

**A STRATEGIC ANALYSIS OF PRODUCT PRICING, PROMOTIONAL SCHEMES,
AND MARKET POSITIONING OF MECTEC PHARMACEUTICALS: A
COMPETITIVE PERSPECTIVE**

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Master of Business Administration (MBA)

in

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by

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Under the Supervision and Guidance of

Dr. Ashok Peepliwal

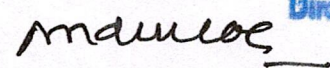
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For Mectec Pharmaceuticals Pvt. Ltd.

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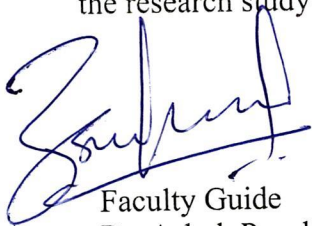
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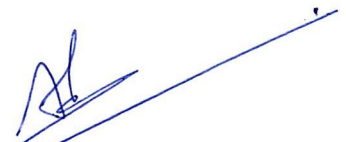
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This is to certify that dissertation titled **A STRATEGIC ANALYSIS OF PRODUCT PRICING, PROMOTIONAL SCHEMES, AND MARKET POSITIONING OF MECTEC PHARMACEUTICALS: A COMPETITIVE PERSPECTIVE** is a record of the research work undertaken by Akshat Geete in partial fulfilment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **A STRATEGIC ANALYSIS OF PRODUCT PRICING, PROMOTIONAL SCHEMES, AND MARKET POSITIONING OF MEC TEC PHARMACEUTICALS: A COMPETITIVE PERSPECTIVE** 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Akshat Geete

17 – 06 – 2025

Abstract

Title

A Strategic Analysis of Product Pricing, Promotional Schemes, and Market Positioning of Mectec Pharmaceuticals: A Competitive Perspective

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Background

The Indian pharmaceutical market, particularly in Tier-2 and semi-urban regions, faces immense pricing sensitivity, intense brand competition, and a strong dependency on prescriber behavior. In this dynamic environment, mid-sized players like Mectec Pharmaceuticals encounter significant challenges in brand visibility, product differentiation, and CRM (Customer Relationship Management) effectiveness. This study investigates the strategic gaps in Mectec's market execution and benchmarks its performance against competitors using both field data and structured analytical tools.

Objectives

- To evaluate Mectec's pricing strategy, promotional schemes, and brand positioning in comparison with its competitors.
- To assess the effectiveness of its CRM execution, scientific detailing, and field engagement practices.
- To apply strategic marketing frameworks to analyze portfolio strength and recommend actionable improvements for prescriber engagement and market expansion.

Methodology

This dissertation employs a **descriptive-comparative research design** supported by internship-based field observations (March–May 2025), product analysis, and secondary data benchmarking.

Strategic tools used include:

- **SWOT Analysis**
- **BCG Matrix**
- **GE–McKinsey Matrix**
- **Ansoff Growth Matrix**
- **Doctor Persona Table & CRM Funnel Mapping**

Primary data was gathered from field visits, MR ride-alongs, stockist/chemist interactions, and internal documentation. Secondary data was sourced from online platforms like Tata 1mg, NetMeds, and public competitor booklets.

Results and Findings

- **Product-wise benchmarking** revealed that Mectec offers highly competitive pricing and attractive trade schemes (10+1/10+2), yet struggles with visual brand recall and scientific branding.

- **SWOT and BCG analysis** identified Macosteo and Glucomac as "Stars" needing continued investment, while underperforming brands like Rosyne and Mactepan DSR require repositioning or rationalization.
- **CRM Funnel analysis** showed gaps in doctor segmentation, post-sampling follow-up, and strategic call planning.
- **Ansoff and GE–McKinsey Matrix** guided therapy-area investment priorities and geographic expansion strategy, especially into untapped Tier-3 towns such as Barwah and Sanawad.

Conclusion

The research concludes that while Mectec Pharmaceuticals maintains a solid base in pricing and field-force-driven operations, it must now focus on CRM reinforcement, visual aid modernization, territory expansion, and data-driven brand strategy. By aligning MBA-level strategic models with ground-level realities, this dissertation provides a replicable roadmap for marketing enhancement in mid-sized ethical pharmaceutical companies.

Keywords

Pharma marketing, CRM funnel, SWOT, BCG Matrix, brand repositioning, pricing analysis, doctor engagement, GE–McKinsey Matrix, Ansoff Matrix, Mectec Pharmaceuticals, Tier-2 markets, strategic brand planning

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– **Akshat Geete**

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Chapter 1: Introduction

1.1 Background

India's pharmaceutical industry is the 3rd largest in the world by volume, and also one of the fastest-growing prescription markets globally. In terms of capacity for affordable generic medicines, the global contribution of India's pharmaceutical sector is significant, affecting over 20% of the global demand by volume where it exists while covering a market for both domestic and international sale. The value of this sector is significant not only from the perspective of scale, but also therapeutic diversity from basic antibiotics or vitamins to oncology or biologics. Nevertheless, the performance of this sector is impacted by a variety of hidden structural challenges.

Intense competition in the Indian market has resulted in rapid commoditization of formulations, creating difficulties particularly as the brand loyalty-ship at the retail level is significantly low and the regulatory frameworks severely restricts either company impediments including price ceilings outlined in the DPCO (Drug Price Control Order). Furthermore, the significant proportion of ethical/sales - based portion of sold pharmaceuticals must rely heavily on healthcare professionals making only a marginal impact on consumer marketing. Therefore, the challenges are significant, not only for new entrants but also for much more robust domestic brands. Given this market setting, as competition and commoditization has increased, the need for strategic differentiation has become critical - and it must not simply be via molecule differentiation. Success will increasingly be based strategically on the perceptions of brand positioning; effectively executing promotional communications using a greater access to the propelling context; understanding the decision-makers and influencers as they relate to the prescribers, and sales proper.

In the evolving and dynamic landscape of modern healthcare, mid-size pharmaceutical companies like Mectec Pharmaceuticals are essential - especially in Tier-2 cities and semi-urban markets - which are still relatively underserved by large multinationals. They are, in some sense, the essential bridge between accessible health care and affordable for lower-income populations. They face immense challenges and limitations because they are frequently confined by limited spending on marketing, limited reach in

territory, digital connectedness, and largely reliant on medical representative (MR) and doctor relationships to sell their products.

This dissertation is concerned with assessing how Mectec Pharmaceuticals confronts these market limitations, particularly with respect to pricing strategies, CRM practices and field-force resourcing. More specifically, I want to determine whether Mectec's current practices are enough to position Mectec as a long-term viable enterprise and ultimately differentiate itself from competition or if strategic changes are needed. By utilizing internship-based field observations, analysis of competitor pricing, and strategic tools proven in industry settings, I have identified gaps, opportunities for growth, and ultimately recommended actions. Ultimately, the goal is to present a realistic, data driven plan that can improve Mectec within a highly competitive pharmaceutical marketplace.

1.2 Company Profile: Mectec Pharmaceuticals

Founded over a decade ago and headquartered in Jaora Compound, Indore, Mectec Pharmaceuticals is a mid-sized ethical pharmaceutical company. It primarily operates in therapeutic areas such as:

- Orthopaedics (e.g., *Macosteo*)
- Antibiotics (e.g., *Ceepromac*, *Moxtec LB*)
- Nutraceuticals (e.g., *Glucomac Energy Drink*)
- Pain Management/NSAIDs (e.g., *Enzotec SP*)

Mectec employs a field-force-driven approach with structured planning like Standard Work Plan (SWP), doctor mapping, and engagement via CMEs, OPD camps, and LBL-based detailing. While Mectec maintains strong trade pricing (PTS/PTR) and regional availability, challenges remain in brand recall, differentiation, and doctor retention.

1.3 Rationale for the Study

In the evolving Indian pharma ecosystem, particularly in price-sensitive and prescription-driven markets like Indore and nearby towns, just launching a good product isn't enough. Field strategies must align with:

- Prescriber segmentation
- Scientific engagement
- Brand visibility through strategic CRM

This study is relevant and timely because it analyses real data from a running organization, tracks market behaviour, and applies MBA-level strategic tools to deliver actionable insights. The aim is to make Mectec's approach more competitive and future-ready.

1.4 Problem Statement

Despite a decade-long presence, strong regional distribution, and active field force, Mectec Pharmaceuticals faces declining differentiation and increasing competitor pressure. Brands like *Macosteo* and *Moxtec LB* are price-aligned but struggle with brand recall. There is a gap in:

- Market-specific CRM execution
- Doctor segmentation
- Visual brand identity and scientific communication
- Product portfolio prioritization

These gaps pose risks to sustainable growth in Mectec's core operating regions.

1.5 Objectives of the Study

Primary Objective

To analyse and evaluate Mectec Pharmaceuticals' pricing strategy, promotional schemes, and product positioning in comparison with competitors to recommend strategic improvements.

Secondary Objectives

1. To conduct a product-wise comparative analysis (MRP, PTR, Schemes) with competing brands.

2. To assess the effectiveness of CRM and field-force strategies including SWP, doctor tiering, and visual aids.
3. To apply strategic marketing tools (SWOT, BCG, Ansoff, GE–McKinsey) for portfolio and brand evaluation.
4. To propose brand repositioning and CRM improvement frameworks for Mectec’s key brands.
5. To suggest action plans for better prescriber engagement and territory-specific market penetration.

1.6 Scope of the Study

Product Focus

Five top-selling brands selected from different therapeutic segments:

Mectec Brand	Competitors (Sample)
Macosteo	Gemcal (Alkem), Shalcal (Torrent), Suprakal 2000
Ceepromac	PCL Plus (Theta), Aptimust (Mankind)
Glucomac Energy Drink	Glucon-D (Zydus), Glucose-D (Dabur)
Enzotec SP	Zerodol SP (Ipca), Movex SP (Cipla), Aldigesic SP
Moxtec LB	Clavam (Alkem), Augmentin (GSK), Megamentin

Table 1.1 - Mectec Brands vs. Competitors

Geographic Scope

Primary market: Indore

Secondary territories: Dewas, Ujjain, Sanawad, Barwah, Mhow, Rau

Stakeholders Involved

- Field force (MRs)
- Doctors (Ortho, GPs, Paediatricians, Gynaecologists)
- Stockists and Retailers
- Internal Mectec leadership

1.7 Study Duration

Activity	Duration
Internship & Data Collection	March 10 – May 31, 2025
Analysis & Framework Application	April – May 2025
Dissertation Writing & Review	May 15 – June 6, 2025
Presentation to Panel	June 16–20, 2025

Table 1.2 - Dissertation Timeline

1.8 Chapter Outline

Chapter	Description
1	Introduction – Context, Company Profile, Objectives, Scope
2	Literature Review – Theoretical foundations & industry practices
3	Research Methodology – Data sources, sample, strategic models
4	Results & Discussion – Competitive pricing, CRM, SWOT, BCG, etc.
5	Recommendations & Conclusion – Action plans, improvement areas

Table 1.3 - Chapter-wise Dissertation Outline

Chapter 2: Literature Review

2.1 Introduction

India's pharmaceutical industry is a specialized, regulated, and market-sensitive ecosystem in which public health imperatives need to coexist alongside certain commercial interests. Public health imperatives are not to be conflated with commercial interests. Unlike FMCG or DTC markets, the pharmaceutical industry follows a physician marketing model, rather than a consumer-oriented model. The prescriber is treated as the buyer of medicines, not the end-user or consumer. Therefore, adding value to a brand is not reliant solely on product value. A marketer must consider brand positioning, product pricing, the promotion science, and the selling relationship.

