"GO TO MARKET STRATEGIES FOR FESOBIG (FESOTERODINE 4 MG / 8 MG TABLETS) CONDUCTING SURVEY WITH GYNECOLOGISTS OF HYDERABAD ON OAB".

Dissertation Submitted to

The IIHMR University, Jaipur

For the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)
in
Pharmaceutical Management
By

AYUSHI SINGH

IIHMR-U/02/2021-23/0296

MBA PM-13

Under the Supervision and Guidance of

Dr. Ashok Peepliwal

DECLARATION BY STUDENT

By signing, I attest that my thesis, "Go to market strategies for Fesobig (Fesoterodine 4 mg/8mg tablets)," is entirely unique. "Conducting survey with gynaecologists of Hyderabad on OAB" is the verified record of my original study work. I attest that no other college or organisation has submitted it for consideration in order to award a degree or diploma. The text has appropriately cited any information that was derived from previously published or unpublished works by other persons.

(Signature)

Ayushi Singh

Date

CERTIFICATE

This is to verify that Ayushi Singh successfully completed her internship at MSN Laboratories between March 6 and May 31, 2023, in partial fulfilment of the requirements for the award of the degree of MBA Pharmaceutical Management from the IIHMR University, Jaipur.

Place : Hyderabad
Date :

MSN Reddy
MSN Laboratories

CERTIFICATE

The purpose of this document is to certify that the dissertation, "Marketing strategies for Fesobig (Fesoterodine 4 mg/8 mg tablets)," was successfully completed. I directed and oversaw Ayushi Singh's research study, "Conducting survey with gynaecologists of Hyderabad on OAB," which she completed for her MBA in Pharmaceutical Management degree at the IIHMR University, Jaipur. She approached the research work with an honest, rational, and scientific manner.

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Date

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Date

Abstract

The goal of this study is to find out how Hyderabad, India's gynaecologists feel about Fesobig's effectiveness as a commercially accessible overactive bladder (OAB) medication.
a review of Hyderabad gynaecologists' abilities and knowledge in treating overactive bladder with Fesobig.
to evaluate gynaecologists' views on the efficiency, safety, and efficacy of Fesobig in comparison to other OAB drugs.
analysis of the Fexobig Cutting Technique and gynaecology.
advice on how to use Fexobiq to treat overactive bladder, including suggested dosage adjustments.
Gynaecologists from Hyderabad, India answered a questionnaire for this study. A relevant questionnaire will be used to collect information on the Fesobig and bladder hypersecretion knowledge, comprehension, and preferences of gynaecologists.
will use a simple technique to get input from gynaecologists at several hospitals.

Acknowledgements

Permit me to use this opportunity to thank everyone who contributed to this effort. I'm grateful that Dr. Saurabh Banerjee, the dean of the School of Pharmaceutical Management at IIHMR University, Jaipur, and Dr. Ashok Peepliwal, the faculty coordinator, allowed me to finish my thesis.

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ABBREVIATION

OAB	• Overactive bladder
UUI	• Urge urinary incontinence
GTM	• Go to marketing
Mg	• Milligrams
MSN	• Manna Satyanarayana
OEM	• Original Eva medicines
UI	• Urinary incontinence
Ca	• Calcium
HRQL	• Health related quality of Life
OAB-q	• Overactive bladder questionnaire
COX	• Cyclooxygenase
HMT	• Hydroxy methyl tolterodine
OPD	• Out patient department
CME	• Continuing medical education

CHAPTER 1 : INTRODUCTION

After ruling out other illnesses and the metabolic abnormalities that lead to them, the International Continence Society defines overactive bladder (OAB) as nocturia with or without urgency, frequency, and urgency. Despite the fact that 85% of OAB patients have urine incontinence, 90% of these individuals experience frequent, urgent, and nocturnal urinating. 33 million Americans are thought to be affected by OAB. Men and women in Europe over the age of 18 experience the same 11.8% prevalence of the illness.
OAB affects about 30% of women over the age of 65 and is more common as people become older for both sexes. A patient's physical, social, emotional, and sexual functioning may be impacted by an overactive bladder. As a result, treating it is crucial because it can make patients' quality of life worse. OAB can be treated in a variety of ways, such as with behavioural therapy, medication, and surgery. Specifically anticholinergic medications (sonacin, tolterodine, fesoterodine, ammonium bromide, darfenacin, propantheline), Ca channel blockers, terbutin Taline, cyclooxygenase (COX inhibitors) (indomethacin, flurbiprofen), toxins and active substances (prooxybutin), baclofen, etc. are used to treat OAB.

