

# OPTIMIZING TREATMENT CHOICE

Solutions with Measurable Outcomes to  
Align Prescriptions and Strengthen  
Pharma Brand Leadership

---

INDITECH HEALTH SOLUTIONS



---

# Case Summary



Brand Umi (Amoxicillin/Amox-Clav), faced the problem of therapy choice drift in the management of mild community-acquired pneumonia (CAP) in children. Despite both the Indian Academy of Pediatrics (IAP) and the World Health Organization (WHO) recommending amoxicillin as the first-line therapy, many outpatient practitioners continued to choose oral cephalosporins (e.g., cefuroxime, cefpodoxime) as their prescription choice.

This misalignment between clinical guidelines and real-world prescribing behavior has created a significant challenge for Brand Umi. Although the brand enjoys strong retail visibility and a trusted clinical reputation, it remains underutilized in outpatient practice. The result: a growing “prescription drift” that not only impacts treatment consistency and patient outcomes but also limits Brand Umi’s rightful role as the guideline-aligned standard of care.

This playbook examines the roots of this drift—spanning perception, practice, and patient-level drivers—and outlines a structured approach to realign prescriptions with clinical science, driving Brand Umi’s revenue growth in the CAP segment.

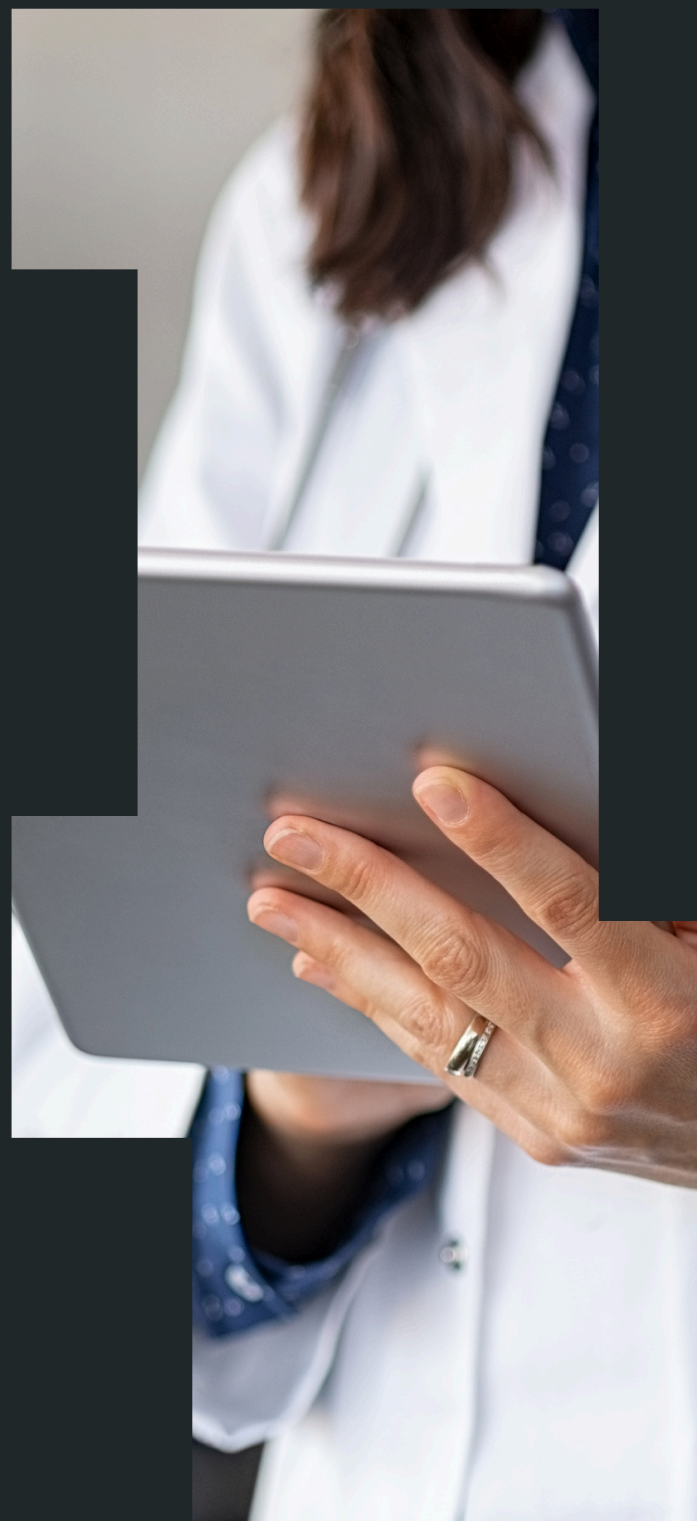
# The Market Reality

In outpatient management of mild community-acquired pneumonia (CAP), there's a wide gap between guideline awareness and prescription behavior.

