

COMPETITIVE LANDSCAPE OF CO-AMOXYCLAV 1G IN INDIA: PRICING, PRESCRIBING TRENDS, AND KEY PLAYERS

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Pharmaceutical Management

by

Soumya Ranjan Dhupal

Under the Supervision and Guidance of

Dr. Akshay Kumar Mishra

2025

Orizia Healthcare

MO: 3/7, Vandana Building, Chembur, Mumbai-089. oriziahealthcare1@gmail.com

CO: SCO-4, Phase-1, Model Town, Bathinda-151001. Ph. 9781373777

Dear Soumya,

This is to formally acknowledge the successful completion of your internship with Orizia Healthcare, in Market Research from a period from March 10, 2025 to June 10, 2025

During your internship, you have demonstrated professionalism and a positive attitude toward your responsibilities. Your contribution to our market research activities was appreciated and valued.

We thank you for your dedication and enthusiasm and wish you the very best in your future academic and professional pursuits.

Warm regards,

Rajeev Singla

Orizia Healthcare



CERTIFICATE

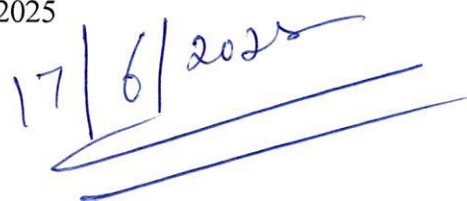
This is to certify that dissertation titled “**Competitive Landscape of Co-Amoxycylav 1g in India: Pricing, Prescribing Trends, and Key Players**” is a record of the research work undertaken by **Dr. Soumya Ranjan Dhupal** in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.



Dr. Akshay Kumar Mishra
Associate Professor
IIHMR University, Jaipur
17.06.2025



Dr. Saurabh Kumar Banerjee
Dean
IIHMR University, Jaipur
17.06.2025



DECLARATION BY STUDENT

I hereby declare that this dissertation titled *Competitive Landscape of Co Amoxyclav 1g in India: Pricing, Prescribing Trend and Key players*” is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Name: Soumya Ranjan Dhupal (Soumya Ranjan Dhupal)

Date: 18/06/25

Acknowledgement

I would like to express my heartfelt gratitude to IIHMR placements for providing me with this wonderful opportunity to work with Orizia Healthcare. I have completed my internship program Orizia Healthcare.

This internship is a result of valuable insights, facts and Experiences I had during my program Orizia Healthcare. The Experience which I have earned was Informative and educative and lead to understand different concept.

Also, I would like to thank Mr. Rajeev Singla, Chief mentor (industry mentor) & Dr. Akshay Mishra, Associate Professor (Faculty Mentor) for given support throughout my journey at Orizia Healthcare.

Soumya Ranjan Dhupal

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Abstract

Title

Competitive Landscape of Co-Amoxyclav 1g in India: Pricing, Prescribing Trends, and Key Players

Author

Soumya Ranjan Dhupal

Keywords

Co-Amoxyclav 1g, Amoxicillin-Clavulanic Acid, Indian Pharmaceutical Market, Antibiotic Resistance, Prescribing Trends, Market Competition, Schedule H1

Background

The Indian pharmaceutical market for antibiotics is highly dynamic, with Co-Amoxyclav 1g (combination of Amoxicillin and Clavulanic Acid) occupying a significant position due to its broad-spectrum efficacy against beta-lactamase-producing bacteria. Increasing antibiotic resistance, regulatory interventions, and the proliferation of generic brands have intensified competition and shaped prescribing behaviour across specialties.

Objective

This study aims to analyse the competitive landscape of Co-Amoxyclav 1g in India by evaluating pricing strategies, prescriber preferences, market share of key brands, and the influence of regulatory and promotional activities. The report also seeks to identify emerging trends and strategic opportunities for market players.

Methodology

A mixed-methods approach was adopted, combining primary data from interviews and surveys with prescribers and pharmacists, and secondary data from market reports, scientific literature, and regulatory documents. Quantitative data analysis was complemented by qualitative thematic analysis to provide a holistic view of the market.

