

**SBI DISPENSARY,
LHO AMARAVATI,
GUNFOUNDRY HYDERABAD**

TENTATIVE LIST OF MEDICINE FOR THE F.Y 2020-21

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	TAB	A TO Z				
2	TAB	ACECLO - MR				
3	TAB	ACECLO - PLUS				
4	TAB	ACECLO - SERA				
5	TAB	ACECLO 100MG				
6	TAB	ACECLO SR				
7	TAB	ACERON - MR 4/8				
8	TAB	ACERON - TC				
9	TAB	ACERON P				
10	TAB	ACTIVOG -0.2				
11	TAB	ACTIVOG-0.3				
12	TAB	ACTIVOG-M 0.2				
13	TAB	ACTIVOG-M 0.3				
14	TAB	AFENAK PLUS				
15	TAB	ALLEGRA 120				
16	TAB	AMARYL 0.5 MG				
17	TAB	AMARYL 1 MG				
18	TAB	AMARYL 2 MG				
19	TAB	AMARYL M1				
20	TAB	AMARYL M2				
21	TAB	AMARYL MV1				
22	TAB	AMARYL MV2				
23	TAB	AMLOGARD 2.5 MG				
24	TAB	AMLOGARD 5 MG				
25	TAB	AMLONG 5 MG				
26	TAB	AMLOSAFE MT				
27	TAB	AMLOSAFE 3D				
28	TAB	AMLOSAFE				
29	TAB	AMLOSAFE AT				
30	TAB	ANGICAM 5 MG				
31	TAB	ARISTOZYME				
32	TAB	ARKACAL				
33	TAB	ARKAMET 850 IPR				
34	TAB	ASTIN CV 10 MG				
35	TAB	ATCHOL - F 10				
36	TAB	ATCHOL 10 MG				
37	TAB	ATCHOL 20 MG				
38	TAB	ATCHOL 40 MG				
39	TAB	ATCHOL-ASP				
40	TAB	ATEN 25 MG				
41	TAB	ATEN 50 MG				
42	TAB	ATORMAC - CV				
43	TAB	ATORVA - F				
44	TAB	ATORVA 10 MG				
45	TAB	ATORVA 20 MG				
46	TAB	ATORVA 40 MG				
47	TAB	ATORVA 5 MG				
48	TAB	ATOVAX 10				
49	TAB	ATOVAX 20				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
50	TAB	ATOVAX 40				
51	TAB	ATOVAX F				
52	TAB	ATPARK 25 MG				
53	TAB	AZITHROMYCIN 500 MG				
54	TAB	AZULIX - 1 MF				
55	TAB	AZULIX - 1 MF FORTE SR				
56	TAB	AZULIX - 1 MG				
57	TAB	AZULIX - 2 MF				
58	TAB	AZULIX - 2 MF FORTE SR				
59	TAB	AZULIX - 2 MG				
60	TAB	AZULIX 2/500/7.5				
61	TAB	AZULIX - 3 MF FORTE SR				
62	TAB	AZULIX - 3 MG				
63	TAB	AZULIX - 4 MF FORTE SR				
64	TAB	AZULIX - 4 MG				
65	TAB	AZULIX MV1/0.2				
66	TAB	AZULIX MV1/0.3				
67	TAB	AZULIX MV2/0.2				
68	TAB	AZULIX MV2/0.3				
69	TAB	BEPLEX FORTE				
70	TAB	BILAGEST				
71	TAB	BIOGLIM M2				
72	TAB	BRITEL 40				
73	TAB	BRITEL AM				
74	TAB	BRITEL H				
75	TAB	CAL-D3				
76	TAB	CALZAC CT				
77	TAB	CARDACE 10 MG				
78	TAB	CARDACE 2.5 MG				
79	TAB	CARDACE 5 MG				
80	TAB	CARDACE H 2.5 MG				
81	TAB	CARDACE H 5 MG				
82	TAB	CARDIVAS 3.125 MG/6.25 MG				
83	TAB	CETAPIN XR 1000				
84	TAB	CETAPIN XR 500				
85	TAB	CHYMORAL FORTE				
86	TAB	CILAKAR 10 MG				
87	TAB	CILAKAR 20 MG				
88	TAB	CILIDEP 10				
89	TAB	CILIDEP T				
90	TAB	CILOVAS 10 MG				
91	TAB	CILOVAS 20 MG				
92	TAB	CILOVAS 5 MG				
93	TAB	CINOD 10 MG				
