It is probably not necessary to stop reserpine during anaesthesia, although the effects of CNS depressants may be enhanced by reserpine.

Interactions
Patients taking reserpine may be hypersensitive to adrenaline and other direct-acting sympathomimetics, which should not be given except to antagonise reserpine. The effects of indirect-acting sympathomimetics such as ephedrine may be decreased by reserpine. The hypotensive effects of reserpine are enhanced by thiazide diuretics and other antihypertensives. Reserpine may cause excitation and hypertension in patients receiving MAOIs. Use of digitalis or quinidine with reserpine may cause cardiac arrhythmias. Reserpine may enhance the effects of CNS depressants.

Antiparkinsonian drugs. For the inhibitory effect of reserpine on the antiparkinsonian actions of *levodopa*, see Antihypertensives, p.807.

Pharmacokinetics
Reserpine is absorbed from the gastrointestinal tract with a bioavailability of 50%. It is extensively metabolised and is excreted slowly in the urine and faeces. In the first 4 days, about 8% is excreted in the urine, mainly as metabolites, and about 60% in the faeces, mainly unchanged. Reserpine crosses the placenta and the blood-brain barrier and also appears in breast milk.

Uses and Administration
Reserpine is an alkaloid obtained from the roots of certain species of *Rauwolfia* (Apocynaceae), mainly *Rauwolfia serpentina* and *R. vomitoria*, or by synthesis. The material obtained from natural sources may contain closely related alkaloids.

Reserpine is an antihypertensive drug that causes depletion of noradrenaline stores in peripheral sympathetic nerve terminals and depletion of catecholamine and serotonin stores in the brain, heart, and many other organs resulting in a reduction in blood pressure, bradycardia, and CNS depression. The hypotensive effect is mainly due to a reduction in cardiac output and a reduction in peripheral resistance. Cardiovascular reflexes are partially inhibited, but orthostatic hypotension is rarely a problem at the doses used in hypertension. When given orally the full effect is only reached after several weeks of treatment and persists for up to 6 weeks after treatment is stopped.

Reserpine has been used in the management of hypertension (p.1171) and in chronic psychoses (p.954) such as schizophrenia. It has also been used in the treatment of Raynaud's syndrome (see Vasospastic Arterial Disorders, p.1188).

In **hypertension**, reserpine may be given orally in an initial dose of up to 500 micrograms daily for about 2 weeks, subsequently reduced to the lowest dose necessary to maintain the response; some sources recommend an initial dose of 50 to 100 micrograms. A maintenance dose of about 100 to 250 micrograms daily may be adequate and 500 micrograms should not normally be exceeded. To reduce adverse effects and tolerance smaller doses of reserpine may be used with a thiazide diuretic.

Reserpine has been used in chronic **psychoses** in daily doses of up to 1 mg.

Preparations
USP 31: Reserpine and Chlorothiazide Tablets; Reserpine and Hydrochlorothiazide Tablets; Reserpine Elixir; Reserpine Injection; Reserpine Tablets; Reserpine, Hydralazine Hydrochloride, and Hydrochlorothiazide Tablets.

Proprietary Preparations (details are given in Part 3)
Braz.: Ortoserpina†; ***Indon.:*** Resapin; Serpasil; ***Port.:*** Serfinato†.

