

**Reference Number:** FOI/2019/407  
**From:** Commercial  
**Date:** 09 October 2019  
**Subject:** Dispensing of Ursodeoxycholic Acid 250mg capsules

**Q1** Has the pharmacy of your hospital(s) dispensed Ursodeoxycholic Acid 250mg capsules between the following periods:

- a. From September 1, 2017 till August 31, 2018
- b. From September 1, 2018 till August 31, 2019

**A1**      a. Yes  
             b. Yes

**Q2** If the answer is 'yes' to Q1, could you please send me details in below requested format:

**A2**

	From September 1, 2017 till August 31, 2018	From September 1, 2018 till August 31, 2019
No. of Ursodeoxycholic Acid 250mg capsules dispensed by pharmacy	10246	10192