IMS Health & Quintiles are now IQVIA™

White Paper

WINNING IN THE INDIAN PHARMACEUTICAL MARKET

NOVEMBER 2018

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Indian Pharmaceutical Market (IPM) is one of the fastest growing markets globally, growing at a rate of 10% per annum*, despite recent impact of demonetization and GST roll-out. Globally, IPM is the largest exporter of generics, by volume, with the total Indian pharma export market estimated at USD ~17 Billion,[1] which is in addition to the domestic market of USD ~18 Billion.[2] Furthermore, India accounts for ~40% of generic drug approvals in the US, based on FY17 data,[3] thereby indicating increasing relevance of India in the global pharma market. It is pertinent to mention that over 10,000+ companies operate in India, employing 5,00,000+ people and providing medication to 1.3 Billion people.[4,5]

In recent times, increased pricing pressures in US market, has prompted Indian companies and the investor community to shift their focus to expanding and understanding the domestic business, respectively. Often, due to the dominance of branded generics, prevalence of out of pocket payments, and prescriber as the key stakeholder, the complexity of operating in India is underestimated and companies are analyzed via broad strokes.

Through our report titled 'Winning in the Indian Pharmaceutical Market', we have established a framework that highlights different models or archetypes by which companies access the market, with special emphasis on the critical success factors in each archetype. The report is divided into three sections exploring various aspects of 'how to win in the IPM'.

The first section focuses on understanding domestic archetypes, while laying out the framework for segmenting the pharma market. It also gives an overview of the big pharma strategy in India. While the top MNCs fall into a separate category when compared to domestic firms, it is necessary to develop a more nuanced view on their business models. In the second section of this paper, we focus on the different models or archetypes through which MNCs access the market with special emphasis on the critical success factors in each archetype. The third section focuses on two distinct facets - alternate channels that pharmaceutical companies can leverage for growth and the current investment landscape in the IPM with drivers for investments. This section delves into additional factors which the pharma companies or other interested stakeholders (such as VCs and PEs) should focus on to drive success in the IPM.

*3Y CAGR, MAT March 2018, used for growth unless mentioned otherwise.

SECTION 1: EXPLORING DOMESTIC ARCHETYPES

PREVALENT BUSINESS ARCHETYPES IN INDIAN PHARMACEUTICAL MARKET

The Indian Pharmaceutical Market comprises of a diverse range of companies varying in size (top 100 firms range from 100 to 10,000 Cr.),[2] portfolio offering, marketing strategies, therapy focus etc. Further, each company has various divisions, with varied focus, which are run as separate business units. Thus, it is difficult to define fixed models that pharma companies conform to. However, the overarching strategies of firms can be segregated into different archetypes based on their market approach.

As a consulting unit, IQVIA has gained significant experience and a deep understanding of the IPM. We have a view on both, critical success factors and potential pitfalls that can impact a company's performance. Based on this, we have identified two key questions that help us understand prevalent business archetypes –

1. Where to play – Which prescribers are pharma companies targeting? Which geographies are they playing in? Which therapies do they prioritize?
2. How to play – Do companies grow through mega brand building or innovative launches? What's the channel focus? How do they structure their field force?

There are companies that focus on chronic ailments, targeting specialists in metros, and drive sales through differentiated launches – E.g., Lupin is a chronic therapy focused firm, targeting specialists, with high NI driven sales. Others may focus on general practitioners (GPs) and ensure maximum coverage by expanding field force and portfolio – E.g., Mankind has a large field force to target maximum GPs with deep penetration into lower tier towns.

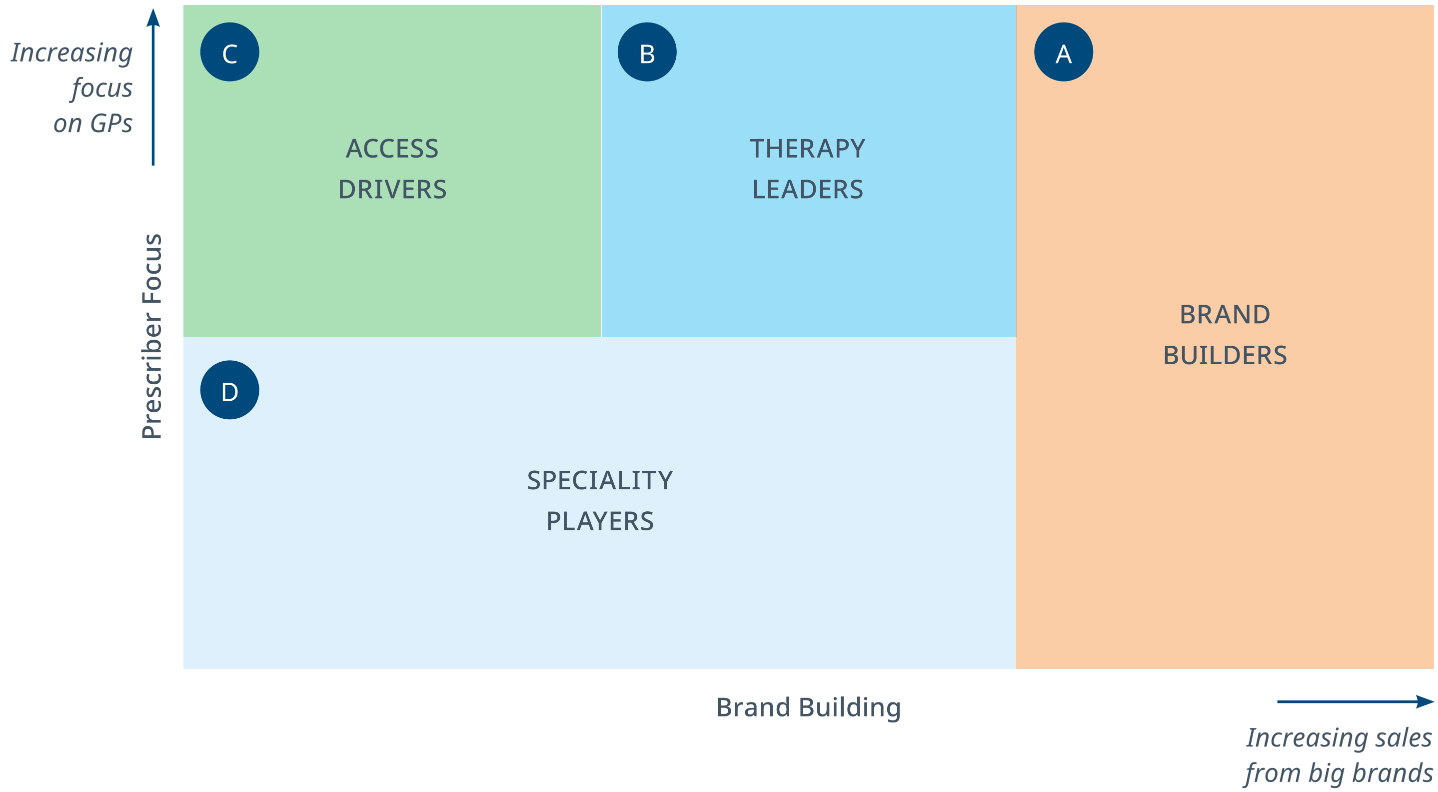
Companies have also adopted different growth strategies – leveraging existing brand equity to drive growth (eg. Sanofi) vs focus on new launches to add to the top line (eg. Macleods). Channel play is also an important lever for specific segments of business such as hospital, consumer oriented brands, and also to grow large brands to mega brands.

We have focused on two key levers to help classify big Pharma strategy in IPM.

1. Which prescriber type are the companies targeting?
   Increasing GP focus indicates a focus on reach beyond metros and tier-1. High GP focus also indicates focus on acute therapies vs. chronic. We see moderate positive correlation in both instances.
2. What is the contribution of big brands (top 2%ile brands) to overall sales?
   High contribution indicates focus on select brands which drive growth – the crux here is to leverage on existing brand equity. Lower contribution indicates focus on new launches as a key growth driver.

Based on these levers we have identified 4 key archetypes among Pharma companies *(Figure 1):*

Figure 1: Prevalent Business Archetypes in Indian Pharma Market



A. BRAND BUILDERS

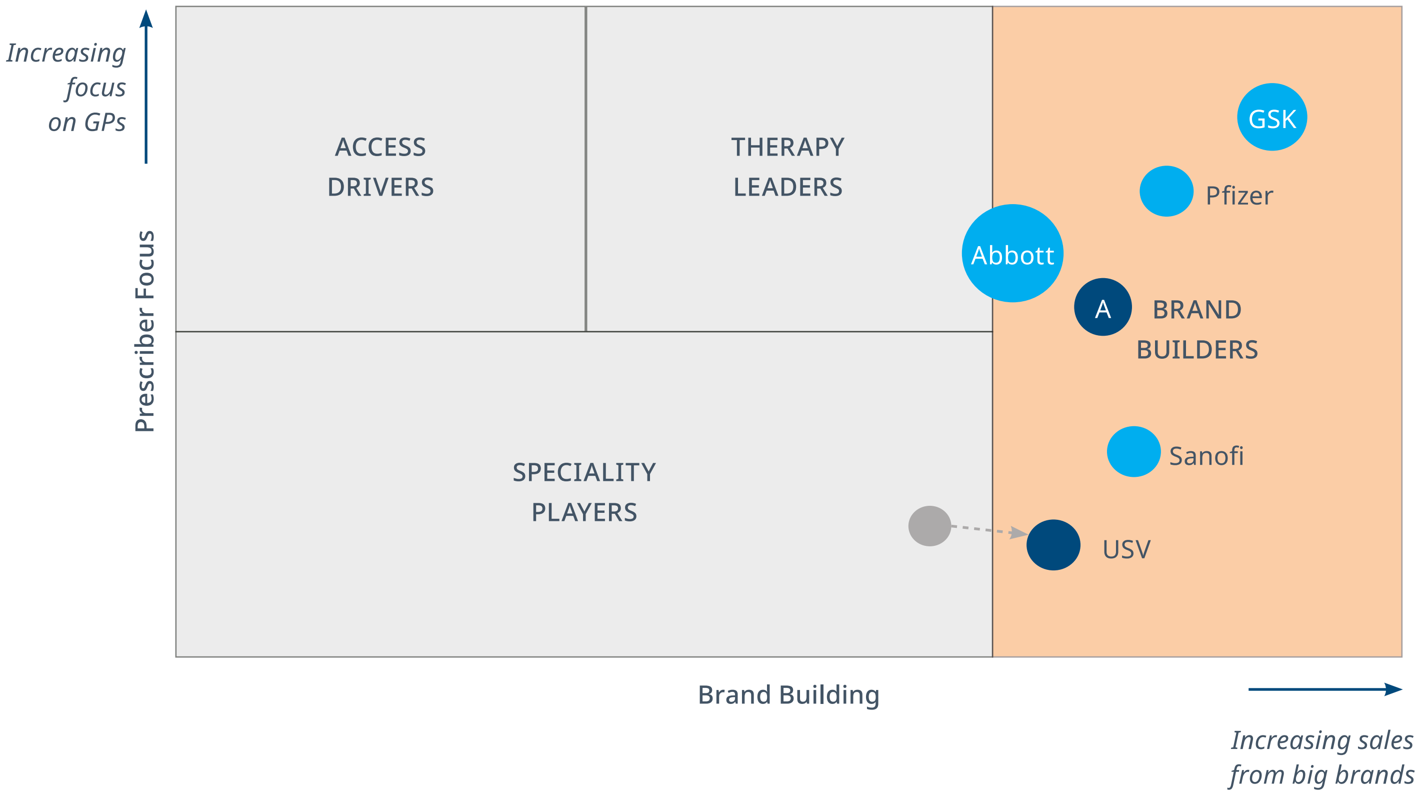
Brand builders focus on a few large brands to drive growth and have a short tail of brands contributing minimally. MNCs, in general, follow this type of business model *(Figure 2).* Among domestic firms, USV is a recent entrant in this category riding on its Glycomet franchise (600+ Cr.). 3 of its top brands, i.e. Glycomet-GP, Jalra-M and Ecosprin-AV have seen 15% or higher growth in the last 3 years. This archetype is typified by its focus on profitability. **Legacy brands with strong brand equity** are critical; these require sustained focus and hence new launches have to be limited, targeted, and supporting current brands. **KOL coverage** is critical and **channel play**, including reaching out and engaging distributors and chemists, is becoming increasingly important for driving mega brands.

This archetype faces **high risk from external and internal factors** as dependency on few brands is high. Inclusion of a brand in the Drug Price Control Order (e.g. Abbott's Thyronorm saw a 20-25% price reduction),[2] or ban of an irrational FDC can severely impact sales and profitability. Shortages on supply side can also impact sales as seen with GSK's Derma and Vaccine portfolio.[6]

Sanofi has managed consistent and moderate growth (9%) as it has sustained growth of its Lantus (23%) & Allegra (16%) brands, with targeted launches in vaccines. It has also successfully leveraged channel play to grow legacy brands like Combiflam.

While many MNCs fall in the 'Brand Builders' archetype, we have developed a more nuanced view on their business model, which we shall explore in Section 2 of the series.

