OGMIN

Caplets, Tablets & Suspension

Composition

Ogmin 500 Tablets
Each tablet contains:

Amoxicillin (as trihydrate)	500 mg
Clavulanic acid (as potassium salt)	125 mg

Ogmin 875 Caplets
Each Caplet contains:

Amoxicillin (as trihydrate)	875 mg
Clavulanic acid (as potassium salt)	125 mg

Ogmin 125 mg Suspension
Each 5 ml contains:

Amoxicillin (as trihydrate)	125 mg
Clavulanic acid (as potassium salt)	31.25 mg

Ogmin 250 mg Suspension
Each 5 ml contains:

Amoxicillin (as trihydrate)	250 mg
Clavulanic acid (as potassium salt)	62.5 mg

Ogmin 400 mg Suspension
Each 5 ml contains:

Amoxicillin (as trihydrate)	400 mg
Clavulanic acid (as potassium salt)	57.1 mg

Ogmin 600 mg Suspension
Each 5 ml contains:

Amoxicillin (as trihydrate)	600 mg
Clavulanic acid (as potassium salt)	42.9 mg

Action

Ogmin (beta-lactam antibacterial penicillin co-formulated with a beta-lactamase inhibitor) is an antibiotic agent with a notably broad spectrum of activity against the commonly occurring bacterial pathogens in general practice and hospital. The beta-lactamase inhibitory action of clavulanate extends the spectrum of amoxycillin to embrace a wider range of organisms, including many resistant to other beta-lactam antibiotics.

Pharmacodynamic
Microbiology: Amoxycillin is a semisynthetic antibiotic with a broad spectrum of antibacterial activity against many gram-positive and gram-negative microorganisms. Amoxycillin is, however susceptible to degradation by beta-lactamases and therefore the spectrum of activity of amoxycillin alone does not include organisms which produce these enzymes.

Clavulanic acid is a beta-lactam, structurally related to the penicillins, which possesses the ability to inactivate a wide range of beta-lactamase enzymes commonly found in microorganisms resistant to penicillins and cephalosporins. In particular, it has good activity against the clinically important plasmid mediated beta-lactamases frequently responsible for transferred drug resistance. It is generally less effective against chromosomally mediated type 1 beta-lactamases.

The presence of clavulanic acid in Ogmin formulations protects amoxycillin from degradation by beta-lactamase enzymes and effectively extends the antibacterial spectrum of amoxycillin to include many bacteria normally resistant to amoxycillin and other penicillins and cephalosporins. Thus Ogmin

possesses the distinctive properties of a broad spectrum antibiotic and a beta-lactamase inhibitor. Ogmin is bactericidal to a wide range of organisms including:

- Gram-positive aerobes

*Bacillus anthracis**
Corynebacterium species
*Enterococcus faecalis **
*Enterococcus faecium **
Listeria monocytogenes
Nocardia asteroides
*Staphylococcus aureus**
Coagulase negative staphylococci (including Staphylococcus epidermidis*)*
Streptococcus agalactiae
Streptococcus pneumoniae
Streptococcus pyogenes
Streptococcus species
Streptococcus viridans

- Gram-positive anaerobes

Clostridium species
Peptococcus species
Peptostreptococcus species
Gram-negative aerobes:
Bordetella pertussis
Brucella species
*Escherichia coli**
Gardnerella vaginalis
*Haemophilus influenzae**
Helicobacter pylori
*Klebsiella species**
Legionella species
Moraxella catarrhalis (Branhamella catarrhalis)*
*Neisseria gonorrhoeae**
*Neisseria meningitidis **
Pasteurella multocida
*Proteus mirabilis**
*Proteus vulgaris**
*Salmonella species**
*Shigella species**
Vibrio cholerae
*Yersinia enterocolitica**

- Gram-negative anaerobes

Bacteroides species (including Bacteroides fragilis)*
*Fusobacterium species**

- Others

Borrelia burgdorferi
Chlamydiae
Leptospira icterohaemorrhagiae
Treponema pallidum

*Some members of these species of bacteria produce beta-lactamase, rendering them insensitive to amoxycillin alone.

