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Brand preference and Stocking behavior of Drugs in the Indian Pharmaceutical Distribution Chain: A Strategic Perspective of Retail Chemists in Delhi-NCR.

Dr. P.S.Raychaudhuri,*
School of Management & Business Studies,
Jamia Hamdard University, New Delhi.
Email: psray61@rediffmail.com

(*Corresponding author)

Ms. Ishrat Rasool,
Research Scholar,
School of Management & Business Studies,
Jamia Hamdard University, New Delhi.

Ms. Bushra Akhtar,
Research Scholar,
Jamia Hamdard University, New Delhi

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Abstract

This study was done to understand the retail chemists' perception of the brand of drugs available and the factors influencing their stocking choice of drugs. The presence of global drug companies in India has ensured new product launches, new brands of drugs, and more competition. They have made the aspect of building product brands and company image very essential for the domestic pharmaceutical companies here. The availability of low cost generic / OTC drugs from smaller manufacturers also offers chemists a viable option with good margins to stock for a large section of the population as affordable medicines.

The most important factors that influence them are drug quality, brand image, margin given by the company, and retail drug price. A drug of good quality with a good brand image/ company image is prescribed by the doctors and sells well. If the price is reasonably fixed, then doctors also favor them, and the company is also able to give the chemists a reasonable margin. The high brand image can also fetch a price premium to give them the right margin. The chemists prefer a short product name, which is easy to remember and pronounce for brand recall factor.

Around 100 Chemists were chosen from different regions of Delhi and NCR region around hospitals/ nursing homes. Both the quantitative approach (with a questionnaire) and the

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qualitative approach (with interaction interview during questionnaire response) have been adopted.

The study helps the pharmaceutical marketers to understand the chemist's decision-making process for the stocking choice of different brands and the strategies that could be evolved to meet them. Similar studies and surveys have been done in the past for the physicians, but a corresponding survey for the retail chemists to understand the broader aspects of brand preference across the supply chain has been scant. Thus it will help to get a better perspective.

Keywords: Brand Preferences, Pharmaceutical distribution, Marketing Strategies, Stocking behaviour, , Retail chemists, Branded Drugs, OTC Drugs.

Introduction to the Problem

The Indian Pharmaceutical market

As the 7th largest country in the world, its sizeable geographical diversity presents challenges in terms of distribution and reach. A vast majority, 72% of the population is concentrated in rural areas wherein a growing demand presents a significant opportunity.

The current healthcare spends in India stands at 1.02% of the GDP, with a per capita annual income of $1,032. The insurance accounting for 6%, out of pocket expenditure at 64%, and the government's contribution of 24% constitute the major components of the health expenditure. The dominant out of pocket spend present a significant opportunity for over the counter (OTC) products.

The Indian Pharmaceutical Market (IPM) is competitive and dominated by generic medicines that are growing at a 14% CAGR in value and 7% CAGR in volume. The generics market revenue increased to USD 26.1 billion in 2016, from USD 21 billion in 2015. The rural sector accounting for more than 35% of the industry's turnover has a significant influence on growth. The hospital market is fast emerging as an essential avenue for growth within the Indian Pharmaceutical market (IPM) (ibef, 2017).

With the strengthening of the economy more in rural areas, there is a greater focus on health and affluence-driven increase in healthcare consumption. Economic prosperity would improve drug affordability. There is increasing penetration of health insurance, and OTC drugs will be readily available with greater penetration of chemists in rural India. The launch of the Government's Ayushman Bharat medical insurance scheme for the middle class and rural families has been a boon in this direction, both for people and additional demands for the pharmaceutical industry.

The growth in the number of prescriptions with more doctors will further add to the growth in demand for medicines. There is an increase in fatal diseases, and the changing lifestyle is adding more number of stress-related diseases. Thus, India's large population base and a stable growing economy will help the growth of the pharmaceutical industry.

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The quicker the patent expiries, there are the launch of similar drugs, spurious drugs, etc. – therefore it requires differentiated brand-building strategies at every stage of product life cycle and distribution chain……and multiple brand touchpoints of drugs pose further challenges. All these factors emphasize to a greater need for brand visibility and differentiated brand building strategies across channels and at every stage of the product life cycle (PLC). Thus, Pharmaceutical companies need to align themselves with market opportunities as well as internal capabilities to build better and bigger brands.

Background of the study

The Pharma product companies require more skilled field force to develop a good rapport with their direct customer (doctor) and retailers for sales and marketing purposes. Moreover, field force should have the excellent product knowledge and unique selling points (USP) of their products over others to position their products in the mind of the doctors and convince them to prescribe. It thus Pulls the demand for their products i.e., from Doctor to Retailer to Stockiest to Clearing and Forwarding Agent (CFA) to the company; this Pull system is working in a Chronic therapy system, where only doctors are the core customers, and the retails are non-core customers.

In the Push system of sales in Acute therapy system, doctors and retail chemists, both are the core customers, and the major thrust is given to build and retain these customers. Besides convincing the doctors to prescribe, the chemists also have to be persuaded and convinced to stock the products. The retailers are substituting the products based on their discretion in such a situation mostly. The companies typically provide gifts like sponsorship for various conferences and gifts and schemes like travel tours for distributors/ retailers to remind the products daily and thus develop and retain the customer.

