वर्ष : ६, अंक : १, २०८० भाद्र - माघ

पानस प्रवाह

PANAS PHARMACEUTICALS

THE LAMP OF LIFE

पानस प्रवाह

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Highlights

1. TLC in drug
2. Company Day Celebration
3. Student's visit
4. Product profile
5. Shortly coming products

Message From The Executive Chairman

As we progress at a persistent pace towards a better tomorrow, it integral that we work to achieve a healthier tomorrow. Panas Pharmaceuticals Pvt. Ltd forayed into healthcare with a mission to transform the lives of the ailing humanity through innovation in healthcare and through the manufacturing of quality pharmaceutical products at affordable costs. Our journey from our origin until today is the authentication of our continuous striving to achieve our mission of making lives healthier. The principle at Pans Pharmaceuticals is our spin for growth. Making lives healthier, which is the part of our brand identity, reflect the inherent value of Panas. We believe in the integrity of work and manufacturing of our products in accordance with global parameters- a value that every Panas Products have sustained and upheld. Panas has been trusted as a quality products manufacturer amongst the medical fraternity and our focus on quality coupled with marketing has led Panas to be listed amongst the fastest growing company in the Nepal.

The Management's vision for Panas Pharmaceuticals is that it be a great place to work, a great place to have work done and great place to invest. The company wants to thank its esteemed clients and the entire medical fraternity for entrusting their faith in its brand which has helped it attain a fear standing in the industry, along with accolades, position and recognition as landmarks in rewarding journey. Today Panas prides itself on being a trust worthy name in the field of medicine manufacturing company in the Nepal. We thank all shareholders for their unweaving support and encouragement.

Dr. Ramesh Kumar Shrestha

‘कम्पनी डे’ मनाइयो

पानस प्रवाह

यस प्रा.लि.ले १७ औ स्थापना दिवश (कम्पनी डे) भव्यताका साथ मनाएको छ। प्रा.लि.को विधिवतरुपमा स्थापना भएको दिन भाद्र २५ गतेलाई हरेक वर्षभैं यस वर्ष पनि कम्पनीडे को रुपमा गनापुरस्थित प्रा.लि.को शभाकक्षमा मनाइएको हो।

प्रा.लि.का कार्यकारी अध्यक्ष डा. रमेश कुमार श्रेष्ठको अध्यक्षतामा भएको कार्यक्रममा प्रवन्ध सञ्चालक माधव प्रसाद अधिकारी, बजार निर्देशक हरिगोपाल पौडेलले कम्पनीको वर्तमान अवस्था, चुनौती र योजनाका बारेमा बोल्नु भएको थियो।

सो अवसरमा आर्थिक वर्ष २०७९/८० को कार्य सम्पादन मूल्याकंनको आधारमा विभिन्न कर्मचारीहरुलाई पुरस्कृत गरिएको थियो।

एक्ट्राअरडिनरी पुरस्कार १ जना, आउटस्ट्याडिङ पुरस्कार १० जना, एक्सलेन्ट पुरस्कार २१ जना, सटिसफेक्टरी पुरस्कार ३९ जना र ३२ जनालाई मायाको चिनो प्रदान गरिएको थियो।

कार्यक्रममा प्रा.लि.बाट विदा लिएर जानु भएका सेल्स म्यानेजर भक्तराज उप्रेतीलाई उच्च ब्यवस्थापन तथा बजार ब्यवस्थापनको टिमले मायाको चिनो प्रदान गरि औपचारिक विदाई गरेको थियो । उक्त अवसरमा फाइनान्स डाइरेक्टर श्याम कुमार शर्मा, बोर्ड अफ डाइरेक्टर डा. सन्तोष कुमार शर्मा, विक्रम पन्त, बोर्डका सल्लाहकारहरु मेघनाथ काफ्ले, प्रभात घिमिरे, पुरन प्रधान, शेयरधनी सदस्य धन बहादुर केसी लगायतको उपस्थिति रहेको थियो। कार्यक्रमको सञ्चालन प्रा.लि.का उप-प्रवन्धक तुलाधर विश्वकर्माले गर्नुभएको थियो।

