

Type 2 Diabetes Mellitus: KOL Insight 2016

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Abstracts

Can top-ranked GLP1 agonists move out of the third-line setting?

GLP1 agonists may be the top-ranked type 2 diabetes mellitus (T2DM) treatment according to the American Association of Clinical Endocrinologists (AACE), but physicians pushing to move them up the treatment algorithm are finding their progress hindered by complicated market dynamics.

Get the details in T2DM: KOL Insight.

We interviewed 12 key opinion leaders (KOLs) from North America and Europe to get their candid thoughts on 18 recently marketed T2DM treatments, and 5 more currently in the pipeline.

You'll learn how GLP1 agonists are likely to fare in early treatment settings, whether SGLT2 inhibitors will see widespread use in the second line, how FDCs and longer-acting formulations affect compliance, and whether biosimilar insulin can bring much needed price relief to last line treatment.

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"The best drugs we have in the market are the GLP-1 analogues. They have safety data, and with the LEADER trial we now have positive cardiovascular outcome studies. They [GLP1s] have this body weight effect which is really attractive, so I'm giving it very rapidly in overweight patients" EU Key Opinion Leader

Take a tour of the report now:

Table of contents

Key questions answered

KOL quotes

List of the 23 therapies covered

Profiles of the 12 US & EU KOLs interviewed

Review an extract from the report - 1 drug profile

Sample of brands covered:

Trulicity (dulaglutide; Eli Lilly)

IDegLira/Xultophy (liraglutide (Victoza) and insulin degludec (Tresiba); Novo Nordisk)

Glyxambi (empagliflozin/ linagliptin; Boehringer Ingelheim/Eli Lilly)

Jardiance (empagliflozin; Boehringer Ingelheim/Eli Lilly)

Tresiba (insulin degludec; Novo Nordisk)

Plus 18 more – download the full list now

Sample of KOLS interviewed

Dr. Silvio Inzucchi MD. Professor of Medicine, Yale University School of Medicine, New Haven, USA

Jay S. Skyler, MD, MACP. Professor of Medicine, Paediatrics and Psychology and Deputy Director, Clinical Research and Academic Programmes, Diabetes Research Institute, University of Miami Miller School of Medicine.

Bernard Charbonnel, MD. Professor of Endocrinology and Metabolic Diseases, University of Nantes, France.

Professor Antonio Ceriello, MD. Head of the Research Department on Diabetes and CVD, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain.

Plus 8 more – download the full list now

Top Takeaways

KOLs pushing for earlier use of GLP1 agonists: Despite a top AACE ranking, GLP1 agonists face a steep climb up the treatment algorithm. Can new formulations and delivery systems improve their prospects?

SGLT2 inhibitors ready for take-off: They could see widespread use in the 2nd line, but their prospects hinge on the results of high-risk clinical trials. What potential “nightmare scenario” worries otherwise optimistic KOLs?

DPP4 inhibitors still widely prescribed, but for how long? KOLS point to several trends that may threaten their status as the go-to second line treatment. Find out what they are.

Mixed feelings about FDCs: Lower pill burden can increase compliance but choosing an FDC isn't always straightforward, KOLs say. What are their concerns, and how do they feel about newer SGLT2/DPP4 combinations?

Longer-acting formulations aren't always the answer: KOLs say that weekly formulations make sense for some classes of drugs, but are cost-prohibitive for others. Find out which is which?

Slow changes in the insulin market: How do KOLs view the newer brands that are gaining on the market leader? How do they expect insulin-based FDCs to be used?

Biosimilar insulin to bring much needed competition: KOLs expect both a drop in prices and increased pressure from payers. What are their thoughts on

interchangeability?

Is T2DM's "holy grail" in sight? KOLs say oral GLP1 agonists would revolutionise treatment. Can Novo Nordisk's pipeline oral semaglutide deliver on that promise? What are KOLs key concerns?

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