

NATURAL MICRONIZED PROGESTERONE

THE NEXT SHARE SHIFT WILL BE WON AFTER THE PRESCRIPTION

*The open battlefield is the route-to-review gap.
A market-facing playbook for leaders, challengers, and selective-share brands*



Competitive Distribution - Shared with leadership teams of major competing natural micronized progesterone brands in India. The opportunity is molecule-wide. One brand will occupy it first.

ONE SHARED CLINICAL ENGINE. ROUTE- AND FORMULATION-SPECIFIC EXECUTION LAYERS.

Category Proposition - When the specialist has selected natural micronized progesterone, the winning brand will help the clinic preserve the exact plan, support correct execution, surface uncertainty early, and bring the patient back for the right review.

THE COMPETITIVE DECISION

THREE POSITIONS. THREE JOBS. ONE OPEN WORKFLOW.



NATURAL MICRONIZED PROGESTERONE INDIA INTEGRATED MOLECULE PLAYBOOK

This competitive molecule note is for every major natural micronized progesterone team in India. Each reader should recognise its own position immediately - and see how a competitor could move first.

YOUR POSITION	WHAT IS AT RISK	WHAT THIS PLAYBOOK IS DESIGNED TO DO	THE DECISION
MARKET LEADER	Familiarity becomes complacency. Competitors copy the science and attack the unowned workflow.	Turn share into clinic infrastructure. Make the pathway around the molecule part of the default prescribing habit.	DEFEND the default by owning the whole progesterone pathway.
CHALLENGER	Another efficacy or naturalness claim is easy to neutralise. The leader keeps the habit advantage.	Change the basis of comparison from familiarity to route-fit, execution, reassurance, and review.	ATTACK the leader at the points where the prescription leaks.
SELECTIVE-SHARE / OTHER	A broad imitation strategy spreads resources too thin and produces no defensible territory.	Own one high-leakage clinical wedge, clinic cluster, route problem, or geography completely.	CAPTURE a narrow workflow before attempting the molecule.

THE PROVOCATION

The molecule is already known. The next share shift will come from the brand that turns post-prescription uncertainty into a clinic-owned routine before competitors do.





WHAT THIS NOTE IS - AND IS NOT

THIS NOTE IS	THIS NOTE IS NOT
A molecule-wide competitive playbook	A single-recipient brand plan
A category-control thesis with one executable clinic engine	A claim deck or product monograph
A route-aware architecture that respects exact product labels	A universal route, dose, or indication recommendation
A decision memo: defend, attack, or selectively capture	A project definition or commercial offer



STRATEGIC CHOICE

ONE MOLECULE PLAYBOOK – DESPITE ROUTE AND FORMULATION DIVERSITY

Natural micronized progesterone is not one interchangeable product market. But the commercial leakage begins in the same place: the gap between a specialist's exact choice and the patient's next informed review.

WHY ONE PLAYBOOK

The molecule shares one core post-prescription problem across ART, selected early-pregnancy, menstrual, preterm-birth, and HRT contexts: the doctor chooses an indication, product, route, schedule, duration, and review point; the patient must execute that exact plan without improvisation. That common interval is commercially important and clinically governable.

WHY ONE EXECUTION LAYER IS UNSAFE

Oral capsules, sustained-release oral forms, vaginal capsules or tablets, gels, and injections can differ in approved indication, administration, tolerability, handling, and evidence. A single generic instruction set would blur the prescription. The architecture must therefore have two levels.

LEVEL	COMMON ACROSS THE MOLECULE	WHAT MUST VARY
SHARED CLINICAL ENGINE	Exact-plan capture, start confirmation, missed-use question routing, tolerability capture, supply/substitution check, review reminder, clinician-led continuation/stop/re-entry.	Nothing. These are the non-negotiable continuity rules.
ROUTE / FORMULATION LAYER	Only the clinic-approved plan and product information are shown.	Administration steps, handling, timing, route-specific friction, approved indications, warnings, and escalation language.
CLINICAL-CONTEXT LAYER	Patient remains under treating specialist control.	ART test dates, scan/review points, early-pregnancy cues, HRT review, menstrual-course dates, or short-cervix pathways - only where evidence and label support activation.

STRATEGIC RULE

One shared engine creates category ownership. Route- and context-specific layers protect clinical accuracy. The brand that can operate both levels earns the right to lead the molecule conversation.



EXECUTIVE SUMMARY

THE CATEGORY HAS BEEN OVER-TRAINED ON PROGESTERONE SCIENCE - AND UNDER-BUILT AFTER PRESCRIBING

Naturalness, micronisation, pregnancy support, route claims, release profiles, and familiarity have filled the detailing cycle. The real patient journey remains fragmented.



THE CATEGORY TALKS ABOUT	THE PATIENT STILL HAS TO SOLVE
Progesterone physiology and pregnancy support	What this prescription is for in her exact clinical context
Oral versus vaginal versus injectable options	How to use the selected form correctly – without changing it herself
Micronisation, absorption, release, and convenience	What to do after drowsiness, discharge, irritation, injection discomfort, or a missed use
Clinical familiarity and established brands	How to protect the written product when supply, substitution, or price creates pressure
Treatment initiation	When the next test, scan, visit, continuation decision, or stopping decision belongs to the clinic

THE CATEGORY-CONTROL THESIS

The next share shift will not be created by telling specialists that progesterone matters. They already know. It will be created by making one brand synonymous with the clinic's ability to preserve the prescribed route, reduce avoidable uncertainty, prepare the next review, and prevent the prescription from dissolving into 'any progesterone.'