Product Profile

LINAGE 2.5/5

(Linagliptin Tablets)

Mr. Atif Hussain Halwai
Asst. Manager-R & D

INTRODUCTION

Linagliptin is a prescription medicine and a dipeptidyl peptidase-4 (DPP-4) inhibitor that is used along with diet and exercise to lower blood sugar in adults with type 2 diabetes. Linagliptin is not for people with type 1 diabetes or for people with diabetic ketoacidosis (increased ketones in the blood or urine). If you have had inflammation of the pancreas (pancreatitis) in the past, it is not known if you have a higher chance of getting pancreatitis while you take Linagliptin. Linagliptin may be used together with other anti-diabetic medicines e.g. metformin, sulphonylureas (e.g. glimepiride, glipizide), empagliflozin, or insulin. It is important to keep following the advice about diet and exercise that you have been given by your doctor.

THERAPEUTIC INDICATION & POSOLOGY

Linagliptin is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type-2 diabetes. The dose will depend on your condition and blood sugar levels. Use it strictly as advised by your doctor. Do not stop taking the medicine unless your doctor recommends it. When linagliptin is added to metformin, the dose of metformin should be maintained, and linagliptin administered concomitantly. When linagliptin is used in combination with a sulphonylurea or with insulin, a lower dose of the sulphonylurea or insulin, may be considered to reduce the risk of hypoglycaemia. No dosage adjustments are necessary for patients with renal or hepatic impairment.

Method of administration

The tablets can be taken with or without a meal at any time of the day. If a dose is missed, it should be taken as soon as the patient remembers. A double dose should not be taken on the same day. Remember to take all medicines as directed by your doctor to achieve the best results for your health

PHARMACOLOGICAL PROPERTIES

Linagliptin is an inhibitor of DPP-4, an enzyme that degrades the incretin hormones glucagon-like peptide-1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP). Thus, linagliptin increases the concentrations of active incretin hormones, stimulating the release of insulin in a glucose-dependent manner and decreasing the levels of glucagon in the circulation. Both incretin hormones are involved in the physiological regulation of glucose homeostasis. Incretin hormones are secreted at a low basal level throughout the day and levels rise immediately after meal intake. GLP-1 and GIP increase insulin biosynthesis and secretion from pancreatic beta cells in the presence of normal and elevated blood glucose levels. Furthermore, GLP-1 also reduces glucagon secretion from pancreatic alpha cells, resulting in a reduction in hepatic glucose output.

PHARMACOKINETICS

Absorption

The absolute bioavailability of linagliptin is approximately 30%. A high-fat meal reduced Cmax by 15% and increased AUC by 4%; this effect is not clinically relevant.

Distribution

The mean apparent volume of distribution at steady-state following a single intravenous dose of linagliptin 5 mg to healthy subjects is approximately 1110 L, indicating that linagliptin extensively distributes to the tissues. Plasma protein binding of linagliptin is concentration-dependent, decreasing

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SYSTEM OF MANAGEMENT REVIEW MEETING IN PHARMACEUTICALS

Mohd.Shahid Jargar
(Asst. Manager-QA)

A Management review is a formal, structured meeting which involves top management and takes place at regular intervals throughout the year. The purpose of a Management Review meeting is to review and evaluate the effectiveness of your management system, helping you to determine its continued suitability and adequacy.Management Review meeting is the responsibility of the Q.A Manager to ensure that this procedure is carried out.

 # PROCEDURE OF CONDUCTING MANAGEMENT REVIEW MEETING (MRM):-

- Q.A personnel or designee shall prepare the agenda for M.R.M and share with management review committee.
- MRM shall comprise of all HOD's of different department like QA, QC, Production, R&D, Engineering, store and HRD.
- QA Head or designee shall coordinates with relevant heads of other dept. at least one week before date of MR.M.
- Head of department shall be responsible for preparation of reports and submit them to QA head or designee.
- The members of Management review committee shall provide information/plan to Q.A Head with respect to improvement in Q.M.S (Quality Management System).