Multi-ingredient: ***Arg.:*** Hygroton-Reserpina†; Normatensil†; ***Austria:*** Brinerdin; Darebon; ***Braz.:*** Adelfan-Esidrex†; Higroton Reserpina; Id Sedin†; Vagoplex†; ***Cz.:*** Crystepin; Neocrystepin; ***Fr.:*** Tensionorme; ***Ger.:*** Adelphan-Esidrix†; Barotonal†; Bendigon N†; Briserin N; Darebon†; Dislapin†; Durotan†; Modenol†; Tri-Thiazid Reserpin†; Triniton; ***Gr.:*** Hygroton-Reserpine; Neourizine; ***Hong Kong:*** Adelphane-Esidrex; ***India:*** Adelphane; Adelphane-Esidrex; ***Indon.:*** Dellasidrex; Ser-Ap-Es; ***Ital.:*** Brinerdina; Igroton-Reserpina; ***Mex.:*** Higroton-Res; ***Pol.:*** Normatens; ***Port.:*** Brinerdine†; ***Rus.:*** Adelphane-Esidrex (Адельфан-эзидрекс); Crystepin (Кристепин); Triresid K (Тирезид К); ***S.Afr.:*** Brinerdin; Hygroton-Reserpine†; Protensin-M; ***Spain:*** Adelfan-Esidrex†; Brinerdina†; Higrotona Reserpina†; Tensiocomplet; ***Switz.:*** Adelphan-Esidrex; Brinerdine; Hygroton-Reserpine; ***Thai.:*** Bedin; Brinerdin; Hydrares; Hyperdine†; Hypery†; Iso-Triraupin†; Mano-Ap-Es; Medeserpine Co†; Reser; Ser-Ap-Es; ***Turk.:*** Adelphan; Adelphan-Esidrex; Regroton; ***USA:*** Demi-Regroton; Diupres; Diutensen-R†; Hydrap-ES†; Hydro-Serp†; Hydropres; Hydroserpine†; Marpres; Metatensin†; Regroton; Renese R†; Salutensin†; Ser-Ap-Es†; Tri-Hydroserpine†.

Reteplase *(BAN, USAN, rINN)*

BM-06.022; Reteplaasi; Reteplas; Reteplasa; Rétéplase; Reteplasum; rPA. 173-L-Serine-174-L-tyrosine-175-L-glutamine-173–527-plasminogen activator (human tissue-type).

Ретеплаза

$C_{1736}H_{2653}N_{499}O_{522}S_{22}$ = 39571.1.

CAS — 133652-38-7.

ATC — B01AD07.

ATC Vet — QB01AD07.

Description. Reteplase is a nonglycosylated protein produced by recombinant DNA technology. It consists of selected domains of human tissue plasminogen activator.

Incompatibility. Reteplase may precipitate out of solution if it is given with heparin in the same intravenous line.[1] Reteplase and heparin must therefore be given separately; if a single intravenous line is used it must be flushed thoroughly with sodium chloride 0.9% or with glucose 5% before, and after, reteplase injection.

1. Committee on Safety of Medicines/Medicines Control Agency. Reteplase (Rapilysin): incompatibility with heparin. *Current Problems* 2000; **26:** 5. Also available at: http://www.mhra.gov.uk/home/idcplg?IdcService=GET_FILE&dDocName=CON007462&RevisionSelectionMethod=LatestReleased (accessed 20/06/06)

Adverse Effects, Treatment, and Precautions
As for Streptokinase, p.1402. Allergic reactions may be less likely to occur with reteplase than with streptokinase.

Interactions
As for Streptokinase, p.1404.

Pharmacokinetics
Based on fibrinolytic activity, reteplase is reported to have an initial half-life of about 14 minutes and a terminal half-life of 1.6 hours in patients with myocardial infarction.

Uses and Administration
Reteplase is a thrombolytic drug. It converts plasminogen to plasmin, a proteolytic enzyme which has fibrinolytic effects. The mechanisms of fibrinolysis are discussed further under Haemostasis and Fibrinolysis on p.1045. Reteplase has some fibrin specificity (see Thrombolytics, p.1156).

Reteplase is used similarly to streptokinase (p.1404) in acute myocardial infarction (p.1175). It is given intravenously as soon as possible after the onset of symptoms. The dose is 10 units given by slow intravenous injection (but over not more than 2 minutes), and this dose of 10 units is repeated once, 30 minutes after the start of the first injection.

◊ General references.

1. Noble S, McTavish D. Reteplase: a review of its pharmacological properties and clinical efficacy in the management of acute myocardial infarction. *Drugs* 1996; **52:** 589–605.
2. Wooster MB, Luzier AB. Reteplase: a new thrombolytic for the treatment of acute myocardial infarction. *Ann Pharmacother* 1999; **33:** 318–24.
3. Llevadot J, *et al.* Bolus fibrinolytic therapy in acute myocardial infarction. *JAMA* 2001; **286:** 442–9.
4. Simpson D, *et al.* Reteplase: a review of its use in the management of thrombotic occlusive disorders. *Am J Cardiovasc Drugs* 2006; **6:** 265–85.