Pharmacokinetic

Absorption: The two components of Ogmin, amoxycillin and clavulanic acid are fully dissociated in aqueous solution at physiological pH.
Concomitant use of probenecid delays amoxycillin excretion but does not delay renal excretion of clavulanic acid .

Distribution: Following intravenous administration therapeutic concentrations of both amoxycillin and clavulanic acid may be detected in the tissues and interstitial fluid. Therapeutic concentrations of both medicines have been found in gall bladder, abdominal tissue, skin, fat, and muscle tissues; fluids found to have therapeutic levels include synovial and peritoneal fluids, bile, and pus.

Neither amoxycillin nor clavulanic acid is highly protein bound; studies show that about 13%-25% of total plasma drug content of each compound is bound to protein. From animal studies, there is no evidence to suggest that either component accumulates in any organ.

Amoxycillin, like most penicillin, can be detected in breast milk. Trace quantities of clavulanate can also be detected in breast milk. With the exception of the risk of sensitization associated with this excretion, there are no known detrimental effects for the breastfed infant.
Reproduction studies in animals have shown that both amoxycillin and clavulanic acid penetrate the placental barrier. However, no evidence of impaired fertility or harm to the fetus was detected.

Elimination: As with other penicillins, the major route of elimination for amoxycillin is via the kidney, whereas for clavulanate it is by both renal and non-renal mechanisms. Approximately 60-70% of the amoxycillin and approximately 40-65% of the clavulanic acid are excreted unchanged in urine during the first 6 hours.

Amoxycillin is also partly excreted in the urine as the inactive penicilloic acid in quantities equivalent to 10-25% of the initial dose. Clavulanic acid is extensively metabolised in man to 2,5-dihydro-4-(2-hydroxyethyl)-5-oxo-1H-pyrrole-3-carboxylic acid and 1-amino-4-hydroxy-butan-2-one and eliminated in urine and faeces as carbon dioxide in expired air.

Indications

Ogmin is indicated in the treatment of infections caused by susceptible strains of the designated organisms in the conditions listed below:

- *Lower Respiratory* Infections-caused by B-lactamase producing strains of *Homophiles influenza* and *Branhamella catarrhalis*.
- *Otitis Media*-caused by ß-lactamase-producing strains of *Homophiles influenza* and *Branhamella catarrhalis.*
- *Sinusitis*-caused by B-lactamase-producing strains of *Homophiles influenza* and *Branhamella catarrhalis.*
- *Skin and Skin Structure Infections*- caused by ß -lactamase producing strains of *Staphylococcus aureus, Escherichia coli* and Klebsiella spp.

Urinary Tract Infections-caused by ß-lactamase-producing strains of Escherichia coli, Klebsiella spp. and Enterobacter spp.

While Ogmin is indicated, only for the conditions listed above, infections caused by ampicillin-susceptible organisms are also amenable to Ogmin treatment due to its Amoxicillin content. Therefore, mixed infections caused by ampicillin-susceptible organisms and B-lactamase producing organisms susceptible to Ogmin should not require the addition of another antibiotic.

Bacteriological studies, to determine the causative organisms and their susceptibility to Ogmin should be performed together with any indicated surgical procedures. Therapy may he instituted prior to obtaining the results from bacteriological and susceptibility studies to determine the causative organisms and their susceptibility to Ogmin when there is reason to believe the infection may involve any of the B-lactamase producing organisms listed above. Once the results are known, therapy should be adjusted, if appropriate.

Ogmin 600
OGMIN 600 is indicated for short-term treatment of bacterial infections at the following sites when caused by Amoxicillin/clavulanic acid -sensitive organisms:

•Upper Respiratory Tract Infections (including ENT) e.g. Recurrent or persistent acute otitis media due to Streptococcus pneumoniae (penicillin minimum inhibitory concentration (MIC) ≤ 4µg/mL), *Haemophilus influenzae**and *Moraxella catarrhalis**. Such patients are often characterized by antibiotic exposure for acute otitis media within the preceding 3 months, and are either aged ≤2 years or attend daycare.

