

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/109 Date: 10-Apr-2026

**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 :PLOT NO. 19,20,21, SECTOR -6A, IIE, SIDCUL, RANIPUR,HARIDWAR,Haridwar,Uttarakhand,249403

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										
	Purchased Formulations										
1	Pacimol Ds 250 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 250 MG SUSPENSION	60.00 ML	5.00	0.649560	32.64	32.64	42.84	42.84	0.68	Not Determined & Apr-2026
2	Pacimol 120 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 120 MG SUSPENSION	60.00 ML	5.00	0.649560	29.76	29.76	39.06	39.06	0.62	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/110 Date: 10-Apr-2026

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 :PLOT NO. 19,20,21, SECTOR -6A, IIE, SIDCUL, RANIPUR,HARIDWAR,Haridwar,Uttarakhand,249403

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										
	Purchased Formulations										
1	Valrate 200 Mg Syrup 100 MI(100.00 MI) (Sodium Valproate SYRUP)	Sodium Valproate 200 MG SYRUP	100.00 ML	5.00	0.649560	52.80	52.80	69.30	69.30	0.66	Not Determined & Apr-2026
2	Tazofast 4000/500 Mg Injection 10 MI(1.00 Vial) (Piperacillin + Tazobactam INJECTION)	Piperacillin + Tazobactam 4000/500 MG INJECTION	1.00 VIAL	5.00	0.649560	325.08	327.20	426.67	429.45	409.00	Not Determined & Apr-2026
3	Epictal 100 Mg Syrup 100 MI(100.00 MI) (Levetiracetam SYRUP)	Levetiracetam 100 MG SYRUP	100.00 ML	5.00	0.649560	323.20	325.60	424.20	427.35	4.07	Not Determined & Apr-2026
4	Epictal 100 Mg Injection 5 MI(5.00 MI Vial) (Levetiracetam INJECTION)	Levetiracetam 100 MG INJECTION	5.00 ML VIAL	5.00	0.649560	93.68	94.28	122.95	123.74	23.57	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
 Name : Sunil Kamath
 Designation : Vice President Finance
 Mobile : 9323138762
 Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/111 Date: 10-Apr-2026

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 :PLOT NO. 19,20,21, SECTOR -6A, IIE, SIDCUL, RANIPUR,HARIDWAR,Haridwar,Uttarakhand,249403

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										
	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	5.00	0.649560	49.68	50.00	65.20	65.63	6.25	Not Determined & Apr-2026
2	Epictal 750 Tablets(10.00 No) (Levetiracetam TABLET)	Levetiracetam 750 MG TABLET	10.00 No	5.00	0.649560	157.44	158.48	206.64	208.01	19.81	Not Determined & Apr-2026
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	10.00 No	5.00	0.649560	75.52	76.00	99.12	99.75	9.50	Not Determined & Apr-2026
4	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	5.00	0.649560	29.20	29.36	38.32	38.54	3.67	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/112 Date: 10-Apr-2026

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		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	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	0.649560	108.16	108.88	141.96	142.91	13.61	Not Determined & Apr-2026
2	Folitrax 2.5 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 2.5 MG TABLET	10.00 No	5.00	0.649560	43.20	43.52	56.70	57.12	5.44	Not Determined & Apr-2026
3	Folitrax 5 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 5 MG TABLET	10.00 No	5.00	0.649560	76.72	77.20	100.70	101.33	9.65	Not Determined & Apr-2026
4	Castramid 50 Mg Tablet 10(10.00 No) (Bicalutamide TABLET)	Bicalutamide 50 MG TABLET	10.00 No	5.00	0.649560	337.28	339.44	442.68	445.52	44.34	Not Determined & Apr-2026
5	Azr 50 Mg Tablet 10(10.00 No) (Azathioprine TABLET)	Azathioprine 50 MG TABLET	10.00 No	5.00	0.649560	91.68	92.24	120.33	121.07	11.53	Not Determined & Apr-2026
6	Folitrax 2.5 Tablets(5.00 No) (Methotrexate TABLET)	Methotrexate 2.5 MG TABLET	5.00 No	5.00	0.649560	21.60	21.76	28.35	28.56	5.44	Not Determined & Apr-2026
7	Folitrax 5 Tablets(5.00 No) (Methotrexate TABLET)	Methotrexate 5 MG TABLET	5.00 No	5.00	0.649560	38.36	38.60	50.35	50.66	9.65	Not Determined & Apr-2026
8	Folitrax 10 Tablets(5.00 No) (Methotrexate TABLET)	Methotrexate 10 MG TABLET	5.00 No	5.00	0.649560	54.08	54.44	70.98	71.45	13.61	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/113 Date: 10-Apr-2026

