BIOCON FORMULATIONS	
MASTER PROOF OF APPROVED PRINTED ART WORK	**VIAL LEAFLET**
FOR COLOUR COPY	**KIRSTY 100 U/ml, 10 ml**
ANNEXURE-4 [Ref. No. : BM/QA/SOP/059]	**FOR MALAYSIA**
ARTWORK CODE:	**BM/XXXX/XX**

Biocon Biologics™

Kirsty™

Insulin Aspart Injection (rDNA origin) 100 U/mL

100 U/mL



10 mL Vial

COMPOSITION
Each mL contains:
Insulin Aspart Injection (rDNA origin) 100 U
Phenol 1.5 mg
Metacresol 1.72 mg (as preservative)

1 vial contains 10 ml equivalent to 1,000 units.1 ml solution contains 100 units Insulin Aspart (equivalent to 3.5 mg).

Insulin Aspart is produced in Pichia pastoris by recombinant DNA technology. For the full list of excipients, see List of Excipients section.

PHARMACEUTICAL FORM
Solution for injection in a vial.
Clear, colourless, aqueous solution for injection in vial.

PHARMACOLOGICAL PROPERTIES*
Pharmacodynamics properties
Pharmacotherapeutic group:
Drugs used in diabetes. Insulins and analogues for injection, fast-acting. ATC code A10AB05.

* Unless otherwise specified; data presented in this PI for Efficacy and Safety were referred from PI of NovoRapid®

Mechanism of action
Kirsty™ produces a more rapid onset of action compared to soluble human insulin, together with a lower glucose concentration, as assessed within the first four hours after a meal. Kirsty™ has a shorter duration of action compared to soluble human insulin after subcutaneous injection.

When Kirsty™ is injected subcutaneously, the onset of action will occur within 10 to 20 minutes of injection. The maximum effect is exerted between 1 and 3 hours after injection. The duration of action is 3 to 5 hours.

Insulin aspart is equipotent to soluble human insulin on a molar basis.

Study MYL-1601D-3001 in T1DM patients to demonstrated equivalence in safety, immunogenicity and efficacy profile between Kirsty™ and NovoLog. 243 subjects in the Kirsty™ group and 242 subjects in the NovoLog group completed treatment. The treatment difference (SE) in TEAR responders between Kirsty™ and NovoLog was -2.86 and 90% CI were: -9.71, 3.99. Post-baseline, there were 24 subjects in Kirsty™ group and 35 subjects in the NovoLog group with newly positive ADA (treatment-induced TEAR), the difference was not statistically significant P-Value is 0.1348. The treatment differences (Kirsty™ - NovoLog) for HbA1c at Week 12 and Week 24 were 0.05 (95% CI: -0.05, 0.16) and 0.07 (95% CI: -0.06, 0.20), respectively.

Adults: clinical trials in patients with type 1 diabetes have demonstrated a lower postprandial blood glucose with Insulin Aspart compared to soluble human insulin. In two long-term open label trials in patients with type 1 diabetes comprising 1,070 and 884 patients, respectively, Insulin Aspart reduced glycated haemoglobin by 0.12 percentage points and by 0.15 percentage points compared to soluble human insulin; a difference of limited clinical significance.

Clinical trials in patients with type 1 diabetes have demonstrated a reduced risk of nocturnal hypoglycaemia with insulin aspart compared to soluble human insulin. The risk of daytime hypoglycaemia was not significantly increased.

Elderly: in a PK/PD trial the relative differences in the PD properties between insulin aspart and soluble human insulin in the elderly patients with type 2 diabetes were similar to those seen in healthy subjects and younger patients with diabetes.

Children and adolescents: when given to children, Insulin Aspart showed similar long-term glucose control compared to soluble human insulin. In clinical trials for children and adolescents aged 2 to 17, the pharmacodynamic profile of insulin aspart in children was similar to that seen in adults.

The efficacy and safety of Insulin Aspart given as bolus insulin in combination with either insulin detemir or insulin degludec as basal insulin have been studied for up to 12 months in two randomised controlled clinical trials in adolescents and children aged 1 to less than 18 years (n=712). The trials included 167 children aged 1–5 years, 260 aged 6–11 and 285 aged 12–17. The observed improvements in HbA_{1c} and the safety profiles were comparable between all age groups.

