Lorvast®

Atorvastatin Tablets

Composition:

Lorvast 10, 20, 40, 80: Each tablet contains: Atorvastatin Calcium equivalent to Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg.
Excipients: Microcrystalline cellulose, lactose, croscarmellose sodium, calcium carbonate, magnesium stearate, opadry and simethicone.

Properties:

Atorvastatin calcium is a synthetic lipid-lowering agent.
Atorvastatin is a selective, competitive inhibitor of HMG-CoA reductase, the rate-limiting enzyme that converts 3-hydroxy-3-methyl-glutaryl-coenzyme A to mevalonate, a precursor of sterols, including cholesterol.
Following oral administration; maximum plasma concentrations occur within 1 to 2 hours. Atorvastatin is 98% or more bound to plasma proteins.
Atorvastatin is eliminated primarily in bile following hepatic and/or extrahepatic metabolism; however, it does not appear to undergo enterohepatic recirculation. Mean plasma elimination half-life of Atorvastatin (parent substance) in humans is approximately 14 hours, but the half-life of inhibitory activity for HMG-CoA reductase is 20 to 30 hours due to the contribution of active metabolites.

Indications:

As an adjunct to diet for reduction of elevated total-Cholesterol, LDL-Cholesterol, apolipoprotein B, and triglycerides in patients with primary hypercholesterolemia including familial hypercholesterolemia (heterozygous variant) or combined (mixed) hyperlipidemia (corresponding to types IIa and IIb of the Fredrickson classification), when response to diet and other nonpharmacological measures is inadequate.
Lorvast is also indicated to reduce total-Cholesterol, LDL-Cholesterol in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid lowering treatments (e.g LDL apheresis) or such treatments are unavailable.

Contraindications:

Atorvastatin is contraindicated in patients with known hypersensitivity to any of its components, active liver disease or unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal, myopathy, during pregnancy, while breast-feeding, and in women of child-bearing potential not using appropriate contraceptives measures.

Precautions:

There is no pattern of reported adverse events suggesting that patients taking **Lorvast** will have any impairment of ability to drive and use hazardous machinery.

Interaction with other drugs and other forms of interactions:

As with other HMG-CoA reductase inhibitors the risk of myopathy during treatment with Atorvastatin is increased with concurrent administration of cyclosporin, fibric acid derivatives, macrolide antibiotics, e.g. erythromycin, azole antifungals or niacin and on rare occasions has resulted in rhabdomyolysis with renal dysfunction secondary to myoglobinuria.
Erythromycin, Clarithromycin: The coadministration of Atorvastatin and Erythromycin, Clarithromycin, were associated with higher plasma concentrations of Atorvastatin.
Digoxin: Co-administration of multiple doses of Atorvastatin and digoxin increased steady-state plasma digoxin concentrations by approximately 20%. Patients taking digoxin should be monitored appropriately.
Oral contraceptives: Co-administration of Atorvastatin and an oral contraceptive produced increases in concentrations of norethindrone and ethinyl estradiol.
Colestipol: Plasma concentrations of Atorvastatin decreased approximately 25% when colestipol and Atorvastatin were co-administered. However, lipid effects were greater when **Lorvast** and colestipol were co-administered than when either drug was given alone.
Antacid: Co-administration of **Lorvast** with an oral antacid suspension containing magnesium and aluminum hydroxide decreased plasma concentrations of Atorvastatin and its active metabolite approximately 35%, however , LDL-C reduction was not altered.
Warfarin: Co-administration of **Lorvast** and warfarin caused a small reduction in prothrombin time during the first days of dosing which returned to normal within 15 days of **Lorvast** treatment. Patients receiving warfarin should be closely monitored when **Lorvast** is added to their therapy.

Warnings:

Liver Effects
Liver function tests should be performed before the initiation of treatment and periodically thereafter. Patients who develop any signs or symptoms suggestive liver injury should have liver function tests performed, patients who develop increased transaminase levels should be monitored until the abnormality (ies) resolve.
Should an increase in transaminases of greater than 3 times the upper limit or normal persist, reduction of dose or withdrawal of **Lorvast** is recommended.
Lorvast should be used with caution in patients who consume substantial quantities of alcohol and /or have a history of liver disease.
Skeletal Muscle Effects
Uncomplicated myalgia, including muscle cramps, has been reported in **Lorvast** treated patients. **Lorvast** therapy should be discontinued if markedly elevated creatine phosphokinase (CPK) levels occur or myopathy is diagnosed or suspected. Patients who develop any signs or symptoms suggestive of myopathy should have CPK levels measured. if significant increases in CPK (greater than ten times the upper limit of normal) persist, reduction of dose or withdrawal of **Lorvast** is recommended.

Dosage and Administration:

The patient should be placed on a standard cholesterol-lowering diet before receiving Atorvastatin and should continue on this diet during treatment with Atorvastatin.
Primary Hypercholesterolemia and Combined (Mixed) Hyperlipidemia
The majority of patients are controlled with **Lorvast** 10 mg once a day. A therapeutic response is evident within 2 weeks, and the maximum response is usually achieved within 4 weeks. The response is maintained during chronic therapy.
For patients with established coronary heart disease or other patients at increased risk of ischemic events, the treatment goal is LDL-C < 3 mmol/l (or <115 mg/dl) and total cholesterol < 5 mmol/L (or <190 mg /dL).
Heterozygous Familial Hypercholesterolemia
Patients should started with **Lorvast 10 mg** daily. Doses should be individualized and adjusted every 4 weeks to 40 mg daily. Thereafter, either the dose may be increased to a maximum of 80 mg/daily, or a bile acid sequestrant may be combined with 40 mg **Lorvast**.
Homozygous Familial Hypercholesterolemia
The dosage of **Lorvast** in patients with homozygous familial hypercholesterolemia is 10 to 80 mg daily. **Lorvast** should be used as an adjunct to other lipid lowering treatments (e.g LDL apheresis) in these patients or if such treatment are unavailable.

Overdosage:

There is no specific treatment for Atorvastatin overdosage. In the event of an overdose, the patient should be treated symptomatically, and supportive measures instituted as required. Due to extensive drug binding to plasma proteins, hemodialysis is not expected to significantly enhance Atorvastatin clearance.

Side Effects:

The most frequent adverse effects associated with Atorvastatin therapy, in patients participating in controlled clinical studies were: Diarrhea, constipation, flatulence, dyspepsia, abdominal pain, headache, nausea, myalgia, asthenia, insomnia.
In case of any side effect is observed, consult your physician or pharmacist.

Pharmaceutical Precautions:

Keep at room temperature (15 - 30 °C).
Do not use beyond the imprinted expiry date or if the product shows any visible signs of deterioration.

Presentation:

Packs of 30 Tablets.
Hospital packs are available.

® is a trademark.

THIS IS A MEDICAMENT

- Medicament is a product which affects your health and its consumption contrary to instructions is dangerous for you.
- Strictly follow the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor

Keep medicament out of reach of children.

Council of Arab Health Ministers & Union of Arab Pharmacists.

Dec.2007
44402/R0

Manufactured by:
TABUK PHARMACEUTICAL MANUFACTURING COMPANY,
P.O. Box 3633, TABUK, SAUDI ARABIA.