Annual Report **2011**

octapharma

For the safe and optimal use of human proteins

Content

Between two veins, of donor and patient,

we are women and men responsible

for enriching a precious raw material.

Company Snapshots

- Swiss-based, independent, global plasma fractionator
- 29 years focus on human proteins
- Manufacturing facilities in 5 countries
- Sales in more than 80 countries
- Sales of 732 million euros in 2011
- 16% compound annual growth rate since 1995

Foreword by Wolfgang Marguerre

2011 has been a year of transformation for Octapharma. I cannot adequately express my genuine sense of accomplishment in seeing what the company has achieved. We have made transformations and improvements in the areas of quality, production and R&D. Most striking of all, this year has seen octagam® 5% and 10% successfully re-enter the market. In this industry, to successfully return a major product to market, and to do so in so short a time, is almost unprecedented and may even be an industry first. Not only have we emerged successfully from this difficult period, but I am happy to say we have done so without restructuring and so have retained our highly qualified and well trained staff worldwide.

While obviously this period has not been a financially rewarding one, from a personal point of view, what I have witnessed has been priceless. We have emerged as a reinvigorated organization with new purpose and drive. I have also experienced a tangible new sense of team spirit.

This year we harmonized our four production sites. A complicated endeavor given that each has different cultural backgrounds. Vienna, the first Octapharma-owned production site was once state owned; Springe, once a Red Cross fractionation plant; Stockholm, a former Kabi site; and Lingolsheim, a former Aventis facility. The harmonization process will continue to occupy our efforts in 2012. I am confident that this exercise will further strengthen Octapharma's position in the coming years.

Operating costs were reduced from the previous year and whilst manufacturing costs increased, total throughput levels have been stable. Although significant financial resources were needed to emerge from the octagam® situation, as the balance sheet shows, we achieved this with almost no credit financing and whilst maintaining overall corporate profitability.

In all therapeutic areas our major research initiatives have been not only maintained but expanded. In Immunotherapy, we have a new gamma globulin product with two major indications (PID and ITP). In Intensive Care and Emergency Medicine, our novel fibrinogen concentrate is in advanced development stages. Beyond plasma derived products, our recombinant FVIII is advanced in development. We are also in the final stages of completing the new Heidelberg Research Institute which will be occupied by scientists and staff by the end of Q1 2012.

I feel a sense of great pride towards my employees who have demonstrated unwavering loyalty and dedication to Octapharma. Where 2011 has been a year of hard work and transformation, 2012 should yield the fruits of our combined efforts.

Wolfgang Marguerre

Chairman of the Octapharma Group

The Management Board of the Octapharma Group

Paulo Castro
President of the
Global Management Committee

Dr. Ulrich Thibaut
Research and Development

Wolfgang Marguerre
Chairman Octapharma Group

Roger Mächler
Chief Financial Officer

Josef Weinberger
Corporate Quality
and Compliance Officer

Tobias Marguerre

General Manager Octapharma Nordic

Frederic Marguerre

Shareholders' Representative

President, Octapharma Plasma Inc. USA

Flemming Nielsen

President, Octapharma USA, Inc.

Reinhard Rettinghaus

General Manager

Octapharma GmbH, Germany

General Manager

Deutsche Gesellschaft

für Humanplasma mbH (DGH)

Gerold Rempeters

Corporate Production Officer

Facts and Figures 2011

Founded

in 1983

Mission

"For the safe and optimal use of human proteins"

Employees

4,514

Turnover

732 million euros

Headquarters

Octapharma AG, Lachen, Switzerland

Production and Supply

Octapharma Pharmazeutika Produktionsges.mbH, Vienna, Austria
Octapharma SA, Lingolsheim, France
Octapharma AB, Stockholm, Sweden
Octapharma S.A. de C.V., Mexico City, Mexico
Octapharma Produktionsgesellschaft Deutschland mbH, Springe, Germany
Octapharma Plasma Inc., Charlotte, USA
Deutsche Gesellschaft für Humanplasma mbH, Langenfeld, Germany
Octapharma GmbH, Dessau, Germany

Research and Development

Octapharma Pharmazeutika Produktionsges.mbH, Vienna, Austria
Virus and Prion Safety, Innovationszentrum, Frankfurt, Germany
Molecular Biochemistry, Berlin, Germany
Octapharma Biopharmaceuticals GmbH, Munich, Germany
Octapharma AB, Stockholm, Sweden
Octapharma AG, Lachen, Switzerland

Corporate Medical, Regulatory

Octapharma Pharmazeutika Produktionsges.mbH, Vienna, Austria
Octapharma GmbH, Langenfeld, Germany

International Corporate Marketing

Octapharma AG, Lachen, Switzerland

Subsidiaries and Representative Offices

38

Markets

Europe, Asia, Russia, Middle East, USA, South America, Canada, Mexico, Africa, Australia, New Zealand

Brands

(registered trademarks) albuminativ®, albunorm®, atenativ®, aunativ®, gammanorm®, nanofix®, nanotiv®, octafix®, octagam®, octagam 10%®, octanate®, octanine F®, octanyne®, octaplas®, octaplasLG® , octaplex®, octavi SD Optimum®, pronative®, rhesonativ®, uniplas®, wilate®

Innovations

One of the world's first factor VIII concentrates – AHF concentrate (KABI 1965 – through acquisition)

The first albumin-free genetically engineered factor VIII (development started by KABI in the 1980s – through acquisition)

First company to commercially implement solvent detergent (SD) technology for virus inactivation (1986)

First SD virus-inactivated, standardised plasma for transfusion (1991)

First liquid, ready-to-use intravenous immunoglobulin with a two year shelf-life at room temperature (1994)

First virus-inactivated universally applicable transfusion plasma (2004)

First double virus-inactivated von Willebrand factor concentrate product (2005)

Start of clinical trials using the first recombinant FVIII from a human cell line (2010)

Between two veins,
of donor and patient,
we are women and men
responsible for enriching
a precious raw material.

Steps that link the chain

from donor to patient

octapharma

1 Plasma donation

Delivery and storage of plasma in a freezer

2

12 Fraction I+II+III-octagam® or gammanorm®

13 Purification of octagam® – S/D process for the inactivation of lipid enveloped viruses

14 Formulation

Inspection of individual plasma donations

3

Cutting of plasma bags

4

Content of plasma bags is pooled and thawed

5

15

Control Centre

16

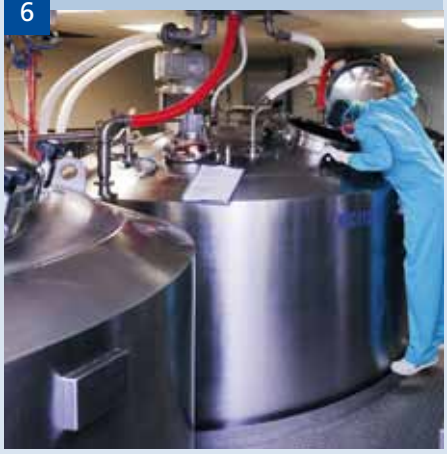
Sterile automated bottling line for high volume filling sizes of 50 - 500ml (for albumin® and octagam®)

17

Filling

Basic Fractionation, protein precipitation occurs in fractions I+II+III+IV+V

6



FIX separation – protein separation for octanine®F

7

Removal of cryoprecipitate (for wilate® and octanate®) from the centrifuge

8

18

Finished product is pasteurized (albumin®)

19

Inspection of product for damage

20

Automated packaging line

For the safe and optimal use of human proteins

Filter press for separation of protein fractions

9

Filter sheets for filter press

10

Chromatographic removal of S/D reagents (octanine® F)

11

21

Manual packing of bottles into boxes

22

Patient with product

Plasma – A History

Blood has fascinated humans for millennia. The Kings of Ancient Egypt bathed in it, believing it would return life to the sick and youth to the old. The myths and mystery surrounding the nature and capabilities of blood span across human history, from Ancient Greece, to the Roman Empire, where it was believed that drinking the blood of dying gladiators would give the recipient their strength and bravery. Our fascination eventually evolved into scientific experimentation that would not only demystify the substance, but enlighten the world to blood-derived life-saving therapies. Inscribed on the blackboard of Edwin Cohn's office was a quote from Goethe's Faust, "Das Blut ist ein ganz besonder Saft", "Blood is a very special juice".