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

1. **Name and address of the manufacturer / importer / distributor :** Cotec Healthcare Pvt. Ltd, Add :NH 74 Roorkee-Dehradun Highway Kishanpur,Roorkee,Haridwar,Uttarakhand,247667
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 Tablet(1000.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	1000.00 No	5.00	0.649560	402.74	405.34	528.60	532.00	0.93	Not Determined & Apr-2026
2	Pacimol Tablets(15.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	15.00 No	5.00	0.649560	11.04	11.16	14.49	14.65	0.93	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/114 Date: 10-Apr-2026

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

1. **Name and address of the manufacturer / importer / distributor :** HETERO BIOPHARMA LTD, Add :7-2-A2, Hetero Corporate Industrial Estate, HYDERABAD, Hyderabad, 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	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	5.00	0.649560	31002.80	31204.00	40691.17	40955.25	780.10	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/115 Date: 10-Apr-2026

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-A/2, 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	5.00	0.649560	31.60	31.84	41.47	41.79	3.98	Not Determined & Apr-2026
2	Telminorm 40 Mg Tablet 10(10.00 No) (Telmisartan TABLET)	Telmisartan 40 MG TABLET	10.00 No	5.00	0.649560	55.04	55.36	72.24	72.66	6.92	Not Determined & Apr-2026
	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 : 10-Apr-26Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/116 Date: 10-Apr-2026

**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		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Larinate 120 Mg Injection 15 Ml(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	5.00	0.649560	369.87	372.28	485.46	488.62	465.35	Not Determined & Apr-2026
2	Larinate 60 Mg Injection 5 Ml(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	5.00	0.649560	199.19	200.49	261.44	263.14	250.61	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/117 Date: 10-Apr-2026

**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		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
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)	1.00 VIAL	5.00	0.649560	9179.07	8323.81	12047.53	10925.00	17491.66	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/118 Date: 10-Apr-2026

**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		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Periset 2 Mg Injection 10 MI(10.00 MI Vial) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	10.00 ML VIAL	5.00	0.649560	36.40	36.56	47.77	47.99	6.10	Not Determined & Apr-2026
2	Periset 2 Mg Injection 2 MI(2.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	2.00 ML AMPOULE	5.00	0.649560	9.69	9.76	12.72	12.81	6.10	Not Determined & Apr-2026
3	Periset 2 Mg Injection 4 MI(4.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	4.00 ML AMPOULE	5.00	0.649560	19.39	19.52	25.45	25.62	6.10	Not Determined & Apr-2026
4	Perinorm 5 Mg Injection 2 MI(2.00 MI Ampoule) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	2.00 ML AMPOULE	5.00	0.649560	4.34	4.38	5.70	5.75	2.74	Not Determined & Apr-2026
5	Perinorm 5 Mg Injection 20 MI(20.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	20.00 ML VIAL	5.00	0.649560	26.55	26.72	34.85	35.07	1.67	Not Determined & Apr-2026
6	Omihalt 2ml Injection(2.00 MI) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION(Each ml contains : Ondansetron Hydrochloride IP equivalent to Ondansetron 2mg Water for Injection IP q.s.)	2.00 ML	5.00	0.649560	9.69	9.76	12.72	12.81	6.10	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/119 Date: 10-Apr-2026

**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	Aquasurge Eye Drop(10.00 Ml) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 0.5 % EYE DROPS	10.00 ML	5.00	0.649560	100.08	100.72	131.35	132.20	12.59	Not Determined & Apr-2026
2	Aquasurge Max Eye Drop(10.00 Ml) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 1 % EYE DROPS	10.00 ML	5.00	0.649560	134.96	135.84	177.13	178.29	16.98	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/120 Date: 10-Apr-2026

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 :16, Vardhman Industrial Estate, Roorkee, Bahadarpur Saini, HARIDWAR, Haridwar, Uttarakhand, 247667