Therefore, the perceptions of distributors/retail chemists are equally important, as they form one of the critical stakeholders and last-mile link with the consumers (patients) in the supply and distribution system. Some of the critical issues with the chemists and retailers, on which they base their orders/purchasing or stocking behaviors, are;

- Brand image
- Drug price
- Profit margin given by the company
- Drug quality
- Regular visits by the MRs
- Drug packing
- Personal gifts/ schemes

Problem Statement

There is severe competition due to similar formulations and price control in the Indian Pharmaceutical industry; it has compelled the leading domestic companies along with the Global/ MNC organizations towards investing in launching new products, and building brands

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for the different drugs sold to their two main customers (doctors and chemists) in the market. This is also true for even in the generic drug category apart from the patented drugs.

Some new product brands are established well and survive in the market and make an inroad into competitors' served market share, while many do not succeed. The doctors and chemists still support some of the old brands and formulation (Hattangadi, 2014). How are the pharmaceutical marketing teams and their sales team coping with different strategies to rejuvenate and sustain their brands, and plans to generate more prescriptions and sale from retail chemist stores, and thus, sustain and improve the sales of their different brand of drugs!

Research Objectives

- To understand the chemist's (hospital and retail) perspective about their choice of an OTC or substitute drug when the one mentioned in the prescription is not available.
- To understand the factors that impact the chemists for brand name recall of the different drugs, and their role in the success of a brand.
- To do an analysis of the perspectives of the chemists, and thus explore customers' (doctors and chemists) requirements from pharmaceutical companies.
- To recommend appropriate marketing strategies to pharmaceutical companies as per current customer needs.

The Scope and Significance of the study

The study covers the survey with a structured for the chemists in hospitals and retail locations in the different locations of the Delhi-NCR region. Pharmaceutical marketing is a specialized field in which medical representatives meet doctors (Physicians) in order to earn prescription in favor of their brands. The medical Representatives also visit chemists and stockiest in order to check whether the supply of drugs and their stocks are enough to meet the demand of the market. The ultimate goal of pharmaceutical marketing is to generate revenue by increasing their sales. For this, they have to understand the level of impact of branding and marketing of pharmaceutical products on customers (Doctors and Chemists). Therefore, the contribution made by this work is as follows:

- It helps to understand the chemists' behavior towards suggesting an OTC drug or a substitute drug when the prescribed one is unavailable; the different factors the chemists consider; thus, it helps to understand the role of chemists in the success of a brand!
- It also gives us to understand the average price margin that the different chemists earn.
- The project also gives an idea about the chemist's perspective on an appropriate brand name that could be remembered and recalled to refer to the patients over the counter. The chemists can also give an idea about the prescriptions, as to which brand is being referred

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by the doctors in a particular therapeutic category; what are the feedback from the doctors and the patients.

- Thus help the pharmaceutical companies to draw up a marketing plan and brand plan to compete in the market in order to influence the doctors for prescriptions.

Literature review and Theoretical Perspectives

Brand building in the Indian Pharmaceutical market (IPM)

Kotler (1999) commented that the art of marketing is mostly the art of brand building. A product is usually made in the factory, and a brand is created as a perceived image in mind of both potential and existing customer by the producer or the marketer to create a motivation for the customer to buy or repeat purchase that product respectively (Edge et al., 2009; Rody, 2010). For a pharmaceutical firm, the brand manager has first to understand and develop a strong brand identity, improving its equity and substantial mind share, that is the perceived brand image in the mind of customer (doctor) through ethical brand promotion (Hattangadi, 2014). A brand identity can be defined by its aim, its difference, its values, and the signs which make it recognizable. (Aaker, 1996; Kapferer, 1997).

Brand Choice and loyalty

Zikmund, McLeod, and Gilbert (2012) explained customer loyalty as the commitment or attachment of customer to a product, producer, distributor, or other issues focused on decisive and constructive attitudinal responses, that is, buy a brand in repetition.
Ahmed, Ahmad, and Haq (2014), in their research paper, stated that current customers are aware and have useful insights about the brands; they prefer to purchase the one which they perceive to have requisite attributes and qualities to fulfill their needs at an affordable cost. Besides, they will not prefer to buy the same brands from other sources available, even available as cheaper products; customers will not be unfaithful to their brands of choice.

As customer brand loyalty about a product increases, they do not appreciate the unethical practices of the competitors. The loyal ones are always ready to pay a higher price. They become the reference point of the brand, too, because they advocate their brands of choice to known persons and friends whenever they get the opportunity, and in this way, they demonstrate their brand commitment (Upamannyu, Gulati, and Mathur, 2014). Jan et al. (2013) stated that long term achievement depends upon customer loyalty.

In today's challenging environment, therefore, brand loyalty is significant, and the chemists have to stock according to doctors' preference, which in turn is also influenced to some extent by the patient's choice of products with good efficacy and lesser side effects from a trusted manufacturer and who can afford to pay accordingly.

Drug product quality

Waheed (2011) explained that specialists develop knowledge about the nature of the drug on the premise of the result they get by their prescribed medicines and if the drug is found to be useful

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and valuable, the specialist prescribes the same brand to the patients for the comparable sort of disease or infection. Hence the researcher concluded that product quality also has a positive and significant impact on physicians' loyalty to pharmaceutical brands.

