

Pharmaceutical Marketing & Product Promotion: A Paradigm Shift in Indian Pharmaceutical Industry (IPI)

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Abstract

The Indian pharmaceuticals' market is third largest in terms of volume and thirteen largest in terms of value, as per a pharmaceuticals sector analysis report by equity master. The market is dominated majorly by branded generics which constitute nearly 70 to 80 per cent of the market. Considered to be a highly fragmented industry, consolidation has increasingly become an important feature of the Indian pharmaceutical market. India has achieved an eminent global position in pharma sector. Country also has a huge pool of scientists and engineers who have the potential to take the industry to a very high level. Indian pharmaceutical industry is estimated to grow at 20 per cent compound annual growth rate (CAGR) over the next five years, as per India Ratings, a Fitch Group company. Indian pharmaceutical manufacturing facilities registered with US Food and Drug Administration (FDA) as on March 2014 was the highest at 523 for any country outside the US. In Indian Pharmaceutical Industry detailing has always been an integral part of doctors' communication for over the last three to four decades. All the Health Care Providers (HCPs) are struggling to manage their time schedule, the print communication gets poor attention with hardly 5-10% of the total message delivered at time. Many a times, the doctor says that he has seen the medical representative over and over again and asks the sales representative to just name the brand and/or leave samples and move on. All the cumulative hard work of the brand manager, marketing manager and the sales representative goes for a toss when the doctor does that. A major complaint of the field people, including managers, is that they cannot talk beyond the brand name and one or two points; just because they had a bad experience with the doctor not being receptive or not allowing them to speak more and the same has become a common phenomenon. With the advent of technology, video content, graphics, motion and interactivity, and newer digital tools are challenging this visual aid and redefining communication. This version of detailing adds an 'e' of electronic to it, making it completely different from the current mode of communication, where the electronic detailing aid is used by the medical representatives in person-to-person call. In this paper the researcher has given his

endeavour to identify the key factors influencing adoption of e-detailing as a Pharmaceutical Marketing Communication by incorporating the views of Health Care Providers (HCPs) of India.

Key Words: Health Care Providers, Medical Representative, Visual Aid, E-Detailing

I. Introduction

The prescription based (Rx) pharmaceutical products are being promoted by the respective companies sales professionals whose designation or nomenclature of the posts are being named as Medical Representative, Sales Executive or Professional Service Executive or Representative whose daily activities are being monitored or supervised by the District Sales Manager or Area Sales Manager or Regional Sales Manager or Zonal Sales Manager or National Sales Manager as per the hierarchy system being designed or adopted in the organization.

Front line people or the Medical Representatives have to meet the Doctors or Health Care Providers (HCPs) for promoting the brands or molecules for the company they are associated with. Now-a-days time management has become one of the crucial factors to all the HCPs. During Out-Patient Department (OPD) schedule a particular HCP has to attend 100+ patients within few hours and multiple activities have to be performed within this time frame viz. taking the case history, diagnosing the problem, recommendation of clinical test (if required), writing prescriptions and attending medical representatives. Here the

challenge comes for the pharmaceutical sales professionals. In this situation the pharmaceutical sales professionals carry the visual aid in their hand and start telling/detailing the features of a particular brand or product.

Now the question comes how to make the effective product promotion through visual based detailing? During conduction of the research it has been observed that all the HCPs want to upgrade their knowledge through the recent innovations or updations in the molecule followed by relevant scientific or clinical trials, dose form, price to the patient and how the product is being differentiated from the other pharmaceutical companies or players. During research it had been noticed that companies representatives are coming up with their working bag or rather detailing bag followed by visual aid through which they communicate the products to the doctors. Visual aid is basically a conventional product promotion tool which is the set of number of hard pages sometimes plastic coated or laminated which is being covered by all the products / brands a particular company is marketing. A single page is generally made for single product and the entire visual aid is being segregated or bifurcated alphabetically. While

interacting with the doctors during taking the interview through questionnaire, a tool chosen for data collection, majority of them are not in favour for this conventional product promotion system. Rather majority of them prefer product Promotion through Technology Enabled Tools Detailing Form or in short E-Detailing Form here 'E' is synonymous to Electronic.

India's pharmaceutical industry looks set for a solid long-term growth. It already ranks fourteenth in the global league table, with sales of almost US\$19 billion in March 2009. However, it is estimated that it will rise to approximately US\$50 billion by 2020 – a 163% in the space of eleven years. [Source: PWC Global Pharma Looks to India]

This article will present the changing promotion strategies pertaining to the product promotion when the pharmaceutical companies' shift from conventional product promotion technique to the technology enabled product promotion strategy.

