

SUMMER INTERNSHIP PROGRAM

at

MICROLABS

From 1/05/2020 to 30/06/2024

A REPORT BY

HASMUKH NARAN CHAUDHARY

Master of Business Administration

Pharmaceutical Management -15

2023-25

Under the Mentorship of

SUDHINDER SINGH CHOWHAN





MICRO LABS LIMITED

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Completion Certification from the Organization CERTIFICATE

This is to certify that Mr. Hasmukh Naran Chaudhary of Pharmaceutical Management PM15 of Marketing department at MICROLABS has worked with our organization for his summer internship from 1/05/2024 to 30/06/2024. The overall performance shown by him during the period was excellent. This certificate is being issued to meet the requirements of the IIHMR University.

Sathish G. Mansukhani
Sr. Vice President
Div: Carlson IV
Micro Labs

Date:

(Signature of organization Mentor)

NAME: SATHISH MANSUKHANI

Designation: Sr Vice President Sales
and Marketing

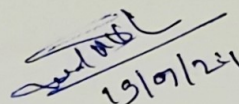
Seal/stamp of the organization

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. HASMUKH NARAN CHAUDHARY** of academic year 2023-25 of **SCHOOL OF PHARMACEUTICAL MANAGEMENT** has prepared a poster with respect to his summer internship held during May-June 2024.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 19/07/24

A handwritten signature in blue ink, appearing to read 'Sudhinder Singh Chowhan', with the date '19/07/24' written below it.

Dr. Sudhinder Singh Chowhan

Assistant Professor

IIHMR University Jaipur

Objective

To Understand the Perception of HCPs towards Semaglutide for Diabetes Management.

Methodology

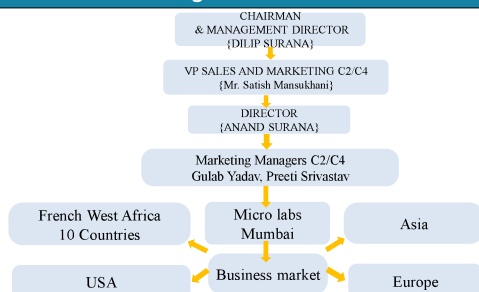
Research Design :Semi structured Questionnaire , Nonprobability sampling, Responses of the HCPs were collected by visiting clinics

Micro Labs Ltd

Vision : To built around a desire to not just be the best, but a leader in the development, manufacture, and sales of premium pharmaceutical products.

Business Beliefs : Quality, Ethics, Customers Focus, Respect For people

Organization Structure



SWOT Analysis Semaglutide

Strengths

- Superior efficacy
- Dosage Forms (injectable and oral
- Once-Weekly Injection
- FDA Approval and positive clinical results

Opportunities

- Obesity and prediabetic market.
- Increased prevalence, diagnosis of diabetes
- Develop Combination therapies with other OED medication like DPP-4 etc.
- Increase insulin programs could improve adherence particularly for the injectable form.

Weakness

- High cost and less availability
- Side effects like Gastritis, nausea, vomiting.
- Limited Long-Term Data and lack of Indian patient data

Threats

- Patent expiry in 2026
- Semaglutide poses a threat from new generics.
- Tirzepatide (Mounjaro): A dual GIP and GLP-1 receptor agonist.
- Other molecules insurance coverage.

PESTEL Analysis

1. Political factors: Government changing policies. USFDA, EMA.
2. Economic factors: Market demand , insurance coverage could impact its penetration
3. Social Factors: Increasing prevalence of diabetes diseases. Out of total diabetic population 18% are from India.
4. Technological Factors: Self-injection devices has seen increased compliance among patients
5. Environmental Factor: Injectable waste need to regulated properly.
6. Legal factors : Semaglutide hold patent upto 2026.

INTRODUCTION

- Semaglutide is used to treat type 2 diabetes along with weight management.
- GLP -1 Global Market \$28.13 Billion with 20.6% CAGR increase between 2020-2023
- Molecule provide better glycemic control and weight loss at the same time.
- This medication belongs to a class of drugs known as GLP-1 agonist.
- It works by binding to GLP 1 receptor and enhance secretion of insulin along with gastric emptying.
- Conducted a survey on 50 HCP by visiting to their clinics

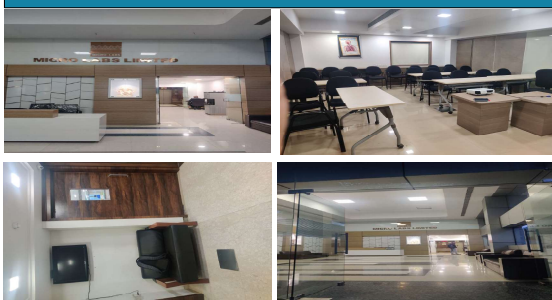
Brand Essence

- Product Feature: Available in insulin form and OED 3 mg, 7mg , 14mg mg tablet form
- Rational Benefits : Type 2 diabetes management, Glycemic control , weight loss.
- Value Proposition: Superior HBA1C level control, Once a day tablet
- Single minded proposition: The Leading molecule in Type 2 diabetes management along with weight management
- Target specialty: General Physician, Diabetologist, Nephrologist, MD Internal medicine, Cardiologist.

Market Overview

- Global Diabetes market : 79.25 billion USD growing at CAGR rate of 7%
- Indian Diabetic market : 19,128 cr (Mar 2024)
- Anti-obesity market stands at 474 cr where semaglutide holds 66%(313cr) MS
- Market Drivers : Generic version, Increased prevalence diabetes and obesity , low cost.
- Segmentation : Segmented in Type 2 diabetes, weight management, obesity.

Office Preview



Learnings and Value Addition

- Dose preferences and efficacy
- Tirzepatide poses a threat to semaglutide market.
- HCP demanded local data to back the claims
- Affordability and accessibility would be an important in penetrating the market.
- Learned about designing brand plan, marketing strategies and marketing campaign.
- From the market survey, I learned about competitor analysis..

Marketing Strategies and Campaigns

- Conduct more numbers of CME programs
- Conduct a study of atleast 100 Indian patients to increase prescription.
- Back the study by involving leading doctors of the field.
- Target obesity patient and type 2 diabetes patients.
- Digital marketing strategy. Printed or digital Magazines
- Social media post, blogs etc.

Result and Findings

- After molecule goes off patent >50% rise in prescription
- SKU 7&14 are the most utilized.
- More then 60% HCP are prescribing semaglutide
- Weight management and type 2 diabetes is the most influencing factor to prescribe Semaglutide
- 50% HCP believe cost is the major challenge in treatment
- Common side effects like Gastritis, nausea, vomiting etc. are seen.
- 43% Doctors believe Brand name is moderately significant for the sales.
- 84.80% preferred CME's Program for the post patent increase in usage
- 14 and 7 mg has proven record of weight management
- Medicine is good but need more supporting data of Indian origin data to be backed with
- Brand name should resonate with molecule name Eg: Sematrim, Semanorm, Sema, Semaof.
- Cardiologist do not prefer prescribing this molecule.
- Molecule can be used managing PCOS condition and prediabetic patient

Challenges Faced During Internship

- HCP demanded Indian patient data of the molecule.
- Most Cardiologist do not prescribe the molecule in their clinical practice
- Receptionist didn't permit the entry to doctors' premise.
- HCPs were requesting a facilitation fee
- HCP were on leave at this period
- HCP were difficult to locate

Difference Between Practical Exposure And Theoretical Work

While Conducting a Market survey Along with communication there are other important factors like awareness about HCP time schedule, Clothing sense, language barrier, pre plan your visits, etc.

Reporting Format

(Weekly)

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15 Week no: -1 From 6th May to 11th May

Activity Done	Studied iqvia data Learned excel application Learned about diabetic market
Linking theory (Classroom learning with practise at your organization)	During Data analytics lectures we were taught how to clean the data.
Gaps identified in the working area	none
Suggestion for improvement	none
Plan for next week	Prepare a small presentation about diabetic market overview

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15 Week no: -2 From 6th May to 11th May

Activity Done	Studied iqvia data Started working on questionnaire for market survey. Made changes in the questionnaire.
Linking theory (Classroom learning with practise at your organization)	Research methodology we were taught to how to do secondary research.
Gaps identified in the working area	Authentic data is mostly paid.
Suggestion for improvement	Need for a website where authentic data would be available for ongoing trials like USAFDA.
Plan for next week	Make the final changes on the questionnaire and get it approved from the mentor. Plan for field work. From Monday I am having field work I will be covering almost all areas in the Western line Mumbai. I have to carry out a survey based on the list of doctors provided to me.

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15

Week no: -3

From 12th May to 18th May

Activity Done	Got the questionnaire approved for survey and started the field work. Covered western part of Mumbai from charni road to Mira Road.
Linking theory (Classroom learning with practise at your organization)	Effective communication from Principle of management came in handy while conducting survey Research methodology learning how to build a questionnaire.
Gaps identified in the working area	The list given was not updated. Few HCP don't practice at the same location while few address were wrong
Suggestion for improvement	Keep updating the list
Plan for next week	Continue field work next week until further instruction

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15 Week no: -4 From 19th May to 25th May

Activity Done	Covered western line Mumbai area. Marine drive Dadar Grant Road. Reported back to the office on Wednesday. Exported data to excel
Linking theory (Classroom learning with practise at your organization)	Effective communication.
Gaps identified in the working area	none
Suggestion for improvement	Basics to be cleared. Need to start networking.
Plan for next week	Create the presentation based on survey and report it to mentor

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15 Week no: -5 From 2nd May to 8th May

Activity Done	Presented the report to the mentor and started working on the next survey Studied about the molecule semaglutide Did secondary research on semaglutide molecule
Linking theory (Classroom learning with practise at your organization)	None
Gaps identified in the working area	Need of Indian data. Lack of awareness and availability about the molecule
Suggestion for improvement	Hcp find India data to be more reliant if made available
Plan for next week	Create the questionnaire and get it approved from the marketing manager and mentor

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15 Week no: -6 From 9th June to 15th June

Activity Done	Started making questionnaire. Made questionnaire in word as well as google form. Made changes and got it approved from the mento.
Linking theory (Classroom learning with practise at your organization)	Effective communication, how to build a questionnaire.
Gaps identified in the working area	No open communication. Interaction with the mentor was very less.
Suggestion for improvement	Have more open communication
Plan for next week	From Monday I am having field work I will be covering almost all areas in the Central line Mumbai. I have to carry out a survey based on the list of doctors provided to me.

