TENEPRIDE

Introduction
Marketing Campaign
Round Table Meetings
Medico-Marketing CMEs

Mission and Vision

- **Brand:** TENEPRIDE
- **Mission:** To offer the most convenient, cost-effective and suitable therapy for T2DM patients
- **Vision:** Becoming the most widely prescribed and accepted therapy for T2DM by physicians and patients alike.

Brand Portfolio

- **Tenepride-20**
  - Teneligliptin 20 mg
- **Tenepride-M 500**
  - Teneligliptin 20 mg + Metformin 500 mg
- **Tenepride-M 1000**
  - Teneligliptin 20 mg + Metformin 1000 mg

Objective

- The aim is to maximise sales and revenue generation by virtue of the product itself. Tenepride can be the lifetime solution for a patient to combat T2DM and live a healthy and joyous life.
- The brand, in its various forms, can cover 10 Cr. INR in one year after launch.

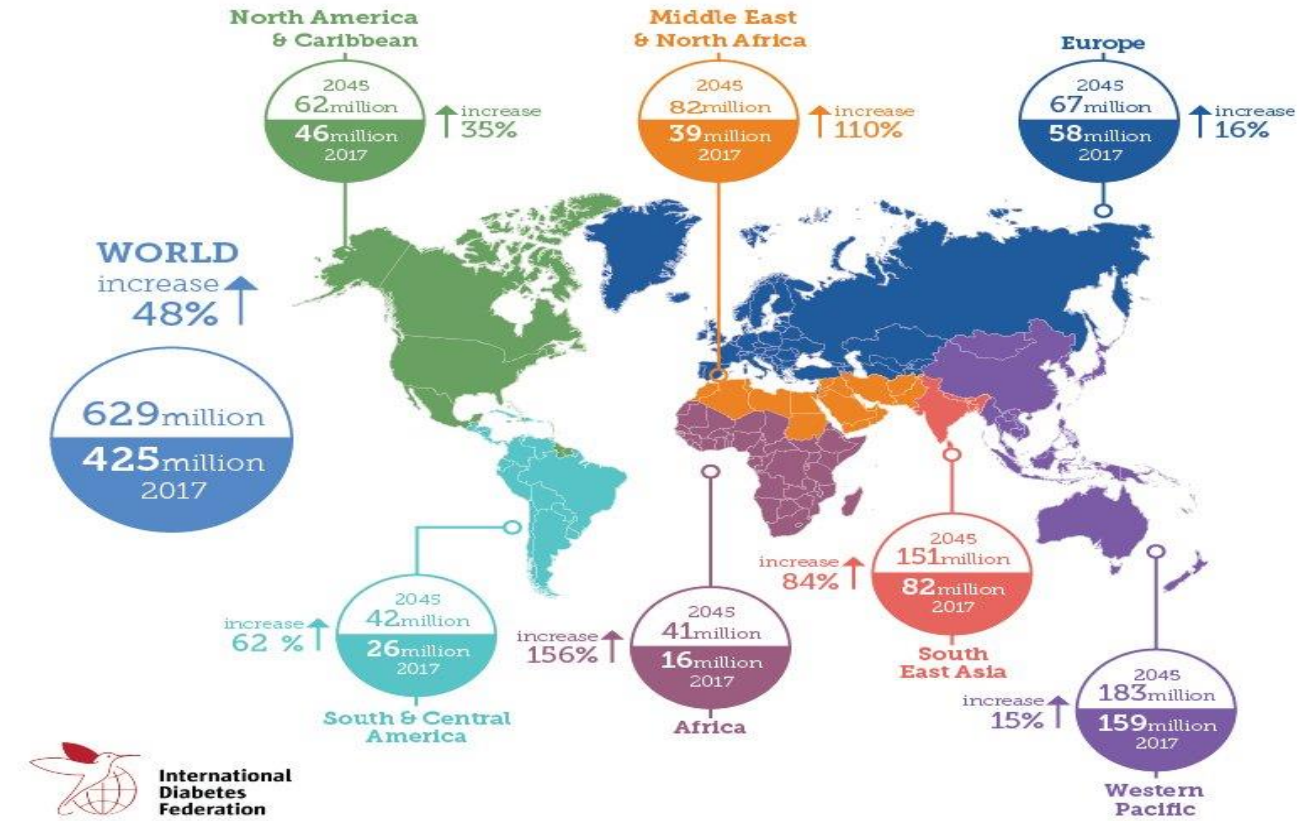
MARKET SIZE

T2DM Prevalence

- India had 69.2 million people living with type 2 diabetes in 2015, according to WHO
- 98 million Indians are expected to have T2DM by 2030, according to a study in Lancet Diabetes and Endocrinology Journal.
- DDP-4 inhibitors are expected to have a **USD 76 million** market in India by 2022
- 16 million people were diagnosed with T2DM in Africa in 2017. This is expected to rise to 41 million by 2045, as published by the International Diabetes Federation in a tweet

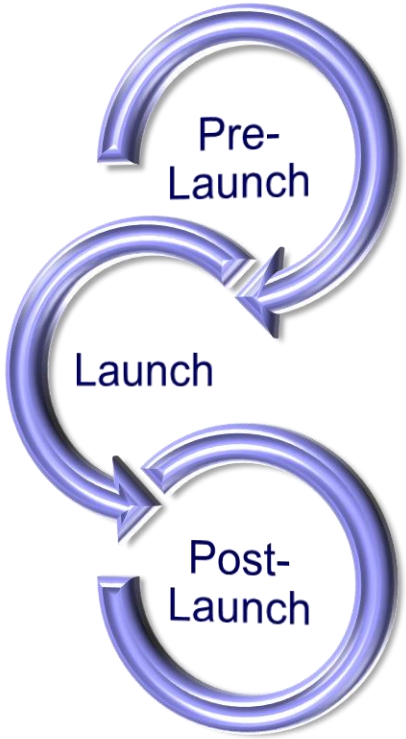
Number of people with diabetes worldwide

