SUMMER TRAINING

At:

MICRO LABS LTD

MICRO LABS LIMITED

(May 2021 – July 2021)

A Report By

Mr. ANIS KHAN

MBA Pharmaceutical Management

2020-22

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ACKNOWLEDGEMENT

This is the great opportunity to thank all those who have co-operated me in this study all long way for completion of this Internship.

At the very commencement, with great veneration and immense glee to express my deep sense of admiration to Mr. TAVINDER JIT SINGH VASUDEVA, President & Chief Business Officer, Micro Labs Ltd, Gurugram for providing me this opportunity to develop myself professionally and personally. I am also thankful to my Project Mentor Mr. NEERAJ ALAWADHI, for his valuable suggestions and support throughout the project.

I would like to express my deep gratitude to my Academic mentor and Intern coordinator Dr. SANDEEP NARULA, for providing their guidance, their valuable suggestions that helped me to carry out this project.

I am very much thankful to colleagues for their participation and cooperation. I humbly owe the completion of my *summer* intern project to the almighty and my family who always support me in my life. I would like to thank my family for supporting and standing with me in successfully completing this Internship.

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SUMMER INTERNSHIP

JAN'21-JUNE'21

SUBMITTED TO

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INTRODUCTION

Organization Profile: Micro Labs Ltd.

Micro Labs Limited is a one of the leading healthcare organization in India, which was Established in 1973, with a skilful marketing team, Avant-grade business facilities along with the R&D centres that are equivalence with international standards.

A privately held company, founded by late Mr. G. C. Surana, the company is currently under the leadership of Mr. Dilip Surana & Mr. Anand Surana. Micro Labs occupies leading positions in select therapeutic areas like Cardiology, Diabetology, Ophthalmology, Dermatology, Pain / Analgesics etc.

I am fortunate to be able to work as an intern of an esteemed organization like Micro Labs International Division, Gurgaon, under the leadership of Mr. Tavinder Jit Singh Vasudeva, an industry expert. While Mr. Neeraj Alawadhi guided & motivate throughout the duration of the internship.

During the internship I came to know that the developing the marketing strategy of any product is one of the essential work company needs to look after to successfully Launch & Market the product and pharmaceutical products are not excluded from this as well. In this project the key focus was on some of the key aspects of the promotion & branding along with the understanding the basics & naming the product.

Vision

Our vision is to become a leader in the pharmaceutical industry by the manufacturing the medicines of higher standard and provide quality products at the affordable price to the society. We wish to raise the flag of Micro Labs globally.

Mission

Our mission is to contribute towards the treatment of CVS diseases, to spread the awareness about the mental health & psychosis and to create customer value and satisfaction.

ASSIGNMENT 1

PLATOR

Compound name: TICAGRELOR

Class: ANTIPLATELET/ PLATELET AGGREGATORY INHIBITOR

DISEASE INFORMATION:

FACTS OF CARDIOVASCULAR DISEASE

- CVDs are the number 1 cause of death globally: more people die annually from CVDs than from any other cause.
- An estimated 17.9 million people died from CVDs in 2016, representing 31% of all global deaths. Of these deaths, 85% are due to heart attack and stroke.
- Over three quarters of CVD deaths take place in low- and middle-income countries.
- Out of the 17 million premature deaths (under the age of 70) due to noncommunicable diseases in 2015, 82% are in low- and middle-income countries, and 37% are caused by CVDs.
- Most cardiovascular diseases can be prevented by addressing behavioral risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity and harmful use of alcohol using population-wide strategies.
- People with cardiovascular disease or who are at high cardiovascular risk (due to the presence of one or more risk factors such as hypertension, diabetes, hyperlipidemia or already established disease) need early detection and management using counselling and medicines, as appropriate.