Figure 2: Business Archetype A – Brand Builders

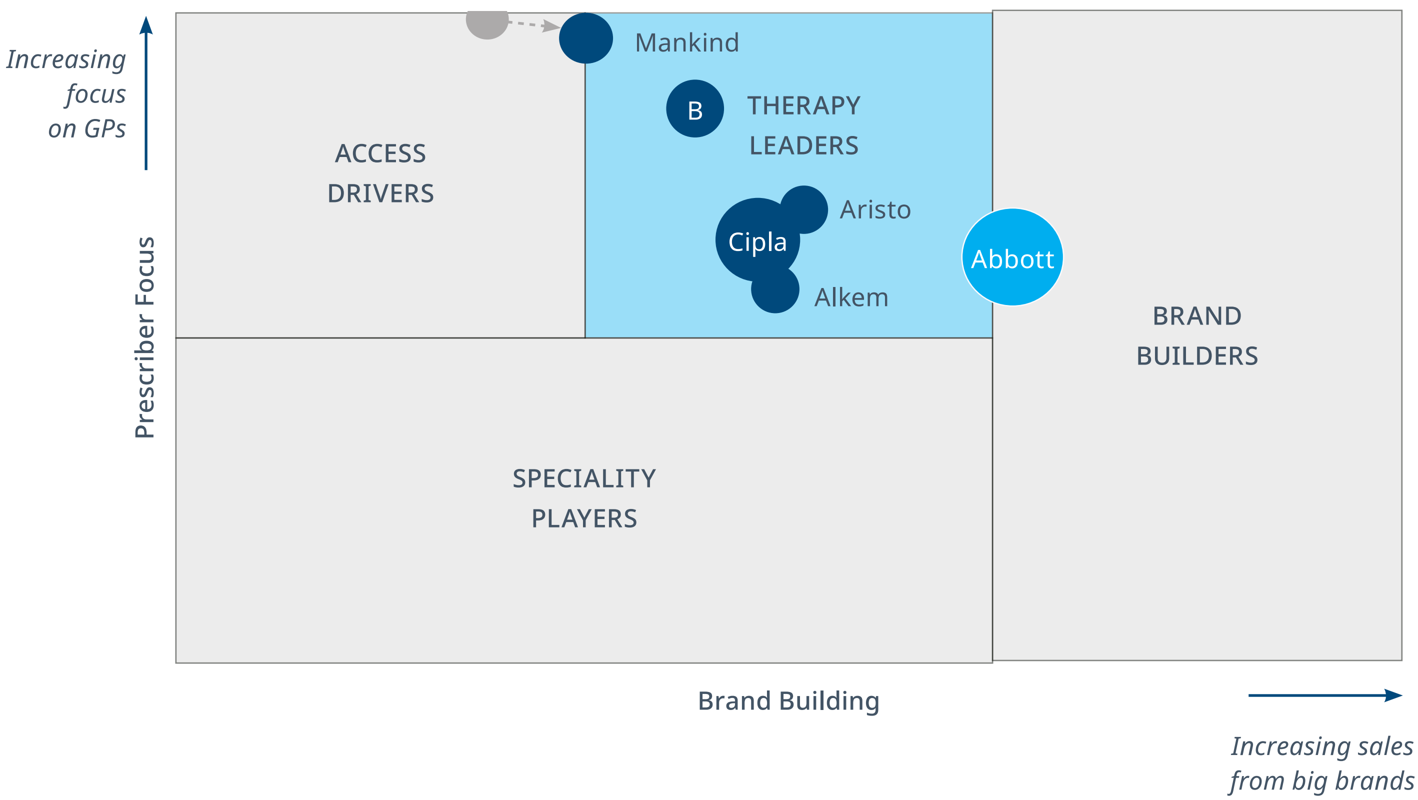


B. THERAPY LEADERS

Some of the top pharma players focus on few therapies, *(Figure 3)* with the objective of establishing leadership in those therapies. While these firms may continue to have presence in diverse therapy areas, bulk of their revenues are derived from few therapies where they enjoy dominant position – Cipla in Respiratory, Alkem and Aristo in Anti-infectives. These firms have **multiple mid-large brands within the therapies** (5-10 brands >INR 50 Cr.),[2] and face lower risk compared to brand builders, which have few large brands. It is critical here for firms to identify therapies where they can gain an edge and capitalize on the same through **wide prescriber and geographic reach.** For example, Aristo has focused on injectable antibiotics, driving sales from Tier 2 and beyond towns (with 50% share of sales compared to 45% in 2014).[2] These companies typically employ a **moderately large field force in a division** (~300-600) as focus is on reach, covering both GPs and specialists.

Abbott traverses both brands builders and Therapy Leaders quadrants due to diverse focus of its large divisions Abbott India Limited (AIL), Abbott Primary care (Abbott PC) and Abbott Specialty Care (Abbott SC). While AIL leverages legacy Abbott brands and successfully plays among 'Brand Builders', Abbott PC falls in 'Therapy Leaders' quadrant but has not been able to grow next set of brands after Phensedyl, to establish Respiratory franchise, and Claribid, to establish an anti-infective franchise.

Figure 3: Business Archetype B – Therapy Leaders



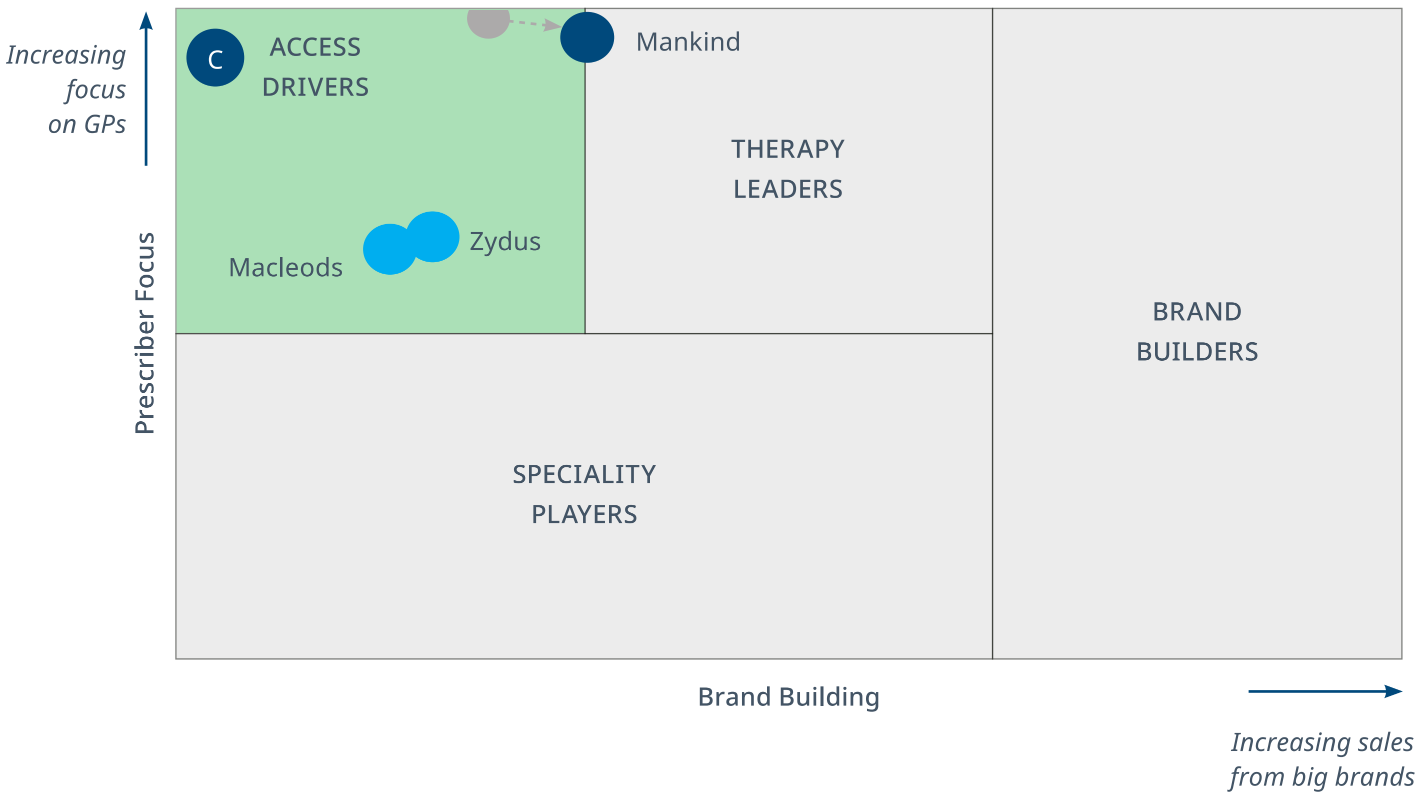
C. ACCESS DRIVERS

In this archetype, companies focus on GPs and expanding reach beyond Metro and Tier-1 *(Figure 4).* The model is to leverage existing molecules and take them to an untapped market or **launch NIs** (combinations) that are perceived differentiated in the extra-urban market. Success in this segment is dependent upon **penetration beyond Tier 2**. A critical success factor is the **need of a large field force** to ensure **wide coverage of GPs.** Few firms limit size of field force by focusing on select geographies and prioritizing depth of coverage over breadth.

Macleods has adopted this strategy and has capitalized on growth driven by new launches (46% share of growth).[2] Historically, Mankind has also seen immense success via implementation of this strategy (14% growth), though, we now see a transition to therapy focus archetype with reduction in new launches (averaging ~25 NIs in last 3 years, ~45% reduction over the previous period).[2] Both Macleods and Mankind have >40% of sales contribution from Tier 2 and beyond markets, as against ~33% seen for the IPM.[2]

This model offers limited potential to grow once the reach is established; it is essential to shift focus to brand building as can be seen with Mankind. Zydus (Δ 5% growth) has been unable to do the same despite being in the market for much longer than Mankind or Macleods. It has not penetrated the lower tier markets, which is a critical success factor in this archetype. We start to see stagnation in growth rates due to the same.

Figure 4: Business Archetype C – Access Drivers



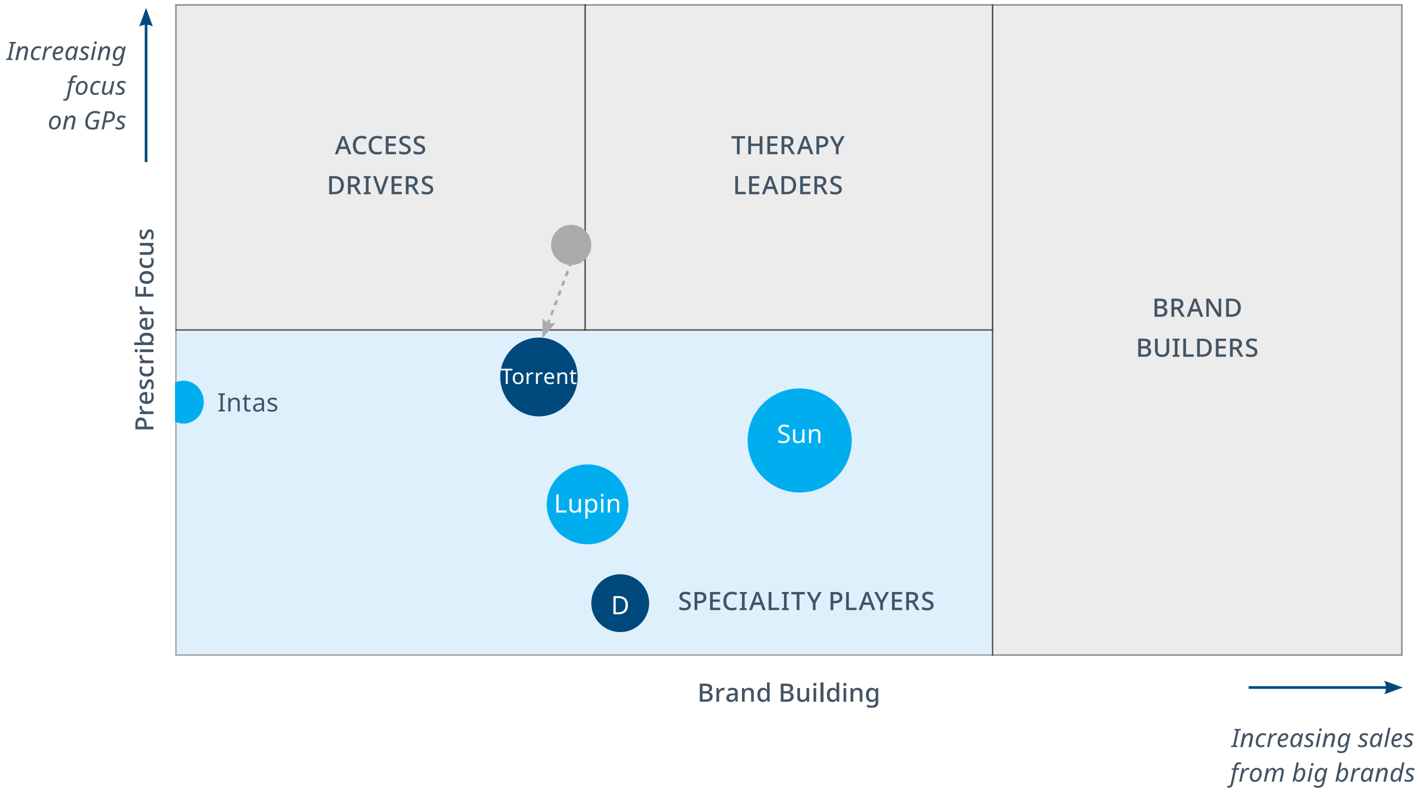
D. SPECIALTY PLAYERS

In this archetype, companies focus on specialty care products, targeting chronic and niche therapies, with sales driven by specialists *(see figure 5).* Division sizes are small and NI contribution to growth is high. These firms have high profitability, comparable to brand focused companies, with higher growth rates. Akin to 'Access Drivers', **focus on diverse therapies with new launches** is a key success factor here. **Collaborations with innovator companies** is also emerging as an important driver.

Lupin, growing at 15%, has successfully capitalized on partnerships with MNCs to bring specialty innovator products in India. It has shown significant new launch growth along with high volume growth in existing formulations. Intas has also focused on launches in chronic small and large molecules (biosimilars) achieving significant growth (~15%). Sun continues to show fragmented presence with focus on both chronic (Cardiac, Neuro) and acute (Gastro) therapies, and has growth of ~10%. It has successfully leveraged MNC collaborations, though NIs have declined.

Torrent, on the other hand, has transitioned into this segment recently. However, it has limited its therapy focus and reduced number of launches drastically. These factors, together with the acquisition of slower growing Unichem, have resulted in lower growth of the combined entity (8%) compared to its peers.

Figure 5: Business Archetype D – Specialty Players



WINNING IN THE IPM

Each archetype offers potential for success with specific critical factors driving the same. Overall, we also see a clear trend of therapy leadership being critical to market leadership going ahead, with a few exceptions. The top players in IPM today are therapy focused or moving towards this segment. Acute therapy focused companies require deeper penetration into the market, while chronic-focused companies have significant headroom available to grow in top tier towns.

