

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/39 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
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.)	50.00 ML VIAL	12.00	12.121800	30470.40	30470.80	42658.56	42659.12	761.77	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
 Name : Sunil Kamath
 Designation : Sr General Manager Finance
 Mobile : 9323138762
 Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/40 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Hetero Labs Limited, Add :Hetero Corporate, 7-2-A2, Industrial Estate, Sanath Nagar,,HYDERABAD,Ranga Reddy,Telangana,500018

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Telminorm 20 Mg Tablet 10(10.00 No) (Telmisartan TABLET)	Telmisartan 20 MG TABLET	10.00 No	12.00	12.121800	30.96	31.04	43.34	43.46	3.88	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/41 Date: 06-Nov-2023

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. Name and address of the manufacturer / importer / distributor : LYKA LABS LIMITED, Add :Spencer Building, Ground Floor, 30 Forjett Street, Tardeo, Grant Road West ,Mumbai,Mumbai,Maharashtra,400036

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
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)	1.00 VIAL	12.00	12.121800	363.52	363.53	508.93	508.94	454.41	To Be Decided & Nov-2023
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)	1.00 VIAL	12.00	12.121800	195.77	195.78	274.08	274.09	244.72	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/42 Date: 06-Nov-2023

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. Name and address of the manufacturer / importer / distributor : Makers Laboratories Limited, Add :Plot No. 54-D, Kandivli Industrial Estate, Charkop, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067
2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Perinorm 5 Mg Injection 2 MI(2.00 MI Ampoule) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	2.00 ML AMPOULE	12.00	12.121800	4.26	4.27	5.96	5.98	2.67	To Be Decided & Nov-2023
2	Perinorm 5 Mg Injection 20 MI(20.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	20.00 ML VIAL	12.00	12.121800	25.92	26.08	36.29	36.51	1.63	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/43 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : MALIK LIFESCIENCES PVT LTD, Add :301, 3RD FLOOR, LAXMI TOWER, LOCAL SHOPING COMPLEX,C BLOCKM SARASWATI VIHAR,DELHI,New Delhi,Delhi,110034

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Rapiclav 500/125 Mg Tablet 10(10.00 No) (Amoxicillin + Clavulanic Acid TABLET)	Amoxicillin + Clavulanic Acid 500/125 MG TABLET	10.00 No	12.00	12.121800	146.32	146.40	204.85	204.96	18.30	To Be Decided & Nov-2023
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	30.00 ML	12.00	12.121800	48.24	48.48	67.54	67.87	2.02	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/46 Date: 06-Nov-2023