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15 Week no: -7 From 16th June to 22nd June

Activity Done	Covered central line Mumbai area from Kalyan to CSTM
Linking theory (Classroom learning with practise at your organization)	Effective communication, how to build a questionnaire.
Gaps identified in the working area	Need of Indian data. Lack of awareness and availability about the molecule. Due to cost HCP are hesitant to prescribe the molecule
Suggestion for improvement	The molecule should be made available, and cost should be reduced
Plan for next week	Report back to office on Monday and create the analyse the data and create a presentation

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15 Week no: -8 From 23^h June to 30nd June

Activity Done	Analysed the data and created the presentation based on survey. Made changes and got it approved it by the mentor by Thursday and presented it on Saturday
Linking theory (Classroom learning with practise at your organization)	Research methodology and marketing analytics concepts of data cleaning in excel power bi etc
Gaps identified in the working area	none
Suggestion for improvement	none.
Plan for next week	-

Name of the Organization: - Microlabs (Mumbai)

Department: Carsyon 2

Name of the student: - **Hasmukh Naran Chaudhary**

Roll no: - 0493

Stream: - PM15

Week no: -1-8

From 1st May to 30nd June

Activity Done	• For two months, I worked as a marketing intern in the cardio/diabetic department at Microlabs Ltd. During this period, I was involved in two market survey projects related to diabetes management. During the initial days I worked on Pharma market data to generate insights. Learned about company products, their market size and ongoing trends. • Conducted secondary research to learn about give molecules and gathered some insights. Further course of action was to create a questionnaire using those insights get it approved by the mentor and prepare of the field work • The first survey aimed to understand the perception of healthcare professionals (HCPs) towards fixed-dose combination drugs for diabetes management. I collected 50 responses from various HCPs across the Central, Western, and Harbor regions of Mumbai. • The second survey sought to understand the perception of HCPs towards Semaglutide. For this project, I gathered 52 responses from HCPs, across the Central, Western, and Harbor regions of Mumbai. • The targeted HCPs included general physicians (GPs), consulting physicians (CPs), diabetologists, endocrinologists, cardiologists, and nephrologists. • After completion of the survey, I was instructed to create a presentation based on the survey and present it into the organization mentor and vice president of the department.
Linking theory (Classroom learning with practise at your organization)	• During my internship at Microlabs, I effectively applied my MBA in Pharmaceutical Management knowledge. I utilized Marketing Management skills to conduct market research on HCP in Mumbai , identifying target HCPs and understanding Diabetes management .

	• Drawing from pharmacology and pharma-epidemiology insights, I developed scientifically accurate Questionnaire for both the survey. • Research methodology lectures helped to conduct secondary research with ease. • Marketing analytics helped me to draw insight using excel and create graphs to represent the data. • Each module helped me to create good presentation and communicate well in front of the mentor.
Gaps identified in the working area	• The HCPs are looking for Indian patient data. • The organisation has very less digital presence. The diabetic segment is a huge market there is lot of potential for the organisation to grow. • While conducting survey it was difficult to locate HCPs. The list needs to be updated continuously.
Suggestion for improvement	• Provide 1 week training to get familiar with the working environment and connect with the different department employee. Establish a mentorship program where experienced employees are assigned to guide and support interns. Make the interns work alongside the mentors. This would provide interns with reliable points of contact for their questions and facilitate smoother integration into the organization. • Implement a feedback mechanism where interns and employees can provide input on the clarity and effectiveness of training sessions and information provided. This would help in continuously improving the training process and ensuring it meets the needs of the team

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Introduction

For two months, I worked as a marketing intern in the cardio/diabetic department at Microlabs Ltd. During this period, I was involved in two market survey projects related to diabetes management. During the initial days I worked on Pharma market data to generate insights. Learned about company products, their market size and ongoing trends.

Conducted secondary research to learn about give molecules and gathered some insights. Further course of action was to create a questionnaire using those insights get it approved by the mentor and prepare of the field work

The first survey aimed to understand the perception of healthcare professionals (HCPs) towards fixed-dose combination drugs for diabetes management. I collected 50 responses from various HCPs across the Central, Western, and Harbor regions of Mumbai.

The second survey sought to understand the perception of HCPs towards Semaglutide. For this project, I gathered 52 responses from HCPs, across the Central, Western, and Harbor regions of Mumbai.

The targeted HCPs included general physicians (GPs), consulting physicians (CPs), diabetologists, endocrinologists, cardiologists, and nephrologists.

After completion of the survey, I was instructed to create a presentation based on the survey and present it into the organization mentor and vice president of the department.

Market overview

Diabetes is a leading metabolic chronic disorder characterized by elevated blood glucose levels. Globally, 422 million people suffer from diabetes. In India, there are 77 million diabetic patients, accounting for 18.246% of the global diabetic population. Over 80-90% of these patients have type 2 diabetes. Diabetes can be classified into several types, namely type 1, type 2, and the prediabetic phase.

Type 1 diabetes is an autoimmune disease where the immune system mistakenly attacks and destroys insulin-producing cells in the pancreas. This type affects up to 10% of diabetics and is typically diagnosed in children and young adults, although it can occur at any age.

Type 2 diabetes is more prevalent and occurs when the body either doesn't produce enough insulin or the cells don't respond normally to insulin, leading to insulin resistance. Diabetes is diagnosed when two separate tests show a level of 126 mg/dL (7 mmol/L) or higher.

Prediabetic: The blood sugar range lies between 100 to 125 mg/dL (5.6 to 6.9 mmol/L). Patient within this range is called prediabetic.

There are various medications available in the market to manage diabetes in different forms like Insulin and Oral form tablets. There are several classes of medications based on their mechanism of action GLP-1, Sulfonylureas, SGLT2- inhibitors, Alpha-Glucosidase Inhibitors, Thiazolidinediones, DDP- 4 inhibitors etc. In my survey I was dealing with GLP-1, Sulfonylureas, SGLT2- inhibitors, Alpha-Glucosidase Inhibitors, , DDP- 4 inhibitors class of medication

About Microlabs.

Micro Labs Limited is a multi-faceted healthcare organization with a proficient marketing team, state-of-the-art manufacturing facilities, and R&D centres that are at par with international standards. All these backed by a strong distribution network and path-breaking research work have placed us amongst India's fast-growing transnational healthcare organizations. We are into the manufacturing and marketing of pharmaceutical products and APIs.

The company is ranked 19th amongst all pharmaceutical companies in India as per AWACS 2021 retail audit and is ranked 14th as per prescription audit by SMSRC 2021. Our brand Dolo-650 is ranked No 1 amongst all prescribed brands as per SMSRC prescription Audit, is ranked 13th in retail audit and is virtually a household name across the country.

Business Journey

Departure	Voyage	Learning
In the initial state of this summer training internship internship MICRO labs create excitement and learning urge. And introduced me with the corporate world with some tools.	Unique Project embarks us in the corporate world it helps us to explore new territories and engage in immersive learning experiences.	I have learned to create insights from data and perform data cleaning. I also gained hands-on experience in fieldwork, including conducting market surveys, and learned techniques for secondary research.

My mission as a market research intern and trainee at Micro Labs is to perform thorough and comprehensive market research and analysis to support the company's growth. By gathering relevant insights and understanding the dynamics of the pharmaceutical industry, I aim to assist in the creation of innovative pharmaceutical products and help Micro Labs maintain a competitive edge. I am dedicated to contributing to Micro Labs' overall success through my commitment to quality, professionalism, and strategic advice implementation. My focus is on supporting Micro Labs' expansion and enhancing its reputation as a leading pharmaceutical firm.

History

1973

MICRO LABS LAUNCH

Micro Labs Ltd was founded by the visionary Shri G.C. Surana to manufacture ethical pharmaceutical products with a manufacturing facility in Chennai.

2004

LAUNCHED OUR FACILITY AT VEMA

Micro Labs inaugurated a new facility in Vema industrial area, Goa for export markets and was approved by the US FDA, EU, and other regulated countries.

2006

ESTABLISHED AN OPHTHALMIC PLANT

The company establishes a state-of-the-art ophthalmic plant. It is the first of its kind in Asia, leading to a collaboration with Bausch Lomb.

2011

INCORPORATED IN THE UNITED STATES

Micro Labs, United States was incorporated in the year 2011

2012

LAUNCH IN EUROPE

We take pride in our first product launch in Europe

2013

LAUNCH IN THE US

We take pride in our first product launch in the United States

2017

ADVISORY BOARD FOR FEVER MANAGEMENT

Formed an Advisory Board for Fever Management. It is an independent autonomous body focused towards the study on different epidemiology of fever.

2018

PRESTIGIOUS GOLD AWARD BY IMEA

Micro Labs' Sikkim manufacturing unit was conferred with the prestigious Gold award at Indian Manufacturing Excellence Awards (IMEA), held by Frost and Sullivan in association with Economic Times.

2019

RESPONSIBLE BUSINESS LEADER AWARD

Our CMD, Mr. Dilip Surana, was awarded the 'Responsible Business Leader Award 2019' by Responsible Business Awards.

2021

FROST & SULLIVAN AWARD

Conferred with the Frost and Sullivan Award for manufacturing excellence in the year 2021.

2023

DOLO RANKED NO 1 BRAND

Dolo was ranked as No.1 brand in Paracetamol Solids as per IQVIA MAT March 2023.

Survey methodology

Questionnaire: Semi structured Questionnaire was prepared to understand the objective of the both the surveys. The 1st Survey included 7 questions while the 2nd survey included 12 questions.