Plasma's high protein content means that it is indeed a very special source of invaluable proteins vital to health and survival. In 1944 Cohn developed plasma fractionation, the technique that today allows us to extract the different classes of valuable proteins.

Private Roy Humphrey, wounded by shrapnel, is being given blood plasma by Pfc. Harvey White. Sicily, August 9th 1943. Wever. 111- SC-178198. US National Archives.

The word protein originates from the Greek word πρώτειος proteios, meaning "primary" or "first quality". When the term was first coined, by Swedish chemist Berzelius in 1838, the magnitude of the significance of these organic compounds was not yet fully comprehended. As the choice of name suggests however, it was believed that they would hold the key to the fundamentals of life itself.

Fractionation is based on the principle that the different proteins found in plasma have different precipitations, meaning the different classes of proteins can be extracted. The clinical use of plasma for hemorrhage and shock was born out of WWII. The development of fractionation techniques meant that each unit of blood could be more optimally used. Cohn developed techniques for isolating albumin, which restores circulating blood volume, the transfusion of which went on to save the lives of countless soldiers from perishing from shock. Ehrlich had established that the best way to preserve plasma was to remove the water. It was decided that frozen or dried plasma, easy to store and easy to administer, should be used rather than whole blood. The demand for donors was met by national campaigns encouraging people to donate. This was the birth of an industry.

WWII Vichy bottle containing sterile plasma powder.

Vein to Vein, a unique human journey

"Our raw material cannot be artificially recreated in a laboratory; instead it is produced by the perfect bioreactor, designed over millions of years of evolution: the human body. Millions of years in the making, our raw material, generously given to us by our donors, is used to produce life-saving products."

Dr. Ulrich Thibaut, Board Member Research and Development

There is a journey at the very heart of our business; a journey between two veins. The word vein comes from the Latin word vena, meaning "blood vessel" but also meaning a channel of water or a stream. Veins are channels through which blood and proteins travel. Plasma, as the liquid part of the blood, facilitates flow, acting as the transporter of blood cells and protein throughout the body. Like plasma, our process transports proteins to the human body; from the vein of the donor, through a journey of separation and purification, to the final vein of the patient. We tap into the human body's source of invaluable proteins to make a range of products used to help people with bleeding disorders, immune deficiencies and those suffering from severe burns and other critical injuries. This complex journey is made possible by the people at each step of the process. As the Plant Manager of our Lingolsheim site, Frédéric Cambecèdes, says: "Between two veins, of donor and patient, we are women and men responsible for enriching a precious raw material."

Plasma Collection

This story begins with a single vein; the vein of our donor. In an industry where our raw material has a human-source, procurement has a human focus. The people responsible for fractionation and purification never lose sight of the human source of their raw material: "Every single liter means someone spent an hour to give their plasma. If we lose any of it, before telling people how much it costs, they are reminded that it is x amount of time that someone has taken to give us this gift. The raw material we work with has no comparison. You need to care for it as if it were your own blood, your own cells."

Frédéric Cambecèdes, Plant Manager, Lingolsheim

Octapharma Plasma Inc. (OPI) produces around 2/3rd of the plasma used by Octapharma globally. OPI, licensed by the U.S. Food and Drug Administration and European Union certified, operates plasma collection centers throughout the United States. Although plasma procurement is the start of our process, OPI allows donors to understand whose lives they are saving by arranging for patients to visit collection centers.

David Sprayberry is responsible for evaluating potential donors and ensuring they meet the necessary guidelines. David also has a Primary Immune Deficiency:
"As soon as a donor asks 'So, what exactly do they make with the plasma?' I jump on it and tell them my story. I was diagnosed 15 years ago with a primary immune deficiency, CVID (common variable immunodeficiency). I was constantly getting sick. It took the doctors a long time to figure out what was wrong. I love working in a business that makes plasma products that help people with the same condition as me stay healthy."

David Sprayberry, Physician Sub, Octapharma Plasma Inc.







OPI supplies Octapharma with raw material for the production of life-saving therapies. Those responsible for ensuring this supply always remember the human value of their product:
"When you start to talk about units, they can become a thing. It is critical in everything that we do to remember that they are not just units. Just like people are unique, these bottles are unique. We have to treat each one like the precious material it is. We ensure that this material is fully traceable to the person it came from."

Alice Stewart, Senior Director Supply Chain, Octapharma Plasma Inc.

"Last summer one patient with an Autoimmune deficiency visited six of our plasma centers and told the staff and donors his story so that they could see firsthand the difference they are making. He told them about his experience growing up, the struggle, when his parents couldn't figure out what was wrong, and how since he began treatment with weekly IVIG, his quality of life has been truly enhanced."
OPI has invested 1.3 million Euro into optimization of the 45 plasma collection centres.
"In 2012 we want to continue to grow. We will also be looking at opportunities to improve testing, automating operations, doing away with paper charts and increasing electronic documentation in our business; overall improving efficiency."

Bill Griner, Senior Director Operations, Octapharma Plasma Inc.

Plasma Collection: Europe

Octapharma operates 9 Deutsche Gesellschaft für Humanplasma (DGH) centers in Germany. In 2011 10% of our plasma was derived from these centers.

"In 2011 total volume produced was 304,000 liters- an all time record for us. This was achieved with approximately 20,000 donors, meaning on average each donor gave 19 donations. This demonstrates the enormous level of confidence our donors have with the company."

"We both tell and show people what happens to their donations. There is a video running which shows the transformation of plasma through the process to the final product. In this way we show the donors the part they play in the vein to vein journey."

Reinhard Rettinghaus, Board Member and General Manager of DGH

Octapharma also has a partnership with Deutsches Rotes Kreuz / the German Red Cross. The International Red Cross is the largest humanitarian organization in the world. The German organization is the third largest in the world. Overall the Red Cross in Germany secures 3.7 million plasma donations a year. GRC BTS Baden-Württemberg-Hessen contributes 1.4 million of this with around 180,000 plasmaphereses per year.

"It is important to remember that at the German Red Cross the intention of our donors is to contribute something beneficial to society. With commitments and busy schedules, they also have a limited timeframe to do so. Donations are a convenient way of giving something back. Some of these people also have personal contact with people who use blood and plasma derived products: it could be their father, their mother, their brother. They also think that one day it could even be they themselves in need."

Wolfgang Rüstig, Managing Director GRC- Blood Donor Service East.

Key steps from donor to production

Medical history & screening

Ask questions to identify any high risk behavior, thus determining whether the potential donor is suitable. Check blood pressure, pulse, temperature, hemoglobine and weight.

Physical exam

Physical exam to help establish the potential donor's suitability prior to their first donation and then at least annually after that. Admission to donate is granted by the physician or physician substitute.

Donation

A nurse or phlebotomist withdraws blood via plasmapheresis, a controlled and automated aseptic procedure which separates the plasma, retaining it and returns blood cells to the donor, typically taking 45 minutes - 1 hour.

Freezing

All plasma is frozen and maintained in state of the art freezers that meet FDA and EU Regulatory requirements.

Testing

Each unit is tested by screening tests for HIV, Hepatitis B & C by Serology testing. Nucleic Acid Testing (NAT) is performed by minipool testing by the fractionator. In case of a positive result the unit is identified and withdrawn.

Shipment

Once the tests come back negative the frozen plasma is released by the Qualified Person and shipped under controlled conditions to our production plants.

