RUDRA

(Rosuvastatin) Tablets USP

COMPOSITION:
RUDRA 5mg Tablet
Each film coated tablet contains:
Rosuvastatin.....5mg
(As Rosuvastatin Calcium)
Finished Product Specs.: USP

RUDRA 10mg Tablet
Each film coated tablet contains:
Rosuvastatin.....10mg
(As Rosuvastatin Calcium)
Finished Product Specs.: USP

RUDRA 20mg Tablet
Each film coated tablet contains:
Rosuvastatin.....20mg
(As Rosuvastatin Calcium)
Finished Product Specs.: USP

DRUG DESCRIPTION:
RUDRA (Rosuvastatin) is a synthetic lipid lowering agent for oral administration.

CLINICAL PHARMACOLOGY:
Mechanism of Action
Rosuvastatin is a selective and competitive inhibitor of HMG-CoA reductase, the rate-limiting enzyme that converts 3-hydroxy-3-methylglutaryl coenzyme to mevalonate, a precursor of cholesterol. Rosuvastatin has a high uptake into, and selectivity for, action in the liver, the target organ for cholesterol lowering. Rosuvastatin produces its lipid-modifying effects in two ways. First, it increases the number of hepatic LDL receptors on the cell-surface to enhance uptake and catabolism of LDL. Second, rosuvastatin inhibits hepatic synthesis of VLDL, which reduces the total number of VLDL and LDL particles.

Pharmacokinetics
Absorption: Peak plasma concentrations of rosuvastatin were reached 3 to 5 hours following oral dosing. Both Cmax and AUC increased in approximate proportion to Rosuvastatin dose. The absolute bioavailability of rosuvastatin is approximately 20%. Administration of Rosuvastatinwith food did not affect the AUC of rosuvastatin. The AUC of rosuvastatin does not differ following evening or morning drug administration.
Distribution: Mean volume of distribution at steady state of rosuvastatin is approximately 134 liters. Rosuvastatin is 88% bound to plasma proteins, mostly albumin. This binding is reversible and independent of plasma concentrations.
Metabolism: Rosuvastatin is not extensively metabolized; approximately 10% of a radiolabeled dose is recovered as metabolite. The major metabolite is N-desmethyl rosuvastatin, which is formed principally by cytochrome P450 2C9, and *in vitro* studies have demonstrated that N-desmethyl rosuvastatin has approximately one-sixth to one-half the HMG-CoA reductase inhibitory activity of the parent compound. Overall, greater than 90% of active plasma HMG-CoA reductase inhibitory activity is accounted for by the parent compound.
Excretion: Following oral administration, rosuvastatin and its metabolites are primarily excreted in the feces (90%). The elimination half-life ($t_{1/2}$) of rosuvastatin is approximately 19 hours. After an intravenous dose, approximately 28% of total body clearance was via the renal route, and 72% by the hepatic route.
Renal Impairment: Mild to moderate renal impairment (CLcr ≥ 30mL/min/1.73 m^2) had no influence on plasma concentrations of rosuvastatin. However, plasma concentrations of rosuvastatin increased to a clinically significant extent (about 3-fold) in patients with severe renal impairment (CLcr < 30 mL/min/1.73 m^2) not receiving.

INDICATION AND USAGE:
Rosuvastatin is indicated as adjunctive therapy to diet to reduce elevated total-C, ApoB, non HDL-C and triglycerides to increase HDL-C in adult patients with primary or hyperlipidemia or mixed dyslipidemia. Lipid altering agents should be used in addition to a diet restricted in saturated and chloesterol when response to diet and non-pharmacological interventions alone has been inadequate.
Rosuvastatin is indicated as adjunctive therapy to diet for the treatment of adult patients with hypertriglyceridemia.
Rosuvastatin is indicated as an adjunct to diet for the treatment of patients with primary dysbetalipoproteinemia (Type III Hyperlipoproteinemia).
Rosuvastatin is indicated as adjunctive therapy to diet to slow the progression of atherosclerosis in adult patients as part of a treatment strategy to lower Total-C and LDL-C to target levels.
In individuals without clinically evident coronary heart disease but with an increased risk of cardiovascular disease based on age ≥ 50 years old in men and ≥ 60 years old in women, hsCRP ≥ 2mg/L, and the presence of at least one additional cardiovascular disease risk factor such as low HDL-C, smoking, or a family history of premature coronary heart disease, Rosuvastatin is indicated to reduce the risk of, stroke, risk of myocardial infarction, risk of arterial revascularization procedures.
Limitations of Use: Rosuvastatin has not been studied in Fredrickson Type I and V dyslipidemias.

