

MARKET RESEARCH OF PANTOPRAZOLE

Presented By –

Aniruddh Jain

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MBA Pharmaceutical Management

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Supervised By –

Dr. Surya Prakash

Associate Professor

IIHMR UNIVERSITY , JAIPUR

INTRODUCTION

- PANTOPRAZOLE IS A SUBSTITUTED PROTON PUMP INHIBITORS DRUG.
- IT INHIBITS GASTRIC ACID SECRETION
- PANTOPRAZOLE IS USED TO TREAT EROSIVE ESOPHAGITIS IN ADULTS AND CHILDREN WHO ARE AT LEAST 5 YEARS OLD. PANTOPRAZOLE IS USUALLY GIVEN FOR UP TO 8 WEEKS AT A TIME WHILE YOUR ESOPHAGUS HEALS.
- IT IS USED TO TREAT GERD –A CONDITION THAT CAUSES GASTRIC JUICE SECRETION TO FLOW UPWARDS FROM STOMCH AND INTO THE ESOPHAGUS.
- IT IS ALSO USED AS ZOLLINGER ELLISON SYNDROME



MARKET SIZE OF PANTOPRAZOLE IN INDIA

- pantoprazole plain market (Rs.1,010 crore) is exhibiting a growth of 15% while pantoprazole + domperidone combination (Rs.935 crore) is exhibiting a growth of 12%.

MECHANISM OF ACTION

- Pantoprazole is a proton pump inhibitor that suppresses the final step in gastric acid production by covalently binding to the $(\text{H}^+ , \text{K}^+)$ -ATPase enzyme system at the secretory surface of the gastric parietal cell. This effect leads to inhibition of both basal and stimulates gastric acid secretion, irrespective of the stimulus
- The binding of pantoprazole to H^+/K^+ -ATPase is irreversible in nature and effectively inhibits acid secretion until new enzymes is synthesized.

