Moxifloxacin Hydrochloride Eye Drops 0.5% w/v

5.45 mg 5.00 mg

Qualitative & Quantitative Composition:

Each ml contains Moxifloxacin Hydrochloride BP Equivalent to Moxifloxacin base

Sterile aqueous vehicle Pharmaceutical Form:

Ophthalmic Solution (Eye Drops)
Pale yellow coloured clear solution free from visible

List of Excipients:

Boric Acid BP, Borax BP (Disodium Tetraborate Decahydrate), Sodium Chloride BP, Water for Injection IP/RP/IH/USP

Clinical Particulars

Therapeutic Indications:

Moxifloxacin Hydrochloride Eye Drops is indicated for the treatment of bacterial conjunctivitis caused by susceptible strains of the following organisms:

Aerobic Gram-positive microorganisms:

Corvnebacterium species, Micrococcus luteus Staphylococcus aureus, Staphylococcus epidermidis Staphylococcus haemolyticus, Staphylococcus hominis, Staphylococcus warneri, Streptococcus pneumoniae. Streptococcus viridans group

Aerobic Gram-negative microorganisms: Acinetobacter Iwoffi, Haemophilus influenza,

Haemonhilus parainfluenzae Other microorganisms:

Chlamydia trachomatis

Posology and Method of administration:

Use in adults including the elderly (≥65 years)
The dose is one drop in the affected eye(s) 3 times a day.
The infection normally improves within 5 days and treatment should then be continued for a further 2-3 days. If no improvement is observed within 5 days of initiating therapy, the diagnosis and/or treatment should be reconsidered. The duration of treatment depends on the severity of the disorder and on the clinical and bacteriological course of infection.

Paediatric patients
No dosage adjustment is necessary.

Use in hepatic and renal impairment

No dosage adjustment is necessary.

Method of administration
For ocular use only. Not for injection. Moxifloxacin
Hydrochloride Eye Drops, solution should not be injected subconjunctivally or introduced directly into the

anterior chamber of the eye.

To prevent contamination of the dropper tip and solution. care must be taken not to touch the eyelids, surrounding areas or other surfaces with the dropper tip of the bottle. In order to prevent the drops from being absorbed via the nasal mucosa, particularly in new-born infants or children, the nasolacrimal ducts should be held closed

for 2 to 3 minutes with the fingers after administering the drops. After cap is removed, if tamper evident span collar is loose, remove before using the product.

If more than one topical ophthalmic medicinal product is being used, the medicinal products must be administered at least 5 minutes apart. Eye ointments should be administered last.

Contraindications:

Moxifloxacin solution is contraindicated in patients with a history of hypersensitivity to moxifloxacin, to other quinolones, or to any of the components in this medication.

Special warning and precautions for use:

In patients receiving systemically administered quinolones, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial oedema), airway obstruction, dyspnoea, urticaria, and itching.

If an allergic reaction to Moxifloxacin Hydrochloride Eye

Drops occurs, discontinue use of the medicinal product. Serious acute hypersensitivity reactions to moxifloxacin or any other product ingredient may require immediate emergency treatment, Oxygen and airway management should be administered where clinically indicated.

As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fundi. If superinfection occurs, discontinue use and institute alternative therapy.
Tendon inflammation and rupture may occur with

systemic fluoroquinolone therapy including moxifloxacin, particularly in older patients and those treated concurrently with corticosteroids. Following ophthalmic administration of Moxifloxacin Hydrochloride Eve Drops plasma concentrations of moxifloxacin are much lower than after therapeutic oral doses of moxifloxacin however, caution should be exercised and treatment with Moxifloxacin Hydrochloride Eye Drops should be discontinued at the first sign of tendon inflammation

Moxifloxacin Hydrochloride Eve Drops should not be used for the prophylaxis or empiric treatment of gonococcal conjunctivitis, including gonococcalophthalmia neonatorum, because of the prevalence of fluoroguinolone resistant Neisseria gonorrhoeae. Patients with eye infections caused by Neisseria conorrhoeae should receive appropriate

Patients should be advised not to wear contact lenses if they have signs and symptoms of a bacterial ocular infection.

