THE NEXT SHARE SHIFT

IN CALCIUM WILL COME FROM FIT, NOT FAMILIARITY

For Premium salt & Differentiated Calcium Brands

A clinic-centred

Right Calcium Fit playbook for premium salt and better-tolerability brands challenging the category default

Shared

with leadership teams of major competing premium and differentiated calcium brands in India

CALCIUM

Most calcium brands are still trying to win with bigger claims. More calcium. Better absorption. With D3. Better salt. Better tolerance.

That is not enough. In a market trained to write the default calcium brand quickly, a premium calcium brand cannot win by making a formulation claim in isolation. It must make the doctor pause before the default prescription.

The winning question is not: “Which calcium brand do I usually write?”

It is: “Which calcium formulation fits this patient?”

This note outlines a clinic-centred Right Calcium Fit Program for differentiated calcium brands - including premium salts, citrate / citrate malate-type brands, better-tolerability brands, and absorption-positioned formulations.

"The first brand to own calcium fit will force default brands to defend why 'usual calcium' is enough."

It is being shared across major calcium-focused brand teams because the opportunity is category-wide. The first brand to own calcium fit will force default brands to defend why “usual calcium” is enough.

Segment-specific problem frame

Your problem is not science. Your problem is habit.

A premium calcium brand may have a legitimate formulation story. But if that story does not enter the clinic workflow, the doctor still writes the default.

A challenger must interrupt habit. Not with a louder claim. With a better patient-selection system.

NIH's professional fact sheet distinguishes between calcium carbonate and calcium citrate on elemental calcium content, food dependence, and absorption context, which gives responsible premium brands a platform for a doctor-facing fit conversation. (Office of Dietary Supplements)

Segment-specific solution emphasis

Right Calcium Fit Program

Priority modules:

- Calcium Fit Cue for doctors
- patient dietary and tolerability screen
- medicine-timing and interaction screen
- Day-7 tolerability check
- Day-30 continuation check
- formulation-fit discussion in monthly education
- specialty-specific wedges: elderly, PPI users, constipation-prone patients, high-pill-burden patients, postmenopausal patients

Default is not the same as fit. The challenger that owns fit can make the leader look automatic.

EXECUTIVE SUMMARY

Most calcium brands are still fighting yesterday's battle.

They are trying to prove:

- more calcium
- better salt
- better absorption
- with vitamin D
- stronger bones
- better compliance
- better taste
- better value

These claims are familiar. They are also easy to copy, easy to neutralize, and easy for doctors to file under "another calcium brand." The real commercial battle is elsewhere.

Calcium brands win or lose after the prescription:

- Does the patient know why calcium was prescribed?
- Does the patient understand how long to continue?
- Is the patient taking it at the right time?
- Is it being separated from thyroid medicine, iron, or certain antibiotics where relevant?
- Is the patient already taking another calcium-containing product?
- Is constipation or bloating causing silent dropout?
- Does the patient return for review?
- Does the same brand continue, or does the prescription dissolve into "any calcium"?

That is the real market.

The winning calcium brand will not be the brand with one more ingredient claim. It will be the brand that helps clinics create the calcium routine.

The central proposition:

RIGHT PATIENT. RIGHT FORMULATION.
RIGHT ROUTINE. RIGHT REVIEW.

This is the calcium playbook.

THE MARKET REALITY

WHY CALCIUM IS **NOT** A MOLECULE PLAYBOOK

A calcium carbonate brand and a calcium citrate malate brand may not be identical in formulation. But commercially, they often fight inside the same doctor decision system. The doctor is not only asking, “Which calcium salt?”

The doctor is often asking:

- Does this patient need supplementation?
- Is this pregnancy, menopause, fracture recovery, elderly bone support, chronic medicine use, or low dietary intake?
- Is the patient likely to tolerate it?
- Does the patient need D3 support?
- Is pill burden already high?
- Is the patient taking iron, thyroid medicine, antibiotics, or antacids?
- Will the patient continue for more than a few days?
- Will the chemist substitute it?