Pregnancy: a clinical trial comparing safety and efficacy of insulin aspart vs. soluble human insulin in the treatment of pregnant women with type 1 diabetes (322 exposed pregnancies) did not indicate any adverse effect of insulin aspart on pregnancy or on the health of the foetus/newborn.

In addition, the data from a clinical trial including 27 women with gestational diabetes randomised to treatment with insulin aspart vs. soluble human insulin showed similar safety profiles between treatments as well as a significant improvement in postprandial glucose control in the insulin aspart treated group.

Pharmacokinetic properties

Absorption, distribution and elimination
In Insulin Aspart substitution of amino acid proline with aspartic acid at position B28 reduces the tendency to form hexamers as observed with soluble human insulin. Insulin Aspart is therefore more rapidly absorbed from the subcutaneous layer compared to soluble human insulin.

The time to maximum concentration is, on average, half of that for soluble human insulin. A mean maximum plasma concentration of 492 pmol/l was reached 40 minutes after a subcutaneous dose of 0.15 U/kg bodyweight in type 1 diabetic patients. The insulin concentrations returned to baseline about 4 to 6 hours after dose. The absorption rate was somewhat slower in type 2 diabetic patients, resulting in a lower C_{max} (352 ± 240 pmol/l) and later t_{max} (60 minutes). The intra-individual variability in time to maximum concentration is significantly less for Insulin Aspart than for soluble human insulin, whereas the intra-individual variability in C_{max} for Insulin Aspart is larger.

Study MYL-1601D-1001 in healthy subjects to compare PK/PD between Kirsty™, NovoLog and NovoRapid has shown equivalence between 3 products was comparable. Geometric means for PK endpoints $AUCins._{0-t}$ and $Cins._{max}$ fell within the range of 0.8 to 1.25. The 90% CIs of MYL-1601D vs. NovoLog® and the 95% CIs of MYL-1601D vs. NovoRapid for PD endpoints $AUCGIR._{ritzel}$ and $GIR._{max}$ were within the prespecified range of 0.8 to 1.25.

Children and adolescents: the pharmacokinetic and pharmacodynamic properties of Insulin Aspart were investigated in children and adolescents with type 1 diabetes. Insulin aspart was rapidly absorbed in both age groups, with similar t_{max} as in adults. However, C_{max} differed between the age groups, stressing the importance of the individual titration of Insulin Aspart

Elderly: the relative differences in pharmacokinetic properties between insulin aspart and soluble human insulin in elderly patients with type 2 diabetes were similar to those observed in healthy subjects and in younger patients with diabetes. A decreased absorption rate was observed in elderly patients, resulting in a later t_{max} (82 minutes), whereas C_{max} was similar to that observed in younger patients with type 2 diabetes and slightly lower than in patients with type 1 diabetes.

Hepatic impairment: in patients with hepatic impairment, t_{max} was delayed to about 85 min. (50 min. in subjects with normal hepatic function) while AUC, C_{max}, and CL/F were similar.

Renal impairment: a single dose pharmacokinetic study of insulin aspart in 18 subjects with normal to severely impaired renal function was performed. No apparent effect of creatinine clearance values on AUC, C_{max}, CL/F and t_{max} of insulin aspart was found. Data were limited in patients with moderate and severe renal impairment. Patients with renal failure necessitating dialysis treatment were not investigated

Pre-clinical safety data
Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity and toxicity to reproduction and development.

In *in vitro* tests, including binding to insulin and IGF-1 receptor sites and effects on cell growth, Kirsty™ behaved in a manner that closely resembled NovoRapid. Studies also demonstrate that the dissociation of binding to the insulin receptor of Kirsty™ is equivalent to NovoRapid.

The acute toxicology study with Biocon's Insulin Aspart in rats revealed no findings of concern doses up to approximately 80-fold the planned daily human dose. The only consistent observation was symptoms of hypoglycaemia, The 28-day repeat dose toxicology study in rats also found no signs of over toxicity at doses up to approximately 10-fold the anticipated daily human dose.

Like the acute toxicology study, the repeat dose study also demonstrated consistent observations of hypoglycemia in both Biocon's Insulin Aspart and NovoRapid treated rats.

Hypoglycemia is an anticipated pharmacological effect and was not considered adverse for the purpose of these toxicology studies. In both acute repeat dose toxicity studies Kirsty™ was well tolerated.

