



# Market assessment for skin condition treatments in India

*Case study*

# BA developed a market assessment for a global pharma company focused on Atopic Dermatitis and Psoriasis treatments in India

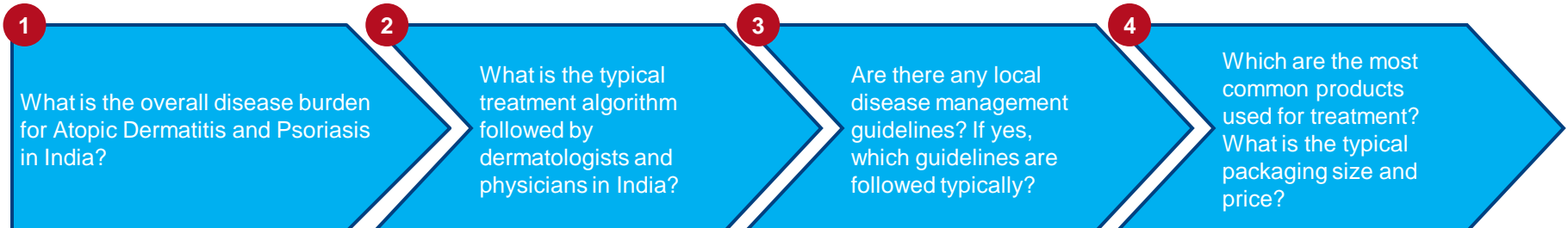
## Client Background

- The client is a nonprofit research organization headquartered in the US that provides rigorous scientific research and consulting services to pharmaceutical, medical device, and diagnostic companies
- The client was assisting a leading pharmaceutical firm in conducting a market assessment of two dermatological conditions, Atopic Dermatitis and Psoriasis, in India
- The pharmaceutical firm wanted to understand India's market potential for their medications indicated in the treatment of these two dermatological conditions in support of their long-term strategic planning and possible market entry

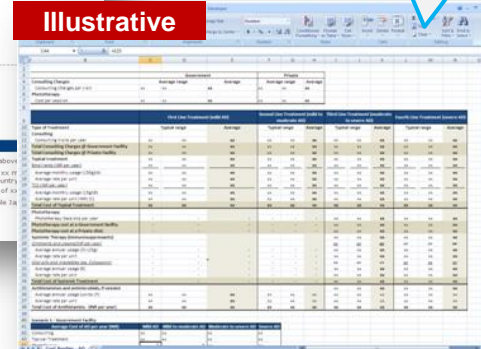
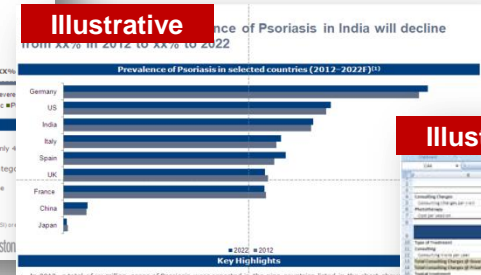
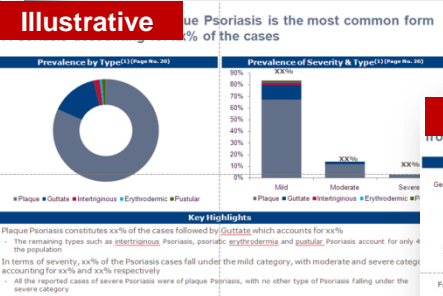
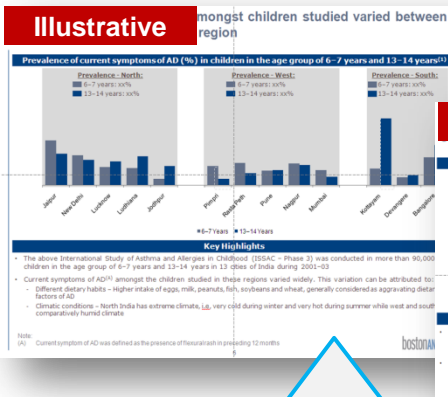
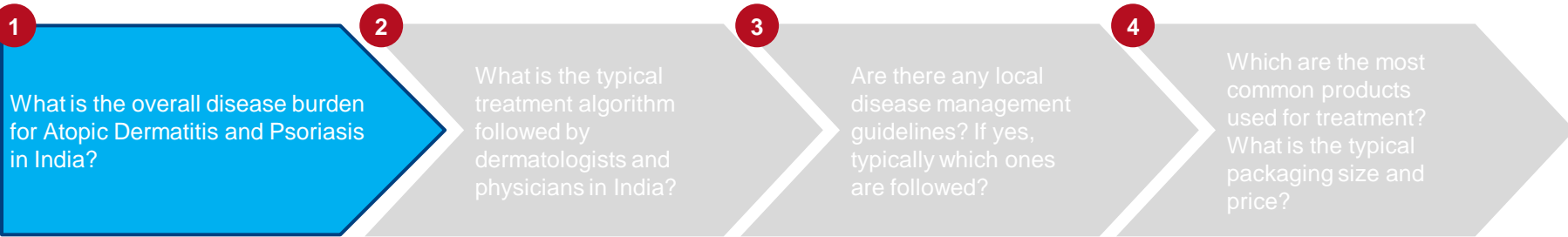
## Key Highlights

