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The market for Alzheimer's disease (AD) pharmacotherapies offers enormous commercial opportunity driven by considerable unmet need and looming societal burden. The AD population is poised to grow rapidly over the next ten years as the baby boomer generation ages, simultaneously increasing the treatable patient pool and straining healthcare resources. Moreover, approved treatments today comprise a handful of symptomatic therapies that offer only modest efficacy of limited duration. Two critical unmet needs in AD treatment remain: the development of bona fide disease-modifying therapies (DMTs) that are capable of slowing disease progression, and the launch of improved symptomatic adjuncts, including those for behavioral deficits. Despite a perennially high rate of attrition, the late-phase pipeline in AD remains full and diverse, comprising a range of promising symptomatic and disease-modifying candidates. At this time, we forecast the launch of six potential DMTs targeting the amyloid cascade—Roche/Genentech/AC Immune’s crenezumab, Biogen/Neurimmune’s aducanumab, Merck’s verubecestat, AstraZeneca/Eli Lilly’s AZD-3293, Biogen/Eisai’s elenbecestat, and vTv Therapeutics’ azeliragon—which will dramatically expand the AD market. Additionally, we forecast the launch of two behavioral therapies, Lundbeck/Otsuka’s Rexulti and Avanir’s AVP-786 for the treatment of agitation associated with AD. However, owing to as-yet uncertain clinical benefits for any emerging candidates, and lingering questions about the clinical efficacy, safety, and fundamental launch prospects of putative DMTs, we expect investigational products will only partially fulfill the need for therapeutic advances should they launch, leaving ample room for superior;

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