IIHMR UNIVERSITY

Brand perception mapping in the Most commonly preferred molecules by

- Gynae
- CPs
- Cardio
- Diabeto

MBA Pharmaceutical Management
PM14

Thesis Defense

Submitted by **SHUBHAM AGARWAL**

Overview

- **Objectives**
- **Methodology**
- **Combinations Investigated**
- **Questionnaire**
- **Sample Size**

- **Results**

1. L-Methylfolate & Comb.
2. Pregabalin & Duloxetine
3. Telmisartan & Comb.
4. Glimepiride & Metformin (1000mg)
5. Rosuvastatin & Comb.
6. Progesterone formulation

- **Influential Factors in Doctor's Clinical Practice**

Objectives

1. To have a thorough understanding of the pharmacological use of the below molecules:

- Telmisartan + Cilnidipine, Telmisartan + Amlodipine, Telmisartan + Cilnidipine + Chlorthalidone - CPs/ Cardio/ Diabeto
- Rosuvastatin + Aspirin, Rosuvastatin + Clopidogrel, Rosuvastatin + Aspirin + Clopidogrel - CPs/ Cardio/ Diabeto
- Glimepiride + Metformin(1000mg) - CPs/ Cardio/ Diabeto
- L-Methylfolate & Combinations and Pregabalin + Duloxetine - CPs/ Ortho/ Diabeto
- Progesterone in Gynae

2. Prepare a questionnaire for the primary research survey.

3. Conduct primary research on a sizeable sample of each specialty.

- Understand doctor’s perception & preference for prescribing various combinations
- Understand the factors affecting choice of molecule & its rationale in different patient conditions

Methodology

Secondary Research

1. Pharmacology of molecule
2. Clinical Application
3. Leading brands for molecule(s)

Primary Research

1. Questionnaire Design
2. Subject Interviews
3. Data Collection
4. Data Integration
5. Data Analysis

Methodology

Questionnaire Design

- Literature Review
- Drafting & Expert Review
- Finalization

Subject Interviews

- Expert Identification
- Conducting Interviews

Data Collection

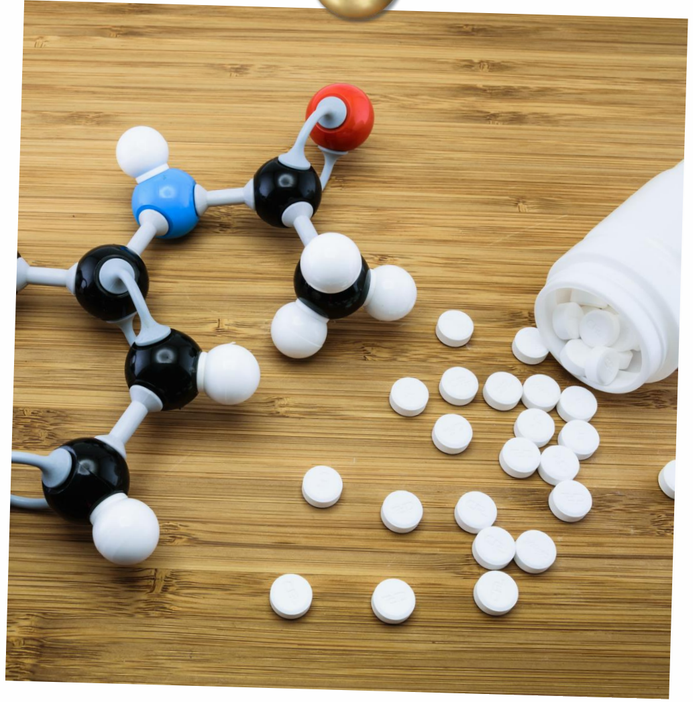
- Google Form Setup

Data Integration

Data Analysis

Combinations Investigated

1. L-Methylfolate & Combinations
2. Pregabalin + Duloxetine
3. Telmisartan and Combination
4. Glimepiride + Metformin (1000mg)
5. Rosuvastatin and Combination
6. Progesterone



Questionnaire

1. Doctor Name (Dr.)

_____

2. Gender

- Male
- Female

3. City

- Ahmedabad
- Surat
- Vadodara
- Nadiad

4. Age Group of doctor

- Emerging (30-45)
- Established (45-60)
- Senior (60+)

5. Specialty

- CP
- GP
- Cardio
- Diabeto
- Ortho
- Gynae

6. Prescriber

- Prescriber
- Non-Prescriber

7. Understanding patient profile & clinician practice in terms of using above said molecule.

_____

8. Most prescribed brands

_____

9. Factors influencing choice of brand by doctor

_____

Number of Subjects (Specialties) Interviewed (Sample Size - 142)

