VOXAMINE®

(Fluvoxamine Maleate 50 & 100mg)

واکزامین

50، 100 ملی گرام ٹیبلیٹ

COMPOSITION
Voxamine Tablet 50mg:
Each film coated tablet contains: Fluvoxamine Maleate BP.....50mg
Voxamine Tablet 100mg:
Each film coated tablet contains: Fluvoxamine Maleate BP.....100mg (BP Specs.)

WARNING: SUIDALITY AND ANTIDEPRESSANT DRUGS
Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Prescribers considering the use of Fluvoxamine or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Fluvoxamine Maleate tablets are not approved for pediatric patients except for patients with obsessive compulsive disorder (OCD).

DESCRIPTION
Fluvoxamine Maleate is a selective serotonin (5-HT) reuptake inhibitor (SSRI) used in the treatment of depression and obsessive compulsive disorder. It is chemically designated as 5-methoxy-4-(trifluoromethyl) valerophenone (E)-O-(2-aminoethyl) oximemaleate (1: 1) and has the empirical formula $C_{15}H_{21}O_2N_2F_3$ $C_4H_4O_4$.

CLINICAL PHARMACOLOGY

Mechanism of action
The mechanism of action of Fluvoxamine is thought to be related to selective serotonin re-uptake inhibition in brain neurons. There is minimum interference with noradrenergic processes. Receptor binding studies have demonstrated that Fluvoxamine has negligible binding capacity to alpha-adrenergic, beta-adrenergic, histaminergic, muscarine cholinergic, dopaminergic or serotonergic receptors.

Pharmacokinetics

Absorption
Fluvoxamine is completely absorbed following oral administration. Maximum plasma concentrations occur within 3-8 hours of dosage. The mean absolute bioavailability is 53%, due to first-pass metabolism.The pharmacokinetics of fluvoxamine is not influenced by concomitant food intake.

Distribution
In vitro binding of Fluvoxamine to human plasma proteins is about 80%.

Metabolism
Fluvoxamine undergoes extensive metabolism in the liver. Although CYP2D6 is in vitro the main isoenzyme involved in fluvoxamine's metabolism, plasma concentrations in poor metabolisers for CYP2D6 are not much higher than those in extensive metabolisers.
Fluvoxamine undergoes extensive hepatic transformation, mainly via oxidative demethylation, into at least nine metabolites, which are excreted by the kidneys. The two major metabolites showed negligible pharmacological activity. The other metabolites are not expected to be pharmacologically active. Fluvoxamine is a potent inhibitor of CYP1A2 and CYP2C19. A moderate inhibition was found for CYP2C9, CYP2D6 and CYP3A4.
Fluvoxamine displays linear single-dose pharmacokinetics. Steady-state concentrations are higher than calculated from single-dose data, and this disproportional increase is more pronounced with higher daily doses.

Elimination
The mean plasma half-life is approximately 13-15 hours after a single dose, and slightly longer (17-22 hours) during repeated dosing, when steady-state plasma levels are usually achieved within 10-14 days.

INDICATIONS
- Major depressive episode in adults.
- Obsessive Compulsive Disorder in adults, children over 8 years and adolescents

Limitations of Use
Fluvoxamine is not approved for use in pediatric population and adolescents except for patients with Obsessive Compulsive disorder who are over 8 years of age.
The safety and efficacy of Fluvoxamine in the treatment of major depressive disorder (depression) has not been established in pediatric population and adolescents.

DOSAGE AND ADMINISTRATION

Adult Dosage

Depression:
The recommended dose is 100mg daily. Patients should start on 50 or 100mg, given as a single dose in the evening. Dosage should be reviewed and adjusted if necessary within three to four weeks of initiation of therapy and thereafter as judged clinically appropriate. Although there may be an increased potential for undesirable effects at higher doses, if after some weeks on the recommended dose insufficient response is seen some patients may benefit from having their dose increased gradually up to a maximum of 300mg a day. Doses up to 150 mg can be given as a single dose, preferably in the evening. It is advisable that a total daily dose of more than 150 mg is given in two or three divided doses. Dosage adjustments should be made carefully on an individual patient basis, to maintain the patients at the lowest effective dose.Patients with depression should be treated for a sufficient period of at least six months to ensure that they are free from symptoms.