Regular Visits of Medical Representatives

The medical representatives are considered to be the face of promoting firms that make a difference by interacting with physicians, as these interactions help doctors remember medicine names, and by doing so, they get more and more prescriptions of their medicines (Rao, 2013). Passing on the information effectively is the core responsibility of medical representatives to healthcare professionals, and thus, medical representatives are trained and skilled by pharmaceutical firms because they have to interact with the most educated and knowledgeable audience, i.e., physicians (Inamdar & Kolhatkar, 2012). According to doctors' opinion, the most important source of information in order to decide which company's product to prescribe to patients is medical sales representatives (Alkhateeb et al., 2009).

Day (2000) explained that medical sales representatives are polite and decent persons with excellent product knowledge and communication proficiencies and capable of providing correct and unbiased information about their brands. It is equally an opportunity for the doctor to obtain necessary information about the medicine (product) from them, which the doctor prescribes to their patients.

Brand Name and Brand Image

A right brand name can be easily pronounced and can help you to position your brand as a leader (Hattangadi, 2014). Delano (1999) mentions that a great brand name can win customer’s attention and inspire the imagination, one that is recorded in the customer’s mind very well and make it believable what the product is capable of delivering.

As suggested by Anwar, Gulzar, Sohail, and Akram (2011), marketers must focus on a good brand image; it has a noteworthy impact on brand loyalty, equity, and customer purchase pattern (Keller, 1993). Their promotional plans to create the image of a brand in customers' perception is vital in today's world (Aaker, 1991; Alhaddad, 2015). It ultimately results in more significant profit and revenue, as well as better mutual aid and assistance (Olson, 2009). A strong brand should have a robust pull physical response. The perception of the prescriber (that is, perceived brand image) should match the intended communication of the brand communication and projected brand identity of the marketer (Hattangadi, 2014).

The influence of promotional tools by the pharmaceutical industry on stocking behaviors of chemists has a more significant impact. The general promotional tools are like gifts, travel packages, and free drug samples offer on a volume order, etc. (Boltri et al., 2002).

Methodology:

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Research Design: It is exploratory and descriptive in nature. Both the quantitative approach (with a questionnaire) and the qualitative approach (with interaction interview during questionnaire response) have been adopted.

Questionnaire design: The questionnaire consists of different sections of questions related to the variables under study and these variables are mapped to the objectives, so that we obtain what we are trying to find out from the respondents. The research objectives and the variables/ themes for the study emerged from the research gaps identified from the literature review, past research surveys, and focused group discussions with a sample of respondent doctors.
The factors/ items are used in the weighted importance scale (likert type scale, from very important=5 to least important=1) marked by the doctors/ respondents for each questionnaire as per their perceived importance

Sources of Data: The researcher collected data by getting a questionnaire filled up from chosen hospital doctors of Delhi- NCR region. This helped to do the quantitative analysis. The face to face interaction and interview notes to ascertain the reasons for response helped us to get a more in-depth qualitative insight from both the doctors. The researcher has referred to various Pharmaceutical and Marketing reference books/ texts, Journals, Magazines, Reports, & websites.

Sample Design: For the population under study, a representative sample of at least 120 retailer chemists were chosen from different regions of Delhi and NCR region. 100 filled responses were found acceptable. The chemists were approached, and depending upon their availability, and they were requested to respond. They were conveniently selected in five regions (north, south, west, and east and central) of Delhi and other NCR regions (Faridabad, Gurgaon, Noida, Bahadurgarh, etc.) as far as possible so that geographical spread gives a representative of the population of chemists under study.

Analysis tools and Interpretation: A pilot study consisting of 25 retailer chemists was done. This helped to clarify and refine the factors in the questionnaire for the main study. The descriptive method of result analysis was used. The excel spreadsheet was used to derive the tables and the bar graphs for analysis and interpretations. The method of averages was used to understand the relative importance of the factors. The weighted average marks were then calculated based on the percentage of response in five categories of importance multiplied by their respective weights, and the total gave their relative average out of a maximum of 5 to find out essential factors influencing prescription behavior.

