

Date: 04/04/2023

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- Ceiling prices (excluding WPI) notified vides S.O.No. 1577(E) & 1579(E) dated 31.03.2023 and 194(E) dated 11.01.2023

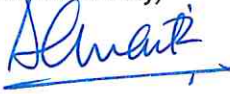
Vide notification no. S.O. 1577(E) & 1579(E) dated 31.03.2023 and 194(E) dated 11.01.2023, the ceiling prices (excluding WPI) were revised for the following product marketed by us. We are enclosing price list in Form V for the below mentioned products:-

Name of the Formulation	Pack Size
Folitrax 5 Tablets	10's
Malirid 2.5 DT	7's
Perinorm 20ml Injection	20ml
Perinorm 10ml Injection	10ml
Ramcor-2.5 Capsules	10's
Ramcor-5 Capsules	10's
ICA 100 Capsules	7's
ICA 200 Capsules	7's
ZTI-SB 100 Capsule	10's
Lariago Suspension	120ml

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 10 formulation product.

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

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

TABLE-A						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (Inclusive of E.D) (Rs.)	Price to Retailer (Inclusive of E.D) (Rs.)	Maximum Retail Price (Inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Own Manufacture Formulation					
1	Malirid 2.5 Mg Tablet Dt 7(7.00 No) (Primaquine TABLET DT)	Primaquine 2.5 MG TABLET DT	7	7.87	8.74	12.23
2	Ramcor 2.5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 2.5 MG CAPSULE	10	29.95	33.28	46.59
3	Ramcor 5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 5 MG CAPSULE	10	46.15	51.28	71.79
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (Inclusive of E.D) (Rs.)	Price to Retailer (Inclusive of E.D) (Rs.)	Maximum Retail Price (Inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

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

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

Place : Mumbai

Date : 03-Apr-2023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance



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

1. Name & address of the manufacturer / Importer / distributor : Ravenbhel Healthcare Private Limited, Add :16-17, EPIP ,SIDCO,Kartholi,

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

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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Ica 100 Mg Capsule 7(7.00 No) (Itraconazole CAPSULE)	Itraconazole 100 MG CAPSULE	7	70.69	78.54	109.95
2	Ica 200 Mg Capsule 7(7.00 No) (Itraconazole CAPSULE)	Itraconazole 200 MG CAPSULE	7	99.44	110.49	154.68

TABLE-B						
Sl. No.	Name of the Product(Formulation and Its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (Inclusive of E.D) (Rs.)	Price to Retailer (Inclusive of E.D) (Rs.)	Maximum Retail Price (Inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Folitrax 5 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 5 MG TABLET	10	60.55	67.28	88.30

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

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(See paragraphs 2(x),24,25,26)

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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Perinorm 5 Mg Injection 10 MI(10.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	10	10.44	11.60	16.24
2	Perinorm 5 Mg Injection 20 MI(20.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	20	20.88	23.20	32.48

TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (Inclusive of E.D) (Rs.)	Maximum Retail Price (Inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
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Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

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Date : 03-Apr-2023

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(See paragraphs 2(x),24,25,26)

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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Zisb 100 Mg Capsule 10(10.00 No) (Itraconazole CAPSULE)	Itraconazole 100 MG CAPSULE	10	107.06	118.96	166.54

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

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

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

Place : Mumbai

Date : 03-Apr-2023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance



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

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

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

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(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Own Manufacture Formulation					
1	Lariago Suspension(120.00 MI) (Chloroquine SUSPENSION)	Chloroquine 50 MG SUSPENSION	120	25.92	28.80	37.80
TABLE-B						
Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (Inclusive of E.D) (Rs.)	Maximum Retail Price (Inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

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

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

Place : Mumbai

Date : 10-Mar-2023

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Sr General Manager Finance