). There isn't a study comparing solifenacin with fesoterodine in the literature, despite a 2014 publication comparing solifenacin and tolterodine, the active metabolite of fesoterodine. The active metabolite 5-hydroxymethyltorterodine (5-HMT), which was approved by the European Medicines Agency in 2007, is produced quickly and abundantly by non-specific esterases. Solifenacin was authorised by the European Medicines Agency in 2004 for its extended activity and capacity to be more selective for bladder M3 receptors.

CHAPTER 2 : REVIEW OF LITERATURE

• 2004's Antimuscarinic Drugs for OAB - Antimuscarinic medications have long been the preferred option for treating frequent urination, vomiting, and voiding (such as an overactive bladder). Antimuscarinic therapy has been linked to adverse effects that make it difficult to utilise drugs and is not always successful. Recently, it has been questioned whether the effects of antimuscarinic medications have any clinical importance. The rationale for using this medication to treat overactive bladder was revisited, and its clinical advantages were highlighted, in this review. I've come to the conclusion that these medications are the only ones that work well to treat an overactive bladder.

The importance of these treatments for patients should not be understated, even though they may not be the best option for all people with this disease. Finally, as expected, further analyzes were performed based on improvements in quality of life that were directly related to the cost of anti muscarinic therapy.

• Treatment of OAB in Women (2009) - The authors came to the conclusion that there is not enough data to make any conclusions about the similarities in the advantages and disadvantages of various treatments for the same diseases. Quality research is essential to provide women and those who care for them with more knowledge to aid in decision-making. The author's observations seem reasonable, and they typically have positive results.

• Effect of antimuscarinic drugs on MAP (2008) - Information from a recently developed antimuscarinic drug (fesoterodine) has been added to this 2005 review. The Analysis of the data from randomised clinical trials addressing the effectiveness of approved antimuscarinic medications for the treatment of overactive bladder was the primary goal of this study. Reviewing the evidence linked to safety, tolerability, and health-related quality of life (HRQL) was the secondary goal.

• OAB Questionnaire on Sensitivity (2005) This study looked at how patients responding to antimuscarinic medication responded to the Overactive Bladder Questionnaire (OAB-q)

• 2007 list of OAB muscarinic antagonists This evaluation was written by Paul Abrams and Karl-Erik Andersson, two specialists in muscarinic antagonists and overactive bladder.
This exhaustive review provides all the information you could ever need to know about this fascinating subject.

Chapter 3 : Methodology

The opinions, preferences, and practises of gynaecologists in Hyderabad about the use of Fesobig (fesoterodine 4 mg/8 mg pill) for treating overactive bladder (OAM) were surveyed. The survey shown below was used:

The goals and research questions of the questionnaire were to find out more from the OHC gynaecologists in Hyderabad about the patients' preferred drugs, dose, and duration. Follow Fesobig to learn more about the hiring process in the context of OAB management.

The viewpoints, preferences, and practises of Hyderabadi gynaecologists towards the management of an overactive bladder.

• **Study Design:** A questionnaire should be used to collect data on item understanding a gynaecology specialist, and be written.

