Public Assessment Report

Rosuvastatin 5 mg, 10 mg, 20 mg and 40 mg Film-coated Tablets

(Rosuvastatin calcium)

UK Licence No: PL 21880/0206-0209

Medreich PLC
LAY SUMMARY
Rosuvastatin 5 mg, 10 mg, 20 mg and 40 mg Film-coated Tablets
(Rosuvastatin calcium)

This is a summary of the public assessment report (PAR) for Rosuvastatin 5 mg, 10 mg, 20 mg and 40 mg Film-coated Tablets (PL 21880/0206-9). For ease of reading these products will be referred to as Rosuvastatin Tablets in the remainder of this Lay Summary.

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 5mg, 10mg, 20mg & 40mg tablets (AstraZeneca UK Limited; PL 17901/0201-0203 & PL 17901/0243).

Rosuvastatin tablets are used for the following in adults, adolescents and children 6 years or 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
- To 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.

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 ingredient 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 Tablets 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 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® 5 mg, 10 mg, 20 mg and 40 mg 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® 5 mg, 10 mg, 20 mg and 40 mg Tablets, their benefits and risks are taken as being the same as Crestor® 5 mg, 10 mg, 20 mg and 40 mg 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® 5 mg, 10 mg, 20 mg and 40 mg Tablets. Therefore, the view was that, as for Crestor® 5 mg, 10 mg, 20 mg and 40 mg 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
A Marketing Authorisation was granted in the UK on 02 November 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 November 2017.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Introduction</td>
<td>5</td>
</tr>
<tr>
<td>II Quality aspects</td>
<td>6</td>
</tr>
<tr>
<td>III Non-clinical aspects</td>
<td>7</td>
</tr>
<tr>
<td>IV Clinical aspects</td>
<td>8</td>
</tr>
<tr>
<td>V User consultation</td>
<td>13</td>
</tr>
<tr>
<td>VI Overall conclusion, benefit/risk assessment and recommendation</td>
<td>14</td>
</tr>
</tbody>
</table>

Table of content of the PAR update for MRP and DCP | Page 22
I. INTRODUCTION
The Medicines and Healthcare products Regulatory Agency (MHRA) granted Medreich PLC a Marketing Authorisation for the medicinal product Rosuvastatin 5 mg, 10 mg, 20 mg and 40 mg Film-coated Tablets (PL 21880/0206-9) on 02 November 2017. These are prescription-only medicines (POM), indicated for:

Treatment of hypercholesterolemia
Adults, adolescents and children aged 6 years or older 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 under Article 10(1) of Directive 2001/83/EC, as amended, as generic applications. The reference medicinal products for these applications are Crestor 5mg, 10mg, 20mg and 40mg tablets, which were authorised to AstraZeneca B.V., The Netherlands (PL 17901/0201-0203 & PL 17901/0243) on 21 March 2003. The product used for the purpose of bioequivalence study is Rosuvastatin 40 mg Tablets (AstraZeneca UK Ltd).

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. The primary site of action of rosuvastatin is the liver, the target organ for cholesterol lowering. Rosuvastatin increases the number of hepatic low-density lipoprotein (LDL) receptors on the cell-surface, enhancing uptake and catabolism of LDL and it inhibits the hepatic synthesis of low-density lipoprotein (VLDL), thereby reducing the total number of VLDL and LDL particles.

With the exception of the bioequivalence studies, 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. Bioequivalence studies were carried out in accordance with Good Clinical Practice (GCP).

The MHRA has been assured that acceptable standards of Good Manufacturing Practice (GMP) are in place at all sites responsible for the manufacture, assembly and batch release of these products.

No new or unexpected safety concerns arose during the review of information provided by the Marketing Authorisation Holder and it was, therefore, judged that the benefits of taking Rosuvastatin 5 mg, 10 mg, 20 mg and 40 mg Film-coated Tablets outweigh the risks and Marketing Authorisations were granted.
II QUALITY ASPECTS

II.1 Introduction

The products are film-coated tablets. Each film-coated tablet contains 5 mg, 10 mg, 20 mg and 40 mg rosuvastatin (corresponding to 23.18 mg, 46.36 mg, 92.72 mg or 185.44 mg rosuvastatin calcium).

