

# CLINICAL GELENICS: EXAMPLES OF APPLICATIONS IN THE NATIONAL CONTEXT AND IN DEVELOPING COUNTRIES

***Francesca Baratta***

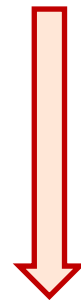
*Department of Scienza e Tecnologia del Farmaco,  
University of Turin, Italy*



# **THE GALENICS: AN ANSWER TO THE HOSPITAL PECULIAR NEEDS**

- Modulation of the amount of API in the preparation
  - Formulation of associations of API which, if present in the same preparation, may show greater efficacy
  - Therapeutic treatments for patients with different ages with special needs and/or different problems (children and elderly)
  - Treatments of patients with cancers or degenerative pathologies that cause a severe pain with characteristics that greatly vary from patient to patient
- 
- Customize the dosages and pharmaceutical forms according to the local needs of patients
  - Employ local staff, teaching them a new “job”, so that it will be possible to open suitable school
  - Minimize the financial commitment necessary to prepare these medicines, respecting the quality of medicinal products

**NATIONAL  
CONTEXT**



**DEVELOPING  
COUNTRIES**

**DIFFERENT COUNTRIES, SAME NEED OF QUALITY**

# THE GALENICS: AN ANSWER TO THE HOSPITAL PECULIAR NEEDS



## ITALY

### PROJECT "POLO ONCOLOGICO DI TORINO"

1. Extension of the stability of anticancer drugs
2. Development of a method for monitoring the microbiological stability of the cytotoxic preparations

### CLINICAL STUDY PROTPROS

Evaluation of chemopreventive activity of galenics, comparable to dietary supplement, containing lycopene, selenium and green tea polyphenols

### CLINICAL STUDY MONAPOL

Evaluation of cholesterol-lowering activity of a galenic, comparable to a dietary supplement, containing monacolin k and policosanol in subjects with mild to moderate hypercholesterolemia uncomplicated unfamiliar: randomized controlled double-blind study

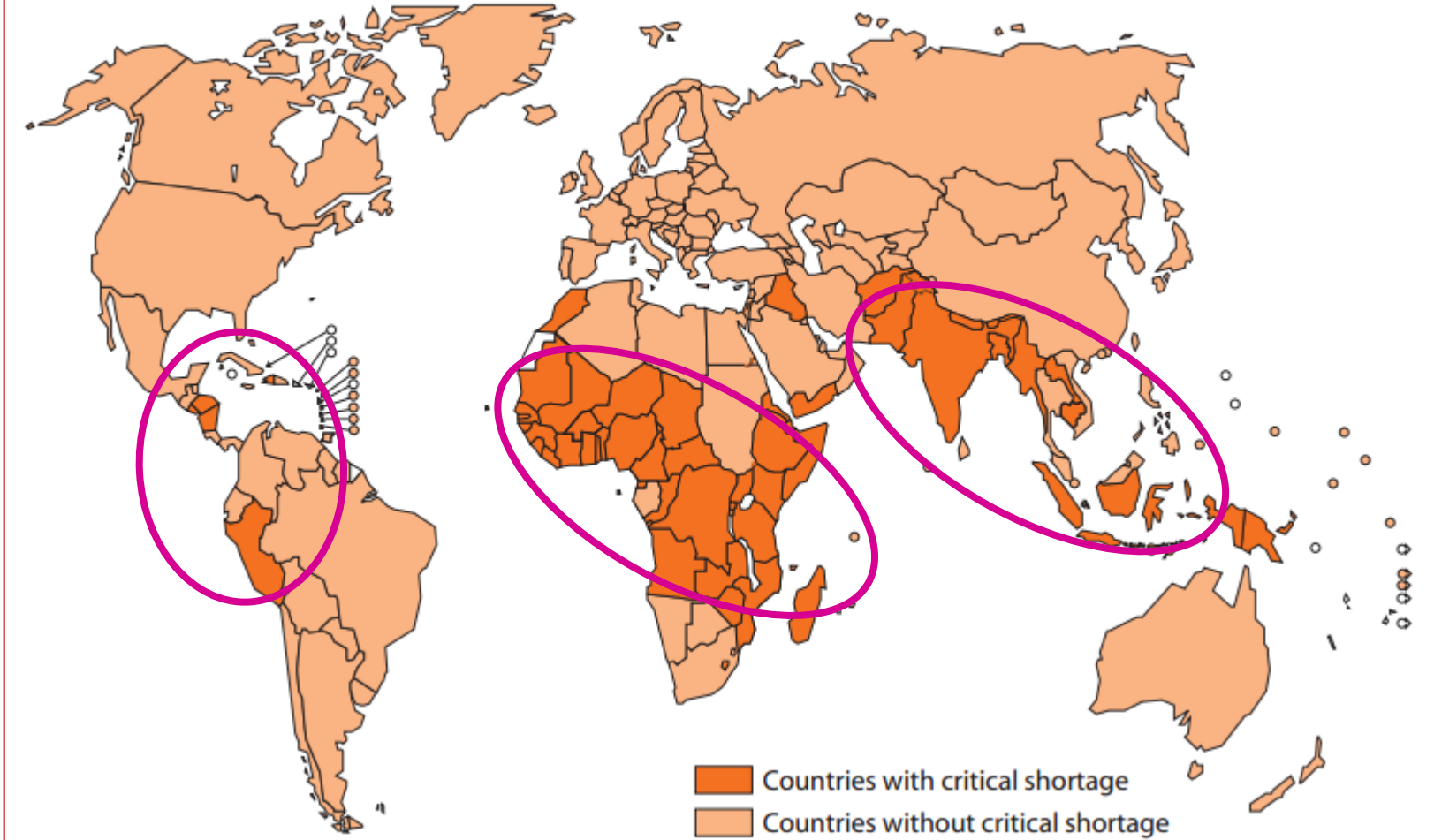
## DEVELOPING COUNTRIES (DC)

### A.P.P.A.<sup>®</sup> GALENIC LAB IN HAITI

1. Study of oral liquid pediatric formulations
2. Stability study of the prepared liquid pharmaceutical forms
3. Development of a method for the preparation of sterile solutions (antibiotics and cytostatic drugs)
4. Project for the introduction of new oral and sterile formulations for pediatric use

## ACCESS TO HEALTH SERVICES: INEQUALITIES BETWEEN NORTH AND SOUTH OF THE WORLD

Countries with a critical shortage of health service providers  
(doctors, nurses and midwives)



# PROBLEMS RELATED TO THE LIFE STILE

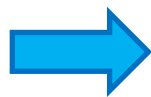
«...water-borne diseases are not caused by lack of antibiotics but by **dirty water**, and by the political, social, and economic forces that fail to make clean water available to all; heart disease is caused not by a lack of coronary care units but by the **lives people lead**, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of individuals but by the excess availability of high-fat and high-sugar foods ...»

**“Closing the gap in a generation: Health equity through action on the social determinants of health” – WHO Commission on Social Determinants of Health - 2008**



*Borana Singing wells, Kenya*





**Essential medicines are those that satisfy the priority health care needs of the population.** They are selected with due regard to public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness.