That means calcium is not best treated as a pure molecule battlefield. It is a supplementation-control battlefield. Calcium carbonate and calcium citrate are among the common calcium supplement forms. NIH notes that calcium carbonate contains more elemental calcium by weight, while calcium citrate is less dependent on stomach acid and can be taken without food; it also notes that absorption from calcium supplements is highest at doses of 500 mg or less and that gastrointestinal side effects such as gas, bloating, and constipation can occur. (Office of Dietary Supplements)

That scientific nuance is useful. But the brand opportunity is not to turn the market into a salt debate alone.

The larger opportunity is to make the clinic own:
selection → explanation → timing → tolerance → continuation → review

THE DRIFT DEFINITION

CALCIUM ROUTINE **DRIFT**

The drift in calcium is not lack of category awareness. The drift is that calcium supplementation often becomes a weakly held routine.

The pattern is predictable:
doctor identifies need → calcium brand is written → patient starts loosely → timing confusion begins → side effects or pill burden interrupt use → patient forgets why it matters → pharmacy substitution happens → review is missed → brand becomes “any calcium”

This creates six commercial leaks.

1. Formulation leak
The doctor may have selected a specific salt, combination, or format, but the patient remembers only “calcium tablet.”

2. Routine leak
Calcium is not like an analgesic where the patient immediately feels benefit. Without a routine, the patient drops off.

3. Timing leak
Calcium can be confused with meals, iron, thyroid medicines, antibiotics, antacids, and multivitamins. NIH notes potential interactions with medicines including levothyroxine and quinolone antibiotics. (Office of Dietary Supplements)

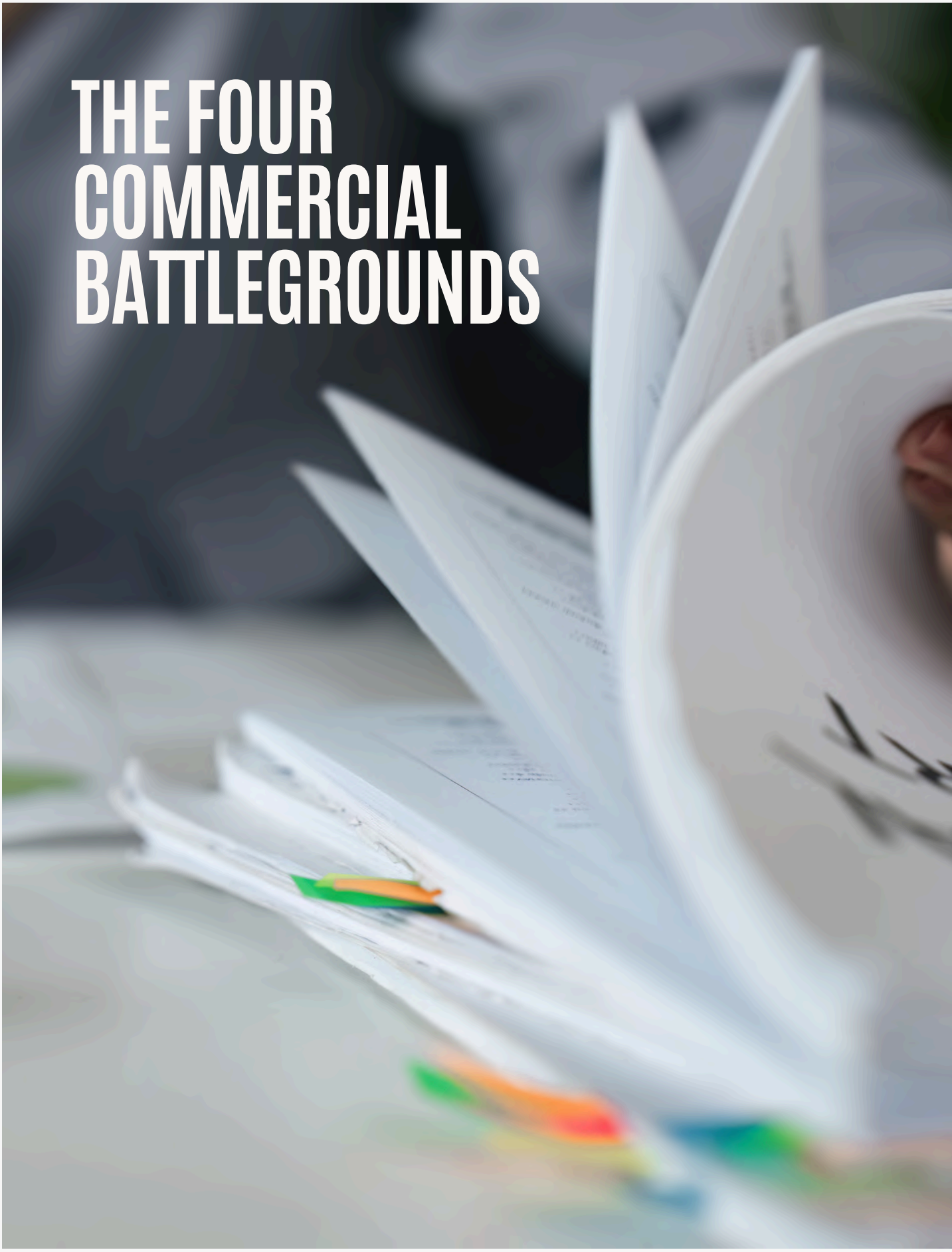
4. Tolerability leak
Constipation, gas, bloating, nausea, and pill size can quietly kill continuation.