94	TAB	CINOD 5 MG				
95	TAB	CLOPILET-A 75 MG				
96	TAB	CLOPITAB 75 MG				
97	TAB	CLOPITAB A 75 MG				
98	TAB	CONCOR 2.5 MG				
99	TAB	CONCOR 5 MG				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
100	TAB	CORDRONE X - 200				
101	TAB	CTD 12.5 MG				
102	TAB	CTD 6.25 MG				
103	TAB	CURAM 625 MG				
104	TAB	CYNIDIP 20				
105	TAB	D - VENIZ 50 MG				
106	TAB	DAXID 25 MG				
107	TAB	DENSICAL - CT				
108	TAB	DENSICAL 500/225				
109	TAB	DERIPHYLLIN				
110	TAB	DEXORANGE				
111	TAB	DIA - P				
112	TAB	DIACREST				
113	TAB	DIANIL				
114	TAB	DOLO 650 MG				
115	TAB	DOLONEURON-NT				
116	TAB	DOMSTAL				
117	TAB	DUOPIL 1MG/500 & 2 MG/500 MG				
118	TAB	DUOPIL 2 FORTE				
119	TAB	DUOPIL HS 1/850 & 2/850 MG				
120	TAB	DUOPIL FORTE 1MG/1000				
121	TAB	DUOPIL FORTE 1MG/2MG + METFORMIN 1000 MG				
122	TAB	DUTAS - T				
123	TAB	ECOSPIRIN 75 MG				
124	TAB	ECOSPRIN 150 MG				
125	TAB	ECOSPRIN AV 150 MG				
126	TAB	ECOSPRIN AV 75 MG				
127	TAB	ELTROXIN 100 MCG				
128	TAB	ELTROXIN 50 MCG				
129	TAB	ENAM 5 MG				
130	TAB	ENDOGLIM - M1/M2/M3/M4				
131	TAB	ENDOGLIM MP1 / MP2				
132	TAB	ENDOGLIM M TRIO				
133	TAB	ENDOGLIM M1/1000 & M2/1000				
134	TAB	ENDOGLIM M1/500 & M2/500				
135	TAB	ENDOGLIM TRIO 1.2 MG				
136	TAB	ESOGA-RD				
137	TAB	ESSENTIALE L				
138	TAB	EVION 400 MG				
139	TAB	EVION LC				
140	TAB	EXEMPTION CV				
141	TAB	EXEPTION 250 MG				
142	TAB	EXERDIET-G1				
143	TAB	EXERDIET-G1 FORTE				
144	TAB	EXERDIET-G2 FORTE				
145	TAB	EXERMET 1000				
146	TAB	EXERMET 850				
147	TAB	EXERMET GM 0.5				
148	TAB	EXERMET GM 501 ER				
149	TAB	EXERMET GM 502 ER				
150	TAB	EXERMET SR 500				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
151	TAB	EXTRACEF 200 MG				
152	TAB	FEBUJET 40 MG				
153	TAB	FENAICA - P				
154	TAB	FERARKA XT				
155	TAB	FEROSE				
156	TAB	FEROSE - XT				
157	TAB	FINATE - 160 MG				
158	TAB	FINOLIP				
159	TAB	FLORED-XT				
160	TAB	FLUOXETINE 20 MG				
161	TAB	FOLINAL				
162	TAB	FORCEF - CV 500/125				
163	TAB	FOXSTAT				
164	TAB	GABAMAX - NT				
165	TAB	GABAMAX GOLD				
166	TAB	GABANEURON 100 MG				
167	TAB	GABANEURON 300 MG				
168	TAB	GABANEURON NT				
169	TAB	GABANEURON NT-100				
170	TAB	GALVUS 50 (VILDAGLIPTIN)				
171	TAB	GELUSIL				
172	TAB	GEMER 1 MG				
173	TAB	GEMER 2 MG				
174	TAB	GLADMET G1/G2				
175	TAB	GLADMET VG1/VG2				
176	TAB	GLADVAS 10/20/40				
177	TAB	GLADVAS TRIO 10/20				
178	TAB	GLIMDA - MV1				
179	TAB	GLIMDA - MV2				
180	TAB	GLIMDA 1				
181	TAB	GLIMDA 2				
