Public Assessment Report

Decentralised Procedure

Rosuvastatin 10 mg, 20 mg and 40 mg film-coated tablets

(Rosuvastatin calcium)

Procedure No: UK/H/6375/0001-003/DC

UK Licence No: PL 35507/0183-0185

Lupin (Europe) Limited
LAY SUMMARY

Rosuvastatin 10 mg, 20 mg and 40 mg film-coated tablets
(Rosuvastatin calcium)

This is a summary of the Public Assessment Report (PAR) for Rosuvastatin 10 mg, 20 mg and 40 mg film-coated tablets (PL 35507/0183-0185: UK/H/6375/001-003/DC). These products will be referred to as Rosuvastatin tablets in the remainder of this summary, for ease of reading.

This summary explains how Rosuvastatin tablets were assessed and their authorisation recommended, as well as the conditions of use. It is not intended to provide practical advice on how to use these products.

For practical information about using Rosuvastatin tablets, patients should read the package leaflet or contact their doctor or pharmacist.

What are Rosuvastatin tablets and what are they used for?
Rosuvastatin tablets are ‘generic medicines’. This means that Rosuvastatin tablets are similar to ‘reference medicines’ already authorised in the UK called Crestor 10mg, 20mg and 40mg tablets (AstraZeneca UK Limited, UK; PL 17901/0201-0203).

Rosuvastatin tablets are used for the following in adults 18 years and older to:
- treat high cholesterol levels, when there is a risk of a heart attack or stroke, and where changing diet and taking more exercise are not enough to correct the cholesterol levels
- reduce the risk of heart attack, stroke or related health problems in patients with other risk factors.
  Heart attack, stroke and other problems can be caused by atherosclerosis, a build-up of fatty deposits in the arteries.

How are Rosuvastatin tablets used?
Rosuvastatin tablets should be taken once daily and swallowed whole with a drink of water. They can be taken at anytime of the day, with or without food; however, patients should try and take the tablets at the same time every day.

The patient should always take Rosuvastatin tablets exactly as advised by his/her doctor. The patient should check with his/her doctor or pharmacist if he/she is not sure.

Please read Section 3 of the package leaflet for detailed information on dosing recommendations, the route of administration and the duration of treatment.

Rosuvastatin tablets can only be obtained on prescription from a doctor.

How do Rosuvastatin tablets work?
Rosuvastatin tablets contain the active substance rosuvastatin (as rosuvastatin calcium) which belongs to a group of medicines called statins. Rosuvastatin is used to correct the levels of fatty substances in the blood called “lipids”, the most common of which is cholesterol. There are different types of cholesterol found in the blood – ‘bad’ cholesterol (LDL-C) and ‘good’ cholesterol (HDL-C). Rosuvastatin can reduce the ‘bad’ cholesterol and increase the ‘good’ cholesterol. It works by helping to block the body’s production of ‘bad’ cholesterol. It also improves the body’s ability to remove it from the blood.

For most people, high cholesterol does not affect the way they feel because it does not produce any symptoms. However, if it is left untreated, fatty deposits can build up in the walls of blood vessels causing them to narrow. Sometimes, these narrowed blood vessels can get blocked, which can cut off the
Rosuvastatin 10 mg, 20 mg and 40 mg film-coated tablets

blood supply to the heart or brain leading to a heart attack or a stroke. By lowering cholesterol levels, this reduces the risk of having a heart attack, a stroke or related health problems.

How have Rosuvastatin tablets been studied?
Because Rosuvastatin tablets are generic medicines, studies in patients have been limited to tests to determine that they are bioequivalent to the reference products, Crestor 10mg, 20mg and 40mg tablets. Two medicines are bioequivalent when they produce the same levels of the active substance in the body.

What are the benefits and risks of Rosuvastatin tablets?
As Rosuvastatin tablets are generic medicines that are bioequivalent to Crestor 10mg, 20mg and 40g tablets, their benefits and risks are taken as being the same as Crestor 10mg, 20mg and 40mg tablets.