• Sampling strategy

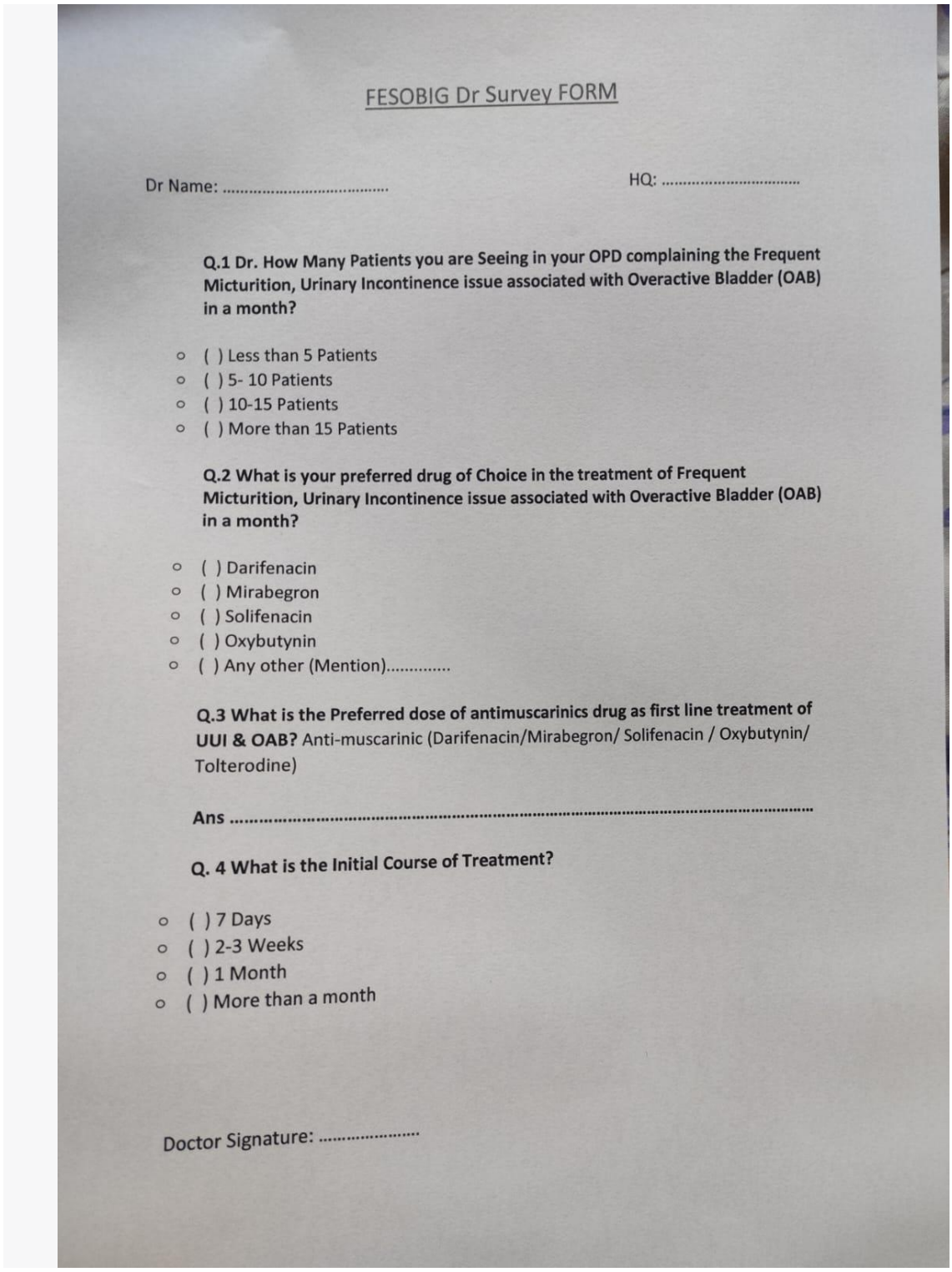
Participants in the study were gynaecologists in Hyderabad.
I chose a practises after asking local doctors for suggestions.
Gynaecologists from Hyderabad are letting me take samples from thirty of them. After getting a list of gynaecologists from MSN private practises, use a technique to choose samples.
opinions, preferences, and practises of gynaecologists in Hyderabad with relation to the administration of Fesobig (fesoterodine), a medication used to treat overactive bladder (OAM)Study Plan: data on comprehension

• Tools for integrated search

Create search tools that use precise and precise search criteria. This study concentrated on the primary absence of OAB in OAB patients, OAB-related absence within one month, treatment options, and effects of absence-related OAB within one month.
The main and initial course of treatment for UUI and OAB is antimuscarinic medicine.

