Crestat®
(Rosuvastatin)
Tablet

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COMPOSITION
Crestat Tablet 5 mg:
Each film coated tablet contains:
Rosuvastatin Calcium equivalent to
Rosuvastatin ..... 5 mg.

Product Specs.: USP

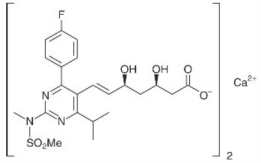
Crestat Tablet 10 mg:
Each film coated tablet contains:
Rosuvastatin Calcium equivalent to
Rosuvastatin ..... 10 mg.

Product Specs.: USP

Crestat Tablet 20 mg:
Each film coated tablet contains:
Rosuvastatin Calcium equivalent to
Rosuvastatin ..... 20 mg.

Product Specs.: USP

DESCRIPTION: CRESTAT (rosuvastatin calcium) is a synthetic lipid-lowering agent for oral administration.
The chemical name for rosuvastatin calcium is bis[(E)-7-[4-(4-fluorophenyl)-6-isopropyl-2 [methyl(methylsulfonyl)amino] pyrimidin-5-yl](3R,5S)-3,5-dihydroxyhept-6-enoic acid] calcium salt with the following structural formula:



The empirical formula for rosuvastatin calcium is $(C_{22}H_{27}FN_3O_5S)_2Ca$ and the molecular weight is 1001.14. Rosuvastatin calcium is a white amorphous powder that is sparingly soluble in water and methanol, and slightly soluble in ethanol.

CLINICAL PHARMACOLOGY:
Mechanism of Action: Rosuvastatin is a selective HMG-CoA reductase inhibitor, the rate-limiting step that converts 3-hydroxy-3-methylglutaryl coenzyme A to mevalonate, a precursor of cholesterol. It lowers cholesterol by increasing hepatic LDL receptors for greater LDL clearance and by reducing VLDL synthesis in the liver

Pharmacokinetics:
Absorption: Peak levels in 3–5 hours; ~20% bioavailability; food does not affect absorption.
Distribution: Volume ~134 L; 88% protein-bound (mainly to albumin).
Metabolism: Limited metabolism (~10%); major metabolite is N-desmethyl rosuvastatin via CYP2C9.
Elimination: 90% excreted in feces; half-life ~19 hours.

Special Populations:
Pediatrics: Exposure similar or lower than adults (ages 8–17).
Geriatrics: No significant difference in plasma levels.
Renal Impairment: Severe impairment ((Clcr <30 mL/min/1.73 m2) increases exposure ~3-fold.
Hepatic Impairment: Mild to moderate liver disease increases exposure modestly

INDICATIONS AND USAGE: Crestat is indicated in;
- *Adults with Hyperlipidemia & Mixed Dyslipidemia:* Adjunct to diet to lower Total-C, LDL-C, ApoB, nonHDL-C, TGs and raise HDL-C.
- *Pediatric HeFH (8–17 yrs):* To reduce LDL-C, Total-C, and ApoB when LDL-C >190 mg/dL or >160 mg/dL with other risk factors.
- *Pediatric HoFH (7–17 yrs):* To lower LDL-C, Total-C, nonHDL-C, ApoB, alone or with other treatments.
- *Hypertriglyceridemia (Adults):* Adjunct to diet for Triglyceride reduction.
- *Dysbetalipoproteinemia (Type III):* Adjunct to diet in adults.
- *Homozygous Familial Hypercholesterolemia (HoFH) (Adults):* Used alone or with lipid-lowering treatments to reduce LDL-C, Total-C, ApoB.
- *Atherosclerosis:* To slow progression by lowering LDL-C and Total-Cholesterol
- *Primary Prevention of CVD:* For adults at increased risk (men ≥50, women ≥60, hsCRP ≥2 mg/L + ≥1 risk factor) to reduce risk of Myocardial infarction, stroke, and revascularization.

Limitations of use: Rosuvastatin has not been studied in Fredrickson Type I and V dyslipidemias.