182	TAB	GLIMILIFE 1 MG				
183	TAB	GLIMILIFE 2 MG				
184	TAB	GLIMILIFE M1				
185	TAB	GLIMILIFE M1 FORTE				
186	TAB	GLIMILIFE M2				
187	TAB	GLIMILIFE M2 FORTE				
188	TAB	GLIMILIFE M3				
189	TAB	GLIMILIFE M3 FORTE				
190	TAB	GLIPTOR-20				
191	TAB	GLIPTOR-M				
192	TAB	GLORIMET 1000 MG				
193	TAB	GLORIMET 500 MG				
194	TAB	GLORIMET FORTE G1				
195	TAB	GLORIMET FORTE G2				
196	TAB	GLORIMET G1				
197	TAB	GLORIMET G2				
198	TAB	GLORIMET VG1				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
199	TAB	GLORIMET VG2				
200	TAB	GLORISTAT - F				
201	TAB	GLORISTAT 10 MG				
202	TAB	GLORISTAT 20 MG				
203	TAB	GLORISTAT 40 MG				
204	TAB	GLORISTAT TRIO 10 MG				
205	TAB	GLORISTAT TRIO 20 MG				
206	TAB	GLORITEL - AM 40/5				
207	TAB	GLORITEL 40 MG				
208	TAB	GLORITEL 80 MG				
209	TAB	GLORITEL - H				
210	TAB	GLORITEL AM 80/5				
211	TAB	GLYCERIL TRINITRATE 5 MG				
212	TAB	GLYCIGON				
213	TAB	GLYCIGON-M				
214	TAB	GLYCIGON-M SR				
215	TAB	GLYCOMET 250 MG				
216	TAB	GLYCOMET 500 MG				
217	TAB	GLYCOMET 850				
218	TAB	GLYCOMET GP 0.5				
219	TAB	GLYCOMET SR 1000 MG				
220	TAB	GLYCOMET SR 500 MG				
221	TAB	HATRIC 3				
222	TAB	HETRAZAN 100 MG				
223	TAB	HOEL 20 MG				
224	TAB	HOEL - D				
225	TAB	HOEL - L				
226	TAB	HOPECARD 2.5 MG & 5 MG				
227	TAB	HOPECARD - H 2.5 MG & H 5 MG				
228	TAB	HYDROXYCHLOROQUINE HCQ 200/400 MG				
229	TAB	HYDROCHLOROTHIAZIDE - 12.5 MG				
230	TAB	ISTAMET 50/500				
231	TAB	JALRA 50/500				
232	TAB	JANUMET 50/1000				
233	TAB	JANUMET 50/500, 100/1000				
234	TAB	JANUVIA 100 MG, 50 MG				
235	TAB	JECTOCOS				
236	TAB	JECTOCOS PLUS				
237	TAB	K - VOG 0.2				
238	TAB	K - VOG 0.3				
239	TAB	LAKMET - XL 25				
240	TAB	LAKMET - XL 50				
241	TAB	LEFNO 10 MG				
242	TAB	LEVOCET - M				
243	TAB	LIMCEE 500 MG				
244	TAB	LIPICARD 160				
245	TAB	LIPISAFE 10 MG				
246	TAB	LIPISAFE 20 MG				
247	TAB	LIPISAFE 40 MG				
248	TAB	LIPISAFE 80 MG				
249	TAB	LIPISAFE -CV 10/75				
250	TAB	LIPISAFE -CV 20/75				
251	TAB	LIPISAFE -F 10/160				
252	TAB	LIVOFLOXACIN 500 MG				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
253	TAB	LOSAR 25 MG				
254	TAB	LOSAR 50 MG				
255	TAB	LOSAR H 50 MG				
256	TAB	MAHACEF 200 MG				
257	TAB	MAHACEF CV 200 MG				
258	TAB	MAHACEF -XL 250				
259	TAB	MAHACEF PLUS				
260	TAB	NERVEP - OD				
261	TAB	MECORYL				
262	TAB	MEDIGAS 140 MG				
263	TAB	MEDROL 4 MG				
264	TAB	MEFTAL SPAS				
265	TAB	MEGA CV 500/125				
266	TAB	MEGA FLEXON				
