www.roszet.com

Roszet® rosuvastatin and ezetimibe tablets
5 mg/10 mg
10 mg/10 mg
20 mg/10 mg
40 mg/10 mg

Roszet Delivers Powerful LDL-C Reductions

	Roszet 10 mg/10 mg	Roszet 20 mg/10 mg	Roszet 40 mg/10 mg
TOTAL* LDL-C REDUCTIONS[1,2]	64%	66%	72%

* Roszet LDL-C reductions calculated from baseline. E.g. 64% reduction indicates final LDL-C is at 36% of the original baseline level i.e. (1-52%)*(1-25%) = 36%. [LDL-C reductions: rosuvastatin 10 mg = 52%; ezetimibe 10 mg = incremental 25% reduction]

LDL-C reductions for placebo arms were 7%[1] vs. rosuvastatin and 4%[2] vs. ezetimibe in the respective studies.
- Roszet 5 mg/10 mg total LDL-C reduction is 59%*.
- LDL-C reductions with ezetimibe[2] were generally consistent across all statins in baseline therapy.

Patients Can Get Below 70 mg/dL with One Pill Daily

Mean LDL-C Reductions Achieved In Clinical Trials

	GRAVITY[3] Study		EXPLORER[4] Study
Baseline LDL-C	163 mg/dl	165 mg/dl	189 mg/dl
Final LDL-C	65 mg/dl after 12 weeks	59 mg/dl after 12 weeks	57 mg/dl after 6 weeks
Dose: (rosuvastatin/ezetimibe)	10 mg/10 mg	20 mg/10 mg	40 mg/10 mg

See References on next page for more details on the GRAVITY and EXPLORER studies

Roszet is Affordable

Roszet is available and affordable for a wide number of patients

For Patients with Commercial Insurance

When Roszet is covered on their private insurance

ELIGIBLE PATIENTS* MAY PAY AS LOW AS $20 PER MONTH

Patients can register for the Roszet Savings Card at roszetrx.com

*Not available for government insured patients. Offer subject to change. Additional details, including eligibility and Terms and Conditions, are available at **roszetrx.com**.

For Patients Paying Cash

Eligible patients paying cash may get Roszet for as little as

$49 PER MONTH* AT Walgreens

A Participating Pharmacy

*$49 per month for three month supply or $59 for one month supply. Additional details, including eligibility and Terms and Conditions, are available at Walgreens pharmacies.

Safety and Tolerability[1]

Rosuvastatin (AEs ≥2% of patients)		
Adverse Reaction	Placebo N=382	Rosuvastatin 5 mg-40 mg N=744
Headache	5.0%	5.5%
Nausea	3.1%	3.4%
Myalgia	1.3%	2.8%
Asthenia	2.6%	2.7%
Constipation	2.4%	2.4%

Ezetimibe with Statins (AEs ≥2% of patients)		
Adverse Reaction	All Statins (%) N=9361	Ezetimibe + statins (%) N=11,308
Nasopharyngitis	3.3%	3.7%
Myalgia	2.7%	3.2%
Upper respiratory tract infection	2.8%	2.9%
Arthralgia	2.4%	2.6%
Diarrhea	2.2%	2.5%
Back pain	2.3%	2.4%
Influenza	2.1%	2.2%
Pain in extremity	1.9%	2.1%
Fatigue	1.6%	2.0%

Important Safety Information

Indications & Usage

ROSZET is indicated in adults:

As an adjunct to diet in patients with primary non-familial hyperlipidemia to reduce low-density lipoprotein cholesterol (LDL-C).

Alone or as an adjunct to other LDL-C-lowering therapies in patients with homozygous familial hypercholesterolemia (HoFH) to reduce LDL-C.

Important Safety Information

Contraindications: ROSZET is contraindicated in patients with active liver disease or decompensated cirrhosis, and hypersensitivity to any component of this product.

Important Safety Information continued on next page. ▶

Important Safety Information (continued)

Contraindications: ROSZET is contraindicated in patients with active liver disease or decompensated cirrhosis, and hypersensitivity to any component of this product.