II. Literature Review

Torsten W. Bernewitz has expressed his discomfort by saying that, "traditional" detailing is exacerbated by recent economic and technological trends. He has expressed his deep concern for the profit volume (PV) ratio and tried to emphasize

the overall importance of pharmaceutical product promotion through effective detailing.

Irin P. et al (2009) emphasized the need for continuous marketing research. There is a real need of continuous pharmaceutical analysis, because it is essential for success to understand the uniqueness of pharmaceutical industry benefiting of complex and iterative process that carefully builds a pharmaceutical data warehouse, this being considered a necessity to the strategic direction of any pharmaceutical company facing increased competition and external pressure.

A study done by Morgan M.A. et al (2006) shows that acceptance of drug sample was judged to be ethical by almost all respondents and acceptance of a lucrative consultant ship by just over a half. Respondents seem to believe that the average doctor is more likely to accept most items and is more likely to be influenced in his or her prescribing practices by accepting an item than they are.

A useful study by Gonul et al. (2001) explored the impact of visits by sales representatives and samples, on prescribing. However, the study also showed that excessive detailing or samples did not increase sales further, and that doctors who saw a high proportion of Medicare or Health Maintenance Organization patients were less influenced by promotion.

Garima Malik (2011) said in their study of sales promotion of Dabur India Limited in Indian rural market that the success of business in India will be decided in the future by its success in the heart of India that is in the rural market.

Harris G., (2009) said that overall, there is clearly a substantial, though variable, effect from one-to-one drug information delivery. This study adds to our knowledge of the subject and reminds us that there is no such thing as a free lunch; these visits really do result in increased sales.

Dr Rajan T. D. believes that the regular visit by a medical representative as per him, — name is not all what it takes to get into the mind space of a busy doctor. Every product, old or new, requires extensive marketing. Any busy consultant will vouch that if a particular company's medical representative (MR) fails to show up for over a month, he suspects the availability of the products of that manufacturer.

Charlene Prounis (2003) has excellently expressed that the relationship between pharma field force and doctors is very important and forms a crucial part of the major changes that occur in sales force and so pharma company relations with doctors. If companies fail to address sales representative negative image, physicians—and possibly

government— are likely to further restrict, or even terminate, the doctor– representative relationship. But companies can take steps to strengthen that bond. Doctors may be unhappy about pharma's huge field force, but they understand that representatives have a job to do. Better pharma marketing will make doctors and representatives happier. And both sides will benefit.

As per Jayakumar, (2008) usual marketing practices followed by most of the large and mid-sized companies include valuable gifts, arranging foreign trips with family and complimentary tickets and memberships for social activities for doctors.

Verma (2004) has highlighted one of the important points of give and take relationship as per study, Social scientists describe and the pharmaceutical industry follows the, “norm of reciprocity” i.e., the obligation to help those who have helped you, as one of the fundamental guiding principle of human interaction. It is not surprising, therefore, that pharmaceutical companies rely on this principle of human nature by giving gifts to doctors in hope that they will prescribe their firm's product in return.

III. Objectives and Method of Study

The present study is exploratory in nature and the main objective of the study is to explore the

requirement of new promotional techniques and their acceptability by the respondents.

Methodology: The study is primarily based on secondary data which is supplemented by some useful information collected from the health care professionals through personal discussions and observations. Main sources of secondary are published reports, journal, books, news papers and official websites, the observations were done on selected group of 116 respondents (who all are practicing doctors) who were willing to participate in the study and share their views. Group majorly consisted of general physicians and few consultants. They are practicing in private clinics and some of them are also having small hospitals and amongst them some are also associated with big hospital groups. A close ended questionnaire was designed to gather the primary data from the doctors.

The present study is divided into following two sections as per the following.

1. In first section researcher tries to explore potentiality of digital promotion amongst HCPs.
2. Second basically describes the benefits of use of digital devices and mobility in sales promotion to the HCPs, sales persons and pharmaceutical companies.