Results/Findings

- **Market Leadership:** GSK's Augmentin remains the market leader with a dominant share, despite premium pricing. Competitors such as Alkem's Clavam and Mankind's Moxikind-CV offer lower-priced alternatives but command modest shares.
- **Prescribing Trends:** ENT, pulmonology, and orthopaedics are the fastest-growing specialties for Co-Amoxyclav 1g prescriptions, while general physicians and dentists represent mature, stable markets.
- **Clinical Efficacy:** High clinical success rates are observed across major indications, including respiratory, urinary, and dental infections, with the 1g formulation offering superior compliance and sustained tissue levels.
- **Market Dynamics:** The rise of generic manufacturers, government initiatives like "Make in India," and the PCD pharma model have increased accessibility and

competition. Regulatory measures such as Schedule H1 have influenced prescribing and distribution practices.

- **Emerging Brands:** New entrants like Gudmox 1g are leveraging innovative marketing but face challenges in brand recall and trust-building.

Conclusion

Co-Amoxyclav 1g continues to be a cornerstone in the management of diverse bacterial infections in India, driven by its proven efficacy and broad clinical acceptance. The market is characterized by intense competition, price sensitivity, and evolving regulatory norms. For sustained growth, companies must focus on trust-building, rational use advocacy, and adaptive marketing strategies to navigate the complexities of this therapeutic segment.

Abbreviations

Abbreviation	Full Form
API	Active Pharmaceutical Ingredient
ADR	Adverse Drug Reaction
AMR	Antimicrobial Resistance
CAP	Community-Acquired Pneumonia
ENT	Ear, Nose, and Throat
GP	General Physician
HCP	Healthcare Professional
LRTI	Lower Respiratory Tract Infection
MAT	Moving Annual Total
P/D	Prescriptions per Doctor
SSTI	Skin and Soft Tissue Infection
URTI	Upper Respiratory Tract Infection
UTI	Urinary Tract Infection

Chapter 1

Introduction

Co-Amoxyclav 1g is a widely used broad-spectrum antibiotic combination effective against beta-lactamase-producing bacteria. It is especially prescribed for respiratory tract infections, skin infections, urinary tract infections, and dental infections. Given the growing antibiotic resistance in India and regulatory pressure under Schedule H1, the Indian market for Co-Amoxyclav has become both competitive and strategically complex

Amoxicillin-clavulanic acid in bacterial infections.

Before 1960, the β -lactam antibiotic family consisted solely of penicillin G and penicillin V, effective against Gram-positive bacteria with a narrow spectrum of activity.

In 1961, Beecham Research Laboratories (BRL) developed ampicillin, followed by amoxicillin in 1970, using the precursor 6-aminopenicillanic acid. Amoxicillin demonstrated significantly better oral absorption than ampicillin, resulting in approximately double the plasma exposure.

Subsequently, amoxicillin was also combined with Clavulanate by BRL in 1981 to tackle the emerging challenge from β -lactamase harbouring *S. aureus*, *H. influenza*, *M. catarrhalis*, *Escherichia coli*, *Klebsiella* spp, and *Bacteroides fragilis*. The spectrum is increased to include all beta-lactamase-producing strains of the previously mentioned organisms, broadening the coverage.

Pharmacology:

Amoxicillin is a broad-spectrum penicillin (β -lactam) antibiotic that inhibits bacterial cell wall synthesis by binding to penicillin-binding proteins (PBPs).

Clavulanic Acid is a β -lactamase inhibitor. It has little antibacterial activity on its own but protects amoxicillin from enzymatic degradation by (β -lactamase)-producing bacteria.

