

Physician Views: Biosimilar Lucentis – what opportunity?

<https://marketpublishers.com/r/P8DD27FCC29EN.html>

Date: October 2014

Pages: 0

Price: US\$ 695.00 (Single User License)

ID: P8DD27FCC29EN

Abstracts

With the initial focus of biosimilar antibody developers very much sharpened on the markets for TNF inhibitors (Remicade, Humira) and leading cancer MAb (Herceptin, Rituxan, Avastin), the opportunity for biosimilar Lucentis, for the treatment of wet age-related macular degeneration (AMD) has been very much overlooked.

Perhaps this is with good reason. There is a growing body of clinical evidence to suggest that the treatment paradigm for AMD will be shifted by new therapies currently in late-stage development, albeit in potential combination with VEGF inhibitors such as Lucentis, while the availability of compounded Avastin, used as an alternative to Lucentis at a much cheaper cost, adds further confusion to the market outlook.

Furthermore, a Physician Views poll run by FirstWord in July seemed to suggest that comfort levels towards prescribing Avastin in an off-label capacity for AMD are on the rise in Europe, where usage has always trailed that in the US (Physician Views Poll Results: European comfort levels for off-label Avastin use in AMD match US, but opportunity for new therapies persists).

FirstWord's Biosimilar Index reveals just one biosimilar Lucentis product in development; PF582 from the US player Pfenex. Duncan Emerton, senior director of FirstWord's syndicated Insights and Analysis – and author of the Biosimilar Index – notes that Pfenex has been touting the product significantly in recent months. 'Lack of competition would appear to position this as a masterstroke or misplaced investment,' adds Emerton. The company initiated its clinical development back in April and has guided towards a US/EU launch by around 2020.

To ascertain how biosimilar Lucentis may fit into the treatment paradigm for wet AMD,

FirstWord is polling US and EU5-based ophthalmologists and specifically asking them.

What proportion of wet AMD patients are currently treated with Lucentis?

How they would describe their current level of knowledge of biosimilars?

How likely is it that they would switch their wet AMD patients from Lucentis to biosimilar ranibizumab, assuming the biosimilar ranibizumab was approved for this indication?

How likely they would initiate any new wet AMD patients that they treat with biosimilar ranibizumab, assuming the biosimilar ranibizumab was approved for this indication?

What proportion of their wet AMD patients they would expect to prescribe biosimilar ranibizumab 12 months after approval for this indication?

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