

A Study on Prescription Pattern and Behavioural segmentation through Quadrant Analysis in India

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INDEX

EXCECUTIVE SUMMARY

INTRODUCTION

1) Diabetes is a chronic, metabolic disease characterized by elevated level of Blood glucose which tends to a serious damage to heart and blood vessel, kidneys, eyes, heart and nerves.

2) **TYPES:**

TYPE 1: It is due to pancreas failure where pancreas not able to produce enough beta cells.

referred to as "**insulin-dependent diabetes mellitus**" (IDDM) or "**juvenile diabetes**".

TYPE2 : The body doesn't deliver enough insulin for legitimate capacity, or the cells in the body do not respond to (insulin obstruction). Around 90% of all instances of diabetes overall are type 2.

GESTATIONAL DIABETES: It is a condition in which your blood sugar levels become high during pregnancy. Those who develop gestational diabetes are at higher risk of developing type 2 diabetes later in life.



DPP4 inhibitors:
Sitagliptin, Vildagliptin,
Sitagliptin, Linagliptin



GLP-1 antagonist:
Exenatide



SU: Tolbutamide,
Glimepiride, Gliclazide,
Glipalamide



Biguanides: Metformin



Thiazolidine:
Pioglitazone,
Troglitazone



Meglitinides:
Repaglinide



Alpha glucose
inhibitors: Acarbose

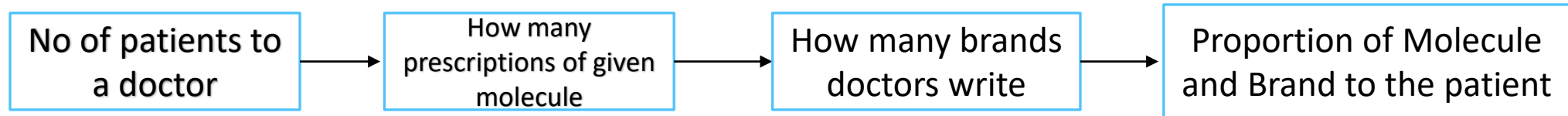
AVAILABLE TREATMENTS

QUADRANT ANALYSIS

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1. It is an analytical procedure by which from a whole list of physicians, segregate the physicians into different quadrants on the basis of prescription percentage and sales percentage.

2. It goes through a specific process:



QUADRANT ANALYSIS

QUADRANT ANALYSIS

1. Collect the following data from doctors in the country:

Number of target patients seen by each doctor (in the real world, PSRs can ask their doctors during the visit and note the number).

Number of patients treated by each doctor (either through chemist surveys or through asking the doctor).

Number of patients treated by the target brand (Either through chemist surveys or through asking the doctor)