5. Substitution leak
The doctor writes one brand. The patient buys another. The clinic rarely knows.

6. Review leak
Patients may continue indefinitely, stop too early, duplicate supplements, or never return for reassessment.

So the calcium market is not only a product market. It is an unmanaged behaviour market.

THE FOUR COMMERCIAL BATTLEGROUNDS



THE FOUR COMMERCIAL BATTLEGROUNDS

01

BATTLEGROUND 1: MASS CALCIUM + D3 DEFAULT BRANDS

These are the high-recall, high-prescription, high-availability brands. They often have the strongest doctor memory and chemist familiarity.

Strength: default status
Weakness: commoditisation
Threat: a challenger reframes the category around fit, tolerance, or routine
Best play: defend leadership by owning the clinic calcium routine

Public business reporting describes Torrent's Shelcal plus variants as a ₹500-crore brand and a leadership asset in the vitamins category, which illustrates how large calcium-focused brand franchises can become in India. (The Times of India)

02

BATTLEGROUND 2: PREMIUM SALT / BETTER-FIT CHALLENGER BRANDS

These include citrate, citrate malate, better-tolerability, better-absorption, or patient-fit-positioned calcium brands.

Strength: differentiated formulation logic
Weakness: claim remains abstract unless operationalized
Threat: leader remains the default because doctors do not pause long enough
Best play: create a "Right Calcium Fit" workflow that forces a better patient-formulation conversation

THE FOUR COMMERCIAL BATTLEGROUNDS

03

BATTLEGROUND 3: WOMEN'S HEALTH / PREGNANCY CALCIUM BRANDS

This includes antenatal, lactation, and gynae-led calcium supplementation.

Strength: long-duration, doctor-intermediated use case
Weakness: pill burden, nausea, iron-calcium timing confusion, poor adherence
Threat: prescription written but not continued
Best play: own antenatal calcium routine, timing, and review

WHO recommends daily calcium supplementation of 1.5–2.0 g oral elemental calcium for pregnant women in populations with low dietary calcium intake to reduce the risk of pre-eclampsia. (World Health Organization)

04

BATTLEGROUND 4: ORTHO / MENOPAUSE / BONE-HEALTH CONTINUITY BRANDS

This includes post-fracture, postmenopausal, elderly, steroid-use, osteopenia / osteoporosis-support, and long-term bone-health contexts.

