





Glenmark in the New Era

GLOBAL PRESENCE



Operation in over 80 countries



>13,000 employees from 60 Nationalities



Front end in **Key markets** of the world - USA, Europe, India, Asia, Middle East & Africa, LATAM & Russia CIS

INNOVATION



8 novel molecules and specialty products in various stages of clinical development.



6 drug discovery and R&D centers in Switzerland, India & USA



Niche therapy focus like Oncology, Hormones, Complex Generics

TECHNOLOGY



Among Top **75** pharma & Blotech companies in the world



17 world class facilities in India, USA, Czech republic, Argentina & Switzerland.



Branded & Generic

Formulations, Active Pharmaceutical Ingredients, Novel Molecular Entities & Specialty products. In Severe Dry, Psoriasis & Atopic Skin Conditions

Introducing

MaxRich

Powered by





Images of AD



eczema affecting the neck

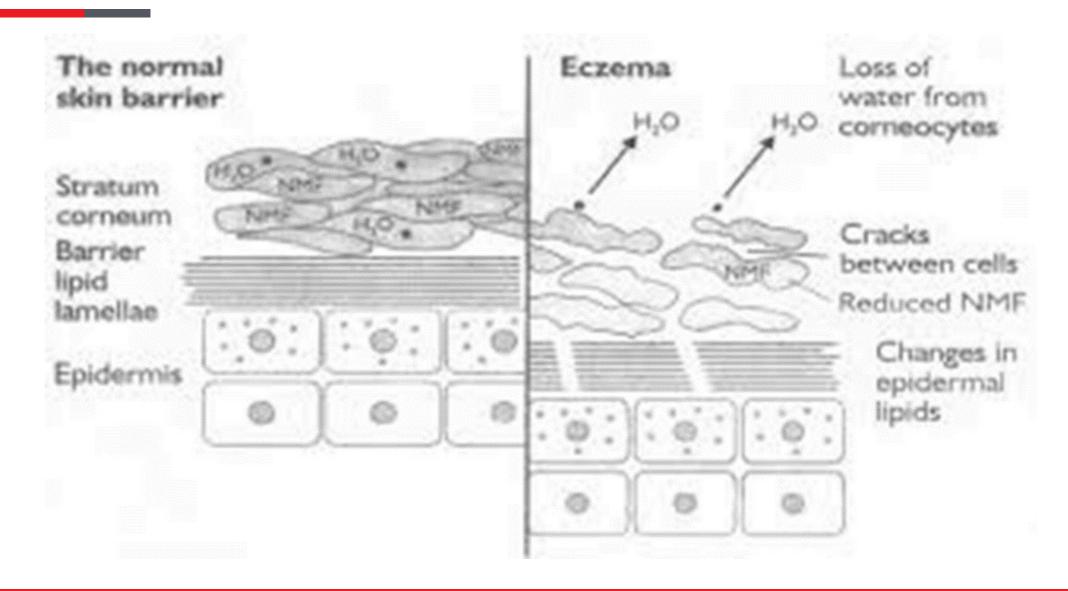


Flextural lesion



Eczema affecting the back

A skin barrier problem



Treatment

- Topical Steroids.
- Oral steroids
- Antihistamines to reduce pruritus
- Emollients
- Immunomodulator e.g. Tacrolimus
- . Antimicrobials , oral and topical.

NICE guidelines recommendations

Eczema management algorithm adapted from NICE⁵

Clear:	Mild:	Moderate:	Severe:
 Normal skin No evidence of active eczema 	 Areas of dry skin Infrequent itching (with or without small areas of redness) 	 Areas of dry skin Frequent itching Redness (with or without excoriation and localised skin thickening) 	 Widespread areas of dry skin Incessant itching Redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and alteration of skin pigment)
		-	-
Emollients	Emollients	Emollients	Emollients
	Mild topical corticosteroids	Moderate potency topical corticosteroids*	Potent topical corticosteroids**
			Consider wet wraps (see page 30) and referral for systemic therapies

^{*} Avoid use on face, neck, genitals or axillae for longer than 7-14 days

^{**} Avoid use on face, neck, genitals or axillae



Moisturisers are categorised as:

- **♦** Humectants
- Occlusives
- *****Emollients

Humectants

Attract water into the cells keeping them hydrated

Glycerin (glycerol)Urea

Occlusives

Work by slowing evaporation of water from the skin

- Squalene
- Cocoa butter

Emollients

Repair the skin barrier

- **❖** Shea butter
- Glycerides

MaxRich

- ✓ Eczema
- ✓ Psoriasis
- ✓ Severe dry skin conditions



Why use moisturizers?