Why are Rosuvastatin tablets approved?
It was concluded that, in accordance with EU requirements, Rosuvastatin tablets have been shown to have comparable quality and are bioequivalent to Crestor 10mg, 20mg and 40mg tablets. Therefore, the view was that, as for Crestor 10mg 20mg and 40mg Tablets the benefits outweigh the identified risks.

What measures are being taken to ensure the safe and effective use of Rosuvastatin tablets?
A Risk Management Plan has been developed to ensure that Rosuvastatin tablets are used as safely as possible. Based on this plan, safety information has been included in the Summaries of Product Characteristics and the package leaflet for Rosuvastatin tablets, including the appropriate precautions to be followed by healthcare professionals and patients.

Other information about Rosuvastatin Tablets
The UK agreed to grant Marketing Authorisations for Rosuvastatin Tablets on 28 June 2017. Marketing Authorisations were granted in the UK on 12 July 2017.

The full PAR for Rosuvastatin tablets follows this summary. For more information about treatment with Rosuvastatin Tablets, read the package leaflet or contact your doctor or pharmacist.

This summary was last updated in September 2017.
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I INTRODUCTION
Based on the review of the data on quality, safety and efficacy the UK considered that the applications for Rosuvastatin 10 mg, 20 mg and 40 mg film-coated tablets (PL 35507/0183-0185; UK/H/6375/001-003/DC) could be approved. The products are prescription-only medicines (POM) indicated for the following:

**Treatment of hypercholesterolemia**
Adults with primary hypercholesterolemia (type IIa including heterozygous familial hypercholesterolemia) or mixed dyslipidaemia (type IIb) as an adjunct to diet when response to diet and other non-pharmacological treatments (e.g. exercise, weight reduction) is inadequate.

Homozygous familial hypercholesterolemia as an adjunct to diet and other lipid lowering treatments (e.g. LDL apheresis) or if such treatments are not appropriate.

**Prevention of Cardiovascular Events**
Prevention of major cardiovascular events in patients who are estimated to have a high risk for a first cardiovascular event, as an adjunct to correction of other risk factors.

The applications were submitted using the Decentralised Procedure (DCP) with the UK as Reference Member State (RMS) and Luxembourg as Concerned Member State (CMS), however, Luxembourg was withdrawn as a CMS during the procedure. The applications were submitted under Article 10(1) of Directive 2001/83/EC, as amended, as generic applications. The reference medicinal products for these applications are Crestor 10mg, 20mg and 40mg tablets, which were authorised in the UK to AstraZeneca UK Limited, UK (PL 17901/0201-0203) on 21 March 2003.

Rosuvastatin is a selective and competitive inhibitor of HMG-CoA reductase, the rate-limiting enzyme that converts 3-hydroxy-3-methylglutaryl coenzyme A to mevalonate, a precursor for cholesterol.

A bioequivalence study was submitted to support these applications comparing the applicant’s test product Rosuvastatin Calcium Tablets 40 mg with the reference product Crestor (Rosuvastatin calcium) Tablets 40 mg (AstraZeneca UK Limited, UK), under fasting conditions. The applicant has stated that the bioequivalence study was conducted in compliance with the ethical requirements of Directive 2001/83/EC. International Conference on Harmonisation (ICH) Good Clinical Practice (GCP) requirements and the Declaration of Helsinki.

With the exception of the bioequivalence study, no new non-clinical or clinical studies were conducted, which is acceptable given that the applications were based on being generic medicinal products of originator products that have been licensed for over 10 years. The bioequivalence study was carried out in accordance with Good Clinical Practice (GCP)

The RMS has been assured that acceptable standards of Good Manufacturing Practice are in place for this product type at all sites responsible for the manufacture, assembly and batch release of these products.

For manufacturing sites within the Community, the RMS has accepted copies of current manufacturer authorisations issued by inspection services of the competent authorities as certification that acceptable standards of GMP are in place at those sites.
For manufacturing sites outside the Community, the RMS has accepted copies of current GMP Certificates of satisfactory inspection summary reports, ‘close-out letters’ or ‘exchange of information’ issued by the inspection services of the competent authorities (or those countries with which the EEA has a Mutual Recognition Agreement for their own territories) as certification that acceptable standards of GMP are in place at those non-Community sites.

