

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

1. Name & address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)
2. Name & address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Folitrax 10 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 10 MG TABLET	10	95.62	106.24	139.44
2	Folitrax 2.5 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 2.5 MG TABLET	10	38.23	42.48	55.76
3	Folitrax 5 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 5 MG TABLET	10	67.82	75.36	98.91
4	Castramid 50 Mg Tablet 10(10.00 No) (Bicalutamide TABLET)	Bicalutamide 50 MG TABLET	10	298.37	331.52	464.13
5	Azr 50 Mg Tablet 10(10.00 No) (Azathioprine TABLET)	Azathioprine 50 MG TABLET	10	81.00	90.00	118.13
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

1. Name & address of the manufacturer / importer / distributor : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)
2. Name & address of the marketing company, if any : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Rituxipca 500 Mg Injection 50 MI(50.00 MI Vial) (Rituximab INJECTION)	Rituximab 500 MG INJECTION(Each 50ml vial contains-Rituximab (r-DNA Origin) Active Ingredient) 500mg. Sodium Chloride IP (as tonicity agent)450mg. Tri Sodium Dihydrate IP (as buffering agent) 367.5mg. Polysorbate 80 IP (as stabilizer) 35.0mg.)	50	27423.36	30470.40	42658.56
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Date : 13-Apr-2023

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : Hetero Labs Limited, Add :Hetero Corporate, 7-2-A2, Industrial Estate, Sanath Nagar,

2. Name & address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Telminorm 20 Mg Tablet 10(10.00 No) (Telmisartan TABLET)	Telmisartan 20 MG TABLET	10	27.86	30.96	43.34
2	Telminorm 40 Mg Tablet 10(10.00 No) (Telmisartan TABLET)	Telmisartan 40 MG TABLET	10	48.67	54.08	75.71
3	Telminorm 80 Mg Tablet 10(10.00 No) (Telmisartan TABLET)	Telmisartan 80 MG TABLET	10	74.88	83.20	116.48
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : LYKA LABS LIMITED, Add :Spencer Building, Ground Floor, 30 Forjett Street, Tardeo, Grant Road West

2. Name & address of the marketing company, if any : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Larinate 120 Mg Injection 15 MI(1.00 Vial) (Artesunate INJECTION)	Artesunate 120 MG INJECTION(Each vial contains: Artesunate Sterile IP 120mg The pack contains 2ml ampoule of Sodium Bicarbonate Injection IP 5%w/v and 10ml ampoule of Sodium Chloride Injection IP 0.9%w/v)	1	327.17	363.52	508.93
2	Larinate 60 Mg Injection 5 MI(1.00 Vial) (Artesunate INJECTION)	Artesunate 60 MG INJECTION(Each combi pack contains: 1. 1 Vial of Artesunate for Injection 60mg Each vial contains: Artesunate IP (Sterile) 60mg 2. 1ml Ampoule of Sodium Bicarbonate IP 5% w/v 3. 5ml Ampoule of Sodium Chloride IP 0.9 w/v)	1	176.19	195.77	274.08
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

1. Name & address of the manufacturer / importer / distributor : LYKA LABS LIMITED, Add :Spencer Building, Ground Floor, 30 Forjett Street, Tardeo, Grant Road West

2. Name & address of the marketing company, if any : Ipcal Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Leup XI 22.5mg Injection(1.00 Vial) (Leuprorelin INJECTION)	Leuprorelin 22.5 MG INJECTION(Each Combi pack contains a. One vial of Leuprolide Acetate for Injection (Depot) 22.5mg Each vial contains Leuprolide Acetate USP 22.5mg Excipients q.s. b. Diluents for Leuprolide Acetate for Injection (Depot) 3ml Each ml contains Sodium Carboxymethylcellulose IP 5mg Mannitol IP 50mg Polysorbate 80 IP 1mg Water for Injection IP q.s. c. Sterile Hypodermic 3ml syringe for single use only d. Sterile Hypodermic Needles for single use only)	1	8678.57	9642.86	13500.00
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