Paediatric population
Data are very limited to establish efficacy and safety of Moxifloxacin Hydrochloride Eye Drops in the treatment of conjunctivitis in neonates. Therefore use of this medicinal product to treat conjunctivitis in neonates is not recommended.

Neonates with ophthalmia neonatorum should receive appropriate treatment for their condition, e.g. systemic treatment in cases caused by Chlamydia trachomitis or Neisseria gonorrhoeae.

The medicinal product is not recommended for the treatment of Chlamydia trachomatis in patients less than 2 years of age as it has not been evaluated in such patients. Patients older than 2 years of age with eye

infections caused by Chlamydia trachomitis should receive appropriate systemic treatment.

Interactions with other medicinal products and

other forms of Interactions: In vitro studies indicate that moxifloxacin does not inhibit CYP3A4, CYP2D6, CYP2C9, CYP2C19, or CYP1A2, indicating that moxifloxacin is unlikely to alter the pharmacokinetics of drugs metabolized by these cvtochrome P450 isozvmes.

Pregnancy and Lactation:

Pregnancy
There are no or limited amount of data from the use of Moxifloxacin Hydrochloride Eye Drops in pregnant women. However, no effects on pregnancy are anticipated since the systemic exposure to moxifloxacin is negligible. The medicinal product can be used during

Breastfeeding It is unknown whether moxifloxacin/metabolites are excreted in human milk. Animal studies have shown excretion of low levels in breast milk after oral administration of moxifloxacin. However, at therapeutic doses of Moxifloxacin Hydrochloride Eye Drops no effects on the suckling child are anticipated. The medicinal product can be used during breast-feeding.

Studies have not been performed to evaluate the effect of ocular administration of Moxifloxacin Hydrochloride
Eye Drops on fertility.

Effects on ability to drive and use machine:

Moxifloxacin Hydrochloride Eye Drops has no or negligible influence on the ability to drive and use machines, however, as with any eye drops, temporary blurred vision or other visual disturbances may affect the ability to drive or use machines. If blurred vision occurs at instillation, the patient should wait until their vision clears before driving or using machinery

Summary of the safety profile
In clinical studies involving 2,252 patients, Moxifloxacin
Hydrochloride Eye Drops was administered up to 8 times a day, with over 1,900 of these patients receiving treatment 3 times daily. The overall safety population that received the medicinal product consisted of 1,389 patients from the United States and Canada, 586 patients from Japan and 277 patients from India. No serious onhthalmic or systemic undesirable effects related to the medicinal product were reported in any of the clinical studies. The most frequently reported treatment-related undesirable effects with the medicinal product were eve irritation and eve pain, occurring at an overall incidence of 1 to 2%. These reactions were mild in 96% of those patients who experienced them, with only 1 patient discontinuing therapy as a result.

Tabulated summary of adverse reactions
The following adverse reactions are classified according to the following convention: very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100) rare (>1/10.000 to <1/1.000) very rare (<1/10,000) or not known (cannot be estimated from the available data). Within each frequency grouping. undesirable effects are presented in decreasing order of

system Organ Lassification	Frequency	Adverse reactions
Blood and mphatic system lisorders	Rare	haemoglobin decreased
mmune system lisorders	Not known	Hypersensitivity
lervous system lisorders	Uncommon Rare Not known	headache paresthesia dizziness
ye disorders	Common Uncommon Rare	eye pain, eye irritation punctate keratitis, dry eye, conjunctival haemofraitis, dry eye, conjunctival haemofraitis, dry eye, conjunctival haemofraitis, dry eye purittis, eyeld oedema, ocular discomfort, comeal ophiellum defect, comeal discomfort, comeal ophiellum defect, comeal discomfort, ordination defens, vision burred, vision bur
Cardiac disorders	Not known	palpitations
Respiratory, horacic and nediastinal lisorders	Rare	nasal discomfort, pharyngolaryngeal pain, sensation of foreign body (throat) dyspnoea
Bastrointestional lisorders	Uncommon Rare Not known	dysgeusia vomiting nausea
lepatobiliary lisorders	Rare	alanine aminotransferase increased, gamma-glutamy transferase increased
Skin and ubcutaneous ssue disorders	Not known	erythema, rash, pruritus, urticaria