267	TAB	MEGA GLIPTIN 20 MG				
268	TAB	MEGA GLIPTING MF 20/500				
269	TAB	MEGA GLIPTING MF FORTE				
270	TAB	METAPRO XL 25 MG				
271	TAB	METAPRO XL 50 MG				
272	TAB	METHOTREXATE 7.5 MG				
273	TAB	METOSARTAN				
274	TAB	METROGYL 400 MG				
275	TAB	MINIPRESS XL - 2.5 MG				
276	TAB	MINIPRESS XL - 5 MG				
277	TAB	MONKEZIN				
278	TAB	MONOCEF - CV 200MG				
279	TAB	MONOCEF -O 200 MG				
280	TAB	MONTEK LC				
281	TAB	MONTEFREE FX				
282	TAB	MONTEFREE LC				
283	TAB	MONTIZEN FX				
284	TAB	M-PRESS AM 50				
285	TAB	M-PRESS XL 25				
286	TAB	M-PRESS XL 50				
287	TAB	NEBI				
288	TAB	NEBI - AM				
289	TAB	NEBI - H				
290	TAB	NEBICARD 2.5 MG				
291	TAB	NEBICARD 5 MG				
292	TAB	NEBICARD 5 MG				
293	TAB	NEUROBION FORTE				
294	TAB	NEUROKIND - GOLD				
295	TAB	NEUROKIND - LC				
296	TAB	NEUROKIND - PLUS				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
297	TAB	NEXPRO FAST 40 MG/NEXPRO FAST 20 MG				
298	TAB	NICARDIA RETARDA 10				
299	TAB	NICARDIA RETARDA 20				
300	TAB	NITRIFURANTOIN 100 MG				
301	TAB	OFLER - OZ				
302	TAB	OLMIN TRIO - 40				
303	TAB	OLSERTAIN 20 MG				
304	TAB	OLSERTAIN 40 MG				
305	TAB	OLSERTAIN AM				
306	TAB	OLSERTAIN H 20 MG				
307	TAB	OLSERTAIN H 40 MG				
308	TAB	OLSONG CT 20 MG/CT 40 MG				
309	TAB	OLSONG TRIO 20 MG/40 MG				
310	TAB	OLVANCE - AM				
311	TAB	OMEZ 20				
312	TAB	OMEZ D				
313	TAB	OMNICEF - O 200MG				
314	TAB	OMNICEF CV				
315	TAB	OMNICEF PLUS				
316	TAB	ORNICEF				
317	TAB	ORNOF				
318	TAB	OROFER XT				
319	TAB	OKRAB - 20 MG/40 MG				
320	TAB	OXYLAK				
321	TAB	PANORYL				
322	TAB	PANORYL D				
323	TAB	PANRON 40				
324	TAB	PANTOCID 40MG				
325	TAB	PANTAPRAZOLE - D				
326	TAB	PANTAPRAZOLE - DSR				
327	TAB	PANTAPROZOLE 40 MG				
328	TAB	PANTOP 40MG				
329	TAB	PANTACID - DSR				
330	TAB	FLUKA 150 MG				
331	TAB	MET - XL 25 MG				
332	TAB	MET -XL 50MG				
333	TAB	PIOGLIT 15 MG				
334	TAB	PIOGLIT 30 MG				
335	TAB	PIOGLIT 7.5 MG				
336	TAB	PREGABAX-M				
337	TAB	PREGASAFE				
338	TAB	PROLOMET - XL 25 MG				
339	TAB	PROLOMET - XL 50 MG				
340	TAB	PROSTAGARD 4MG & 8 MG				
341	TAB	PROSTAGARD - D4/D8				
342	TAB	PULMARAK 100				
343	TAB	QURE 250/500/750				
344	TAB	HEOL 20 MG				
345	TAB	HEOL - DSR				
346	TAB	REFRESH TEARS				
347	TAB	REJOINT				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
348	TAB	REJOINT - UC				
349	TAB	ROBINAXOL- D				
350	TAB	ROBINAXOL				
351	TAB	ROSUVAS 10 MG				
352	TAB	ROSUVAS 5 MG				
353	TAB	ROSUVAX 10				
354	TAB	ROSUVAX 20				