Essential medicines are intended to be available within the context of functioning health systems at all times in **adequate amounts**, in the **appropriate dosage forms**, with assured **quality** and adequate **information**, and at a **price** the individual and the community can afford.

***BUT...***



- More than **fifty percent of the population** in the Region **have no regular access to essential medicines.**
- **Medicine supply** and **regulatory systems** are weak
- **Financial** as well as **human resources** are inadequate to ensure delivery of pharmaceutical services and ensure access to essential medicines.
- Circulation of **poor quality medicines**, high medicine **prices**, unethical promotion and **irrational use** of medicines poses additional challenges.

# COUNTERFEIT MEDICINES

A counterfeit medicine is one which is **deliberately and fraudulently mislabeled with respect to identity and/or source**. Counterfeiting can apply to both branded and generic products and counterfeit products may include products with the correct ingredients or with the wrong ingredients, without active ingredients, with insufficient active ingredients or with fake packaging.

WHO - General information on counterfeit medicines



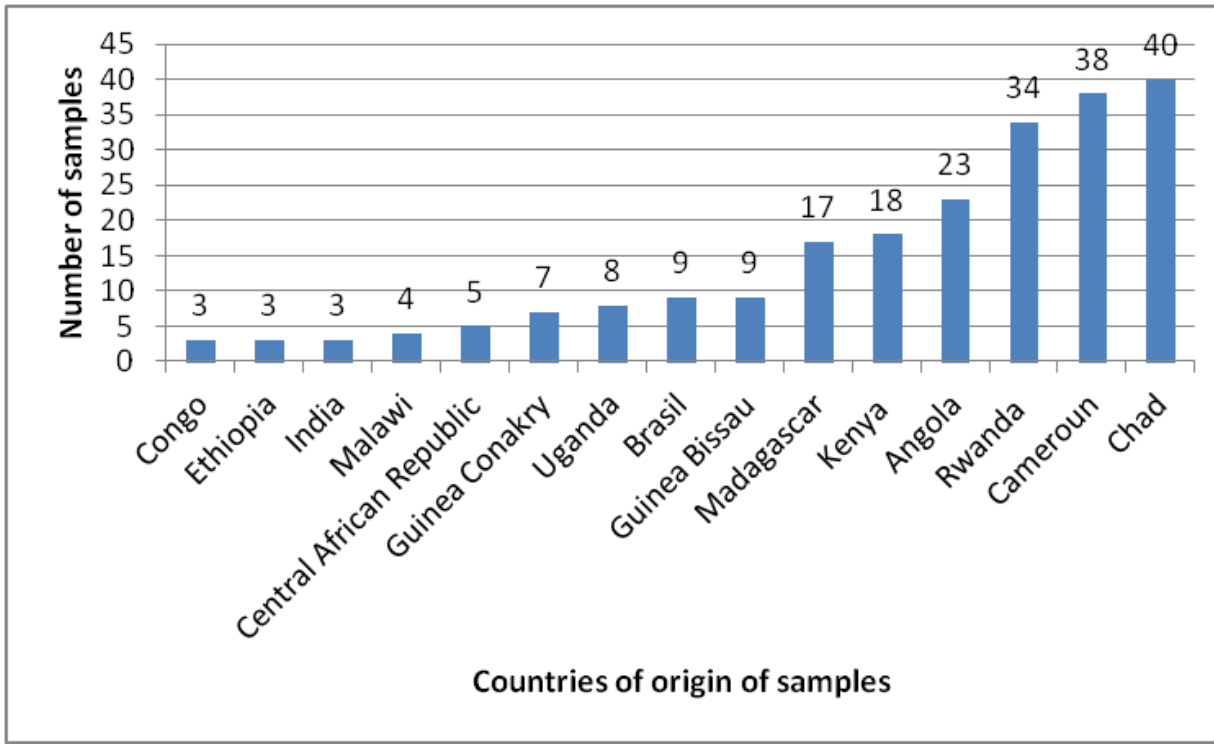
## “IMPERFECT” COUNTERFEITS

«these products contain the right components, with an incorrect concentration and/or formulation resulting in defective quality specifications. In the vast majority of cases, they are devoid of any therapeutic efficacy»

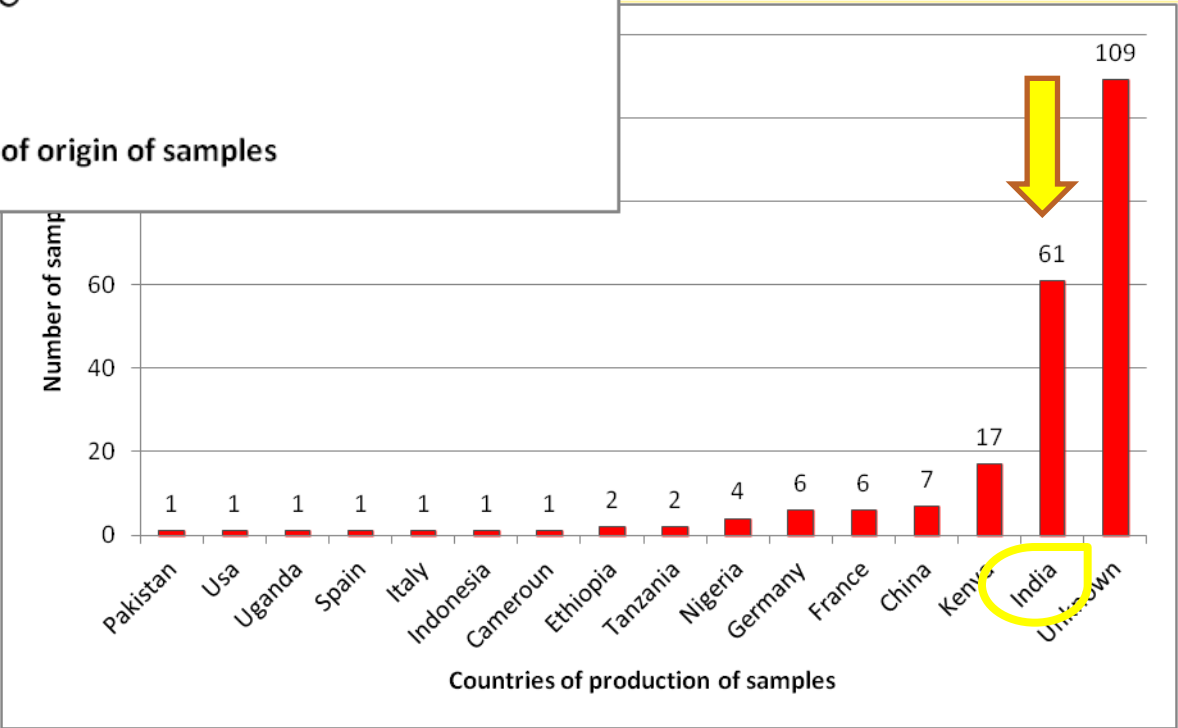
## “CRIMINAL” COUNTERFEITS

«they are apparently similar to the original medicinal product, but do not contain any active ingredient and can even include harmful or toxic substances. They are usually sold at high prices and for the treatment of serious pathologies. Consequences for users of criminal counterfeits can be fatal»