Myopathy and Rhabdomyolysis: ROSZET may cause myopathy (muscle pain, tenderness, or weakness with creatine kinase [CK] above ten times the upper limit of normal) and rhabdomyolysis. Acute kidney injury secondary to myoglobinuria and rare fatalities have occurred as a result of rhabdomyolysis with statins, including rosuvastatin.

Risk factors for myopathy include age 65 years or greater, uncontrolled hypothyroidism, renal impairment, concomitant use with certain other drugs including other lipid-lowering therapies, and higher ROSZET dosage; Asian patients on ROSZET may be at higher risk for myopathy. The myopathy risk is greater in patients taking ROSZET 40 mg/10 mg daily compared with lower ROSZET dosages.

The concomitant use of ROSZET with cyclosporine or gemfibrozil is not recommended. ROSZET dosage modifications are recommended for patients taking certain anti-viral medications, darolutamide, and regorafenib. Niacin, fibrates, and colchicine may also increase the risk of myopathy and rhabdomyolysis.

Discontinue ROSZET if markedly elevated CK levels occur or myopathy is diagnosed or suspected. Muscle symptoms and CK increases may resolve if ROSZET is discontinued. Instruct patients to promptly report any unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

Immune-Mediated Necrotizing Myopathy: There have been rare reports of immune-mediated necrotizing myopathy (IMNM), an autoimmune myopathy, associated with statin use. IMNM is characterized by: proximal muscle weakness and elevated serum creatine kinase, which persist despite discontinuation of statin treatment; positive anti-HMG CoA reductase antibody; muscle biopsy showing necrotizing myopathy; and improvement with immunosuppressive agents. Treatment with immunosuppressive agents may be required. Consider risk of IMNM carefully prior to initiation of a different statin. If therapy is initiated with a different statin, monitor for signs and symptoms of IMNM.

Hepatic Dysfunction: Increases in serum transaminases have occurred with rosuvastatin. Consider liver enzyme testing before ROSZET initiation and thereafter, when clinically indicated. There have been rare post marketing reports of fatal and non-fatal hepatic failure in patients taking statins, including rosuvastatin. Patients who consume substantial quantities of alcohol and/or have a history of liver disease may be at increased risk for hepatic injury. If serious hepatic injury with clinical symptoms and/or hyperbilirubinemia or jaundice occurs, promptly discontinue ROSZET.

Proteinuria and Hematuria: Dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin treated patients. These findings were more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. Although the clinical significance of this finding is unknown, consider a dose reduction for patients on ROSZET therapy with unexplained persistent proteinuria and/or hematuria during routine urinalysis testing.

HbA1c and Fasting Serum Glucose: Increases in HbA1c and fasting serum glucose levels have been reported with statins, including rosuvastatin. Based on clinical trial data with rosuvastatin, in some instances these increases may exceed the threshold for the diagnosis of diabetes mellitus.

Adverse Reactions: Most frequent adverse reactions (incidence >2% and greater than placebo) for rosuvastatin in clinical trials are: headache, nausea, myalgia, asthenia, dizziness, asthenia, constipation, and abdominal pain. Other adverse reactions reported in clinical studies were hypersensitivity (including rash, pruritus, urticaria, and angioedema), and pancreatitis. For ezetimibe co-administered with a statin most frequent adverse reactions (incidence >2% and greater than statin alone) are nasopharyngitis, myalgia, upper respiratory tract infection, arthralgia, diarrhea, back pain, influenza, pain in extremity, and fatigue. For ezetimibe monotherapy most frequent adverse reactions (incidence >2% and greater than placebo) are upper respiratory tract infection, diarrhea, arthralgia, sinusitis, pain in extremity, fatigue and influenza.

There have been rare post marketing reports of cognitive impairment (e.g., memory loss, forgetfulness, amnesia, memory impairment, confusion) associated with statin use, including ROSZET. These cognitive issues have been reported for all statins. The reports are generally nonserious, and reversible upon statin discontinuation.

Drug Interactions:
Gemfibrozil or Cyclosporin: Avoid concomitant use with ROSZET.
Antivirals: Avoid concomitant use or adjust dose of ROSZET.
Darolutamide: Do not exceed ROSZET 5 mg/10 mg once daily.
Regorafenib: Do not exceed ROSZET 10 mg/10 mg once daily.
Fenofibrates, Niacin, Colchicine: Consider risks and benefits of concomitant use with ROSZET.
Warfarin: Obtain INR before ROSZET initiation and monitor INR during ROSZET initiation or dosage adjustment.

