



DABICLOT

Dabigatran Etexilate 110/ 150 mg Capsule

CLINICAL PHARMACOLOGY

Pharmaco-therapeutic Group: Antithrombotic agents, Direct Thrombin Inhibitors.

Mechanism of Action: Dabigatran is a potent, competitive, reversible direct thrombin inhibitor and is the main active principle in plasma. Since thrombin (serine protease) enables the conversion of fibrinogen into fibrin during the coagulation cascade, its inhibition prevents the development of thrombus. Dabigatran inhibits free thrombin, fibrin-bound thrombin and thrombin-induced platelet aggregation.

DRUG-DRUG INTERACTIONS:

- Amiodarone, Dronedarone, medicines used to treat irregular heartbeats
- Verapamil, a calcium channel blocker used to treat high blood pressure and angina
- Clarithromycin or rifampicin, medicines used to treat infections
- Selective serotonin re-uptake inhibitors (SSRI), selective serotonin norepinephrine re-uptake inhibitors (SNRI), medicines used to treat mood disorders.

INDICATIONS:

- Reduction of Risk of Stroke and Systemic Embolism in Non-Valvular Atrial Fibrillation
- Treatment of Deep Venous Thrombosis and Pulmonary Embolism and its recurrence
- Prophylaxis of Deep Vein Thrombosis and Pulmonary Embolism Following Hip Replacement Surgery

SPECIAL POPULATIONS:

Patients at risk of bleeding: Dose adjustment should be decided at the discretion of the physician, following assessment of the potential benefit and risk to an individual patient. For patients with gastritis, esophagitis, or gastro esophageal reflux, a dose reduction may be considered due to the elevated risk of major gastro-intestinal bleeding.

Renal impairment: Treatment with DABICLOT in patients with severe renal impairment is contraindicated. No dose adjustment is necessary in patients with mild renal impairment. For patients with moderate renal impairment the recommended dose of DABICLOT is also 300 mg taken as one 150 mg capsule twice daily.

Pediatrics population: For the indication DVT/PE, the safety and efficacy of DABICLOT in children from birth to less than 18 years of age have not yet been established.

Method of Administration: DABICLOT is for oral use. The capsules can be taken with or without food. DABICLOT should be swallowed as a whole with a glass of water, to facilitate delivery to the stomach.

SPECIAL WARNINGS AND PRECAUTIONS:

Hemorrhagic risk: DABICLOT should be used with caution in conditions with an increased risk of bleeding or with concomitant use of medicinal products affecting hemostasis by inhibition of platelet aggregation. Bleeding can occur at any site during therapy with DABICLOT. Risk factors comprise co-medication with platelet aggregation inhibitors such as Clopidogrel and acetylsalicylic acid (ASA) or non-steroidal anti-inflammatory drugs (NSAID).

Pregnancy: Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women.

Breast-feeding: There are no clinical data of the effect of DABICLOT on infants during breast-feeding.

CONTRAINDICATIONS:

- Hypersensitivity to the active substance or to any of the excipients

For Further Details:

QbD Pharmaceuticals Pvt. Ltd.

Market Planning Department

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Introducing

**An Effective Anticoagulant
With
No Monitoring Required....**





Reduces the risk of Stroke in Non-Valvular Atrial Fibrillation¹

DABICLOT

Dabigatran Etexilate 110/ 150 mg Capsule

Superior to **Warfarin**
at reducing the risk of
Stroke¹

Requires
**No Dietary
Restrictions¹**

Shows better efficacy than **Warfarin** in
Renal Impairment and **Elderly Patients²**

1. New England Journal of Medicine (RE-LY Trial), 2009

2. Thrombosis and Haemostasis, 2017



DABICLOT

Dabigatran Etexilate 110/ 150 mg Capsule

Significantly reduces the 2 most devastating events for your patient³

Intracranial
Hemorrhage

59%

risk reduction
vs Warfarin³

35%

risk reduction
vs Warfarin³

Ischemic
Stroke

Breaks Down The Hardest Clot

3. Lancet, 2014



DABICLOT

Dabigatran Etexilate 110/ 150 mg Capsule

Requires
No Regular
Blood Test⁴

↓ **92%**
RRR of
Recurrent VTE⁵

Breaks Down The Hardest Clot

4. Drug Safety, 2011

5. New England Journal of Medicine (RE-SONATE Trial), 2013



Lower HbA1C²



Lower the risk
of CV Death¹



Without
Hypoglycemia²

Additional Benefits

Weight Loss⁴

BP Reduction⁵

References:

1. Circulation. (2016)
2. New England Journal of Medicine (2015)
3. ESC Guidelines (2019)
4. ADA Guidelines (2020)
5. European Journal of Clinical Pharmacology (2016)



QbD Pharmaceuticals Pvt. Ltd.