Sampling: Sampling of HCP was based on non-probability sampling method as we were given a set of KOL list by the organization.

Sample size: The sample size for 1st Project was 50 and the sample size for 2nd Project was 52 HCPs

Data Collection: Responses of the HCPs were collected by visiting clinics and hospitals.

Questionnaire

The Questionnaire included various types of questions like MCQ based questions, Closed ended questions, Open ended questions, Hypothetical questions etc.

Project 1 To understand the perception of healthcare professionals (HCPs) towards fixed-dose combination drugs for diabetes management

1) On an average basis, how many patients with diabetes do you typically address ?

- ☐ 0-10
- ☐ 10-20
- ☐ 20-30
- ☐ >40

2) What percentage of your patients receive mono therapy or combination therapy to manage diabetes ?

	0-20	20-40	>40
Mono	☐	☐	☐
Duo combination	☐	☐	☐
Triple combination	☐	☐	☐

3) What are the biggest challenges you face in managing diabetes with medication? ?

- ☐ Difficulty adhering to medication schedule.
- ☐ Managing side effects
- ☐ Difficulty maintaining a healthy diet and exercise routine
- ☐ Cost concern
- ☐ Difficulty understanding medication instructions.

4) Among the combination drugs listed below, which would you prefer if it were available, and rank them from 1 to 5, with 1 being the most preferred and 5 being the least preferred?

	1	2	3	4	5
a) Dapagliflozin + Gliclazide	☐	☐	☐	☐	☐
b) Dapagliflozin+ Gliclazide + Metformin	☐	☐	☐	☐	☐
c) Gliclazide + Metformin + Sitagliptin	☐	☐	☐	☐	☐
d) Gliclazide + Voglibose + Metformin	☐	☐	☐	☐	☐
e) Gliclazide + Sitagliptin	☐	☐	☐	☐	☐

5) What are the main factors influencing your decision to prescribe a combination therapy?

	Cardiovascular safety issues	HbA1c control	Risk of heart failure	Renal safety issues	Hypoglycaemic condition
a) Dapagliflozin + Gliclazide	☐	☐	☐	☐	☐
b) Dapagliflozin+ Gliclazide + Metformin	☐	☐	☐	☐	☐
c) Gliclazide + Metformin + Sitagliptin	☐	☐	☐	☐	☐
d) Gliclazide + Voglibose + Metformin	☐	☐	☐	☐	☐
e) Gliclazide + Sitagliptin	☐	☐	☐	☐	☐

Other _____

6) Which SKUs will be utilized more in your clinical practice ?

	Very low	Moderate	More often
a) Sitagliptin 100mg+ Gliclazide 30mg	☐	☐	☐
b) Sitagliptin 100mg+ Gliclazide 60mg	☐	☐	☐
c) Dapagliflozin 10mg+ Gliclazide 30mg + metformin 500mg	☐	☐	☐
d) Dapagliflozin 10mg+ Gliclazide 30mg + metformin 1000mg	☐	☐	☐
e) Dapagliflozin 10mg+ Gliclazide 60mg + metformin 500mg	☐	☐	☐
f) Dapagliflozin 10mg+ Gliclazide 60mg + metformin 1000mg	☐	☐	☐

7) Looking ahead, what unmet needs do you see in the current treatment options for type 2 diabetes?

- ☐ More effective medications for patients with advanced or uncontrolled type 2 diabetes.
- ☐ Medications with fewer or less severe side effects compared to existing options
- ☐ Combination therapies that target a wider range of factors beyond just blood sugar control (e.g., weight management, heart health)
- ☐ More affordable medications to improve access to treatment for all patients.

Project 2 Understanding the perceptions of HCPs regarding semaglutide

1. How many diabetic patients you see in a day?

- ☐ 0-10
- ☐ 10-20
- ☐ 20-30
- ☐ 30-40
- ☐ >40

2. Do you prescribe semaglutide in your clinical practice?

- ☐ Yes
- ☐ No
- ☐ Maybe

3. What percentage of your patients do you prescribe the below medication.

Drug	0-10%	11-20%	21-30%	>30%
Semaglutide				
Dulaglutide				
Exenatide				
Liraglutide				

4. In which clinical indications you prescribe semaglutide?

- ☐ Type 2 Diabetes Mellitus
- ☐ Weight management
- ☐ Glycaemic control
- ☐ Cardiovascular Risk reduction
- ☐ HBA1c control
- ☐ Other _____

5. What factors will influence your decision to prescribe semaglutide?

- ☐ Glycaemic control
- ☐ Patient adherence
- ☐ Weight management
- ☐ Safety profile
- ☐ Other _____

6. How does semaglutide differ from other class of medications, such as sulfonylureas, DPP-4 inhibitors, and SGLT2 inhibitors?

7. What are the main challenges your patients face while being treated with semaglutide ?

8. What percentage increase in prescriptions will be seen once semaglutide goes off patent and is available at an economical price?

- ☐ 0-10%
- ☐ 11-20%
- ☐ 21-30%
- ☐ >30

9. Rank the SKUs based on its utilization in your clinical practice?

Rank	Semaglutide 3mg	Semaglutide 7mg	Semaglutide 14mg
1			
2			
3			

10. How significant role, a brand name will play in increasing prescriptions for semaglutide once it goes off patent?

- ☐ Not significant
- ☐ Moderately significant
- ☐ Very significant

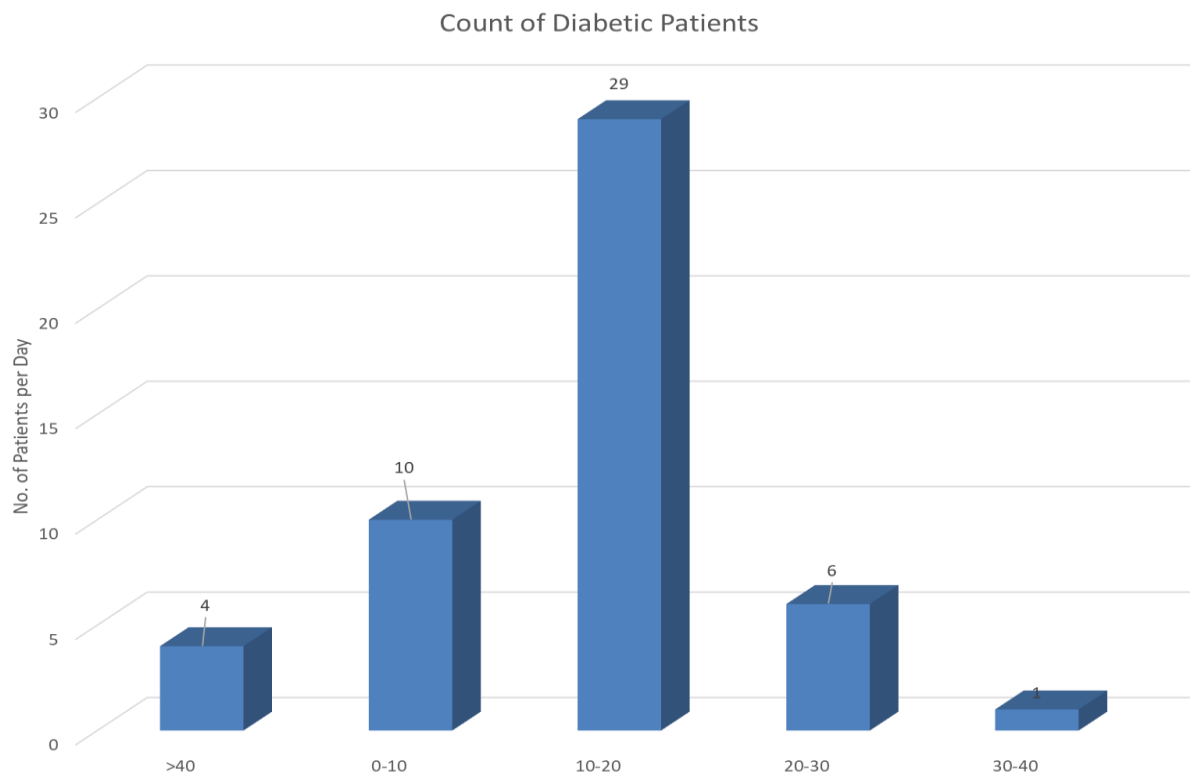
11. How could the usage of semaglutide increase in India once it goes off patent?

- ☐ CMEs Program
- ☐ Ad Campaigns
- ☐ Any recommendation or opinion towards semaglutide?

Project 1: To understand the perception of healthcare professionals (HCPs) towards fixed-dose combination drugs for diabetes management

Findings

1. On a daily basis, how many patients with diabetes do you typically address?



- 29 (58 %) healthcare professionals indicated that their daily patient consultations range from 10 to 20
- However, 10 respondents indicated their patients range to be in 0 to 10
- 6(12%) indicated daily consultation range between 20-30
- 1(2%) indicated daily consultation range between 30-40
- Majority of respondents HCPs address 10-20 patients in a day

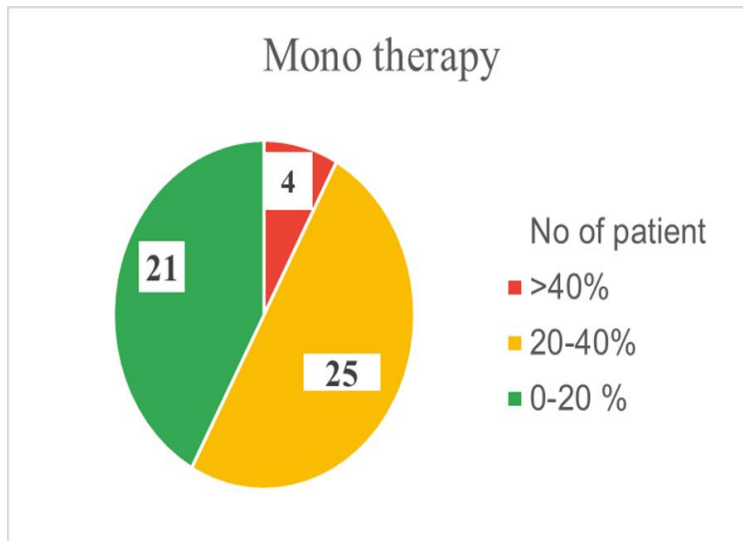
2) What are the biggest challenges you face in managing a patient's diabetes with medication?