Catheters and cannulas. Reteplase has been used[1] successfully to clear thrombi in central venous catheters. A single dose of 0.4 units of reteplase was given as a 1 unit/mL solution, further diluted to the volume required to fill the catheter. The minimum dwell time was 30 minutes and the solution was aspirated after treatment. A second dose of 0.4 units was given if necessary.

1. Owens L. Reteplase for clearance of occluded venous catheters. *Am J Health-Syst Pharm* 2002; **59:** 1638–40.

Preparations
Proprietary Preparations (details are given in Part 3)
Austral.: Rapilysin; ***Austria:*** Rapilysin; ***Belg.:*** Rapilysin; ***Canad.:*** Retavase; ***Cz.:*** Rapilysin; ***Denm.:*** Rapilysin; ***Fin.:*** Rapilysin; ***Fr.:*** Rapilysin; ***Ger.:*** Rapilysin; ***Gr.:*** Rapilysin; Repilysin†; ***Irl.:*** Rapilysin; ***Ital.:*** Rapilysin; ***Neth.:*** Rapilysin; ***Norw.:*** Rapilysin; ***NZ:*** Rapilysin; ***Port.:*** Rapilysin; ***Spain:*** Rapilysin; ***Swed.:*** Rapilysin; ***Switz.:*** Rapilysin; ***UK:*** Rapilysin; ***USA:*** Retavase.

Reviparin Sodium *(BAN, rINN)*

Revipariininatrium; Reviparina sódica; Réviparine Sodique; Reviparinnatrium; Reviparinum Natricum.

Ревипарин Натрий

CAS — 9041-08-1.

ATC — B01AB08.

ATC Vet — QB01AB08.

Description. Reviparin sodium is prepared by nitrous acid depolymerisation of heparin obtained from the intestinal mucosa of pigs. The majority of the components have a 2-*O*-sulfo-α-L-idopyranosuronic acid structure at the non-reducing end and a 6-*O*-sulfo-2,5-anhydro-D-mannitol structure at the reducing end of their chain. The mass-average molecular mass ranges between 3150 and 5150 with a characteristic value of about 4150. The degree of sulfation is about 2.1 per disaccharide unit.

Units
As for Low-molecular-weight Heparins, p.1329.

Adverse Effects, Treatment, and Precautions
As for Low-molecular-weight Heparins, p.1329.

Severe bleeding with reviparin sodium may be reduced by the slow intravenous injection of protamine sulfate; about 1.2 mg of protamine sulfate is stated to inhibit the effect of 100 units of reviparin sodium.

Interactions
As for Low-molecular-weight Heparins, p.1329.

Pharmacokinetics
Reviparin sodium is absorbed after subcutaneous administration with a bioavailability of about 95%. Peak plasma concentrations are reached after about 3 hours. Reviparin sodium is excreted mainly in the urine; the elimination half-life is about 3 hours.

Uses and Administration
Reviparin sodium is a low-molecular-weight heparin (p.1329) with anticoagulant activity. It is used in the prevention and treatment of venous thromboembolism (p.1189) and has been used to prevent coagulation during haemodialysis.

Doses are expressed in terms of anti-factor Xa activity (anti-Xa units) although different values may be encountered in the literature depending upon the reference preparation used.

In the prophylaxis of venous thromboembolism during surgery, reviparin sodium is given subcutaneously in a dose of 1432 units once daily, with the first dose given 2 hours before surgery.

◊ References.

1. Wellington K, *et al.* Reviparin: a review of its efficacy in the prevention and treatment of venous thromboembolism. *Drugs* 2001; **61:** 1185–209.
2. Yusuf S, *et al.* CREATE Trial Group Investigators. Effects of reviparin, a low-molecular-weight heparin, on mortality, reinfarction, and strokes in patients with acute myocardial infarction presenting with ST-segment elevation. *JAMA* 2005; **293:** 427–35.