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	5.00	0.649560	148.95	149.92	195.50	196.77	18.74	Not Determined & Apr-2026
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	5.00	0.649560	49.44	49.68	64.89	65.21	2.07	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/121 Date: 10-Apr-2026

FORM - II

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		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Periset 2 Mg Syrup 30 MI(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP	30.00 ML	5.00	0.649560	30.71	30.96	40.31	40.64	1.29	Not Determined & Apr-2026
2	Perinorm 5 Mg Syrup 60 MI(60.00 MI) (Metoclopramide SYRUP)	Metoclopramide 5 MG SYRUP	60.00 ML	5.00	0.649560	24.47	24.48	32.12	32.13	0.51	Not Determined & Apr-2026
3	Omihalt Syrup(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP(Each 5ml contains : Ondansetron Hydrochloride IP equivalent to Ondansetron 2mg)	30.00 ML	5.00	0.649560	30.71	30.96	40.31	40.64	1.29	Not Determined & Apr-2026
4	Pacimol 120 Suspension(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 120 MG SUSPENSION	60.00 ML	5.00	0.649560	29.76	29.76	39.06	39.06	0.62	Not Determined & Apr-2026
5	Pacimol Ds Suspension(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 250 MG SUSPENSION	60.00 ML	5.00	0.649560	32.64	32.64	42.84	42.84	0.68	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/122 Date: 10-Apr-2026

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

1. **Name and address of the manufacturer / importer / distributor :**

PURE AND CURE HEALTHCARE PVT. LTD., Add :PLOT NO-27,28,29,30, SECTOR 8A, IIE, SIDCUL, RANIPUR,,HARIDWAR,Haridwar,Uttarakhand,249403

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										
	Purchased Formulations										
1	Epictal 250 Mg Tablet 10(10.00 No) (Levetiracetam TABLET)	Levetiracetam 250 MG TABLET	10.00 No	5.00	0.649560	51.28	51.60	67.30	67.73	6.45	Not Determined & Apr-2026
2	Epictal 500 Mg Tablet 10(10.00 No) (Levetiracetam TABLET)	Levetiracetam 500 MG TABLET	10.00 No	5.00	0.649560	105.68	106.40	138.70	139.65	13.30	Not Determined & Apr-2026
3	Ozepam-Md 0.25 Tablets(10.00 No) (Clonazepam TABLET MD)	Clonazepam 0.25 MG TABLET MD	10.00 No	5.00	0.649560	16.47	16.56	21.62	21.74	2.07	Not Determined & Apr-2026
4	Ozepam-Md 0.50 Tablets(10.00 No) (Clonazepam TABLET MD)	Clonazepam 0.5 MG TABLET MD	10.00 No	5.00	0.649560	28.08	28.24	36.85	37.07	3.53	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/123 Date: 10-Apr-2026

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

1. **Name and address of the manufacturer / importer / distributor :** Ravenbhel Healthcare Private Limited, Add :16-17, EPIP ,SIDCO,Kartholi,,Bari Brahmana,Jammu,Jammu And Kashmir,181133

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	Ica 100 Mg Capsule 7(7.00 No) (Itraconazole CAPSULE)	Itraconazole 100 MG CAPSULE	7.00 No	5.00	0.649560	89.55	90.10	117.53	118.26	17.07	Not Determined & Apr-2026
2	Ica 200 Mg Capsule 7(7.00 No) (Itraconazole CAPSULE)	Itraconazole 200 MG CAPSULE	7.00 No	5.00	0.649560	126.00	126.84	165.37	166.48	22.65	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/124 Date: 10-Apr-2026

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

1. **Name and address of the manufacturer / importer / distributor :**

SHRI BHAVANI PHARMACEUTICALS, Add :109, KIADB INDUSTRIAL AREA, RAYAPUR-580009.,DHARWAD,Dharwad,Karnataka,580009

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										
	Purchased Formulations										
1	Periset 2 Mg Injection 2 MI(2.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	2.00 ML AMPOULE	5.00	0.649560	9.69	9.76	12.72	12.81	6.10	Not Determined & Apr-2026
2	Perinorm 5 Mg Injection 2 MI(2.00 MI Ampoule) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	2.00 ML AMPOULE	5.00	0.649560	4.34	4.38	5.70	5.75	2.74	Not Determined & Apr-2026
3	Periset Injection(4.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	4.00 ML AMPOULE	5.00	0.649560	19.39	19.52	25.45	25.62	6.10	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/125 Date: 10-Apr-2026