PRIMARY OBJECTIVE

MARKET RESEARCH OF PANTOPRAZOLE

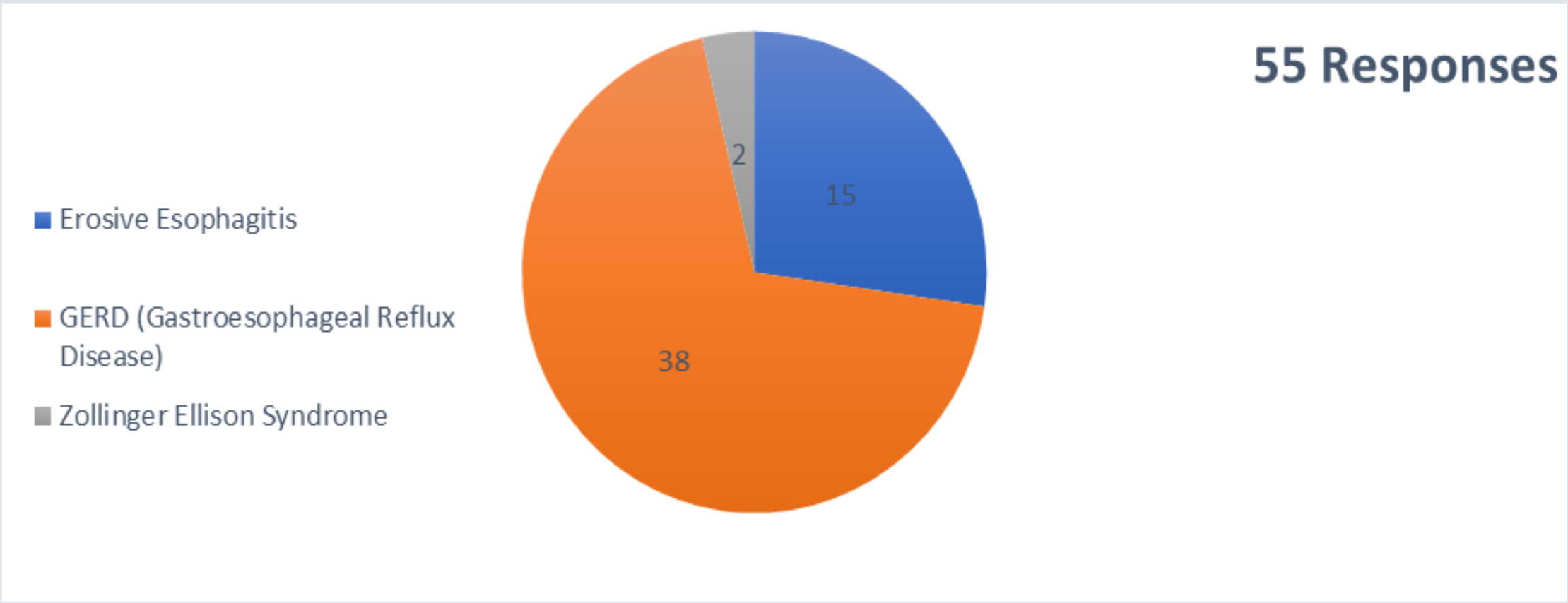
SECONDARY OBJECTIVE

- **To Study the pantoprazole market, practice patterns of pantoprazole in Rajasthan**
- **To find out the top brands of pantoprazole & it analyse to the market share of Pantoprazole other brands.**

STUDY METHDOLOGY

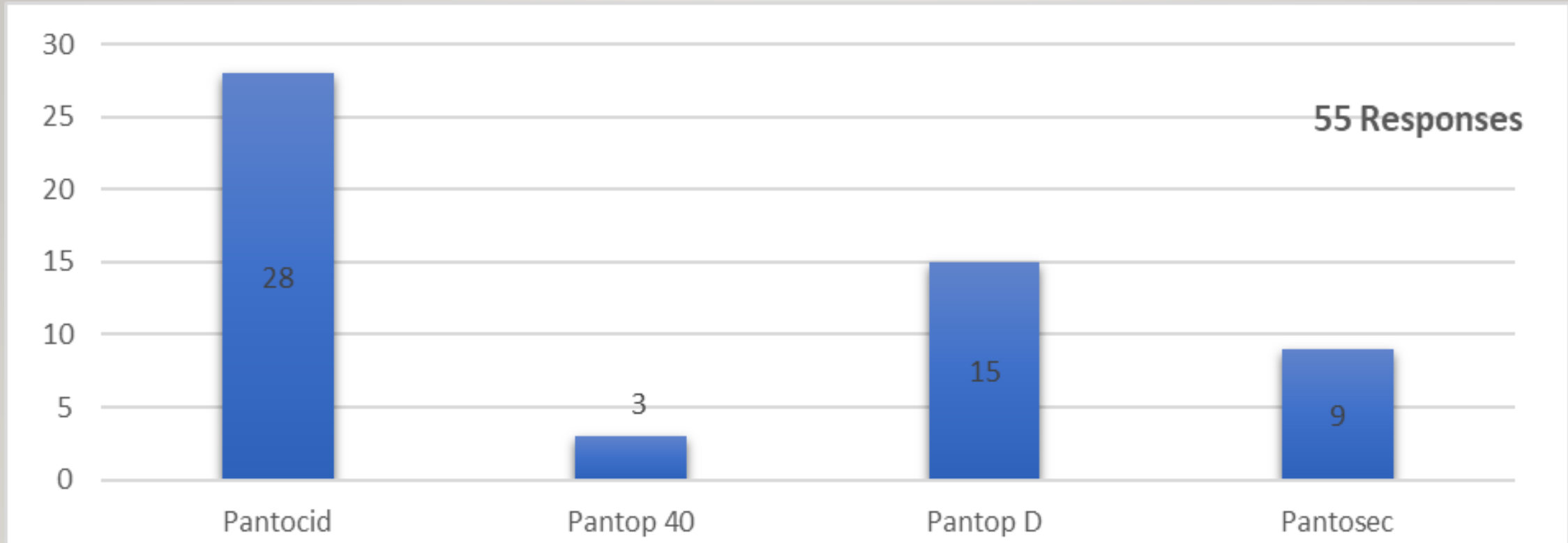
- **Study Design: Descriptive Study**
- **Sampling: Non- probability Convenient sampling**
- **Sample Size: Respondents: During the study only 55 respondents filled questionnaire**
- **Data Collection – Primary And Secondary**

QUESTION 1. IN WHICH INDICATION DO YOU PRESCRIBE THE PANTOPRAZOLE FOR PATIENTS?



