

avacarehealth
caring for africa

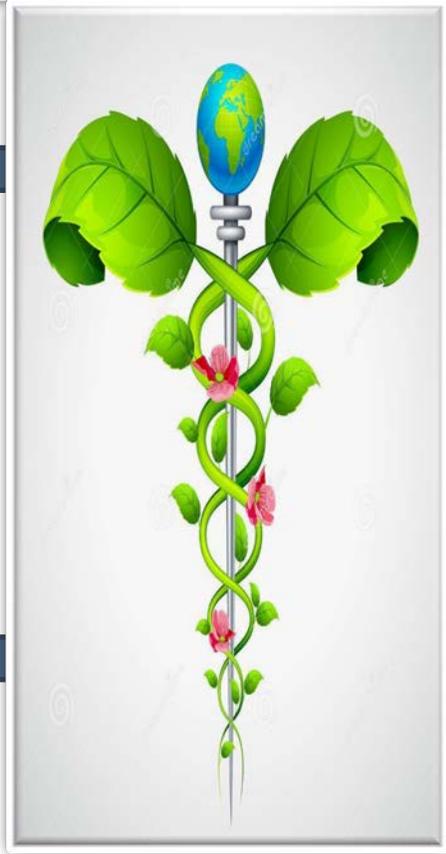
AUGUSTA LIMITED

Nilesh Sharma

Head: Innovata & Avalife

Lusaka, ZAMBIA

HEALTHCARE DEVISION



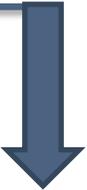
RENAL

PHARMACEUTICALS

MEDICAL CONSUMABLES/LAB
DEVICES 7 EQUIPMENT

ORTHOPAEDICS

PHARMACEUTICALS



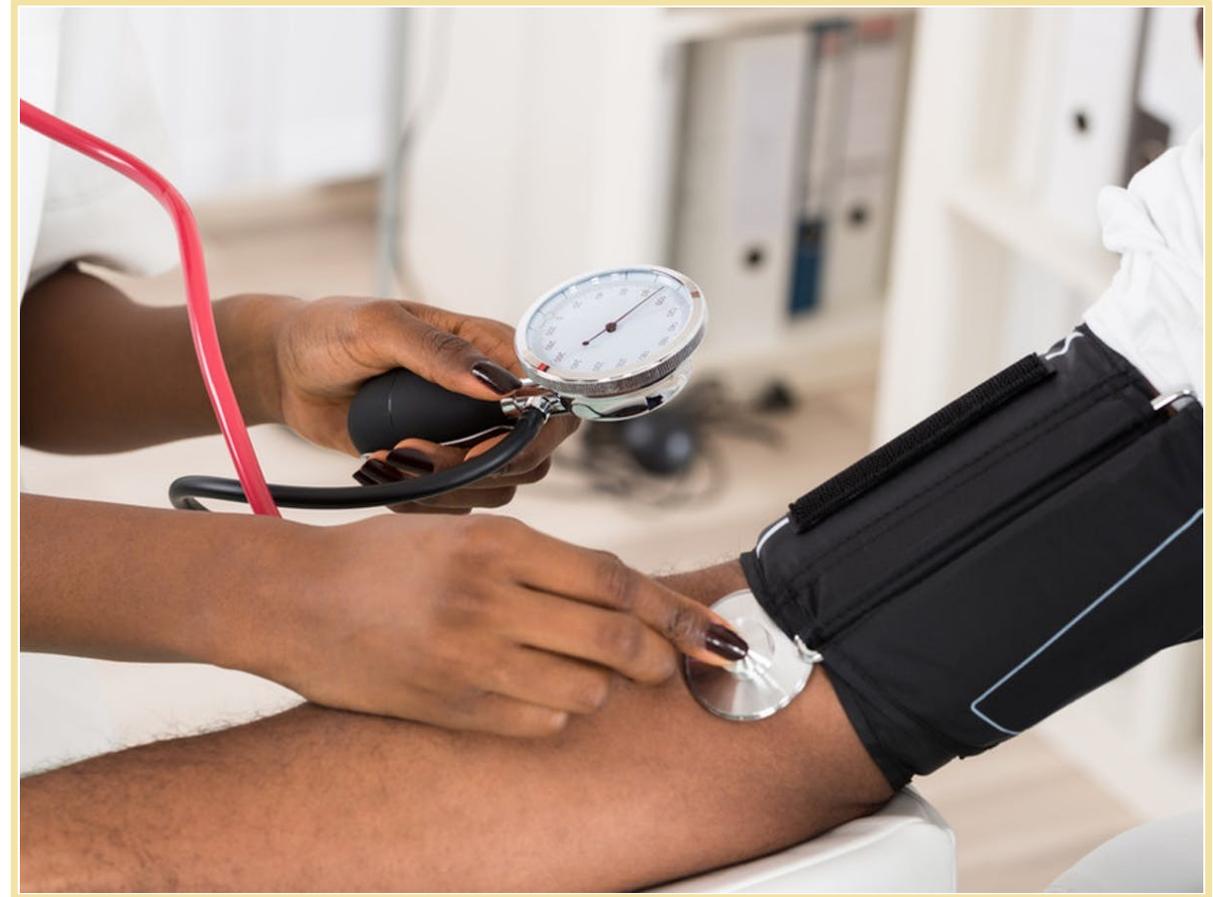


With great pleasure we take the opportunity to introduce the founder of the group, Dr Vikramkumar Naik. Dr Naik is an anesthesiologist. His vision began with the realization that Africa required better quality affordable medication and supplies. Dr Naik dedicated his life to make sure that this objective was fulfilled, we as Group, are able to implement ideas into results.

translate dreams into reality and transform challenges into success, not only with one company or country but across the African continent.



Adequate and sustained control of blood pressure (BP) is essential to avoid increased risk of cardiovascular (CV) morbidity and mortality



Recent evidence from outcome studies suggests that most patients will require combination therapy to achieve their goal of BP