Brand building is a critical success factor, however, over-dependence on few brands is risky. We see examples of both – MNCs with dependence on few brands, as well as Zydus and Emcure who have moved away from brand building, have both shown limited growth compared to peers.

New entrants in the market either enter in 'Access Drivers' or 'Specialty Players' archetypes. They can follow one of the following two paths in a bid to achieve success –

1. **Entry in Archetype C with transition to Archetype B –** Launch new brands of existing molecules targeting relatively untapped markets. Given the need for market penetration, focus can be limited to specific regions / zones, prioritizing depth over breadth of coverage. Once brands are established, specific therapies can be identified and built upon. Unison Pharma is a successful entrant following this model – It has focused on the West zone with significant coverage of GPs to drive sales; >65% of its Rx comes from GPs.[7]

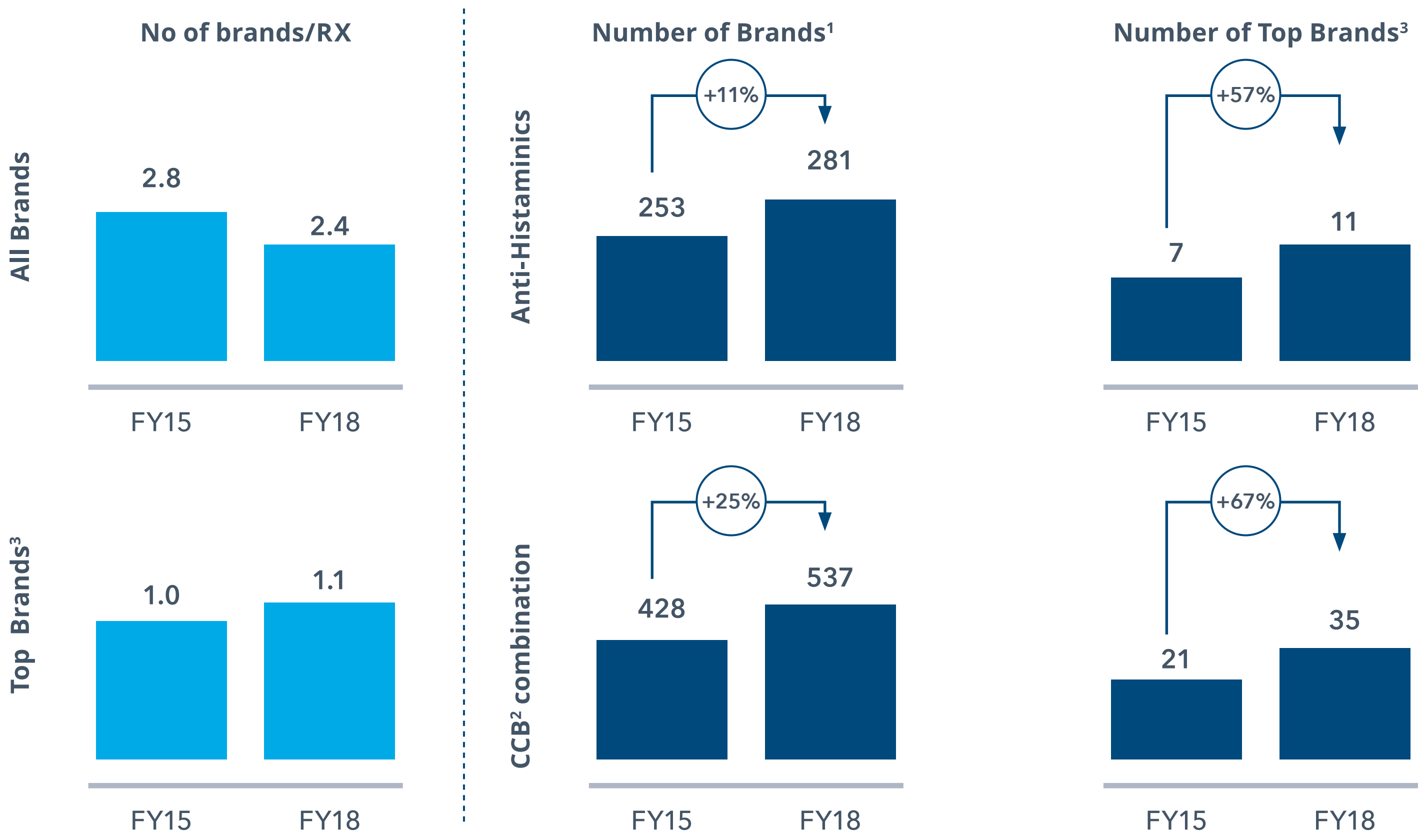
2. **Archetype D with or without transition to Archetype C–** Launch niche molecules which have limited competition. The focus here is on early adopters and KOLs to drive sales; GPs can be de-prioritized early on. Companies can then decide to continue playing in Archetype D or move upwards and to the right, focusing on select therapies with expanded coverage **Koye Pharma and La Renon Healthcare –** both have focused on niche molecules targeting specialists for their sales, with >80% Rx from specialists.[7]

   Compared to Unison, however, they have focused on a wider base with significant presence across all zones.

EVOLUTION OF THE ARCHETYPES

There are various external forces impacting the IPM at present. Regulations on price control, and proposed ban on FDCs, INN prescriptions as well as "One Company – One Brand" regulations, indicates increasing regulatory scrutiny in India, which in turn is expected to shape the growth of the industry. We see a rationalization in prescribing behavior, though big brands have managed to increase share of voice *(Figure 6)*. With increasing number of brands and companies in the market, there is limited time available to detail products in physician's chambers, thus necessitating alternate GTM strategy and engagement beyond physicians. Growing non-communicable disease burden and increasing penetration beyond metros are additional factors shaping the market. Based on these factors, following trends are seen and are expected to continue –

Figure 6: Rationalization in Prescribing Behavior and focus on Large Brands



[1]Number of brands include brands with minimum sales of 10 lacs in the given year, [2]Calcium Channel Blockers, [3]Brands >=20 Cr. In FY15

Source: IQVIA Sales Audit

Source: IQVIA Rx Audit

1. **Focus on brand building –** With decreasing share of voice in the market, companies are focusing on leveraging existing brand equity to drive sales. Number of large brands is increasing across sub-therapies relative to the overall brands in the market (Figure 6).

2. **Optimization of new launches –** Companies are reducing new launches in the market, specifically combinations, as risk of irrational FDC ban is high (see figure 7). Chronic launches are increasing as increasing NCDs offer growth opportunities. However, while the number of new launches is declining, value per NI is increasing, thereby indicating sharper focus.

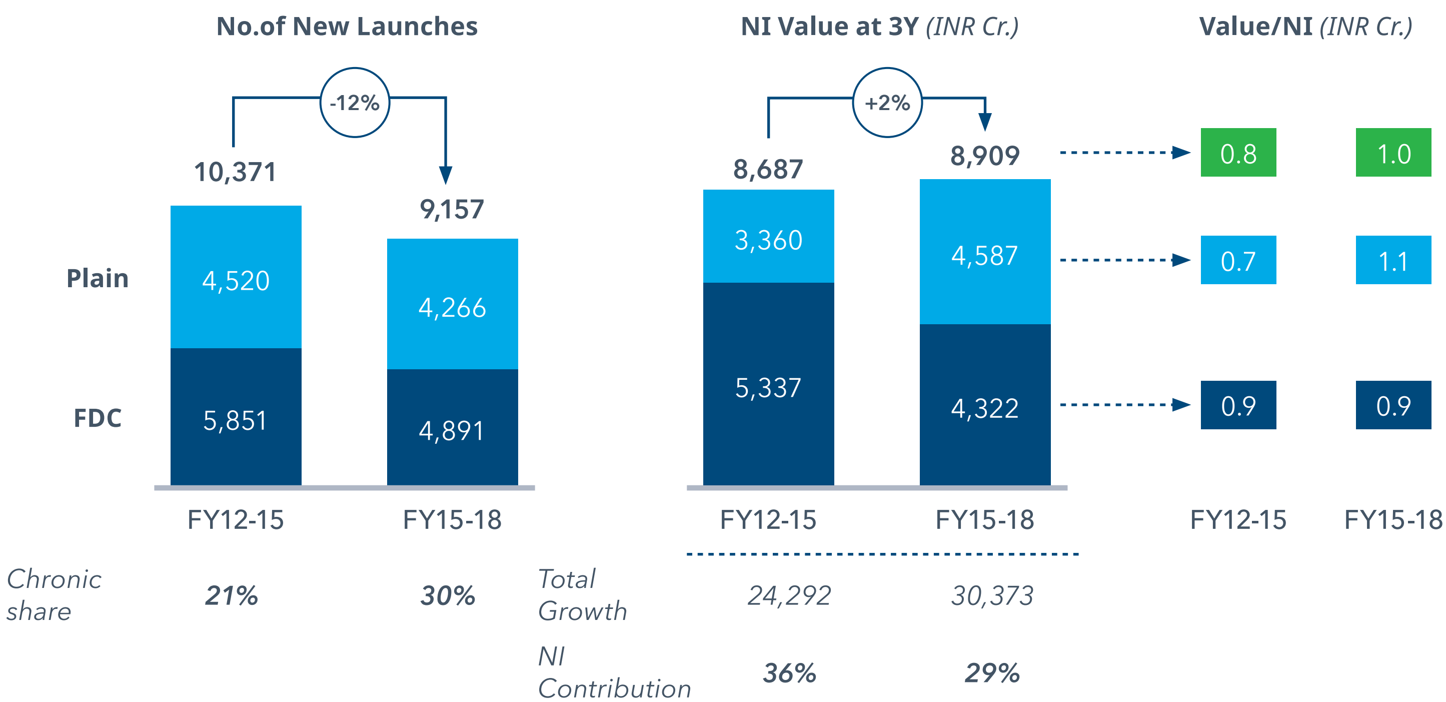
3. **Increasing brand extensions –** There is also focus on launch of extensions vs. new brands, as the former are leading to higher success rates. We evaluated successful brands (those having >10 Cr. sales at 5 years of launch) and found that brand extensions formed 42% of all successful brands (among FY13 launches) which increased to 49% (among FY14 launches).[2]

4. **Expanding penetration beyond Tier 1 –** Tier 2-6 towns currently show highest growth (13% vs 10% for IPM) with the differential being higher for acute therapies.2 For sustained growth, acute focused firms are increasing depth of coverage as metros become saturated.

Considering these trends, we expect a shift to archetypes on the right side in the current framework with increased focus on brand building and reduction in the number of launches. Companies who fail to build on existing equity are likely to lag. We also expect a shift upwards for acute focused companies as GPs, beyond metros, are expected to drive brand growth.

It is critical for firms to be cognizant of the impending evolution as they focus on key success factors to grow in their existing archetype, as well as develop capabilities to transition to a new one, for sustained success.

Figure 7: Optimization of New Launches



Source: IQVIA Sales Audit

SECTION 2: EXPLORING MNC ARCHETYPES

PREVALENT BUSINESS ARCHETYPES FOR MNCS

Indian pharmaceutical market (IPM) is estimated to be USD ~18 Billion with MNCs having a share of ~21%.[1] Top 15 MNCs contribute to ~90% of the overall MNC sales, and these companies have been analyzed as part of this paper.

Business models for MNCs are different from Indian players as they could be governed by the following factors:

1. **Global vs. Local Portfolio** - Majority of the MNCs in India have >90% of their sales coming from markets outside India. So, MNCs look to leverage their global products to generate sales rather than developing India-specific portfolio, unless IPM is a key element of their global growth strategy
2. **Adherence to global guidelines -** MNCs typically have global guidelines with respect to product launch, market promotion, etc. which are usually harmonized across countries. Harmonization limits flexibility to customize products as per country requirements, e.g. few MNCs are not keen on launching FDCs that are not approved by FDA/ MHRA, thus limiting growth through new introductions.
3. **Focus on market shaping activities -** Few MNCs also focus on molecules in niche therapies, e.g. Oncology, where the market is still under penetrated due to low awareness of patients, limited availability of physicians, affordability and lack of access to treatment. Promotion for such molecules requires focus on market shaping activities like disease awareness programs, prescriber education, patient support programs etc.

   There are MNCs which are highly invested in India and figure among the top pharmaceutical firms in India – E.g. Abbott is the largest MNC in India, grown primarily through acquisitions to build leadership across multiple therapies. Others have limited presence and focus on their global portfolio to drive sales – E.g. Boehringer Ingelheim has focused on India market-relevant global products to drive sales.

Depending on their portfolio offering and stated India strategy, companies have varying focus on market development activities across stakeholders– prescribers, patients and channel partners.