# COUNTERFEIT MEDICINES IN DC: ANALYSIS OF THE PHENOMENON



**Analysis of 196 samples of medicinal products**

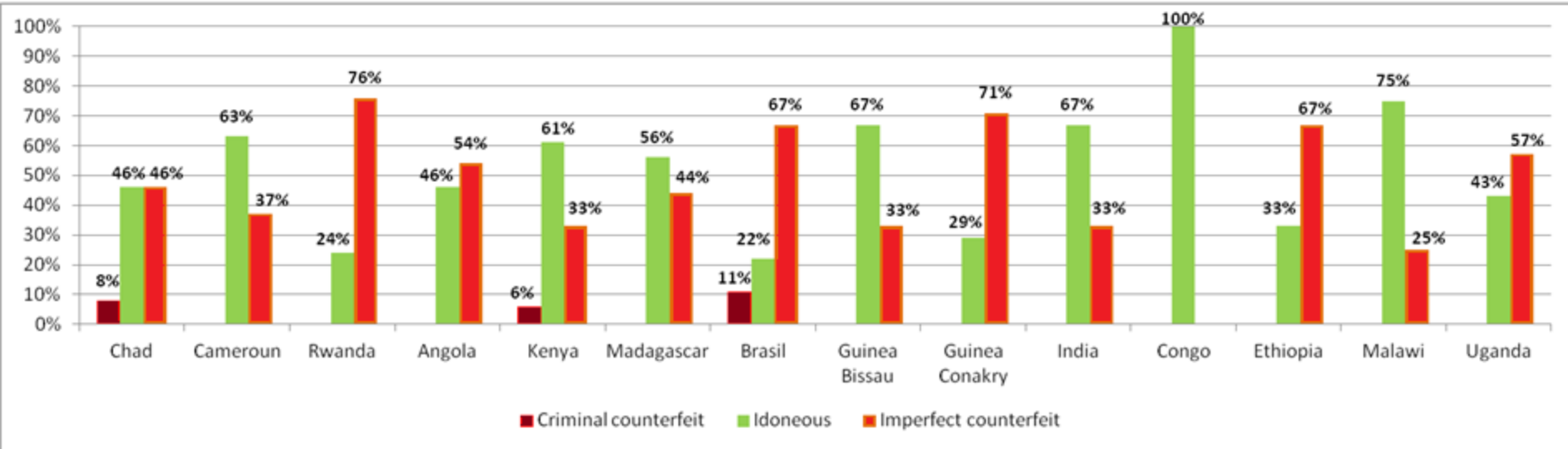


F.Baratta, A. Germano, P. Brusa

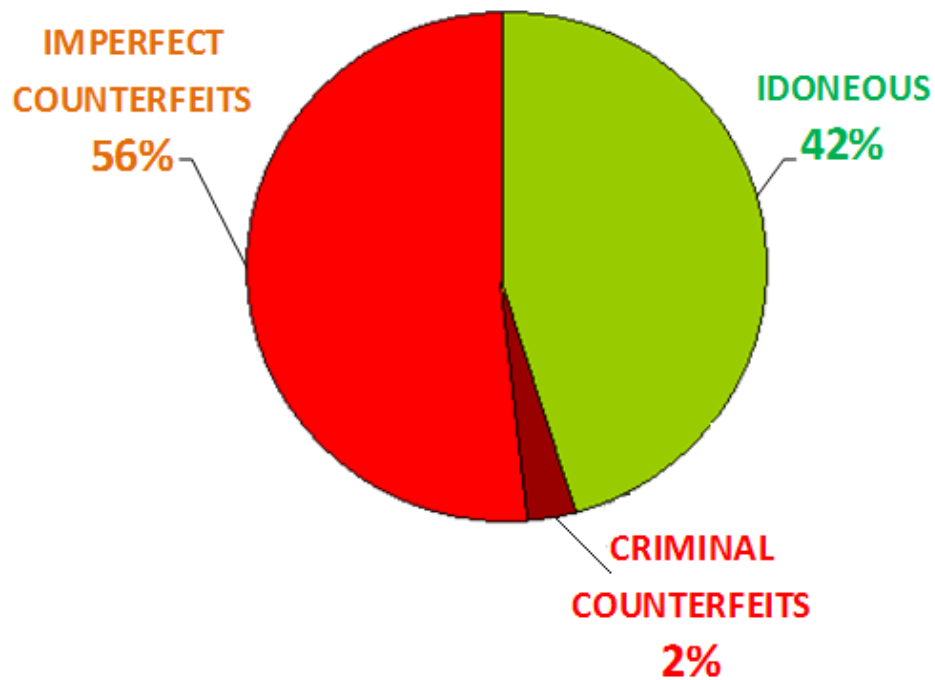
**Diffusion of counterfeit drugs in developing Countries and stability of galenics stored for months under different conditions of temperature and relative humidity**

Croat Med J. 2012; 53: 173-184





## FINAL DISTRIBUTION OF THE SAMPLES

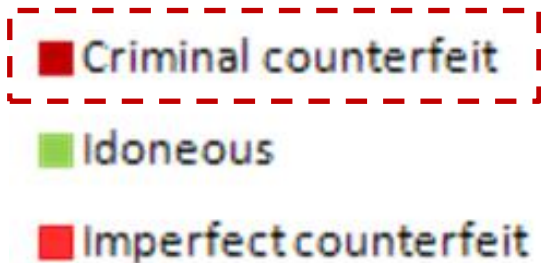
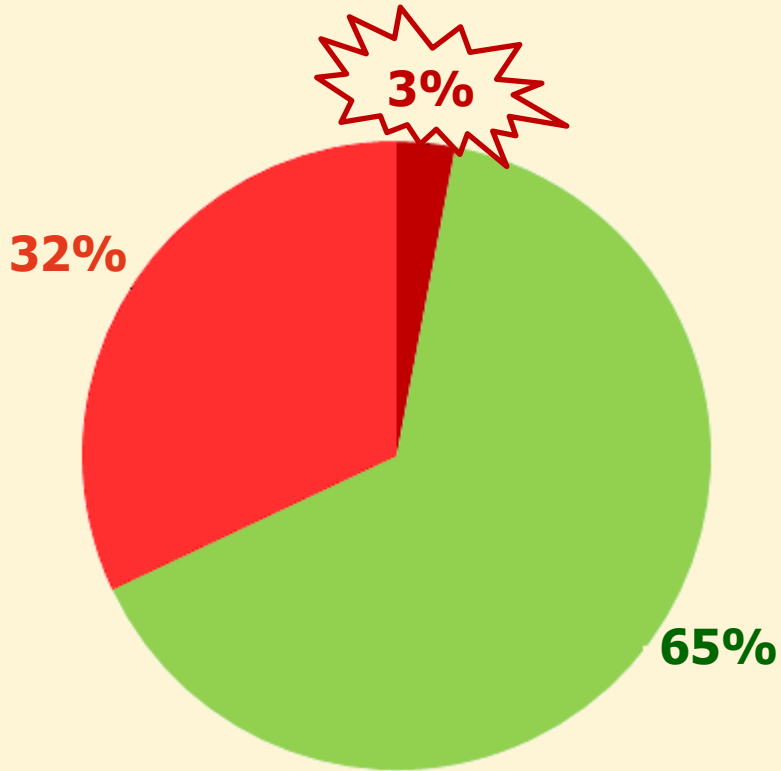


