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Physician Views: As momentum grows for the SGLT-2 inhibitor class, can AstraZeneca's Farxiga move into Invokana's slipstream?

https://marketpublishers.com/r/P4AD65A3BEEEN.html
Date: January 2014
Pages: 0
Price: US$ 695.00 (Single User License)
ID: P4AD65A3BEEEN

Abstracts

Having fully acquired the joint venture that it previously operated with Bristol-Myers Squibb, the forthcoming US launch of Farxiga – approved by the FDA last week – will provide AstraZeneca an early opportunity to demonstrate its credentials in the diabetes market.

A less than straightforward regulatory process will see Farxiga reach the market as the second SGLT-2 inhibitor therapy, following the launch of Johnson & Johnson's Invokana last year.

First-to-market status has typically acted as a key determining factor in the subsequent commercial success of type 2 diabetes treatments, and since being launched, Invokana has delivered a stronger-than-expected performance.

As a result, the SGLT-2 inhibitor class has become rapidly established in the treatment paradigm, but it remains to be seen if Farxiga can find a suitable position in Invokana's slipstream.

While physicians have embraced the SGLT-2 class – with sizeable usage reported in metformin-refractory patients and a recent NEJM survey indicating that "second-line SGLT-2 competition versus DPP-4 inhibitors is a reality," according to analysts at Leerink Swann – it remains to be seen how Farxiga competes with Invokana.

Bearish analysts point to a lack of superiority for AstraZeneca's drug, which coupled with its slower progress to market (due to side-effect concerns) could also limit uptake. Nevertheless, with momentum growing for the SGLT-2 class, there could be an

opportunity for AstraZeneca to deliver some early success for its post-JV diabetes portfolio – albeit if ex-partner Bristol-Myers Squibb remains a beneficiary via sizeable royalty payments - Spotlight On: Why AstraZeneca's Farxiga approval is a win-win for Bristol-Myers Squibb.

FirstWord has this week polled US-based endocrinologists the following questions:

By what percentage they anticipate usage of SGLT-2 inhibitors to increase over the next 12 months?

Whether they would consider treating patients whom had discontinued treatment with Invokana (canagliflozin) - due to side-effect issues - with a second SGLT-2 inhibitor?

Whether they plan to prescribe Farxiga (dapaglifozin) in preference to Invokana and the reasons for doing so?

How significant superiority data for Invokana versus Januvia (sitagliptin) has been in driving usage of Invokana to date?

To what extent Farxiga's labelling – non-black-box warning relating to low cases of bladder cancer – will have on anticipated usage of the drug?

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