Presentation of Data

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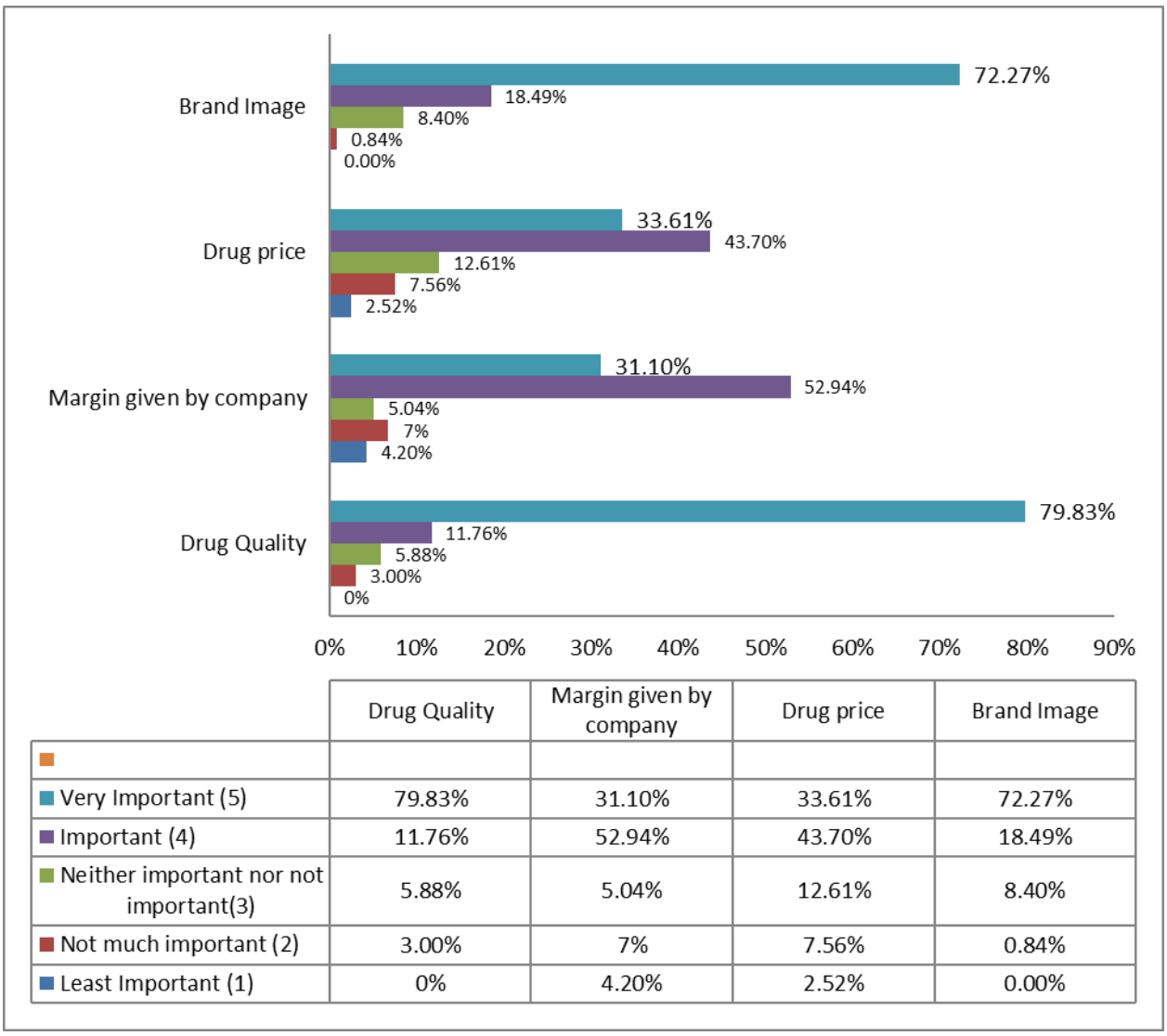

	Drug Quality	Margin given by company	Drug price	Brand Image
Very Important (5)	79.83%	31.10%	33.61%	72.27%
Important (4)	11.76%	52.94%	43.70%	18.49%
Neither important nor not important(3)	5.88%	5.04%	12.61%	8.40%
Not much important (2)	3.00%	7%	7.56%	0.84%
Least Important (1)	0%	4.20%	2.52%	0.00%

Data/Graph 1 and Table 1: Factors influencing the Retail Chemists when recommending an OTC drug or a substitute drug in case prescription drug is not available..(Source: Researcher's own survey)

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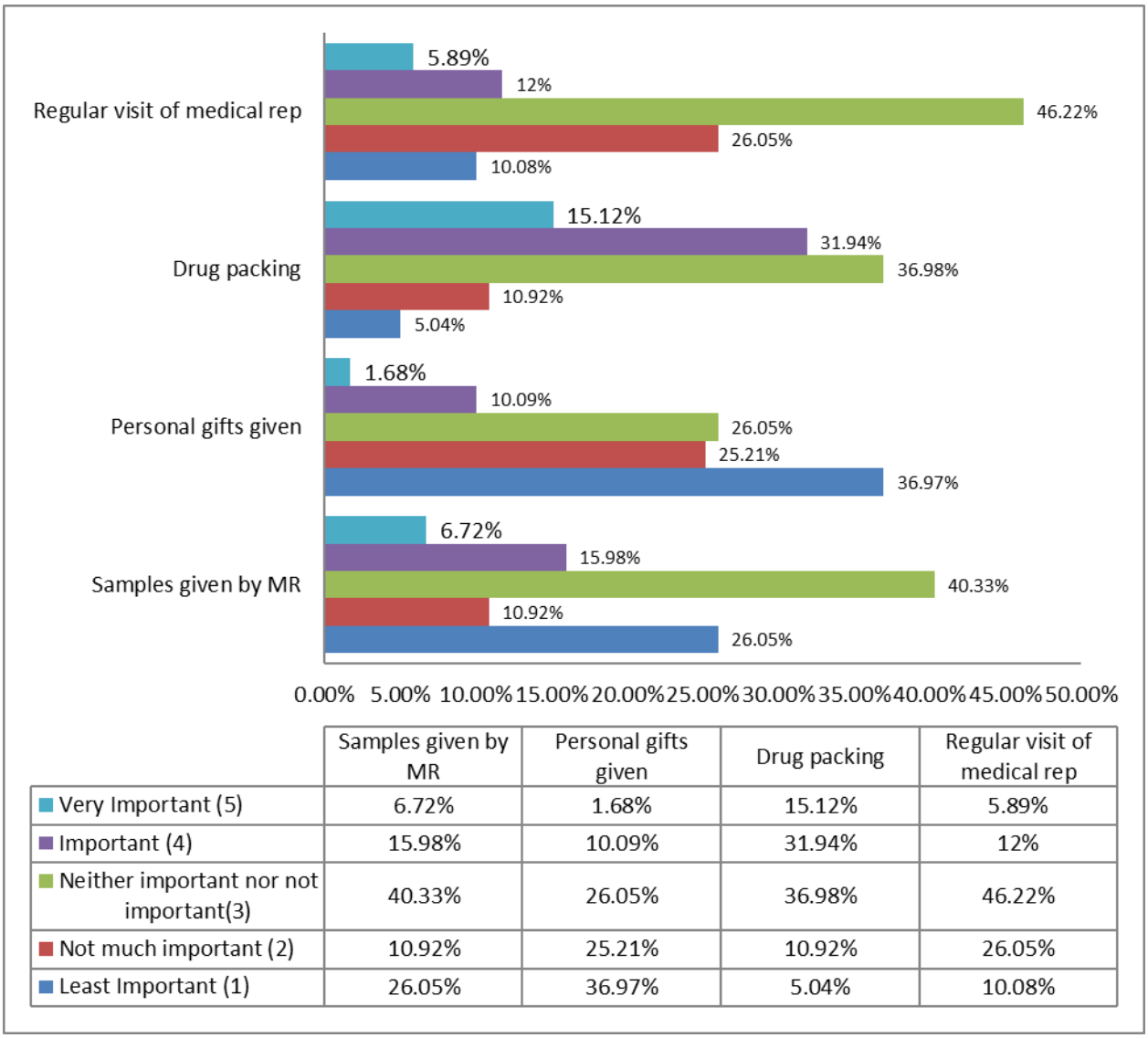