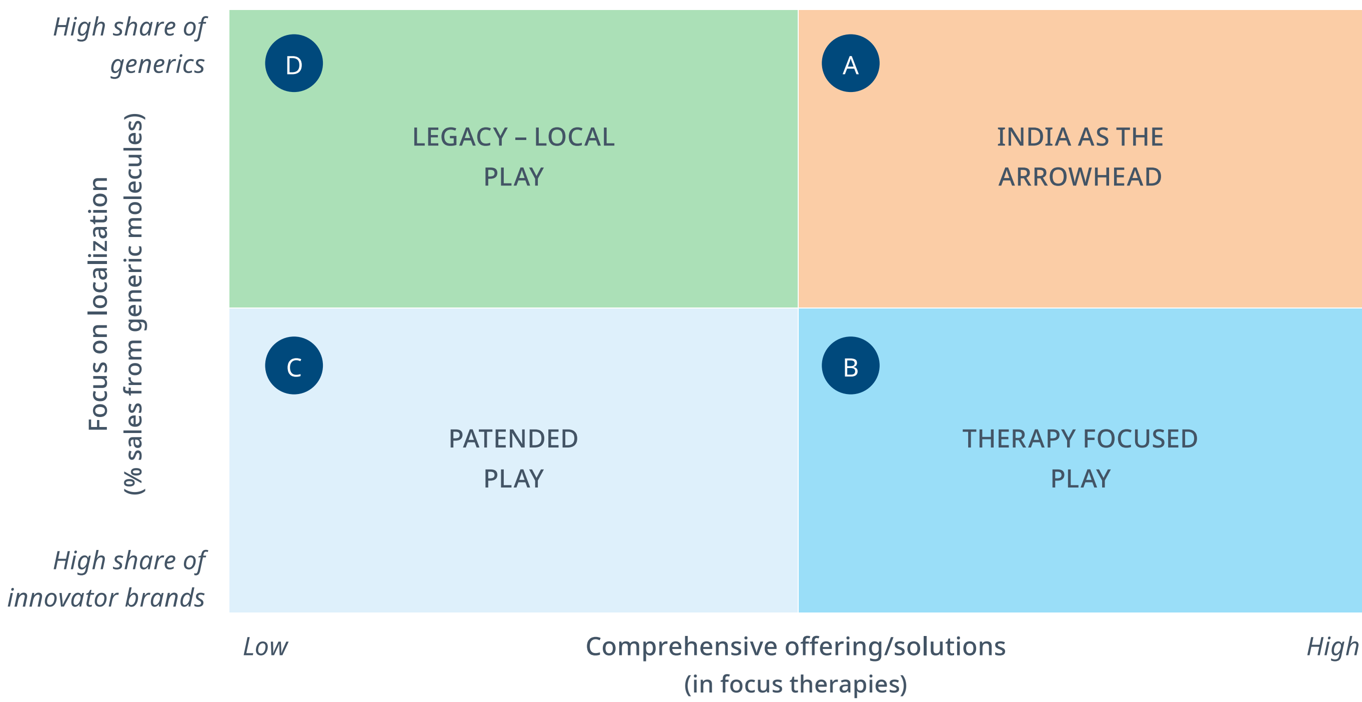
We have focused on two key levers to classify MNC Pharma strategy in IPM *(Figure 1).*

1. **What is the share of generics to overall sales?**
   High share of generics indicates focus on localization with large number of India specific brands while low share indicates focus on global patented portfolio to drive sales
2. **What is the comprehensiveness of their offerings in India?**
   *Higher contribution indicates large product basket and high market share in therapies present while lower contribution indicates focus on limited molecules **

Based on these levers, we have identified 4 key archetypes for MNCs in India:

A	B	C	D
India as the arrowhead	**Therapy focused play**	**Patented play**	**Legacy- local play**

Figure 1: Prevalent Business Archetypes for MNCs in IPM



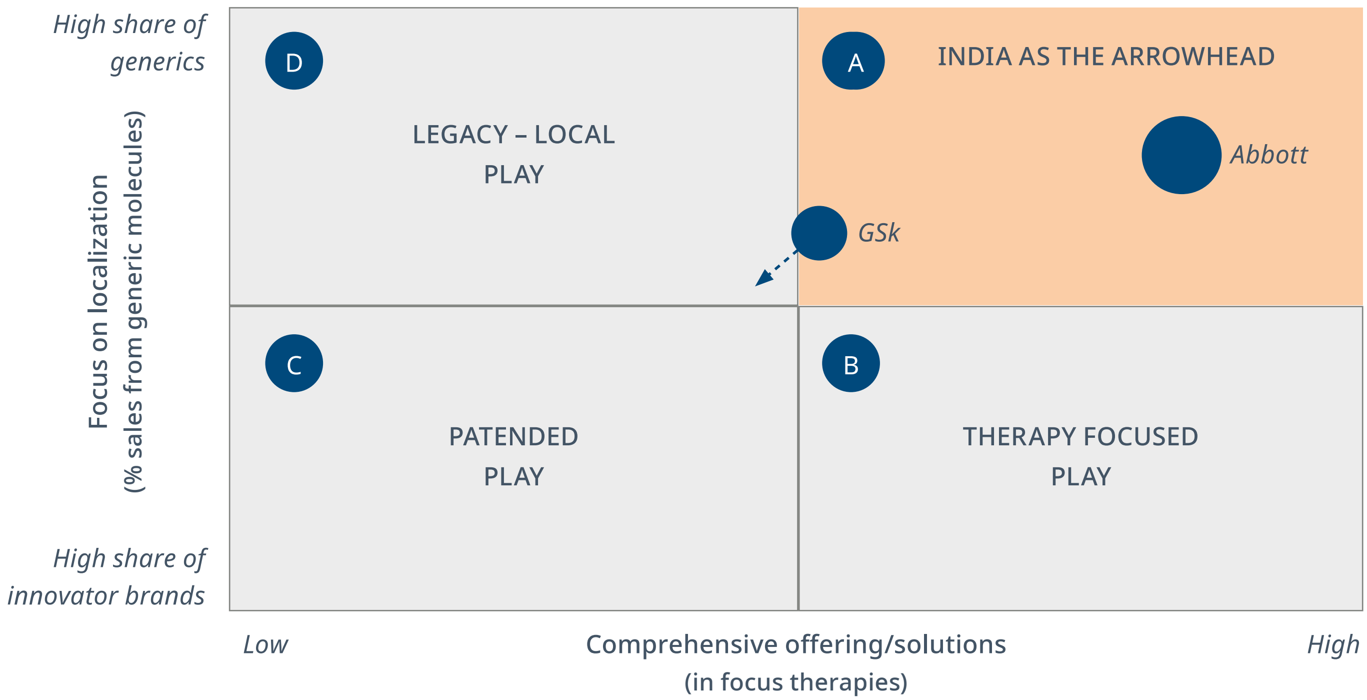
A. INDIA AS THE ARROWHEAD

This archetype pertains to MNCs that view Indian Pharma Market as a key element of their overall global growth and as a result invest significantly in the market *(Figure 2).* MNCs in this archetype are characterized by comprehensive portfolio of generic products, typically built through acquisitions and a large number of mega brands (>50 Cr. sales) across therapies.

Mega brands with strong brand equity are critical to sustain growth in this archetype. Abbott, for instance, has a portfolio of more than 27 mega brands – the highest in India[1]. Since these companies have a large portfolio of India centric products, focus on GPs and expanding reach beyond metros and tier1 towns becomes critical. As a result, a large field force becomes a key success factor to ensure wide coverage. Abbott has epitomized by deploying 10,000+ field force.[3] Apart from this, Abbott has also focused on market shaping activities – E.g. Thyronorm became a market leader through its award winning marketing campaign, educating prescribers for better diagnosis.[4,5] This coupled with patient awareness programs helped build a >300 Cr. brand in India.[1]

India is a key market for GSK, contributing to ~30% of their emerging market (BRICS) sales[2]. They have a large product portfolio in India consisting of ~17 mega brands.[1] While GSK has been able to sustain growth of its mega brands, which have grown at a CAGR of ~9%[1] since 2015, they have not been able to drive growth in the long tail, which has degrown at ~1% since 2015.[1] Lack of growth in next tier of brands has kept GSK away from leadership position in therapies or rank gain in IPM. With this effect, we believe that GSK has decided to pare brands from current 130 to 20 key legacy brands to drive its future growth.[6] This would result in GSK moving to the left and low, potentially in the legacy – local play quadrant (described later).

Figure 2: "India as the arrowhead" Archetype



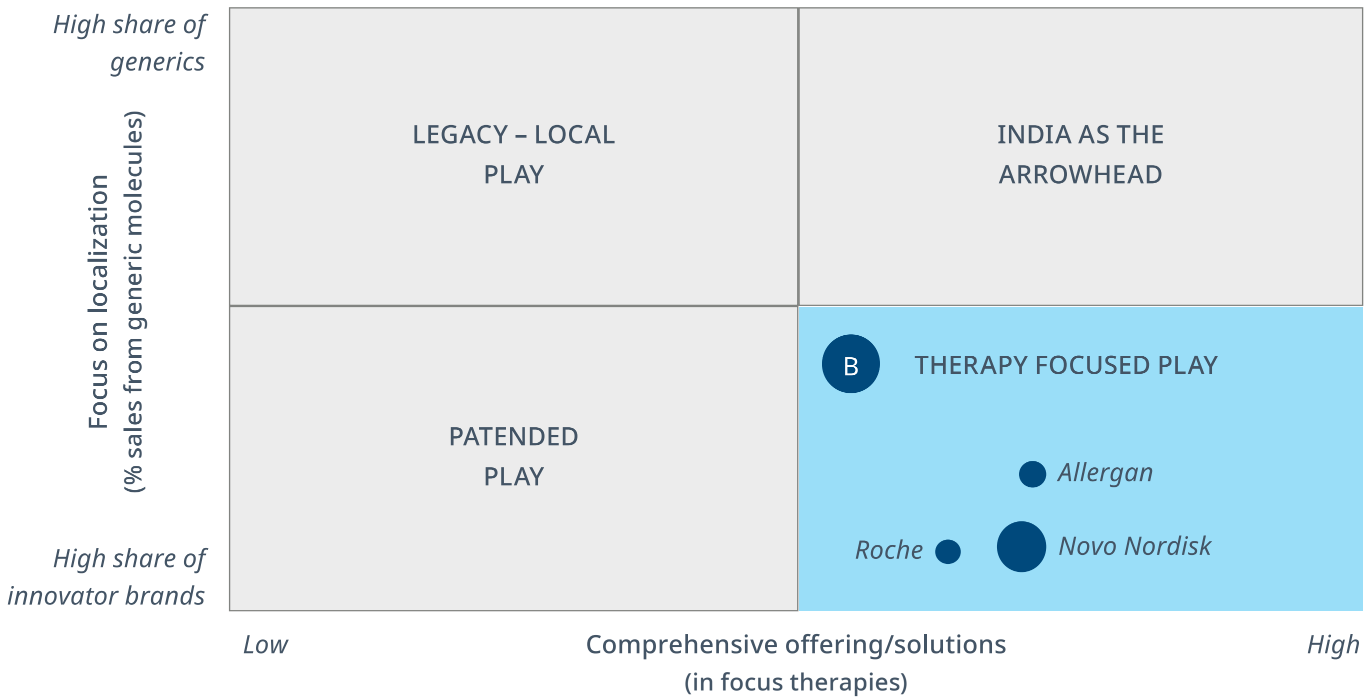
B. THERAPY FOCUSED PLAY

Few of the MNCs focus on select therapies *(Figure 3),* with the objective of establishing leadership in those therapies. While these firms may continue to have presence in diverse therapy areas, bulk of their revenues are derived from few therapies where they have large covered market and enjoy dominant position – Roche in Oncology, Novo in Anti-Diabetes and Allergan in Ophthalmology. It is critical here for firms to identify therapies where they can gain an edge through differentiated portfolio and capitalize on the same through wide prescriber coverage and geographic reach. For leadership in niche therapies, MNCs also have to focus on market shaping activities. Novo Nordisk, for instance entered India in late 1980s, when diabetes was a niche therapy. They invested in both physician and patient engagement to establish insulin as a category, besides considerable investment in government channel. Their most notable play has been physician education, training a generation of Diabetologists from late 1980s, to increase diagnosis. Apart from this, they have also focused on disease awareness campaigns- "Changing Diabetes Barometer", in partnership with government bodies, screening more than 750 K patients and educating more than 3,500 prescribers and paramedics.[7]

Roche, a leader in oncology therapy, has not only launched its innovative portfolio in India but also backed them by a comprehensive patient support program. Its **"Blue Tree"** program has helped over 4,000 cancer patients by providing care services post diagnosis and fulfilling key need gaps in terms of access and affordability.[8]

Allergan, a specialty pharmaceutical company, is the market leader in ophthalmic category. The company has anchored a strong position in all the major disease segments within eye care through a combination of innovator and generic products developed in-house as well as through acquisitions.

Figure 3: "Therapy focused play" Archetype

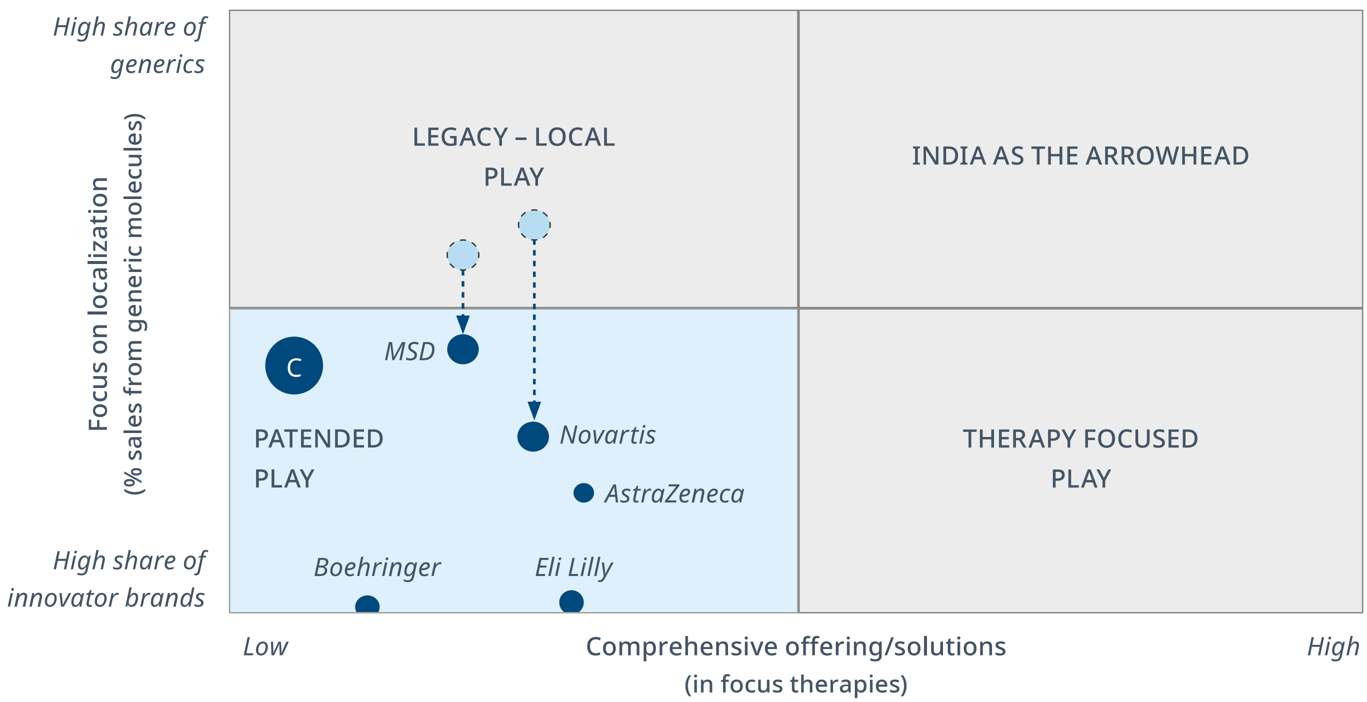


C. PATENTED PLAY

This archetype is characterized by MNCs with presence limited to few large innovator brands *(Figure 4),* however they are open to launching global pipeline selectively through collaborations. Success in this archetype require sustained focus on few brands. Co-marketing partnerships with Indian players is also emerging as an important driver for growth in this archetype, as it enables quicker access across both geographic and physician segments. Moreover, MNCs have leveraged responsible pricing to drive market access of their products.