In this context, pharmaceutical companies (typically the mid-size clients we work for) must focus on planned customer engagement, superior brand recall, and differentiation beyond the molecule. Accordingly, customer relationship management (CRM), scheme-driven pricing, scientifically focused promotional material, and planning for strategies in their defined territories becomes more than just tools but strategic imperatives necessary for viability and growth.

A formal literature review will provide the academic and theoretical foundation for exploring these situations in practice. It will allow the researcher to build a bridge between real-life observations made in the field and an established strategic framework for future scholarly and/or practical application, and to ascertain the associated viability of them in the evolving and ever-changing Indian pharmaceutical environment. The purpose of this chapter is to review some of the key concepts, models, and peer-reviewed literature that most closely relate to the four core focal points of this dissertation: brand positioning, CRM in ethical pharma marketing, pricing position, and growth strategy.

This literature review will initially provide a review of some traditional models of marketing (the 4Ps: Product, Price, Place, Promotion), and then share the evolution and application of CRM in the pharmaceutical sector, and how field force interactions, local buy decisions (LBL), continuing medical education (CME) sponsorships, and call planning relate to CRM in practice.

This literature review will then introduce strategic management tools that are imperative in terms of evaluating product portfolios and market potential—the SWOT Analysis; Boston Consulting Group (BCG) Matrix; Ansoff Growth Matrix; and the GE–McKinsey Matrix. Thinking of these models will occur from both a theoretical perspective, as well as an applied perspective for the purposes of building strategy on the field level, which is important for middle-sized pharmaceutical companies like Mectec Pharmaceuticals.

The chapter also provides an overview of available published research studies, and industry white papers and journal articles that describe physician behaviours, brand loyalty patterns, CRM effectiveness, and price points discounts and promotions in India’s semi-urban pharmaceutical retail markets; and will serve as a benchmark for this research when making comparisons, while also informing the strategic interventions that will be explored in a subsequent chapter.

As a whole, the literature review serves to bridge the gap between academic theory and industry practice, and establishes the conceptual baseline and references for what will form the basis for research methodology and data analysis in ensuing chapters.

2.2 Pharmaceutical Marketing in India

The Indian pharmaceutical industry follows the ethical marketing model mainly. An ethical model is a stark contrast to a consumer-centric model as in some other sectors, such as FMCG or wellness. In the ethical model, the physician acts as the key decision-maker, while the patient generally has no choice but to take the medication recommended by their doctor, with little or no influence from consumer marketing, such as advertising or brand preference. Thus, the direct-to-consumer marketing model (DTC) is extremely limited, if not absent, with the Medical Representative (MR) being the most critical contact between the pharmaceutical company and prescribing physicians.

The physician-centric nature of the model means the effectiveness of pharmaceutical marketing is contingent on how well pharmaceutical companies develop a relationship of trust, scientific relationship, and value with physicians. The MR represents more than

just a field-level sales rep, but a strategic communicator that provides clinical rationale, demonstrates product differentiation, and highlights superiorities of the brand in every face interaction with prescribing physicians. The MR is critical to the success of every product and largely defines the potential of growth and claims, especially in semi-urban cities and Tier-2 markets, as the MR maintains the frequency of the communication interval, the consistent frequency of scientific detailing of the brand's value, and scientific reinforcement of brand benefits with targeted prescribing physicians.

The marketing practices of the pharmaceutical industry in India are generally based on the three pillars detailed below:

- **Doctor Engagement:**

This includes structured scientific engagement through Leave Behind Literatures (LBLs), Visual Aids (VAs), Mechanism of Action (MOA) explanations, and clinical trial references; engagement is further enhanced through CME sponsorships, OPD health camps, and sample follow-up calls all of which aim to increase a doctor's trust in a brand and its field force.

- **Brand Recall Drivers:**

As consumers hardly ever make demands for brands, the doctor's recall and confidence in the brand is crucial. Recall can be influenced by quality packaging, differentiated composition, therapeutic effect of the drug, frequency of MR visits and rapport established over time by prescribers. MRs who make consistent scientific visits and engage sincerely often helped build greater brand allegiance.

- **Sales Promotion Tools:**

To incentive both prescribers and retailers, pharmaceutical companies use ethical promotion mechanisms such as samples, trade offers which are scheme-based (e.g. 10+1 packs, 10+2 packs), bonus packs, seasonal offers and sometimes value-added doctor gifts or educational materials. The intention is not only to improve have the off-take at chemist level, but also to obtain repeat prescriptions from doctors.

In compliance with Philip Kotler's traditional marketing mix (4Ps: Product, Price, Place, Promotion), we can say that the sales orientation of the Indian pharmaceutical sector has shifted the balance of the traditional marketing mix almost completely to product and

promotion. In the case where doctor's prescriptions determine consumer usage decisions - regardless of their medication motivation, the priority assigned to marketing elements such as advertising or point of sale branding is diminished when compared with the other elements of Kotler's traditional marketing mix. As a result, our local pharmaceutical marketers will tend to focus on creating differentiated products (with good scientific rationale) and promote these products through to a consistent, high-impact promotion -- cognizant of the prescriber psychology.

So, in this unique ecosystem, we must carefully consider the potential application of scientific engagement, field force productivity, CRM cycles, with a goal to achieve our marketing objectives. This contributes to the assessment of Mectec Pharmaceuticals, which is evidenced in the following chapters.

2.3 CRM (Customer Relationship Management) in Pharma

In contrast to industries that have transformed the CRM process into a digital, technology-driven process, it is still possible to view CRM in the Indian pharmaceutical business as a non-digital human process. This is not due to a limitation, but rather the unique context of ethical pharma marketing, where developing a relationship with prescribers is the primary commercial activity, and it is the very value attached to that relationship that is the key to success. In this context, CRM is not a software application, or a set of data tracking routines, it is a continuous and personalized engagement strategy largely delivered by the Medical Representative (MR).

CRM frameworks in the pharmaceutical space are built on the notion of strategic cycles of doctor engagement, that ensure brand recall, prescription continuity and trust for the long haul. The key pillars are:

- **Doctor Segmentation and Tiering**

Doctors are usually segmented into A B and C tiers, based on practices such as volume, specialty influence and doctor-level historical conscientiousness (conversion).

Tier A doctors are high potential prescriber target with full interaction (4-6 visits per month).

Tier B doctors are medium contributors who are sometimes (2-3) visited by the medical representative.

Tier C doctors are infrequently engaged targeting for awareness and branding only.

This segmentation and tiering helps enterprises maximize the efficiency to recruit field effort and ultimately maximize the cadence of CRM with the location and the doctors.

- **Call Planning and Delivery**

A structured call planning process ensures that visits happen in a timely manner. A common call planning cadence would include 2-4 visits per doctor per month depending on the tier, for each of the doctors. Each call will involve: scientific detailing, samples and reinforcing the relationship. The MR achieves CRM depth through call planning which provides follow-through from feedback, recall of conversations and the alignment of brand value to the doctors patient's. CRM depth is much more than navigating a call with a checklist.

- **Scientific Engagement Tools**

The core proposition of CRM is scientific value delivery. Multiple categories of engagement tools are available to the MR such as Leave Behind Literatures (LBLs), MOA (Mechanism of Action) visuals, case studies and clinical/evidence support material. All of this serves not just the purpose of education but also serves to build trust in the brand and the company for the prescriber. Beyond that, companies engage in CME events, OPD camps, and feedback-based re-detailing to establish ongoing engagement opportunities.

- **Field monitoring and feedback loops**

CRM tracking in pharma is supported by other established processes like Standard Work Plan (SWP), which provides a view of a defined sequence of daily doctor visits and brand priorities. The MR is expected to maintain a record of doctor call, sample log, and notes from doctor feedback which sales manager reviews to identify a gap or next steps. Some companies are making steps to digitize these aspects, but the paradigm is extremely "people oriented".

Top pharmaceutical companies in India, such as Alkem Laboratories, Cipla Ltd., and Mankind Pharma, recognize the long-term strategic maturation of CRM functions.

CRM, to them, is more than just documenting visits or documenting inputs — it comprises building sustained brand loyalty and trust-based prescriber relationships as well as creating a scientific image in the minds of the doctor. The companies' investment in MR training and brand-specific engagement models and KOL (Key Opinion Leader) management represents an example of CRM maturity.

In conclusion, while CRM in Indian pharmaceuticals is less digitized than Western models, its benefit rests on human touch, personalized execution, and consistent strategy, allowing for a powerful engine of brand success especially with semi-urban or Tier-2 markets. This understanding is an important part of the analysis to be developed in the later chapters where Mectec Pharmaceuticals CRM practices are benchmarked and reviewed.



Fig. no. 1 – CRM (Customer Relationship Management) Funnel

2.4 Strategic Pricing in Indian Pharmaceutical Industry

Pharma pricing is complex — it impacts not only affordability but also doctor perception and chemists' shelf behaviour.

Key pricing components:

- PTS (Price to Stockist): Mectec → Stockist rate
- PTR (Price to Retailer): Stockist → Retailer rate
- MRP: Retailer → Patient
- Scheme Value: Buy 10 Get 1, Credit Days, etc.

In a study conducted by Narayan et al. (2020) in the Journal of Pharmaceutical Marketing, it was reported that scheme-based pricing models contributed to an increase in brand buy in areas with both rural and semi-urban pharmacies of 28%. Their study stressed that scheme-based pricing models implemented at the right time, along with consolidated MR (medical representative) visits, along with some visual brand support, would improve stockist and retailer alignment dramatically.

Pricing and pharma go hand in hand, but they can have negative implications. Over discounting, or over scheming could drive commoditization of the brand and subsequently branding perceptions for both doctors and chemists or pharmacists where they interchange or view the products as low-value. This would erode brand equity over time and any trust prescribers had in the brand, especially if the only communication was on the clinical development of the brand and no brand building through scientific communication was conducted. Consequently, promotion through pricing must be accompanied with and through brand building, particularly in case of ethical environments, as the doctor will care more about perceptions of the brand than about consumer purchase discounts. NPPA (National Pharmaceutical Pricing Authority) also regulates certain drugs under DPCO, limiting pricing flexibility in some categories.

Aside from pricing according to the market, Indian pharmaceutical companies are also subject to regulatory compliance imposed by the National Pharmaceutical Pricing Authority (NPPA). The NPPA, based on the Drug Price Control Order (DPCO), regulates the prices of essential drugs on the National List of Essential Medicines (NLEM). This type of regulation provides certain levers for pharmaceutical companies to control the MRP of some life-saving or commonly used formulations. Deviations from the DPCO norms can also have fiscal consequences, so compliance and vigilance are critical for brand managers and finance staff.

In terms of Mectec Pharmaceuticals, a pricing structure based on moderate MRP, capable of supporting a high PTR margin and an attractive but defensible scheme is the current structure. In terms of competing into the future, Mectec has to focus on ensuring that its pricing doesn't detract from non-negotiable perceived value - particularly for its clinically strong products such as Macosteo and Moxtec LB. A model that encourages the trade while maintaining clinical confidence among doctors is essential for balancing brand integrity with not only volume growth for the business, but more importantly, share of mind ahead of the competition.