IV. First Section

A. Potential of Digital Promotion

Evolution in adoption of internet enabled digital devices, both portable and otherwise, has created abundant grounds for digital marketing applications across all sectors of the economy. The trend represents a primary change in expectations where content preferences are highly personalised and, as a consequence, user's behaviour is changing. Today, consumer decision-making is less influenced by traditional information sources and marketing campaigns increasingly leverage user generated content as a means of engaging the audience. Likewise, the targets of pharmaceutical promotion campaigns, including physicians, hospital pharmacists, patient advisory groups, medical students and nursing staff, are consuming new media technology and adapting their preferences accordingly. In order to benefit from these trends, pharmaceutical companies have recently started implementing digital marketing concepts, hoping to gain competitive advantage in a number of areas:

1. Efficiency

A cost-effective promotion model implies better target coverage efficiency, which digital marketing can deliver as a result of its lower cost per contact. This benefit can be leveraged to either increase coverage of target physicians with the same field force structure or to reach the same targets with a lower field force effort.

2. Flexibility

Digital marketing solutions provide the opportunity to interact with geographically differentiated targets e.g. Share of Voice (SoV) markets vs. tender markets. In tender markets, for instance, most interactions can be managed through digital marketing channels, with a limited field force providing periodic monitoring and specific interactions. When deployed well, the combination of digital and physical channels create flexibility in the promotion effort that can be modeled to meet sales goals with the appropriate resources.

3. Extended Target Coverage

In addition to increasing SoV with current customers, digital marketing solutions can also be used to extend target coverage to other physicians involved in the diagnostic-therapeutic path (secondary targets), as well as to other relevant stakeholders. Specific initiatives have been successfully deployed to cover secondary targets, including reference centers / physician's network (a website where GPs or other physicians involved in the diagnostic-therapeutic path can request information for a second opinion) and interactive disease websites that incorporate a product channel. Thanks to its low cost, the digital marketing approach can be extended to any relevant stakeholders, such as:

- Hospital pharmacists – to develop the brand equity and engage in the pre-launch / launch phase
- Nursing staff – to consolidate the brand equity and drive brand preferences
- Patients / Patient Advocacy Groups (PAGs) – to promote brand advocacy and leverage clinical cases.

4. Direct Customer Interaction

One of the advantages of social media is the ability to communicate and interact directly with end customers, i.e. patients and patient associations. There are several examples of patient-directed sites: MedHelp, the world's largest health community with the largest database of self-reported medical data and over 12 million visitors monthly, helps patients find answers to health questions and offers specific applications for tracking symptoms and treatments. PatientsLikeMe website provides a platform for patients to share health experiences, track disease progress, access information, and share findings with health professionals and industry organizations. In CureTogether, patients from around the world share quantitative data anonymously, talk about sensitive symptoms and compare treatment options.

Healthcare professionals acknowledge the unique opportunity that these social networks

offer for interacting directly with patients. While physicians are increasingly experimenting with solutions (e.g. apps) to monitor patient's health and behavior online, pharmaceutical companies can use them to enhance patient experience (e.g. by providing interactive educational content), receive first-hand feedback on therapies and ultimately increase their promotional activities through sponsorship or communications campaigns.

For PAGs, the most appropriate digital marketing initiatives may include disease information and service websites (quality of life surveys, ad-hoc customer surveys, hospital finder, open forums, etc), while for individual patients, guided forums, dedicated apps, social networks and disease-related websites are

more relevant. Commercial value, success and return on investment of patient networks, however, are difficult to measure and concerns about privacy and liability still hold back their widespread adoption.

B. Multichannel Approach

An evolution of this concept is the implementation of a multichannel promotion strategy, which consists of a combination of different promotion channels, including digital marketing and front/back end tools, deployed sequentially or in a variable pattern over time based on company objectives; product context and selected targets (Figure1). Let's consider the case of a company which aims to increase the uptake of a recently launched drug for a rare disease, with the potential to become the reference treatment paradigm.

