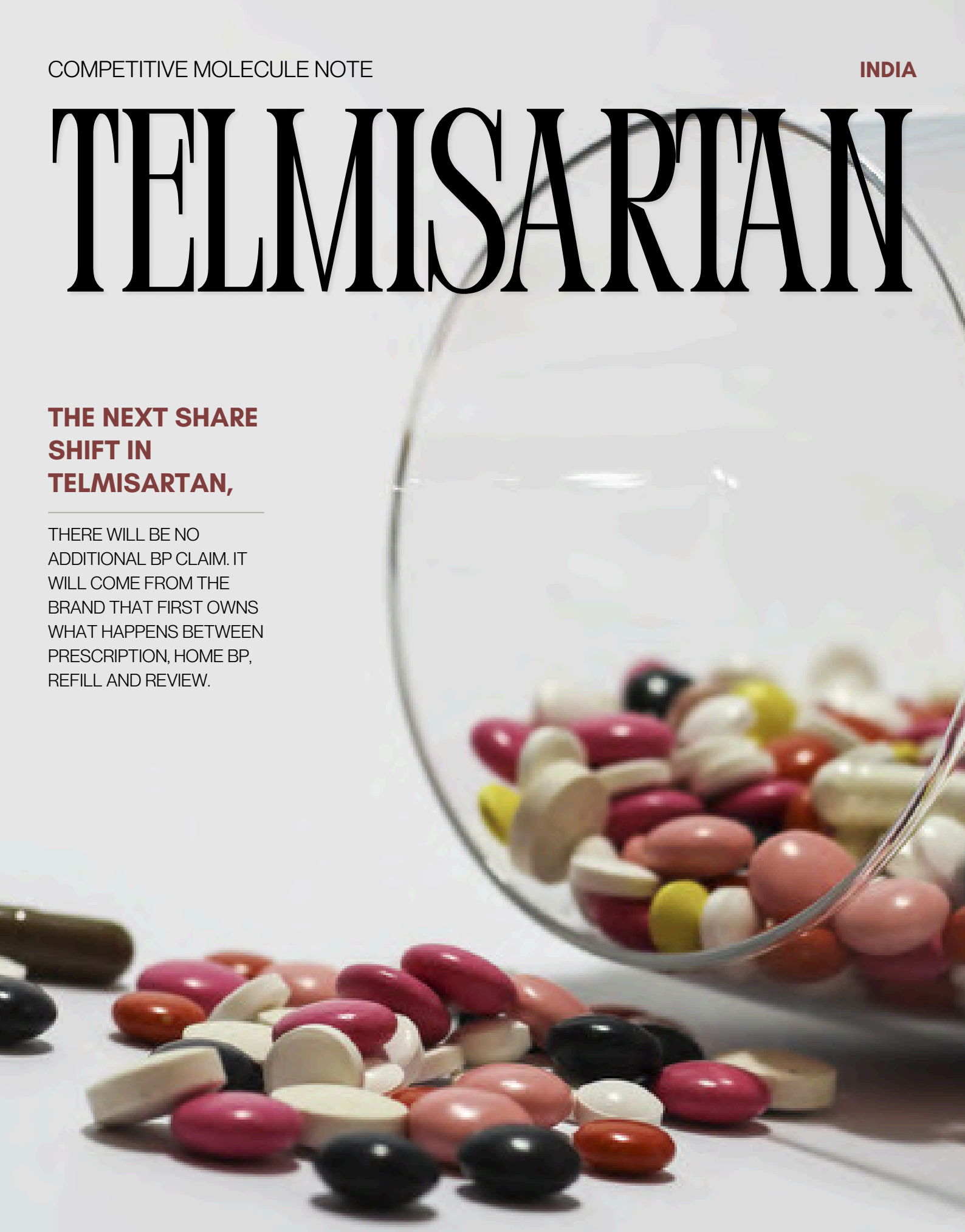
COMPETITIVE MOLECULE NOTE

INDIA

TELMISARTAN

THE NEXT SHARE SHIFT IN TELMISARTAN,

THERE WILL BE NO ADDITIONAL BP CLAIM. IT WILL COME FROM THE BRAND THAT FIRST OWNS WHAT HAPPENS BETWEEN PRESCRIPTION, HOME BP, REFILL AND REVIEW.



FOR THREE BRAND POSITIONS:
LEADER DEFENCE | CHALLENGER ATTACK | SELECTIVE SHARE CAPTURE

SHARED WITH THE LEADERSHIP TEAMS OF MAJOR COMPETING TELMISARTAN BRANDS IN INDIA

COMPETITIVE MOLECULE NOTE

ONE MOLECULE. MANY BRANDS. ONE OPEN WORKFLOW.

Telmisartan is no longer a new-molecule market. It is a habit market. One telmisartan-led franchise is already the No. 1 brand franchise in the Indian Pharmaceutical Market, while current Indian retail catalogues show a deep field of competing telmisartan brands and line extensions.[1][3] The commercial question is therefore not whether doctors know the molecule. They do. The question is which brand will become part of the clinic's blood-pressure control system before competitors do.