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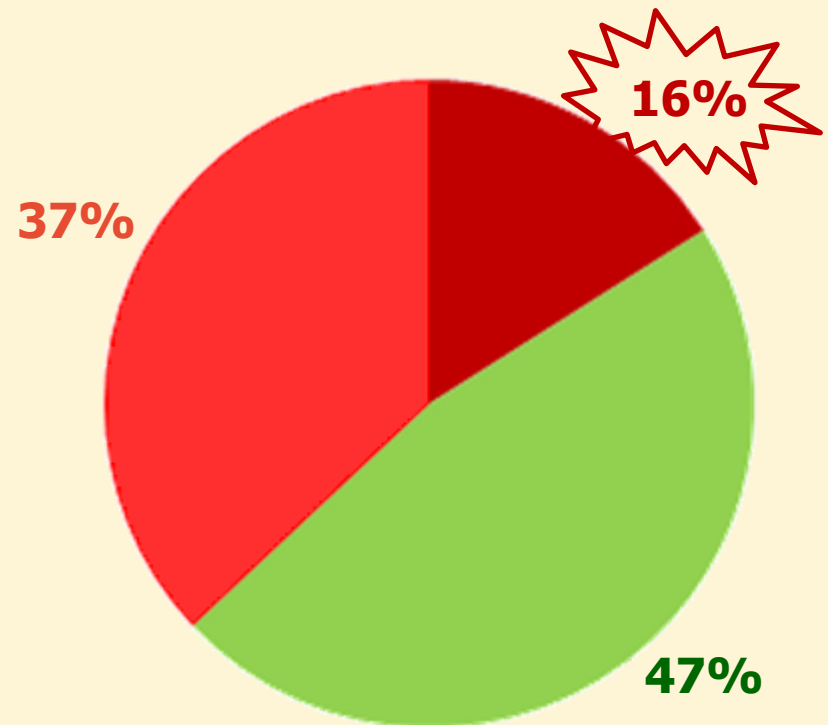
## CAMEROUN 2012



## PHARMACEUTICAL FORMS TESTS (Ph Eur)

- Uniformity of content (2.9.6)
- Uniformity of mass (2.9.5)
- Disintegration (2.9.1)
- Friability (2.9.7)
- Hardness (2.9.8)
- Sterility (2.6.1)

## CAMEROUN 2013





**A.P.P.A.® PROJECT**  
**PLANNING, CARRYING OUT, STARTING LABS IN ORDER TO PREPARE GALENIC MEDICINAL PRODUCTS AND RELATIVE QUALITY CONTROL IN DEVELOPING COUNTRIES**

With the patronage of:



Università degli Studi di Torino

and



FEDERAZIONE ORDINI  
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[appa.onlus@unito.it](mailto:appa.onlus@unito.it)



## **BASIC CONDITIONS FOR OPENING A LAB FOR THE PREPARATION OF GALENIC MEDICINAL PRODUCTS**

- **HIGH PERCENTAGE OF COUNTERFEIT MEDICINES IN THE AREA**
- **LOCAL POOR AVAILABILITY OF QUALITY MEDICINES**
- **HIGH COST OF INDUSTRIAL MEDICINES**
- **APPROVAL OF LOCAL AUTHORITIES**

# ***SAINT DAMIEN PAEDIATRIC HOSPITAL*** **PORT-AU-PRINCE - HAITI**



- A. STUDY OF **ORAL LIQUID PEDIATRIC FORMULATIONS**
- B. **STABILITY TESTS** OF THE ACTIVE MOLECULES AND OF THE PREPARATION IN ACCORDANCE WITH THE EMA GUIDELINES
- C. DEVELOPMENT OF A METHOD FOR THE PREPARATION OF **STERILE SOLUTIONS** (ANTIBIOTICS AND CYTOSTATIC DRUGS)

# HAITI: WHY?

MEDICINAL PRODUCTS			
LOT	API	PROVENANCE	RESULTS
6C090	Acetazolamide 250 mg	Haiti	<b>Unsatisfied:</b> Uniformity of content (2.9.6), Friability (2.9.7)
0302609	Ampicillin 1g	India	<b>Unsatisfied:</b> Bacterial endotoxins (2.6.14.)
071202	Chloramphenicol 1g	USA	<b>Suitable</b>
09K4840 A	Phenobarbital 30 mg	Haiti	<b>Unsatisfied:</b> Friability (2.9.7), Hardness (2.9.8)
08E2978-A	Phenobarbital syrup 18mg/5ml	Haiti	<b>Suitable</b>
08111487	Propranolol 40mg	Brasil	<b>Unsatisfied:</b> Uniformity of content (2.9.6)
L08111487	Spirolactone 25mg	Domenican Republic	<b>Suitable</b>



# PAEDIATRICS: WHY?

## PREPARATION OF CAPSULES FOR CHILDREN FROM INDUSTRIAL HIGH-DOSE TABLETS



### PROBLEMS:

- ✓ Method of preparation
- ✓ Quality of industrial tablets
- ✓ Stability of the preparations
- ✓ Administration of capsules for the neonatal and paediatric treatment

### CAPSULES PRODUCED IN 2010

LOT	API	PROVENANCE	RESULTS
200910-A	Acetazolamide 25 mg	St Damien Hospital	<b>Unsatisfied:</b> Uniformity of content (2.9.6)
A-200S10-A	Acetazolamide 25 mg	St Damien Hospital	<b>Suitable</b>
121110-B Exp	Captopril 1,25 mg	St Damien Hospital	<b>Unsatisfied:</b> Uniformity of mass (2.9.5)
230610-C	Phenytoin 10 mg	St Damien Hospital	<b>Suitable</b>
230610-G	Phenytoin 10 mg	St Damien Hospital	<b>Suitable</b>

**A. STUDY AND FORMULATION OF ORAL LIQUID PAEDIATRIC FORMULATIONS:**

**METHODOLOGICAL APPROACH**

- ✓ In agreement with local medical doctors the **drugs** for the paediatric therapy are **chosen** and then **formulated: liquid oral** formulations are preferred and appropriate excipients are selected.
- ✓ For each formulation a **specific card** (written in **local language**) has been prepared. The card shows the procedure of preparation and the characteristics of each component present in the formulation.
- ✓ Each preparation has been tested to check its **quality** and its **stability** under different environmental conditions in accordance with the EMA guidelines.



