Summer Training At
LUPIN
(April 9-June 1, 2012)

To Study the Market share of various Brands of Teriparatide and Alendronate Sodium

By
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Under the Guidance of
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Post Graduate Diploma in Pharmaceutical Management
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Certificate

This is to certify that Ankit Bhatnagar has undergone summer training in Lupin Pharmaceuticals from 16th April to 10th June, 2012

The candidate carried out all the studies related to summer training himself. Her approach to the studies has been sincere, scientific, and analytical. This summer training in partial fulfillment of the course requirement is recommended for the award of Post Graduate Diploma in Pharmaceutical Management.

I wish her success in all future endeavors.

Dr .P. R.Sodani

(Dean Academics and student affairs)

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TO WHOM IT MAY CONCERN:

I congratulate Mr. Ankit Bhatnagar Student of PGDPM-03 of IIHMR Jaipur on successful completion of his summer training from Lupin Ltd.

During summer training he successfully completed his project on topic

"Market Research of Teriparatide V/s Alendronate"

I WISH HIM FOR HIS BETTER FUTURE.

6/8/12

Kulwinder Singh
Regional Sales Manager
Lupin Diabetes Care
Jaipur

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ACKNOWLEDGEMENT

First of all I am grateful to the almighty and my Parents for their blessings.

It give me immense pleasure to acknowledge and thank all those who have given consistent guidance, advice and encouragement in my endeavour. I would also like to thank all those persons who have spent their valuable time to contribute the required information to me and gave me support while preparing this report.

I am grateful to **Mr. Kulwinder Singh (Regional Sales Manager) Lupin,** for giving me an opportunity to undergo project at **Lupin, Jaipur.**

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I also express my gratitude towards **Brig. S.K.Puri**, our respected dean of student and Academic Affairs, IIHMR for being a source of inspiration for all the students to give their best at their respective organizations.

Executive summary

I worked on a project title, **To Study the Market share of various Brands of Teriparatide and Alendronate ,** under the guidance of my guide, **Mr. Kulwinder Singh.** Under this I surveyed various Orthopedicians of **Jaipur city**. The sample size consisted of **50 doctors, 50 chemists(For Alendronate sodium)**, and top most **stockist** (For the sales of Teriparatide) and a semi structured questionnaire was used to acquire the data.

The objective was to find out the current market share of Brands of Teriparatide and Alendronate Sodium. Some of the important results were drawn out after the data analysis. A major proportion of doctors prefer to prescribe Forteo (Ily-lilly) as osteoporotic drug which is of LUPIN`s competitor brand. It is found that Ily-lilly is not only promoting its star product, through aggressive marketing but also adopted different route of supply chain, Which helps in increasing sales of Forteo. Alendronate Market is a competitive market where more than 10 brands are available.

Abbreviations / Acronyms

LCL- Lupin Chemical Limited

USFDA- US Food and Drug Administration

DCGI- Drug Controller General of India

NCE- New Chemical Entity

MHRA-Medicines and Healthcare products Regulatory Agency

BMD- Bone Mineral Density

STOP - Steroid Induced osteoporosis

GIOP-Gluco-corticoid induced osteoporosis

PTH-Para thyroid Hormone

API- Active pharmaceutical ingredients

NSAIDS- Non steroidal anti inflammatory Drugs

Introduction

Organization profile

About LUPIN:-

Established in the year 1968, headquartered in Mumbai, India, Lupin Limited today is an innovation led transnational pharmaceutical company producing a wide range of quality, affordable generic and branded formusslations and APIs for the developed and developing markets of the world.

Dr. Desh Bandhu Gupta, founder of LUPIN, his vision and dream to fight life threatening infectious diseases and to manufacture drugs of the highest social priority led to the formation of Lupin in the year 1968. His Vision, his inimitable commitment and verve have steered Lupin to achieving the distinction of becoming one of the fastest growing Generic pharmaceutical companies globally.

Lupin first gained recognition when it became one of the world's largest manufacturers of Tuberculosis drugs.

Products :-

Product	Therapeutic segment	Ranking
TONACT	CVS	3
GLUCONORM	Anti Diabetic	4
RABLET	Gastro Intestinal	2
RCINEX	Anti-TB	1
RAMISTAR	CVS	2
AKT	ANTI-TB	1
CLOPITAB	CVS	3
L-CIN	Levofloxacin	1
Telekast	Anti-Asthma	3
Budamate	Anti-Asthma	3

The Company today has significant market share in key markets in the Cardiovascular (prils and statins), Diabetology, Asthma, Pediatrics, CNS, GI, Anti-Infectives and NSAIDs therapy

segments, not to mention global leadership positions in the Anti-TB and Cephalosporins segments.

