

Physician Views: Five key diabetes market questions ahead of ADA 2014

<https://marketpublishers.com/r/PD5BC398564EN.html>

Date: April 2015

Pages: 0

Price: US\$ 695.00 (Single User License)

ID: PD5BC398564EN

Abstracts

This year's annual meeting of the American Diabetes Association (ADA) – which will take place June 13-17 in San Francisco – intersects the diabetes market at a notable point of evolution.

In the long-acting basal insulin market, the effective duopoly of Sanofi's Lantus and Novo Nordisk's Levemir appears to be reaching a conclusion. Over the next few years Lilly plans to launch one, or potentially two, therapies in this space; a novel insulin currently known as Peglispro which has demonstrated superior efficacy to Lantus and a biosimilar version of Sanofi's product which could be approved in Europe by the end of the year and in the US during 2016. In the same year, Novo Nordisk's Tresiba is widely expected to gain approval in the US, by which point Sanofi itself will likely have launched a successor product to Lantus now known as Toujeo.

See Physician Views Poll Results – Usage of Sanofi's U300 will not be limited to 'high-risk' Lantus patients, infer endocrinologists

Both Sanofi and Novo Nordisk will present data at ADA regarding Toujeo and Tresiba, respectively, which in each case will focus on how the new products are differentiated from Lantus, primarily in terms of hypoglycaemia control. Set against this backdrop of an evolving basal insulin market, Lilly's biosimilar Lantus data will receive great scrutiny, while investors and analysts will be looking to ascertain physician perception towards Lilly's Peglispro; another potentially superior insulin to Lantus but which retains some safety issues at this point.

In the oral diabetes market, there are two key trends to watch. In the GLP-1 agonist market, Eli Lilly and Boehringer Ingelheim's dulaglutide looks set to emerge as the most

viable competitor to Novo Nordisk's market-leading Victoza franchise. Dulaglutide has demonstrated comparable efficacy to Victoza but reduced weight loss potential (see ViewPoints: ADA Preview - Eli Lilly's dulaglutide fails to match Victoza's weight-loss profile – can it still compete?). Nevertheless, it provides a dosing advantage via its once-weekly profile versus daily administration for Victoza. Closer examination of the dulaglutide is widely expected to be one of the key focal points at the ADA meeting.

Building on the stronger-than-expected launch of the SGLT-2 inhibitor class in 2013 (driven primarily by Johnson & Johnson's Invokana) there is also notable enthusiasm for the combination use of drugs in this class with DPP-4 inhibitors. Both AstraZeneca and Eli Lilly as well as Boehringer Ingelheim will present data on these combinations at ADA; topline data in abstract form demonstrates increased efficacy versus the separate component agents and has prompted analysts to suggest that market share could be gained at the expense of the GLP-1 agonist market owing to the oral dosing of these combinations.

With these factors in mind, FirstWord is polling US and EU5-based endocrinologists on five key questions ahead of the ADA meeting, Specifically we are asking them

Whether they consider Eli Lilly's dulaglutide or Novo Nordisk's Victoza to have the best clinical profile based on currently available data

What level of end-user pricing discount they believe will be necessary to drive moderate uptake of Eli Lilly's biosimilar Lantus product

Their assessment of the commercial opportunity for Eli Lilly's peglispro in the basal insulin market based on currently available efficacy and safety data

Their anticipated peak usage of combination DPP-4/SGLT-2 inhibitor products

How they anticipate usage of these combinations may impact their prescribing of injectable GLP-1 agonists

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