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

1. **Name and address of the manufacturer / importer / distributor :**

SWISS GARNIER LIFE SCIENCES, 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 Tablets(10.00 No) (Nitrofurantoin TABLET SR)	Nitrofurantoin 100 MG TABLET SR	10.00 No	5.00	0.649560	66.00	66.40	86.62	87.15	8.30	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/126 Date: 10-Apr-2026

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	Periset 2 Mg Injection 10 MI(10.00 MI Vial) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	10.00 ML VIAL	5.00	0.649560	36.40	36.56	47.77	47.99	6.10	Not Determined & Apr-2026
2	Perinorm 5 Mg Injection 20 MI(20.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	20.00 ML VIAL	5.00	0.649560	26.55	26.72	34.85	35.07	1.67	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/127 Date: 10-Apr-2026

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 0.5mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 0.5 MG CAPSULE	10.00 No	5.00	0.649560	168.15	169.28	220.70	222.18	21.16	Not Determined & Apr-2026
2	Tacva 1mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 1 MG CAPSULE	10.00 No	5.00	0.649560	330.64	332.80	433.96	436.80	41.60	Not Determined & Apr-2026
3	Tacva 2mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 2 MG CAPSULE	10.00 No	5.00	0.649560	686.48	690.96	901.00	906.89	86.37	Not Determined & Apr-2026
	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 : 10-Apr-26Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/128 Date: 10-Apr-2026

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

1. **Name and address of the manufacturer / importer / distributor :**

Tirupati Medicare Limited, Add :D14, Preet Vihar, New Delhi,Preet Vihar,New Delhi,Delhi,110092

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										
	Purchased Formulations										
1	Azibact Lr Readymix 200(30.00 Ml) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	30.00 ML	5.00	0.649560	83.28	83.76	109.30	109.94	3.49	Not Determined & Apr-2026
2	Azifast XI Readymix 200(30.00 Ml) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	30.00 ML	5.00	0.649560	83.28	83.76	109.30	109.94	3.49	Not Determined & Apr-2026
3	Azibact Readymix 200(15.00 Ml) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	15.00 ML	5.00	0.649560	41.64	41.88	54.65	54.97	3.49	Not Determined & Apr-2026
4	Azifast Readymix 200(15.00 Ml) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	15.00 ML	5.00	0.649560	41.64	41.88	54.65	54.97	3.49	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/129 Date: 10-Apr-2026

**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										
	Purchased Formulations										
1	Pacimol Tablets(1000.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	1000.00 No	5.00	0.649560	402.74	405.34	528.60	532.00	0.93	Not Determined & Apr-2026
2	Pacimol 650 Tablets(15.00 No) (Paracetamol TABLET)	Paracetamol 650 MG TABLET	15.00 No	5.00	0.649560	24.47	24.60	32.12	32.29	2.05	Not Determined & Apr-2026
3	Pacimol Tablets(15.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	15.00 No	5.00	0.649560	11.04	11.16	14.49	14.65	0.93	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/130 Date: 10-Apr-2026

