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Editorial

Pharmaceutical marketing scenario

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ABSTRACT

Pharmaceutical marketing is an integral part of pharmaceutical business or trade. There has been significant increase in pharmaceutical generic, branded, ethical and barded generic drugs being marketed in India and being manufactured on Third party contract basis. There are several companies which manufacture the pharmaceutical medicines on third party basis and rarely possess their own units or pharmaceutical manufacturing plants. In this context the good and evil in marketing practices has been reviewed in this editorial.

1. Introduction

The foremost practice of selling the generics, branded or branded generics and ethical pharmaceutical medicines starts with the pharmaceutical marketing. In this context the good and evil practices in India are discussed to make fare chances available to all the small and big manufacturers for fair trade. We start with the highly respected professional in the society the General Physicians and the Specialists of all type such as Allopathic physicians/ Specialists or AYUSH / Specialists.

2. General Physicians / Specialists

This is really a great respected society. They are caregivers but seem to lose the sense of wellbeing of the society. May it be PhD in Pharmacy, their profession is always at the top. A small AYUSH based physician is so full of ego and pride as if he has OPD all over India and can treat any ailment within or out of reach of his practice. Steroids are used such frequently that even the salted groundnuts will be less in demand in that area and in his pharmacy. Coming back to the point these high profiled AYUSH General Physicians and allopathic degree holders can treat the marketing personnel the way they want. Secondly, they may give appointment or simply give excuse of the target of other bigger company. Their position in society is bigger than the Founder and Directors of the Pharmaceuticals whose medicine stock is many times more than OPD of a physician.

3. Target Based Approach

Since the physicians (including all streams of medicine and Indian medicine systems) were high in demand in CoVid phase, they saved lives, they were at front line and played a major role in India Fight back CoVid is very true. But at the same time, it doesn't mean they play a very fair game when it comes to prescribing medicines. They have their position on the top of the pyramid because the Indian Government cannot equalize the other for prescribing may it be pharmacy, nursing, or the allied health sciences. So, it's not astonishing that even the small practitioner may have big cars. The reason being target based approach of

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big manufacturers. The marketing team gives high perks and rewards for prescribing their medicines to the all the physicians and target for prescribing is completed. In one such incidence, in order to complete the target the psychiatrist was fascinated to combine Aripiprazole, Divalproex with Risperdal and Trihexyphenidyl to put the patients in extra depression and to attempt suicide. Other psychiatrist with 20 years of clinical practice combined Risperdal with Escitalopram putting the brain in severe mania. Many physicians in target-based approach of completing the target of huge prescribing, prescribe vitamins and 2G, 3G, 4G, 5G, 7G, 9G compositions. Does the patient is really benefited from such formulations is obscure. In another incidence the physician prescribes Glucose-D and DNS and RLS for obscure reasons. One of the qualified homeopaths could not recognize pathological fracture due to Vitamin D3 deficiency. One of the other qualified AYUSH physician could not diagnose diarrhoea due to IDB and went on prescribing antidiarrheals for more than month. Another AYUSH physician could not read history of cerebral infracts and prescribed calcium supplements for more than 6 months with poor patients developing relapse of cerebral infracts diagnosed over MRI. But targets are completed and negligence in prescription errors is easily managed with the support of big associations and many social media platforms and apps. Really at this stage of India's development we can wonder that where is the evidence-based medicine. If one speaks against any of the physicians the profession and their professional bodies jump down protesting all over India and it won't be new that such highly respected, honoured and followers of noble profession are seen barking for their rights on the streets. The target completion has very beautiful rewards such as tours to Singapore, Holland, Poland, Switzerland to the so-called prestigious physicians.

As per the Hon. Supreme Court, both the briber and taker are convicts and defaulters, but its amazing and amusing to see the court blaming Pharmaceuticals of the unfair practice and the Physicians are always given a clean chit.