This question was multiple choice questions where more than 1 option can be selected

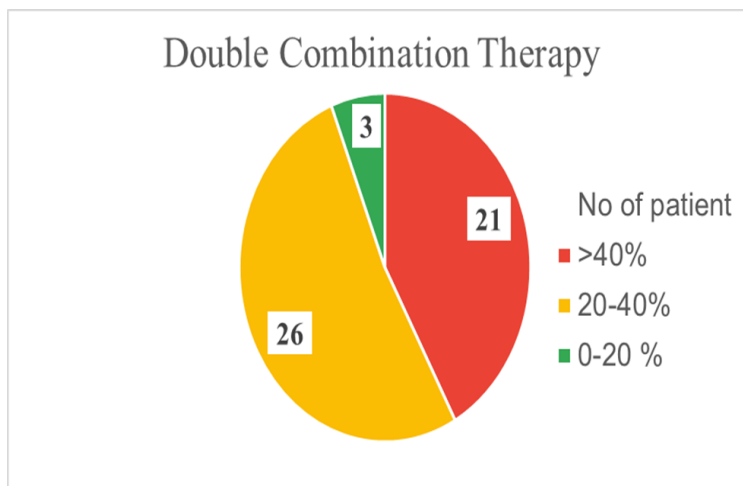


- 34 respondents reported the most common challenge is maintaining a healthy diet and exercise routine
- While managing side effects is the 2nd common challenge faced by HCPs
- 3rd common challenge was adherence.
- 4th common challenge being cost

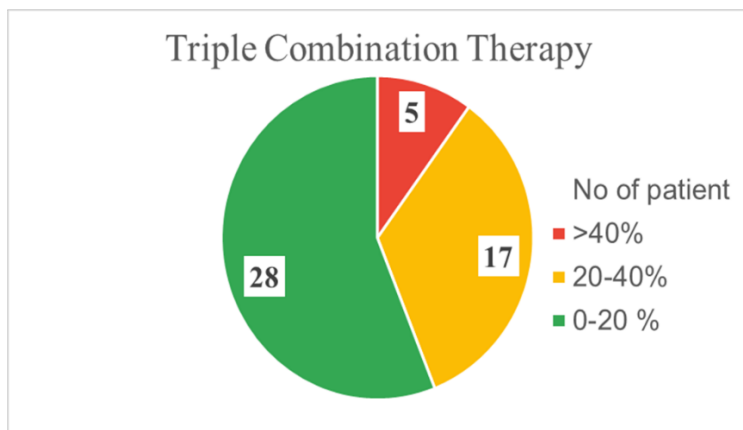
3) What percentage of your patients receive mono therapy or combination therapy to manage diabetes?



- 53% preferred double combination therapy for 20-40% of patients.
- 21 % preferred it for 0 – 20 % Patient.



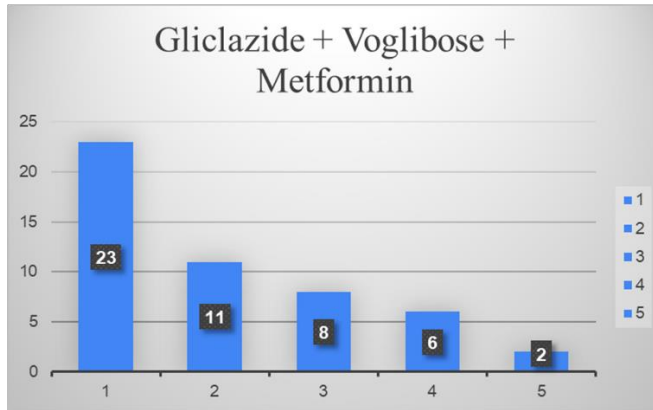
- 50% HCPs found monotherapy beneficial for 20-40% of patients.
- 21% found it beneficial for 0-20% of patients.



- 54% preferred triple combination therapy for 0-20% of patients.
- 17% preferred it for 20-40% of patients.

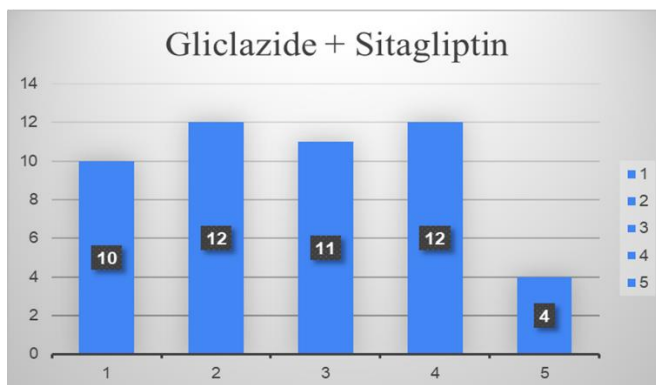
4) Among the combination drugs listed below, which would you prefer if it were available, and rank them from 1 to 5, with 1 being the most preferred and 5 being the least preferred?

Rank 1



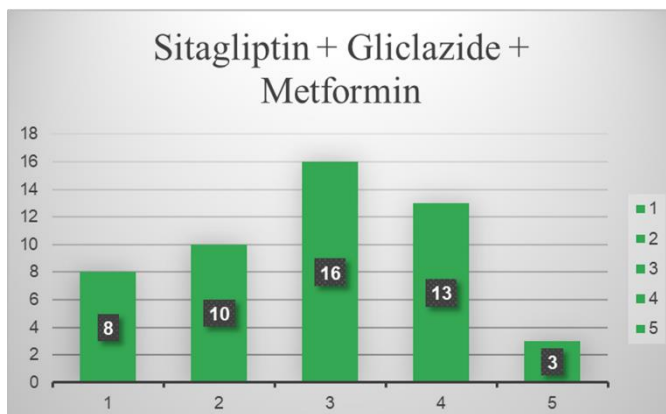
- Preferred by 68% (34) HCP
Gliclazide + Voglibose + Metformin showed the most positive response.

Rank 2



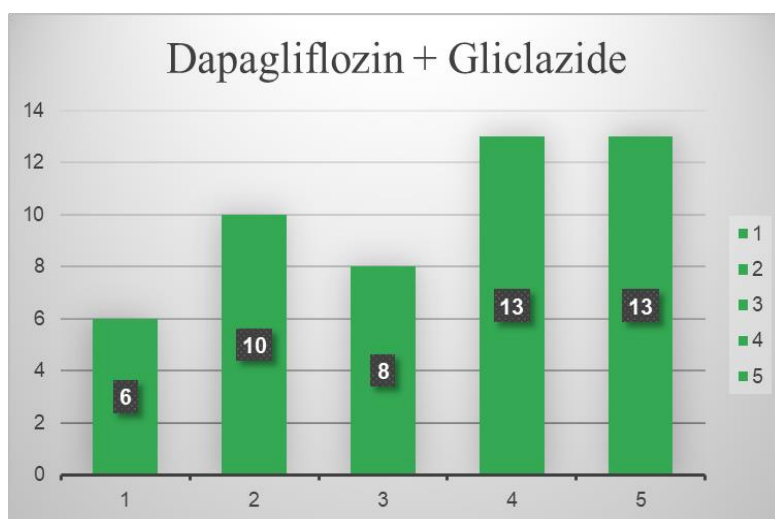
- Preferred by 44% (22) HCP
Gliclazide + Sitagliptin showed the 2nd most of positive rate.

Rank 3



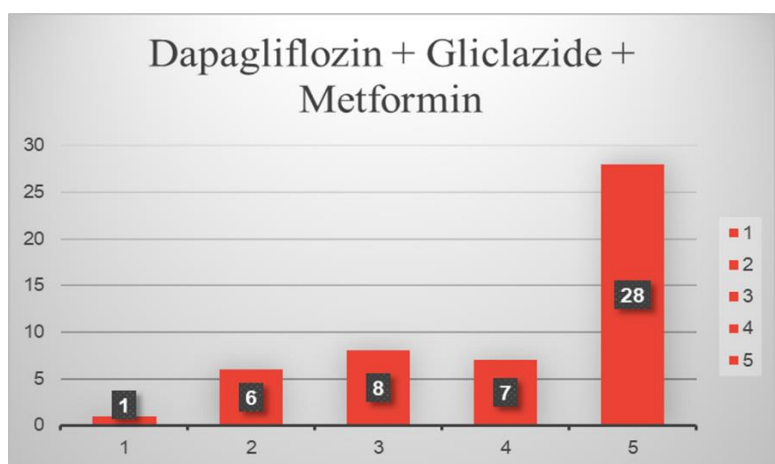
- Sitagliptin+ Gliclazide+ Metformin showed a positive rate of 34% (17) by HCP
- Sitagliptin combinations are preferred for patient with renal impairment.

