NEW PRODUCT NEWSLETTER

An overview of new products launched in 3rd Quadruple, 2025

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Opsonin Pharma

Ideas for healthcare

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Abstract

Blood folate level needed for fully effective fortification in the prevention of neural tube defects

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Neural tube defects (NTDs) are a preventable folate deficiency disorder; increasing folic acid intake through food fortification increases serum and red blood cell folate and reduces the risk of an NTD pregnancy. There is controversy over the blood folate level needed to achieve the full preventive effect because of discrepant study conclusions. Results from two published studies were used to determine the relationship between serum folate and NTD risk which was compared with the observed result in a randomised trial of folic acid that increased serum folate from 5 ng/mL to 44 ng/mL among women who took a 4 mg daily periconceptional folic acid supplement. Both studies showed a proportional (logarithmic) relationship between serum folate and NTD risk without evidence of a folate threshold above which there is no further NTD risk reduction. The suggestion of a threshold is due to the incorrect interpretation of the folate- NTD risk association when plotted on arithmetic scales, which conceals the proportional relationship between the two. Also, both studies accurately estimated the observed result from the randomised trial that achieved a median serum folate level of 44 ng/mL and an 83% preventive effect. This is much higher than has been achieved with current levels of folic acid fortification with serum folate between 10 and 16 ng/mL, resulting in an approximate 20% preventive effect. To achieve fully effective fortification, median population serum folate levels need to be about 44 ng/mL, which would globally prevent about 250000 NTD cases every year.

Ref: Original research, 7 January 2025

Abstract

Effect of combined administration of vitamin D and vitamin K on bone mineral density of the lumbar spine in postmenopausal women with osteoporosis

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Department of Orthopaedic Surgery, National Defense Medical College, 3-2 Namiki, Tokorozawa, Saitama, Japan.

The effect of the combined administration of vitamin D and vitamin K on bone mineral density (BMD) of the lumbar spine was examined in postmenopausal women with osteoporosis. Ninety-two osteoporotic women who were more than 5 years after menopause, aged 55–81 years, were randomly divided into four administration groups: vitamin D (1α hydroxyvitamin D , 0.75μg/day) (D group; n= 29), vitamin K (menatetrenone, 45mg/day) (K group; n = 22), vitamin D plus vitamin K (DK group, n =21), and calcium (calcium lactate, 2g/day) (C group; n = 20). BMD of the lumbar spine (L2– L4) was measured by dual energy X-ray absorptiometry at 0, 1, and 2 years after the treatment started. There were no significant differences in age, body mass index, years since menopause, and initial BMD among the four groups. One-way analysis of variance (ANOVA) with repeated measurements showed a significant decrease in BMD in the C group (P, 0.001). Two-way ANOVA with repeated measurements showed a significant increase in BMD in the D and K groups compared with that in the C group.

Ref: Journal of Orthopaedic Science, November, 2000

Abstract

Development of a liquid chromatographic method for ear drops containing neomycin sulphate, polymyxin B sulphate and dexamethasone sodium phosphate

Dr. Murali Mohan Pendela,

Avant Santé Research Centre S.A. de C.V, Mexico.

Two liquid chromatographic methods were developed to analyse ear drops containing neomycin sulphate, polymyxin B sulphate and dexamethasone sodiumphosphate. This formulation will be described in the Belgian National Formulary. Since neomycin, an aminoglycoside antibiotic, has no UV chromophore and pre or post column derivatization is complicated, pulsed electrochemical detection on a gold electrode was chosen to determine neomycin. Polymyxin B sulphate and dexamethasone sodium phosphate do have a UV chromophore. So, a single LC method with UV detection was developed for the determination of polymyxin B sulphate and dexamethasone sodium phosphate. The sample pretreatment is simply done by diluting the formulation with water. For each method, the influence of the different chromatographic parameters on the separation, the interference of other active compounds and excipients, the repeatability and the linearity were investigated. Finally, the content of the actives in the formulation was studied at 0, 2, 4, 6, and 8 weeks.

Ref: J Pharm Biomed Anal 2004 Nov 19;36(4):751-7

Abstract

Ganciclovir ophthalmic gel 0.15% for the treatment of acute herpetic keratitis: background, effectiveness, tolerability, safety, and future applications

Dr. Timothy Y. Chou,

Clinical Associate Professor of Ophthalmology at the Department of Ophthalmology, Renaissance School of Medicine at Stony Brook University, USA.