in 2017 and 2045 (20-79 years)



Marketing Plan

- CME Program
- RTMs
- Digital Video Campaign



- Market Estimate
- Segmentation
- SWOT Analysis
- Positioning Statement

- Free Samples
- Visual Aids
- Traditional Marketing

MICRO LABS

PRE-LAUNCH

Market Segmentation
SWOT Analysis
Positioning Statement

SWOT Analysis

Strengths

- Cheapest Alternative
- Lowest dose required(only once daily)
- Pharmacokinetic Advantage: a long half-life of 26.9
- Pharmacodynamic Advantage J-shaped anchor-lock domain
- Dual Mode of Elimination

Weaknesses

- Not approved in US or Europe
- Not suitable for patients with intestinal obstruction

Opportunities

- Large and Growing Market
- Saturation point of market is far away
- New Therapy
- New Combination Therapy
- New markets are opening

Threats

- High entry cost in new markets
- High cost of sales and marketing
- Competition from generic products and other brands

Competitor Analysis

Brand Name	Company	Pack Size	Price (INR)
GLIPIJUB	Jubilant Lifesciences	10	115.25
GLIPSOV	Emcure Pharmaceuticals Ltd.	10	119.55
ZITEN	Glenmark Pharmaceuticals Ltd.	15	193.50
MEGAGLIPTIN	Aristo Pharmaceuticals Pvt. Ltd.	10	75.00
TENGLYN	Cadila Healthcare Ltd.	15	153.30
TENZULIX	Torrent Pharmaceuticals Ltd.	10	108.80

Competitive Advantage

- **1/4th to 1/5th low-cost treatment** in comparison to another agents of the same class.
- Unique "**J-shaped anchor-lock domain**" which signifies for its potent and long duration of action.