Strength: clinically serious use cases
Weakness: patient does not feel calcium "working"
Threat: discontinuation after pain, fear, or acute event subsides
Best play: own 90-day and long-term bone-nutrition continuity

THE BEHAVIOURAL MOMENT MAP

THE MOMENTS THAT MATTER

Calcium brands are not won in one prescription moment. They are won or lost across eight moments.

Moment 1: Need recognition

The doctor identifies a reason to consider calcium supplementation: pregnancy, low dietary calcium intake, menopause, fracture recovery, restricted diet, steroid use, elderly bone health, low vitamin D context, or other doctor-assessed risk.

This is not yet a brand moment. It is the patient-selection moment.

THIS IS WHERE THE BRAND BECOMES A ROUTINE – OR DISAPPEARS INTO THE CATEGORY.

Moment 2: Formulation decision

The doctor decides what kind of calcium-focused product fits the patient:

- carbonate-led mass formulation
- citrate / citrate malate-type formulation
- calcium + D3
- calcium + D3 + minerals
- calcium + K2-type bone-health positioning
- medicalized calcium combinations where clinically appropriate

This is where brand strategy begins.

Moment 3: Brand choice

The doctor writes a brand. Most companies treat this as the end of the sale.

It is not. It is the beginning of brand leakage.

Moment 4: Start behaviour

The patient may start late, start incorrectly, take it irregularly, or not start at all.

Moment 5: Routine formation

This is the hidden commercial hinge. The patient needs a daily habit without immediate symptom reward.

Moment 6: Timing and interaction management

The patient may be taking iron, levothyroxine, antibiotics, antacids, multivitamins, diabetes medicines, BP medicines, or other chronic therapies. The clinic must help the patient avoid confusion.

Moment 7: Tolerability and dropout

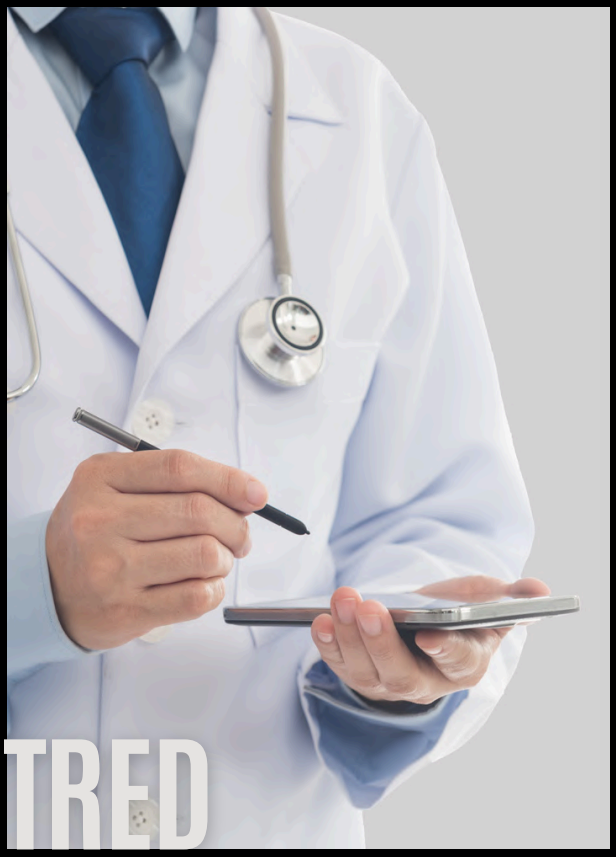
Constipation, bloating, nausea, taste, pill size, or pill burden can break continuation.

Moment 8: Refill and review

The patient either refills the same brand, substitutes, stops, duplicates, or returns for review. This is where the brand becomes a routine — or disappears into the category.

"THE DOCTOR WRITES A BRAND. MOST COMPANIES TREAT THIS AS THE END OF THE SALE."

RIGHT PATIENT. RIGHT FORMULATION.
RIGHT ROUTINE. RIGHT REVIEW.