## PREPARATIONS PEDIATRIQUES

### SIROPS

ACIDE ASCORBIQUE 10 mg/ml
CANREONATE DE POTASSIUM 1 mg/ml
FER SULFATE 5 mg/ml
IBUPROFENE 20 mg/ml
PROPANOLOL 0,5 mg/ml
RANITIDINE 15 mg/ml
SALBUTAMOL 0,4 mg/ml
VITAMINE B <sub>6</sub> 1 mg/ml

### SOLUTIONS

CAPTOPRIL 1 mg/ml
FUROSEMIDE 1 mg/ml

### GOUTTES

NIFEDIPINE 1 mg/gtt
RANITIDINE 4 mg/gtt
SALBUTAMOL 0,2 mg/gtt
VITAMINE B6 0,5 mg/gtt

### SUSPENSIONS

VITAMINE B COMPLEX 5,8 mg/ml
MAGNESIUM ET ALUMINIUM HYDROXYDE 200 mg/ml



#### PROPANOLOL CHLORHYDRATE SIROP 0,5 mg/ml

Formulation pour 100 ml:

Propranolol chlorhydrate	0,05 g
Carboxyméthylcellulose sodique	1,00 g
Sodium citrate	0,21 g
Acide citrique monohydraté	0,28 g
Eau dépurée	72,28 g
Nipagine sodique	0,07 g
Saccharose sirop	32,23 g



#### Caractéristiques chimiques-physiques:

Poudre cristalline blanche ou blanchâtre, il est inodore et avec un goût amer.  
Soluble dans l'eau (1:20) et dans l'alcool (1:20).  
p.f. = 163-166 °C.

#### Propriétés pharmacologiques:

Le propranolol a activité  $\beta$ -bloquant, il est un antagoniste compétitif des deux récepteurs  $\beta_1$  et  $\beta_2$ , non cardiosélectif.  
Il est utilisé dans l'hypertension.

#### Posologie pédiatrique:

2,5-5mg correspondant à 5-10 ml.

#### Préparation:

1. Solubiliser la nipagine sodique dans l'eau dépurée.
2. Ajouter le sodium citrate et l'acide citrique monohydraté dans la solution.
3. Ajouter le propranolol chlorhydrate.
4. Ajouter la carboximéthylcellulose sodique peu à la fois, mélanger très lentement.
5. Ajouter le saccharose sirop.
6. Contrôler le pH. (il ne doit pas être supérieur à 4,5).

#### Instructions et contre-indication:

Contre-indiqué pour les patients avec des maladies obstructives chroniques des voies aériennes.

#### Stabilité et conservation de propranolol:

Conserver dans des récipients bien fermés, à l'abri de la lumière et de l'air.



**Saint Damien Hospital**

## **B. STABILITY STUDY OF THE PREPARED LIQUID PHARMACEUTICAL FORMS**

Method:

<b>STORAGE CONDITION</b>	<b>T (°C)</b>	<b>RH</b>	<b>PERIOD COVERED BY DATA</b>	<b>ANALYTICAL METHOD</b>
<b><i>Standard</i></b>	25±2	60±5%	12 months, analysis at time zero (T0) and every 30 days (from TS-1 to TS-12)	UV-VIS spectrophotometric assay
<b><i>Refrigerator</i></b>	5±3	-	12 months, analysis at time zero (T0) and every 30 days (from TR-1 to TR-12)	
<b><i>Accelerated</i></b>	40±2	60±5%	3 months, analysis at time zero (T0) and every 30 days (from TA-1 through TA-3)	

**EMA Guideline on stability testing:** stability testing of existing active substances and related finished products, 2003, CPMP/QWP/122/02, rev 1 corr

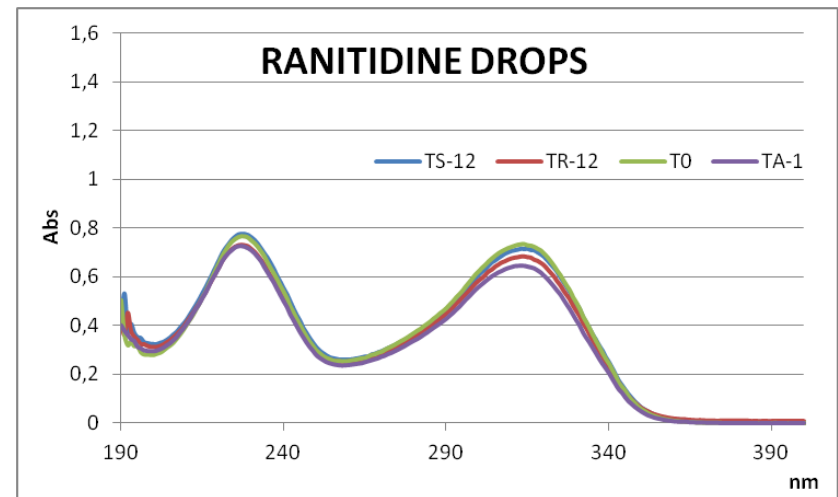


**EVALUATION OF THE EXPIRATION DATE**

# STABILITY STUDY: RESULTS

<b>PREPARATIONS PEDIATRIQUES</b>	
<b>SIROPS</b>	ACIDE ASCORBIQUE 10 mg/ml
	CANREONATE DE POTASSIUM 1 mg/ml
	FER SULFATE 5 mg/ml
	IBUPROFENE 20 mg/ml
	PROPANOLOL 0,5 mg/ml
	RANITIDINE 15 mg/ml
	SALBUTAMOL 0,4 mg/ml
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<b>SOLUTIONS</b>	CAPTOPRIL 1 mg/ml
	FUROSEMIDE 1 mg/ml
<b>GOUTTES</b>	NIFEDIPINE 1 mg/gtt
	RANITIDINE 4 mg/gtt
	SALBUTAMOL 0,2 mg/gtt
	VITAMINE B <sub>6</sub> 0,5 mg/gtt
<b>SUSPENSIONS</b>	VITAMINE B COMPLEX 5,8 mg/ml
	MAGNESIUM ET ALUMINIUM HYDROXYDE 200 mg/ml

The stability has been demonstrated for **12 MONTHS** for **all formulations**



**BUT** **housing** and **environmental** conditions are **not suitable** for a proper storage of the preparations



**VALIDITY PERIOD:**  
**3 MONTHS**

# QUALITY CONTROL AND QUALITY ASSURANCE

Galenics, in accord with the European Law (Ph Eur), must guarantee “the quality as a fundamental support to the security and the efficacy”

D.C.