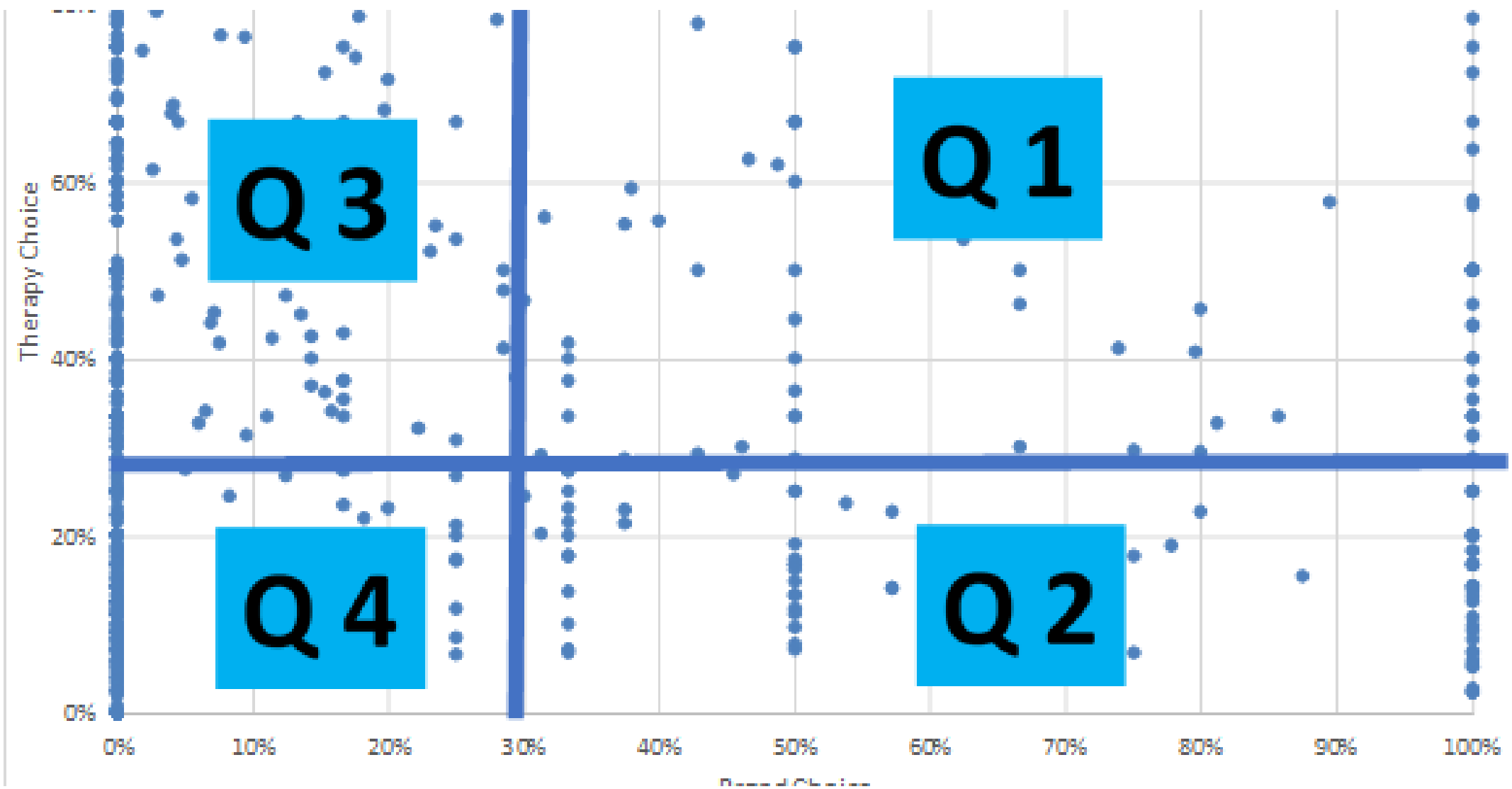
2. If Therapy choice , Brand choice greater than the National Average - Q1 Doctors

If Therapy choice greater than average , Brand choice less than Average- Q2 doctors

If Therapy choice less than Average , Brand choice greater than Average- Q3 doctors

If Therapy choice , Brand choice both are less than Average- Q4 doctors

SU		ICLAZIDE TOT	RECLIDE TO	Molecu	Brand%	Specialt	Zone	Quadrant	Rxer
	4	3	0	75%	0%	G P	West	4	Dr02014
	66	29	2	44%	7%	G P	West	4	Dr03919
	8	5	0	63%	0%	G P	West	4	Dr03296
	5	0	0	0%	0%	G P	West	3	Dr02671
	4	0	0	0%	0%	G P	West	3	Dr02672
	2	0	0	0%	0%	G P	West	3	Dr04578
	3	0	0	0%	0%	G P	West	3	Dr02694
	1	0	0	0%	0%	G P	West	3	Dr02063
	72	67	16	93%	24%	G P	West	1	Dr01401
	3	0	0	0%	0%	G P	West	3	Dr03347
	1	0	0	0%	0%	G P	West	3	Dr00133
	23	18	18	78%	100%	G P	West	1	Dr02094
	12	0	0	0%	0%	G P	West	3	Dr04641
	4	4	0	100%	0%	G P	West	4	Dr03292
	8	3	1	38%	33%	G P	West	1	Dr00779
	2	0	0	0%	0%	G P	West	3	Dr04553
	8	0	0	0%	0%	PAEDIA	West	3	Dr00151
	28	9	2	32%	22%	CONS. PHY	West	1	Dr00688
	43	20	6	47%	30%	CONS. PHY	West	1	Dr03972
	11	9	0	82%	0%	CONS. PHY	West	4	Dr00142
	2	1	0	50%	0%	CONS. PHY	West	4	Dr02744
	17	13	1	76%	8%	CONS. PHY	West	4	Dr03890
	39	24	3	62%	13%	CONS. PHY	West	4	Dr03257
	68	12	9	18%	75%	CONS. PHY	West	2	Dr02700
	134	91	18	68%	20%	CONS. PHY	West	1	Dr04583
	11	2	0	18%	0%	CONS. PHY	West	3	Dr00756
	6	0	0	0%	0%	CONS. PHY	West	3	Dr01397
	1	0	0	0%	0%	CONS. PHY	West	3	Dr03973
	8	6	3	75%	50%	CONS. PHY	West	1	Dr04599
	14	3	1	21%	33%	CONS. PHY	West	2	Dr00107
	1	0	0	0%	0%	CONS. PHY	West	3	Dr03374
	5	0	0	0%	0%	CONS. PHY	West	3	Dr00783
	3	2	1	67%	50%	CONS. PHY	West	1	Dr03377





Behavioural and Belief characteristics of Doctors in Different Quadrant:

Q1 doctors: Convinced about the usefulness of the molecule in a significant proportion of patients. Convinced about value added by the target brand either through **quality, company equity or service provided by local PSR**. Hence preferentially prescribes Molecule and Brand.