Tonsillo-pharyngitis and sinusitis, typically caused by Streptococcus pneumoniae, *Haemophilus influenzae*, Moraxella catarrhalis**and *Streptococcus pyogenes.*

•Lower Respiratory Tract Infections e.g. lobar and bronchopneumonia typically caused by *Streptococcus pneumoniae, Haemophilus influenzae**and *Moraxella catarrhalis**.

•Skin and Soft Tissue Infections typically caused by *Staphylococcus aureus**and *Streptococcus pyogenes.*

* Some members of these species of bacteria produce beta-lactamase, rendering them insensitive to amoxicillin alone.

Susceptibility to Amoxicillin/clavulanic acid will vary with geography and time. Local susceptibility data should be consulted where available, and microbiological sampling and susceptibility testing performed where necessary.

Contraindications
A history of allergic reactions to any penicillin is a contraindication. The drug contraindicated in-patient with a previous history of Amoxicillin/clavulanic associated cholestatic jaundice /hepatic dysfunction.

Warnings
SERIOUS AND OCCASIONALLY FATAL HYPERSENSITIVITY (ANAPHYLACTIC) REACTIONS HAVE BEEN REPORTED IN PATIENTS ON PENICILLIN THERAPY. THESE REACTIONS ARE MORE LIKELY TO OCCUR IN INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY AND/OR A HISTORY OF SENSITIVITY TO MULTIPLE ALLERGENS. THERE HAVE BEEN REPORTS OF INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY WHO HAVE EXPERIENCED SEVERE REACTIONS WHEN TREATED WITH CEPHALOSPORINS. BEFORE INITIATING THERAPY WITH AMOXICILLIN/CLAVULANIC, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO PENICILLINS, CEPHALOSPORINS, and OR OTHER ALLERGENS. IF AN ALLERGIC REACTION OCCURS, AMOXICILLIN/CLAVULANIC SHOULD BE DISCONTINUED AND THE APPROPRIATE THERAPY INSTITUTED. SERIOUS ANAPHYLACTIC REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE. OXYGEN, INTRAVENOUS STEROIDS, AND AIRWAY MANAGEMENT, INCLUDING INTUBATION, SHOULD ALSO BE ADMINISTERED AS INDICATED.

Pseudomembranous colitis has been reported with nearly all antibacterial agents, including amoxicillin/clavulanate potassium, and has ranged in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.

Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by Clostridium difficile is one primary cause of “antibiotic-associated colitis.”

After the diagnosis of pseudomembranous colitis has been established, appropriate therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to drug

discontinuation alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation, and treatment with an antibacterial drug clinically effective against C. difficile colitis.

Amoxicillin/clavulanic should be used with caution in patients with evidence of hepatic dysfunction. Hepatic toxicity associated with the use of amoxicillin/clavulanate potassium is usually reversible. On rare occasions, deaths have been reported (less than 1 death reported per estimated 4 million prescriptions worldwide). These have generally been cases associated with serious underlying diseases or concomitant medications

Adverse Reactions

Amoxicillin/clavulanic is generally well tolerated. The majority of side effects observed in clinical trials were of a mild and transient nature and less than 3% of patients discontinued therapy because of drug-related side effects. The most frequently reported adverse effects were diarrhea / loose stools (9%), nausea (3%), skin rashes and urticaria (3%), vomiting (1%) and vaginitis (1%). The overall incidence of side effects, and in particular diarrhea, increased with the higher recommended dose. Other less frequently reported reactions include abdominal discomfort, flatulence and headache.

The following adverse reactions have been reported for ampicillin class antibiotics:

Gastrointestinal

Diarrhea, nausea, vomiting, indigestion, gastritis, stomtatitis, glossitis, black "hairy" tongue, enterocolitis and pseudomembranous colitis.

Hypersensitivity reactions

Skin rashes, urticaria, angioedema, serum sickness-like reactions (urticaria or skin rash accompanied by arthritis, arthralgia, and myalgia and frequently fever), erythema multiforme (rarely Stevens - Johnson syndrome) and an occasional case of exfoliative dermatitis have been reported.