Market Planning Department

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2^{OUT} OF 3

DEATHS IN DIABETES,
ARE DUE TO CVD¹



Introducing

The first Type 2 Diabetes pill proven to go beyond
lowering HbA1C to **reduce the risk of CV death.....**

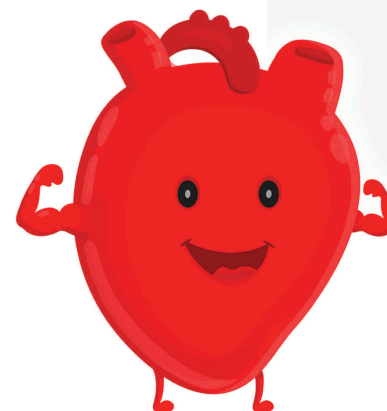


GLUCOEMP

Empagliflozin 10/ 25 mg Tablet

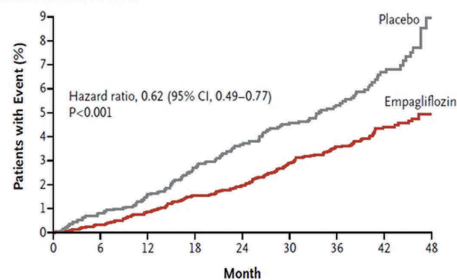
Only oral anti-hyperglycemic agent
proven to show significant reductions in

**Major Adverse
Cardiovascular Events
(MACE)³**



↓ **38% Cardiovascular
Death²**

B Death from Cardiovascular Causes

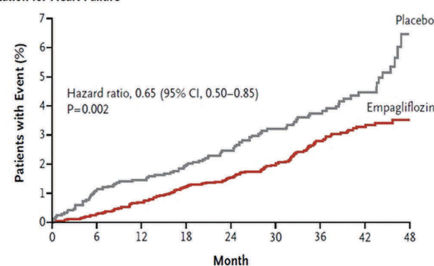


No. at Risk
Empagliflozin
Placebo

4687	4651	4608	4556	4128	3079	2617	1722	414
2333	2303	2280	2243	2012	1503	1281	825	177

↓ **35% Hospitalization
for Heart Failure²**

D Hospitalization for Heart Failure

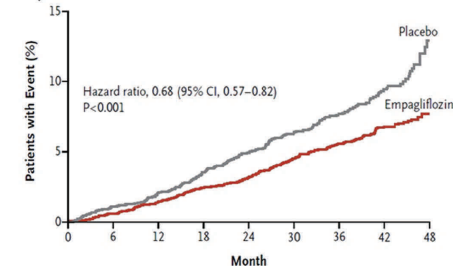


No. at Risk
Empagliflozin
Placebo

4687	4614	4523	4427	3988	2950	2487	1634	395
2333	2271	2226	2173	1932	1424	1202	775	168

↓ **32% Mortality²**

C Death from Any Cause



No. at Risk
Empagliflozin
Placebo

4687	4651	4608	4556	4128	3079	2617	1722	414
2333	2303	2280	2243	2012	1503	1281	825	177

Also **14%** reduction in **Cardiovascular Events²**

 Life can be sweeter with less sugar 

ATOMOX

Atomoxetine HCL 10/ 25/ 40 mg Capsules



**Once
Daily**

Treatment for Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD)

Is neuro - developmental disorder, which has significant problems in executive functions.

Inattention, hyperactivity/ impulsiveness are the major problems resulting in significant impairment on academic performance vocational success, social-emotional development with profound impact on individuals, families and societies.

10% prevalence rate of ADHD in Nepal which is even higher than global prevalence (i.e. 5.29% and 7.2%).

**First FDA Approved
Non-stimulant¹**

**Drug of Choice in Adolescents
with ADHD²**

**Provide Longer Duration
of Action³**

**Effective and Well Tolerated
both in Younger and
Older Children⁴**

**Preferred Therapy Over
other Stimulants⁵**

QbD
INTRODUCES

Nepal 's Ever First ATOMOXETINE Capsules

ATOMOX

Atomoxetine HCL 10/ 25/ 40 mg Capsules



for

ATTENTION DEFICIT HYPERACTIVITY DISORDER

A Pioneer Product From



QbD
Pharmaceuticals Pvt.Ltd

Market Planning Department

Email: mpd@qbdpharmaceuticals.com





A Smart Drug

MODAF

Modafinil 100/ 200 mg Tablets

NARCOLEPSY

C

atalepsy

H

allucinations
(Hypnagogic and/or Hypnopompic)

E

xcessive Daytime
Sleepiness

S

leep Paralysis

S

leep Disruption



QbD Pharmaceuticals



VENLA-ER

Venlafaxine 37.5 / 75/ 150 mg
Extended Release Capsules

SCHIZOPRA

Aripiprazole 5/ 10/ 15 mg Tablets

AMILINE

Amitriptyline 10/ 25 mg Tablets

ESCITAL

Escitalopram 5/ 10 mg Tablets

For Further:



QbD
Pharmaceuticals Pvt.Ltd

Market Planning Department

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VENLA-ER

Venlafaxine 37.5 / 75/ 150 mg
Extended Release Capsules

With an Unique Dual Mechanism of Neurological Actions

Therapeutic Indications

- Major Depressive Episodes.
- Prevention of Recurrence of Major Depressive Episodes.
- Generalized Anxiety Disorder.
- Social Anxiety Disorder.
- Panic Disorder, With or Without Agoraphobia.

Dose

Recommended Dose: 37.5 mg/day Duration: 7 days.

- ❖ Dosage should then be increased to 75 mg/day.
- ❖ Maximum Dose: 225 mg/day.
- ❖ Dosage increases can be made at intervals of 2 weeks or more but not less than 4 days.

Why Venla-ER?

- ▶ Venla-ER is clinically superior and effective other than SSRIs and TCAs.
- ▶ It is safe, tolerable and effective for the treatment of severe depression.
- ▶ Its combined inhibition accounts for greater efficacy and rapid onset of action.
- ▶ It is better than fluoxetine in terms of improving symptoms and adverse events.
- ▶ It is superior compared with duloxetine.