

Crestat®

(Rosuvastatin)
Tablet

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COMPOSITION

Crestat Tablet 5 mg:

Each film coated tablet contains:
Rosuvastatin Calcium equivalent to
Rosuvastatin (USP) 5 mg.

Product Specs.: USP

Crestat Tablet 10 mg:

Each film coated tablet contains:
Rosuvastatin Calcium equivalent to
Rosuvastatin (USP) 10 mg.

Product Specs.: USP

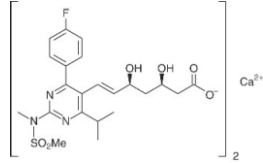
Crestat Tablet 20 mg:

Each film coated tablet contains:
Rosuvastatin Calcium equivalent to
Rosuvastatin (USP) 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 (C₂₈H₃₇FN₃O₆S)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 (CL_{cr} <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: 8–10 Years): 5–10 mg & (Age: 10–17 Years): 10–20 mg 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.

Manufactured by:
CCL Pharmaceuticals (Pvt.) Ltd.
Plot No. 710, Sundar Industrial Estate, Raiwind Road Lahore, Pakistan.

FOR FURTHER INFORMATION PLEASE CONTACT:



Manufactured for:
CCL Pharmaceuticals (Pvt.) Ltd.
62 Industrial Estate, Kot Lakhpat, Lahore, Pakistan.

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۔