DOSAGE AND ADMINISTRATION:
- The dose range for CRESTAT in adults is 5 to 20 mg orally once daily
- The usual starting dose is 10 to 20 mg once daily
- The usual starting oral dose in patients with homozygous familial hypercholesterolemia is 20 mg once daily
- Heterozygous familial hypercholesterolemia (Age: 8-10Years): 5-10 MG & (Age: 10-17 Years): 10-20 G orally, once daily
- The maximum CRESTAT dose of 40 mg should be used only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose

CRESTAT can be administered as a single dose at any time of day, with or without food. The tablet should be swallowed whole.

CONTRAINDICATIONS:
- Hypersensitivity (e.g., rash, urticaria, angioedema)
- Active liver disease or unexplained elevated liver enzymes
- Pregnancy and lactation (due to potential harm to the infant)

WARNINGS AND PRECAUTIONS:
Skeletal muscle effects: Risk of myopathy and rhabdomyolysis, especially at 40 mg or with predisposing factors (e.g., age ≥65, renal issues, hypothyroidism). Discontinue if muscle symptoms or high CK levels occur.
Liver function: Increases in serum transaminases [AST (SGOT) or ALT (SGPT)] have been reported. Monitor liver enzymes before starting and if liver injury is suspected. Use cautiously in those with alcohol use or liver disease. Contraindicated in active liver disease.
Anticoagulants: Rosuvastatin may enhance the effect of coumarin anticoagulants. Monitor prothrombin time/INR closely when starting or adjusting doses.
Proteinuria/Hematuria: Observed more at higher doses (40 mg), typically transient. Consider dose reduction if persistent.
Endocrine effects: May increase blood glucose and HbA1c. Caution with drugs that affect steroid hormone levels (e.g., ketoconazole, spironolactone, cimetidine).

DRUG INTERACTIONS:
Cyclosporine: Increases rosuvastatin levels 7-fold. Max dose: 5 mg/day OD in patients taking cyclosporine.
Gemfibrozil: Increases risk of myopathy/rhabdomyolysis. Avoid use; if needed, do not exceed 10 mg/day OD
Protease Inhibitors: May affect rosuvastatin exposure. Use with caution.
Coumarin Anticoagulants: Increases INR. Monitor INR closely when starting therapy.
Niacin (≥1 g/day): May raise muscle risk. Use with caution.
Fenofibrate: No significant interaction, but myopathy risk increases. Use with caution.
Colchicine: Myopathy/rhabdomyolysis reported. Caution advised when used together

USE IN SPECIFIC POPULATIONS:
Pregnancy & Lactation: Contraindicated; may harm fetus and passes into breast milk. Avoid use.
Contraception: Advise effective contraception for females of reproductive potential.
Pediatrics: Use adult precautions; counsel adolescent females on contraception.
Geriatrics: Similar safety/effectiveness, but higher risk of myopathy—use with caution.
Renal Impairment: No adjustment needed for mild/moderate impairment; reduce dose in severe cases.
Hepatic Impairment: Contraindicated in active liver disease; caution in chronic alcohol-related liver disease.

ADVERSE REACTIONS:
Serious: Rhabdomyolysis with acute renal failure, Myopathy (including myositis), Liver enzyme abnormalities.
Common (leading to discontinuation): Myalgia, Abdominal pain, Nausea, Headache, Asthenia.

OVERDOSAGE: No specific treatment exists for overdose. Manage with symptomatic and supportive care. Hemodialysis is not effective in clearing rosuvastatin.

INSTRUCTIONS:
– Store below 30°C.
– Protect from heat, sunlight & moisture.
– Keep out of the reach of children.
– To be sold on the prescription of a registered medical practitioner only.

PRESENTATION:

Crestat Tablet 5 mg	:	Pack of 1 x 10 tablets.
Crestat Tablet 10 mg	:	Pack of 1 x 10 tablets.
Crestat Tablet 20 mg	:	Pack of 1 x 10 tablets.

ہدایات:
۳۰ درجہ سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔
گرمی، دھوپ اور نمی سے بچائیں۔
بچوں کی پہنچ سے دور رکھیں۔
صرف مستند ڈاکٹر کے نسخہ پر فروخت کریں۔

Manufactured by:
CCL Pharmaceuticals (Pvt.) Ltd.
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FOR FURTHER INFORMATION PLEASE CONTACT:

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