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Physician Views: Assessing the launch of GlaxoSmithKline's Breo Ellipta

https://marketpublishers.com/r/PCEA8445452EN.html
Date: January 2014
Pages: 0
Price: US$ 695.00 (Single User License)
ID: PCEA8445452EN

Abstracts

It remains early in the launch, but available evidence suggests that GlaxoSmithKline's Breo Ellipta – the first marketed ICS/LABA therapy for chronic obstructive pulmonary disease (COPD) that is administered once daily – is experiencing somewhat sluggish uptake in the US market.

Discussions with Theravance (GlaxoSmithKline's development partner for Breo) indicate that "results are according to plan," wrote Bernstein analyst Ronny Gal last week, who added "but for now it is tough to argue the launch has been a success."

Morgan Stanley's David Friedman argues that lower-than-expected prescriptions for Breo since launch suggest that consensus revenue misses for Q4 2013, 2014 and beyond are likely. Friedman moved last week to reduce his global 2020 sales forecast from $1.6 billion to $800 million - ViewPoints: Analyst halves mid-term forecast for GlaxoSmithKline's blockbuster hopeful Breo Ellipta.

Bloomberg consensus estimates remain at around $1.6 billion for 2018, but have been trimmed by approximately 10 percent over the past month; whether analysts feel compelled to more aggressively downgrade their outlooks (as per Friedman) in the coming weeks and months remains to be seen.

GlaxoSmithKline is not giving a great deal away but a notable caveat could be that it is waiting to step up promotion of Breo when it launches a second new COPD drug – Anoro Ellipta – which was approved by the FDA in December.

Breo is not only considered a key growth driver for GlaxoSmithKline – as a successor brand to its multi-billion dollar Advair/Seretide franchise – but could act as a notable

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barometer of commercial opportunity in the respiratory market, which is expected to undergo notable expansion over the next decade.

To try and better understand why Breo has delivered lower-than-expected uptake since launching in late 2013, this week's Physician Views poll will ask US-based pulmonologists:

Approximately how many COPD patients they have prescribed Breo Ellipta to?

What is acting as the most significant factor in limiting any current usage of Breo?

How significant an advancement they perceive the once-daily dosing of Breo versus the twice-daily dosing of Advair to be?

Whether they are concerned in any way that Breo's once-daily dosing will not provide full 24-hour 'coverage' – and thus require patients to 'top up' before their next dose?

How feasible they believe a 40 percent Advair-to-Breo conversion rate is?

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