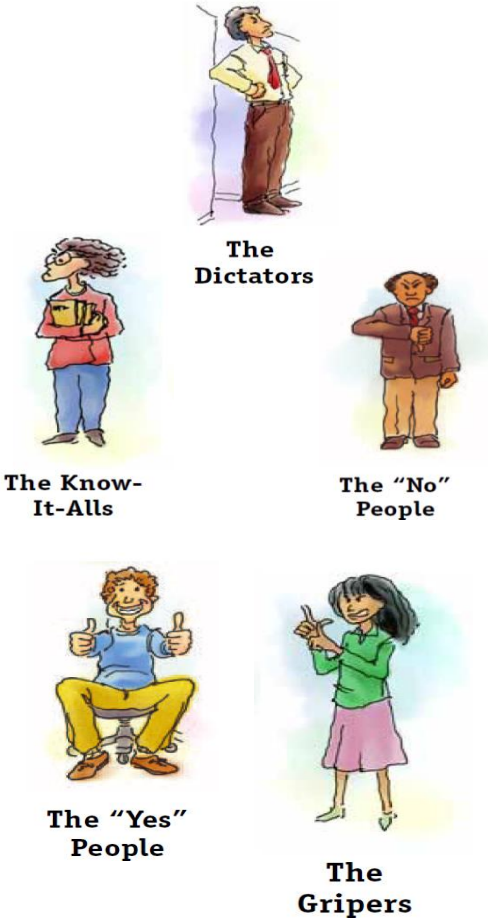
- **Long half-life of 26.9** hours
- convenient **once-daily administration** as oral unit dosage
- **Dual mode of elimination** via renal and hepatic which sheds the burden of its clearance and can be preferred choice for the treatment of the patient with renal and mild to moderate hepatic impairment.
- **Improvement of endothelial function,** left the ventricular function, lipid levels, and least chances of hypoglycemia and **neutral effect to body weight**

Unique Selling Point

- Low Cost
- One Dose a Day
- No effect on body weight
- Safe for Renal Impaired Patients

Market Segmentation

- Market segmentation variables include:
  - Specialization (Diabetes/Endocrinology)
  - Location of medical professionals (rural/urban)
  - Experience in their field.
  - Size of the practice (customers per day)
- Personas of target audience members is a helpful way to market to the right people.
  - What type of messaging/marketing tools are they more likely to respond to?

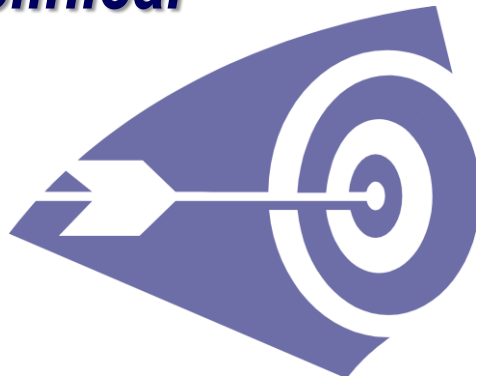


Targeting

- The main target segment of Doctors will be:
  - Specialization (MD) in Diabetes or Endocrinology
  - Located in urban areas in big Hospitals or thriving private practice
  - Experience in their field for 10 years or more
  - Catering to a wide number of patients on a regular basis

Positioning Statement

"For T2DM patients, Tenepride is a cost effective and convenient antidiabetic therapy option which significantly improves glycaemic control, according to clinical evidence."



- Target: T2DM Patients
- Benefit: Improved Glycaemic control
- Reason to Believe: groundbreaking new drug with Clinically proven results
- Point of difference: Low Cost, Dosage Once a Day

Launch Event: ROUND TABLE MEETING

Checklist
Essentials
Do’s and Don’t’s

Checklist

- ✓ Agenda
- ✓ Moderator
- ✓ KOL/Delegate/Participant List
- ✓ Brief on topics to be covered
- ✓ Attendee List
- ✓ Q and A session
- ✓ Media coverage
- ✓ Miscellaneous Arrangements (Food, Transport, Souvenirs, visual aids, Venue, Invitations)

Essentials: Goal

- Goal: What do we want to gain by conducting an RTM? How does this reflect on our brand?

- **The Goal is to increase awareness that Teneligliptin** is a more advanced and cheaper alternative to the other drugs in its class (‘gliptins’) and to embed the brand name Tenepride in the front of the physician’s minds

Essentials: Agenda

- Agenda: To debate the latest therapeutic alternatives for Type 2 Diabetes with evidence from clinical trials
  - Participants can discuss how intensive diabetes education programs along with novel therapies can facilitate patient adherence
  - Individualized approach to treatment selection can help patients improve glycaemic control and reduce cardiovascular risk.