Chapter 2

Literature Review:

1. Clinical Efficacy and Dosing Strategies

A recent review highlighted the significance of high-dose Co-Amoxyclav (875 mg/125 mg, equivalent to 1g) in treating a range of infections, including lower respiratory tract infections, acute bacterial sinusitis, and community-acquired pneumonia. Comparative studies demonstrate that the 1g formulation is as effective as other regimens, with similar or superior outcomes to antibiotics like clindamycin and cefuroxime. The drug is generally well tolerated, with mild gastrointestinal side effects being the most common¹.

2. Real-World Effectiveness in Upper Respiratory Tract Infections

A large, multicentre retrospective study in India assessed the effectiveness and safety of Co-Amoxyclav in managing upper respiratory tract infections (URTIs) in adults. The study, which included over 9,000 patients, found significant clinical cure rates and a favorable safety profile, with very few adverse events reported. The addition of beta-lactamase inhibitors like clavulanic acid was emphasized as crucial in enhancing pathogen susceptibility, particularly in the context of rising antimicrobial resistance in India⁴.

3. Use in Dental Infections

Expert surveys and clinical trials support the widespread use of amoxicillin-clavulanic acid for dental infections in India. Studies report clinical success rates of 87–88% for the 1g formulation in treating odontogenic infections, with efficacy comparable to clindamycin. The combination is preferred due to its effectiveness, better absorption, and lower risk of adverse effects, although mild gastrointestinal symptoms are occasionally reported.

4. Paediatric Use and High-Dose Formulations

A cross-sectional survey among Indian paediatricians revealed a preference for high-dose amoxicillin (600 mg) with clavulanic acid (42.9 mg) in treating bacterial infections in children. The majority of clinicians considered the high-dose formulation highly effective for recurrent infections, with reduced risk of adverse effects and increased effectiveness against resistant bacteria. This supports the appropriateness of high-dose Co-Amoxyclav in paediatric practice for managing resistant infections.

5. Market Dynamics and Manufacturing Landscape

India is a major global supplier of amoxicillin-clavulanic acid, with numerous domestic manufacturers ensuring affordability and accessibility. The pharmaceutical sector benefits from economies of scale, government incentives, and robust R&D, contributing to the competitive pricing and high quality of Co-Amoxyclav products. Leading manufacturers continue to invest in technology and research to adapt to evolving healthcare needs and regulatory requirements.

6. Competition and Regulatory Environment

The Indian market for Co-Amoxycrav 1g is highly competitive, with branded generics dominating and significant price variations among brands. Regulatory frameworks, such as Schedule H1, influence prescribing trends and access, while government initiatives promote domestic manufacturing and rational antibiotic use. The presence of multiple brands and aggressive marketing strategies further intensifies competition, necessitating a focus on quality assurance and ethical promotion.

Chapter 3

Methodology

This section outlines the detailed methodology adopted for the report titled “Competitive Landscape of Co-Amoxycylav 1g in India: Pricing, Prescribing Trends, and Key Players.” The methodology is structured to ensure a comprehensive, systematic, and objective analysis of the competitive environment, market trends, and prescribing practices related to Co-Amoxycylav 1g in India.

1. Research Design

The study utilizes a mixed-methods approach, combining both qualitative and quantitative research techniques. This design enables triangulation of data, enhancing the validity and reliability of findings.

2. Data Sources

A. Primary Data

- **Key Informant Interviews:** Semi-structured interviews were conducted with stakeholders, including physicians (ENT, pulmonology, orthopaedics, dentistry, general practice), pharmacists, and pharmaceutical sales professionals to gather insights on prescribing behaviour, brand preferences, and market perceptions.
- **Field Observations:** Observational visits to pharmacies and healthcare facilities were undertaken to assess product availability, pricing, and promotional activities.
- **Survey:** A structured questionnaire was administered to a sample of prescribers and pharmacists to quantify prescribing patterns and brand recall.