Preparations
Proprietary Preparations (details are given in Part 3)
Austria: Clivarin; ***Cz.:*** Clivarin; ***Denm.:*** Clivarin†; ***Fr.:*** Clivarine†; ***Ger.:*** Clivarin; ***Gr.:*** Clivarin; ***Hong Kong:*** Clivarine; ***Hung.:*** Clivarin; ***India:*** Clivarine; ***Ital.:*** Clivarina; ***Pol.:*** Clivarin; ***Port.:*** Clivarin; ***UK:*** Clivarine†.

Rilmenidine Phosphate *(rINNM)*

Fosfato de rilmenidina; Oxaminozoline Phosphate; Rilmenidiinidivetyfosfaatti; Rilmenidin Dihdrojen Fosfat; Rilmenidin fosfát; Rilmenidin-dihidrogén-foszfát; Rilmenidindivätefosfat; Rilmenidine Acid Phosphate; Rilmenidine Dihydrogen Phosphate; Rilménidine, dihydrogénophosphate de; Rilmenidine Hydrogen Phosphate; Rilménidine, Phosphate de; Rilmenidini dihydrogenophosphas; Rilmenidini Phosphas; Rilmenidino divandenilio fosfatas; S-3341-3. 2-[(Dicyclopropylmethyl)amino]-2-oxazoline phosphate.

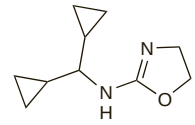
Рильменидина Фосфат

$C_{10}H_{16}N_2O,H_3PO_4$ = 278.2.

CAS — 54187-04-1 (rilmenidine); 85409-38-7 (rilmenidine phosphate).

ATC — C02AC06.

ATC Vet — QC02AC06.



(rilmenidine)

Pharmacopoeias. In *Eur.* (see p.vii).
Ph. Eur. 6.2 (Rilmenidine Dihydrogen Phosphate). A white or almost white powder. Freely soluble in water; slightly soluble in alcohol; practically insoluble in dichloromethane.

Profile
Rilmenidine is a centrally acting antihypertensive that appears to act through stimulation of central imidazoline receptors and also has alpha$_2$-adrenoceptor agonist activity. It has general properties similar to those of clonidine (p.1247), but is reported to cause less sedation and central adverse effects. In the management of hypertension (p.1171) it has been given as the phosphate, but doses are expressed in terms of the base. Rilmenidine phosphate 1.5 mg is equivalent to about 1 mg of rilmenidine. The dose is 1 mg daily, as a single oral dose; this may be increased if necessary, after 1 month, to 2 mg daily in divided doses.

◊ References.

1. Bousquet P, Feldman J. Drugs acting on imidazoline receptors: a review of their pharmacology, their use in blood pressure control and their potential interest in cardioprotection. *Drugs* 1999; **58:** 799–812.

2. Reid JL. Rilmenidine: a clinical overview. *Am J Hypertens* 2000; **13:** 106S–111S.
3. Reid JL. Update on rilmenidine: clinical benefits. *Am J Hypertens* 2001; **14:** 322S–324S.

Preparations

Proprietary Preparations (details are given in Part 3)
Arg.: Hyperium; ***Austria:*** Iterium; ***Braz.:*** Hyperium; ***Cz.:*** Albarel; Tenaxum; ***Fr.:*** Hyperium; ***Hong Kong:*** Iperdix; ***Hung.:*** Hyperlex; Tenaxum; ***Philipp.:*** Hyperdix; ***Pol.:*** Tenaxum; ***Port.:*** Hyperium; ***Rus.:*** Albarel (Альбарел); ***Thai.:*** Hyperdix; ***Turk.:*** Hyperium; ***Venez.:*** Hyperium.

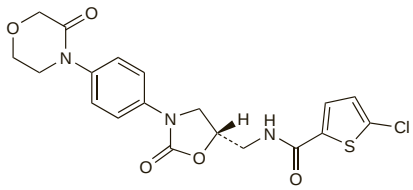
Rivaroxaban *(USAN, rINN)*

Bay-59-7939; Rivaroxabán; Rivaroxabanum. 5-Chloro-*N*-({(5*S*)-2-oxo-3-[4-(3-oxomorpholin-4-yl)phenyl]-1,3-oxazolidin-5-yl}methyl)thiophene-2-carboxamide.

