**Contraindications**

- Active liver disease, which may include unexplained persistent elevations in hepatic transaminase levels (4).
- Known intolerance to any statin.

**Usage and Indications**

Rosuvastatin tablets are a prescription medicine that contains a cholesterol-lowering medicine called rosuvastatin calcium. Most of the cholesterol in your blood is made in the liver. It helps to lower the level of fat in your blood (triglycerides), lower the level of cholesterol in your blood (HDL, LDL, and ApoB), and help reduce plaque in your arteries. Rosuvastatin tablets can be taken with or without food, at any time of day. Patients taking gemfibrozil utilizing the 20 mg dose of rosuvastatin calcium tablets have not been studied in Fredrickson Type I and V dyslipidemias. Treatments are unavailable to reduce LDL-C, Total-C, and ApoB in adult patients with homozygous familial hypercholesterolemia.

**Adverse Reactions**

- **Common**
  - Muscle-related: Myalgia, myopathy, rhabdomyolysis
  - Gastrointestinal: Nausea, abdominal pain
  - Renal: Acute renal failure
- **Less Common**
  - Endocrine, metabolic: Hyperkalemia
  - Cardiac: Coronary artery disease
  - Neurologic: Cerebrovascular accident, seizures
  - GI: Diarrhea
  - Respiratory: Upper respiratory tract infection

**Interactions**

- **Drugs that may interact**
  - Concomitant use with other liver enzyme inducing agents, as concurrent administration may result in increased risk of rhabdomyolysis.
  - Concomitant use with colchicine, and caution should be exercised when prescribing rosuvastatin calcium with colchicine.
  - Concomitant use with protease inhibitors such as atazanavir/ritonavir, lopinavir/ritonavir, or simeprevir, and doses of rosuvastatin calcium should be reduced to 5 mg once daily.

**Dosage and Administration**

- Starting dose is 5 mg, not to exceed 10 mg.
- Consider 5 mg starting dose.
- Coadministration of rosuvastatin with certain protease inhibitors has differing effects on rosuvastatin exposure and may increase risk of myopathy or rhabdomyolysis.

**Drug Interactions**

- Coumarin anticoagulants: INR should be determined before starting rosuvastatin calcium and increased monitoring of INR should be performed during concomitant use.
- Colchicine: Caution should be exercised when prescribing rosuvastatin calcium with colchicine.
- Fibrates or niacin: Consider 10 mg starting dose.
- Gemfibrozil: Due to an observed increased risk of myopathy or rhabdomyolysis, combination therapy with rosuvastatin calcium and gemfibrozil should be avoided.

**Warnings and Precautions**

- Myopathy: Myalgia, creatine phosphokinase (CPK) levels, and rhabdomyolysis have been observed.
- Gastrointestinal: Upper gastrointestinal symptoms have been reported.
- Endocrine: Hyperkalemia has been observed.
- Pharmacokinetic: Concurrent use with certain protease inhibitors may increase rosuvastatin exposure.

**Adverse Events**

- In a 12-week, placebo-controlled trial, the myalgia rate was 3.2% in rosuvastatin calcium treated patients compared to 1.8% in placebo-treated patients.
- In a 12-week, placebo-controlled trial, the hepatic enzyme abnormality rate was 3.2% in rosuvastatin calcium treated patients compared to 1.8% in placebo-treated patients.
- In a 12-week, placebo-controlled trial, the renal abnormality rate was 1.8% in rosuvastatin calcium treated patients compared to 1.8% in placebo-treated patients.