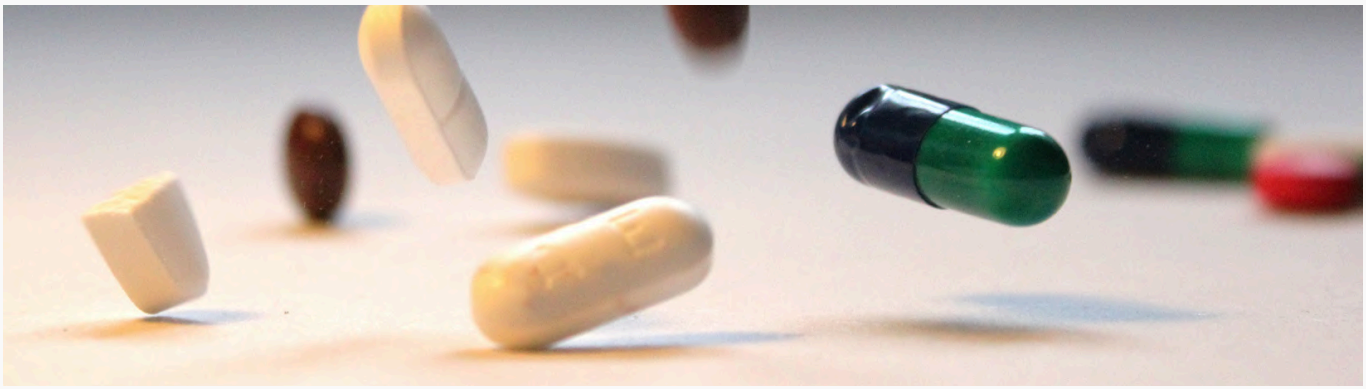
" This is not a proposal to one company. It is a molecule-wide competitive playbook. The same opportunity can be evaluated by every major telmisartan brand team. "

EXECUTIVE SUMMARY

TELMISARTAN HAS BECOME COMMERCIALLY SUCCESSFUL ENOUGH TO BECOME STRATEGICALLY DANGEROUS.

The molecule is familiar. The evidence base is established. ARB prescribing is routine. Multiple brands and combinations compete for the same doctor decision. That familiarity creates scale - and also commoditisation.

The old playbook has been repeated for years: remind the doctor, repeat the molecule story, add a combination, increase call frequency, defend recall, and accept everything that happens after the prescription as “patient behaviour”.



That is the opportunity. The next advantage is not another molecule story. It is control of the treatment workflow after the molecule has already been chosen.

The molecule-wide commercial problem

- Hypertension is often asymptomatic, so patients can stop, miss, delay or irregularly refill treatment without feeling an immediate consequence.
- Home BP numbers are only useful when technique is correct and the clinic has a clear review pathway.
- A doctor can win the molecule decision and still lose the exact brand at the pharmacy or next refill.
- “Uncontrolled BP” may reflect adherence, measurement error, insufficient regimen intensity, competing medicines, or true treatment resistance - but the brand is usually absent from that sorting process.
- Combination escalation creates another market reset unless the brand owns the continuity from monotherapy to the clinician’s next step.

The New Rule

OWN THE BP-CONTROL LOOP: START RIGHT → MEASURE RIGHT → STAY ON PLAN → REVIEW ON TIME → RETAIN THE EXACT BRAND

The sponsoring brand does not diagnose, set targets, titrate, or change therapy. The clinic does. The brand underwrites the infrastructure that makes the clinic’s decision more executable and more visible.

INDIA MARKET REALITY

WHY THIS MOLECULE DESERVES A CONTROL PLAYBOOK

Public data does not provide a clean, audited current value for the entire telmisartan molecule market. But the available commercial signals are unusually strong.

Signal	What it tells a brand manager
Glenmark reports the Telma franchise as the No. 1 brand franchise in the IPM, IQVIA MAT March 2025.[1]	Telmisartan-led brand equity can scale beyond a single SKU into a major cardiovascular franchise.
Business Standard reported the Telma "mother brand" with 16 brands and combined turnover of about ₹1,036 crore in 2024.[2]	The category already rewards franchise depth and line-extension ownership.
1mg lists major telmisartan brands including Telma, Telmikind, Telsartan, Telista, Eritel, Tellzy, Telsar, Temsan, Tazloc and Sartel, among others.[3]	Brand crowding is structural. The doctor and pharmacy have many credible substitutes.
Mankind reported Telmikind-AM at ₹158.6 crore and Telmikind-H at ₹146.8 crore MAT Sep 2024, both ranked No. 2 in their respective molecule combinations.[8]	Competition is not confined to monotherapy; telmisartan line extensions are already meaningful revenue pools.

STRATEGIC CHOICE

Do not make separate "adherence campaigns" for every telmisartan SKU. Build one telmisartan control engine and let monotherapy, amlodipine combinations, diuretic combinations and other approved line extensions plug into the same clinic pathway after the physician selects them.

Shared engine. Brand-specific execution. Molecule-wide urgency.

EMBEDDED CLINICAL ENGINE

NON-NEGOTIABLE RESPONSIBLE-USE SPINE

A commercially aggressive telmisartan playbook must be clinically conservative. The workflow begins only after the treating clinician has assessed the patient and selected telmisartan or a telmisartan-based regimen.