Obsessive compulsive disorder:
The recommended dose is between 100-300mg daily. Patients should start at 50mg per day. Although there may be an increased potential for undesirable effects at higher doses, if after some weeks on the recommended dose insufficient response is seen some patients may benefit from having their dose increased gradually up to maximum of 300mg a day. Doses up to 150 mg can be given as a single dose, preferably in the evening. It is advisable that a total daily dose of more than 150 mg is given in two or three divided doses. If a good therapeutic response has been obtained, treatment can be continued at a dosage adjusted on an individual basis.

While there are no systematic studies to answer the question of how long to continue fluvoxamine treatment, OCD is a chronic condition and it is reasonable to consider continuation beyond 10 weeks in responding patients. Dosage adjustments should be made carefully on an individual patient basis, to maintain the patients at the lowest effective dose. The need for treatment should be reassessed periodically. Some clinicians advocate concomitant behavioural psychotherapy for patients who have done well on pharmacotherapy. Long-term efficacy (more than 24 weeks) has not been demonstrated in OCD.

Pediatric Dosage (children and adolescents)
In children over eight years and adolescents there is limited data on a dose of up to 100 mg b.i.d for 10 weeks. The starting dose is 25 mg per day. Increase every 4-7 days in 25 mg increments as tolerated until an effective dose is achieved. The maximum dose in children should not exceed 200 mg/day. It is advisable that a total daily dose of more than 50 mg should be given in two divided doses. If the two divided doses are not equal, the larger dose should be given at bedtime

Withdrawal symptoms seen on discontinuation of fluvoxamine:
Abrupt discontinuation should be avoided. When stopping treatment with fluvoxamine the dose should be gradually reduced over a period of at least one or two weeks in order to reduce the risk of withdrawal reactions. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered. Subsequently, the physician may continue decreasing the dose, but at a more gradual rate.

Dosage adjustments in Elderly or Hepatic Impaired Patients
Elderly patients and those with hepatic impairment have been observed to have a decreased clearance of Fluvoxamine maleate. Consequently, it may be appropriate to modify the initial dose and the subsequent dose titration for these patient groups.

Method of administration:
Fluvoxamine tablets should be swallowed with water and without chewing.

CONTRAINDICATIONS
Fluvoxamine is contra-indicated in combination with tizanidine and monoamine oxidase inhibitors (MAOIs). At least two weeks should elapse between discontinuation of an irreversible MAOI and initiation of treatment with Fluvoxamine. Treatment with Fluvoxamine can be initiated the following day after discontinuation of the reversible MAOIs (e.g. moclobemide). At least one week should elapse between discontinuation of Fluvoxamine and initiation of therapy with any MAOI.
Furthermore, Fluvoxamine is contra-indicated in patients with a history of hypersensitivity to Fluvoxamine maleate

WARNINGS AND PRECAUTIONS

Suicide/suicidal thoughts or clinical worsening:
Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery.
Other psychiatric conditions for which fluvoxamine is prescribed can also be associated with an increased risk of suicide-related events. In addition, these conditions may be co-morbid with major depressive disorder. The same precautions observed when treating patients with major depressive disorder should therefore be observed when treating patients with other psychiatric disorders.
Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment are known to be at greater risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment.

Young adults (ages 18 to 24 years)
A meta-analysis of placebo-controlled clinical trials of antidepressant drugs in adult patients with psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients less than 25 years old.
Close supervision of patients and in particular those at high risk should accompany drug therapy especially in early treatment and following dose changes.
Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present.

Paediatric population:
Fluvoxamine should not be used in the treatment of children and adolescents under the age of 18 years, except for patients with Obsessive Compulsive Disorder. Suicide-related behaviours (suicide attempt and suicidal thoughts), and hostility (predominantly aggression, oppositional behaviour and anger) were more frequently observed in clinical trials among children and adolescents treated with antidepressants compared to those treated with placebo. If, based on clinical need, a decision to treat is nevertheless taken, the patient should be carefully monitored for the appearance of suicidal symptoms.
In addition, long-term safety data in children and adolescents concerning growth, maturation and cognitive and behavioural development are lacking.

