

Strategic Assessment: Semaglutide Repurposing

Evaluation of Commercial Viability in Addiction Disorders (AUD) and Comparative Market Analysis

Executive Summary

This report synthesizes intelligence from IQVIA, EXIM, Patent, and Clinical data streams to evaluate the strategic viability of repurposing Semaglutide for Addiction Disorders (specifically Alcohol Use Disorder - AUD).

The global Semaglutide market is currently valued at **\$28.5 Billion (2024)**, dominated by Type 2 Diabetes and Obesity indications. However, as the obesity market becomes hyper-competitive with new entrants, identifying "White Space" opportunities is critical for lifecycle extension.

Key Findings

- **Market Opportunity:** The Addiction (AUD) therapy area represents a "Nascent" growth stage with low price competition and high unmet need, contrasting sharply with the "Red Ocean" dynamics of the Diabetes sector.
- **Supply Chain Viability:** API costs have declined to **\$4.40/g** in Q3 2024, improving margins for lower-priced indications. However, a high import dependency on India (82%) and China poses geopolitical supply risks.
- **IP Constraints:** While composition of matter patents expire in 2026, Novo Nordisk holds a high-risk dosing regimen patent (US10765789) valid until 2031, necessitating a careful Freedom-to-Operate (FTO) strategy.

1. Market Dynamics & Growth

Data from the IQVIA Insights Agent indicates a robust growth trajectory for the molecule, with a global CAGR of 18.2%. The Indian market, while smaller (\$1.2 Bn), is outpacing global growth at 21.0%, signalling a key emerging market for future commercialization.

1.1 Global Market Forecast

The market is projected to expand from \$18.7 Bn in 2023 to nearly \$34.2 Bn by 2025. This growth is largely fueled by the label expansion into obesity.

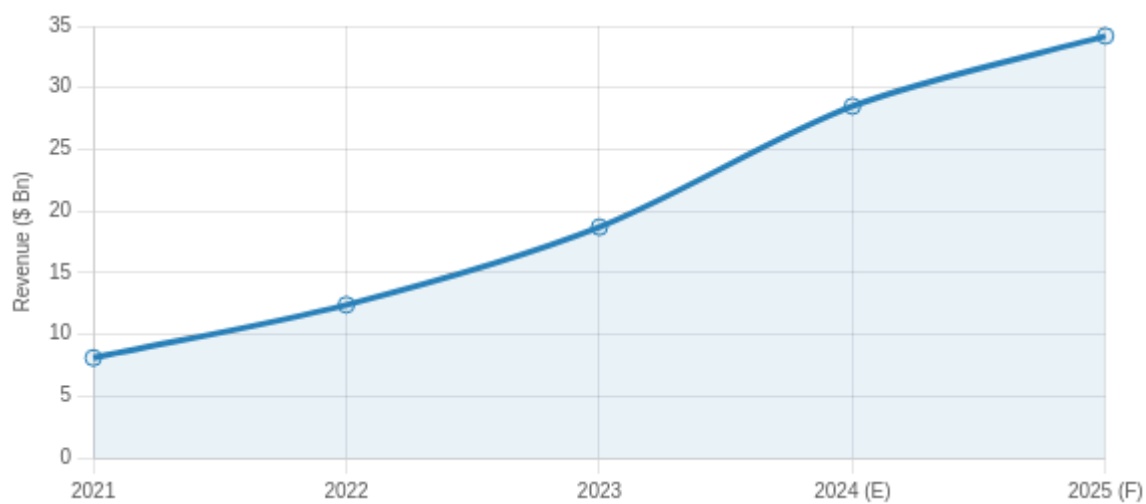


Figure 1: Global Market Forecast 2021–2025 (USD Billions)

1.2 Therapy Area Shift

We are observing a structural shift in sales volume. While Diabetes remains the foundational volume driver, the Obesity segment has nearly doubled its unit contribution between 2022 and 2024.