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. Name and address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067
2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
1	Isordil 10 Mg Tablet 10(10.00 No) (Isosorbide Dinitrate TABLET)	Isosorbide Dinitrate 10 MG TABLET	10.00 No	12.00	12.121800	6.40	6.48	8.96	9.07	0.81	To Be Decided & Oct-2023
2	Larinate 50/500/25 Mg Kit 4(4.00 No) (Artesunate + Sulfadoxine + Pyrimethamine TABLET)	Artesunate + Sulfadoxine + Pyrimethamine 50/500/25 MG TABLET	4.00 No	12.00	12.121800	54.10	54.12	75.73	75.77	22.55	To Be Decided & Nov-2023
3	Lariago 250 Mg Tablet 10(10.00 No) (Chloroquine TABLET)	Chloroquine 250 MG TABLET	10.00 No	5.00	12.121800	9.28	9.36	12.18	12.29	1.17	To Be Decided & Oct-2023
4	Ozepam 0.25 Mg Tablet 10(10.00 No) (Clonazepam TABLET)	Clonazepam 0.25 MG TABLET	10.00 No	12.00	12.121800	16.08	16.16	22.51	22.62	2.02	To Be Decided & Nov-2023
5	Ipca Mmf 500 Mg Tablet 10(10.00 No) (Mycophenolate Mofetil TABLET)	Mycophenolate Mofetil 500 MG TABLET	10.00 No	5.00	12.121800	590.96	591.04	775.64	775.74	73.88	To Be Decided & Nov-2023
6	Xtor 20 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 20 MG TABLET	10.00 No	12.00	12.121800	100.40	100.48	140.56	140.67	12.56	To Be Decided & Nov-2023
7	Xtor 40 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 40 MG TABLET	10.00 No	12.00	12.121800	154.32	154.40	216.05	216.16	19.30	To Be Decided & Nov-2023
8	Xtor 80 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 80 MG TABLET	10.00 No	12.00	12.121800	324.56	324.64	454.38	454.50	40.58	To Be Decided & Nov-2023
9	Isordil 5 Mg Tablet Sl 10(10.00 No) (Isosorbide Dinitrate TABLET SL)	Isosorbide Dinitrate 5 MG TABLET SL	10.00 No	12.00	12.121800	6.48	6.56	9.07	9.18	0.82	To Be Decided & Nov-2023
10	Pacimol 650 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 650 MG TABLET	15.00 No	12.00	12.121800	24.00	24.12	33.60	33.77	2.01	To Be Decided & Oct-2023
	Purchased Formulations										
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/48 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067
2. Name and address of the marketing company, if any : Ipcalaboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
1	Malirid 7.5 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 7.5 MG TABLET	7.00 No	12.00	12.121800	13.27	13.33	18.58	18.66	2.38	To Be Decided & Nov-2023
2	Hcqs 200 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	10.00 No	12.00	12.121800	50.80	50.88	71.12	71.23	6.36	To Be Decided & Nov-2023
3	Ipcas Hyq 200 Tablets(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	10.00 No	12.00	12.121800	50.80	50.88	71.12	71.23	6.36	To Be Decided & Nov-2023
4	Omihalt Md 4 Tablets(10.00 No) (Ondansetron TABLET MD)	Ondansetron 4 MG TABLET MD(Each uncoated orally disintegrating tablet contains : Ondansetron IP 4mg)	10.00 No	12.00	12.121800	41.04	41.12	57.46	57.57	5.14	To Be Decided & Nov-2023
5	Azibact 250 Mg Tablet 10(10.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	10.00 No	12.00	12.121800	93.12	93.20	130.37	130.48	11.65	To Be Decided & Oct-2023
6	Azibact 500 Mg Tablet 5(5.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	5.00 No	12.00	12.121800	94.23	94.28	131.93	131.99	23.57	To Be Decided & Oct-2023
7	Malirid 2.5 Mg Tablet Dt 7(7.00 No) (Primaquine TABLET DT)	Primaquine 2.5 MG TABLET DT	7.00 No	12.00	12.121800	9.74	9.80	13.64	13.72	1.75	To Be Decided & Nov-2023
8	Lumerax 20/120 Mg Tablet Dt 6(6.00 No) (Artemether + Lumefantrine TABLET DT)	Artemether + Lumefantrine 20/120 MG TABLET DT	6.00 No	12.00	12.121800	60.67	60.71	84.94	85.00	12.65	To Be Decided & Nov-2023
9	Lumerax 80/480 Mg Tablet 6(6.00 No) (Artemether + Lumefantrine TABLET)	Artemether + Lumefantrine 80/480 MG TABLET	6.00 No	12.00	12.121800	122.40	122.45	171.36	171.43	25.51	To Be Decided & Nov-2023
10	Azifast 500mg Tablets(6.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	6.00 No	12.00	12.121800	113.09	113.14	158.32	158.39	23.57	To Be Decided & Oct-2023
11	Azifast 250 Mg Tablet 6(6.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	6.00 No	12.00	12.121800	55.87	55.92	78.22	78.29	11.65	To Be Decided & Oct-2023
12	Claribact 500 Mg Tablet 4(4.00 No) (Clarithromycin TABLET)	Clarithromycin 500 MG TABLET	4.00 No	12.00	12.121800	127.46	127.49	178.44	178.48	39.84	To Be Decided & Nov-2023
13	Perinorm 10 Mg Tablet 10(10.00 No) (Metoclopramide TABLET)	Metoclopramide 10 MG TABLET	10.00 No	12.00	12.121800	10.72	10.80	15.01	15.12	1.35	To Be Decided & Oct-2023
14	Periset Md 4 Mg Tablet Md 10(10.00 No) (Ondansetron TABLET MD)	Ondansetron 4 MG TABLET MD	10.00 No	12.00	12.121800	41.04	41.12	57.46	57.57	5.14	To Be Decided & Nov-2023
15	Periset 4 Mg Tablet 10(10.00 No) (Ondansetron TABLET)	Ondansetron 4 MG TABLET	10.00 No	12.00	12.121800	41.04	41.12	57.46	57.57	5.14	To Be Decided & Nov-2023
16	Glyree 2 Mg Tablet 10(10.00 No) (Glimepiride TABLET)	Glimepiride 2 MG TABLET	10.00 No	12.00	12.121800	46.32	46.40	64.85	64.96	5.80	To Be Decided & Nov-2023
17	Ramcor 5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 5 MG CAPSULE	10.00 No	12.00	12.121800	57.44	57.52	80.42	80.53	7.19	To Be Decided & Nov-2023
18	Malirid Ds 15 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 15 MG TABLET	7.00 No	12.00	12.121800	28.73	28.78	40.22	40.30	5.14	To Be Decided & Nov-2023
19	Hcqs 200 Mg Tablet 15(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	15.00 No	12.00	12.121800	76.20	76.32	106.68	106.85	6.36	To Be Decided & Nov-2023
	Purchased Formulations										
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
 Name : Sunil Kamath
 Designation : Sr General Manager Finance
 Mobile : 9323138762
 Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/51 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
1	Pacimol 500 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	15.00 No	12.00	12.121800	10.68	10.80	14.95	15.12	0.90	To Be Decided & Nov-2023
2	Pacimol 650 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 650 MG TABLET	15.00 No	12.00	12.121800	24.00	24.12	33.60	33.77	2.01	To Be Decided & Nov-2023
	Purchased Formulations										
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/52 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : THE MADRAS PHARMACEUTICALS, Add :15, GOPALAKRISHNA ROAD, T.NAGAR,CHENNAI,Chennai,Tamil Nadu,600017

