatibilities

Not applicable

6.3 Shelf life

30 months

6.4 Special precautions for storage

Do not store above 30ºC. Do not freeze.

6.5 Nature and contents of container

White (HDPE) bottle
- 1 x 28 capsules
- 1 x 100 capsules

Not all pack sizes may be marketed

6.6 Special precautions for disposal and other handling

Any unused product or waste material should be disposed of in accordance with local requirements.

7. MANUFACTURER

Pantheon Softgels B.V.
De Posthoornstraat 7, 5048 AS, Tilburg, The Netherlands

For:
Abbott Products GmbH, Germany

8. DATE OF REVISION

August 2025

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