Ривароксабан

$C_{19}H_{18}ClN_3O_5S$ = 435.9.

CAS — 366789-02-8.



Profile

Rivaroxaban is an oral direct inhibitor of activated factor X that is under investigation in thromboembolic disorders.

◊ References.

1. Fisher WD, *et al.* Rivaroxaban for thromboprophylaxis after orthopaedic surgery: pooled analysis of two studies. *Thromb Haemost* 2007; **97:** 931–7.
2. Agnelli G, *et al.* Treatment of proximal deep-vein thrombosis with the oral direct factor Xa inhibitor rivaroxaban (BAY 59-7939): the ODIXa-DVT (Oral Direct Factor Xa Inhibitor BAY 59-7939 in Patients with Acute Symptomatic Deep-Vein Thrombosis) study. *Circulation* 2007; **116:** 180–7.
3. Eriksson BI, *et al.* RECORD1 Study Group. Rivaroxaban versus enoxaparin for thromboprophylaxis after hip arthroplasty. *N Engl J Med* 2008; **358:** 2765–75.
4. Lassen MR, *et al.* RECORD3 Investigators. Rivaroxaban versus enoxaparin for thromboprophylaxis after total knee arthroplasty. *N Engl J Med* 2008; **358:** 2776–86.
5. Kakkar AK, *et al.* RECORD2 Investigators. Extended duration rivaroxaban versus short-term enoxaparin for the prevention of venous thromboembolism after total hip arthroplasty: a double-blind, randomised controlled trial. *Lancet* 2008; **372:** 31–9.
6. Piccini JP, *et al.* Rivaroxaban, an oral direct factor Xa inhibitor. *Expert Opin Invest Drugs* 2008; **17:** 925–37.

Rosuvastatin Calcium *(BANM, USAN, rINNM)*

Calcii Rosuvastatinum; Rosuvastatina calcica; Rosuvastatine Calcique; S-4522; ZD-4522 (rosuvastatin). (*E*)-(3*R*,5*S*)-7-{4-(4-Fluorophenyl)-6-isopropyl-2-[methyl(methylsulfonyl)amino]pyrimidin-5-yl}-3,5-dihydroxyhept-6-enoic acid calcium (2:1).

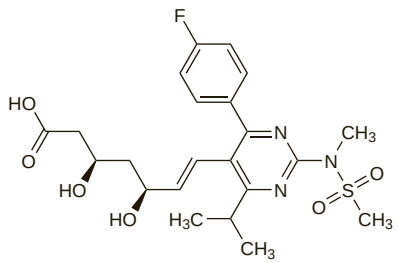
Кальций Розувастатин

$(C_{22}H_{27}FN_3O_6S)_2Ca$ = 1001.1.

CAS — 287714-41-4 (rosuvastatin); 147098-20-2 (rosuvastatin calcium).

ATC — C10AA07.

ATC Vet — QC10AA07.



(rosuvastatin)

Adverse Effects and Precautions

As for Simvastatin, p.1390. Systemic exposure to rosuvastatin may be higher in Asian patients (see Ethnicity under Pharmacokinetics, below) and lower doses are advised in Asians and in other patients at high risk of myopathy (see Uses and Administration, below).

Incidence of adverse effects. An analysis[1] of adverse effects reported to the FDA in the first year of marketing found that rosuvastatin was significantly more likely to be associated with severe adverse effects than some other statins. However, further analyses of data from clinical studies[2] and post-marketing studies[3,4] suggest that the risk of adverse effects is similar for all the statins. Another observational study[5] with a median treatment period of 9.8 months found that rosuvastatin was generally well tolerated, although 17.5% of patients stopped taking the drug, with myalgia being the most common reason. Abnormal liver function tests were more common in patients taking higher doses.