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Tacva 2mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 2 MG CAPSULE	10.00 No	12.00	12.121800	674.64	674.72	944.50	944.61	84.34	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/53 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : SWISS GARNIERS BIOTECH PRIVATE LIMITED, Add :SKCL Central Square one, 1st Floor, South Wing, Thiru-Vi-Ka Industrial Estate,CHENNAI,Chennai,Tamil Nadu,600032
2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Nifutin 100 Mg Tablet Sr 10(10.00 No) (Nitrofurantoin TABLET SR)	Nitrofurantoin 100 MG TABLET SR	10.00 No	12.00	12.121800	64.80	64.88	90.72	90.83	8.11	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
 Name : Sunil Kamath
 Designation : Sr General Manager Finance
 Mobile : 9323138762
 Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/55 Date: 06-Nov-2023

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

- 1. Name and address of the manufacturer / importer / distributor :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067
- 2. Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
1	Periset 2 Mg Syrup 30 MI(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP	30.00 ML	12.00	12.121800	30.00	30.24	42.00	42.34	1.26	To Be Decided & Nov-2023
2	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)	1.00 VIAL	12.00	12.121800	207.91	207.92	291.08	291.09	244.72	To Be Decided & Nov-2023
3	Hcqs 200 Mg Tablet 15(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	15.00 No	12.00	12.121800	76.20	76.32	106.68	106.85	6.36	To Be Decided & Nov-2023
4	Pacimol 120 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 120 MG SUSPENSION	60.00 ML	12.00	12.121800	28.80	29.28	40.32	40.99	0.61	To Be Decided & Nov-2023
5	Lariago Suspension(120.00 MI) (Chloroquine SUSPENSION)	Chloroquine 50 MG SUSPENSION	120.00 ML	5.00	12.121800	31.68	32.64	41.58	42.84	0.34	To Be Decided & Nov-2023
	Purchased Formulations										
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/56 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Perinorm 5 Mg Injection 2 MI(2.00 MI Ampoule) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	2.00 ML AMPOULE	12.00	12.121800	4.26	4.27	5.96	5.98	2.67	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/57 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Syncom Formulations (I) Limited, Add :7, Niraj Industrial Estate, Mahakali Caves Road, Andheri (E),Andheri,Mumbai Suburban,Maharashtra,400093

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Perinorm 5 Mg Injection 20 MI(20.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	20.00 ML VIAL	12.00	12.121800	25.92	26.08	36.29	36.51	1.63	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
 Name : Sunil Kamath
 Designation : Sr General Manager Finance
 Mobile : 9323138762
 Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/58 Date: 06-Nov-2023