CLINICAL PARTICULARS
Therapeutic indications
Kirsty™ is indicated for treatment of diabetes mellitus in adults, adolescents and children aged 1 year and above.

Posology and method of administration
Posology

Kirsty™ is a rapid-acting insulin analogue.

Kirsty™ dosage is individual and determined in accordance with the needs of the patient. It should normally be used in combination with intermediate-acting or long-acting insulin given at least once a day. Blood glucose monitoring and insulin dose adjustment are recommended to achieve optimal glycaemic control.

The individual insulin requirement in adults and children is usually between 0.5 and 1.0 U/kg/day. In a basal-bolus treatment regimen, 50–70% of this requirement may be provided by Kirsty™ and the remainder by intermediate-acting or long-acting insulin. Adjustment of dosage may be necessary if patients undertake increased physical activity, change their usual diet or during concomitant illness.

Kirsty™ has a faster onset and a shorter duration of action than soluble human insulin.

Due to the faster onset of action, Kirsty™ should generally be given immediately before a meal. When necessary Kirsty™ can be given soon after a meal.

Due to the shorter duration, Kirsty™ has a lower risk of causing nocturnal hypoglycaemic episodes.

Special populations
As with all insulin products, in elderly patients and patients with renal or hepatic impairment, glucose monitoring should be intensified and the insulin aspart dosage adjusted on an individual basis.

Paediatric population
Kirsty™ can be used in children and adolescents aged 1 year and above in preference to soluble human insulin when a rapid onset of action might be beneficial, for example, in the timing of the injections in relation to meals.

The safety and efficacy of Kirsty™ in children below1year of age have not been established. No data are available.

Transfer from other insulin products
When transferring from other insulin products, adjustment of the Kirsty™ dose and the dose of the basal insulin may be necessary.

Transfer from other insulin medicinal products

When transferring from other insulin medicinal products, adjustment of the Kirsty™ dose and the dose of the basal insulin may be necessary.

Interchangeability and Automatic Substitution
Kirsty™ has been developed as a similar biological medicinal product to NovoRapid and has been shown to have a comparable quality, safety and efficacy profile to NovoRapid. Therefore, interchangeability with the reference product NovoRapid may be considered if this is in agreement with the treating physician. However, automatic substitution (i.e. the practice by which a different product to that specified on the prescription is dispensed to the patient without the prior informed consent of the treating physician) and active substance-based prescription cannot apply to biologicals, including biosimilars. Such a differentiating approach towards biologicals ensures that treating physicians can make informed decision about treatments is in the interest of patient's safety.

Method of administration
Kirsty™ is administered subcutaneously by injection in the abdominal wall, the thigh, the upper arm, the deltoid region or the gluteal region. Injection sites should always be rotated within the same region in order to reduce the risk of lipodystrophy and cutaneous amyloidosis. As with all insulin products, subcutaneous injection in the abdominal wall ensures a faster absorption than other injection sites.

The duration of action will vary according to the dose, injection site, blood flow, temperature and level of physical activity. However, the faster onset of action compared to soluble human insulin is maintained regardless of injection site.

Instruction to be given to Patient on How to Handle Kirsty™ Vial
Before injecting this insulin,
1. Disinfect the rubber stopper with an alcohol swab.
2. Visually inspect the vial to ensure that there are no suspended impurities.
3. Draw air into the syringe, the same amount as the volume of insulin to be injected.
4. Inject the air into the vial: push the needle through the rubber stopper and press the plunger.
5. Turn the vial and syringe upside down.
6. Draw the correct dose of insulin into the syringe.
7. Before you take the needle out of the insulin vial, check the syringe for air bubbles. Make sure that there is no air left in the syringe: point the needle upwards and push the air out. Appearance of air bubble is a normal phenomenon, vigorous shaking immediately before the dose is administered may also result in the formation of air bubbles which could cause dosage errors; in that case tap the side of the syringe gently with your finger. A small air bubble may remain after tapping; this small air bubble will not affect your dose.
8. Check you have the right dose.
9. Inject straight away.

