

# Physician Views: An assessment of GlaxoSmithKline's Breo launch – Can Anoro do any better?

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## Abstracts

Set against the backdrop of a streamlined therapeutic focus, GlaxoSmithKline faced a challenging Q1 in the US respiratory segment despite its market-leading position in the asthma and chronic obstructive pulmonary disease (COPD) fields.

ViewPoints: Streamlined and refocused, but GlaxoSmithKline needs respiratory portfolio to deliver.

Quarterly sales of its established ICS/LABA combination Advair declined significantly due to its exclusion from some preferred formulary listings and increased rebating from AstraZeneca (which markets the competing Symbicort brand; Spotlight On: Q1 results provide first glimpse of success for US formulary blocking tactics). Furthermore, GlaxoSmithKline's newer once-daily ICS/LABA product – Breo Ellipta – failed to gain notable traction in Q1 with management citing Medicare Part D reimbursement coverage as the primary barrier to uptake.

Investors – and competitors in the asthma and COPD markets – will therefore be watching closely as GlaxoSmithKline launches Anoro Ellipta, its first-to-market LABA/LAMA combination. Although the launch of Breo has underwhelmed, will it provide valuable lessons for GlaxoSmithKline and is Anoro likely to enjoy a faster rate of adoption as it is differentiated more greatly from Advair?

Set against this backdrop FirstWord is polling 100 US-based pulmonologists this week to determine...

What specifically has acted as the primary factor in limiting any uptake of Breo

Ellipta?

What impact the future launch of generic Advair (potentially from 2016 onwards) is having on their prescribing habits for Breo?

How initial experience with Breo (patient/physician) has compared with Advair?

How important a launch (regarding level of unmet clinical need) they anticipate Anoro Ellipta to represent versus Breo?

To what percentage of total COPD patients they anticipate prescribing Anoro to two years post launch?

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