DEPLATT AV

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory Only

Abbreviated Prescribing information for DEPLATT AV

(Atorvastatin and Clopidogrel Capsules) [Please refer the complete prescribing information for details].

PHARMACOLOGICAL PROPERTIES:

Mechanism of Action: ***Atorvastatin*****:** It is a selective, competitive inhibitor of 3-hydroxy-3methylglutaryl-coenzyme A (HMG-CoA) reductase, the rate-limiting enzyme that converts 3-HMG-CoA to mevalonate, a precursor of sterols, including cholesterol. Cholesterol and triglycerides (TG) circulate in the bloodstream as part of lipoprotein complexes. With ultracentrifugation, these complexes separate into high-density lipoprotein (HDL), intermediate-density lipoprotein (IDL), low-density lipoprotein (LDL) and very-low-density lipoprotein (VLDL) fractions. TG and cholesterol in the liver are incorporated into VLDL and released into the plasma for delivery to peripheral tissues. LDL is formed from VLDL and is catabolized primarily through the high-affinity LDL receptor. Clinical and pathologic studies show that elevated plasma levels of total cholesterol (total-C), LDL-cholesterol (LDL-C) and apolipoprotein B (apo B) promote human atherosclerosis and are risk factors for developing cardiovascular disease, while increased levels of HDL-cholesterol (HDL-C) are associated with a decreased cardiovascular risk. ***Clopidogrel*****:** It is an inhibitor of platelet activation and aggregation through the irreversible binding of its active metabolite to the P2Y12 class of ADP receptors on platelets.

INDICATIONS: It is indicated for the treatment of dyslipidemia associated with atherosclerotic arterial disease with risk of myocardial infarction, stroke of peripheral vascular disease.

DOSAGE AND ADMINISTRATION: Atorvastatin 10, 20, 40 mg & Clopidogrel 75 mg. The recommended dosage is once daily or as directed by the Physician. Capsule should be taken orally.

CONTRAINDICATION: ***Atorvastatin*** is contraindicated in patients with hypersensitivity, active liver disease, myopathy**,** during pregnancy**,** breast-feeding and women of child-bearing potential not using appropriate contraceptive measures. ***Clopidogrel*** contraindicated with Hypersensitivity**,** Severe hepatic impairment, Active bleeding such as peptic ulcer or intracranial haemorrhage.

WARNINGS & PRECAUTIONS: ***Clopidogrel:*** the risk of bleeding, haematological adverse reactions and Thrombotic Thrombocytopenic Purpura (TTP) may occur. Since clopidogrel is metabolised to its active metabolite partly by CYP2C19, use of medicinal products that inhibit the activity of this enzyme would be expected to result in reduced drug levels. Patients should be evaluated for history of hypersensitivity to thienopyridines. Dose modification should be required for the patients with renal and hepatic impairment**.** In view of the lack of data, clopidogrel cannot be recommended during the first 7 days after acute ischaemic stroke. In patients who are poor CYP2C19 metabolisers, clopidogrel at recommended doses forms less of the active metabolite of clopidogrel and has a smaller effect on platelet function. Therapeutic experience with clopidogrel is limited in patients with renal impairment. Therefore, clopidogrel should be used with caution in these patients. Experience is limited in patients with moderate hepatic disease who may have bleeding diatheses. Clopidogrel should therefore be used with caution in this population. ***Atorvastatin***: It should be used with caution in patients who consume alcohol. It may cause myalgia, myositis and myopathy that may progress to rhabdomyolysis. It may also elevate creatine kinase (CK) levels. Liver function tests should be performed before the initiation of treatment and periodically thereafter. As with other statins atorvastatin should be prescribed with caution in patients with pre-disposing factors for rhabdomyolysis. A creatine phosphokinase (CPK) level should be measured before starting treatment in the following situations: Renal impairment Hypothyroidism, personal or familial history of hereditary muscular disorders, previous history of muscular toxicity with a statin or fibrate, previous history of liver disease and/or where substantial quantities of alcohol are

consumed, in elderly (age> 70 years), the necessity of such measurement should be considered, according to the presence of other predisposing factors for rhabdomyolysis.

DRUG INTERACTIONS ***Clopidogrel***: It may interact with Repaglinide (CYP2C8 Substrates), Warfarin (CYP2C9 Substrates) inhibitors, Proton Pump Inhibitors (Omeprazole or esomeprazole), CYP2C19 Inhibitors, NSAIDs, and SSRIs & SNRIs. ***Atorvastatin:*** It may interact with Cytochrome P450 3A4 inhibitors, P-glycoprotein inhibitors, Grapefruit juice, Cytochrome P450 3A4 inducers, concurrent use of other medicinal products like Gemfibrozil/fibrates, Digoxin, Oral contraceptives, Colestipol, Antacids, Warfarin, Phenazone, Cimetidine, and Amlodipine. Other medicinal products: In reported clinical studies no clinically, significant interactions were observed when atorvastatin was administered together with antihypertensives or hypoglycemic agents.

ADVERSE REACTIONS: ***Clopidogrel***: bleeding disorders, haematoma, gastrointestinal haemorrhage, abdominal pain, dyspepsia, thrombocytopenia, leucopenia, eosinophilia, epistaxis, very rare respiratory tract bleeding (haemoptysis, pulmonary haemorrhage), bronchospasm, interstitial pneumonitis, Bruising and bleeding at puncture site. ***Atorvastatin*****:** Pharyngolaryngeal pain, epistaxis, asthenia, chest pain, peripheral oedema, allergic reactions, hyperglycaemia, constipation, myalgia, arthralgia, pain in extremity, muscle spasms, joint swelling, back pain, liver function test abnormal, blood CK increased, abdominal pain, insomnia, flatulence, dyspepsia, nausea and diarrhoea.

MARKETED BY:

TORRENT PHARMACEUTICALS LTD.
Torrent House, Off Ashram Road,
Ahmedabad-380 009, INDIA

IN/DEPLATT AV/DEC-22/01/ABPI
(Additional information is available on request)