



OPHTHALMIC DIVISION



A DIVISION OF **JANUS BIOTECH INDIA PVT LTD**

EYE DROPS

S.NO.	Brand Name	Composition	Packing	M.R.P	HSN
1	GATIGREAT	GATIFLOXACIN 0.3%		75	3004
INDICATION : IRTIS, UVEITIS, INHIBITION OF INTRA-OPERATIVE MIOSIS, INFLAMMATION AFTER CATARACT					
2	GATIGREAT F	GATIFLOXACIN 0.3% + FLURBIPROFEN 0.03%	5ml	90	3004
INDICATION : IRTIS, UVEITIS, INHIBITION OF INTRA-OPERATIVE MIOSIS, INFLAMMATION AFTER CATARACT					
3	GATIGREAT P	GATIFLOXACIN 0.3% + PREDNISOLONE ACETATE 1%		95	3004
INDICATION : IRTIS, UVEITIS, INHIBITION OF INTRA-OPERATIVE MIOSIS, INFLAMMATION AFTER CATARACT					
4	TRUXOL	SODIUM CHLORIDE		80	3004
INDICATION : REDUCE SWELLING OF EYES					
5	NEPAGREAT	NEPAFENAC 0.1%		175	3004
INDICATION : INFLAMMATION ANT. & POST. SEGMENT, DRUG OF CHOICE OF CME, RETINITIS					
6	TIMOTRU	TIMOLOL MALEATE 0.1%		70	3004
INDICATION : OPEN ANGLE GLAUCOMA, OCULAR HYPERTENSION					
7	TIMOTRU- BR	TIMOLOL MALEATE 0.5%+ BRIMONIDINE 0.2%	5ml	550	3004
INDICATION : OPEN ANGLE GLAUCOMA, OCULAR HYPERTENSION					
8	TIMOTRU BP	TIMOLOL MALEATE 0.5% + BIMATOPROST 0.03%		320	3004
INDICATION : OPEN ANGLE GLAUCOMA, OCULAR HYPERTENSION					
9	JANYL	TROPICAMIDE 1%+ PHENYLEPHRINE 2.5%		75	3004
INDICATION : MYDRIASIS, EYE EXAMINATION, SHORT TERM PUPIL DILATION					
10	KETOJAN DX	DEXAMETHASONE 0.01%+ HYDROXYPROPYL METHYLCELLULOSE (HPMC) 0.025% + KETOROLAC TROMETHAMINE 0.5 %		100	3004

INDICATION : ALLERGIC CONJUNCTIVITIS , BACTERIAL KERATITIS , BLEPHARITIS , BACTERIAL CORNEAL ULC				
11	DIFU-M	DIFLUPREDNATE 0.05 % + MOXIFLOXACIN 0.5 %	5ml	135
INDICATION: POST OPERATIVE INFECTION, CONJUNCTIVITIS, KERATITIS , BLEPHARITIS				
12	LUBIGREAT CMC	CMC 1% (CARBOXYMETHYLCELLULOSE 1%)	10ml	185
INDICATION : SEVERE DRY EYE , ITCHING & STINGING SENSATION, POST LASIK TREATMENT				
13	LUBIGREAT CMC	CMC 0.5% (CARBOXYMETHYLCELLULOSE 0.5%)		109.9
INDICATION : SEVERE DRY EYE , ITCHING & STINGING SENSATION, POST LASIK TREATMENT				
14	OLAA	OLAPATADINE HCL 0.1 % SOLUTION	5ml	125
INDICATION : ENHANCED OCULAR ITCH, PRE & POST OPERATIVE PROPHYLAXIS, SEASONAL CONJ				
15	LUBITRU	NAPHAZOLINE 0.056% + CHLORPHENIRAMINE MALEATE 0.01% + BORIC ACID 1.25% + ZINC SULPHATE 0.12% + SODIUM CHLORIDE 0.05% + HYDROXY PROPYL METHYLCELLULOSE 0.25%	10ml	100
INDICATION : ALLERGIC CONDITIONS, CONGESTED CONJUNCTIVE, RED EYE SYNDROME, TIRED E				
16	TRUTEARS	POLYETHYLENE GLYCOL 0.4% + PROPYLENE GLYCOL 0.3%	10ml	275
INDICATION : DRY EYE SYNDROME				
17	BROMEJAN	BROMEFENAC 0.09%	5ml	150
INDICATION : POST OPERATIVE INFECTION & INFLAMMATION, NON SPECIFIC OCULAR PAIN				
18	CATACLEAN	POTASSIUM IODIDE 3.3% + Sodium Chloride 0.83% + Calcium Chloride 1% + Chlorbutol 0.5%	10ml	65
INDICATION : PREVENT LENTICULAR OPACITY (CATARACT OR OPACITY) AND OTHER EYE DISEA				
19	LATOJAN	LATANOPROST 0.005%		350
INDICATION : TREAT HIGH PRESSURE INSIDE THE EYE DUE TO GLAUCOMA				
20	TOBAHEAL	TOBRAMYCIN 0.3%	5ml	99
INDICATION : BLEPHARITIS, NON-SPECIFIC CONJUNCTIVITIS				
21	TOBAHEAL F	TOBRAMYCIN 0.3% + FLUROMETHOLONE 0.1%		139
INDICATION : BLEPHARITIS, NON-SPECIFIC CONJUNCTIVITIS				
22	MOXIGREAT	MOXIFLOXACIN 0.5%		99.9