Q2 doctors: **Not very convinced about role of molecule** in most of his patients. However satisfied with value added by the target brand either through quality, company equity or service provided by local PSR. Hence preferentially prescribes Brand whenever he prescribes molecule but that is not very frequent.

Q3 doctors: Convinced about the **usefulness of the molecule** in a significant proportion of patients. However, **not convinced about value added by the target brand either through quality**, company equity or service provided by local PSR or has a special relationship with a competitive brand of the same molecule. Hence preferentially prescribes Molecule but not Brand.

Q4 doctors: They preferentially prescribes OTHER Molecules and OTHER Brands



BACKGROUND OF THE STUDY

RATIONALE

INDIAN DIABETES MARKET

1. According to Indian Brand Equity Foundation,

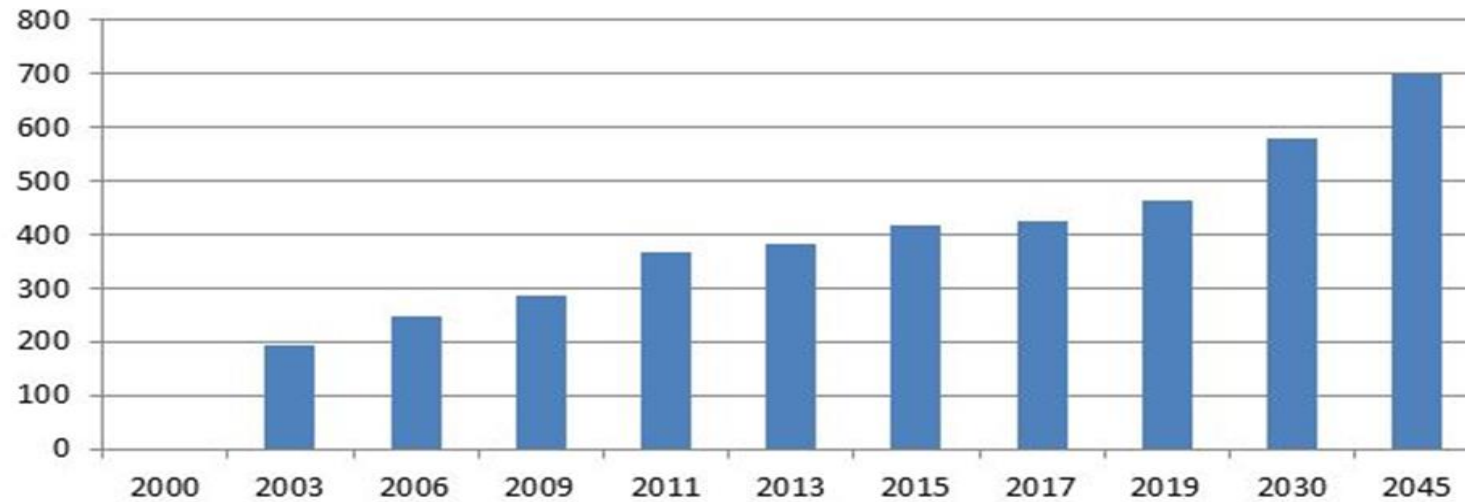
a) The Indian diabetes market arrived at an estimation of US\$ 1,954 Million of every 2018. The market is additionally expected to develop at a CAGR of 16.7% during 2019-2024.

b) Diabetes is quickly picking up the status of a **potential pandemic** in India with around 65 million individuals right now being infected by it.

c) Currently, the demand for anti diabetic drug is considerably high due to outbreak of coronavirus because those patients have diabetes and other comorbidities, they are more vulnerable to this pandemic and have a high death rate of that patients.

DRIVERS: Increasing patient base, Increasing aging population, Comprehensive health insurance policies.