THE CLINIC-CENTRED SOLUTION FRAMEWORK

CLINIC CALCIUM CONTINUITY PROGRAM

The objective is not to push calcium indiscriminately.

The objective is to make the sponsoring brand the doctor's preferred calcium-focused brand when the doctor has decided supplementation is appropriate, by helping the clinic make the patient start correctly, take it correctly, tolerate it, continue it, and return for review.

The core proposition:
When you decide calcium supplementation is appropriate, this brand helps your clinic convert the prescription into a correct, tolerated, reviewable routine.

That is the strategic claim.

THE SERVICE ARCHITECTURE

MODULE 1: CLINIC-BRANDED CALCIUM & BONE NUTRITION LINK

A clinic-branded digital link shared by the clinic through QR, WhatsApp, or printed prescription insert. It is patient-facing but not promotional.

It does not show the pharma brand.
It does not recommend a calcium brand.
It does not tell patients to self-start calcium.
It does not diagnose deficiency.
It does not prescribe dosage.

It captures:

- diet pattern
- milk / curd / paneer intake
- restricted diet or lactose avoidance
- pregnancy / menopause / fracture / bone-health context, where relevant
- current supplement use
- antacid or multivitamin duplication risk
- current medicines that may need timing separation
- missed-dose pattern
- constipation / bloating / nausea concerns
- refill and review need

Suggested patient-facing names:
My Clinic Calcium Routine Check
Doctor's Bone Nutrition Review Link
Clinic Calcium & Bone Health Follow-up

The name must belong to the clinic, not the brand.

MODULE 2: DOCTOR-FACING CALCIUM FIT CUE

This is an academy-backed, doctor-facing decision aid.

It helps the doctor structure the calcium decision:

- why calcium is being considered
- whether diet-first counselling is enough or supplementation is needed
- which formulation logic fits the patient
- whether D3 support is relevant
- what timing instructions matter
- what medicines may need separation
- when side effects should trigger clinic contact
- when continuation should be reviewed

The sponsoring brand appears only in the doctor-facing execution layer.

The key line:
"For patients in whom you choose calcium supplementation, our brand supports a clinic-owned start, continue, and review workflow."

MODULE 3: PATIENT ROUTINE BUILDER

The clinic-branded link helps the patient form a routine.

It can include:

- doctor-entered timing instruction
- meal-linked reminder, where relevant
- separate-from-iron reminder, where relevant
- separate-from-thyroid-medicine reminder, where relevant
- do-not-duplicate supplement warning
- refill reminder
- clinic review prompt

No brand name is shown. The brand is protected indirectly because the clinic's prescription intent is protected.

"THIS TURNS CALCIUM FROM A ONE-PRESCRIPTION PRODUCT INTO A CLINIC-OWNED CONTINUITY PATHWAY."

MODULE 4: DAY-7 START AND TOLERANCE CHECK

At day 7, the patient receives a clinic-branded check:

- Did you start?
- Are you taking it as advised?
- Any constipation?
- Any bloating?
- Any nausea?
- Any missed doses?
- Any timing confusion?
- Was the brand changed at the pharmacy?
- Do you need clinic help?

The clinic receives only meaningful flags. This catches early dropout before the brand is abandoned.

MODULE 5: DAY-30 ADHERENCE AND REFILL CHECK

At day 30, the system checks:

- continued use
- missed days
- refill status
- side effects
- substitution
- duplication with other supplements
- review requirement

This turns calcium from a one-prescription product into a clinic-owned continuity pathway.

MODULE 6: 90-DAY REVIEW LOOP

For long-duration supplementation cases, the patient receives a clinic-branded review prompt.

The message is not “continue calcium forever.”

The message is: **“Your clinic should review whether you need to continue, change, stop, or adjust your supplementation plan.”**

This protects trust. It also gives the brand a repeat relationship with the clinic.

DOCTOR EDUCATION INFRASTRUCTURE

The academic layer should not look like a supplement brochure. It should make calcium clinically practical.

