Vascepa®: Power to reduce the risk of cardiovascular events

Vascepa® (icosapent ethyl [IPE]) is indicated to reduce the risk of cardiovascular events (cardiovascular death, non-fatal myocardial infarcion, non-fatal stroke, coronary revascularization or hospitalization for unstable angina) in statin-treated patients with elevated triglycerides, who are at high risk of cardiovascular events due to:
- established cardiovascular disease, or
- diabetes, and at least one other cardiovascular risk factor

Vascepa® (n=4,089) demonstrated reductions in the risk of CV events vs. placebo (n=4,090) (both in combination with statins)*

2° endpoints

CV death**

↓ 20%

(event n=174 vs. 213)

HR (95% CI): 0.80 (0.66, 0.98)

Non-fatal myocardial infarction†

↓ 30%

(event n=237 vs. 332)

HR (95% CI): 0.70 (0.59, 0.82)

Non-fatal stroke†

↓ 29%

(event n=85 vs. 118)

HR (95% CI): 0.71 (0.54, 0.94)

Vascepa® demonstrated a significant 25% reduction (event n=705 vs. 901) in time to first occurrence of cardiovascular death, MI, stroke, coronary revascularization or hospitalization for unstable angina (5-point MACE) vs. placebo (1° endpoint).1

There was no statistically significant difference in risk between the Vascepa® and placebo groups for all-cause mortality.

A placebo-controlled trial with a 4.9-year median follow-up of statin-treated adult patients with elevated triglycerides and a high risk of cardiovascular events due to established cardiovascular disease or diabetes with at least 1 other CV risk factor.1*