

WHO / MMV Conference 2010

Ipca

Ipca Laboratories Limited

Partnering Healthcare Globally



12-14th October 2010

Murali Sarma
Vice - President &
Head Mission Malaria

Present Management since	1975
Total Income FY10	USD 329Mn. (22% top line growth)
Exports FY10	USD 170Mn. (50% of turnover)
Number of Employees	7,500+
Business Model	Fully integrated Pharma company producing Branded & Generic Formulations & APIs
Business Mix	70% Formulations, 30% APIs

Manufacturing Facilities



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

Location	Dosage Form	Accreditations
Athal (Silvassa)	Tablets & Capsules	WHO Geneva, UK MHRA, TGA Australia, MCC South Africa, HPFB Canada
Ratlam (M.P.)	Tablets, Liquids & Inj.	MCC South Africa
Kandla (Gujarat)	Penicillin – Tablets, Capsules & Dry Syrups	UK MHRA, MCC South Africa,
Silvassa	Tablets & Capsules	USFDA, UK MHRA, TGA Australia, HPFB Canada
Dehradun	Tablets / Capsules, Cephalosporin Inj.	GMP
Indore (SEZ)	Tablets & Capsules	Being offered for WHO, US & EU.

Athal Formulation Facility

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Major Accreditations

WHO Geneva

MHRA UK

TGA Australia

MCC South Africa

HPFB Canada

Manufacturing Facilities

Active Pharmaceutical Ingredients – 3 Locations – 100 APIs

Location	Capacity	Accreditations
Ratlam	1800 MT p.a.	WHO Geneva, USFDA, TGA Australia, EDQM, PMDA Japan, LAGeSo Berlin MOH
Indore	950 MT p.a.	GMP
Aurangabad	600 MT p.a.	GMP

Ratlam API Facility

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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

- **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.**

- 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-blister 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

- 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 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

	Falciparum Malaria	T.B.	HIV
Treatment Time	3 days	9 months	Life Time
Risk of acute mortality	High, if untreated	Low	Low
Cost of treatment	Cheaper than a bottle of water	Costly	Costliest