- The client engaged BA to develop a rich understanding of the Atopic Dermatitis and Psoriasis landscape in India, including an understanding of the prevalence, disease burden, reimbursement guidelines, clinical guidelines, and available prescription/other medications and therapies indicated for the treatment of these diseases in India
- The study involved both secondary and primary research in order to help the pharmaceutical firm better understand the potential for their medications indicated in the treatment of Atopic Dermatitis and Psoriasis in India
- BA's work enabled them make a case for market entry, set corporate expectations surrounding growth, develop a commercial and competitor strategy, and improve the accuracy of their long-term strategic planning

## Key Business Questions



# BA first worked to validate the size of the opportunity in terms of both the prevalence and disease burden of the two conditions

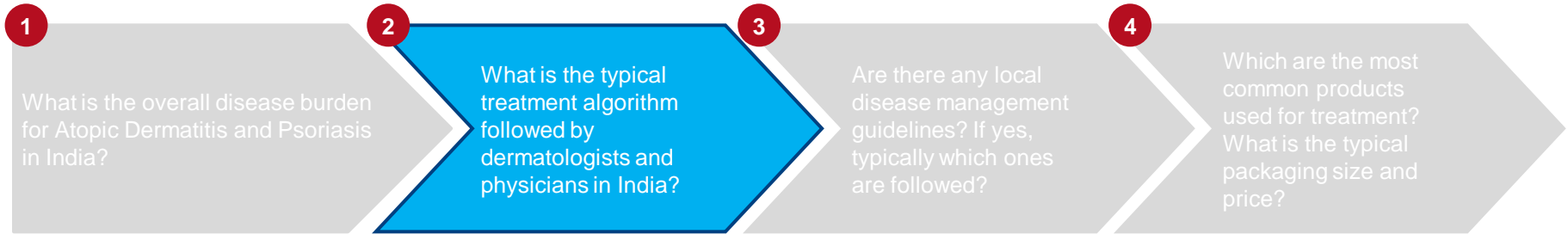


BA created a detailed cost-of-treatment model to estimate the disease burden by level of severity

