



Date: 03/02/2023

To,
The Deputy Director
National Pharmaceutical Pricing Authority,
5th/3rd Floor, YMCA Cultural Centre Building,
1, Jai Singh Road, New Delhi - 110001.

Kind Attention: Mr. Mahaveer Saini - Deputy Director (Pricing)

Subject: Form V- Price for Ceiling prices notified vides S.O.No. 484(E) dated 02.02.2023

Vide notification no. S.O. 484(E) dated 02.02.2023 , the ceiling prices were revised for the following product marketed by us. We are enclosing price list in Form V for the below mentioned products:-


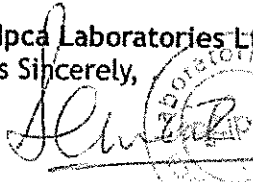
Sr. No	Name of the Products	Pack Size
1	Aquasurge Eye Drops	10ml
2	Aquasurge Max Eye Drops	10ml
3	Azibact Readymix 200	15ml
4	Azibact LR Readymix 200	30ml
5	Azibact-250 Tablets	10's
6	Azibact-500 Tablets	5's
7	Azifast 250 Tablets	6's
8	Azifast 500 Tablets	3's
9	Epictal Injection	5ml Vial
10	Malirid DS Tablets	7's
11	Pacimol Tablets	15's
12	Periset 10ml Injection	10ml
13	Periset 2ml Injection	2ml
14	Periset 4ml Injection	4ml
15	Rapiclav Dry Syrup	30ml

Sr. No	Name of the Products	Pack Size
16	Rituxipca 500mg	50ml vial
17	Valrate Syrup	100ml

We are enclosing price list in Form - V. Kindly provide us acknowledgement of receipt for our records.

Thanking you.

For Ipca Laboratories Ltd;
Yours Sincerely,



Sunil Kamath
(Sr. General Manager)

Enclosed:-

1. Price list of 17 formulation product.

Date: 03/02/2023

To,
The Deputy Director
National Pharmaceutical Pricing Authority,
5th/3rd Floor, YMCA Cultural Centre Building,
1, Jai Singh Road, New Delhi - 110001.

Kind Attention: Mr. Mahaveer Saini - Deputy Director (Pricing)

Subject: Form V- Price for Ceiling prices notified vides S.O.No. 484(E) dated
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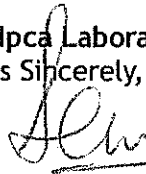
Sr. No	Name of the Products	Pack Size
1	Aquasurge Eye Drops	10ml
2	Aquasurge Max Eye Drops	10ml
3	Azibact Readymix 200	15ml
4	Azibact LR Readymix 200	30ml
5	Azibact-250 Tablets	10's
6	Azibact-500 Tablets	5's
7	Azifast 250 Tablets	6's
8	Azifast 500 Tablets	3's
9	Epictal Injection	5ml Vial
10	Malirid DS Tablets	7's
11	Pacimol Tablets	15's
12	Periset 10ml Injection	10ml
13	Periset 2ml Injection	2ml
14	Periset 4ml Injection	4ml
15	Rapiclav Dry Syrup	30ml

Sr. No	Name of the Products	Pack Size
16	Rituxipca 500mg	50ml vial
17	Valrate Syrup	100ml

We are enclosing price list in Form - V. Kindly provide us acknowledgement of receipt for our records.

Thanking you.

For Ipca Laboratories Ltd;
Yours Sincerely,



Sunil Kamath
(Sr. General Manager)

Enclosed:-

1. Price list of 17 formulation product.

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

Name and address of the manufacturer /importer /distributor :- M/s.Ipca Laboratories Ltd. 393 and 394, Melli-Jorethang Road, Gom Block,
Bharlkhola,Jorethang,South Sikkim,Sikkim-737121

Name and address of the marketing Company, if any :- M/s.Ipca Laboratories Ltd. Regd. Office: 48, Kandivli Industrial Estate,
Kandivli (West), Mumbai 400 067. Tel.: +91 2266474444 Fax : +91 22 62105005



TABLE-A						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl.of E.D) (Rs.)	Price to Retailer (incl.of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
1	Azibact 250 Mg Tablet 10(10.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	10	74.80	83.11	116.36
2	Azibact 500 Mg Tablet 5(5.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	5	75.67	84.08	117.71
3	Azifast 250 Mg Tablet 6(6.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	6	44.88	49.87	69.82
4	Azifast 500 Mg Tablet 3(3.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	3	45.40	50.44	70.62
5	Malirid Ds 15 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 15 MG TABLET	7	23.08	25.64	35.90
	<u>Purchased Formulations</u>					
TABLE-B						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl.of E.D) (Rs.)	Price to Retailer (incl.of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Non-Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased/Imported Formulations</u>					

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 : 03-FEB-2023

Authorized Signatory :
Name :
Designation :

Sunil Kamath
Sr. General Manager - Finance

Note:-

1) PTR & PTS shown above excluding GST.