Continuous Subcutaneous Insulin Infusion (CSII):
Kirsty™ may be used for Continuous Subcutaneous Insulin Infusion (CSII) in pump systems suitable for insulin infusion. CSII should be administered in the abdominal wall. Infusion sites should be rotated. When used with an insulin infusion pump, Kirsty™ should not be mixed with any other insulin products. Patients using CSII should be comprehensively instructed in the use of the pump system and use the correct reservoir and tubing for the pump. The infusion set (tubing and cannula) should be changed in accordance with the instructions in the product information supplied with the infusion set.

Patients administering Kirsty™ by CSII must have alternative insulin delivery method available in case of pump system

failure.

Intravenous use:
If necessary, Kirsty™ can be administered intravenously by physicians or other healthcare staff if applicable.

For intravenous use, infusion systems with Kirsty™ 100 U/ml at concentrations from 0.05 U/ml to 1.0 U/ml Insulin Aspart in the infusion fluids 0.9% sodium chloride, 5% dextrose or 10% dextrose including 40 mmol/l potassium chloride using polypropylene infusion bags, are stable at room temperature for 24 hours. Although stable over time, a certain amount of insulin will be initially adsorbed to the infusion bag. Monitoring of blood glucose is necessary during insulin infusion.

Contraindications
Hypersensitivity to the active substance or to any of the excipients.

Special warnings and precautions for use
Warning
Before travelling between different time zones, the patient should seek the doctor's advice since this may mean that the patient has to take the insulin and meals at different times.

Hyperglycaemia
Inadequate dosing or discontinuation of treatment, especially in type 1 diabetes, may lead to hyperglycaemia and diabetic ketoacidosis.

Hypoglycaemia
Omission of a meal or unplanned, strenuous physical exercise may lead to hypoglycaemia.

Especially in children, care should be taken to match insulin doses (especially in basal-bolus regimens) with food intake, physical activities and current blood glucose level in order to minimise the risk of hypoglycaemia.

Hypoglycaemia may occur if the insulin dose is too high in relation to the insulin requirement.

Patients whose blood glucose control is greatly improved, e.g. by intensified insulin therapy, may experience a change in their usual warning symptoms of hypoglycaemia, and should be advised accordingly. Usual warning symptoms may disappear in patients with longstanding diabetes.

A consequence of the pharmacodynamics of rapid-acting insulin analogues is that if hypoglycaemia occurs, it may occur earlier after an injection when compared with soluble human insulin.

Since Kirsty™ should be administered in immediate relation to a meal, the rapid onset of action should be considered in patients with concomitant diseases or treatment where a delayed absorption of food might be expected.

Concomitant illness, especially infections and feverish conditions, usually increases the patient's insulin requirements. Concomitant diseases in the kidney, liver or affecting the adrenal, pituitary or thyroid gland can require changes in the insulin dose.

When patients are transferred between different types of insulin medicinal products, the early warning symptoms of hypoglycaemia may change or become less pronounced than those experienced with their previous insulin.

Transfer from other insulin products
Transferring a patient to another type or brand (e.g. strength or manufacturer) of insulin should be done under strict medical supervision and may require a change in dosage or number of daily injections from that used with their usual insulin products. If an adjustment is needed, it may occur with the first dose or during the first few weeks or months.

Injection site reactions
Patients must be instructed to perform continuous rotation of the injection site to reduce the risk of developing lipodystrophy and cutaneous amyloidosis. There is a potential risk of delayed insulin absorption and worsened glycaemic control following insulin injections at sites with these reactions. A sudden change in the injection site to an unaffected area has been reported to result in hypoglycaemia. Blood glucose monitoring is recommended after the change in the injection site, and dose adjustment of antidiabetic medications may be considered.
As with any insulin therapy, injection site reactions may occur and include pain, redness, hives, inflammation, bruising, swelling and itching. Continuous rotation of the injection site within a given area reduces the risk of developing these reactions. Reactions usually resolve in a few days to a few weeks. On rare occasions, injection site reactions may require discontinuation of Kirsty™.

Combination of thiazolidinediones and insulin medicinal products
Cases of congestive heart failure have been reported when thiazolidinediones were used in combination with insulin, especially in patients with risk factors for development of congestive heart failure.

Avoidance of accidental mix-ups/medication errors
Patients must be instructed to always check the insulin label before each injection to avoid accidental mix-ups between Kirsty™ and other insulin products.

Insulin antibodies
Insulin administration may cause insulin antibodies to form. In rare cases, the presence of such insulin antibodies may necessitate adjustment of the insulin dose in order to correct a tendency to hyper- or hypoglycaemia.