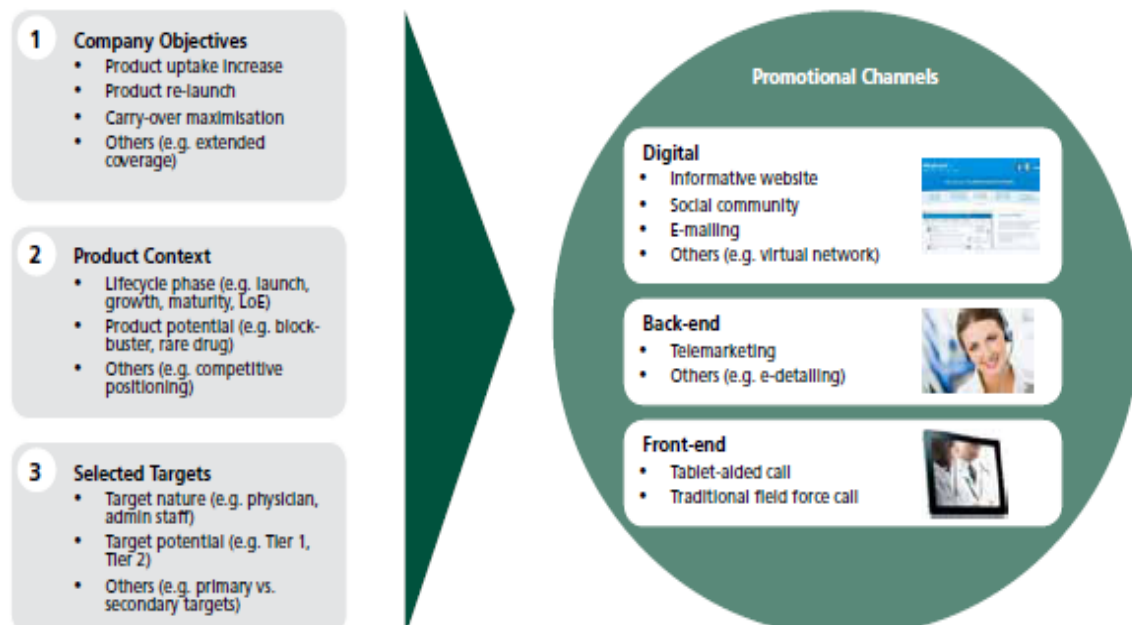


Figure 1: Multichannel Approach

Source: LEK Consulting

In this context, a successful product uptake requires the full engagement of Key Opinion Leaders (KOLs) and Tier 1 specialists; the creation of a solid network between them and Tier 2 clinicians to spread drug usage; and increased awareness among secondary target physicians (e.g. GPs involved in diagnosis/referral) and relevant admin staff. Small number of KOLs and Tier 1 specialists can be effectively locked-in through a Scientific Community, with tablet-aided calls to Tier 2 clinicians used to promote the solution and extend the network. Secondary targets can be efficiently reached through tele-marketing campaign and admin staff can be engaged via an informative web platform.

These channels can be built bespoke for specific products, targets or situations, or programmes that can rely on existing platforms that, once developed, can be applied to multiple products. The first approach allows greatest customization, but can be expensive and has limited integration potential with other initiatives. Developing a reusable platform would require a higher initial investment and a specific focus on maintaining a high perceived interest by the different targets to avoid disengagement.

C. Push for E-Prescription in World

More than 70% of all doctors in Denmark, the Netherlands and Sweden write prescriptions electronically, and the European Union is promoting the practice in other member states. Doctors in Darwin, Australia, are also testing a new system that, if successful, could be rolled out nationwide, and the US has just passed a new law to increase e-prescribing among doctors participating in the Medicare programme. Eligible physicians will receive a 2% bonus for writing electronic scripts in 2009 and 2010, dropping to 1% in 2011 and 2012, and 0.5% in 2013. But penalties will be imposed on those who do not use e-prescribing by 2012. Interest in e-prescribing is not confined to the developed world. India's largest retail pharmacy chain, Apollo Pharmacies, has recently started offering doctors and patients an e-prescription service. Similarly, the Turkish government has launched several e-prescribing pilot programmes as a part of bigger initiative to establish a national health network, and the Russian Ministry of Health and Social Development introduced new prescribing rules, including computer-readable prescription forms for the beneficiaries of federal and regional insurance schemes, in 2007.

The number of people using Internet to find healthcare information has increased dramatically over the last decade. Some 66% of US adults go online to research their conditions,

as do more than half of all Europeans. Numerous blogs and online forums have also sprung up to cater for increasingly information-hungry patients. They include sites such as patientslikeme.com, which enables patients to compare symptoms and side effects; medhelp.org, where doctors and patients work together to create “wikis”; and various disease-specific forums for patients with conditions like cancer and epilepsy. The next stage in Health 2.0 revolution is actually the proliferation of electronic personal health records. Microsoft and Google have both launched services to help people create and store their own personal health records on the World Wide Web. But there are many other, smaller companies offering similar services, including myPHR.com, medicalrecords247.org and ihealthrecord.org.

One of the principal tools pharmaceutical companies currently use to get access to doctors is the distribution of free samples that can be irrelevant in most cases. As we have already indicated, specialist medicines usually require refrigeration, must be administered by a healthcare professional and are much more expensive to produce than small molecules, characteristics that make sampling impractical and economically unfeasible. So, product-service offerings that an industry develops must be both clinically and economically compelling, to

ensure that it can reach the consultants who typically prescribe such treatments.

