VORXAR

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

abbreviated prescribing information for VORXAR (Saroglitazar Tablets 4 mg)

[Please refer the complete prescribing information available at www.torrentpharma.com].

PHARMACOLOGICAL PROPERTIES: Saroglitazar is a potent and predominantly Peroxisome Proliferator Activated Receptor (PPAR) - alpha agonist with moderate PPAR-gamma agonistic activity. The pharmacological effects of Saroglitazar were extensively evaluated in various preclinical models. Saroglitazar showed both anti-dyslipidemic and anti-diabetic effects mainly mediated via activation of PPARα and PPARγ respectively. PPARα activation by Saroglitazar increases the hepatic oxidation of fatty acids (FA) and reduces the synthesis and secretion of triglycerides (TG). This in turn increases diversion of FA from peripheral tissues (e.g. skeletal muscle and fat tissue) to the liver, and thereby decreasing both FA synthesis and delivery of TG to peripheral tissues. Consistent with the above mechanism, Saroglitazar was also found to reduce plasma LDL cholesterol. PPARα activation by Saroglitazar also induces an increase in the synthesis of apolipoproteins A-I, A-II and HDL cholesterol. Although Saroglitazar is predominantly a PPARα agonist, it also causes activation of PPARγ and regulates the transcription of insulin-responsive genes involved in the control of glucose production, transport and utilization. Saroglitazar increases the expression of numerous PPARγ-responsive genes involved in carbohydrate and lipid metabolism, including adiponectin, adipocyte fatty-acid-binding protein (aP2), LPL, fatty acid transport protein (FATP) and fatty acid translocase (CD36). By increasing the expression of these genes, Saroglitazar decreases the post prandial rise of plasma free fatty acids, improves post-absorptive insulin-mediated suppression of hepatic glucose output, reduces the metabolic burden 4 mg were conducted in healthy adult males under fasting condition. After single oral dose of Saroglitazar 2 mg, mean Cmax and AUC0-t of saroglitazar were 138.261 ng/mL and 426.140 hr*ng/mL, respectively. After single oral dose of Saroglitazar 4 mg, mean Cmax and AUC0-t of saroglitazar were 305.852 ng/mL and 945.203 hr*ng/mL, respectively. Pooled analysis of male and female healthy volunteers showed no gender effect or food effect on pharmacokinetics of Saroglitazar.

INDICATION: Vorxar is indicated in adults for the treatment of:

- Noncirrhotic Non-Alcoholic Steatohepatitis (NASH)
- Patients of Non-alcoholic Fatty Liver Disease (NAFLD) with comorbidities (Either Obesity, Type 2 Diabetes Mellitus, Dyslipidemia or Metabolic Syndrome).

DOSAGE AND ADMINISTRATION: The recommended dose of Saroglitazar is one tablet of 4 mg once daily. Saroglitazar can be taken without regards to food.

CONTRAINDICATIONS: Hypersensitivity to Saroglitazar or any of the excipients used in the formulation.

WARNINGS AND PRECAUTIONS: Saroglitazar has not been studied in patients with established New York Heart Association (NYHA) Class III or IV heart failure. Saroglitazar should be initiated with caution in patients with type 2 diabetes having cardiac disease with episodic congestive heart failure and such patients should be monitored for signs and symptoms of congestive heart failure. Although during the clinical studies, no significant weight gain and edema was reported with Saroglitazar, patients who experience rapid increase in weight should be assessed for fluid accumulation and volume-related events such as excessive edema and congestive heart failure.

DRUG INTERACTIONS: In vitro studies using recombinant human cytochrome P-450 (CYP) isozymes indicate that Saroglitazar does not significantly inhibit CYP1A2, 2C9, 2C19,

2D6 and 3A4 at concentration of 10μM. Similarly, Saroglitazar did not show any potential for CYP3A4 enzyme induction when tested up to 100 μM concentration in luciferase based reporter assay in transiently transfected HepG2 cells. Although no clinical drug-drug interaction studies have been conducted with Saroglitazar so far, because the tested concentrations (10 μM and 100 μM) are several times higher than the mean C max of Saroglitazar, it can be inferred that Saroglitazar would not cause clinically significant drug-drug interactions related to the above evaluated CYPs.

ADVERSE REACTIONS: The most frequently reported adverse event flatulence, dyspepsia, abdominal distension, asthenia, pyrexia, upper abdominal pain, constipation, asthenia, gastrointestinal motility disorder, cough and pruritus, abdominal discomfort, constipation, nausea, vomiting, hypochromic anaemia, furuncle.

MARKETED BY:

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(Additional information is available on request)