Interaction with other medicinal products and other forms of interaction
A number of medicinal products are known to interact with the glucose metabolism.

The following substances may reduce the patient's insulin requirements:
Oral antidiabetic products, monoamine oxidase inhibitors (MAOIs), beta-blockers, angiotensin converting enzyme (ACE) inhibitors, salicylates, anabolic steroids and sulfonamides.

The following substances may increase the patient's insulin requirements:
Oral contraceptives, thiazides, glucocorticoids, thyroid hormones, sympathomimetics, growth hormone and danazol.

Beta-blocking agents may mask the symptoms of hypoglycaemia.
Octreotide/lanreotide may either increase or decrease the insulin requirements.
Alcohol may intensify or reduce the hypoglycaemic effect of insulin

Pregnancy
Kirsty™ (insulin aspart) can be used in pregnancy. Data from two randomised controlled clinical trials do not indicate any adverse effect of insulin aspart on pregnancy or on the health of the foetus/newborn when compared to soluble human insulin (see Pharmacodynamic properties).

Intensified blood glucose control and monitoring of pregnant women with diabetes are recommended throughout pregnancy and when contemplating pregnancy. Insulin requirements usually fall in the first trimester and increase subsequently during the second and third trimesters. After delivery, insulin requirements normally return rapidly to pre-pregnancy values.

Lactation
There are no restrictions on treatment with Kirsty™ during breast-feeding. Insulin treatment of the nursing mother presents no risk to the baby. However, the Kirsty™ dosage may need to be adjusted.

Effects on ability to drive and use machines
The patient's ability to concentrate and react may be impaired as a result of hypoglycaemia. This may constitute a risk in situations where these abilities are of special importance (e.g. driving a car or operating machinery).

Patients should be advised to take precautions to avoid hypoglycaemia while driving. This is particularly important in those who have reduced or absent awareness of the warning signs of hypoglycaemia or have frequent episodes of hypoglycaemia. The advisability of driving should be considered in these circumstances.

Undesirable effects
a.Summary of the safety profile
Adverse reactions observed in patients using Kirsty™ are mainly due to the pharmacologic effect of insulin.

The most frequently reported adverse reaction during treatment is hypoglycaemia. The frequencies of hypoglycaemia vary with patient population, dose regimens and level of glycaemic control (see section Undesirable effects, Description of selected adverse reactions).

At the beginning of the insulin treatment, refraction anomalies, oedema and injection site reactions (pain, redness, hives, inflammation, bruising, swelling and itching at the injection site) may occur. These reactions are usually of transitory nature. Fast improvement in blood glucose control may be associated with acute painful neuropathy, which is usually reversible. Intensification of insulin therapy with abrupt improvement in glycaemic control may be associated with temporary worsening of diabetic retinopathy, while long-term improved glycaemic control decreases the risk of progression of diabetic retinopathy.

b.Tabulated list of adverse reactions
Adverse reactions listed below are based on clinical trial data and classified according to MedDRA frequency and System Organ Class. Frequency categories are defined according to the following convention: Very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000); not known (cannot be estimated from the available data).

Immune system disorders	Uncommon – Urticaria, rash, eruptions Very rare – Anaphylactic reactions*
Metabolism and nutrition disorders	Very common – Hypoglycaemia*
Nervous system disorders	Rare Peripheral neuropathy (painful neuropathy)
Eye disorders	Uncommon – Refraction disorders
	Uncommon – Diabetic retinopathy
Skin and subcutaneous tissue disorders	Uncommon – Lipodystrophy* Not known – Cutaneous amyloidosis*
General disorders and administration site conditions	Uncommon – Injection site reactions
	Uncommon – Oedema

No printing area

*See section c

c. Description of selected adverse reactions
Anaphylactic reactions:
The occurrence of generalised hypersensitivity reactions (including generalised skin rash, itching, sweating, gastrointestinal upset, angioneurotic oedema, difficulties in breathing, palpitation and reduction in blood pressure) is very rare but can potentially be life threatening.