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

Name and address of the manufacturer /importer /distributor :- M/s.Ipca Laboratories Ltd., Plot No. T-139, M.I.D.C., Tarapur, Thane, Maharashtra-401506.

Name and address of the marketing Company, if any :- M/s.Ipca Laboratories Ltd. Regd. Office: 48, Kandivli Industrial Estate,
Kandivli (West), Mumbai 400 067. Tel.: +91 2266474444 Fax : +91 22 62105005


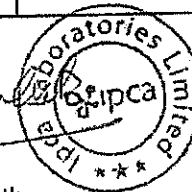
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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
1	Pacimol 500 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	15	8.64	9.60	13.44
	<u>Purchased Formulations</u>					
TABLE-B						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl. of E.D) (Rs.)	Price to Retailer (incl. of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Non-Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased/Imported Formulations</u>					

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 : 03-FEB-2023

Authorized Signatory :
Name :
Designation :

Sunil Kamath
Sr. General Manager - Finance

Note:-

1) PTR & PTS shown above excluding GST.

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

Name and address of the manufacturer /importer /distributor :- *M/s. Akum Drugs & Pharmaceuticals Ltd., At: Plot No. 26A, 27 to 30, Sec 8A, IIE SIDCUL, Ranipur, Haridwar, Uttarakhand-249403.*

Name and address of the marketing Company, if any :- *M/s. Ipca Laboratories Ltd. Regd. Office: 48, Kandivli Industrial Estate, Kandivli (West), Mumbai 400 067. Tel.: +91 2266474444 Fax : +91 22 62105005*

TABLE-A						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl. of E.D) (Rs.)	Price to Retailer (incl. of E.D) (Rs.)	Maximum Retail Price (Incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased Formulations</u>					
1	Azibact Lr Readymix 200(30.00 ML) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	30 ML	65.65	72.95	102.13
2	Azibact Readymix 200(15.00 ML) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	15 ML	32.82	36.47	51.06
3	Epictal 100 Mg Injection 5 ml(5.00 ML Vial) (Levetiracetam INJECTION)	Levetiracetam 100 MG INJECTION	5 ML	73.90	82.11	114.96
4	Valtrate 200 Mg Syrup 100 ml(100.00 ML) (Sodium Valproate SYRUP)	Sodium Valproate 200 MG SYRUP	100 ML	41.76	46.40	64.96
TABLE-B						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl. of E.D) (Rs.)	Price to Retailer (incl. of E.D) (Rs.)	Maximum Retail Price (Incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Non-Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased/Imported Formulations</u>					

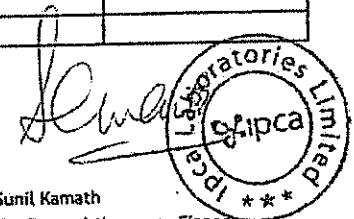
Notes -In case of purchased / imported formulation, Name of the manufacturer shall be indicated. The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai

Date : 03-FEB-2023

Authorized Signatory :
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Designation :

Sunil Kamath
Sr. General Manager - Finance



Note:-

1) PTR & PTS shown above excluding GST.

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

Name and address of the manufacturer / importer / distributor :- M/s.Hetero Biopharma Ltd., Unit. III, Sy. No. 458 (Part), TSIC Formulation SEZ, Polepally village, Jadcherla Mandal,
Mehaboobnagar, Telangana.

Name and address of the marketing Company, if any :- M/s.Ipca Laboratories Ltd. Regd. Office: 48, Kandivli Industrial Estate,
Kandivli (West), Mumbai 400 067. Tel.: +91 2266474444 Fax : +91 22 62105005

TABLE-A						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl. of E.D) (Rs.)	Price to Retailer (incl. of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased Formulations</u>					
1	Rituxipca 500 Mg Injection 50 Ml(50.00 Ml Vial) (Rituximab INJECTION)	Rituximab 500 MG INJECTION	50 Ml	24458.75	27176.39	38046.95
TABLE-B						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl. of E.D) (Rs.)	Price to Retailer (incl. of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Non-Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased/Imported Formulations</u>					

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

Place : Mumbai

Date : 03-FEB-2023

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Designation :

Sunil Kamath

Sr. General Manager - Finance



Note:-

1) PTR & PTS shown above excluding GST.