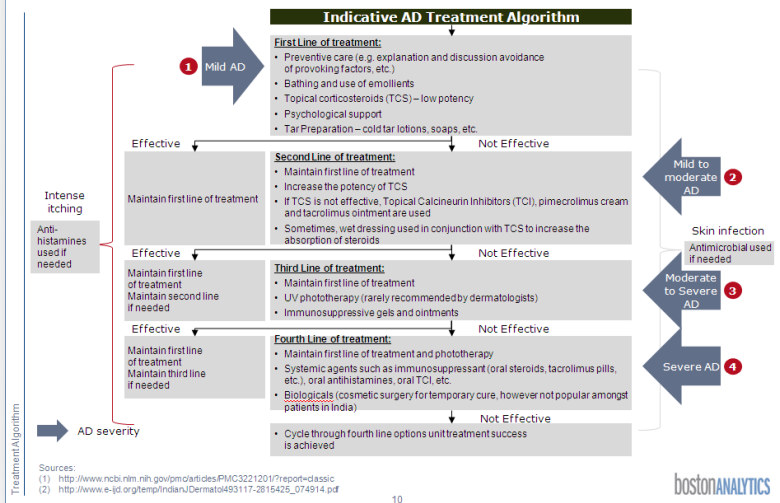
BA analyzed the prevalence of Atopic Dermatitis and Psoriasis in India, and developed a comprehensive understanding by type, severity, age, gender, and family history. BA also developed an understanding of regional variations and access to treatment

BA compared the prevalence of Atopic Dermatitis and Psoriasis in India with that in other countries. This enabled the pharmaceutical firm to put the opportunity in perspective and support its case for market entry

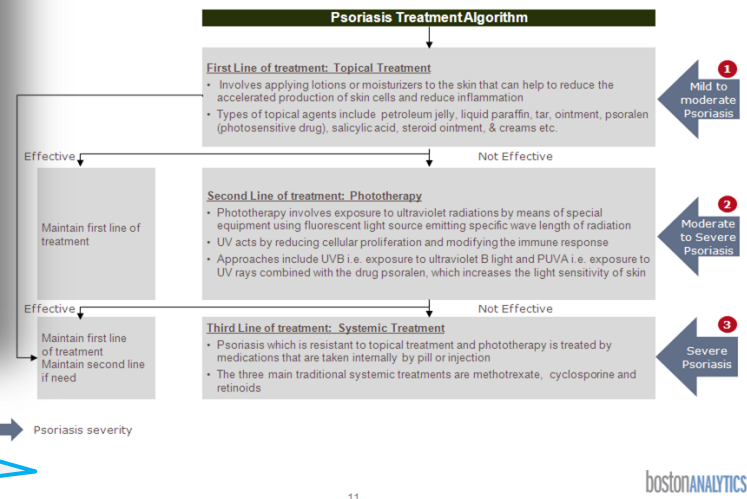
# Typical treatment patterns were mapped followed by dermatologists in India in order to identify possible intervention points



First line of treatment is consistently applied across doctors in India; treatments may vary with severity however



Illustrative phototherapy and/or systemic treatment may be applied based on the severity of Psoriasis



BA mapped the typical treatment algorithms followed by dermatologists and physicians in India in the treatment of Atopic Dermatitis and Psoriasis. This helped the pharmaceutical firm better understand where and how it might promote its treatment options should it enter the market

# BA determined which guidelines, if any, are used in India to treat those suffering from Atopic Dermatitis and Psoriasis

1

What is the overall disease burden for Atopic Dermatitis and Psoriasis in India?

2

What is the typical treatment algorithm followed by dermatologists and physicians in India?

3

Are there any local disease management guidelines? If yes, typically which ones are followed?

4

Which are the most common products used for treatment? What is the typical packaging size and price?