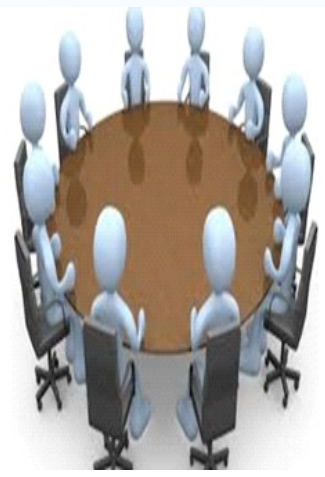
 # FOLLOWING TOPICS MUST BE DISCUSS DURING MR.M:-

✓Status of previous M.R. committee meeting points with present stage of proposed actions plans (executed/ongoing) including target timelines.
✓Status of audits (Customer/Regulatory Agencies) including any overdue CAPA.
✓Annual product quality review (APQR) and recommendations if any.
✓Change control
✓Deviation management
✓Product complaint.
✓CAPA
✓Out of specifications (OOS) & Out of Trend (OOT).
✓Product Recall/Product returns.
✓Vendor Qualification/Rejections.
✓Laboratory incident.
✓Analytical method validation status.
✓Raw /packing materials rejections.
✓Water Trend.
✓Stability Study.
✓Batch reprocessing / Batches taken & release.
✓Trend of yield.
✓Trainig
✓Safety measures.
✓Preventive maintenance & building maintenance.
✓Need of Resources (e.g. Resources in term of manpower, facility, Equipments & instruments.
✓Graphical representation shall be done for change control, deviations,
✓Product complaint, OOS, OOT, Water trend,stability trends, yield trends & CAPA with timelines for better understanding & clarity.
✓QA Head shall update the current status of approved action plans (executed/ongoing) including target timelines and responsible person to M.D.
✓After submission of complete reports by all concerned departments, QA shall prepare the final Management review report.

 # FREQUENCY OF MANAGEMENT REVIEW MEETING (M.R.M):-

- M.R.M shall be conducted on first week of every quarter (third month).
- The status on action plan with target timelines of first quarter shall be reviewed in 2nd quarter of same year and timelines of all quarter shall be reviewed in first quarter of next succeeding year.
- M.R. reports shall be kept confidentially and shall be used as internal tool for quality management.

Management Review/ Meeting Agenda



Thin Layer Chrmatography (TLC) in Drug Analysis

Mr. Narendra Kumar Verma
(Dy. Manager-QCD)

What is thin layer chromatography (TLC) ?

Thin Layer Chromatography is a technique used to isolate non-volatile mixtures. The experiment is conducted on a sheet of aluminium foil, plastic, or glass which is coated with a thin layer of adsorbent material. The material usually used is aluminium oxide, cellulose, or silica gel. On completion of the separation, each component appears as spots separated vertically. Each spot has a retention factor (Rf) expressed as :

Rf = dist. travelled by sample / dist. travelled by solvent

The factors affecting retardation factor are the solvent system, amount of material spotted, adsorbent and temperature. TLC is one of the fastest, least expensive, simplest and easiest chromatography technique.

Thin Layer Chromatography in Drug Analysis covers the most important methods in pharmaceutical applications of TLC, namely, analysis of bulk drug material and pharmaceutical formulations, degradation studies, analysis of biological samples, optimization of the separation of drug classes, and lipophilicity estimation. Thin layer chromatography (TLC) plays an important role in pharmaceutical drug analyses. It requires less complicated or expensive equipment than other techniques, and has the ability to be performed under field conditions.

