

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use OMEGAVEN safely and effectively. See full prescribing information for OMEGAVEN.

**OMEGAVEN (fish oil triglycerides) injectable emulsion, for intravenous use**  
Initial U.S. Approval: 2018

### INDICATIONS AND USAGE

Omegaven is indicated as a source of calories and fatty acids in pediatric patients with parenteral nutrition-associated cholestasis (PNAC). (1)

#### Limitations of Use:

- Omegaven is not indicated for the prevention of PNAC. It has not been demonstrated that Omegaven prevents PNAC in parenteral nutrition (PN)-dependent patients. (1)
- It has not been demonstrated that the clinical outcomes observed in patients treated with Omegaven are a result of the omega-6:omega-3 fatty acid ratio of the product. (1)

### DOSAGE AND ADMINISTRATION

- For infusion into a central or peripheral vein. (2.1)
- May be infused directly from the bottle or admixed in a parenteral nutrition (PN) container. (2.1, 2.2)
- Protect the admixed PN solution from light. (2.2)
- Prior to administration, correct severe fluid and electrolyte disorders and measure serum triglycerides to establish a baseline level. (2.3)
- Initiate dosing in PN-dependent pediatric patients as soon as direct or conjugated bilirubin levels are 2 mg/dL or greater. (2.3)
- Recommended dosage depends on age, energy expenditure, clinical status, body weight, tolerance, ability to metabolize, and consideration of additional energy sources given to the patient. (2.3)
- The recommended daily dose (and the maximum dose) in pediatric patients is 1 g/kg/day. (2.3)
- For information on infusion rate when initiating dosing and in patients with elevated triglyceride levels, see the full prescribing information. (2.3)
- The recommended duration for infusion is between 8 and 24 hours, depending on the clinical situation. (2.3)
- Administer Omegaven until direct or conjugated bilirubin levels are less than 2 mg/dL or until the patient no longer requires PN. (2.3)

### DOSAGE FORMS AND STRENGTHS

Injectable Emulsion: 5 g/50 mL and 10 g/100 mL (0.1 g/mL) in a single-dose bottle. (3)

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## FULL PRESCRIBING INFORMATION

### 1 INDICATIONS AND USAGE

Omegaven is indicated as a source of calories and fatty acids in pediatric patients with parenteral nutrition-associated cholestasis (PNAC).

#### Limitations of Use:

- Omegaven is not indicated for the prevention of PNAC. It has not been demonstrated that Omegaven prevents PNAC in parenteral nutrition (PN)-dependent patients [see *Clinical Studies* (14)].
- It has not been demonstrated that the clinical outcomes observed in patients treated with Omegaven are a result of the omega-6:omega-3 fatty acid ratio of the product [see *Clinical Studies* (14)].

### 2 DOSAGE AND ADMINISTRATION

#### 2.1 Administration Instructions

- Omegaven can be administered alone or as part of a PN admixture.
- Omegaven is for central or peripheral intravenous infusion. When administered with dextrose and amino acids, the choice of a central or peripheral venous route should depend on the osmolality of the final infusate. Solutions with osmolality of 900 mOsm/L or greater must be infused through a central vein.
- Use a 1.2 micron in-line filter during administration.
- Use a dedicated line for PN. Omegaven should be infused concurrently into the same vein as dextrose-amino acid solutions (as part of PN) by a Y-connector located closest to the infusion site; flow rates of each solution should be controlled separately by infusion pumps. Avoid multiple connections; do not connect multiple medications in series. Turn off the pump before the bottle runs dry.
- Use a vented infusion set when Omegaven is infused from the bottle.
- Do not use infusion sets and lines that contain di-2-ethylhexyl phthalate (DEHP). Infusion sets that contain polyvinyl chloride (PVC) components have DEHP as a plasticizer.
- Prior to infusion, visually inspect Omegaven for particulate matter and discoloration. Discard the bottle if any particulates or discoloration are observed.
- Gently invert the bottle before use. Use Omegaven only if the emulsion is homogeneous and the container is undamaged.
- Strict aseptic techniques must be followed.
- Hang the bottle using the attached hanger and start infusion.
- After connecting the infusion set, start infusion of Omegaven immediately. Complete the infusion within 12 hours when using a Y-connector and within 24 hours when used as part of an admixture.
- For single use only. Discard unused portion.

#### 2.2 Admixing Instructions

If Omegaven is administered as part of a PN admixture, follow the instructions below.