The UK considered that the applications could be approved at the end of procedure (Day 210) on 26 June 2017. After a subsequent national phase, Marketing Authorisations (PL 35507/0183-0185) was granted in the UK for these products on 12 July 2017.
II QUALITY ASPECTS
II.1 Introduction
The submitted documentation concerning the proposed products is of sufficient quality and meets the current EU regulatory requirements.

The quality overall summary has been written by an appropriately qualified person and is a suitable summary of the pharmaceutical aspects of the dossier.

The 10 mg strength tablet is pink, round shaped, film-coated, of diameter 6 mm and debossed with ‘R’ on one side and ‘10’ on the other side.

The 20 mg strength tablet is pink, round shaped, film-coated, of diameter 7 mm, debossed with ‘R’ on one side and ‘20’ on the other side.

The 40 mg strength tablet is pink, oval shaped, film-coated, of dimensions 12.7 mm x 6 mm and debossed with ‘F64’ on one side and ‘LU’ on the other side.

The products also contain pharmaceutical excipients namely, lactose monohydrate, microcrystalline cellulose, crospovidone, sodium stearyl fumarate, hypromellose (E464), talc (E553b), triacetin, allura red AC FD&C Red 40 (E129) and indigo carmine FD&C Blue 2 (E132). Appropriate justification for the inclusion of each excipient has been provided.

The products are packaged in:
1 cold form blister packs: aluminium foil with aluminium foil laminate lidding
2 desiccant embedded cold form blister packs: Oriented polyamine/aluminium foil/high density polyethylene (HDPE), polyethylene + desiccant with HDPE coating, with aluminium foil laminate lidding.

The blisters are packaged in pack sizes of 7, 10, 14, 15, 20, 28, 30, 42, 50, 56, 60, 84, 90, 98 and 100 tablets. Not all pack sizes may be marketed.

Satisfactory specifications and Certificates of Analysis have been provided for all packaging components. All primary packaging complies with current European regulations concerning materials in contact with foodstuff.

II.2 Drug Substance
INN: Rosuvastatin calcium
Chemical name: Calcium bis[(3R,5S,6E)-7-[4-(4-fluorophenyl)-6-(1-methylethyl)-2-[methyl(methylsulfonyl)amino]pyrimidin-5-yl]-3,5-dihydroxyhept-6-enoate].

Structural formula:
Molecular formula: C_{44}H_{54}CaF_2N_6O_{12}S_2
Molecular mass: 1001 g/mol
Appearance: White or almost white, hygroscopic powder.
Solubility: Rosuvastatin calcium salt is slightly soluble in water, freely soluble in methylene chloride, practically insoluble in anhydrous ethanol.

Rosuvastatin calcium was not the subject of a European Pharmacopoeia monograph at the time of assessment.

Synthesis of the active substance from the designated starting materials has been adequately described and appropriate in-process controls and intermediate specifications are applied. Satisfactory specification tests are in place for all starting materials and reagents, and these are supported by relevant Certificates of Analysis.

Appropriate proof-of-structure data have been supplied for the active substance. All potential known impurities have been identified and characterised.

An appropriate specification is provided for the active substance. Analytical methods have been appropriately validated and are satisfactory for ensuring compliance with the relevant specifications.

Batch analyses data, complying with the proposed specification, are provided.

Satisfactory Certificates of Analysis have been provided for all working standards used.

Suitable specifications have been provided for all packaging used. The primary packaging has been shown to comply with current guidelines concerning contact with food.

Appropriate stability data have been generated supporting a suitable retest period when stored in the proposed packaging.

II.3. Medicinal Product
Pharmaceutical Development
The objective of the development programme was to formulate safe, efficacious tablets containing, 10 mg, 20 mg or 40 mg of rosuvastatin (as rosuvastatin calcium) per tablet that are generic versions of the reference products, Crestor 10mg, 20mg and 40mg tablets (AstraZeneca UK Limited, UK).

Comparative impurity and dissolution profiles have been presented for test and reference products.