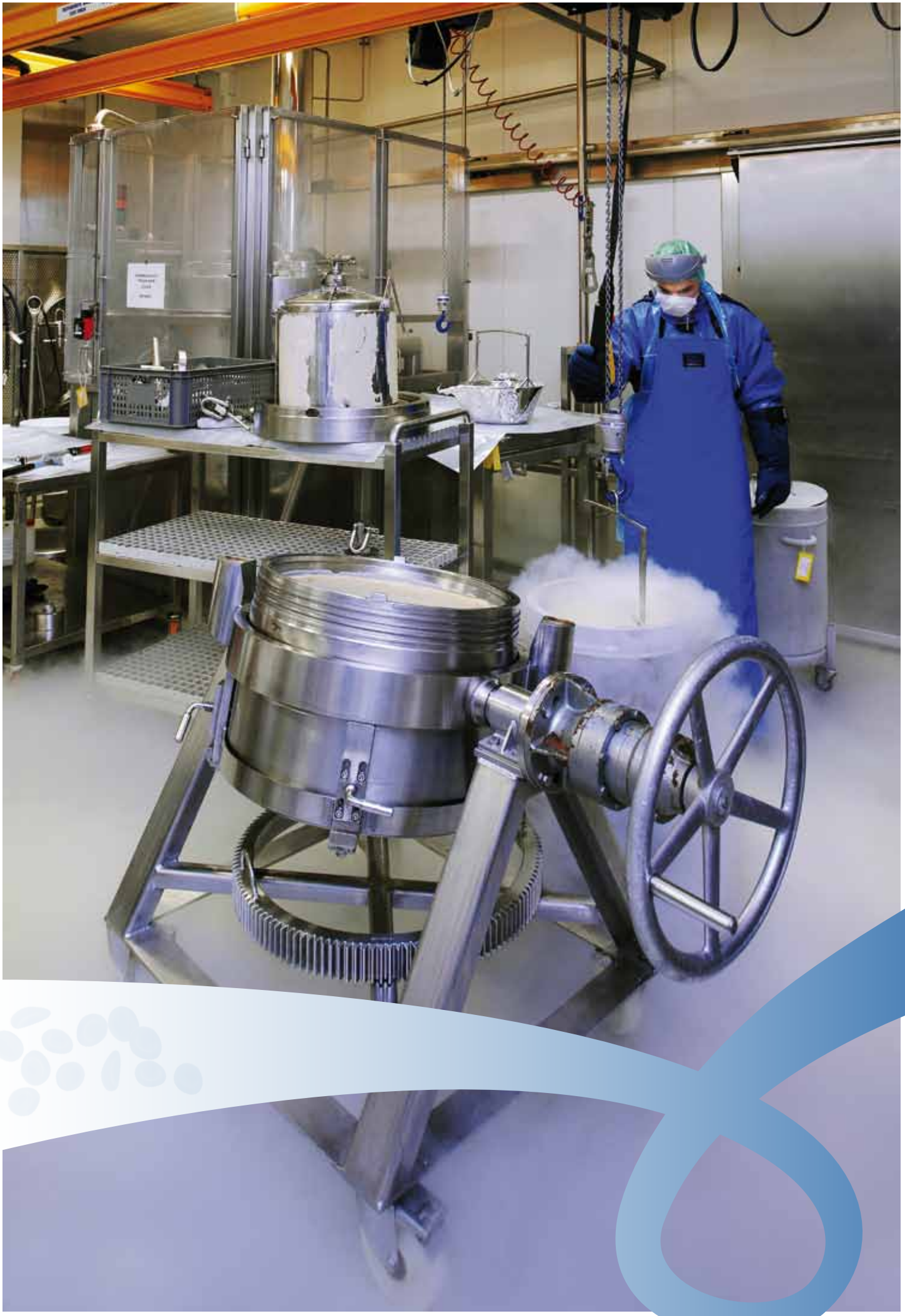
The Supply Chain

"As a supporting function to Production departments, our daily focus is to ensure that through the vein to vein chain products, as well as information, are planned and then transported in an optimal way. Our production – to – release process is a long one; up to 3 months. We must plan and anticipate in advance, and the bigger the order, the earlier the anticipation has to be done. The execution is the music playing, but first we need to get the tempo right."

Gaëtan Fournier, Global Supply Chain Manager

The Cold Chain

Maintaining the cold chain is vital to our vein to vein journey. It is critical that at each step product is stored in appropriate conditions and temperatures; from the point of collection, throughout the process, to transfusion. From the plasma raw material, to intermediate to finished product, we have a wide range of temperature requirements, from -70 to +25°C. Throughout the process we monitor conditions to ensure that the product reaches its destination safely, thus improving yield and avoiding unnecessary waste of our precious raw material.



Production

Using expertise developed over almost 30 years we isolate and extract proteins from healthy plasma to create life-saving therapies. The plasma protein chain begins with individual plasma donations. Manufacturing scale is achieved by pooling 4,000 to 10,000 single donations. These plasma pools are then fractionated into the main intermediate fractions (cryoprecipitate, fraction I+II+III, fraction V) by making use of the differential biochemical properties of the target proteins. The intermediates can be stored frozen until further processing. Out of these intermediate fractions the different final products are manufactured by purification of the crude fractions. Purification removes undesired proteins increasing the purity of the target protein(s). Beyond this, purification also removes other contaminants like viruses. Specific virus reduction and elimination steps (e.g. SD treatment, pasteurization, nanofiltration) are included into the purification process to increase the virus safety margin. Finally the product solution is formulated, sterilized by filtration and filled under aseptic conditions. Labile clotting factors (octanate®, octanine®, octaplex®, wilate®) are stabilized by freeze drying. The quality of the final product is diligently examined for compliance with the product specification and thereafter released for packaging and distribution.

"We always think of the application of our products to the vein of the patient. A close relative of mine has been treated with Octapharma drugs. I was always glad to see that they reached him through our process steps, it gave me confidence. We always have to think that it might occur that we ourselves, or our relatives or friends, could be treated with our drugs. If we obey this thinking it insures we always do our best."

Volker Weimar, Plant Manager, Vienna

"You find a lot of human in this company. I have worked for Octapharma for 10 years. This work is extremely rewarding, I can think of no other industry that compares. It is an extremely human activity, in all senses. After all, what is more human than saving lives?"

Frédéric Cambecèdes, Plant Manager, Lingolsheim

"The chain from vein to vein is most visible starting with the plasma donor and ending with the patient receiving plasma products. In between, and much less visible, are the several chain-links representing all the human beings in production, quality control, logistics and other important areas. Only their qualified and diligent work makes this chain a reliable one."