Essentials: Moderator

- One of the **most important** components for an RTM is a strong moderator who can **steer the discussion** in the beneficial direction.
  - The moderator can **control the topic** of discussion and the duration for which one topic is being discussed. This is specially necessary to get the desired outcomes from the meeting.

Essentials: Participants

1. Mr. C B Wadhwa, President, Diabetic Association of India.
2. Dr. P S Lamba, Fortis Mulund Hospital, Mumbai.
3. Dr. R C Sharma, Nanvati Hospital, Mumbai.
4. Dr. Rajendiran N, Apollo Hospital, Chennai.
5. Dr. Bindumathi P L, Aster CMI, Bangalore.
6. Dr. Ambanna Gowda, Fortis, Bangalore.
7. Dr. Charu Dua, Max Super Specialty Vaishali, Delhi.
8. Dr. Ashok Damir, Fortis C-DOC.
9. Dr. L Sudarshan Reddy, Continental Hospitals, Hyderabad
10. Dr. Praveer R. Mathur, Continental Hospitals, Hyderabad

Key Opinion Leaders (KOLs): The most influential people in the field of diabetes therapy

MICRO LABS

The do's

- Have a **Goal** and an **Agenda**
- Have a **High Impact Discussion** to fully utilize the doctor's time
- **Information Extraction** regarding how to further interaction
- **Advance preparation** for Q and A session
- **Timed** and well thought out points for discussion for fruitful discussion
- **Transcription** of the discussion for publishing
- Have a **strong moderator**

The don'ts

- Let **one topic** be the highlight of the discussion, not leaving time for others
- Keep the audience in the dark, they should be well prepared to ask **relevant questions**
- Have an **impromptu speaking session** if the agenda and discussion points have been exhausted
- Invite **more than 8-10 people** for one RTM as it dilutes the quality of discussion
- **Lead the discussion**. Let participants form their own opinions

CONTINUED MEDICAL EDUCATION (CME) PROGRAMS

- Essentials
- Automated Cross Selling
- Social Media Marketing
- Co-Marketing

Essentials

- ☑ Theme
- ☑ Organizing Committee
- ☑ Budget and Plan
- ☑ Agenda
- ☑ Miscellaneous (Memento, Venue, Audio-Visuals, Food etc.)

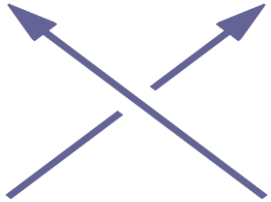
Theme

“Exploring the novel approaches in Diabetes, Endocrinology and Metabolism”

Agenda

FRIDAY, May 22, 2020 Day 1: Diabetes and Cardio-Renal Disease Management		
9:00 am – 9:10 am	Welcome	Mr. C B Wadhwa
9:10 am – 10:00 am	Diabetes on a Budget	Dr. P S Lamba (M.D.)
10:00 am – 10:45 am	Obesity and Microalbuminuria: Overlooked signals of Cardio-Renal Disease Progression	Dr. R C Sharma (M.D.)
10:45 am	BREAK	
11:00 am – 11:45 am	Different Presentations of Diabetes	Dr. Rajendiran N (M.D.)
11:45 am – 12:45 pm	What's new in the treatment of Diabetic Kidney Disease	Dr. Charu Dua (M.D.)
12:45 pm – 2 pm	Cases in Glucose Control, Diabetes and Cardio-Renal Disease	Dr. Ashok Damir (M.D.)

Automated Cross Selling



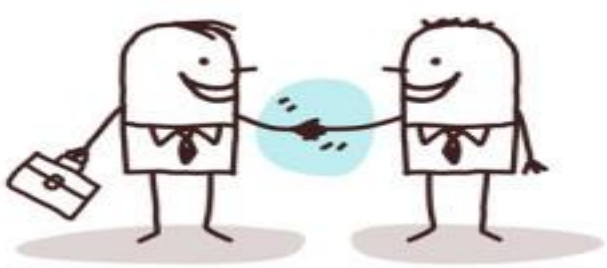
- The process by which relevant content and products are presented to the buyer even after a purchase is called cross selling.
- A medical professional who has participated in one CME program will automatically be ‘led’ to another one by calls to action and advertisement right away.
- An exhibition stall, leave behind literature and other tools can be used to cross advertise after a program.