The combination of angiotensin II receptor blocker (ARB) and the Calcium Channel Blockers (CCB) have **complementary and synergistic modes of action**

Therefore,

Combination treatment results in

Superior BP reductions

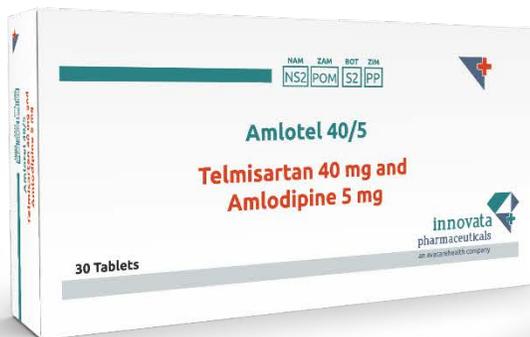
than either monotherapy in Stage 1 and 2 hypertension across a range of different patient types (including those with added risk factors such as diabetes, obesity, or metabolic syndrome)



As first-line treatment or
for patients, whose BP is not adequately controlled with Amlodipine alone

Amlotel

Telmisartan 40 mg + Amlodipine 5 mg Tablets
Telmisartan 40 mg + Amlodipine 10 mg Tablets
Telmisartan 80 mg + Amlodipine 5 mg Tablets
Telmisartan 80 mg + Amlodipine 10 mg Tablets



Amlotel

Telmisartan 40 mg + Amlodipine 5 mg Tablets
Telmisartan 40 mg + Amlodipine 10 mg Tablets
Telmisartan 80 mg + Amlodipine 5 mg Tablets
Telmisartan 80 mg + Amlodipine 10 mg Tablets

Fixed Dose Combination provides

- ❑ Complementary and synergistic mode of action¹
- ❑ Significantly greater double-digit BP reductions than amlodipine monotherapy¹
- ❑ Majority of the BP reduction observed within the first 2 weeks of treatment²