Corporate overview :-

Lupin since 1968:-

Lupin Chemicals Ltd (LCL) was promoted by Lupin Laboratories Ltd. The company was incorporated on 31.03.83 as a Private Ltd company and subsequently converted into a Public Ltd company with effect from 23.12.91. The company does not have any subsidary.

The company is setting up a project for the manufacture of 93 tpa of Rifampicin, an essential anti-tuberculosis, anti-leprotic, life saving drug from a very basic stage of fermentation. It is an import substitute product. To finance the project the company is coming out with a PCD issue aggregating to Rs.45.6 crores.

2002

- Lupin Ltd has successfully introduced AkuriT, a revolutionary simplified therapy as per WHO's guidelines for treatment of tuberculosis

2003

- Lupin Ltd has received the appproval of US Food and Drug Administration for cefuroxime axetil 250 mg and 500 mg tablets.

2004

- Launches Ezedoc, a specialty drug for the cholesterol management segment

2005

- Lupin Ltd has launched its anti-infective product Suprax (cefixime Oral Suspension) in the US market.
- Ind Swift Ltd ties up with Lupin Ltd for a Co-marketing pact to launch Nitazoxanide, an anti-diarrhoeal / anti-helmintic drug for the first time in India under the brand name Netazox and Nizonide respectively.

2006

- Lupin launches Ceftriaxone vials in the US market
- Lupin receives USFDA approvals for Cephalexin Oral Suspension
- Lupin receives approval for conducting phase II clinical trials of Investigation New Drug candidate LLL-3348 (Desoris) from the Drug Controller General of India.

2007

- Lupin joins hands with Ital Farmaco to launch Lupenox in India
- Lupin receives DCGI approval to conduct Phase II clinical Trials for Psoriasis NCE

2008

- Lupin Receives US FDA Approval for Simvastatin Tablets
- Lupin gets MHRA Approval for Lisinopril in UK
- Lupin receives DCGI Approval to conduct Combined Phase IIb/III Clinical Trials for it's herbal Psoriasis NCE

2009

- Lupin enters into agreement for Suprax 400 mg tablets
- Lupin Launches SUPRAX ®400 mg Tablets in the US

2010

- Lupin receives USFDA approval for Levetiracetam Tablets
- Lupin ties up with leading Institutes for PhD Program

2011

- Lupin Limited has launched Ilyalgan® (sodium hyaluronate), an osteoarthritis drug, available in the form of an injectable through leading orthopaedics and physiotherapists across the country. Hyalgan40 is the original research molecule of the Italian pharma giant I-IDIA and is the world leader in HA therapy, marketed in over 60 countries globally.

Current

- Lupin launches Generic **SEROQUEL®Tablets** Receives final FDA Approval for its Generic SEROQUEL®Tablets, **Quetiapine Fumarate** Tablets is generic equivalent of AstraZeneca's SEROQUEL® Tablets (25, 50, 100, 200, 300 & 400 mg)
- Lupin launches Generic Geodon® Capsules Receives final FDA Approval for its Generic Geodon® Capsules, Lupin's **Ziprasidone Hydrochloride** Capsules are the AB rated generic equivalent of Pfizer Inc.'s Geodon® capsules.
- LUPIN announces settlement with SANTARUS and DEPOMED for GLUMETZA Patent Litigation.

Disease Overview

Osteoporosis ("porous bones", from Greek: οστούν/*ostoun* meaning "bone" and πόρος /*poros* meaning "pore") is a disease of bones that leads to an increased risk of fracture.[1] In osteoporosis the bone mineral density (BMD) is reduced, bone micro architecture deteriorates, and the amount and variety of proteins in bone is altered. Osteoporosis is defined by the World Health Organization (WHO) as a bone mineral density that is 2.5 standard deviations or more below the mean peak bone mass (average of young, healthy adults) as measured by DXA; the term "established osteoporosis" includes the presence of a fragility fracture.[2] The disease may be classified as primary type 1, primary type 2, or secondary.[1] The form of osteoporosis most common in women after menopause is referred to as primary type 1 or postmenopausal osteoporosis. Primary type 2 osteoporosis or senile osteoporosis occurs after age 75 and is seen in both females and males at a ratio of 2:1. Finally, secondary osteoporosis may arise at any age and affect men and women equally. This form of osteoporosis results from chronic predisposing medical problems or disease, or prolonged use of medications such as glucocorticoids, when the disease is called steroid- or glucocorticoid-induced osteoporosis (SIOP or GIOP).