The clinic owns	The service may support	The service must never do
Diagnosis, BP target, drug selection, dose, combination choice	Measurement technique, adherence prompts, refill continuity, symptom/safety capture, review scheduling	Diagnose hypertension or tell a patient that a BP reading means they should start treatment
Titration, add-on treatment and lab decisions	Route BP logs and predefined alerts back to the clinic	Change dose, add medicines, switch brands or recommend a combination
Renal/potassium monitoring decisions where indicated	Remind patients about clinic-ordered tests and review dates	Interpret creatinine or potassium results autonomously
Pregnancy and reproductive counselling	Prompt patients to contact the clinic if pregnancy is possible or confirmed	Tell a patient to continue an ARB in pregnancy

Clinical truths the engine must respect

- Validated home BP monitoring can be useful, but technique, repeated readings and clinician interpretation matter.[4]
- Hypertension treatment requires continuing follow-up; NICE recommends annual review and supports training for people using home BP monitoring.[4]
- ARB therapy can require monitoring of renal function and potassium, particularly in CKD and after initiation or dose change in higher-risk patients.[6]
- Telmisartan carries fetal-toxicity warnings; pregnancy requires immediate clinical review and discontinuation under medical direction.[7]
- Volume depletion can increase the risk of symptomatic hypotension after starting telmisartan.[7]

The service is not a digital prescriber. It is a clinic-control layer.

THE CENTRAL DRIFT

TELMISARTAN CONTROL DRIFT

The molecule decision is often stable. The treatment journey is not. The typical leak pattern is: BP detected → telmisartan selected → patient feels normal → measurements become irregular → doses/refills drift → BP looks “uncontrolled” or goes unchecked → pharmacy/brand substitution occurs → next visit becomes a fresh commercial decision

Leak	What happens	Why brands lose
Measurement leak	Home BP is taken inconsistently or with poor technique.	Bad data weakens confidence and makes review noisy.
Adherence leak	The patient misses doses because there is no symptom reward.	A clinically chosen brand loses persistence without any competitor having to “win”.
Refill leak	The next pack is delayed or bought opportunistically.	The pharmacy becomes the brand-decision point.
Substitution leak	Exact-brand intent is diluted into “telmisartan 40/80”.	The molecule survives; the brand does not.
Review leak	No structured early review after initiation, switch or escalation.	The brand is absent at the moment when regimen confidence is formed.
Escalation leak	Uncontrolled BP triggers add-on or combination therapy.	The next treatment step resets share unless the franchise owns continuity.

THE STRATEGIC REFRAME

Telmisartan is not primarily a recall battle anymore. It is a continuity battle.

THE PATIENT-JOURNEY MAP

MOMENTS THAT MATTER

Moment	Clinic task	Patient friction	Brand opportunity
1. Confirmation / initiation	Confirm diagnosis and treatment plan.	“I feel fine. Do I really need daily treatment?”	Attach the chosen brand to a structured start pathway.
2. First 7 days	Check tolerance and execution.	Dizziness, uncertainty, missed doses, no perceived benefit.	Prevent silent early dropout.
3. Home BP setup	Train measurement and logging.	Wrong cuff, posture, timing or selective recording.	Enable cleaner evidence for the clinic.
4. 2-4 week review	Assess BP, adherence, safety/labs where indicated.	Patient delays follow-up if nothing feels wrong.	Make review a default part of the brand-enabled system.
5. Refill moment	Maintain continuity.	Delayed purchase, generic substitution, pack switching.	Protect exact-brand continuity without patient-facing promotion.
6. Uncontrolled BP	Separate poor execution from regimen insufficiency.	Patient self-blames, doubles doses, or switches informally.	Keep the patient inside clinician-led decision logic.
7. Combination transition	Clinician chooses add-on / FDC if needed.	New regimen creates confusion and another pharmacy reset.	Keep the franchise present through the next step.
8. Long-term review	Sustain BP control and risk review.	Asymptomatic disease creates complacency.	Turn episodic prescribing into durable clinic infrastructure.

The playbook should own Moments 2–6 first. They are common, measurable and commercially relevant without crossing into diagnosis or treatment automation.

THE MOLECULE-WIDE CLINIC ENGINE

MEASURE RIGHT. TAKE RIGHT. REVIEW ON TIME. STAY WITH THE CLINIC.

A generic clinic-branded workflow that any telmisartan brand can underwrite after the doctor has selected the molecule.

PATIENT-FACING SHELL: CLINIC-BRANDED, BRAND-NEUTRAL

- Clinic BP Control Link via QR / WhatsApp / prescription card.
- Simple “why daily treatment matters even when you feel well” education.
- Home BP technique support based on clinician-approved instructions.
- Dose-time routine and missed-dose support limited to the approved label / clinic instruction.
- Early tolerance and dizziness check.
- Refill reminder and “do not change the prescribed medicine without checking with your clinic” message.
- Scheduled review prompts and clinic re-entry for high readings, low readings with symptoms, pregnancy concerns, or other predefined safety flags.