1. Alsheikh-Ali AA, *et al.* The safety of rosuvastatin as used in common clinical practice: a postmarketing analysis. *Circulation* 2005; **111:** 3051–7.
2. Shepherd J, *et al.* Safety of rosuvastatin: update on 16,876 rosuvastatin-treated patients in a multinational clinical trial program. *Cardiology* 2007; **107:** 433–43.
3. Goettsch WG, *et al.* Results from a rosuvastatin historical cohort study in more than 45 000 Dutch statin users, a PHARMO study. *Pharmacoepidemiol Drug Saf* 2006; **15:** 435–43.
4. McAfee AT, *et al.* The comparative safety of rosuvastatin: a retrospective matched cohort study in over 48 000 initiators of statin therapy. *Pharmacoepidemiol Drug Saf* 2006; **15:** 444–53.
5. Kasliwal R, *et al.* Safety profile of rosuvastatin: results of a prescription-event monitoring study of 11 680 patients. *Drug Safety* 2007; **30:** 157–70.

Interactions

The interactions of statins with other drugs are described under simvastatin, p.1392. Rosuvastatin undergoes limited metabolism, principally by the cytochrome P450 isoenzyme CYP2C9, and may not have the same interactions with enzyme inhibitors as simvastatin. However, increased plasma-rosuvastatin concentrations have been reported with ciclosporin, HIV-protease inhibitors, and, to a lesser extent, with gemfibrozil, and such combinations should be avoided. If they must be given together, lower doses of rosuvastatin should be used (see Uses and Administration, below); in UK licensed product information, rosuvastatin is contra-indicated with ciclosporin.

Pharmacokinetics

Rosuvastatin is incompletely absorbed from the gastrointestinal tract, with an absolute bioavailability of about 20%. Peak plasma concentrations are achieved about 5 hours after an oral dose. It is taken up extensively by the liver, its primary site of action, and undergoes limited metabolism, mainly by the cytochrome P450 isoenzyme CYP2C9. It is about 90% bound to plasma proteins. The plasma elimination half-life of rosuvastatin is about 19 hours. About 90% of an oral dose of rosuvastatin appears in the faeces, including absorbed and non-absorbed drug, and the remainder is excreted in the urine; about 5% of a dose is excreted unchanged in urine.

Ethnicity. A pharmacokinetic study[1] found that plasma exposure to rosuvastatin and its metabolites was significantly higher in Asian (Chinese, Malay, or Indian) than in Caucasian subjects and lower doses should be used (see Uses and Administration, below).

1. Lee E, *et al.* Rosuvastatin pharmacokinetics and pharmacogenetics in white and Asian subjects residing in the same environment. *Clin Pharmacol Ther* 2005; **78:** 330–41.

Uses and Administration

Rosuvastatin, a hydroxymethylglutaryl coenzyme A (HMG-CoA) reductase inhibitor (or statin), is a lipid regulating drug with actions on plasma lipids similar to those of simvastatin (p.1394). It is used to reduce LDL-cholesterol, apolipoprotein B, and triglycerides, and to increase HDL-cholesterol in the management of hyperlipidaemias (p.1169), including primary hypercholesterolaemia (type IIa), mixed dyslipidaemia (type IIb), and hypertriglyceridaemia (type IV), as well as in patients with homozygous familial hypercholesterolaemia. It is also used to reduce the progression of atherosclerosis.

Rosuvastatin is given orally as the calcium salt, although doses are expressed in terms of the base; 10.4 mg of rosuvastatin calcium is equivalent to about 10 mg of base.

The usual initial dose of rosuvastatin is 5 or 10 mg once daily, depending on plasma-cholesterol concentrations, cardiovascular risk factors, and risk factors for adverse effects. The maintenance dose ranges from 5 to 40 mg once daily, although the 40-mg dose is reserved for patients with high cardiovascular risk who do not achieve their target cholesterol concentration at lower doses and who do not have risk factors for adverse effects. Specific dosage recommendations vary; for dosage in renal impairment, see below.

UK licensed product information recommends an initial dose of 5 or 10 mg once daily; elderly patients, Asians, and those at risk of myopathy should be given the 5-mg dose. The dose may be increased at intervals of 4 weeks, if necessary, to a usual maximum of 20 mg once daily. A higher dose of 40 mg once daily may be given under specialist supervision in severe hypercholesterolaemia, but should not be given to patients at high risk of myopathy, including those receiving fibrates, and Asian patients; use with *ciclosporin* is contra-indicated.