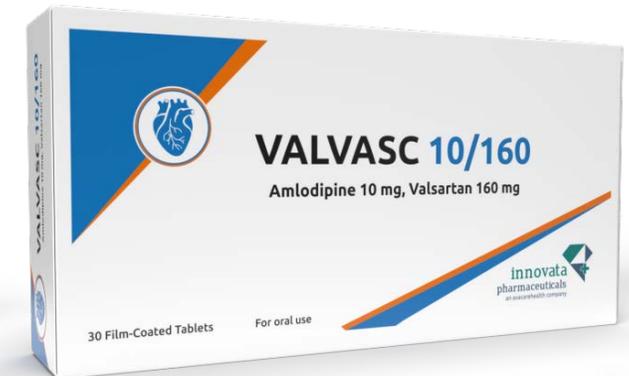
**In stage 2 hypertensives with high risk of stroke and MI
In hypertensive patients with stroke, uncontrolled on monotherapy**

Valvasc

Valsartan 160 mg + Amlodipine 5 mg Tablets
Valsartan 160 mg + Amlodipine 10 mg Tablets

Protects against cardiovascular and renal morbidity and mortality

Indicated in hypertensives uncontrolled on monotherapy or patients stabilized on valsartan and amlodipine as separate drugs



**In stage 2 hypertensives with high risk of stroke and MI
In hypertensive patients with stroke, uncontrolled on monotherapy**

Valvasc

Valsartan 160 mg + Amlodipine 5 mg Tablets
Valsartan 160 mg + Amlodipine 10 mg Tablets

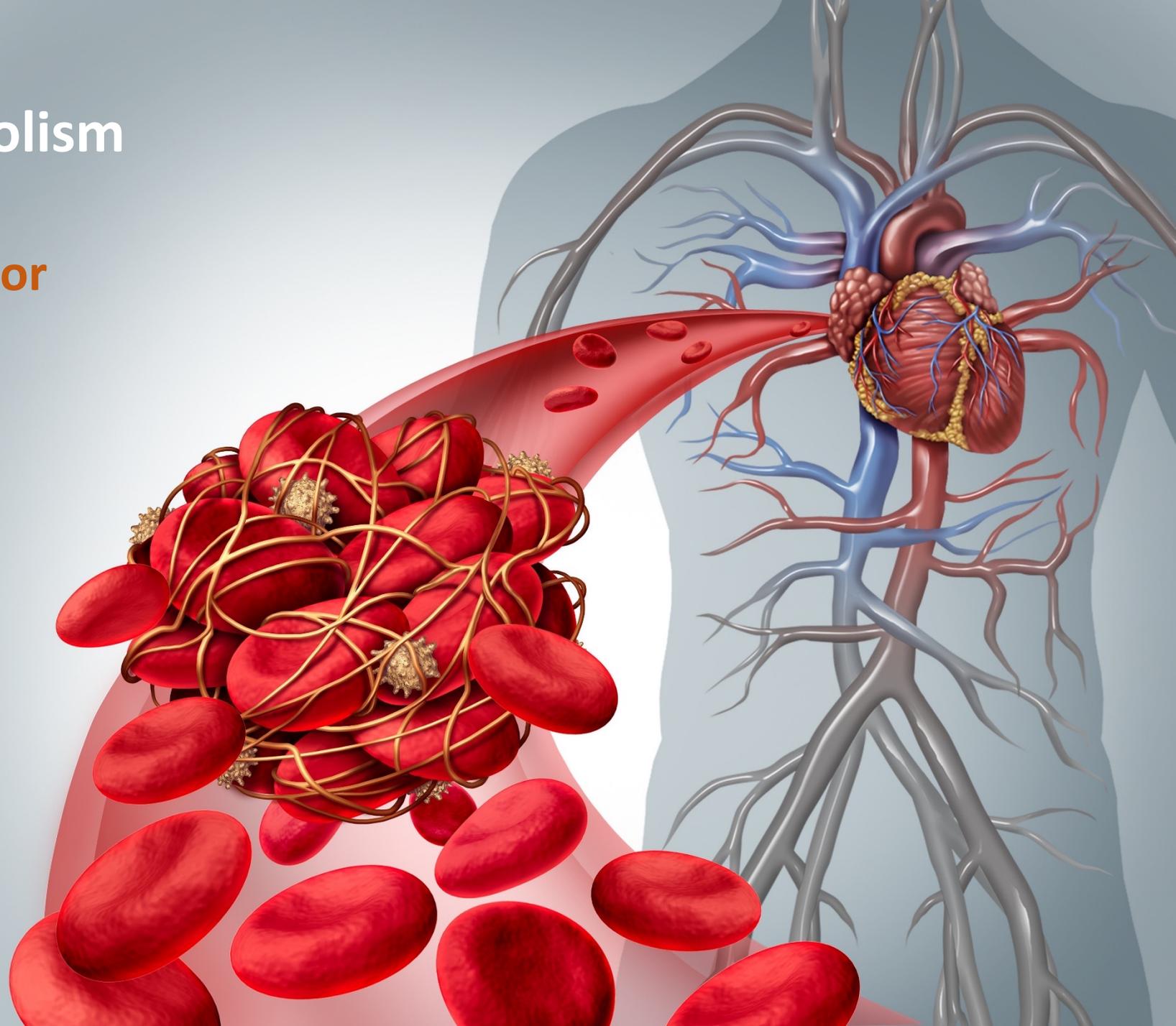
Gain the benefits of 2 highly effective and well-tolerated antihypertensives