Thin Layer Chromatography Principle

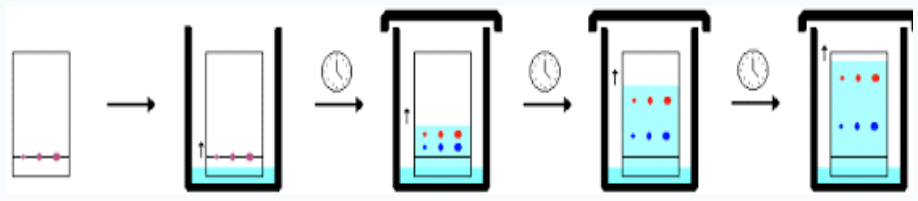
Like other chromatographic techniques, thin-layer chromatography (TLC) depends on the separation principle. The separation relies on the relative affinity of compounds towards both the phases. The compounds in the mobile phase move over the surface of the stationary phase. The movement occurs in such a way that the compounds which have a higher affinity to the stationary phase move slowly while the other compounds travel fast. Therefore, the separation of the mixture is attained. On completion of the separation process, the individual components from the mixture appear as spots at respective levels on the plates. Their character and nature are identified by suitable detection techniques.

Working Procedure of TLC:

TLC is a simple, quick, and inexpensive procedure that gives the chemist a quick answer as to how many components are in a mixture. TLC is also used to support the identity of a compound in a mixture when the Rf of a compound is compared with the Rf of a known compound (preferably both run on the same TLC plate).

A TLC plate is a sheet of glass, metal, or plastic which is coated with a thin layer of a solid adsorbent (usually silica or alumina). A small amount of the mixture to be analyzed is spotted near the bottom of this plate. The TLC plate is then placed in a shallow pool of a solvent in a developing chamber so that only the very bottom of the plate is in the liquid. This liquid, or the eluent, is the mobile phase, and it slowly rises up the TLC plate by capillary action.

As the solvent moves past the spot that was applied, an equilibrium is established for each component of the mixture between the molecules of that component which are adsorbed on the solid and the molecules which are in solution. In principle, the components will differ in solubility and in the strength of their adsorption to the adsorbent and some components will be carried farther up the plate than others. When the solvent has reached the top of the plate, the plate is removed from the developing chamber, dried, and the separated components of the mixture are visualized. If the compounds are colored, visualization is straightforward. Usually the compounds are not colored, so a UV lamp is used to visualize the plates. (The plate itself contains a fluorescent dye which glows everywhere except where an organic compound is on the plate.)



Measurement of Retention factor (Rf) after TLC Plate development

The Rf value

$$Rf = \frac{Distance\ Travel\ by\ the\ compound}{Distance\ Travel\ by\ the\ solvent}$$

The retention factor, or Rf, is defined as the distance traveled by the compound divided by the

Continued on page 10

Marketing Activities

At Janaki Academic Hospital Parsa

Working with DM. SM. RSM. And our colleagues at Lalgadh Model Hospital Lalgadh

Cardio Diabetic Camp on Nemuwa Tole Dhabauli Said Nagarpalika

Birthday Celebrations of
Dr. Rambinay Chaudhary-Ortho.

Working at Matihani Nagarpalika Matihani

विजया दशमी,
शुभ दिपावली तथा छठ पर्व २०८० को
सम्पूर्ण पाठक, लेखक तथा
शुभचिन्तकहरूमा मंगलमय
शुभकामना ब्यक्त गर्दछौ ।

पानस प्रवाह
परिवार

Photo Gallery

17th Company Day






Students Visit to Panas

Students of Diploma in Pharmacy, Seti Technical School Dipayal, Doti (Photo : Sudeep Thapa Chhetri)

शुभकामना


विजया दशमी, शुभ दिपावली तथा छठ पर्व २०८० को पावन अवसरमा सम्पूर्ण नेपाली दाजुभाई दिदीबहिनीहरुमा सुख, समृद्धि र उत्तरोत्तर प्रगतिको लागि हार्दिक मंगलमय शुभकामना ब्यक्त गर्दछौं ।



माधव प्रसाद अधिकारी
(प्रवन्ध निर्देशक)

तथा

डा. रमेश कुमार श्रेष्ठ
(कार्यकारी अध्यक्ष)

पानस फर्मास्युटिकल्स प्रा.लि.