## PHARMACEUTICAL FORMS TESTS

Ointments for skin application; Suppositories:

- Verify of accuracy of followed procedures
- Control of aspect
- Control of the amount to sell
- Control of the solidity of packing

Stiff capsules:

- Verify the accuracy of followed procedures
- Control of aspect and solidity of capsules
- Control of the number of capsules prepared
- Mass uniformity of capsules

Liquid medicinal products:

- Verify the accuracy of followed procedures
- Control of the amount of product to sell
- Control of the solidity of packing

RAW MATERIALS: Organoleptic control  
Melting point

ITALY

STABILITY TESTS  
(EMA)

PHARMACEUTICAL FORMS TESTS (Ph Eur)  
Uniformity of content (2.9.6)  
Uniformity of mass (2.9.5)  
Disintegration (2.9.1)  
Friability (2.9.7)  
Hardness (2.9.8)  
Sterility (2.6.1)

# QUALITY CONTROL AND QUALITY ASSURANCE

ANALYSIS	METHOD REF.	ACCEPTANCE CRITERIA
General aspect	Visual	Posological unit integrity
Uniformity of content	Ph. Eur. 7 ed. Assay 2.9.6	Each individual content is between 85% and 115% of the average content (10 dosage units)



## SPECTROPHOTOMETRY UV/VIS



**STANDARDIZATION OF RESULTS  
LOW COSTS  
SIMPLE EXECUTION**

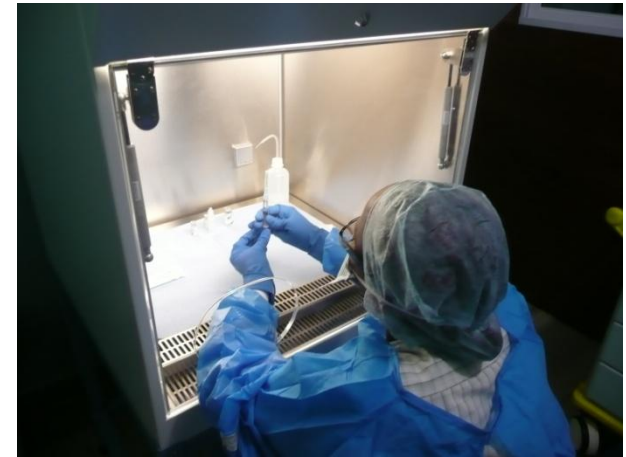
*"...reuse, repair equipment and goods instead of throwing them in a landfill, **exceeding the consumerist obsession of the obsolescence of objects** and the tension to the new..."*

A. Salza "Niente. Come si vive quando manca tutto. Antropologia della povertà estrema", Sperling & Kupfer 2009

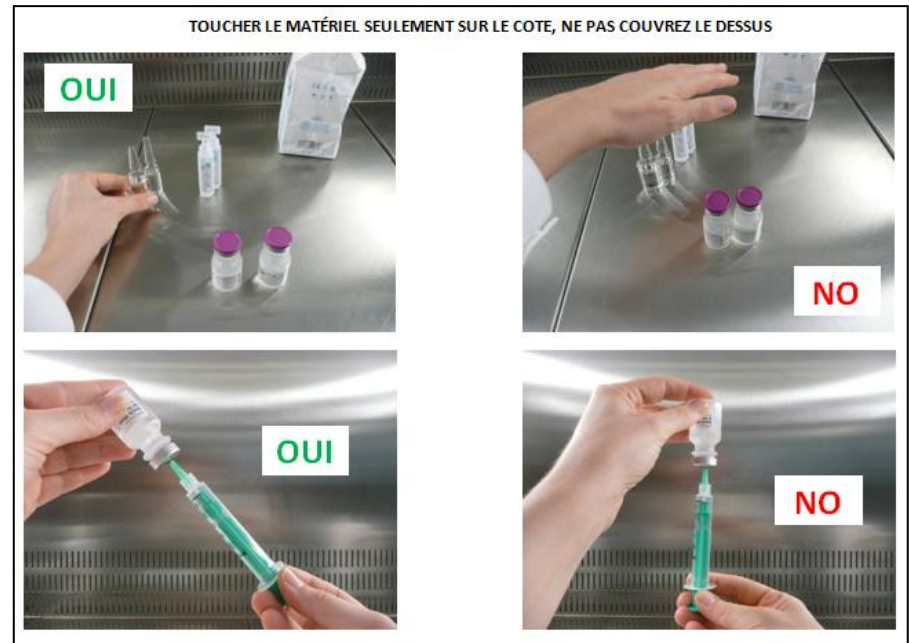
# C. DEVELOPMENT OF A METHOD FOR THE PREPARATION OF STERILE SOLUTIONS (ANTIBIOTICS AND CYTOSTATIC DRUGS)

Application of specific procedures for the preparation of:

- Lyophilized medicinal products
- Infusion bags
- Solutions



POS PRÉPARATION SAC D'INFUSION		
Opérations préliminaires	Propreté hotte	La hotte stérile doit être nettoyée et stérilisée avec une fréquence de cadence en base à la quantité de matériel à préparer et aux capacités de l'appareil. Toutefois, une fréquence variable d'hédomadaire ou mensuelle est nécessaire. Effectuer la propreté avec des désinfectants énergiques, alcool.
	Lavage mains	Avant de commencer des opérations en hotte stérile, l'opérateur doit se laver les mains, si possible avec un détergent avec action désinfectante.
	Préparation matérielle	En base à la place disponible, avant de commencer tout le matériel nécessaire à l'opération doit être mis sous hotte ou dans les environs de la même pour consentir à l'opérateur de limiter les déplacements.
Matériel	Racon(s) de médicament(s), sac(s) d'infusion, seringues de volume approprié, instrument apte pour l'ouverture des embouts en aluminium, gaze stérile, désinfectant (alcool 70°), sparadrap ou ruban.	
Procédure opératoire	<ol style="list-style-type: none"> <li>Après avoir ouvert la hotte stérile, transférer le matériel, en manière compatible avec la place disponible, sous hotte ou dans les environs de la même. Préparer le "gremlin stock" de sacs à "compléter".</li> <li>Enlever la couverture d'aluminium pour exposer le bouchon en gomme (opération à effectuer aussi pour les racons du médicament à ajouter). Il est nécessaire désinfecter la partie de bouchon à percer avec une gaze stérile imprégnée de désinfectant (alcool 70°).</li> <li>Enlever la seringue du propre emballage (rigoureusement sous hotte); enlever le capuchon qui couvre l'aiguille, faire attention de ne pas se piquer; insérer l'aiguille dans le racon du médicament; aspirer le contenu lentement; extraire l'aiguille; enfiler l'aiguille dans le sac d'infusion; livrer le contenu lentement; extraire l'aiguille.</li> <li>Répéter la procédure pour tous les autres sacs du stock présent sous hotte.</li> <li>Reconstituer tous les sacs à préparer; réinsérer le capuchon qui couvre l'aiguille, faire attention de ne pas toucher l'aiguille stérile et de ne pas piquer; poser la seringue sur le côté de la hotte, prête pour la préparation du stock suivant; agiter les sacs soigneusement jusqu'à le complet mélange des composants.</li> <li>Couvrir le bouchon en gomme du sac avec une gaze stérile imprégnée de désinfectant et coller la gaze sous hotte avec le sparadrap ou ruban.</li> <li>Répéter les opérations du point 2 au point 5 pour les stocks suivants.</li> </ol> <p>Pour le même stock utiliser la même aiguille. Remplacer la seringue si l'aiguille vient contaminée. Évaluer si nécessaire à la substitution de la seringue à chaque nouveau stock. Remplacer TOUJOURS la seringue quand se change le médicament ou sa concentration.</p>	