• Data collection: This study was conducted byo bstetrician in Hyderabad.
Observation is the process of acquiring data. Make sure answers are private and anonymous to encourage objective and fair responses.

• Data Analysis:
Perform a quantitative data analysis based on the type of data collected.



FESOBIG Dr Survey FORM

Dr Name: ..... HQ: .....

Q.1 Dr. How Many Patients you are Seeing in your OPD complaining the Frequent Micturition, Urinary Incontinence issue associated with Overactive Bladder (OAB) in a month?

- ( ) Less than 5 Patients
- ( ) 5- 10 Patients
- ( ) 10-15 Patients
- ( ) More than 15 Patients

Q.2 What is your preferred drug of Choice in the treatment of Frequent Micturition, Urinary Incontinence issue associated with Overactive Bladder (OAB) in a month?

- ( ) Darifenacin
- ( ) Mirabegron
- ( ) Solifenacin
- ( ) Oxybutynin
- ( ) Any other (Mention).....

Q.3 What is the Preferred dose of antimuscarinics drug as first line treatment of UUI & OAB? Anti-muscarinic (Darifenacin/Mirabegron/ Solifenacin / Oxybutynin/ Tolterodine)

Ans .....

Q. 4 What is the Initial Course of Treatment?

- ( ) 7 Days
- ( ) 2-3 Weeks
- ( ) 1 Month
- ( ) More than a month

Doctor Signature: .....

Fig 3.1 This figure depicts the paper based survey form prepared for the gynecologists in Hyderabad

Chapter 4 : Results

In Hyderabad, a survey with a sample size of 30 gynaecologists was conducted using the random sampling method. This is directed at Hyderabad's gynaecologists. The number of OAB patients, the drug the doctor preferred, the recommended dose, and the ideal time to provide the medication to the patient were all questions in this poll.

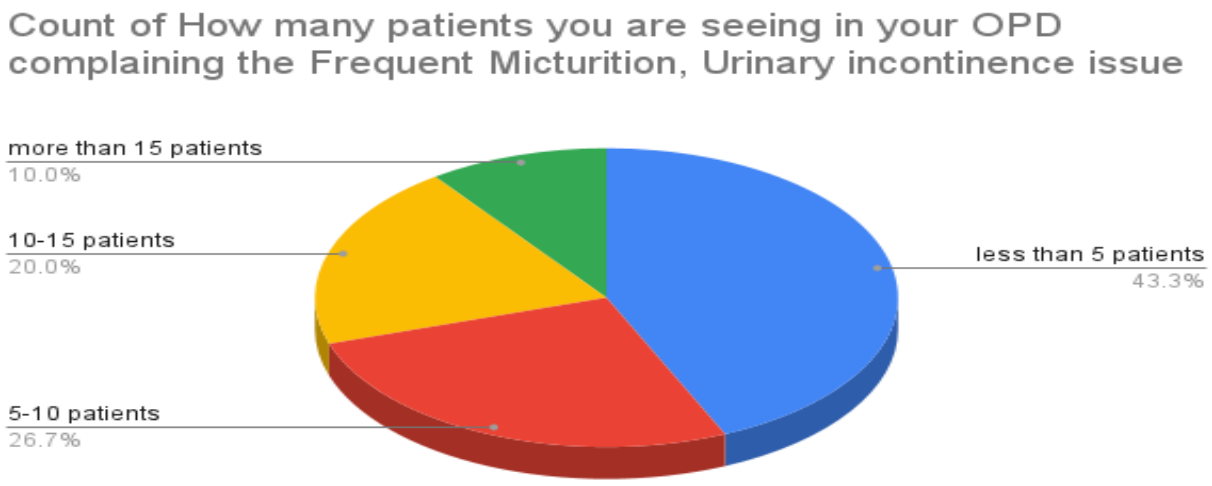


Fig 4.1: pie chart depicts the number of patients suffering f• The pie chart here shows patients with frequent urination and urinary incontinence. From this pie chart, we can conclude that less than 5 patients per month have OAB most of the time (43.3%).