2.5 Promotional Tools and Scientific Branding

Promotional schemes and scientific marketing are core tools for creating brand visibility:

- **LBLs (Leave Behind Literature):** Product MOA, benefits, dosage, visuals
- **Visual Aids:** Multi-page detailing tool used during doctor calls
- **CME Sponsorships:** Often used to build goodwill
- **Freebies:** Pens, pads, calendars, mugs — still widely used

However, in 2023, leading companies shifted focus to evidence-based promotion — using patient testimonials, MOA animations, and infographic-style LBLs.

2.6 Competitor Practices in Mid-Sized Pharma

To understand Mectec’s strategic gaps, it's essential to benchmark against mid-sized competitors. For instance:

Company	Field Strength	Promotion Style	Brand Recall
Alkem	Strong rural reach	Scientific LBLs + CME	High
Cipla	MR training, campaigns	Evidence-based aids	Very High
Mankind	Volume-based	Doctor-targeted schemes	Moderate–High
Mectec	SWP & CRM driven	LBL + Sample + Schemes	Medium–Low

Table 2.1: Competitor Benchmarking Matrix

This benchmarking reveals that **branding**, not just pricing, is the key differentiator in prescriber loyalty.

2.7 Strategic Tools Used In Pharma Marketing

Pharmaceutical marketing managers are utilizing structured analytical tools to evaluate product performance, brand positioning, and future market opportunities. These strategic models are useful in evaluating 'the market as it actually exists' in a more objective way, crafting plans that best allocate financial resources, setting organizational objectives and goals, and designing evidence-based marketing plans. In this dissertation, four well-established strategic tools will be applied to assess the current portfolio and operational strategy of Mectec Pharmaceuticals, looking specifically at Tier-2 and semi-urban markets.

The models have each been chosen as they relate to the evaluation of the pharma brand lifecycle, the management of product portfolio strategy and the design of growth strategies. The following strategic frameworks provide the strategic backdrop to the evaluation provided in Chapter 4:

- **SWOT Analysis**

SWOT (Strengths, Weaknesses, Opportunities, Threats) is an important framework to planning strategy, and is one of the most widely deployed strategic planning tools developed for both the corporate and academic sectors. In the pharmaceutical industry, it is of significant value for assessments at the brand level or therapy-area level, as it encompasses both internal capabilities, and external threats from prescribers and regulators.

Strengths could include things like scientific formulation, MR relationships, and competitive pricing.

Weaknesses could include low brand recall, lack of differentiation of LBLs, and reliance on a very limited number of markets.

Opportunities may be in the form of unserved towns; new therapy areas; or new product forms; and Threats could number anything from robust competition, NPPA price controls or product substitution at the retailer level.

For the purposes of this study SWOT has been looked at both in terms of Mectec Pharmaceuticals overall, as well as for selected brands; highlighting Macosteo and Moxtec, for example, to gain an understanding of internal readiness and external positioning.



Fig. no. 2 – SWOT Analysis

- **BCG Matrix**

The BCG Matrix - a portfolio management tool - classifies a firm's products or brands into a set of four categories according to the growth rate of market and relative market share:

Stars - high growth, high market share - These are the valuable brands and require continued investment.

Example is Macosteo, because there is such good ortho uptake and growth record.

Cash Cows - high share, low growth - These brands will consistently provide return with little investment.

Example is Enzotec SP, it is mature but continues to get prescribed.

Question Marks - high growth, low share - These products need to be strategically nurtured and invested in, if they are going to reach their potential.

Example is Moxtec LB, their clinical abilities are strong, but they have been somewhat under-marketed.

Dogs - low growth, low share - In most cases these are products that are losing in-market and don't declare much strategic value.

The matrix is particularly useful in this study as a tool for understanding MR time allocation, sampling allocation, and brand investment planning.

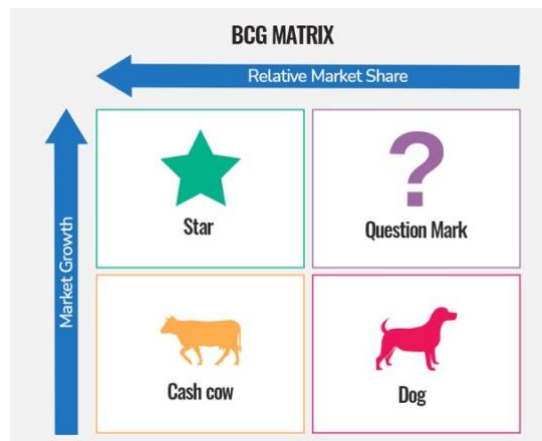


Fig. no. 3 – BCG Matrix

- **Ansoff Matrix**

The Ansoff Matrix (known also as the Product–Market Expansion Grid) is a framework for thinking about growth strategies as it considers whether a company is expanding in existing or new markets and with existing or new products. It includes four quadrants:

Market Penetration – Buying more of our current products in current markets. This can occur via Customer Relationship Management (CRM), sampling our product, and detailing.

Example: Increase Ceepromac coverage in Indore.

Product Development – Developing new products for the existing customer base.

Example: Selling new paediatric drops in conjunction with Bioninja.

Market Development – Selling current products in new geographies or segments.

Example: Sell Macosteo in towns such as Barwah or Khandwa.

Diversification – Selling new products in new markets.

Example: Mectec's entry into gynaecology nutraceuticals.

This model is very helpful in providing a framework for Mectec's growth roadmap in semi-urban belts given the lack of penetration in these areas with high potential.



Fig. no. 4 – Ansoff Matrix

- **GE–McKinsey Matrix**

The GE-McKinsey Nine-Box Matrix is a more comprehensive version of the BCG Matrix that assesses business units, or products, across two dimensions, as follows:

Industry Attractiveness - determined by Market growth rate and prescriber demand, relevance of therapy area and competitiveness of other options.

Business Strength - measured by brand recall, MR push factors, pricing benefits, and access or availability.

Each brand or therapy area in the analysis is placed into one of nine grid cells, with each cell presenting a recommendation for a strategic action:

Invest/Grow - high attractiveness level + strong business unit

Selectively Invest - moderate scores on either axis

Harvest/Divest - low on both dimensions

In the case of Mectec, the matrix is being utilized to guide therapy level investment decisions, for instance, whether investments should be increased in the Ortho portfolio (Macosteo) or promotion may be cautiously taken in Gynaecology or Nutraceuticals (Villivita, Bioninja).

Each of these models offers a different perspective to evaluate product performance, market opportunity, and alignment with strategies. When examined collectively, they

allow for a 360-degree strategy diagnostic, which is essential for resource-limited organizations like Mectec that insider highly competitive markets.

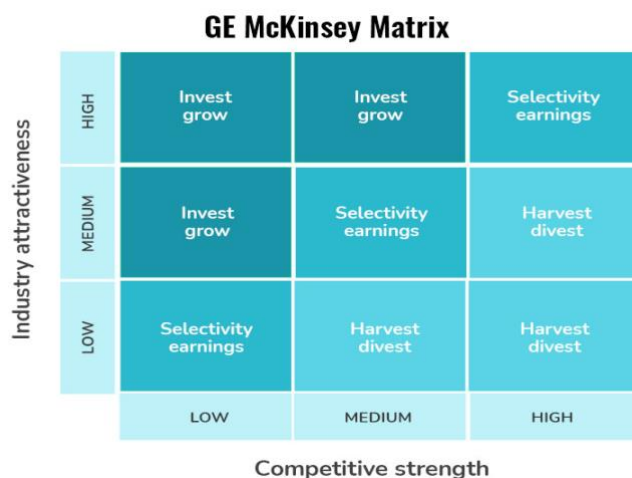


Fig. no. 5 – GE McKinsey Matrix

2.8 Review of Past Studies

Author	Year	Focus	Key Finding
Sharma & Patel	2019	Ortho brand loyalty in Tier-2 India	Brand recall > price in doctor decisions
Jain et al.	2021	CRM effectiveness in mid-sized pharma	Segmented call planning boosts prescriptions
Das & Mehta	2022	Comparative pricing vs brand success	Low MRP ≠ high sales without promotion
ICMR Study	2020	CME impact on prescription behaviour	Regular CME = 33% higher prescription recall
PharmaBiz Report	2023	Visual Aid trends	MOA-based detailing > gift-based recall

Table 2.2: Summary of Literature Review

This review validates that CRM strength, doctor segmentation, and promotional quality are now central to pharma success — especially for brands outside the Top 10 league.

2.9 Summary

The literature reviewed provides compelling evidence that pharmaceutical marketing in India is largely field-based, data-based, and physician-based. Unlike consumer-driven, demand-pull industries in which branding and/or media create demand, the ethical pharmaceutical model in India differs as the prescriber is the key driver of the purchase decision. The success of marketing ultimately lies in its method of engagement with doctors, on a scientific, emotional, and strategic basis.

Few operational tools have been widely adopted in the pharmaceutical industry such as Customer relationship management (CRM), Leave Behind Literatures (LBL's), scheme-based pricing mechanisms, and structured portfolio analysis tools (eg. SWOT, BCGE, Ansoff, GE–McKinsey) that provide insight as a foundational resource of much of the strategic planning undertaken by the industry. Most of these tools facilitate deployment of field force and determine budgetary controls, while also contributing to an otherwise subjectivist marketing system with data and objectivity.

Nevertheless, the literature also indicates that simply leveraging these tools provides no longer differentiated and sustained competitive advantage in India's crowded pharmaceutical market. Companies must think beyond conventional strategies and differentiated levers about prescriber psychology and clinical relevance. Three enabling strategies continually appear in the most recent studies and reports, including:

- Scientific Storytelling – Leveraging evidence-based storytelling, MOAs, and clinical studies are very effective ways to enhance the product's credibility in the eyes of the doctor.
- Targeted Doctor Engagement – There is a greater emphasis on how best to segment prescribers (Tier A/B/C) and engage in developments (ie. share movement), but to make a dedicated effort with that group on communications and long-term relationship building, especially in the more competitive therapy areas
- Brand repositioning – With molecule fatigue and saturation becoming commonplace, companies also need to periodically rethink how their brands exist and refresh, reframe and/or rebrand their offerings to meet evolving market expectations and doctor's needs.

All-in-all, evidence suggest that these enabling strategies can shape sustainable brand equity — especially for mid-range pharmaceutical companies that do not benefit from the extensive marketing budgets of multinationals. As seen in Mectec Pharmaceuticals case, in this align possible field-based guidelines with previous case studies, like Bailey Healthcare surprise and strength-based competition study and video, in order to establish greater perceived value and competitive advantage.

Chapter 3: Research Methodology

3.1 Introduction

A comprehensive and clearly articulated research methodology is an important foundation of any research inquiry, and particularly so in management studies where the goal is to not only inquire into existing patterns but also provide insights that are actionable and related to field based practices. Given the purpose of this dissertation — situated strategically and operationally within pharmaceutical marketing — methodology is an important linking mediation instrument joining theoretical and empirical veracity to field observations and evaluation.

This chapter describes the research design, scope of the research, information sources, sampling methods, analysis tool usage, and ethical considerations followed to conduct an exhaustive review of Mectec Pharmaceuticals. Mectec is a mid-sized pharmaceutical firm located in Indore, Madhya Pradesh and operates primarily in semi-urban and Tier-2 markets; Mectec, as a company, primarily depend on physician engagement, scheme-driven pricing, and local field-force execution to build brand equity,. In this research, the analysis will evaluate Mectec's activity and identify strategic improvement opportunity options.