Eye disease due to herpes simplex virus (HSV) is a leading cause of ocular morbidityand the number one infectious cause of unilateral corneal blindness in the developed parts of theglobe. Recurrent keratitis can result in progressive corneal scarring, thinning, and vascularization.Antiviral agents employed against HSV have primarily been nucleoside analogs. Early generationdrugs included idoxuridine, iododesoxycytidine, vidarabine, and trifluridine. While effective, theytended to have low bioavailability and measurable local cellular toxicity due to their nonselectivemode of action. Acyclovir 0.3% ointment is a more selective agent, and had become a first-linetopical drug for acute HSV keratitis in Europe and other places outside of the US. Ganciclovir0.15% gel is the most recently approved topical treatment for herpes keratitis. Compared toacyclovir 0.3% ointment, ganciclovir 0.15% gel has been shown to be better tolerated and noless effective in several Phase II and III trials. Additionally, topical ganciclovir does not causeadverse systemic side effects and is therapeutic at lower concentrations. Based on safety, efficacy,and tolerability, ganciclovir 0.15% gel should now be considered a front-line topical drug in thetreatment of dendritic herpes simplex epithelial keratitis. Topics of future investigation regardingother potential uses for ganciclovir gel may include the prophylaxis of recurrent HSV epithelialkeratitis, treatment of other forms of ocular disease caused by herpesviruses and adenovirus,and ganciclovir gel as an adjunct to antitumor therapy.

Ref: Ther Clin Risk Manag 2014 Aug 20:10:665-81.

Abstract

Efficacy and Safety of Oteseconazole in Recurrent Vulvovaginal Candidiasis

Jack D. Sobel,

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Management of recurrent vulvovaginal candidiasis (RVVC) is an unmet clinical challenge without approved treatment in the United States. Oteseconazole is a novel oral selective inhibitor of fungal CYP51, designed to treat RVVC without off-target toxicities. VIOLET comprised two global, phase 3, multicenter, randomized, double-blind, placebo-controlled trials (CL-011 and CL-012). The primary objective was to evaluate ote seconazole efficacy through week 48. Key secondary objectives evaluated time to first recurrence, safety, and patient-reported outcomes. period, including the screening episode (in which the VVC episode cleared with fluconazole induction therapy), were randomly assigned 2:1 at baseline (maintenance phase) to 150 mg of oral oteseconazole daily for 7 days and then once weekly for 11 weeks or to matching placebo for 12 weeks. Time-to first-recurrence data were collected during the maintenance phase. Post treatment follow up was 36 weeks. Among 656 women (326 in CL-011 and 330 in CL-012), the averaged percentage of participants with one or more RVVC episodes through week 48 was 6.7% (range, 6.5 to 7.4%) in CL-011 and 3.9% (3.7 to 4.6%) in CL-012 in the oteseconazole groups versus 42.8% (41.3 to 45.0%) and 39.4% (38.0 to 42.6%) in the corresponding placebo groups. Among oteseconazole-treated participants in CL-011 and CL-012 who experienced an RVVC episode (n = 522),the mean time to recurrence was 45.7 and 47.2 weeks versus 27.8 and 33.1 weeks for placebo-treated participants (n = 584), respectively. Types and frequencies of treatment-emergent adverse events (TEAEs) were similar between groups in both trials, with no drug-related serious TEAEs or adverse effects on pregnancy outcomes, liver function, or QT interval. Oral oteseconazole was effective in preventing acute VVC recurrence and treating RVVC through week 48 in the CL-011 and CL-012 trials, with mostly mild TEAEs.

Ref: Published July 26, 2022 NEJM Evid 2022

Abstract

A prokinetic Agent with a dual Effect – Itopride- in the Treatment of Dysmotility

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A wide range of dyspeptic symptoms in clinical practice reflect the high prevalence of functional disorders of the gastrointestinal (GI) tract. Prokinetic agents are the current mainstay in the therapy of functional dyspepsia. One of these drugs is itopride. We evaluated therapeutic efficacy of itopride according to the literature review. The therapeutic potential of itopride is connected with a dual effect: influencing of enzyme acetylcholinesterase activity and blocking dopamine D2 receptors. After the itopride administration, the contractility of smooth muscle in the upper GI tract increases. Itopride is a drug with rapid absorption from the small bowel; its peak serum concentration occurs 35 minutes after oral administration. Itopride does not pass the blood-brain barrier and does not affect the heart rate by influencing the QT segment. Itopride is a safe prokinetic agent with positive influence on the symptoms of functional dyspepsia such as postprandial fullness, bloating, and gastric emptying. Itopride could also be used for the therapy of the mild form of gastro-oesophageal reflux.

Ref: World J Gastroenterol -2005

Abstract

Oral Griseofulvin Remains the Treatment of Choice for Tinea Capitis in Children

Dr. Michele L. Bennett,

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Tinea capitis is one of the most common infections of children. The standard treatment is griseofulvin. Itraconazole and terbinafine have in large part replaced griseofulvin in the treatment of onychomycosis and, in addition to fluconazole and ketoconazole, are evolving treatments for tinea capitis. The purpose of this review is to compare the efficacy, safety, and cost of oral antifungal agents for tinea capitis. Small, open-label studies of itraconazole, terbinafine, and fluconazole have reported encouraging results, suggesting that these drugs may be effective alternatives to griseofulvin; however, in large controlled studies griseofulvin continues to exhibit greater or equal efficacy. Ketoconazole appears to be the least efficacious. All five drugs appear relatively safe, however, only griseofulvin has a long track record of safety, is Food and Drug Administration (FDA) approved for the treatment of tinea capitis in children, and has the least known drug interactions. Fluconazole is FDA approved for use in children more than 6 months of age, yet not for the treatment of tinea capitis. Oral griseofulvin and terbinafine tablets are the least expensive of the antifungal agents; griseofulvin suspension is, however, more expensive than fluconazole suspension. For the combined reasons of efficacy, safety, and cost, and a long track record of use, we feel oral griseofulvin is still the present treatment of choice for tinea capitis. Newer antifungals are currently under investigation, and their role in treating tinea capitis in children is still being defined.