Osteoporosis risks can be reduced with lifestyle changes and sometimes medication; in people with osteoporosis, treatment may involve both. Lifestyle change includes diet and exercise, and preventing falls. Medication includes calcium, vitamin D, bisphosphonates and several others. Fall-prevention advice includes exercise to tone deambulatory muscles, proprioception-improvement exercises; equilibrium therapies may be included. Exercise with its anabolic effect, may at the same time stop or reverse osteoporosis.

Teriparatide (Parathyroid Hormone)

Teriparatide contains the first 34 amino acids in human parathyroid hormone and represents a novel approach to osteoporosis treatment .Although hyperparathyroidism leads to bone loss , therapeutic doses (for shorter periods of time) conversely improve BMD and reduce fracture risk. Parathyroid hormone is currently the only approved osteoporosis medication that works by stimulating bone formation. Because of adverse effects and cost concerns, teriparatide is reserved for treating those at high risk of osteoporosis-related fracture who cannot or will not take or have failed bis phosphonate therapy. Recombinant human parathyroid hormone (1-84) and once weekly PTH administration are being evaluated.

Teriparatide is commercially available as a prefilled 3-mL pen type delivery device that administers subcutaneous injections in the thigh or abdominal area. Health care providers should re-educate patients about syringe use with each refill, and the patient or care giver should also re-read the user's manual each month. The pen should be refrigerated and can be used for up to 28 days following the initial injection. Teriparatide is also the most expensive of the approved osteoporosis therapies.

Bisphosphonates

Bisphosphonates mimic endogenous pyrophosphate. By binding to hydroxyapatite in bone, they decrease resorption by inhibiting osteoclast adherence to bone surfaces. The estimated terminal half-lives of bisphosphonates reflect the slow rates of bone turnover (many years). *Alendronate, risedronate, and ibandronate* are currently FDA-approved for the prevention and treatment of postmenopausal osteoporosis. Risedronate and alendronate are indicated in glucocorticoid-induced osteoporosis, and alendronate is approved for osteoporosis in men.

Even under optimal conditions, all bisphosphonates are poorly absorbed (bioavailability = 1% to 5%). Bisphosphonates must be administered carefully to optimize the clinical benefit and minimize the risk of adverse GI effects. Each oral tablet should be taken with at least 4 ounces of plain tap water (not coffee, juice, mineral water, or milk) at least 30 minutes before consuming any food or any other supplement or medication. The weekly oral solution needs to be taken with only 2 ounces of water. The patient should remain upright (either sitting or standing) for at least 30 minutes after bisphosphonate administration. When calcium and vitamin D dietary consumption are

insufficient, supplementation is needed to ensure the beneficial effects of bisphosphonates. Most patients prefer once-weekly bisphosphonate administration. This dosing schedule lowers GI tract drug exposure. Because the turnover rate of the cells lining the GI tract is about 5 days, any cells damaged during drug exposure are theoretically replaced before the next week's dose is taken. Once-weekly alendronate administration achieved similar BMD results, had similar GI adverse effects, and did not impair mineralization, compared with daily doses of 10 mg.70

Literature review:-

1. Global Osteoporosis Market & Drugs Analysis 2010 –2015

Osteoporosis is often called the "silent disease" because bone loss occurs without symptoms. It is characterized by low bone mass and micro-architectural deterioration of bone tissue, leading to bone fragility and a consequent increase in risk of fracture. Global osteoporosis market is expected to reach 16 Billion by 2015. This significant growth is primarily attributed to strong treatment options currently available in the market as well as strong pipeline products. The increase in the prevalence of osteoporosis among the female population is the principal driver of the osteoporosis market and will continue to be in the future.

Fosamax was the undisputed leading product in the history of global osteoporosis drug market till 2007. It has a market share of nearly 37% in 2007 but, declined to 5% by 2015 due to patent expiry and competition from cheaper generics. Boniva and Evista were leading the osteoporosis market till 2010 but the dynamics of osteoporosis market is expected to change by 2011 as Prolia is going to be introduced in the market. It is predicted that Prolia will lead the market with nearly 45% share by 2015.

The osteoporosis market offers multiple opportunities for current and future market players. In addition to increasing awareness, diagnosis and treatment, there is the need to develop new drugs that promote bone building. While the market awaits new growth, driven by the launch of several promising pipeline drugs, including Amgen's Prolia (denosumab), companies are looking for innovative ways to maximize revenues from their products nearing the end of their lifecycles.

2. Global Osteoporosis Therapeutics Market to Reach US$8.8 Billion by 2015

According to a New Report by Global Industry Analysts, Inc.GIA announces the release of a comprehensive global report on osteoporosis therapeutics markets. The global market for osteoporosis therapeutics is forecast to reach US$8.8 billion by the year 2015. Increasing aging population world wide, growing awareness of osteoporosis, expansion of bone densitometry scanning, and continuing new product introductions comprises the major growth drivers in the osteoporosis therapeutics market worldwide. Strong pipeline with

significant number of drugs in late stage development bode prospective entry of new drugs into the market, even as many of the existing drugs lose patent protection.