The Commercial White Space : Prescription-to-review continuity is still unowned. The first credible brand system can define the operating standard; later brands will be forced to imitate it.

EVIDENCE BOUNDARY

This is positioning, not a comparative efficacy claim.

Evidence differs by indication, preparation, route, dose, and patient population. The exact Indian approved product information and treating specialist's plan remain controlling.

INDIA MARKET REALITY

LARGE ENOUGH TO MATTER. FRAGMENTED ENOUGH TO LEAK.



Public evidence shows substantial value, growth, and formulation diversity. It does not provide a current audited leader-to-long-tail ranking for natural micronized progesterone. That gap must be stated, not filled with invented share claims.

INR 89 cr BROAD PROGESTERONE SUBGROUP Dec 2025 sales; +17% YoY [1]	~INR 900 cr NATURAL PROGESTERONE MARKET MAT Apr 2024 public snapshot [2]	INR 328 cr SUSTEN BRAND VALUE MAT Jun 2025; +11% YoY [3]	MULTI-FORM INDIA PRODUCT REALITY capsules, SR, vaginal, gel, injection [4-6]
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PUBLIC SIGNAL	WHAT IT SUPPORTS	WHAT IT DOES NOT SUPPORT
IQVIA market reflection, Dec 2025	The broad progesterone subgroup generated INR 89 crore in the month and grew 17% year on year.	It is not an NMP-only value, not annual MAT, and not a brand-share table.
MOFSL extract citing IQVIA, MAT Apr 2024	Natural progesterone market about INR 9 billion; 7% value CAGR across MAT Apr 2020-24.	It is an older public snapshot and must not be called the current 2026 market size.
Dolat extract citing IQVIA, MAT Jun 2025	Susten recorded INR 3.28 billion and 11% growth, proving material scale for one brand family.	It does not establish today's rank, share, indication mix, or route mix.
Official company product directories	Susten and Naturogest confirm active NMP competition and multi-form portfolios.	A product listing is not a universal label, equivalence statement, or ranking.

EMBEDDED CLINICAL ENGINE

RESPONSIBLE USE IS THE NON-NEGOTIABLE SPINE

The pathway begins only after a gynaecologist or fertility specialist has assessed the patient, selected natural micronized progesterone, and documented the exact plan.

THE CLINIC DECIDES	THE PATHWAY SUPPORTS	THE PATHWAY NEVER DOES
Clinical context and diagnosis	Records the clinic's reason in plain language	Diagnoses symptoms or confirms pregnancy status
Molecule, brand, route, form, strength, schedule	Replays the exact recorded plan	Recommends NMP, chooses a route, converts dose, or compares products
Start, duration, missed-use instruction	Checks understanding and routes questions	Starts, extends, restarts, shortens, or stops treatment
Review/test/scan point	Reminds and prepares a factual review brief	Interprets results or authorises continuation
Urgent and non-urgent escalation	Shows clinic-approved cues and contact routes	Reassures bleeding/pain automatically or delays urgent care

The six hard rules

- No diagnosis, eligibility screening, or patient-facing molecule recommendation.
- No route, formulation, strength, dose, timing, start, stop, switch, or continuation decision.
- No assumption that oral, vaginal, SR, gel, and injectable forms are interchangeable.
- No automatic reassurance for bleeding, pain, faintness, severe symptoms, or pregnancy uncertainty.
- No sponsor access to identifiable patient data, prescriptions, alerts, or clinic responses.
- No content line without exact Indian label mapping, medical approval, version control, and pharmacovigilance routing.





ACTIVATION GATE

No documented specialist plan, no patient activation.
This single rule protects the patient layer from becoming
remote prescribing and protects the commercial platform
from over-claiming the molecule.

CENTRAL COMMERCIAL DRIFT

THE PRESCRIPTION IS PRECISE. THE JOURNEY THAT FOLLOWS OFTEN IS NOT.

Natural micronized progesterone does not leak through one failure. It leaks through a chain of small ambiguities that make brand choice weak, route execution noisy, and review inconsistent.

LEAKAGE POINT	WHAT HAPPENS	COMMERCIAL CONSEQUENCE
1. Context ambiguity	The patient remembers 'pregnancy support' or 'hormone', not the clinic's exact reason.	Confidence depends on hearsay; the brand becomes generic.
2. Route/form confusion	Capsule, SR tablet, vaginal form, gel, or injection is misunderstood or casually compared.	The prescribed product is vulnerable to switching or incorrect use.
3. Administration error	Timing, insertion, handling, food/bedtime, or device steps are executed incorrectly.	Noise looks like product failure.
4. Tolerability friction	Drowsiness, dizziness, discharge, irritation, or injection-site discomfort is not anticipated or captured.	Silent dropout or self-directed route change.
5. Missed-use improvisation	The patient doubles, skips, changes timing, or follows informal advice.	Clinic control breaks at a high-anxiety moment.
6. Bleeding/anxiety drift	Spotting, bleeding, pain, or fear triggers unsupervised stopping, extra use, or delayed assessment.	Risk rises and brand confidence becomes unstable.
7. Supply/substitution	Chemist stock, price, pack, or strength pressure changes the dispensed product.	Exact-brand continuity is lost before the clinic sees it.
8. Review drift	Test, scan, or visit is missed; observations never reach the specialist.	The brand disappears after the first prescription.
9. Continuation/stop/re-entry drift	Treatment continues or stops without a recorded decision; a new episode restarts the category.	The next prescription is open to every competitor.