Gerold Rempeters, Board Member, Corporate Production Officer

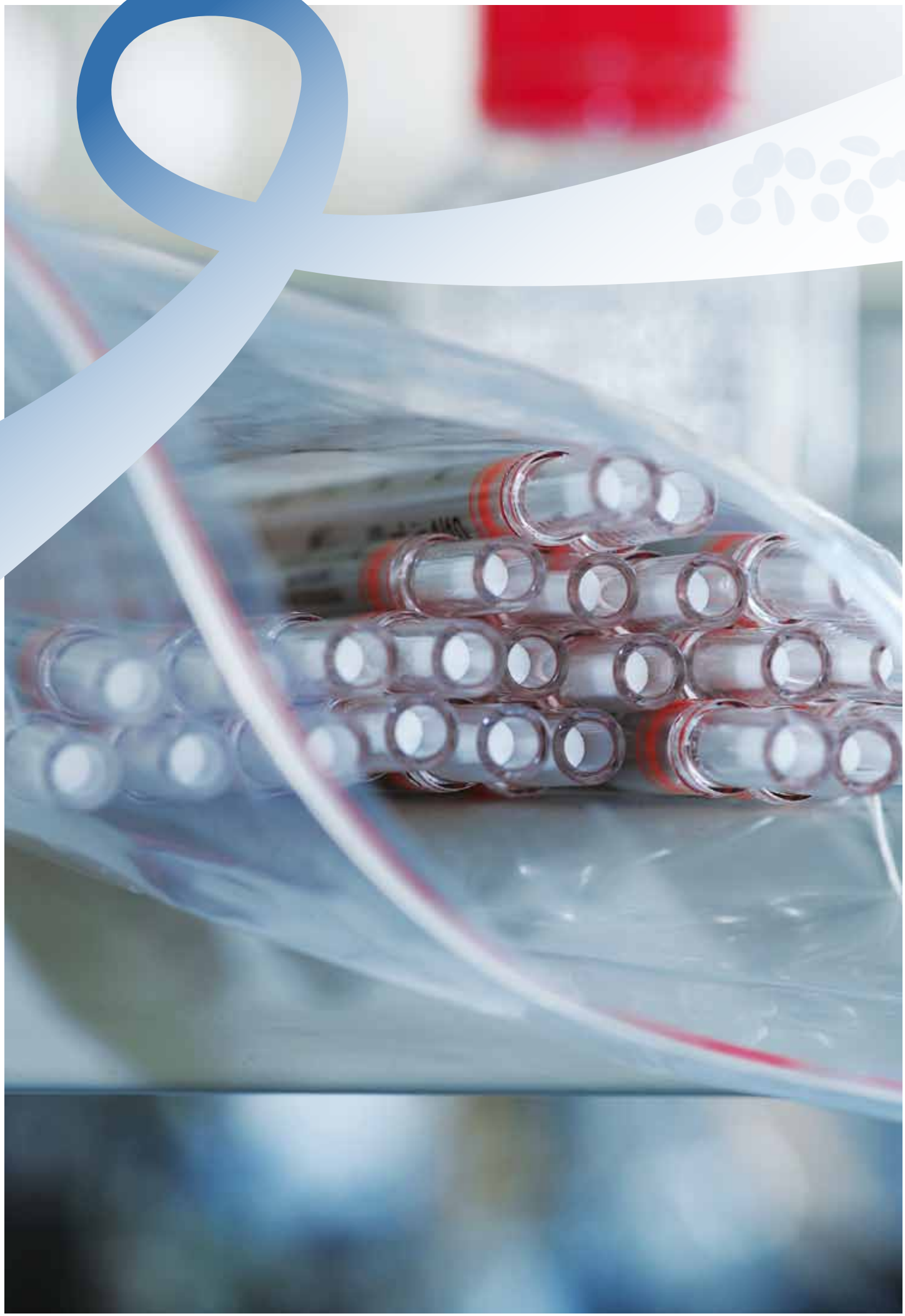
Investments

Just as many of our patients have our products injected into their veins to enrich their health, our shareholders are committed to injecting resources into our vein to vein process to ensure the continued health of the company. In 2011

- R&D: 43 million Euro costs.
- Investment in fixed assets amounted to 48 million Euro.
  - Heidelberg new research building: 11.6 million Euro investment.
  - Octapharma Plasma Inc.: several investments into the continuous optimization of the 45 centers, a total value of 1.3 million Euro.
  - Lingolsheim: 5.2 million Euro. 2.3 million for a new production facility for our new intravenous immunoglobulin, the first batch of which will be produced during 2012.
  - Vienna: 6.6 million Euro. 1.2 million for a new filling facility and 0.6 million Euro for lyophilization 6.
  - Springe: the continued construction of the production building, 5.2 million Euro investment.
  - Stockholm: 13.9 million Euro.

Our shareholders are furthermore committed to continue injecting resources into our vein to vein process throughout 2012 to further ensure the continued health of the company, strengthening Octapharma's ability to provide life saving products globally wherever needed.



R&D – Flow that keeps our pipeline healthy

"Plasma comprises a finely balanced system safeguarding our health. Hundreds of proteins are required for immunoregulation, transport, haemostasis and to ensure protection from pathogens. Acquired and inherited deficiencies demand specific treatments. R&D Plasma is committed to ensure continuity of efficient and safe products by contributing to many life cycle management projects and developing novel products using the precious source plasma"

Dr. Jürgen Römisch, Senior Vice President R&D Plasma, Vienna

"The main activities of Research & Development are focused on designing and perfecting processes to extract the maximum amount of purified proteins from this precious natural resource. It is our aim to utilize each drop of this invaluable resource to create a range of life-saving products."

Dr. Ulrich Thibaut, Board Member Research and Development

The work of R&D today defines Octapharma products of tomorrow. Belonging to one of the most rigorously regulated industries in the world means that it can take many years for a product to go through the product development cycle before reaching the market and our patients.

"R&D strives to improve the vein to vein process for both patients and physicians by improving characteristics of products, making the lives of those people dependent on these products more rewarding. We are working on product features that facilitate the handling and storage of products, as well as reducing the treatment time, thus relieving clinic staff, care givers and the patient."

Dr. Ulrich Thibaut, Board Member Research and Development

Plasma by its nature is a limited resource and as a result we are working on our most advanced recombinant project, a human cell line derived recombinant human coagulation factor VIII. Investing into research of recombinant therapies means we can continue to live up to our creed: "For the safe and optimal use of human proteins". As a limited material with inherent supply considerations, we see it as our duty to examine alternatives to plasma derived products. Plasma is just too special a substance to replicate or completely replace, but we are committed to developing products that will complement our current therapies and ultimately enhance the lives of our patients.

wilate®

octanate®

octanine®F

nanotiv®

Human plasma is the unique and irreplaceable source of our existing coagulation factor portfolio. Octanate®, octanineF® and wilate® are used in the treatment of patients with haemophilia A, B and von Willebrand disease (VWD) respectively. The native coagulation factor VIII (FVIII) / von Willebrand factor (VWF) complex represents the active component for products like octanate® and wilate®, ensuring an unsurpassed level of haemostatic efficacy and safety, e.g. from the development of disastrous neutralizing coagulation factor antibodies. The original FVIII/VWF complex found in our raw material has been designed by nature over hundreds of thousands of years of evolution.

Over the past 29 years, Octapharma has developed and optimized the art of plasma collection, gentle manufacturing and purification to preserve the full functionalities and tolerability of native, human plasma-derived coagulation factors. The resulting products' qualities, combined with one-of-a-kind customized services, face a significantly increasing demand from the global coagulation factor market. This has allowed Octapharma to provide more Haemophilia and VWD patients with product in 2011 than ever before. Successful life cycle management, such as the introduction of reduced volume preparations for octanate® in immune tolerance induction (ITI), new vial strengths for wilate®, as well as increased clinical and preclinical data collection and worldwide publications, ensured a profitable and sustainable growth of Octapharma`s coagulation products of +15%. Customized services, further product improvements with a focus on convenience, geographical expansion and indication profiles, will ensure sustainable growth of the Octapharma plasma-derived coagulation product division.

wilate®

Von Willebrand Disease (VWD) is the most common inherited bleeding disorder on a global level. To provide a tailor made product for reliable therapy of this neglected disease has been the goal for the development of wilate®. As a state of the art product, wilate® provides von Willebrand disease patients with a physiological VWF/FVIII complex in a native 1:1 ratio, a multimer profile close to normal plasma, and an intact VWF triplet structure. In November 2011 wilate® 500/1000 IU obtained approval as a new product in 26 European countries.

"The driving force behind the development of wilate® was to provide a tailor made product for the specific needs of the von Willebrand Disease patient. Now we are very happy that patients can benefit from this innovative product containing the native VWF/FVIII complex in a physiological ratio, as close as possible to the plasma of the healthy patient."

Dr. Oliver Hegener, International Product Manager, Haematology

Berenice, 22 years old. von Willebrand Disease

Berenice was diagnosed with von Willebrand disease when she was 16 years old. After several unsuccessful treatments she was no closer to finding a cure. Berenice's doctors finally suggested treatment with wilate® which has controlled the bleeding beyond her expectations.

"I no longer have to stay home during my cycle and can attend school every day. I am extremely grateful to the doctors for enabling me to enjoy a normal social life once again."