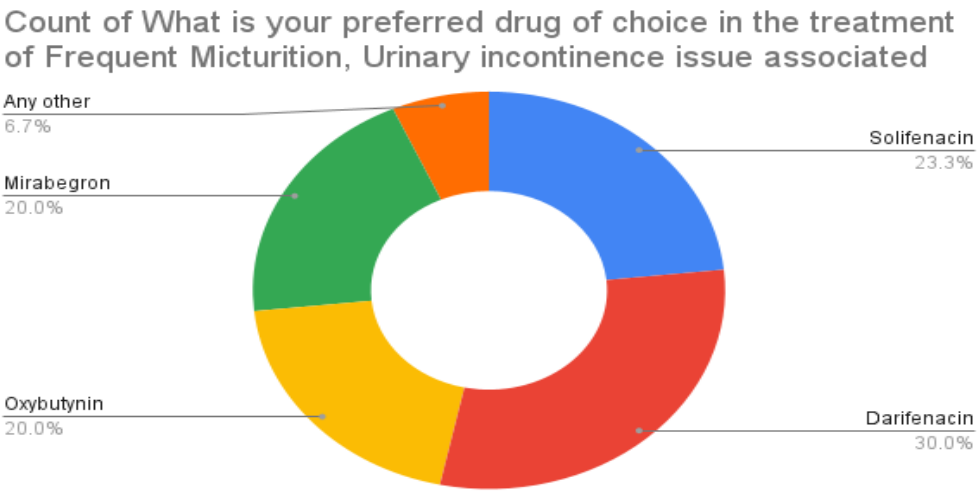


Fig 4.2: pie chart depicts the preferred choice of drug for management of OAB

• This pie chart shows that mirabegron (5-10 mg) and darfenacin (5-10 mg) are the antimuscarinic drugs of choice as first-line therapy for UUI and OAB among Hyderabad gynecologists.