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

Name and address of the manufacturer /importer /distributor :- M/s.Makers Laboratories Ltd., 29/3 & 30/4, Phase III, G.I.D.C. Industrial Estate ,Naroda,Ahmedabad,Gujarat-382330.

Name and address of the marketing Company, if any :- M/s.Ipca Laboratories Ltd. Regd. Office: 48, Kandivli Industrial Estate,
Kandivli (West), Mumbai 400 067. Tel.: +91 2266474444 Fax : +91 22 62105005

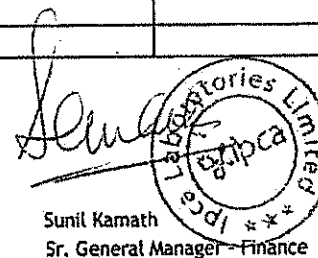
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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased/Imported Formulations</u>					
1	Periset 2 Mg Injection 2 ML(2.00 ML Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	2 ML	7.65	8.50	11.91
2	Periset 2 Mg Injection 4 ML(4.00 ML Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	4 ML	15.32	17.02	23.82
3	Periset 2 Mg Injection 10 ML(10.00 ML Vial) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	10 ML	28.78	31.98	44.78
4	Aquasurge Eye Drop(10.00 ML) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 0.5 % EYE DROPS	10 ML	78.97	87.75	122.85
5	Aquasurge Max Eye Drop(10.00 ML) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 1 % EYE DROPS	10 ML	106.48	118.31	165.64
TABLE-B						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (Incl.of E.D) (Rs.)	Price to Retailer (incl.of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Non-Scheduled Formulations</u>					
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Place : Mumbai

Date : 03-FEB-2023

Authorized Signatory :
Name :
Designation :

Sunil Kamath

Sunil Kamath
Sr. General Manager - Finance

Note:-

1) PTR & PTS shown above excluding GST.

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

Name and address of the manufacturer /importer /distributor :-M/s.Malik Lifesciences Pvt. Ltd. Plot No.16, Vardhman Industrial Estate, Village, Bahadarpur Saini,
N.H.58,,Haridwar, Uttarakhand-247667.

Name and address of the marketing Company, if any :- M/s.Ipca Laboratories Ltd. Regd. Office: 48, Kandivli Industrial Estate,
Kandivli (West), Mumbai 400 067. Tel.: +91 2266474444 Fax : +91 22 62105005

TABLE-A						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl.of E.D) (Rs.)	Price to Retailer (incl.of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<u>Scheduled Formulations</u>					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased Formulations</u>					
1	Rapiclav 200/28.5 Mg Dry Syrup 30 MI(30.00 MI) (Amoxycillin + Clavulanic Acid DRY SYRUP)	Amoxycillin + Clavulanic Acid 200/28.5 MG DRY SYRUP	30 MI	38.88	43.20	60.48

TABLE-B						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl.of E.D) (Rs.)	Price to Retailer (incl.of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
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Sunil Kamath

Sr. General Manager - Finance

Note:-

1) PTR & PTS shown above excluding GST.

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

Name and address of the manufacturer /importer /distributor :- M/s Shri Bhavani Pharmaceuticals, Plot No 109, Kiadb Industrial area, Rayapur, Dharwad-580009.

Name and address of the marketing Company, if any :- M/s.lpca Laboratories Ltd. Regd. Office: 48, Kandivli Industrial Estate,
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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled Formulations					
	<u>Own Manufactured Formulations</u>					
	<u>Purchased Formulations</u>					
1	Periset 2 Mg Injection 2 MI(2.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	2 MI	7.65	8.50	11.91
TABLE-B						
Sl. No.	Name of the product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to Stockist (incl.of E.D) (Rs.)	Price to Retailer (incl.of E.D) (Rs.)	Maximum Retail Price (incl. of E.D & Taxes) (Rs.)
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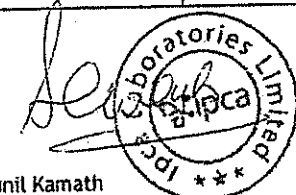
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Sr. General Manager - Finance



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