Manufacture of the products
Satisfactory batch formulae have been provided for the manufacture of the products, along with an appropriate account of the manufacturing processes. The manufacturing processes have been validated and have shown satisfactory results. Process validation data on commercial scale batches have been provided.

Finished Product Specifications
The finished product specifications proposed are acceptable. The test methods that have been described have been adequately validated. Batch data have been provided that comply with the release specifications. Certificates of Analysis have been provided for all working standards used.

Stability of the Products
Finished product stability studies were performed in accordance with current guidelines on batches of finished product in the packaging proposed for marketing. Based on the results, a shelf life of 2 years,
with the special storage conditions ‘Store below 25°C. Store in the original package in order to protect from light.’ has been accepted.

Suitable post approval stability commitments have been provided to continue stability testing on batches of finished product.

II.4 Discussion on chemical, pharmaceutical and biological aspects
There are no objections to the approval of these applications from a pharmaceutical point of view.

III NON-CLINICAL ASPECTS

III.1 Introduction
The pharmacodynamic, pharmacokinetic and toxicological properties of rosuvastatin calcium are well-known. As this is a widely used, well-known active substance, the applicant has not provided additional studies and further studies are not required. An overview based on literature review is, thus, appropriate.

The non-clinical overview has been written by an appropriately qualified person and is satisfactory, providing an appropriate review of the relevant non-clinical pharmacology, pharmacokinetic and toxicology.

III.2 Pharmacology
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.

III.3 Pharmacokinetics
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.

III.4 Toxicology
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.

III.5 Ecotoxicity/environmental risk assessment (ERA)
Since these products are intended for substitution of originator products, their use will not lead to an increased exposure to the environment. An environmental risk assessment is therefore not deemed necessary.

III.6 Discussion on the non-clinical aspects
There are no objections to the approval of these applications from a non-clinical point of view.

IV CLINICAL ASPECTS
These are generic applications submitted under the Decentralised Procedure according to Article 10(1) of Directive 2001/83/EC, as amended, for Rosuvastatin 10 mg, 20 mg and 40 mg film-coated tablets.

The clinical pharmacology, safety and efficacy of rosuvastatin are well-known.

The applicant’s clinical overview has been written by an appropriately qualified person and is considered acceptable.

In accordance with the regulatory requirements CPMP/EWP/QWP/1401/98 Rev 1/Corr**, Guideline on the Investigation of Bioequivalence, the Marketing Authorisation Holder submitted a bioequivalence study to support the applications.
With the exception of data from the bioequivalence study detailed in Section IV.2, Pharmacokinetics below, no new pharmacodynamic or pharmacokinetic data are provided and none are required for applications of this type.

### IV.2 Pharmacokinetics

In support of the applications, the applicant submitted the following bioequivalence study:

An open-label, randomised, single-dose, two-treatment, two-period, two-sequence, crossover, bioequivalence study comparing the pharmacokinetics of the applicant’s test product Rosuvastatin Calcium Tablets 40 mg versus the reference product Crestor (Rosuvastatin calcium) Tablets 40 mg (AstraZeneca UK Limited, UK) in healthy adult subjects, under fasting conditions.

The subjects were administered a single dose (1 x 40 mg) tablet of either treatment with 240 ml of water, after at least a 10 hour overnight fast. Blood samples were collected before, up to and including 72 hours after each administration. The washout period between the treatment phases was 7 days. The pharmacokinetic results are presented below:

**Table 1. Pharmacokinetic parameters (non-transformed values; arithmetic mean ± SD, t\text{max} median, range)**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>AUC_{0\text{-t}} ng/ml/h</th>
<th>AUC_{0\text{-}72h} ng/ml/h</th>
<th>C\text{max} ng/ml</th>
<th>t\text{max} h</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td>527.54 +/- 236.26</td>
<td>534.54 +/- 238.11</td>
<td>62.49 +/- 33.15</td>
<td>3.16 +/- 1.50</td>
</tr>
<tr>
<td>Reference</td>
<td>517.16 +/- 259.55</td>
<td>523.97 +/- 262.41</td>
<td>61.43 +/- 38.13</td>
<td>3.11 +/- 1.62</td>
</tr>
<tr>
<td><em>Ratio (90% CI)</em></td>
<td>104.0524 (97.7116, 110.8047)</td>
<td>104.5516 (96.2339, 113.5882)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **AUC\text{0\text{-t}}**: Area under the plasma concentration curve from administration to last observed concentration at time t.
- **AUC\text{0\text{-}72h}**: can be reported instead of AUC\text{0\text{-}t} in studies with sampling period of 72 h, and where the concentration at 72 h is quantifiable. Only for immediate release products.
- **AUC\text{0\text{-}∞}**: Area under the plasma concentration curve extrapolated to infinite time. AUC\text{0\text{-}∞} does not need to be reported when AUC\text{0\text{-}72h} is reported instead of AUC\text{0\text{-}t}.
- **C\text{max}**: Maximum plasma concentration.
- **t\text{max}**: Time until C\text{max} is reached.

*ln-transformed values*
Table 2: Summary characteristics of pharmacokinetic parameters after administration of test (A) and reference (B) products

<table>
<thead>
<tr>
<th>Measures</th>
<th>C_{max} (ng/mL)</th>
<th>AUC_{0-t} (ng•hr/mL)</th>
<th>AUC_{0-inf} (ng•hr/mL)</th>
<th>T_{max} (hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Product - A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>62.49</td>
<td>527.54</td>
<td>534.54</td>
<td>3.16</td>
</tr>
<tr>
<td>SD</td>
<td>33.15</td>
<td>236.26</td>
<td>238.11</td>
<td>1.51</td>
</tr>
<tr>
<td>Median</td>
<td>56.02</td>
<td>463.54</td>
<td>467.85</td>
<td>3.50</td>
</tr>
<tr>
<td>CV (%)</td>
<td>53.05</td>
<td>44.79</td>
<td>44.54</td>
<td>47.58</td>
</tr>
<tr>
<td><strong>Reference Product - B</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>61.43</td>
<td>517.16</td>
<td>523.97</td>
<td>3.11</td>
</tr>
<tr>
<td>SD</td>
<td>38.13</td>
<td>259.55</td>
<td>262.41</td>
<td>1.62</td>
</tr>
<tr>
<td>Median</td>
<td>54.00</td>
<td>461.45</td>
<td>466.47</td>
<td>3.00</td>
</tr>
<tr>
<td>CV (%)</td>
<td>62.06</td>
<td>50.19</td>
<td>50.08</td>
<td>52.18</td>
</tr>
</tbody>
</table>

**Conclusion**

The 90% confidence intervals of the test/reference ratio for AUC_{0-t} and C_{max} lie within the acceptable limits of 80.00% to 125.00%, in line with the ‘Guideline on the Investigation of Bioequivalence (CPMP/EWP/QWP/1401/98 Rev 1/Corr**)’. Thus, these data support the claim that the applicant’s 40mg strength test product is bioequivalent to the reference product Crestor (Rosuvastatin calcium) Tablets 40 mg (AstraZeneca UK Limited, UK) under fasting conditions.

The results with the applicant’s 40 mg strength product can be extrapolated to the 10 mg and 20 mg strength products, according to conditions in the Guideline on the Investigation of Bioequivalence CPMP/EWP/QWP/1401/98 Rev. 1/Corr*, section 4.1.6.

**IV.3 Pharmacodynamics**

The clinical pharmacodynamic profile of rosuvastatin is well-known. No new pharmacodynamic data were submitted and none are required for applications of this type.
IV.4 Clinical Efficacy
The clinical efficacy of rosuvastatin is well-known. No new efficacy data are presented for these applications and none are required. Efficacy is adequately reviewed in the clinical overview.

IV.5 Clinical Safety
No new safety data are presented for these applications and none are required. The safety profile of rosuvastatin is well-known and has been adequately summarised by the Applicant in the clinical overview. No new or unexpected safety concerns arose from the safety data from the bioequivalence study.

IV.6 Risk Management Plan (RMP)
The Marketing Authorisation Holder (MAH) has submitted a risk management plan, in accordance with the requirements of Directive 2001/83/EC as amended, describing the pharmacovigilance activities and interventions designed to identify, characterise, prevent or minimise risks relating to Rosuvastatin 10 mg, 20 mg and 40 mg film-coated tablets.