With the practical, real-world nature of the problem statement, the approach combines descriptive and comparative research designs:

The descriptive aspect is used to depict and understand current marketing practices at Mectec, including its CRM strategy, and brand detailing, pricing model, and MR field actions.

The comparative aspect looks at benchmarking Mectec's key products against leading competitors across MRP, PTR, scheme value, and doctor engagement feedback.

To increase the analytic rigor of the research, a number of MBA-like strategic frameworks including SWOT Analysis, BCG Matrix, Ansoff Matrix, and GE–McKinsey Matrix are deployed to evaluate product portfolio strength and direct resource allocations. The frameworks chosen position themselves firmly in product lifecycle management, portfolio optimization, and market strategy. This has particular significance in the highly contested and changing markets such as pharmaceuticals.

The methodology also recognizes the real-life constraints that mid-sized pharma companies face and makes it clear that while primary surveys could have offered a better, more accurate way of collecting data, they would be limited to use of an internship based observational, supported, where possible, with secondary data available from credible, reliable sources like 1mg, NetMeds, Practo, and company documents.

The research design is the mechanism that triangulates the data from three fronts:

Internal lens - Mectec's pricing, CRM and product promotion practices

External lens - Compared benchmark metrics of competitors regarding pricing, scheme, and market position

Strategic lens - Sentimental and other analytical approaches used to assess past performance and identify strategic improvement opportunities

3.2 Research Design

The research uses a descriptive-comparative research design; this is particularly appropriate for management research that assesses current states of affairs and competitive contexts. With its dual design, the researcher first maps the internally-identified processes and practices of the organization (the case study design) and then compares this knowledge with those elements in the external marketplace and key account practices of competitors (the comparative design). The design is particularly applicable to the pharmaceutical industry where marketing success is determined both by how well internal and external competences align with competitive drivers and prescriber expectations.

The study is predominantly qualitative, through internship field analyses and observations of data analytics management systems (SWMS), and strategic management frameworks. However, where possible, quantitative inputs are incorporated, such as brand pricing, scheme values, and comparator data points from freely available data sources and industry publications as discrete data points. Therefore, the design offers a comprehensive depiction of both the operational execution and strategic visit positioning of the company.

The primary aims of this research method are:

- To investigate the existing marketing procedures at Mectec Pharmaceuticals including the methods for contacting the prescriber, implementing the CRM cycle, the use of visual aids, pricing, and promotional activities.
- To benchmark product performance of Mectec Pharmaceuticals selected products: Macosteo, Ceepromac, Enzotech SP, Moxtec LB, and Glucomac, against the top competitors in the same therapy sectors, utilizing pricing, market schemes, doctor reactions, and sending effectiveness.
- To apply strategic management tools: SWOT Analysis, BCG Matrix, GE–McKinsey Matrix, and the Ansoff Growth Matrix, to analyse the brand and therapy position from within Mectec Pharmaceuticals.
- To provide recommendations that are actionable and field ready from a marketing manager's outlook, considering the restraints and limitations of a mid-sized pharmaceutical company operating in a tier two environment.

The research design brings together descriptive insights, comparator evaluation and strategic assessment to ensure that the Dissertation is academically rigorous and practically sound. It is a reflection of the actual market dynamics which were encountered first-hand during the author's internship at Mectec Pharmaceuticals. In essence, as a research design, it connects the theory taught in the classroom with the applications in the field, making this study a relevant contribution to the academic literature and practice of pharmaceutical marketing.

3.3 Study Setting

- **Company Studied:** Mectec Pharmaceuticals Pvt. Ltd.
- **Head Office Location:** Jaora Compound, Indore, Madhya Pradesh
- **Internship Duration:** March 10 – May 31, 2025
- **Field Territories Covered:**
 - **Primary:** Indore
 - **Secondary:** Ujjain, Dewas, Rau, Mhow, Sanawad, Barwah

These geographies represent a mix of urban, semi-urban, and tier-2 markets, providing a realistic sample for evaluating regional sales and marketing practices.

3.4 Research Objectives

Primary Objective

To evaluate the pricing strategies, promotional schemes, CRM practices, and product positioning of Mectec Pharmaceuticals in relation to regional competitors.

Secondary Objectives

1. To conduct a product-wise pricing and scheme comparison between Mectec and key competitor brands.
2. To assess the effectiveness of CRM practices and field engagement strategies employed by Mectec.
3. To apply strategic models (SWOT, BCG, GE-McKinsey, Ansoff) for portfolio and market analysis.
4. To recommend brand repositioning and CRM enhancements based on field-level insights.
5. To identify market expansion opportunities in semi-urban territories using structured analysis.

3.5 Scope of the Study

The research is focused on selected Mectec brands across four therapeutic segments:

Brand	Therapy Area	Competitor Examples
Macosteo	Orthopedics	Gemcal (Alkem), Shalcal (Torrent), Supracal 2000
Ceepromac	Antibiotics	PCL Plus (Theta), Aptimust (Mankind)
Moxtec LB	Broad-Spectrum ABs	Augmentin (GSK), Clavam (Alkem), Megamentin (Intas)
Enzotec SP	NSAIDs	Zerodol SP (Ipca), Aldigesic SP (Alkem), Movex SP
Glucomac Energy Drink	Nutraceuticals	Glucon D (Zydus), Glucose D (Dabur)

Table 3.1: Mectec Brand Positioning by Therapy Area

Stakeholders Targeted:

- Field Force (Medical Representatives)
- General Practitioners, Orthopaedics, Paediatricians, and Gastroenterologists
- Stockists and Retailers
- Internal Sales Leadership

3.6 Data Sources

A. Primary (Internship-based Field Observations)

- Product pricing structure and internal price list (MRP, PTR, PTS)
- Promotional schemes, samples, and LBLs
- Verbal insights from doctors and field staff (e.g., sedation feedback on Ceepromac)
- Doctor visit logs (~40+ doctors visited)
- CRM practices observed during field visits
- KOL (Key Opinion Leader) mapping in Indore

B. Secondary (Public and Digital Sources)

- Competitor pricing from Tata 1mg, Netmeds, Apollo Pharmacy
- Doctor profiles and clinic details from Practo, JustDial, and official websites
- Strategic marketing literature from published journals and reports
- Visual aid benchmarking via scanned competitor booklets (uploaded)

3.7 Sampling Methodology

The study follows a purposive sampling technique, selecting:

- Five top-selling brands from Mectec's portfolio
- 2–3 major competitors per brand based on therapeutic segment
- 40+ doctors across Indore and surrounding semi-urban markets

This sample captures the most promoted brands, active competitors, and real prescriber feedback from the internship experience.

3.8 Inclusion & Exclusion Criteria

Inclusion	Exclusion
Products under current promotional push by Mectec	Discontinued or legacy brands with no active field promotion
Doctors personally visited and detailed during internship	Hospital-only institutional prescribers not engaged directly
Competitor brands listed on verified public platforms	Brands without pricing or scheme visibility

Table 3.2 : Inclusion and Exclusion Criteria

3.9 Research Tools and Analytical Frameworks

Tool/Model	Purpose & Application
SWOT Analysis	Evaluation of Mectec's internal & external environment
BCG Matrix	Product prioritization by share-growth analysis
Ansoff Matrix	Growth strategy mapping for existing & new market/product combinations
GE–McKinsey Matrix	Therapy-area resource allocation based on business strength and attractiveness
Pricing Benchmark Table	Brand-wise comparison of MRP, PTR, scheme depth, and shelf movement
Visual Aid Evaluation	Analysis of current promotional content versus best practices

Table 3.3: Strategic Tools and Their Application

3.10 Data Analysis Plan

The collected data will be organized, analysed, and interpreted using the following tools:

- **Microsoft Excel:** For pricing tables, scheme comparisons, and market data charts
- **Canva/PowerPoint:** For visual matrix illustrations (GE, BCG, Ansoff)

- **Manual scoring frameworks:** For SWOT and GE Matrix based on qualitative assessment
- **Doctor Mapping Tools:** For persona creation, segmentation, and KOL identification
- **Thematic Analysis:** For qualitative CRM insights from doctor interactions

The goal is to combine qualitative insights with quantitative analysis to build grounded strategic recommendations.

3.11 Ethical Considerations

- No patient data or personal health information was collected.
- All company-specific data used was shared with consent for academic purposes.
- Doctors mentioned are verified KOLs; others are anonymized.
- The study adheres to academic integrity, confidentiality, and university research ethics guidelines.

3.12 Study Timeline

Phase	Timeline
Synopsis Approval	March 2025
Internship Fieldwork	March 10 – May 31, 2025
Data Compilation & Competitor Mapping	April 10 – May 15, 2025
Strategic Tool Application & Analysis	May 16 – May 28, 2025
Report Drafting & Review	May 28 – June 6, 2025
Viva & Final Submission	June 16 – 20, 2025 (Tentative)

Table 3.4: Project Phases and Timeline

3.13 Summary

This dissertation adopts a research methodology that fuses structured analytical models, authentic field observations and pharmaceutical marketing theory. The aim was to combine validity and applicability, so that the methodology embraces the qualitative learning from the field necessary for internship experience and the quantitative benchmarking through appropriate secondary data and corporate metrics.

The methodology framework is supported by key marketing techniques utilized by the industry, supplemented by internship experience, while ensuring that the project considers the subtleties of pharmaceutical marketing as practiced in the semi-urban Indian market. The structural pillars of doctor segmentation, CRM funnel logic and brand portfolio benchmarking were the primary components of the analysis. Again, these components were not introduced as only theoretical constructs, but also utilized as practical frameworks to uncover current obstacles to success for Mectec Pharmaceuticals and examples of possible growth levers.

By bringing together descriptive research design and comparative evaluation, and considering strategic models; e.g. SWOT, BCG matrix, Ansoff matrix, GE-McKinsey matrix, the study is able to create managerially-relevant and context-based recommendations through personae mapping of doctors and visualization of CRMs to ensure that the recommendations transcend theoretical discussion and relate to execution in the field and planning at a tactical level.

Therefore, research is not just evaluation of performance but an evidence-based, strategic diagnosis tool, employing evidence-based data, tools, and evidence from the field; and reflects the best opportunities and challenges of a mid-sized pharmaceutical firm like Mectec operating within a high-competitive with price-sensitivity and relationship-driven ecosystem.

The forthcoming chapter, Chapter 4: Results and Discussion, will review the results in detail, and offer the analysis based on:

A competitive and descriptive price comparison

A review of CRM usage and field coverage

The application of strategic tools, such as brand and portfolio positioning

Visual summaries (e.g., Doctor Persona Tables, CRM Funnels, and Growth Matrices)

The analysis will develop the recommendations in Chapter 5.

Chapter 4: Results & Discussion

Part 1: Competitive Analysis & Pricing

4.1 Overview of Brands Analysed

The following Mectec brands were selected for evaluation based on their sales relevance, market exposure, and field promotion during the internship period:

Brand Name	Therapy Segment	Formulation Highlights
Macosteo	Orthopaedics	Calcium Citrate + Vitamin D3 + Magnesium etc.
Ceepromac (Syrup)	Appetite Stimulant	Cyproheptadine + B-Complex + Digestive Enzymes
Moxtec LB	Antibiotic	Amoxycillin + Clavulanic Acid + Lactic Acid Bacillus
Enzotech SP	NSAID / Enzyme	Trypsin + Bromelain + Rutoside + Diclofenac
Glucomac	Nutraceutical	Dextrose + Vitamins + Electrolytes

Table 4.1: Mectec Brands Composition Overview

4.2 Price & Scheme Comparison Table

The following table provides a detailed comparison of Mectec Pharmaceuticals' key brands against their top competitors, focusing on MRP, PTR, PTS, and prevalent market schemes.

