UNVEILING THE MARKET POTENTIAL: MARKET RESEARCH AND BRAND STRATEGY FOR LATANOPROST, A NOVEL GLAUCOMA DRUG

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in

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By

Ankit

Under the Supervision and Guidance of

Mr. Rahul Sharma

2024

Blue Berry Pharma Advisory

1st July 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that MR. ANKIT YADAV Student of MBA PHARMACEUTICAL MANAGEMENT AT IIHMR, JAIPUR has undergone summer internship project from 1ST April-3oth June 2024

The candidate has successfully carried out the study designated during dissertation and his approach to the study has been good.

I wish him all the success in his future endeavor.

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"UNVEILING THE MARKET POTENTIAL: MARKET RESEARCH AND BRAND STRATEGY FOR LATANOPROST, A NOVEL GLAUCOMA DRUG"** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

ANKIT

Date:

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that the dissertation title **"UNVEILING THE MARKET POTENTIAL: MARKET RESEARCH AND BRAND STRATEGY FOR LATANOPROST, A NOVEL GLAUCOMA DRUG"** is a record of the research work undertaken by **ANKIT** in partial fulfillment of the requirements for the award of the degree of **MBA Pharmaceutical Management** from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

This research paper explores the prevalence, treatment options, and market strategies for glaucoma management with a focus on the prostaglandin analogue latanoprost. Glaucoma, a leading cause of blindness, has a global prevalence of approximately 3.5% among individuals aged 40-80 years, with variations based on age, ethnicity, and geography. The study highlights the adverse effects of preservatives in glaucoma eye drops and the need for preservative-free alternatives. Latanoprost, developed in the late 1980s and approved in 1996, effectively reduces intraocular pressure with once-daily dosing, making it a preferred choice for chronic glaucoma treatment. A SWOT analysis reveals its strengths in efficacy and patient compliance, while addressing weaknesses such as local side effects. A strategic marketing mix for launching new latanoprost products is proposed, emphasizing product innovation, competitive pricing, broad distribution, and targeted promotion to enhance patient outcomes and capture market share.

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LIST OF ABBREVIATIONS:

IOT	Intra ocular tension
MIGS	Minimally invasive glaucoma surgery
DTFC	Dorzolamide Timolol Fixed combination
POAG	Primary open angle glaucoma
PGAs	Prostaglandins
OSD	Ocular surface disease
BAK	Benzalkonium chloride
KOL	Key opinion leader

CHAPTER – 1: INTRODUCTION

1.1 Introduction of Glaucoma

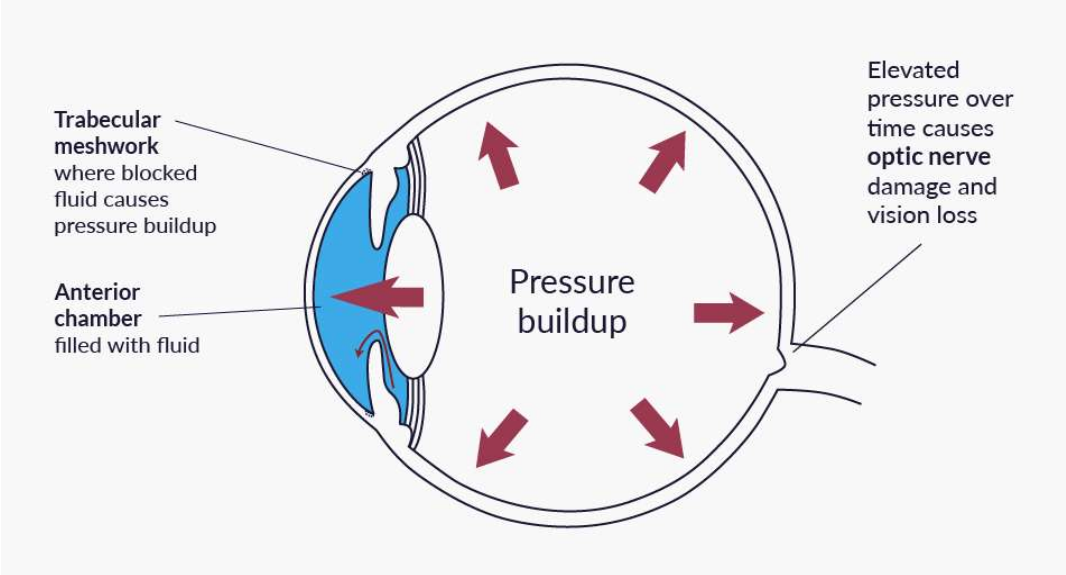
A class of eye conditions known as glaucoma can result in blindness and visual loss by harming the optic nerve, a nerve located at the back of the eye.

Raised i.o.t. of greater than 21 mmHg is often, but not always, related with this; the aetiology is uncertain and there are numerous risk factors.

While there is no known cure for glaucoma, vision protection and damage can frequently be stopped with early intervention.

When fluid is unable to pass through the front of your eye as it should, the pressure inside your eye increases. The anterior chamber is the area that lies between the iris, or coloured portion of the eye, or clear front layer of the eye. Normally, fluid passes through this gap and exits through an aperture where the cornea and iris converge. The trabecular meshwork, a spongy tissue, is present in the aperture. To drain out of the eye, the liquid travels via the meshwork.

There are instances where the trabecular meshwork prevents fluid from returning to the circulation, leading to an increase in intraocular pressure. The figure below illustrates this build-up of pressure.



(Figure 1) - Intra ocular tension in Glaucoma

https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/glaucoma/glaucoma-and-eye-pressure

When iris and cornea meet, the fluid in open-angle glaucoma travels through the spongy tissue too slowly.

The outer edge of the iris totally blocks the aperture in angle-closure glaucoma.

Fluid accumulates and raises the intraocular pressure in both situations.

1.2 Diagnosis of Glaucoma

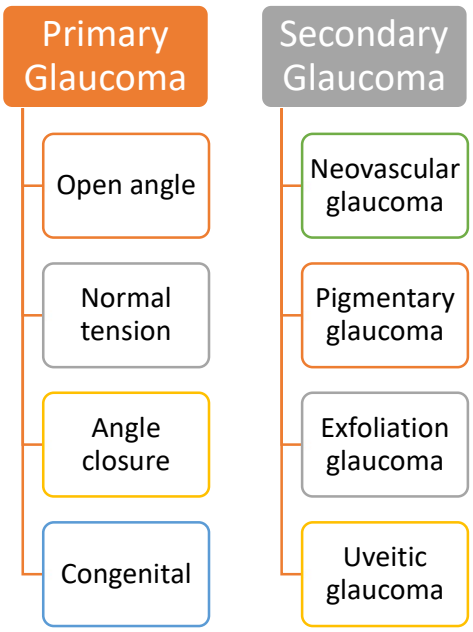
Dilated Eye Exam:

- A visual acuity test to determine your level of vision clarity. You will be asked to read both far-off and close-up letters by your doctor.
- A test of your visual field to evaluate your side vision. Your ability to notice items out of the corner of your eye without moving your eyes will be tested by your doctor.
- A test on the function of the muscles surrounding your eyes to look for issues. Your physician will ask you to follow an object with your eyes as it moves around.
- A pupil response test to measure the amount of light entering your eyes. Your doctor will examine how your pupils respond to light by shining a tiny torch into your eyes.
- To gauge the pressure inside your eyes, get a tonometry test. Your doctor will either lightly touch your eye with a specific tool. It doesn't hurt, so don't worry!
- Dilation to examine your eye's internal structures for issues. You will receive eye drops from your doctor to enlarge (dilate) your pupil. This aids the physician in viewing within your eye.

CHAPTER – 2: REVIEW OF LITERATURE

2.1 Classification Glaucoma:

[Although there are various varieties of glaucoma, open-angle glaucoma is the most prevalent kind in the US.



(Figure 2) – Classification of Glaucoma

2.1.1 Primary Glaucoma:

Certain forms of glaucoma are brought on by other illnesses, while in other cases, the physician is unable to identify a contributing factor. Primary glaucoma is the term used when the doctor cannot identify another cause.

(I) Open-angle glaucoma:

- The optic nerve at the back of your eye may feel pressure if the fluid in your eye cannot drain quickly enough.
- In US, open-angle glaucoma is the most prevalent kind.

(II) Normal-tension glaucoma:

- Treatments aimed at lowering IOP can help reduce the symptoms in those with normal eye pressure. It is a kind of open angle glu.
- If you have any of the following conditions, you may be more likely to develop normal-tension glaucoma: low blood pressure; Japanese heritage; a family history of the condition; previous cardiac issues, such as an erratic heartbeat.

(III) Angle-closure glaucoma:

- Fluid cannot drain out of the front of your eye. The rapid accumulation of fluid results in an abrupt rise in intraocular pressure. It can result in vision loss if left untreated.
- Even if a patient only has angle-closure glaucoma in one eye, the doctor may still treat both eyes to avoid further issues.

(IV) Congenital glaucoma:

An abnormality in the eye that prevents fluid from draining normally is present from birth. Seldom occurs—roughly 1 in 10,000 American newborns are born with it. Symptoms include foggy or sensitive eyes, increased tear production, and possibly larger-than-normal eyes.

2.1.2 Secondary Glaucoma:

Secondary glaucoma is the term for glaucoma that develops as a result of another medical disease.

(I) Neovascular glaucoma:

- More blood vessels are created by the eye to cover the area of the eye where fluid normally drains, resulting in this disease.
- Other causes, such as diabetes/hypertension.
- In addition to using glaucoma therapies to lower your eye pressure, doctors must treat the underlying cause, such as diabetes or high blood pressure.

(II) Pigmentary glaucoma:

- Takes place when the iris, or coloured portion of your eye, sheds pigment, preventing fluid from leaving your eye.
- It is more common for young, white men who are nearsighted to develop pigmentary glaucoma.
- Perhaps experience rainbow-colored rings around lights or have cloudy vision, particularly after exercising.

(III) Exfoliation glaucoma:

- Pseudo exfoliation, another name for this kind of open-angle glaucoma, can occur in certain individuals who has exfoliation-syndrome, a disorder which cause excess materials build up in certain areas and limit fluid secreton.
- Can also occur due to heredity.

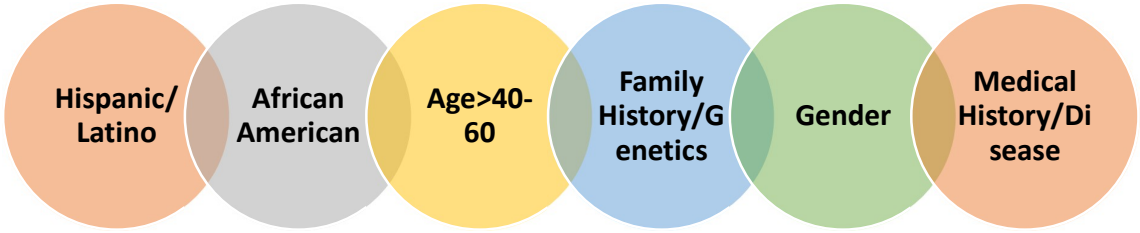
(IV) Uveitic glaucoma:

- Occur in individuals suffering from uveitis, a disorder that results in swelling, raising intraocular pressure and increasing the risk of developing uveitic glaucoma and losing vision.
- Roughly 20% of patients with uveitis go on to acquire uveitic glaucoma.Steroids, which are medications used to treat uveitis, have the potential to either cause or worsen uveitic glaucoma. This is because a side effect of steroids may be an increase in ocular pressure.

(V) Other causes:

- Glaucoma can also be brought on by other medical disorders like tumours and cataracts.
- Moreover, glaucoma can result from eye trauma.]2

2.2 Risk Factors:



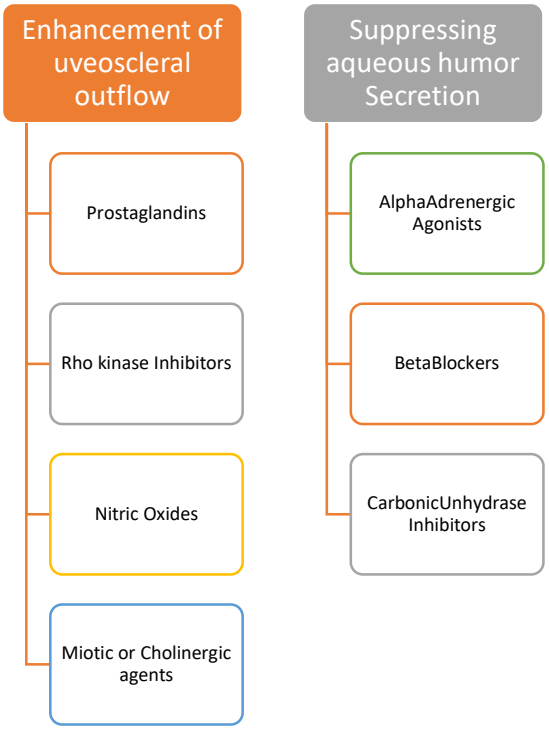
(Figure 3) - Risk Factors in Glaucoma

2.3 Treatments of Glaucoma:

2.3.1 Medicines:

[The most popular kind of treatment is prescription eye drops. They protect your optic nerve from harm and reduce intraocular pressure.]5

(Figure 4) – Classification of Glaucoma therapies



(Figure 5) – MOA of Glaucoma drugs

Class of drugs	Drugs	MOA	Dosage
Prostaglandins	Latanoprost, Travoprost, Tafluprost, Bimatoprost	Enhancing uveoscleral secrition	Once/day
Rho Kinase Inhibitors	Netarsudil	Promoting trabeculr meshwrk secrton (direct)	Two times/d
Miotic/Cholinergic Agents	Pilocarpine	Promotion of trabecular meshwork outflow (indirect)	Four times/day

Alpha Adrenergic Agonists	Brimonidine	Suppression of aqueous humor production+ promotion of uveoscleral outflow	Twice/day
β-blocker	Timolol, Carteolol, Betaxolol, Levobunolol	Suppression of aqueous humor production	Once-twice/day
Carbonate dehydratase inhibitor	Dorzolamide, Brinzolamide	Suppression of aqueous humor production	2–3 times/day

2.3.2 Laser:

[Doctors can use lasers to assist the fluid secrton and reducing IOP.

Types of Laser treatment:

- Laser iridotomy
- Laser trabeculoplasty
- Laser gonioplasty
- Cyclophotocoagulation
- Laser suture lysis

(I) Laser iridotomy:

Objective

The objectives of this treatment were to open the anterior chamber angle, reduce the anterior-posterior pressure difference, and release the pupillary block.

Indications

This method is recommended for patients who has narrow angle glaucoma, as well as primary and secondary angle-closure glaucoma caused by pupillary block. If plateau iris is detected, it can be done to rule out the pupillary block component.

(II) Laser trabeculoplasty:

Objective

Enhancement of aqueous humour outflow rate using laser-induced trabecular meshwork irradiation.

(III) Laser genioplasty:

Objective

When anterior chambr angle expands, & iris periphery shrinks as a result of laser-assisted thermal coagulation.

(IV) Cyclophotocoagulation:

Objective

To reduce the intraocular pressure (IOP), laser damages the ciliary processes and suppresses the production of aqueous humour in the continuous oscillation mode. The ciliary body's cells in the pars plana are stimulated by micropulse waves. IOP may decrease as a result of an increase in uveoscleral outflow.

Indications

Patients wth no response from filtration surgery or other glaucoma treatments should choose cyclodestructive procedures performed with a continuous wave. It should only be used as a last resort to control IOP because it can result in problems that could endanger eyesight.

(V) suture lysis:

Objective

boosting the filtration following filtration procedures such as trabeculectomy.

Indications

when it is determined that there is not enough filtering.]10

2.3.3 Surgery:

[Surgery only preserve the eyesght , but it cannot reverse vision loss or cure glaucoma.

Types of surgery for glaucoma that can help lower the pressure in your eye:

- Trabeculectomy
- Glaucoma implant surgery
- Minimally invasive glaucoma surgery (MIGS)

(I) Trabeculectomy:

Open-angle glaucoma is typically treated with this kind of surgery.

Your eye's apex will have a little incision made by the surgeon. No one will be able to notice the opening because it is beneath your eyelid. This hole permits surplus fluid in your eye to escape, reducing intraocular pressure.

(II) Glaucoma implant surgery:

Numerous forms of glaucoma, such as congenital, neovascular, and injury-related glaucoma, are treated with this kind of surgery.

A thin tube, or shunt, is implanted by the surgeon onto the white portion of your eye during this procedure. By allowing excess fluid to exit your eye, the tube lowers the pressure inside your eye.

(III) MIGS:

People with uncontrolled IOP and mild/moderate illnesses have had few alternatives over the years. MIGS has developed to close this gap. The best candidates for MIGS are those intolerants to medications or noncompliant with them.]6

SrNo	MIGS Mechanism	Type of MIGS
1	Increased Trabecular Outflow	iStent Micro-Bypass
		Gonioscopy-assisted transluminal trabeculotomy (GATT)
		Trabectome
		TRAB 360 Trabeculotomy
		Kahook Dual Blade
		Ab interno canaloplasty
		Hydrus Microstent
2	Increase Uveoscleral / Suprachoroidal/ Supraciliary Outflow	CyPass Micro-Stent
		iStent Supra
3	Increase Subconjunctival Outflow	XEN Glaucoma Treatment System
		InnFocus MicroShunt (PRESERFLO MicroShunt)
4	Decrease Aqueous Production	Endocyclophotocoagulation

(Figure 6) – MOA of MIGS available in market

CHAPTER-3: METHODOLOGY

3.1 Objective

Analyse the existing market landscape of glaucoma treatment options to understand current trends, evaluate the clinical efficacy, safety, and patient adherence of Latanoprost in comparison to other glaucoma medications, and develop a brand positioning strategy that emphasizes the distinct advantages of Latanoprost.

Objective	Method	Result
To Analyse the existing market landscape of glaucoma treatment options to understand current trends.	**Market Analysis:** Analysed the data gathered from market reports, scholarly publications, and government data.	Identified current trends, market size, key players, emerging therapies, patient preferences in glaucoma treatment.
To evaluate the clinical efficacy, safety, and patient adherence of Latanoprost in comparison to other glaucoma medications.	**Comparative Study:** Performed a comparative analysis using clinical trial data, and existing literature on Latanoprost and other glaucoma medications.	Latanoprost demonstrated higher efficacy, favourable safety profile, and better patient adherence compared to alternatives.
To develop a brand positioning strategy that emphasizes the distinct advantages of Latanoprost.	**Strategic Planning:** Utilize SWOT analysis, marketing mix (4Ps), and target market analysis.	Formulated a brand positioning strategy that highlights Latanoprost's superior efficacy, lower side effects, and higher patient compliance for its market launch and adoption.

3.2 Literature Review

- Carried out a thorough analysis of pertinent research on marketing tactics and therapies for glaucoma.
- Recognised important frameworks, theories, and concepts pertaining to marketing tactics and glaucoma remedies.
- Acquired data by looking through industry reports, conference papers, scholarly publications, and other trustworthy sources.
- I looked at a few websites that contained data from the government about the size of the glaucoma market and its potential future developments.

3.3 Study design

- Determined study design for the study is Quantitative, Qualitative and Mixed Approaches.

3.4 Data collection

- Identified sources of secondary data for research.
- Databases, industry reports, government publications, and case studies are examples of secondary data sources.

3.6 Marketing Analysis

- Examined the marketing plans currently in use for Glaucoma treatments.
- Assessed the efficacy of different Glaucoma therapies, marketing platforms, and strategies.
- Evaluated how pricing, distribution, branding, positioning, and digital marketing affect the uptake and sales of Glaucoma medicines.

3.7 Ethical Considerations:

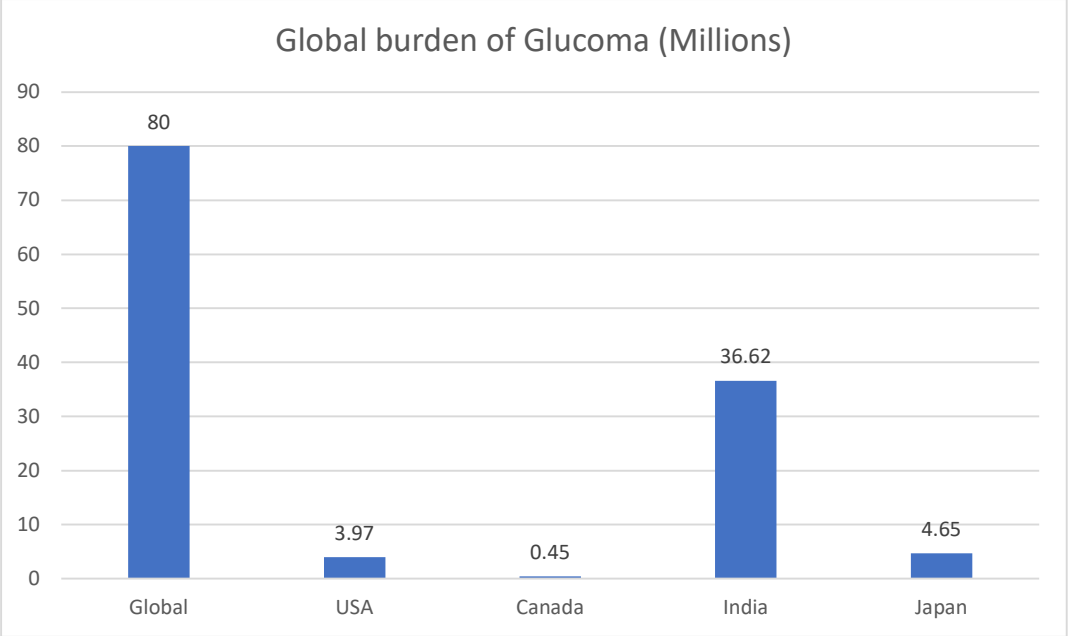
It is just as crucial to take ethical considerations into account when conducting research as it is to select the best research procedures and techniques. Every secondary information is gathered from publicly accessible sources that do not guarantee data privacy. Additionally, the study and data would only be utilised for academic purposes.

CHAPTER-4: RESULTS

4.1 Prevalence of Glaucoma:

Being the primary cause of irreversible blindness, glaucoma is a serious public health concern. The prevalence of glaucoma varies by age, ethnicity, and geographic location.

- Age Distribution: Glaucoma cases are high n old age, with individuals over 60 years old being at higher risk.
- Ethnic Variations: There is considerable variation among different ethnic groups. For instance, African-Americans and Hispanics are at a higher risk of developing glaucoma compared to Caucasians.
- Geographical Patterns: The prevalence also varies geographically, with higher rates reported in Africa and Asia compared to Europe and North America.



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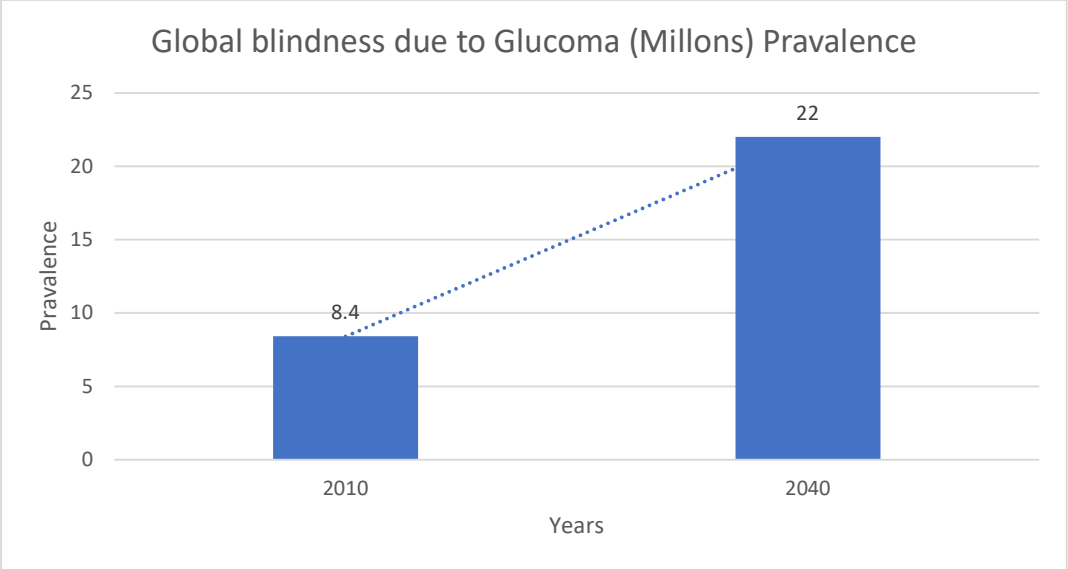

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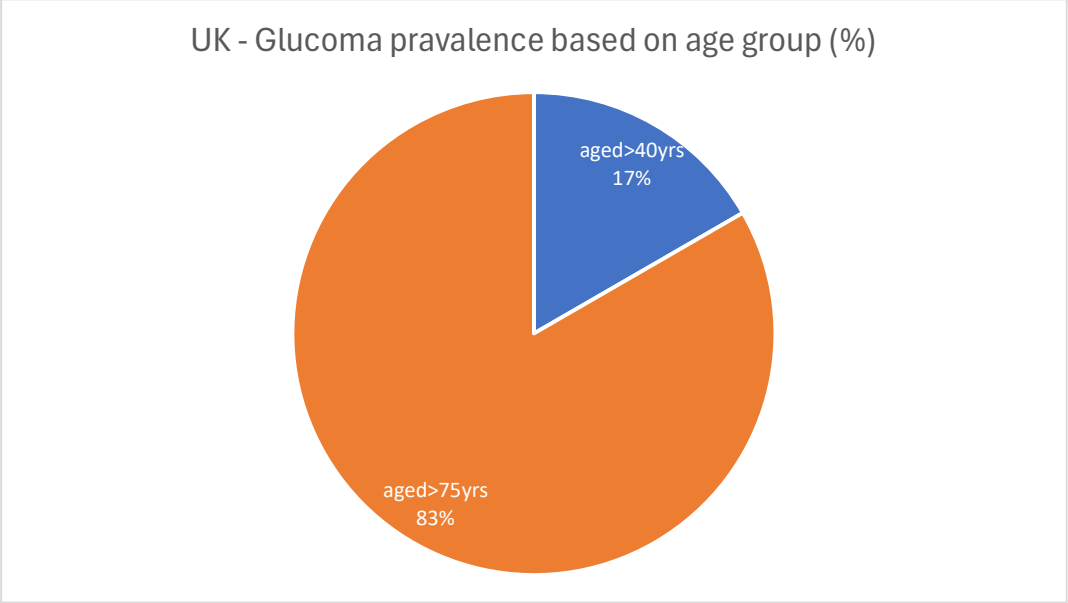

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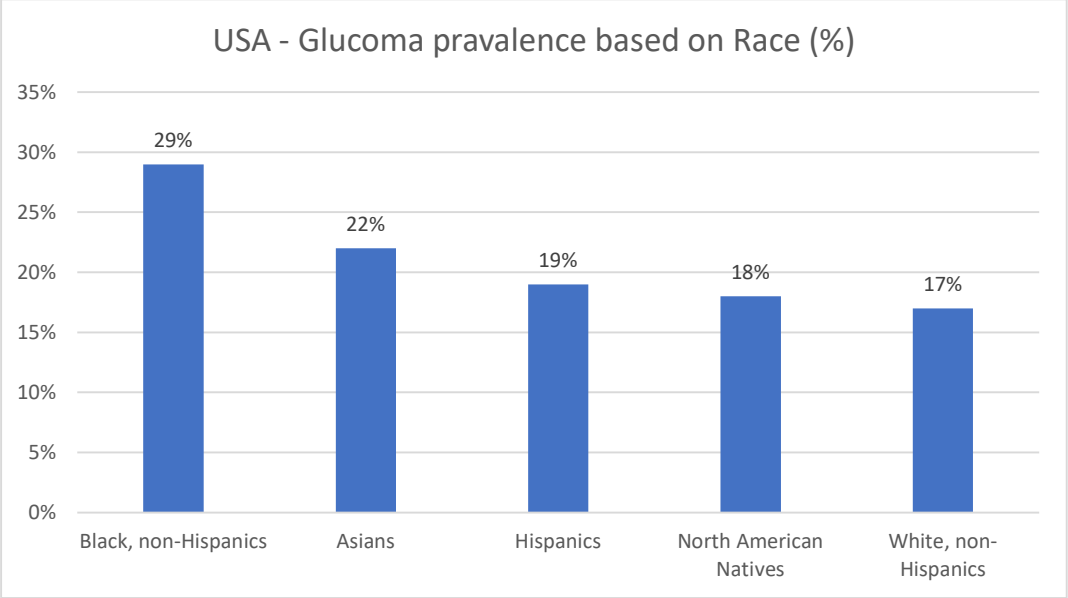

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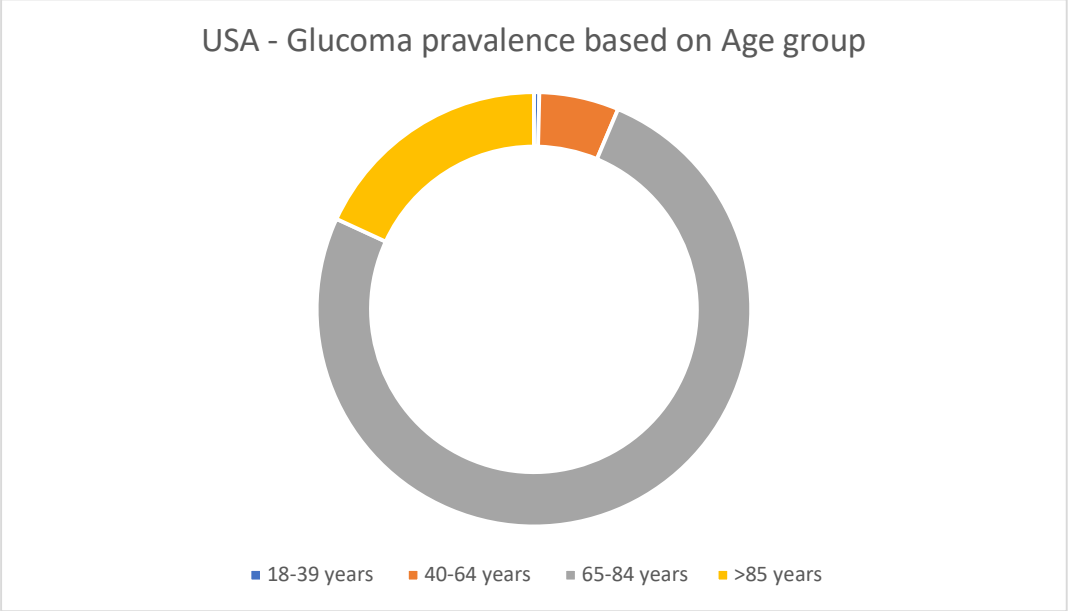

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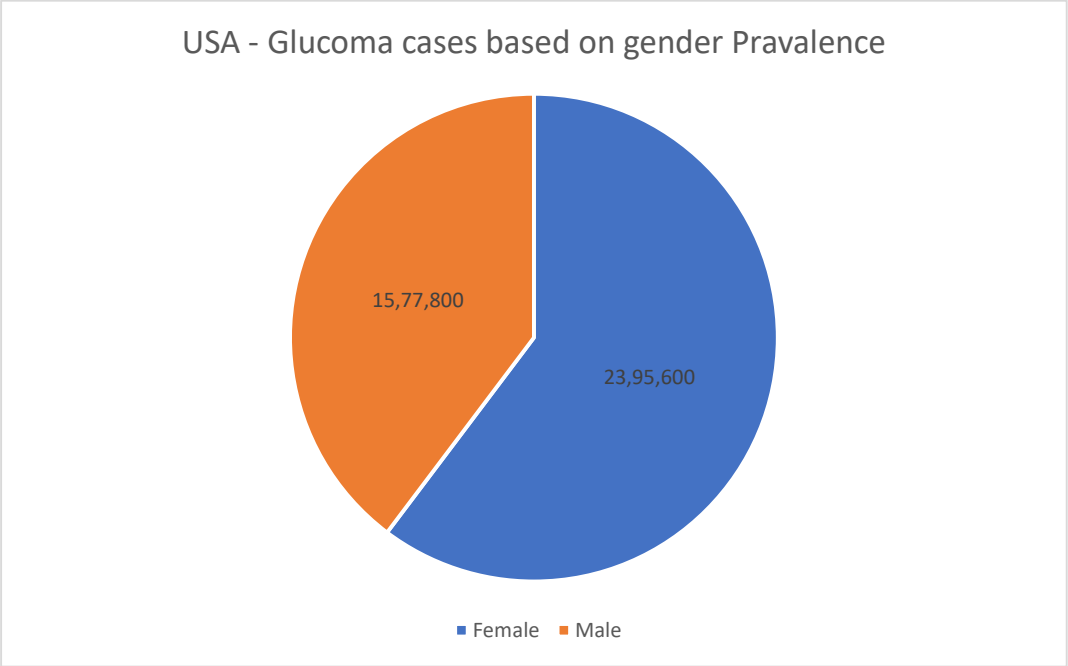

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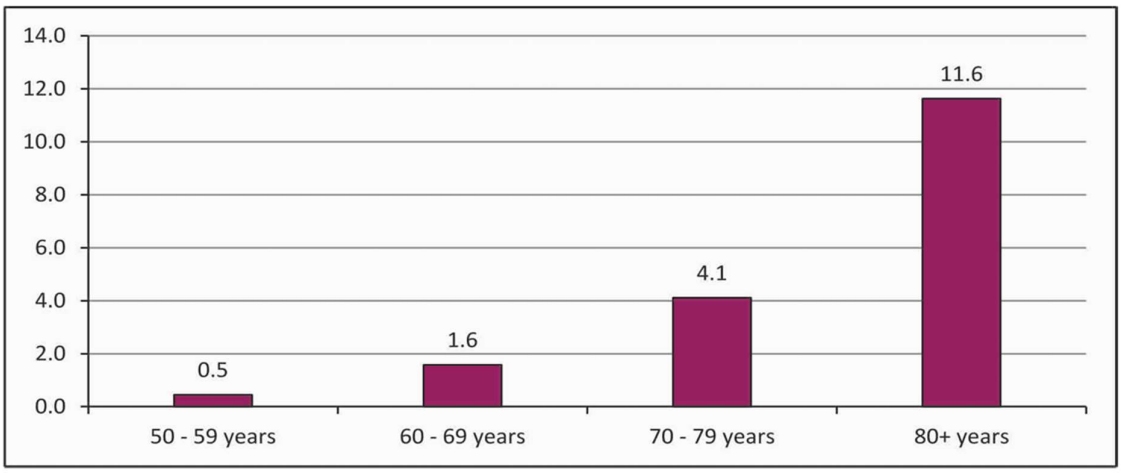
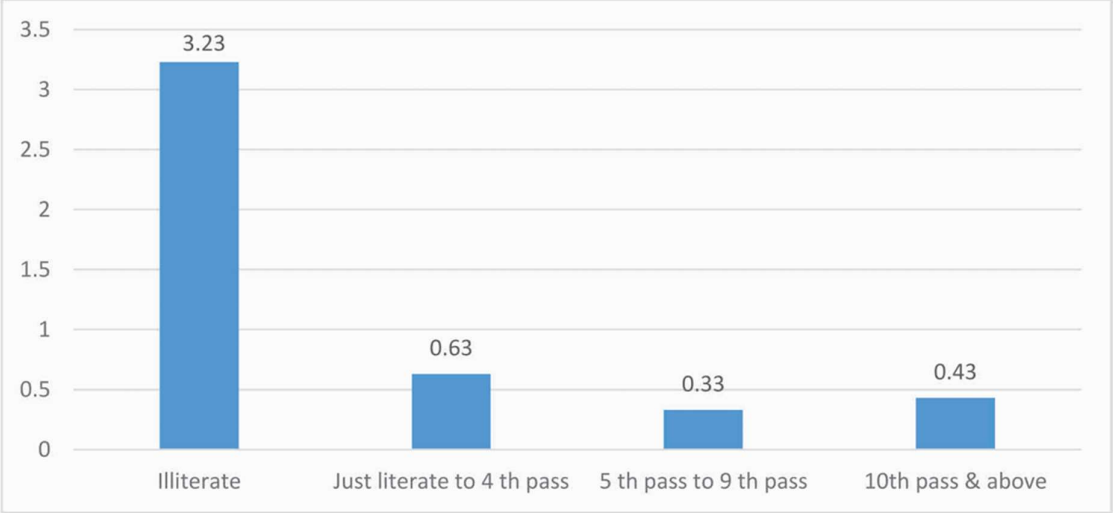


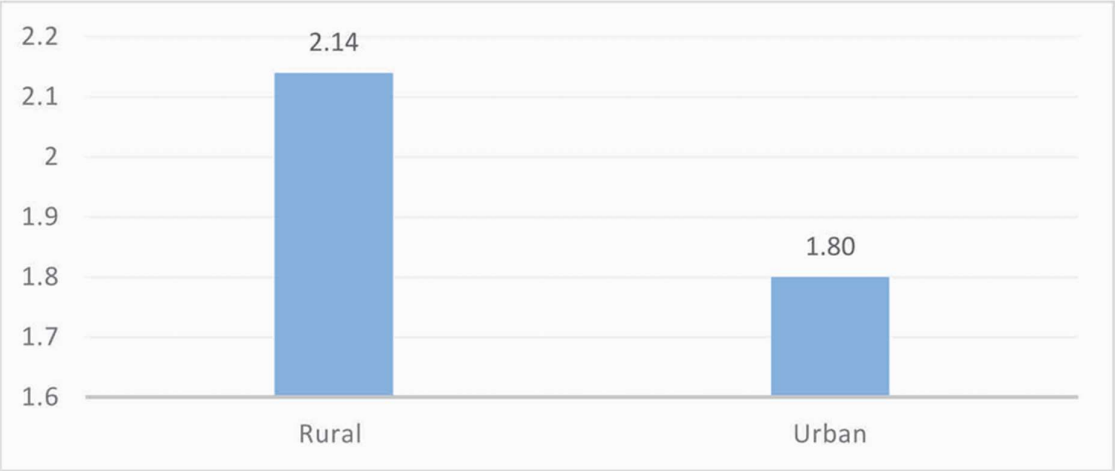
(Figure 13)

(Age wise prevalence of blindness in population aged ≥ 50 years)



(Figure 14)

(Literacy wise prevalence of blindness in population aged ≥ 50 years)



(Figure 15)

(Urban rural wise prevalence of blindness in population aged ≥ 50 years)

4.2 Comparison among Different Glaucoma Drugs:

Aspect	Latanoprost	Travoprost	Tafluprost	Bimatoprost	Netarsudil	Brimonidine	Timolol	Dorzolamide-Timolol Fixed Combination (DTFC)	Brinzolamide
Efficacy	Equally effective as bimatoprost and travoprost & more effectiv	Similar efficacy to other PGAs like latanoprost and bimatoprost.	Significant IOP reduction in Chinese patients with POAG	Improved local tolerance compared to higher concentration	Modest improvements in IOP when used as adjunctive therapy	Effective in reducing IOP, both as monotherapy and adjuncti	Significant efficacy in reducing IOP.	Improved efficacy compared to β-blockers alone.	Effective in reducing IOP, with dose-dependent reducti

	e than timolol, dorzolamide, and brimonidine in reducing IOP.		and OH. Superior efficacy compared to other PGAs.	formulations.	with two or more medications	ve therapy.			ons observed.
Duration of Action	Once-daily dosing.	Once-daily dosing.	Once-daily dosing.	Once-daily dosing.	Twice daily dosing.	Twice daily dosing.	Once/Twice daily dosing.	-	2/3 times daily dosing.
Convenience of Use	Once-daily dosing regimen, improving patient compliance.	Prolonged IOP-reduction beyond 24-hour dosing interval.	Once-daily dosing enhances long-term adherence to treatment.	Once-daily dosing enhances long-term adherence to treatment.	Provides sustained reduction in IOP.	Can be used as adjunctive therapy	Reduction in IOP maintained over time.	Reduces the number of eye drops required, improving convenience.	Provides sustained release and prolonged duration of action.
Combination Therapy	Can be used in combination therapy.	Can be used in fixed dose/combinations therapy with other drugs like timolol to enhance IOP reduction.	Can be used in combination therapy.	-	Can be used in combination therapy.	Can be used effectively as monotherapy or adjunctive therapy.	Can be used in combination therapy.	-	Can be used as adjunctive therapy, enhancing overall efficacy of treatment regimens.
Safety Profile	Generally well-tolerated with minimal systemic side effects. Lower risk of hyperemia compared to	Favorable safety profile with mild and transient side effects. Lower incidence of iris hyperpigmentation.	Favorable safety profile with minimal ocular and systemic adverse events.	Good tolerability and safety.	Generally well-tolerated, with adverse events mostly mild or moderate in severity.	Common side effects include conjunctival hyperemia, ocular allergy, and ocular pruritus. Less	Preservative-free formulations reduce the risk of ocular surface irritation and inflammatory	Preserved DTFC formulations may contribute to ocular toxicity.	Generally well-tolerated, with mild and transient ocular adverse events.

	other prostaglandin analogs like travoprost and bimatoprost					common systemic side effects such as oral dryness and fatigue.	reactions.		
Combination Formulaton present in USA	YES (with Netarsudil)	NO	NO	NO	YES (with Latanoprost)	YES (with Timolol and Brinzolamide)	YES (with Brimonidine and Dorzolamide		YES (wth Brimonidine)

4.3 Impact of Preservatives:

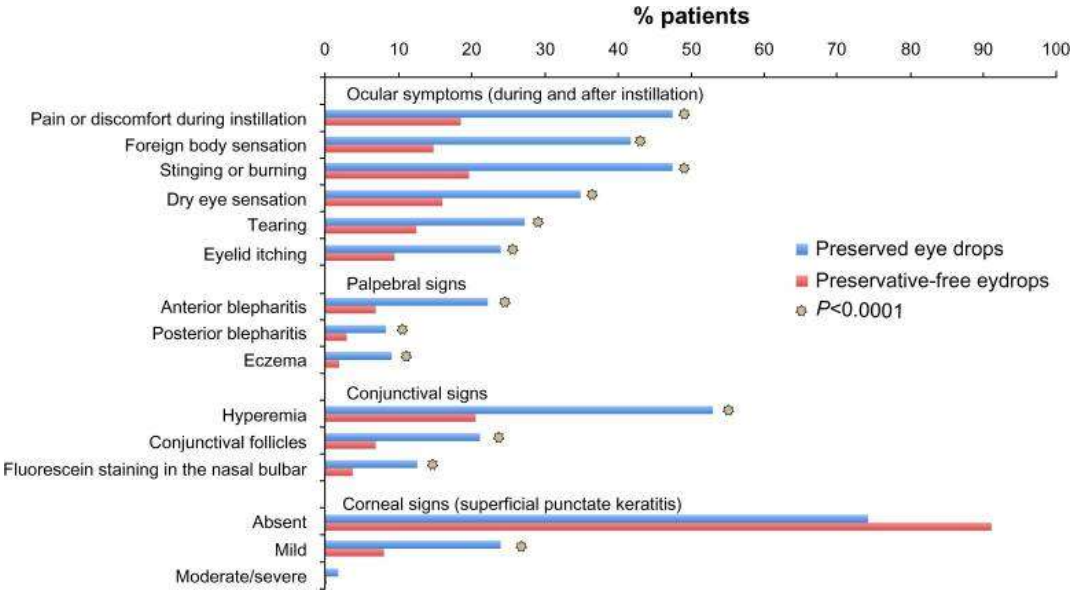
Roughly 50% of individuals on long-term glaucoma therapy are thought to have ocular surface disease (OSD), which encompasses dry eye syndrome. Redness, tearing, irritation, burning, a feeling of a foreign body, light sensitivity, and occasionally blurred vision are all possible symptoms of OSD.

A concern pertains to the requirement for preservatives in multi-dose ophthalmic drugs in order to preserve the antibacterial environment within the bottle. Although the active chemicals in a specific glaucoma eye drop may cause OSD, it is well recognised that BAK, that is present in many drops, can have an impact on the eyes. And glaucoma patents who use eye drops maintained with BAK to a prolonged period are at high risk for developing ocular surface disease. Additionally, OSD is worse in people who require two or more drugs.

It is widely understood that the pharmaceutical industry has to keep working on BAK-free solutions, reducing OSD, and enhancing patients' quality of life and drug adherence.

ocular symptoms and indicators using glaucoma drugs that are maintained and devoid of preservatives.

Preservative-free goods are more likely to be well tolerated, which enhances compliance, quality of life, and potentially even efficacy, according to a number of studies.



(Figure 16) – Impact of preservatives used in eyedrops

TABLE 1. CHARACTERISTICS OF PRESERVATIVES COMMONLY USED IN GLAUCOMA MEDICATIONS

Preservative	Mechanism	Advantages	Disadvantages	Medications
BAK	Detergent	Excellent broad antimicrobial efficacy, weakens corneal epithelial tight junctions to facilitate drug's entry	Corneal epithelial breakdown and tear film instability	Azopt, Lumigan, Timoptic, Xalatan
Purite	Oxidative stress	Less conjunctival inflammation and corneal toxicity than BAK	Mild cytotoxicity still present	Alphagan P
SofZia	Oxidative stress	Less conjunctival inflammation and corneal toxicity than BAK	Mild cytotoxicity still present	Travatan Z

Abbreviation: BAK, benzalkonium chloride.
Manufacturing information: Azopt (Akorn); Lumigan, Purite, Alphagan P (Allergan); Timoptic (Valeant Pharmaceuticals); Xalatan (Pfizer); SofZia, Travatan Z (Alcon).

(Figure 17)

Medication (USA)	Drug	Strength	Manufacturer
Zioptan	Tafluprost	0.0015	Akorn
Cosopt PF	Dorzolamide/Timolol	2%/0.5%,	Akorn
Timoptic in Ocudose	Timolol maleate	0.25% & 0.5%.	Valeant Pharma
Iyuzeh	Latanoprost	0.005 %	Thea Pharma

TABLE 2. COMMONLY PRESCRIBED GLAUCOMA MEDICATIONS WITH THEIR CORRESPONDING PRESERVATIVE[a]

Medication	Preservative
Xalatan	BAK 0.02%
Lumigan	BAK 0.02%
Azopt	BAK 0.01%
Timoptic	BAK 0.01%
Trusopt	BAK 0.0075%
Cosopt	BAK 0.0075%
Combigan	BAK 0.005%
Travatan Z	SofZia
Alphagan P	Purite
Zioptan	None
Cosopt PF	None
Timoptic in Ocudose	None

Abbreviation: BAK, benzalkonium chloride.
Manufacturing information: Xalatan (Pfizer); Lumigan, Alphagan P, Purite (Allergan); Azopt, Cosopt, Zioptan, Cosopt PF (Akorn); Trusopt (Merck); Combigan, Travatan Z, SofZia (Alcon); Tafluprost; Timoptic , Timoptic in Ocudose (Valeant Pharmaceuticals).
[a] Listed in descending order of BAK concentration.

(Figure 18)

Lowering a patient's total preservative load may enhance quality of life, adherence, and the rapport between the patient and the practitioner.

CHAPTER-5: DISCUSSION

5.1 History of Latanoprost:

Latanoprost, a prostaglandin analog, represents a significant advancement in lowering i.o.p. Developed in the late 1980s by Pharmacia (now part of Pfizer), it received FDA approval in 1996 for decreasng of elevated IOP. The development was motivated by the need for more effective treatments with fewer systemic side effects compared to existing therapies like beta blockers and carbonic anhydrase inhibitors.

The fundamental idea that might be utilised to lower ocular pressure was developed at Columbia University(1970s-1980s) with funding from the NIH. A few years later, in an endeavour between and, it is covered by U.S. Patent No. which expires on July 28, 2006. Before Pharmacia and Pfizer combined in 2003, Latanoprost was only available from Pharmacia. The FDA approved latanoprost (marketed under the brand name Xalatan®) in 1996 for use as a second-line medication. It got approval from FDA in 2002 for treatng glaucoma as the first line of treatment.

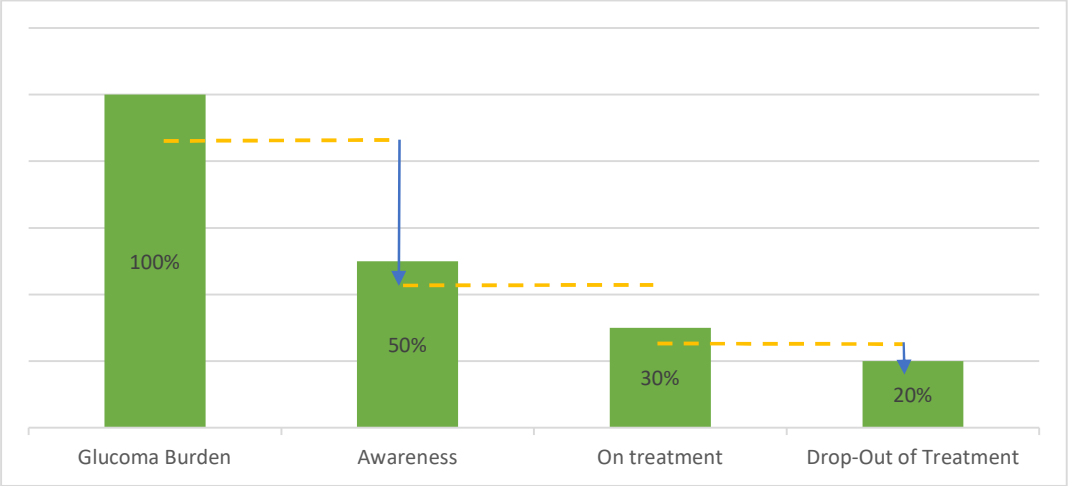
5.2 Advantages of Latanoprost:

Latanoprost offers several advantages over other classes of glaucoma medications.

Aspect	Latanoprost	Travoprost	Bimatoprost
Reduction IOP	Similar to Bimatoprost and Travoprost	Similar to Latanoprost	Similar to Latanoprost
Hyperemia	Lower risk	Higher risk	Higher risk
Hypertrichosis	Lower incidence	Higher incidence	Higher incidence
Periocular Skin Pigmentation	Lower incidence	Higher incidence	Higher incidence

Aspect	Latanoprost	Timolol	Dorzolamide	Brimonidine
Efficacy	More effective	Less effective	Less effective	Less effective
IOP Reduction	Significantly more	Significantly less	Significantly less	Significantly less
Safety	Better Tolerance	No Data Available	No Data Available	No Data Available

It is ideal to choose medications for treatment that are both efficient and simple to follow.



(Figure 19)

(Awareness, Treatment, Dropout among Glaucoma population)

5.3 SWOT Analysis of Latanoprost:

5.3.1 Strengths

- Less side effect in case of Cardiovascular, pulmonary, & hypoglycaemic conditions as compared to b blockers
- First line drug for glaucoma
- More effective than some other glaucoma medications

- Reduces mean diurnal IOP significantly more than certain competitors
- Generally, well tolerated with a good safety profile
- Lower incidence of certain adverse events compared to other prostaglandin analogs

5.3.2 Weakness:

- Can also cause hyperemia, iris pigmentation, and hypertrichosis
- Can cause ocular surface problems such as irritation and dryness

5.3.3 Opportunities:

- Prevalence of glaucoma increases with increase in population.
- High income level n some developed nations.
- Continual study and development to improve formulations or minimize side effects
- Expansion into new markets or indications
- Increasing awareness and education about the importance of glaucoma treatment
- Partnerships or alliances with healthcare providers

5.3.4 Threats:

- Potential emergence of new competitors with superior efficacy or safety profiles
- Regulatory changes affecting market access or marketing strategies
- Generic competition leading to price erosion and loss of market share for branded Latanoprost formulations

5.4 Marketing Mix for Latanoprost Product Launch:

For a successful launch of a new latanoprost product, a comprehensive marketing mix strategy (4Ps) is essential.

5.4.1 Product:

- Product: The drug is available in the form of Eyedrop
- Composition – Latanoprost is the drug present in the product
- Dose Variants – The drug is available in a dosage of 0.005% w/v
- Packaging – The drug is packed in a 2.5 ml sterile isotonic solution

5.4.1 Price:

- Price Rs.510.00
- 10% discount at consumer level
- 10% margin at Distributor level
- 18% margin at retain level
- 5% commission for doctors
- 20 days Credit payment period

5.4.1 Place:

- Distribution Channels: Ensure availability in both retail pharmacies and online platforms to maximize reach.
- Accessibility: Collaborate with ophthalmologists, optometrists, and eye care clinics to facilitate direct patient access.
- Global Reach: Establish distribution networks in emerging markets with growing glaucoma prevalence.

5.4.1 Promotion:

Targeted Marketing Campaigns:

- Free eye check-up camps in urban areas, Research Campaign, CMEs (Online, Offline), KOL engagement (Direct activity, Scientific webinar and seminar, Personal touch)

Physician Education:

- Leaflets, Scientific Literature, 3D Visual Aids

Sales Distribution:

- Establish partnerships with pharmacies, hospitals, and healthcare providers, Provide Sample Items

Digital Marketing:

- Use social media, health blogs, and online forums to reach potential patients and caregivers.

Traditional Marketing:

- Print ads in health magazines, clinic posters, and pharmacy brochures.

Direct Marketing:

- Educational seminars for eye care professionals and patient awareness campaigns.

Sales Force:

- Monthly, Quarterly, Yearly Incentives and Bonuses

5.4.1 Implementation & Control:

- Implement the strategy into the market
- 24/7 helpline for patient queries and support.
- Regular visit to doctors by sales force
- Distribute Samples, Visual aids, or other promotional materials
- Aggressive advertising in front of Ophthalmologists, Endocrinologists
- Take regular reports from sales force on daily basis
- Periodic monitoring, Market trend analysis
- Collaborate with Area sales managers and Regional Sales managers periodically
- Communicate with marketing team for digital marketing

CHAPTER- 6: CONCLUSION

Our thorough examination of the market for glaucoma treatments provides important new information about emerging trends, patient preferences, and unmet requirements. When compared to alternative treatments that are now available, the clinical study emphasises Latanoprost's higher efficacy, favourable safety profile, and good patient adherence rates. This data backs up the development of a strong brand positioning strategy for latanoprost that highlights its special advantages, like improved clinical performance and patient-friendly features.

We can effectively differentiate Latanoprost in the market by positioning it strategically to satisfy the unique needs and preferences of patients with glaucoma. This strategy fits with our dedication to enhancing patient outcomes and happiness while also highlighting Latanoprost's competitive benefits. As a result, latanoprost is ideally positioned to emerge as a top option for the management of glaucoma, providing a convincing resolution that satisfies the various needs of both patients and medical professionals.

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