BI, growing at a CAGR of ~35%,[1] has successfully capitalized on partnerships with Indian players and priced products based on local market dynamics to drive growth of its patented products. Novartis has also leveraged co-marketing partnerships with multiple companies across five of its patented products. Novartis along with MSD has transitioned from "Legacy - local play" to "Patented play". Selective launch of global portfolio, e.g. Gliptins, reflecting Indian market needs helped shift portfolio towards innovative brands. Looking at the success of their global patented products in India, these companies have expedited launch of other market-relevant products. Due to limited focus on few patented brands, this archetype faces high risk from factors like patent expiry. This was seen in the case of BI, where monthly volumes for Pradaxa declined by ~30% post patent expiry.[1] MSD and Novartis face a similar risk – their key focus molecules i.e. Sitagliptin (54% sales of company) and Vildagliptin (40% sales of company), respectively, are expected to lose patent over the next 2 years, with potential adverse impact on revenues.[1]

Figure 4: "Patented Play" Archetype



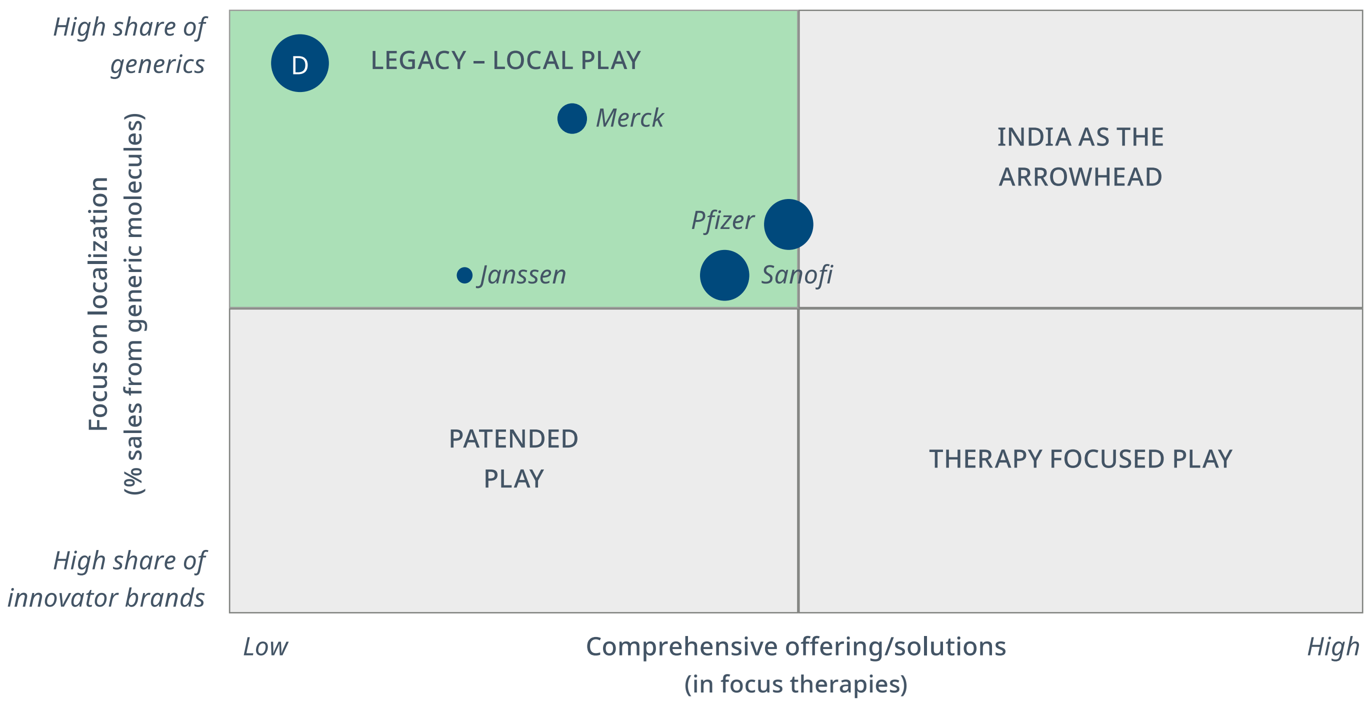
D. LEGACY- LOCAL PLAY

MNCs falling under this archetype *(Figure 5)* are characterized by substantial focus on growing legacy brands (brands >10 years old). However, they have also managed to develop "India-specific" portfolio. Legacy brands with strong brand equity are critical to their success; these require sustained focus and hence new launches have to be limited, targeted, and supporting current brands. KOL coverage is critical and channel play, including reaching out and engaging distributors and chemists, is becoming increasingly important for driving these legacy brands.

This archetype faces high risk from external and internal factors due to high dependency on few large brands. Ban on irrational FDC (e.g. Pfizer's Corex came under irrational FDC lens, and the company withdrew the brand voluntarily) or inclusion of a brand in the DPCO (e.g. Sanofi's Clexane saw a price drop of ~15%[1]) can severely impact sales and profitability.

Sanofi has a portfolio of legacy brands which contribute to ~80% of its India sales.[1] It has managed consistent and moderate growth of ~10% since 2015, as it has sustained growth of its Lantus (23%) & Allegra (16%) brands,[1] with targeted launches in vaccines. It has also successfully leveraged channel play and brand extensions to grow legacy brands like Combiflam, Allegra and Amaryl. Pfizer, similar to Sanofi, has a high dependence on legacy brands which contribute to ~70% of their sales, but has shown limited growth in the last few years.[1]

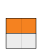
Figure 5: "Legacy- local play" Archetype



WINNING IN THE IPM

MNCs can follow archetype A, B and C with success, however, we believe that MNCs in archetype D i.e. "Legacy- Local Play" need to move to the right or down to succeed as it is difficult to drive growth through few legacy brands which are prone to external factors like FDC ban or inclusion in DPCO.

Willingness to invest and expand portfolio, specific to India, will determine the focus archetype for an MNC. The success of MNC in an archetype depends on the following factors:

1. **Building a portfolio of mega brands:** Successful MNCs have focused on building a portfolio of large brands to achieve dominance in focus therapies. Contribution from mega brands for top MNCs stands > 50%, with mega brands driving growth for these companies *(Figure 6).*
   Relevant archetypes- 

2. **Partnerships with Indian players:** MNCs are increasingly focusing on partnerships and collaborations to drive access and scale without major investments *(Figure 7).* MNCs in "Patented play" have used co-marketing as a lever to drive growth. BI, with INR ~500 Cr[1] in India sales have recently entered the market and have grown at ~35% using this model.
   Relevant archetypes- 

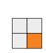
3. **Portfolio in focus therapy areas:** Some MNCs focus on few therapies with the objective of establishing leadership in those therapies. Therapy focus also helps in establishing strong relationship with KOLs which could be leveraged for new product launches. Companies focusing on niche therapies like oncology need to invest heavily to overcome challenges related to access and awareness. This success factor is most relevant for MNCs in archetype B.
   Relevant archetypes- 

Figure 6: Top MNCs- Mega brands contribution to growth

	Revenue (Cr)	#Mega brands (>50 Cr)	%Share of mega brands	Company CAGR (15-18)	Mega brands' growth multiple over company
Abbott	6,012	27	48	8	1.4x
GSK	3,839	17	64	5	1.7x
Pfizer	2,734	14	65	1	9.0x
Sanofi	2,726	14	62	9	1.3x
Novo Norodisk	1,732	8	96	18	1.0x
Novartis	1,200	4	63	5	1.3x
MSD	1,116	4	64	12	1.2x

*Abbott revenues exclude sales due to distribution agreement with Novo Nordisk
Source: IQVIA TSA MAT Mar 2018, IQVIA Analysis

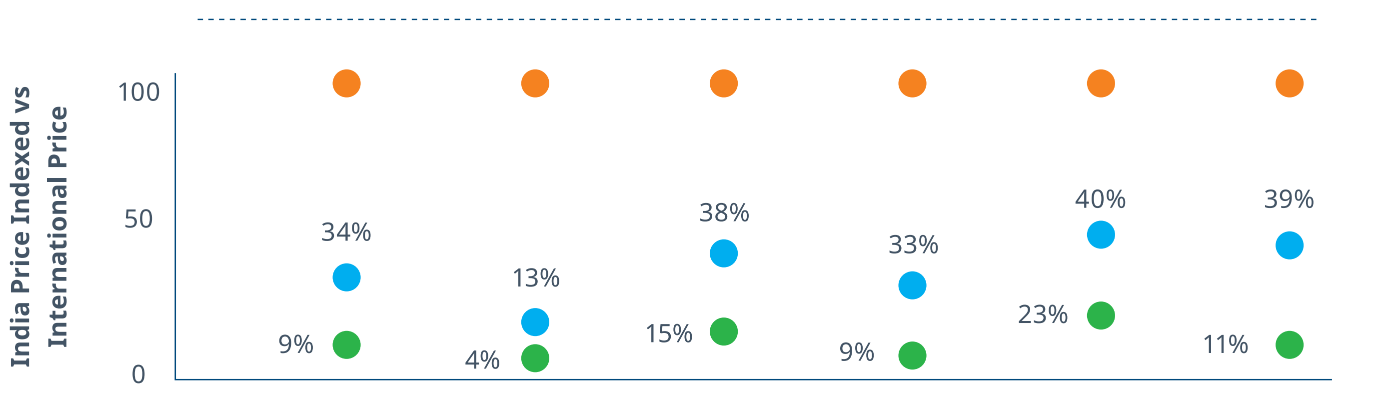
Figure 7: Key co-marketing / Out-licensing deals in India

Therapies	MNC	Indian Partner
Cardiac and Respiratory	Novartis	Cipla
Cardiac and Respiratory	Novartis	Lupin
Diabetes	Lilly	
Diabetes	Boehringer Ingelheim	
Oncology	LG	
Oncology	Roche	Cipla

Therapies	MNC	Indian Partner
Diabetes	AstraZeneca MSD	SUN Pharma
Diabetes	Novartis Johnson & Johnson	Cipla
Anti-viral	Gilead	Emcure Aurobindo Laurus Labs Hetero Zydus Cadila
Oncology & Osteoporosis	Amgen	Dr. Reddy's

4. **Responsible pricing:** Since access is a major challenge in India, companies focusing on patented products have to come up with innovative approaches towards pricing. Top patented brands have either relied upon responsible pricing (Figure 8) or on patient support programs as a key lever to achieve greater access (PSPs). Novartis has among the highest number of PSPs (Win for Patients) with focus on improving treatment compliance and increasing access. MNCs like J&J and Roche also have high focus on PSPs. Relevant archetypes-

Figure 8: Successful MNC Brands in India- Price at India launch vs International prices



Brand	Janumet	Jardiance	Brilinta	Januvia	Pradaxa	Entresto
India Launch	2008	2015	2012	2008	2012	2017
India Sales, INR Cr	390	113	109	188	47	18
Company	MSD	Boehringer Ingelheim	AstraZeneca	MSD	Boehringer Ingelheim	Novartis

US EU5 India

Source: IQVIA TSA Data, IQVIA Midas data, IQVIA Analysis
*Excludes sales from combinations or 2nd brands

EVOLUTION OF ARCHETYPES

Globally, India is becoming a significant market to focus on. We see increasing interest of global majors in India, which is evident from the growing number of MNCs that have established front end operations in India over the last decade (e.g. BI, Eisai, Mylan, Astellas etc.) or are planning to enter/scale up in the Indian market (e.g. Santen[9]).

Looking at the success of global patented products in India, these MNCs are tapping into the "Patented play" quadrant by launching market-relevant patented products in India. They have also focused on expediting launch of global patented products *(Figure 9).* While, "Patented play" model is a good entry point, it offers limited potential to grow once the reach is established and it is essential to shift focus to "Therapy focused play". This could be seen in the case of BI, which is building a portfolio of diabetes products – it is planning to launch SGLT2+ DPP4 combination and SGLT2 + Metformin combination in India in collaboration with Lupin[10] – The two products will be co-marketed by BI and Lupin.

MNCs traditionally playing in the "Legacy- local play" quadrant are also transitioning to "Patented play" quadrant. Both Novartis and MSD have gone through this transition. This transition is driven by the following:

1. **Increasing regulatory scrutiny in India –** Imposition of price control on drugs beyond the National List of Essential Medicines and the proposed ban on FDCs underscore the changing regulatory policies that might impact sales of generic products. Since innovator patented products are relatively less prone to such regulatory changes, MNCs are rationalizing their portfolios to increase focus on patented products.

2. **Evidence of success of patented products in India –** Earlier MNCs were skeptical of launching their patented products in India as the IP ecosystem was not encouraging. However, it is noticed lately that MNCs have been able to protect patents of their innovative products in India and have been able to generate revenues upwards of Rs.300 Cr. through innovative products e.g. Sitagliptin, Vildagliptin, etc.