Osteoporosis represents an implacable epidemic growing rapidly in regions of North America, Europe, and Japan. As per International Osteoporosis Foundation census, more than 200 million people in the world are affected by osteoporosis, of which about 80% are women. Over the next decade, growth in elderly population across the world, and the resultant increase in potential osteoporosis patients, is poised to offer several opportunities for pharmaceutical companies in the osteoporosis therapeutics market. However, with patents of several drugs set to expire, the value of existing treatment products is expected to decline by 2015. A whole new range of products set for launch in the near future would nevertheless offset the decline in revenues, and provide enormous growth potential in the osteoporosis therapeutics market in future.

3. Osteoporosis Drug Market- Global And China Market Analysis, Size, Trends And Forecast (2010-2015)

The global Osteoporosis drug market was worth USD 6.8 billion, with Bisphosphonate class of drugs leading the market. In the overall Bisphosphonate, ibandronate (Bonviva/Boniva; Roche) and zoledronate (Aclasta/Zometa; Novartis) accounted largest share in class,respectively, and showed an average sales growth rate of about of 20% in the past 2years.Amgen's Denosumab is the recent entrant to the Osteoporosis treatment market,following its approval from the U.S. and European Union (also approved for bone lossassociated with prostate cancer). Denosumab is expected to compete directly with the Bisphosphonate drug class. However, initial uptake of Denosumab is likely to be as second-line therapy, mostly in patients who are intolerant to Bisphosphonate. In addition tothe treatment of Osteoporosis, there is substantial potential for Denosumab for treatingbone loss in patients with cancer. Denosumab market is expected to reach USD 3.8 billionin 2015.Our research indicates that the Osteoporosis drug pipeline is going strong withvarious phases of clinical development. Phase III has first-in-class products such asodanacatib, which possess a novel mechanism of action to combat Osteoporosis. Aprela isanother drug in the stage of development.The Chinese Osteoporosis drug Industry isexpected to grow at a CAGR of 13.5% from 2010 to 2015. Increased prevalence ofOsteoporosis among Chinese female population is the principal growth driver of theOsteoporosis drug Industry. The other key growth drivers for Chinese Osteoporosismarket include increasing elderly aged population,

rising living standards of the Chinese people and increasing awareness and bone health education.

Large numbers of patients are unable to comply with the strict dosage schedule of traditional Osteoporosis drugs. Further research and development can address the unmet need by coming up with drugs that have a convenient dosage schedule with better efficacy and safety compared to traditional treatment of Osteoporosis.After 2012, the Parathyroid Hormone and SERM Osteoporosis drug class market is expected to decline because of anticipated growth of Prolia (Denosumab) The market is analyzed on the basis of growth trends, ongoing developments, market penetration and revenue share.

4. Osteoporosis Treatment & Management

Author: Dana Jacobs-Kosmin, MD; Chief Editor: Herbert S Diamond, MD more...

Updated: Apr 19, 2012

According to a clinical practice guideline by the American College of Physicians, because of the significant disability, morbidity, mortality, and expenses associated with osteoporotic fractures,[67] treatment is aimed at fracture prevention and includes modification of general lifestyle factors, such as increasing weight-bearing and muscle-strengthening exercise, which have been linked to fractures in epidemiologic studies and ensuring optimum calcium and vitamin D intake as adjunct to active antifracture therapy.[14] Medical care includes the administration of adequate calcium, vitamin D, and anti-osteoporotic medication such as bisphosphonates,[78] parathyroid hormone (PTH), raloxifene, and estrogen.[66] In addition, potentially treatable underlying causes of osteoporosis such as hyperparathyroidism and hyperthyroidism should be ruled out or treated if detected.

Surgical care includes vertebroplasty and kyphoplasty. Vertebroplasty and kyphoplasty are minimally invasive spine procedures used for the management of painful osteoporotic vertebral compression fractures. A 2008 literature review suggested that the use of "reminders plus education targeted to physicians and patients" can lead to increased bone mineral density (BMD) testing and greater use of osteoporosis medications.[79]

In addition, a physician reminder in conjunction with a patient risk assessment strategy apparently can result in a reduction in patient fractures and an increase in osteoporosis therapy. The authors concluded that multicomponent tools aimed at doctors and patients may support clinical decision making in the management of osteoporosis. A 2009 study indicated that the use of a case manager for the treatment of patients with hip fractures can lead to

more frequent use of appropriate osteoporosis treatment and may result in fewer fractures, increased life expectancy, and significant health-care cost savings.[2]

The first goal of rehabilitation in osteoporosis patients is to control pain if a fracture has occurred. Spinal compression fractures can be extremely painful and can cause short- and long-term morbidity.