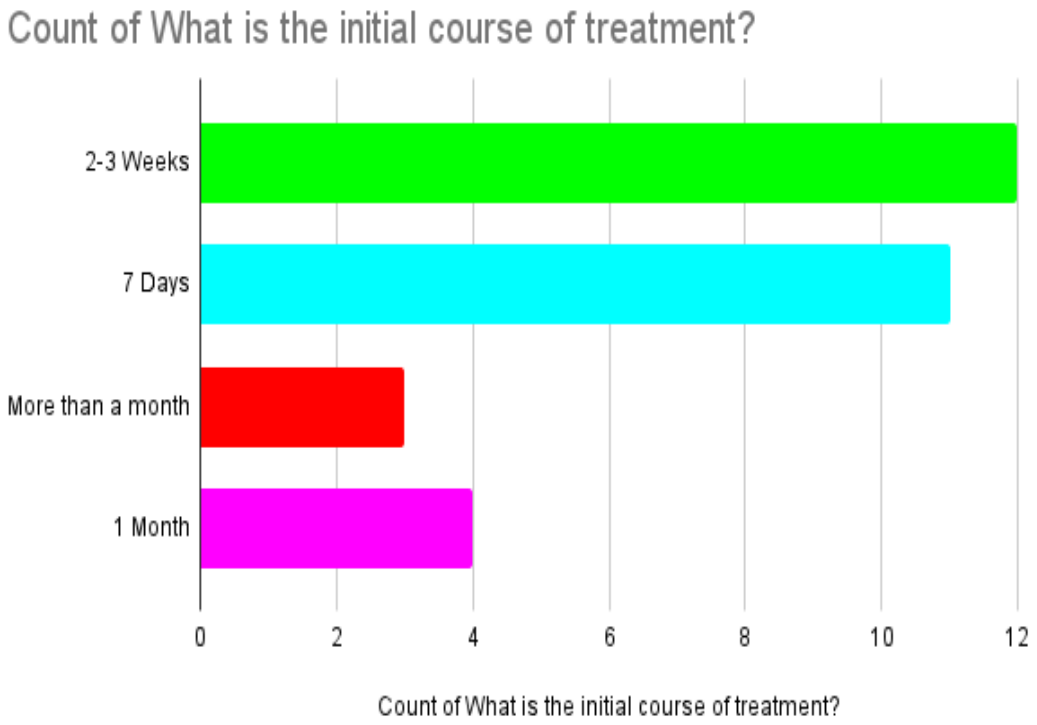


Fig 4.4: bar graph represents the preferred initial course of treatment

This bar graph depicts that the duration of 2-3 weeks is the most preferred initial course of treatment by gynecologists in Hyderabad.

Key Findings – Based on the findings, it can be concluded that the number of patients suffering from UUI on a monthly basis is very low. Therefore, awareness of OAB needs to be increased so that more women can access education and treatment. Darfenacine and Mirabegron are currently the most popular drugs recommended by gynecologists in Hyderabad. Physicians should be informed about Fesobig and its safety and efficacy for it to be the next drug of choice in the treatment of OAB. The 2-3 week treatment preferred by the gynecologist in patients with UUI is also among the main findings.

Chapter 5 : Discussion

Hyderabad Delivery of Fesobig (Fesoterodine 4mg/8mg Tablet) and inquiries to gynaecologist on Fesobig use and treatment of overactive bladder (OAB). The primary advantages and implications of creating a business strategy for Fesobig in Hyderabad are highlighted in the discussion that follows.

• Expertise: Research has demonstrated that, despite the fact that the majority of gynaecologists consider OAB to be a disease, there are some differences in medical expertise. This underlines the importance of gender studies and of Fesobig's knowledge of AAM management. To clear up misunderstandings and give gynaecologists proper information on Fesobig, MSN Laboratories creates curriculum and administers continuing medical education (CME) courses and programmes.

• Clinical application: Studies have illuminated the current obstetricians' and gynaecologists' approaches to managing OAB. OAB's preference for mirabegron and darfenacine is one example of this. Thanks to medical knowledge and industrial best practises, MSN Laboratories now offers fesobig as a treatment that is suitable and effective. Fesobig differs from other drugs in that it constantly produces positive results, which encourages obstetricians to recommend it.

Chapter 6 : Conclusion

The use and susceptibility to fesoterodine (fesoterodine 4mg/8mg pill) in the treatment of overactive bladder (OAM) was surveyed and asked of Hyderabad gynaecologists in the district. Fesobig improves OAB administration and spreads concepts.

comments on the value of OAB therapy and gynaecologist education. Businesses may greatly contribute to the spread of correct and up-to-date knowledge through publications, CME conferences, and educational resources. It is essential for the development of Fesobig as an effective and user-friendly treatment to comprehend the techniques gynaecologists are now using to control OAB. Through publications, CME conferences and instructional materials, businesses can contribute significantly to the dissemination of accurate and current knowledge. Understanding the methods gynaecologists now apply to control OAB is crucial to the development of Fesobig as an efficient and straightforward treatment. Fesobig's ability to be used by obstetricians and the fact that it should be taken once day with understanding sets it apart from other medications. The usefulness and beauty of a strong basis for company is provided by Fesobig and its models. You must clear up any issues or misunderstandings that weren't covered in the questionnaire, like side effects or side effects, in order to develop trust and confidence in the gynaecologist.

Xobige differs from other medications in that it can be prescribed by obstetricians and that it must be taken once daily with knowledge. The value and appeal of Fesobig and its models give a corporation a solid foundation. Any questions or misunderstandings that weren't addressed in the must be clarified.

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