THE CENTRAL COMMERCIAL FACT

A brand can hold the prescription and still lose the patient journey. The brand that owns the drift points makes the prescription harder to displace.





MOMENTS THAT MATTER

NINE MOMENTS DECIDE WHETHER THE MOLECULE BECOMES A DEFENDED PATHWAY OR AN OPEN PRESCRIPTION

The opportunity is not to promote at every moment. It is to help the clinic complete the task that only the clinic can responsibly own.

MOMENT	CLINIC TASK	BRAND OPPORTUNITY
1. Specialist selection	Document indication, exact product/form, route, schedule, duration, review, and escalation rules.	Be associated with disciplined plan capture after the clinical decision.
2. First use	Confirm the patient can explain how and when to use the chosen form.	Turn product choice into correct execution.
3. First 48-72 hours	Surface route-specific difficulty, tolerability, anxiety, or access problems.	Prevent early abandonment from becoming silent brand failure.
4. Missed use	Give a product-specific clinic-approved response or clinician callback.	Replace informal advice with clinic control.
5. Bleeding/pain/uncertainty	Direct urgent or non-urgent assessment using approved cues.	Build trust by routing uncertainty back to care, not by over-reassuring.
6. Pack/refill	Confirm same prescribed product/form/strength and sufficient supply to the next review.	Protect exact-brand continuity without patient promotion.
7. Test/scan/review	Receive a factual execution summary before the decision point.	Make the brand part of a better review routine.
8. Continue/change/stop	Record the specialist's decision and update the plan.	Stay linked to deliberate care, not automatic continuation.
9. Re-entry/recurrence	Reassess before any repeat course or new episode.	Own the return-to-clinic moment before the category resets.

INTEGRATED SOLUTION



PROGESTERONE CONTINUITY & REVIEW PATHWAY

One example of how a brand can own the post-prescription workflow without becoming the prescriber, the clinic, or the patient-facing promoter.

THE LOOP

1. CAPTURE Exact clinic plan	2. EXECUTE Route-specific use support	3. CHECK Early barriers and concerns	4. PROTECT Supply and substitution continuity	5. REVIEW Factual brief and clinic-led decision
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BRANDING ARCHITECTURE

LAYER	VISIBLE TO	ROLE	BRAND PRESENCE
Clinic shell	Patient	Exact plan, education, reminders, support, escalation, review	None; clinic-branded and brand-neutral
Academy shell	Doctor and clinic team	Governed clinical education, forms, algorithms, updates, audits	Independent; sponsor disclosure where required
Brand execution layer	Doctor, field force, brand team	Activation, approved product materials, training, aggregate measurement	Permitted after molecule/route selection and within label

WHAT THE BRAND IS REALLY BUYING

Not another patient reminder. The brand is building a repeatable clinic routine that makes exact-plan execution visible, gives the representative a more valuable call, and creates measurable commercial separation around a familiar molecule.

POSITIONING LINE

When you select natural micronized progesterone, this is the brand associated with getting the prescribed plan executed, reviewed, and kept under your control.

Restricted leadership working document



PLAYBOOK ARCHITECTURE

BUILD THE ROUTINE BEFORE ADDING SOPHISTICATION

Every module is reusable across brands, but its patient language must be generated from the exact clinic plan and approved product information.

MODULE	CLINIC WORKFLOW	STRATEGIC VALUE	HARD BOUNDARY
1. Clinic-branded patient plan	Plain-language reason, exact product/form, route, schedule, duration, missed-use instruction, review date, clinic contact.	Replaces 'progesterone' with a defended exact plan.	No product selection or dose conversion by the system.
2. Route-specific use support	Approved steps for the selected oral, vaginal, gel, injection, or other form; handling and practical technique.	Reduces execution noise that can look like brand failure.	One form's instructions never migrate to another.
3. Early tolerability check	Within 48-72 hours: started, used as directed, route difficulty, drowsiness/dizziness, vaginal friction, injection-site concern, questions.	Saves the prescription before silent dropout.	Captures and routes; does not normalise or change therapy.
4. Scheduled review preparation	Before test, scan, or visit: adherence, missed use, symptoms/concerns, supply, questions, and appointment readiness.	Makes the brand part of the clinic's next decision.	Facts only; no interpretation or recommendation.



LOW-FRICTION RULE

If activation takes more than two minutes or asks clinic staff to re-enter the medical record, it will not become a routine. Capture only what the pathway needs to preserve the prescribed plan and route uncertainty back to the clinic.



PLAYBOOK ARCHITECTURE

REASSURE RESPONSIBLY. PROTECT CONTINUITY. RETURN DECISIONS TO THE CLINICIAN.

