

Rheumatology

Expensive, injectable arthritis drugs dominate in rheumatoid arthritis. They may lose some clout if cheaper, convenient orals get approved. **Marc Iskowitz** reports on pills in late testing and how much of an advantage analysts think they could have

B iologic therapies have deep penetration into the rheumatoid arthritis (RA) market, but many patients with the disease are not being treated.

“A significant number of patients do not think their RA is that serious,” says James Salanty, divisional VP and GM for rheumatology, in the pharmaceutical products division of Abbott, maker of the injectable RA drug Humira. Abbott estimates half of RA patients are not being treated by a rheumatologist for their disease.

Resistance to injections is one of three main obstacles to patients getting on a biologic, a Credit Suisse survey found. Safety concerns and cost are the other two. In February, Abbott launched a disease awareness campaign to help consumers understand the role of treatment in preventing joint damage, an RA hallmark and one which the company says can occur no matter how much, or how little, pain patients feel. Salanty says a branded campaign will follow.

Could a drug given by mouth have appeal for the untreated, as well as for those already on therapy who want a more convenient, or cheaper, alternative? Perhaps most at risk from orals are the five leading TNF inhibitors: Amgen/Pfizer’s Enbrel, Johnson & Johnson/Merck’s Remicade and Simponi, Abbott’s Humira and UCB’s Cimzia. The stakes are also high for the back-up treatments Orenicia (Bristol-Myers Squibb), Actemra and Rituxan (Genentech), and Kineret (Biovitrium).

Many of these injectable biologics have expanded indications into disease states that are autoimmune-related—ulcerative colitis, Crohn’s disease, psoriatic arthritis, psoriasis and ankylosing spondylitis. Across these lines of therapy, the currently approved RA drugs generate more than \$12 billion in US sales, according to data from Wolters Kluwer Pharma Solutions (see chart, right).

The furthest along of the orals is

Pfizer’s JAK-3 inhibitor tofacitinib. So far, phase III data make it clear this is an effective drug. If approved, will it be used before existing drugs or, due to side effects, will it be used after?

Credit Suisse, which surveyed 50 high-prescribing rheumatologists, found that, if tofacitinib were priced close to biologics and showed radiographic benefits, respondents expected to use it in about 25% of new RA patients, rising to 35% if discounted.

Tofacitinib data have been mixed. While the agent met its primary endpoint in some phase III trials, Pfizer reported four patient deaths in the treatment arm of another. Still, data support tofacitinib “competing as an oral therapy in a largely injectable world,” much like Novartis’ oral multiple sclerosis drug Gilenya, writes Sanford C. Bernstein analyst Tim Anderson in an investor note.

A regulatory filing for tofacitinib is likely later this year, and there is always the possibility of rejection. If approved, it’s difficult to say how it will do against the injections until head-to-head trials—including one testing it against Humira—are fully read out later this year. Anderson models \$1.4 billion in worldwide annual sales for tofacitinib in 2015, and that only includes the RA setting.

“We only [forecast] a 50% chance [tofacitinib] will get approved at all, and if it does, its safety profile leans toward use in TNF-inhibitor refractory patients. So that gives it a sales potential of under a billion dollars,” counters Ben Weintraub, PhD, director of research, Wolters Kluwer *inThought*.

Also in step with Pfizer’s play for the oral market are Rigel and AstraZeneca, whose Syk inhibitor fostamatinib (R788) is in phase III. ■



The next installment of MM&M’s Therapeutic Focus will be August’s look at infectious disease products