A summary of safety concerns, as approved in the RMP, is listed below:

<table>
<thead>
<tr>
<th>Table 1: Summary of Safety Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Concerns</td>
</tr>
<tr>
<td>------------------------------------</td>
</tr>
<tr>
<td>Important identified risk(s)</td>
</tr>
<tr>
<td>1. Skeletal muscle effects (including rhabdomyolysis, myopathy, myositis, myalgia, increased creatine kinase, myoglobinemia, and myoglobinuria)</td>
</tr>
<tr>
<td>2. Immune-mediated necrotising myopathy</td>
</tr>
<tr>
<td>3. Hepatic effects (elevated liver enzymes, hepatitis, jaundice)</td>
</tr>
<tr>
<td>4. Drug interactions</td>
</tr>
<tr>
<td>5. Proteinuria</td>
</tr>
<tr>
<td>6. Diabetes mellitus</td>
</tr>
<tr>
<td>7. Pancreatitis</td>
</tr>
<tr>
<td>8. Memory loss</td>
</tr>
<tr>
<td>9. Depression</td>
</tr>
<tr>
<td>10. Sleep disorders (including insomnia and nightmares)</td>
</tr>
<tr>
<td>11. Thrombocytopenia/decreased platelet count</td>
</tr>
<tr>
<td>12. Severe skin reactions (Stevens-Johnson syndrome/Toxic epidermal necrolysis)</td>
</tr>
<tr>
<td>13. Tendon disorders</td>
</tr>
<tr>
<td>14. Peripheral neuropathy</td>
</tr>
<tr>
<td>Important potential risk(s)</td>
</tr>
<tr>
<td>1. Renal failure (including acute and chronic renal failure) and renal impairment</td>
</tr>
<tr>
<td>2. Liver failure (hepatic failure, including hepatic necrosis and fulminant hepatitis)</td>
</tr>
<tr>
<td>3. Interstitial lung disease</td>
</tr>
<tr>
<td>4. Drug interaction (fibrates other than Gemfibrozil)</td>
</tr>
<tr>
<td>5. Amyotrophic lateral sclerosis</td>
</tr>
<tr>
<td>Missing information</td>
</tr>
<tr>
<td>1. Use in children age less than 6 years</td>
</tr>
<tr>
<td>2. Drug interaction studies in paediatric population</td>
</tr>
</tbody>
</table>

Routine pharmacovigilance and routine risk minimisation activities are proposed for all safety concerns.

IV.7 Conclusion
The grant of Marketing Authorisations is recommended for these applications.

V USER CONSULTATION
A package leaflet has been evaluated via a user consultation study in accordance with the requirements of Articles 59(3) and 61(1) of Directive 2001/83/EC, as amended. The language used for the purpose of user testing the package information leaflet (PIL) was English.
The results show that the package leaflet meets the criteria for readability as set out in the Guideline on the readability of the label and package leaflet of medicinal products for human use.

VI OVERALL CONCLUSION, BENEFIT/RISK ASSESSMENT AND RECOMMENDATION
The quality of the product is acceptable, and no new non-clinical or clinical concerns have been identified. Extensive clinical experience with rosuvastatin calcium is considered to have demonstrated the therapeutic value of the compound. The benefit risk assessment is, therefore, considered to be positive.
Summaries of Product Characteristics (SmPCs), Patient Information Leaflet (PIL) and Labels

In accordance with Directive 2010/84/EU, the current version of the SmPCs and PIL are available on the MHRA website. The current labelling is presented below:

The labelling text below is that agreed at the end of the Decentralised procedure. The Marketing Authorisation Holder has committed to submit the labelling for review to the regulatory authorities before marketing any pack size.

Rosuvastatin 10 mg film-coated tablets:

| PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING |
| {CARTON TEXT} |

1. NAME OF THE MEDICINAL PRODUCT

Rosuvastatin 10 mg film-coated tablets
rosuvastatin

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each film-coated tablet contains 10 mg rosvastatin (as rosvastatin calcium).