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. Name and address of the manufacturer / importer / distributor : OASIS LABORATORIES PVT. LTD., Add :E-18, SELAQUI INDUSTRIAL AREA, SELAQUI DEHRADUN ,DEHRADUN,Dehradun,Uttarakhand,248197

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Periset 2 Mg Syrup 30 MI(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP	30.00 ML	12.00	12.121800	30.00	30.24	42.00	42.34	1.26	To Be Decided & Nov-2023
2	Omihalt Syrup(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP(Each 5ml contains : Ondansetron Hydrochloride IP equivalent to Ondansetron 2mg)	30.00 ML	12.00	12.121800	30.00	30.24	42.00	42.34	1.26	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/34 Date: 06-Nov-2023

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

- 1. Name and address of the manufacturer / importer / distributor :** Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar,New Delhi, North West, Delhi, 110034
- 2. Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West), Mumbai, Mumbai Suburban, Maharashtra, 400067

Sl. No.	Name of the Product (Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Tazofast 4000/500 Mg Injection 10 Ml(1.00 Vial) (Piperacillin + Tazobactam INJECTION)	Piperacillin + Tazobactam 4000/500 MG INJECTION	1.00 VIAL	12.00	12.121800	319.51	319.51	447.31	447.32	399.39	To Be Decided & Nov-2023
2	Azibact Readymix 200(15.00 Ml) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	15.00 ML	12.00	12.121800	40.80	40.92	57.12	57.29	3.41	To Be Decided & Nov-2023
3	Azibact Lr Readymix 200(30.00 Ml) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	30.00 ML	12.00	12.121800	81.60	81.84	114.24	114.58	3.41	To Be Decided & Nov-2023
4	Epictal 100 Mg Syrup 100 Ml(100.00 Ml) (Levetiracetam SYRUP)	Levetiracetam 100 MG SYRUP	100.00 ML	12.00	12.121800	316.80	317.60	443.52	444.64	3.97	To Be Decided & Nov-2023
5	Epictal 100 Mg Injection 5 Ml(5.00 Ml Vial) (Levetiracetam INJECTION)	Levetiracetam 100 MG INJECTION	5.00 ML VIAL	12.00	12.121800	92.04	92.08	128.86	128.91	23.02	To Be Decided & Nov-2023
6	Azifast Readymix 200(15.00 Ml) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	15.00 ML	12.00	12.121800	40.80	40.92	57.12	57.29	3.41	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/35 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar,New Delhi, North West, Delhi, 110034

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
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	10.00 No	12.00	12.121800	48.72	48.80	68.21	68.32	6.10	To Be Decided & Nov-2023
2	Valrate Cr-200 Tablets(10.00 No) (Sodium Valproate + Valproic Acid TABLET CR)	Sodium Valproate + Valproic Acid 135/58 MG TABLET CR	10.00 No	12.00	12.121800	28.64	28.72	40.10	40.21	3.59	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/36 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar,New Delhi, North West, Delhi, 110034

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Pacimol 120 Mg Suspension 60 Mi(60.00 Mi) (Paracetamol SUSPENSION)	Paracetamol 120 MG SUSPENSION	60.00 ML	12.00	12.121800	28.80	29.28	40.32	40.99	0.61	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/37 Date: 06-Nov-2023

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Folitrax 10 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 10 MG TABLET	10.00 No	5.00	12.121800	106.24	106.32	139.44	139.55	13.29	To Be Decided & Nov-2023
2	Folitrax 5 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 5 MG TABLET	10.00 No	5.00	12.121800	75.36	75.44	98.91	99.02	9.43	To Be Decided & Nov-2023
3	Azr 50 Mg Tablet 10(10.00 No) (Azathioprine TABLET)	Azathioprine 50 MG TABLET	10.00 No	5.00	12.121800	90.00	90.08	118.13	118.23	11.26	To Be Decided & Nov-2023
	Imported Formulations										

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 : 06-Nov-0023

Authorized Signatory : Sunil Kamath
 Name : Sunil Kamath
 Designation : Sr General Manager Finance
 Mobile : 9323138762
 Email Id : sunil.kamath@ipca.com