Six-month academy-backed education sequence

MONTH 1 - ELEMENTAL CALCIUM IS NOT THE SAME AS SALT WEIGHT
Core message: doctors and patients need clarity on what is being supplemented.

MONTH 2 - CALCIUM + D: WHY THE COMBINATION BECAME FAMILIAR, AND WHERE ROUTINE STILL FAILS
Vitamin D is required for calcium absorption through active transport in the gut, which makes calcium-D logic clinically familiar; the commercial problem is that the patient still must take the product correctly and consistently. (Office of Dietary Supplements)

MONTH 3 - THE RIGHT CALCIUM FORMULATION FOR THE RIGHT PATIENT
Core message: mass default, premium salt, tolerability, food dependence, pill burden, and patient context should be discussed clinically.

MONTH 4 - TIMING ERRORS AND INTERACTION TRAPS IN CALCIUM SUPPLEMENTATION
Core message: patients taking thyroid medicines, certain antibiotics, iron, antacids, or multiple supplements need clear clinic instructions.

MONTH 5 - CONSTIPATION, BLOATING, AND SILENT CALCIUM DROPOUT
Core message: tolerability is a commercial and clinical continuation problem.

MONTH 6 - BUILDING A CLINIC-OWNED CALCIUM REVIEW ROUTINE
Core message: calcium should not become an unreviewed, indefinite, substitutable habit.

Each module should be one page, English, academy-certified, rep-delivered in under five minutes.

STRATEGIC VARIANTS BY *BRAND POSITION*

IF YOU ARE THE LEADER

DEFEND THE DEFAULT BEFORE A CHALLENGER OWNS THE ROUTINE

Your current strength is doctor memory. That is useful. It is also exposed.

If a challenger installs the first serious calcium-continuity workflow, your default status becomes vulnerable. You may still be remembered, but another brand becomes more useful.

Your play:

- own the clinic calcium routine first
- reduce substitution after prescription
- create same-brand continuation
- use scale to install clinic infrastructure
- make challengers look like formulation claimants, not category owners

The leader's sharpest move is to turn brand scale into clinic dependence.

IF YOU ARE THE CHALLENGER

The leader owns habit. You can own fit. The challenger should not claim superiority for every patient. That is weak and easy to attack.

The stronger line is:
“Doctor, calcium supplementation should not be automatic. Our brand helps your clinic match the right formulation to the right patient and review whether the routine is working.”

Your play:

- identify the leader’s weak patient segments
- own tolerability, timing, and patient-fit conversations
- use the Calcium Fit Cue to interrupt habit prescribing
- convert clinic trust into repeat brand trial
- scale after proof in selected doctor clusters

The challenger’s aim is not to become “another calcium.” It is to become the calcium-fit brand.

DO NOT OUTSPEND THE LEADER. MAKE THE DOCTOR PAUSE BEFORE WRITING THE DEFAULT.

IF YOU ARE A SHARE-GAIN BRAND

DO NOT TRY TO WIN THE WHOLE CALCIUM MARKET. OWN ONE HIGH-LEAKAGE CLINIC MOMENT.

A smaller brand should not start by fighting the full category. It should choose a wedge.

Possible wedges:

- antenatal calcium adherence
- post-fracture 90-day supplementation
- menopause bone-nutrition continuity
- constipation / tolerance support
- calcium timing in high-pill-burden chronic patients
- semi-urban substitution control
- D3-linked routine compliance
- iron-calcium timing in gynae clinics

Your play:

- select 100–300 clinics
- install the clinic-branded link
- create a measurable routine
- prove brand-of-use movement
- expand only after repeatability

The mid-tier line:

“We are not trying to own every calcium prescription. We are helping your clinic solve one calcium problem that the market has ignored.”

That is credible.

FIELD FORCE STORYLINE

The old rep call says:
“Doctor, please prescribe our calcium brand.”