Going forward, we expect players in "Therapy focused play" quadrant to maintain their focused play while players in "Patented play" quadrant will move towards the right, playing in niche therapies. "India as the arrowhead" archetype will likely remain a domain of limited MNCs given the investments required and increasing competition from Indian players.

Figure 9: Delay in launch of patented molecules (India vs. country of first launch)

	Therapy area	Company	Brand	First Launch Year	Time of launch compared to first launch (months)							
					0	1-6	7-12	13-18	19-24	25-36	37-48	>48
Prior to 2012	Diabetes	MSD	Januvia	2006	USA			India				
	Anti-HIV	Merck	Isentress	2007	USA							India
	Cardiac	Boehringer Ingelheim	Pradaxa	2008	EU5						India	
	Oncology	Pfizer	Sutent	2006	USA					India		
Post 2012	Diabetes	Lilly	Trulicity	2014	USA		India					
	Diabetes	Boehringer Ingelheim	Jardiance	2014	EU5			India				
	Immuno-therapy	Novartis	Cosentyx	2015	USA		India					
	Cardiac	Novartis	Entresto	2015	USA			India				
	Vaccine	Sanofi Pasteur	Hexaxim	2016	EU5		India					
	Oncology	Pfizer	Ibrance	2016	USA			India				

Prior to 2012, lag in launch used to be 18-48 months which has declined to less than 18 months

USA | India | EU5 (Italy, Spain, France, Germany, UK)

Source: IQVIA Midas Data, FDA Orange Book, IQVIA Analysis

SECTION 3: ALTERNATE CHANNEL PLAY AND INVESTMENT THEMES

ALTERNATE CHANNEL PLAY

As part of the previous papers, we have highlighted the importance of alternate channels for growth of larger brands in the market. However, first we should understand what we mean by alternate channels.

The domestic pharma market is dominated by retail branded generics, representing >80% of total sales.[1] There are ~8 lakh allopathic physicians and over 9 lakh pharmacies in India, spread across metros and lower tier towns.[2,3] These pharmacies are primarily fulfilment stations for prescriptions written by physicians, thereby making physicians key stakeholders (although highly fragmented). An average formulator in India has bulk of its resources targeted at reaching and detailing brands to these physicians in a bid to drive prescriptions.

However, companies are starting to look beyond prescribers as they look to expand their presence. Other channels have become key for firms eager to grow in a highly competitive market. In this paper, we focus on:

1. Hospital Channel
    b. Public
    c. Private
2. Trade Channel
    a. Metro and Tier-1
    b. Tier-2 and beyond
    c. e-Pharmacies

HOSPITAL CHANNEL

Hospital channel is estimated at INR 25-30,000 Cr. This channel was growing faster than retail (+2%), however, is now growing at par due to pricing pressures and increased competition. The channel is divided into two distinct categories, private and public.

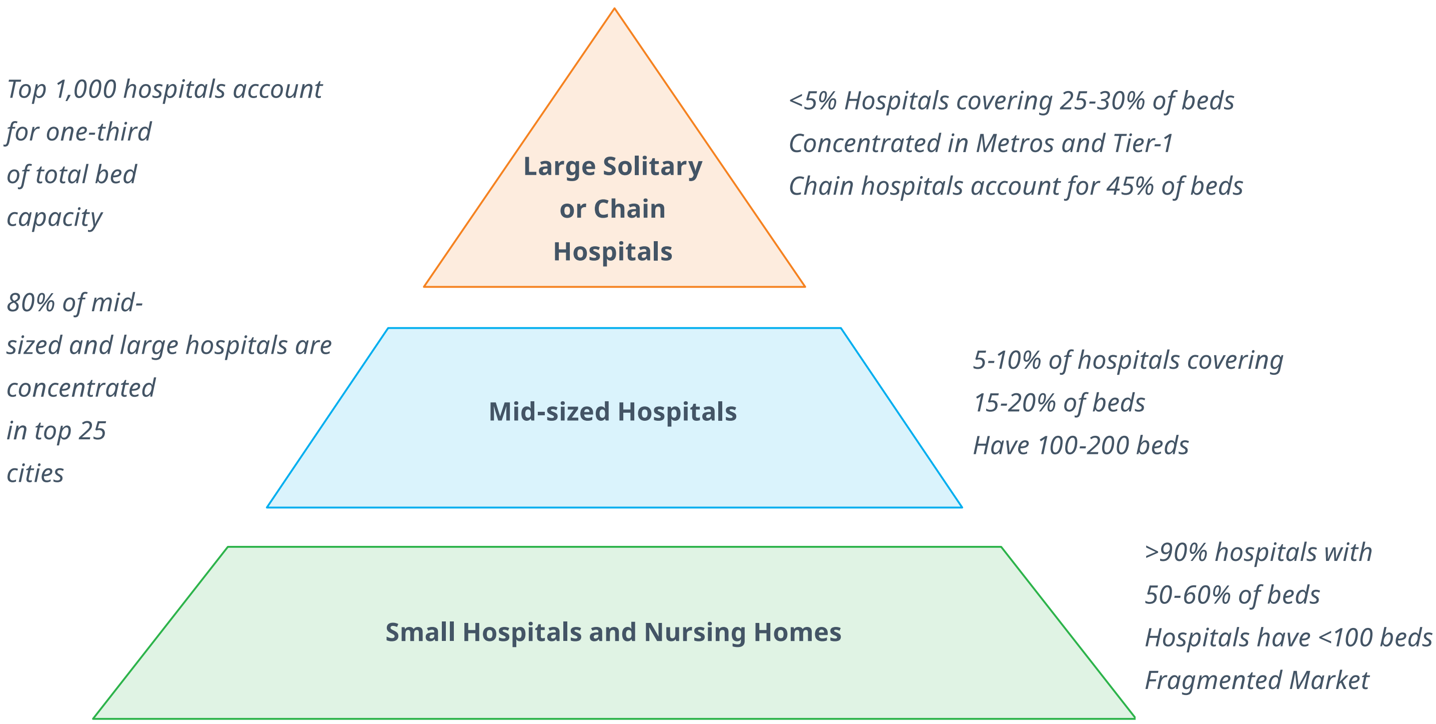
Private hospitals have a strength of 8-9 lac beds, with nearly 50% of the beds residing in mid to large hospitals, i.e. those having more than 100 beds, which represent <10% of total hospitals *(see figure 1).* Overall, private hospitals account for ~50% of hospital sales, by value.

Branded medicines from top companies form the bulk of purchase in the private setting. Margins are a key driver for purchase across hospitals. Large hospitals value brand and efficacy, while most smaller hospitals make purchase decisions based on physician preference. Brand of choice is also influenced by the patient segment addressed by the hospital and engagement by pharmaceutical companies.

Tapping into the private hospital market requires a dedicated field team, as each hospital or hospital group has its own purchase policy. Influencers of brand choice vary from physicians, in smaller hospitals and nursing homes, to pharmacy & therapeutic committees and purchase bodies, in larger hospitals and corporate chains. Purchases are through distributors who may or may not be rate contracted. At present, most companies follow a key account management structure, where a representative is allocated few accounts.

For a given molecule, a hospital typically keeps 3-5 brands – understanding factors that impact brand selection, including target patient segment, reimbursement rates etc., is critical for success in this space. IQVIA leverages its proprietary databases to provide these insights.

Figure 1: Private Hospital Universe in India



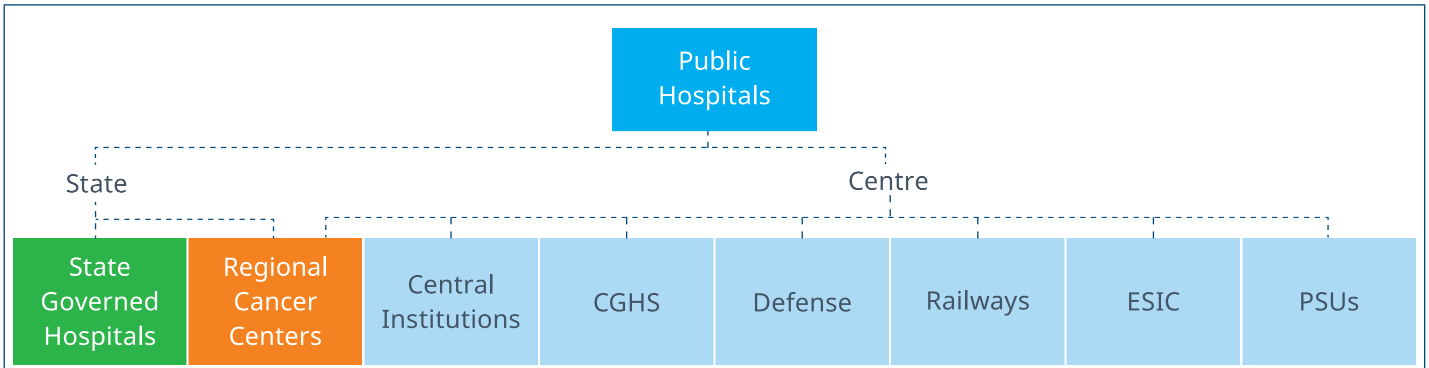
Public infrastructure has >7 lac beds, as per National health profile 2018, with ~2 lac beds in medical college attached hospitals. Consumption in the public channel is not uniform and varies based on the governing body and the population it caters to *(figure 2).*

State governed hospitals form the bulk of overall beds, but have much lower pharma consumption.
The population catered to is typically poor and overall facilities, including medicine availability, are usually lacking. The procurement is tender based with the lowest local purchase among public hospital segments. L1 pricing is the key driver for procurement, and local/regional players typically dominate this space. In the absence of niche or patented molecules, play in this segment is difficult, specifically in terms of profitability.

Institutions like Central Government Health Scheme (CGHS) and Defense show higher preference for brands. L1Q1 criteria, limited tenders, empaneled companies as well as higher sales cut-off to participate in tenders, ensure that the large branded generics companies have a good play in this segment. Higher local purchases also provide means of entry for newer firms. Overall spending cap for such institutions is much higher as compared to State-run facilities. *Spend per capita for a CGHS beneficiary is more than 4 times that of overall healthcare spend per capita (which includes capital expenditure).*[4] Innovative patented products have significant sales in such institutions as treatment costs are reimbursed. While spend on ESI and Railways is lesser, they also offer potential for branded generic players.

Other central institutions are standalone, having their own procurement policy in place with separate tenders. However, they are still critical targets for relevant players e.g. Large regional cancer centers for an oncology focused player.

Figure 2: Public Healthcare Segmentation in India



	State Governed Hospitals	Regional Cancer Centers	Central Institutions	CGHS	Defense	Railways	ESIC	PSUs
Bed share	~90%	<5%	<5%	NA	<5%	<5%	<5%	<5%
Value share	40-45%	~10%	<5%	~10%	~10%	<5%	~20%	<5%

TRADE CHANNEL

Trade channel refers to stakeholders, such as stockists and chemists, who are involved in distribution of drugs from the manufacturer to the consumer. The channel is gaining importance with increasing consumer awareness and rising self-medication and consultation fees. A study in rural Bengaluru found that 40% people self-medicate, while an online study by Lybrate found 52% people self-medicating.[5,6] Stakeholders in trade channel therefore become key influencers, and thus a target for companies to educate and influence. However, importance of different stakeholders for branded generics players varies by geography.

Metro and Tier-1. Apart from prescription sales, we classify sales into two further types – **recall sales,** i.e. sales of drugs driven by consumer demand, and **push sales,** i.e. sales of drugs based on chemist recommendations. Chemists are key influencers to drive push sales for a brand, which has resulted in a new segment of drugs, called "Trade Generics" *(see Box 1).* Trade generics pose a serious threat for branded generics in chemist-driven sales. Given the high margins that a chemist enjoys on trade generics, branded drugs have a low share of push sales. However, there is still room for play for branded generics, and success in this channel depends on three factors:

1. Type of product portfolio – Acute vs. chronic, OTC vs Rx
2. Pricing of product portfolio – Average molecule cost, average brand cost
3. Type of chemists targeted – Large vs. small, geographic region

A recent study by IQVIA on non-narcotic analgesics found that 3-12% of total sales was pushed by chemists. A targeted strategy for chemists with the right portfolio would be key to drive this market.

Tier-2 and Beyond. While push sales and chemist influence are important in tier-2 towns as well, given the fragmented nature of the market, targeting chemists alone may not justify the investment on a trade team. The fragmented nature, however, offers another influencer - hub-chemists *(see Box 2).*

Channel play targeting hub-chemists is relatively unexplored, with few companies investing resources in this space. However, hub-chemists have been identified as key influencers of physicians, patients and smaller chemists in driving purchase decisions in smaller towns and rural areas. A large hub-chemist services 20-25 doctors (rural medical practitioners) for purchasing medicines. A single touchpoint therefore offers opportunity for a pharma player to reach out to a large patient pool where access and competition are limited.

Though trade generics have a lion's share here as well, there is still significant play for a branded generic player. In an attempt to make drugs affordable to all, the government is considering a cap on trade margins. A proposed method is to cap price at first point of sale which will limit profiteering on margins. With the proposed regulation on margin caps, impact on trade generics would be high making channel play more attractive for traditional players.

Box 1: Trade Generics

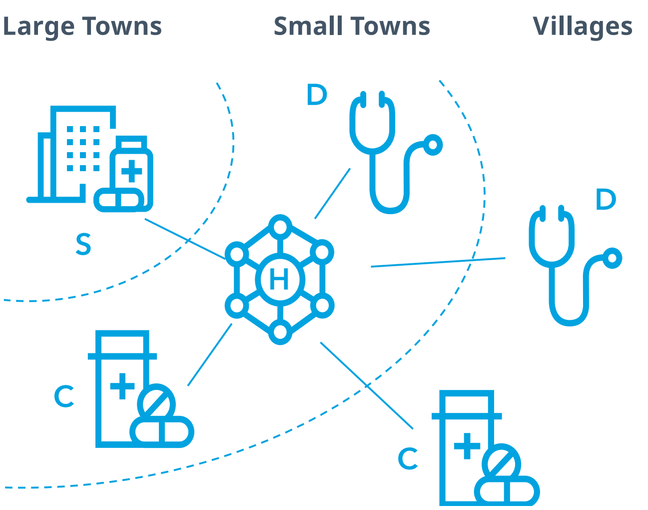
Trade generics are branded medicines that are not promoted to physicians. Their sales are driven by the higher margin that the product provides for the channel. This is in contrast to branded generics, where consumption is driven by physician recommendation and channel mainly functions as a fulfilment agent. In India, trade generics contribute to 5-6% share of the market by value (at PTR level) but nearly 20% share by volume.