TOP 40 RHEUMATOLOGY PRODUCTS, 2010

Category leaders, ranked by 2010 US sales, and their media spend

Rank	Product	Manufacturer	US sales dollars (millions)*	% change vs. prior 12 mos.	TRx count (thousands)	TRx % change vs. prior 12 mos.	US media spend dollars (thousands)**	Media spend % change vs. prior 12 mos.
1	Enbrel	Pfizer/Amgen	\$3,304.0 [†]	1.0%	1,420.5	2.1%	\$72,444.1	-17.6%
2	Remicade	J&J/Merck	\$3,099.0 [†]	0.4%	48.0	-2.7%	\$458.0	-94.1%
3	Humira	Abbott	\$2,800.0 [†]	12.0%	1,288.1	13.0%	\$34,243.3	-55.3%
4	Rituxan	Roche/Biogen	\$2,759.2 ^{††}	3.5%	7.8	-10.5%	\$2,268.4	-15.9%
5	Copaxone	Teva	\$2,287.0 [†]	19.0%	540.2	7.5%	\$142.3	-79.7%
6	Celebrex	Pfizer	\$1,778.7	-4.5%	10,153.5	-9.5%	\$33,996.8	-52.1%
7	Avonex	Biogen Idec	\$1,491.6 [†]	6.1%	315.6	-1.5%	\$828.5	39.6%
8	Meloxicam	Generic	\$1,077.1	15.3%	17,654.2	17.8%	\$0.0	N/A
9	Rebif	Pfizer/Merck KGaA	\$710.6	17.1%	274.6	7.7%	\$458.7	18.1%
10	Betaseron	Bayer	\$626.8 [†]	-1.3%	175.1	-7.5%	\$285.8	-50.1%
11	Asacol	Warner Chilcott	\$599.7	-4.9%	1,438.1	-17.2%	\$0.0	-100.0%
12	Orencia	Bristol-Myers Squibb	\$547.0 [†]	17.0%	16.9	-22.6%	\$34,263.2	-41.5%
13	Stelara	Johnson & Johnson	\$393.0 [†]	N/A	23.4	975.5%	\$39,954.8	>999
14	Entocort EC	Prometheus	\$330.7	45.8%	374.4	4.7%	\$0.0	N/A
15	Synvisc-One	Genzyme	\$304.8	119.1%	32.8	88.9%	\$7,917.0	-8.3%
16	Naproxen	Generic	\$294.3	3.8%	15,457.4	2.6%	\$0.0	N/A
17	Lialda	Shire	\$292.1	33.0%	609.8	16.9%	\$1,347.2	48.4%
18	Tysabri	Biogen Idec/Elan	\$252.8 [†]	9.1%	12.2	-6.5%	\$2,267.2	132.0%
19	Cimzia	UCB Pharma	\$246.9 ^{†c}	137.0%	107.3	162.4%	\$21,090.0	>999
20	Pentasa	Shire	\$238.9	8.4%	476.4	-6.7%	\$170.1	0.4%
21	Simponi	J&J/Merck	\$226.0 [†]	N/A	82.0	260.9%	\$72,324.7	828.5%
22	Diclofenac sodium	Generic	\$202.1	3.0%	6,950.8	2.5%	\$0.0	N/A
23	Clobex	Galderma	\$174.5	16.4%	512.2	-1.1%	\$374.2	-39.5%
24	Methotrexate	Generic	\$173.9	7.6%	5,375.3	3.7%	\$0.0	N/A
25	Leflunomide	Generic	\$161.7	21.3%	718.7	3.7%	\$0.0	N/A
26	Synvisc	Genzyme	\$153.0	-27.0%	29.7	-28.9%	\$16.4	-99.6%
27	Clobetasol propionate	Generic	\$131.4	1.3%	4,407.2	7.0%	\$0.0	N/A
28	Allopurinol	Generic	\$124.4	5.3%	14,109.2	3.7%	\$0.0	N/A
29	Nabumetone	Generic	\$118.9	-8.5%	3,522.4	-8.4%	\$0.0	N/A
30	Euflexxa	Ferring	\$117.7	42.8%	27.7	12.8%	\$268.0	-39.4%
31	Hydroxychloroquine sulfate	Generic	\$116.5	2.3%	4,062.0	6.7%	\$0.0	N/A
32	Kenalog-40	Bristol-Myers Squibb	\$112.0	8.4%	38.1	3.4%	\$0.0	N/A
33	Canasa	Aptalis	\$100.8	2.8%	236.2	-1.8%	\$14.3	-55.4%
34	Desoximetasone	Generic	\$95.8	9.2%	1,298.8	-0.1%	\$0.0	N/A
35	Asacol HD	Warner Chilcott	\$89.5	661.2%	202.7	668.7%	\$213.0	-47.0%
36	Uloric	Takeda	\$85.9	240.0%	526.5	222.9%	\$44,831.8	>999
37	Etodolac	Generic	\$74.3	-11.8%	2,584.0	-5.8%	\$0.0	N/A
38	Colchicine	Generic	\$55.5	100.0%	3,561.9	-2.4%	\$0.0	N/A
39	Colcrys	URL Pharma	\$51.8	841.9%	157.4	9,488.6%	\$973.7	694.3%
40	Actemra	Genentech	\$50.5	N/A	3.1	N/A	\$5,090.6	N/A

*Integrated wholesale acquisition cost sales, unless noted
 **DTC/journal spend

Note: TRx count includes retail only. List includes products FDA indicates as approved for treating rheumatoid arthritis, psoriasis, lupus, Crohn's disease, ulcerative colitis, gout, ankylosing spondylitis and multiple sclerosis.

Sources: Sales/TRx, Wolters Kluwer Pharma Solutions, company reports; media spend, SDI/Kantar Media

† Company reported sales

‡ >90% of sales from oncology settings

c Includes Canada