DOCTOR-FACING SHELL: ACADEMY-BACKED, BRAND-VISIBLE ONLY AFTER MOLECULE SELECTION

- Telmisartan start / review cue.
- Home BP technique checklist and review thresholds defined by the clinic.
- Adherence-before-escalation prompt.
- Renal function / potassium reminder for relevant patients.
- Combination-transition cue when the clinician decides BP remains above target.
- Brand continuity layer linked to the clinician’s selected telmisartan product or franchise.

The brand is not the medical authority. The brand is the infrastructure sponsor.

Market-facing molecule note

SERVICE MODULES I

MODULE 1 — CLINIC-BRANDED BP START PLAN

Activated after the physician has prescribed telmisartan. The patient receives a clinic-branded plan containing the doctor-entered regimen, review date and simple instructions on how the clinic wants treatment followed.

- What hypertension is and why “feeling normal” does not prove BP is controlled.
- Dose-time routine linked to the prescription.
- No self-stopping, doubling or switching.
- Clinic contact route for dizziness, faintness, severe weakness, pregnancy concern or other predefined issues.
- Exact review date rather than a vague “come back later”.

MODULE 2 — HOME BP TECHNIQUE COACH

NICE stresses training and correct technique for home monitoring. The service can turn that into a 90-second clinic-branded visual checklist.[4]

Do	Do not
Use a validated upper-arm device and correct cuff size.	Treat one isolated reading as the whole story.
Sit quietly with back/arm supported before readings.	Measure immediately after rushing, exercise or emotional stress.
Follow the clinic’s requested timing and repeated-reading protocol.	Change medicine because of a single home number without speaking to the clinic.

MODULE 3 — DAY-7 EXECUTION CHECK

A short check catches early treatment failure caused by behaviour rather than pharmacology.

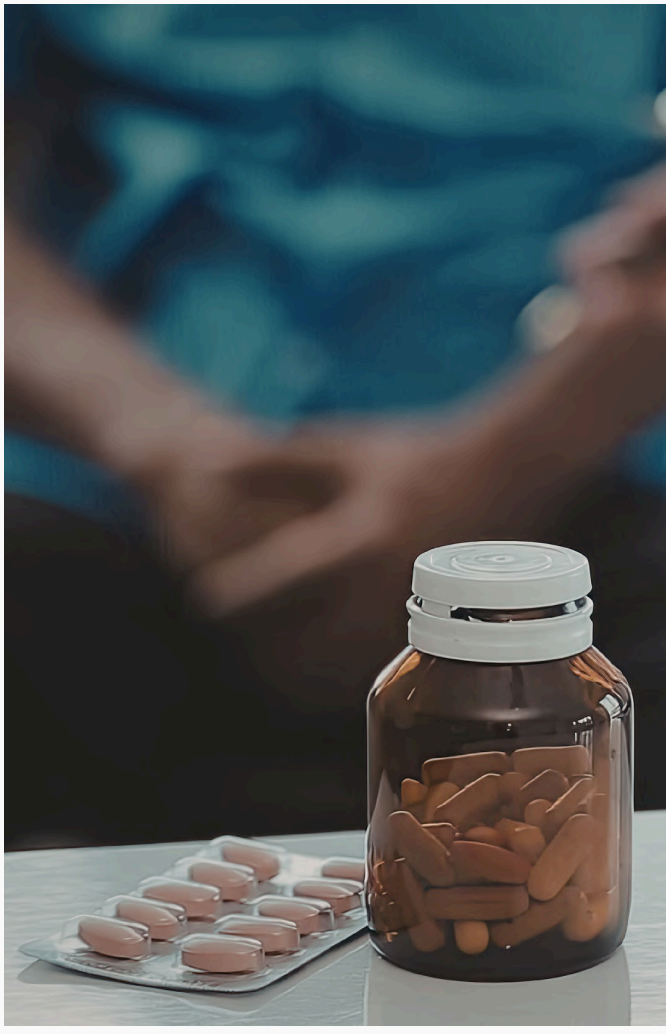
- Started as advised?
- Missed doses?
- Home BP method understood?
- Dizziness or faintness?
- Any pharmacy substitution?
- Any concern requiring clinic contact?

SERVICE MODULES II

MODULE 4 — 2–4 WEEK BP REVIEW LOOP

This is the core commercial moment. The patient is brought back into the clinic's review logic before "uncontrolled BP" turns into casual switching or inertia.

- Home BP log completion.
- Adherence confirmation.
- Postural or hypotension symptoms where relevant.
- Lab completion when the clinician has requested renal function / potassium monitoring.
- Exact-brand continuity check.
- Clinic decision: continue, adjust, add, switch, investigate or review later. The system does not make this decision.



MODULE 5 — REFILL & EXACT-BRAND CONTINUITY

The patient-facing message remains clinic-led: "Refill the medicine prescribed by your doctor. If the pharmacy cannot supply it or suggests a change, check with your clinic."

This protects prescription intent without turning a patient education service into direct brand advertising.

MODULE 6 — UNCONTROLLED-BP RE-ENTRY

When readings remain above the clinician's target, the system routes the patient back to the clinic with a structured record: adherence, readings, refill history and relevant symptoms. This helps the clinician separate measurement problems and adherence gaps from the need for treatment intensification.

