



North Central London  
Joint Formulary Committee

## Guidance for the review of omega-3 fatty acids (including Omacor®)

### Disclaimer

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NCL JFC is funded by and provides advice to Acute Trusts and Clinical Commissioning Groups in NCL.

## Document control

Date	Version	Amendments
February 2019	1.0	

## Document management

Groups / Individuals who have overseen the development of this guidance:	Dr Devika Nair, Royal Free London NCL JFC Support Pharmacist
Groups which were consulted and have given approval:	Royal Free London Drug and Therapeutics Committee
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Review date:	[3 years]

## 1. Aim

To review the use of omega-3 fatty acid to ensure prescribing is in line with the National Institute for Health and Care Excellence (NICE), NHS England's guidance of 'Items which should not be routinely prescribed in primary care' and local guidance.

## 2. Background

Omega-3 fatty acid supplements are licensed as <sup>1</sup>:

- an adjunct in secondary prevention in those who have had a myocardial infarction
- for certain types of hypertriglyceridemia

Omega 3 fatty acids is not recommended for prescribing on the NHS as the evidence to support their efficacy is not strong enough and they are not considered to be cost-effective <sup>2</sup>.

NHS England have endorsed the NICE 'Do Not Do Recommendations' for omega-3 fatty acids <sup>2</sup>:

- Do not offer omega-3 fatty acid compounds for the prevention of CVD to any of the following <sup>3</sup>:
  - people who are being treated for primary prevention
  - people who are being treated for secondary prevention
  - people with Chronic Kidney Disease (CKD)
  - people with type 1 diabetes
  - people with type 2 diabetes
- Do not offer or advise people to use omega-3 fatty acid capsules or omega-3 fatty acid supplemented foods to prevent another Myocardial Infarction (MI) <sup>4</sup>.
- Do not offer omega-3 fatty acids to adults with non-alcoholic fatty liver disease because there is not enough evidence to recommend their use <sup>5</sup>.
- Do not use omega-3 fatty acids to manage sleep problems in children and young people with autism <sup>6</sup>.
- Do not routinely recommend omega-3 fatty acid supplements to people with familial hypercholesterolaemia <sup>7</sup>.
- Do not offer omega-3 or omega-6 fatty acid compounds to treat Multiple Sclerosis (MS) <sup>8</sup> because there is no evidence that they affect relapse frequency or progression of MS.

The North Central London Joint Formulary Committee recommend:

- Offering omega-3 fatty acids (Omacor<sup>®</sup>, 4-6 g daily) for the primary and secondary prevention of pancreatitis in patients with familial hypertriglyceridaemia (type 3 hyperlipidaemia, lipoprotein lipase deficiency or in presence of raised chylomicrons and VLDL) if triglyceride level remains >10mmol/L despite maximum tolerated dose of fibrate and statin.

The use of omega-3 fatty acids for schizophrenia has not been evaluated in North Central London, therefore, is not recommended.

## 3. Recommendations

- 1) Identify all patients currently prescribed omega-3 fatty acids.
- 2) Review the prescribing of all omega-3 fatty acids with a view to stopping therapy, where possible, in line with Appendix 1.

For patients in whom omega-3 is stopped, offer patients the PrescQIPP "changes to omega-3 fatty acids prescribing" patients information leaflet

Patients wishing to continue taking omega-3 should be advised to increase their dietary intake or purchase it.

- 3) New patients should only be initiated omega-3 fatty acids by lipid specialists. The place of omega 3 fatty acid supplements in hypertriglyceridemia is defined by local guidance: [https://www.ncl-mon.nhs.uk/wp-content/uploads/Guidelines/2\\_Guidance\\_for\\_the\\_management\\_of\\_hypertriglyceridaemia.pdf](https://www.ncl-mon.nhs.uk/wp-content/uploads/Guidelines/2_Guidance_for_the_management_of_hypertriglyceridaemia.pdf)