3. LIST OF EXCIPIENTS

Contains lactose monohydrate and allura red. See package leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Blister packs: 7, 10, 14, 15, 20, 28, 30, 42, 50, 56, 60, 84, 90, 98 and 100 film-coated tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS
Blisters: Store below 25°C.
Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Lupin (Europe) Limited
Victoria Court, Bexton Road
Knutsford, Cheshire, WA16 0PF
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

PL 35507/0183

13. BATCH NUMBER<, DONATION AND PRODUCT CODES>

LOT

14. GENERAL CLASSIFICATION FOR SUPPLY

POM

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Rosuvastatin 10 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

Not applicable

18. UNIQUE IDENTIFIER - HUMAN READABLE DAT

Not applicable
Rosuvastatin 20 mg film-coated tablets:

| PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING |
| {NATURE/TYPE} |

1. **NAME OF THE MEDICINAL PRODUCT**

Rosuvastatin 20 mg film-coated tablets
rosuvastatin

2. **STATEMENT OF ACTIVE SUBSTANCE(S)**

Each film-coated tablet contains 20 mg rosuvastatin (as rosuvastatin calcium).

3. **LIST OF EXCIPIENTS**

Contains lactose monohydrate and allura red. See package leaflet for further information.

4. **PHARMACEUTICAL FORM AND CONTENTS**

Blister packs: 7, 10, 14, 15, 20, 28, 30, 42, 50, 56, 60, 84, 90, 98 and 100 film-coated tablets

5. **METHOD AND ROUTE(S) OF ADMINISTRATION**

Read the package leaflet before use.
Oral use.

6. **SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

7. **OTHER SPECIAL WARNING(S), IF NECESSARY**

8. **EXPIRY DATE**

EXP

9. **SPECIAL STORAGE CONDITIONS**
Blisters: Store below 25°C.
Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Lupin (Europe) Limited
Victoria Court, Bexton Road
Knutsford, Cheshire, WA16 0PF
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

PL 35507/0184

13. BATCH NUMBER<, DONATION AND PRODUCT CODES>

LOT

14. GENERAL CLASSIFICATION FOR SUPPLY

POM

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Rosuvastatin 20 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

Not applicable.

18. UNIQUE IDENTIFIER - HUMAN READABLE DAT

Not applicable.
Rosuvastatin 40 mg film-coated tablets:

| PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING |
| {NATURE/TYPE} |

1. **NAME OF THE MEDICINAL PRODUCT**

Rosuvastatin 40 mg film-coated tablets
rosuvastatin

2. **STATEMENT OF ACTIVE SUBSTANCE(S)**

Each film-coated tablet contains 40 mg rosvastatin (as rosvastatin calcium).

3. **LIST OF EXCIPIENTS**

Contains lactose monohydrate and allura red. See package leaflet for further information.

4. **PHARMACEUTICAL FORM AND CONTENTS**

Blister packs: 7, 10, 14, 15, 20, 28, 30, 42, 50, 56, 60, 84, 90, 98 and 100 film-coated tablets

5. **METHOD AND ROUTE(S) OF ADMINISTRATION**

Read the package leaflet before use.
Oral use.

6. **SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

7. **OTHER SPECIAL WARNING(S), IF NECESSARY**

8. **EXPIRY DATE**

EXP

9. **SPECIAL STORAGE CONDITIONS**
Rosuvastatin 10 mg, 20 mg and 40 mg film-coated tablets

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Lupin (Europe) Limited
Victoria Court, Bexton Road
Knutsford, Cheshire, WA16 0PF
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

PL 35507/0185

13. BATCH NUMBER, DONATION AND PRODUCT CODES

LOT

14. GENERAL CLASSIFICATION FOR SUPPLY

POM

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Rosuvastatin 40 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

Not applicable.

18. UNIQUE IDENTIFIER - HUMAN READABLE DAT

Not applicable.
### Table of content of the PAR update for MRP and DCP

Steps taken after the initial procedure with an influence on the Public Assessment Report  
(Type II variations, PSURs, commitments)

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