Estimations say that there will be 578 million adults with diabetes by 2030, and 700 million by 2045

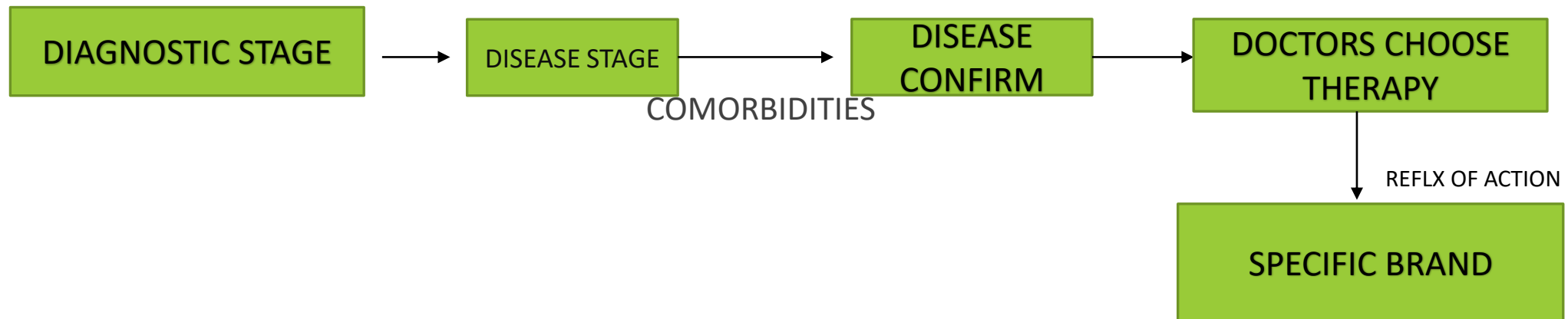


SOURCE-EXPRESS PHARMA 2020

BASICS OF PHARMA MARKETING

It is important for the Marketer to understand the mind of the doctor, his beliefs, his attitude towards therapies, his basic decision-making process .

When doctors choose a specific brand , they goes through a specific process:



In pharma marketing **DOCTORS** are the **GATEKEEPERS**. **DOCTORS** are the **member of a decision-making unit or social group who acts to encourage a purchase of a whole therapy**. . So in prescription analysis behavioural segmentation also a important factor.

PURPOSE OF THE RESEARCH:

- 1.This research is designed to study the Prescription analysis and Behavioural segmentation of the Physician regarding the use of different **Drugs in the treatment of Diabetes.**
- 2.This study will help in getting an image of current market patterns in treatment of Diabetes.**
3. The knowledge about prescription preference, therapy choice, brand choice and behavioral analysis and overall situational analysis help in making marketing strategies and communication message.
4. To know the Behavioral mindset of the doctor.

RESEARCH QUESTION:

- 1.What is the prescription preference in Diabetes management by the Physician?
- 2.What are the different strategies for different doctors?
- 3.What is the behavioral segmentation for the doctors?

RESEARCH OBJECTIVES:

- 1.To determine the prescription preferences of Physicians in Diabetes Management**
- 2.To understand the mind of the doctor, his beliefs, his attitude towards therapies, his basic decision-making process as he chooses to prescribe in one way or another in specific patients.
- 3.To decide whom to communicate, how to communicate and what to communicate

RESEARCH METHODOLOGY:

Type of Research: Secondary Research

Study Population: Physician (Include all specialties)

Study Area: India

Duration of the Data Collection: FEB 2020- MAY 2020

Type of Data: Secondary Data

Sample size: 1417 Physician

Inclusion criteria: Physician include all specialties

Data Collection source: Strategic Marketing Solution and Research Centre (2020)