1. **Name & address of the manufacturer / importer / distributor :** Makers Laboratories Limited, Add :Plot No. 54-D, Kandivli Industrial Estate, Charkop, Kandivli (West)
2. **Name & address of the marketing company, if any :** Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Aquasurge Eye Drop(10.00 Ml) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 0.5 % EYE DROPS	10	88.49	98.32	137.65
2	Aquasurge Max Eye Drop(10.00 Ml) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 1 % EYE DROPS	10	119.38	132.64	185.70
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor :

MALIK LIFESCIENCES PVT LTD, Add :301, 3RD FLOOR, LAXMI TOWER, LOCAL SHOPING COMPLEX,C BLOCKM SARASWATI VIHAR

2. Name & address of the marketing company, if any :

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Rapiclav 500/125 Mg Tablet 10(10.00 No) (Amoxicillin + Clavulanic Acid TABLET)	Amoxicillin + Clavulanic Acid 500/125 MG TABLET	10	131.69	146.32	204.85
2	Rapiclav 200/28.5 Mg Dry Syrup 30 Ml(30.00 Ml) (Amoxicillin + Clavulanic Acid DRY SYRUP)	Amoxicillin + Clavulanic Acid 200/28.5 MG DRY SYRUP	30	43.42	48.24	67.54
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : OASIS LABORATORIES PVT. LTD., Add :E-18, SELAQUI INDUSTRIAL AREA, SELAQUI DEHRADUN
2. Name & address of the marketing company, if any : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Perinorm 5 Mg Syrup 60 MI(60.00 MI) (Metoclopramide SYRUP)	Metoclopramide 5 MG SYRUP	60	21.60	24.00	33.60
2	Periset 2 Mg Syrup 30 MI(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP	30	27.00	30.00	42.00
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
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**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : PURE AND CURE HEALTHCARE PVT. LTD., Add :PLOT NO. 131 TO 133, BLOCK -C, MANGOLPURI IND. AREA, PHASE - I (ADJOINING CBSE OFFICE)
2. Name & address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Epictal 250 Mg Tablet 10(10.00 No) (Levetiracetam TABLET)	Levetiracetam 250 MG TABLET	10	45.36	50.40	70.56
2	Epictal 500 Mg Tablet 10(10.00 No) (Levetiracetam TABLET)	Levetiracetam 500 MG TABLET	10	93.46	103.84	145.38
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
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**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

1. **Name & address of the manufacturer / importer / distributor :** Ravenbhel Healthcare Private Limited, Add :16-17, EPIP ,SIDCO,Kartholi,  
2. **Name & address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Ica 100 Mg Capsule 7(7.00 No) (Itraconazole CAPSULE)	Itraconazole 100 MG CAPSULE	7	79.23	88.03	123.24
2	Ica 200 Mg Capsule 7(7.00 No) (Itraconazole CAPSULE)	Itraconazole 200 MG CAPSULE	7	111.48	123.87	173.42
3	Ztish 100 Mg Capsule 10(10.00 No) (Itraconazole CAPSULE)	Itraconazole 100 MG CAPSULE	10	120.02	133.36	186.70
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

**Place :** Mumbai

**Authorized Signatory :** Sunil Kamath

**Date :** 13-Apr-2023

**Name :** Sunil Kamath

**Designation :** Sr General Manager Finance

**SCHEDULE - II**  
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1. Name & address of the manufacturer / importer / distributor : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)
2. Name & address of the marketing company, if any : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Periset 2 Mg Injection 2 MI(2.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	2	8.59	9.54	13.35
2	Perinorm 5 Mg Injection 2 MI(2.00 MI Ampoule) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	2	3.83	4.26	5.96
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
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	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
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**(See paragraphs 2(x),24,25,26)**