These reactions may be controlled with antihistamines and, if necessary, systemic corticosteroids. Whenever such reactions occur, the drug should he discontinued, unless the opinion of the physician dictates otherwise. Serious and occasional fatal hypersensitivity (anaphylactic) reactions can occur with oral penicillin.

Liver

A moderate rise in SGOT, SGPT, AST, and/or ALT has been noted in patients treated with ampicillin class antibiotics including Amoxicillin/clavulanic. The significance of these findings is unknown. As with some other penicillin and some cephalosporins, hepatic dysfunction has been reported rarely, with the predominant effects being cholestatic, hepatocellular, or mixed cholestatic-hepatocellular. Signs/symptoms may appear during or after therapy and they resolve completely over time.

Hemic and Lymphatic Systems

Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia and agranulocytosis have been reported during therapy with penicillins. These reactions are usually reversible on discontinuation of therapy and are believed to be hypersensitivity phenomena. A slight thrombocytosis was noted in less than 1% of the patients treated with Amoxicillin/clavulanic .

Central Nervous System

Reversible hyperactivity, agitation, anxiety, insomnia, confusion, behavioural changes, and/ or dizziness have been reported rarely.

Ogmin 600

Amoxicillin/clavulanic-600 Powder for Oral Suspension is generally well tolerated. The majority of side effects observed in pediatric clinical trials of acute otitis media were either mild or moderate, and transient in nature; 4.4% of patients discontinued therapy because of drug-related side effects. The most commonly reported side effects with probable or suspected relationship to Amoxicillin/clavulanic-600 Powder for Oral Suspension were contact dermatitis, i.e., diaper rash

(3.5%), diarrhea (2.9%), vomiting (2.2%), moniliasis (1.4%), and rash (1.1%). The most common adverse experiences leading to withdrawal that were of probable or suspected relationship to Amoxicillin/clavulanic-600 Powder for Oral Suspension were diarrhea (2.5%) and vomiting (1.4%).
The following adverse reactions have been reported for ampicillin-class antibiotics:

*Gastrointestinal:*Diarrhea, nausea, vomiting, indigestion, gastritis, stomatitis, glossitis, black "hairy" tongue, mucocutaneous candidiasis, enterocolitis, and hemorrhagic/pseudomembranous colitis. Onset of pseudomembranous colitis symptoms may occur during or after antibiotic treatment.

*Hypersensitivity Reactions:*Skin rashes, pruritus, urticaria, angioedema, serum sickness−like reactions (urticaria or skin rash accompanied by arthritis, arthralgia, myalgia, and frequently fever), erythema multiforme (rarely Stevens-Johnson syndrome), acute generalized exanthematous pustulosis, and an occasional case of exfoliative dermatitis (including toxic epidermal necrolysis) have been reported. These reactions may be controlled with antihistamines and, if necessary, systemic corticosteroids. Whenever such reactions occur, the drug should be discontinued, unless the opinion of the physician dictates otherwise. Serious and occasional fatal hypersensitivity (anaphylactic) reactions can occur with oral penicillin.

Liver: A moderate rise in AST (SGOT) and/or ALT (SGPT) has been noted in patients treated with ampicillin-class antibiotics, but the significance of these findings is unknown. Hepatic dysfunction, including increases in serum transaminases (AST and/or ALT), serum bilirubin, and/or alkaline phosphatase, has been infrequently reported with Amoxicillin/clavulanic. It has been reported more commonly in the elderly, in males, or in patients on prolonged treatment. The histologic findings on liver biopsy have consisted of predominantly cholestatic, hepatocellular, or mixed cholestatic-hepatocellular changes. The onset of signs/symptoms of hepatic dysfunction may occur during or several weeks after therapy have been discontinued. The hepatic dysfunction, which may be severe, is usually reversible. On rare occasions, deaths have been reported (less than 1 death reported per estimated 4 million prescriptions worldwide). These have generally been cases associated with serious underlying diseases or concomitant medications.

Renal: Interstitial nephritis and hematuria have been reported rarely. Crystalluria has also been reported.