Nathan and Benjamin

Nathan was diagnosed with Severe haemophilia A at birth. His older brother Benjamin had received the same diagnosis at 14 months. The Hemophilia Team at the Hospital for Sick Children in Toronto worried that Nathan would, like his brother, develop inhibitors. They suggested he try an alternative factor called wilate®. They first used wilate® on demand whenever Nathan developed a bleed. When he was 9 months old he started to receive wilate® every two weeks as a preventative measure, but also to slowly introduce it to his system. When Nathan was 2 years old he developed a target joint bleed in his elbow and the decision was made to insert a port-a-cath so his family could treat him prophylactically at home.

"Having the ability to treat them both prophylactically and for a bleed has been liberating. Nathan receives wilate® every other day and has not had a bleed in over a year (knock on wood!) and more importantly has not developed an inhibitor."

"Nathan and his brother enjoy many activities and live life just like normal children with a few adjustments. Life is not exactly how we would have planned it, but the shock and devastation we felt a few years ago has been replaced by the courage, bravery and resilience our boys show us every day in dealing with their condition. We are very fortunate to have access to treatment and a compassionate health care team that provides us with world class care. We can now see that hemophilia does not mean the end of the world, just the start of a different one."

Nathan and Benjamin's mother



octanate®

Haemophilia A (HA) is a congenital, X-linked coagulopathy and is usually managed by administration of human clotting factor VIII (FVIII). Typically clotting capacity is restored and uncontrolled bleeding is stemmed by infusion of FVIII (either plasma-derived or recombinant FVIII) as prophylaxis or on-demand treatment. With the modern safeguards now in place to prevent viral transmission, the most significant clinical complication of FVIII replacement therapy has become the risk of developing inhibitory antibodies to the administered FVIII protein, neutralizing its therapeutic effect. Development of inhibitors seriously detracts from the quality of life in affected individuals and results in a 3-5-fold increase in overall HA treatment costs. Previously untreated patients (PUPs) with severe HA form a high-risk population, with inhibitors occurring in around 30% of cases, mainly in children and usually within 100 exposure days. With respect to the development of FVIII inhibitors in PUPs, treatment with octanate® was associated with a low risk (5.1%) of inhibitor development.

Immune Tolerance Induction (ITI) is the only proven strategy for FVIII inhibitor eradication. Successful ITI allows resumption of fully effective prophylactic treatment and on-demand replacement with FVIII, resulting in the improvement of the patients' quality of life and estimated savings of about US $1.7 million over the lifetime of the patient.

Data for VWF-containing FVIII concentrate octanate® indicate a high success rate of 80% in inhibitor elimination via ITI in the poor-prognosis patient cohort. The success rate of 80% with octanate® lies at the top-end of ITI success rates reported in previous ITI studies.

Jack, 3 years old. Severe haemophilia A with inhibitors

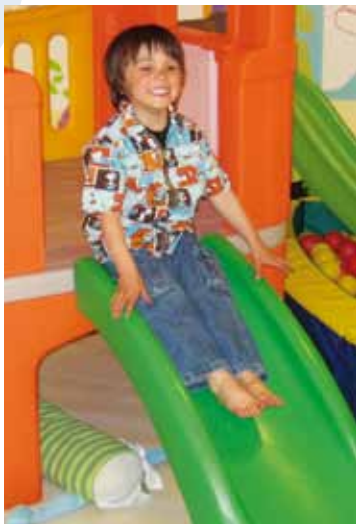
Jack was diagnosed with severe haemophilia A at birth and despite high dose ITI treatment with recombinant factor VIII, his inhibitor level continued to rise. Jack was switched to octanate® in April 2009 and his inhibitor level has been steadily falling ever since.

"The quality of life for us has significantly improved and his bleeding episodes are minimal. We no longer feel the need to shelter Jack from normal everyday activities and are hopeful for a successful outcome."

Jack's mother

Sami, 4 years old. Severe haemophilia A with inhibitors

When only a baby Sami was diagnosed with severe haemophilia A (FVIII:C = 0%). After failing to respond favorably to treatment with a bypassing agent, Sami started on ITI with octanate® in July, 2009. So far, treatment has been successful and Sami now enjoys a normal and active lifestyle.


Jair, 36 years old. Severe haemophilia A

Jair was misdiagnosed with moderate haemophilia A when he was two years old before being correctly diagnosed with severe haemophilia A when he was twenty. After several treatments for repeated bleeding episodes, Jair was able to join a prophylaxis treatment programme offering treatment with octanate® following a recommendation from his doctor. His condition has vastly improved since. "I am studying for my masters degree and I am now able to engage in physical activities in the Amazon Jungle."



Armen, 29 years old. Severe haemophilia A

Armen Voskanyan has severe haemophilia A and has worked for Octapharma since 2003.
He is a chemical process engineer and responsible for the FFR and the buffer process.
"I was three years old when the doctors diagnosed me after gum bleeding. I am proud to make a small contribution to the production of my medicine. I was always interested in the manufacturing process, in fact my disease played a very big role in my choice of occupation, it was because of that that I wanted to work for Octapharma. At the moment I am in a relatively good condition: it varies, some days are very good and some days are worse. When my granddad was still alive he donated plasma.
If I met a donor now, I would express to them my biggest gratitude."

Artur, 24 years old. Severe haemophilia A

Armen's brother Artur is a Product Expert at Octapharma: "I have severe haemophilia A and have known about my condition since birth. It feels very good to work in the production of the product I use, it is also very interesting. I have never met a plasma donor, but if I ever do I will give them my sincerest thanks."

Immunology

octagam®

octagam® 10%

gammanorm®

rhesonativ®

While the other plasma-derivatives manufactured by Octapharma are increasingly successful, our immunology products maintain their position as the leading biopharmaceuticals harvested from our precious plasma raw material. Traditionally the immunology product portfolio accounts for roughly 50% of Octapharma's annual revenues. Every year roughly 500,000 patients are treated with immunology products from Octapharma.

In 2011 the immunology product portfolio comprised three polyvalent immunoglobulins: octagam® 5% and octagam® 10% for intravenous infusion (IVIG), and gammanorm® 16.5% for subcutaneous administration (SCIG), for the treatment of patients suffering from inherited or acquired immunodeficiencies and individuals in need of immune modulation therapy.

During 2011 octagam® 5% and 10% resumed commercialization in all major markets. In addition to amending our manufacturing process for octagam® with a step to remove potential pro-coagulant activity from the plasma raw material, Octapharma introduced an innovative assay which has established a new standard in quality control in IVIGs. The thrombin generation assay is able to reveal any thromboembolic potential of a medicinal product.

Gammanorm® has shown to be a highly tolerable plasma-derivative, which is important for patients who treat themselves at home without trained health care personnel present. This has enabled a broad introduction of home infusion of this low-volume, highly concentrated immunoglobulin solution, significantly improving patients' quality of life.

"The flexibility and freedom in terms of treatment by being at home and able to infuse the weekly dose of medicine, for example while watching television, is very appealing to many patients. Octapharma is doing its utmost to introduce this treatment modality as an option for patients all over the world."

Tor Einar-Svae, International Business Manager Immunology & Corporate Medical Science Liaison Director

Each of our four immunoglobulin products are safeguarded against virus transmission by efficient removal and inactivation steps, and the most efficient method for inactivating the feared blood-borne viruses like HIV, namely the solvent/detergent treatment, is used in the manufacturing of each of these plasma-derived concentrates.

Nicole, 44 years old

10 years ago Nicole was diagnosed with a neurological disease. The therapy was very difficult to bear and all previous therapies failed. After difficult discussions (and fights) with the health insurance, in 2005 she was granted, for unlimited time, 15g octagam® monthly. Since the start of the IG therapy, her attacks are limited to twice a year in mild forms. Her condition is stable.