4. Let Me See What I Prescribed?

Another illegal and unfair practice by most the physicians. As of now we have learnt from the approach of the physicians that PhD in Pharmacy is not doctor cannot prefix doctor and doesn't know basics of clinical Pharmacology, Pathology and Biochemistry, the three pillars of the medicine practice, then in this context a Diploma in Pharmacy is just the biggest moron who doesn't know what medicine is and basically what is medicine is substituted with what. So the sentence at the OPD is "He is not a Physician, he is dawai- wala (not even called as Pharmacist) / chemist (obsolete term) , so he doesn't know what to dispense. So please show me what he has dispensed to you before you leave the clinic" meaning of it is " In any case I have to complete my target from a pharmaceutical company, if any other cheaper and good quality brand is being substituted by the Pharmacist , please do not accept until I tell you to do so, because I am more qualified and have prescription writing license. He is fool to have Drug License and Dispensing License". In this case does anyone thinks that Physician has right to interfere with what has been dispensed? The indemnity to the dispensing solely lies over pharmacist and it's between the Pharmacist and patient.

5. Those Are Poor Quality Medicines

Since Physicians in all types are next to God in India, the easy way to not accept new brand of marketing is ill faming the brand that it is of poor quality. The Almighty physician knows everything, how the manufacturing process takes place and especially that even if the manufacturing units are GMP and WHO certified the Physicians will discard the brand there are no pharmacological advantage. The statements of these physicians is without TDM (Therapeutic Drug Monitoring), and practically speaking they do not hold any licensure for the same. The process for the TDM is tedious, cumbersome and for paracetamol costing INR 0.90, a team dedicated to TDM Costing lakhs for dose uniformity cannot be employed. The Quality standards the physician does not understand is WHO-GMP certified unit manufactured product. But they spend 5 and $\frac{1}{2}$ years in graduation, so they are experts in all fields, so any brand can be rejected based on the erratic pharmacological profile without TDM by the Physicians. On the part of the pharmaceuticals it's not a compulsion for me-too drugs to have TDM and pharmacological Clinical Standard reports otherwise Aatmanirbhar Bharat will only be limited to only those who already have tons of money who can afford TDM and secondly for the existing known molecules it is not required.

6. Unitedly We Will Support

This is really new trend, Specialist associations for example FOGSI President need to be consulted for marketing a existing molecules. If President agrees then your marketing strategy has won, all members of this or any specialist association will support to you and complete your targets for good rewards. Unitedly the Big Physician association will also ley its hand to prescribe your pharmaceutical product.

7. Cut Practice

All physicians are seemed to be involved in asking the marketing personnel, how much the commission would his pharmaceutical offer as a cut in cash or kind. Or some workshops / medical camps should be sponsored by the pharmaceuticals.

8. Right to Substitution of Drugs

This is very less in medicine practice in India. As the pharmacist is only 4 year bachelor degree holder or D. Pharm or 6 year Degree holder of Doctor of Pharmacy and almost approx. 12 years for PhD to complete in Pharmacy education. So, a Physicians of all kinds have upper hand on dispensing. Some also question that why a pharmacist is required to dispense medicines as their profession is not worth understanding medicines. But on the other hand, the right to substitute does lies with neither pharmacist nor Physician it's with the patient. If patient prefers to what physician has prescribed, then no issue but if patient deviates with the cheaper medicines of course of same molecule then at his choice the pharmacist may assist in the caregiving. But as elaborated in point 3., the physician returns the substitute and confirms his target is achieved. Mostly seen in Maharashtra state.

So, let us all we question, where is patient care and where is evidence based medicine?

9. Conclusion

The so-called Gods, the physicians in society really should retrospect and special privileges from the government should be on hold till fare chances are given to all the pharmaceuticals for the practice of noble profession of both. Since they are at high race through their education and decision makers for prescribing, it is obvious that corruption and unfair trade of pharmaceutical practice starts with the physicians and not the pharmaceuticals. This statement can be confirmed from even the layman, that physician prescribes, and we the patients follow. Also, now Indian Government should think of alternative professions of entitling them with prescription writing rights. It's not for their upliftment but it's for patient comfort and to end corruption.

The editor is fully responsible for the views which he expressed for the betterment of patient care and pharmacy profession.

Author biography

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