The new call says:
“Doctor, most calcium prescriptions fail after the patient leaves the clinic. Patients forget, stop, switch, duplicate supplements, take it at the wrong time, or never come back for review. We have built a clinic-branded calcium-continuity system that helps your patients start correctly, tolerate better, continue properly, and return for review. When you decide calcium supplementation is appropriate, our brand supports that workflow.”

That is a different call. It gives the doctor a system, not another salt claim.

IMPLEMENTATION MODULES

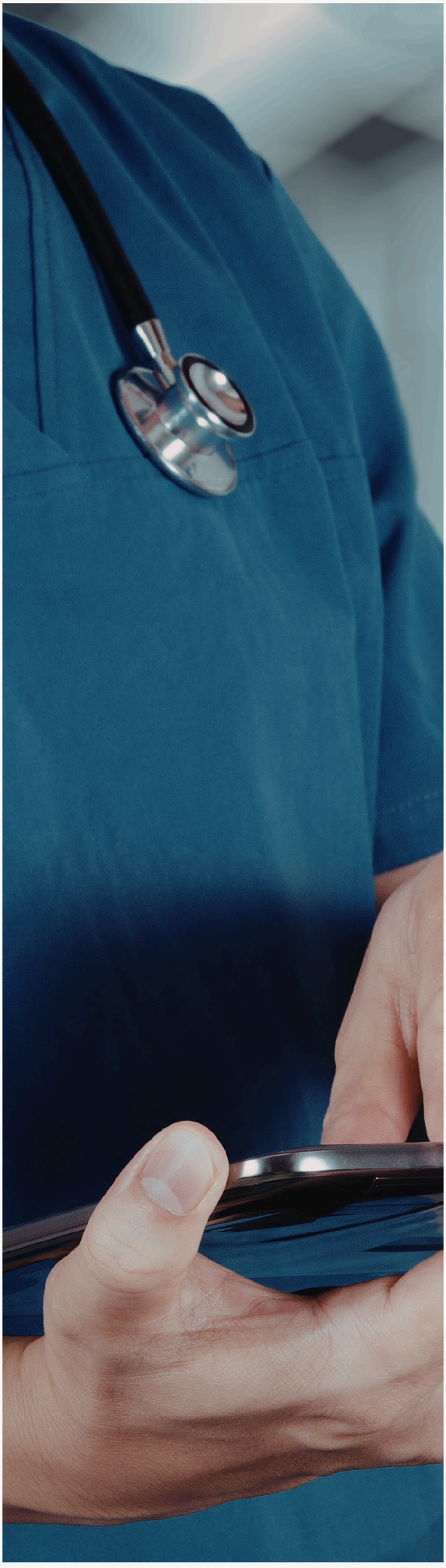
PHASE 1: BRAND AND PATHWAY SELECTION

Classify the sponsoring brand:

- mass calcium + D3 default
- premium salt / fit challenger
- women's health / pregnancy
- ortho / menopause / bone-health
- regional / specialty wedge

Then choose the primary doctor universe:

- gynaecologists
- orthopaedicians
- general physicians
- family physicians
- endocrinologists / diabetologists, where relevant
- rheumatology / osteoporosis-oriented practices
- semi-urban high-volume clinics



PHASE 2: CLINIC INSTALLATION

For each clinic:

- configure clinic name
- configure clinic logo
- select language options
- select pathway: mass routine, fit, pregnancy, bone-health, or wedge
- generate clinic-specific Calcium Routine Link
- train clinic staff to share QR / WhatsApp link
- provide doctor-facing Calcium Fit Cue
- set day-7, day-30, and 90-day review logic

PHASE 3: PATIENT ACTIVATION

The clinic shares the link only after consultation.

The link reinforces:

- follow the doctor's prescription
- do not substitute without asking
- do not duplicate supplements
- report tolerability issues
- complete review checks
- return to clinic when prompted

PHASE 4: FOLLOW-UP LOOP

1. Day 7: start and tolerability
2. Day 30: adherence and refill
3. Day 90: review and continuation decision

PHASE 5: MONTHLY ACADEMIC REINFORCEMENT

Field reps return with one academy-backed micro-topic.

