



CHANGING DYNAMICS OF BRAND CHOICE AND BRAND SWITCHING OF PRESCRIPTION DRUGS IN A VUCA ENVIRONMENT: A STRATEGIC PERSPECTIVE OF HOSPITAL DOCTORS IN DELHI-NCR

DR. P.S RAYCHAUDHURI

Assistant Professor, School of Management and Business Studies
Jamia Hamdard, New Delhi
ORCID: 0000-0002-7726-0383

MS. BUSHRA AKHTAR

Research Scholar, School of Management and Business Studies
Jamia Hamdard, New Delhi
ORCID: 0000-0001-8860-9803

MS. ISHRAT RASOOL

Research Scholar, School of Management and Business Studies
Jamia Hamdard, New Delhi
ORCID: 0000-0002-0873-635X

MS. RANI JAISWAL

Research Scholar, School of Management and Business Studies
Jamia Hamdard, New Delhi
ORCID: 0000-0002-3870-8392

ABSTRACT

The study helps the pharmaceutical marketers to understand the doctor's decision-making process for the choice of the brand and the strategies that could be evolved to meet them. The same holds true for the chemists as well. The physicians live in a VUCA world. Therefore, the changing dynamics of prescription generation and drug sale in pharmaceutical business is not very obvious, but it is volatile, uncertain, complex and ambiguous. VUCA plays an active role in generating the prescription demand on the basis of the assumption of what would be suitable in a fast-changing pharmaceuticals business environment.

The study was done in the region of Delhi-NCR among the Specialist Doctors/ Physicians in the private / government hospitals/ nursing homes and the Retail Chemists around the hospitals/ nursing homes and other localities. It was done to understand their perception about the brand of drugs available and the factors influencing their choice of drugs. The same study for the perception of the retail chemists was also conducted. The study also included the



factors impacting the choice of brand name desired by the doctors and chemists as well. The reasons for shifting from one brand to another brand in the same therapeutic domain by the doctors have also been explored. The study was carried out over the period of three months. The methodology for analysis was done through percentages and averages methods.

Similar studies and survey have been done in the past, but a corresponding back-to-back survey for the retail chemists to understand the wider aspects of brand choice across the supply chain has been scant. Thus, it will help to get a better perspective.

KEYWORDS: brand choice, brand switching, pharmaceutical business, prescription drugs, vuca environment

JEL CLASSIFICATION: M30, M31, M37

CITE THIS ARTICLE	ARTICLE HISTORY
Raychaudhuri, P.S., & Akhtar, Bushra., Rasool, Ishrat., & Jaiswal, Rani., (2020, June). Changing Dynamics of Brand Choice and Brand Switching of Prescription Drugs in a VUCA Environment: A Strategic Perspective of Hospital Doctors in Delhi-NCR. <i>Perspectives on Business Management & Economics</i> , 1(1), 114-131. Retrieved from http://www.pbme.in/papers/13.pdf	Received: April 25, 2020 Accepted: June 16, 2020 Published: June 20, 2020

1. INTRODUCTION

The Indian Pharmaceutical Market is competitive and dominated by generic medicines that are growing at a 14% CAGR in value and 7% CAGR in volume. The generics market revenue increased to USD 26.1 billion in 2016 from USD 21 billion in 2015. The rural sector accounting for more than 35% of the industry's turnover has a significant influence on growth. The hospital market is fast emerging as an important avenue for growth within the IPM (IBEF, 2017; Dun & Bradstreet, 2016).

The hospital segment market size would reach USD 200 billion by 2024 and it is expected to sustain the fast growth for the following reasons: there is increasing access to healthcare in metros as well as rural areas; also with strengthening of economy more in rural areas, there is greater focus on health and affluence-driven increase in healthcare consumption. There is increasing penetration of health insurance and OTC drugs will be readily available with greater penetration of chemists in rural India. The launch of Government's Ayushman Bharat medical insurance scheme for middle class and rural families has been a boon in this direction.

The growth in number of prescriptions with a greater number of doctors will further add to the growth in demand for the medicines. Though the conventional face-to-face product detailing to doctors remains the main means for prescription demand generation in a VUCA world, the new Internet based initiatives also play an important role in the generation of demand. India's



large population base and a stable growing economy will help the growth of the pharmaceutical and healthcare industry.

The process of generation of prescription demand in the digital VUCA world of today is:

1. Volatile: The medical communication based on the modern technological tools is subject to rapid outdated.
2. Uncertain: The assessment of outcomes of expensive product detailing inputs in unpredictable.
3. Complex: The doctor- MR interaction is complicated due to the time limitation in detailing the product.
4. Ambiguous: The changing need of the doctors' lead to a cause & effect confusion among the pharma market strategy planners.

2. LITERATURE REVIEW

Brand building in the Indian Pharmaceutical market (IPM)

In an Indian pharmaceutical market building a brand is a very challenging task; every product has hundreds of generics variants. It means improving its equity, creating a strong brand identity and strong mind share, that is the perceived brand image in the mind of customer (doctor) through ethical brand promotion (Hattangadi, 2014; Aaker, 1996; Kapferer , 1997) .