Ref: Pediatr Dermatol 2000 Jul-Aug;17(4):304-9.

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1st Time in Bangladesh

Alginate based buffered dual delayed release Dexlansoprazole MUPS Tablet

Sanbur® 30

Dexlansoprazole 30 mg MUPS tablet

Quickest & long-lasting relief from heartburn

- Relieves heartburn in about 99% of the patients
- Starts stomach acid neutralization within 20 seconds
- Starts to relieve GERD symptoms within 1 minute
- USFDA pregnancy category B

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Opsonin proudly introduces

Methilon®

2, 4, 8 & 16 mg
Tablet

Methylprednisolone USP

Advanced corticosteroid with potential features

- Provides rapid & powerful anti-inflammatory action
- Enhances bronchodilatory response
- Ensures immunosuppressive action

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Queta® XR 400 mg Tablet

Quetiapine

Reignites the mind

Queta XR 400 mg Tablet ensures better patient compliance because of once-daily dosing

- First line treatment for both (+ve) and (-ve) symptoms of Schizophrenia
- USFDA approved treatment for both Manic and Depressive episodes of Bipolar Disorder
- Shows less or no Extrapyramidal Side Effects (EPSE), Galactorrhea & Amenorrhea
- No chances of dependency & withdrawal symptoms

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Opsonin introduces

Caviton®

IV/IM Injection 10 mg/2ml

Vinpocetine USP

A Superway for Cerebrovascular Diseases

Unique Selling Points :

- Significantly improves cerebral blood flow to the brain
- Lower the blood viscosity and inhibit of aggregation of thrombocytes in stroke patient

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Opsonin introduces

Dermex®

60 ml
Topical Spray

Clobetasol Propionate BP 0.05%

Reset Scalp Appearance and Relieves Discomfort

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For the topical treatment of Plaque psoriasis

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30gm Cream

US DMF Grade API

1st Time in Bangladesh

Roflumilast USP 0.3%

Steroid free Psoriasis treatment

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Opsonin offers

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Loperamide

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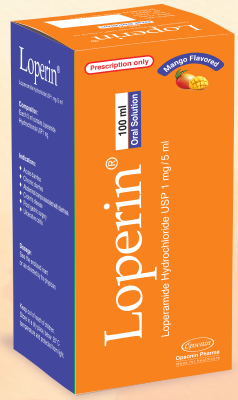
Oral Solution

Restores normal gut mobility in Diarrhea

- Starts working within 1 hour
- Controls Diarrhea within 24 hours
- Helps to restore normal gut rhythm

Mango Flavor



Indication: Acute & Chronic Diarrhea, Abdominal cramps associated with diarrhea & Post-gastric surgery etc.

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Xelnib®

Tofacitinib

100 ml
Oral Solution

USDMF Grade

Numerous arthritis treatment option by one preparation

- 1st line treatment option in severe Alopecia
- Higher success rate & quicker onset than Methotrexate & Baricitinib
- Reduces joint pain by 2 weeks & symptoms by 3 weeks

Indication

Alopecia Areata, Juvenile Idiopathic Arthritis, Psoriatic Arthritis & Ankylosing Spondylitis

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To treat infective-inflammation with higher safety

Opsonin introduces

Lotepin® T

5 ml Sterile
Ophthalmic Suspension

Loteprednol Etabonate 0.5 %
+ Tobramycin USP 0.3 %

- *Excellent in infective-inflammation*
- *US-FDA approved soft steroid*
- *Less chance of IOP elevation*
- *No chance of cataract formation*
- *Safest steroid for post-operative inflammation*

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We also have

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Loteprednol 0.5%

5 ml Sterile Eye Drop

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US-DMF Grade Empagliflozin

10/5 & 25/5 mg Tablet

A breakthrough for diabetes management with CV benefits

With US-DMF Grade API

- Proven Quality
- Proven Safety
- Proven Efficacy

Opsonin Introduces

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Cilnidipine INN

1st Time in Bangladesh

5 & 10 mg Tablet

US-DMF Grade Cilnidipine

An innovative dual L & N-type Calcium Channel Blocker

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We extend our sincere gratitude for your continued support and partnership in our journey of success. We remain committed to strengthening this valued relationship. Wishing your continued prosperity, growth and new opportunities ahead.

Mohammad Abdul Momen Talukder
Director, Sales & Marketing

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