That, in turn, means it will have to build much stronger brands, a skill that lies largely outside its experience to date. Many pharmaceutical companies treat the terms “product” and “brand” synonymously. But a brand is not a physical product; it is the set of associations a product or service engenders in the minds of its users. And the distinction is a critical one. Products have no long-term sustainability. They are eventually superseded by rival products with superior features or generic substitutes. Brands, by contrast, can be sustained indefinitely – and the potential for creating brands that physicians and patients value is very much greater with packages comprising different product service combinations than it is with isolated products.

Most companies will thus have to change their marketing and sales functions quite substantially, as their focus switches to specialist medicines. Rather than hiring hundreds and thousands of sales representatives to knock on the doors of general practitioners, they will have to employ a small cadre of specialists who can negotiate with large healthcare payers and talk to highly qualified consultants on an equal footing (much as medical device manufacturers market their products to surgeons today). Clearly, the specific

organisational model different companies adopt will depend on their individual requirements. Nevertheless, we believe that several common

elements will emerge, which we have depicted in figure 2.

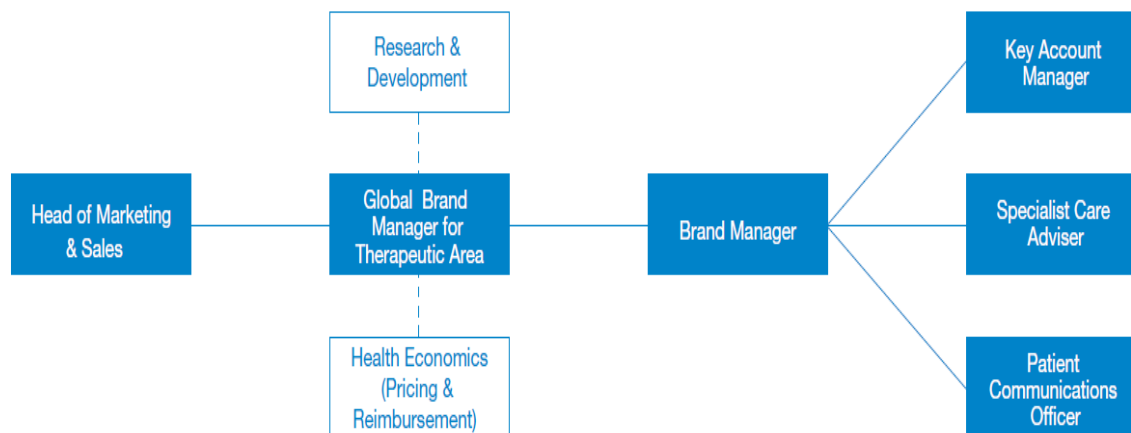


Figure 2: Future Pharmaceutical Marketing and Sales Function

Source: PriceWaterHouse Coopers (PwC)

D. Use of Digital Devices in Sales Promotion

Advancements in technology, especially with mobile devices and the Internet, has led to tremendous change for many industries. One industry that is playing catchup is the Pharmaceuticals and Biotech industry. One of the slowest areas within Pharmaceutical companies to evolve is sales, and more specifically, the role pharma representatives play with Health Care Professionals. It used to be that representatives were key players in educating Health Care Practitioners and getting them to write more prescriptions. Now, HCPs don't have time to see Pharmaceutical Sales Reps, but when they do see them, they're expecting more educational information from representatives than ever before.

One of the main reasons why HCPs are expecting better educational information from Reps is probably because HCPs now get a large part of their new information from online tools via the Internet. With their time being so precious, HCPs can't afford to sit with Reps unless they are truly learning something new, since they are now mostly self-educating during their off hours. In order to give HCPs what they need, and ultimately meet their sales goals, Pharma companies are arming Reps with technology.

Today, pharmaceutical sales forces primarily use laptops or traditional tablet PCs to access enterprise CRM solutions, read e-mail, or present

digital, interactive promotional materials. But these tools have their limitations—namely weight, portability, and costly hardware and software support. Now it is the time to look forward to some other advance technology which will provide greater Access and mobility to Sales representatives and ease to HCPs.

Pharmaceutical companies are turning to multi-channel sales initiatives—whether through conventions, speaker engagements, websites, e-mails, e-details or social media, to name a few—to help ensure that customers can find the information they need when they want it. Currently, many of these channels are limited to the web. However, as pharmaceutical companies move towards mobility, they must also create mobile versions for these multi-channel initiatives to ensure channel consistency and satisfy customer requests for mobile-enabled content.