MODULE 7 — COMBINATION CONTINUITY

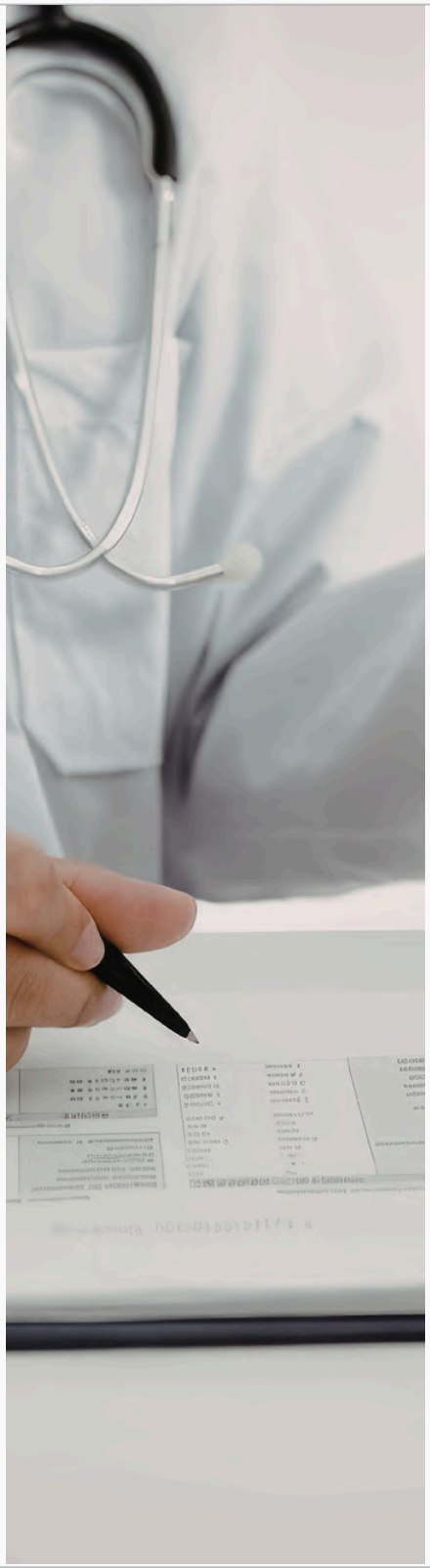
If the clinician moves from telmisartan monotherapy to an approved telmisartan-based combination, the same patient shell continues. The brand franchise can remain part of the workflow without the clinic having to reinstall a new system.

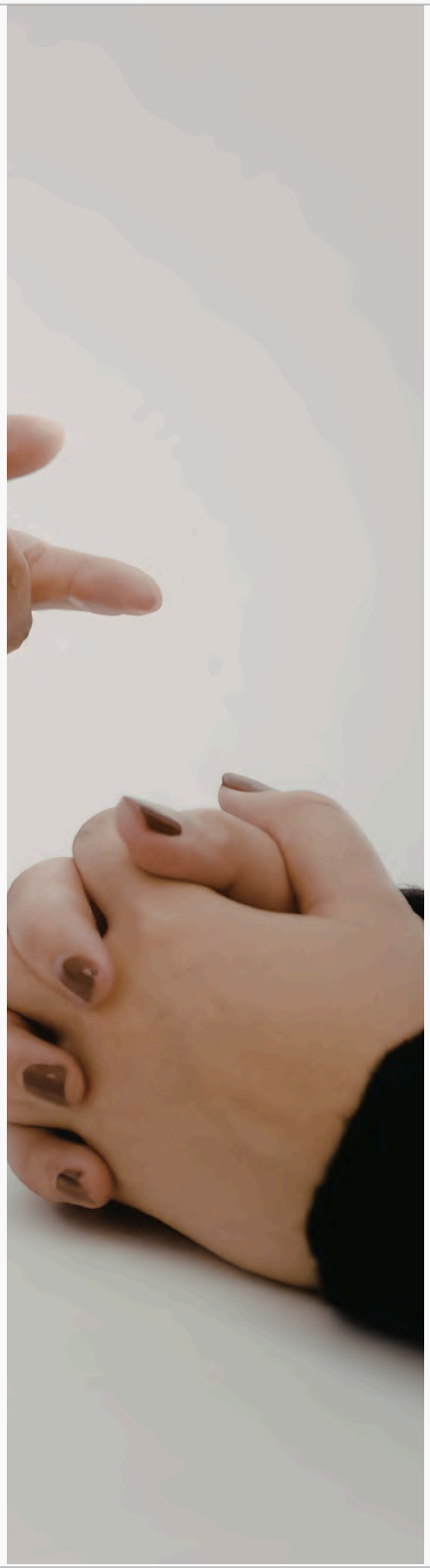
The commercial objective is not to prevent clinically appropriate switching. It is to prevent unnecessary commercial leakage before the clinician makes the next decision.

ACADEMY-BACKED EDUCATION

SIX MONTHS OF DOCTOR REINFORCEMENT : The education layer should reinforce the workflow, not repeat a telmisartan monograph.

