WHO / MMV Conference 2010

Ipca Laboratories Limited

Partnering Healthcare Globally

12-14th October 2010

Murali Sarma
Vice - President &
Head Mission Malaria
### Ipca Overview

<table>
<thead>
<tr>
<th>Present Management since</th>
<th>1975</th>
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<tbody>
<tr>
<td><strong>Total Income FY10</strong></td>
<td>USD 329Mn. (22% top line growth)</td>
</tr>
<tr>
<td><strong>Exports FY10</strong></td>
<td>USD 170Mn. (50% of turnover)</td>
</tr>
<tr>
<td><strong>Number of Employees</strong></td>
<td>7,500+</td>
</tr>
<tr>
<td><strong>Business Model</strong></td>
<td>Fully integrated Pharma company producing Branded &amp; Generic Formulations &amp; APIs</td>
</tr>
<tr>
<td><strong>Business Mix</strong></td>
<td>70% Formulations, 30% APIs</td>
</tr>
</tbody>
</table>
### Manufacturing Facilities

**Formulations – 6 Locations – Capacity - 12 bln Tabs/ Caps**

<table>
<thead>
<tr>
<th>Location</th>
<th>Dosage Form</th>
<th>Accreditations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athal (Silvassa)</td>
<td>Tablets &amp; Capsules</td>
<td>WHO Geneva, UK MHRA, TGA Australia, MCC South Africa, HPFB Canada</td>
</tr>
<tr>
<td>Ratlam (M.P.)</td>
<td>Tablets, Liquids &amp; Inj.</td>
<td>MCC South Africa</td>
</tr>
<tr>
<td>Kandla (Gujarat)</td>
<td>Penicillin – Tablets, Capsules &amp; Dry Syrups</td>
<td>UK MHRA, MCC South Africa</td>
</tr>
<tr>
<td>Silvassa</td>
<td>Tablets &amp; Capsules</td>
<td>USFDA, UK MHRA, TGA Australia, HPFB Canada</td>
</tr>
<tr>
<td>Dehradun</td>
<td>Tablets / Capsules, Cephalosporin Inj.</td>
<td>GMP</td>
</tr>
<tr>
<td>Indore (SEZ)</td>
<td>Tablets &amp; Capsules</td>
<td>Being offered for WHO, US &amp; EU.</td>
</tr>
</tbody>
</table>
Athal Formulation Facility

Capacity 8 Bln Tablets

Major Accreditations

- WHO Geneva
- MHRA UK
- TGA Australia
- MCC South Africa
- HPFB Canada
### Active Pharmaceutical Ingredients – 3 Locations – 100 APIs

<table>
<thead>
<tr>
<th>Location</th>
<th>Capacity</th>
<th>Accreditations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratlam</td>
<td>1800 MT p.a.</td>
<td>WHO Geneva, USFDA, TGA Australia, EDQM, PMDA Japan, LAGeSo Berlin MOH</td>
</tr>
<tr>
<td>Indore</td>
<td>950 MT p.a.</td>
<td>GMP</td>
</tr>
<tr>
<td>Aurangabad</td>
<td>600 MT p.a.</td>
<td>GMP</td>
</tr>
</tbody>
</table>
Ratlam API Facility

Over 55 DMFs filed with US FDA & over 30 CEPs

Major Accreditations

- WHO Geneva
- USFDA
- LAGEso Berlin MOH
- TGA Australia
- EDQM
- PMDA - Japan

One of the largest manufacturers of APIs like Amodiaquine, Artemisinin Derivatives, Chloroquine, Atenolol, Propranolol, Metoprolol, Pyrantel Salts, Furosemide, Losartan & Hydroxy Chloroquine Sulphate
Ipca Credentials

- Among the top 10 pharma exporters from India
- India’s market leader in Anti-malarials in all dosage forms for over two decades.
- Over 30 years experience in manufacturing & marketing formulations.
- One of the world’s largest manufacturers of Artemisinin based APIs / Formulations.
- Partnering Global Fund’s AMFm & VPP programmes.
- 2 Formulations prequalified by WHO & 2 under evaluation.
Mission Malaria

- Committed to the cause of helping to save a million lives
- WHO Geneva has approved our API & Formulation plants
- WHO Geneva has prequalified Ipca’s Artesunate 50mg + Amodiaquine 153.1mg Co-blistter Tablets and Artemether + Lumefantrine 20/120mg Tablets
- India’s market leader in antimalarials in all dosage forms – over 30% market share
- One of the World’s largest manufacturers of Artemisinin-based APIs & Formulations

Contd…
**Mission Malaria**

- Total backward integration – from growing *artemisinin annua* crop to manufacturing APIs and Formulations

- 18% of current turnover from antimalarials – around US$60mln

- Dedicated antimalarials division in India- special task force of 500 people

  - Dr. Peter Weina from the Walter Reed Army Institute of Research – Washington DC conducted several CMEs for Indian Doctors on malaria in May 2009

  - One of the few WHO approved sources for Amodiaquine, Artesunate, Artemether & Lumefantrine (USDMF filed for all four)

  - Dr. D.C. Jain is a renowned expert on *artemisinin*, has 23 patents & has published many papers on antimalarials.
Current scenario:

- Orders under VPP and tenders from MOH are placed on one supplier

Possible alternative scenario:

- Orders can be placed on 2 to 3 qualified manufacturers with the quantity being dependent on the price and delivery conditions offered
Benefits

Benefits to Donors/ Purchaser:

- Risk of one supplier being unable to supply entire quantity is reduced
- Shorter lead time as 2 to 3 suppliers are involved
- Though there may be no overall shortage, the person getting the order may not have adequate quantity of API

Benefits to approved manufacturers:

- With some surety of orders, manufacturers can keep stock of Artemisinin or API so that risk of late delivery is reduced
- The company management can invest in high speed manufacturing and packing machines to reduce lead time as they can be sure of some orders
**Malaria – a ruthless killer**

- A child dies every 30 seconds – 1 million lives lost annually to *malaria*

- 500 million people affected and 40% of the world’s population is at risk

**More funding needs to flow to Malaria**

<table>
<thead>
<tr>
<th></th>
<th>Falciparum Malaria</th>
<th>T.B.</th>
<th>HIV</th>
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<tbody>
<tr>
<td>Treatment Time</td>
<td>3 days</td>
<td>9 months</td>
<td>Life Time</td>
</tr>
<tr>
<td>Risk of acute mortality</td>
<td>High, if untreated</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Cost of treatment</td>
<td>Cheaper than a bottle of water</td>
<td>Costly</td>
<td>Costliest</td>
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