MYOCARDIAL INFARCTION (HEART ATTACK):

- When the blood flow decreases or stops to a part of heart it results to Heart attack, causing damage to heart muscle.
- The most common symptom is chest pain or discomfort.
- The discomfort may occasionally feel like heartburn.
- Other symptoms may include shortness of breath, nausea, feeling faint, a cold sweat or feeling tired.
- **''A myocardial infarction occurs when an Atherosclerotic plaque slowly builds up in the inner lining of Coronary artery and then suddenly ruptures, causing catastrophic thrombus formation, totally occluding the artery and preventing blood flow downstream''.**

PLATELETS AND CARDIOVASCULAR DISEASE:

- **Platelets** are specialized disk-shaped cells in the blood stream that are involved in the formation of blood clots that play an important role in heart attacks, strokes, and peripheral vascular disease.
- The normal platelet count ranges from 1,50,000 to 4,50,000 platelets per microliter of blood, if it crosses the range of 4,50,000 the condition is called as Thrombocytosis and if the range is below 1,50,000 the condition is called as Thrombocytopenia.
- The platelets work as a basis of clot to stop bleeding from cuts or injuries.
- In Cardiovascular disease, abnormal clotting occurs that can result in heart attack or stroke.
- Blood vessels injured by smoking, cholesterol, or high blood pressure develop cholesterol rich build Plaques that line the blood vessels, these plaques can rupture and cause the platelet to form a clot.
- Due to Plaques rupturing the platelets sense that there is bleeding even though there is no bleeding the platelets gets confused and think injury has occurred and they form a clot.

- Instead of sealing the vessel to prevent bleedings as would occur with a cut, a clot forms in an intact blood vessel, causing a blockage of blood flow.
- Without blood, a portion of the heart muscle can die, leading to a heart attack.

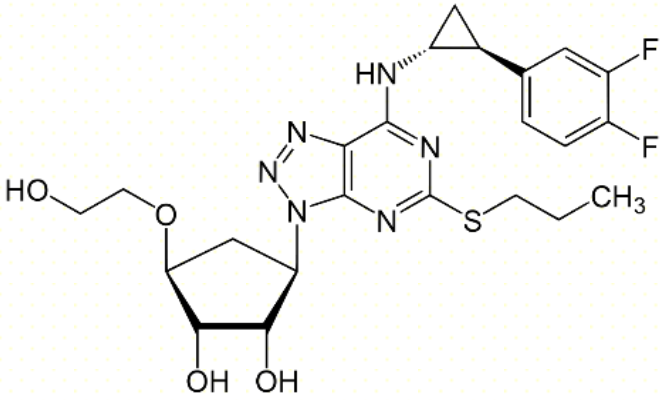
How Platelet Aggregation occurs?

- In the **absence of Injury,** the endothelial cells which make up the inner surface of blood vessels release chemical mediators such as **Nitric oxide** and **Prostacyclin,** Role of Nitric oxide is to dilate Blood vessels and the role of Prostacyclin is to bind to receptors located on Platelets, these binding triggers certain chemical reactions which automatically prevents platelet activation and platelet aggregation.
- When there is skin cut or damage blood vessel, we have less nitric oxide and prostacyclin around, so blood vessels become constricted and Platelets become activated and with the help of Von Willebrand Factor Platelet adhere to expose Collagen which changes the shape of Platelet, this differently shaped Platelet releases granules containing chemical mediators such as ADP, THROMBIN, TXA2, SEROTONIN AND PAF which activates even more platelets at the site of injury.
- Now the final step is activation of **glycoprotein IIb/IIIa** receptors which binds circulating **Fibrinogen,** this fibrinogen is responsible for the **crosslinking of two platelet.**

INFORMATION OF COMPOUND (TICAGRELOR)