Brand Choice and loyalty

Ahmed, Ahmad, and Haq (2014) stated that currently customers are aware and have good insights about the brands and prefer to purchase those that fulfill their needs at affordable cost. According to Upamannyu, Gulati, and Mathur (2014), as customer brand loyalty about a product increases, the loyal ones are always ready to pay a higher price.

Drug product quality

Jan et al. (2013) stated that long term achievement depends upon customer loyalty. Waheed (2011) stated that specialists develop knowledge about t the drug based on the result and prescribe the same brand to the patients for the comparable disease.

Regular Visits of Medical Representatives

The regular visits of the trained M.R help the doctor to recall the brand and increase the number of prescriptions of a certain brand (Rao; Inamdar & Kolhatkar, 2012).According to doctors' opinion, the most imperative source of information are medical representatives (Day, 2000; Alkhateeb et al., 2009). The studies establish that the interaction between physicians and MRs, though essential for improvement of medical care, is indeed complex as it may affect the doctors' prescription decision-making process.

Brand Name and Brand Image

A great name can position the brand as a leader in the crowded market (Delano, 1999; Hattangadi, 2014). It is vital for an organization to focus on its promotion to create brand image



which enhances brand loyalty which results in greater profit and revenue (Alhaddad, 2015; Anwar, Gulzar, Sohail, and Akram, 2011; Olson, 2009).

The promotional tools like gifts and support to seminars/ conferences are sometimes more influential for the physicians in contrast with the consultants for prescription generation (Corckburn et al., 1997; Couturier et al., 2000; Boltri et al., 2002). However, many physicians are more concerned of ethical values and issues contrary to resident physicians (Gonul et al., 2000; Greene, 2000; Clark et al., 1998).

All factors discussed above show that marketing strategies related to 4Ps influence the physician prescription behavior in this study (Greene, 2000).

3. OBJECTIVES OF THE STUDY

1. To study the factors responsible for a hospital specialist's decision process and choice of a particular brand of drug for prescription; to evaluate the norms of institutional selling to hospitals in terms of B2B marketing for pharmaceutical industries.
2. To understand the factors that influence the hospital specialist's mind to recall the name of a particular brand of drug.
3. To explore the factors behind the brand switching behavior of the hospital specialists for competitor's drug.
4. To recommend appropriate marketing strategies to pharmaceutical companies as per current customer needs.

4. SCOPE OF THE STUDY

The study covers survey with a structured questionnaire for specialists doctors/ physicians in the OPD (out-patient department) of private specialty and super specialty hospitals (big and small), for example, those in cardiology, nephrology, neurology, gastroenterology, orthopedics, gynecology, oncology, pediatrics, urology, ENT, pulmonologists, dermatology, ophthalmology, internal medicine etc , around Delhi –NCR region. The survey also covers the chemists in hospitals and retail locations in the same Delhi-NCR region.

5. RESEARCH METHODOLOGY

Research Design: It is exploratory and descriptive in nature. Both the quantitative approach (with questionnaire) and the qualitative approach (with interaction interview during questionnaire response) have been adopted.

Questionnaire design: The questionnaire consists of different sections of questions related to the variables under study and these variables are mapped to the objectives, so that we obtain what we are trying to find out from the respondents. The research objectives and the variables/ themes for the study emerged from the research gaps identified from the literature review, past research surveys and focused group discussions with sample of respondent doctors.

The factors/ items are used in the weighted importance scale (Likert Type Scale, from very important=5 to least important=1) marked by the doctors/ respondents for each questionnaire as per their perceived importance



Sources of Data: The researcher collected data by getting questionnaire filled up from chosen hospital doctors of Delhi- NCR region. This helped to do the quantitative analysis. The face to face interaction and interview notes to ascertain the reasons for response helped us to get a deeper qualitative insight from both the doctors. The researcher has referred to various Pharmaceutical and Marketing reference books/ texts, Journals, Magazines, Reports & websites.

