Artwork Document Information	Artwork Type [Please Tick /]	Sign / Stamp
Product : T-GLYPRIN TAB SAP No. : Date : 18 March 2026	☐ Unit Box ☑ Leaflet ☐ Aluminium Foil ☐ Generic Box ☐ Outer Box ☐ Fix-A-Form ☐ Sachet ☐ Label ☐ Shipper Carton ☐ Others : _____	

Document Category [Please Tick /]

☑ RA/NPRA Artwork ☐ Recirculation Artwork ☐ Approval Copy Artwork ☐ Clean Copy
☐ Internal Artwork Circulation ☐ Previous Approved Artwork ☐ Draft Artwork
☐ Others : _____

Remarks

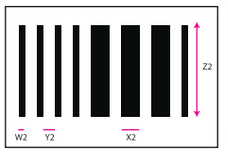
1. Font : Helvetica Regular (Spacing - 7.8pt / Size - 6.5pt)
2. Dimension : 148.5mm(w) x 210mm(h)

Colour

Black

Colours shown on this proof are to indicate correct colour separations.

Pharmacode / QR Code / Others Info



Label	Description	Standard
W2	Width of thin code bar	0.35 mm
X2	Width of thick code bar	1.0 mm
Y2	Gap between code bar	0.65 mm
Z2	Height of code bar	5.0 mm

*Dimension stated here is final. Printer to follow Ai artwork design accordingly.

GLYPRIN™ Tablet

PRODUCT DESCRIPTION
Glyprin is a white, round tablet, marked with "GLY" on one side and plain on the other side.

COMPOSITION
Each tablet contains Aspirin 100 mg and Glycine 45 mg.

PHARMACODYNAMICS
Aspirin is a platelet aggregation inhibitor. It affects platelet function by inhibiting the enzyme prostaglandin cyclooxygenase in platelets, thereby preventing the formation of the aggregating agent thromboxane A_2. Aspirin may also inhibit formation of the platelet aggregation inhibitor prostacyclin (prostaglandin I_2) in blood vessels. Glycine is used to reduce gastric irritation.

PHARMACOKINETICS
Aspirin is absorbed rapidly from the gastro-intestinal tract following oral administration. Food decreases the rate of absorption but not the extent of absorption. After absorption, aspirin is converted to salicylate. Salicylate is mainly eliminated by hepatic metabolism and is excreted unchanged in the urine.

INDICATIONS
Glyprin is indicated for conditions where modification of platelet behaviour is considered beneficial, including transient ischaemic attacks, secondary prevention of myocardial infarction and for prophylaxis against stroke, vascular occlusion and deep vein thrombosis.

SIDE EFFECTS/ADVERSE REACTIONS
The most common adverse effects occurring are gastro-intestinal disturbances such as nausea, dyspepsia and vomiting. Irritation of the gastric mucosa with erosion, ulceration, haematemesis and melaena may occur. It may precipitate bronchospasm and induce attacks of asthma in susceptible subjects.

PRECAUTIONS/WARNINGS
Aspirin should be cautiously employed if at all, in patients prone to dyspepsia or known to have a lesion of the gastric mucosa. Caution is necessary when renal or hepatic functions is impaired.

CONTRAINDICATIONS
Glyprin is contraindicated in patients with history of sensitivity reactions to aspirin. It should not be given to patients who are using medications such as anticoagulants or gastric irritants. Glyprin is also contraindicated in patients with active gastrointestinal ulceration, haemophilia or other bleeding disorders because of the increased risk of bleeding. Aspirin should not be used in pregnancy as it may be associated with prolongation of labour and with maternal and neonatal bleeding. Mothers who are breast-feeding their infants should not take aspirin.

DRUG INTERACTIONS
Aspirin may enchance the activity of coumarin anticoagulants, sulphonylurea hypoglycaemic agents, methotrexate, phenytoin and valproic acid. It diminishes the effects of uricosuric agents such as probenecid and sulphinpyrazone. Aspirin may decrease the plasma concentration of some other non-steroidal anti-inflammatory drugs such as fenbufen, indomethacin and piroxicam.

RECOMMENDED DOSAGE, DOSAGE SCHEDULE AND ROUTE OF ADMINISTRATION
Adult: Oral, one tablet daily or as required.
Children: Not recommended for children and teenagers.
Direction: Tablet can be dispersed in water immediately before use or swallowed whole.

SYMPTOMS AND TREATMENT FOR OVERDOSAGE AND ANTIDOTE(S)
Symptoms of more severe intoxication or of acute poisoning following overdosage include hyperventilation, fever, restlessness, ketosis and respiratory alkalosis and metabolic acidosis. In acute salicylate overdosage by mouth, the stomach should be emptied by lavage. Salicylate remaining in the stomach may be adsorbed by activated charcoal. Fluid and electrolyte management is the mainstay of treatment with the immediate aim being correction of acidosis, hyperpyrexia, hypokalaemia and dehydration. Alkaline diuresis, haemodialysis or haemoperfusion are effective methods of removing salicylate from the plasma.

PHARMACEUTICAL INFORMATION
Storage conditions
Store below 25°C in a cool dry place.
Protect from moisture.
Keep medicines out of reach of children.
Jauhkan ubat-ubatan daripada kanak-kanak.

Shelf Life
Please refer to outer package.

Pack sizes
Blister packs of 30 tablets

Route of administration : Oral

Product Registration Holder:
Duopharma Manufacturing (Bangi) Sdn. Bhd.
Lot No. 2, 4, 6, 8 & 10, Jalan P/7, Section 13,
Bangi Industrial Estate, 43650 Bandar Baru Bangi,
Selangor, Malaysia.

Manufacturer:
Duopharma Manufacturing (Bangi) Sdn. Bhd.
Lot No. 2 & 4, Jalan P/7, Section 13,
Bangi Industrial Estate, 43650 Bandar Baru Bangi,
Selangor, Malaysia.

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