B. Secondary Data

- **Market Reports:** Analysis of published pharmaceutical market audit data (e.g., MAT/unit sales, value, growth rates) for Co-Amoxycylav 1g and competitor brands.
- **Scientific Literature:** Review of peer-reviewed articles, clinical guidelines, and published studies on efficacy, safety, and clinical use of Co-Amoxycylav 1g.
- **Regulatory Documents:** Examination of government notifications (e.g., Schedule H1), policy papers, and industry reports relevant to antibiotics and pharmaceutical regulation in India.
- **Company Reports:** Review of annual reports, product brochures, and marketing materials from key pharmaceutical players.

3. Sampling Strategy

- **Geographical Scope:** The study focuses on major urban and semi-urban markets in India, with targeted sampling in regions where Co-Amoxyclav 1g has significant market presence.
- **Respondent Selection:** Purposive sampling was used for interviews and surveys to ensure representation across specialties and market segments (e.g., high-prescribing vs. emerging brands).

4. Data Collection Methods

- **Interviews and Surveys:** Conducted both in-person and via digital platforms, with responses recorded, transcribed, and anonymized.
- **Market Data Extraction:** Collated from industry databases and validated through cross-referencing with company disclosures and pharmacy audits.
- **Document Review:** Systematic extraction of relevant data from scientific and regulatory literature, with emphasis on recent (last 5 years) publications.

5. Data Analysis

- **Quantitative Analysis:** Descriptive statistics (market share, growth rates, unit/value sales, prescription volumes) were computed. Comparative analysis was performed to benchmark leading brands (e.g., Augmentin, Clavam, Moxikind-CV) on pricing and market share.
- **Qualitative Analysis:** Thematic analysis of interview transcripts and open-ended survey responses to identify key drivers of prescribing behaviour, trade influence, and marketing strategies.
- **SWOT Analysis:** Conducted for key brands to assess strengths, weaknesses, opportunities, and threats in the current market context.
- **Trend Analysis:** Identification of prescribing and sales trends over time, with attention to specialty-specific growth and the impact of regulatory changes.

6. Ethical Considerations

- **Informed Consent:** All interview and survey participants were briefed about the study's purpose, and informed consent was obtained.
- **Confidentiality:** Data was anonymized, and findings are reported in aggregate to protect respondent identity.
- **Compliance:** The study adhered to institutional guidelines for ethical research and data handling.

7. Limitations

- The study is limited by the availability and accuracy of secondary market data and potential response bias in self-reported prescribing patterns.
- The scope is restricted to the Indian market and may not fully reflect rural or unorganized sector dynamics.

8. Structure of Analysis

The methodology supports the following analytical structure in the report:

1. Market Overview: Size, growth, and segmentation of the Co-Amoxyclav 1g market.
2. Competitor Analysis: Pricing, market share, and sales performance of leading brands.
3. Prescribing Trends: Specialty-wise and region-wise prescribing behaviour.
4. Regulatory Impact: Influence of Schedule H1 and government initiatives.
5. Strategic Insights: SWOT and trend analysis for market positioning and recommendations.

This structured methodology ensures a robust, evidence-based assessment of the competitive landscape for Co-Amoxyclav 1g in India, providing actionable insights for industry stakeholders¹.

Chapter 4

Market Overview

Total Co-Amoxyclav market is 3,537 Crs with 4% growth. Co-Amoxyclav Solid market is 2321.7 Crs with 5% growth (66% Contribution).

Co-Amoxyclav 1000 mg combination market is **92.6 Crs** with **15%** growth

Market Trends

Several key trends are shaping the market for Amoxicillin 875mg + Clavulanic Acid 125mg in India:

1. **Rising Antibiotic Resistance:** This is a major driver for the demand for combination antibiotics like Amoxicillin + Clavulanic Acid. As bacteria become increasingly resistant to single-agent antibiotics, combination therapies that include a beta-lactamase inhibitor (like clavulanic acid) are crucial for effective treatment. This trend is likely to continue to fuel the market.
2. **Increased Prevalence of Bacterial Infections:** The growing incidence of various bacterial infections, including respiratory tract infections, urinary tract infections, and skin infections, contributes to the demand for effective antibiotics.
3. **Focus on Combination Therapies:** Pharmaceutical companies and healthcare professionals are increasingly focusing on combination therapies that can overcome antibiotic resistance and offer broader spectrum coverage. Amoxicillin + Clavulanic Acid falls directly into this category.
4. **Growth of Generic Manufacturers:** India has a robust pharmaceutical industry with numerous generic manufacturers. This leads to a competitive market and increasing availability of affordable generic versions of Amoxicillin + Clavulanic Acid, making the drug more accessible across the country.
5. **Government Initiatives:** The Indian government's "Make in India" initiative encourages domestic manufacturing of antibiotics and active pharmaceutical ingredients (APIs), including clavulanic acid. This support aims to reduce reliance on imports and boost local production.
6. **PCD Pharma Model:** The Propaganda Cum Distribution (PCD) business model is gaining traction in the antibiotic market, allowing pharma companies to expand their reach through franchised distributors, especially in Tier 2 and Tier 3 cities.
7. **Shift towards Oral Medications:** While injectable are more expensive, oral medications, including Amoxicillin + Clavulanic Acid tablets and suspensions, account for the vast majority of antibiotic consumption in India due to their accessibility and ease of administration.
8. **R&D in API Production:** There's a growing focus on research and development in the production of clavulanic acid API within India, with companies investing in manufacturing facilities to meet rising demand.

Detailed Indications (with Clinical Context):

1. Upper Respiratory Tract Infections (URTIs):

Often due to β -lactamase-producing organisms, especially in recurrent or chronic cases.

- Acute Bacterial Sinusitis
 - Causing organisms:
 - *Streptococcus pneumoniae*
 - *Haemophilus influenzae* (β -lactamase positive)
 - *Moraxella catarrhalis*
 - Recurrent Tonsillitis/Pharyngitis (when Group A *Streptococcus* coexists with resistant strains)
- Especially useful in penicillin treatment failures due to mixed infections.

2. Lower Respiratory Tract Infections (LRTIs):

Acute Exacerbation of Chronic Bronchitis (AECB)

- Causing organisms:
 - *H. influenzae*
 - *M. catarrhalis*
 - *S. pneumoniae*

Community-Acquired Pneumonia (CAP) (especially with comorbidities or outpatient treatment failure)

- Causing organisms:
 - *S. pneumoniae*
 - *H. influenzae*
 - *Klebsiella pneumoniae* (moderate coverage)

3. Urinary Tract Infections (UTIs):

Complicated and uncomplicated UTIs, including pyelonephritis

- Causing organisms:
 - *E. coli* (including β -lactamase-producing strains)
 - *Proteus mirabilis*
 - *Enterococcus faecalis*
 - *Klebsiella* spp.

Co-Amoxyclav is used when resistance to simple penicillin or cephalosporin is suspected.

4. Skin & Soft Tissue Infections:

Infected wounds, abscesses, diabetic foot ulcers, cellulitis

- Causative agents:
 - *S. aureus* (non-MRSA)
 - *S. pyogenes*
 - Anaerobes (especially in deep tissue or bite injuries)

- Human/Animal Bites

- Excellent coverage of *Pasteurella multocida*, *Fusobacterium*, *Eikenella*, and anaerobes.

5. Dental Infections:

Severe odontogenic infections or dental abscesses with cellulitis

- Bacteria involved:
 - *Streptococcus* spp.
 - Anaerobes like *Prevotella*, *Peptostreptococcus*

6. Bone and Joint Infections:

Osteomyelitis, especially in early stages or post-traumatic infections

- Causing organisms:
 - *S. aureus* (non-MRSA)
 - *E. coli* (especially in vertebral osteomyelitis)
 - Anaerobes (in diabetic foot infections)

7. Intra-abdominal Infections:

Mild to moderate intra-abdominal infections (e.g., appendicitis, diverticulitis)

- Causing organisms:
 - *E. coli*
 - *Bacteroides fragilis*
 - *Enterococcus* spp.