**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	Calchek 2.5 Mg Tablet 10(10.00 No) (Amlodipine TABLET)	Amlodipine 2.5 MG TABLET	10.00 No	5.00	0.649560	14.32	14.40	18.79	18.90	1.83	Not Determined & Apr-2026
2	Isordil 10 Mg Tablet 10(10.00 No) (Isosorbide Dinitrate TABLET)	Isosorbide Dinitrate 10 MG TABLET	10.00 No	5.00	0.649560	6.55	6.64	8.60	8.72	0.83	Not Determined & Apr-2026
3	Cinkona 300 Mg Tablet 10(10.00 No) (Quinine TABLET)	Quinine 300 MG TABLET	10.00 No	5.00	0.649560	46.00	46.32	60.38	60.80	5.79	Not Determined & Apr-2026
4	Lariago 250 Mg Tablet 10(10.00 No) (Chloroquine TABLET)	Chloroquine 250 MG TABLET	10.00 No	5.00	0.649560	10.80	10.88	14.18	14.28	1.36	Not Determined & Apr-2026
5	Recita 20 Mg Tablet 10(10.00 No) (Escitalopram TABLET)	Escitalopram 20 MG TABLET	10.00 No	5.00	0.649560	116.88	117.60	153.40	154.35	14.70	Not Determined & Apr-2026
6	Recita 5 Mg Tablet 15(15.00 No) (Escitalopram TABLET)	Escitalopram 5 MG TABLET	15.00 No	5.00	0.649560	61.32	61.68	80.48	80.96	5.14	Not Determined & Apr-2026
7	Sove 10 Mg Tablet 15(15.00 No) (Zolpidem TABLET)	Zolpidem 10 MG TABLET	15.00 No	5.00	0.649560	103.91	104.64	136.38	137.34	8.72	Not Determined & Apr-2026
8	Ipca Mmf 500 Mg Tablet 10(10.00 No) (Mycophenolate Mofetil TABLET)	Mycophenolate Mofetil 500 MG TABLET	10.00 No	5.00	0.649560	607.12	611.04	796.85	801.99	76.38	Not Determined & Apr-2026
9	Xtor 10 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 10 MG TABLET	10.00 No	5.00	0.649560	40.47	40.72	53.12	53.45	5.09	Not Determined & Apr-2026
10	Xtor 20 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 20 MG TABLET	10.00 No	5.00	0.649560	102.24	102.88	134.19	135.03	12.86	Not Determined & Apr-2026
11	Xtor 40 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 40 MG TABLET	10.00 No	5.00	0.649560	157.12	158.16	206.22	207.59	19.77	Not Determined & Apr-2026
12	Xtor 80 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 80 MG TABLET	10.00 No	5.00	0.649560	330.32	332.48	433.54	436.38	41.56	Not Determined & Apr-2026
13	Recita 10 Mg Tablet 15(15.00 No) (Escitalopram TABLET)	Escitalopram 10 MG TABLET	15.00 No	5.00	0.649560	109.92	110.64	144.27	145.22	9.22	Not Determined & Apr-2026
14	Revelol XI 100 Mg Tablet 15(15.00 No) (Metoprolol TABLET MR)	Metoprolol 100 MG TABLET MR	15.00 No	5.00	0.649560	182.99	184.20	240.18	241.76	15.35	Not Determined & Apr-2026
15	Vinikor XI 100 Mg Tablet XI 10(10.00 No) (Metoprolol TABLET MR)	Metoprolol 100 MG TABLET MR	10.00 No	5.00	0.649560	122.00	122.80	160.12	161.18	15.35	Not Determined & Apr-2026
16	Sove 5 Tablets(15.00 No) (Zolpidem TABLET)	Zolpidem 5 MG TABLET	15.00 No	5.00	0.649560	75.84	76.32	99.54	100.17	6.36	Not Determined & Apr-2026
17	Isordil 5 Mg Tablet SI 10(10.00 No) (Isosorbide Dinitrate TABLET SL)	Isosorbide Dinitrate 5 MG TABLET SL	10.00 No	5.00	0.649560	6.64	6.72	8.71	8.82	0.84	Not Determined & Apr-2026
18	Pacimol 650 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 650 MG TABLET	15.00 No	5.00	0.649560	24.47	24.60	32.12	32.29	2.05	Not Determined & Apr-2026
19	Ipca Mmf 500 Tablets(15.00 No) (Mycophenolate Mofetil TABLET)	Mycophenolate Mofetil 500 MG TABLET	15.00 No	5.00	0.649560	910.68	916.56	1195.27	1202.99	76.38	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/131 Date: 10-Apr-2026