After the IG infusions she feels good and so far no side effects have occurred. Nicole is married and has two teenage kids. She loves to go to the cinema and read books, especially thrillers. To stay fit, once a week she goes to physiotherapy which is very important to her and she sees some improvements. She is very limited in her walking and flexibility, she misses skiing most. If Nicole met a plasma donor she would say "Thank you very very much. Please keep donating".



Benedikt, 10 years old

Benedikt was 3 months old when he was diagnosed with Alagille Syndrome. After a liver transplant in 2005, his health condition did not improve. His kidneys failed and he had several pneumonias which required ventilation. In 2009 an AK deficiency was detected and from then on he received monthly 17g of octagam®. Almost immediately he felt much better. In order to avoid too many hours away from school, in 2010 the doctors switched him to gammanorm® which his mother injects weekly. Both are positive that soon Benedikt will be able to inject himself. Before he started with the IG infusions, most of his life was spent at the hospital. Since May 2009 he and his family live a normal life and Benedikt is healthy. Since then he also hasn't experienced any pneumonia, not even a cold. Benedikt is in 3rd grade in a school for visually handicapped. He likes Harry Potter, loves Star Wars, he reads books and plays with his friends. He also like playing soccer and basketball. In order to increase his lung volume he needs to play Tenorhorn (baryton horn), however he doesn't like it too much. Once a week he goes to the Red Cross Youth. If Benedikt was to meet a plasma donor he would give him chocolate and would plead with him to continue donating.



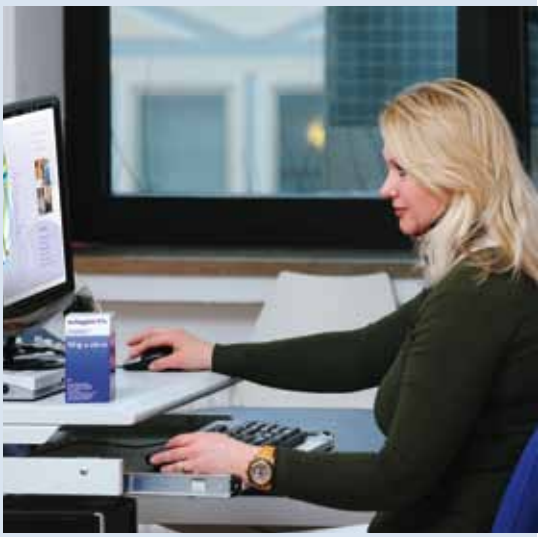
Alla Broytman, Study Nurse

"I educate many patients on the medication for self-injection and head the intravenous therapies. Our patients who are treated with immunoglobulins suffer from various diseases such as the Guillain-Barré-Syndrome. Many of these patients are treated long-term with immunoglobulin products, for example octagam® 5%, octagam® 10% or gammanorm®.

With my long practical experience (13.5 years) I can report a very high tolerability and efficacy. The IVIG therapy is the only treatment which is allowed during breast feeding. In some of the patients who do not tolerate other therapies, we use octagam®.

Due to the fact that octagam® is a plasma derived product, many of our patients ask where the plasma comes from. The donors come from both Europe and the US and have to permanently undergo strict and thorough tests. The chance to be infected with a serious illness through the treatment is very rare.

It is very important to me that I am able to help every patient to find their own effective therapy, which has hardly any side effects and I can only certainly recommend octagam®."



Intensive Care & Emergency Medicine

octaplas®

octaplasLG®

octaplex®

atenativ®

albunorm™

Over the past 20 years 12 million bags of our virus inactivated plasma, octaplas®, have been used to treat 4 million patients. Octaplas® is able to abolish the risk of Transfusion Related Acute Lung Injury (TRALI) and reduce both the severity and number (minus 80-90%) of allergic reactions in the recipient of plasma therapy. The manufacturing process allows neutralization and/or dilution of white blood cell antibodies, causing TRALI, and soluble substances and allergens able to cause allergic reactions. Together with a complete removal of residual blood cells, octaplas® has been shown to be in possession of tolerability features very different from alternative transfusion plasmas.

"Whilst many Octapharma products treat patients with lifelong conditions over many years, our Intensive Care & Emergency Medicine portfolio treats critically ill or injured patients. As our patients require immediate medical attention, quality, safety, efficacy and tolerability are critical factors."

Andrea Neisser-Svae, International Business Manager ICU & Emergency Medicine

Octaplas® was developed in the early 1990's to safeguard transfusion plasma against HIV, causing AIDS, and hepatitis viruses. The introduction of solvent-detergent treatment as the gold standard method for the inactivation of these viruses required an industry process and pooling of roughly 1,000 donors. The latest development in the life-cycle management of octaplas® is the introduction of a column chromatography step which safeguards the product from the risk of transmitting the human version of mad cow disease (variant Creutzfeld-Jakob disease). With three national registrations for this step, as well as a Mutual Recognition Procedure approval involving 7 countries, octaplasLG® is now the only pharmaceutically licensed human plasma available for transfusion which has been safeguarded against all blood-borne pathogens, prions included.

Taking into consideration not only the virus safety of octaplas® but also the prevention of TRALI and the reduction of frequent allergic reactions, octaplas® is cost effective in direct comparison with the use of other therapeutic plasmas, virus inactivated or not.

Octaplex® is the second generation Prothrombin Complex Concentrate (PCC) in our product portfolio. In around the year 2000 an optimized manufacturing method was introduced which resulted in a six factor (II, VII, IX, X, protein C and protein S) PCC comprising the necessary coagulation factors and inhibitors in a natural balance and a very low level of activated coagulation factors. This was done to provide a predictable and fast onset of action with a minimum risk of thromboembolic complications previously demonstrated for all the generations of PCC. Through its very good efficacy and tolerability record, octaplex® has become one of the world`s most sold PCC.

Soon a third octaplex® generation will appear, manufactured using an even more modern and efficacious nanofilter for the removal of viruses. In addition, the tolerability shown so far allows us to pursue a higher dosing and more aggressive infusion speed in patients in need of prompt therapy.

As new drugs are becoming available for the prevention of heart infarcts and strokes, we are currently investigating octaplex®`s role in the cessation of bleedings which may occur as a side effect following the use of this product. There is no doubt that PCCs have established themselves as the product of choice over fresh frozen plasma in the correction of such adverse events following oral anti-coagulant therapy.

Atenativ® (ATIII) and albunorm™ (human serum Albumin) have demonstrated a solid efficacy and impeccable safety and tolerability record. Like octaplex®, atenativ® is virus inactivated by solvent-detergent treatment in addition to pasteurization, which is also the key virus safeguarding step of albunorm™. Atenativ® is Heparin free which is important in the treatment of patients suffering from acquired ATIII deficiencies. Atenativ® is the only product among the ICEM products to face a non-plasma-derived, gene technology competitor. However, the half-life in the clinical use of this product is very short, being almost 1/10 of the half-life demonstrated by atenativ®.

We are also developing therapeutic plasmas which allow for a better logistically universally applicable plasma and a quicker start of therapy (fast reconstitution of a lypophilized plasma) to meet the desires of trauma handling and severe emergency bleeding disturbances.

Far advanced in the pipeline is a more detailed substitution therapy for those patients in lack of fibrinogen, our novel fibrinogen concentrate.

"In pediatric medicine plasma has a fixed place in the therapeutic repertoire of blood products. The indications are the same as for adults. Octaplas® is used for substitution therapy in the treatment of coagulation disorders if causal therapy is unsuccessful or if no single factor concentrates are available. Octaplas® is also used in extracorporeal therapy such as aphaeresis and in particular plasma exchange.

In principle, plasma exchange can be performed with saline solution, human albumin or plasma. Saline solution or human albumin leads rapidly to hemodilution with its negative effect on the coagulation and the complement system. Actually all plasma proteins are diluted, except albumin when human albumin solution is used. In order to avoid such negative effects, plasma can be used in the last phase of plasma exchange after pathogens have already been exchanged with human albumin. This is particularly important when the underlying pathology does not guarantee a sufficient synthesis of the plasma proteins e.g. in liver disease patients with restricted liver function.