COMBINATION (S)	CP	GP	Ortho	Diabeto	Cardio	Gastro	Nephro	Gynae
L-Methylfolate & Combinations and Pregabalin + Duloxetine	11		13	1		1		
Telmisartan + Cilnidipine+ Chlorthalidone	17	3		3	2			
Glimepiride + Metformin (1000mg)	18	2		4	1			
Rosuvastatin + Combination	13			2			1	
Progesterone								25
TOTAL	70	5	26	11	3	2		25

Interpretation from Consultant Physician’s Practice

Pregabalin + Duloxetine

50% don't prefer this combination because of its high sedation effect, cost, or availability of other molecules like (amitriptyline and nortriptyline).

Rest prefers this in, Diabetic Painful Peripheral Neuropathy (DPPN), Fibromyalgia, Musculoskeletal Pain, Chronic Lower Back Pain, and Post-herpetic Neuralgia, Foot pain.

Telmisartan + Cilnidipine+ Chlorthalidone

40% of the CPs don’t prefer this molecule or prescribe it very less.

Rest prescribes this combination mainly in Chronic Kidney Disease (CKD). Other indications are Diabetes Mellitus, Coronary Artery Disease (CAD), Heart Failure, Myocardial Infarction (Heart Attack), Peripheral Artery Disease (PAD)

Glimepiride + Metformin (1000)

Preferred very less and if needed, prescribed in obese patients, high insulin resistance patients, or in patients who are not responding well to metformin 500.

Interpretation for L-Methylfolate & Combinations for interviewed specialties

CPs, Ortho & Diabeto

Prescribe this combination in

1. B12 Deficiency
2. Neurological Nutritional Deficiency,

Interpretation for Pregabalin and Duloxetine for interviewed specialties

Indication	CP	Ortho
Diab. Painful Peripheral Neuropathy	45%	42%
Radiculopathy	36%	50%
Fibromyalgia	36%	17%
Postherpetic Neuralgia	18%	8%
Sedation in women during radiculopathy	9%	
Lower Back Pain		8%
Sleepless Nights		8%
Prefer Less	55%	25%

Consultant Physician

50% don't prefer this combination because of

1. Its high sedation effect,
2. Cost, or
3. Availability of other molecules like (amitriptyline and nortriptyline).

Ortho

Most preferred indication is

1. Diabetic Painful Peripheral Neuropathy,
2. Radiculopathy,
3. Fibromyalgia

Interpretation for Telmisartan + Cilnidipine + Chlorthalidone for interviewed specialties

Consultant Physician (CP)		
1	Chronic Kidney Disease (CKD)	35%
2	Diabetes Mellitus	30%
3	Heart Failure	24%
4	Coronary Artery Disease (CAD)	12%
5	Myocardial Infarction	12%
6	Peripheral Artery Disease (PAD)	6%
7	Prefer Less	30%

CPs & Cardio

Either prefer less, and if preferred,

Prescribe in,

1. Chronic Kidney Disease (CKD)
2. Diabetes Mellitus
3. Heart Failure (HF)

Interpretation for Telmisartan + Cilnidipine + Chlorthalidone for interviewed specialties

Cardiologist

Cardiologists **prefer this in**,

1. Diabetes Mellitus,
2. Chronic Kidney Disease (CKD),
3. Obesity,
4. Heart Failure,
5. Myocardial Infarction

General Physician

Prescribe mostly when the patient is having **CKD**.

Diabeto

Prescription **depends on patient condition.**

Interpretation for Glimepiride + Metformin (1000) for interviewed specialties

Consultant Physician (CP)		
1	Insulin Resistance	35%
2	Obese Patients	30%
3	Prefer Less	30%

CP & Diabeto

Either prefer less, and if preferred,

Prescribe in,

1. Patients with Insulin Resistance
2. Obese patients

Interpretation for Rosuvastatin Combination for interviewed specialties

Consultant Physician (CP) preference for Rosuvastatin + Aspirin + Clopidogrel		
1	ASCVD: Atherosclerotic Cardiovascular Disease	80%
2	PCI: Percutaneous Coronary Intervention	65%
3	CABG: Coronary Artery Bypass Graft Surgery	65%

Consultant Physician

Rosuvastatin with Aspirin is the primary choice and Clopidogrel is preferred only when,

1. Aspirin is either causing gastric irritation or ,
2. patient is having clotting issues

Interpretation for Progesterone Formulation for interviewed specialties

Indication	Tablet	Softules	Gel	Inj.
Luteal Phase Support	44%	28%		
Round the clock gestational support	44%	24%		
Risky Pregnancy	12%	20%	16%	20%
Threatened Abortion	8%	12%	16%	32%
Recurrent Miscarriages	8%	8%	12%	20%
IUI			12%	32%
IVF			12%	32%
Less preferred		16%	20%	24%