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	Saaz 500 Mg Tablet Dr 10(10.00 No) (Sulfasalazine TABLET DR)	Sulfasalazine 500 MG TABLET DR	10.00 No	5.00	0.649560	38.40	38.64	50.40	50.72	4.83	Not Determined & Apr-2026
2	Azibact 250 Mg Tablet 10(10.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	10.00 No	5.00	0.649560	94.96	95.60	124.63	125.48	11.95	Not Determined & Apr-2026
3	Azibact 500 Mg Tablet 5(5.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	5.00 No	5.00	0.649560	95.92	96.56	125.89	126.74	24.14	Not Determined & Apr-2026
4	Azifast 250 Mg Tablet 6(6.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	6.00 No	5.00	0.649560	56.98	57.36	74.78	75.29	11.95	Not Determined & Apr-2026
5	Calchek 5 Mg Tablet 10(10.00 No) (Amlodipine TABLET)	Amlodipine 5 MG TABLET	10.00 No	5.00	0.649560	20.32	20.48	26.67	26.88	2.56	Not Determined & Apr-2026
6	Hcqs 200 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	10.00 No	5.00	0.649560	51.76	52.08	67.93	68.36	6.51	Not Determined & Apr-2026
7	Malirid 2.5 Mg Tablet Dt 7(7.00 No) (Primaquine TABLET DT)	Primaquine 2.5 MG TABLET DT	7.00 No	5.00	0.649560	9.97	10.02	13.08	13.16	1.79	Not Determined & Apr-2026
8	Malirid 7.5 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 7.5 MG TABLET	7.00 No	5.00	0.649560	13.55	13.66	17.78	17.93	2.44	Not Determined & Apr-2026
9	Perinorm 10 Mg Tablet 10(10.00 No) (Metoclopramide TABLET)	Metoclopramide 10 MG TABLET	10.00 No	5.00	0.649560	10.96	11.04	14.38	14.49	1.38	Not Determined & Apr-2026
10	Periset Md 4 Mg Tablet Md 10(10.00 No) (Ondansetron TABLET MD)	Ondansetron 4 MG TABLET MD	10.00 No	5.00	0.649560	41.84	42.08	54.91	55.23	5.26	Not Determined & Apr-2026
11	Periset 4 Mg Tablet 10(10.00 No) (Ondansetron TABLET)	Ondansetron 4 MG TABLET	10.00 No	5.00	0.649560	41.84	42.08	54.91	55.23	5.26	Not Determined & Apr-2026
12	Periset 8 Mg Tablet 10(10.00 No) (Ondansetron TABLET)	Ondansetron 8 MG TABLET	10.00 No	5.00	0.649560	67.60	68.00	88.72	89.25	9.28	Not Determined & Apr-2026
13	Clarbact 250 Mg Tablet 4(4.00 No) (Clarithromycin TABLET)	Clarithromycin 250 MG TABLET	4.00 No	5.00	0.649560	76.98	77.47	101.04	101.68	24.64	Not Determined & Apr-2026
14	Clarbact 500 Mg Tablet 4(4.00 No) (Clarithromycin TABLET)	Clarithromycin 500 MG TABLET	4.00 No	5.00	0.649560	129.69	130.53	170.22	171.32	40.79	Not Determined & Apr-2026
15	Glyree 1 Mg Tablet 10(10.00 No) (Glimepiride TABLET)	Glimepiride 1 MG TABLET	10.00 No	5.00	0.649560	30.07	30.24	39.47	39.69	3.78	Not Determined & Apr-2026
16	Glyree 2 Mg Tablet 10(10.00 No) (Glimepiride TABLET)	Glimepiride 2 MG TABLET	10.00 No	5.00	0.649560	47.20	47.52	61.95	62.37	5.94	Not Determined & Apr-2026
17	Hcqs 400 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 400 MG TABLET	10.00 No	5.00	0.649560	112.32	113.04	147.42	148.37	14.13	Not Determined & Apr-2026
18	Ipcas Hyq 400 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 400 MG TABLET	10.00 No	5.00	0.649560	112.32	113.04	147.42	148.37	14.13	Not Determined & Apr-2026
19	Lumerax 20/120 Mg Tablet Dt 6(6.00 No) (Artemether + Lumefantrine TABLET DT)	Artemether + Lumefantrine 20/120 MG TABLET DT	6.00 No	5.00	0.649560	61.77	62.16	81.07	81.59	12.95	Not Determined & Apr-2026
20	Lumerax 40/240 Mg Tablet 6(6.00 No) (Artemether + Lumefantrine TABLET)	Artemether + Lumefantrine 40/240 MG TABLET	6.00 No	5.00	0.649560	88.08	88.66	115.60	116.36	18.47	Not Determined & Apr-2026
21	Lumerax 80/480 Mg Tablet 6(6.00 No) (Artemether + Lumefantrine TABLET)	Artemether + Lumefantrine 80/480 MG TABLET	6.00 No	5.00	0.649560	124.56	125.38	163.48	164.56	26.12	Not Determined & Apr-2026
22	Ramcor 2.5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 2.5 MG CAPSULE	10.00 No	5.00	0.649560	37.92	38.16	49.77	50.09	4.77	Not Determined & Apr-2026
23	Ramcor 5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 5 MG CAPSULE	10.00 No	5.00	0.649560	58.55	58.96	76.85	77.39	7.37	Not Determined & Apr-2026
24	Revolol Xi 25 Mg Tablet 15(15.00 No) (Metoprolol TABLET ER)	Metoprolol 25 MG TABLET ER	15.00 No	5.00	0.649560	51.84	52.20	68.04	68.51	4.35	Not Determined & Apr-2026
25	Revolol Xi 50 Mg Tablet 15(15.00 No) (Metoprolol TABLET ER)	Metoprolol 50 MG TABLET ER	15.00 No	5.00	0.649560	71.28	71.76	93.55	94.19	5.98	Not Determined & Apr-2026