Geriatric population:
Data in elderly subjects give no indication of clinically significant differences in normal daily dosages compared to younger subjects. However, upward dose titration should be done slower in the elderly, and dosing should always be done with caution.

Renal and hepatic impairment:
Patients suffering from hepatic or renal insufficiency should start on a low dose and be carefully monitored.
Treatment with fluvoxamine has rarely been associated with an increase in hepatic enzymes, generally accompanied by clinical symptoms. In such cases treatment should be discontinued.

Withdrawal symptoms seen on discontinuation of fluvoxamine treatment:
Withdrawal symptoms when treatment is discontinued are common, particularly if discontinuation is abrupt. In clinical trials, adverse events seen on treatment discontinuation occurred in approximately 12% of patients treated with fluvoxamine, which is similar to the incidence seen in patients taking placebo. The risk of withdrawal symptoms may be dependent on several factors including the duration and dose of therapy and the rate of dose reduction.
The most commonly reported symptoms in association with withdrawal of the product include: dizziness, sensory disturbances (including paraesthesia, visual disturbances and electric shock sensations), sleep disturbances (including insomnia and intense dreams), agitation, irritability, confusion, emotional instability,headache, nausea and/or vomiting and diarrhoea, sweating and palpitations, tremor and anxiety.
Generally these events are mild to moderate; however, in some patients they may be severe in intensity. They usually occur within the first few days of discontinuing treatment, but there have been very rare reports of such symptoms in patients who have inadvertently missed a dose.
Generally these symptoms are self-limiting and usually resolve within 2 weeks, though in some individuals they may be prolonged (2-3 months or more). It is therefore advised that fluvoxamine should be gradually tapered when discontinuing treatment over a period of several weeks or months, according to the patient's needs.

Psychiatric Disorders:
Fluvoxamine should be used with caution in patients with a history of mania/hypomania. Fluvoxamine should be discontinued in any patient entering a manic phase.

Akathisia/psychomotor restlessness:
The use of fluvoxamine has been associated with the development of akathisia, characterised by a subjectively unpleasant or distressing restlessness and need to move often accompanied by an inability to sit or stand still. This is most likely to occur within the first few weeks of treatment. In patients who develop these symptoms, increasing the dose may be detrimental.

Nervous system disorders:
Although in animal studies fluvoxamine has no pro-convulsive properties, caution is recommended when the drug is administered to patients with a history of convulsive disorders. Fluvoxamine should be avoided in patients with unstable epilepsy and patients with controlled epilepsy should be carefully monitored. Treatment with fluvoxamine should be discontinued if seizures occur or if seizure frequency increases.
On rare occasions, development of a serotonin syndrome or neuroleptic malignant syndrome-like events have been reported in association with treatment of fluvoxamine, particularly when given in combination with other serotonergic and/or neuroleptic drugs. As these syndromes may result in potentially life-threatening conditions, treatment with fluvoxamine should be discontinued if such events (characterised by clusters of symptoms such as hyperthermia, rigidity, myoclonus, autonomic instability with possible rapid fluctuations of vital signs, mental status changes including confusion, irritability, extreme agitation progressing to delirium and coma) occur and supportive symptomatic treatment should be initiated.
In exceptional circumstances, linezolid (an antibiotic which is a reversible relatively weak non-selective MAOI) can be given in combination with fluvoxamine provided that there are

facilities for close observation and management of symptoms of serotonin syndrome and monitoring of blood pressure. If symptoms occur, physicians should consider discontinuing one or both agents.

Metabolism and nutrition disorders:
As with other SSRIs, hyponatraemia has been rarely reported, and it appears to be reversible when fluvoxamine is discontinued. Some cases were possibly due to the syndrome of inappropriate antidiuretic hormone secretion. The majority of reports were associated with older patients.
Glycaemic control may be disturbed (i.e., hyperglycaemia, hypoglycaemia, decreased glucose tolerance), especially in the early stages of treatment. When fluvoxamine is given to patients with a known history of diabetes mellitus, the dosage of anti-diabetic drugs may need to be adjusted.