US licensed product information recommends a usual initial dose of 10 mg once daily. However, a lower initial dose of 5 mg once daily may be adequate and is recommended for patients at risk of myopathy, including Asian patients; patients with marked hypercholesterolaemia, such as those with homozygous familial hypercholesterolaemia, may be started on 20 mg once daily. The dose should be adjusted after 2 to 4 weeks, to a usual maximum of 20 mg once daily; a dose of 40 mg once daily may be necessary in some patients. Patients receiving *ciclosporin* may be given a maximum of 5 mg once daily, and in those receiving *gemfibrozil* or *ritonavir-boosted lopinavir* the maximum dose is 10 mg once daily; dosage increases should be made with caution in Asian patients.

◊ General reviews.

1. Chong PH, Yim BT. Rosuvastatin for the treatment of patients with hypercholesterolemia. *Ann Pharmacother* 2002; **36:** 93–101.
2. Carswell CI, *et al.* Rosuvastatin. *Drugs* 2002; **62:** 2075–85.
3. White CM. A review of the pharmacologic and pharmacokinetic aspects of rosuvastatin. *J Clin Pharmacol* 2002; **42:** 963–70.
4. McKenney JM. Efficacy and safety of rosuvastatin in treatment of dyslipidemia. *Am J Health-Syst Pharm* 2005; **62:**1033–47.
5. Olsson AG. Expanding options with a wider range of rosuvastatin doses. *Clin Ther* 2006; **28:** 1747–63.
6. Kapur NK. Rosuvastatin: a highly potent statin for the prevention and management of coronary artery disease. *Expert Rev Cardiovasc Ther* 2007; **5:** 161–75.
7. Schuster H. The GALAXY Program: an update on studies investigating efficacy and tolerability of rosuvastatin for reducing cardiovascular risk. *Expert Rev Cardiovasc Ther* 2007; **5:** 177–93.
8. Crouse JR. An evaluation of rosuvastatin: pharmacokinetics, clinical efficacy and tolerability. *Expert Opin Drug Metab Toxicol* 2008; **4:** 287–304.

Administration in renal impairment. Patients with renal impairment have an increased risk of developing myopathy and statins should be used with caution, particularly in higher doses. In severe renal impairment plasma-rosuvastatin concentrations may be increased and dosage reduction may be necessary.

UK licensed product information recommends the following oral doses according to creatinine clearance (CC):

- CC 30 to 60 mL/minute: initial oral dose of 5 mg once daily and a maximum dose of 20 mg once daily
- CC below 30 mL/minute: contra-indicated

In the USA usual doses (see above) are allowed in moderate impairment but an initial dose of 5 mg once daily and a maximum dose of 10 mg once daily is recommended in those with CC below 30 mL/minute per 1.73 m^2.

Preparations

Proprietary Preparations (details are given in Part 3)
Arg.: Crestor; Rosuvast; Rovartal; Sinlip; ***Austral.:*** Crestor; ***Austria:*** Crestor; ***Belg.:*** Crestor; ***Braz.:*** Vivacor; ***Canad.:*** Crestor; ***Chile:*** Cresadex; Crestor; Rosumed; ***Cz.:*** Crestor; ***Denm.:*** Crestor; ***Fin.:*** Crestor; ***Fr.:*** Crestor; ***Gr.:*** Crestor; ***Hong Kong:*** Crestor; ***Hung.:*** Crestor; ***India:*** Razel†; Rosuvas; ***Indon.:*** Crestor; ***Irl.:*** Crestor; ***Israel:*** Crestor; ***Ital.:*** Crestor; Provisacor; Simestat; ***Jpn:*** Crestor; ***Malaysia:*** Crestor; ***Mex.:*** Crestor; ***Neth.:*** Cirantan; Crestor; Provisacor; ***Philipp.:*** Crestor; ***Port.:*** Crestor; Visacor; ***Rus.:*** Crestor (Крестор); ***S.Afr.:*** Crestor; ***Singapore:*** Crestor; ***Swed.:*** Crestor; ***Thai.:*** Crestor; ***UK:*** Crestor; ***USA:*** Crestor; ***Venez.:*** Crestor.