LINAGE 2.5/5 .....

from about 99% at 1 nmol/L to 75%-89% at ≥30 nmol/L, reflecting saturation of binding to DPP-4 with increasing concentration of linagliptin. At high concentrations, where DPP-4 is fully saturated, 70% to 80% of linagliptin remains bound to plasma proteins and 20% to 30% is unbound in plasma. Plasma binding is not altered in patients with renal or hepatic impairment.

Elimination

Linagliptin has a terminal half-life of about 200 hours at steady-state, though the accumulation half-life is about 11 hours. Renal clearance at steady-state was approximately 70 mL/min.

Metabolism

Following oral administration, the majority (about 90%) of linagliptin is excreted unchanged, indicating that metabolism represents a minor elimination pathway. A small fraction of absorbed linagliptin is metabolized to a pharmacologically inactive metabolite, which shows a steady-state exposure of 13.3% relative to linagliptin.

Excretion

Following administration of an oral [14C]-linagliptin dose to healthy subjects, approximately 85% of the administered radioactivity was eliminated via the enterohepatic system (80%) or urine (5%) within 4 days of dosing

SIDE EFFECTS

You should stop taking linagliptin and see your doctor immediately if you experience the symptoms like Low blood sugar (hypoglycemia): if you take linagliptin with another medicine that can cause low blood sugar, such as a sulfonylurea, your risk of getting low blood sugar is higher. The dose of your sulfonylurea medicine may need to be lowered while you take linagliptin. Signs and symptoms of low blood sugar may include: headache, irritability, drowsiness, hunger, weakness, fast heart beat, dizziness, sweating, confusion, feeling jittery. The most common side effects are stuffy or runny nose and sore throat.

PRECAUTIONS

Before taking linagliptin, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies or your medical history, especially of: disease of the pancreas (pancreatitis), stones in your gallbladder (gallstones), heart failure. You may experience blurred vision, dizziness, or drowsiness due to extremely low or high blood sugar. Do not drive, use machinery, or do any activity that requires alertness or clear vision until you are sure you can perform such activities safely. Limit alcohol while taking this medication because it can increase your risk of developing low blood sugar. It may be harder to control your blood sugar when your body is stressed (such as due to fever, infection, injury, or surgery). Consult your doctor because increased stress may require a change in your treatment plan, medications, or blood sugar testing.

Before having surgery, tell your doctor or dentist about all the products you use (including prescription drugs, nonprescription drugs, and herbal products). During pregnancy, this medication should be used only when clearly needed. Pregnancy may cause or worsen diabetes. Discuss a