Social Media Marketing

- Groups on LinkedIn, Facebook and other Social Media sites can be used to demonstrate that we are a reliable source and an expert in our field.
- Once we are established, we can start to promote our product using the 60-30-10 rule
  - 60% : Industry Related content
  - 30% : Non-promotional (trivia, pictures, quotes)
  - 10% : Promotion of courses

Co-Marketing

- We can double the visibility and potential conversion rate by collaboration with an industry influencer
- Simply, we will market their product along with our own while they market our product with theirs. Bundled Marketing!



MICRO LABS

POST-LAUNCH

Sales Representatives
Free Samples
Leave Behind Literature
Visual Aids

Campaign Message

- Moderately selective to DPP-4 against DPP-8 and DPP-9 receptors, *in vitro* studies.
- Teneligliptin 20 or 40 mg once daily studied for 12–16 weeks, in placebo-controlled trials, as a monotherapy or in combination with metformin, glimepiride, or pioglitazone, was found to improve glycemic control.
- Teneligliptin 40 mg daily was found to lower HbA1c to <7% in additional ~15%.
- Teneligliptin has been well tolerated in short-term studies, as well as in two 52 weeks extension studies, in combination therapy to glimepiride and pioglitazone.
- Low intrinsic potential of hypoglycemia
- Bodyweight neutral
- Lower side effects than other gliptins

Medical Representatives

- Preparation of list of doctors: General Physicians, Diabetes Specialists, Endocrinologists
- Doctors to be visited regularly (at least twice a month)
- Sales monitoring by region
- Increase distribution of product
- According to sales and situation with Physician, free samples and gifts can be given to motivate doctors further.
- CME programs can also be organized.

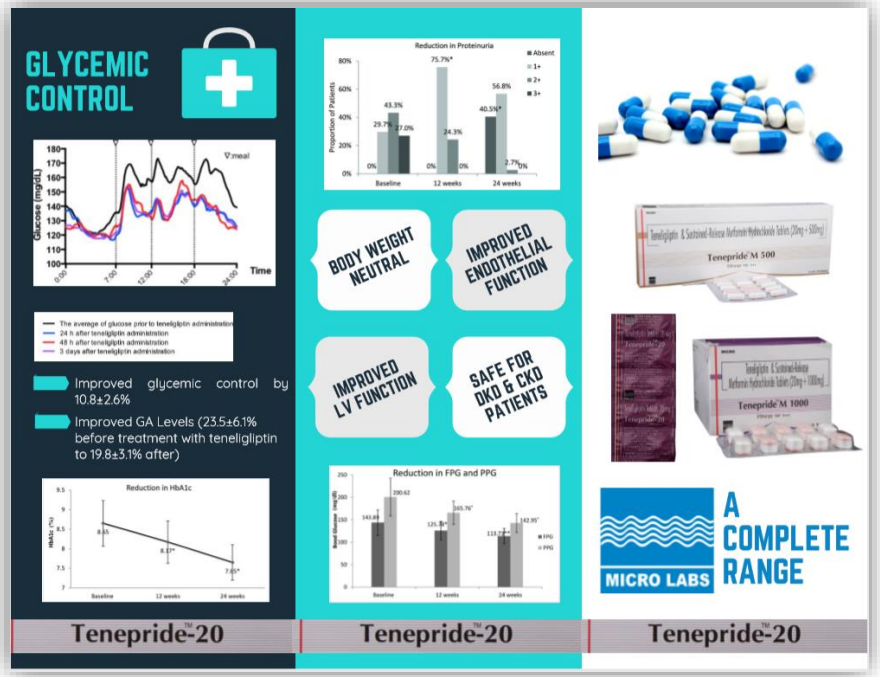
Free Samples

- Other than the popular giveaways such as paper weights and calendars etc., new and memorable gifts such as:
  - magazine subscriptions,
  - shopping vouchers,
  - holiday plans,
  - Club memberships
  - Daily Planners etc.