Description of selected adverse reactions

Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following first dose, have peen reported in patients receiving systemic quinolone therapy. Some reactions were accompanied by cardiovascular collapse, loss of consciousness angioedema (including laryngeal, pharyngeal or facial

Ruptures of the shoulder, hand, Achilles, or other tendons that required surgical repair or resulted in prolonged disability have been reported in patients receiving systemic fluoroquinolones. Studies and post marketing experience with systemic quinolones indicate that a risk of these ruptures may be increased in patients receiving corticosteroids, especially geriatric patients and in tendons under high stress, including Achilles tendon. Paediatric population

In clinical trials, Moxifloxacin Hydrochloride Eve Drons has shown to be safe in paediatric patients, including neonates. In patients under 18 years old, the two most frequent adverse reactions were eye irritation and eye nain, both occurring at an incidence rate of 0.9% Based on data from clinical trials involving paediatric patients, including neonates, the type and severity of adverse reactions in the paediatric population are similar to those in adults.

Overdosage:
The limited holding capacity of the conjunctival sac for ophthalmic products practically precludes any overdosing of the medicinal product

The total amount of moxifloxacin in a single container is too small to induce adverse effects after accidental

Pharmacological properties:

Pharmacodynamic Properties:
Pharmacotherapeutic group: Ophthalmologicals; antiinfectives, other anti-infectives, ATC code: S01AE07

Mechanism of Action

Moxifloxacin, a fourth-generation fluoroquinolone, inhibits the DNA gyrase and topoisomerase IV required for bacterial DNA replication, repair, and recombination.

Resistance: Resistance to fluoroquinolones, including moxifloxacin generally occurs by chromosomal mutations in genes encoding DNA gyrase and topoisomerase IV. In Gramnegative bacteria, moxifloxacin resistance can be due to mutations in mar (multiple antibiotic resistance) and the qnr (quinolone resistance) gene systems. Resistance is also associated withexpression of bacteria efflux proteins and inactivating enzymes. Cross-resistance with beta-lactams, macrolides andaminoglycosides is not expected due to differences in mode of action

Susceptibility Testing Breakpoints
There are no pharmacological data correlated with clinical outcome for moxifloxacin administered as a topical agent, Asa result, the European Committee on Antimicrobial Susceptibility Testing (EUCAST) suggests the following epidemiological cut-off values (ECOFF mg/l) derived from MIC distribution curves to indicate susceptibility to topical moxifloxacin:

Corynebacterium	ND
Staphylococcus aureus	0.25 mg/l
Staphylococcus , coag-neg.	0.25 mg/l
Streptococcus pneumoniae	0.5 mg/l
Streptococcus pyogenes	0.5 mg/l
Streptococcus, viridans group	0.5 mg/l
Enterobacter spp.	0.25 mg/l
Haemophilus influenzae	0.125 mg/l
Klebsiella spp.	0.25 mg/l
Moraxella catarrhalis	0.25 mg/l
Morganella morganii	0,25 mg/l
Neisseria gonorrhoeae	0.032 mg/l
Pseudomonas aeruginosa	4 mg/l
Serratia Marcescens	1 mg/l

The prevalence of acquired resistance may vary geographically and with time for selected species and local information on resistance is desirable, particularly when treating severe infections. As necessary, expert advice should be sought when the local prevalence of resistance is such that the utility of moxifloxacin in at least some types of infections is questionable.