Hemic and Lymphatic Systems: Anemia, including hemolytic anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been reported during therapy with penicillins. These reactions are usually reversible on discontinuation of therapy and are believed to be hypersensitivity phenomena. A slight thrombocytosis was noted in less than 1% of the patients treated with Amoxicillin/clavulanic. There have been reports of increased prothrombin time in patients receiving Amoxicillin/clavulanic and anticoagulant therapy concomitantly.

Central Nervous System: Agitation, anxiety, behavioral changes, confusion, convulsions, dizziness, insomnia, and reversible hyperactivity have been reported rarely.

Miscellaneous: Tooth discoloration (brown, yellow, or gray staining) has been rarely reported. Most reports occurred in pediatric patients. Discoloration was reduced or eliminated with brushing or dental cleaning in most cases

Precautions

While Amoxicillin/clavulanic possesses the characteristic low toxicity of the penicillin group of antibiotics, periodic assessment of organ system functions, including renal, hepatic and hematopoietic function, is advisable during prolonged therapy.

A high percentage of patients with mononucleosis who receive ampicillin develop a skin rash. Thus, ampicillin class antibiotics should not be administered to patients with mononucleosis.

The possibility of super infections with mycotic or bacterial pathogens should be kept in mind during therapy. If super infections occur (usually involving Pseudomonas or Candida), the drug should is discontinued and/or appropriate therapy instituted.

Pregnancy
Category B
Animal reproduction studies have failed to demonstrate a risk to the fetus and there are no adequate and well-controlled studies in pregnant women.

Labor and Delivery
It is not known whether the use of Amoxicillin/clavulanic in during Labor or delivery has immediate or delayed adverse effects on the fetus, prolongs the duration of Labor, or increases the likelihood that forceps delivery or other obstetrical intervention or resuscitation of the newborn will be necessary.

Nursing Mothers
Ampicillin class antibiotics are excreted in the milk therefore; caution should be exercised when Amoxicillin/clavulanic is administered to a nursing woman.

Drug Interactions
Probenecid decreases the renal tubular secretion of amoxicillin. Concurrent use with Amoxicillin/clavulanic may result in increased and prolonged blood levels of amoxicillin. Co-administration of probenecid cannot be recommended.

Abnormal prolongation of prothrombin time (increased international normalized ratio [INR]) has been reported rarely in patients receiving amoxicillin and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.

The concurrent administration of allopurinol and ampicillin increases substantially the incidence of rashes in patients receiving both drugs as compared to patients receiving ampicillin alone. It is not known whether this potentiation of ampicillin rashes is due to allopurinol or the hyperuricemia present in these patients. There are no data with Amoxicillin/clavulanic and allopurinol administered concurrently.

In common with other broad-spectrum antibiotics, amoxicillin/clavulanate may reduce the efficacy of oral contraceptives.

Drug /Laboratory Test Interactions
Oral administration of Amoxicillin/clavulanic will result in high urine concentrations of Amoxicillin. High urine concentrations of ampicillin may result in false-positive reactions when testing for the presence of glucose in urine using Clinitest, Benedict's Solution or Fehling's Solution.

Since this effect may also occur with Amoxicillin and therefore Amoxicillin/clavulanic, it is recommended that glucose tests based on enzymatic glucose oxidase reactions (such as Clinistix or Testape) be used.

Following administration of ampicillin to pregnant women, a transient decrease in plasma concentration of total conjugated estriol, estriol-glucuronide, conjugated estrone and estradiol has been noted. This effect may also occur with Amoxicillin and therefore Amoxicillin/clavulanic.

Dosage and Administration
Adults
The usual adult dose is one Ogmin 500 tablets every 12 hours. For more severe infections and infections of the respiratory tract, the dose should be one Ogmin 875 caplets every 12 hours or one Ogmin 500 tablet every 8 hours.

Patient with impaired renal function do not generally require a reduction in the dose unless the impairment is sever. Severely impaired patient with a glomerular filtration rate of < 30 ml/min should not receive the 875 mg tablet. Patient with a glomerular filtration rate of 10 to 30 ml /min should receive 500 mg or 250 mg every 12 hours, depending on the severity of the infection. Patients with a less than 10 ml/min glomerular filtration rate should receive 500 mg or 250 mg every 24 hours, depending on severity of the infection.