**Illustrative**  
**Topical corticosteroids are used to suppress skin inflammation that causes flare-ups of AD**

Therapy	Description		Consensus Guidelines
	Topical corticosteroid	Relative potency	
<b>TOPICAL TREATMENT</b>	<b>Mild and Mild to Moderate AD</b>		
	<ul style="list-style-type: none"> <li>Numerous corticosteroids are available ranging from low to high potency</li> <li>Commonly used topical corticosteroids in Asia-Pacific region:</li> </ul>		
	Desonide 0.05%	Mild	<ul style="list-style-type: none"> <li>TCS should be used appropriately and under adequate supervision</li> <li>During maintenance therapy, 'spots' twice per week</li> <li>TCS should be used up to 14 days or longer</li> <li>Appropriate quantities discussed with the labeled appropriately staff</li> <li>TCS can be applied to scratch wounds, acute AD (with fissures)</li> <li>For the face and flexu by the use of moderate inhibitors (TCI)</li> <li>The choice of potency; TCS should be based the location, severity of the patient</li> </ul>
	Hydrocortisone (acetate) 0.1–2.5%	Mild	
	Betamethasone valerate 0.05%	Moderate	
	Hydrocortisone valerate 0.2%	Moderate	
	Methylprednisolone aceponate	Moderate	
	Betamethasone dipropionate 0.025–0.05%	Potent	
	Betamethasone valerate 0.1%	Potent	
	Fluticasone propionate 0.05%	Potent	
	Hydrocortisone butyrate 0.1%	Potent	
	Mometasone furoate 0.1%	Potent	
	Triamcinolone acetonide 0.1%	Potent	
Clobetasol propionate 0.05%	Very potent		
Diffurcortolone valerate 0.3%	Very potent		
Halcinonide 0.1%	Very potent		

**Illustrative**  
**The most common systemic treatments for severe Psoriasis are methotrexate, cyclosporine & retinoids**

Therapy	Type of Therapy	Usage Guideline
<b>Systemic Treatment</b>	<b>Severe Psoriasis</b>	
	<ul style="list-style-type: none"> <li><b>Methotrexate:</b> Effective agent used for treating severe Psoriasis</li> </ul>	<ul style="list-style-type: none"> <li>Usually given in a weekly or occasionally fortnightly pulse of 15mg</li> <li>Equivalent dosage may also be used by intra-muscular or intravenous route</li> <li>A low dose of maintenance therapy may be continued for sometime before withdrawal of the drug</li> </ul>
	<ul style="list-style-type: none"> <li><b>Oral Retinoids:</b> These are synthetic compounds having Vita-A like cellular activities. Acetretin is a type of retinoid useful in the management of Psoriasis</li> </ul>	<ul style="list-style-type: none"> <li>Acetretin is most effective when used in combination with topical agents or phototherapy in the generalized pustular and erythrodermic varieties of Psoriasis</li> <li>Pregnant women or women who intend to become pregnant should never receive oral retinoids</li> <li>Regular monitoring of lipid profile is needed</li> </ul>
<ul style="list-style-type: none"> <li><b>Cyclosporine:</b> It is a cyclic polypeptide widely used as an immunosuppressant in organ transplantation</li> </ul>	<ul style="list-style-type: none"> <li>Should be reserved for patients with severe Psoriasis</li> <li>Usual oral dose is 3-5mg/kg in two divided doses</li> <li>It is contraindicated in renal dysfunction, hypertension, past or present malignancies, pregnancy, lactation and concomitant therapy with immunosuppressive or nephrotoxic drugs</li> <li>This agent, like oral retinoids should be administered by dermatologists having experience in its use</li> </ul>	

BA identified local disease management guidelines used by dermatologists and physicians in the treatment of Atopic Dermatitis and Psoriasis. BA also identified the most common types of therapy, including preferred medications, potency, and usage guidelines

# Finally, an audit of the available products was conducted to identify any changes needed in the product portfolio under consideration

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## Illustrative

The average price for topical ointments and creams varies from INR 20 to more than 1,000 or ~0.3 to \$17.0