We have been using octaplas® on a regular basis since 1996 and have, amongst others, successfully performed 300 plasma exchanges in children, teenagers and young adults. Octaplas® is regularly used for substitution of global coagulation problems in liver disease patients as well as after chemotherapy (e.g. asparaginase).“

Dr. Volker Witt, St. Anna Kinderspital / Children’s Hospital

Annual Accounts

The year 2011 has been a successful transitional year in many aspects. Most importantly, this year has witnessed the successful re-licensure of octagam® 5% and 10% in all important markets. As a consequence, profitability experienced a month-by-month continuous improvement. Market re-entry, combined with the strong demand for our Haematology and Intensive Care products, has led to the successful turnaround of the Octapharma Group in 2011. Net sales for 2011 stand at 732 million Euro, which is 14 million Euro or 2% above the 2010 number. The development of the monthly sales of 2011 could not be more different to those of 2010. The most recent months in 2011 already indicate a significant improvement in profitability for 2012.

Gross profit in 2011 was 205 million Euro, representing 28% of net sales. Although this is an increase of 31 million Euro compared to 2010, this percentage is rather low compared to the years preceding 2010. The sales volume has been, for known reasons, significantly lower than what our six production plants are ready to put through. Therefore, the fixed cost absorption has been less favorable in 2011 compared to previous years.

Operating expenses are 141 million Euro, 8 million Euro or almost 6% less than in 2010. This includes 43 million Euro investments into Research and Development. These investments confirm the management's announced commitment last year to continue investing into the future of the company in order to optimize the use of human proteins.

Earnings Before Interest and Tax (EBIT) can be reported at 64 million Euro. This reflects a 164% increase compared to 2010. Benefitting from the octagam® 5% and 10% recall on the income tax line, the net income after tax is 72 million Euro.

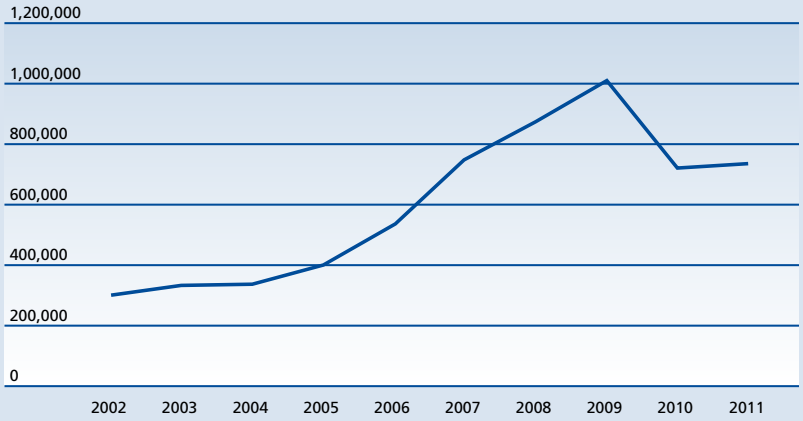
Starting the year 2011 with a cash position of 74 million Euro, we end 2011 with a cash position of 27 million Euro. Considering short-term bank loans of 45 million Euro, this results in a net cash position of -18 million Euro. The relatively high trade receivable position, compared to last year's, is due to the previously mentioned higher revenues in the last months of 2011. We expect to at least maintain this level despite the expected continuous sales increase throughout 2012. The nature of the plasma business means that inventory could not immediately be reduced back to the level it was in 2009. The net inventory increased from 503 million Euro to 581 million Euro. However, the drastic increase can be reduced and it is expected that we will see a return to our position as one of the lowest net inventory levels in the industry, in relation to net sales, within the next 24-36 months. The investment in fixed assets amounted to 48 million Euro in 2011. This is significantly lower than in past years. Whereas investments were, overall, carefully reviewed in the first months of 2011, major projects were not substantially impacted. The equity ratio remains at an impressive level of 79% at the end of 2011.

The promising first months of octagam® returning to the markets allow a positive outlook for 2012 and it is expected that all key figures will further improve during 2012.

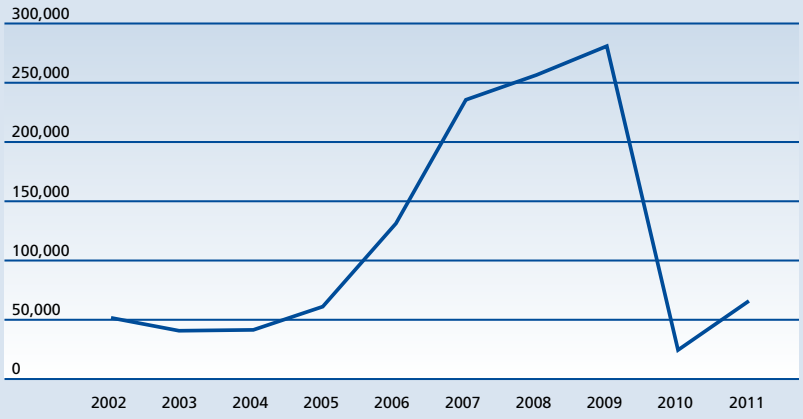
Roger Mächler, Board Member, Chief Financial Officer

Key Figures of the Octapharma Group

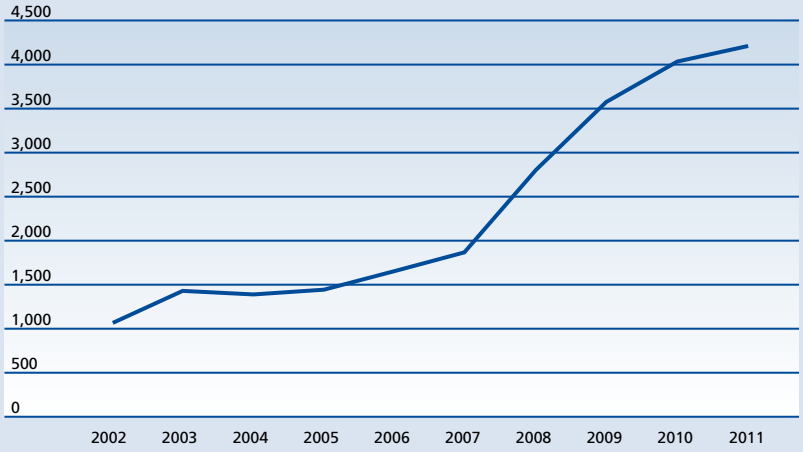
Net sales in 1,000 EUR



Operating income in 1,000 EUR



Average headcount



(Monetary figures in 1,000 EUR)

	2011	2010	2009	2008	2007
Operating income	63,758	24,140	278,320	256,045	237,497
Net profit of the year	72,082	45,807	253,533	231,018	206,751
Year-end headcount	4,514	4,238	3,977	3,037	1,968
Return on average equity	7%	5%	29%	35%	45%
Profit from operations per employee	15	6	78	92	130
Current ratio	463%	533%	517%	468%	404%
Days of sales in receivables	145	106	93	101	106
Days of purchases in inventory	385	282	173	135	149
Cash flow from operations	-43,501	-62,003	169,433	208,180	209,822
Expenditures to ensure future prosperity	91,660	151,114	175,346	140,549	69,367
• Research and development	43,491	40,347	38,502	25,115	23,582
• Capital expenditures and investments in activities	48,169	110,767	136,844	115,434	45,785

Income Statement of the Octapharma Group

The following summary financial statements, which comprise the summary income statement as at December 31, 2011, the summary balance sheet and summary cash flow statement for the year then ended are derived from the financial statements of Octapharma Nordic AB, Stockholm, for the year ended December 31, 2011 aggregating non-material financial statement captions.