Pregnancy and fertility create emotionally charged moments. The pathway should reduce confusion without turning reassurance into remote medical advice.

MODULE	CLINIC WORKFLOW	STRATEGIC VALUE	HARD BOUNDARY
5. Pregnancy/fertility reassurance and escalation	Clinic-approved expectations, test/scan reminders, psychosocial support cues, urgent and non-urgent return routes.	Builds confidence through access to care, not through promises.	No viability claim; no automatic reassurance for bleeding or pain.
6. Refill and substitution protection	Check pack/form/strength, days to next review, availability, and any proposed substitution; route mismatch goes to clinic.	Protects prescription intent and exact-brand continuity.	No claim that alternatives are inferior or non-equivalent.
7. Clinician-led continuation/stop	Specialist records continue, change, or stop after review; plan and reminders update only after that decision.	Prevents automatic continuation and makes the next prescription deliberate.	The system never infers duration from symptoms or pack completion.
8. Re-entry / recurrence	A later pregnancy, cycle, symptom recurrence, or HRT issue returns to clinic assessment before reactivation.	Owens the moment when the category would otherwise reopen.	No repeat course, restart, or carry-over plan without reassessment.

CLINICAL SIGNAL

NICE's early-pregnancy recommendation is specific to vaginal micronised progesterone, early pregnancy bleeding, prior miscarriage, and confirmed intrauterine pregnancy; ESHRE and RCOG also keep recurrent-loss benefit inside defined bleeding histories. Do not turn a narrow evidence base into a universal pregnancy-support message. [8-10]



ROUTE AND CONTEXT EXECUTION

SAME MOLECULE DOES NOT MEAN SAME INSTRUCTION, SAME FRICTION, OR SAME CLAIM

The market-wide engine stays constant. Each execution layer is activated only after exact Indian label and specialist protocol mapping.

ROUTE / CONTEXT	HIGH-VALUE WORKFLOW TASK	CLINIC-CONTROLLED FRICTION	PLAYBOOK STATUS
ART / IVF-ICSI luteal support	Start window, exact route, repeated-use routine, supply through pregnancy test, scheduled result/review.	Missed use, vaginal/oral/injection technique, route burden, anxiety, clinic protocol changes.	CORE: strong workflow fit; ESHRE recommends progesterone after IVF/ICSI. [7]
Selected early-pregnancy bleeding	Confirm eligibility and scan-led pathway, explain exact plan, keep return-to-care cues visible.	Bleeding, pain, uncertainty, stopping, continuation after heartbeat, missed review.	CORE OVERLAY only for clinic-selected eligible patients. [8-10]
Oral / SR clusters	Correct approved administration, early sedation/tolerability check, timing, refill and review.	Drowsiness/dizziness and silent discontinuation where label-relevant. [14]	DEFENSIBLE WEDGE after product-level label mapping.
Vaginal capsule/tablet/gel clusters	Technique, handling, routine, supply, and clinic-approved response to local friction.	Discharge, irritation, burning, co-use of other vaginal products where label-relevant. [15]	DEFENSIBLE WEDGE; never generalise across products.
Injection clusters	Administration ownership, appointment or self-administration protocol, site check, supply.	Pain, irritation, redness, device/sterility and trained-use questions.	SPECIALIST WEDGE; confirm exact formulation and approval.
Short cervix / preterm-birth prevention	Eligibility, cervical-length follow-up, adherence, specialist review.	History-alone overuse and outdated assumptions.	OPTIONAL SPECIALIST OVERLAY; evidence and guidance have changed. [11]
Menopause / HRT	Combined-HRT plan, bleeding expectations, safety review, continuation decision.	Unscheduled bleeding, risk communication, long-term review.	OPTIONAL only if exact Indian label supports; comparative safety remains uncertain. [12]

ACADEMY-BACKED DOCTOR EDUCATION

SIX MONTHS OF CATEGORY CONTROL - NOT SIX MONTHS OF PRODUCT REPETITION



The education sequence should teach the clinical skills that make the workflow credible. It should make the category more precise, not simply make the sponsor louder.

MONTH	MINI-CME / CASE-SHARE THEME	CATEGORY-CONTROL PURPOSE
1	One molecule, many routes: how to preserve indication-route-form fit	Makes exact-plan capture the starting standard.
2	ART luteal support: timing, route execution, patient burden, and review	Connects evidence to a measurable clinic workflow.
3	Early-pregnancy bleeding: where progesterone evidence applies - and where it does not	Prevents broad pregnancy claims and strengthens specialist trust.
4	Oral, vaginal, gel, and injection friction: practical cases without route superiority	Turns tolerability into managed execution rather than product noise.
5	Missed use, substitution, supply, and the false treatment-failure problem	Makes continuity a legitimate brand battleground.
6	Continue, stop, or re-enter: building a reviewed progesterone pathway	Positions the clinic - and the associated brand - as the owner of the full loop.

Academy operating rules

1. Independent faculty and conflict disclosure; sponsor does not control clinical conclusions.
2. Every form, algorithm, translation, and patient line is versioned and label-mapped.
3. Case content distinguishes evidence, local label, specialist protocol, and strategic positioning.
4. Assessment checks judgement and safe escalation - not product recall.
5. Material updates trigger field retraining and controlled replacement of old assets.