Rank 4



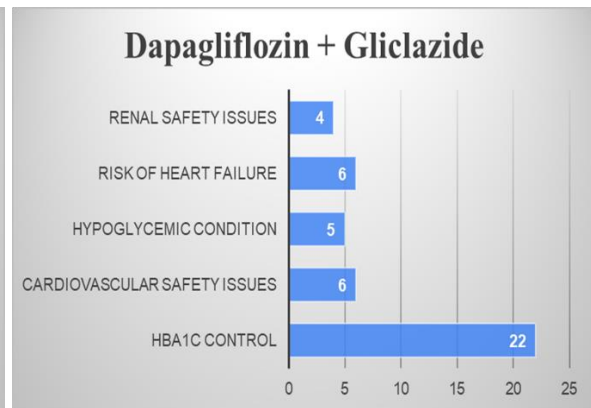
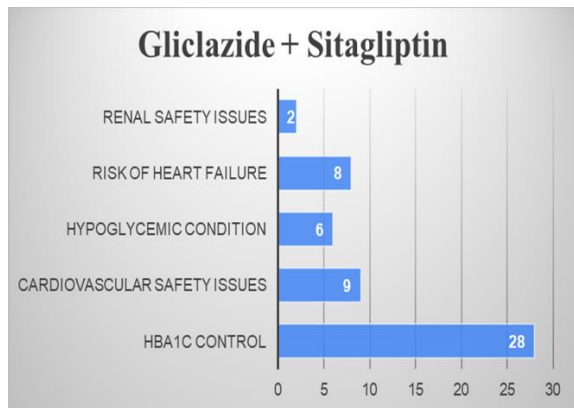
- Dapagliflozin + gliclazide showed a positive rate of 32% (16) by HCP

Rank 5



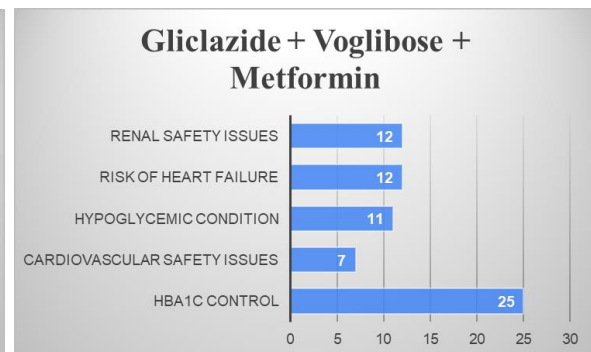
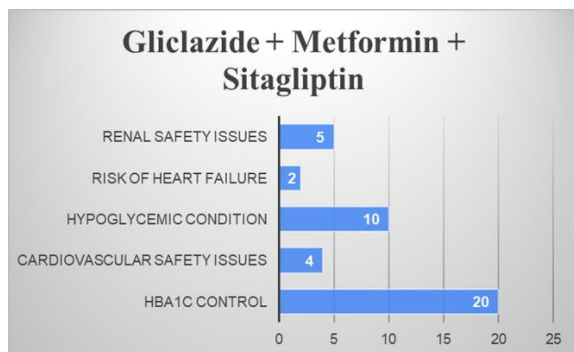
- Dapagliflozin + Gliclazide + Metformin showed a positive rate of 8% (15) by

5) What are the main factors influencing your decision to prescribe a combination therapy?

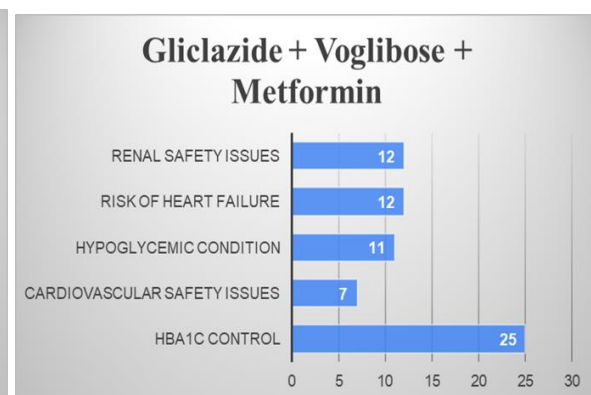
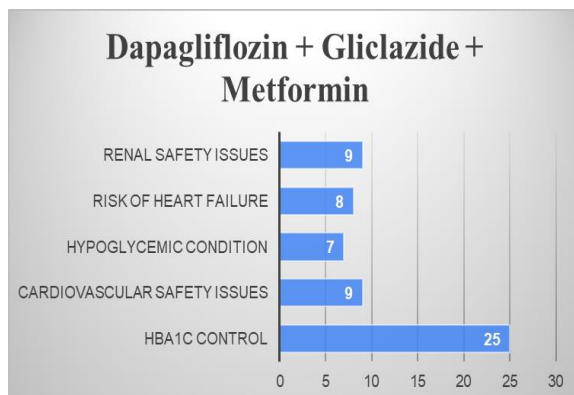


HCP considered as HbA1C control as 1st imp factor

- Long-term Blood Glucose Monitorin Effectiveness of treatment
- Asses risk of Combination Adherence



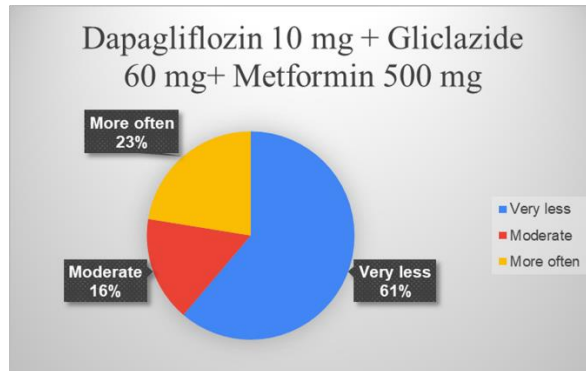
- HCP considered Heart safety as 2nd most important factor
- Majority of diabetic patients suffer with other factor like(hypertension, obesity, abnormal cholesterol level) along with diabetes



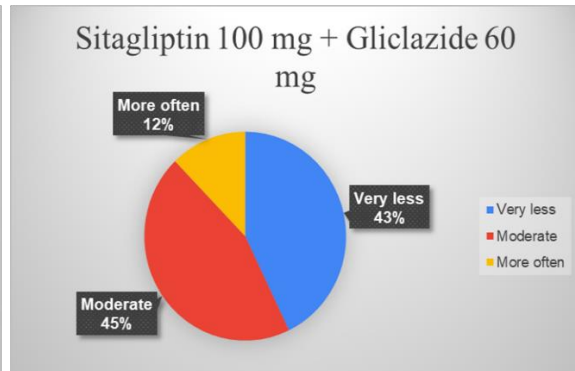
- Renal safety and hypoglycemic condition was rated 3rd most important factor

6) Which SKUs will be utilized more in your clinical practice ?

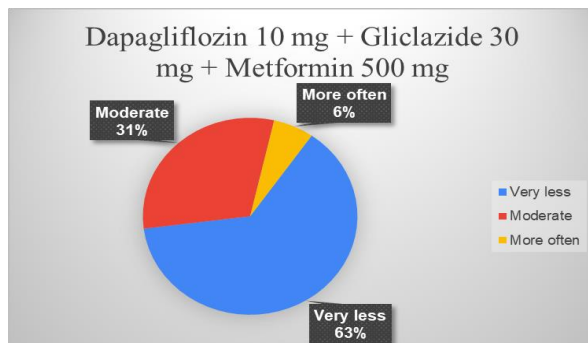
Sitagliptin100mg +Gliclazide30mg showed the most positive response



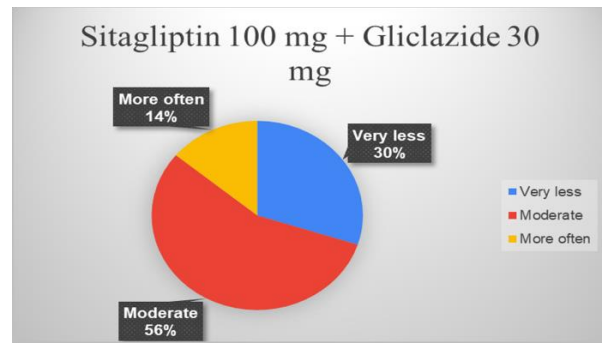
- Above combination showed a moderate rate of 63%(32.5) with 6%(3) positive rate of more often being utilised by HCP



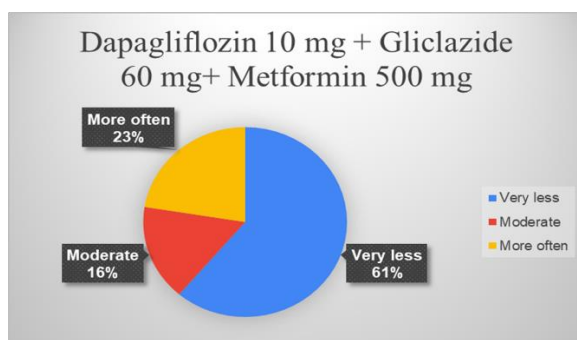
- Above combination showed a moderate rate of 45% (27) with 12%(6) positive rate of being utilised more by HCP



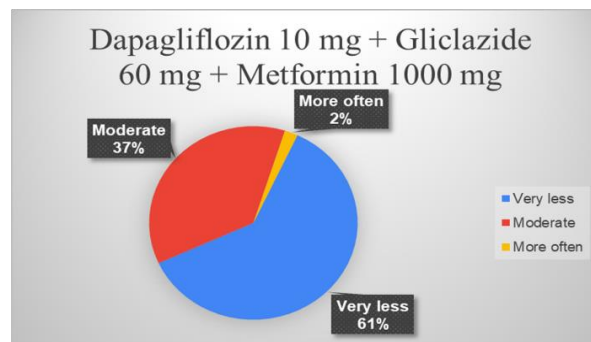
- Above Combination showed a moderate rate of 31%(15.5) with 6%(3) positive rate of being utilised by HCP



- Above Combination showed a moderate rate of 56%(28) with 14%(7) positive rate of being utilised by HCP