	Samples given by MR	Personal gifts given	Drug packing	Regular visit of medical rep
Very Important (5)	6.72%	1.68%	15.12%	5.89%
Important (4)	15.98%	10.09%	31.94%	12%
Neither important nor not important(3)	40.33%	26.05%	36.98%	46.22%
Not much important (2)	10.92%	25.21%	10.92%	26.05%
Least Important (1)	26.05%	36.97%	5.04%	10.08%

Data/Graph 2 and Table 2: More Factors influencing the Retail Chemists when recommending an OTC drug or a substitute drug in case prescription drug is not available..(Source: Researcher's own survey)

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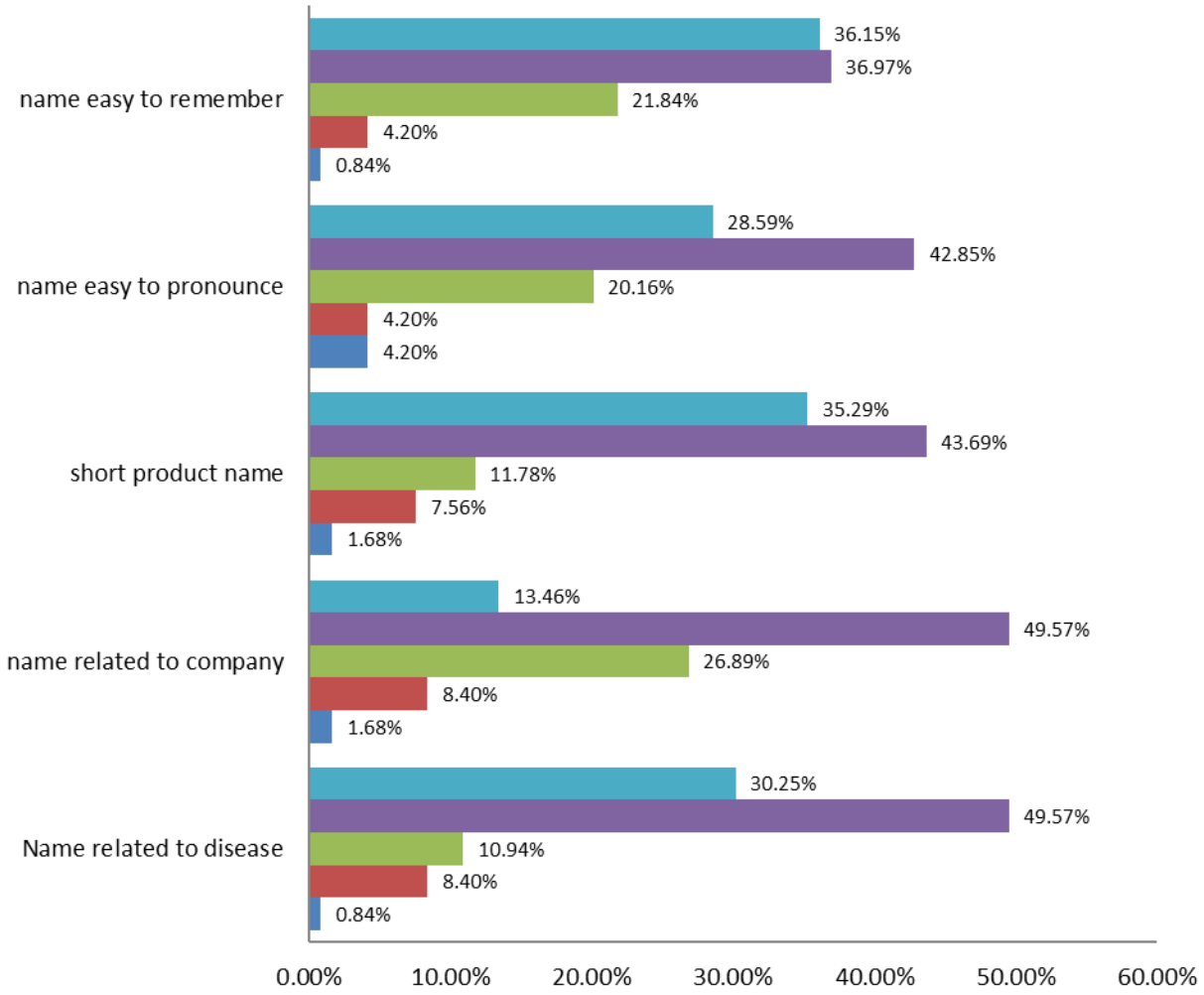