355	TAB	ROSUVAX CV 10				
356	TAB	ROSUVAX F				
357	TAB	ROSUVAX GOLD 10				
358	TAB	ROSQUEL 10 MG / 20 MG				
359	TAB	ROSQUEL - F				
360	TAB	ROTIN - F				
361	TAB	ROTIN 10 MG				
362	TAB	ROTIN 20 F				
363	TAB	ROTIN 20 MG				
364	TAB	ROTIN 40 MG				
365	TAB	ROTIN 5 MG				
366	TAB	ROTIN-CV-10				
367	TAB	SELOKEN XL 25 MG				
368	TAB	SELOKEN XL 50 MG				
369	TAB	SHELCAL 500 MG				
370	TAB	SHELCAL CT				
371	TAB	SHELCAL HD				
372	TAB	SHELCAL OS				
373	TAB	SILOFAST				
374	TAB	SILOFAST D 8/ SILOFAST D4				
375	TAB	S-NUMLO 2.5 MG				
376	TAB	S-NUMLO 5 MG				
377	TAB	SOFTERON GOLD				
378	TAB	SPIRAB 20 MG				
379	TAB	STALIP 10/20/40				
380	TAB	STAMLOBETA				
381	TAB	STEMETIL MD				
382	TAB	STORVAS 10 MG				
383	TAB	STORVAS 5 MG				
384	TAB	STORVAS EZ				
385	TAB	STRESNIL 0.25 MG				
386	TAB	SUPRA - D3				
387	TAB	SUPRA PLUS				
388	TAB	SUPRAGLIP 20 MG				
389	TAB	SUPRANERV				
390	TAB	SUPRANERV - P				
391	TAB	TACTILE 20 MG / 40 MG				
392	TAB	TACTILE - H				
393	TAB	TACTILE AM				
394	TAB	TACTILE- 3D				
395	TAB	TARGIT 20 MG				
396	TAB	TARGIT 40 MG				
397	TAB	TARGIT H 40 MG				
398	TAB	TARGIT H 80 MG				
399	TAB	TEJOVIN CV				
400	TAB	TELELAK 20 MG				
401	TAB	TELELAK 40 H				
402	TAB	TELELAK 40 MG				
403	TAB	TELELAK 80 H				
404	TAB	TELELAK 80 MG				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
405	TAB	TELELAK AM				
406	TAB	TELELAK CH 40				
407	TAB	TELELAK CH 80				
408	TAB	TELMA 40 MG				
409	TAB	TELMIRON H				
410	TAB	TELMISAFE - AM				
411	TAB	TELMISAFE 20 MG				
412	TAB	TELMISAFE 40 H				
413	TAB	TELMISAFE 40 MG				
414	TAB	TELMISAFE 80 H				
415	TAB	TELMISAFE 80 MG				
416	TAB	TELVAS 20 MG				
417	TAB	TELVAS 40 MG				
418	TAB	TELVAS 80 MG				
419	TAB	TELVAS AM 40 MG				
420	TAB	TELVAS BETA 40/50				
421	TAB	TELVAS CT 40 MG				
422	TAB	TELVAS H 40 MG				
423	TAB	TELVAS H 80 MG				
424	TAB	TELVAS-3D				
425	TAB	TELVAS-LN				
426	TAB	TENARBI 40 MG				
427	TAB	TENARBI 80 MG				
428	TAB	TENDOFIT				
429	TAB	TENELIFE 20 MG				
430	TAB	TENEMATE				
431	TAB	TENEMATE M				
432	TAB	TENIBITE 20				
433	TAB	THIOVAS - 6.25				
434	TAB	THIOVAS 12.5				
435	TAB	THIOVAS -T 40				
436	TAB	THIOVAS -T 80				
437	TAB	THYRONORM 100 MCG				
438	TAB	THYRONORM 12.5 MCG				
439	TAB	THYRONORM 25 MCG				
440	TAB	THYRONORM 50 MCG				
441	TAB	THYRONORM 75 MCG				
442	TAB	TICAGRELOR 90 MG/60 MG				
443	TAB	TRAJENTA 5 (LINAGLIPTIN)				
444	TAB	TRICOTAN FORTE				
445	TAB	TRIGLIMILIFE 1 MG				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