Children
The usual dose is 20 mg/kg/day, based on Amoxicillin component, in divided doses every eight hours for 125 mg and 250 mg concentrations and every 12 hours for 400 mg concentration. For otitis media, sinusitis and lower respiratory infections, the dose should be 40 mg/kg/day, based on the Amoxicillin component, in divided doses every eight hours for 125 mg and 250 mg and every 12 hours for 400 mg. Severe infections should be treated with the higher recommended dose. Children weighing 40 kg and more should be dosed according to the adult recommendations.

OGMIN 600
Dosage
Children up to 12 years
OGMIN 600 is recommended for dosing at 90/6.4mg/kg/day in two divided doses at 12-hourly intervals for 10 days, in children aged 3 months and older (see chart below).

Body Weight (kg)	Volume of OGMIN 600 providing 90 mg/kg/day
8	3.0 mL twice daily
12	4.5 mL twice daily
16	6.0 mL twice daily
20	7.5 mL twice daily
24	9.0 mL twice daily
28	10.5 mL twice daily
32	12.0 mL twice daily
36	13.5 mL twice daily

There is no experience in paediatric patients weighing >40kg.

There are no clinical data on OGMIN 600 in children under 3 months of age.

Adults
There is no experience with OGMIN 600 in adults.

OGMIN 600 does not contain the same amount of clavulanic acid (as the potassium salt) as any of the other OGMIN suspensions.

OGMIN 600 (600mg/5mL) contains 42.9mg of clavulanic acid per 5mL whereas OGMIN 125 (125mg/5mL) suspension contains 31.25 mg of clavulanic acid per 5mL and OGMIN 250 (250mg/5mL) suspension contains 62.5mg of clavulanic acid per 5mL. Therefore, the OGMIN 125mg/5mL and 250mg/5mL suspensions should not be substituted for OGMIN 600 (600 mg/5mL), as they are not interchangeable.

Renal Impairment
There are no dosage recommendations for OGMIN 600 S in children with renal impairment.
In children with renal impairment, dosage should be adjusted according to degree of impairment using the alternative OGMIN (4:1 ratio) 125mg/31.25mg or 250mg/62.5mg formulations.

Administration

To minimize potential gastrointestinal intolerance, administer at the start of a meal. The absorption of OGMIN is optimized when taken at the start of a meal. Treatment should not be extended beyond 14 days without review. Therapy can be started parenterally and continued with an oral preparation

Over Dosage

Following overdosage, patients have experienced primarily gastrointestinal symptoms including stomach and abdominal pain, vomiting, and diarrhea. Rash, hyperactivity, or drowsiness has also been observed in a small number of patients.

In the case of overdosage, discontinue Amoxicillin/clavulanic, treat symptomatically, and institute supportive measures as required. If the overdosage is very recent and there is no contraindication, an attempt at emesis or other means of removal of drug from the stomach may be performed. A prospective study of 51 pediatric patients at a poison control center suggested that over dosages of less than 250 mg/kg of amoxicillin are not associated with significant clinical symptoms and do not require gastric emptying.

Interstitial nephritis resulting in oliguric renal failure has been reported in a small number of patients after overdosage with amoxicillin.

Crystalluria, in some cases leading to renal failure, has also been reported after amoxicillin overdosage in adult and pediatric patients. In case of overdosage, adequate fluid intake and diuresis should be maintained to reduce the risk of amoxicillin crystalluria.

Renal impairment appears to be reversible with cessation of drug administration. High blood levels may occur more readily in patients with impaired renal function because of decreased renal clearance of both amoxicillin and clavulanate. Both amoxicillin and clavulanate are removed from the circulation by hemodialysis.

Presentation

Ogmin 500 Tablets
Box of 10 or 20 tablets

Ogmin 875 Caplets
Box of 14 caplets

Ogmin 125 mg Suspension
Powder for the preparation of 100 ml suspension

Ogmin 250 mg Suspension
Powder for the preparation of 100 ml suspension

Ogmin 400 mg Suspension
Powder for the preparation of 70 ml suspension

Ogmin 600 mg Suspension
Powder for the preparation of 100 ml suspension