	Name related to disease	name related to company	short product name	name easy to pronounce	name easy to remember
Very Important (5)	30.25%	13.46%	35.29%	28.59%	36.15%
Important (4)	49.57%	49.57%	43.69%	42.85%	36.97%
Neither important nor not important(3)	10.94%	26.89%	11.78%	20.16%	21.84%
Not much important (2)	8.40%	8.40%	7.56%	4.20%	4.20%
Least Important (1)	0.84%	1.68%	1.68%	4.20%	0.84%

Data/Graph 3 and Table 3: Factors of Brand Name, which help in Brand Recalling for Retail Chemists.(Source: Researcher's own survey)

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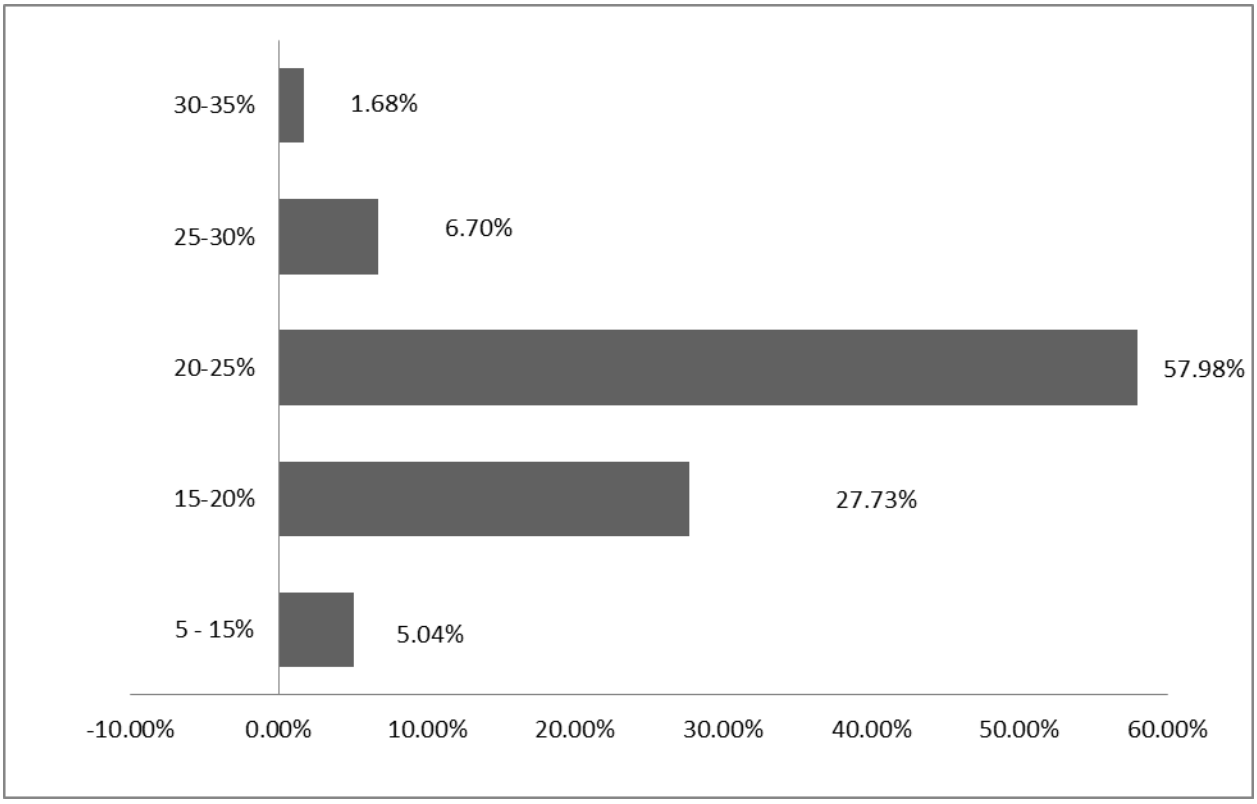

Data/Graph 4: Range of Profit Margins for the Retail Chemists. .(Source: Researcher's own survey)

Analysis and Interpretations

a) Questionnaire items analysis related to Retail Chemists.