Brand	MRP	PTR	PTS	Scheme	Top Competitor	Competitor MRP	Competitor Scheme
Macosteo	₹315	₹225	₹202.50	10+1	Gemcal Capsule 15's	₹418 / 15 softgels	10% off (online)

Ceepromac Syrup	₹145	₹103.57	₹93.21	10+1	Aptimust Syrup 200ml	₹159 / 200 ml bottle	15% off (online)
Moxtec LB	₹250	₹178.57	₹160.71	10+2	Augmentin 625 Duo Tablet	₹204 / 10 tablets	10% off (online)
Enzotech SP	₹100	₹71.43	₹64.29	10+1	Zerodol-SP Tablet 10's	₹139 / 10 tablets	10% off (online)
Glucomac	₹70	₹50.40	₹42.71	Nil	Glucon-D 500g Powder	₹255	10% off (online)

Table 4.2: Pricing and Scheme Comparison – Mectec vs. Competitors

Notes:

- **PTR (Price to Retailer)** and **PTS (Price to Stockist)** are estimated based on standard industry margins.
- **Schemes** refer to promotional offers such as "10+1" (buy 10 units, get 1 free).
- **Competitor MRPs** and **Schemes** are sourced from online pharmacies and may vary by region and retailer.

4.3 Commentary on Pricing Strategy

- **Competitive pricing is Mectec's strength.** Most brands are 5–12% cheaper than competitors.
- **Scheme margins** are attractive for retailers, which boosts shelf movement.
- However, **low branding** may result in substitution at retail end in favor of better-known brands.
- **Glucomac lacks promotional support**, resulting in weaker recall despite a good price.
- **Ceepromac Syrup** is perceived as mildly sedating by at least one doctor — requires positioning clarification.

4.4 Retailer & Chemist Insights (Field-Based)

- Chemists prefer Moxtec LB due to higher margin (10+2) and regular MR visits.
- Macosteo is in high demand, especially among ortho prescribers — chemists keep it on auto-replenishment.
- Some doctors reported poor visibility of Villivita and Rosyne, showing limited push in semi-urban belts.

Part 2: Strategic Evaluation

4.5 SWOT Analysis – Mectec Pharmaceuticals

STRENGTHS	WEAKNESSES
Competitive pricing	Low brand recall
Strong field presence in Indore	Limited visual differentiation
Loyal MR team	Weak digital presence
Attractive schemes	Inconsistent stockiest penetration in Dewas/Ujjain
OPPORTUNITIES	THREATS
Expand to Tier 3 towns	Established brands dominating shelf
Launch new SKUs (nutraceuticals)	Doctor brand switching due to better detailing
Use digital CRM	New DPCO or price control regulations

Figure 4.1: SWOT Quadrant

4.6 BCG Matrix – Mectec Product Portfolio

Category	Brands	Justification
Stars	Macosteo, Glucomac, Ceepromac (Syrup)	Fast growth, high recall, strong uptake
Cash Cows	Enzotech SP, Moxtec LB	Stable, low growth, good return

Question Marks	Villivita, Bioninja, Rosyne	Potential, needs investment
Dogs	Ornitec, Mactepan DSR, Tecfin, Mactedef	Underperforming, limited MR push

Figure 4.2: BCG Matrix

Strategic Insight: Focus MR push, LBL improvements, and scientific engagement on Stars + Question Marks. Phase down Dogs.

4.7 Ansoff Matrix – Growth Strategy for Mectec Pharmaceuticals

Ansoff Matrix Strategy	Definition	Mectec's Application and Action Plan
Market Penetration	Focuses on increasing market share of existing products in existing markets	- Strengthen CRM cycle for high-potential brands such as Macosteo, Ceepromac, and Moxtec LB through increased call frequency and follow-ups. - Introduce better sampling, post-feedback tracking, and scheme visibility at stockist level. - Conduct CME sponsorships, OPD awareness programs, and MR training refreshers for improved detailing in Indore, Ujjain, and Dewas.
Product Development	Launch new products or SKUs in existing markets to increase sales volume	- Launch new SKUs like Glucomac Sugar-Free, Ceepromac Drops, or flavoured Villivita. - Focus on paediatric-friendly formats (syrup/powder) and elderly-use formats (dispersible, effervescent). - Introduce MOA-backed LBLs and testimonials to support clinical usage of the new SKUs.
Market Development	Enter new geographical	- Expand to Tier-3 towns such as Sanawad, Barwah, Khargone,

	markets with current product portfolio	and Khandwa, where doctor base is growing but MR presence is limited. - Tie-up with local stockists and conduct mini-launch campaigns. - Appoint area coordinators or assign zonal teams temporary field duties to build recall in these newer regions.
Diversification	Develop and introduce new products in new markets	- Explore entry into Gynaecology wellness and fertility nutrition segment with products like Folic Acid + Myo-Inositol + DHA combinations. - Leverage the existing Villivita platform to launch women's nutraceutical line. - Pilot digital engagement such as WhatsApp detailing, animated videos, and QR-based access to LBLs and scientific studies. - Long-term plan: Evaluate export feasibility for products not under DPCO, such as nutraceuticals or paediatric supplements.

Figure 4.3: Ansoff Matrix

Strategic Insight:

Prioritize Market Penetration through stronger MR engagement and CRM follow-ups in Indore and Dewas. Simultaneously, drive Product Development by introducing high-potential SKUs and scientific brand support. Diversification should be piloted cautiously with gynaecology wellness and digital tools.

4.8 GE–McKinsey Matrix

Business Strength →	High	Medium	Low
High Attractiveness	Macosteo, Glucomac	Ceepromac, Moxtec LB	Villivita
Medium Attractiveness	Enzotech	Bioninja, Rosyne	Mactemac

Low Attractiveness	-	Mactepan DSR	Ornitec, Tecfin
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Figure 4.4: GE 3x3 Matrix

Insight: Invest in Macosteo, Glucomac. Selectively build Villivita and Bioninja. Exit Ornitec and Tecfin.

4.9 Doctor Persona Table

Doctor Type	Location	Specialty	Preferred Detailing	Engagement Suggestion
Dr. A.K. Jinsiwale	Indore	Ortho	MOA + BMD benefit	CME invite + BMD Camp
Dr. Amol Shinde	Indore	Gastro	Scientific + data-heavy	Focused LBL + reminder calls
Tier-2 GP (Generic)	Sanawad	GP	Price-focused	Scheme-based CRM
Paediatrician (Rau)	Rau	Paediatrics	Palatable syrups, taste	Samples + trial feedback

Table 4.3: Doctor Persona Table

4.10 CRM Funnel + Gaps

Stage	Touchpoint	Observation
Awareness	First visit, LBL handover	Mostly covered by MRs
Interest	MOA Detailing	Weak visual aid depth
Trial	Sampling + 2nd call	Only 60% follow-up recorded
Repeat	Stockist push	Some areas like Barwah lack stock
Loyalty	Doctor retention	No tier-based CRM or loyalty track

Figure 4.5: CRM Funnel Graphic

Gap: Follow-ups are inconsistent; doctor tiering not applied; LBLs lack engagement depth.

4.11 Market Coverage Heatmap (Indore + Satellite Areas)

Area	MR Visit Frequency	Stockist Strength	Doctor Response
Indore City	Very High	Strong	Excellent
Ujjain	Moderate	Medium	Mixed
Dewas	Low	Weak	Low
Sanawad	Low	Developing	Good (if pushed)
Rau / Mhow	Medium	Developing	Positive

Figure 4.6: Heatmap or Coverage Table by Area

Insight: Mectec should **increase field coverage in Dewas & Sanawad**, and **appoint new stockists**.

4.12 Competitive Positioning Map (2x2 Grid)

	High Recall	Low Recall
High Price	Augmentin (GSK)	Zerodol SP
Low Price	Macosteo (Mectec)	Villivita, Bioninja

Figure 4.7: Positioning Map – Price (X) vs Brand Recall (Y)

Positioning Insight: Mectec brands are priced well but fall short on recall.
Push scientific branding and field strategy.

4.13 Brand Repositioning Canvas: Macosteo

Attribute	Current Position	Repositioned Strategy
Tagline	"Strong Bones"	"Redefining Bone Strength for Life"
Core Audience	Ortho + GP	Ortho + Gynae + Tier-2 GPs
Visual Aid Style	Text-heavy	Infographic + X-ray Based Visuals
CRM Strategy	General detailing	BMD Camp tie-ups + trial plans

Figure 4.8: Brand Canvas – Old vs New Positioning

4.14 Summary of Strategic Evaluation

The comprehensive analysis attempted in the previous chapters has defined numerous important facts regarding Mectec Pharmaceuticals Inc.'s market positioning, operational strategy, and potential for future growth. Although the company currently has an established product range that is both therapeutically relevant and fortified by strong consumer demand, it is unable to capitalize on historical harvesting of the current brand equity due to an emerging low visibility brand image. Secondary limitations include a shallow CRM implementation and only partial geographic penetration, strategically rehearsed inside Mectec Pharmaceuticals Inc.'s corporate philosophy.

The key findings of the research are as follows:

- **Product Portfolio Strength, But Poor Market Recall:**

Mectec has a product portfolio that contains value-added clinical brands like Macosteo (Ortho Segment) and Glucomac (nutraceutical/energy Segment), both of which have been positively received by prescribers, and the demand for these therapeutic areas is robust. While Mectec has relatively strong clinical brands, there is not a high level of overall recognition of these brands, particularly when compared to other brands by competitors that have better visual branding and presence in the digital space.

- **Macosteo and Glucomac Are Investment Needs Attention:**

The strategic tools we used during the strategic planning process indicate - especially the BCG Matrix and GE–McKinsey Matrix that found Macosteo and Glucomacs are well positioned as brands. They are the high-potential brand in the “Invest/Grow” quadrant. This suggests that there needs to be expanded field coverage (PPL's), more CME's, more scientific detailing, and more investment needs to be made on visual aids for Macosteo and Glucomac because anchoring these brands will support Mectec's overall portfolio strategy.

- **CRM Funnel Highlights Executional Gaps:**

The CRM funnel exercise unveiled fundamental gaps in follow-up planning, doctor tier segmentation, and consistency in tracking prescriptions.

Doctors are often revisited without any well-established cycle of communication, which eventually leads to poor conversion from awareness to loyalty. Mectec needs to create a

more data-driven CRM system, easily translated or semi-powered by digital platforms and tools for call planning and prescriber analytics.

- **Market Mapping Shows New Expansion Areas:**

The field mapping exercise and competitor heatmap indicate adjacent markets (Dewas, Sanawad, Barwah, Khargone) are under-penetrated. These towns show similar therapy patterns as Indore and would have a reasonably low cost-of-expansion. Even a small team locally or just adding some camp-based brand awareness could decently create incremental sales without too much investment.

- **Repositioning and Strategic Brand Work are Critical for Newer Brands:**

The recently launched brands (Vilivita, Bioninja, Rosyne) will battle intense competition and molecule redundancy. Unless these brands are repositioned with differentiated LBLs, supported with compelling scientific narratives or unique dosage forms, they will turn into non-moving SKUs.

Strategic brand work (new design and positioning, specific MR training plans, latter depiction, visual identity support) will be crucial in building traction in the prescribers mind.