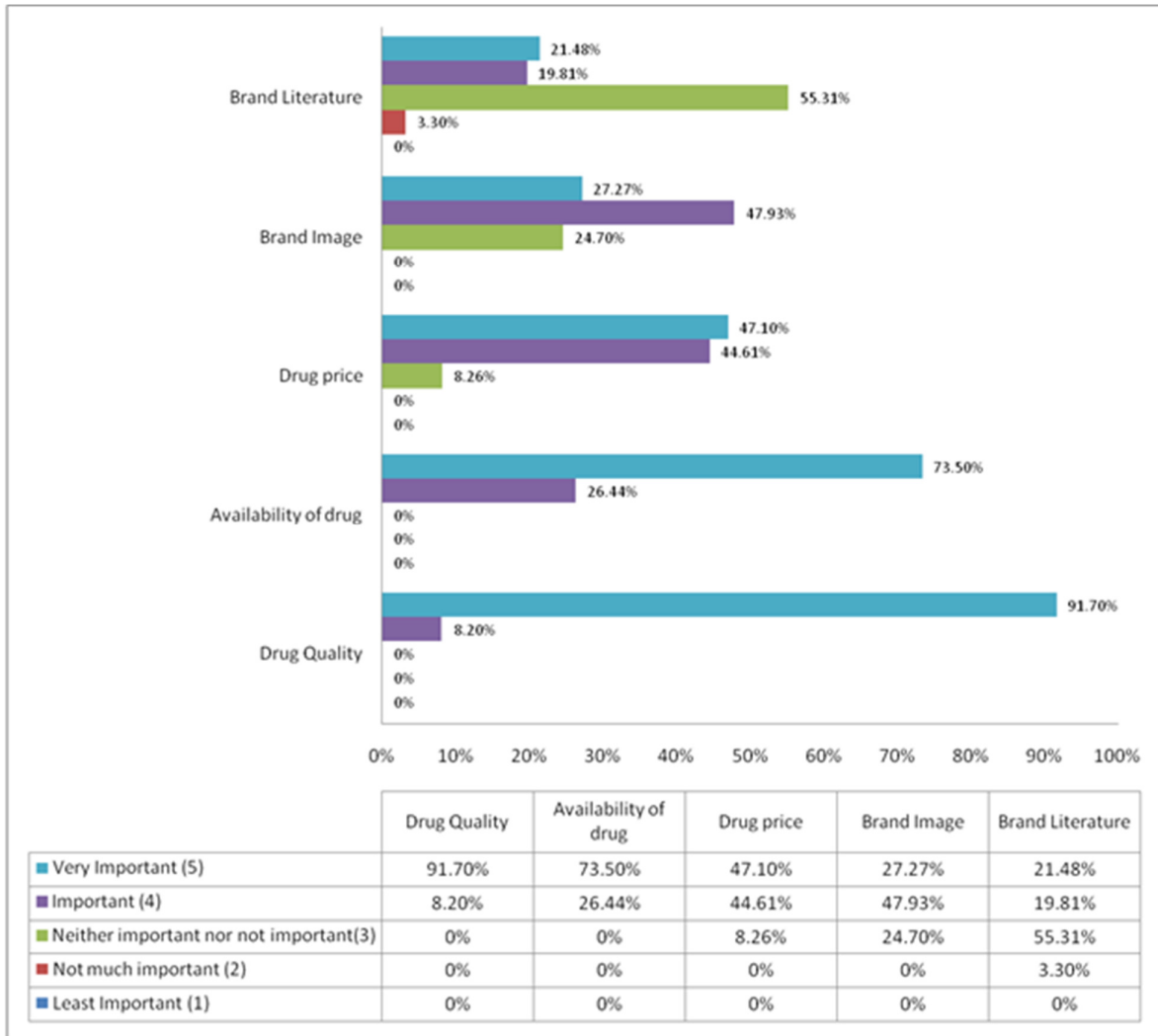
Sample Design: For population under study, a representative sample of at least 120 Specialist Doctors were chosen from different regions of Delhi and NCR region. 100 filled responses were found acceptable. The specialist doctors were approached and depending upon their availability, they were requested to respond. We cannot force them to respond. Each doctor serves as sampling unit. Hospitals (mainly private specialty type, big nursing homes, and some government specialty type) were conveniently selected in five regions (north, south, west, and east and central) of Delhi and other NCR regions (Faridabad, Gurgaon, Noida, Bahadurgarh etc) as far as possible, so that geographical spread gives a representative of the population of doctors under study.

6. ANALYSIS & DISCUSSION

A pilot study consisting of 25 doctors was done. This helped to clarify the factors in the questionnaire for the main study. The descriptive method of result analysis was used. The excel spreadsheet was used to derive the tables and the bar graphs for analysis and interpretations. The method of averages was used to understand the relative importance of the factors. The weighted average marks were then calculated on the basis of percentage of response in five categories of importance multiplied by their respective weights and the sum total gave their relative average out of a maximum of 5 to find out important factors influencing prescription behavior.