Table 4: Factors influencing the Retail Chemists when recommending an OTC drug or a substitute drug in case prescription drug is not available

Rank	Factors/ Variables	Average
1	Drug quality	4.63
2	Brand image	4.58
3	Margin given by the company	4.05
4	Drug price	3.77
5	Drug packing	3.01
6	Samples given by the MR	2.59
7	Personal gifts given	2.55
8	Regular visit of MR	2.52

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As observed in Table 4, though the retail chemists place high importance on drug quality and brand image, they also place a high priority on the profit margins given by the pharmaceutical companies for different drug brands. With patient awareness increasing, and the specialist doctors' practice becoming more competitive, their choice of good quality drug with a higher brand image is all the more pertinent now. The effectiveness and efficacy of the medicine are of prime concern for the doctors. Therefore the retail chemists in urban areas are also according to higher importance to the two factors. However, in order to cater to all categories of patients in different income groups, both doctors and chemists also consider and rate economical drug prices as a necessity. The government is in discussion to bring out a law that drugs after the patent expiry period could be sold only under the generic drugs and not under the specific brand name, but the name of the company could be there on the label. Therefore company image will acquire greater importance.

The drug packing is relatively essential from the point of view of its relative correlation with pricing and that of handling at a different level. The drugs with higher prices for specific diseases are packed in a case with the requisite number of units for a course of treatment.

On a scale of 5, the relative importance given by the chemists to samples and personal gifts is also not less important, as seen over here. The importance to MR' visits are rated at last by the cross-section of chemists interviewed here, because the MRs push the chemists to buy and stick more significant volumes of drugs; but still it has reasonably high importance, thereby signifying that MRs update the chemists with information about the new drugs, schemes, gifts, and pricing.

Table 5: Factors of Brand Name, which help in Brand Recalling for Retail Chemists

Rank	Factors/ Variables	Average
1	Short product name	4.09
2	Name easy to remember	3.97
3	Name easy to pronounce	3.88
4	Name related to disease	3.75
5	Name related to company	3.60

In the case of the retail chemists, as seen in Table 5, the priority is for shorter product names, which is easy to remember and pronounce. The importance of name related to disease and the company is on a higher side, but their priority is comparatively lower than the first three factors for brand name recall.

The chemists have to deal with all types of drugs, hence higher preference for a shorter name easy for memorizing and pronunciation; whereas the doctors are dealing in selected therapeutic areas and they attach more importance to names linked to disease and company image, which gives more help to recall and trust factor respectively.

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Table6: Range of Profit Margins for the Retail Chemists

Rank	Range of Profit margins	Percentages of Chemists
1	20 to 25%	57.98%
2	15 to 20%	27.73%
3	25 to 30%	06.30%
4	5 to 15%	05.04%
5	30 to 35%	01.65%

We observe in Table 6 that more than 50% of the chemists claim to get a 20 to 25% margin on the MRP of each drug sold, and about 25% of them claim that they get 15 to 29% of the margins. It could be concluded that on an average the chemists get around 20% margin, which is the standard figure in the industry's distribution chain for the retail chemists, depending upon the product's position in their product portfolio and product life cycle graph, and completion in the same therapeutic category. Since, the margins on the drug have been reduced due to government regulation and competition, and the retail chemists give high importance to this factor, as seen from Table 4, in order to sustain in the business. Those chemists who deal in volumes, perhaps they can operate with a lower margin per unit. The drugs in the chronic therapy segment are for regular and prolonged use; hence, they are lower priced, and the margins per unit are lesser.

Nevertheless, the majority of them who may have a moderate volume, prefer to operate at a margin of 15 to 20 % profits per unit. These drugs are mostly in the acute therapy segment, which is high priced and has sufficient margins, and hence low or moderate volumes can sustain overall profitability for them. They would also prefer a profit margin per unit sale in the vicinity of 20%. They have a strong association with the All India Organization of Chemists and Distributors (AIOCD) who negotiates these aspects and control the distribution chains.

Further Analysis of Chemist's perceptions

a) Because of the high brand image, it assures the doctors that drugs would be available in the retail chemists shop for the patients. A drug can have a good brand image when it is available and is well known to all stakeholders in the supply distribution chain.

b) The retail chemists in the proximity of the hospitals and consumer neighbourhood would also prefer to stock those drugs which are preferred by the prescribing doctors, are of good quality, have a better brand image and also regularly available from the company on demand. Therefore, the issues of drug quality, brand image, and price rank high in the survey for the chemists' perception about the factors that influence them to recommend OTC products or substitute drugs when the prescribed is not momentarily available if required, and also endorsed by the doctor.

c) At times doctors also recommend the substitute drug when the original is found to be expensive for the buying patients and if requested so. Since the profit margins from the drugs have reduced, retail chemists do attach high importance to the level of profit margins desired. This commercial motive and incentive cannot be overlooked in the present competitive scenario for sustaining a business operation for stocking and dispensing drugs. The doctors

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and chemists, at times, may have an understanding from this angle also for stocking such drugs, which have high efficacy and also have a reasonable profit margin. However, we know that a well-researched drug with quality product has a higher cost in terms of investment in R&D and quality manufacturing infrastructure. However, the companies do have sufficient margins, which are primarily consumed in the supply distribution chain negotiated by the AIOCD (All India Organization of Chemists & Druggists); for example, a drug that has a retail MRP for the consumer at Rs. 100 is made and sold by the original company at Rs. 31, that is almost 70% of the margin is consumed in the distribution chain. It is a very complex supply chain and very well crafted by the AIOCD that has a strong lobby to monopolize that.