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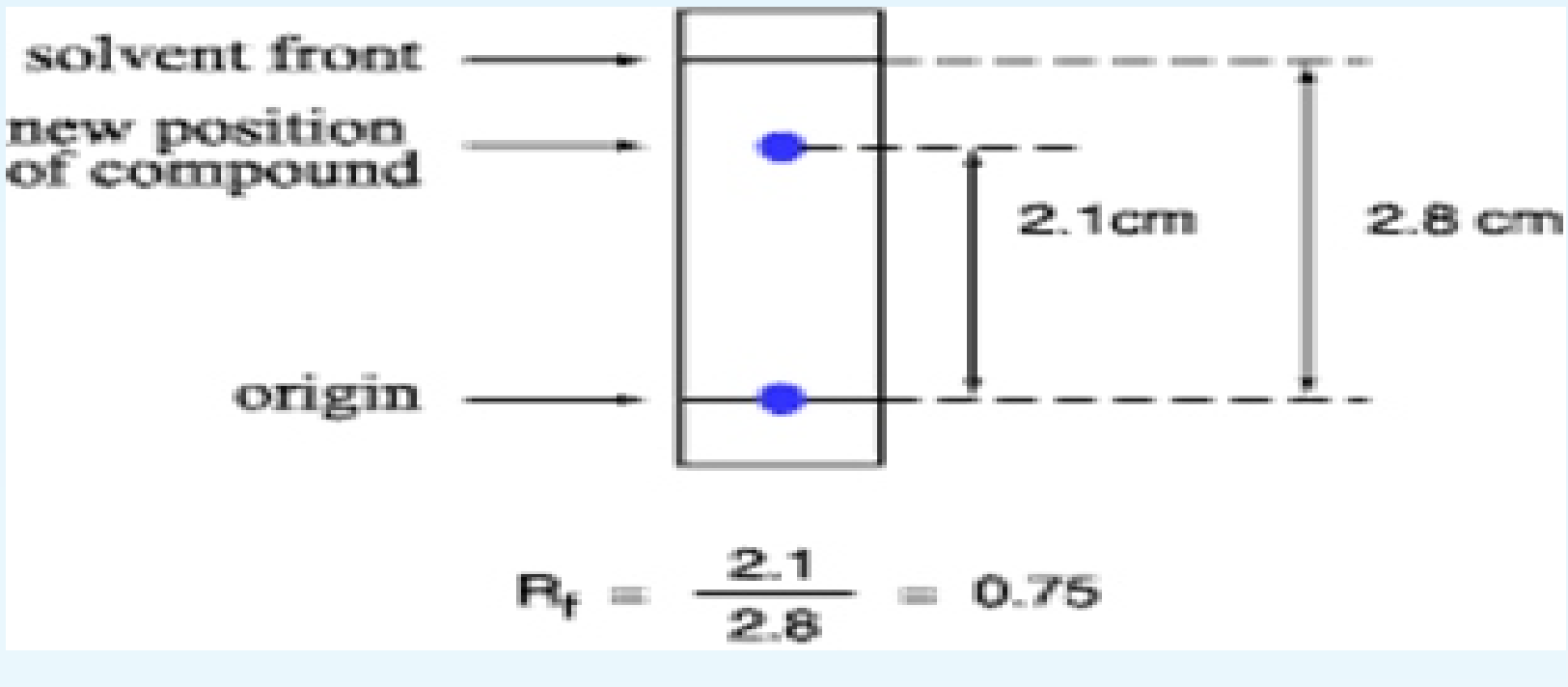
distance traveled by the solvent.
For example, if a compound travels 2.1 cm and the solvent front travels 2.8 cm, the Rf is 0.75:



The Rf for a compound is a constant from one experiment to the next only if the chromatography conditions below are also constant:
solvent system
- adsorbent
- thickness of the adsorbent
- amount of material spotted
- temperature

Interactions between the Compound and the Adsorbent
The strength with which an organic compound binds to an adsorbent depends on the strength of the following types of interactions: ion-dipole, dipole-dipole, hydrogen bonding, dipole induced dipole, and van der Waals forces. With silica gel, the dominant interactive forces between the adsorbent and the materials to be separated are of the dipole-dipole type. Highly polar molecules interact fairly strongly with the polar SiOH groups at the surface of these adsorbents, and will tend to stick or adsorb onto the fine particles of the adsorbent while weakly polar molecules are held less tightly. Weakly polar molecules generally tend to move through the adsorbent more rapidly than the polar species. Roughly, the compounds follow the elution order given below.

Thin Layer Chromatography Applications
- The qualitative testing of various medicines such as sedatives, local anesthetics, anticonvulsant tranquilizers, analgesics, antihistamines, steroids, and hypnotics is done by TLC.
- TLC is extremely useful in Biochemical analysis such as separation or isolation of biochemical metabolites from its blood plasma, urine, body fluids, serum, etc.
- Thin layer chromatography can be used to identify natural products like essential oils or volatile oil, fixed oil, glycosides, waxes, alkaloids, etc.
- It is widely used in separating multicomponent pharmaceutical formulations.
- It is used for the purification of samples and direct comparison is done between the sample and the authentic sample.
- It is used in the food industry, to separate and identify colors, sweetening agent, and preservatives
- It is used in the cosmetic industry.
- It is used to study if a reaction is complete.