Mobility can also help sales representatives become an even more valuable resource to customers by providing real-time access to information during a sales call. For example, a representative could help a healthcare professional learn about other available information sources on the Web, or provide on-the-spot scheduling for appointments or registration for upcoming programs.

Using a mobile device, a representative could also submit a physician's sample orders, or help a customer find answers to questions about specific drugs by connecting them directly with a scientific, clinical or brand expert. To find an available expert during the sales call, representatives could use an expert locator application on the mobile device. Coordinating a meaningful discussion between the healthcare provider and expert would enhance the customer experience by providing the right information at the point of need.

V. Second Section

Benefits of Mobility

Pharmaceutical companies are being universally challenged to lower the cost of service for developed markets. This pressure is due to changing industry conditions, including increased government regulations, the expiration of product patents and greater difficulty getting new products approved. Factors such as the rise of cloud services and the movement toward flexible software-as-a-service models are providing new routes to help lower these costs. Mobility can also contribute to cost reductions by providing an alternative operating model that decreases hardware, software and support costs, while simplifying operations.

1. Hardware

Most simplistically, mobility delivers savings by reducing hardware costs. Laptops and tablet

PCs can cost up to \$2,000 on average, whereas mobile devices range from \$400 to \$800. When considering hardware costs, however, pharmaceutical companies must also factor in the total cost of ownership to manage laptops and tablet PCs, including device upgrades, software updates and support costs. Mobility can significantly reduce this cost by providing new options for hardware acquisition and management. Traditionally, pharmaceutical companies have equipped sales representatives with hardware. However, companies leveraging mobile devices can start to consider a more consumer-driven, innovative model to hardware deployment. In this model, pharmaceutical companies would allow sales representative to acquire their mobile device directly from the manufacturer. These manufacturers, in turn, would also provide hardware support, which would greatly reduce the total cost of ownership for the sales representative's devices.

2. *Software*

Software costs can also be reduced with mobility. Some organizations further along the mobility maturity spectrum are beginning to use enterprise-specific application storefronts, a secure method to deploy, update and remove mobile software applications. One of Accenture's pharmaceutical clients is currently piloting this model, which is easier for IT to

manage and can reduce application release timelines and costs even further. Similar to other application storefronts available on the Internet, an enterprise mobile storefront would allow sales representatives to download corporate applications and update them via the Internet.

3. *Support*

Transitioning to a mobility hardware and software an operating model can also drastically reduce a pharmaceutical company's support costs. Currently, companies spend a significant amount of time and money fixing broken hardware or retrieving laptops for software upgrades, maintenance or reimaging. Once pharmaceutical companies move to a more consumer-driven model, they may only need to provide help desk support for software and enterprise-wide applications. For hardware support like fixing a cracked screen, sales representatives will be able to call the mobile device manufacturer. Software support for an enterprise mobile applications store would also be easier since pharmaceutical companies would no longer need to manage software deployment or upgrades. Instead, sales representatives would simply access the enterprise application store to download the proper software. Yet another mobility cost savings opportunity is available through sales force onboarding and training. Factors such as

changes in sales force sizing and increased use of contracted sales organizations are causing pharmaceutical companies to seek a faster and more flexible on-boarding model. Mobile solutions can offer a more efficient onboarding process, giving sales representatives quicker access to the CRM system and relevant mobile applications through a familiar device and interface. Similarly, with mobility, pharmaceutical companies can provide remote sales training through applications, making it possible for representatives to review training at their convenience or between sales appointments.

VI. Conclusion

Drug promotion strongly influences prescribing behaviour, and pharmaceutical companies are using all the tactics to influence the prescriber. Considering the limited time companies get from the doctors, it is very important to be focused and deliver what is exactly needed by the doctors. The result of this study shows us that promotional inputs are important; however doctors are more interested in updating themselves with the new scientific information. They are keener in refreshing their knowledge and keeping pace with the current advances in sciences. This will definitely help them in their carrier.

Campaigns employing digital channels can be more effective than traditional field force promotions and offer the opportunity to differentiate from competitors through more frequent interactions with target physicians, presenting more varied content and by leveraging other services (e.g. meet the expert), deploying interactive content and services, exploiting the full potential of new technologies (e.g. tablets), systematic real-time user feedback and analysis through CRM tools and potentially unlimited direct communication between the field force and physicians. And if company helps them in pursuing their goal in however small way may be, the companies are surely going to get benefited with this strategy.

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