COMMONLY SUSCEPTIBLE SPECIES Aerobic Gram-positive micro-organisms Corynebacterium species including
Corynebacterium diphtheriae
Staphylococcus aureus (methicillin susceptible) Streptococcus pneumoniae

Aerobic Gram-negative micro-organisms:

Streptococcus pyogenes Strentococcus viridans Group

Enterobacter doacae Haemophilus influenzae Klebsiella oxytoca Moraxella catarrhalis Serratia marcescens

Anaerobic micro-organisms:

Proprionibacterium acnes Other micro-organisms:

Chlamydia trachomatis

SPECIES FOR WHICH ACQUIRED RESISTANCE MAY BEAPROBLEM
Aerobic Gram-positive micro-organisms:

Staphylococcus aureus (methicillin resistant)
Staphylococcus, coagulase-negative species

Aerobic Gram-negative micro-organisms: Neisseria gonorrhoeae

Other micro-organisms:

INHERENTLY RESISTANT ORGANISMS Aerobic Gram-negative micro-organisms : Pseudomonas aeruginosa

Other micro-organisms

Pharmacokinetics Properties: Plasma concentrations of moxifloxacin were measured in healthy adult male and female subjects who received bilateral topical ocular doses of Moxifloxacin 3 times a day. The mean steady-state Cmax (2.7 ng/mL) and estimated daily exposure AUC0-∞ (45 nghr/mL) values were 1,600 and 1,000 times lower than the mean Cmax and AUC reported after therapeutic 400 mg doses of moxifloxacin. The plasma half-life of moxifloxacin was estimated to be 13 hours.

Microbiology

The antibacterial action of moxifloxacin results from inhibition of the topoisomerase II (DNA gyrase) and tonoisomerase IV DNA gyrase is an essential enzyme. that is involved in the replication, transcription and repair of bacterial DNA. Topoisomerase IV is an enzyme known to play a key role in the partitioning of the chromosomal DNA during bacterial cell division.

The mechanism of action for quinolones, including

moxifloxacin is different from that of macrolides aminoglycosides, or tetracyclines. Therefore, moxifloxacin may be active against pathogens that are resistant to these antibiotics and these antibiotics may be active against pathogens that are resistant to moxifloxacin. There is no cross-resistance between moxifloxacin and the aforementioned classes of antibiotics. Cross resistance has been observed betw systemic moxifloxacin and some other quinolones.

Back

In vitro resistance to moxifloxacin develops via multiplesten mutations. Resistance to moxifloxacin occurs in vitro at a general frequency of between 1.8 x 10° to less than 1 x 10 " for Gram-positive bacteria. Moxifloxacin has been shown to be active against most

strains of the following microorganisms, both in vitro and in clinical infections as described in the indications and usage section:

Aerobic Gram-positive microorganisms:

Listeria monocytogenes, Staphylococcus saprophyticus, Streptococcus agalactiae, Streptococcus mitis. Streptococcus pyogenes. Streptococcus Group C, G and F

Aerobic Gram-negative microorganisms: Acinetobacter baumannii, Acinetobacter calcoaceticus,

Citrohacter freundii Citrohacter koseri Enterohacter aerogenes, Enterobacter cloacae, Escherichia coli, Klebsiella oxytoca, Klebsiella pneumonia, Moraxella catarrhalis, Morganella morganii, Neisseria gonorrhoeae. Proteus mirabilis. Proteus vulgaris. Pseudomonas stutzen

Clostridium perfringens, Fusobacterium species, Prevotella species, Propionibacterium acnes,

Other microorganisms:

Chlamydia pneumonia, Legionella pneumophila, Mycobacterium avium, Mycobacterium marinum, Mycoplasma pneumoniae

Preclinical Safety data:

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Long-term studies in animals to determine the carcinogenic potential of moxifloxacin have not been performed. However, in an accelerated study with initiators and promoters moxifloxacin was not carcinogenic in rats following up to 38 weeks of oral dosing at 500 mg/kg/day (3224 times the highest recommended total daily human ophthalmic dose for a 60 kg person, based on body surface area).

Mutagenesis:

Moxifloxacin was not mutagenic in four bacterial strains used in the Ames Salmonella reversion assay. As with other quinolones, the positive response observed with moxifloxacin in strain TA 102 using the same assay may be due to the inhibition of DNA gyrase. Moxifloxacin was not mutagenic in the CHO/HGPRT mammalian cell gene mutation assay An equivocal result was obtained in the same assay when v79 cells were used. Moxifloxacin was clastogenic in the v79 chromosome aberration assay, but it did not induce unscheduled DNA synthesis in cultured rat hepatocytes. There was no evidence of genotoxicity in vivo in a micronucleus test or a dominant lethal test in mice

Impairment of Fertility:

Moxifloxacin had no effect on fertility in male and female rats at oral doses as high as 500 mg/kg/day. approximately 3224 highest recommended total daily human ophthalmic dose, based on body surface area, At 500 mg/kg orally there were slight effects on sperm morphology (head-tail separation) in male rats and on the estrous cycle in female rats.