Month	Mini-CME / case-share	Behavioural objective
1	The asymptomatic adherence problem in hypertension	Make persistence a clinical discussion, not a compliance slogan.
2	Home BP: five errors that create false treatment failure	Improve the quality of the data doctors act on.
3	What to check before calling BP “uncontrolled”	Reinforce adherence, measurement and review before escalation.
4	ARB monitoring in CKD / diabetes: creatinine, potassium and review timing	Embed safe follow-up in relevant patients. [6]
5	From monotherapy to combination: when the treatment pathway changes	Make escalation a controlled clinic moment.
6	Hypertension in women of reproductive potential: preventing ARB pregnancy exposure	Reinforce reproductive counselling and rapid clinical review.[7]





DELIVERY PRINCIPLE

Each module: one page, English, academy-certified, practical, and discussable by a field rep in under five minutes. The patient service and the doctor education should tell the same story every month.

One molecule logic. One clinic workflow. Six reasons for the rep to return.



STRATEGIC VARIANTS BY BRAND POSITION

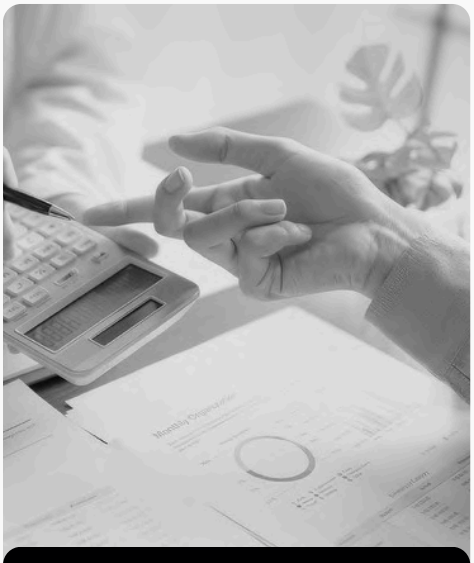
IF YOU ARE THE MARKET LEADER

DEFEND THE DEFAULT

Your risk is not awareness loss. Your risk is that a challenger changes what “leadership” means. A dominant telmisartan brand already has recall, distribution and prescription habit. Those strengths are valuable - until a challenger makes the clinic workflow the new basis of comparison.

LEADER STRATEGY

- Install the BP Control & Continuity Loop across the largest existing prescriber base before competitors do.
- Make home-BP technique and early review part of the leader’s category-service position.
- Use the franchise to preserve continuity from monotherapy to approved telmisartan combinations when the physician chooses escalation.
- Reduce pharmacy substitution and refill leakage without patient-facing brand promotion.
- Use clinic-level workflow data to identify where leadership is strong in prescriptions but weak in continuation.



THE LEADER'S MOVE: TURN SHARE INTO INFRASTRUCTURE.

WHAT SUCCESS LOOKS LIKE

Old leadership	Defended leadership
Most remembered brand	Most embedded clinic workflow
Highest prescription volume	Highest exact-brand continuity in activated clinics
Strongest rep recall	Strongest clinic-service dependence
Largest franchise	Most seamless monotherapy-to-combination continuity

If the leader does not own the workflow, the leader leaves the only new territory open for someone else.

IF YOU ARE THE CHALLENGER

ATTACK THE HABIT

DO NOT OUT-REMIND THE LEADER. THE LEADER USUALLY WINS THAT BATTLE.

A challenger needs to change the basis of comparison. Instead of asking the doctor to remember another telmisartan brand, give the clinic a reason to use a different telmisartan brand because it comes with a better control system.

Attack wedges

- Newly initiated patients where routine formation is still open.
- Clinics with frequent “uncontrolled BP” returns and weak home-BP data.
- High-pharmacy-substitution geographies.
- Doctors with strong telmisartan use but no structured 2–4 week review process.
- Diabetes / CKD-heavy clinics where monitoring discipline is operationally valuable and clinically appropriate.

THE CHALLENGER'S MOVE: MAKE THE LEADER LOOK LIKE A TABLET. MAKE YOUR BRAND LOOK LIKE THE BP-CONTROL SYSTEM.

CHALLENGER FIELD PROPOSITION

“Doctor, we are not asking you to change your hypertension philosophy. We are giving your clinic a way to make the telmisartan decision work better after the patient leaves.”

That is a more credible challenge than another “24-hour control” or molecule-familiarity message unless such a claim is specifically label-supported and differentiating.

IF YOU ARE A SELECTIVE-SHARE BRAND

OWN A WEDGE, NOT THE WHOLE MARKET

A mid-tier brand does not need to defeat the leader nationally. It needs to own one repeatable, measurable leakage point.

Wedge	Why it is attractive	Playbook emphasis	Wedge
Newly diagnosed / newly initiated	Routine and brand habit are not yet formed.	Day-7 start + 2-4 week review.	Newly diagnosed / newly initiated
High-substitution districts	Doctor intent leaks at dispensing and refill.	Prescription-protection + refill loop.	High-substitution districts
Diabetes / CKD clinics	ARB monitoring and BP review are more operationally important.	Lab/review reminder under clinician control.[6]	Diabetes / CKD clinics
Uncontrolled-BP clinics	Many patients return without clean adherence or home-BP data.	Measurement + adherence-before-escalation workflow.	Uncontrolled-BP clinics
Combination-transition segment	A new regimen creates a fresh brand decision.	Continuity into approved telmisartan-based FDCs.	Combination-transition segment

SELECTIVE-SHARE RULE

100–300 clinics. One leakage point. One measurable behaviour. One commercial hypothesis.