Eye Disorders:
Mydriasis has been reported in association with SSRIs such as fluvoxamine. Therefore caution should be used when prescribing fluvoxamine in patients with raised intraocular pressure or those at risk of acute narrow-angle glaucoma.

Haematological disorders:
There have been reports of the following haemorrhagic disorders: gastrointestinal bleeding, gynaecological haemorrhage, and other cutaneous or mucous bleeding with SSRIs. Caution is advised in patients taking SSRIs particularly in elderly patients and in patients who concomitantly use drugs known to affect platelet function (e.g. atypical antipsychotics and phenothiazines, most TCAs, acetylsalicylic acid, NSAIDs) or drugs that increase risk of bleeding, as well as in patients with a history of bleeding and in those with predisposing conditions (e.g. thrombocytopenia or coagulation disorders).

Cardiac disorders:
Fluvoxamine should not be co-administered with terfenadine, astemizole or cisapride as plasma concentrations may be increased resulting in a higher risk for QT-prolongation/Torsade de Pointes.
Due to lack of clinical experience special attention is advised in the situation of post-acute myocardial infarction.

Electroconvulsive therapy (ECT)
There is limited clinical experience of concomitant administration of fluvoxamine and ECT therefore caution is advisable.

CYP2C19 inhibition:
Since clopidogrel is metabolised to its active metabolite partly by CYP2C19, use of fluvoxamine that inhibit the activity of this enzyme would be expected to result in reduced drug levels of the active metabolite of clopidogrel. The clinical relevance of this interaction is uncertain. As a precaution concomitant use of fluvoxamine should be discouraged.

Sexual dysfunction:
Selective serotonin reuptake inhibitors (SSRIs)/serotonin norepinephrine reuptake inhibitors (SNRIs) may cause symptoms of sexual dysfunction (see section 4.8). There have been reports of long-lasting sexual dysfunction where the symptoms have continued despite discontinuation of SSRIs/SNRI.

Effects on ability to drive and Use machine:
Fluvoxamine up to 150 mg showed no effects on psychomotor skills associated with driving and operating machinery in healthy volunteers. However, somnolence has been reported during treatment with Fluvoxamine. Therefore, caution is recommended until the individual response to the drug has been determined.

ADVERSE REACTIONS

Blood and lymphatic system disorders
Unknown frequency: Hemorrhage (e.g. gastrointestinal hemorrhage, ecchymosis, purpura)
Endocrine disorders
Unknown frequency: Hyperprolactinemia, Inappropriate antidiuretic hormone secretion.
Metabolism and nutrition disorders
Common: Anorexia
Unknown frequency: Hyponatremia, weight increased, weight decreased
Psychiatric disorders
Uncommon: Hallucinations, confusional state
Rare: Mania
Unknown frequency: Suicidal ideation
Nervous system disorders
Common: Agitation, nervousness, anxiety, insomnia, somnolence, tremor, headache, dizziness
Uncommon: Extrapyramidal disorder, ataxia
Rare: Convulsion
Unknown frequency: Serotonin syndrome, neuroleptic malignant syndrome-like events, paresthesia, dysgeusia, SIADH, Psychomotor restlessness/akathisia
Eye disorders
Unknown frequency: Glaucoma, Mydriasis.
Renal and urinary disorders
Unknown frequency: micturition disorder (including urinary retention, urinary incontinence, pollakiuria, nocturia and enuresis)
Cardiac disorders
Common: Palpitations/ tachycardia
Vascular disorders
Uncommon: (Orthostatic) hypotension
Gastrointestinal disorders
Common: Abdominal pain, constipation, diarrhea, dry mouth, dyspepsia, nausea, vomiting
Hepatobiliary disorders
Rare: Hepatic function abnormal
Skin and subcutaneous tissue disorders
Common: Hyperhydrosis, sweating
Uncommon: Cutaneous hypersensitivity reactions (incl. angioneurotic edema, rash, pruritis)
Rare: Photosensitivity reaction
Musculoskeletal, connective tissue and bone disorders
Uncommon: Arthralgia, Myalgia
Unknown frequency: Bone fractures
Reproductive system and breast disorders
Uncommon: Abnormal (delayed) ejaculation
Rare: Galactorrhoea
Unknown frequency: Anorgasmia, menstrual disorders (such as amenorrhea, hypomenorrhea, metrorrhagia, menorrhagia).
General disorders and administration site reactions
Common: Asthenia, malaise
Unknown frequency: drug withdrawal syndrome