Introduction- Objective of study

Objective:-

- To Study the Market share of various Brands of Teriparatide and Alendronate Sodium.

Research Methodology

Method and data collection:-

Title of study

- Determination of market share of various Brands of Teriparatide and Alendronate Sodium in jaipur.

- **Type of research**
  Descriptive research.

- **Scope of study**
  The study was aimed to find out the current position of organization`s (LUPIN) Teriperatide and alendronate position in the market, and also to find out its prominent competitors in market.

- **Data collection method**

  The data was collected by through primary research only.
  Primary data was collected through means of Semi structured Questionnaire, containing both close ended and open ended questions targeted towards Doctors and Chemists. For teriparatide sales stockiest were surveyed.

- **Tools and technique used-** Semi structured Questionnaire / Schedule.

- **Analysis Methodology**
  Rank ordering and comparative scaling technique was used to analyze the data.

- **Research design**
  Structured interview:- A mix of qualitative and quantitative questionnaire was designed with the objective of deriving the maximum information from both Physicians and chemists.

- **Sampling**

  Sampling technique –
  Random and purposeful sampling.

  Sample size- 50 orthopedicians
  50 Chemists
  20 stockiest

- **Area of study-** Jaipur

- **Duration of study-** 30 Days.

Data interpretation and analysis

Following tables and graphs shows the conclusion and findings obtained after visiting various Doctors and Chemist in Jaipur.

1.) Orthopedicians Response towards Teriparatide Brands

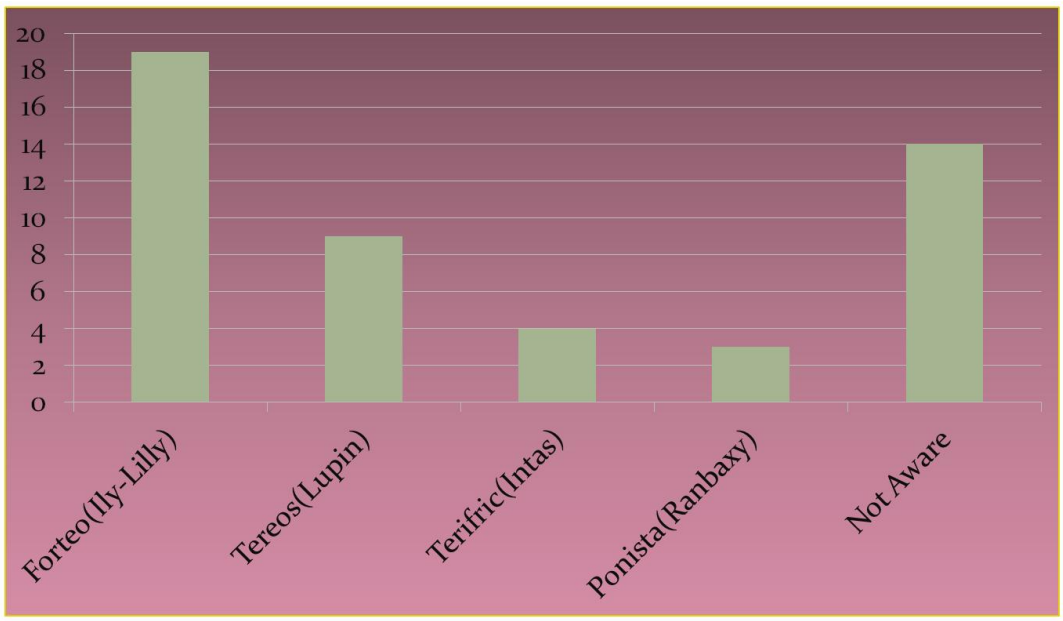

Chart No. 1

Chart No. 1 depicts orthopedicians response towards Teriparatide i.e. awareness of the product amongst orthopedicians. Major findings are, 38% of orthopedicians prescribe Forteo (Ily-Lilly), 18 % of orthopedicians prescribe Tereos (Lupin) , 08% of orthopedicians prescribe Terifric (Intas) , 06% of orthopedicians prescribe Ponista (Ranbaxy) and 28 % of orthopedicians are not aware about the product.

2.) How frequently Orthopedicians prescribe Teriparatide?