- Prepare the admixture in PN containers using strict aseptic techniques to avoid microbial contamination.
- Do not add Omegaven directly to the empty PN container; destabilization of the lipid emulsion may occur.
- When Omegaven is admixed with other infusion solutions (e.g., amino acids, dextrose), the compatibility of the solutions used must be ensured. Questions related to compatibility may be directed to Fresenius Kabi USA, LLC, at 1-800-551-7176.
- The following proper mixing sequence must be followed to minimize pH-related problems by ensuring that typically acidic dextrose solutions are not mixed with lipid emulsions alone:
  - Transfer dextrose solution to the PN container.
  - Transfer amino acid solution to the PN container.
  - Transfer Omegaven to the PN container.Simultaneous transfer of amino acid solution, dextrose solution, and Omegaven using an automated compounding device is also permitted; follow automated compounding device instructions as indicated.

Use gentle agitation during admixing to minimize localized concentration effects; shake container gently after each addition.

- The prime destabilizers of emulsions are excessive acidity (such as a pH less than 5) and inappreciable electrolyte content. Care should be taken if adding divalent cations (e.g., Ca<sup>++</sup> and Mg<sup>++</sup>), which have been shown to cause emulsion instability. Amino acid solutions exert buffering effects that can protect the emulsion from destabilization.
- Inspect the admixture to ensure that precipitates have not formed during preparation of the admixture and the emulsion has not separated. Separation of the emulsion can be visibly identified by a yellowish streaking or the accumulation of yellowish droplets in the admixture. Discard the admixture if any of these are observed.

#### Stability and Storage

- Protect the admixed PN solution from light.
- Start infusion of admixtures containing Omegaven immediately. If not used immediately, admixtures may be stored for up to 6 hours at room temperature or up to 24 hours under refrigeration. Complete the infusion within 24 hours after removal from storage.
- Any remaining contents of a partly used PN container must be discarded.
- Follow the instructions of each product included in the admixture.

### 2.3 Dosing Information

#### Dosing Considerations

- Prior to administration of Omegaven, correct severe fluid and electrolyte disorders and measure serum triglycerides to establish a baseline level.
- Initiate Omegaven dosing as soon as direct or conjugated bilirubin (DBil) levels are 2 mg/dL or greater in pediatric patients who are expected to be PN-dependent for at least 2 weeks.
- The dosing of Omegaven depends on each patient's energy requirements, which may be influenced by age, body weight, tolerance, clinical status, and ability to metabolize and eliminate lipids.
- When determining dose, take into account the energy supplied by dextrose and amino acids from PN, as well as energy from oral or enteral nutrition. Energy provided from lipid-based medications must also be taken into account (e.g., propofol).
- Omegaven contains 0.15 to 0.30 mg/mL of dl-alpha-tocopherol. Take into account the amount of alpha-tocopherol in Omegaven when determining the need for additional supplementation of vitamin E.

#### Recommended Pediatric Dosing

- The recommended Omegaven dosage for pediatric patients is 1 g/kg/day; this is also the maximum daily dose.
- The initial rate of infusion should not exceed 0.05 mL/minute for the first 15 to 30 minutes of infusion. If tolerated, gradually increase until reaching the required rate after 30 minutes. The maximum infusion rate should not exceed 1.5 mL/kg/hour, corresponding to 0.15 g/kg/hour.
- If hypertriglyceridemia (triglycerides greater than 250 mg/dL in neonates and infants or greater than 400 mg/dL in older children) develops, consider Omegaven has been initiated at the recommended dosage, once stopping the administration of Omegaven for 4 hours and obtain a repeat serum triglyceride level. Resume Omegaven based on new result as indicated.
- In patients with elevated triglyceride levels, consider other reasons for hypertriglyceridemia (e.g., renal disease, other drugs). If triglycerides remain at elevated levels, consider a reduced dose of 0.5 g to 0.75 g/kg/day with an incremental increase to 1 g/kg/day.
- Monitor triglyceride levels during treatment [see *Warnings and Precautions* (5.6, 5.8)].
- The recommended duration for infusion of Omegaven is between 8 and 24 hours, depending on the clinical situation.
- Administer Omegaven until DBil levels are less than 2 mg/dL or until the patient no longer requires PN.

### 3 DOSAGE FORMS AND STRENGTHS

Injectable Emulsion: 5 g/50 mL and 10 g/100 mL (0.1 g/mL) sterile, white, homogenous emulsion in a 50-mL and 100-mL single-dose bottle.