446	TAB	TRIGLIMILIFE 2 MG				
447	TAB	TRIOFIL				
448	TAB	TORSID				
449	TAB	UNIENZYME				
450	TAB	URIMAX 0.4 MG				
451	TAB	URSOCOL 150 MG				
452	TAB	V - TOTAL				
453	TAB	VELTAM - F				
454	TAB	VERTIN 16 MG				
455	TAB	VERTIN 8 MG				
456	TAB	VILDAGARD 50 MG				
457	TAB	VILDAGARD - M				
458	TAB	VILDAGARD - M 850 MG				
459	TAB	VILDAZEST				
460	TAB	VILDAZEST - M				
461	TAB	VITASTATIS D3				
462	TAB	VOLIBO 0.2				
463	TAB	VOLIBO 0.3				
464	TAB	VOSAFE 0.2				
465	TAB	VOSAFE 0.3				
466	TAB	ZENTEL				
467	TAB	ZERODAL - P				
468	TAB	ZERODAL - SP				
469	TAB	ZIGLIM-M1/2				
470	TAB	ZILOS				
471	TAB	ZINCOVIT				
472	TAB	ZIRAM-2.5/5				
473	TAB	ZITELMI-40				
474	TAB	ZITELMI-H				
475	TAB	ZIVAST 10/20/5				
476	TAB	CARDACE - AM				
477	TAB	ACLOMET XL 50/25				
478	TAB	ATORSTIN 10/20MG/40MG				
479	TAB	ATORSTIN CV 10MG				
480	TAB	BIOVAS-TG				
481	TAB	TRANEXAMIC ACID 500MG				
482	TAB	TORSILONG 5MG/10MG/20MG/40MG/100MG				
483	TAB	NEBILONG 2.5MG/5MG				
484	TAB	OLMAT-H 20/12.5				
485	TAB	OLMAT-40-H				
486	TAB	OLMAT-20/40-CT				
487	TAB	NULONG 5MG/10MG/20MG				
488	TAB	LIPIVAS 10/20/40MG				
489	TAB	TELMA LN 40MG				
490	TAB	DIAMICRON XR 60MG				
491	TAB	MATILDA PLUS				
492	TAB	AZTOR 10/20/40MG				
493	TAB	GLYCOMET GP 1MG				
494	TAB	LIPICURE 10/20/40MG				
495	TAB	LANZOL 30MG				
496	TAB	RANTAC 150MG				
497	TAB	MET XL AM 50/5				
498	TAB	HOMOCHHECK				
499	TAB	DIGENE				
500	TAB	DILIZEM CD 30/60/90				
501	TAB	AMOXYCILLIN				
502	TAB	ALDAY 10MG				
503	TAB	ZILPRES - 40 MG & 80 MG				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	INJ	APIDRA - SOLOSTAR 100 IU/ML				
2	INJ	APIDRA - SOLOSTAR 300 IU/ML				
3	INJ	APIDRA 100 IU CARTRIDGES				
4	INJ	APIDRA 100 IU INJECTION				
5	INJ	BASALOG				
6	INJ	BASALOG 100 IU INJ 3 ML/5 ML				
7	INJ	BASALOG 100 REFILL CARTRIDGE				
8	INJ	FIASP				
9	INJ	HUMAN ACTRAPID 40 IU INJ				
10	INJ	HUMAN MIXTARD 50/50 INJ 40 IU				
11	INJ	HUMAN MIXTARD 70/30 INJ 100 IU				
12	INJ	HUMAN MIXTARD 70/30 INJ 40 IU				
13	INJ	HUMAN MONOTARD 100 IU INJ				
14	INJ	HUMAN MONOTARD 40 IU INJ				
15	INJ	INSUGEN 30/70 100 IU REFILL CARTRIDGES				
16	INJ	INSUGEN 30/70 100 IU VIALS				
17	INJ	INSUGEN 30/70 INJ 40 IU				
18	INJ	INSUGEN 50/50 INJECTION 100 IU				
19	INJ	INSUGEN 50/50 INJECTION 100 IU				
20	INJ	INSUGEN 70/30 INJ 40 IU				
21	INJ	LANTUS 100 IU CARTRIDGES				
22	INJ	LANTUS 100 IU INJ				
23	INJ	LANTUS 100 IU SOLOSTAR				
24	INJ	NOVOMIX 30, 100 IU INJ				