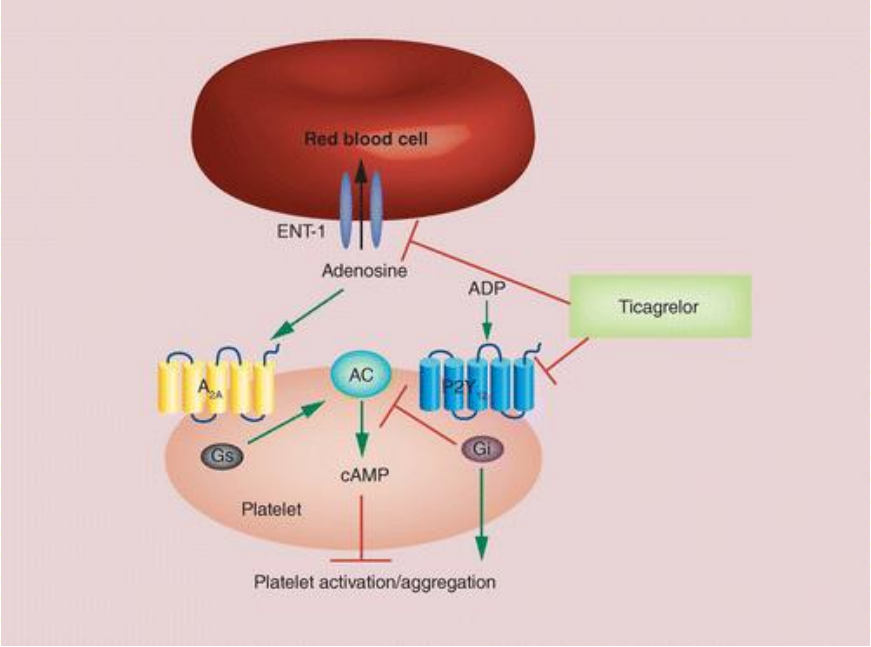
Short description: Ticagrelor is a directly acting reversible P2Y12 receptor antagonist. It is used to treat people with recent heart attack, or severe heart-related chest pain (unstable Angina), acute coronary syndrome. It acts as a platelet aggregatory inhibitor.

Drug Indication: Ticagrelor is indicated to reduce the risk of Cardiovascular death, Myocardial Infarction, and stroke in patients with acute coronary syndrome or history of Myocardial infarction.



HOW THIS ANTIPLATELET DRUG WORK (MOA OF TICAGRELOR)?

- Activated platelet releases chemical mediator one of which is **ADP**, which binds to **P2Y12 receptors** leading to activation of **glycoprotein IIb/IIIa** receptors which is required for Fibrin mediated Platelet crosslinking.
- So, by **blocking P2Y12 receptors Ticagrelor** effectively inhibit binding of ADP and hence as a result Platelet aggregation is inhibited.



PHARMACOKINETICS:

ABSORPTION	VOLUME OF DISTRIBUTION	CLEARANCE	METABOLISM	ELIMINATION ROUTE
It is 36% orally available. A single 200 mg oral dose of Ticagrelor reaches C-max of 923ng/ml, with a T-max of 1.5 hours and AUC of 6675ng\h/ml.	The steady state volume of distribution of Ticagrelor is 88L.	The renal clearance of Ticagrelor is 0.00584 L/h.	The drug is metabolized principally by Cytochrome P-450 (CYP) isoenzyme 3A4 to an active metabolite AR-C124910XX, which is at least as potent at P2Y12 receptor as ticagrelor.	A radio labelled dose of Ticagrelor is 57.8% recovered in feces and 26.5% recovered in urine. Less than 1% of the dose is recovered as the unmetabolized parent drug. The active metabolite AR-C124910XX makes up to 21.7% of the recovery in the feces.

❖ **Interaction of Ticagrelor:**

Some of the major drug interaction of ticagrelor with other drugs are:

1. If taken with **Apixaban** together it increases the risk of bleeding, including severe and sometimes fatal hemorrhage.
2. If Ticagrelor is combined with **Itraconazole** there will be increased risk of bleeding of ticagrelor or serious life threating bleeding complications
3. Use of drug with **Ketoconazole** also increase the risk of bleeding complications of Ticagrelor.

SIDE-EFFECTS OF TICAGRELOR:

1. Back pain
2. Bleeding gums
3. Blurred vision
4. Confusion
5. Coughing up blood
6. Dizziness

⊖**WARINING**⊖

⊖Ticagrelor can sometimes cause significant, sometimes fatal bleeding.

⊖Do not use in patients with active pathological bleeding or history with Intracranial Hemorrhage.

⊖ If the patient is undergoing Urgent CABG do not give him Ticagrelor

⊖Maintenance doses of aspirin above 100 mg reduce the effectiveness of ticagrelor and should be avoided.

CLINICAL TRIAL OF TICAGRELOR

- There were two studies designed to monitor the safety and efficacy of Ticagrelor with comparison to Clopidogrel, one was PLATO STUDY, and the other was PEGASUS TIMI-54 which consisted of more than 39000 patients and double blinded study was performed.
- The PLATO study consisted of TICAGRELOR 90 mg b.i.d. vs. Clopidogrel 75 mg o.d. both given in combination with acetylsalicylic acid (ASA) and other standard therapy in patients with acute coronary syndrome.
- The PEGASUS TIMI-54 consisted of TICAGRELOR 90 mg b.i.d. and 60 mg b.i.d. both combined with ASA vs. ASA alone in patients with history of spontaneous MI.