The smaller brand should not copy the leader's national breadth. It should create local workflow density, prove movement, then expand.

FIELD-FORCE & ASSET SYSTEM

Old call
“Doctor, please remember our telmisartan brand.”

New call
“Doctor, the biggest leak in telmisartan is not the molecule decision. It is what happens after the patient leaves: wrong home-BP technique, missed doses, delayed review, substitution and uncontrolled-BP confusion. We have built a clinic-branded system around those moments. When you choose telmisartan, our brand can support the workflow.”

Asset	Who sees it	Purpose
Clinic BP Control Link	Patient / caregiver	Measurement, adherence, refill and review support.
Home BP technique card/video	Patient / caregiver	Improve data quality.
Doctor Telmisartan Review Cue	Doctor	Start/review/monitoring prompts after molecule selection.
Monthly academy mini-CME	Doctor	Reinforce the clinical engine.
Clinic dashboard	Clinic / authorised field view	Activation, follow-up, review and brand-continuity proxies.
Rep monthly scorecard	Field team	Keep execution focused on behaviour, not asset distribution.

LOW-FRICTION PRINCIPLE

Setup once. Reuse every month. Do not make the doctor operate a complex portal. Do not make the rep manually chase individual patients. The system should surface only meaningful clinic actions.

MEASUREMENT MODEL

PROVE WORKFLOW CONTROL, NOT IMPRESSIONS

Layer	Metrics	What it proves
Activation	Clinics onboarded; % active weekly; links shared; doctor modules opened	The infrastructure is actually being used.
Execution	Home-BP technique completion; Day-7 check; 2-4 week review completion	The service changes post-prescription behaviour.
Continuity	On-time refill proxy; exact-brand continuation; substitution flags	Prescription intent survives beyond the first pack.
Clinical-process proxy	BP logs available for review; uncontrolled-BP patients re-enter clinic; clinician-ordered lab completion	The clinic gains better visibility without automated treatment decisions.
Commercial	Brand-of-use change in activated clinics; growth vs matched controls; franchise continuity into approved combinations	Workflow adoption is translating into brand movement.

Primary decision metric

EXACT-BRAND CONTINUITY AMONG ELIGIBLE ACTIVATED PATIENTS, COMPARED WITH MATCHED CONTROL CLINICS.

Why this metric: prescriptions are easy to count but do not prove the brand survived dispensing, early treatment, refill and review. Exact-brand continuity is closer to the commercial problem this playbook is designed to solve.

SECONDARY DECISION METRICS

- 2–4 week review completion
- On-time refill proxy
- Substitution signal rate
- Clinic weekly active rate
- Brand growth versus matched controls

GOVERNANCE AND GUARDRAILS

TRUST IS PART OF THE PRODUCT

Telmisartan is a chronic cardiovascular medicine. The service must be designed so that the clinic can trust it even if the sponsor changes.

Layer	Guardrail
Patient-facing	Clinic-branded, brand-neutral education. No telmisartan recommendation, no dose advice, no automated interpretation that changes therapy.
Doctor-facing	Brand can appear only after the clinician has chosen telmisartan; clinical content remains academy-backed and evidence-aligned.
Pregnancy	Clear prompt for immediate clinic contact if pregnancy is planned, suspected or confirmed; ARB fetal-toxicity warnings must be respected.[7]
Renal / potassium	Monitoring reminders only when ordered / configured by clinician; no autonomous lab interpretation.[6]
Hypotension / dehydration	Symptoms such as dizziness/faintness or volume depletion trigger clinic re-entry; the service never instructs dose changes.[7]
Data	Consent-based communication, minimum necessary data, encrypted event IDs, role-based access, no patient list exposed to the pharma sponsor.
Pharmacovigilance	Potential adverse-event reports routed through the sponsoring company's approved PV process.

Competitive trust rule : The more aggressive the commercial strategy, the stricter the patient-facing neutrality must be.

90-DAY FIRST-MOVER PILOT

Phase	Days	What happens	Decision evidence
Configure	1–15	Select clinic cluster, brand posture, approved pathway, academy content, dashboard and control clinics.	Can the workflow be installed with low field friction?
Activate	16–45	Onboard clinics; run start, home-BP and Day-7 modules; begin monthly doctor education.	Do doctors and staff actually use it?
Prove	46–90	Run 2–4 week review, refill loop, uncontrolled-BP re-entry and matched-control analysis.	Does workflow use translate into exact-brand continuity and commercial movement?

PILOT POSTURE BY BRAND POSITION

Leader

Broad defence in high-value existing prescribers.

Challenger

Focused attack on clinics where leader habit is strong but workflow is weak.

Selective-share

One high-leakage segment in 100–300 clinics.

