

The glyceemic

L-R: John Spera, brand director, Victoza PCP marketing; Will Bainbridge, VP, Victoza brand; and Jeff Fayer, brand director, Victoza patient marketing



By the time you read this, Victoza should have earned its blockbuster stripes for chalking up a billion dollars in global sales for 2011. On the face of it, this is the story of a superior second-to-market treatment that quickly wrestled market leadership from the incumbent. But that's not the whole story.

Victoza, a non-insulin injectable GLP-1 receptor agonist for patients with Type 2 diabetes, was approved by the FDA in January 2010. For almost five years, Lilly/Amylin's Byetta (exenatide) had been the lone GLP-1 injectable, but Novo Nordisk's new drug boasted a 97% similarity to endogenous human GLP-1 (versus Byetta's 53%) and a big once-a-day dosing advantage.

Remarkably, by last summer, Victoza had claimed more than 50% of the US GLP-1 market and considerably more globally, according to IMS Health (see chart). And while sales of Byetta had hardly plummeted, Victoza had succeeded in growing the market considerably and reaping the benefits.

It was clear that, rather than simply taking the line of least resistance and hammering away at Byetta, Novo was looking beyond the GLP-1 class and was also taking on the fastest-growing market in diabetes, the mighty DPP-4s—namely, the oral treatments Januvia (Merck), Onglyza (Bristol-Myers Squibb/AstraZeneca) and Tradjenta (Boehringer Ingelheim/Lilly).

"Because [Victoza] is such an incredible product, it behooved us to not simply limit our activities to just targeting GLP-1 therapies such as Byetta, but also coming after the DPP-4s," says Will Bainbridge, VP, Victoza brand.

"But, quite frankly, we weren't sure how well real-world doctors