DRUG INTERACTIONS

Pharmacodynamic interactions
The serotonergic effects of fluvoxamine may be enhanced when used in combination with other serotonergic agents (including tramadol, triptans, linezolid, SSRIs and St. John´s Wort preparations).
Fluvoxamine has been used in combination with lithium in the treatment of severely ill, drug-resistant patients. However, lithium (and possibly also tryptophan) enhances the serotonergic effects of fluvoxamine. The combination should be used with caution in patients with severe, drug-resistant depression.
In patients on oral anticoagulants and fluvoxamine, the risk for haemorrhage may increase and these patients should therefore be closely monitored.
As with other psychotropic drugs, patients should be advised to avoid alcohol use while taking fluvoxamine.

Monoamine oxidase inhibitors
Fluvoxamine should not be used in combination with MAOIs, including linezolid, due to risk of serotonin syndrome.

Effect of fluvoxamine on the oxidative metabolism of other drugs
Fluvoxamine can inhibit the metabolism of drugs metabolized by certain cytochrome P450 isoenzymes (CYPs). A strong inhibition of CYP1A2 and CYP 2C19 is demonstrated in in vitro and in vivo studies. CYP2C9, CYP 2D6 and CYP3A4 are inhibited to a lesser extent. Drugs which are largely metabolised via these isoenzymes are eliminated slower and may have higher plasma concentrations when co-administered with fluvoxamine.
In case of prodrugs which are activated by CYPs mentioned above, like clopidogrel, plasma concentrations of the active substance/metabolite may be lower when co-administered with fluvoxamine. As a precaution concomitant use of clopidogrel and fluvoxamine should be discouraged.
Concomitant therapy of fluvoxamine and these drugs should be initiated at or adjusted to the low end of their dose range. Plasma concentrations, effects or adverse effects of co-administered drugs should be monitored and their dosage should be reduced, if necessary.
This is particularly relevant for drugs with a narrow therapeutic index.

Compounds with narrow therapeutic index
Co-administration with fluvoxamine and drugs with a narrow therapeutic index (such as tacrine, theophylline, methadone, mexiletine, phenytoin, carbamazepine and cyclosporine) should be carefully monitored when these drugs are metabolized exclusively or by a combination of CYPs inhibited by fluvoxamine.
If necessary, dose adjustment of these drugs is recommended.
An increase in previously stable plasma levels of those tricyclic antidepressants (e.g. clomipramine, imipramine, amitriptyline) and neuroleptics (e.g. clozapine and olanzapine, quetiapine) which are largely metabolised through cytochrome P450 1A2 when given together with fluvoxamine, has been reported. A decrease in the dose of these products should be considered if treatment with fluvoxamine is initiated.
The plasma levels of oxidatively metabolised benzodiazepines (e.g. triazolam, midazolam, alprazolam, and diazepam) are likely to be increased when co-administered with fluvoxamine. The dosage of these benzodiazepines should be reduced during co-administration with fluvoxamine.
As plasma concentrations of ropinirole may be increased in combination with fluvoxamine thus increasing the risk of overdose, surveillance and reduction in the dosage of ropinirole during fluvoxamine treatment and after its withdrawal may be required.
As plasma concentrations of propranolol are increased in combination with fluvoxamine, the propranolol dose may need to be lowered.
When given with fluvoxamine, warfarin plasma concentrations were significantly increased and prothrombin times prolonged.