Though both the IAP and WHO recommend amoxicillin as the first-line therapy, doctors frequently reach for oral cephalosporins—driven by convenience, habit, and perception rather than clinical alignment.

## What Drives This Drift

- **Awareness ≠ Action:** Doctors know the guidelines but often default to cephalosporins, believing they act faster and are better tolerated.
- **Convenience Bias:** Amoxicillin's weight-based dosing feels complex in fastpaced OPD environments, while cephalosporins appear simpler to prescribe.
- **Pharma Nudging:** Promotional focus and sampling cycles have historically favored cephalosporins, subtly shaping prescription habits.
- **System Gaps:** Inability to ensure follow-up prompts (48–72 hrs) allows initial therapy to continue unchecked, reinforcing a choice that bypasses this need.



# Why This Is a Pain Point for the Brand

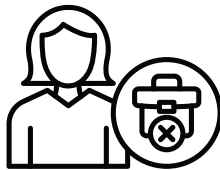


## Prescription Drift

Uncertainty around amoxicillin dosing—especially in pediatric care—pushes doctors toward cephalosporins with easier, familiar dosing regimens. This erodes Brand Umi's rightful position as the first-line treatment.

## Underutilization in Key Markets

Despite strong availability, Brand Umi remains under-prescribed in clinics, particularly in Tier 2 and Tier 3 towns, where CAP cases are most common.



## Pharma Prompting

Competing promotional activities unintentionally steer doctors toward cephalosporins, diluting Brand Umi's presence in treatment decisions.

## Patient Compliance Issues

Early discontinuation and poor follow-up contribute to treatment failure and bacterial resistance—undermining both clinical outcomes and Brand Umi's efficacy.



# THE SOLUTION FRAMEWORK



The problem of misalignment in prescribing practices requires a strategic, multifaceted approach. The solution must focus on three key moments that influence the decision-making process:

- 1. First-line prescription choice:** The shift in prescribing habits often arises due to the varying dosages of amoxicillin, which may lead to uncertainty in dosing decisions, especially in pediatric cases. In contrast, cephalosporins offer more standardized dosing, which can make them a more familiar and convenient choice for clinicians, despite the guideline recommendations.
- 2. 48–72 hour follow-up decision:** A key challenge is ensuring that patients return for follow-up visits within the critical 48–72 hour window. Various factors, such as patient perception of improvement or logistical barriers, can sometimes lead to missed opportunities for reassessment and timely adjustments to the treatment plan.
- 3. Course duration and stopping points:** Ensuring adherence to the full course of antibiotics can be challenging, as some patients may discontinue treatment once symptoms improve. This incomplete adherence can contribute to bacterial resistance. Additionally, a lack of clear, consistent guidelines regarding when to stop treatment can result in unnecessary prolonged antibiotic use, increasing the risk of resistance.

# Solution Blueprint



## ALIGNING BRAND UMI WITH THE GUIDELINES

The solution to this problem involves shifting the conversation around Brand Umi in clinics. This involves a strategic shift that includes doctor education, patient adherence tools, and in-clinic decision nudges. By addressing the key pain points and implementing a streamlined solution, Brand Umi can position itself as the go-to brand for treating mild CAP while ensuring better patient outcomes and stronger market positioning.

# THE STRATEGY

TURNING THE BRAND'S PAIN POINT INTO A MARKET OPPORTUNITY

01

## Doctor Education: Reasserting Amox-Clav's Position as FirstLine Treatment

- **Academy Endorsed Mini-CMEs Distributed In-Clinic:** Launch Academy endorsed education initiatives targeting doctors, explaining why amoxicillin is the first-line treatment for mild CAP. Focus on the evidence and scientific backing behind the guideline, and address the dosing concerns by providing clear, simple weight-band dosage charts for easy reference.
- **Academy Endorsed Case Studies Distributed In-Clinic:** Publish case studies that demonstrate the real-world efficacy of Amox-Clav in treating mild CAP and why cephalosporins should be used only when necessary, thus aligning clinical practice with best practices.
- **Round Table Discussions:** Host round table meetings for clinicians, emphasizing the importance of adhering to guideline-aligned practices and showcasing how Amox-Clav is the guideline.