Branded Generics	Trade Generics	
INR 1,20,000 Cr. Market*	INR 6-7,000 Cr. Market*	*Supplied through a different distribution network guided by different policies*
Fixed retail margins of ~20%	Variable margins – up to 90%	*Offer a low investment low profitability model for existing players*
Sales through prescriptions	Sales through chemist push and direct dispensing	*Potential boost from generic prescription policy but face risk from margin caps*

*Values at PTR level i.e. stockist sales, retail margins are not included

Box 2: Hub-Chemists

Hub-chemists are large chemists situated in towns with limited access to stockists. Typically, given the size and legacy of the chemist, they become key influencers and purchase points for smaller chemists, dispensing doctors as well as patients in the town.



Hub-chemists act as a bridge between urban and rural markets They are influencers and primary suppliers to local practitioners

For some legacy brands, hub-chemist driven Rx sales contribute up to 20% of value

S – Stockist | H – Hub-Chemist | C – Chemist | D – Doctor

E-PHARMACIES

E-pharmacies have been a hot topic for discussion lately as they are a new and emerging channel for Pharma sales. There are an estimated 250+ e-pharmacies in India of which 20 have received funding (as of November, 2017).[7] The overall market for e-pharmacies is unknown with estimates ranging from 1,000 to 10,000 crores. Even at its best, the market currently represents ~6% of the overall domestic pharma market and has high growth potential.

With the recently released draft policy on e-pharmacies, there is further clarity on the viability of the sector. However, the policy requires final distribution through distributors or retailers which may limit profitability due to additional investments required in building infrastructure or leveraging sales partners. Additionally, restriction on disclosure of information and advertising, which are likely to include sponsored listings, can further impact revenue opportunities. However, the restrictions are limited to drugs; OTC products and cosmetics still provide immense opportunity for e-pharmacies. Pharma players in India, looking to expand their OTC and consumer health portfolio, can explore partnerships with e-pharmacies as a means to drive sales.

IMPORTANCE OF CHANNEL PLAY

In the last few papers we highlighted the importance of brand building for sustained success in the market. For some of the larger brands, avenues for further growth through prescriptions alone is limited and there is a need to expand reach. For other brands, specific channels (e.g. Public institutions) may be the only opportunity to play. While all channels offer scope for sales, specific players can see high growth from specific channels:

1. ***Players with high value specialty brands:*** High value brands, specifically injectables, in Oncology, Cardiac etc. see limited play in the retail segment as affordability and applicability are still limited. Exploring the hospital channel is critical for such a portfolio. Play is limited to channels where reimbursement rates are high; large private hospitals and specific public institutions offer this opportunity.

2. ***Players with large legacy OTx brands:*** Brands which are well-penetrated in the larger cities among prescribers need to ensure availability in chemist stores to prevent opportunity loss in recall and push sales. Reaching out to hub-chemists is also critical to enable reach among the rural segments where penetration is limited.

3. ***Players with OTC and consumer health brands:*** Chemists again are a critical channel to target to ensure availability as well as to drive sales. E-pharmacies are also likely to become a significant channel for this portfolio.

While most of the larger players may be present across the channels considered, targeted channel play is still relatively unexplored but is quickly gaining momentum. First movers are likely to gain significant advantage over the laggards as the traditional market becomes increasingly crowded.

INVESTMENT THEMES

As part of this paper, we are evaluating investment themes in the healthcare sector in India with a focus on the pharmaceutical industry. Our objective is to understand the recent trends in healthcare deals, its comparison with other sectors, pharma investment landscape and key drivers for private equity (PE) investments in this space.

INVESTMENT THEMES IN HEALTHCARE IN INDIA

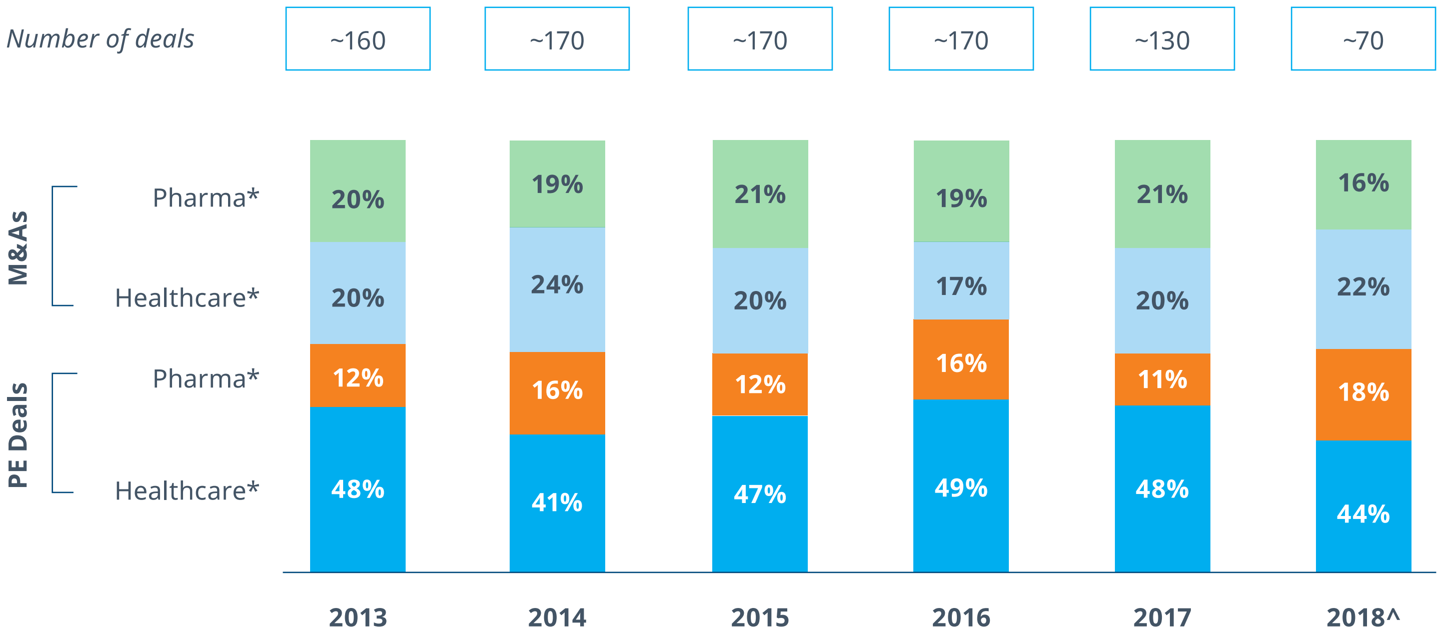
India-specific deals in healthcare remained nearly constant between 2013 to 2016, however, 2017 showed a significant decline mostly in Pharma PE investments *(figure 3).* Values also remained fairly constant between 2013 to 2016 with one spike seen in 2014 driven by the Sun-Ranbaxy merger. In 2017, while the PE investments declined, their overall value was at par with previous years which has been between USD 1.1 to 1.5 Billion each year.[8]

Mergers and Acquisitions, however, show wide variations in total deal values with significant value decline seen in 2017 driven by lower inbound deals. Compared to 2016, where Fosun announced its deal with Gland, 2017 saw no new high-value deals with overall inbound deals value being less than USD 100 Million.[8] We see revival in the current year with IHH-Fortis deal, valued at around USD ~1 Billion, driving up the total M&A value.[9]

Compared to other sectors, share of healthcare deals in terms of volume and value have been on the decline *(see figure 4).* However, 2018 has been a year of revival, in deal value, for both PE investments (ChrysCapital's investment in Mankind) and M&As (IHH-Fortis merger).

Healthcare, however, shows the most consistent return on investments *(figure 5).* A comparison of the top exits (5 to 10) for the top sectors in the last 5 years showed higher median returns for Healthcare compared to Industrials and Consumer discretionary. The range of returns is between 20 to 30% though outliers are seen – KKR's exit of Gland Pharma generated more than 80% returns.[8,9]

Figure 3: Share of PE and M&A deals in India in Healthcare

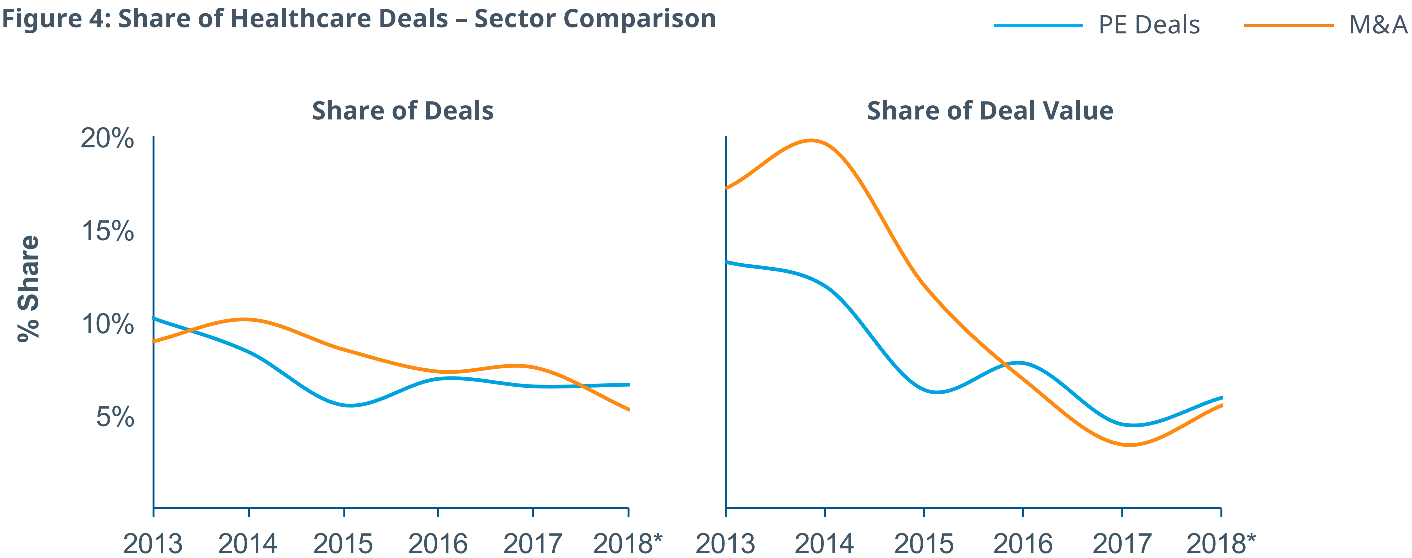


Note: *Healthcare includes providers, equipment suppliers and technology, Pharma includes pharmaceuticals and biotech players, ^2018 values are till end of August and may be revised

All values based on announced deals in a given year

Source: VCCEdge Database, Press Research

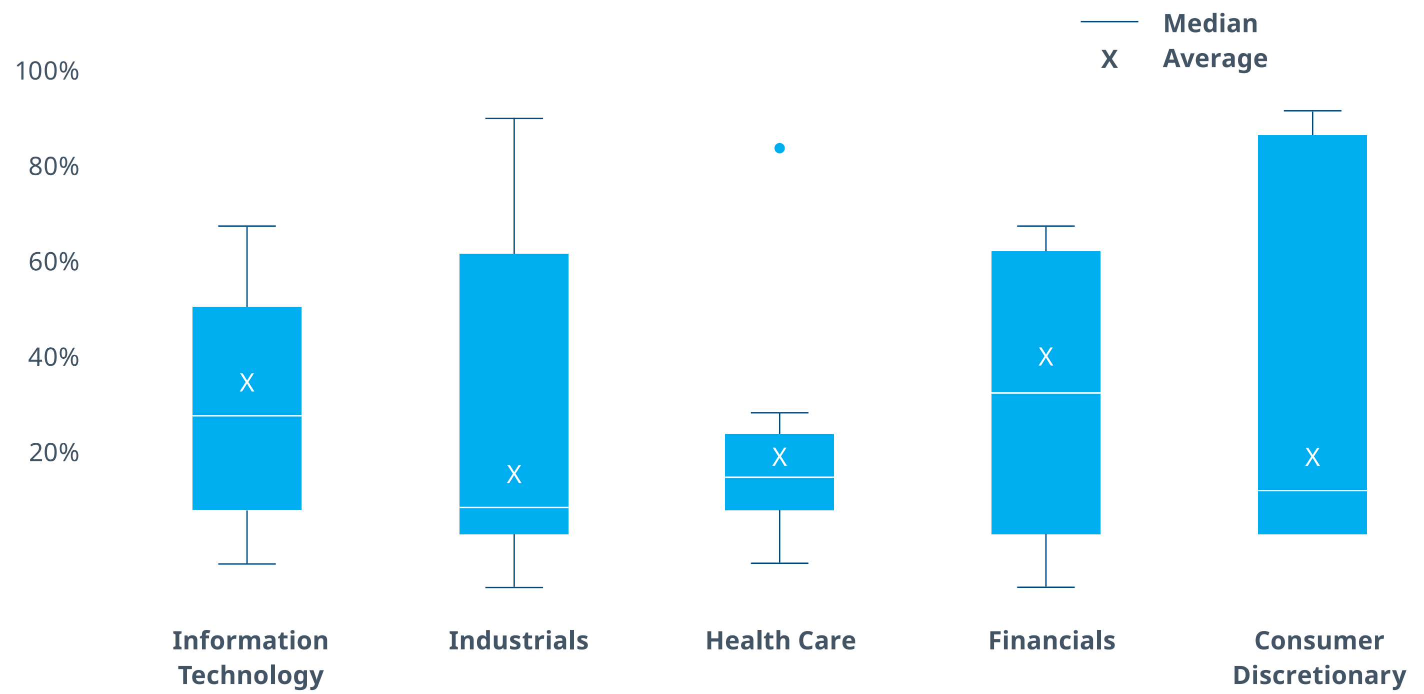
Figure 4: Share of Healthcare Deals – Sector Comparison



*2018 values are till end of August and may be revised, Based on announced deals

Source: VCCEdge Database

Figure 5: Returns on Investments – Sector Comparison



Source: VCCEdge Database and Press Research

INVESTMENT THEMES IN PHARMA IN INDIA

We evaluated the top deals in Pharmaceutical sector (including value chain) focusing on deal values across different industries *(see table 1).* Formulators have attracted the highest ticket value but there have been deal values of all sizes, given the diverse range of companies– top 100 firms ranging from ~100 to ~10,000 Cr.[1] Domestic formulators offer significant investment play for investors with varying investment capacities. We have also seen large M&As in the API manufacturing and CMO industry, but large PE investments are rare. Larger funds looking for high ticket investments, therefore, need to focus on the domestic formulation space.