THE EDUCATION THESIS

A familiar molecule becomes commercially defensible when one brand consistently helps specialists run it with greater precision, less patient confusion, and better review discipline.





STRATEGIC VARIANTS BY BRAND POSITION



IF YOU ARE THE MARKET LEADER

LEADER STRATEGY

Defend the default by owning the progesterone pathway. A leader should turn market share into clinic infrastructure before a challenger turns the leader's familiarity into evidence of complacency.

LEADER ADVANTAGE	LEADER RISK	LEADER MOVE
Prescriber habit and broad availability	The brand is written, but the route-to-review interval is unowned.	Install the clinic pathway across high-value prescriber clusters.
Portfolio breadth across strengths/forms	Breadth creates confusion if field teams blur labels and routes.	Make product-specific execution discipline a leadership asset.
Field reach	Large coverage can create shallow activation.	Measure active clinic loops, not kits placed or QR codes distributed.
Scale and data	The leader can be slow to learn because national averages hide leakage.	Use clinic-level matched measurement and rapid workflow correction.

Leader play

- Own the common engine across fertility and selected OBGYN contexts.
- Turn route/form breadth into a governed portfolio map, not a collection of line extensions.
- Make Academy-certified pathway use a visible marker of serious progesterone practice.
- Create the first operating standard competitors must copy rather than the next claim they can answer.

LEADER FIELD LINE

You already know the molecule. This gives your clinic a controlled way to carry your exact progesterone plan from prescription to review.

LEADER WARNING

If the leader waits, a challenger can make workflow ownership look like the new standard and familiarity look incomplete.



IF YOU ARE THE CHALLENGER

CHALLENGER STRATEGY

Do not outclaim the leader. Change the basis of comparison. The challenger wins when specialists stop comparing only memory, heritage, or familiar science and start comparing route-fit, execution, reassurance, and review.

DO NOT FIGHT HERE	MOVE THE BATTLE HERE	WHY IT CAN WORK
'More natural' or generic pregnancy support	Exact indication-route-plan preservation	The specialist can see an operational difference without an unsupported efficacy claim.
Abstract absorption or formulation story	Correct-use execution and early barrier detection	Formulation science becomes a clinic behaviour, not a slide.
National reach against leader reach	Dense clusters of fertility/OBGYN clinics	Repeated use creates local proof and field confidence.
Price alone	Same-product continuity to the next review	The brand becomes harder to substitute because it is attached to a routine.

Challenger attack sequence

- Choose one visible leakage point: route execution, early tolerability, supply/substitution, or review loss.
- Activate a dense clinic cluster where the leader is familiar but operationally absent.
- Make the representative demonstrate the workflow in the doctor's own patient journey.
- Prove activation, review completion, and exact-brand continuity before expanding the story.

CHALLENGER FIELD LINE

The question is not whether progesterone works in the right patient. The question is which brand helps your clinic execute the selected route and reach the next review without avoidable drift.



IF YOU ARE AN OTHER OR SELECTIVE-SHARE BRAND

SELECTIVE-SHARE / MID-TIER STRATEGY

Own one high-leakage wedge before trying to own the molecule A selective-share brand should reject the temptation to copy a leader nationally. Depth in one clinically coherent wedge can create a defensible reason to prescribe.

CANDIDATE WEDGE	WHY IT IS DEFENSIBLE	ENTRY CONDITION	WATCH-OUT
Fertility / ART clinics	Protocol-driven, repeated use, scheduled test/review, coordinator workflow.	Exact clinic protocol and label map.	Do not let the pathway standardise treatment choices across clinics.
Selected early-pregnancy support clinics	High anxiety, defined follow-up, strong need for safe re-entry.	Eligibility and scan-led specialist decision.	Do not generalise benefit beyond evidence-defined groups.
Oral-route adherence/tolerability clusters	Drowsiness or timing friction can create silent dropout where label-relevant.	Exact oral/SR PI and prescriber plan.	Do not imply oral is better or worse than vaginal.
Vaginal-route execution clusters	Technique, local friction, and repeated use create visible workflow needs.	Product-specific instructions and clinic response rules.	Do not normalise bleeding, pain, discharge, or irritation automatically.
High-substitution geographies	Pack/form/strength confusion directly threatens prescription intent.	Audited availability and substitution baseline.	Do not disparage alternatives or block clinically necessary changes.
Menopause / HRT clinics	Longitudinal review and unscheduled bleeding create a clear continuity task.	Exact India label and specialist risk protocol.	Evidence does not justify broad micronized-progesterone safety superiority. [12]



Wedge selection test

- The problem occurs often enough to train the field and measure within 90 days.
- The clinic task is clear and the patient layer can remain neutral.
- The route, context, and approved label can be configured without inference.
- The brand has supply reliability and a credible prescriber cluster.
- Winning the wedge creates a reusable capability, not a one-off campaign.



FIELD FORCE AND ASSET SYSTEM

MOVE THE CALL FROM MOLECULE REPETITION TO WORKFLOW CONTROL



The representative should not explain a complex digital service. The representative should expose one clinic leak, show one low-friction fix, and ask for one activation decision.