8. Gynecological Infections:

- Pelvic inflammatory disease (PID) (mild to moderate cases)
- Post-abortion or post-surgical infections

Often in combination with other agents to cover atypical organisms or anaerobes.

Microbiological Spectrum:

Effective Against:

- Gram-Positive Aerobes:
 - Streptococcus pneumoniae
 - Streptococcus pyogenes
 - Enterococcus faecalis
 - Staphylococcus aureus (MSSA only)
- Gram-Negative Aerobes:
 - Haemophilus influenzae (β -lactamase positive)
 - Escherichia coli
 - Klebsiella pneumoniae
 - Proteus mirabilis
 - Moraxella catarrhalis
- Anaerobes:
 - Bacteroides fragilis
 - Peptostreptococcus spp.
 - Fusobacterium spp.

Indication Focused:

- Upper and Lower Respiratory Tract Infections
- Community-acquired Pneumonia
- Acute Otitis Media
- Oro Dental Infections
- Urinary Tract Infection

Competitor Overview:

Brands	Sales (Rs. Cr)	Existing market share	MRP/Unit
1. Augmentin 1000 Duo – GSK	68.6 Crs	74%	Rs. 661.4 / 10 Tablets
2. Clavam 1G - Alkem	4.2 Cr	5%	Rs. 407.0 / 10 Tablets
3. MOX CV 1g – Sun Pharma	3.9 Cr	4%	Rs. 524.5 / 10 Tablets
4. MOX CLAV 1gm – Sun Pharma	2.7 Cr	3%	Rs. 546.0 / 10 Tablets
5. Bactoclav 1000 – Micro Labs Ltd.	1.0 Cr	1%	Rs. 542.5 / 10 Tablets

(Source: IQVIA Data)

Key Insights:

- **Dominant Leader: Augmentin (GSK)** overwhelmingly leads the market with 74% share and ₹68.6 Cr in sales, despite its high price point (₹661.4).
- **Price Sensitivity:** Competitor brands are priced significantly lower (₹407–₹546 range), yet they hold only a modest combined share (**26%**).
- **Clavam and Sun Pharma Brands:** These are the nearest contenders but remain far behind GSK in both sales and share.

Overall Market (MAT/Units):

Top Performers

1. Augmentin Duo 1000 (GSK)

- Sales grew from ₹58.5 Cr to ₹68.6 Cr (+17%)
- Unit sales rose from 1336.3K to 1453.0K (+9%)
- Market share: **67% (Units), 79% (Value)** – still the **undisputed leader**

2. Clavam Film (Alkem)

- Grew by **3%** in value (₹4.0 Cr → ₹4.1 Cr)
- Slight dip in units (-3%), yet stable with **7% market share**

3. Mox-CV Film (Sun Pharma)

- 3% value growth (₹3.8 Cr → ₹3.9 Cr)
- Minor dip in unit sales (-2%), maintaining a **5%-unit share**

Declining or Flat Brands

- MOXIKIND-CV (Mankind) saw a 1% decline in value and 9% drop in unit sales
- Bactoclav Film (Micro) **dropped** 12% in value **and** 16% in units
- INDCLAV (Alkem) **fell** 31% in value **and** 13% in units
- MEGA-CV (ARISTO) **has two listings: one surged by 1490% but from a small base, while the other plummeted -53%**