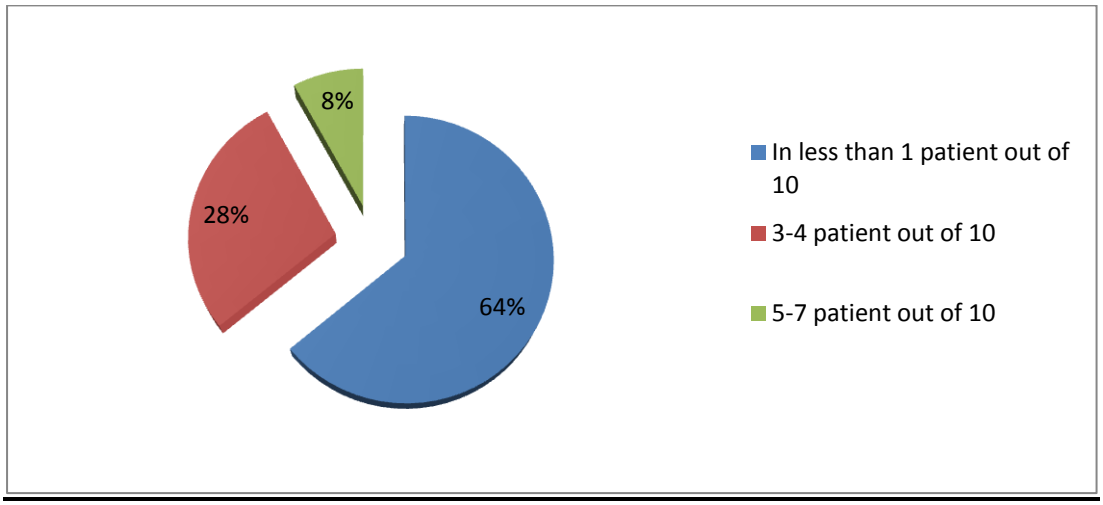

Chart No. 2

Chart No. 2 depicts the orthopedicions, how frequently prescribe the teriparatide to patients.

64% orthopedicions prescribe teriparatide in less than 1 patient out of 10 patients, 28% prescribe in the frequency of 3-4 patient out of 10, 08% orthopedicions prescribe in the frequency of 3-4 patient out of 10.

3.) Sales of Teriparatide (Stockist survey)

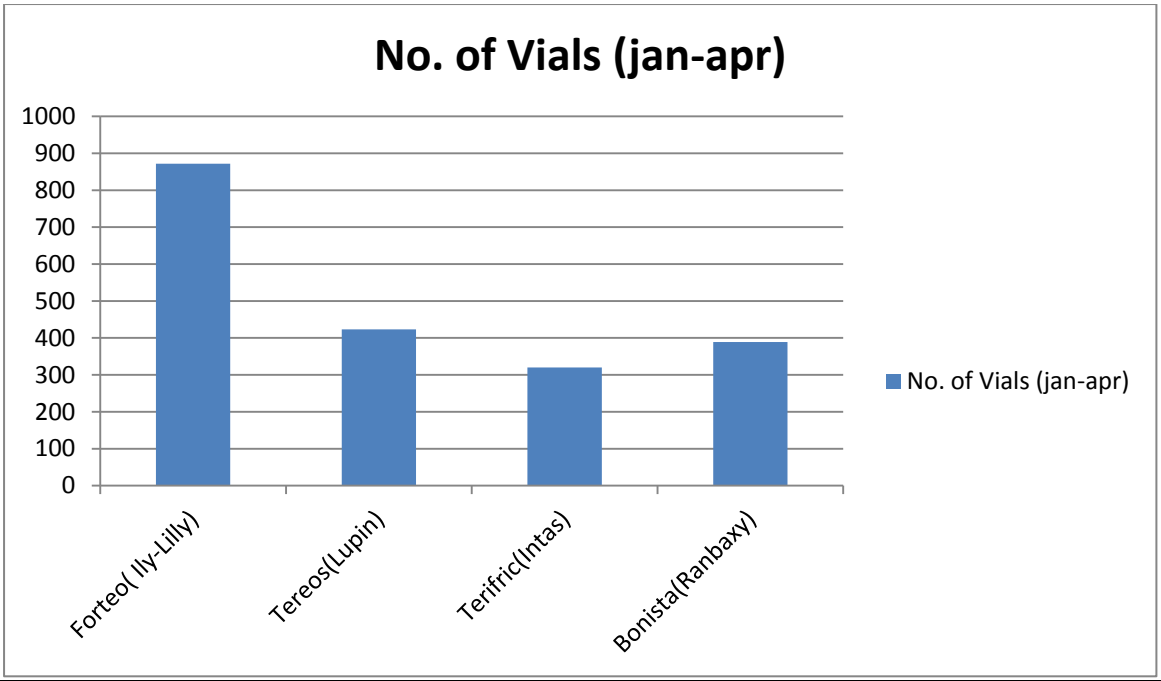

Chart No. 3

Chart No. 3 Shows the sales of Teriperatide during the period of January 2012 to april 2012.