PLATO- ACUTE CORONARY SYNDROME:

STUDY DESIGN:

- The PLATO study was a Phase III efficacy and safety study of BRILINTA compared with clopidogrel for the prevention of vascular events in patients with ACS (unstable angina [UA], non-ST elevation Myocardial Infarction [NSTEMI] or ST elevation Myocardial Infarction [STEMI]).
- Patients were randomized to receive TICAGRELOR (a loading dose of 180 mg followed by a maintenance dose of 90 mg twice daily) or clopidogrel (75 mg once daily, with an initial loading dose of 300 mg if previous thienopyridine therapy had not been given. An additional loading dose of 300 mg was allowed at investigator discretion).

RESULT OF PLATO STUDY:

- **TICAGRELOR** was superior to Clopidogrel in the prevention of thrombotic events (relative risk reduction [RRR] of 16%, absolute risk reduction [ARR] of 1.9%, number needed to treat [NNT] of 54) in the composite efficacy endpoint (primary endpoint) of CV death, MI, and stroke over 12 months in patients with ACS events (UA, NSTEMI and STEMI population). The difference in treatments was driven by CV death and MI with no difference on strokes. TICAGRELOR demonstrated a statistically significant RRR of 21% (ARR 1.1%) for CV death and a RRR of 16% (ARR 1.1%) for MI, as compared to clopidogrel. Treating 91 patients with TICAGRELOR instead of clopidogrel will prevent 1 CV death.
- **TICAGRELOR** reduced the occurrence of the primary composite endpoint compared to clopidogrel in both the UA/NSTEMI and STEMI population.

PEGASUS TIMI-54 – PATIENTS WITH HISTORY OF MYOCARDIAL INFARCTION (≥One Year)

STUDY DESIGN:

- The PEGASUS study assessed the prevention of atherothrombotic events with TICAGRELOR given at 2 doses (either 90 mg twice daily or 60 mg twice daily) combined with low dose ASA (75-150 mg) compared to ASA therapy alone, in patients with history of spontaneous MI and additional risk factors for atherothrombosis.
- Patients were eligible to participate if they were aged 50 years of over, with a history of spontaneous MI (1 to 3 years prior to randomization) and had at least one of the following risk factors for atherothrombosis: age ≥65 years, diabetes mellitus requiring medication, a second prior MI, evidence of multivessel CAD, and/or chronic non-end-stage renal dysfunction.
- The PEGASUS study was conducted for a duration up to 47 months with mean (median) duration of exposure to ticagrelor 60 mg of 25.3 months (29.4 months).
- TICAGRELOR 60 mg twice daily, in combination with ASA, was superior to ASA alone in the prevention of atherothrombotic events (composite endpoint: CV death, MI and stroke), with a consistent treatment effect over the entire study period, yielding a 16% relative risk reduction [RRR] and 1.27% absolute risk reduction [ARR] (number needed to treat [NNT] of 79) after 36 months of treatment. Each of the components contributed to the reduction in the primary composite endpoint (CV death 17% RRR, MI 16% RRR and stroke 25% RRR). Treating 189 patients for up to 36 months with TICAGRELOR 60 mg twice daily in combination with ASA instead of ASA therapy alone will prevent one CV death.

A study on efficacy of Clopidogrel and Ticagrelor in treating Acute coronary syndrome.

After a detailed study and finding it suggests that similar and safety profiles for Clopidogrel and Ticagrelor.

Ticagrelor should be considered as a valuable option to reduce the risk of bleeding, MI, and stroke, whereas potentially increases the incidence of Dyspnea.

From the studies and metabolic process, it has been found that Ticagrelor may be valid and even more potent Antiplatelet drug than Clopidogrel, as an alternative strategy in treating patients with Clopidogrel intolerance or resistance.

TICAGRELOR APPROVED FOR RECURRENT STROKE PREVENTION:

The FDA has approved Ticagrelor to reduce the risk of stroke in patients with Acute ischemic stroke (AIS) or high- risk transient attack (TIA). The new indication expands use of Ticagrelor beyond a cardiovascular disease to patients with mild to moderate stroke.