### 4 CONTRAINDICATIONS

Use of Omegaven is contraindicated in patients with:

- Known hypersensitivity to fish or egg protein or to any of the active ingredients or excipients [see *Warnings and Precautions* (5.2)].
- Severe hemorrhagic disorders due to a potential effect on platelet aggregation.
- Severe hyperlipidemia or severe disorders of lipid metabolism characterized by hypertriglyceridemia (serum triglyceride concentrations greater than 1,000 mg/dL) [see *Warnings and Precautions* (5.6)].

### 5 WARNINGS AND PRECAUTIONS

#### 5.1 Risk of Death in Preterm Infants due to Pulmonary Lipid Accumulation

Deaths in preterm infants after infusion of soybean oil-based intravenous lipid emulsions have been reported in medical literature. Autopsy findings in these preterm infants included intravascular lipid accumulation in the lungs. The risk of pulmonary lipid accumulation with Omegaven is unknown.

Preterm and small-for-gestational-age infants have poor clearance of intravenous lipid emulsion and increased free fatty acid plasma levels following lipid emulsion infusion. This risk due to poor lipid clearance should be considered when administering intravenous lipid emulsions. Monitor patients receiving Omegaven for signs and symptoms of pleural or pericardial effusion.

#### 5.2 Hypersensitivity Reactions

Omegaven contains fish oil and egg phospholipids, which may cause hypersensitivity reactions. Signs or symptoms of a hypersensitivity reaction may include: tachypnea, dyspnea, hypoxia, bronchospasm, tachycardia, hypotension, cyanosis, vomiting, nausea, headache, sweating, dizziness, altered mentation, flushing, rash, urticaria, erythema, fever, or chills. If a hypersensitivity reaction occurs, stop infusion of Omegaven immediately and initiate appropriate treatment and supportive measures [see *Contraindications* (4)].

#### 5.3 Risk of Infections

Lipid emulsions, such as Omegaven, can support microbial growth and are an independent risk factor for the development of bloodstream infections. The risk of infection is increased in patients with malnutrition-associated immunosuppression, long-term use and poor maintenance of intravenous catheters, or immunosuppressive effects of other conditions or concomitant drugs.

To decrease the risk of infectious complications, ensure aseptic technique in catheter placement and maintenance, as well as in the preparation and administration of Omegaven.

Monitor for signs and symptoms of early infections including fever and chills, laboratory test results that might indicate infection (including

### CONTRAINDICATIONS

- Known hypersensitivity to fish or egg protein or to any of the active ingredients or excipients. (4)
- Severe hemorrhagic disorders. (4)
- Severe hyperlipidemia or severe disorders of lipid metabolism with serum triglycerides greater than 1,000 mg/dL. (4, 5, 6)

### WARNINGS AND PRECAUTIONS

- Risk of Death in Preterm Infants due to Pulmonary Lipid Accumulation:** Deaths in preterm infants after infusion of intravenous soybean oil-based lipid emulsions have been reported in literature, and autopsy findings included intravascular lipid accumulation in the lungs. Risk with Omegaven is unknown. Monitor for signs and symptoms of pleural or pericardial effusion. (5.1)
- Hypersensitivity Reactions:** Monitor for signs or symptoms. Discontinue infusion if reaction occurs. (5.2)
- Risk of Infections, Fat Overload Syndrome, Refeeding Syndrome, and Hypertriglyceridemia:** Monitor for signs and symptoms; monitor laboratory parameters. (5.3, 5.4, 5.5, 5.6)
- Aluminum Toxicity:** Increased risk in patients with renal impairment, including preterm infants. (5.7)
- Monitoring and Laboratory Tests:** Routine laboratory monitoring is recommended, including monitoring for essential fatty acid deficiency. (5.8)

### ADVERSE REACTIONS

Most common adverse drug reactions (>15%) are: vomiting, agitation, bradycardia, apnea and viral infection. (6.1)

**To report SUSPECTED ADVERSE REACTIONS, contact Fresenius Kabi USA, LLC at 1-800-551-7176 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.**

### DRUG INTERACTIONS

**Antipiatelet Agents and Anticoagulants:** Prolonged bleeding time has been reported in patients taking antiplatelet agents or anticoagulants and oral omega-3 fatty acids. Periodically monitor bleeding time in patients receiving Omegaven and concomitant antiplatelet agents or anticoagulants. (7.1)

### PATIENT COUNSELING INFORMATION

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\* Sections or subsections omitted from the full prescribing information are not listed.

leukocytosis and hyperglycemia), and frequently inspect the intravenous catheter insertion site for edema, redness, and discharge.