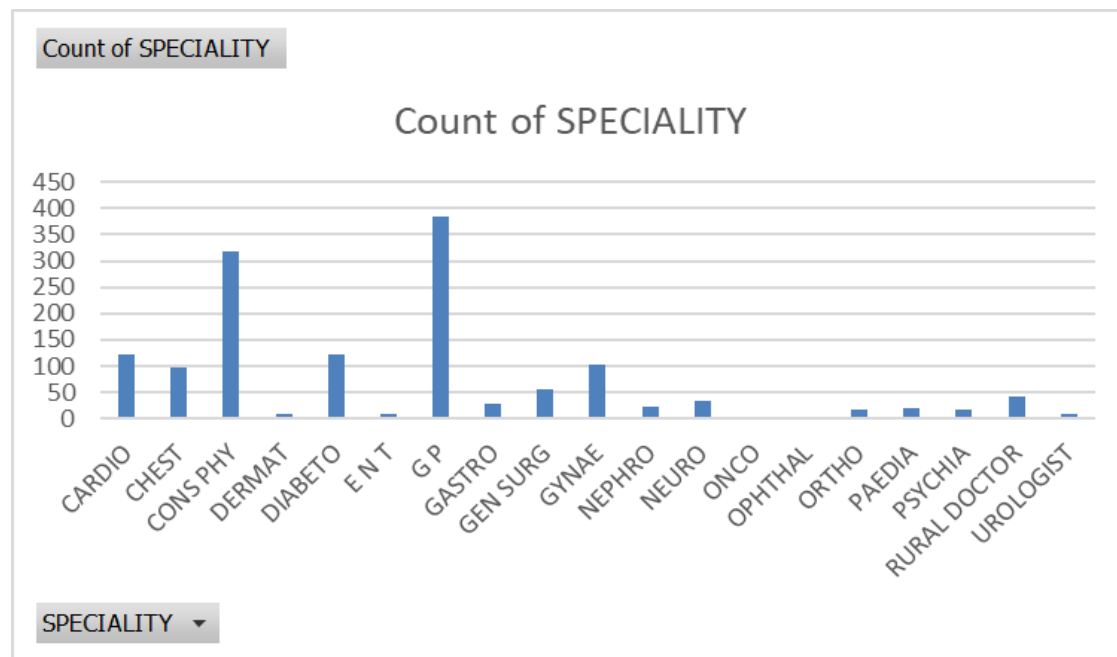
Data collection tool: Prescription Pads

Data Entry: Microsoft Excel

Accessibility: Not Accessible

OBSERVATION AND RESULTS:

1. Doctors wise specialty and no of doctors:



SPECIALITY	Count of SPECIALITY
CARDIO	121
CHEST	96
CONS PHY	319
DERMAT	9
DIABETO	121
E N T	9
G P	385
GASTRO	29
GEN SURG	57
GYNAE	102
NEPHRO	22
NEURO	34
ONCO	4
OPHTHAL	2
ORTHO	18
PAEDIA	21
PSYCHIA	18
RURAL DOCTOR	41

QUADRANT ANALYSIS FOR GLIPTINS

CHOICE	AXIS	% VALUE
Y AXIS	Therapy Choice	20%
X AXIS	Brand choice	14%

PRESCRIBER AND % OF PRESCRIBER

138	227
332	485

12%	19%
41%	28%

Q2	Q1
Q4	Q3

INTERFERENCE: In Quadrant 1 there is 227 prescribers, approximately 19% of the total prescribers fall in Q1. They believe on the gliptin therapy. They convinced on the molecule's effectiveness.

In Q2 there are 138 prescribers, 12% of the total prescriber. Total 31% doctors of these two Quadrant. Almost 28% of the prescriber in Quadrant 4 not prescribe DPP-4 inhibitors. They prescribe other molecules in Diabetes management.

FOR GLIPTINS:

PRESCRIPTION AND % PRESCRIPTION :

1003	11758
2752	20146

3%	33%
8%	56%

INTERFERENCE:

Q1- These doctors are the great admirer of the molecule and Brand.

Q2- These quadrants doctors are not an admirer of the Brand.

Q3- These quadrants doctors' admirer of the Therapy not the Brand.

Q4- These quadrant doctors neither prefer the Therapy nor the Brand.

FOR BRAND SITAGLIPTIN:

PRESCRIPTION AND PRESCRIPTION %:

362	3692
0	872

7%	75%
0%	18%

INTERFERENCE: Q1 doctors almost prescribe 3692 prescription, almost 75% of the total prescription. They are the fond believer of the sitagliptin molecule. This Q1 doctors our star doctors. They convinced about value added by the target brand either through quality, company equity or service provided by local PSR. Hence preferentially prescribes Molecule and Brand.

FOR BRAND SITAGLIPTIN:

Q2 doctors give 7% of the brand prescription. They are not a prescriber of Gliptin therapy but when they prescribe Gliptin, they always prescribe Sitagliptin. They are convinced about value added by the target brand either through quality, company equity or service provided by local PSR.

Q3 doctors prescribe 18% prescription of sitagliptin, but they are preferentially prescribing the molecule not the brand.

Q4 doctors neither prescribe the therapy nor the brand.

% OF SITAGLIPTIN OUT OF GLIPTINS

36%	31%
0%	4%

INTERFERENCE:

Q1: These quadrant doctors prescribe 31% of the sitagliptin prescription out of the total gliptin prescription.

Q2: 36% prescription comes from this quadrant.

As a company we must target these 2 Quadrants doctors.

PRESCRIPTION/ DOCTOR(P/d)

FOR GLIPTINS

7	52
8	42

FOR SITAGLIPTIN

2.6	16.3
0	1.8

INTERFERENCE: For Q1 – Avg. P/D 52,16.3- it means 227 doctors prescribe avg. 52 gliptin prescription, out of 16.3 avg. prescription is for Sitagliptin.

Q2- P/D- 7, 2.6- it means 138 doctors prescribe avg. 7 gliptin prescription and 2.6 avg. Sitagliptin prescription.