Recommendations and Conclusion

5.1 Introduction

After an extensive analysis of Mectec Pharmaceuticals' pricing plans, CRM strategy, and brand strategy in Chapter 4, this last chapter comprises a combined set of practical, field-based recommendations that will improve the company's performance within the marketplace. These recommendations are based on not only the data analysis from Chapters 4,4a and the strategic matrix and frameworks (BCG Matrix, GE–McKinsey Matrix, SWOT, CRM Funnel) when applying in the earlier chapters, but also the field-based practical observations and reflections I learned from during my internship at Mectec Pharmaceuticals throughout Indore and adjacent regions.

This chapter aims to do two distinct things:

1. Provide practical and actionable strategic recommendations that are appropriate given the company's capacity and environment.
2. Conclude with my reflections on the end learning question of the project that provides an opportunity to integrate academic theory with applied pharmaceutical marketing practice.

The recommendations are organized into key strategic areas of focus, with each addressing specific gaps or opportunities that emerged through the research.

- Product Promotion and Scientific Detailing
- CRM Optimization and Doctor Engagement
- Geographic Expansion and Territory Management
- Brand Repositioning, Visual Identity Creation

All of these areas also include recommendations with actionable insights that are practical, cost-effective, and focused on the needs of mid-sized pharma companies like Mectec. The recommendations range from a minor update to their visual materials and LBL content to implementing basic CRM segmentation models, plans to enter Tier-3

towns, and fundamentally changing their under-performing brands through new storytelling approaches.

This chapter aims to take these problems and build a framework for actionable strategic improvements in Mectec's operating scope, with the goal of providing realistic, practical updates, not aspirational or costly moves, but tactical recommendations that deliver an impact by smarter action execution, more strategic spending of financial resources, and making targets out of internal alignments within the marketing/sales teams.

More than the recommendation for the field, this chapter also reflects back on the principal learnings and findings from the overall project, namely, the effectiveness of differing marketing models, real-world experiences (i.e., working CRM) in the field/operational theatre, and the for strategic scientific branding in a physician-centric market.

The chapter concludes with the future direction of the research agenda, Mectec's investment potential for analytics, product investments or digital transformation, and consideration of the personal learning aspects of the internship, encompassing critical thinking, real-time problem-solving, physician interactions, and stakeholder management.

In essence, this chapter ties together the academic foundation, research methodology, strategic tools, and internship-based field experience to offer a **cohesive and actionable set of conclusions**. The recommendations are presented not just as academic output, but as **practical inputs** that the marketing team at Mectec can deploy to **enhance their performance, doctor loyalty, and brand equity** in the coming quarters.

5.2 Strategic Recommendations

A. Product-Level Strategic Actions

Brand	Recommended Action
Macosteo	Strengthen detailing with X-ray visuals, add BMD camp support, expand into Barwah, Ujjain

Ceepromac	Position as “safe appetite booster” in paediatric GPs, clarify non-sedative MOA in LBL
Moxtec LB	Reinforce prescription repeat through testimonial LBLs and competitive scheme (12+2)
Enzotech SP	Use post-trauma cases in LBLs; promote to general surgeons in Ujjain & Dewas
Glucomac	Rebrand as multi-use energy drink with OPD tie-ups; distribute to paediatricians & GPs

Table 5.1: Brand-Specific Action Plan

B. CRM Improvement Strategy

A detailed assessment of Mectec Pharmaceuticals' execution of marketing and field operations indicates that, while it has strong field presence and MR loyalty, its Customer Relationship Management (CRM) processes remain informal, reactive and underdeveloped. In a physician driven, competitive pharmaceutical landscape, CRM moves from a support function in marketing processes to a strategic asset that can create and retain doctor loyalty to a brand and brand trust.

To solidify their position and improve their marketing execution, Mectec needs to move from normal, manual CRM processes to a more structured, tiered and digitally enabled CRM process. The following recommendations offer a practical and scalable pathway to achieve this:

▪ Adopt a Tiered CRM Cycle (A/B/C Doctors) with Structured Planning for Visits

Currently, MRs at Mectec are pertaining to doctors in a fairly rudimentary manner according to their availability, instead of a meaningful and strategic structure, which restricts Mectec's ability to effectively leverage field effort and patient opportunities when resources are precious. A tiered lifecycle CRM model offers a strategic approach to identifying and targeting segment of doctors according to their prescription propensity, brand loyalty, and therapy area interest.

Tiering suggested criteria:

- Tier A (High Potential Doctors): Regular and influential prescribers in the therapy area; 4-6 visits/month is required, with personal alignment.
- Tier B (Moderate Potential): Sporadic prescribers or new prospects; 2-3 visits/month is appropriate, and you can be focused on establishing the relationship.
- Tier C (Awareness Level): Marginal targets with almost non-existent contact; 1-2 visits/month would be acceptable, with a primary goal of reinforcing brands.

There are multiple benefits to this implementation:

- Increased productivity for the field force
- Strategic allocation of promotional resources (samples, literature, time)
- Improved brand recognizability and continuity with leading prescribers

The insurance of standard work plan (SWP), of this CRM cycle ensures its constitution, and the monthly reporting from first-line managers should be used to validate and fine-tune based on field realities and behavioural patterns.

▪ **Digital Doctor Profile and Feedback Notes for Follow Ups**

Without a rigid and structured record of previous engagements, MRs have little choice but to depend on their mental recall or field diary to recall past engagement. This has its limitations in scale and leads to repetitive and generic follow ups which erodes the overall engagement level.

Mectec should implement a digital doctor profiling system, and develop this using inexpensive or free platforms like Google Sheets or local CRM templates. The profile should include:

- Doctor full name, clinic/hospital address, speciality
- Tier (A/B/C)
- Historical engagement record (date, topics discussed, response)
- Sample given & brand detailed
- Event attendances (CME, OPD camps)
- Personal notes (birthday, interests/hobbies, communication style)

These will become living documents that are CRM-like for MRs, and that MRs will update as their visits evolve, allowing MRs to plan conversation points that can create professional relationships in their given territory. Area Managers could also use the profile as a basis for micro-strategy planning.

▪ **Enhance Post-Sampling Tracking (Who Prescribed, When, How often)**

During my internship, a common issue encountered was the gap between sample distribution and prescription tracking. While samples represent a considerable investment, there is typically no formal follow-up to verify whether a physician prescribed the product, how often he/she prescribed it, or the type of patients the sample was used with.

By implementing a Post-Sample Feedback Mechanism, this gap can be closed:

- After 7–10 days of a sample being provided, the MR should revisit or contact the physician to ask:

“Did you get a chance to try [Brand Name]?”

“How was the patient response?”

“Would you contemplate continuing or increasing use?”

This feedback should be documented in the doctor profile and recorded into an ongoing weekly post-sampling tracker that area managers can review. This feedback mechanism would enhance:

- Sample to script conversion tracking;
- Understanding of product acceptance cycle;
- Determining which doctors require re-detailing, or additional data;

Tracking who is and who is not converting enables managers to smartly allocate samples and effort to optimize return on investment.

▪ **Start E-Detailing Support (WhatsApp Based LBLs, MOA GIFs)**

Today's doctors, particularly in Tier 1.5/2 cities, are becoming more comfortable engaging with digital content they can access after the visit, on their timeline. Mectec

can definitely take it up a notch in their CRM by incorporating e-detailing tools into their engagement plan - and they do not have to use any sophisticated apps or platforms.

I would recommend these tools:

- WhatsApp PDFs of LBLs and brand summaries Hot GIFs or short animations to demonstrate Mechanism of Action (MOA) Voice notes to clarify product uniqueness Clickable QR codes on physical LBLs to take them to videos or studies PDF FAQ's for new launches clinical questions

Naturally, the Product Management Team can standardize this content and share it throughout zones. MR could send it post-visit to reinforce the detailing, further provide the doctor with a digital reminder of their engagement with Mectec and help:

- Reinforce Scientifics
- Facilitate brand recall
- Support MRs who may be declining and don't always have the opportunity to detail fully in person
- Figure in the future, Mectec could also explore some basic integrated WhatsApp broadcast tools that could take this theme to scale.

▪ **Develop a CRM Monitoring Dashboard (Weekly MR Reporting + Zonal CRM Tracker)**

The implementation of any plan is only as good as its tracking system. Therefore, Mectec should develop a common CRM monitoring dashboard ideally in Excel or Google Data Studio. The dashboard would consolidate the weekly reports submitted by MRs and have zonal summary reports.

Some KPIs that might be included in the dashboard are:

- % of A/B/C doctors visited according to plan
- Follow-up rate (sample → prescription follow-up)
- Digital touchpoint engagement (e-detailing sent/followed up)
- Sample ROI (conversion or feedback based)
- Doctor coverage trends for previous month

The dashboard should be reviewed by Area Manager each Saturday, and Zonal Head summary reported monthly. The CRM team can then make strategic recommendations on tactics, including:

- Which doctors to re-engage
- Where frequency should increase
- What brands need visual aid enhancement

This would take CRM from a manual, purely, tactical arms-length requirement to a data driven, exit affecting decision management tool that allows both managers and MRs to be tactical, informed and nimble.

Conclusion:

Using the above techniques, Mectec Pharmaceuticals can change its CRM from a recording-tracking activity into a living, doctor-based relationship. These changes do not require huge budgets or technological changes, but rather, discipline, training and organizational alignment. In a market where prescription influencing is the eventual driver, ultimately establishing a true CRM will convert directly into brand growth, repeat prescriptions and long term credibility as a market participant.

C. Branding & Visual Aid Enhancement

In the physician - centered model of ethical pharmaceutical marketing, the Visual Aid (VA) and Leave Behind Literature (LBL) are potentially the two most critical pieces of the Medical Representative's (MR's) toolkit. They are the heart of scientific detailing, they form a prescriber's initial impression of the brand, and they can be the only physical memory that remains after the MR leaves.

From my field experience during the internship, it seems that Mectec Pharmaceuticals tends to maintain LBLs and visual aids for most brands, but the materials tend to be largely text-heavy, composition-based, and do not utilize visual appeal or strategic visual storytelling. In today's competitive environment where increasing market share through brand recall and perceived differentiation is paramount, it is not time to simply passively use existing materials- there is a need to consider an upgrade.

This recommendation for upgrading LBLs and standardizing visual aids uses a multi-strategy approach in order to bring Mectec's brand communication to a more professional and impactful level.

- **Revamped Labels with Infographics and QR Codes Linking to Animated MOA Videos**

Many of Mectec's current labels follow a conventional format describing the product name, composition, indications, and in some cases brief benefits, they do this in a very dense paragraph format, leading to low engagement and ultimately no brand retention. For example, Mectec's larger national competitors provide labels that use bright and colourful visual storytelling, scientific infographics, and digital extensions.

Moving forward, Mectec should modify their LBL with a more modern labelling design using a template, and include all or some of the following elements:

- Infographics or pictograms depicting the method of action the product works (MOA)
- Some type of simple anatomy visuals explaining the therapeutic impact (e.g., bone strengthening for Macosteo, maintaining gut flora balance for Moxtec LB)
- Icons depicting dosage, safety profile, and age suitability
- QR Codes linking to a 30–60 sec animated video or GIF based explanation of the MOA, to be viewed later by the doctor on their mobile device.

These could be embedded on common hosting platforms (e.g., YouTube (unlisted), or google drive), and QR code scanning could be trialled. This hyper-digital element not only modernizes the LBL but places Mectec in line with evolving doctor preferences for learning in bite-sized digital pieces.