Disadvantages of Thin Layer Chromatography:
- Thin Layer Chromatography plates do not have longer stationary phase.
- When compared to other chromatographic techniques the length of separation is limited.
- The results generated from TLC are difficult to reproduce.
- Since TLC operates as an open system, some factors such as humidity and temperature can be can affect the final outcome of the chromatogram.
- The detection limit is high and therefore if you want a lower detection limit, you cannot use TLC.
- It is only a qualitative analysis technique and not quantitative.

Shortly Coming Products ...

SEVEMER-400 & 800

Sevelamer Carbonate Tablets
(Phosphate Binder)

LERACE 250 & 500

Levetiracetam Prolonged Released Tablets IP
(Antiepileptic)

LINAGE 2.5 & 5

Linagliptin Tablets
(Dipeptidyl peptidase-4 inhibitor, Antidabeticc)

SICRET 25, 50 & 100

Sitagliptin Phosphate Tablets IP
(Dipeptidyl peptidase-4 inhibitor, Antidiabetic)

CILNIP 5 & 10

Cilnidipine Tablets IP
(Calcium Channel Blocker)

Spandan Div

1.	**ADOPIN 2.5/5/10**	Amlodipine Besilate Tablets IP
2.	**CARLOS 25/50**	Losartan Potassium Tablets IP
3.	**LIPIROSE 5/10/20**	Rosuvastatin Calcium Tablets IP
4.	**METSAFE 500**	Metformin Hydrochloride Tablets IP
5.	**METSAFE SR 850**	Metformin Hydrochloride SR Tablets IP
6.	**METSAFE ER 1000**	Metformin Hydrochloride ER Tablets USP
7.	**METSAFE GP 1 GP 2**	Metformin HCl PR & Glimepiride Tablets IP
8.	**PROLEE 10 & 20**	Propranolol Hydrochloride Tablets IP
9.	**CARTEL 20/40/80**	Telmisartan Tablets IP
10.	**ADOPIN L & LH**	Amlodipine & Losartan Potassium Tablets IP
11.	**CARTEL AM**	Telmisartan & Amlodipine Tablets IP
12.	**ATROZ 5 & 10**	Atorvastatin Calcium Tablets IP
13.	**EMPANID 10 & 25**	Empagliflozin Tablets
14.	**SULFONIL 1/2**	Glimepiride Tablets IP

Panas Division

1	ACNERIS GEL	Adapalen & Clindamycin Gel	20	MESPAS	Mefenamic Acid Tablets BP
2	AIRMONT 5/10	Montelukast Chewable Tabs. USP	21	MUPICIN 5g/10g	Mupirocin Ointment USP
3	ATUNE 50 DT	Diclofenac Free Acid	22	MUPICIN BM 5g/10g	Mupirocin & Beclomethasone Oint.
4	ATUNE GEL	Compound Diclofenac Gel	23	NEUROCOBAL DT 500/1500	Methylcobalamine Dispersible Tablets
5	AZIPAN 500	Azithromycin Tablets IP	24	MELASTAR CREAM	Hydroquinone, Mometasone Furoate & Tretinoin cream
6	CETOZ	Cetirizine Tablets IP	25	OSSICAL	Calcium Carbonate with vit. D3 Tab.
7	CETOZ-L	Levocetirizine Dihydrochloride Tablet IP	26	PANOXY	Antioxidants Capsules
8	DIROBIN	Compound Dithranol Ointment	27	SILOCAP-4/8	Silodosin Capsules
9	DEEVIT 0.25	Calcitriol Capsules BP	28	PROFILAC	Pre. and Probiotic Capsules
10	DOXMA 400	Doxofyline Tablets IP	29	REGAB 50/75	Pregabalin Capsules IP
11	DUTRIDE 0.5	Dutasteride Tablets	30	SKOPE 10/20	Hyoscine Butyl Bromide Tablets IP
12	EMIDONE DT	Domperide Tablets IP	31	TEBINAF CREAM	Terbinafine Hydrochloride Cream 1%
13	F-CON	Fluconazole Capsules IP	32	TEBINAF 250	Terbinafine Hydrochloride Tablets
14	FLEMAC 100	Acelofenac Tablets IP	33	TOPOZ	Pantoprazole Tablets IP
15	IMULEF 10/20	Leflunomide Tablets IP	34	UNLID 500	Ornidazole Tablets IP
16	IROMAX	Iron with folic Acid chewable Tabs.	35	XTRADERM CREAM	Beclomethasone, Clotrimazole & Gentamycin
17	LEVOQUIN 500	Levofloxacin Tablets IP	36	ZENIM DT	Nimesulide Dispersible Tablets
18	LIVOPAN 300	Ursodeoxycholic Acid Tablets IP	37	ALMINTH	Albendazole Tablets IP
19	ACTILUZ	Luliconazole Cream	38	FAMVIR 125/250/500	Famciclovir Tablets IP
			39	TRANSTOP-500	Tranexamic Acid Tablets IP