### 5.4 Fat Overload Syndrome

Fat overload syndrome is a rare condition that has been reported with intravenous lipid emulsions. A reduced or limited ability to metabolize lipids accompanied by prolonged plasma clearance may result in this syndrome, which is characterized by a sudden deterioration in the patient's condition including fever, anemia, leukopenia, thrombocytopenia, coagulation disorders, hyperlipidemia, hepatomegaly, deteriorating liver function, and central nervous system manifestations (e.g., coma). The cause of fat overload syndrome is unclear. Although it has been most frequently observed when the recommended lipid dose was exceeded, cases have also been described where the lipid formulation was administered according to instructions. The syndrome is usually reversible when the infusion of the lipid emulsion is stopped.

### 5.5 Refeeding Syndrome

Administering PN to severely malnourished patients may result in refeeding syndrome, which is characterized by the intracellular shift of potassium, phosphorus, and magnesium as the patient becomes anabolic. Thiamine deficiency and fluid retention may also develop. To prevent these complications, closely monitor severely malnourished patients and slowly increase their nutrient intake.

### 5.6 Hypertriglyceridemia

Impaired lipid metabolism with hypertriglyceridemia may occur in conditions such as inherited lipid disorders, obesity, diabetes mellitus, and metabolic syndrome. Serum triglyceride levels greater than 1,000 mg/dL have been associated with an increased risk of pancreatitis [see *Contraindications* (4)].

To evaluate the patient's capacity to metabolize and eliminate the infused lipid emulsion, measure serum triglycerides before the start of infusion (baseline value), and regularly throughout treatment. If hypertriglyceridemia (triglycerides greater than 250 mg/dL in neonates and infants or greater than 400 mg/dL in older children) develops, consider stopping the administration of Omegaven for 4 hours and obtain a repeat serum triglyceride level. Resume Omegaven based on new result as indicated [see *Dosage and Administration* (2.3)].

### 5.7 Aluminum Toxicity

Omegaven contains no more than 25 mcg/L of aluminum. Aluminum may reach toxic levels with prolonged parenteral administration if kidney function is impaired. Preterm infants are particularly at risk because their kidneys are immature, and they require large amounts of calcium and phosphate solutions, which contain aluminum.

Patients with impaired kidney function, including preterm infants, who receive parenteral levels of aluminum at greater than 4 to 5 mcg/kg/day accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration.

### 5.8 Monitoring and Laboratory Tests

#### Routine Monitoring

Monitor serum triglycerides [see *Warnings and Precautions* (5.6)], fluid and electrolyte status, blood glucose, liver and kidney function, coagulation parameters, and complete blood count including platelets throughout treatment.

#### Essential Fatty Acids

Monitoring patients for laboratory evidence of essential fatty acid deficiency (EFAD) is recommended. Laboratory tests are available to determine serum fatty acids levels. Reference values should be consulted to help determine adequacy of essential fatty acid status. Increasing essential fatty acid intake (enterally or parenterally) is effective in treating and preventing EFAD.

### 5.9 Interference with Laboratory Tests

The lipids contained in Omegaven may interfere with some laboratory blood tests (e.g., hemoglobin, lactate dehydrogenase, bilirubin, and oxygen saturation) if blood is sampled before lipids have cleared from the bloodstream. Lipids are normally cleared after a period of 5 to 6 hours once the lipid infusion is stopped.

## 6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Risk of death in preterm infants due to pulmonary lipid accumulation [see *Warnings and Precautions* (5.1)]
- Hypersensitivity reactions [see *Warnings and Precautions* (5.2)]
- Risk of infections [see *Warnings and Precautions* (5.3)]
- Fat overload syndrome [see *Warnings and Precautions* (5.4)]
- Refeeding syndrome [see *Warnings and Precautions* (5.5)]
- Hypertriglyceridemia [see *Warnings and Precautions* (5.6)]
- Aluminum toxicity [see *Warnings and Precautions* (5.7)]

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety database for Omegaven reflects exposure in 189 pediatric patients (19 days to 15 years of age) treated for a median of 14 weeks (3 days to 8 years) in two clinical trials. Omegaven was administered at a maximum dose of 1 g/kg/day as the lipid component of a PN regimen which also included dextrose, amino acids, vitamins, and trace elements; 158 (84%) of these patients received concurrent lipids from enteral nutrition [see *Clinical Studies* (14)].

