Product Profiles: Depression - Next generation vies for second-line patients

Description: Patents for the current market-leading depression brands are due to expire in the major markets between 2012 and 2015, by which time competition in the market will be at its fiercest. In order to flourish in this harsh environment, new antidepressants must be sufficiently differentiated from conventional monoamine neurotransmitter reuptake inhibitors.

Scope:
- Understand Datamonitor's independent appraisal of marketed brands and key pipeline agents indicated for treating depression.
- Illustrate how pipeline and marketed drugs compare to one another in terms of clinical and commercial attributes.
- Review important clinical developments for key pipeline agents with analysis of the latest clinical trial data.
- Understand how marketed brands are positioned in the depression treatment algorithm and how they are perceived by psychiatrists.
- Determine to what extent future therapies satisfy the main clinical unmet needs in depression treatment.

Highlights:
- Datamonitor's physician survey reveals that psychiatrists perceive Forest's and Lundbeck's selective serotonin reuptake inhibitor Lexapro (escitalopram) to be the leading depression treatment, with a superior efficacy and tolerability profile to other antidepressant brands.
- Forest's Viibryd (vilazodone) has the hallmarks of a new blockbuster – a novel mode of action, favorable tolerability, and the marketing prowess of Forest. Viibryd will be well received due to its good tolerability, although commercial success comparable to Lexapro will be unattainable as more innovative competitor drugs near the US market.
- TC-5214, under development by AstraZeneca and Targacept, had previously shown potential in the treatment-resistant population. However, the first two trials from a large Phase III program disappointed, failing to separate TC-5214 from placebo. Additional data are due in H1 2012, although Datamonitor is expecting further negative outcomes.

Reasons to buy:
- What is the gold-standard drug for depression?
- How are marketed brands positioned in the depression treatment algorithm?
- Which are the most likely drugs to emerge from the pipeline and how will they impact the way depression is treated?
- What are the comparative strengths and weaknesses of the key depression brands and pipeline candidates?

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