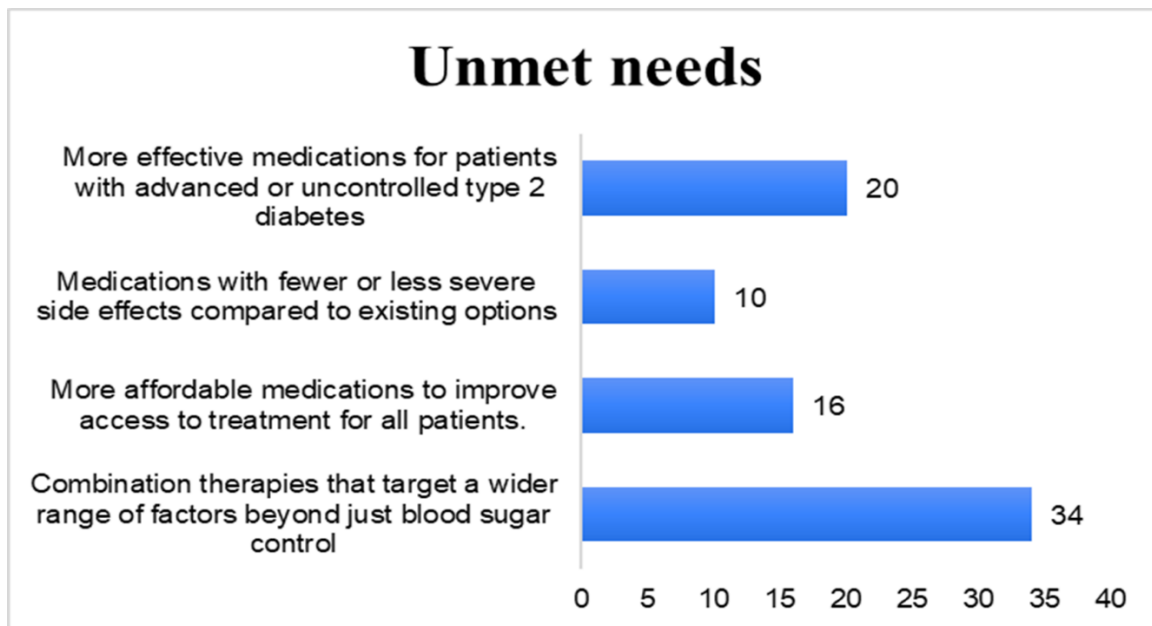


Above combination showed a moderate rate of 16%(8) with 23%(11.5) positive rate of being utilised by HCP



Above combination showed a moderate rate of 37%(18.5) with 2%(1) positive rate of being utilised by HCP

7) What unmet needs do you see in the current treatment options for type 2 diabetes?

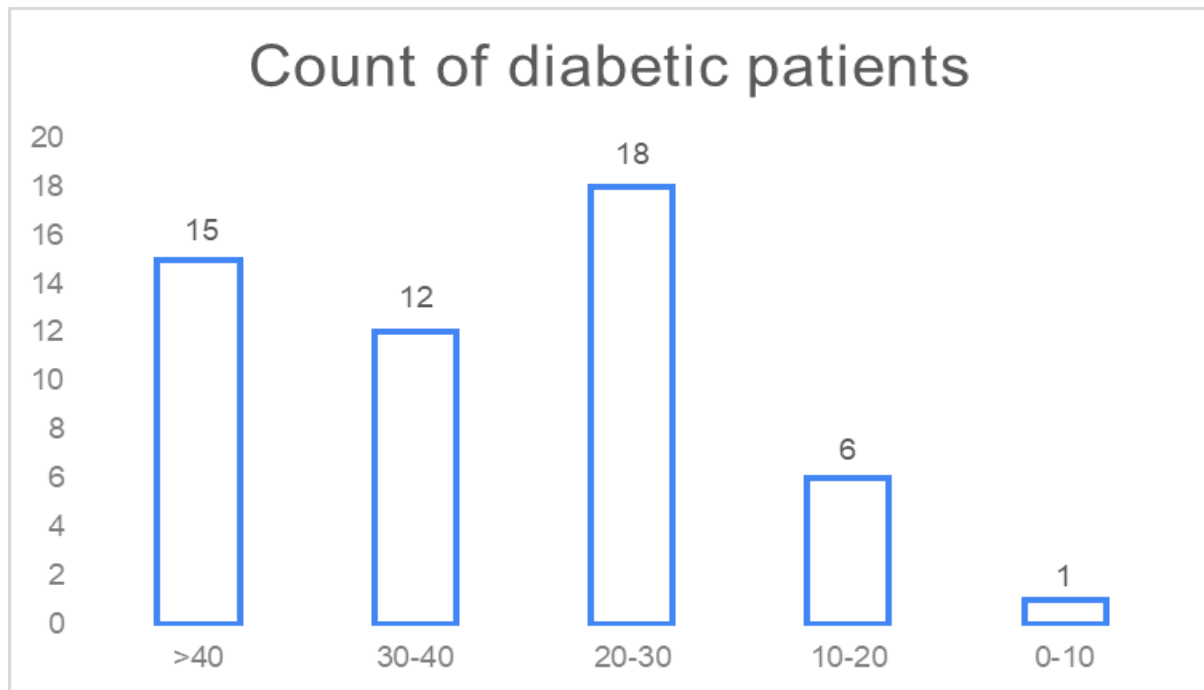


- 68%(34) HCP need combination that target wider range of factors and not just blood sugar control like (weight management, heart health).
- 10%(5) HCP thinks there is a need for more advanced medication
- 8%(16) HCP hinted a need for more affordable medication

Project 2: Understanding the perceptions of HCPs regarding semaglutide

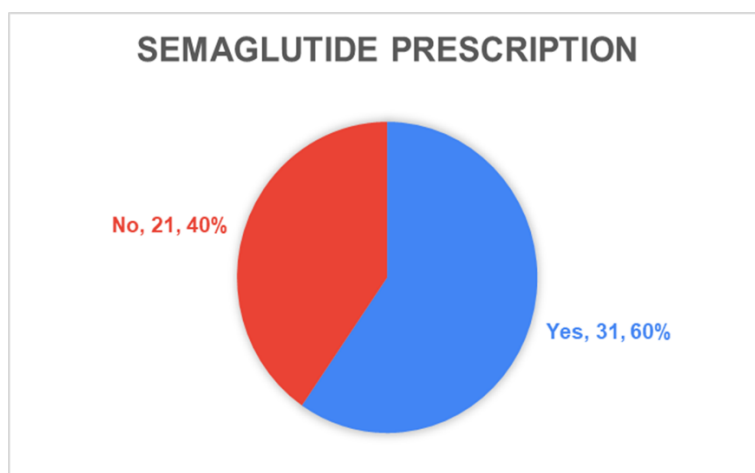
Finding

1) How many diabetic patients you see in a day?



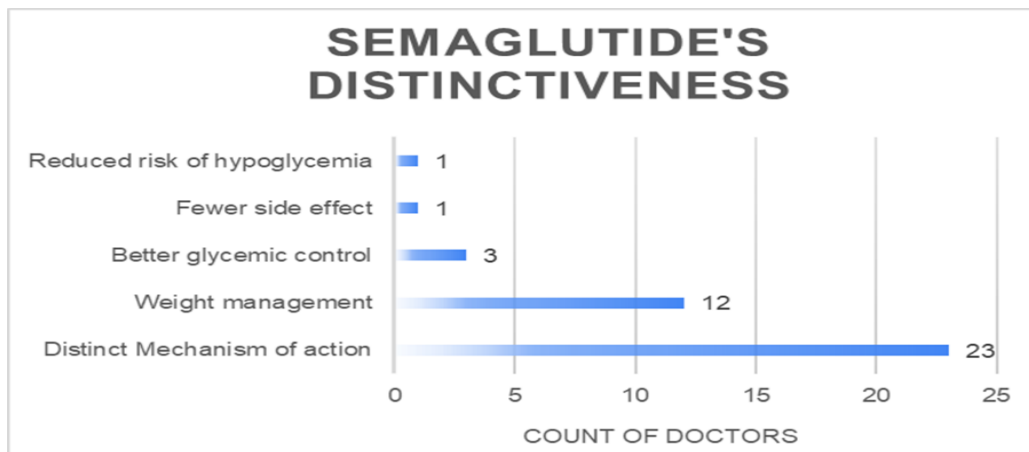
- Majority of the HCPs consultation range was between 20->40

2) Do you prescribe Semaglutide in your clinical practice?



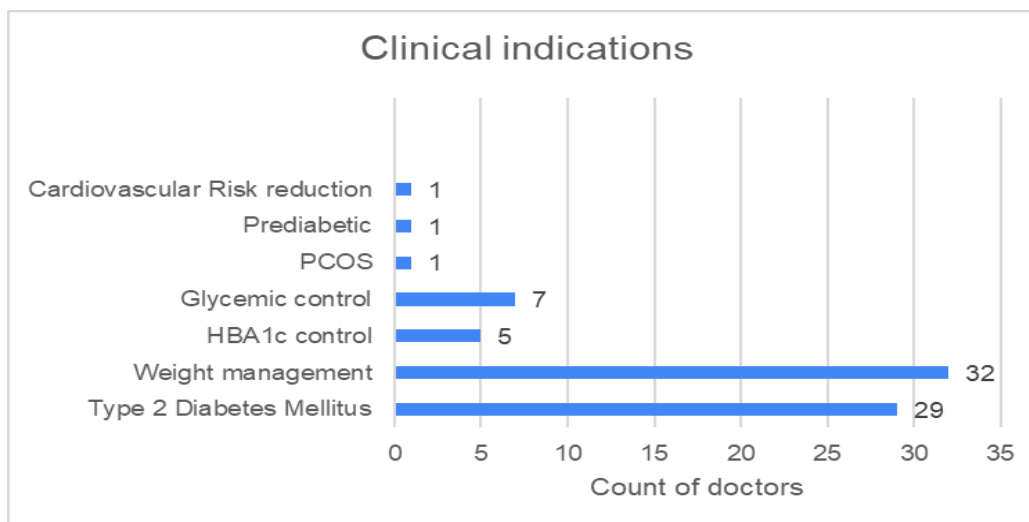
- **Inference:** 60% Doctors prescribe Semaglutide in their clinical practice

3) How does Semaglutide differ from other class of medications, such as sulfonylureas, DPP-4 inhibitors, and SGLT2 inhibitors?