26	Vinacor XI 25 Mg Tablet XI 10(10.00 No) (Metoprolol TABLET ER)	Metoprolol 25 MG TABLET ER	10.00 No	5.00	0.649560	34.55	34.80	45.35	45.68	4.35	Not Determined & Apr-2026
27	Vinacor XI 50 Mg Tablet XI 10(10.00 No) (Metoprolol TABLET ER)	Metoprolol 50 MG TABLET ER	10.00 No	5.00	0.649560	47.52	47.84	62.37	62.79	5.98	Not Determined & Apr-2026
28	Malirid Ds 15 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 15 MG TABLET	7.00 No	5.00	0.649560	29.28	29.46	38.43	38.66	5.26	Not Determined & Apr-2026
29	Hcqs 200 Mg Tablet 15(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	15.00 No	5.00	0.649560	77.64	78.12	101.90	102.53	6.51	Not Determined & Apr-2026
30	Ipcas Hyq 200 Tablets(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	10.00 No	5.00	0.649560	51.76	52.08	67.93	68.36	6.51	Not Determined & Apr-2026
31	Azifast 500mg Tablets(6.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	6.00 No	5.00	0.649560	115.10	115.87	151.07	152.08	24.14	Not Determined & Apr-2026
32	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	5.00	0.649560	41.84	42.08	54.91	55.23	5.26	Not Determined & Apr-2026
33	Hcqs 400 Tablets(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 400 MG TABLET	15.00 No	5.00	0.649560	168.47	169.56	221.12	222.55	14.13	Not Determined & Apr-2026
34	Saaz Tablets(15.00 No) (Sulfasalazine TABLET DR)	Sulfasalazine 500 MG TABLET DR	15.00 No	5.00	0.649560	0.00	57.96	0.00	76.07	4.83	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/132 Date: 10-Apr-2026

**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	Periset 2 Mg Syrup 30 MI(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP	30.00 ML	5.00	0.649560	30.71	30.96	40.31	40.64	1.29	Not Determined & Apr-2026
2	Pacimol Ds 250 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 250 MG SUSPENSION	60.00 ML	5.00	0.649560	32.64	32.64	42.84	42.84	0.68	Not Determined & Apr-2026
3	Perinorm 5 Mg Syrup 60 MI(60.00 MI) (Metoclopramide SYRUP)	Metoclopramide 5 MG SYRUP	60.00 ML	5.00	0.649560	24.47	24.48	32.12	32.13	0.51	Not Determined & Apr-2026
4	Lariago Suspension(120.00 MI) (Chloroquine SUSPENSION)	Chloroquine 50 MG SUSPENSION	120.00 ML	5.00	0.649560	33.60	33.60	44.10	44.10	0.35	Not Determined & Apr-2026
5	Pacimol 120 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 120 MG SUSPENSION	60.00 ML	5.00	0.649560	29.76	29.76	39.06	39.06	0.62	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/133 Date: 10-Apr-2026

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

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

Nitin Lifesciences Limited, Add :Rampur Ghat Road, Tehsil Paonta Sahib, Distt. Sirmour (HP) - 173025,Paonta Sahib,Sirmaur,Himachal Pradesh,173025

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 4.5gm Injection(1.00 Vial) (Piperacillin + Tazobactam INJECTION)	Piperacillin + Tazobactam 4000/500 MG INJECTION	1.00 VIAL	5.00	0.649560	325.08	327.20	426.67	429.45	409.00	Not Determined & Apr-2026
	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 : 10-Apr-26

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com