Form Ref No.: Ref/IPDMS/Form/5/363 Date: 08-Jul-2025

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

1. Name and address of the manufacturer  $\slash$  importer  $\slash$  distributor :

Optimus Pharma Pvt Ltd, Add :PLOT NO. 6P, SVY NO. 37A & 37P, SIGNATURE TOWERS, 2ND FLOOR, KOTHAGUDA, KONDAPUR,HYDERABAD,Hyderabad,Telangana,500084

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

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-	١					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations				ĺ	ĺ	ĺ			
	Purchased Formulations									
	Imported Formulations									
				TABLE-	3					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor	1 1100 10	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Bemezy Tablets(10.00 Tablet) (Bempedoic Acid + Ezetimibe TABLET)	Bempedoic Acid + Ezetimibe 180/10 MG TABLET	10.00 TABLET	12.00	216.00	240.00	-	336.00	BEPTB5005A & Jun-2025	100000
	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: 08-Jul-2025

Authorized Signatory: Nikhil Chugh
Name: Nikhil Chugh
Designation: Dy General Manager
Mobile: 7400047289

Email Id: nikhil.chugh@usv.in

Form Ref No.: Ref/IPDMS/Form/5/362 Date: 05-Jul-2025

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

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 : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

Control Authorities (Rs.) taxes) (Rs.) any (incl. of all taxes) (Rs.) (R											1
SI. Name of the Product(Formulation and its dosage forms)  Name of the Product(Formulation and its dosage forms)  Name of the Product(Formulation and its dosage forms)  Retail Price, if altraxes) (Rs.)  Retail Price, if altraxes (Rs.)  Retail Price, if altra					TABLE-	<b>1</b>					
Scheduled formulations Own Manufactured Formulations Purchased Formulations Imported Formulations Imported Formulations  SI. Name of the Product(Formulation and its dosage forms)  TABLE-B  Composition as approved by Drug Control Authorities  (in %)  Non-Scheduled formulations  Own Manufactured Formulations  Imported Formulation and its dosage forms)  Composition as approved by Drug Control Authorities  SI. Name of the Product(Formulation and its dosage forms)  Composition as approved by Drug Control Authorities  Size  Composition as approved by Drug Control Authori			approved by Drug			Distributor (excluding taxes)	retailer (excluding taxes)	Retail Price, if any (incl. of all	Price (incl. of all taxes)	Batch no. and date from which price revision is	
Own Manufactured Formulations   Purchased Formulations	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Purchased Formulations   Imported Formulations   Imp		Scheduled formulations									
Imported Formulations   Impo		Own Manufactured Formulations									
SI. Name of the Product(Formulation and its dosage forms)  Composition as approved by Drug Control Authorities  Pack Size  Pack Size  Pack Size  Price to Distributor (excluding taxes) (Rs.)  Price to Textiler Taxes (Rs.)  Price to T		Purchased Formulations									
SI. Name of the Product(Formulation and its dosage forms)    Name of the Product(Formulation and its dosage forms)   Pack Size   Pack Size   Pack Size   Price to planting taxes) (Rs.)   Price to planting taxes (Rs.)		Imported Formulations									
SI. Name of the Product(Formulation and its dosage forms)  No.   Variable   V					TABLE-	3					
Non-Scheduled formulations						Price to	Price to		Maximum		
Own Manufactured Formulations	SI. No.		approved by Drug			Distributor (excluding taxes)	retailer (excluding taxes)	Retail Price, if any (incl. of all	Price (incl. of all taxes)	which price revision is	
Purchased Formulations	No.	dosage forms)	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective	Capacity
1 Olmetrack Am 20/5 Mg Tablet 10(10.00 Tablet) (Olmesartan + Amlodipine TABLET) Olmesartan + Amlodipine 20/5 MG TABLET 12.00 99.51 110.57 - 154.80 OMA240201 & Feb-2024 3000000	No.	dosage forms) (2)	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective	Capacity
1 Ulmetrack Am 20/5 Mg Tablet 10(10.00 Amlodipine 20/5 MG TABLET) Amlodipine 20/5 MG TABLET 12.00 99.51 110.57 - 154.80 OMA240201 & Feb-2024 3000000	No.	dosage forms) (2) Non-Scheduled formulations	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective	Capacity
Imported Formulations	No.	dosage forms)  (2)  Non-Scheduled formulations  Own Manufactured Formulations	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective	Capacity
	No.	(2) Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations Olmetrack Am 20/5 Mg Tablet 10(10.00	approved by Drug Control Authorities  (3)  Olmesartan + Amlodipine 20/5 MG	(4) 10.00	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective (10)	(11)