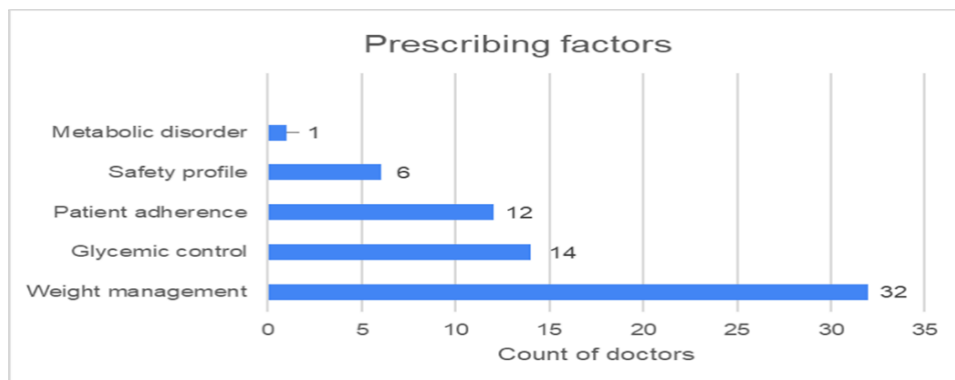
- **Inference:** Cost is the main challenge faced by patients while being treated with Semaglutide

4) In which clinical indications you prescribe Semaglutide?



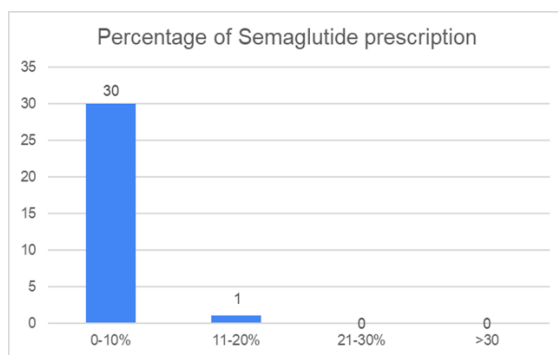
- **Inference:** Weight management and Type 2 Diabetes Mellitus are the top clinical indications of Semaglutide

5) What factors will influence your decision to prescribe Semaglutide?

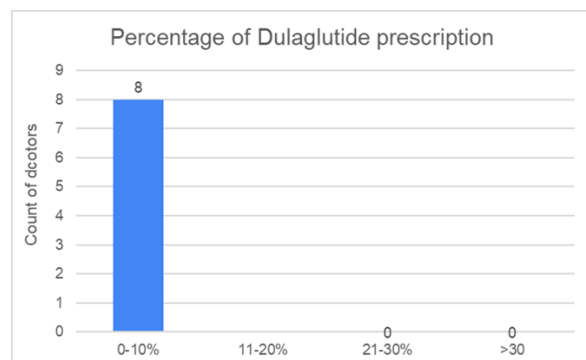


- **Inference:** Cost is the main challenge faced by patients while being treated with Semaglutide

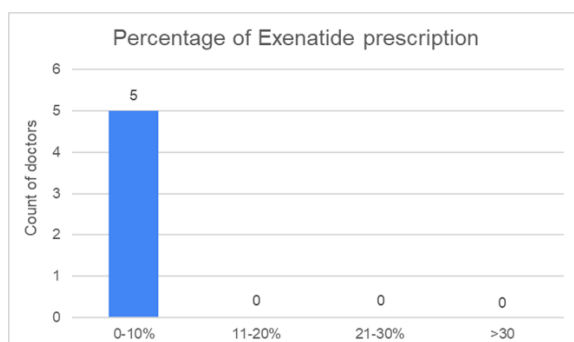
6) What percentage of your patients do you prescribe the below medication.



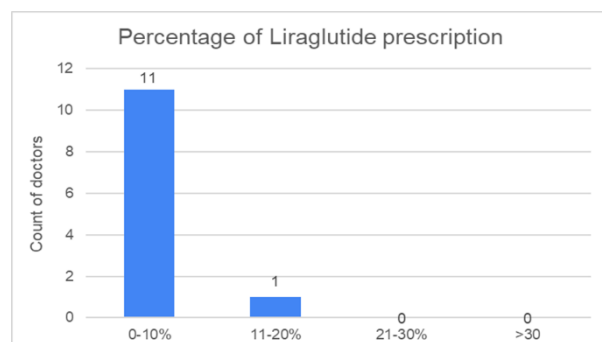
- 97% Doctors responded their Semaglutide prescription percentage to be in 0-10%



- 15% Doctors prescribe Dulaglutide in the range 0-10%

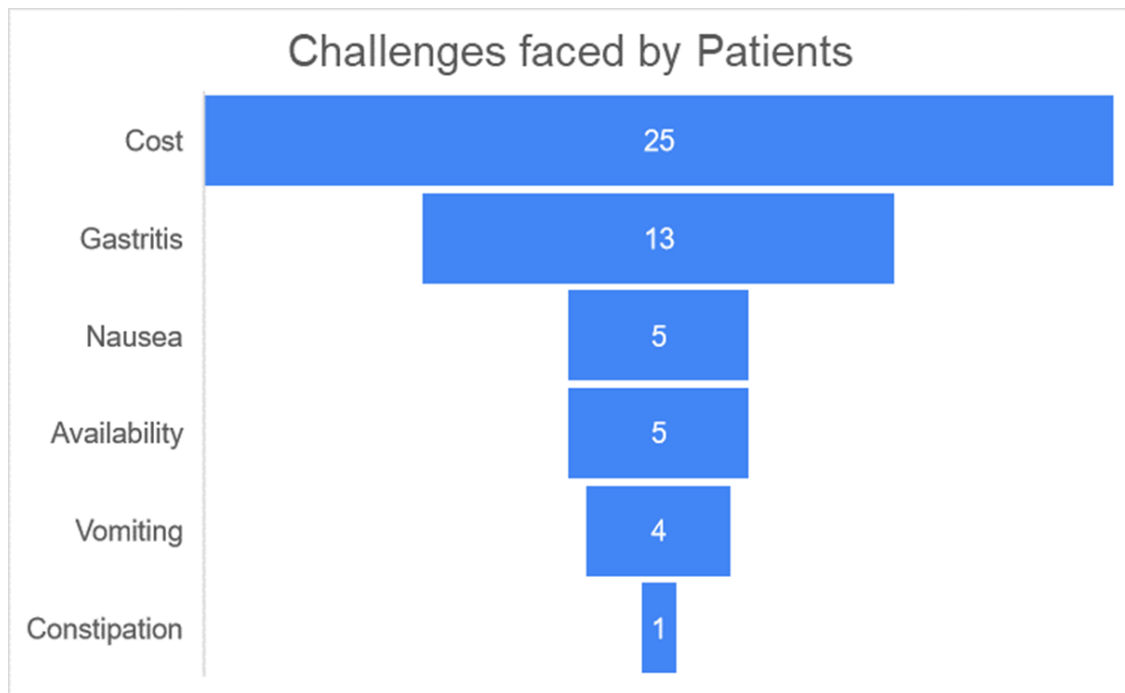


- 15% Doctors prescribe Dulaglutide in the range 0-10%



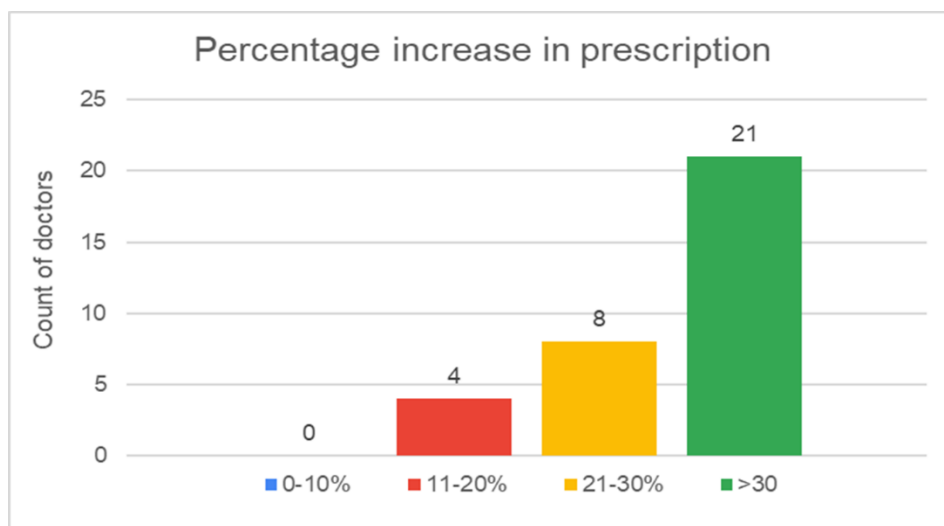
- 21% Doctors prescribe Liraglutide in the range 0-10%

7) What are the main challenges your patients face while being treated with Semaglutide ?



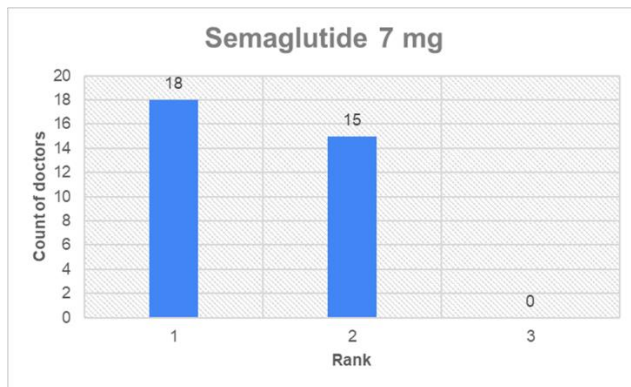
- **Inference:** Cost is the main challenge faced by patients while being treated with Semaglutide

8) What percentage increase in prescriptions will be seen once Semaglutide goes off patent and is available at an economical price?