OLD CALL	NEW CALL
Repeat progesterone science and pregnancy-support familiarity	Ask where patients lose the exact route, plan, supply, or review after prescribing
Show route/formulation features	Show the route-specific execution card that follows the selected product
Leave a reminder and request prescriptions	Activate one clinic-branded pathway for the next eligible patient
Measure reach, calls, samples, and scans	Measure live clinics, eligible activations, review completion, and exact-brand continuity

30-SECOND STORYLINE : REP STORY

Doctor, progesterone is not usually lost at the moment you choose it. It is lost when route instructions, early concerns, missed use, supply, and review become invisible. This clinic-branded pathway keeps your exact plan in front of the patient and brings uncertainty back to your clinic. May we configure it for one selected patient pathway?



FIVE-MINUTE CALL

MINUTE	REP ACTION	ASSET
0-1	Name the local leakage point	One-page drift map
1-2	Show the five-step clinic loop	Pathway card
2-3	Demonstrate one route-specific patient plan	Approved sample screen / print
3-4	Explain clinic control and patient neutrality	Governance card
4-5	Ask for one pathway and one coordinator	Activation card

CORE ASSET SET

Drift map | pathway card | route/formulation execution cards | clinic activation card | patient-plan template | early-check template | review brief | six Academy case-shares | measurement dashboard | governance/PV card



MEASUREMENT MODEL



MEASURE COMMERCIAL MOVEMENT
THROUGH THE CLINIC BEHAVIOUR
THAT SHOULD CAUSE IT

The chain is simple: clinic activation -> correct use/adherence -> review/re-entry -> exact-brand continuity -> commercial movement. Do not jump from QR scans to market-share claims.

STAGE	LEADING MEASURE	COMMERCIAL SIGNAL
1. Clinic activation	Eligible clinics live; coordinator trained; patient plan used	The workflow is installed, not merely presented
2. Correct use / adherence	First-use confirmation; early check; missed-use questions; route barriers surfaced	Execution noise is falling
3. Review / re-entry	Test/scan/visit kept; factual brief viewed; flagged patients contacted	The clinic retains the patient journey
4. Exact-brand continuity	Same prescribed brand/form/strength to planned review; substitution recorded	Prescription intent is protected
5. Commercial movement	New-to-brand, repeat, share, or Rx movement versus matched control	The workflow produces incremental brand value



MEASUREMENT MODEL

MEASUREMENT DISCIPLINES

- Define eligibility, numerator, denominator, timing, exclusions, and data source before launch.
- Separate patient execution metrics from commercial outcomes and from safety reporting.
- Use minimum aggregation thresholds; do not show sponsor teams patient-level or clinic-response data.
- Report absolute numbers and rates; show pre/post and matched-control views where feasible.

- Stop claiming causality if activation is weak, supply is unstable, or control clinics are not comparable.

PRIMARY DECISION METRIC

Incremental exact-brand continuity to the specialist's planned review point in activated clinics versus a pre-agreed matched control, with clinic activation and safety gates met.

GOVERNANCE AND GUARDRAILS

COMMERCIAL URGENCY DOES NOT RELAX THE CLINICAL BOUNDARY.

The platform creates value only if specialists trust it, patients remain under clinic control, and the sponsor cannot turn service data into a promotional patient channel.

CONTROL	REQUIRED RULE	FAILURE THAT STOPS ACTIVATION
Patient-facing shell	Clinic-branded, brand-neutral, plain language, no direct Rx promotion	Sponsor/product persuasion visible to patient
Doctor-facing brand layer	Brand appears only after doctor selects molecule/route and within approved label	Pre-selection recommendation or off-label cue
Label control	Product-, route-, strength-, indication-, and version-specific mapping	One generic instruction set across forms
Pregnancy/fertility governance	Doctor plan controls eligibility, reassurance, test/scan, continuation, and stopping	Automatic viability reassurance or treatment decision
Pharmacovigilance	Potential adverse events route immediately through sponsor SOP and PvPI-compatible intake	Delayed, filtered, or commercially suppressed report
Consent and data minimisation	Clear notice, minimum data, purpose limits, access control, retention/deletion	Sponsor access to identity or treatment history without lawful need
Clinical updates	Academy medical review, version control, translation validation, controlled withdrawal	Old or inconsistent content remains live
Comparisons	Factual, fair, current, verifiable, non-disparaging, and substantiated	Unsupported route superiority or competitor claim



HARD STOP - Pause immediately for any patient-facing molecule /route /dose / start /stop /switch /continuation advice; failed urgent-care instruction; systematic PV delay; sponsor access to patient-level clinical data; material privacy incident; or unsupported comparative claim.

UCPMP 2024 requires promotion to remain consistent with marketing approval and claims to be balanced, current, verifiable, and substantiable. India's DPDP Rules 2025 have staged commencement, so the data design must be reviewed against the rules in force at launch. [16-18]

WHY FIRST MOVER MATTERS

CONFIGURE. ACTIVATE. PROVE.

The pilot is a proof system. It asks one question: can a brand occupy a clinically responsible workflow and show credible movement before a competitor does?