Hypoglycaemia:
The most frequently reported adverse reaction is hypoglycaemia. It may occur if the insulin dose is too high in relation to the insulin requirement. Severe hypoglycaemia may lead to unconsciousness and/or convulsions and may result in temporary or permanent impairment of brain function or even death. The symptoms of hypoglycaemia usually occur suddenly. They may include cold sweats, cool pale skin, fatigue, nervousness or tremor, anxiousness, unusual tiredness or weakness, confusion, difficulty in concentration, drowsiness, excessive hunger, vision changes, headache, nausea and palpitation.

In clinical trials, the frequency of hypoglycaemia varied with patient population, dose regimens and level of glycaemic control. During clinical trials the overall rates of hypoglycaemia did not differ between patients treated with Insulin Aspart compared to human insulin.

Lipodystrophy and Cutaneous amyloidosis:
Lipodystrophy and cutaneous amyloidosis may occur at the injection site. Continuous rotation of the injection site within the given injection area may help to reduce or prevent these reactions.

Overdose
A specific overdose for insulin cannot be defined, however, hypoglycaemia may develop over sequential stages if too high doses relative to the patient's requirement are administered:
- Mild hypoglycaemic episodes can be treated by oral administration of glucose or sugary products. It is therefore recommended that the diabetic patient always carries sugar-containing products.
- Severe hypoglycaemic episodes, where the patient has become unconscious, can be treated with glucagon (0.5 to 1 mg) given intramuscularly or subcutaneously by a trained person, or with glucose given intravenously by physicians or other healthcare staff, if applicable. Glucose must be given intravenously, if the patient does not respond to glucagon within 10 to 15 minutes. Upon regaining consciousness, administration of oral carbohydrates is recommended for the patient in order to prevent a relapse.

PHARMACEUTICAL PARTICULARS
List of excipients
Glycerol, Phenol, Metacresol, Zinc chloride, Disodium phosphate dihydrate, Sodium chloride, Hydrochloric acid /Sodium hydroxide (for pH adjustment) and Water for injections

Incompatibilities
Substances added to Kirsty™ may cause degradation of Insulin Aspart.

Shelf life
Please refer to Carton/Label.

Special precautions for storage
Store in a refrigerator at temperature between 2°C to 8°C. Do not freeze.

During use or when carried as a spare:
The solution can be kept at room temperature not above 30°C for up to 28 days once the vial has been put to use. Do not refrigerate. Do not freeze.

Do not expose to excessive heat or direct sunlight.

Keep out of reach of children
Jauhi daripada kanak-kanak

Nature and contents of container
Insulin Aspart Injection (rDNA origin) 100 U/mL, 10 mL Vials is packed in 10 mL clear tubular (Type I) glass vials closed with bromobutyl rubber stoppers.

Pack Sizes: 1 × 10 mL

Special precautions for disposal and other handling
Do not use this medicinal product if you notice that the solution is not clear, colourless and aqueous. Kirsty™ which has been frozen must not be used.

The patient should be advised to discard the needle after each injection. Any unused medicinal product or waste material should be disposed of in accordance with local requirements. Needles and syringes must not be shared.

Product Registration Holder, Manufactured and Released by:
Biocon Sdn. Bhd.
No. 1, Jalan Bioteknologi 1,
Kawasan Perindustrian SiLC,
79200 Iskandar Puteri, Johor, Malaysia.

BM/XXXXX/XX

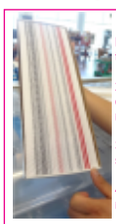
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Selangor Darul Ehsan, Malaysia.

Leaflet revised on: February 2024

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Folding Size	20 (W) x 90 (H) mm (±2mm)
Paper	8 GSM OPEQUE TISSUE PAPER
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Pharma code	536

Note : Magenta color to be referred for DIE key line.