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Evaluation of chemopreventive activity of galenics, comparable to dietary supplement, containing lycopene, selenium and green tea polyphenols

### CLINICAL STUDY MONAPOL

Evaluation of cholesterol-lowering activity of a galenic, comparable to a dietary supplement, containing monacolin k and policosanol in subjects with mild to moderate hypercholesterolemia uncomplicated unfamiliar: randomized controlled double-blind study

## DEVELOPING COUNTRIES (DC)

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1. Study of oral liquid pediatric formulations
2. Stability study of the prepared liquid pharmaceutical forms
3. Development of a method for the preparation of sterile solutions (antibiotics and cytostatic drugs)
4. Project for the introduction of new oral and sterile formulations for pediatric use

## CLINICAL STUDY MONAPOL

Cooperation between Dept. of Scienza e Tecnologia del Farmaco of Turin,  
Order of Pharmacists of the Province of Turin

*Monascus  
purpureus*

fermentation on rice

- monacolins (monacolin k): high affinity for the HMG-CoA reductase enzyme
- action given by a set of factors not strictly related to monacolin k

*Policosanols*

- ↓LDL, ↓ triglycerides
- ↑HDL

### OBJECTIVE

To verify the profiles of effectiveness and tolerability of a galenic comparable to a dietary supplement containing a dry extract of fermented red rice by *Monascus purpureus* associated with another one titrated in policosanols

### MONAPOL STUDY: FLOW CHART

- **210 subjects**, presenting mild to moderate, uncomplicated, unfamiliar hypercholesterolemia, currently outside indication comparing to the start of treatment with inhibitors of HMG-CoA reductase
- **3 groups** of treatment: pure vs control vs placebo;
- 2 phases
- 2 cps/day for three months;
- **Evaluation of plasmatic concentration**: basal and after 3 months of treatment;
- **Blood analysis**: basal and after 3 months of treatment;
- **Self diagnostic evaluation**: baseline, after 45 days (only in phase I) and after 3 months of treatment;
- Chance of participate in a subsequent open-label treatment for a period of three months.



## Department of **Scienza e Tecnologia del Farmaco (TO)**

- A. EVALUATION OF THE CORRECT DOSAGE AND SET UP OF GALENIC FORMULATION
- B. STABILITY TESTS OF THE ACTIVE MOLECULES AND OF THE PREPARATION IN ACCORDANCE WITH THE EMA GUIDELINES
- C. EVALUATION OF PLASMATIC CONCENTRATION BY HPLC ANALYSIS

### **A. EVALUATION OF THE CORRECT DOSAGE AND SET UP OF GALENIC FORMULATION**

#### Literature evaluation

Evaluation of the legislation in force

Application of specific procedures for the preparation of stiff cps

Quality and assurance control based on FU XII - Ph Eur assays

#### **GALENIC FORMULATION: STIFF CAPSULES**

Administration: 2 cps / day

**Group 1** (galenic preparation similar to a food supplement):

Dose administered per day: monacolin k 3 mg/day, policosanol 20 mg/day

Components:

- Red yeast rice extract: title in monacolin k equal to 3.1%;
- Biocosanol®: title in policosanol equal to 91.2% of which hexacosanol 14.7%, octacosanol 56.1%, triacontanol 20.4%;
- Maize starch pregelatinised: q.b.

**Group 2** (active pharmaceutical ingredient):

Dose administered per day: lovastatin 3 mg/die

Components:

- Lovastatin: 1,5 mg/cps;
- Maize starch pregelatinised: q.b.

**Group 3** (placebo):

Components: Maize starch pregelatinised : q.b.

## B. GALENIC FORMULATION: STABILITY STUDY

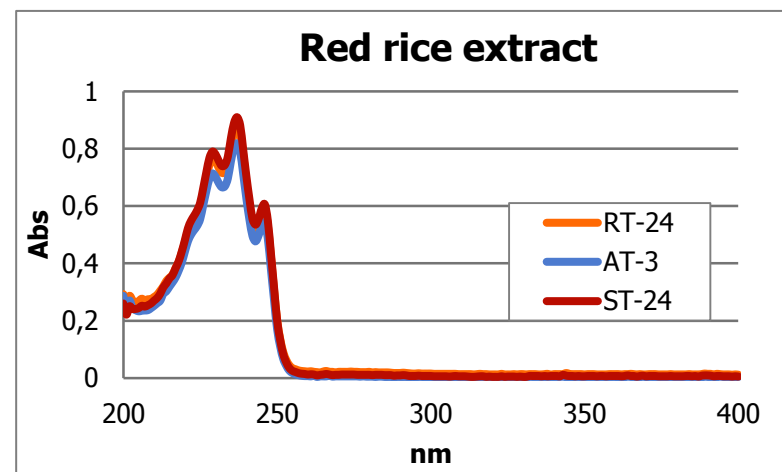
Method:

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**EMA Guideline on stability testing:** stability testing of existing active substances and related finished products, 2003, CPMP/QWP/122/02, rev 1 corr

Results:

All formulations have proved to be stable in "Refrigerated" conditions (RT-24) and "Standard" conditions (ST-24) for **24 months**, in "Accelerated" conditions (AT-3) for **3 months**



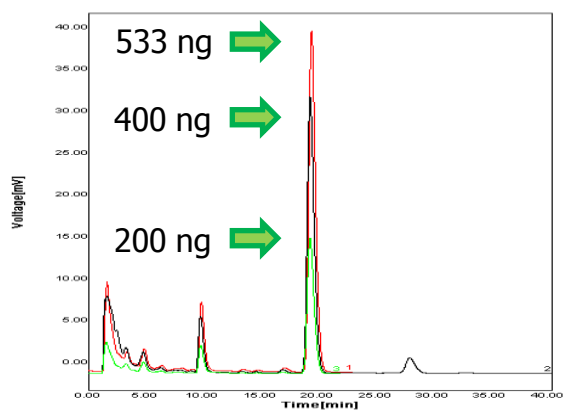
# C. EVALUATION OF PLASMATIC CONCENTRATION BY HPLC ANALYSIS

Developing of an HPLC method (UV detector) to evaluate the **monacolin k** concentration in the plasma of enrolled subjects