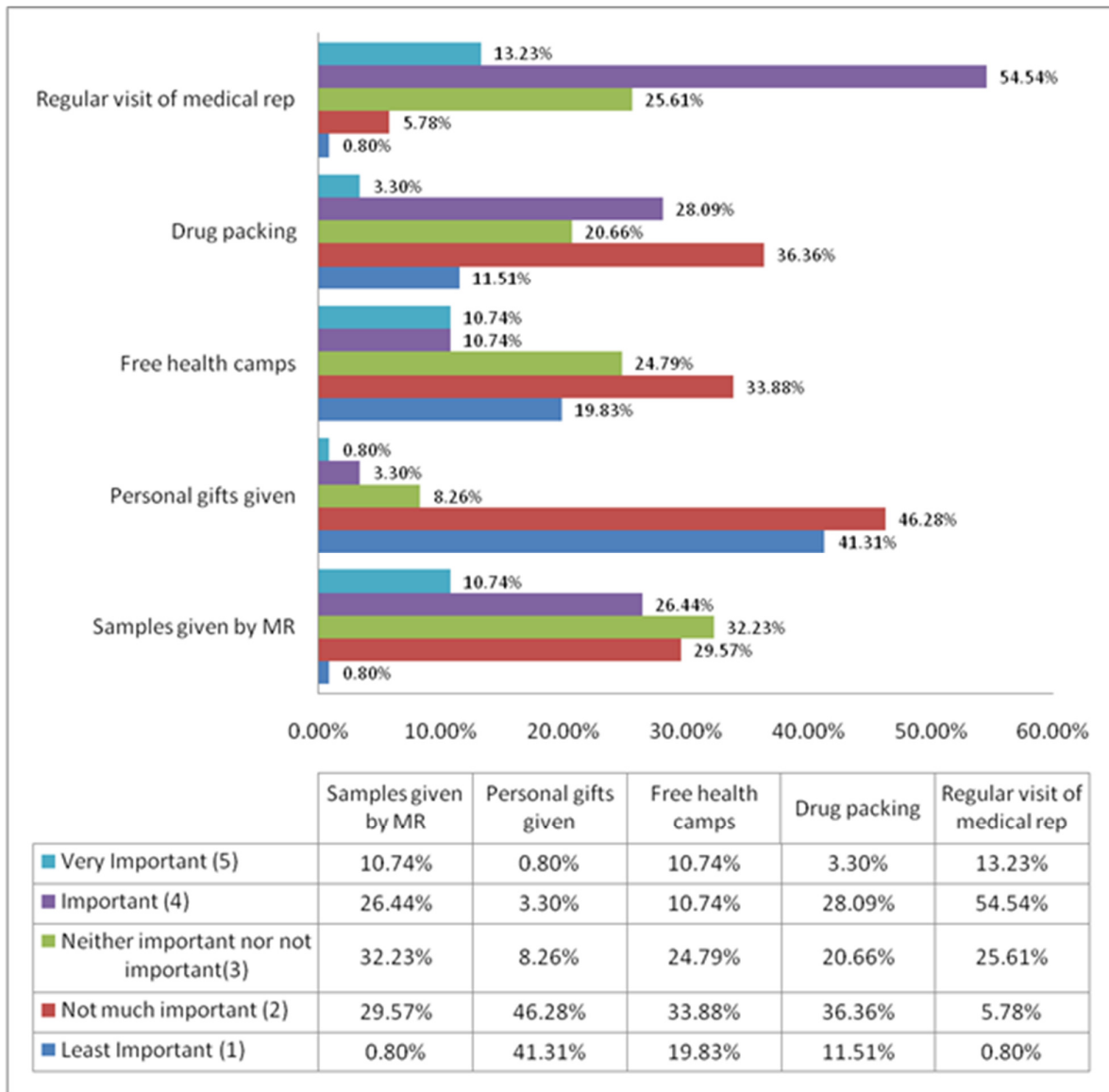
Graph 1: Factors influencing Prescription behavior of Specialist Doctors/Physicians and their Choice of Drug



Source: Researcher's own survey



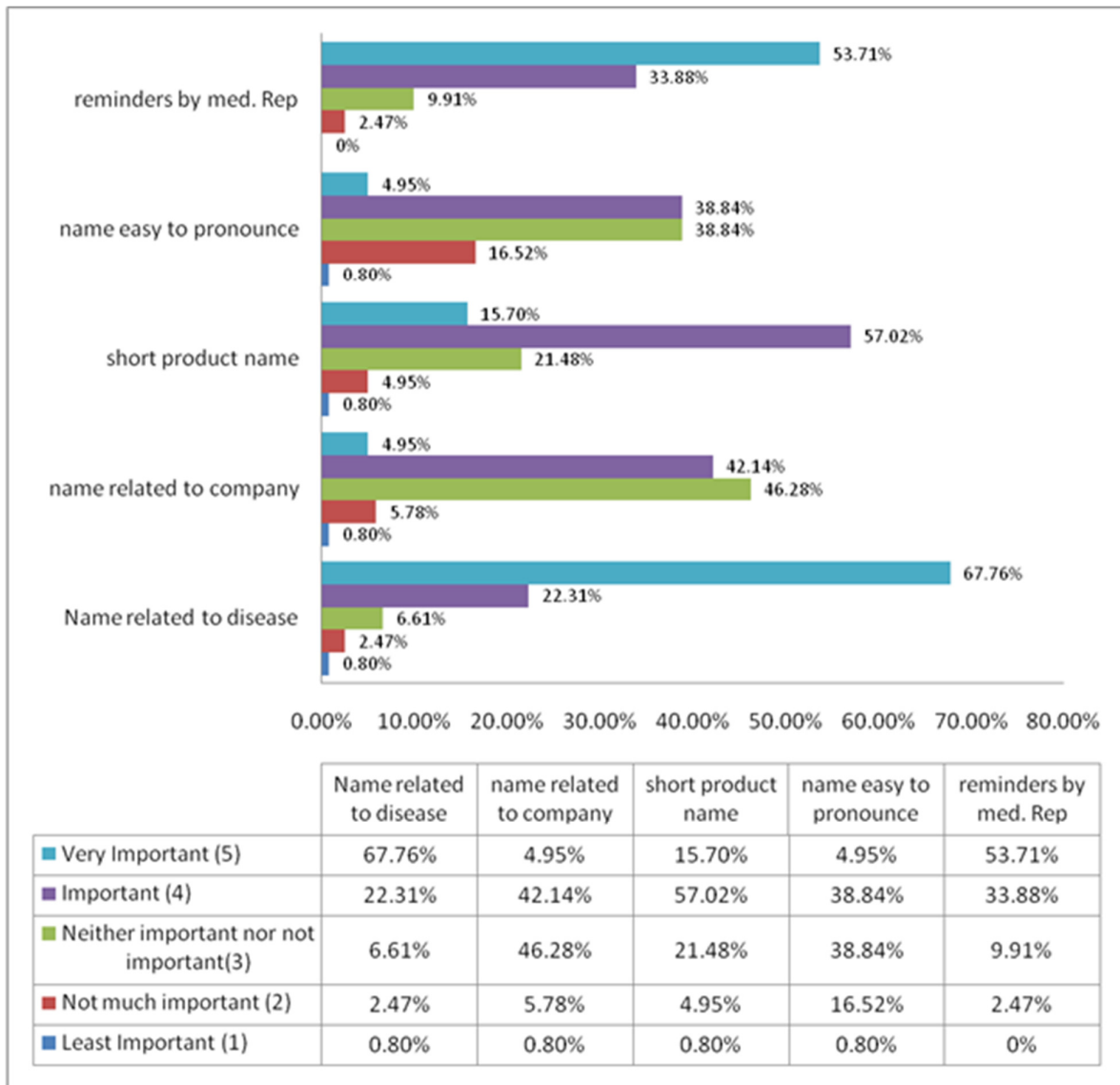
Graph 2: More Factors influencing Prescription behavior of Specialist Doctors/Physicians and their Choice of Drug.