Q3- 42, 1.8 P/D- it means 485 doctors prescribe avg. 42 gliptin prescription and 1.8 avg. sitagliptin prescription.

Q4- 8, 0 – out of 332 doctors avg gliptin prescription 8 and out of them none of the sitagliptin prescription.

FOR SULFONYL UREA

CHOICE	AXIS	% AVG
Therapy Choice	Y axis	27%
Brand choice	X axis	9%

QUADRANT	Q1	Q2	Q3	Q4
PRECRIBERS	125	211	519	470
% PRESCRIBERS	9%	16%	39%	35%
AMARYL RX	1163	1271	276	260
AMARYL RX%	39%	43%	9%	9%
GLIM RX	4118	5068	14803	8932
GLIM RX%	13%	15%	45%	27%
P/D GLIM	32.9	24.0	28.5	19.0
P/D AMARYL	9.3	6.0	0.5	0.6
% AMARYL/SU	28%	25%	2%	3%

SPR : Rx RESPONSE SHARE TREND

	NOV-FEB 2019	MAR-JUN 2019	JUL-OCT 2019	NOV-FEB 2020	(%) +/- in MAR-FEB '20 over	(%) +/- in NOV-FEB '20 over	
	68668	75713	71718	72231	MAR-FEB '19	J-O '19	N-F '19
ANTIDIABETICS SOLID	100.0	100.0	100.0	100.0	4	1	5
GLIMEPIRIDE + METFORMIN	20.2	20.6	20.1	19.7	4	-1	3
METFORMIN-SR / ER	8.6	8.2	8.4	8.1	2	-3	-1
TENELIGLIPTIN + METFORMIN	8.0	8.3	8.3	7.6	10	-8	-1
TENELIGLIPTIN	7.7	8.0	7.4	7.1	-1	-3	-3
METFORMIN	7.4	7.4	7.0	6.9	0	-1	-2
VOGLIBOSE + GLIMEPIRIDE + METFORMIN	5.2	5.3	5.2	5.3	10	2	6
GLIMEPIRIDE	5.4	4.9	5.0	5.2	-5	6	2
PIOGLITA (HIGH-DOSE) + GLIMEP + METFORMIN	3.6	3.6	3.6	3.7	1	4	8
VOGLIBOSE	4.3	4.3	4.1	3.6	-6	-12	-12
VILDAGLIPTIN + METFORMIN	2.2	2.1	2.1	3.3	18	58	61
GLICLAZIDE + METFORMIN	3.3	3.2	3.0	3.2	-2	7	0
GLICLAZIDE	2.6	2.7	2.8	2.6	1	-4	6
SITAGLIPTIN + METFORMIN	2.5	2.6	2.6	2.6	-2	-2	9
VILDAGLIPTIN	1.0	1.0	1.1	2.3	40	113	140

ANTIDIABETIC SOLID AND EFFECTIVE COMBINATIONS:

SOURCE- SMSRC (2020)

SPR : Rx RESPONSE SHARE TREND

	NOV-FEB 2019	MAR-JUN 2019	JUL-OCT 2019	NOV-FEB 2020	(%) +/- in MAR-FEB '20 over	(%) +/- in NOV-FEB '20 over	
	68668	75713	71718	72231	MAR-FEB '19	J-O '19	N-F '19
ANTIDIABETICS SOLID	100.0	100.0	100.0	100.0	4	1	5
USV LIMITED	14.9	14.4	14.3	14.4	1	2	2
SUN PHARMA	7.4	7.1	6.9	6.5	-2	-6	-8
LUPIN LIMITED	5.6	5.7	6.0	5.8	11	-3	8
FRANCO INDIAN	5.5	5.5	5.3	5.5	6	4	7
TORRENT PHARMACEUTICALS	4.2	4.3	4.3	4.3	4	2	8
MANKIND PHARMACEUTICALS	4.6	4.9	4.3	4.1	-1	-4	-7
INTAS PHARMA	3.6	3.5	3.7	3.9	8	6	12
SANOFI	3.8	3.8	3.4	3.7	-1	8	1
MICRO LABS	3.1	3.1	3.2	3.5	8	11	22
GLENMARK PHARMACEUTICALS	3.1	2.9	3.9	3.1	10	-19	6
ERIS LIFE SCIENCES	2.8	3.1	2.8	3.1	3	12	16
DR REDDY S LAB	2.8	2.6	2.6	2.7	1	6	1
MACLEODS PHARMACEUTICALS	2.0	2.1	2.2	2.3	20	4	22
ALKEM LABORATORIES	2.1	2.2	2.3	2.2	25	-6	10