Cases of increased side effects
Isolated cases of cardiac toxicity have been reported when fluvoxamine was combined with thioridazine.
Caffeine plasma levels are likely to be increased during co-administration with fluvoxamine. Thus, patients who consume high quantities of caffeine-containing beverages should lower their intake when fluvoxamine is administered and adverse caffeine effects (like tremor, palpitations, nausea, restlessness, insomnia) are observed.
Terfenadine, astemizole, cisapride, sildenafil.
Fluvoxamine does not influence plasma concentrations of digoxin.
Fluvoxamine does not influence plasma concentrations of atenolol.

USE IN SPECIAL POPULATIONS

Pregnancy:
Voxamine should not be used during pregnancy unless clinical condition of woman requires treatment with fluvoxamine. Epidemiological data have suggested that the use of Selective Serotonin Reuptake Inhibitors (SSRIs) in pregnancy, particularly in late pregnancy, may increase the risk of persistent pulmonary hypertension in the newborn (PPHN).
Isolated cases of withdrawal symptoms in the newborn child have been described after the use of fluvoxamine at the end of pregnancy.
Some newborns experience feeding and/ or respiratory difficulties, seizures, temperature instability, hypoglycaemia, tremor, abnormal muscle tone, jitteriness, cyanosis, irritability, lethargy, somnolence, vomiting, difficulty in sleeping and constant crying after third trimester exposure to SSRIs and may require prolonged hospitalization.
Nursing mothers:
Fluvoxamine is excreted via human milk in small quantities. Therefore, the drug should not be used by lactating women
Elderly:
Use of a lower starting dose may be warranted. Titrate slowly during initiation of therapy
Pediatrics:
Safety and effectiveness in pediatric population other than pediatric patients with OCD have not been established.
Smokers:
Smokers had a 25% increase in fluvoxamine metabolism

OVER DOSAGE

Symptoms:
The most common symptoms include gastro-intestinal complaints (nausea, vomiting and diarrhea), somnolence and dizziness. Cardiac events (tachycardia, bradycardia, and hypotension), liver function disturbances, convulsions and coma have also been reported.
Fluvoxamine has a wide margin of safety in overdose. Since market introduction, reports of deaths attributed to overdose of fluvoxamine alone have been extremely rare. The highest documented dose of Fluvoxamine ingested by a patient is 12 grams; this patient recovered completely. Occasionally, more serious complications were observed in cases of deliberate over dosage of Fluvoxamine in combination with other drugs.

Treatment:
There is no specific antidote to Fluvoxamine. In case of overdosage the stomach should be emptied as soon as possible after tablet ingestion and symptomatic treatment should be given. The repeated use of medicinal charcoal is also recommended. Forced diuresis or dialysis is unlikely to be of benefit.

PRESENTATION
Voxamine 50 mg: Blister pack of 10 tablets.
Voxamine 100 mg: Blister pack of 10 tablets.

INSTRUCTIONS
Use as advised by the physician.
Keep all medicines out of the reach of children.
To be sold on the prescription of a registered medical practitioner only.
Protect from light, heat and moisture.
Store below 30°C.
For suspected adverse drug reaction, email us at reports@pharmevo.biz

For more information on our products
call PharmAssist helpline 0800-82222
Monday to Friday 9:00 am to 6:00 pm
or email us at : pharmassist@pharmevo.biz

ہدایات:
ڈاکٹر کی ہدایات کے مطابق استعمال کریں۔
تمام دوائیں بچوں کی پہنچ سے دور رکھیں۔
صرف رجسٹرڈ ڈاکٹر کے نسخے پر ہی فروخت کی جائے۔
روشنی، گرمی اور نمی سے محفوظ، 30°C سے کم درجہ حرارت پر رکھیں۔
دوا کے ممکنہ مضر اثرات کے متعلق reports@pharmevo.biz پر مطلع کریں۔
ہماری ادویات کی مزید معلومات کے لئے فارماسسٹ کی ہیلپ لائن نمبر 0800-82222 پر کال کریں۔
یہ ہفتہ تا جمعہ 9:00 بجے تا شام 6:00 بجے
یا ہمیں pharmassist@pharmevo.biz پر ای میل کریں

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