The decision recently came after FDA approved the supplementary New drug application (sNDA) and granted review designation for Ticagrelor in July.

The approval was based on the findings from the phase-3 THALES trial, which demonstrated that Aspirin plus 90-mg Ticagrelor significantly reduced the rate of composite of stroke and death compared with Aspirin alone in patients with AIS and TIA who were not undergoing intravenous or endovascular thrombosis.

ASSIGNMENT 2:

Brand name for pharmaceutical product

What is brand name?

- The generic name is the public domain, the brand name is owned solely by the manufacturer and can be created soon as the generic name as the generic name has been approved.
- Unlike the generic name which is created by the manufacturer and the USAN council, the choice of the brand name is motivated by marketing considerations and rests with the innovator/ organization of the molecule.
- The brand name is chosen by the company that wants to market the product and it is a marketing decision, however, the FDA must approve the name.
- The FDA has authority for the **Approval and Dis approval** of the brand name of the drug.

Why brand name is important?

- If we are planning to run any business the **quality** of our product must be our topmost priority keeping other things aside. These products or services are known as commerce. These names are called brand names, and these are assigned by the **owner or the innovator or the researcher or sponsor of the product.**
- One of the important points to cover is that **‘‘the brand name becomes the identity of the company’’.**
- Some of the reputed brands in the pharmaceuticals are Corex, Lipitor, Gleevec, Viagra etc.

What decides brand name?

- The brand name is developed by the pharmaceutical company in the Phase-1 of the Investigational new drug (IND) process.
- There are no certain rules for giving a brand name, the only thing we should kept in mind while opting a brand name is that the brand name should not fall prey to controversies of any sort and brand name should not reflect or mean any unacceptable stuff, at least in the country we are going to sell it.
- Drug companies use several criteria in selecting the brand name, first it should be simple and easy to remember.
- To be more precise, If the brand name is short the physician will like it and it will be remembered by the Physician as well as the patient.
- There are not such criteria that the brand names are given by the gut feeling of the employees and submit their favorite name, today there are well defined processes for giving a brand name.
- A brand name can be a noun, an adjective or anything it can be. Even inventing a brand name of a drug is a big business. The drug companies hire branding consultants two or three years before their drug hits the market to craft a powerful, unique name that will entice physicians and patients. To generate a unique name drug companies also work with branding agencies to help them generate unique names.
- The name of the brand uses some tricks, such as plosive letters (P, T &D) to convey power, or fricative letters (X, F, S or Z) to imply speed.
- One of the most used letters in branding is letter X, e.g., Nexium, Clarinex, Corex, Xanax, Zithromax. These letters are popular because they look better in print, make sounds people saying and are associated with innovation, the letters X, Z, C and D are phonologic, and these subliminally indicate that a drug is powerful. Some of the brand name denote the gender of the patient like Brand name ending with ‘a’ suggest feminine gender. The consonants z, v, s, and z connote speed, Z is the fastest of them all. It is also considered the fastest in them all.

Trademark

- A trademark is a sign capable of distinguishing the goods or services of one enterprise from those of other enterprises. Trademarks are protected by intellectual property rights.
- At a national/regional level a trademark can be protected by filling a required form and paying the fees, and for applying for patent at International level, you have two options; either you can file a trademark application with the trademark office of each country in which one is seeking the protection or can use WIPO's Madrid system.
- The trademark protection lasts for 10 years, it can be renewed indefinitely after payment of additional fees.

What kind of trademarks can be registered?

- A word or a combination of words, letters and numerals can perfectly constitute a trademark. But trademarks can also consist of drawings, symbols, three-dimensional features such as the shape and packaging of goods, non-visible signs such as sounds or fragrances etc.

ASSIGNMENT 3:

Marketing campaign & Market plan

- **What is marketing campaign and why it is important?**
- Marketing means meeting needs profitably, and for marketing a product one must fix a marketing campaign and a well marketing communication. A marketing campaign is defined as the various media, platforms, sources for promoting/advertising a product. In layman language we can say it is a series of steps for advertising a particular product, it is a short-term process.
- Marketing campaign can be designed with different goals in mind, including brand image, launching a new product, increasing sales of a product already on the market. By defining a marketing campaign, it dictates how much marketing is needed and what media will be feasible to reach a specific segment of the population.