Other ingredients consist of the pharmaceutical excipients meglumine, lactose monohydrate, pregelatinised starch, microcrystalline cellulose PH112, crosspovidone (Type B), magnesium stearate making up the tablet core, and the tablet coat composed of hypromellose (HPMC 2910), titanium dioxide and macogol/PEG 400. Appropriate justification for the inclusion of each excipient has been provided.

All excipients comply with their respective European Pharmacopoeia monographs. Satisfactory Certificates of Analysis have been provided for all excipients.

The only excipient used that contains material of animal or human origin is lactose monohydrate. The applicant has provided a declaration that the milk used in the production of lactose monohydrate is sourced from healthy animals under the same conditions as that for human consumption. Confirmation has also been given that the magnesium stearate used in the tablets is of vegetable origin.

The finished product is packed in:

1. blister of aluminium/aluminium foil of 7, 14, 15, 20, 28, 30, 42, 50, 56, 60, 84, 90, 98 and 100 tablets, which are further packed in an outer carton.
2. high density polyethylene (HDPE) container contains 100 or 500 tablets.

Not all pack sizes may be marketed.

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 the current European regulations concerning materials in contact with food.

II.2 Drug Substance

INN: Rosuvastatin calcium

Chemical name: 1) (3R,5S,6E)-7-[4-(4-Fluorophenyl)-6-(1-methylethyl)-2-
[methyl(methylsulfonyl)amino]-5-pyrimidinyl]-3,5-dihydroxy-6-heptenoic acid zinc salt (2:1)
2) 7-[4-(4-Fluorophenyl)-6-(1-methylethyl)-2-[methyl(methylsulfonyl)amino]-5-
pyrimidinyl]-3,5-dihydroxy-(3R,5S,6E)-6-heptenoic acid zinc salt (2:1)
3) 3R,5S,6E)-7-[4-(4-Fluorophenyl)-6-(1-methylethyl)-2-
[methyl(methylsulfonyl)amino]pyrimidin-5-yl]-3,5-dihydroxyhept-6-enoic acid zinc salt

Structural formula:
Molecular formula: \( \text{C}_{44}\text{H}_{54}\text{F}_{2}\text{N}_{6}\text{O}_{12}\text{S}_{2}\text{Ca} \)
Molecular mass: 1001.14 g/mol
Appearance: White to off-white powder.
Solubility: Slightly soluble in water, freely soluble in methylene chloride, practically insoluble in anhoudrous ethanol.

Rosuvastatin calcium is the subject of a European Pharmacopoeia monograph.

All aspects of the manufacture and control of the active substance, rosuvastatin calcium, are covered by the European Directorate for the Quality of Medicines and Healthcare (EDQM) Certificate of Suitability.

II.3. Medicinal Product
Pharmaceutical Development
The objective of the development programme was to formulate safe, efficacious tablets containing 5 mg, 10 mg, 20 mg or 40 mg of rosuvastatin per tablet that are generic versions of the reference products, Crestor 5mg, 10mg, 20mg & 40mg tablets (AstraZeneca UK Limited).

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. The data from these studies support a shelf life of 3 years for blister packs and 2 years for unopened HDPE with storage conditions “Store in the original package in order to protect from moisture and light”. Once the bottle is opened the product must be used within 100 days.

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
The clinical pharmacology of rosuvastatin is well-known. With the exception of data from the bioequivalence study detailed below, no new pharmacodynamics or pharmacokinetic data are provided or are required for this application.

No new efficacy or safety studies have been performed and none are required for this type of application. A comprehensive review of the published literature has been provided by the applicant, citing the well-established clinical pharmacology, efficacy and safety of rosuvastatin.

The Applicant submitted a bioequivalence study (Rosuvastatin 40 mg Tablets versus Crestor® 40 mg Tablets) in support of these applications. A waiver from additional bio-equivalence studies was requested for Rosuvastatin 5 mg, 10 mg and 20 mg Tablets.

Based on the data provided, Rosuvastatin 40 mg Tablets can be considered bioequivalent Crestor® 40 mg Tablets.