(All figures in 1,000 EUR)

	2011	2010
Gross sales	758,309	749,476
Sales deductions	-26,108	-31,676
Net sales	732,201	717,800
Cost of sales	-527,230	-544,156
Gross profit	204,971	173,644
Research and development	-43,491	-40,347
Selling and marketing	-58,494	-65,616
Regulatory affairs / quality audit	-8,536	-7,620
General and administration	-33,751	-38,839
Other income	3,720	4,196
Other expenses	-661	-1,278
Total operating expenses	-141,213	-149,504
Operating income	63,758	24,140
Non-operating income and expenses	-274	19,962
Profit before taxes	63,484	44,102
Income tax	8,598	1,705
Net profit of the year	72,082	45,807

Balance Sheet of the Octapharma Group

(All figures in 1,000 EUR)

	31.12.2011	31.12.2010
Assets		
Cash and cash equivalents	26,521	74,371
Trade receivables	301,387	217,104
Other receivables	2,815	1,744
Inventories	581,225	503,378
Other current assets	16,526	34,113
Total current assets	928,474	830,710
Financial investments	2,820	2,605
Deferred tax assets	53,241	33,820
Loans to related parties	814	0
Investments in associates	3,848	4,783
Intangible assets	191	14,665
Property, plant and equipment	335,843	341,362
Total non-current assets	396,757	397,238
Total assets	1,325,231	1,227,948

(All figures in 1,000 EUR)

	31.12.2011	31.12.2010
Liabilities and equity		
Trade payables and other payables	62,949	65,483
Payables to related parties	12,524	477
Bank loans	45,000	0
Income tax payables	6,336	11,269
Accruals and provisions	73,907	78,603
Total current liabilities	200,716	155,832
Deferred income	3,504	2,769
Provisions	46,313	45,919
Deferred tax liabilities	28,157	25,866
Total non-current liabilities	77,974	74,554
Total liabilities	278,690	230,386
Share capital	100	100
Retained earnings	1,048,955	991,878
Hedging reserve	-5,615	5,869
Currency translation adjustment	3,101	-285
Total equity attributable to owners of the company	1,046,541	997,562
Total liabilities and equity	1,325,231	1,227,948

Cash Flow Statement of the Octapharma Group

(All figures in 1,000 EUR)

	2011	2010
Net profit of the year	72,082	45,807
Depreciation on tangible and intangible assets	68,272	74,373
Change in fair value of non-current assets	-11,529	-16,473
Share of (profit) loss of associates	-1,273	-720
(Profit) loss on sale of property, plant and equipment	21	238
Changes in non-current liabilities and provisions	256	-16,393
Unrealised foreign exchange (gain) loss	-137	-12,760
Cash flow before changes in working capital	127,692	74,072
(Increase) decrease of working capital	-171,193	-136,075
Net cash from operating activities	-43,501	-62,003
Acquisition of property, plant and equipment	-48,169	-89,062
Acquisition of intangible assets	0	-21,708
Proceeds from associates, current and non-current financial investments	1,280	3,181
Proceeds from sales of property, plant and equipment and intangible assets	96	2,214
Net cash used in investing activities	-46,793	-105,375
Dividends paid	-2,529	-30,000
Increase (decrease) of bank loan	45,000	0
Net cash used for financing activities	42,471	-30,000
Net change in cash and cash equivalents	-47,823	-197,378
Cash and cash equivalents beginning of period	74,371	270,709
Effect of exchange fluctuation on cash held	-27	1,040
Cash and cash equivalents end of period	26,521	74,371

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REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

Octapharma Nordic AB, Stockholm

The accompanying summary financial statements on pages 44 to 48, which comprise the summary balance sheet as at 31 December 2011, the summary income statement and summary cash flow statement for the year then ended, are derived from the audited financial statements of Octapharma Nordic AB, Stockholm, for the year ended 31 December 2011. We expressed an unmodified audit opinion on those financial statements in our report dated 20 March 2012. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by International Financial Reporting Standards (IFRS). Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Octapharma Nordic AB.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described on page 44 of this report.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (ISA) 810, "Engagements to Report on Summary Financial Statements."

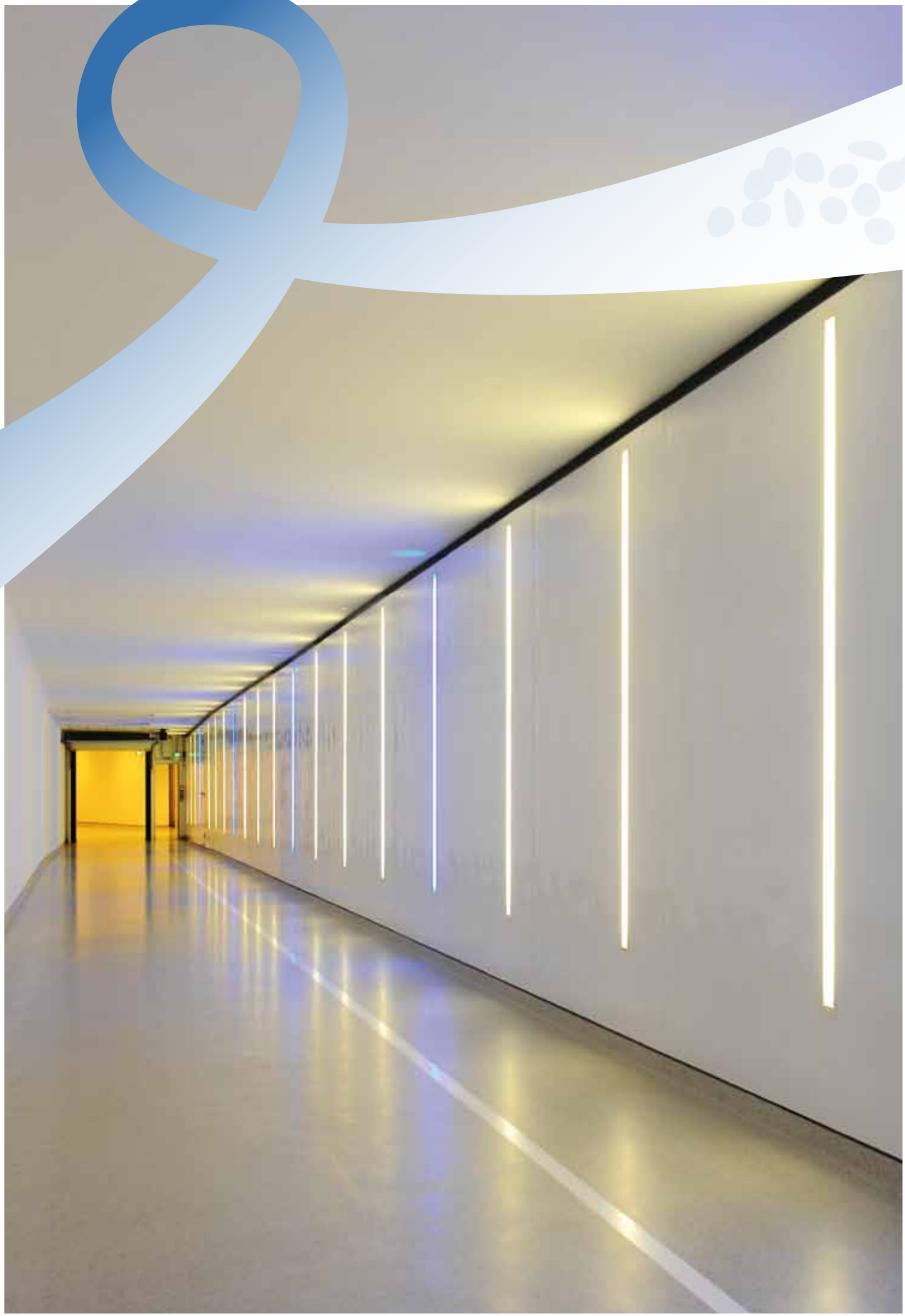
Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Octapharma Nordic AB for the year ended 31 December 2011 are consistent, in all material respects, with those financial statements, on the basis described on page 44 of this report.

KPMG Ltd

Orlando Lanfranchi Markus Ackermann

Zurich, 20 March 2012



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