## 4. Advice and Guidance

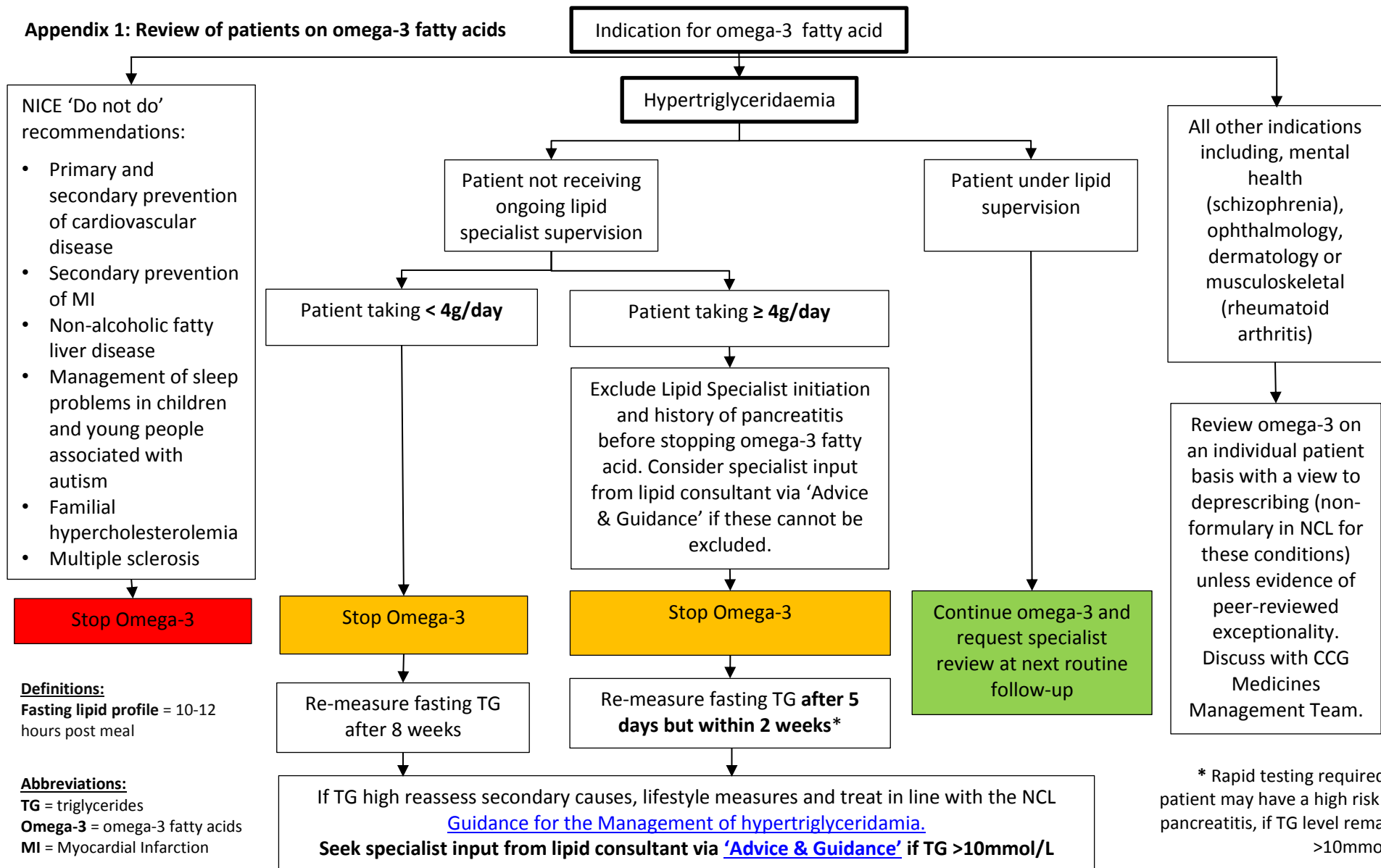
This is an STP level service that provides GPs with the option to request advice for non-urgent patients from secondary care specialists and receive a timely response concerning the management of the patient. Requests are made and answered using the dedicated messaging facility within the national e-Referral Service (eRS), which is accessible via <https://nww.ebs.ncrs.nhs.uk/>

The Royal Free Lipid Centre supports Advice and Guidance and can be identified on eRS as “*Lipid Management Service-Cardiology-Royal Free Hospital-RAL*”

## References

1. eMC: Omacor. (2018). Available at: <https://www.medicines.org.uk/emc/product/1706>. (Accessed: 16th January 2019)
2. NHS England & NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCGs. (2017). Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>. (Accessed: 16th January 2019)
3. National Institute for Health and Care Excellence. CG181: Cardiovascular disease: risk assessment and reduction, including lipid modification. (2016). Available at: <https://www.nice.org.uk/guidance/cg181/chapter/1-Recommendations>. (Accessed: 16th January 2019)
4. National Institute for Health and Care Excellence. CG172: Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease. (2013). Available at: <https://www.nice.org.uk/guidance/cg172/chapter/1-Recommendations>. (Accessed: 16th January 2019)
5. National Institute for Health and Care Excellence. NG49: Non-alcoholic fatty liver disease (NAFLD): assessment and management. Available at: <https://www.nice.org.uk/guidance/ng49/chapter/Recommendations>. (Accessed: 16th January 2019)
6. National Institute for Health and Care Excellence. CG170: Autism spectrum disorder in under 19s: support and management. (2013). Available at: <https://www.nice.org.uk/guidance/cg170/chapter/1-Recommendations>. (Accessed: 16th January 2019)
7. National Institute for Health and Care Excellence. CG71: Familial hypercholesterolaemia: identification and management. (2008). Available at: <https://www.nice.org.uk/guidance/cg71/chapter/Recommendations>. (Accessed: 16th January 2019)
8. National Institute for Health and Care Excellence. CG186: Multiple sclerosis in adults: management. (2014). Available at: <https://www.nice.org.uk/guidance/cg186/chapter/1-Recommendations>. (Accessed: 16th January 2019)

**Appendix 1: Review of patients on omega-3 fatty acids**



NICE 'Do not do' recommendations:

- Primary and secondary prevention of cardiovascular disease
- Secondary prevention of MI
- Non-alcoholic fatty liver disease
- Management of sleep problems in children and young people associated with autism
- Familial hypercholesterolemia
- Multiple sclerosis

**Stop Omega-3**

**Definitions:**  
Fasting lipid profile = 10-12 hours post meal

**Abbreviations:**  
TG = triglycerides  
Omega-3 = omega-3 fatty acids  
MI = Myocardial Infarction

\* Rapid testing required as patient may have a high risk for pancreatitis, if TG level remains >10mmol/L.