1. Name & address of the manufacturer / importer / distributor : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)  
2. Name & address of the marketing company, if any : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Own Manufacture Formulation</b>					
1	Saaz 500 Mg Tablet Dr 10(10.00 No) (Sulfasalazine TABLET DR)	Sulfasalazine 500 MG TABLET DR	10	33.98	37.76	52.86
2	Azibact 250 Mg Tablet 10(10.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	10	83.81	93.12	130.37
3	Azibact 500 Mg Tablet 5(5.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	5	84.81	94.23	131.93
4	Azifast 250 Mg Tablet 6(6.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	6	50.28	55.87	78.22
5	Azifast 500 Mg Tablet 3(3.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	3	50.89	56.54	79.16
6	Calchek 5 Mg Tablet 10(10.00 No) (Amlodipine TABLET)	Amlodipine 5 MG TABLET	10	18.00	20.00	28.00
7	Hcqs 200 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	10	45.72	50.80	71.12
8	Malirid 2.5 Mg Tablet Dt 7(7.00 No) (Primaquine TABLET DT)	Primaquine 2.5 MG TABLET DT	7	8.77	9.74	13.64
9	Malirid 7.5 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 7.5 MG TABLET	7	11.94	13.27	18.58
10	Perinorm 10 Mg Tablet 10(10.00 No) (Metoclopramide TABLET)	Metoclopramide 10 MG TABLET	10	9.65	10.72	15.01
11	Periset Md 4 Mg Tablet Md 10(10.00 No) (Ondansetron TABLET MD)	Ondansetron 4 MG TABLET MD	10	36.94	41.04	57.46
12	Periset 4 Mg Tablet 10(10.00 No) (Ondansetron TABLET)	Ondansetron 4 MG TABLET	10	36.94	41.04	57.46
13	Periset 8 Mg Tablet 10(10.00 No) (Ondansetron TABLET)	Ondansetron 8 MG TABLET	10	59.82	66.47	93.06
14	Clarbact 250 Mg Tablet 4(4.00 No) (Clarithromycin TABLET)	Clarithromycin 250 MG TABLET	4	68.80	76.45	107.03
15	Clarbact 500 Mg Tablet 4(4.00 No) (Clarithromycin TABLET)	Clarithromycin 500 MG TABLET	4	114.71	127.46	178.44
16	Glyree 1 Mg Tablet 10(10.00 No) (Glimepiride TABLET)	Glimepiride 1 MG TABLET	10	26.64	29.60	41.44
17	Glyree 2 Mg Tablet 10(10.00 No) (Glimepiride TABLET)	Glimepiride 2 MG TABLET	10	41.69	46.32	64.85
18	Hcqs 400 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 400 MG TABLET	10	99.36	110.40	154.56
19	Ipcas Hyq 400 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 400 MG TABLET	10	99.36	110.40	154.56
20	Lumerax 20/120 Mg Tablet Dt 6(6.00 No) (Artemether + Lumefantrine TABLET DT)	Artemether + Lumefantrine 20/120 MG TABLET DT	6	54.60	60.67	84.94
21	Lumerax 40/240 Mg Tablet 6(6.00 No) (Artemether + Lumefantrine TABLET)	Artemether + Lumefantrine 40/240 MG TABLET	6	77.93	86.59	121.23
22	Lumerax 80/480 Mg Tablet 6(6.00 No) (Artemether + Lumefantrine TABLET)	Artemether + Lumefantrine 80/480 MG TABLET	6	110.16	122.40	171.36
23	Ramcor 2.5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 2.5 MG CAPSULE	10	33.55	37.28	52.19
24	Ramcor 5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 5 MG CAPSULE	10	51.70	57.44	80.42
25	Revelol Xi 25 Mg Tablet 15(15.00 No) (Metoprolol TABLET ER)	Metoprolol 25 MG TABLET ER	15	45.36	50.40	70.56
26	Revelol Xi 50 Mg Tablet 15(15.00 No) (Metoprolol TABLET ER)	Metoprolol 50 MG TABLET ER	15	63.07	70.08	98.11
27	Vinacor Xi 25 Mg Tablet Xi 10(10.00 No) (Metoprolol TABLET ER)	Metoprolol 25 MG TABLET ER	10	30.24	33.60	47.04
28	Vinacor Xi 50 Mg Tablet Xi 10(10.00 No) (Metoprolol TABLET ER)	Metoprolol 50 MG TABLET ER	10	42.05	46.72	65.41
29	Malirid Ds 15 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 15 MG TABLET	7	25.86	28.73	40.22
30	Hcqs 200 Mg Tablet 15(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	15	68.58	76.20	106.68
31	Ipcas Hyq 200 Tablets(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	10	45.72	50.80	71.12
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					