GO / NO-GO GATES

- ≥60% of onboarded clinics remain active after first-month installation.
- Meaningful completion of Day-7 and 2–4 week review workflows.
- Field team can operate the program without excessive manual support.
- Exact-brand continuity and/or clinic brand-of-use moves versus matched controls.
- Doctors rate the service as clinically useful rather than promotional noise.

This molecule note can go to every major telmisartan brand. Implementation capacity should go first to the brand that commits to a defined clinic pilot.

CLOSING ARGUMENT AND DECISION CTA

TELMISARTAN DOES NOT NEED ANOTHER REMINDER CAMPAIGN. IT NEEDS ONE BRAND TO CHANGE THE COMMERCIAL GEOMETRY OF THE MOLECULE. THE OLD RULE WAS SIMPLE: WIN RECALL, WIN THE PRESCRIPTION.

The new rule is harder - and more defensible:

OWN MEASUREMENT. OWN CONTINUITY. OWN REVIEW. PROTECT THE EXACT BRAND.

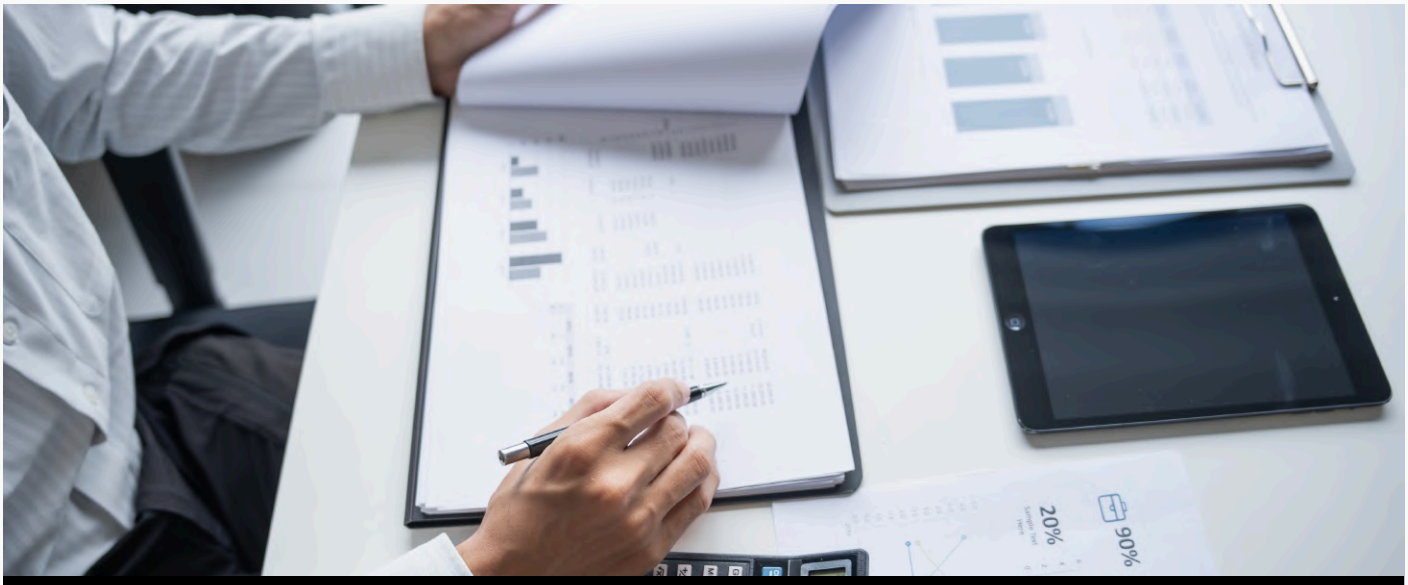
For the leader, the decision is whether to convert existing share into clinic infrastructure before a challenger does.

For the challenger, the decision is whether to keep fighting a recall battle designed for the incumbent - or make workflow control the new basis of comparison.

For the selective-share brand, the decision is whether to spread resources thinly across the molecule or own one high-leakage wedge with enough density to prove movement. The opportunity is molecule-wide. The advantage will not be.

DECISION-ORIENTED CTA

Choose your posture: DEFEND, ATTACK or CAPTURE. Then identify one clinic segment, one workflow leak and one 90-day proof metric. Decide before a direct competitor occupies the same territory.



SOURCE NOTES

[1] Glenmark Pharmaceuticals, Integrated Annual Report FY2025: Telma franchise No. 1 brand franchise in IPM (IQVIA MAT Mar 2025); Telma-AM > ₹3,500 Mn revenue.
[2] Business Standard, 27 Mar 2024, “Indian pharma companies bank on mother brands to boost revenue growth”: Telma mother brand, 16 brands, combined turnover ~₹1,036 crore.
[3] Tata 1mg, Telmisartan generic page, updated Nov 2025: current Indian brand examples including Telma, Telmikind, Telsartan, Telista, Eritel, Tellzy, Telsar, Temsan, Tazloc and Sartel.
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[8] Mankind Pharma placement document / CRISIL analysis using IQVIA TSA MAT Sep 2024: Telmikind-AM ₹158.61 crore and Telmikind-H ₹146.79 crore, both ranked No. 2 in respective combination markets.

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