PHASE	DAYS	WHAT HAPPENS	GATE
CONFIGURE	1-30	Select posture and wedge; map exact PIs; approve patient language; train clinic and field; freeze measures and control.	No live patient until medical, label, privacy, PV, supply, and clinic tests pass.
ACTIVATE	31-60	Run a small dense clinic cluster; review weekly activation, route friction, alert closure, review completion, and supply.	Continue only if clinics use the loop and safety response is reliable.
PROVE	61-90	Compare activated versus baseline/control; assess exact-brand continuity, review/re-entry, field adoption, and operational burden.	Scale, refine, or stop against pre-agreed thresholds.

PILOT POSTURE BY MARKET POSITION

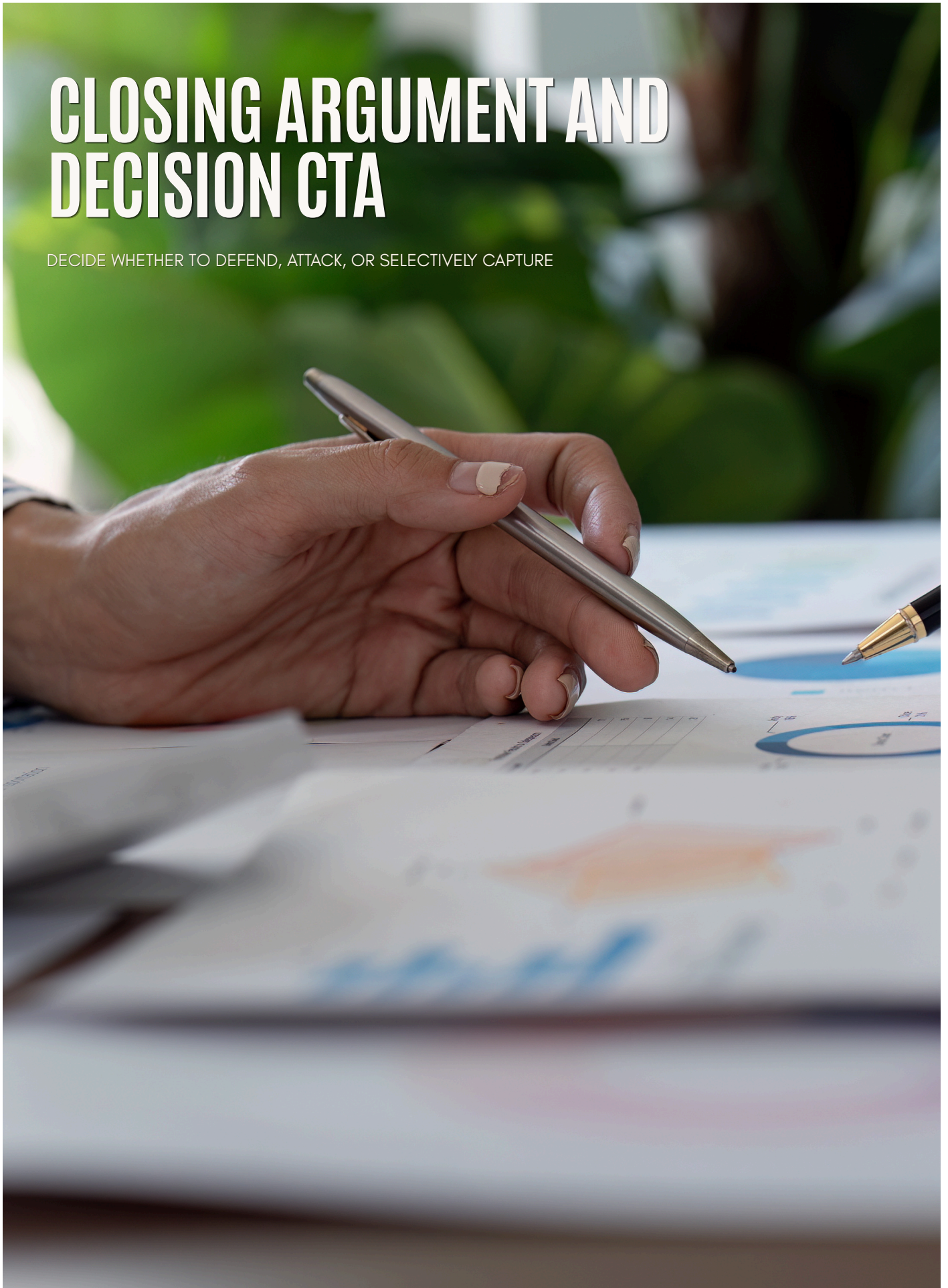
LEADER Test pathway standardisation across a representative high-value clinic mix. Prove the leader can convert scale into routine.	CHALLENGER Use a denser attack cluster with clear leader habit and one visible leakage point. Prove displacement logic before breadth.	SELECTIVE SHARE Own one wedge end to end – for example ART, selected early pregnancy, oral tolerability, vaginal execution, or high-substitution geography.
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GO / NO-GO GATES

GO WHEN	NO-GO WHEN
Clinics activate eligible patients; early checks and reviews occur; exact-brand continuity improves versus control; alert/PV closure is reliable; no critical governance breach.	The pathway is not used, creates clinic burden, blurs product instructions, fails safety routing, lacks supply reliability, exposes patient data, or shows no credible continuity signal.