Forteo of ily-lilly sales was 870 vials and tereos of lupin which was largest selling product was 420 vials, terifric (Intas) was 310 vials and Bonista (Ranbaxy) was 390 vials.

4.) Orthopedicians Response towards Alendronate Brands

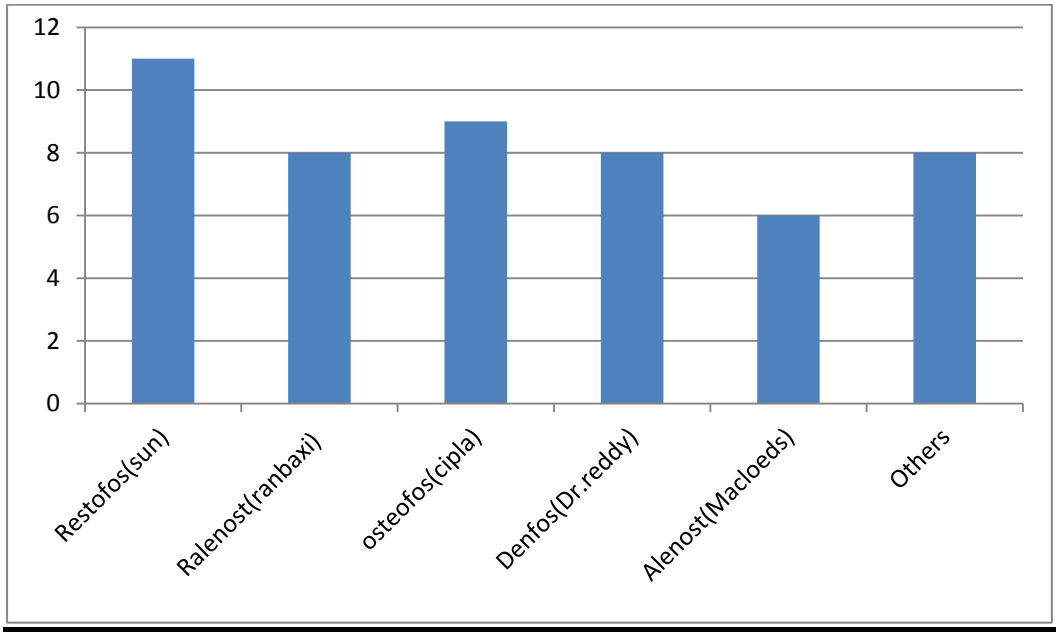

Chart No. 4

Chart No. 4 depicts orthopedicians response towards Alendronate sodium i.e. awareness of the product amongst orthopedicians. Major findings are, 22 % of orthopedicians prescribe Restofos(Sun), 16 % of orthopedicians prescribe Ralenost (Ranbaxy) , 18 % of orthopedicians prescribe Osteofos (Cipla) , 16% of orthopedicians prescribe Denfos (Dr.Reddys) and 12 % of orthopedicians prefer Alenost (Macleod's). Alendronate sodium is a competitive market where more than 10 active brands are available so 16% orthopedicians prescribe others brands.

5.) How frequently Orthopedicians prescribe Alendronate ?