INDICATION : POST OPERATIVE INFECTION, CONJUNCTIVITIS, KERATITIS, BLEPHARITIS				
23	MOXIGREAT DX	MOXIFLOXACIN 0.5% + DEXAMETHASONE 0.1%		110
INDICATION : POST OPERATIVE INFECTION, CONJUNCTIVITIS, KERATITIS, BLEPHARITIS				
24	MOXIGREAT P	MOXIFLOXACIN 0.5% + PREDNISOLONE 1%		110
INDICATION : POST OPERATIVE INFECTION, CONJUNCTIVITIS, KERATITIS, BLEPHARITIS				
25	MOXIGREAT KT	MOXIFLOXACIN 0.5% + KETOROLAC TROMETHAMINE 0.5%	5ML	105
INDICATION : POST OPERATIVE INFECTION, CONJUNCTIVITIS, KERATITIS, BLEPHARITIS				
26	MOXIGREAT LT	MOXIFLOXACIN 0.5% +LOTEPREDNOL 0.5%	5ml	160
INDICATION : POST OPERATIVE INFECTION, CONJUNCTIVITIS, KERATITIS, BLEPHARITIS				
ORAL SEGMENT				
27	LYCOGREAT	LYCOPENE +MULTIVITAMINS MULTIMINERALS CAPS	10X3	329.7
28	MONTIJAN -L	MONTELUKAST 10MG +LEVOCETRIZINE 5MG	10X10	
29	MONTIJAN - FX	MONTELUKAST 10MG +FEXOFENADINE 120MG	10X10	
30	LEVOJAN	LEVOCETRIZINE 5MG	10X10	350
31	JANCORT 6	DEFLAZACORT 6MG	10X10	999
32	JANPRED 4	METHYLPREDNISOLONE 4MG	10X10	450
33	JANPRED 8	METHYLPREDNISOLONE 8MG	10X10	510
34	JANPRED 16	METHYLPREDNISOLONE 16MG	10X10	999
35	JANCLAV 375	AMOXYCILLIN 250MG + CLAVULANIC 125MG	10X10	1909
36	JANCLAV 625	AMOXYCILLIN 500MG + CLAVULANIC 125MG	10X6	1215
37	STAFHEAL 500	CEFUROXIME AXETIL 500MG	10X10	5500
38	DIFEE SP	ACECLOFENAC 100MG + PARACETAMOL 325MG +SERRATIOPEPTIDASE 15MG	10X10	900
39	DIFEE P	ACECLOFENAC 100MG + PARACETAMOL 325MG	10X10	480
40	ONLY 200	OFLOXACIN 200MG	10X10	510
41	MULTIMAX	VITAMINS + MINERALS + ZINC + GRAPE SEED EXTRACT TABLETS	10X15	1050
42	MULTIMAX 9G	9G SOFTGEL CAPS	10X1X10	2500
43	NEUROJAN PLUS	Methylcobalamin1500mcg+ Alpha Lipoic Acid 100mg+ Pyrodoxine Hydrochloride 3mg+ Folic Acid 1.5mg	10X10	1195

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44	JANOCEF 100	CEFIXIME 100MG DT	10X10	879
45	JANOCEF 200	CEFIXIME 200MG DT WITH LB	10X10	1300
46	JANOCEF CV	Cefixime 200mg + Clavulanic Acid 125mg	10X6	1999
47	CEFOGREAT 100	CEFPODOXIME PROXETIL 100MG	10X10	1000
48	CEFOGREAT 200	CEFPODOXIME PROXETIL 200MG	10X10	1550
49	CEFOGREAT CV	Cefpodoxime 200mg + Clavulanic Acid 125mg	10X6	1799
EAR DROPS				
50	TRUWAX	PARADICHLOROBENZENE 2.0% + BENZOCAINE 2.7% + CHLORBUTOL 5.0% + TURPENTINE OIL 15%	10ml	70
INDICATION : EAR DROP				
51	OTGREAT	LIGNOCAINE 2%+BECLOMETHASONE 0.025%+ CLOTRIMAZOLE 1% + GENTAMYCIN 0.3%	5ml	75
INDICATION : USED TO TREAT BACTERIAL INFECTION				
TERMS AND CONDITIONS				
1. DRUG LICENSE AND GST NUMBER REQUIRED FOR BILLING				
2. ADVANCE PAYMENT REQUIRED AFTER RAISING PROFORMA				
3. NO BREAKAGE AND EXPIRY ACCEPTED AS RETURN				
4. TRANSPORT COST WILL BE PAID BY CONSIGNEE.				
5. ALL DISPUTES WILL HELD IN CHANDIGARH JURISDICTION ONLY				

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