MARKETING PLAN FOR PLATOR:

- **OBJECTIVE:**

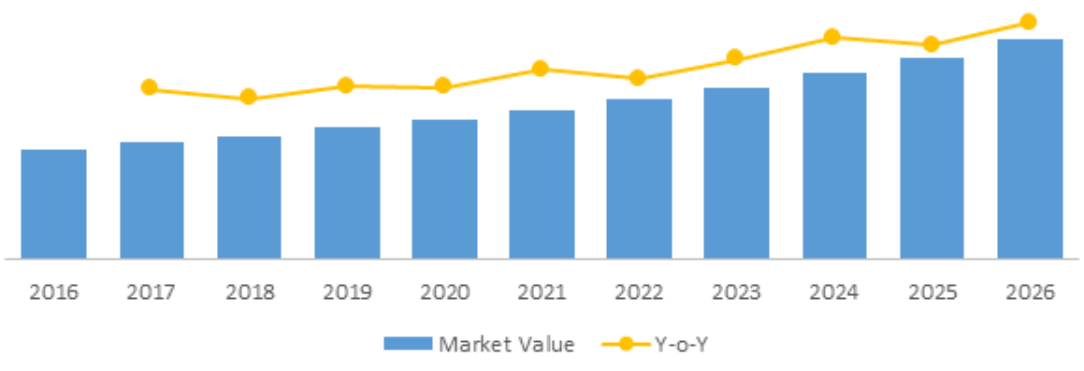
- To create demand of PLATOR in the market.
- To make PLATOR the most preferable drug for Heart attack/stroke.
- To cover huge market in the coming 5 years.

- **Vision:**

- To give the best treatment option to the patient by focusing more on patients at affordable price.

- **Executive summary:**

- The global antiplatelet drug market was valued at US$1.5 Billion in 2017 and is expected to grow at a CAGR of 7.6% in the period of 2017-2026.
- Below Graph represents the growth rate of Antiplatelet worldwide year to year:



- **Major key players of Ticagrelor:**

Name	Manufacturer	Form	Pack size	MRP
Brigler 90mg	Micro labs	Tablet	10	Rs 250
Brilinta 90mg	Astrazeneca	Tablet	14	Rs. 420
Axcer 90mg	Sun pharma	Tablet	14	Rs. 420
Ticaplat 90mg	Emcure	Tablet	10	Rs. 198
Ticacip 90 mg	Cipla	Tablet	14	Rs. 350