NuZen Division

1	BASEL 10/20	Ebastin Tablets IP
2	CLEOCIN 300	Clindamycin Capsules IP
3	DALAFIL 5/10	Tadalafil Tablets IP
4	DEEVIT OINTMENT	Calcitriol Ointment
5	DEEVIT PLUS	Calcium Carbonate & Calcitriol Tabs.
6	DIANA 0.025/0.5	Tretinoin Cream USP
7	DIANA-C 10/20	Isotretinoin Capsules USP
8	DIOSTEO	Diacerine Capsules IP
9	ESPRO 40	Esomeprazole Tablets IP
10	ETOLAC ER 400/600	Etodolac ER Tablets USP
11	ETOLAC 200	Etodolac Tablets USP
12	FLUSH	Flavoxate Tablets BP
13	HAYFEX 120/180	Fexofenadine Hcl Tablets IP
14	ITRAN-100	Itraconazole Caps. USP
15	KAARID 500	Clarithromycin Tablets BP
16	KOZY 50/100	Ubidecarenone Capsules USP
17	TINDER 500/1000	Tinidazole Tablets IP
18	MERINA	Mebeverine Tablets IP
19	MESORAL CREAM 10	Methoxsalen Cream
20	MESORAL 10	Methoxsalen Tablets
21	ORPAR	L-Ornithine L-Aspartate Capsules
22	RUTALGIN	Dexketoprofen Trometamol Gel
23	SPATIZ 2	Tizanidine Tablets IP
24	TACROMUS 0.03%/0.1%	Tacrolimus Ointment
25	AIRMONT L10	Montelukast Sodium and Levocetirizine Hcl Tablets IP

Kalash Division

1	ADETRIP 10/25/75	Amitriptyline HCL Tablets USP
2	DULIFE 20/30/40	Duloxetine GastroResistant Tablets IP
3	BENCLOB 5/10	Clobazam Tablets BP
4	CITICOL 500	Citicoline Tablets
5	CIZIRON 10	Flunarizine Tablets
6	DOLFIN 25/75	Dosulepin Tablets BP
7	ECIDEP 5/10/20	Escitalopram Tablets IP
8	EPISOD 25/50/100	Sertraline Tablets BP
9	OLPIN 2.5/5/10	Olanzapine Tablets IP
10	PSYQUIT 25/50	Quetiapine Tablets IP
11	RASEC 20	Rabeprazole Tablets IP
12	REGAB M (50/750) (75/750) 75/1500	Pregabalin & Methylcobalamin Caps IP
13	DEPIVAL	Nortriptyline Tablets IP
14	ZECLO 0.25/0.5/1/2	Clonazepam Tablets Ip
15	ZEPOX 5/10/25	Chlordiazepoxide Tablets IP
16	ZOLDEM 5/10	Zolpidem Tartrate Tablets IP
17	RIZTIRON 5/10	Rizatriptan Benzote Orally Disintegrating Tablets USP