- Free samples of the new drug are a good tool to establish accountability and trust

Leave Behind Literature: 3-fold flyer

Outside



Inside

Visual Aids: Poster

Revolutionary Therapy for Type 2 Diabetes!

- ✓ Pocket Friendly
- ✓ Body weight Neutral
- ✓ No Harmful Side Effects

Take Pride in Tenepride!

MICRO LABS

MARKET SURVEY

Questionnaire Results

Questionnaire

CHEMIST SURVEY

Disclaimer: Hello Sir/Madam, I _____, intern of Micro Labs is conducting a market survey on _____for the launch of brand. I would appreciate if you could assist me with some information which can help me to complete my project. Thanks in advance for your valuable time.

Surveyor Name	
Chemist Name	
Location	
Email	
Phone No.	

1) What is the average number of Teneligliptin prescriptions do you receive weekly on retail counter?

_____

2) Which DPP-4 inhibitors (Gliptins) are the most selling molecule with their average weekly Rx?

a) Sitagliptin ☐
b) Sexagliptin ☐
c) Linagliptin ☐
d) Teneligliptin ☐
e) Vildagliptin ☐
f) Others ☐

3) What is the different dosage strength/SKU of Teneligliptin available at your medical store? (Specify all)

S.No	Brand	SKU Name	Dose/Strength	Price
1				
2				
3				
4				
5				

4) Name the top five selling brands of Teneligliptin in a sequence based on sales in your medical store-

Sr.No	Brand Name	Dose/Strength	Avg No. of weekly Rx
1			
2			
3			
4			
5			

5) For which among below options you receive high Rx? What is the average number of Rx on weekly basis?

Monotherapy ☐ Combination with Metformin ☐

6) Are the customers' price sensitive towards Diabetic brands?

Yes ☐ No ☐

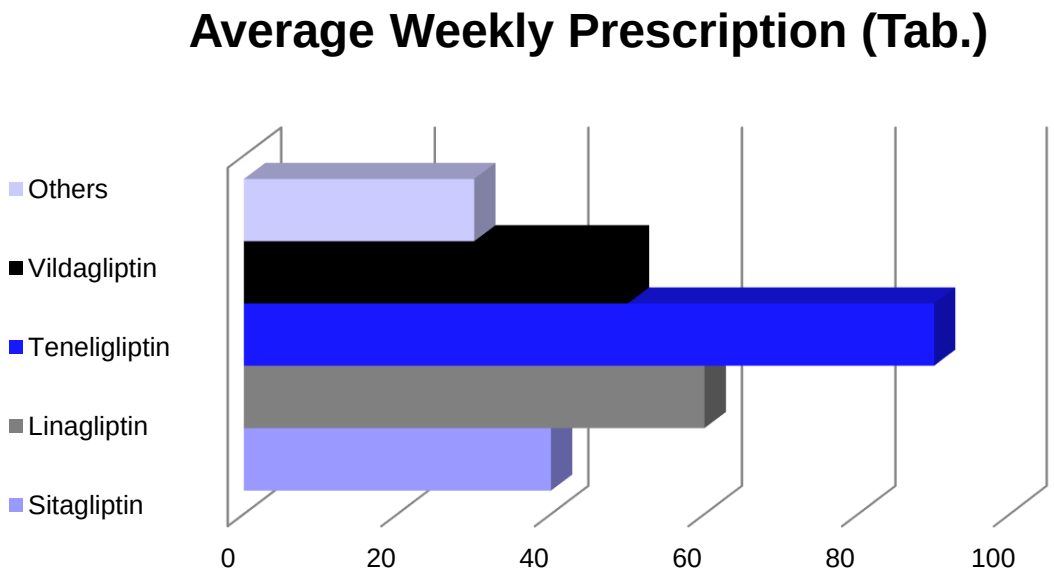
THANK YOU!

Sample

- Sample: 10 chemist shops in and around Jagraon, Punjab.
- Inclusions:
  - New Punjab Medical Agency
  - Punjab Medical Agency
  - Dhaliwal Medicos
  - Dashmesh Medical
  - Malhotra Medicos
  - Punjab Medilinker
  - Lakshmi Medical Hall
  - Taneja Medical Hall
  - Punjab Medicos
  - Ramesh Medical Hall

Gliptins: Demand

- What gliptins are the most selling molecules with their average weekly prescription?