CLOSING ARGUMENT AND DECISION CTA

DECIDE WHETHER TO DEFEND, ATTACK, OR SELECTIVELY CAPTURE



The molecule-wide opportunity is now visible. A competitor does not need a better progesterone claim to take it. It needs the first credible clinic workflow.

IF YOU ARE	DECIDE NOW	DO NOT WAIT FOR
THE LEADER	Which pathway will become part of your default infrastructure?	A challenger to define the standard around your molecule.
THE CHALLENGER	Which leakage point will change the basis of comparison?	A recall campaign to overcome an embedded habit.
SELECTIVE SHARE	Which wedge can you own completely in one cluster?	National breadth you do not need to win the first proof.

THE DECISION

- 1.Name the posture: defend, attack, or selectively capture.
- 2.Choose one clinically defensible workflow wedge and one clinic cluster.
- 3.Map the exact Indian product information and current licensed market baseline.
- 4.Evaluate a 90-day pilot before a direct competitor occupies the pathway.

ONE OF YOU WILL OWN THE ROUTE-TO-REVIEW GAP FIRST. THE ONLY QUESTION IS WHICH BRAND MOVES.



FINAL PROVOCATION	Natural micronized progesterone will remain a crowded molecule. The open question is whether your brand will remain another product inside it – or become the brand attached to how the clinic makes the prescription work.
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REFERENCES AND SOURCE NOTES

Evidence supports the boundary - not a universal molecule claim : Every clinical statement must remain linked to indication, preparation, route, dose, and population. Every commercial figure must carry its period and public-data limitation.

#	SOURCE	USE	BOUNDARY
1	IQVIA Market Reflection Report - December 2025 Open source	Broad progesterone subgroup monthly value and growth	Public report mirror; not NMP-only and not a current brand ranking
2	Motilal Oswal - Mankind Pharma initiating coverage, June 2024 (IQVIA extract) Open source	Natural progesterone MAT Apr 2024 market value, CAGR, and volume	Older public secondary extract; replace with current licensed MAT
3	Dolat Capital - Indian Pharma Market Monthly Data, June 2025 (IQVIA extract) Open source	Susten MAT Jun 2025 value and growth	Brand datum, not a complete market audit
4	Sun Pharmaceutical Industries - India products Open source	Public NMP product, route, form, and strength examples	Directory, not a universal label or comparative claim
5	Zydus Healthcare - Naturogest Open source	Current public competitor and molecule presence	Brand page; exact approved PI remains controlling
6	CDSCO - SND approvals January-December 2017 Open source	India approval example for progesterone SR tablets	Formulation- and indication-specific; verify each marketed product
7	ESHRE - Ovarian Stimulation Guideline update 2025 Open source	Progesterone luteal support after IVF/ICSI and route evidence	International guidance; Indian PI and clinic protocol control
8	NICE NG126 - Management of miscarriage, updated June 2026 Open source	Specific early-pregnancy bleeding / prior-miscarriage recommendation	UK guidance; do not generalise across routes or populations
9	ESHRE - Recurrent Pregnancy Loss Guideline, update 2022 Open source	Conditional vaginal progesterone evidence in defined RPL plus bleeding group	Does not support asymptomatic or universal pregnancy use

REFERENCES AND SOURCE NOTES

Governance is part of the strategy : The pathway must be revalidated whenever guidance, approved product information, law, or sponsor procedure changes.

#	SOURCE	USE	BOUNDARY
10	RCOG – Recurrent Miscarriage Green-top Guideline No. 17, 2023 Open source	Recurrent miscarriage and early-pregnancy bleeding boundary	UK guidance; local specialist and Indian PI remain controlling
11	ACOG – Progestogen supplementation for recurrent preterm birth, updated 2025 Open source	Short-cervix and prior-preterm-birth evidence boundary	US guidance; reinforces specialist-only overlay
12	NICE NG23 – Menopause: identification and management, updated April 2026 Open source	Combined-HRT and review framework; comparative-risk uncertainty	UK guidance; exact Indian HRT label and risk assessment control
13	ASRM – Diagnosis and treatment of luteal phase deficiency, 2026 Open source	Evidence limits outside medically assisted reproduction	US committee opinion; not an Indian label
14	DailyMed – Progesterone capsules, 2026 Open source	Official label example for oral dizziness and drowsiness	US label; use only as route-signal boundary pending exact Indian PI
15	DailyMed – ENDOMETRIN vaginal insert, 2026 Open source	Official label example for vaginal irritation, burning, discharge, and product-specific use	US label; never transfer instructions or claims to another product
16	Department of Pharmaceuticals – UCPMP 2024 Open source	On-label, balanced, current, verifiable, non-disparaging promotion	Company medical and legal approval remains required
17	MeitY – Digital Personal Data Protection Rules, 2025 Open source	Current India data-protection rules and staged commencement	Obtain current legal advice at launch
18	Indian Pharmacopoeia Commission – PvPI ADR reporting Open source	India adverse-event reporting routes for HCPs and patients	Sponsor SOP and regulatory timelines remain controlling



DOCUMENT BOUNDARY

This is a strategic molecule playbook, not medical advice, a product label, or a treatment protocol. Each implementation requires current India product information, specialist review, medical/regulatory approval, privacy and PV controls, and clinic-level configuration.



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