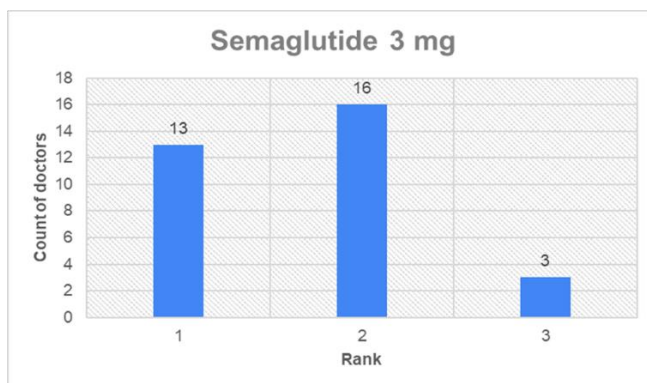


- **Inference:** 65% Doctors responded Semaglutide prescription to be increased by more than 30 percentage

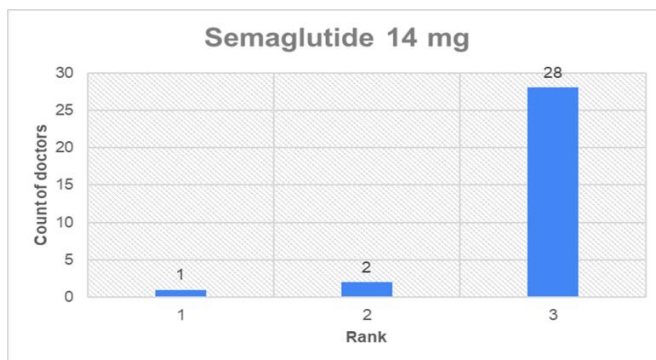
9) Rank the SKUs based on its utilization in your clinical practice?



- **Inference:** 56% Doctors responded Semaglutide 7 mg as Rank 1 among other SKUs

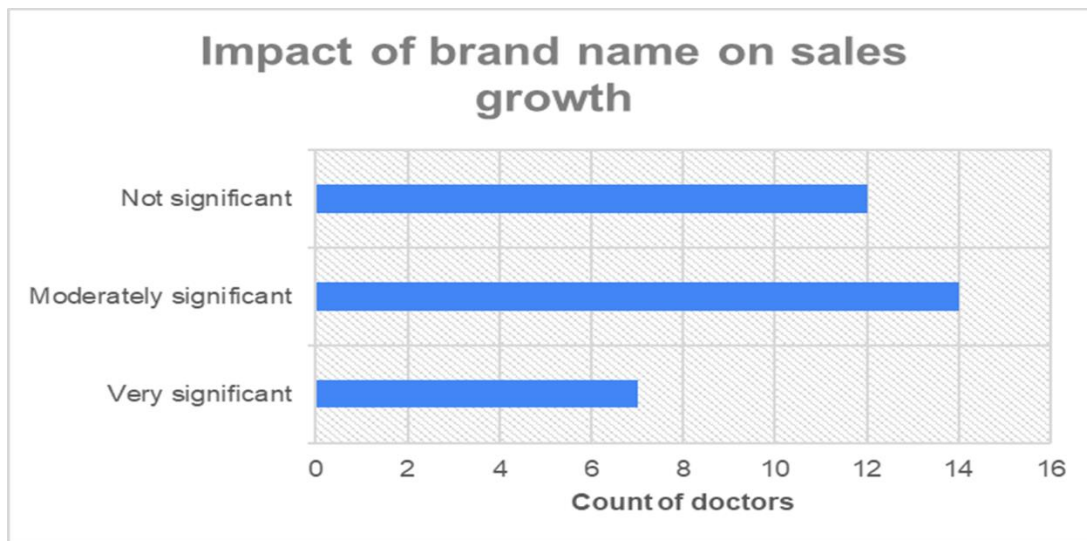


- **Inference:** 50% Doctors responded Semaglutide 3 mg to be Rank 2 among other SKUs



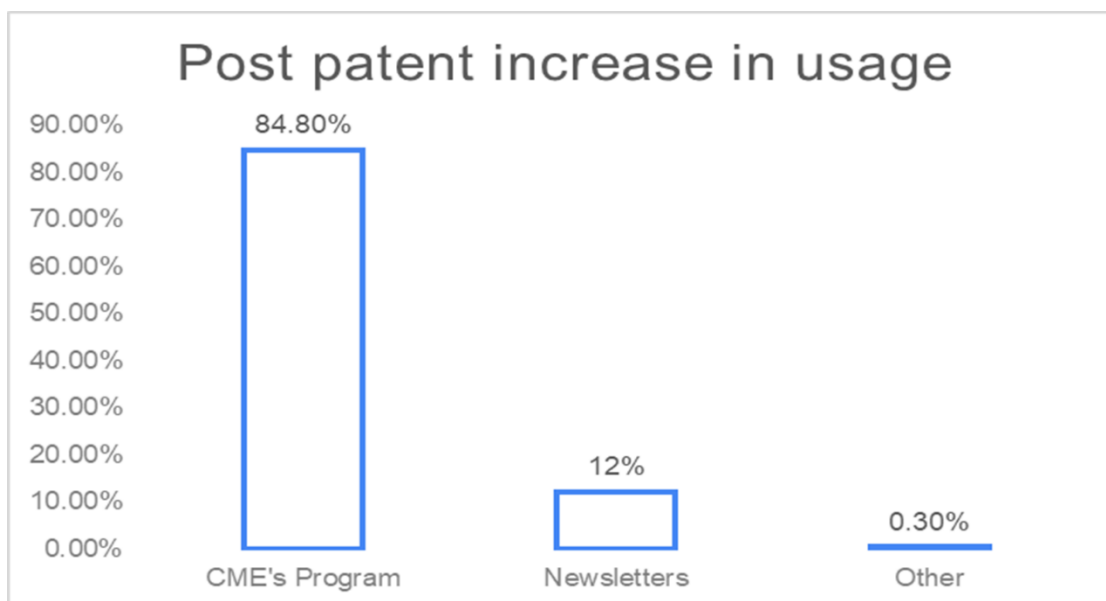
- **Inference:** 87% Doctors had given Semaglutide 14 mg as Rank 3 in utilization of SKUs

10) How significant role, a brand name will play in increasing prescriptions for Semaglutide once it goes off patent?



Inference: 43% Doctors believe Brand name is moderately significant for the sales.

11) How could the usage of Semaglutide increase in India once it goes off patent?



Inference: 84.80% preferred CME's Program for the post patent increase in usage.

Challenges

Project 1

- 2(3%) HCPs were requesting a facilitation fee.
- 3(6%) receptionist didn't permit the entry to doctors' premise.
- 4(8%) HCP were difficult to locate.
- 2(3-4%) HCP were on leave at this period.
- 10-15(20-30%) HCP didn't respond because they found the combinations to be irrational.

Project 2

- 40% Doctors don't prescribe the molecule.
- HCPs did not responded due to insufficient Indian patient data of the molecule.
- Most Cardiologist do not prescribe the molecule in their clinical practice.
- Unavailability of Doctors time.

Learnings

Project 1

- Possess the comprehensive understanding of the safety profile pertaining to molecules.
- Healthcare practitioners prioritize prescribing personalized medication regimens tailored to each patient to effectively manage potential side effects
- The preferences of healthcare professionals were identified, emphasizing a demand for specific combinations, such as Gliclazide with Voglibose and a low-dose Pioglitazone combination.
- Identified gaps that HCP need a combination that can target wider range of factors beyond blood sugar level
- Gliclazide and voglibose could be used for renal failure, but their combination with metformin makes it less preferred.
- Healthcare professionals favor the dual combination of Gliclazide and voglibose.
- The responses indicate a need for the availability of Sitagliptin 100 mg + Gliclazide 30 mg.
- Combination treatments should address more than just blood sugar regulation, ideally also targeting weight management and cardiovascular health.
- Enhanced pharmaceuticals are in demand for patients with advanced or uncontrolled diabetes, offering superior blood sugar regulation, safety, and tolerability

Project 2

- Dose preferences and efficacy came out to be an important learning as 3mg is currently used as loading dose while the 7,14 mg provides better results
 - Competitive landscape should be prepared to tackle upcoming brands like mounjaro that can be a threat to the market of semaglutide
 - Importance of local Indian data was hinted by HCPs to increase the acceptance of the molecule.
 - Affordability and accessibility of the molecule stays another important factor.
 - Emphasizing Local data by HCPs to increase its further usage
 - Brand strategy should be created with proper STP as this molecule is indicated in type 2 diabetes with weight management. It has great potential in obese patients
 - Educational campaigns like CME should be conducted where Indian patient data should be used to back the claims.
 - Competitive positioning will play an essential role to increase its prescription as well as acceptance once it goes off patent
-
- **Organisation additional learning**
 - Learned how to conduct a complete market survey.
 - Generate insights from Pharma data eg IQVIA MAT data.
 - Learned to conduct secondary research and primary research.
 - Importance of networking.
 - How to communicate with the HCPs and get meaningful insights in a crunch of time.

Concluion

Project 1

- Instead of gliclazide, healthcare professionals recommend using pioglitazone along with dapagliflozin and sitagliptin. The low dose pioglitazone combination is preferred due to its lower risk of cardiac issues.
- Healthcare professionals favor low dose pioglitazone for better glycemic control and increased insulin sensitivity. Combining it with metformin reduces the risk of weight gain.
- Healthcare professionals are awaiting FDA approval of the Sitagliptin, Metformin, and Gliclazide combination before addressing the SKU unit.
- Gliclazide + Voglibose + Metformin seems to be the most rationale combination to HCPs.
- Dapagliflozin + Gliclazide combination isn't favoured as it leads to UTI
- Some HCPS are hesitant to prescribe triple combination drug due to their safety concerns.
- The combination of dapagliflozin, gliclazide, and metformin may present challenges related to dose reduction.

Project 2

- **Dose Effectiveness:** Semaglutide 3 mg and 7 mg are highly prescribed, highlighting their efficacy and tolerability.
- **Competition:** Eli Lilly's tirzepatide poses significant competition, emphasizing the need for differentiation based on unique benefits.
- **Local Data:** Local Indian patient data is crucial for building trust among healthcare professionals (HCPs) and improving adoption rates..
- **Specialty Prescribing:** Diabetologists show higher prescription rates compared to cardiologists, indicating targeted education opportunities.
- **Affordability:** Addressing affordability barriers is essential to enhance patient access and adoption of Semaglutide.

Reference

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