Valsartan & Amlodipine as individual drugs given as monotherapy

- Reduces cardiac morbidity and mortality
- Lowers fatal strokes and non-fatal strokes & MI
- Reduces the risk of hospitalizations for heart failure
- Powerful BP lowering with dual action
- Favourable safety profile



Venous thromboembolism (VTE) and Stroke are among the three major causes of cardiovascular diseases worldwide



In

- Treatment of Deep Vein Thrombosis (DVT) & Pulmonary Embolism (PE)
- Prevention of recurrent Deep Vein Thrombosis (DVT) and recurrent Pulmonary Embolism (PE)
- Prophylaxis of DVT undergoing knee or hip replacement surgery & nonmajor orthopaedic surgery
- Prophylaxis of Venous Thromboembolism (VTE) in acutely ill medical patients

Presenting, **Rivar**

Rivaroxaban 10 mg Tablets
Rivaroxaban 15 mg Tablets
Rivaroxaban 20 mg Tablets

Predictable pharmacokinetics and pharmacodynamics compared to Warfarin¹

- No need for laboratory monitoring
- Wide therapeutic window
- Low drug–drug and food interactions - No dietary restriction
- No risk for induced skin necrosis due to rapid onset – can be initiated without LMWH

1. Mekaj YH, et al. Ther Clin Risk Manag. 2015 Jun 24; 11:967-77.

2. EINSTEIN Investigators, Bauersachs R, et al. N Engl J Med. 2010 Dec 23; 363(26):2499-510.

In

- Prevention of Stroke and systemic embolism in patients with Non-Valvular Atrial Fibrillation

Rx
Rivar

Rivaroxaban 10 mg Tablets
Rivaroxaban 15 mg Tablets
Rivaroxaban 20 mg Tablets

- Significantly better protection from stroke and mortality relative to warfarin¹



In COPD*

Poor Inhaler Technique leads to...



...Inadequate

Drug Delivery to the Lungs¹

Poor Disease Control¹ &

Worse Disease Outcomes¹

COPD - Chronic obstructive pulmonary disease

1. Ocakli et al. International Journal of COPD 2018;13 2941–2947

In Chronic Obstructive Pulmonary Disease (COPD) & Asthma

Avasalf

The combination of Salmeterol & Fluticasone with
“The Patented Device”

Offers Ease of Use¹

Highest percentage of patients
successfully performs critical steps²

Offer Higher Feeling of
Satisfaction³

Backed with Extensive Clinical
Research Studies¹

Available in 3 different strengths



Salmeterol 100 mcg +
Fluticasone 50 mcg

Salmeterol 250 mcg +
Fluticasone 50 mcg

Salmeterol 500 mcg +
Fluticasone 50 mcg



1. Elpen data on file
2. Bouros D. et al., J Pulm Respir Med 2016, 6:4
3. Zervas et al. Intern. J. COPD, 2016; 11:1845-1855



Elpenhaler[®]

Thank
You