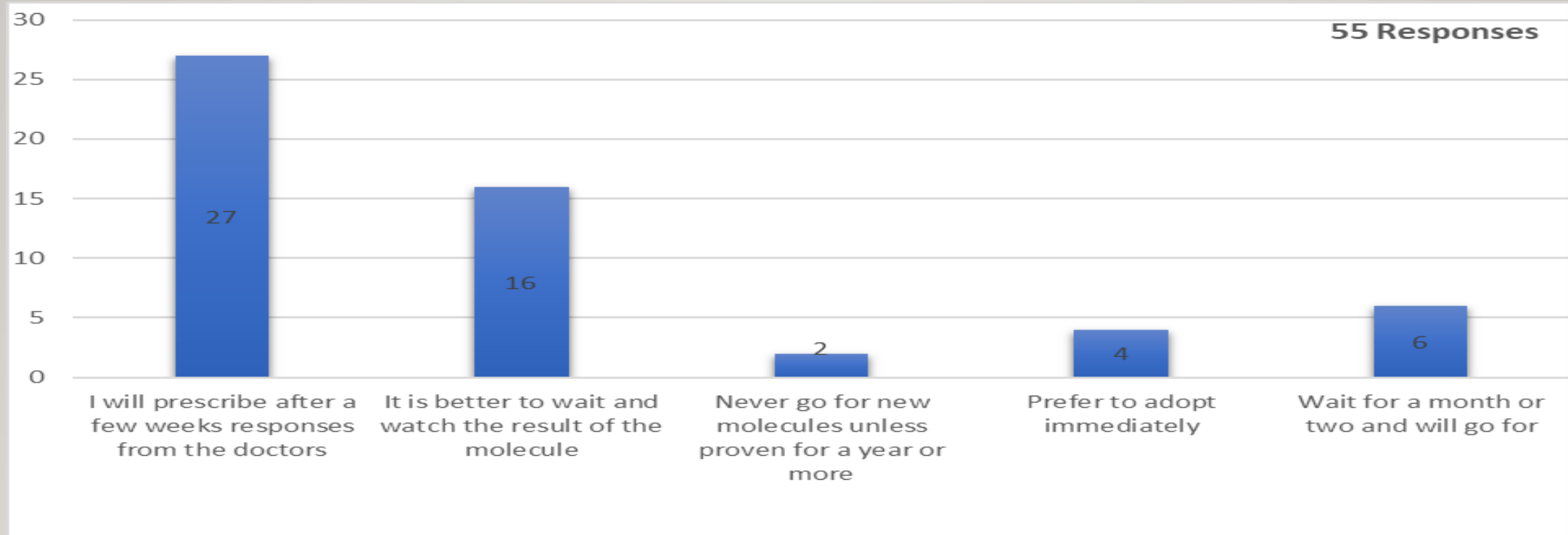
INFERENCE- It is observed that most of doctor most considered indication are GERD than Erosive Esophagitis and Zollinger Ellison Syndrome that disease data from of 55 doctors.

QUESTION 2. WHICH BRANDS OF PANTOPRAZOLE COME TO YOUR MIND IMMEDIATELY?



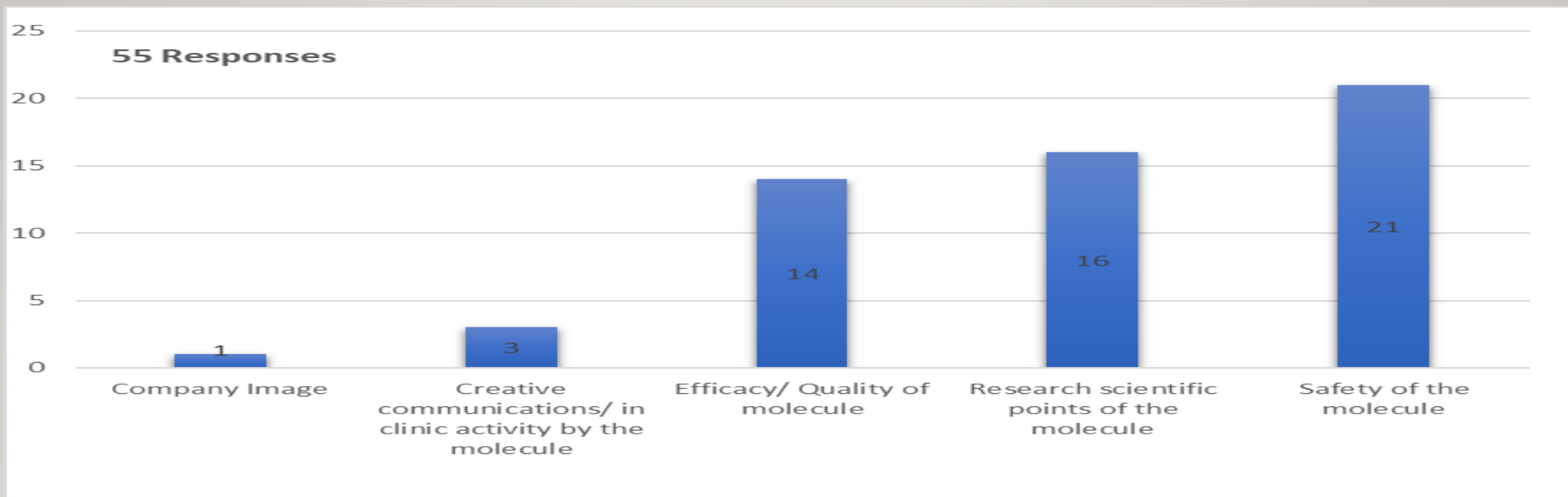
INFERENCE- It was found from the research study that 50% doctors highly recommended is Pantocid than Pantop D , Pantosec, Pantop 40 are respectively less prescribed data from of 55 doctors

QUESTION 3. WHATEVER A NEW MOLECULE IN THIS SEGMENT IS LAUNCHED, WHAT IS YOUR RESPONSE WHILE ADOPTING IT?



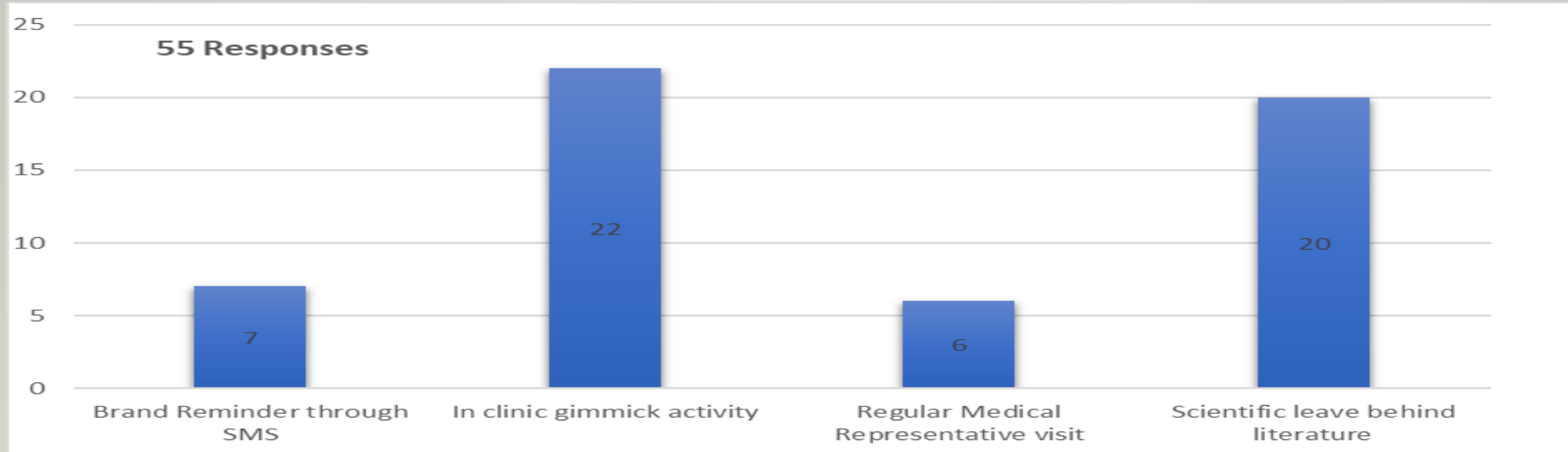
Inference: The graph displays that 49 % of the doctors say I will after a few week responses from the doctors and 29 % of the doctors say that it is better to wait and watch the results and then will go for it some of prescribing wait for month or two and will go prescribe.

QUESTION 4. IN WHICH OF THE FOLLOWING ATTRIBUTES INFLUENCE YOUR PRESCRIPTION?



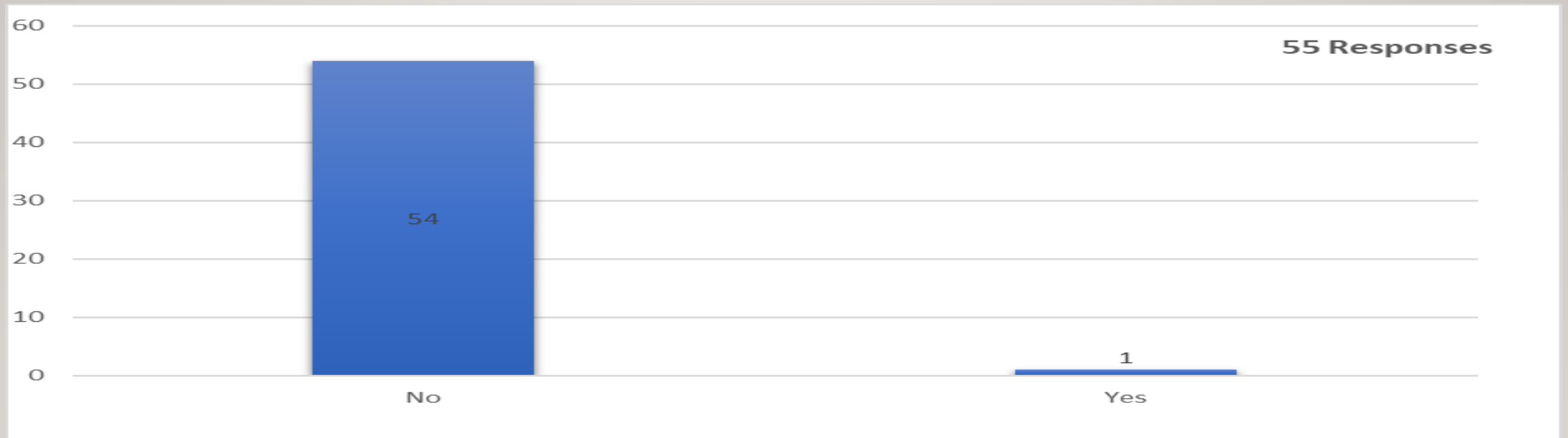
Inference: This question enlightens on all the attributes doctors consider while prescribed any brand, out of all the various attributes mentioned above, doctors feel three major indications i.e., the safety of the molecule & research scientific points of the molecule, efficacy/quality of molecule was also seen.

QUESTION 5. IN WHICH OF THE FOLLOWING ACTIVITIES WILL HELP YOU PRESCRIBE THE PANTOPRAZOLE MORE?



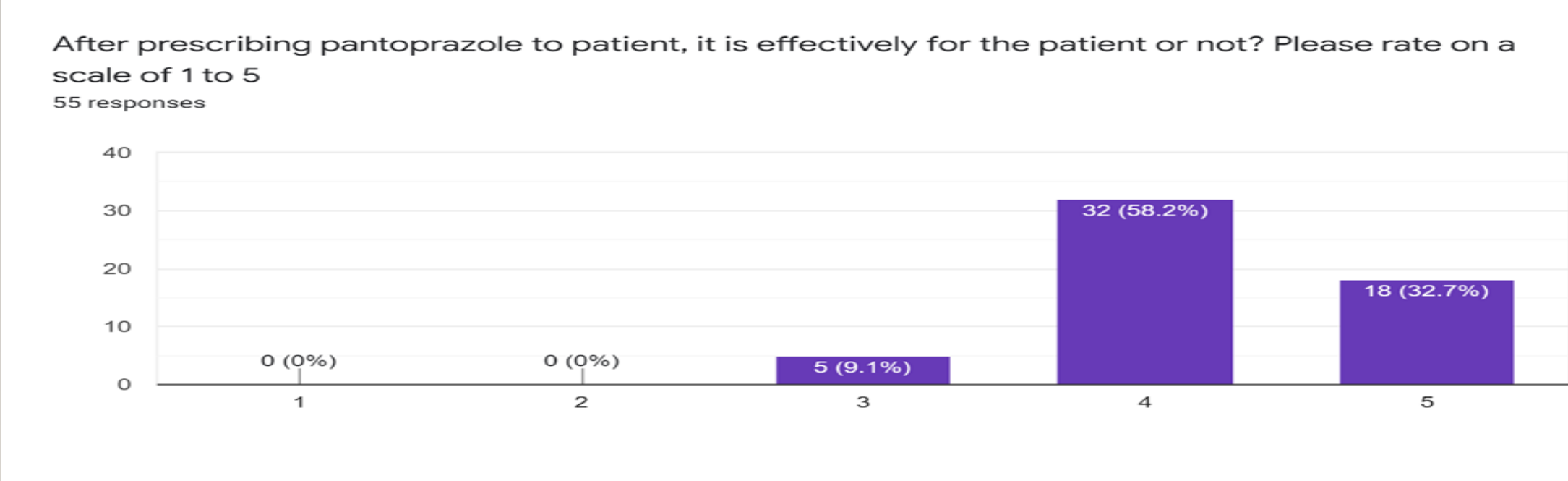
Inference: This bar graph displays the response of the doctors that in clinic gimmick activity and scientific leave behind literature, Regular Medical representatives visit activities helps to prescribe the Pantoprazole more.

QUESTION 6. DO YOU PRESCRIBE ANY OTHER MOLECULE DRUG INSTEAD OF THE PANTOPRAZOLE?



Inference: In this graph represents the other molecule drug is prescribe instead of the pantoprazole according to that doctors says they will not prescribe any other molecule instead of pantoprazole but there is a few doctors says yes instead the prescribe of other molecule.

QUESTION 7. AFTER PRESCRIBING PANTOPRAZOLE TO PATIENT, IT IS EFFECTIVELY FOR THE PATIENT OR NOT? PLEASE RATE ON A SCALE OF 1 TO 5.



Inference: This graph shows that 58.2 percent of doctors believe it is moderately effective, 32.7 percent believe it is highly effective, and only 9.1 percent believe it is effective. When compared to other active therapy, pantoprazole has shown to have a higher rate of remission. Pantoprazole 20 mg or 40 mg is more successful than ranitidine 150 mg once or twice daily in maintaining GERD repair after 12 months of medication.

CONCLUSION-

- The summary was based on a qualitative investigation in which key data from 55 experts was obtained from various locations across Rajasthan. Understand the market for pantoprazole and its preferred brands, according to the study's topic. According to the findings of the research study, doctors recommend Pantocid and Pantop-D to patients with GERD. Erosive esophagitis was also observed. In the majority of ERD and NERD patients, it was discovered that pantoprazole 40 mg completely eliminated GERD symptoms. Furthermore, even individuals who did not receive complete relief saw a significant reduction in the severity of their symptoms. Pantoprazole also enhanced the quality of life of GERD patients over the course of eight weeks of treatment, and it was well tolerated throughout the study. Pantoprazole 40 mg once day appears to be a successful and well-tolerated therapy choice for GERD patients, according to this meta-analysis.

LIMITATION-

- Due to the individual viewpoint, distinctive traits, and hierarchical manner, general physicians keep silent.
- Only a few people participated in this survey. A major problem was the target population's incapacity to react owing to their hectic schedules. As the results, record access was restricted, restricting the availability of further data that would have allowed for more in-depth study.
- The specialist's capacity to perform the investigation was hampered by a lack of resources, which included required accounts and an extremely busy schedule.
- A tiny number of individuals taking a PPI as well as many other types of medications may experience anaphylaxis, pancytopenia, agranulocytosis, thrombocytopenia, hemolytic anaemia, acute liver damage, Lyell syndrome, Stevens-Johnson syndrome, interstitial nephritis, and rhabdomyolysis.

THANK YOU