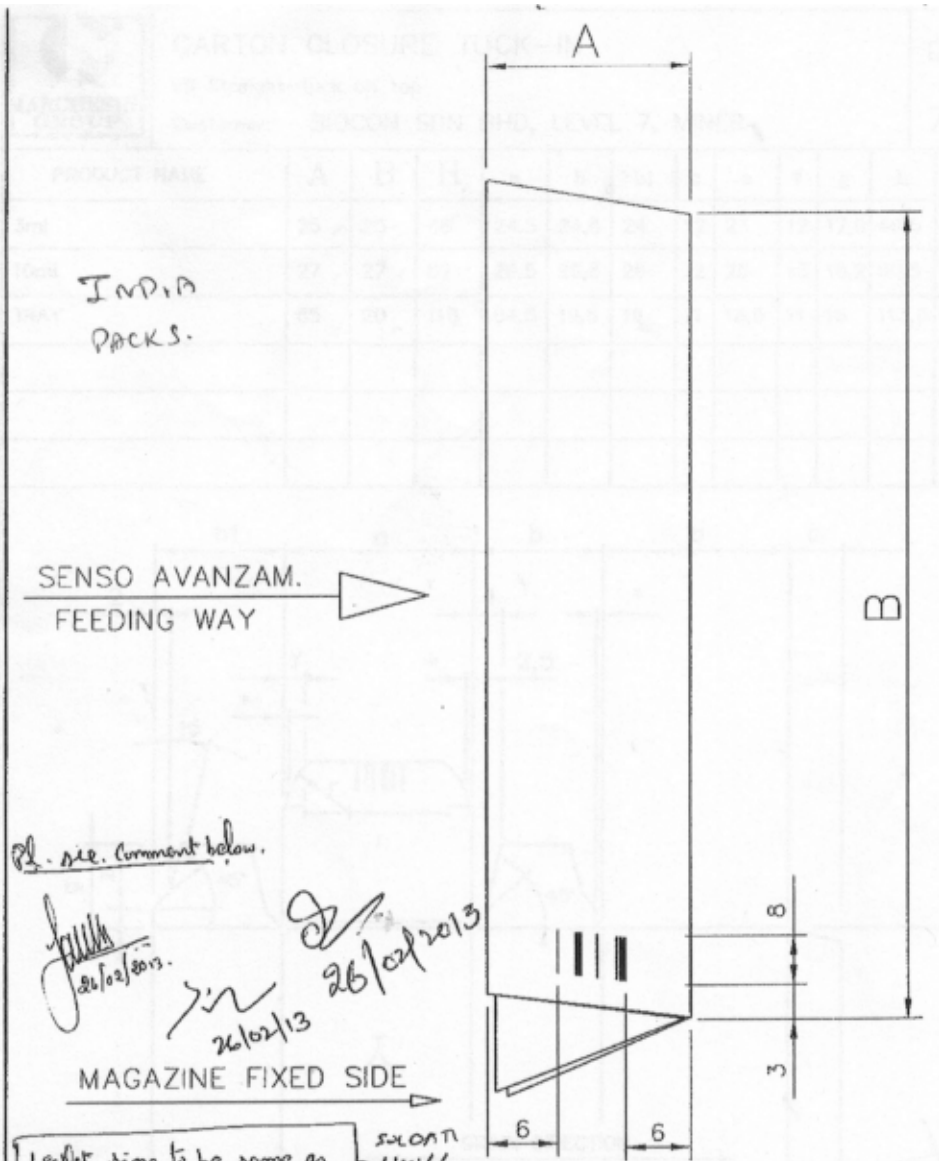
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1. Leaflets should not be bundled. Leaflets should be supplied in flat trays as per attached image.
2. Pharmacodes should be always on the outside for ensuring the reader to sense it.
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4. Folded leaflets should not be reversed and inverted conditions.

PREPARED BY:	CHECKED BY:
DATE :	DATE :

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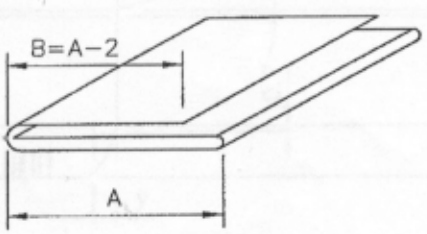
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Leaflet size to be same as of 10ml size: 180x110 mm.

SUDAN I will check and revert 26/02/2013



	A	B	OPEN SIZE
3 ml	20	90	228x180
5 ml	23	100	180x100
10 ml	23	110	180x110
MYOKINASE 10ml	23	110	180x110

MARCHESINI GROUP
Building efficiency
PIANORO–BOLOGNA (Italy)

CUSTOMER: BIOCON LIMITED SEZ UNIT
COUNTRY: IND

DATE: 25/02/2013
ISSUED BY: grillini_a
OBTAINED BY:

INTERNAL ORDER No.: M3120081
INTERNAL PROJECT No.: IND120371200

DESCRIPTION: DISEGNO PROSPETTO
DRWG No.: 70M1163201

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