According to Research shows that Eczema friendly moisturizers can

- ✓ Help heal the skin
- ✓ Relive the itch by relieving the dry skin
- ✓ Decrease the need for eczema medicine
- ✓ Prevent the skin from getting worse and more difficult to treat





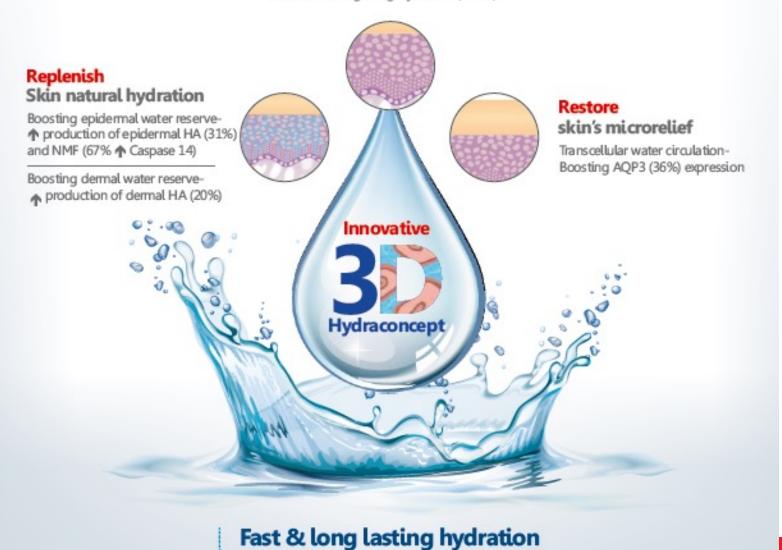


Repairs epidermal barrier

Boost Cholestrol synthesis to cement cells

↑ synthesis of Ceramides by 139%

Also reinforcing of tight junction (100%)





In addition to Aquaxyl,

MaxRich also has a combination of three important butters which further reinforces the barrier by their occlusive action

SHEA BUTTER: Rich in Vitamin A and plays very important role in skin moisturization



COCOA BUTTER: Reduces the dry skin and improves the skin elasticity



MANGO BUTTER: It is a wonderful emollient and keeps the skin soft and smooth



In Eczema, Psoriasis & Severe Dry Skin Conditions



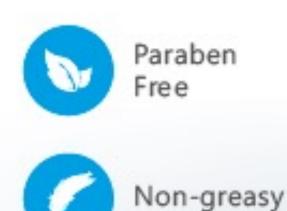
3 Dimensional Intense Moisturisation



24 Hour Hydration



Powered by Aquaxyl





Tacroz Forte





Indications:

- Moderate to Severe Atopic Dermatitis who are inadequately responsive or intolerant to conventional therapy in adults >16 years of age.
- Used in flare and maintenance phase (prolonging flare free interval)

Dosage and Administration:

- Flare Twice a day, continued until lesion clearance.
 - Try to reduce frequency or dose (0.03%), if condition allows
- Maintenance Once a day twice a week (Mon and Thu)
 - Max duration 12 months, then reassess the condition.

In Moderate to Severe Atopic Dermatitis,





- USFDA approved for treatment of Atopic Dermatitis
- Clinical improvement just after 2 weeks of treatment
- Effective over Head/Neck area with improvement after 3 months

- Better Efficacy than topical corticosteroids for long term treatment.
- Greater efficacy and safety than other TCI (Pimecrolimus)

Dosage:

Apply twice daily. Apply a thin layer of Tacrolimus 0.1% to the affected skin areas twice daily. Rub gently and completely. Treatment should be continued for one week after clearing of signs and symptoms of Atopic Dermatitis. Tacrolimus Ointment should not be used with occlusive dressings.





Sequential therapy





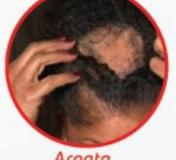
IAAD	Recommends	
J. U.L.	Recommends	

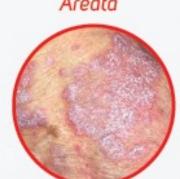
Phase*	Morning	Evening	Days	Duration
Induction	Tacrolimus	Steroid	Everyday	1-2 weeks
Transition	Tacrolimus	Tacrolimus	Weekdays	3-4 weeks
	Tacrolimus	Steroid	Weekends	
Maintenance	Tacrolimus	Tacro l imus	A ll Days	5-6 weeks
	Tacrolimus + Emollient	Tacrolimus + Emo ll ient	A ll Days	7-12 weeks

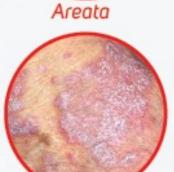
When the redness, dryness, scaling, swelling & itch of the skin reaches the mind!

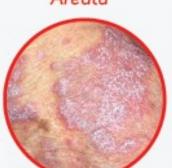












Planus



Dermatitis



Urticaria





Clobetasole Propionate Bp 0.05% W/W + Cream Base Q.S

POWERCORT

CREAM

Clobetasol Propionate is the strongest topical steroid approved for the treatment of inflammatory and pruritic manifestations of dermatologic disorders.²





Anti-inflammatory action

Immunosuppressive action

Anti-mitotic action

Clobetasol Propionate

Anti-pruritic action

Vasoconstrictive

shows

a potent

Offers Multi-level benefits³



More rapid and prolonged response relative to other potent class I and class II topical steroids.



Better efficacy in steroid-responsive eczemas (66% to 75% clearance rate).



Effective introduction of intermittent maintenance treatment schedules is possible.



Accelerated the rate of healing when combined with PUVA.



Is derma-safe; No cutaneous toxicity seen*











Aluminium Hydroxide Antacid Deglycyrrhizinated Liquorice Ulcer healing Magnesium Hydroxide Antacid Simethicone Anti flatulent



Ban The Burn