CDMOs are generally low ticket investments, given the current scale of operations. Smaller PE funds can explore CDMOs as potential targets as they have seen substantial successful exits in the recent past. Given the global trend of consolidation in the CDMO space, which is becoming a driver for growth, ticket value may see a rise for CDMOs as they increase their scale of operations.

Among PE investments, share of early stage investments was on the rise till 2017, though overall deals saw a decline last year. 2016 has been particularly promising with the largest number of early stage VC investments who would be looking to exit in 2019-22, making the current market attractive for investments. 2018 has already seen a rise in growth investments compared to 2017 *(Figure 6).*

Pipe investments have shown a decline post 2014 though some investments continue to be seen. However, with pharma valuations taking a hit in the last 3 years (BSE healthcare index shows ~30% drop from April 2015 to April 2018; recovery is seen post that), pipe investments are likely to see a revival.

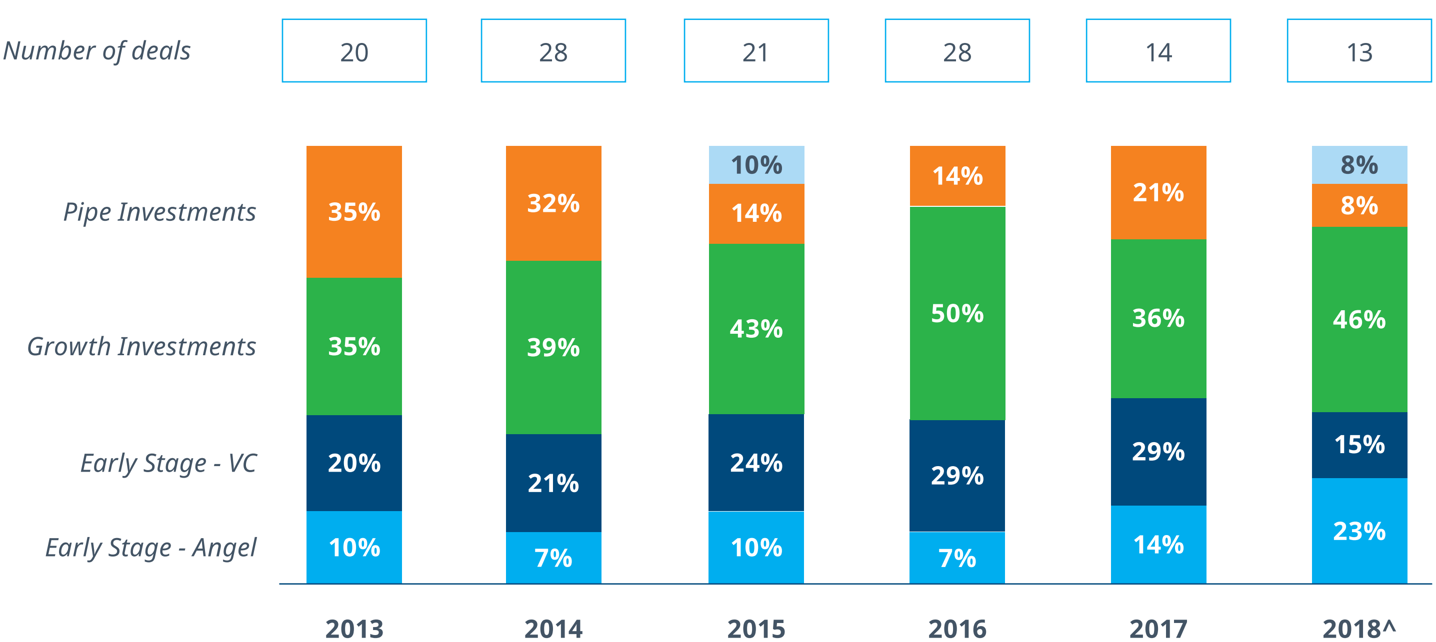
Table 1: Distribution of Pharma Deals by Deal Type, Size and Industry

Deal Type	Deal Size	Share by Industry	Deals
Mergers and Acquisitions	Large *(>$ 500 Mn)*	50% / 33% / 17%	6
	Medium *($100 to 500 Mn)*	57% / 14% / 29%	7
	Small *($10 to 100 Mn)*	46% / 38% / 13% / 4%	24
Private Equity Investments	Large *(>$ 150 Mn)*	100%	*5*
	Medium *($40 to 150 Mn)*	42% / 25% / 17% / 17%	*12*
	Small *($10 to 40 Mn)*	56% / 6% / 9% / 28%	*32*

Formulations Marketeers **API Manufacturers** **CMOs** **CDMOs**

Based on announced deals
CMOs – Contract Manufacturing Organizations, CDMOs – Contract Development and Manufacturing Organization
Source: VCCEdge Database

Figure 6: Distribution of PE investments in Pharma by deal type



*2018 values are till end of August and may be revised, Based on announced deals
Source: VCCEdge Database

DRIVERS OF PE INVESTMENTS IN PHARMA

Over the last 5 years, we have seen investments in different types of firms, each presenting different opportunities for growth. We have evaluated deals of size more than USD 20 million (~30 deals) to understand the different drivers for investments. The drivers are linked to the target business type and are segregated as follows:

1. **Chronic Specialty Play:** Formulators with specialty focus, specifically in chronic areas, attract significant investments (e.g. Shilpa Medicare, Natco Pharma). Chronic therapies are expected to drive future growth in the IPM with Oncology being the top growth segment. Along with Mankind's reach, its chronic entry was also a significant driver for recent investments. Presence in specialty products is also a critical driver for API manufacturers and CMOs (e.g. Gland Pharma).

2. **Regulatory Market Upside:** Regulatory market presence and innovation/investment in specialty business is another driver for large formulators. Sun, Intas and Glenmark have attracted private / pipe investments from Temasek.

3. **Vertical Integration:** This is a critical driver for manufacturers. Laurus labs received significant investments as it leveraged its API capabilities leading to significant operational efficiencies in its Finished dosage formulations (FDF) business. Symbiotec, a corticosteroid API manufacturer, has successfully backward integrated its manufacturing process which is a key factor for investment interest.

4. **Innovator Drug Development:** For CDMOs, the most critical driver is presence of an innovator portfolio, specially with a wide spectrum from early stage to commercial manufacturing. Syngene and Neuland are CDMOs with significant revenue share from innovator portfolios, that received investments from global and local PE funds.

Other drivers include strong R&D capabilities, consumer focused portfolio and large successful brands, specifically for formulators.

While the above drivers are critical for growth and hence attract investments, there are various other factors that investors must consider before investing – portfolio quality and its mid term relevance, competitive intensity, customer stickiness, capacity utilization etc. Each one of these could be a risk factor impacting potential for growth or profitability. A comprehensive due diligence of the various elements is critical for a successful investment strategy.

REFERENCES

Section 1:

1. Pharmaceutical Exports From India – India Brand Equity Foundation (July, 2018)
2. IQVIA Sales Audit (MAT March 2018)
3. 'Generic drug approvals in US hit record high in FY17', Livemint (October 9, 2017)
4. 'Pharma sector to create 58,000 more jobs by 2025, feel experts', The Hindu Business Line (February 28, 2017)
5. Boosting Pharma and Healthcare Sector under Make in India – Employment News, Government of India, 2016
6. 'GSK Pharma: in the recovery room', Livemint (August 26, 2016)
7. IQVIA Rx Audit (MAT March 2018)

Section 2:

1. IQVIA Sales Audit (MAT March 2018)
2. IQVIA MIDAS Data (MAT March 2018)
3. 'Growing with the Leader', Business Today (March 11, 2018)
4. Abbott India Limited Annual Report, 2012
5. National Awards for Excellence in Healthcare, World Health Congress, 2016
6. 'Focus on 20 key brands to drive growth: GlaxoSmithKline pharmaceuticals', The Economic Times (August 21, 2018)
7. Changing Diabetes® Barometer, Novo Nordisk Education Foundation. (Retrieved September 11, 2018)
8. A platform for supporting cancer patients in India, Roche. (Retrieved September 11, 2018)
9. Santen's Medium-Term Plan (MTP2020) (June 5, 2018)
10. 'Lupin, Boehringer Ingelheim to co-market two oral anti-diabetic drugs in India', The Hindu Business Line (July 11, 2018)

Section 3:

1. IQVIA Sales Audit (MAT March 2018)
2. 'With 1:921, India has healthy doctor-patient ratio', Times of India (April 3, 2018)
3. '9 lakh chemists across India on strike today', Times of India (May 30, 2017)
4. National Health Profile 2018
5. K. Selvaraj – "Prevalence of self-medication...rural Bengaluru, Karnataka, India" (2014)
6. '52% Indians self-medicate', Times of India (April 8, 2015)
7. 'Have e-pharmacies found the growth pill?', Economic Times (November 5, 2017)
8. VCCEdge Database
9. 'Malaysia's IHH trumps Manipal to win Fortis Healthcare bid at Rs 170 / share', The Economic Times (July 14, 2018)

IQVIA TEAM

Lead Authors

DR. JASDEEP SINGH,
Senior Principal and Consulting Head, South Asia, IQVIA

Jasdeep leads the management consulting practice and services business in South Asia. He also drives the private equity program and cross-border collaboration work. He has been a trusted advisor to leading domestic and MNC companies, and private equity clients in India. He has on-ground experience with Pharma companies across functions of R&D and strategy in both emerging and regulated markets. Jasdeep has authored various research articles and whitepapers. He received a Bachelors and Masters degree in Biochemical Engineering and Biotechnology from Indian Institute of Technology, Delhi, and a Doctorate in Chemical Engineering from University of Cambridge.

DR. AVIN VAGRECHA,
Management Consulting
IQVIA

Avin is part of the management consulting team based out of Mumbai. Avin has worked on various client engagements focusing on market assessment, opportunity estimation, launch strategies and due diligence studies across pharmaceutical, consumer health and med tech space. Avin has worked on various point-of-view reports for private sector companies. He holds a Post-graduate Diploma in Management from Indian Institute of Management, Ahmedabad and has completed his MBBS from Grant Medical College (MUHS).

Key Contributor

MOHIT JAIN,
Management Consulting,
IQVIA

Mohit is part of the management consulting team based out of Gurgaon. Mohit has worked on engagements across commercial due diligence, business process improvement, market research, business strategy & planning and sales & marketing effectiveness for both pharmaceutical and med tech players. Mohit received a Masters degree in Business Administration from NMIMS University, Mumbai and has completed his B. Pharma from School of Pharmacy and Technology Management, Mumbai.

Contributor

MADAVA HEGDE,
Management Consulting
IQVIA

Madava is part of the consulting team based out of Mumbai and leads the PE practice. He has cumulative experience of 35+ transactions across Healthcare and Life Science sector – including Domestic and Regulated Market Formulations, APIs and Diagnostics Service Providers. He holds a Post-Graduate Diploma in Management from Indian Institute of Management, Indore and has completed his B.E. from NITK, Surathkal.

ABOUT IQVIA

IQVIA (NYSE:IQV) is a leading global provider of information, innovative technology solutions and contract research services focused on using data and science to help healthcare clients find better solutions for their patients. Formed through the merger of IMS Health and Quintiles, IQVIA offers a broad range of solutions that harness advances in healthcare information, technology, analytics and human ingenuity to drive healthcare forward. IQVIA enables companies to rethink approaches to clinical development and commercialization, innovate with confidence as well as accelerate meaningful healthcare outcomes. IQVIA has approximately 55,000 employees in more than 100 countries, all committed to making the potential of human data science a reality. IQVIA's approach to human data science is powered by the IQVIA CORE™, driving unique actionable insights at the intersection of big data, transformative technology and analytics with extensive domain expertise.

IQVIA is a global leader in protecting individual patient privacy. The company uses a wide variety of privacy-enhancing technologies and safeguards to protect individual privacy while generating and analyzing the information that helps their customers drive human health outcomes forward. IQVIA's insights and execution capabilities help biotech, medical device and pharmaceutical companies, medical researchers, government agencies, payers and other healthcare stakeholders tap into a deeper understanding of diseases, human behaviors and scientific advances, in an effort to advance their path toward cures. To learn more, visit **IQVIA.com.**

CONTACT US

+91 22 7109 7200 / 7299

LOCATION

Unit No. 902, 9th Floor, 'B'
Wing, Supreme Business Park,
Supreme City,
Hiranandani Gardens, Powai,
Mumbai - 400 076.

DISCLAIMER

IQVIA has relied on information available through its proprietary databases and that which is available in the public domain, towards preparing the document. The primary sources of data in preparing this report have been documented throughout this report. While we have made an attempt to source data from reputable sources, we do not accept responsibility for such information. Details of our primary information sources are stated throughout the report and we have satisfied ourselves, so far as possible, that the information presented in our report is consistent with other information available with us. We have not, however, sought to establish the reliability of the sources by reference to other evidence.

As with any attempt to estimate future events, conclusions, and other information included herein are subject to certain risks and uncertainties, and are not to be considered guarantees of any particular outcome.

IMS Health & Quintiles are now

IQVIA™