

Pharmaceuticals

14 July 2006 BSE Sensex: 10,678 S&P CNX: 3,123

> We interacted with various sources in the pharmaceutical industry to understand the possible repercussions of the proposed New Drug Policy. Based on these interactions, we conclude that the implementation of the policy in its current form could have a significant adverse impact on the industry. However, all the pharmaceutical industry associations have vigorously opposed the proposed policy and we believe that it is unlikely to be implemented in its current form. We present below our analysis:

Key implications

- Proposed policy intends to bring an additional 354 drugs under price control resulting in a significant increase in span of control to 50-60% from the current 25%.
- Despite the proposed increase in MAPE from 100% to 150%, we believe that the gross margins for products under price control will be capped at 60%. This is likely to force the pharmaceutical industry to take significant price cuts of 20-25%.
- MNCs will be more adversely impacted as compared to their domestic counterparts due to their large domestic presence and premium pricing strategy. Indian companies having a significant portion of revenues from domestic market (like Nicholas Piramal, Sun Pharma, Cipla, Lupin) may also be adversely impacted. Ranbaxy and Dr Reddy's Labs may be relatively less impacted due to the lower contribution of domestic operations to overall revenues (20-22%). Higher contribution from the life-style segment (about 70%) is likely to temper down the adverse impact on Sun Pharma.
- ∠ The proposal to exempt drugs costing less than Re1/pill will result in products with strong brand equity like Combiflam and Avil (Aventis), Zinetac (GSK), Asthalin (Cipla), etc. to come out of price control and gain pricing power. However, these gains are unlikely to offset the impact of the increase in the span of control.
- The proposed policy has been opposed vigorously by the pharmaceutical industry. All the three industry associations (OPPI, IPA and IDMA) have come together and objected strongly to the government's proposals.



CONTRIBUTION OF DOMESTIC	REVENUE (RS M)		
FY06/CY05	DOM FORMULATION SALES	TOTAL SALES	% OF TOTAL SALES
MNC Pharma			
Pfizer	5,891	6,161	95.6
GlaxoSmithKline Pharma	12,570	14,850	84.6
Aventis Pharma	6,358	8,022	79.3
Domestic Pharma			
Nicholas Piramal	10,332	15,825	65.3
Sun Pharma	9,596	15,931	60.2
Cipla	15,027	30,209	49.7
Lupin	8,354	16,954	49.3
Wockhardt	5,083	14,121	36.0
Dr Reddy's Labs	5,526	24,266	22.8
Ranbaxy Labs	10,496	51,950	20.2

Source: Company/Motilal Oswal Securities

Proposed New Drug Policy: what's in store?

The government has made the following recommendations in the policy for the domestic pharmaceutical industry:

Proposal (1): The government's Essential Drugs' List consisting of 354 drugs (see annexure for detailed list) will form the universe of drugs attracting price controls. The 74 drugs that are currently under the DPCO will continue to attract price controls.

Impact: Expect a significant adverse impact on the profitability of the domestic pharmaceutical industry since it amounts to bringing about 50-60% of the industry under price control as compared to the current 25%.

Proposal (2): Increase the maximum allowable post-manufacturing expenses (MAPE) from 100% to 150% of its ex-factory cost. All imported medicines under price control will be eligible for only 50% MAPE.

Impact: A 150% MAPE will cap the gross margins (GPM) at 60% for drugs under price control. For companies eligible for 200% MAPE, the gross margins will be capped at 66%. Domestic portfolios of most of the companies have a mix of high-margin products (GPM above 60%) and price controlled products. These companies would be enjoying about 60% GPM (overall) on their domestic portfolios. Bringing more products under price control and capping their GPM to 60% will imply price cuts on a much larger portion of the product portfolios. This is likely to reduce the overall GPM for the domestic operations to below the current 60%. Industry sources have indicated price reductions of 20-25% if the new policy is implemented in the current form.