Source: Researcher's own survey



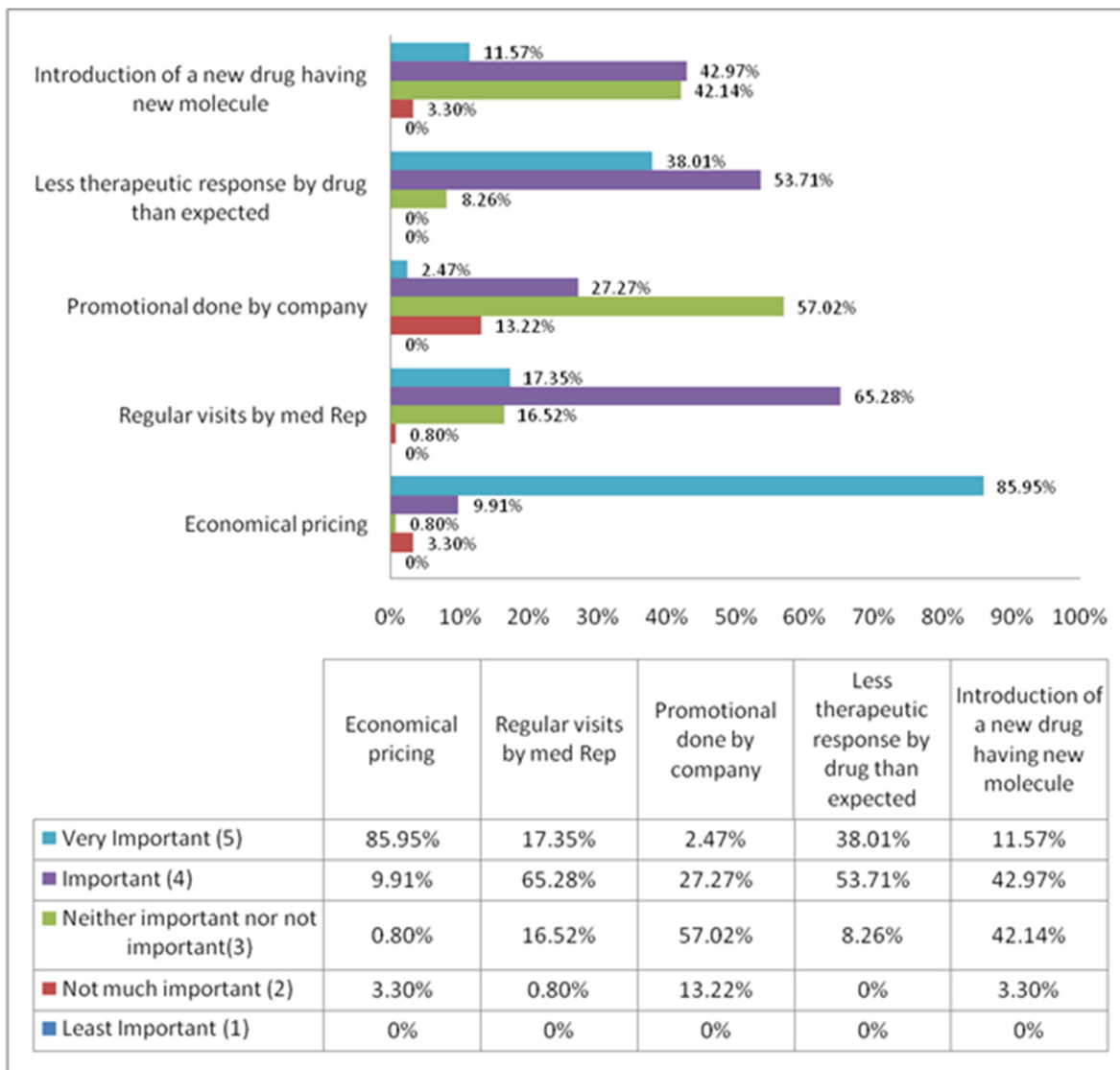
Graph 3: Factors of Brand name, which help Specialists Doctors/ Physicians in Brand Recalling