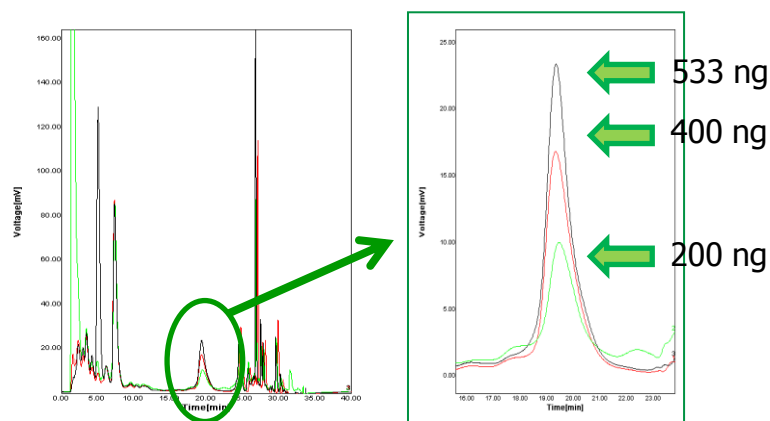
Mobile phase: 0.1% phosphoric acid - acetonitrile, flow rate: 0.5 ml / min,  $\lambda = 238$  nm

HiQ sil column C18HS, 3 $\mu$ m, 4.6 mm L IDx100mm

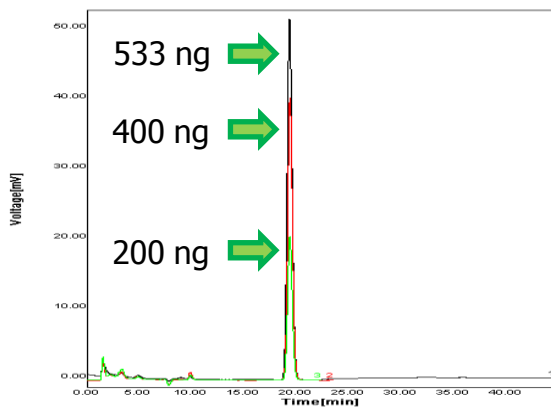
HPLC composed by: Biotech model 2003 degasser; CBM-10A Shimadzu communications bus module; SPD-10° VP Shimadzu UV-Vis detector; LC-10AD VP Shimadzu liquid chromatograph



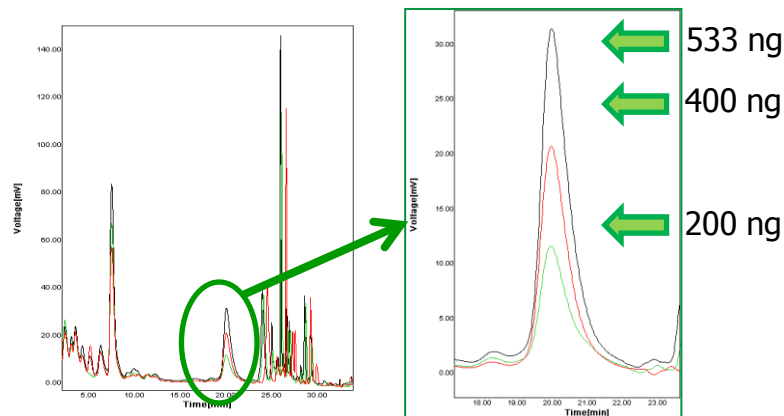
Stoch solution (SSm) of monacolin K



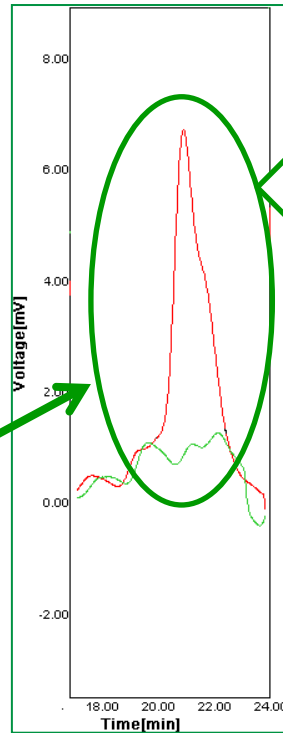
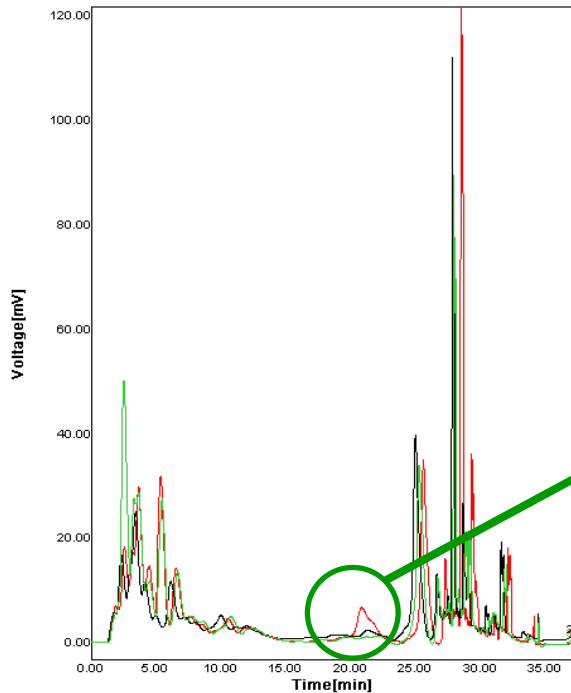
Plasma enriched with SSm



Stoch solution (SSI) of lovastatin



Plasma enriched with SSI



probable peak of  
monacolin k

Overlapping of a  
baseline analysis (green)  
and quarterly (red) in  
the plasma of a subject

## CONCLUSIONS

- The application of a standard procedure for the preparation the galenics administered during the study can guarantee their **stability for 24 months**.
- The developed HPLC procedure allows to highlight the concentration of monacolin k in the **plasma of enrolled subjects**
- Actually **31 subjects** have been enrolled.
- The phase I of the study is finished and the phase II of the study is in progress.

# MINISTERO DELLA SALUTE: LINEE GUIDA SUGLI INTEGRATORI ALIMENTARI

## SOSTANZE CON APPORTO MASSIMO GIORNALIERO DEFINITO

**Riso rosso fermentato (*Monascus purpureus*)**

monacolina

mg 10

Avvertenza supplementare:

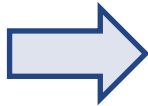
*Per l'uso del prodotto si consiglia di sentire il parere del medico.*

*Non usare in gravidanza, durante l'allattamento e in caso di terapia con farmaci ipolipidemizzanti*

Rextat®

Lovinacor®

Tavacor®



LOVASTATINA 10 mg

### **Indicazioni terapeutiche riportate in RCP**

Ipercolesterolemia primaria inclusa l'ipercolesterolemia familiare o l'iperlipemia mista (tipo IIa e IIb) quando la sola risposta alla dieta e ad altre misure non farmacologiche (aumento dell'attività fisica e se indicato riduzione del peso corporeo) sia risultata inadeguata.

Ipercolesterolemia non corretta dalla sola dieta in soggetti ad alto rischio di un evento cardiovascolare maggiore (soggetti con rischio superiore del 20%, colesterolo totale maggiore di 190 mg/dl e colesterolo LDL maggiore di 115 mg/dl). Ipercolesterolemia non corretta dalla sola dieta in pazienti con cardiopatia ischemica, per la riduzione del rischio di infarto del miocardio.