RANK	Brand Name	COMPANY	MAT MAR'24	MAT MAR'25	% Grt	% MS	UNIT MAT MAR'24	UNIT MAT MAR'25	% Grt	% MS
1	AUGMENTIN DUO 1000	GSK	58.5	68.6	17%	79%	1336.3	1453.0	9%	67%
2	CLAVAM FILM	ALKEM*	4.0	4.1	3%	5%	152.0	147.4	-3%	7%
3	CLAVAM	ALKEM*	0.0	0.1	20%	0%	2.1	2.6	20%	0%
4	MOX-CV FILM	SUN*	3.8	3.9	3%	5%	107.4	105.4	-2%	5%
5	MOXCLAV FILM	SUN*	2.5	2.7	7%	3%	71.6	72.2	1%	3%
6	MOXIKIND-CV	MANKIND	2.4	2.4	-1%	3%	155.1	141.4	-9%	7%
7	FLEMICLAV FILM	FDC	1.3	1.8	43%	2%	59.4	85.1	43%	4%
8	MEGA-CV	ARISTO	0.0	0.8	1490%	1%	1.7	27.0	1490%	1%
9	MEGA-CV	ARISTO	1.3	0.6	-53%	1%	72.3	34.1	-53%	2%
10	INDCLAV FILM	ALKEM*	0.9	1.2	31%	1%	25.9	34.0	31%	2%
11	BACTOCLAV FILM	MICRO	1.1	1.0	-12%	1%	79.0	66.8	-16%	3%

(Source: IQVIA Data)

Prescription Trend:

	MAT /2025			
	Product Description	Prescriptions	AVG DOC	P/D
Amoxycilin 875mg + Potassium Clavulanate 125mg	AUGMENTIN	1604123	14207	9
	CLAVAM	495049	2855	14
	MOX-CV	389881	2116	15
	FLEMICLAV	149750	596	21
	THEMICLAV	136858	317	36
	MOXCLAV	131734	1521	7
	BACTOCLAV	123883	519	20
	MOXIKIND-CV	105349	1298	7
	POLYCLAV	94486	793	10
	NOVAMOX-CV	52278	249	18
	FINEMOX CV	46284	58	67
	MEGA-CV	28527	263	9
	INDCLAV	28483	234	10
	AUGPEN	27695	280	8
	SENSICLAV	22603	294	6
	PENCLAV	15510	59	22
	AMOXCYCLAV	6370	88	6
	KILBAN	6322	74	7
	ADVENT	5751	53	9
	ACUCLAV	1431	19	6
	ROCLAV-BD	1073	24	4
	CLAVOX	180	7	2

(Source: IQVIA Data)

High Prescribing Brands with Broad Reach:

- Augmentin combines extensive reach (14k+ doctors) with steady per-doctor prescribing (9 P/D)
- MOXCLAV and FLEMICLAV also have high doctor coverage with moderate P/D (~20)

Focused Brands with High P/D:

- FINEMOX CV (67 P/D) and INDCLAV (25 P/D) are more concentrated in fewer prescribers but with higher individual engagement

Emerging or Low-Penetration Brands:

- CLAVOX, ROCLAV-BD, ACCUCLAV, ADVENT show low prescriptions and limited doctor engagement (low P/D and AVG DOC)

Pricing:

(Source: TATA 1mg)

Rank	Brands	Company	Pack	MRP	Price/ Tab
1	Augmentin 1000 Duo	GSK	10	Rs. 661.4	Rs. 66
2	Clavam 1G -	Alkem	10	Rs. 407.0	Rs. 40.7
3	MOX CV 1g	Sun Pharma	10	Rs. 524.5	Rs. 52.4
4	MOX CLAV 1gm	Sun Pharma	10	Rs. 546.0	Rs. 54.6
5	Bactoclav 1000	Micro Labs Ltd.	10	Rs. 542.5	Rs. 54.2

Speciality Overview:

1. ENT stands out with the highest Rx growth (54%) and prescriber growth (36%), indicating strong expansion both in terms of volume and reach.
2. Pulmonology shows high prescriber growth (40%) with substantial Rx growth (35%), reflecting increasing adoption among new prescribers.
3. Orthopaedics has the highest P/D (7.5) and strong Rx growth (41%), meaning existing prescribers are generating a high volume of prescriptions.
4. Dentists demonstrate moderate growth in both Rx (24%) and prescribers (17%), showing steady expansion.
5. General Physicians and Consulting Physicians have relatively lower growth rates, suggesting stable but mature markets.
6. Paediatrics and Dermatology show balanced moderate growth, with Dermatology slightly ahead in prescriber growth.