MNCs will be significantly impacted given their large domestic presence and premium pricing policy. Indian companies having a significant portion of domestic revenues (like Nicholas Piramal, Sun Pharma, Cipla, Lupin) may also be adversely impacted. Ranbaxy and Dr Reddy's Labs may be relatively less impacted due to lower contribution of domestic operations to overall revenues (20-22%). Higher contribution from the life-style segment (about 70%) is likely to temper down the adverse impact on Sun Pharma. Many of these life-style products are currently not included in the government's Essential Drug's List.

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		Source: Company	Motilal Oswal Securitie

Proposal (3): Companies investing heavily in R&D (minimum Rs500m per year), employing at least 200 scientists, having filed at least 10 patents in India and having facilities approved by certain international regulatory authorities (all inclusive) will be eligible for 200% MAPE as well as 200% weighted deduction under section 35(2AB) for R&D expenditure.

Impact: We do not expect any significant pricing power for the larger domestic companies despite their eligibility for higher MAPE (200%). We believe that most of their competitors will be launching the same product at lower prices (due to 150% MAPE) as they may not be able to fulfill the criteria for 200% MAPE. Hence competitive forces will force companies to price their products near to the competitor's price.

Proposal (4): Increased MAPE will apply only to the 354 drugs included in the government's Essential Drugs' List. MAPE on the existing 74 drugs (currently under price control) will be freezed at 100% for 12 months post announcement of the policy.

Impact: This implies that products currently under price control will not enjoy the increased profitability for 12 months post the announcement of the policy.

Proposal (5): MRP printed on medicine packs to include all indirect taxes. Currently MRP excludes these taxes.

Impact: The mandate to have MRP inclusive of indirect taxes (to come into effect from October 2006) may adversely impact the pharmaceutical industry, unless the government allows a compensatory increase in the MRP of the drug, or alternatively, raises the abatement. The industry has proposed raising of the abatement to about 55% from the current 40% to neutralize the impact of new MRP norms. We expect some disruption in sales in the domestic market just before the implementation deadline of October 2006 (i.e. in September 2006) as the indirect tax regime is not uniform across states. Distributors and chemists may resort to reducing their stocks since the government is yet to clarify on the pricing of products under the new MRP norms.

Proposal (6): Drugs costing less than Re1/pill may not attract price controls.

Impact: Products falling outside the purview of price control (due to the Re1/pill norm) and having strong brand-equity will gain due to more pricing power. We expect some of the key products, like Combiflam and Avil (Aventis), Zinetac (GSK), Asthalin (Cipla), etc., to come out of price control and gain pricing power. However, these gains are unlikely to fully compensate for the significant increase in the span of control.

Proposal (7): Devise a negotiated pricing mechanism for patented products. It has been proposed to use generic prices as a reference for pricing patented products.

Impact: The pharmaceutical industry has strongly objected to using generic prices as a reference pricing for patented products as is likely to severely limit the flexibility for pricing of patented products. It has requested the government to use the reference pricing formulae used internationally as an acceptable pricing mechanism. It should be noted that most of the developed markets (except the US) follow a negotiated pricing mechanism for patented

products. Hence, the formula to arrive at the negotiated price will be more critical to the fortunes of the patent holder rather than the government's intent to have negotiated prices for patented products.

Proposal (8): It has been proposed to reduce the excise duty on pharmaceutical products from the existing 16% to 8%. The Finance Ministry is yet to comment on this change. **Impact:** Reduction in excise duty to 8% is likely to benefit the MNCs as they have been adverely impacted by the introduction of MRP-based excise (as they do not have manufacturing facilities in excise-exempt zones). Most of the domestic pharmaceutical companies have already commissioned facilities in excise-exempt zones. We believe that the incremental benefits available to companies which have recently comissioned such facilities will be reduced. This could adversely impact the incremental excise duty savings for companies like Nicholas Piramal.

Proposal (9): Price controls to be mandated only on single ingredient drugs. However, the National Pharmaceutical Pricing Authority (NPPA) has recommended that combination products should also attract price controls.

Impact: Bringing combination products (as proposed by the NPPA) under price control will further aggravate matters, as it is likely to result in increasing the span of control to 70-80% of the market.

Proposal (10): Vaccines, biologicals and generic-generics products will not attract price controls. However, generic-generic drugs will be kept under price monitoring. Products directly supplied to hospitals will also not attract price controls.

Impact: These products are currently outside price control (except Insulin) and hence we do not expect any further benefits to the manufacturers of these products. Insulin is likely to remain under price control as the government has proposed continuation of price controls on the existing 74 DPCO drugs.

Proposal (11): Anti-AIDS and anti-cancer products to be made more affordable by exempting them from government levies. The pharmaceutical industry will be mandated to reduce the profitability on these drugs to make them more affordable. The government has proposed a public-private partnership program with the concerned manufacturers and cancer hospitals in the country. A subsidy scheme for making anti-cancer drugs more affordable to the common man has been proposed.

Impact: While a significant reduction in the profitability of anti-cancer products could adversely impact the leading players (like Dabur Pharma, Sun Pharma and Cadila Healthcare), we believe that volume growth could be a positive surprise. As per government's estimates, affordability is a key impediment for cancer treatment in India. The government has estimated that India currently has about 2-2.5m cancer patients while it estimates the cancer medicines' sales at only Rs1.5b. Similar arguments hold true for the anti-AIDS segment, with India estimated to have about 5m AIDS patients. More

clarity is awaited on the structure and implementation of the government's public-private partnership programme as well as on the government's subsidy scheme.

Proposal (12): New drugs developed in India through product patent, process patent and new drug delivery systems would be exempt from price control for five years.

Impact: This could bring in incremental benefits for some of the larger Indian pharmaceutical companies like Ranbaxy, Sun Pharma, Lupin, who are putting in efforts to develop NDDS based drugs. However, it may not bring in any significant upsides in the short-to-medium term.

Proposal (13): Trade margins for price controlled drugs capped at 8% for wholesalers and 16% for retailers. Trade margins on generic-generic drugs capped at 15% for wholesalers and 35% for retailers.

Impact: This measure is likely to severely impact the generic-generics segment of the pharmaceutical industry. Most of the larger domestic companies (like Ranbaxy, Cipla, Nicholas Piramal) have consciously reduced the size of their generic-generic portfolios. However, we expect a significant adverse impact on the smaller and mid-size players. In fact, in the long-term, this measure could bring in the much-needed consolidation in the domestic pharmaceutical industry with larger players gaining scale and market share.

Proposal (14): It has been proposed that the benefit of 150% weighted exemption under section 35(2AB) of Income Tax Act for R&D be continued till 31st March 2015. The policy also proposes that the benefits of section 35(2AB) be extended to depreciation on investment made in land and building for dedicated research facilities, expenditure incurred for obtaining regulatory approvals and filling of patents abroad and expenditure incurred on clinical trials in India. The Finance Ministry is yet to comment on this.

Impact: Although, the pharmaceutical industry currently enjoys 150% weighted deduction, making more items eligible for this benefit may bring in incremental benefits.

Proposal (15): No clarity as of now on patentability criteria and data exclusivity – separate committees appointed to look into these issues are expected to give their recommendations shortly.

Impact: We expect the MNCs to benefit if the government allows patents on even incremental improvements over existing therapies. On the other hand, a stringent stand by the government could result in only New Chemical Entities (NCEs) being eligible for IPR in India thus limiting the upside.

Grant of data exclusivity is likely to give additional comfort to MNCs to launch their patented products in India. However, this could constrain the ability of the Indian companies to export drugs to the Least Developed Countries (LDCs).

Proposal (16): Bulk purchases made by the government for public health requirements (government hospitals/programs, health insurance, etc.) will be made at prices that are 35% lower than the price fixed by the NPPA for drugs under price control. For drugs outside price control, the government procurement price will be set at 50% of the MRP. Government purchases will give preference to pharmaceutical PSUs for supply of drugs.

Note: These are only recommendations, pending the announcement of the final new drug policy. These may or may not undergo a change in the final policy.

MOST PHARMA UNIVERSE: COMPARATIVE VALUATIONS

WOST PHARIVIA UNIVI	ERSE: COIVIPA	RATIVE VA	ALUAI IONS									
		CMP	MKT. CAF	? SALES	SALES	OPM	EPS	EPS	P/E	EV/EBITDA	EV/SALES	ROE
		(RS)	(US\$M)	(RS M)	GR (%)	(%)	(RS)	GR. (%)	(X)	(X)	(X)	(%)
	2005A			8,019	9.8	28.4	69.6	11.2	20.3	13.0	3.7	31.6
Aventis Pharma *	2006E	1,410	707	9,010	12.3	28.5	78.5	12.9	18.0	11.0	3.1	28.8
	2007E			9,975	10.7	28.1	86.1	9.6	16.4	9.5	2.7	26.0
	2005A			14,704	7.8	29.2	36.2	15.1	27.9	17.7	5.2	32.3
GSK Pharma *	2006E	1,010	1,863	16,762	14.0	31.2	45.4	25.6	22.3	14.4	4.5	32.7
	2007E			17,151	2.3	30.1	46.4	2.2	21.8	14.0	4.2	27.8
	2005A			6,161	5.8	21.5	27.7	44.5	26.6	15.1	3.2	22.0
Pfizer #	2006E	738	479	7,017	13.9	23.6	36.0	29.8	20.5	12.1	2.9	25.0
	2007E			6,266	-10.7	24.9	34.6	-3.9	21.4	12.3	3.1	21.7
	2006A			29,857	32.4	22.3	8.0	46.6	27.8	26.0	5.8	29.9
Cipla	2007E	222	3,762	36,696	22.9	24.9	9.4	21.2	23.8	17.8	4.4	21.8
	2008E			43,540	18.6	25.4	11.2	19.7	19.8	14.6	3.7	21.6
	2006A			24,266	26.5	6.9	17.9	621.0	72.8	62.5	4.3	6.2
Dr Reddy's Labs	2007E	1,305	2,174	38,577	59.0	11.1	38.6	115.6	33.8	24.3	2.7	12.3
	2008E			44,462	15.3	13.9	60.9	57.5	21.4	16.5	2.3	16.5
	^ 2008E			45,455	17.8		63.9		20.4			
	2005A			50,974	-2.6	6.1	5.8	-70.3	57.7	45.8	2.8	8.9
Ranbaxy Labs*	2006E	335	2,717	56,701	16.6	13.5	12.5	130.3	26.9	17.7	2.4	18.8
	2007E			64,593	18.6	14.2	16.8	35.0	19.9	11.7	1.7	23.0
	2006A			16,954	35.0	13.2	39.1	88.0	24.2	20.9	2.8	30.9
Lupin	2007E	946	827	20,066	18.4	15.1	57.4	46.3	16.5	14.7	2.2	34.8
	2008E			22,557	12.4	16.2	70.6	22.9	13.4	12.0	1.9	33.0
	2006A			15,825	21.0	12.5	6.1	889.3	34.2	23.1	2.9	17.5
Nicholas Piramal	2007E	209	952	19,629	24.0	15.8	9.0	46.4	23.3	14.9	2.4	18.9
	2008E			22,223	13.2	16.9	11.5	28.7	18.2	12.4	2.1	22.6
	2006E			15,931	39.2	31.2	27.7	43.1	27.1	27.4	8.5	42.2
Sun Pharma	2007E	748	3,024	18,891	18.6	31.5	31.6	13.1	23.7	22.6	7.1	37.9
	2008E			22,731	20.3	33.5	38.1	21.2	19.6	16.9	5.7	36.1
	2005A			13,660	12.4	20.7	17.7	18.9	20.9	16.3	3.4	29.5
Wockhardt *	2006E	369	958	16,296	19.3	23.9	24.7	39.5	15.0	12.7	3.0	32.5
	2007E			18,819	15.5	25.1	30.7	24.4	12.0	9.7	2.4	32.3

^{*} Y/E December; # Y/E November; ^ Incl sustainable upsides

Source: Motilal Oswal Securities

ANNEXURE

GOVERNMENT'S ESSENTIAL DRUG'S LIST

NO. PRODUCT NAME		SNO.	PRODUCT NAME	SNO.	PRODUCT NAME
1	Acenocoumarol	46	Bleomycin	91	Dapsone
2	Acetazolamide	47	Bretylium Tosylate	92	Desferrioxamine Mesylate
3	Acetyl Salicylic Acid	48	Bromocriptine Mesylate	93	Dexamethasone
4	Acriflavin+Glycerin	49	Bupivacaine Hydrochloride	94	Dexchlorpheniramine Maleate
5	Actinomycin D	50	Busulphan	95	Dextran-40
6	Activated Charcoal	51	Calamine	96	Dextran-70
7	Acyclovir	52	Calcium Gluconate	97	Dextromethorphan
8	Adenosine	53	Calcium Ipodate	98	Diazepam
9	Adrenaline Bitartrate	54	Calcium salts	99	Diclofenac
10	Albendazole	55	Carbamazepine	100	Dicyclomine Hydrochloride
11	Albumin	56	Carbimazole	101	Didanosine
12	Allopurinol	57	Cefotaxime	102	Diethylcarbamazine Citrate
13	Alpha Interferon	58	Ceftazidime	103	Digoxin
14	Alprazolam	59	Ceftriaxone	104	Dihydroergotamine
15	Aluminium Hydroxide +	60	Cefuroxime	105	Diloxanide Furoate
	Magnesium Hydroxide	61	Centchroman	106	Diltiazem
16	Amikacin	62	Cephalexin	107	Dimercaprol
17	Aminophylline	63	Cetrimide	108	Diphtheria Antitoxin
18	Amiodarone	64	Chloramphenicol	109	Dithranol
19	Amitriptyline	65	Chlorhexidine	110	Dobutamine
20	Amlodipine	66	Chloroquine Phosphate	111	Domperidone
21	Amoxicillin	67	Chlorpheniramine Maleate	112	Dopamine Hydrochloride
22	Amphotericin B	68	Chlorpromazine Hydrochloride	113	Doxapram
23	Ampicillin	69	Chlorthalidone	114	Doxorubicin
24	Antisnake Venom	70	Ciprofloxacin Hydrochloride	115	Doxycycline
25	Anti-D Immunoglobulin (Human)	71	Cisplatin	116	Efavirenz
26	Antitetanus Human Immunoglobin	72	Clarithromycin	117	Enalapril Maleate
27	Artesunate	73	Clofazimine	118	Erythromycin Estolate
28	Ascorbic Acid	74	Clomiphene Citrate	119	Esmolol
29	Atenolol	75	Clomipramine Hydrochloride	120	Ethambutol
30	Atracurium Besylate	76	Clonidine Hydrochloride	121	Ether, Anaesthetic
31	Atropine Sulphate	77	Clotrimazole	122	Ethinylestradiol + Levonorgestero
32	Azathioprine	78	Cloxacillin	123	Ethinylestradiol + Norethisterone
33	Azithromycin	79	Coal Tar	124	Ethinylestradiol
34	B.C.G Vaccine	80	Codeine Phosphate	125	Ethyl Alcohol 70%
35	Barium Sulphate	81	Colchicine	126	Ethyl Chloride
36	Beclomethasone Dipropionate	82	Condoms	127	Etoposide
37	Benzathine Benzylpenicillin	83	Co-Trimoxazole (Trimethoprim +	128	5-Fluorouracil
38	Benzoic Acid + Salicylic Acid		Sulphamethoxazole)	129	Factor IX Complex (Coagulation
39	Benzoin Compound	84	Cryoprecipitate		Factors II,VII, IX, X)*
40	Benzyl Benzoate	85	Cyanocobalamin	130	Factor VIII Concentrate
41	Benzylpenicillin	86	Cyclophosphamide	131	Ferrous Salt
42	Betamethasone Dipropionate	87	Cyclosporine	132	Fluconazole
43	Betaxolol Hydrochloride	88	Cytosine Arabinoside	133	Flucytosine
44	Bisacodyl	89	D.P.T Vaccine	134	Flumazenil
45	Bleaching Powder	90	Danazol	135	Fluorescein

GOVERNMENT'S ESSENTIAL DRUG'S LIST (CONTINUED)

	PRODUCT NAME	SNO.	PRODUCT NAME	SNO.	PRODUCT NAME
136	Fluoxetine Hydrochloride	184	IUD containing Copper	229	N/2 Saline
137	Flutamide	185	Ketamine Hydrochloride	230	N/5 Saline
138	Folic Acid	186	Ketoconazole	231	Nalidixic Acid
139	Folinic Acid	187	L- Asparaginase	232	Naloxone
140	Formaldehyde IP	188	Lamivudine + Zidovudine	233	Nelfinavir
141	Framycetin Sulphate	189	Lamivudine +Nevirapine + Stavudine	234	
142	Fresh Frozen Plasma	190	Lamivudine	235	Neomycin + Bacitracin
143	Furazolidone	191	Levodopa+ Carbidopa		Neostigmine
144	Furosemide	192	Levothyroxine	236	Nevirapine
145	Gamma Benzene Hexachloride	193	Lignocaine Hydrochloride +	237	Niclosamide
146	Gemcitabine Hydrochloride	193	Adrenaline	238	Nicotinamide
	·	104		239	Nifedipine
147	Gentamicin	194	Lignocaine Hydrochloride	240	Nitrazepam
148	Gentian Violet	195	Lignocaine	241	Nitrofurantoin
149	Glibenclamide	196	Lithium Carbonate	242	Nitrous Oxide
150	Glucagon	197	Local Anaesthetic, Astringent and	243	Norethisterone
151	Glucose with Sodium Chloride	198	Antiinflammatory Medicines	244	Norfloxacin
152	Glucose	199	Loperamide (Contraindicated for	245	Normal Saline
153	Glutaraldehyde		paediatric use)	246	Nystatin
154	Glycerin	200	Losartan Potassium	247	Ofloxacin
155	Glyceryl Trinitrate	201	Magnesium Sulphate	248	Omeprazole
156	Griseofulvin	202	Mannitol	249	Ondansetron
157	Haloperidol	203	Measles Vaccine	250	Oral Poliomyelitis Vaccine
158	Halothane	204	Mebendazole		(Live Attenuated)
159	Heparin Sodium	205	Medroxy Progesterone Acetate	251	Oral Rehydration Salts
160	Hepatitis B Vaccine	206	Meglumine Iothalamate	252	Oxygen
161	Homatropine	207	Meglumine lotroxate	253	Oxytocin
162	Hormone Releasing IUD	208	Melphalan	254	Paclitaxel
163	Hydrochlorothiazide	209	Menadione Sodium Sulphite	255	Pancuronium Bromide
164	Hydrocortisone Sodium Succinate	210	Mercaptopurine	256	Paracetamol
165	Hydrogen Peroxide	211	Metformin	257	Penicillamine
166	Hydroxyethyl Starch (Hetastarch)	212	Methotrexate	258	Pentamidine Isothionate
167	Hyoscine Butyl Bromide	213	Methyl Cellulose	259	Pentazocine
168	Ibuprofen	214	Methyl Ergometrine	260	Pethidine Hydrochloride
169	Imipramine	215	Methyldopa	261	Pheniramine Maleate
170	Indinavir	216	Methylprednisolone	262	Phenobarbitone
171	Insulin Injection (Soluble)	217	Methylrosanilinium Chloride	263	Phenylephrine
172	Intermediate Acting Insulin		(Gentian Violet)	264	Phenytoin Sodium
	(Lente/NPH Insulin)	218	Methylthioninium Chloride	265	Physostigmine Salicylate
173	Intraperitoneal Dialysis Solution		(Methylene blue)	266	Phytomenadione
174	(of approximate composition)	219	Metoclopramide	267	Pilocarpine
175	Iodine	220	Metoprolol	268	Platelet Rich Plasma
176	Iopanoic Acid	221	Metronidazole	269	Polygeline
177	Iron Dextran	222	Mexiletine Hydrochloride	270	Potassium Chloride
178	Isoflurane	223	Miconazole	271	Potassium Permanganate
179	Isoniazid	224	Midazolam	272	Povidone Iodine
180	Isoprenaline Hydrochloride	225	Mifepristone	273	Pralidoxime Chloride (2-PAM)
181	Isosorbide 5 Mononitrate/Dinitrate	226	Mitomycin-C	273 274	Praziquantel
182	Isoxsuprine Hydrochloride	227	Morphine Sulphate	274 275	·
	·		·		Prednisolone Prednisolone Apatata
183	Isphaghula	228	Multivitamins	276	Prednisolone Acetate

GOVERNMENT'S ESSENTIAL DRUG'S LIST(CONTINUED)

SNO.	PRODUCT NAME	SNO.	PRODUCT NAME	SNO.	PRODUCT NAME
277	Prednisolone Sodium Phosphate	304	Salbutamol Sulphate	331	Tetracaine Hydrochloride
278	Primaquine	305	Salicylic Acid	332	Tetracycline Hydrochloride
279	Procainamide Hydrochloride	306	Saquinavir	333	Tetracycline
280	Procaine Benzylpenicillin	307	Silver Nitrate	334	Theophylline Compounds
281	Procarbazine	308	Silver Sulphadiazine	335	Thiacetazone + Isoniazid
282	Prochlorperazine	309	Sodium Meglumine Diatrizoate	336	Thiamine
283	Promethazine	310	Sodium Bicarbonate	337	Thiopentone Sodium
284	Propranolol Hydrochloride	311	Sodium Iothalamate	338	Timolol Maleate
285	Propranolol	312	Sodium Nitrite	339	Tinidazole
286	Propyliodone	313	Sodium Nitroprusside	340	Trifluoperazine
287	Protamine Sulphate	314	Sodium Stibogluconate	341	Trihexyphenidyl Hydrochloride
288	Pyrantel Pamoate	315	Sodium Thiosulphate	342	Trimethoprim
289	Pyrazinamide	316	Sodium Valproate	343	Tropicamide
290	Pyridostigmine Bromide	317	Spironolactone	344	Tuberculin, Purified Protein
291	Pyridoxine	318	Stavudine		Derivative
292	Pyrimethamine	319	Streptokinase	345	Urokinase
293	Quinidine	320	Streptomycin Sulphate	346	Vancomycin Hydrochloride
294	Quinine Sulphate	321	Succinyl Choline Chloride	347	Verapamil
295	Rabies Immunoglobulin	322	Sulfadoxine +Pyrimethamine	348	Vinblastine Sulphate
296	Rabies Vaccine	323	Sulfasalazine	349	Vincristine
297	Raloxifene	324	Sulphacetamide Sodium	350	Vitamin A
298	Ranitidine Hydrocholoride	325	Sulphadiazine	351	Vitamin D3 (Ergocalciferol)
299	Riboflavin	326	Tamoxifen Citrate	352	Warfarin Sodium
300	Rifampicin	327	Terazosin	353	Water for Injection
301	Ringer Lactate	328	Terbutaline Sulphate	354	Xylometazoline
302	Ritonavir	329	Testosterone	355	Zidovudine
303	Roxithromycin	330	Tetanus Toxoid	356	Zinc Oxide



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