IV.2 Pharmacokinetics
In support of these applications, the Marketing Authorisation Holder has submitted the following bioequivalence study:

Study 1
This is a single center, randomised, single dose, laboratory-blinded, 2-period, two-sequence, crossover comparative bioavailability study of Rosuvastatin 40mg Tablet and Crestor® 40mg Tablets (AstraZeneca UK Ltd) in healthy, subjects under fasting conditions.

Subjects received the test or reference treatment after an overnight fast of at least 10 hours. Blood samples were collected before dosing and up to and including 72 hours after drug administration. The washout period was 10 days.

Results
Pharmacokinetic parameters for rosuvastatin (In-transformed geometric mean, 90% Confidence Interval and test/Reference ratio)

<table>
<thead>
<tr>
<th>Parameter (Unit)</th>
<th>(Ln transformed) Geometric Least Square Mean</th>
<th>90% Confidence Interval T vs R</th>
<th>Intra Subject CV (%)</th>
<th>Inter Subject CV (%)</th>
<th>Power (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C_{max} (ng/mL)</td>
<td>Test Product (I) 60.4065</td>
<td>Reference Product (R) 57.1867</td>
<td>105.63</td>
<td>95.32-117.06</td>
<td>30.0</td>
</tr>
<tr>
<td>AUC_{0-1} (ln ng/mL)</td>
<td>Test Product (I) 415.3556</td>
<td>Reference Product (R) 416.6262</td>
<td>99.70</td>
<td>92.67-107.25</td>
<td>21.1</td>
</tr>
</tbody>
</table>

Conclusion
The 90% confidence intervals for C_{max} and AUC_{0-1} were within the pre-defined acceptance criteria specified in “Guideline on the Investigation of Bioequivalence” (CPMP/EWP/QWP/1401/98 Rev 1/ Corr**). Bioequivalence has been shown for the test formulation (Rosuvastatin 40 mg Tablets) and the reference formulation (Crestor® 40 mg Tablets) under fasting conditions.

As the 5 mg, 10 mg and 20 mg strength test products meet the biowaiver criteria specified in the current bioequivalence guidance, the results and conclusions of the bioequivalence studies with the 40 mg tablet strengths can be extrapolated to the 5 mg, 10 mg and 20 mg strength tablets.

IV.3 Pharmacodynamics
No new data have been submitted and none are required for applications of this type.

IV.4 Clinical efficacy
No new data on efficacy have been submitted and none are required for applications of this type.

IV.5 Clinical safety
No new safety data were submitted and none are required.