Product	Type of agents	Manufacturer	Packaging	Cost (INR)
Topical Treatment for Psoriasis				
HALOX-S	Corticosteroids	Ranbaxy	10g	
GIFROCLAR-F cream	Corticosteroids	Lan	15g	
ALCODERM cream	Corticosteroids	Alcon Pharma	5g	
ADICLOB-S ointment	Corticosteroids	Adis	30g	
SECMET-S cream	Corticosteroids	Ind-Swiss	10g	
IONAVI-T scalp solution	Coal Tar	Gaderna	60ml	
CAREL topical solution	Coal Tar	Wela	80ml	
COALSYL-S scalp application	Coal Tar	Psycoren	60ml	
GASTOR-CT lotion	Coal Tar	Phycoren	6% w/v x 500ml	
C.T.OIL topical ointment	Coal Tar	Shalini	5% x 100ml	
ARET-T2 topical gel	Tazarotene	Shalini	0.1% x 15g	
TAZOTOP FORTE cream	Tazarotene	Sun Pharmaceuticals	0.1% w/v x 15g	
TAZNET topical gel	Tazarotene	GlaxoSmithKline	0.05% w/v x 15g	
TEXARA FORTE cream	Tazarotene	Ranbaxy	0.1% w/v x 15g	
ZOROTENE topical gel	Tazarotene	Elder	0.1% x 15g	
HEXOMAR ointment	Calcipotriol	Shalini	0.005% w/v x 15g	
HEXOMAR-S ointment	Calcipotriol	Shalini	15g	
DAN/ONEK ointment	Calcipotriol	Win-Medicare	0.005% w/v x 15g	
			0.005% w/v x 30g	

## Illustrative

30g packs are the most common SKU size for emollients; the average price is in the range of INR 75-85 per unit (~\$1.5)

Product	Type of Agent	Manufacturer	Packaging	Cost (INR)
Topical Treatment for AD				
EMODERM cream	Emollients	GSK	50g	
CETRABEN cream	Emollients	Hetero HC	125g	
CETRABEN cream	Emollients	Hetero HC	50g	
EFATOP-PE cream	Emollients	Adcock Ingram	90g	
CETAPHIL lotion	Emollients	Gaderna	125ml	
ELOVERA CRM cream	Emollients	GlaxoSmithKline	150g	
ELOVERA CRM cream	Emollients	GlaxoSmithKline	50g	
ELOVERA CRM cream	Emollients	GlaxoSmithKline	60g	
EXOMEGA lotion	Emollients	AHPL	1000ML	
SYSTEM cream	Emollients	Syamed	50g	
BACTROBAN cream	Topical Antibiotics	GSK	2% w/v x 5g	
BACTROBAN cream	Topical Antibiotics	GSK	2% w/v x 5g	
CANDID-B lotion	Topical Antifungals & Antiparasites	GlaxoSmithKline	15ml	
6 cream	Topical Antifungals & Antiparasites	GlaxoSmithKline	15g	
6 cream	Topical Antifungals & Antiparasites	GlaxoSmithKline	15g	
6 cream	Topical Antifungals & Antiparasites	GlaxoSmithKline	20g	
6 cream	Topical Antifungals & Antiparasites	GlaxoSmithKline	5g	

BA identified the most common medications and alternative therapies used in the market including agent type, manufacturer, packaging, and pricing. The pharmaceutical firm used this information in order to evaluate the relevance and likelihood of success of its current product portfolio, as well as identify possible changes in pack sizes, pricing, etc.

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For more information, please contact us at:

[contact@bostonanalytics.com](mailto:contact@bostonanalytics.com)

+1- 617-415-1691

[www.bostonanalytics.com](http://www.bostonanalytics.com)

**Boston Analytics** *(A division of Pythos Technology (P) Ltd.)*

**Boston**

396 Washington Street,  
Suite 351,  
Wellesley, MA 02481  
United States

**New York**

15 Schuyler Hills Road  
Loudonville NY 12211  
United States

**Gurgaon**

18th Floor, Tower-B,  
DLF Building No. 5  
DLF Cyber City, Phase-III  
Gurgaon – 122002  
Haryana, India

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