	Own Manufactured Formulation						
	Purchased/Imported Formulation						

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

**Place :** Mumbai

**Date :** 13-Apr-2023

**Authorized Signatory :** Sunil Kamath

**Name :** Sunil Kamath

**Designation :** Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

2. Name & address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Nifutin 100 Mg Tablet Sr 10(10.00 No) (Nitrofurantoin TABLET SR)	Nitrofurantoin 100 MG TABLET SR	10	58.32	64.80	90.72
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Date : 13-Apr-2023

Name : Sunil Kamath

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

1. **Name & address of the manufacturer / importer / distributor :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)
2. **Name & address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

<b>TABLE-A</b>						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Perinorm 5 Mg Injection 10 MI(10.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	10	11.66	12.96	18.14
2	Perinorm 5 Mg Injection 20 MI(20.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	20	23.33	25.92	36.29
3	Periset 2 Mg Injection 10 MI(10.00 MI Vial) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	10	32.26	35.84	50.18
<b>TABLE-B</b>						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

**Place :** Mumbai

**Authorized Signatory :** Sunil Kamath

**Name :** Sunil Kamath

**Date :** 13-Apr-2023

**Designation :** Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : THE MADRAS PHARMACEUTICALS, Add :15, GOPALAKRISHNA ROAD, T.NAGAR

2. Name & address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Tacva 0.5mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 0.5 MG CAPSULE	10	148.75	165.28	231.39
2	Tacva 1mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 1 MG CAPSULE	10	292.46	324.96	454.94
3	Tacva 2mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 2 MG CAPSULE	10	607.18	674.64	944.50
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Date : 13-Apr-2023

Name : Sunil Kamath

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

2. Name & address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Own Manufacture Formulation					
1	Pacimol 500 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	15	9.61	10.68	14.95

  

TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Date : 13-Apr-2023

Name : Sunil Kamath

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

1. **Name & address of the manufacturer / importer / distributor :** Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar
2. **Name & address of the marketing company, if any :** Ipcra Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Valrate 200 Mg Syrup 100 MI(100.00 MI) (Sodium Valproate SYRUP)	Sodium Valproate 200 MG SYRUP	100	46.80	52.00	72.80
2	Tazofast 4000/500 Mg Injection 10 MI(1.00 Vial) (Piperacillin + Tazobactam INJECTION)	Piperacillin + Tazobactam 4000/500 MG INJECTION	1	287.55	319.50	447.31
3	Azibact Readymix 200(15.00 MI) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	15	36.72	40.80	57.12
4	Azibact Lr Readymix 200(30.00 MI) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	30	73.44	81.60	114.24
5	Epictal 100 Mg Syrup 100 MI(100.00 MI) (Levetiracetam SYRUP)	Levetiracetam 100 MG SYRUP	100	285.12	316.80	443.52
6	Epictal 100 Mg Injection 5 MI(5.00 MI Vial) (Levetiracetam INJECTION)	Levetiracetam 100 MG INJECTION	5	82.84	92.04	128.86
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

- 1. Name & address of the manufacturer / importer / distributor :** Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar
- 2. Name & address of the marketing company, if any :** Ipcra Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Valrate Cr 200/87 Mg Tablet Cr 10(10.00 No) (Sodium Valproate + Valproic Acid TABLET CR)	Sodium Valproate + Valproic Acid 200/87 MG TABLET CR	10	43.85	48.72	68.21
2	Epictal 750 Tablets(10.00 No) (Levetiracetam TABLET)	Levetiracetam 750 MG TABLET	10	139.25	154.72	216.61
3	Valrate Cr 333/145 Mg Tablet Cr 10(10.00 No) (Sodium Valproate + Valproic Acid TABLET CR)	Sodium Valproate + Valproic Acid 333/145 MG TABLET CR	10	66.82	74.24	103.94
4	Valrate Cr-200 Tablets(10.00 No) (Sodium Valproate + Valproic Acid TABLET CR)	Sodium Valproate + Valproic Acid 133/58 MG+135/58 MG TABLET CR	10	25.78	28.64	40.10
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Date : 13-Apr-2023