Gynaecologist

1. Gynaec's formulation preference order is

Tablet > Softules > Gel > Injection

2. More than half of the doctors prefer Dydrogesterone over progesterone.

Influential Factors in Doctor’s Clinical Practice

- Corporate Equity
- Brand Equity
- Geography
- Doctor’s Demographic

  (Age Group)

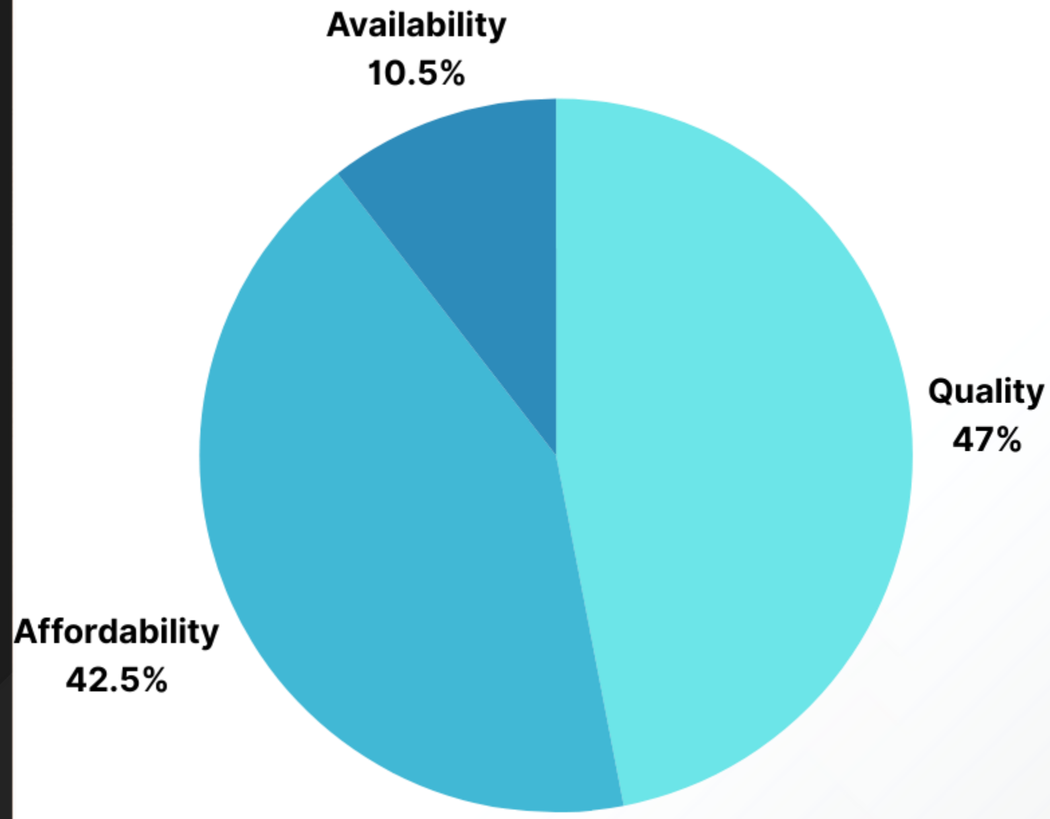
- Other factors:

1. Quality
2. Affordability
3. Availability

Other Factors Influencing Prescribers' Decision while prescribing a brand

Quality of the brand is first factor affecting the choice of brand followed by Affordability of the brand.

Availability plays least role in selection of a brand



Conclusion

Gynecologists

Prefer progesterone formulations based on clinical needs such as luteal phase support and managing high-risk pregnancies.

Cardiologists

Favor combinations like rosuvastatin with antiplatelet agents for cardiovascular disease management, driven by efficacy and patient tolerance.

CPs and Diabetologists

Prefer Glimepiride and Metformin combinations for diabetes management, especially in patients with insulin resistance and obesity, balancing clinical efficacy with cost considerations.

Conclusion

Factors influencing brand perception and prescribing behaviors

- **Quality:** The most critical factor in brand preference.
- **Affordability and Availability**: Significant but secondary factors.
- **Corporate and Brand Equity:** Crucial in shaping healthcare providers' decisions.

Recommendations

- Enhance product quality.
- Address affordability through strategic pricing and patient assistance programs.
- Ensure consistent availability of medications.
- Build strong corporate and brand equity.
- Collaborate with key opinion leaders and support evidence-based medicine.