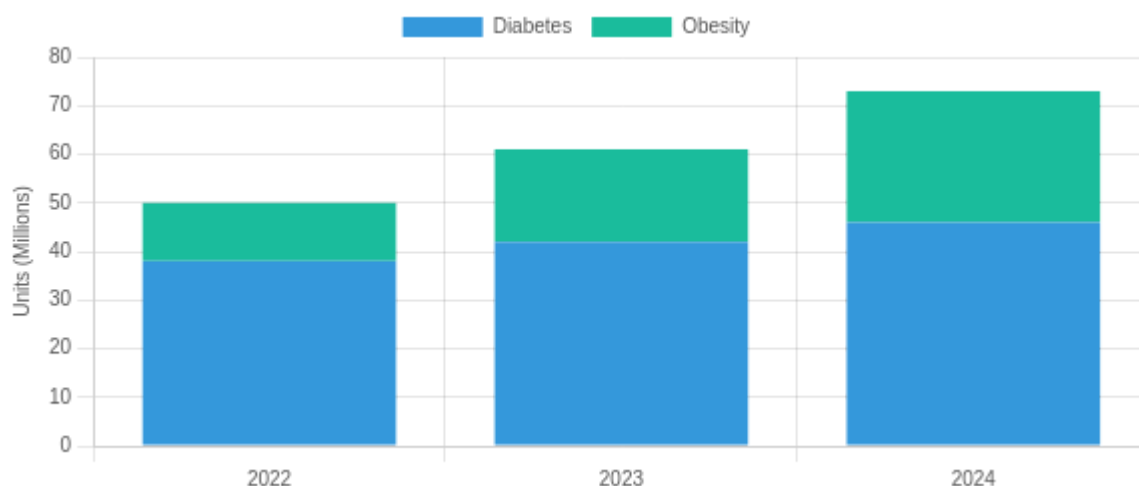


Figure 2: Sales Volume Shift by Therapy Area (Millions of Units)

1.3 Competitive Density

The competitive landscape varies significantly by indication. The "White Space" strategy relies on entering markets where branded competition is low.

Therapy Area	Competitive Intensity	Dominant Players	Growth Stage
Diabetes	High (6 Branded Products)	Novo Nordisk, Eli Lilly	Mature
Obesity	Moderate (3 Branded Products)	Novo Nordisk (Wegovy), Lilly (Zepbound)	Hyper-growth
Addiction (AUD)	Low (3 Generic/Older options)	None (Fragmented)	Nascent

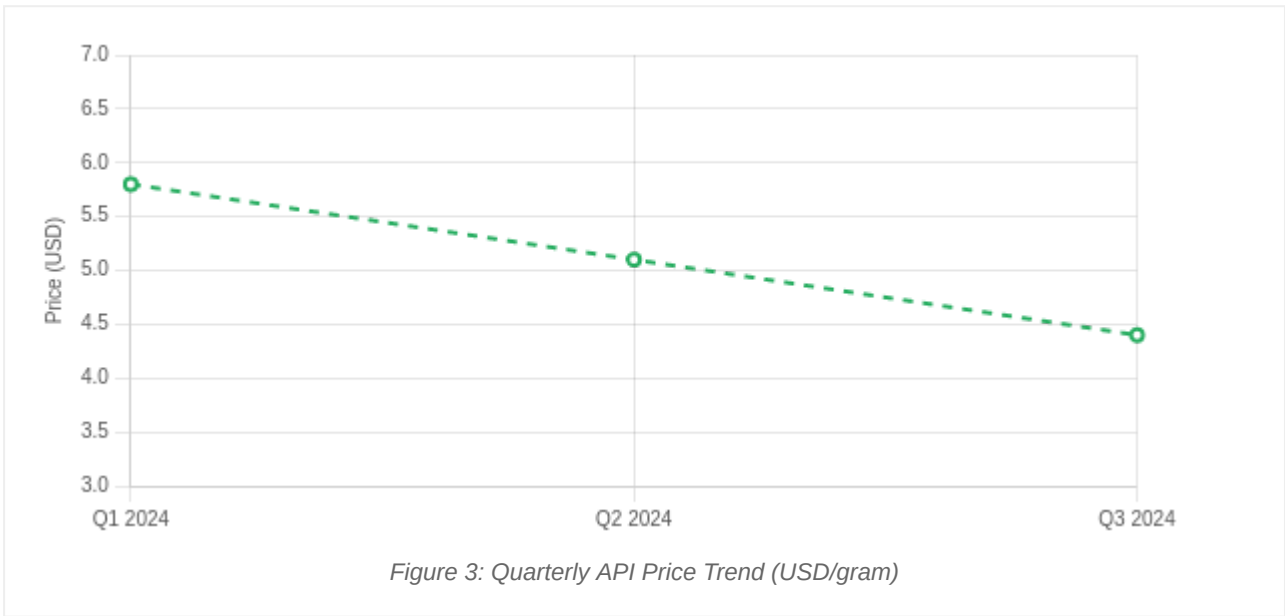
2. Supply Chain & Trade Intelligence

The EXIM Trends Agent has analyzed API sourcing flows to determine the feasibility of supporting a high-volume, lower-margin indication like Addiction Disorders.

2.1 Cost Feasibility Analysis

A critical enabler for repurposing into Addiction markets—where payer reimbursement caps are generally lower than Diabetes—is the unit cost of the Active Pharmaceutical Ingredient (API).