02

## Patient Education: Reinforcing Brand Umi's Value at the point of Prescription

- **Simple, Local-Language Videos for Adherence:** At the time of prescription, enable the clinic with 60-second Academy endorsed videos in local languages, explaining the importance of completing the full course of antibiotics and following up after 48-72 hours. The video will be branded under the clinic's name, fostering trust and brand recall.
- **WhatsApp and Text Messaging:** Make the videos and follow-up materials easily shareable via clinic WhatsApp numbers by clinic staff, ensuring no behaviour change requirement in the consulting room and making it simple for clinic staff to share the information.



## 04

### Follow-Up & Reminder Tool: Reinforcing Brand Umi's Contribution to Patient Outcomes

- **Automated Check-Ins:** Implement a clinic-white-labelled system to send 48-72 hour local language follow-up screening forms and reminders, ensuring that the doctor receives information and patients are immediately informed to visit the clinic if red flags are present. Enabling assessment of progress and to adjust treatment if necessary.
- **Course Completion Reminders:** Ensure reminder messages include local language patient education on the importance of completion of the prescribed regimen. These messages should come from the clinic's number, ensuring trust and authority, so patients comply.

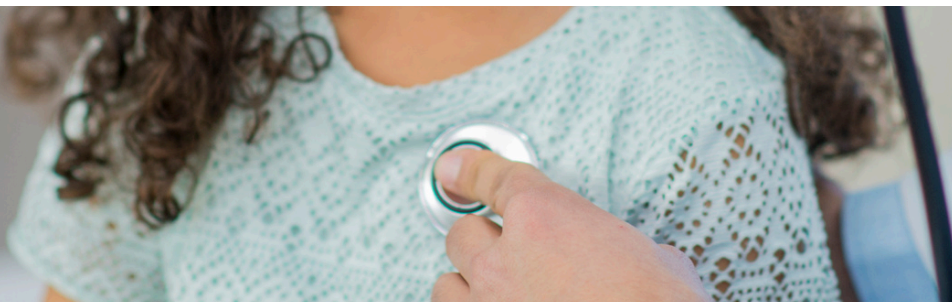
## 05

### Brand Reinforcement: Building Trust and Compliance

- **Academy-Certified Content:** Ensure that all patient-facing and doctor-facing content is academy-certified to boost credibility and trust. The materials for the doctor should be designed to seamlessly reinforce Amox-Clav as the trusted, guideline-backed solution for CAP.
- **Clinic-Branded Patient Solutions:** Ensure that all patient interaction is clinicbranded that ensures trust for the patient and adoption by the clinic. Establishing Brand Umi as an enabler of a valuable clinic service.

# KEY OUTCOMES

- **Increased Adherence to Guidelines:** By focusing on the three key decisionmaking moments, more doctors will align their prescriptions with the amoxicillin/amox-clav and thus Brand Umi, and guideline recommendations, improving the standard of care.
- **Increased Prescriptions for Brand Umi:** By enabling valuable services for the clinical practice, and ensuring credibility via Academy endorsement of the solutions, Brand Umi will be the default choice in first-line prescriptions of Amox-Clav, directly improving its market share and brand authority.
- **Improved Patient Outcomes:** Through education and adherence tools, patients are more likely to check-in in 48-72 hours and complete their prescribed treatment, resulting in better health outcomes, enhancing the doctor's comfort in Amox-Clav as opposed to Cephalosporins.
- **Stronger Brand Positioning:** By making Brand Umi synonymous with reliable, evidence-based treatment, and an enabler of valuable clinic services, it will be positioned as the brand of choice for the doctor.
- **Enhanced Patient Compliance:** Because of clinic-intermediated education and follow-up reminders, patients are more likely to check-in in 48-72 hours, and adhere to the full course of antibiotics, reducing the risk of incomplete treatment and antibiotic resistance.
- **Minimal Disruption:** The solution integrates seamlessly into existing clinic workflows, and enjoys Academy endorsement, ensuring high adoption by healthcare providers without major disruptions.



# THE STRATEGIC OPPORTUNITY & CTA

Pharma brand success in therapy drift lies in aligning clinical practice with evidence-based guidelines and ensuring that doctor-patient interactions are streamlined, convenient, and informative.

## Call to Action ○—○—○—○

### Partner with us:

Discover how your brand can solve challenges like these in Origination, Treatment Choice, Drug Choice or Adherence to increase your brand's marketshare and improve the brand's position.

### Take the Next Step:

Connect with us to explore your challenges and create uniquely powerful solutions with measurable outcomes.