SOURCE- SMSRC 2020

SPR : Rx RESPONSE SHARE TREND

	NOV-FEB 2019	MAR-JUN 2019	JUL-OCT 2019	NOV-FEB 2020	(%) +/- in MAR-FEB '20 over	(%) +/- in NOV-FEB '20 over	
	68668	75713	71718	72231	MAR-FEB '19	J-O '19	N-F '19
ANTIDIABETICS SOLID	100.0	100.0	100.0	100.0	4	1	5
GLYCOMET-GP TAB[USV-CORVETTE]	3.1	3.1	3.1	3.2	5	5	11
GLYCOMET TAB[USV-CONDOR]	2.3	2.3	2.1	2.1	-6	0	-5
GLYCIPHAGE TAB[FRANCO-DIABETIX]	2.1	2.1	1.9	2.0	0	5	-2
GLYCOMET-SR TAB[USV-CONDOR]	2.0	1.9	2.0	1.9	4	-4	-1
GLYCIPHAGE-SR TAB[FRANCO-DIABETIX]	1.7	1.6	1.6	1.6	10	1	4
JANUMET TAB[MSD-CHR CARE]	1.4	1.4	1.4	1.4	-8	-4	5
GEMER TAB[SUN-AZURA]	1.4	1.4	1.4	1.3	5	-4	0
AMARYL TAB[SANOFI-DIABETO]	1.3	1.2	1.1	1.3	-4	20	7
GALVUS MET TAB[NOVARTIS-CVM]	1.2	1.1	1.1	1.1	-1	0	1
ZORYL-M TAB[INTAS-SUPRIMA]	1.1	1.1	1.1	1.1	5	0	3
GLUCONORM TAB / SR TAB[LUPIN-DIABET]	1.2	1.2	1.3	1.1	2	-13	-8
GLUCONORM-G TAB[LUPIN-DIABET]	0.9	1.0	1.0	1.0	10	-3	13

SPR : ANTIDIABETICS SOLID : Rx Response x Indication(%)

Indication	ANTIDIABETICS SOLID	GLIMEPIRIDE + METFORMIN	METFORMIN-SR / ER	TENELIGLIPTIN + METFORMIN	TENELIGLIPTIN	METFORMIN	VOGLIBOSE + GLIMEPIRIDE + METFORMIN	GLIMEPIRIDE	PIOGLITA (HIGH-DOSE) + GLIMEPIRIDE + METFORMIN	VOGLIBOSE	VILDAGLIPTIN + METFORMIN
Rx Total	100.0 100	100.0 30	100.0 12	100.0 12	100.0 11	100.0 10	100.0 8	100.0 8	100.0 6	100.0 6	100.0 5
DIABETES MELLITUS	42.2 100	29.4 21	24.3 7	27.9 8	27.4 7	25.3 6	30.7 6	27.8 5	28.3 4	27.9 4	29.7 4
TYPE-2 (NIDDM)	39.6 100	27.7 21	25.0 8	33.4 10	25.8 7	13.3 4	34.2 7	21.8 4	26.3 4	25.7 4	25.7 3
TYPE-1 (IDDM)	0.2 100	0.1 11	0.1 6	0.2 12	0.1 7		0.3 15	0.1 4	0.1 3	0.3 10	0.4 12
DIABETIC NEPHROPATHY	1.2 100	0.3 8	0.1 1	0.2 2	2.0 18	0.6 5	0.2 1	2.2 15		0.4 2	0.3 1
DIABETIC NEUROPATHY	0.3 100	0.2 19	0.2 6	0.2 7	0.2 8		0.4 9	0.2 4	0.1 2	0.5 8	0.4 6
DIABETIC FOOT	0.2 100	0.1 20	0.1 5	0.3 17		0.1 5	0.2 10	0.2 8		0.1 3	0.2 6
HYPOGLYCEMIA	0.5 100	0.3 18	0.3 9	0.4 11	0.2 5	0.2 5	0.3 5	0.2 3	0.2 3	0.3 3	0.3 4
OBESITY	1.5 100	0.6 13	1.8 15	1.0 8	0.6 5	0.8 6	0.5 2	1.0 5	0.5 2	1.0 4	1.2 4
HYPERTENSION	36.6 100	24.8 20	25.9 9	26.0 8	22.7 7	17.5 5	27.7 6	22.5 5	21.7 3	23.6 4	25.2 4
HYPERTENSION ESSENTIAL	0.4 100	0.2 14	0.5 14	0.3 9	0.3 7	0.2 6	0.1 2	0.2 4	0.1 2	0.3 4	0.3 3

