medicament for reducing a risk of cardiovascular death and/or unstable angina in a subject on statin therapy with established cardiovascular disease, wherein 4 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid, wherein the medicament comprises eicosapentaenoic acid in an amount of at least 95 wt.% of all omega-3 fatty acids present, and is to be administered to the subject per day for a period of at least 2 years, wherein the subject has a fasting baseline triglyceride level of 135 mg/dL to 500 mg/dL. In yet another aspect, the present disclosure refers to the use of eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of coronary revascularization in a subject on statin therapy, wherein 2 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid, wherein the medicament comprises eicosapentaenoic acid in an amount of at least 95 wt.% of all omega-3 fatty acids present, and is to be administered to the subject per day for a period of at least 2 years, wherein the subject has a fasting baseline triglyceride level of 135 mg/dL to 500 mg/dL. In a further aspect, the present disclosure refers to the use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of coronary revascularization in a subject on statin therapy with established cardiovascular disease, wherein 4 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid, and the eicosapentaenoic acid comprises at least 95 wt.% of all omega-3 fatty acids present, wherein the medicament is to be administered to the subject per day for a period of at least 2 years, wherein the subject has a fasting baseline triglyceride level of 135 mg/dL to 500 mg/dL.

In various examples, the present disclosure describes methods of reducing the risk of a cardiovascular event in a subject on statin therapy. In one example, the method comprises administering to the subject a pharmaceutical composition comprising about 1 g to about 4 g of eicosapentaenoic acid ethyl ester or a derivative thereof. In another example, the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL. In another example, the composition contains not more than 10%, by weight, docosahexaenoic acid or derivative thereof, substantially no docosahexaenoic acid or derivative thereof, or no docosahexaenoic acid or derivative thereof. In another example, eicosapentaenoic acid ethyl ester comprises at least 96%, by weight, of all fatty acids present in the composition; the

What is claimed is:

1. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of cardiovascular death and/or unstable angina in a subject on statin therapy, wherein 2 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament comprises eicosapentaenoic acid in an amount of at least 95 wt.% of all omega-3 fatty acids present, and is to be administered to the subject per day for a period of at least 2 years, wherein the subject has a fasting baseline triglyceride level of 135 mg/dL to 500 mg/dL.

2. Use of eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of cardiovascular death and/or unstable angina in a subject on statin therapy with established cardiovascular disease, wherein 4 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid, wherein the medicament comprises eicosapentaenoic acid in an amount of at least 95 wt.% of all omega-3 fatty acids present, and is to be administered to the subject per day for a period of at least 2 years, wherein the subject has a fasting baseline triglyceride level of 135 mg/dL to 500 mg/dL.

3. Use of eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of coronary revascularization in a subject on statin therapy, wherein 2 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid, wherein the medicament comprises eicosapentaenoic acid in an amount of at least 95 wt.% of all omega-3 fatty acids present, and is to be administered to the subject per day for a period of at least 2 years, wherein the subject has a fasting baseline triglyceride level of 135 mg/dL to 500 mg/dL.

4. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of coronary revascularization in a subject on statin therapy with established cardiovascular disease, wherein 4 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid, and docosapentaenoic acid, and the eicosapentaenoic acid comprises at least 95 wt.% of all

omega-3 fatty acids present, wherein the medicament is to be administered to the subject per day for a period of at least 2 years, wherein the subject has a fasting baseline triglyceride level of 135 mg/dL to 500 mg/dL.

5. The use of claim 2 or 4, wherein the established cardiovascular disease is determined by the presence of any one of: documented coronary artery disease, documented cerebrovascular disease, documented carotid disease, documented peripheral arterial disease, or combinations thereof.

6. The use of any one of claims 1-4, wherein the medicament is to be administered to the subject in 1 to 4 dosage units per day.

7. The use of claim 1 or 3, wherein the medicament comprises at least 1100 mg of eicosapentaenoic acid and comprises docosapentaenoic acid in an amount up to 5% by weight of total fatty acids in the medicament.

8. The use of claim 2 or 4, wherein the medicament comprises 2200 mg of eicosapentaenoic acid and comprises docosapentaenoic acid in an amount up to 5% by weight of total fatty acids in the medicament.

9. The use of any one of claims 1-4, wherein the subject has one or more of: a baseline non-HDL-C value of 200 mg/dL to 300 mg/dL; a baseline total cholesterol value of 250 mg/dL to 300 mg/dL; a baseline VLDL-C value of 140 mg/dL to 200 mg/dL; a baseline HDL-C value of 10 to 30 mg/dL; and/or a baseline LDL-C value of 40 to 100 mg/dL.

10. The use of any one of claims 1-4, wherein the subject has: a baseline non-HDL-C value of 200 mg/dL to 300 mg/dL; a baseline total cholesterol value of 250 mg/dL to 300 mg/dL; a baseline VLDL-C value of 140 mg/dL to 200 mg/dL; a baseline HDL-C value of 10 to 30 mg/dL; and/or a baseline LDL-C value of 40 to 100 mg/dL.

11. The use of any one of claims 1-4, wherein the statin therapy comprises a statin and optionally ezetimibe to be administered to the subject.

12. The use of claim 1, wherein the subject is to be administered 4 g of the medicament per day for at least 3 years.

13. The use of claim 1, wherein the subject is to be administered 4 g of the medicament per day for at least 4 years, or at least 5 years.

14. The use of claim 3, wherein the subject is to be administered 2 g of the medicament per day for at least 3 years, 4 years, or 5 years.

15. The use of claim 1 or 2, wherein the administration further reduces the risk of myocardial infarction, the risk of stroke, or both, in the subject.

16. The use of claim 15, wherein the administration further reduces the risk of unstable angina in the subject.

17. The use of claim 1 or 2, wherein the administration further reduces the risk of coronary revascularization in the subject.

18. The use of claim 3 or 17, wherein the coronary revascularization is selected from elective coronary revascularization and emergent coronary revascularization.

19. The use of claim 3 or 4, wherein the administration further reduces the risk of myocardial infarction, stroke, unstable angina, cardiovascular death, or any combinations thereof in the subject.