Pharmaceutical particulars

Incompatibilities: Not applicable

Shelf life: 3 Years (Unonened). One month after first

Special Precautions for storage: Do not store above 30°C. Protect from direct sunlight.

Nature and contents of container:
Opaque low-density polyethylene of 5 ml or 3ml bottle with open translucent open nozzle, plastic closure and HDPE cap packed in carton along with pack insert.

Marketing Authorization Holder:

Manufacturing Site : Ajanta Pharma Ltd. Mirza - Palashbhari Road, Village Kokhiar, Kamrup (R)

Registered office:

Ajanta House, Charkop, Kandiali (W), Mumbai 400 067 India.

Marketing Authorization Numbers: Not Applicable

Date of first authorization/ renewal of the Not Applicable

Date of revision of text: Jan 2022

apdrops

Eye Drops

Moxifloxacin Hydrochloride Eye Drops

Patient Information Leaflet

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

Keep this leaflet. You may need to read it again.

- If you have any further questions, ask your doctor, pharmacist or nurse.
 This medicine has been prescribed for you only. Do
- not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side

What is in this leaflet:

- What Apdrops is and what it is used for
- 2. What you need to know before you are given Apdrops 3. How to use Apdrops
- 4. Possible side effects
- How to store Apdrops
 Contents of the pack and other information

1. What Apdrops is and what it is used for

APDROPS eye drops are used for the treatment of infections of the eye (conjunctivitis) when caused by bacteria. The active ingredient is moxifloxacin an onhthalmological anti-infective

2. What you need to know before you use Apdrops

Do not use Apdrops If you are allergic (hypersensitive) to moxifloxacin, to other quinolones, or any of the other ingredients of

Warnings and Precautions

this medicine

- Talk to your doctor or pharmacist:

 If you experience an allergic reaction to APDROPS. Allergic reactions occur uncommonly and serious reactions occur rarely. If you experience any allergic (hypersensitivity), reaction or any side effect,
- If you wear contact lenses stop wearing your lenses if you have any signs or symptoms of an eye infection. Wear your glasses instead. Do not start wearing your lenses again until the signs and symptoms of the infection have cleared and until you have stopped using the medicine.
- Tendon swelling and rupture have happened in people taking oral or intravenous fluoroguinolones. people taking oral or intravenous incoroquinosmos, particularly in older patients and in those treated concurrently with corticosteroids. Stop taking APDROPS if you develop pain or swelling of the

As with any antibiotic, use of APDROPS for a long time

Driving and using machines

you may find that your vision is blurred for a short time just after you use APDROPS. Do not drive or use chines until this has worn off.

Other medicines and Androns

Tell your doctor or pharmacist if you are taking, have recently taken, or might take any other medicines, including medicines obtained without a prescription.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist before using APDROPS eye drops.

3. How to use Apdrops Always use this medicine exactly as your doctor or

pharmacist has told you. Check with your doctor or pharmacist if you are not sure. The recommended dose is

Adults, including the older, and children:

drop in the affected eye or eyes, 3 times a day (in the morning, in the afternoon and at night).

APDROPS can be used in children, in patients over 65

years of age and patients with kidney or liver problems here is only very limited information on the use of this medicine in the newborn and its use is not recomme in the newborn.

Only use the medicine in both eyes if your doctor told you

to. Only use APDROPS for dropping in your eyes.
The infection normally improves within 5 days. If no

improvement is seen, contact your doctor. You should continue to use the drops for a further 2 - 3 days or as long as your doctor told you to.