Name : Sunil Kamath

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

- 1. Name & address of the manufacturer / importer / distributor :** Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar
- 2. Name & address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Pacimol Ds 250 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 250 MG SUSPENSION	60	28.94	32.16	45.02
2	Pacimol 120 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 120 MG SUSPENSION	60	25.92	28.80	40.32

  

TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

2. Name & address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Own Manufacture Formulation</b>					
1	Calchek 2.5 Mg Tablet 10(10.00 No) (Amlodipine TABLET)	Amlodipine 2.5 MG TABLET	10	12.89	14.32	20.05
2	Isordil 10 Mg Tablet 10(10.00 No) (Isosorbide Dinitrate TABLET)	Isosorbide Dinitrate 10 MG TABLET	10	5.76	6.40	8.96
3	Larinate 50/500/25 Mg Kit 4(4.00 No) (Artesunate + Sulfadoxine + Pyrimethamine TABLET)	Artesunate + Sulfadoxine + Pyrimethamine 50/500/25 MG TABLET	4	64.22	71.36	99.90
4	Cinkona 300 Mg Tablet 10(10.00 No) (Quinine TABLET)	Quinine 300 MG TABLET	10	40.68	45.20	59.33
5	Lariago 250 Mg Tablet 10(10.00 No) (Chloroquine TABLET)	Chloroquine 250 MG TABLET	10	8.35	9.28	12.18
6	Pacimol 650 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 650 MG TABLET	15	21.60	24.00	33.60
7	Ozepam 0.25 Mg Tablet 10(10.00 No) (Clonazepam TABLET)	Clonazepam 0.25 MG TABLET	10	14.47	16.08	22.51
8	Ozepam 0.5 Mg Tablet 10(10.00 No) (Clonazepam TABLET)	Clonazepam 0.5 MG TABLET	10	21.01	23.34	32.68
9	Recita 20 Mg Tablet 10(10.00 No) (Escitalopram TABLET)	Escitalopram 20 MG TABLET	10	103.39	114.88	160.83
10	Recita 5 Mg Tablet 15(15.00 No) (Escitalopram TABLET)	Escitalopram 5 MG TABLET	15	54.22	60.24	84.34
11	Sove 10 Mg Tablet 15(15.00 No) (Zolpidem TABLET)	Zolpidem 10 MG TABLET	15	91.90	102.11	142.96
12	Sove 10 Mg Tablet 10(10.00 No) (Zolpidem TABLET)	Zolpidem 10 MG TABLET	10	61.27	68.08	95.31
13	Sove 5 Mg Tablet 10(10.00 No) (Zolpidem TABLET)	Zolpidem 5 MG TABLET	10	44.71	49.68	69.55
14	Ipca Mmf 500 Mg Tablet 10(10.00 No) (Mycophenolate Mofetil TABLET)	Mycophenolate Mofetil 500 MG TABLET	10	531.86	590.96	775.64
15	Xtor 10 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 10 MG TABLET	10	35.57	39.52	55.33
16	Xtor 20 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 20 MG TABLET	10	90.36	100.40	140.56
17	Xtor 40 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 40 MG TABLET	10	138.89	154.32	216.05
18	Xtor 80 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 80 MG TABLET	10	292.10	324.56	454.38
19	Recita 10 Mg Tablet 15(15.00 No) (Escitalopram TABLET)	Escitalopram 10 MG TABLET	15	97.20	108.00	151.20
20	Revelol XI 100 Mg Tablet 15(15.00 No) (Metoprolol TABLET MR)	Metoprolol 100 MG TABLET MR	15	161.89	179.88	251.83
21	Vinacor XI 100 Mg Tablet XI 10(10.00 No) (Metoprolol TABLET MR)	Metoprolol 100 MG TABLET MR	10	107.93	119.92	167.89
22	Sove 5 Tablets(15.00 No) (Zolpidem TABLET)	Zolpidem 5 MG TABLET	15	67.07	74.52	104.33
23	Isordil 5 Mg Tablet SI 10(10.00 No) (Isosorbide Dinitrate TABLET SL)	Isosorbide Dinitrate 5 MG TABLET SL	10	5.83	6.48	9.07
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