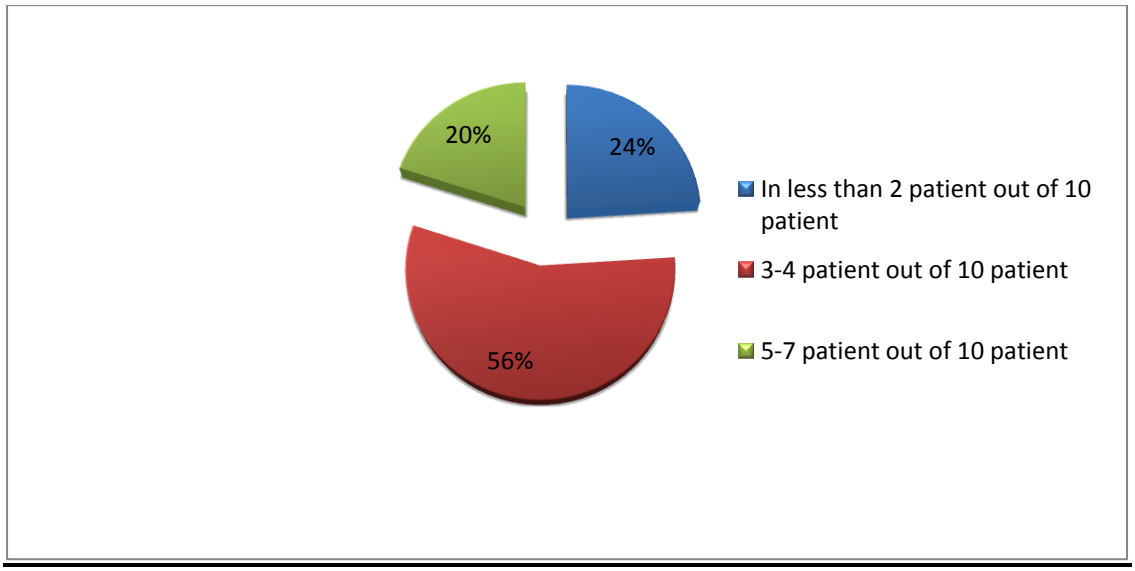

Chart No.5

Chart No. 5 shows the orthopedicions prescription behaviour about Alendronate sodium, how frequently prescribe the Alendronate to patients. Data represent that 24 % orthopedicions prescribe Alendronate in less than 2 patient out of 10 patients, 56 % orthopedicions prescribe in the frequency of 3-4 patient out of 10, 20% orthopedicions prescribe in the frequency of 5-7 patient out of 10.

Data interpretation and analysis

Teriparatide

After observing Data of Teriparatide We can conclude that it is a drug of Niche category and only MD super specialist prescribe this and Most of the orthopedicions and stockiest are not aware about it. Frequency of Teriparatide which Orthopedicions prescribe shows that sales team were not approaching right target customer i.e doctors which prescribe teriparatide in higher numbers. As mentioned by several doctors Bi phosphonates are best alternatives or in use than Teriparatide.

Forteo (Ily-lilly) has more than 50% market share and Tereos (Lupin) is market challenger. Cost effectiveness is another factor which bounds to Teriparatide.

Alendronate

Alendronate Market is a competitive market where more than 10 brands are available and look as a lucrative opportunity. During study it has been observed that Orthopedicions are moving towards Combination of alendronate +colecalciferol .Combinations like Fosavance(MSD) and Alensol-D(Medsol) are also prescribed by orthopedicions. Owing to the aggressive Marketing and Product promotional schemes of sun pharma, it is the Market leader. Ranbaxy is Market Challenger and cipla is market follower .Others including Lupin Pharmaceuticals are Me-To type of marketer. There is a long path for them to cover.

Conclusion

Market Research study of the Alendronate sodium and Teriperatide shows relevance of the study, thier are plenty of the opportunity for both of the products in the market and data shows that both of the products are beyond the general category drugs where products have close similarity between them. As per the data shown in the above research study Teriparatide need to be focused more strongly because it belongs to niche category and only MD super specialist prescribe this product and even Large targeted population was unaware about the teriparatide and its usage.

Prescription behaviour of orthopedicians towards teriparatide indicate that Sales task forces are not in the contacts with those orthopedicions who prescribe more than 3 to 4 patient out of 10 patient so it can be concluded if Efforts are being made towards those orthopedicions who prescribe Teriperatide to more than 5-7 patient out of 10 patients.

Alendronate sodium market is quite closely competitive where more than 10 brands are available . there is a long path to cover in alendronate category for lupin.

Recommendation

After observing the data collected in the market research Study following recommendation can be suggested

- Emphasis should be paid equally over the star product as well as new product, to gain maximum sale and revenue.
- Another brand of same molecule with comparatable lesser price should be introduced and promoted equally.
- Marketing restrategies for the teriparatide and alendronate sodium.
- Physician awareness programme or campaigns should be done by the organization for increasing the awareness about the product.

Questionnaire

1) Which are the drugs you prescribe for osteoporosis?

2) Do you know about Teriparatide (Para thyroid Harmone)? Which is the brand you generally prescribe to the Patients?

3) How frequently do you prescribe Teriparatide?
   a. In less than two patients out of 10 patents.
   b. 3-4 patients out of 10 patents.
   c. 5-7 patients out of 10 patents.

4) What is the priority order for the consideration of the following characteristics when you prescribe a drug to your patient:-

Safety	:-	_____
Efficacy	:-	_____
Price	:-	_____
Sales executive visit	:-	_____
Availability of the Product	:-	_____
Scientific Literature	:-	_____

5) Name any five brands of Teriparatide which are maximum recalled by you while writing a prescription :-
   a.
   b.
   c.
   d.
   e.

Questionnaire for Chemist

1) What are the Osteoporotic drugs available at your store?

Brand Name	Name of the Company

2) Do you know about Tereof (Lupin)? Which are the other brands of Teriparatide you have?

Brand Name	Name of the Company

3) How many prescription of teriparatide do you recive in a week?

4) Which is the top selling brand of teriparatide ?