DOSAGE AND ADMINISTRATION:
The dose range for Rosuvastatin is 5mg to 40mg orally once daily. The usual starting dose is 10mg to 20mg. Rosuvastatin can be administered as a single dose at any time of day, with or without food. After initiation or upon titration of Rosuvastatin, lipid levels should be analyzed within 2 to 4 weeks and the dosage adjusted accordingly.

The 40mg dose of Rosuvastatin should be used only for those patients who have not achieved their LDL-C goal utilizing the 20mg dose.

Heterozygous Familial Hypercholesterolemia in Pediatric Patients (10 to 17 years of age)
The usual dose range of Rosuvastatin is 5mg to 20mg/day; the maximum recommended dose is 20mg/day (doses greater than 20mg have not been studied in this patient population).

CONTRAINDICATIONS:
Rosuvastatin is contraindicated in the following conditions:
Patients with a known hypersensitivity to any component of this product. Hypersensitivity reactions including rash, pruritus, urticaria and angioedema have been reported with Rosuvastatin. Patients with active liver disease, which may include unexplained persistent elevations of hepatic transaminase levels.

USE IN SPECIFIC POPULATION:
Pregnancy & Lactation
The use of rosuvastatin is contraindicated in pregnant and lactating women.
Renal Impairment
Rosuvastatin starting dose is 5mg; not to exceed 10mg.

WARNINGS AND PRECAUTIONS:
Skeletal Muscle Effects
Cases of myopathy and rhabdomyolysis with acute renal faliure secondary to myoglobinuria, have been reported with HMG-CoA reductase inhibitors, including rosuvastatin, with colchicine and caution should be exercised when prescribing Rosuvastatin with colchicine.
Liver Enzyme Abnormalities
It is recommended that liver enzyme tests be performed before the initiation of Rosuvastatin and if signs or symptoms of liver injury occur.

ADVERSE REACTIONS:
Rhabdomyolysis with myoglobinuria and acute renal failure and myopathy (including myositis) Liver enzyme abnormalities (see warnings and precautions).
The most common adverse reactions that led to treatment discontinuation were: myalgia, abdominal pain, nausea, headache and asthenia.

DRUG INTERACTIONS:
Cyclosporine: Cyclosporine significantly increased Rosuvastatin exposure. Therefore, in patients taking cyclosporine, the dose of Rosuvastatin should not exceed 5mg once daily.
Gemfibrozil: Gemfibrozil significantly increased Rosuvastatin exposure. Due to an observed increased risk of myopathy/rhabdomyolysis, combination therapy with Rosuvastatin and gemfibrozil should be avoided. If used together, the dose of Rosuvastatin should not exceed 10mg once daily.
Protease Inhibitors: Co-administration of Rosuvastatin with certain protease inhibitors given in combination with ritonavir has differing effects on rosuvastatin exposure. For these combinations the dose of Rosuvastatin should not exceed 10mg once daily.
Coumarin Anticoagulants: Rosuvastatin significantly increased INR (International Normalized Ratio) in patients receiving Coumarin anticoagulants. In patients taking Coumarin anticoagulants and Rosuvastatin concomitantly, INR should be determined before starting Rosuvastatin and frequently enough during early therapy to ensure that no significant alteration of INR occurs.
Concomitant Lipid Lowering Therapies: The risk of effects may be enhanced when Rosuvastatin is used in combination with modifying doses (≥ 1g/day) of caution should be used when prescribing with Rosuvastatin.

OVERDOSE:
In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin.

STORAGE CONDITIONS:
- Store below 30°C.
- Protect from heat, light and moisture.

AVAILABILITY:
- **RUDRA** 5mg Tablet : Pack of 10 film coated tablets.
- **RUDRA** 10mg Tablet : Pack of 10 film coated tablets.
- **RUDRA** 20mg Tablet : Pack of 10 film coated tablets.

Keep all medicines out of the reach of children.

Manufactured by :
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