This converts the program from a one-time gimmick into a continuing doctor relationship.

PHASE 6: DASHBOARD AND SCALE

Measure usage, dropout, substitution, review, and brand-of-use in activated clinics versus matched controls.

MEASUREMENT MODEL

CLINIC ACTIVATION METRICS

- clinics onboarded
- active clinics per week
- Calcium Routine Links shared
- doctor cue usage
- monthly education engagement
- repeat clinic participation

PATIENT WORKFLOW METRICS

- start confirmation
- day-7 completion
- day-30 completion
- 90-day review completion
- missed-dose signals
- constipation / bloating signals
- timing-confusion signals
- supplement-duplication signals
- pharmacy substitution signals
- refill readiness

BRAND OUTCOME PROXIES

- brand-of-use in activated clinics
- same-brand refill proxy
- prescription-to-dispensing retention proxy
- repeat prescription rate
- brand switching signals
- sales lift versus matched control clinics
- clinic-level growth after activation

TRUST METRICS

- doctor perception of the brand as a supplementation partner
- clinic staff willingness to continue sharing link
- patient completion of routine checks
- doctor acceptance of monthly education
- reactivation rate after first month

The strongest dashboard is not: patients educated,
it is: calcium prescriptions converted into correct, tolerated, reviewable, same-brand routines.

COMPLIANCE AND TRUST GUARDRAILS

Calcium should not be promoted as harmless universal supplementation.

PATIENT-FACING LAYER

- no brand name
- no self-start instruction
- no dose recommendation unless entered by the doctor
- no diagnosis
- no disease claim
- no “everyone needs calcium” messaging
- no instruction to continue indefinitely
- no bypassing doctor review
- no promotional retargeting

DOCTOR-FACING LAYER

- academy-backed
- formulation-neutral where education requires neutrality
- brand appears only in the execution layer
- physician judgment governs supplementation choice
- claims must match approved label / regulatory status

SAFETY PROMPTS

The system should prompt clinic review where relevant for:

- kidney disease
- kidney stone history
- high calcium history
- thyroid medicine use
- certain antibiotic use
- multiple supplements
- antacid use
- pregnancy
- constipation / bloating / nausea
- elderly high-pill-burden patients

NIH lists health risks from excessive calcium and medication interactions, so the service should be built as a clinic-reviewed support tool rather than direct patient supplementation advice. (**Office of Dietary Supplements**)

THE STRATEGIC PRINCIPLE:

The brand wins because doctors trust the system, not because patients are pushed.

FIRST-MOVER ADVANTAGE

In calcium, first mover advantage is strong because the category has been under-systematized for years.

The first brand to install the clinic calcium routine gets:

- first claim on calcium-continuity infrastructure
- first association with correct routine formation
- first clinic habit loop
- first behavioural data on dropout and substitution
- first doctor trust advantage
- first opportunity to make competitors look like ordinary tablet brands

Later entrants can copy salt claims. They cannot easily displace a workflow already being used inside clinics.

THE FIRST BRAND BECOMES THE CLINIC'S CALCIUM SYSTEM.

The rest remain products.

STRATEGIC OPPORTUNITY & CTA

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Calcium does not need another “strong bones” campaign.

It needs one brand to change the rules.

The old rule was:
win the prescription.

The new rule is:
own the routine after the prescription.

In calcium, the next winning brand will not be the one with another salt claim. It will be the brand that first owns the clinic’s calcium routine.

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The decision for a calcium-focused brand team is direct: Will you remain one more calcium brand fighting for recall, or will you become the brand clinics use to make calcium supplementation actually continue?

30-minute Calcium Default Defence Diagnostic

In this diagnostic, we identify:

- which patient segment gives your formulation the strongest wedge
- where the default calcium brand is weak
- which doctors are most receptive to a fit-based conversation
- what clinic workflow should be installed first
- how to measure trial, continuation, and repeat brand use

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PUBLICATION NO. 2026 06 94