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 : 05-Jul-2025

> Authorized Signatory : Nikhil Chugh Nikhil Chugh Name : Dy General Manager Designation : Mobile: 7400047289

nikhil.chugh@usv.in Email Id:

Form Ref No.: Ref/IPDMS/Form/5/364 Date: 08-Jul-2025

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

1. Name and address of the manufacturer  $\slash$  importer  $\slash$  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 : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

No. dosage forms)  approved by Drug Control Authorities  Size  (in %)			<u> </u>								1
SI. Name of the Product(Formulation and its observed by Drug Control Authorities supproved by Drug Control A					TABLE-	4					
Scheduled formulations Own Manufactured Formulations Imported Formulations Imported Formulations  Sl. Name of the Product(Formulation and its dosage forms)  TABLE-B  Composition as approved by Drug Control Authorities  (in %)  (in %)  Composition as approved by Drug Control Authorities  (in %)  (in %)  Composition as approved by Drug Control Authorities  (in %)  (			approved by Drug			Distributor (excluding taxes)	retailer (excluding taxes)	Maximum Retail Price, if any (incl. of all	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is	Production Capacity
Own Manufactured Formulations   Purchased Formulations	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Purchased Formulations		Scheduled formulations									
Imported Formulations   Imported Formulation   Imported Formulations   Impor		Own Manufactured Formulations									
SI. Name of the Product(Formulation and its dosage forms)    No.   Variable		Purchased Formulations									
SI. Name of the Product(Formulation and its dosage forms)    Name of the Product(Formulation and its dosage forms)   Composition as approved by Drug Control Authorities   Pack Size   Pack Size   Price to plistributor (excluding taxes) (Rs.)   Price to plistributor (excl		Imported Formulations									
SI. No. was of the Product(Formulation and its dosage forms)  No. was of the Product(Formulation and its dosage forms)  Pack Size  Omnosition as approved by Drug Control Authorities  Pack Size  Omnosition as approved by Drug Control Authorities  (in %)					TABLE-	3					
Non-Scheduled formulations								Pre-revised	1	1	
Own Manufactured Formulations	SI. No.		approved by Drug			Distributor (excluding taxes)	retailer (excluding taxes)	Retail Price, if any (incl. of all	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is	Production Capacity
Purchased Formulations	No.	dosage forms)	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Capacity
1 Tazloc Ct 80/12.5 Mg Tablet 10(10.00 Tablet) Chlorthalidone 80/12.5 Mg Tablet 10(10.00 Tablet) Chlorthalidone 80/12.5 Mg TableT 12.00 180.32 200.36 - 280.50 TZL250606 & Jun-2025 7800000	No.	dosage forms) (2)	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Capacity
1   Tazioc Ct 80/12.5 Mg Tablet 10(10.00 Tablet)   Chlorthalidone 80/12.5 Mg TABLET   12.00   180.32   200.36   - 280.50   TZL250606 & Jun-2025   7800000   7800000   7800000   7800000   7800000   7800000   7800000   7800000   7800000   7800000   7800000000   78000000   780000000000	No.	dosage forms) (2) Non-Scheduled formulations	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Capacity
Imported Formulations	No.	dosage forms) (2) Non-Scheduled formulations Own Manufactured Formulations	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Capacity
	No.	(2) Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations Tazloc Ct 80/12.5 Mg Tablet 10(10.00 Tablet)	approved by Drug Control Authorities  (3)  Telmisartan + Chlorthalidone 80/12.5	(4) 10.00	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	(11)

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: 08-Jul-25

> Authorized Signatory : null

Name : Nikhil Chugh

Dy General Manager Designation : Mobile: 7400047289

nikhil.chugh@usv.in Email Id: