Chapter III

Profile of the Study area and Companies
CHAPTER III

A PROFILE OF TIRUCHIRAPPALI HEAD QUARTERS

In this chapter an attempt is made to describe the existing profile of the Tiruchirapalli- pharmaceutical marketing head quarters (operational area of pharmaceutical companies – Tiruchirapalli Territory). This section deals with the location, population, hospitals, doctors, chemists and pharmaceutical stockists. Tiruchirapalli-pharmaceutical head quarters consist of twelve areas such as Tiruchirapalli, Musiri, Kulithalai, Lalgudi, Thoriyure, Manapparai, Ariyalure, Perambalur, Pudukottai, Aranthangi, Karur and Pallapatti; as quoted by marketing professionals of leading companies. It covers the topography of five districts such as Tiruchirapalli, Pudukottai, Karur, Perambalur and Ariyalure.

History of Tiruchirapalli

Woraiyur, a part of present day Tiruchirapalli, was the capital city of Cholas from 300 B.C. onwards. This is supported by archaeological evidences and ancient literatures. There are also literary sources, which tell that Woraiyur continued to be under the control of Cholas even during the days of Kalabhra interregnum (A.D. 300 – 575). Later, Woraiyur along with the present day Tiruchirapalli and its neighboring areas came under the control of Mahendra Varma Pallava I, who ascended the throne in A.D. 590. Till A.D. 880, according to the inscriptions, this region was under the hegemony of either the Pallavas or the Pandyas. It was in A.D. 880; Aditya Chola brought a downfall to the Pallava dynasty. From that time onwards Tiruchirapalli and its region became a part of Greater Cholas.
In A.D. 1225 the area was occupied by the Hoysulas. Afterwards, it came under the rule of later Pandyas till the advent of Mughal Rule. Tiruchirapalli was for some time under the Mughal rule, which was put to an end by the Vijayanagar rulers. The Nayaks, the Governors of Vijayanagar Empire, rule this area till A.D. 1736. It was Viswanatha Nayaka who built the present day Teppakulam and the Fort. The Nayak dynasty came to an end during the days of Meenakshi.

The Muslims rules this region again with the aid of either the French or the English armies. For some years, Tiruchirapalli was under the rule of Chanda Sahib and Mohamed Ali. Finally the English brought Tiruchirapalli and other areas under their control. Soon after the area was ceded to East India Company as per the agreement at the eve of the Kanatic war, Tiruchirapalli district was formed under the Collectorship of Mr. John (Junior) Wallace in 1801. The district was then under the hegemony of British for about 150 years till the independence of India. (www.trichy.tn.nic.in).

**Tiruchirapalli head quarters (Pharmaceutical Territory)**

Tiruchirapalli-pharmaceutical head quarters consist of areas such as Tiruchirapalli, Musiri, Kulithalai, Lalgudi, Thoriyure, Manapparai, Ariyalure, Perambalur, Pudukottai, Aranthangi, Karur and Pallapatti. As per 2001 census report, Tiruchirapalli head quarters (pharmaceutical territory) has total population of 60,02,813 people. It covers the topography of five districts, such as Tiruchirapalli, Pudukottai, Karur, Perambalur and Ariyalure.
Tiruchirapalli pharmaceutical head quarters consist of five districts, 27 taluks, 45 rural blocks, 13 municipalities, 42 town panchyats, 1814 revenue villages and 1386 panchyat villages. (www.tn.nic.in).

Pudukottai district has total population of 14,59,601 people, consist of 7,24,300 males and 7,35,301 females. Pudukottai district has total literate population of 9,07,306 people, consist of 5,20,281 males and 3,87,905 females as per 2001 census report. (www.pudukottai.tn.nic.in).

Karur district has total population of 9,35,686 people, consist of 4,65,538 males and 4,70,148 females. In Karur district, 6,24,430 people live in rural areas and 3,11,256 people live in urban areas as per 2001 census report. (www.karur.tn.nic.in).

Combined Perambalur and Ariyalure district has total population of 11,89,170 people, consist of 5,92,904 males and 5,96,266 females. In combined Perambalur and Ariyalure district, 10,30,965 people live in rural areas and 1,58,205 people live in urban areas as per 2001 census report. (www.perambalur.tn.nic.in).

Tiruchirapalli district has total population of 24,18,366 people, consist of 12,08,534 males and 12,09,832 females. In Tiruchirapalli district, 12,79,204 people live in rural areas and 11,39,162 people live in urban areas as per 2001 census report. (www.trichy.tn.nic.in).
Figure No. 7. Operational area of pharmaceutical companies in Tiruchirapalli head quarters

Source: Department of Geography, Bharathidasan University, Tiruchirapalli
Medical and Pharmaceutical facilities

Tiruchirapalli pharmaceutical head quarters has 68 government hospitals, 111 government dispensaries, 347 primary health centers, 716 health sub-centers and two medical institutions, as reported by National Informatics Centre in 2001-census report.

Tiruchirapalli has a great importance in health care industry, as it has government head quarters hospital, government medical college, Bharat Heavy Electricals Limited Hospital, TB Sanatorium and leading private hospitals. Tiruchirapalli pharmaceutical head quarters consist of 12 private corporate hospitals. Tiruchirapalli is enriched with highly qualified well renowned experienced doctors and medical consultants for pharmaceutical companies. Tiruchirapalli pharmaceutical head quarters consist of 1860 doctors, according to Indian Medical Association list of 2006. Tiruchirapalli pharmaceutical head quarters consist of 1920 chemists (medical shops) according to Association of Chemists and Druggists report, 2006. Tiruchirapalli head quarters consist of 354 stockists and sub-stockists (wholesalers) as per Pharmaceutical Wholesalers Association report, 2006. (www.tn.nic.in).
GLAXOSMITHKLINE PHARMACEUTICALS LIMITED

GlaxoSmithKline (GSK) is a leading, global research based healthcare and pharmaceutical company. In 1919, trading links with India was established. In 1950 name was changed to Glaxo Laboratories. “SmithKline & French” appointed its first medical representative in India. In 1956, primary production of vaccines began at worli. In 1960, manufacturing facility for pharmaceuticals opened in Mumbai. In 1968, it was registered as a limited company. In 1969, Indian shareholders acquire 25 per cent of the company’s equity. In 1971, Research and Development laboratory was built at Thane and relocation of the SmithKline & French-plant occurred from Mumbai to Bangalore.

In 1983, Glaxo group equity reduced from 75 per cent to 40 per cent. In 1984, SmithKline and Beecham became a public limited company under the new name of Eskayef Limited. Plant was set up in Mysore for manufacture of bulk drugs. In 1986, Joint venture projects Vegepro Foods and Feeds Limited and KG Gluco Biols were launched with equity participation of around 24 per cent by Glaxo India. In 1987, the company’s name was changed to Gliindia Limited and in 1989; it was changed to Glaxo India Limited.

In 1990, Glaxo was rated amongst the first five of India’s most respected companies (fourth place) in a survey by Business World magazine. In 1991, an agreement was signed with the Council of Scientific Industrial Research.
In 1993, Glaxo group raised its equity from 40 per cent to 51 percent. Glaxo received recognition from the Ministry of Commerce as an export house. In 1994, Glaxo was rated as India’s 44th most valuable company in a survey conducted by Business Today, a leading business publication. Eskayef Limited was renamed as SmithKlineBeecham pharmaceuticals India Limited. The Mysore plant received ISO 9002 certification. In 1995, Glaxo was rated amongst the top ten of India’s most respected companies (eighth place) in the Business World-MARG survey.

Glaxo won “Marketing Company of the Year” award from the Institute of Marketing and Management (IMM). Glaxo won “The Analyst” award from Chartered Analyst magazine as an investor rewarding company. In 1997, Glaxo acquired Biddle Sawyers Group of Companies subject to statutory approvals. In 1998, Glaxo ranked 21st in Business Today’s (a leading business publication) list of 500 most valuable companies. In 1999, Glaxo India completed 75 years of its operation in India. Business World a reputed business publication in the country ranked Glaxo India as India’s most respected company. Glaxo took the top honour from amongst 229 companies surveyed by Business World-India Research. Glaxo India won two Chairman’s Award for the year 1998. Winner of the 1999 IMM (Institute of Marketing Management) Award for Excellence as Marketing Company. The company’s HIV AIDS campaign in press wins the first prize for the best “Social Responsibility Communication”, awarded by the Association of Business Communicators of India (ABCI). In 2000, Glaxo India ranked sixth in “Business Today”-Stern Stewart & Co. listing of India’s best wealth creator companies.
In 2001, legal merger of Glaxo India Limited and SmithKlineBeecham pharmaceuticals (India) limited to form GlaxoSmithKline pharmaceuticals Limited in India. In 2003, GlaxoSmithKline named as India’s most respected pharmaceutical company in a survey conducted by Business World and the Indian Market Research Bureau (IMRB). GlaxoSmithKline is managed by the Board of directors and the corporate executive team. The board is comprised of three executive and eight non-executive directors who are responsible for their corporate governance and ultimately accountable for their activities, strategy and performance. The Chief Executive Officer (CEO) is responsible for the management of the business and is assisted by the corporate executive team that manages our activities.

GlaxoSmithKline (GSK) is a leading, global research-based healthcare and pharmaceutical company. In India, it is the number one pharmaceutical company with a market share of six point four five per cent, as reported in Stockist Audit (ORG-IMS) MAT December 2006. GlaxoSmithKline commands the number one position in most of the therapeutic categories in which it operates. Other than pharmaceuticals, GlaxoSmithKline has Qualignes Fine Chemicals (QFC). The company’s Agrivet Farm Care (AFC) business was sold to Virbac India Private Limited in 2006. GlaxoSmithKline has two manufacturing units in India, located at Nashik and Thane. The 2000 strong filed force of GSK, backed by a nation wide network of over 4000 stockists, ensure that the company’s products are readily available across the nation. GSK has policy to improve the quality of life by enabling people to do more, feel better and livelonger.
GSK has been achieving excellence in five areas that primary drivers for their business new product portfolio, Intellectual property, Product commercialisation, Global competitor and Operational excellence. GSK wants to become the indisputable leader in pharmaceutical industry. GSK is the leader in Hematinic oral solid formulations segment in Indian market. (www.gsk.com).

JANSEEN-CILAG LIMITED

Dr. Paul Janssen, a leading Belgian researcher, pharmacologist and General Practitioner founded Janseen in 1953. Realising that he needed the strength of a larger, multinational company to continue this work, Dr. Paul and Janssen pharmaceutica joined the Johnson & Johnson family of companies in 1961. A United States office opened in 1973, based at Johnson & Johnson headquarters in New Brunswick, New Jersey. Janssen’s current home is on 270 acres in Titusville, New Jersey.

Johnson & Johnson Limited is the most comprehensive manufacturer of health care products, selling more than 100 different products in the pharmaceutical consumer and professional markets. Their quest to provide high quality yet cost-effective products has led to active Research and Development efforts. Rich dividends have led not only to innovations in the pharmaceutical industry, surgical science and diagnostics industry, but have also earned them an important place in virtually every household. Janseen-Cilag develops a wide range of innovative products, each serving to improve people’s health all over the world.
Janseen-Cilag’s products serve a broad range of therapeutic areas. Janssen-Cilag operates in every corner of the globe. Industrial Safety Award, Image Award, Process Excellence Award, Best Supply Chain Award, Non stock award 2002, Six Sigma Award, Winning spree and Image Award and Class A Status Planning and Control Awards are some of the accomplishments of Johnson & Johnson.

Johnson-Cilag is a leading research-based pharmaceutical company, with more than 19,000 employees worldwide and establishments in about 50 countries around the world. Johnson & Johnson pharmaceutical sector achieved US $ 17.2 billion sales, which was the largest among all sectors of Johnson & Johnson in 2002.

Biotechnology, the science of life itself, is transforming health care, giving patients everywhere new hope for longer and healthier lives. Biotechnology knowledge and techniques are being applied in our pharmaceutical, diagnostics, medical device and consumer products businesses. Several of their operating companies- Centocor, Inc., and Ortho Biotech Products, L.P – are major centers of their excellence in the biotech field.

In 2002, Tibotech-Virco Comm Va joined the Johnson & Johnson family of companies, adding to our growing pharmaceuticals group, which also includes ALZA corporation, Centocor, Inc., Janseen Pharmaceutica N.V., Janseen Pharmaceutica Products L.P, Ortho Biotech Products L.P and its world-wide affiliates, Ortho McNeil pharmaceutical, Inc and outside of the US, Janseen-Cilag.
Janssen Stability Center is a state of art technical center of Janssen-Cilag-India delivering value added technical services for international affiliates, which includes central and other European countries. It was established in May 1999 as a joint venture project between Janseen-Europe and Janseen-Cilag India to establish a center of excellence through collaboration for technical support in Analysis and Development.

**Therapeutic Expertise**

Johnson & Johnson has an extremely strong research based pipeline of new molecules and existing new drug delivery systems. Johnson & Johnson has over the years, acquired leading innovative corporations like Alsa, Centocor, Janssen, Cilag and more. From the molecules to advanced dosage forms for the oral, topical, injectables, transdermal routes of administration.

**Innovation and Quality**

Johnson & Johnson have proved their innovation with their structural support of standardised risk and reward sharing procedures. Quality means, “Do it right the first time” planning for accurate results. Minimising risks and avoiding last minute changes. (www.janseen-cilag.com).
Wyeth Limited was incorporated on September 20, 1947 as a private limited company under the name Lederle Laboratories (India) Limited. The name was changed to Cyanamid India Limited on October 31, 1962. The company became a public enterprise in November 1965.

Wyeth Laboratories Limited, John Wyeth (India) Limited and Wyeth (India) Private Limited were amalgamated with Cyanamid India Limited effective January 1, 1998 and the name of the company was changed to Wyeth Lederle Limited on January 1, 1998. The international move towards consolidating business activities by major companies saw the above companies coming together in India. Effective April 1, 2003, Geoffrey Manners & Co Ltd (GM) was amalgamated with the company and the name of the company was changed to Wyeth Limited. With this merger, consumer health care products were brought into the company’s fold. Access to the rich product pipeline of the parent company, Wyeth USA, is a major advantage for the company. The company’s products range comprises of various therapeutic segments.

Wyeth India is the sixth largest company among multinationals in India with a turnover of over Rupees 255 crores. The company has a state-of-the-art manufacturing facility at Goa. Over the years Wyeth Limited has established a reputation as a manufacturer and a marketer of quality pharmaceutical products. (www.wyeth.com).
EMCURE PHARMACEUTICALS LIMITED

Emcure pharmaceuticals Limited was established in 1981, Emcure was born with a vision to create a health care company that would address the vast health care needs. Their commitment and drive have propelled their growth from a single manufacturing facility to a range of world class manufacturing facilities spread across Active Pharmaceutical Ingredients (API) formulations and biotechnology. Technical and manufacturing excellences have been a thrust area at Emcure. Emcure’s operations started from the first manufacturing facility that was set up in 1983 and over the last two decades, Emcure has set up multiple manufacturing facilities for its own brands as well as key brands for major multinationals in India. Emcure create a reputation as a high quality supplier to the pharmaceutical Industry.

Emcure pharmaceuticals Limited has entered into a strategic alliance with Bristol-Myers Squibb, as a part of latter’s global access program. Under this agreement, Emcure would manufacture the bulk drug, process “atazanavir” and also market it in sub-Saharan Africa and India. Emcure Managing Director, Executive Director and Vice President were privileged to be invited to a function at the White House by the First Lady United States, Ms.Laura Bush, where she announced a new public-private partnership to promote scientific and technical discussions on solutions for pediatric HIV treatment, formulations and access. Emcure is honoured to be a part of this collaboration, which includes renowned innovator pharmaceutical companies, multilateral organisations such as UNAIDS and UNICEF and US Government.
Emcure sets up centre for HIV/AIDS—“Taal” in Pune. Emcure pharmaceuticals Limited in association with Human Resource Development Network (HRDN) and Network of Positive People (NMP+/INP+) inaugurates “TAAL”—an exclusive pharmacy to provide care and support to people living with HIV/AIDS. Being run by HIV positive people, TAAL provides uninhibited access to treatment, HIV medication at low cost and counseling.

A customer centric approach has always driven the marketing efforts at Emcure. Innovative, high quality products, proximity to the customer, the extensive reach through a countrywide distribution network and a dedicated sales team of over 2000 professionals have been the building blocks of Emcure’s consistent sales performance. Emcure ranked amongst the top 25 Indian sales organisations. Emcure has operation in Asia, Africa, Latin America, the Middle East and Europe. Emcure has entered into a number of co-marketing arrangements with global and Indian manufacturers for in-licensing and out-licensing of products.

In July 2002, Emcure launched its division Zuventus Healthcare with the objective to focus on therapeutic areas. In September 2003, Emcure created a niche for itself in the area of chiral molecules and has few other chirally pure forms of several drugs in the research pipeline at various stages. In December 2003, Emcure acquired an order for Anti Rotoviral drugs to battle the global AIDS.

In March 2004, Emcure opened up ultra-modern Hinjwadi manufacturing facility. This facility spread over 200,000 square feet of space matching to global standards with an installed capacity of five billion tablets and capsules.
The facility is part of Emcure’s strategic plan to form a part of the global outsourcing of manufacturing and is in the process of audits from major regulatory agencies of UK and USA, and other regulated markets. In July 2004, Emcure launches Orofer-XT Tablets, containing Ferrous Ascorate. Orofer-XT has unique ability to deliver extra rapid Hemoglobin rise.

In October 2004, Emcure’s Hinjwadi plant at Pune got the approval from MMC, South Africa. In October 2004, Emcure launches Encifer-the first Indigenous Iron Sucrose injection in India, for the management of anaemia. In November 2004, Emcure’s US subsidiary to cater to the market requirements and liaise closely with Emcure’s partners was incorporated. In January 2005, Emcure got United Kingdom’s MHRA approval for Hinjwadi facility. With this approval, Emcure was geared to commence exports to Europe. In February 2005, Emcure and Iceland based Actavis Group signed an Memorandum of Understand-spanning strategic areas of Abbreviated New Drug Applications (ANDA’s), Marketing Authorisation (MA’s) as well as manufacturing of formulations for the regulated markets.

This strategic partnership will play a major role in Emcure’s foray into the regulated markets. In March 2005, Emcure bags prestigious Anti Roto viral formulations orders from various ministers of health such as Kenya, Tanzania, Sudan, Zambia and Namibia.

Supplies of Emcure’s ARV formulation to the tune of US $ 2 million have been made in the financial year. In June 2005, Emcure launches for the first time in India Forseal (Sevelamer hydrochloride) for treating hyperphosphatemia.
In January 2006, Emcure got the approval of United States Food and Drug Administration (USFDA). The approval proves the company’s world-class standards. In July 2006, Emcure pharmaceuticals Limited and The Blackstone Group, announced an agreement according to which The Blackstone Group would invest US $ 50 million in the company. This transaction represents Blackstone’s first investment in India after the launch of its private equity business in India. (www.emcure.com).

RANBAXY LABORATORIES LIMITED

Ranbaxy Laboratories Limited, headquartered in India, is an integrated, research based, international pharmaceutical company, producing a wide range of quality, affordable generic medicines, trusted by healthcare professionals and patients across geographies. The company is ranked amongst the top ten global generic companies and is in the 23rd position of the top 25 pharmaceutical markets of the world. The company with a global footprint in 49 countries, world class manufacturing facilities in 11 and a diverse product portfolio, is rapidly moving towards global leadership, riding on its success in the world’s emerging and developed markets.

Ranbaxy was incorporated in 1961 and went public in 1973. For the year 2006, the company’s Global sales at US $ 1339 Million reflected a growth of 17 per cent. The Earning Before Income Tax Deduction (EBITD) at US $ 207 Million reflected an expansion of 16 per cent. Profit after tax at US $ 114 Million registered an increase of 95 per cent over the previous year. The company is moving towards a well-balanced mix of revenues from developed and emerging markets and is currently well positioned to leverage the varied growth potential offered by these markets.
For the year 2006, North America, the company’s largest market contributed sales of US $ 391 Million, reporting a growth of 18 per cent followed by Europe performed US $ 332 Million reflecting a growth of 23 per cent. The company’s business in Asia was led by a strong performance in India clocking in sales of US $ 260 Million nudging towards market leadership backed by its strong brand building skills.

The company has successfully pursued its inorganic growth strategy and concluded over 15 acquisitions. Since 2004, including the latest nine acquisitions valued at US $ 450 Million (four in Europe, one in the US, three in India and one in South Africa). These acquisitions have significantly expanded its business in emerging and profitable markets. The company will continue to evaluate acquisition options in US, Europe, India and emerging markets to accentuate its business and competitiveness in these markets.

**Research & Development**

Ranbaxy views its Research and Development capabilities as a vital component of its business strategy that will provide the company with a sustainable, long-term competitive advantage. The company today has a pool of 1,200 scientists who are engaged in path-breaking research.

Ranbaxy is among the few Indian pharmaceutical companies in India to have initiated its research program in the late 70’s. To support its global ambition a first world class Research and Development center was commissioned in 1994. Today, the company’s multi disciplinary R&D center at Gurgaon, in India, houses dedicated facilities for generics research and innovative research.
The company’s robust Research and Development environment for both drug discovery and development reflects the company’s commitment to be a leader in the generics space and offer value added formulations based on its Novel Drug Delivery System (NDDS) and New Chemical Entity (NCE) research outcomes.

The company’s NDDS focus is mainly on development of NDA/ANDA’s of oral controlled release products for the regulated markets. The company’s first significant international success using the NDDS technology platform came in September 1999, when Ranbaxy out-licensed its first once-a-day formulation to a multinational company. Ranbaxy also has a global alliance in the area of drug discovery and development with GlaxoSmithKline Plc. Presently two research programs have been initiated under this alliance.

Vision and Aspirations

The company is driven by its vision to achieve significant business in proprietary prescription products by 2012 with a strong presence in developed markets. It aspires to be amongst the Top five global generic players and aims at achieving global sales of US $ 5 billion by 2012.

The company’s business philosophy based on delivering value of its share holders constantly inspires its people to innovate, achieve excellence and set new global bench marks. Driven by its vision to become a global leader the company reinvents itself to achieve sustained growth and leadership.
Driven by the passion of its over 11,000 strong multicultural work force comprising 51 nationalists, Ranbaxy continues to aggressively pursue its mission to become a Research-based International Pharmaceutical Company and attain a true global leadership position.

**World Wide Operations**

Global Pharma companies are experiencing an ever-changing landscape ripe with challenges and opportunities. In this challenging environment Ranbaxy is enhancing its reach leveraging its competitive advantages to become a top global player. Ranbaxy’s unwavering determination to achieve excellence leads us to new global benchmarks. Ranbaxy’s global footprint extends to 49 countries embracing different locales and cultures to form a family of 51 nationalities with an intellectual pool of some of the best minds in the world.

A part of Ranbaxy’s business strategy is to collaborate with partners with complementary skills—a “win-win” strategy that strengthens the position in business. The Key advantages of using Ranbaxy’s vertically integrated system are: Ensuring continuity of supply; Ensuring consistent quality of product; Competitive costs; Resources to respond in a timely fashion to meet the demand.

**Contract Manufacturing**

To expand the product line of other companies with minimum investment, Ranbaxy provides “turnkey” manufacturing services, including Active Pharmaceutical Ingredients (API) and dosage form development, to enable other companies to focus on marketing and selling the product.
Ranbaxy’s marketing strategies are primarily focused on developing and establishing various methods for the promotion/distribution of a brand range of prescription medicines as well as the Over the Counter (OTC) products. Marketing people are dedicated to introducing and promoting Ranbaxy’s products into the newly expanding market horizon. Ranbaxy now has 19 brands in the Top-300 brands of the industry with nine of its brands featuring amongst the Top-100.

Novel Drug Delivery System (NDDS) products constituted eight point four nine per cent. (Moving quarter August, 2006) of the India sales. Ranbaxy continued to maintain its leadership positioning the NDDS segment with eight point one seven per cent market share in this segment.

Rest of the World

The company’s operations in other parts of the world, i.e., Asia, Pacific, Middle East, Japan, Rest of Latin America and Africa continued to perform well.

Merger and Acquisitions

Continuing its focus on inorganic growth opportunities, Ranbaxy successfully concluded the acquisition of the Mundogen generic business of GlaxoSmithKline (GSK) in Spain, during September 2006 ended quarter. Earlier during the year the company had also made acquisitions in Italy, Belgium and Romania. Mundogen is the company’s fifth acquisition in Europe in the past 15 months and the second in Spain, reinforcing its focus to expand and grow in the fast emerging European markets. The acquisition of Mundogen Pharma S.A. will further strengthen the company’s product basket and distribution reach in the Spanish generics market.
Ranbaxy made a strategic investment in Zenotech Laboratories Limited, Hyderabad, India. Zenotech is a speciality generic injectables company with a biotech core. This strategic stake would enable the company in gaining access to the key countries. Ranbaxy has also expanded its in house API manufacturing capacities by acquiring Cardinal Drugs, based in Gwalior, India. On an overall basis, Ranbaxy has concluded eight Merger and Acquisitions deals in USA, Europe and India in the past 15 months.

Ranbaxy continues its emphasis on innovative research programmes in the New Drug Discovery and Novel Drug Delivery System (NDDS) streams. The phase II dose range finding studies of RBX 11160 (anti-malaria molecule) are ongoing in Thailand, India and Africa. Ranbaxy’s continued focus on R&D has resulted in several approvals in developed markets and significant progress in New Drug Discovery Research. The company’s foray into Novel Drug Delivery Systems has led to proprietary “platform technologies” resulting in a number of products under development. The company is serving its customers in over 125 countries and has an expanding international portfolio of affiliates, joint ventures and alliances, ground operations in 49 countries and manufacturing operations in eight countries. (www.ranbaxy.com).

**FRANCO-INDIAN PHARMACEUTICALS LIMITED**

Michel Postel established Franco Indian United Laboratories in 1949 at Mumbai. Over the years Franco-Indian United Laboratories changed from a proprietary concern into a Limited company. This helped the company to widen its base by evolving its own formulations and evolving formulations under Technical advice from foreign organisations.
Franco-Indian pharmaceutical has always given prime importance to Quality Control and therefore purity, efficacy, standardisation and elegance have been the fundamental principles on which products are manufactured.

In order to have larger manufacturing capacities with an advanced technology and at the same time giving importance to Quality control, Franco-Indian pharmaceuticals established three more Associate companies with separate manufacturing units such as Laboratories Griffon Private Limited, Mumbai, Wardex Pharmaceuticals Private Limited, Mumbai and Franco-Indian Remedies Private Limited, Chennai.

In 1961, Franco-Indian reached an agreement with laboratories GRIMAULT, France to market their specialties in India and subsequently started its own manufacturing unit in Mumbai. Today Laboratories GRIFFON (earlier laboratories GRIMAULT) enjoys a major share in therapeutic segments like Anti-diabetics, Hepato-protective and Dermatology.

Wardex Pharmaceuticals Private Limited has manufacturing units at Calcutta in West Bengal, SSHIBABAD in Uttar Pradesh and Chennai in Tamil Nadu. It was established with a view to meet the increasing demand of Dexorange syrup, the leading Hematinic liquid and also the brand leader in this segment. The objective of this company was to ensure availability of Dexorange syrup all over India, keeping logistics of the country in mind.
With a view to keep in mind good manufacturing practices as a fundamental rule, this company was established as a manufacturing unit at Chennai and over the years Franco-Indian Remedies has emerged as a successful tablet and liquid manufacturing company.

Over the year Franco-Indian Pharmaceuticals Private Limited has grown in stature and as today has over 1200 employees inclusive of 400 marketing professionals, together with a distribution network of 18 Carrier and Forwarding (C&F) Agents and 1000 Distributors all over India. In 2007, the turn over of Franco-Indian pharmaceuticals is expected to be in the vicinity of Rs.1.7 billion. Franco-Indian pharmaceuticals enjoys this reputation due to the stringent and high quality standards maintained in the production processes at the manufacturing units and continuous research conducted in the laboratories in pursuit of excellence.

Franco Indian pharmaceutical is honoured by the trust and patronage of the medical fraternity, the people of India and other parts of the world. (www.francoindian.com).

MERCK LIMITED

In 1967, Merck was setup as the first Merck subsidiary Company in Asia; currently it has a manufacturing facility at Goa. Merck Limited went on to become the first company to go public in the Merck group in the year 1981. The Merck group now holds 51 per cent of the share holding in Merck Limited, while the remaining 49 per cent are traded on the Bombay Stock Exchange Limited and National Stock Exchange of India Limited.
Merck manufacturers and markets pharmaceuticals speciality fine chemicals and pigments that will satisfy the continuing needs of customers. Merck recognises its responsibilities towards environmental protection, safety and occupational health. Merck is committed to achieving best environmental, safety and health practices throughout in business.

Merck is a global pharmaceutical and chemical company. Merck has 243 companies in 63 countries. Merck has a presence on every continent and activities ranging from research and development, production, sales and marketing as well as an extensive range of services. Merck has focused its research and development activities in Darmstadt; however, Merck also has important research locations in France, Spain, Great Britain, the United States and Japan. An innovation is of vital importance to Merck. Around 35,000 committed employees around the world are helping to continue the company’s successful tradition of more than 300 years.

Merck headquarter is situated in Darmstadt, Germany. Merck has globally operating group of companies of higher-quality pharmaceutical and chemical product. Since going public in autumn 1995, practically all-operational activities have been united under Merck KGaA. There are 192 companies operating for Merck in 55 countries. Merck has its own production facilities at 60 locations in 27 countries. Since 1668 Merck is situated Darmstadt, 30 km south of Frankfurt (Germany).
Sales in the pharmaceuticals business sector grew by 5 per cent from Rs.1,181 million in January to June 2006 to Rs.1,241 million in January to June 2007. The pharmaceutical sector accounts for 81 per cent of the company’s total sales. (www.merck.com).

SUN PHARMACEUTICALS

Sun pharmaceutical was established in 1983 with 5 products. It has crossed several milestones to emerge as a leading pharmaceutical company in India, for the past 5 years, as per IMS-ORG Retail Store Audit, March 2006.

Strengthening market share and keeping this customer focus remains a high priority area for the company. In the post 1996 years, Sun pharmaceuticals have used a combination of internal growth and acquisitions to drive growth, important mergers were those of the US, Detroit based Carco Pharm Labs and that of the plant at Halol which is now UKMHRA and USFDA approved. Under a recent corporate development, the areas related to new molecular entities a drug delivery systems are proposed to be emerged into a separate company.

Sun Pharmaceutical launched its operation with two states such as West Bengal and Bihar. In 1985, they expanded their sales operation, throughout all states in India. In 1993, Sun Pharma established their advanced research center (SPARC) in Baroda and created a based for product research and process development skills.
Sun Pharma was listed on the main stock exchanges in India in 1994. It came out with initial public offer Rs. 55 crore. The face value was Rs.10/- per equity share at a premium of Rs. 140/-. It was oversubscribed 55 times. Sun Pharma’s first API manufacturing plant was built in Panoli in 1995, to produce high quality product and to encash opportunities prevailing in both domestic and international market.

Sun Pharma acquired Ahmednagar plant from multinational giant Knoll pharmaceuticals in 1996 and upgraded for approvals from regulated markets. This was the first of several sensibly priced acquisitions, each of which would bring important parts to the long-term strategy.

In 1997, Sun pharmaceuticals shifted their headquarters to Mumbai. Sun Pharma acquired Caraco Pharma Labs, Detroit for US $ 7.5 Million in 1997. By 2000, sun Pharma completed eight acquisitions, each such more adding new therapy areas and offering an entry to important international markets.

A new research center was set up in Mumbai for generic product development for the US market. From a ranking as 38th in 1994, by 2000 Sun Pharma attained fifth rank with a leadership in eight of the eleven therapy areas. In 2000, Sun Pharma got the approval of USFDA.
In December 2004, a research center spread over 16 acres was inaugurated by the President of India, with special lab for Drug Discovery and Innovation. Five thousands employees, 15 manufacturing plants in three countries, two-world class research centers a growing presence in the US generic market, 40 per cent sales contributed by international markets were the prevailing scenario with Sun pharmaceuticals in 2005.

Sun Pharma has allocated 11 to 12 per cent of the company’s turnover for the research and development. Sun Pharma began with simpler dosage forms and then moved on to Novel Drug Delivery Systems and Complex API. Across area, 42 patents have been received and another 422 patents are awaited. (www.sunpharma.com).
References