25	INJ	NOVOMIX 30, 100 IU PENFIL				
26	INJ	NOVOMIX 50 PENFIL 100 IU				
27	INJ	NOVOMIX 50 INJ 100 IU				
28	INJ	RYZODEG INSULIN				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	LANCETS	ACCUCHECK SOFTCLICK LANCETS				
2	LANCETS	ONE TOUCH ULTRA SOFT LANCETS				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	STRIPS	ONE TOUCH SELECT STRIPS				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1		BAND AID				
2		COTTON				
3		HYDROGEN PER OXIDE				
4		SURGICAL SPIRIT				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	OINT	CANDID				
2	OINT	CLOTRIMAZOLE - B				
3	OINT	DICLOTAL				
4	OINT	FUSIDIC ACID				
5	OINT	KETACONAZOLE				
6	OINT	MELIDIME GEL				
7	OINT	MUPIROCIN OINT				
8	OINT	NISE CREAM				
9	OINT	NISE GEL				
10	OINT	POVODINE/IODINE				
11	OINT	SOFRAMYCIN				
12	OINT	VOLINI				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	SACHET	ARKACAL D3 60 K				
2	SACHET	BLUVIT D3 60 K SACHETS				
3	SACHET	D-RISE 60K SACHET				
4	SACHET	ELECTRAL POWDER				
5	SACHET	ORS FRUTI				
6	SACHET	ORS FRUTI COSLYTE/ COSLYTE -RTD				
7	SACHET	SMUTH FIBER SACHETS				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	DROPS	CIPLOX EYE DROPS				
2	DROPS	MOXIFLAXALIN EYE DROPS				
3	DROPS	PREDNISOLONE EYE DROPS				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	SYRUP	ALEX SF				
2	SYRUP	AMBRODIL - D				
3	SYRUP	AMBRODIL - LX				
4	SYRUP	AMBRODIL - PLUS				
5	SYRUP	AMBRODIL - S				
6	SYRUP	ARISTOZYME				
7	SYRUP	ASCORYL				
8	SYRUP	CITRALKA				
9	SYRUP	CREAMAFIN				
10	SYRUP	CREAMAFIN - PLUS				
11	SYRUP	DEXORANGE				
12	SYRUP	DUPHALAC				
13	SYRUP	FLORED-XT				
14	SYRUP	GELUSIL MPS				
15	SYRUP	GRILLINCTUS - BM				
16	SYRUP	GRILLINCTUS - CD				
17	SYRUP	GRILLINCTUS - L				
18	SYRUP	GRILLINCTUS - LS				
19	SYRUP	PEGALUP				
20	SYRUP	SMOOTH - L				
21	SYRUP	SUCRAFIL/SUCRAFIL - O				
22	SYRUP	TUS-Q X				
23	SYRUP	TUS-Q - X-PLUS				
24	SYRUP	TUS-Q D				
25	SYRUP	GELUSIL MPS				
26	SYRUP	ZINCOVIT				

SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	INH	ASTHALIN				
2	INH	SERO FLO - 250				
3	INH	SERO FLO -250 ROTACAP				
4	INH	SEROFLO 125				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	SYRINGE	DISPOVAN 2 ML				
2	SYRINGE	INSULIN SYRINGE				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	CAP	BECOSULES				
2	CAP	D-RISE 60K				
3	CAP	KARVOL PLUS				
4	CAP	MILITIA MAX				
SL.NO.	FORM	NAME OF THE DRUG	MRP (A)	UNIFORM DISCOUNT % (B)	DISCOUNT IN AMOUNT (C)	RATE AFTER DISCOUNT (A-C)
1	SPRAY	VOLINI				