Teneligliptin: Dose and SKUs

- Only 20 mg dose of Teneligliptin was available in both monotherapy and combination therapy.

Sr. No	Brand	Compostition	Dose	Price per 10 tab (INR)
1	Tenepride-20	Teneligliptin	20 mg	96.00
2	Tenepride M-1000	Teneligliptin + Metformin	20 mg + 1000 mg	122.32
3	Tenepride M-500	Teneligliptin + Metformin	20 mg + 500 mg	107.66
4	T Glip M 500	Teneligliptin + Metformin	20 mg + 500 mg	140.00
5	Tenefit M- forte	Teneligliptin + Metformin	20 mg + 1000 mg	89.00
6	Dynaglipt-M	Teneligliptin + Metformin	20 mg + 500 mg	104.50

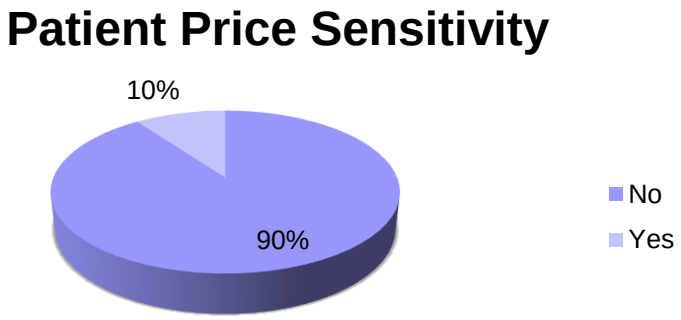
Monotherapy vs. Combination

- Only 20 mg dose of Teneligliptin was available in **both** monotherapy and combination therapy.
- 40 mg Teneligliptin was **not available** due to lack of demand.

- Most popular combination: 20 mg Teneligliptin + 500 mg Metformin
- Popular combination: 20 mg Teneliglitpin + 1000 mg Metformin
- Less Popular: Teneligliptin 20 mg monotherapy.

Tenepride: Demand and Price Sensitivity

- What is the average number of Teneligliptin prescriptions you receive weekly on a retail counter?
  - 20-25 Strips i.e. 200-250 Tablets.
- Are the customers price sensitive towards diabetic brands?



Top Selling Brands

Tenepride M-100
- Micro Labs Ltd.
- 90 tabs.

Tenepride M-500
- Micro Labs Ltd.
- 70 tabs

T Glip M-500
- Intas Pharmaceuticals Ltd.
- 50 tabs

Tenefit M-forte
- Systopic Laboratories Pvt. Ltd
- 35 tabs

Dynaglipt-M
- Mankind Pharma Ltd.
- 20 tabs

Brand Cost

Promotional Tool	Cost (INR)
Samples	30,000
LBL and Visual Aids	40,000
Gifts	75,000
Launch Events	1,50,000
Incentives	50,000
TOTAL	3,45,000