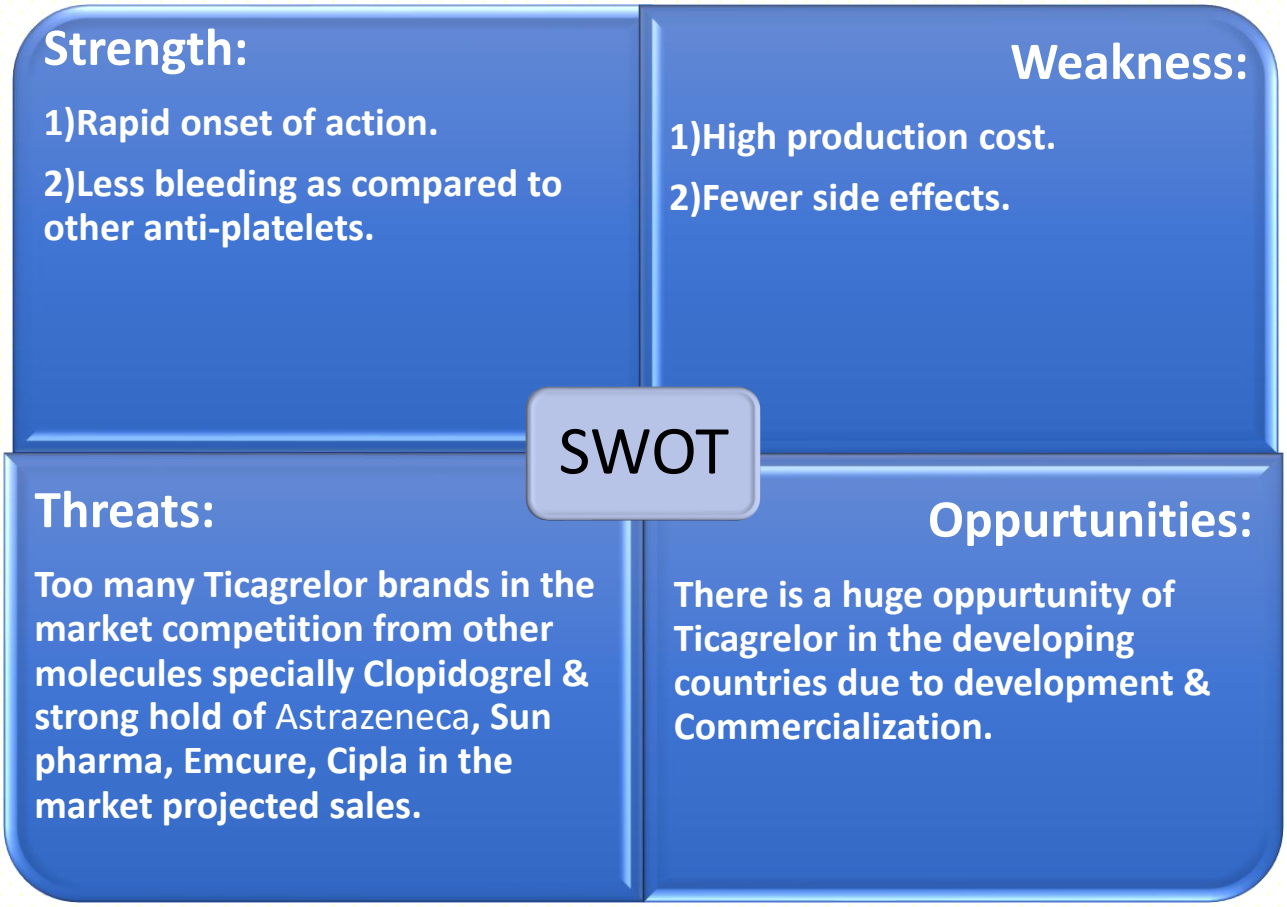
- **Insights of Plator:**

- It is more potent P2Y12 Receptor antagonist when compared to other Antiplatelets.
- As Ticagrelor is not a Prodrug it exhibits more rapid onset of action then other Antiplatelets.
- One of the advantages of Ticagrelor is, it is used as a first line medication for the treatment in acute coronary syndrome.

- **Foresights of Plator:**

- As Cardiovascular disease is one of the major causes of mortality all over the world, and It Is seen that its prevalence rate is increasing every year.
- As we have also seen in the market segment that the antiplatelet market is going to grow at a CAGR of 7.6% over the period of 2017-2026, so we can expect our brand PLATOR to reach high market value in future.
- As Plator has several advantages such as Rapid onset of action, less bleeding as compared to other Antiplatelets in the market, which will keep Plator superior then other competitors in the market.

SWOT ANALYSIS OF PLATOR:



SEGMENTATION, TARGETING & POSITIONING:

- **SEGMENTATION:**

1) **Age:**

18-25 years	25-35 years
35-45 years	Above 45 years

2) **Demographics:**

Urban	Suburban
Rural	

3) **Gender:**

Women	Men

4) **Affordability:**

Low income	Middle income
High income	

- **Target Group:**

Target Customer	**Target patients**
GP (General physician)	**Patients aged above 40 years**
Cardiologist	**Demographic: Urban**
Diabetologist	**Income status: Middle income**

- **COMMUNICATION STRATEGY:**

Leverage points of Plator:

- Geriatrics are mostly affected by Cardiovascular diseases and above the age of 40 years there are high chances of getting heart attack and stroke, And PLATOR is the most preferred medication by doctors due to rapid onset of action and fewer side effects when compared with other Anti-Platelets.
- Geriatrics when suffer from any symptoms or mild pain they prefer to visit their General Physician, so we can take general physician as one of our Target customers.
- Secondly, we can prefer Cardiologist and Diabetologist as our target customer, as most of the Diabetic patients are at high risk of getting Cardiovascular diseases.

- **<u>After understanding the various Insights and leverage points of PLATOR the marketing communication will implemented in the following ways:</u>**

1)Target group:

How to communicate with the target group, i.e., HCPs?

- Doctors will be given detailed insights about the Brand Plator.
- For briefing the doctor's prior appointment would be taken.
- The frequency for meeting the doctors would be every two weeks.