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 5 mg, 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>Safety concern</th>
<th>Routine risk minimisation measures</th>
<th>Additional risk minimisation measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important identified risks</td>
<td>The risk of skeletal muscle effects including rhabdomyolysis, myopathy, myositis, myalgia, increased</td>
<td>None</td>
</tr>
<tr>
<td>Skeletal muscle effects</td>
<td>The risk of skeletal muscle effects including rhabdomyolysis, myopathy, myositis, myalgia, increased</td>
<td>None</td>
</tr>
<tr>
<td>including rhabdomyolysis, myopathy,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>myositis, myalgia,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>increased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
<td>Advice</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>creatine kinase, myoglobinuria and myoglobinemia</td>
<td>of the rosuvastatin is described in the SmPC sections 4.2, 4.3, 4.4 and 4.8 and PL sections 2 and 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td></td>
</tr>
<tr>
<td>Increased transaminases, hepatitis, jaundice</td>
<td>The risk increased transaminases, hepatitis, jaundice associated with the use of the rosuvastatin is described in the SmPC sections 4.3, 4.4 and 4.8 and PL section 2 and 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>The risk of pancreatitis associated with the use of the rosuvastatin is described in the SmPC section 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>The risk of memory loss associated with the use of the rosuvastatin is described in the SmPC section 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Proteinuria</td>
<td>The risk of proteinuria associated with the use of the rosuvastatin is described in the SmPC sections 4.4 and 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>The risk of diabetes mellitus associated with the use of the rosuvastatin is described in the SmPC sections 4.4 and 4.8 and PL sections 2 and 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Depression</td>
<td>The risk of depression associated with the use of the rosuvastatin is described in the SmPC section 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Sleep disorders including insomnia and nightmares</td>
<td>The risk of sleep disorders including insomnia and nightmares associated with the use of the rosuvastatin is described in the SmPC section 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Immune-mediated necrotizing myopathy</td>
<td>The risk of Immune-mediated necrotizing myopathy associated with the use of the rosuvastatin is described</td>
<td>None</td>
</tr>
<tr>
<td>Condition/Medication</td>
<td>Description</td>
<td>Caution</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>Thrombocytopenia/decreased platelet count</td>
<td>The risk of Thrombocytopenia/decreased platelet count associated with the use of the rosuvastatin is described in the SmPC section 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Stevens-Johnson syndrome / Toxic epidermal necrolysis</td>
<td>The risk of Stevens-Johnson syndrome / Toxic epidermal necrolysis associated with the use of the rosuvastatin is described in the SmPC section 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Tendon disorders</td>
<td>The risk of tendon disorders associated with the use of the rosuvastatin is described in the SmPC section 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Peripheral neuropathy</td>
<td>The risk of peripheral neuropathy associated with the use of the rosuvastatin is described in the SmPC section 4.8 and PL section 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Drug-drug interactions: Ciclosporin, Various protease inhibitor combinations with ritonavir, Gemfibrozil, Clopidogrel, Eltrombopag, Dronedarone, Warfarin, Fusidic acid, Ezetimibe</td>
<td>The risk associated with use of Ciclosporin, Various protease inhibitor combinations with ritonavir, Gemfibrozil, Clopidogrel, Eltrombopag, Dronedarone, Warfarin, Fusidic acid, Ezetimibe and Rosuvastatin is described in the SmPC sections 4.2, 4.3, 4.4 and 4.5 and PL section 2 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
<tr>
<td>Important potential risks</td>
<td>The risk of renal failure (including acute and chronic renal failure) and renal impairment associated with the use of the rosuvastatin is described in the SmPC sections 4.2, 4.3, 4.4 and 4.8 and PL sections 2 and 4 and appropriate advice is provided to the prescriber to minimise this risk.</td>
<td>None</td>
</tr>
</tbody>
</table>
Routine pharmacovigilance and routine risk minimisation are proposed for all safety concerns.

IV.7 Discussion on the clinical aspects
No new clinical data were submitted and none are required for applications of this type.

The grant of Marketing Authorisations is recommended for these applications.

V User consultation
The 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. The language used for the purpose of user testing the 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 products is acceptable, and no new non-clinical or clinical concerns have been identified. Extensive clinical experience with rosvastatin zinc is considered to have demonstrated the therapeutic value of the compound. The benefit risk assessment is, therefore, considered to be positive.
Summary of Product Characteristics (SmPC), Patient Information Leaflet (PIL) and Labels
In accordance with Directive 2010/84/EU the Summaries of Product Characteristics (SmPC) and Patient Information Leaflets (PIL) for products granted Marketing Authorisations at a national level are available on the MHRA website.

The approved labelling for Rosuvastatin 5 mg, 10 mg, 20 mg and 40 mg Film-coated Tablets is presented below:
Rosuvastatin 20 mg Film-coated Tablets

INGREDIENTS
Each film-coated tablet contains Rosuvastatin calcium equivalent to Rosuvastatin 20 mg. Also contains Lactose monohydrate.

DOSSAGE
For oral use. Use as directed by the physician.

WARNING
KEEP OUT OF SIGHT AND REACH OF CHILDREN. Store in the original package in order to protect from moisture and light.

Please fill in dispensing label here.
PAR Rosuvastatin 5 mg, 10 mg, 20 mg and 40 mg Film-coated Tablets

Each film-coated tablet contains Rosuvastatin calcium equivalent to Rosuvastatin 40 mg. Also contains Lactose monohydrate.

For oral use. Use as directed by the physician.

KEEP OUT OF THE SIGHT AND REACH OF CHILDREN. Read the package leaflet before use. Store in the original package in order to protect from moisture and light. Once opened, use within 100 days.
Table of content of the PAR update

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

<table>
<thead>
<tr>
<th>Date submitted</th>
<th>Application type</th>
<th>Scope</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>