

World Anti-Obesity Drug Market 2011-2021

3. The World Anti-Obesity Treatments Market, 2011-2021

Sales figures in this report are for the respective world market, or market segment, unless stated otherwise. Sales data for 2009 are taken from manufacturers' reports and values for later years (2010 onwards) are whole year estimates (January to December) by visiongain.

3.1 Anti-Obesity Drug Sales from 2009 Onwards: Market Overview

There is a rise in unmet needs in the market with high prevalence of obesity and few widely-accepted treatments available. Some leading drugs have recently faced adverse publicity as a result of side-effects. In September 2010, Abbott Laboratories voluntarily withdrew its long-term weight-loss drug, Meridia, from the US market, after a study that showed the active ingredient, sibutramine, raised the risk of heart problems in some patients.

The removal leaves orlistat as the only FDA-approved long-term weight loss drug on the market. The drug restricts fats from being absorbed into the body and is available by prescription as Xenical and over-the-counter as alli. However, it comes with unpleasant gastrointestinal side effects if patients do not adhere to a low-fat diet, reports indicate.

3.2 Leading Companies and their Products

In 2009, Roche was the market leader with the highest selling anti-obesity drug, Xenical, achieving revenues of [REDACTED]. Xenical faced patent expiry in December 2009; this event has given generic companies manufacturing orlistat variants access to the market in the coming years, which can affect overall sales for Xenical. Following closely behind was Abbott with [REDACTED] and a [REDACTED] market share.

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GlaxoSmithKline also entered into this market in 2007, with their OTC version of Xenical, alli reaching sales of [REDACTED] in 2009 (see Table 3.1-3.2).

Sanofi-Aventis also achieved revenues of [REDACTED] in 2009, from the sale of its anti-obesity drug, Dintinel. Visiongain predicts that in the next five years, sales of these individual drugs will start to fall due to a lag in sales due to subsiding momentum and patent expiry of Xenical. However we predict that, owing to restrictions in Reductil/Meridia availability in many national markets, Xenical and the OTC variant alli will continue to be market leaders until around 2012, as two pipeline drugs have recently been rejected by the FDA.

The anti-obesity drug market has potential for growth and will continue to grow in the next decade owing to a surge of newer, stronger contenders in the anti-obesity treatments market. The top 10 companies' leader board will change over our forecast period.

3.3 Current Challenges with Anti-Obesity Drugs:

3.3.1 Difficulties with Xenical, Alli and Reductil

Orlistat received a label update earlier in 2010 after a FDA review found 13 instances of liver injury in orlistat users. One case of liver injury reportedly involved alli, whereas the other reported instances occurred in people taking Xenical. During this same time period, approximately 40 million people around the world used one of those weight-loss products. The alleged problems therefore appear to be rare. The FDA and other regulators of leading pharma markets are known for being more risk averse after the Vioxx difficulties last decade, we note.

While a definite link between orlistat and liver injury has not been established, the FDA believes that patients should tell their doctors if

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they experience signs of liver problems. Likewise, doctors should tell their patients to stop taking orlistat if a liver injury is suspected, reports indicate.

Orlistat is also known to come with some unpleasant gastro-intestinal side effects if patients do not adhere to a low-fat diet. As mentioned before, Abbot Laboratories voluntarily withdrew Reductil/Meridia from major markets in late 2010, followed by the ban in Europe and claims that sibutramine in the formulation is linked to cardiovascular disorders.

3.3.2 Challenges with Acomplia

Sanofi-Aventis' Acomplia (rimonabant) had previously been predicted to seize much of the anti-obesity market on its launch. It is one of a new type of drug, cannabinoid receptor 1 antagonists, which suppress appetite by blocking the receptor in the brain responsible for hunger pangs. It was under investigation for multiple indications including atherosclerosis, smoking cessation (nicotine withdrawal), schizophrenia, type II diabetes, and obesity.

Its novel mode of action was a refreshing and promising way of tackling obesity and other conditions, and was described as the first of a new generation of drugs that could transform obesity from a small market into one that generates considerable revenues for the pharmaceutical industry worldwide.

Although earlier regulatory hurdles had hindered Acomplia's release in the US, it was expected to soon be approved. In June 2007, the FDA voted to reject rimonabant amid concerns about psychiatric side-effects. Adverse event reports alleged that rimonabant causes depression and anxiety; severe depression and suicidal thoughts have also apparently been reported.