SPECIALITY	INDICATION	MOLECULE PREFERENCE	BRAND PREFERENCE
All doctors	Diabetes mellitus	Combination (MET+ GLIM)	GLYCOMET
	TYPE 2	SAME	GLYCOMET
	TYPE 1	COMB(VOG+GLIM+ MET	GALVUS MT
	NEPHROPATHY	SINGLE (SITA)	GLYCOPHAGE
	NEUROPATHY	COMBINATION	GALVUS MT
	HYPOGLYCEMIA	COMBINATION	GLYCOMET
	IHD	COMBINATION	GLYCOMET SR
	CAD	COMBINATION	GLYCOMET SR
	MI	COMBINATION	GLYCOMET GP
	ANGINA	COMB	GLYCOMET GP

SPECIALITY	INDICATION	MOL PREFERENCE	BRAND PREFERENCE
DIABETO	TYPE 2	COMB(GLIM+ MET	GLYCOMET SR
	DM	SAME	GLYCOMET GP
	TYPE1	TENELIGLIPTIN	
	NEUROPATHY	COMB(GLIM+MET)	PIOZ TAB
	NEPHROPATHY	TENE+ MET	JARDIANCE
	HYPERTENSION	GLIM+ MET	GLYCOMET TAB
	IHD	GLIM+ MET	GLYCOMET TAB
	MI	TENELIGLPTIN	GLYCOMET TAB
CARDIO	DIABETES MELLITUS	GLIM+ MET	GLYCOMET GP
	TYPE-2 (NIDDM)	GLIM+MET	SAME
	DIABETIC NEUROPATHY	GLIM+MET	GALVUS MT
	HYPOGLYCEMIA	SITA+ MET	ISTAMET
	HYPERTENSION	GLIM+ MET	GLYCOMET
	I H D (ISCHEMIC HEART DISEASE)	GLIM+MET	GALVUS MET

SPECIALITY	INDICATION	MOL PREFERENCE	BRAND PREFERENCE
NEPHRO	DIABETES MELLITUS	LINAGLIPTIN	ONDERO TAB
	TYPE-2 (NIDDM)	COMB(GLIM+MET)	ONDERO TAB
	DIABETIC NEPHROPATHY	TENELIGLIPTIN	EUREPA
	HYPERTENSION	GLIM+MET	ONDERO
	I H D (ISCHEMIC HEART DISEASE)	REPAGLINIDE	EUREPA
	CAD	LINAGLIPTIN	ONDERO
CONS PHY	DIABETES MELLITUS	GLIM+MET	GLYCOMET SR
	TYPE-2 (NIDDM)	GLIM+MET	GLYCOMET GP
	TYPE-1 (IDDM)	TENE+MET	GLUCONORM
	DIABETIC NEPHROPATHY	COMBINATION	GLYCOMET GP
	DIABETIC NEUROPATHY	TENE+MET	

CONCLUSION

SUGGESTION:

Saying the same thing to all doctors was a waste of effort in a face to face visit world, it is a disastrous waste of resources in a post COVID digitally driven social distancing world.

It is therefore important for the Marketer to understand the mind of the doctor, his beliefs, his attitude towards therapies, his basic decision-making process as he chooses to prescribe in one way or another in specific patients.

Saying the same thing to all doctors was a waste of effort in a face to face visit world, it is a disastrous waste of resources in a post COVID digitally driven social distancing world.

It is therefore important for the Marketer to understand the mind of the doctor, his beliefs, his attitude towards therapies, his basic decision-making process as he chooses to prescribe in one way or another in specific patients.

Key strategies to suggested to different quadrant of Doctors:

Q1:

1. Make the doctors our KOL doctors
2. Help the doctors for diagnose more patients.
3. Holding CME's with neighbour GP's
4. If as a company want to penetrate the rural market involve this KOL's to influence the rural doctors.
5. Help the doctors with telemedicine support.
6. Build for them a mobile responsive website.

SUGGESTION

Q2:

1. Involve them in CME program and convince them through KOL for the role of the molecule in patient groups.
2. Involve them in Therapy related seminars, webinars.
3. Give him more clinically relevant books, case studies, journals that could help him to believe on the therapy.
4. Support most of them digitally.
5. Increase the PSR visit and tell the PSR to promote mostly the Therapy not the Brand.

SUGGESTION

Q3:

1. Increase the continuous engagement of the Brand with the doctors.
2. Organize for them “Lunch and learn” programmed with the KOL and talks about the brand’s effectiveness.
3. To attract to the brand, involve them to the brand related activities.

Q4:

Reduce the PSR visit frequency.

Reduce the monetary expenditure because they believe on other therapy and brand and spend that money to Q1 and Q2.

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