2. Name & address of the marketing company, if any : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Own Manufacture Formulation</b>					
1	Lariago 50 Mg Suspension 60 MI(60.00 MI) (Chloroquine SUSPENSION)	Chloroquine 50 MG SUSPENSION	60	14.26	15.84	20.79
2	Periset 2 Mg Syrup 30 MI(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP	30	27.00	30.00	42.00
3	Larinate Xp 60 Mg Injection 5 MI(1.00 Vial) (Artesunate INJECTION)	Artesunate 60 MG INJECTION(Each combi pack contains: a)Each vial contains: Sterile Artesunate IP 60mg b) Each ampoule contains: Anhydrous disodium hydrogen phosphate BP 4.0% w/v Potassium dihydrogen phosphate BP 0.2% w/v)	1	187.12	207.91	291.08
4	Pacimol Ds 250 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 250 MG SUSPENSION	60	28.94	32.16	45.02
5	Perinorm 5 Mg Syrup 60 MI(60.00 MI) (Metoclopramide SYRUP)	Metoclopramide 5 MG SYRUP	60	21.60	24.00	33.60
6	Hcqs 200 Mg Tablet 15(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	15	68.58	76.20	106.68
7	Lariago Suspension(120.00 MI) (Chloroquine SUSPENSION)	Chloroquine 50 MG SUSPENSION	120	28.51	31.68	41.58
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Date : 13-Apr-2023

Name : Sunil Kamath

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
**(See paragraphs 2(x),24,25,26)**

1. **Name & address of the manufacturer / importer / distributor :** Makers Laboratories Limited, Add :Plot No. 54-D, Kandivli Industrial Estate, Charkop, Kandivli (West)
2. **Name & address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

<b>TABLE-A</b>						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Periset 2 Mg Injection 2 MI(2.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	2	8.59	9.54	13.35
2	Periset 2 Mg Injection 4 MI(4.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	4	17.16	19.07	26.70
3	Perinorm 5 Mg Injection 2 MI(2.00 MI Ampoule) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	2	3.83	4.26	5.96
4	Periset 2 Mg Injection 10 MI(10.00 MI Vial) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	10	32.26	35.84	50.18
<b>TABLE-B</b>						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 13-Apr-2023

Designation : Sr General Manager Finance

**SCHEDULE - II**  
**FORM - V**  
**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. Name & address of the manufacturer / importer / distributor : LYKA LABS LIMITED, Add :Spencer Building, Ground Floor, 30 Forjett Street, Tardeo, Grant Road West

2. Name & address of the marketing company, if any : Ipcal Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West)

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Leup XI 22.5mg Injection(1.00 Vial) (Leuprorelin INJECTION)	Leuprorelin 22.5 MG INJECTION(Each Combi pack contains a. One vial of Leuprolide Acetate for Injection (Depot) 22.5mg Each vial contains Leuprolide Acetate USP 22.5mg Excipients q.s. b. Diluents for Leuprolide Acetate for Injection (Depot) 3ml Each ml contains Sodium Carboxymethylcellulose IP 5mg Mannitol IP 50mg Polysorbate 80 IP 1mg Water for Injection IP q.s. c. Sterile Hypodermic 3ml syringe for single use only d. Sterile Hypodermic Needles for single use only)	1	8260.71	9178.57	12850.00
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

**Notes:-**In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Authorized Signatory : Sunil Kamath

Name : Sunil Kamath

Date : 11-May-2023

Designation : Sr General Manager Finance