Strategic Implications

- High-growth targets for expansion: ENT, Pulmonology, Orthopaedics.
- Maintain and engage steady markets: Paediatrics, Dermatology, Dentists.
- Reinforce loyalty in mature specialties: General and Consulting Physicians.

Clinical Success Rate:

1. **Anaerobic Lung Infections – 100%**
 - Highest success rate, indicating complete efficacy in treated cases.
2. **UTIs (Urinary Tract Infections) – 95.4%**
 - Excellent clinical success, showing the drug's strong performance in urinary infections.
3. **Otitis Media (Ear Infections) – 90%**
 - High success, especially important in paediatric and ENT use.
4. **Sinusitis – 89.3%**
 - Consistent efficacy for upper respiratory infections.
5. **CAP (Community-Acquired Pneumonia) – 87.6%**
 - Strong performance, but comparatively the lowest among the infections listed.

Key Takeaway:

Amoxicillin 875 + Clavulanate 125 shows very high and consistent success rates across all major infection types, with 100% efficacy in anaerobic lung infections, UTIs, Otitis media, Sinusitis, CAP, making it a reliable broad-spectrum antibiotic.

Scientific Study Differentiations:

1. Lower Respiratory Tract Infections (LRTIs)

A double-blind study involving 324 patients with community-acquired pneumonia or acute exacerbations of chronic bronchitis compared Co-Amoxycrav 875/125 mg twice daily to 500/125 mg three times daily.

The clinical success rates were 92.4% and 94.2%, respectively, indicating equivalent efficacy. Both regimens were well tolerated, suggesting that the higher-dose, twice-daily regimen could improve patient compliance without compromising effectiveness.

2. Sinus Infections:

A study assessing sinus tissue penetration found that the 1 g/125 mg twice-daily regimen achieved higher tissue concentrations at 5 and 8 hours' post-dose compared to the 500 mg/125 mg three times daily regimen.

This suggests that the higher-dose formulation may provide more sustained tissue levels, potentially enhancing efficacy in treating acute maxillary sinusitis.

3. Community-Acquired Pneumonia (CAP)

In a randomized, double-blind trial with 633 patients, Co-Amoxyclav 875/125 mg twice daily demonstrated a clinical success rate of 87.6%, comparable to the 90.3% success rate of a higher-dose 2,000/125 mg formulation.

This indicates that the 875/125 mg dosage is effective for treating CAP.

Conclusion

The Indian pharmaceutical market for Co-Amoxycylav 1g is characterized by intense competition, brand saturation, and price sensitivity. Established players like Augmentin, Clavam, and Moxikind-CV continue to dominate through strong brand equity, wide distribution, and doctor loyalty. However, new entrants such as Gudmox 1G are creating opportunities by leveraging aggressive pricing, higher trade margins, and innovative branding strategies to differentiate themselves.

Prescribing patterns are heavily influenced by regional preferences, economic accessibility, and medical representative engagement. While Schedule H1 regulations aim to curb irrational antibiotic use, they also challenge newer brands to find compliant, value-driven strategies for market penetration.

Looking ahead, success in this segment will depend on a brand's ability to balance clinical trust with commercial viability. Strategies such as targeted rural outreach, digital detailing, patient education, and resistance awareness campaigns will be critical. In this dynamic environment, Gudmox 1G and similar emerging brands have the potential to capture significant market share—provided they maintain a focus on ethical promotion, quality assurance, and prescriber confidence.

For **URTI, LRTI, Oro Dental, UTI, SSTI** Infections.

Rx

GUDMOX-CV 1G

Amoxycilin Trihydrate 875mg + Clavulanic Acid 125mg

Assured Quality Faster Action

Infection Type	Clinical Success Rate
Community-Acquired Pneumonia	87.60%
Uncomplicated UTIs	~95.4%
Acute Sinusitis (Adults)	89.30%
Anaerobic Lung Infections	100%

Superior Efficacy than:

- Clindamycin
- Cefuroxime
- Cefaclor
- Ciprofloxacin

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