d) For the chemists, though the MR visits rank lowest in their perception, it is nevertheless essential in terms of updating of new drug information, schemes, and incentives directly communicated by the company. The chemists are usually in close contact with the distributors for their regular requirements of existing drugs required by patients for a chronic therapy treatment on demand based on both cash payments and credit terms. However, the MRs need to visit the chemists regularly in order to understand in actual terms about the sale of their brands and the competitors' brands of drugs. They also try to do the prescription invoice audits at the end of retailers. The MRs also try to push the drugs for the Acute therapy segments as per the Core Push model and persuade the chemists to buy and stock, which are comparatively high priced than those in chronic segment therapy. Perhaps these are some of the reasons for which the chemists rate the factor of MR visit on lower ranking.

e) The drug packing is rated higher in the fifth position by the chemists as it helps to stock properly, prevents damage in transportation, acts as guidance for a stipulated course of tablets, and also justifies the higher pricing, if any. However, doctors give less importance to this aspect.The chemists also give less importance to samples and gifts.

f) The chemists have to deal with drugs of different domains and in large variety; therefore, they prefer short brand names and the ones, which are easy to remember and pronounce. They attach the highest importance to these aspects. They rank the option of names related to the disease as the fourth. The doctors also prefer short names and which are easy to pronounce. Although the chemists give the brand name related to the company the lowest preference, they give an importance score of nearly 3.5 on a scale of 5, thereby signifying that company image is quite crucial to them as far as quality and trust of the drug products are concerned.

g) In terms of shifting from one brand to another brand (brand switching) in the same therapeutic domain, again, the regular visits of the MRs help to make the new products aware, and this helps in the promotion and launch of the new products. The MRs visit the doctors, and their adoption of the new molecules or new combination formulation helps to drive the market stocking and availability at the chemists level. This happens in the case of the Pull model for new product introduction in the chronic therapy segment. In the case of the Push model for the new products in the Acute therapy segment, MR drives and persuades both the doctors and chemists to support their brands to prescribe and stock, respectively.

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Summary and Conclusions

We may summarize and conclude, corresponding to each of the objectives:

a) From the perspective of the retail chemists, the most important factors that influence them are drug quality, brand image, margin given by the company, and retail drug price. A drug of good quality with the right brand image/ company image is prescribed by the doctors and sells well; if the price is reasonably fixed, then doctors also favors them. In this way, the company can give them a good margin. The high brand image can also fetch a price premium, and that too can give them a good margin. The other vital factors of decreasing importance are drug packing, samples given by the MR, personal gifts given to them, and regular visits by the MRs. Most of the retail chemists expect a profit margin of around 20% per unit of drugs.

b) The factors that are considered necessary for brand name recall by the chemists are the short product name, which is easy to remember and pronounce. The other factors in decreasing importance are names related to disease ad name related to the company name. In fact, these two factors are more important for doctors and not for the chemists.

c) The chemists attach high importance to drug quality and brand image and availability. Both the stakeholders (doctors and chemists) are concerned about the drug price as that denotes the affordability factor and hence the demand. The doctors prefer regular visits by the MRs to update them; whereas the chemists do not quite appreciate the frequent visits by the MRs. The other factors like drug packing, samples were given to them, and personal gifts are considered less important.

d) The role of a medical representative has to be redefined; he/ she needs to have the good and in-depth product knowledge and scientific information who can effectively communicate and discuss the drug effects and its pharmacology. They need to focus on the specific need of the doctors. He/ she needs to take more feedback from the chemists about the outcome of their brand and the competitors' brands in the same category; it would help to understand the weakness of their own product as well as the others' products. That would enable the MRs to give feedback to the parent company and thus help to work on new projects to introduce new products in the market. They need to work passionately and convince and persuade the doctors to convert their meetings into prescriptions and surrounding/ local chemists to stock the corresponding brands.

The sales professional/ medical representative (MR) has to present the scientific information in a way, that it is a learning and problem-solving process opportunity for the physicians/ specialists. This way, everyone will benefit, including the doctors, patients, MRs, chemists, and the company. The MRs need to be trained accordingly; the scientific information is more effective when used as an educational tool rather than a sales tool.

The launching of a new product is usually done through brand extension. It capitalizes on the equity of the already established core brand name or even the company name. The firms can use brand extension strategies to enter new categories. The consumer can transfer their positive

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attitude towards the parent brand to the newly launched products through brand extension. The marketers have to keep in touch with the chemists for stocking of the new drugs and the doctors, including key opinion leaders (KOL) and the early adopters of the new drugs.

Limitations of the Study

1) The study was conducted in the Delhi-NCR region only; perhaps a broader sample base of different regions from all parts of Northern India or all over India could have been taken, so that the results could have been more generalizable. The sample size could have been larger.

2) More different categories of chemists, distributors, and wholesalers from different areas could have been considered, with cluster mode of sampling.

3) Some of the chemists were busy and impatient and in a hurry so that the response could be a bit biased.

4) Regarding the gifts etc. the response appears to be ethically sound, but it is contrary to the general perception.

5) The different categories of the distribution chain, like stockiest and distributors and C&F agents, could have been included in the survey. The sample size could have been larger.

6) The patients buying from the chemists' shop could have been interviewed to ascertain whether chemists followed the prescription drugs or suggested alternative brands, thus trying to explore the market dynamics and competition, and the availability. It could also help to find out if there is any other kind of practice prevailing, which is not ethical.

7) The chemists could also give us a clue whether the patients prefer particular brands of drugs contrary to what is prescribed; with the increased awareness through the internet and social media communication, the consumer in India are now more aware, particularly of direct to consumer advertisement done abroad for the drugs.

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