Trend: API prices have dropped from \$5.80/g in Q1 2024 to \$4.40/g in Q3 2024. This 24% reduction in COGS supports the financial viability of a value-based pricing strategy for AUD.



2.2 Sourcing Risk Assessment

Despite favorable pricing, the supply chain exhibits significant concentration risk. Analysis of import data

reveals a heavy reliance on two primary jurisdictions.

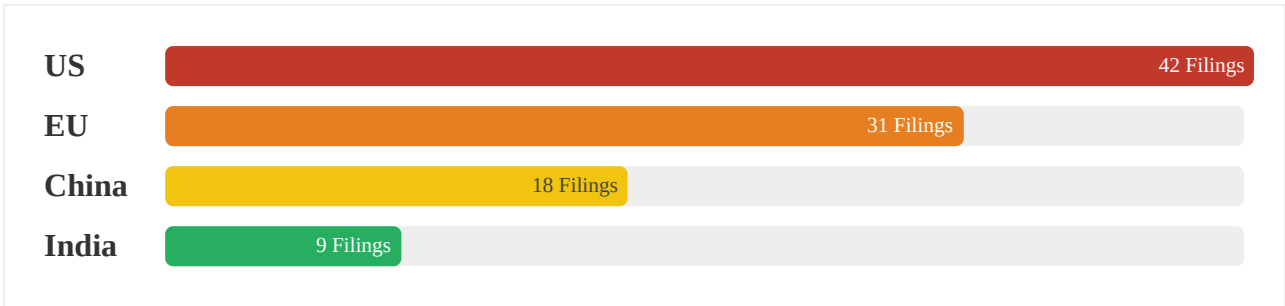
Target Market	Dependency Ratio	Primary Source Countries	Risk Level
India	82%	Denmark, China	High
European Union	55%	Denmark	Medium

Trade Insight: "Chinese peptide manufacturers are increasing capacity by 62% YoY (Q2 vs Q3 2024), effectively commoditizing the API supply. This diversification reduces reliance on the originator's ecosystem."

3. Intellectual Property & Clinical Landscape

3.1 Patent Filing Heatmap

The Patent Landscape Agent reports high filing intensity in the US and EU, protecting core metabolic indications. However, the filing density drops significantly in secondary markets like India, potentially offering earlier entry opportunities.



3.2 Freedom to Operate (FTO) Risks

While the primary composition of matter patent (WO2004064120) expires in 2026, the key barrier to entry for an addiction indication lies in dosing regimen patents.

- Patent US10765789 (Expires Oct 2031):** Covers methods for administering semaglutide at extended dosing intervals.
- Mitigation Strategy:** Development of a novel titration schedule or alternative delivery mechanism (e.g., sublingual) to bypass method-of-use claims.

3.3 Clinical Pipeline Analysis

The Clinical Trials Agent identified 27 active trials relevant to this assessment. The majority are in Phase III, indicating a mature pipeline for the molecule itself, though addiction-specific trials remain largely academic.



Sponsor	Focus Area
Novo Nordisk	Diabetes, Obesity
NIH / NIAAA	Alcohol Use Disorder
Academic Consortium	Behavioral Medicine

Figure 4: Trial Phase Distribution

4. Strategic Synthesis & Recommendations

4.1 Internal & External Signal Alignment

The Internal Knowledge Agent retrieved "Memo-518", authored by the Therapy Area Strategy Lead. This document highlights a strategic intent to pivot towards CNS-adjacent indications.

This aligns strongly with external Web Intelligence signals. Recent publications in *Nature Medicine* (2024) suggest that "GLP-1 receptor agonists may attenuate reward-driven behaviors beyond metabolic regulation," providing the scientific rationale for the strategic pivot.

4.2 Strategic SWOT Analysis

STRENGTHS

- Established safety profile (Phase III data).
- Declining API costs (\$4.4/g).
- Strong internal commercial readiness.

WEAKNESSES

- High import dependency (82% India).
- Lack of proprietary addiction clinical data.

OPPORTUNITIES (WHITE SPACE)

- Addiction (AUD):** High unmet need, low competition.
- NASH:** Very high unmet need, high pricing power.

THREATS

- Patent US10765789:** Dosing regimen block until 2031.
- Geopolitical:** Supply chain disruption from China/India.

4.3 Final Recommendation

Based on the convergence of falling API costs, high competitive density in core metabolic indications, and

emerging clinical signals for reward-pathway modulation, **we recommend initiating a Phase IIb Proof-of-Concept study for Alcohol Use Disorder (AUD).**

This strategy leverages the "White Space" identified by the IQVIA agent while utilizing the supply chain insights from the EXIM agent to ensure cost-viability. FTO risks regarding dosing frequency must be addressed via a proprietary titration schedule.

Approved By:
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