- **Focus on Doctor Testimonials and Patient-Focused Benefits and not just Composition.**

Pharmaceutical marketing all too often places excessive emphasis on molecular composition and pharmacology — especially for more established and known molecules. And while they still have an important role to play, today's doctors want clinical relevance, trust drivers, and patient outcomes.

For example, Mectec should expand on its LBLs by adding legitimate doctor quotes (approved by head office) or anonymous field feedback, like:

"Macosteo has helped reduce fracture cases in elderly patients in my practice." -

Orthopaedic Surgeon, Indore

Or simply add a 'Doctor Trusted since 2016' tagline to emphasize longevity and trust.

Likewise, every LBL should have a 'Patient Benefit' highlight box, like:

"Improves appetite in 7 days, in underweight kids" - for Ceepromac Syrup

"Rapid relief from inflammation following trauma" - for Enzotech SP

"Safe for daily long term use" - for Glucomac Energy Drink

While moving from a more publication heavy detailing imperative to clinical narrative and real world relevance will assist Mectec's brands move from "another molecule" to the "to go molecule" in your doctor's dispensing choices.

- **Establish a Standard Visual Aid Template Across All Brand With Colour Coded Therapy Sections**

Currently, Mectec's visual aids have a wide variety of presence across brands. The differences that currently exist in terms of design, layout, and storytelling create confusion for not only the MRs, but also the doctors when discussing multiple different therapy areas in one sitting.

To create a more cohesive brand identity and to build a visual recall system, Mectec needs to create a standard visual aid template of:

A common header and footer (brand + company name/logo)

Common font and layout rules in terms of composition, indication, dosage

Complementary therapy colour coded sections:

- Blue: Orthopaedics
- Green: Gastro
- Red: Antibiotics
- Yellow: Nutraceuticals
- Purple: Pediatrics

Each therapy section can start with a one-page scientific overview before transitioning to the brand-specific slides. This systematization will allow MRs to feel more confident with their presentations and will also enhance Mectec's professional representation throughout the medical community.

- **Develop Competitive Positioning Taglines for Each Brand**

In a very cluttered market where several brands offer similar molecules. The best way to stand out and create mental ownership is by using effective brand messaging as differentiator. Mectec must ensure every product has a tagline to describe the brand position and differentiating slogan or tagline, a simple phrase to express the product's loss of benefit, or advantage of use.

Examples:

Macosteo –“Powerful Bone Care for Every Age”

Ceepromac –“Appetite and Energy for Growing Kids”

Moxtec LB –“Trusted Broad-Spectrum Defence with Gut Safety”

Villivita –“The Next-Gen Daily Nutraceutical for Active Living”

Enzotech SP –“Post-Trauma Recovery Starts Here”

The tagline should be shown on both the LBL cover page and the slide for the visual aid (if possible with an icon or symbol to help memory). If the tag line quickly supports the brand in the physician's memory, that helps support the MR in with the sales presentation in future visits.

Strategic Impact:

Revamping Mectec's LBLs and visual aids through the above recommendations will substantially improve the efficacy of scientific detailing, prescriber retention, and brand recall and will therefore:

Provide MRs with up-to-date, competitive tools for field engagement

Align with the digital preferences of younger doctors

Improve the perceived professionalism and brand equity of the company

Enhance clarity and credibility for newer launches like Villivita and Bioninja

Most importantly, the design upgrades do not necessitate tremendous investment in technology, and Mectec can accomplish real change using professional templates, freelance designers and a small branding team, and in a way that allows Mectec to potentialize this into phases — starting with priority brands like Macosteo, Ceepromac and Moxtec LB.

D. Territory Expansion Strategy

- Focus expansion in:
 - Sanawad: High potential paediatric base
 - Barwah & Dewas: Orthopaedic & GP-dominant towns with weak current coverage
- Appoint new stockists in Tier-3 towns, offer margin-based motivation
- Conduct OPD camps and CME sponsorships to build awareness in new areas

Town	Specialty Focus	Action Needed
Barwah	Ortho, GP	Appoint stockist, run Macosteo camp
Sanawad	Pediatrics	Promote Ceepromac & Bioninja
Dewas	Surgeons, GP	Introduce Enzotech + Ceepromac campaign
Ujjain	Gastro/Physician	Reinforce Moxtec LB + LBL detailing

Table 5.2: Territory-Wise Expansion Plan

E. Brand Development for New Launches

- **Villivita:** Launch doctor trial packs, focus on Gynaecologists & Physicians
- **Bioninja:** Position as premium paediatric drop, with taste-enhanced version
- Introduce a "Product Launch Checklist" for all future SKUs (MRP alignment, LBL, scheme, sampling, etc.)

F. Quick Wins Table (High ROI, Low Investment)

Area	Issue	Solution
CRM	No doctor tiering	Implement A/B/C model immediately

Visual Aids	Outdated or text-heavy	Redesign with infographics
Low-Coverage Areas	Weak field presence in Sanawad	Allocate MR half-day per week
New Brands	Villivita low uptake	Scientific detailing + testimonials
Tracking	No feedback loop on sampling	Add feedback form for each trial kit

Table 5.3: Quick Wins Matrix

5.3 Strategic Outlook (6-Month Plan)

Month	Action Item	Target Outcome
Month 1	CRM tiering implementation	MR call planning based on prescriber value
Month 2	Macosteo BMD camp + rebranding LBL	Increase Ortho loyalty and recall
Month 3	Ujjain/Dewas MR routing + stockist intro	Entry in new market
Month 4	LBL revamp + new testimonial design	Stronger brand story
Month 5	Digital CRM test via WhatsApp LBL sharing	Field CRM modernization pilot
Month 6	Evaluation & tracking of repeat prescriptions	Brand loyalty insight generation

5.4 Managerial Learnings

The internship-based research project at Mectec Pharmaceuticals served as a significant bridge between the theoretical knowledge acquired through the MBA Pharmaceutical Management program and the practical realities of field based pharmaceutical marketing. During the intern-ship, I engaged with doctors, stockists, and field managers; witnessed actual promotional practices; and learned about how brand-positioning works in semi-urban Indian territories. The insights were invaluable for this dissertation but also very career-transformative as a learning experience.

The following key takeaways summarize the most valuable take-aways which evolved during the internship:

1. Brand Recall is More Than Price — It's an Ecosystem of Perception

One of the first realizations when engaging with doctors was that price combined with brand positioning does not drive recall, preference or use. Price is obviously of relevance, especially in a generic-dominated segments, but the branding that mitigated that positioning quite particularly favoured brands that inspired confidence — not just by being seen as the most potent molecule but from communicating visually, and establishing scientific credibility through the medical representative (MR) as well.

I mean, Mectec had the lowest cost of their product Macosteo, yet we see uptake for that product was strongest in areas where:

- The LBL design made that visually clear & educational
- The MR established follow-up visits consistently with clinical knowledge and continuity
- The doctor had seen improvement in a patient previously with the brand

That led me to the conclusion brand recall is an ecosystem, and you would need to provide a vehicle to establish that connection between quality in product as well as communication and human engagement to create value.

2. CRM Is Not Just About Calls — It's About Building Trust through Relationships

Once again, CRM in pharma is often equated with scheduling calls with doctors or submitting call reports. As I engaged in this internship, I learned that CRM is a process that builds trust, not a task. Trust is built through scientific communication and personalization.

Doctors, whether consciously or unconsciously, remember MRs who:

Phoned to follow up on samples learned about after samples were delivered. The MR had genuine interest in how the patients outcomes turned out.

Sent over scientific case studies or provided new studies conducted in the doctor's specialty.

Remembered some of the doctors likes/dislikes (for example, MR suggesting a commonly-well-liked flavour for their paediatric brands).

From the above examples, it became clear to me about the difference between "transactional CRM" and "relational CRM". Transactional CRM is typically thinking about drivers of activity. Relational CRM is developed for the purpose of engagement beyond simply a call. I think that helped me cement the understanding of the project, while developing the segments in terms of the CRM funnel, I ensured that the recommendations were realistic, grounded in the field, and felt very patient centric.

3. Strategic Models Possess Value for Field Planning Purposes

Tools like SWOT, BCG Matrix, GE-McKinsey Matrix and Ansoff Matrix are often considered classroom models; however, this internship experience illustrated how they could be applicable to real brand decisions. I effectively used these models to:

Categorize Mectec brands according to sales velocity/growth potential (BCG) Determine which therapy areas required more investment (GE Matrix) Understand internal-external positioning (SWOT) Recommend brand expansion and indication launch opportunities (Ansoff Matrix).

What was noteworthy was how these models provide them with clarity to field-based insights – rather than using anecdotal statements, I could use this framework and make data-informed, managerially relevant recommendations. This vision validated the benefits of marrying academic models with field data for brand and portfolio decision-making.

4. Doctors Recall Brands That Bring Scientific Value and not Just Trading Schemes

From my conversations with doctors in the cities Indore, Ujjain, and Dewas, it was becoming apparent that promotional schemes or discounts were not the main contributors to continued prescriptions over time. In fact, I heard more than one doctor state they were tired of seeing constant “10+1”, or “5+1” promotional schemes across the brands they see every day.

In contrast, those brands that stood out from the crowd and gained loyalty had used their MRs to:

- Sponsor CME when it was relevant to the doctors and meaningful to their practice.
- Provide MOA visuals and education content that was given post-visit.
- Support the doctors in educating the patient using simple, understand-your-benefit LBLs at the doctor's discretion.

An example of this was Macosteo, which built presence not just on its formulation, but because the MRs offered post-surgical care, provided information about bone health in relation to elderly patients, and then followed-up on what the dosage did for their patient. This clearly demonstrated the building of value in scientific support while showing that schemes are simply transactional and provide little to no lasting brand value.

5. Brand Manager's Job is a Very Field-Oriented Role

One of the most important things I learned from this internship was that pharmaceutical brand management is not about planning from the office or Excel sheets. The brand manager role needs to be based on the ground.

All successful strategies — price, promotions, design visuals, CRM planning — should be based off of:

1. Understanding the pain points of the MR
2. Observing doctor reactions
3. Understanding how chemists stock products
4. Knowing the local market environment

The Product or Brand Manager is to be the bridge between inelegant data and grounded truth. I learned here how to soak in firsthand information from the doctors, turn that data into viable strategies and utility, then test it with modelling — which is the very skill you need to be successful in actual pharmaceutical marketing in the real world.

These lessons have developed my understanding of the pharmaceutical industry to not just be a commercial and economic sector but as an arena of evolving science, marketing strategies, and human interactions. The internship transcended theory and provided me with the opportunity to be involved in the field, engage stakeholders, deal with real-time issues, and create action plans through market logic and emotional connections.

As I advance from this experience into my career, I will remember this internship as a significant stepping stone - to remind me that each decision should have three plateaus: product, prescriber, and patient.

5.5 Conclusion

The assessment of Mectec Pharmaceuticals, using this internship-based research project, actually opened up a huge scope for the organization to evolve from being a regional player into a strategically competitive brand in the Indian pharmaceutical landscape. The groundwork provided through field immersion, examination of the markets, examining competitive options, and application of strategic marketing frameworks has shown that the key core competencies for Mectec - competitive prices, wide product range and regional presence, represent a strong base. However, the company must now move in a direction of evolution that can no longer be classified as an option.