Source: Researcher's own survey



**Graph 4: Factors influencing Brand switching for Specialist Doctors/ Physicians;
 Reasons for shifting from one Brand to another in the same therapeutic category**



Source: Researcher's own survey



Table 1: Factors influencing Prescription behavior of Specialists Doctors/ Physicians and their Choice of Drug

RANK	FACTORS/VARIABLES	AVERAGE
1	Drug quality & efficacy	4.88
2	Availability of drug	4.74
3	Drug price	4.38
4	Brand image	4.01
5	Regular visits of Medical representatives	3.72
6	Brand literature	3.52
7	Samples given by MR	3.12
8	Drug packing	2.71
9	Free health camps	2.67
10	Personal gifts given	1.73

Table 1 indicates that doctors are quality, price and availability conscious persons. As the specialists deal in chronic therapy segment and the patients use the drug for a longer period of time, the recurrent expense and availability is important. The quality of medicines is most important for physicians, as it not only helps in curing the disease, but also helps in building their reputation. Physicians on the basis of the brand image of the drug and consistent results with a product, judge the quality of products. So brand image is also on high priority in their mind while prescribing medicines.

Purchasing power of patients is always considered by the physicians, the price factor is always in forefront while prescribing a medicine; otherwise patients may change the doctor. Availability of products; especially newly launched drugs is questionable in doctor's minds. So physicians before prescribing a new drug either wait for some time or check at nearby chemist counters.

The Table 1 shows that regular visit by the MRs and seminar enhances the sale of existing or newly launched product. We found from the survey that the most important tool in product selling and launch is report study. Most of the doctors agreed that they keenly look into knowledge of the product and the company to which the concerned medical representative belongs to as the company whose name is good in market is easy to be trusted. The doctors are prepared to lead change particularly in a complex and unsettled environment.

The discussions about the product with medical representatives are more important than anything, as once the doubts clear it's easy to prescribe the drugs. However, due to the time constraint the product detailing by the M.R is restricted and the situation becomes complex. It also helps doctors to update their knowledge about new entity and their therapeutic effects. Most of the doctors gave importance to the fact that brand image of the drug and hence the



company profile matters a lot while prescribing a drug. So, the reputed companies easily promote their newly launched products.

Therefore, frequent and planned visit by smart and dedicated medical representatives is the best tool of promotion for a pharmaceutical company. Presenting good quality literature, journals and sponsorship for conferences or personal tours are preferable promotional tools in comparison to organization of free camps, personal gifts, medicine samples or any other incentive. The physician-MR interaction proves to be beneficial for the patients.

The perceived brand image has a relatively high importance to the doctors. Doctors come into contact with the brand in different ways; pharmacology of the product, its efficacy, side-effect profile, packaging, price, marketing, medical representative and other aspects. Each of these touch points create the doctor's impression about the brand. The dominant touch point however is the medical representative - the most powerful. Therefore, brand equity, brand identity and brand image get translated into prescriptions or no prescriptions.

Table 2: Factors of Brand Name, which help Specialists Doctors/ Physicians in Brand Recalling

RANK	FACTORS/VARIABLES	AVERAGE
1	Name related to disease	4.52
2	Consistent reminders by the MR	4.23
3	Short product name	3.76
4	Name easy to pronounce	3.62
5	Name related to company	3.39

From Table 2, we found that the best way to promote a product is regular visit with reminder of newly launched product as this will help in remembering the product name. The second important thing is product quality which helps the doctors to remember the product name. The doctors also accord high relative importance to name related to disease, so that it is convenient for them to memorize and recall.

Most of the doctors replied that product efficacy and quality of medicine is the first choice of consideration while detailing of newly launched product. Later on, the short name which is easy to remember and is more preferable. It is challenging for the M.R to deliver an effective message on the efficacy of the drug in a short time due to the scarcity of the doctor's time.

A great brand name would be something that a doctor can associate with what the product is offering. The most important point for the doctor is to remember and identify a product with its attributes, the benefits and relief for the related symptoms Therefore, a name linked to the disease is very attractive to the doctors for brand-name recall.

The name is the foundation of the brand. In Table2, although the names related to the company is last on the priority, it has high significant importance in a scale of 5. Most of the prescriptions are given to certain companies because the doctors recognize and trust their brand names.



When the doctors associate the name of a company with its brands, that company finds the success in brand recognition. The doctors will prescribe it because it is recognizable. A well branded company also has more loyal customers.