2) Marketing communications mix for TEL-T1:

A. Webinar:

- As everything is going digital now, so for Communicating with good number of doctors at a single platform we can arrange Webinars, where we can brief them about our Brand.
- Webinar can be promoted by various platform, some platforms are LinkedIn, then through E-mail marketing.

B. Telephonic consultation:

- Through telephonic consultation we can guide the Doctors about the Product and make them aware about any ADRs if reported.

C. Direct visit:

- Visit of MR to the doctor's clinic or Hospital with prior Appointment.
- Prior planning for the same should be done.
- Frequency of meeting the doctors will be every 2 weeks.

D. E-mail marketing:

- Group of HCPs will be focused, and a commercial mail will be sent to the group of doctors regarding the brand.
- Also, through E-mail marketing one can send invites of webinar to the doctor, request for appointments.

E. Continuous medical education (CME):

- CME can be conducted biennially for making doctors aware about the Cardiovascular diseases, and their consequences.

3) Branding elements:

A. LBL (Leave behind literature):

- This are basically a Pamphlet which contains the Crux of the brand and is left by the MRs for their reference.
- LBL serves as a good reminder for the Doctors about the product.

B. Business cards:

- An essential Business should be left for the doctor which will contain the representative contact number and the companies contact number as well, at which doctor can contact for query.

C. Awareness about the Disease.

- Awareness amongst the individuals about the disease will be done through various awareness programs, this aware the population of rural about the disease and the brand can be promoted on the same platform.

LEAVE BEHIND LITERATURE FOR PLATOR:

QUESTIONNAIRE:

What is Questionnaire:

- A questionnaire Is the most common data collection instrument used in surveys.
- It requires practice, creativity, and patience.
- One Must make sure that respondents perceive the questions to be clear, relevant, and meaningful.
- The questions can be of two type Open ended and close ended.

Design & Essentials of Questionnaire:

- The Information in the questionnaire must fulfil the basic objective of the study, also the information to fulfil other research objectives.
- The initial questions should be captivating, general, clearly stated, and easy to answer. Place difficult question at the end of the questionnaire.
- The questions must be brief, and the questionnaire itself must be short.
- There should be no spelling mistakes or grammatical errors in the questionnaire.
- One should avoid controversial, embarrassing, or emotionally charged questions as much as possible. If these are necessary, place them towards the end of questionnaire.
- Some respondents may feel uncomfortable to answer questions which ask their demographic and lifestyle questions, so we must keep this question in the end of Questionnaire.
- Avoid leading and loaded questions, A leading or loaded question is the type of question that directs the respondent to give a specific answer.

Merits of Questionnaire:

- It is free from the bias as the answers are directly received from the respondents.
- Respondents have adequate time to give well thought out answers.
- Respondents, who are not easily approachable, can also be reached conveniently.
- Large samples can be made use of and thus the results can be made more dependable and reliable.

Demerits of Questionnaire:

- It can be used only when respondents are educated and cooperating.
- One can lost control over questionnaire once it is sent.
- There is also high Possibility of ambiguous reply for some questions from the respondents.
- This method is likely to be the slowest of all.

Chemist survey form

Disclaimer: Hello Sir/Madam, I Anis khan, intern of Micro Labs is conducting a market survey on Antiplatelets for my internship assignment. 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.

Executive Name _____

Pharmacy name _____

Chemist Name _____

Location _____

Email _____

Phone No. _____

1) What is the average number of Anti-Platelet prescriptions do you receive weekly at your pharmacy?
2) Which Anti-Platelet are the most selling molecule with their average weekly Rx?
    a. Ticagrelor
    b. Cangrelor
    c. Ticlopidine
    d. Clopidogrel
    e. Prasugrel
3) What is the different dosage strength/SKU of Ticagrelor available at your Pharmacy? (Specify all)

Sr.no	Brand	SKU Name	Dose/Strength	Price
1				
2				
3				
4				
5				

4) Name the top five selling brands of Ticagrelor 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?
    1) Monotherapy ☐
    2) Combination with ……. ☐

6) Are the customers' price sensitive towards brands?

Yes ☐ No ☐

7) Do you find any increase in number of prescriptions of antiplatelets during the time of Covid-19?

Yes ☐ No ☐

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