Get the APDROPS bottle and stand in front of a mirror

- Wash your hands Twist off the can
- After cap is removed, if tamper evident snap collar is loose, remove before using the product
- · Hold the bottle, pointing down, between your thumb and fingers
- Tilt your head back. Pull down your eyelid with a clean finger, until there is a 'pocket' between the eyelid and your eye.
- Bring the bottle tip close to the eve. Use the mirror if it
- . Do not touch your eye or eyelid, surrounding areas or other surfaces with the dropper. It could infect the
- Gently press the bottom of the bottle to release one drop of medicine at a time
 After using APDROPS, press a finger into the corner
- of your eye, by the nose for 2 3 minutes. This helps to stop the medicine getting into the rest of the body and is important in young children
- If you are using the drops in both eyes, wash your hands before you repeat the steps for your other eye. This will help prevent spreading the infection from one
- eye to the other Close the bottle cap firmly immediately after use

If a drop misses your eye, try again

If you use more medicine than you should, rinse it all out with warm water. Do not put in any more drops until it is time for your next regular dose

If you accidentally swallow, APDROPS contact your doctor or pharmacist for advice

If you forget to use the medicine, continue with the next dose as planned. Do not use a double dose to make up for a forgotten dose

If you are using other eye drops, leave at least 5 minutes between putting in APDROPS and the other drops.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects
Like all medicines, APDROPS can cause side effects although not everybody gets them

You can usually carry on taking the drops, unless the effects are serious or if you suffer a severe allergic reaction.

If you experience a severe allergic reaction and any of the following happen, stop taking APDROPS immediately and tell your doctor immediately: swelling of the hands, feet, ankles, face, lips, mouth or throat, which may cause difficulty in swallowing or breathing rash or hives, large fluid - filled blisters, sores and ulceration.

Common side effects (May affect up to 1 in 10 people) Effects in the eye: eye pain, eye irritation

Uncommon side effects

(May affect up to 1 in 100 people) Effects in the eye: dry eye, itchy eye, redness of the eye. eye surface inflammation or scarring, broken blood vessel in eye, abnormal eye sensation, eyelid abnormality itching redness or swelling

General side effects: headache and bad taste

Rare side effects (May affect up to 1 in 1000 people)

Effects in the eye: corneal disorder, blurred or reduced vision, inflammation or infection of the conjunctiva, eye strain, eve swelling

General side effects: vomiting, nose discomfort, feeling of a lump in the throat, decreased iron in blood, abnormal liver blood tests, abnormal skin sensation, pain, throat

Not known

(Frequency cannot be estimated from the available data) Effects in the eve: infection in the eve. eve surface becomes cloudy, corneal swelling, deposits on the eye surface, increased pressure in eye, scratch on surface of

surface, increased pressure in eye, scratch or surface or eye, eye allergy, eye discharge, increased tear production, sensitivity to light General side effects: shortness of breath, irregular heart rhythm, dizziness, increased allergic symptoms, itching, rash, skin redness, nausea and urticaria.

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. By reporting side effects, you can help provide more information on the safety of this

5. How to store Apdrops

- 1. Keep this medicine out of the sight and reach of children.
- Do not use this medicine after the expiry date, which is stated on the bottle label and carton after "EXP". The expiry date refers to the last day of that month.
- This medicine does not need any special storage conditions.
- Stop using the bottle 4 weeks after first opening. This is to prevent infections.
- Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment

6. Contents of the pack and other information

What Androns contains

The active substance is: Moxifloxacin Hydrochloride BP

List of Excipients: Boric Acid BP, Borax BP (Disodium Tetraborate Decahydrate), Sodium Chloride BP, Water for Injection

What Apdrops looks like and contents of the pack

Pale yellow coloured, clear solution, free from visible

Opaque low-density polyethylene of 5 mL or 3mL bottle with open translucent open nozzle, plastic closure and HDPE cap packed in carton along with pack insert.

LDPE vial containing 5 mL of solution along with patient

SUPPLIER AND MANUFACTURER

	Supplier	Manufacturer
	Ajanta Pharma Limited Ajanta House, Charkop Kandivli (West) Mumbai - 400 067 India.	Ajanta Pharma Limited Mirza-Palashbari Road, Village Kokjhar, Kamrup (R), Guwahati, Assam - 781128.

For any information about this medicinal product,

DATE OF PUBLICATION OR REVISION