**Table 3: Factors influencing Brand switching for Specialist Doctors/ Physicians;
Reasons for shifting from one Brand to another in the same therapeutic category**

RANK	FACTORS/VARIABLES	AVERAGE
1	Economical pricing	4.70
2	Regular visits by MR	3.96
3	Introduction of a new drug having a new molecule	3.58
4	Less therapeutic response from the earlier drug	3.45
5	Promotions done by the company	3.15

From Table 3, we found that mostly the doctors have doubt related to effectiveness of the newly launched product. In the literature review we have found that effectiveness of the drug is a vital point to be considered before prescribing and after prescribing a new product.

Most of the doctor replied that efficacy and quality of medicine is the first choice of consideration while detailing of newly launched product. Therefore, in some clinical cases, older drugs do not give effective therapeutic response or they are being used for a long period of time in chronic cases, they become less effective. In those cases, doctors would try new drugs. Also, in some cases, where patients have systemic problems and the conventional brand of medicines may not be very effective, in those cases the new brand may be tried out. The physicians based on their practice specialization create a customized plan for each patient. The specialized physicians turn into leaders to drive and sustain the required change.

On the contrary, new drug may have unexpected adverse side effects in a smaller population of patients. The brands set expectations. When the doctors are faced with uncertainty, they tend to prescribe the safer options, the brands they know.

The company profile matters a lot while prescribing a drug as the reputed company is easy to be trusted. So, it is more convenient for such companies to promote their newly launched products.

c) Comparative Analysis between Doctor's and Chemist's perceptions

a) The drug quality and availability are the two top most priorities for the doctors as he is not only concerned for the effectiveness of the drug but also the availability of the drug. It becomes highly embarrassing for the doctor to face his patients if the drug is not available and the line of treatment cannot be followed.



b) The other issue of price is also of prime importance and third in the rank of relative importance. The doctor takes care to understand the affordability, depending upon the income level and corresponding paying capabilities of the consumer/ patients.

c) The brand image of the drug is of high importance to the doctors in the hospitals and ranks fourth in their priority. The good brand image also includes the good company image and reputation that signifies doctors' trust and faith on all the products from that company too. This brand image evolves from the research-based activity and quality assured manufacturing of the pharmaceutical company. This ensures effectiveness, efficacy, and sustained action of the drug, safety and minimum side effects. This helps to keep up the consulting practice reputation of the specialist doctors in the hospital. This can also enable the company to charge a price premium on their product, which is acceptable to the doctors and the patients. Because of high brand image, it assures the doctors that they would be available in the retail chemists' shop for the patients.

d) At times doctors also recommend the substitute drug when the original is found to be expensive for the patients. Since the profit margins from the drugs have reduced, retail chemists do attach a high importance to the level of profit margins desired. This commercial motive and incentive cannot be overlooked in the present competitive scenario for stocking and dispensing drugs. Yet we know that a well-researched drug with quality production has higher cost in terms of investment in R&D and quality manufacturing infrastructure. The companies do have sufficient margins, which are largely consumed in the supply distribution chain negotiated by the AIOCD. It is a very complex supply chain and very well crafted by the AIOCD that has a strong lobby to monopolize that.

e) Thus, the drugs have good brand identity as effectively communicated by the company MRs and the managers with the help of different promotional tools. The MR visits ranks fifth and sufficiently high in this survey among the hospital specialist doctors. They are important to the doctors in terms of continuous updating, discussion and clarifications and scores more than 3.72 in a scale of 5. The interactions with MRs fulfill doubts and clarifications, and are more important than brand literature and leave behind leaflets. The doctors' opinion and perceived image and brand acceptance of the drug for trial and further use is also formed from the regular seminars and continued medical education (CME) conducted by the pharmaceutical companies, peer reviews/ communications in their association meetings, sponsored conferences and the key opinion leaders and early adopters of new drugs/ key opinion leaders (KOL) in the different therapeutic areas among the medical fraternity who help to conduct these symposia and CMEs.

f) The drug packing is rated higher in fifth position by the chemists as it helps to stock properly, prevents damage in transportation, act as guidance for a stipulated course of tablets and also justify the higher pricing, if any. However, it is ranked much lower in importance by the doctors.

The samples, personal gifts and free health camps are rated lower in importance by the doctors; similarly, the chemists also give less importance to samples and gifts.

g) In terms of brand name recalling, it emerges from this survey that doctors prefer names related to disease names and ranks it as the highest; it helps in convenient memory recalls in their related therapeutic area of specialization. Here consistent reminders by the MRs help to



keep the brand names on the top of the mind of the doctors. The doctors rank them as second most important. The doctors also prefer short names and which are easy to pronounce. Although, the brand name related to the company is given lowest preference by both the doctors and chemists, they give an importance score of nearly 3.5 in a scale of 5, thereby signifying that company image is quite important to them as far as quality and trust of the drug products are concerned.

h) In terms of shifting from one brand to another brand in the same therapeutic domain, the regular visits of the MRs help to make the new products recognized and helps in promotion and launch of the new products. The MRs visit the doctors and their adoption of the new formulation helps to drive the market stocking and availability at the chemists' level. This happens in the case of Pull model for new product introduction in the chronic therapy segment. In the case of Push model for the new products in the acute therapy segment, MR drives and persuades both the doctors and chemists to support their brands to prescribe and stock respectively.