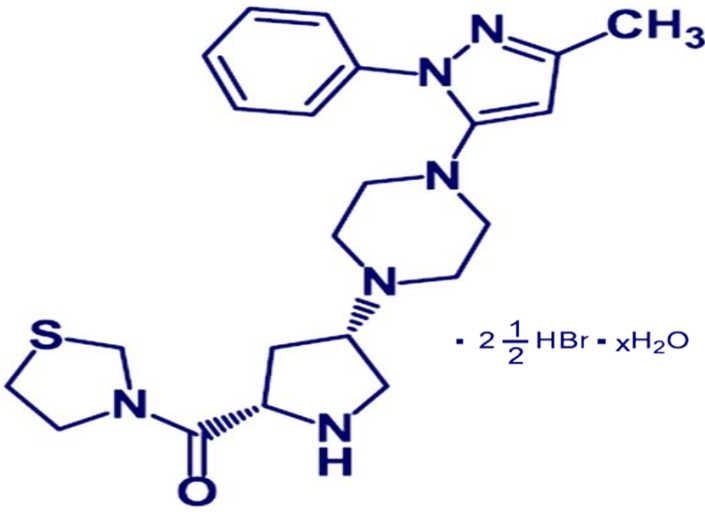
Budget Plan: Tenepride 20

Quarter	Doctors	Visits	Total Visits	Success Rate	Successful Visits	Rx/ Doctor	Rx	Total Sale (Strips)	Total Revenue (INR)
1st	100	6	600	15%	90	2	200	18*200 = 3600	96*3600= 3,45,600
2nd	100	6	600	20%	120	4	400	7200	6,91,200
3rd	100	6	600	25%	150	6	600	10800	10,36,800
4th	100	6	600	30%	180	8	800	14400	13,82,400
Total	400	24	2400		540	20	2000	36000	34,56,000

MEDICAL INFORMATION

Introduction

- Molecule Name: **Teneligliptin**
- Brand Name: **Tenepride**
- Description: Teneligliptin is a recently developed oral **dipeptidyl peptidase 4 inhibitor** indicated for the management of type 2 diabetes mellitus (T2DM) in adults along with diet and exercise.



Pharmacokinetics

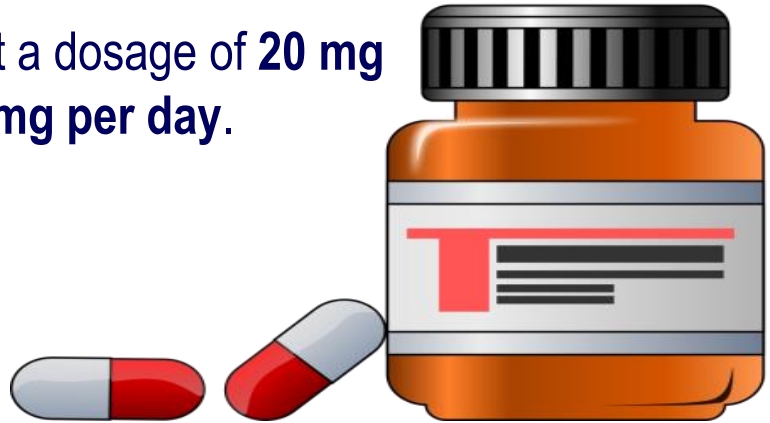
- T_{max} = 1hour.
- $t_{1/2}$ = 18.9 hours.
- Maximum inhibition (89.7%) in plasma DPP-4 activity: 2 hours and maintained >60% at 24 hours.
- Metabolism: CYP3A4, FMO1 and FMO3.
- Renal route: 34% excreted unchanged
- Hepatic and Renal routes: 66%

Pharmacodynamics

- IC_{50} human plasma DPP-4 activity: 1.75 (95% CI, 1.62–1.89) nmol/L
- IC_{50} recombinant human DPP-4 activity: 0.889 (95% CI, 0.812–0.973) nmol/L
- IC_{50} values of Teneligliptin for DPP-8, DPP-9, and fibroblast activation protein (FAP) are 0.189, 0.150, and >10 µmol/L, respectively, all of which are more than 160 times the value for recombinant human DPP-4.
- Teneligliptin 40 mg daily was found to lower HbA1c to <7% in additional ~15%.

Indication and Dose

- Teneligliptin is currently used in cases showing insufficient improvement in glycemic control even after diet control and exercise or a combination of diet control, exercise, and sulfonylurea- or thiazolidine-class drugs.
- In adults, Teneligliptin is orally administered at a dosage of **20 mg once daily**, which can be increased up to **40 mg per day**.



Adverse Reactions

- Constipation
- Nausea
- Loss of appetite
- Diarrhoea
- Abdominal pain
- Abdominal discomfort

Important Facts

- Like Sitagliptin, Teneligliptin is a **class 3** DPP-4 inhibitor and binds to S1, S2, and S2 extensive sub-sites on DPP-4; however, Teneligliptin demonstrates **fivefold higher** activity than Sitagliptin.
- Because the metabolites of this drug are eliminated via renal and hepatic excretion, **no dose adjustment** is necessary in patients with renal impairment.
- Teneligliptin has a **neutral effect** on body weight.


Thank You