Use in Specific Populations:
Discontinue ROSZET when pregnancy is recognized as it may cause fetal harm. Breastfeeding is not recommended during treatment with ROSZET.

See Accompanying Full Prescribing Information

References

1. Roszet (rosuvastatin and ezetimibe) Prescribing Information; Morristown, NJ; Althera Pharmaceuticals. In a multicenter, double-blind, placebo-controlled, dose-ranging study, in patients with hyperlipidemia, rosuvastatin given as a single daily dose for 6 weeks significantly reduced Total-C, LDL-C, non HDL-C, and ApoB, across the dose range.
2. Gagne C, Bays HE, Weiss SR, et al. Efficacy and Safety of ezetimibe added to ongoing statin therapy for treatment of patients with primary hypercholesterolemia. Am J Cardiol. 2002; 90:1084-1091. In an 8-week, double-blind study in patients with primary hypercholesterolemia, known coronary heart disease, or multiple cardiovascular risk factors, adding ezetimibe to ongoing statin therapy provided an additional 25% mean LDL-C reduction from treated baseline (post statin treatment) vs. 4% when adding placebo across the statins studied (p<0.001). LDL-C reductions attributable to ezetimibe were generally consistent across all statins studied.
3. Ballantyne CM, et al. Efficacy, safety and effect on biomarkers related to cholesterol and lipoprotein metabolism of rosuvastatin 10 or 20 mg plus ezetimibe 10 mg vs. simvastatin 40 or 80 mg plus ezetimibe 10 mg in high-risk patients: Results of the GRAVITY randomized study. Atherosclerosis 2014; 232:86-93. In the Gravity Study, comparator arms were simvastatin + ezetimibe 40 mg/10 mg and 80 mg/10 mg which reduced LDL-C by 55% and 57% respectively. Patients were treated on statin monotherapy for first 6 weeks before 6 weeks of combination therapy. 833 patients aged ≥ 18 years with hypercholesterolemia and history of CV risk were randomized to rosuvastatin 10 or 20 mg with ezetimibe 10 mg vs. simvastatin 40 or 80 mg with ezetimibe 10 mg for 12-weeks with patients being on mono-therapy statin for the first 6-weeks. Primary end-point was % LDL-C change which was 64% for rosuvastatin/ezetimibe 20 mg/10 mg dose (p<0.001 vs sim/eze 40/10 mg and sim/eze 80/10 mg) and 60% for the 10 mg/10 mg dose (p = 0.002 vs sim/eze 40/10 mg). Percent LDL-C change for simvastatin/ ezetimibe 80/10 mg was 57% and was 55% for the 40/10 mg dose. Secondary variables included % patients achieving LDL-C <100 mg/dL or <70 mg/dL.
4. Ballantyne CM, et al. Efficacy and safety of rosuvastatin 40 mg alone or in combination with ezetimibe in patients at high risk of cardiovascular disease (results from the EXPLORER study). Am J Cardiol 2007; 99:673-80. In the Explorer Study, comparator arm was rosuvastatin 40 mg which reduced LDL-C by 57%. 469 patients aged ≥ 18 years with hypercholesterolemia and a history of CV risk were randomized on rosuvastatin + ezetimibe 40 mg/10 mg vs. rosuvastatin 40 mg for a total of 6-weeks. Primary end-point was the percentage of patients achieving the LDL cholesterol goal <100 mg/dL at week 6. Significantly more patients (94%, p <0.001) achieved the primary endpoint with rosuvastatin/ ezetimibe 40 mg/10 mg than with rosuvastatin alone (79%). More patients achieved the optional goal of <70 mg/dL with rosuvastatin/ezetimibe 40 mg/10 mg (80%, p<0.001) than with rosuvastatin 40 mg (35%). On the secondary variable of % LDL-C change, patients on rosuvastatin/ezetimibe 40 mg/10 mg achieved significantly greater reductions (70%, p<0.001) than with rosuvastatin 40 mg (57%).

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