7. CONCLUSION

Thus, we may summarize and conclude, corresponding to each of the objectives:

a) The most important factors that influence the decision process and choice of the particular brand of drugs for the specialist doctors in hospitals are drug quality, availability of drugs, drug price, brand image and regular visits of the medical representatives. The other important issues considered by the doctors are brand literature, samples given by the MRs, drug packing and free health camps. However, surprisingly, the personal gifts have been accorded last priority and almost least importance score of 1.73 in a scale of 5. It appears that either the doctors have not given their true opinion or the ethical ways of interaction are gradually taking place between the doctors and the pharmaceutical companies!

b) The doctors prefer a brand name that relates to disease and short one that is easy to pronounce. They attach lot of importance to their interactions with the MR in forming a decision for choice of drugs. The doctors have also considered the company brand image important as that gives them a sense of trust and faith on the efficacy and quality of the products.

c) The consideration of price is a very important consideration for shifting to another brand in the same therapeutic domain (brand switching); if the other alternative brand available is effective and quality oriented at a lesser price, then that is more acceptable to the doctor on behalf of the patients particularly those undergoing treatment for a longer period of time. In the case of new products, regular visits by the MRs to update them about the introduction of new molecules are important. It also shows that regular MR visit is more important than any other promotion tools deployed by the company for new drugs. The MRs play a vital role in interacting with the doctors and providing the product details in a short time and convincing the doctors for the drug.

d) On a comparative note, both attach high importance to drug quality and brand image and availability. Both the stakeholders are concerned about the drug price as that denotes the affordability factor and hence the demand. The doctors prefer regular visits by the MRs to update them; whereas the chemists do not quite appreciate the frequent visits by the MRs.



The other factors like drug packing, samples given to them and personal gifts are considered less important.

e) The role of a medical representative has to be redefined; he needs to have in-depth product knowledge to discuss about the drug effects and its pharmacology. He needs to take more feedback from the doctors and the chemists about the outcome of their own brand and the competitors' brands in the same category; it would help to understand the weakness of own product as well as the others' products. That would enable the MRs to give feedback to the parent company and thus help to work on new projects to introduce new products in the market. They need to convince and persuade the doctors to encash their meetings into prescriptions. MRs play a significant role in the prescription decision-making process of the doctors, especially for expensive medical products. The pharmaceutical companies prefer maintaining influencing roles of MRs to enhance revenues of their brands and this process assumes much importance in a VUCA world. The MRs and the Product managers need to be aware about the details of clinical trial activity report of the new molecules in the pipeline. They should be able to launch the new molecules and new formulations after gauging the specific requirements of the doctors and disease situation in the region. The MRs and product managers also need to interact with the patients to understand the effects and side effects.

The MR has to present the scientific information in a way, that it is a learning and problem-solving process opportunity for the physicians. The MRs needs to be trained accordingly; the scientific information is more effective when used as an educational tool rather than a sales tool. Though traditional face-to-face product detailing to doctors may continue to be the crucial means for prescription demand generation in a VUCA world but new Internet based initiatives could also be used to mark a difference. The concepts of digital marketing can be used for digital communication with the doctors which would drive them to the respective product websites for comprehensive and credible medical treatment solutions. The M. Rs could be trained suitably to make the modern digital interfaces successful.

The launching of a new product is usually done through brand extension. It capitalizes on the equity of the already established core brand name or even the company name. The firms can use the brand extension strategies to enter new categories. The consumer can transfer their positive attitude towards the parent brand to the newly launched products through brand extension. The marketers have to keep in touch with the key opinion leaders (KOL) and the early adopters of the new drugs.

8. LIMITATIONS OF THE STUDY

1. The study was conducted in the Delhi-NCR region only; perhaps a wider sample base could have been taken, so that the results could have been more generalized. The sample size could have been larger.
2. More different category of doctors from different specializations could have been considered, with cluster mode of sampling.
3. Some of the doctors were busy and impatient and in hurry, so the response could be a bit biased.



4. Regarding the gifts etc. the response appears to be ethically good, but it is contrary to the general perception.
5. The different category of distribution chain, like stockiest and distributors and C&F agents could have been included in the survey for non-physicians. The sample size could have been larger.
6. The corresponding patients of the doctors could have been surveyed to understand their perception whether their medication was effective in order to ascertain the doctors' choice of drugs.
7. The patients buying from the chemists' shop could have been interviewed to ascertain whether chemists followed the prescription drugs or suggested alternative brands. It could also help to find out if there is any other kind of practice prevailing, which is not ethical.
8. The chemists could also give us a clue whether the patients prefer certain brand of drugs contrary to what is prescribed; with the increased awareness through internet and social media communication, consumer in India are now more aware, particularly of direct to consumer advertisement done abroad for the drugs.

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