pharmacokinetic properties of rosuvastatin

The FDA has indicated that "it does not appear that the risk [of rhabdomyolysis] is greater with Crestor than with other marketed statins", but has mandated that a warning about this side-effect, as well as a kidney toxicity warning, be added to the product label. Recommended International Nonproprietary Names Rec. The effects of rosuvastatin on LDL cholesterol are dose-related. Archived from the original on Chemicals Show all items. Drug Metabolism and Disposition. In other projects Wikimedia Commons. Rosuvastatin INN , [3] marketed under the tradename Crestor , is a member of the drug class of statins , used in combination with exercise, diet, and weight-loss to treat high cholesterol and related conditions, and to prevent cardiovascular disease. Retrieved from " https: New England Journal of Medicine. Therefore, physicians should start Asian-American or East Asian patients at the lowest dose level. As with all statins, there is a concern of rhabdomyolysis , a severe undesired side effect. Lipid modifying agents C Expert Opinion on Pharmacotherapy. Food and Drug Administration. National Library of Medicine.ABSTRACT. Background: Rosuvastatin, a 3-hydroxymethyl glutaryl coenzyme A reductase inhibitor (statin), has been marketed for the treatment of patients with dyslipidemia. Objectives: The objective of this study was to assess the dose proportionality and pharmacokinetic (PK) properties of rosuvastatin after. Rosuvastatin, a 3-hydroxymethyl glutaryl coenzyme A reductase inhibitor ("statin"), has been marketed for the treatment of patients with dyslipidemia. The objective of this study was to assess the dose proportionality and pharmacokinetic (PK) properties of rosuvastatin after single-dose administration in Chinese. Rosuvastatin is an antilipemic agent that competitively inhibits hydroxymethylglutaryl-coenzyme A (HMG-CoA) reductase. HMG-CoA reducuase catalyzes the conversion of HMG-CoA to mevalonic acid, the rate-limiting step in cholesterol biosynthesis. Rosuvastatin belongs to a class of medications called statins and is used ?Identification ?Pharmacology ?Interactions. [28], while pharmacokinetic properties of rosuvastatin are unaffected [32]; however, for both drugs, the lipid- lowering effects are similar whether administered in the morning or evening [28,32]. This is consistent with their long half-lives in comparison with the other approved statins, which have short elimination half-lives of 3. Mar 2, - A pharmacokinetic and pharmacodynamic drug interaction between rosuvastatin and valsartan in healthy subjects Jin Ah Jung,1 Soo-Yun Lee,2 Jung-Ryul Kim,1 Jae-Wook Ko,1,2 Seong Bok Jang,3 Su Youn Nam,3 Wooseong Huh1,41Department of Clinical Pharmacology and Therapeutics, Samsung. Rosuvastatin (INN), marketed under the tradename Crestor, is a member of the drug class of statins, used in combination with exercise, diet, and weight-loss to treat high cholesterol and related conditions, and to prevent cardiovascular disease. It was developed by Shionogi. In Crestor was the fourth-highest selling. Rosuvastatin is commonly prescribed for the treatment of hypercholesterolemia and exerts its effect through Keywords: rosuvastatin, HMG-CoA reductase inhibitors, oral pharmacokinetics, food effect, hepatic uptake .. Table 1. Pharmacokinetic properties of the six statin medications currently available in. Canada. 7. May 20, - unique pharmacologic and pharmacokinetic properties. It has additionalHMG-GoA reductase enzyme-bindinginterac- tions that cause tighter binding, has substantial active trans- port into hepatocytes, and has the lowsest IC50for sterol syn- thesis in hepatocytes. Rosuvastatin 10 mg and 80 mg dosages. Abstract. CONTEXT. A fixed-dose combination (FDC) of candesartan and rosuvastatin was recently developed for the treatment of cardiovascular disease and expected to enhance patient compliance. OBJECTIVE. This study was performed to compare the single-dose pharmacokinetic properties and tolerability of DP-R Dosage in patients with hepatic impairment. There was no increase in systemic exposure to rosuvastatin in subjects with Child-Pugh scores of 7 or below. However, increased systemic exposure has been observed in subjects with Child-Pugh scores of 8 and 9 (see Section Pharmacokinetic properties). In these patients.