Adverse reactions that occurred in more than 5% of patients who received Omegaven and with a higher incidence than the comparator group are shown in Table 1. Patients had a complicated medical and surgical history prior to receiving Omegaven treatment and the mortality was 13%. Underlying clinical conditions prior to the initiation of Omegaven therapy included prematurity, low birth weight, necrotizing enterocolitis, short bowel syndrome, ventilator dependence, coagulopathy, intraventricular hemorrhage, and sepsis.

**Table 1 Adverse Reactions in Greater Than 5% of Omegaven-Treated Pediatric Patients with PNAC**

Adverse Reaction	Omegaven (N=189) n (%)
Vomiting	87 (46)
Agitation	67 (35)
Bradycardia	66 (35)
Apnea	38 (20)
Viral Infection	30 (16)
Erythema	23 (12)
Rash	15 (8)
Abscess	14 (7)
Neutropenia	13 (7)
Hypertension	11 (6)
Incision site erythema	11 (6)

Twelve (6%) Omegaven-treated patients were listed for liver transplantation (1 patient was listed 18 days before treatment, and 11 patients after a median of 42 days [range: 2 days to 8 months] of treatment); 9 (5%) received a transplant after a median of 121 days (range: 25 days to 6 months) of treatment, and 3 (2%) were taken off the waiting list because cholestasis resolved.

One hundred thirteen (60%) Omegaven-treated patients reached DBil levels less than 2 mg/dL and AST or ALT levels less than 3 times the upper limit of normal, with median AST and ALT levels for Omegaven-treated patients at 89 and 65 U/L, respectively, by the end of the study. Median hemoglobin levels and platelet counts for Omegaven-treated patients at baseline were 10.2 g/dL and 173 × 10<sup>9</sup>/L, and by the end of the study these levels were 10.5 g/dL and 217 × 10<sup>9</sup>/L, respectively. Adverse reactions associated with bleeding were experienced by 74 (39%) of Omegaven-treated patients.

Median glucose levels at baseline and the end of the study were 86 and 87 mg/dL for Omegaven-treated patients, respectively. Hyperglycemia was experienced by 13 (7%) Omegaven-treated patients.

Median triglyceride levels at baseline and the end of the study were 121 mg/dL and 72 mg/dL for Omegaven-treated patients respectively. Hypertriglyceridemia was experienced by 5 (3%) Omegaven-treated patients.

The triene:tetraene (Mead acid:arachidonic acid) ratio was used to monitor essential fatty acid status in Omegaven-treated patients only in Study 1 (n = 123) [see *Warnings and Precautions* (5.8)]. The median triene:tetraene ratio was 0.02 (interquartile range: 0.01 to 0.03) at both baseline and the end of the study. Blood samples for analysis may have been drawn while the lipid emulsion was being infused and patients received enteral or oral nutrition.

### 6.2 Postmarketing Experience

The following adverse reaction has been identified with use of Omegaven in another country. Because this reaction was reported voluntarily from a population of uncertain size, it is not possible to reliably estimate its frequency or establish a causal relationship to drug exposure. Life-threatening hemorrhage following a central venous catheter change was reported in a 9-month-old infant with intestinal failure who received PN with Omegaven as the sole lipid source; he had no prior history of bleeding, coagulopathy, or portal hypertension.

## 7 DRUG INTERACTIONS

### 7.1 Antiplatelet Agents and Anticoagulants

Some published studies have demonstrated prolongation of bleeding time in patients taking antiplatelet agents or anticoagulants and oral omega-3 fatty acids. The prolongation of bleeding times reported in those studies did not exceed normal limits and there were no clinically significant bleeding episodes. Nonetheless, it is recommended to periodically monitor bleeding time in patients receiving Omegaven and concomitant antiplatelet agents or anticoagulants.

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

#### Risk Summary

There are no available data on Omegaven use in pregnant women to establish a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Animal reproduction studies have not been conducted with fish oil triglycerides.

The estimated background risk of major birth defects and miscarriage in the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

### 8.2 Lactation

#### Risk Summary

No data are available regarding the presence of fish oil triglycerides from Omegaven in human milk, the effects on the breastfed infant, or the effects on milk production. Lactating women receiving oral omega-3 fatty acids have been shown to have higher levels of omega-3 fatty acids in their milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Omegaven, and any potential adverse effects of Omegaven on the breastfed infant.