While there might be good products, engaged field teams and decent distribution networks remain in the pipeline, Mectec has to move away from a push-based marketing systems to a scientific influence structure that relies on statistics and structured system. The conclusions recently drawn from the CRM evaluation, benchmarking prices, field observations and brand feedback suggest there are multiple opportunities for optimization related to market performance.

The Strategic Opportunity Ahead

The pharmaceutical industry continues to move towards precision engagement, in which broad-based field activity is increasingly being replaced by targeted value-added communication. In this world, Customer Relationship Management (CRM) is no longer

viewed as number of visits, but rather as building scientific credibility, ongoing trust, and building real, consistent recall in the mind of the prescriber.

Mectec has an opportunity to play a lead role in this evolution. In semi-urban and Tier-2 geographies, doctors have historically engaged in very human processes as opposed to scaled digital automation. If Mectec adopts even a tiered CRM system, to a tiered system of digital doctor profiles and trackable post-sampling, it could benefit not only the serviced coverage, but also the conversion and loyalty.

At the same time, the company needs to have the correct communication tools, starting with visual aids (VA) and Leave Behind Literatures (LBL). Currently, the literature lacks storytelling depth, visual safety and clarity, and doctor-centric messaging. Transitioning to infographic-driven, QR code-enabled LBLs will differentiate brands like Macosteo, Ceepromac, and Glucomac among intensive molecule-level competition. Given that these three brands were previously identified as "Stars" in the BCG Matrix, they should be prioritised for instant promotional investment and scientific branding implementation.

Tactical Enhancements Supported with Strategic Methodologies

This project is exceptional because it was completed face-to-face; with an upper degree of recorded reality and an implicit disability to escape to ivory towers, and with these tactical models being linked by techniques, to MBA-level strategic frameworks. Models truly engaged with and utilized, as opposed to models that were recited and referenced as a perfunctory requirement for MC approved or prior to reporting out a SWOT type analysis for Mectec's product portfolio, therapeutic areas, and growth prospects. Which informed:

- Prescriptive classifications of branded products into types of strategic opportunity in clearly defined brands and priorities
- Describing SKUs being not of sufficiently high potential to be important
- Spotlighting particular therapies eg. orthopaedics, nutraceuticals etc. as each with promise to be very significant.

Clearly articulated action plans such as expansion to towns eg. Dewas, Sanawad, Barwah

Brands and ways to reposition brands based on action plan possibilities eg. branding, taglines, scientific support based on the MOA, KOL engagement for seemingly underperforming, yet emerging brands such as Villivita, Bioninja, Rosyne.

Sustaining a Future

For Mectec to attain sustained future success, Mectec's model must be based on the following three interrelated pillars:

Product Development: A commitment to continued development and introduction of new SKUs, differentiated formulations, and unique delivery mechanisms to differentiate itself from the rest.

Physician Relations Management: Committing to trust building with doctors through credible engagement, ongoing CRM follow up, and enhanced personal value created

Territory Management: Deepening distribution partners, enhancing MR population and promotional activity in towns growing with insufficient penetration that are highly productive.

Through this approach, the company can begin to move away from being reactive to competition and begin to build a trusted physician presence in its geography.

Dissertation Impact and Personal Reflection

From a research standpoint, this project stands as a live example of how academic knowledge, field exposure, and strategic tools can combine to deliver business solutions. It highlights how even a mid-sized pharmaceutical firm, without massive budgets or digital infrastructure, can significantly improve its market standing through intelligent planning and focused execution.

From a personal standpoint, this dissertation has been a transformational journey. It allowed me to witness firsthand the interplay between marketing theory and doctor behaviour, between MR consistency and brand traction, and between data models and human-centric engagement. It has also deepened my understanding of how a Product or

Brand Manager must think — not just in terms of Excel sheets or PPTs, but in terms of doctor relationships, patient impact, and field realities.

Concluding Remarks

The pharmaceutical industry is evolving — now more quickly than ever. But companies like Mectec have an advantage: they are nimble, close to the market, and flexible. With a properly structured CRM, scientific branding, and the right mindset, Mectec will not only be able to compete in its segment — it will be able to lead.

Therefore, this dissertation is not just an examination. It is a recipe for change, based on the data gathered in the field, guided by strategic thinking, and inspired by a genuine intention to make marketing smarter, more ethical, and more useful.

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Annexures

Annexure 1: Product Portfolio of Mectec Pharmaceuticals

A categorized listing of key products marketed by Mectec, including therapeutic segment, composition, and dosage form.

Brand Name	Segment	Composition	Formulation	Current Status
Macosteo	Orthopaedics	Calcium + Vitamin D3	Tablet	Active
Ceepromac	Appetite Stimulant	Cyproheptadine + B-complex	Syrup	Active
Glucomac	Nutraceutical	Glucose + Electrolytes	Powder/Drink	Active
Enzotech SP	Pain Management	Trypsin + Bromelain + Rutoside	Tablet	Active
Moxtec LB	Antibiotic	Amoxicillin + Clavulanic + Lactic Acid Bacillus	Tablet	Active

Annexure 2: Competitor Price & Scheme Comparison Table

A comparative matrix of Mectec's top brands with direct competitors in terms of MRP, PTR, PTS, and trade schemes.

Brand	Competitor	Pack Size	MRP	PTR	PTS	Scheme
Macosteo	Shalcal	15 Tab	₹165	₹120	₹100	Buy 10 Get 1
Ceepromac	PCL Plus	200ml	₹95	₹68	₹58	Buy 20 Get 2
Glucomac	Glucon D	200g	₹55	₹42	₹36	Buy 15 Get 1

Enzotech SP	Zerodol SP	10 Tab	₹98	₹72	₹60	Buy 10 Get 1
Moxtec LB	Clavam	6 Tab	₹162	₹122	₹105	Buy 5 Get 1

Annexure 3: Doctor Visit Log – Internship Field Diary

A list of doctors visited during the internship, categorized by specialty and location.

Doctor Name	Specialization	Location	Interaction Summary	Prescribing Feedback
Dr. Ashish Jain	Orthopedic	Indore (Cloth Market)	Discussed Macosteo	Started Trial
Dr. Jeniwala	General Physician	Indore	Glucomac pitched	Awaiting Feedback
Dr. A.K. Kushwah	GP	Vijay Nagar	Discussed Ceepromac	Positive Response
Dr. Shinde	Gastroenterologist	Indore	Moxtec LB detailed	Prescribing

Annexure 4: List of Key Opinion Leader (KOL) Doctors – Indore

Strategic doctors identified during the internship with high influence or brand leadership potential.

Doctor Name	Hospital/Clinic	Specialty	Approx. Daily OPD	CRM Notes
Dr. Ashish Jain	Ashish Ortho Clinic	Orthopaedic	35-40	Macosteo preferred post-op
Dr. Jeniwala	Jeniwala Clinic	General Physician	60+	Trial initiated for Glucomac
Dr. Shinde	Indore Gastro Centre	Gastroenterologist	30	Prescribes Moxtec LB
Dr. Kushwah	Kushwah Healthcare	GP	50	Open to new nutraceuticals

Annexure 5: Dr. Persona Table

Doctor Type	Location	Specialty	Preferred Detailing	Engagement Suggestion
Dr. A.K. Jinsiwale	Indore	Ortho	MOA + BMD benefit	CME invite + BMD Camp
Dr. Amol Shinde	Indore	Gastro	Scientific + data-heavy	Focused LBL + reminder calls
Tier-2 GP (Generic)	Sanawad	GP	Price-focused	Scheme-based CRM
Paediatrician (Rau)	Rau	Paediatrics	Palatable syrups, taste	Samples + trial feedback

Annexure 6: Mectec Official Price List

MECTEC PHARMACEUTICALS PRIVATE LIMITED						
SHOP NO 91 GROUND FLOOR JAORA COMPOUND INDORE (MADHYA PRADESH) 452001						
Phone : 9179127273, 07314982945 E-Mail : mectec.cfa123@gmail.com						
GSTIN : 23AANCM8473F1Z6						
PRICE LIST						
S.NO.	ITEM DESCRIPTION	MRP	PTS	PTR	GST	SCHEME
1	BIONINJA DROP 1*30ML	160.00	97.63	108.47	9+9=18	
2	CARBATEC - 1 GM INJ 1*1	699.00	449.36	499.29	6+6=12	10 +2
3	CEEPROMAC SYRUP 200 ML	145.00	93.21	103.57	6+6=12	10 +1
4	ENZOTECH FORTE 10*10	350.00	225.00	250.00	6+6=12	
5	ENZOTECH SP TAB 10*10	100.00	64.29	71.43	6+6=12	10 + 1
6	ENZOTECH TAB 10*10	220.00	141.43	157.14	6+6=12	
7	ENZOTECH-D 10*10	230.00	147.86	164.29	6+6=12	
8	ENZOTECH-MR TAB 10*10	180.00	115.71	128.57	6+6=12	
9	ENZOTECH-P 10*10	50.00	32.14	35.71	6+6=12	10 + 1
10	FEROTREC SUSPENSION 1*200ML	170.00	103.73	115.25	9+9=18	
11	FEROTREC TAB 1*10	130.00	83.57	92.86	6+6=12	

12	GLUCOMAC POWDER 100 GM	70.00	42.71	50.40	9+9=18	10 + 1
13	MACOSTEO SUSP 200 ML	140.00	85.42	94.92	9+9=18	
14	MACOSTEO TABLET 1*15	315.00	202.50	225.00	6+6=12	
15	MACTECEF 250 MG 10*10	265.00	170.36	189.29	6+6=12	
16	MACTECEF 500MG 10*10	500.00	321.43	357.14	6+6=12	
17	MACTECEF-S INJ 1.5 ML	250.00	160.71	178.57	6+6=12	10 + 1
18	MACTECOF SYP 100 ML	80.00	51.43	57.14	6+6=12	10 + 1
19	MACTECOF XT SYP 100 ML	80.00	51.43	57.14	6+6=12	10 + 1
20	MACTEDEF-12 10*10	210.00	135.00	150.00	6+6=12	
21	MACTEDEF-30 10*10	400.00	257.14	285.71	6+6=12	
22	MACTEDEF-6 10*10	120.00	77.14	85.71	6+6=12	
23	MACTEMAC 10*10	135.00	86.79	96.43	6+6=12	10 + 1
24	MACTEPAN 40 10*10	70.00	45.00	50.00	6+6=12	
25	MACTEPAN DSR 10*15	175.00	112.50	125.00	6+6=12	
26	MACTEVIT CAP 10'S	140.00	85.42	94.92	9+9=18	
27	MACTEVIT SYP 200 ML	135.00	82.37	91.53	9+9=18	
28	MECTEGESIC DS SYP 1*60ML	78.00	50.14	55.71	6+6=12	
29	MOXTEC 375 10*10	170.00	109.29	121.43	6+6=12	10 + 1
30	MOXTEC-LB-625 10*10	250.00	160.71	178.57	6+6=12	10 + 1
31	NTPREE GOLD 10*10	190.00	122.14	135.71	6+6=12	
32	ORNITEC TABS 10*10	130.00	83.57	92.86	6+6=12	10 + 1
33	ROSYNE TAB 1*10	220.00	134.24	149.15	9+9=18	
34	TECFIN SYP 1*200ML	170.00	109.29	121.43	6+6=12	10 + 1
35	VILLIVITA SYP 1*200ML	190.00	115.93	128.81	9+9=18	
36	VILLIVITA TAB 1*10	230.00	140.34	155.93	9+9=18	