

Article Title: Lilly's obesity portfolio in 'all-of-the-above mode'

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Eli Lilly is in “all-of-the-above mode” in obesity, with the research teams moving as fast as possible to advance an oral candidate and build a portfolio of complementary treatments.

The company is advancing the oral therapy orforglipron, testing new doses for tirzepatide—known as Mounjaro as approved for diabetes—as well as preparing a slate of earlier stage candidates to further deepen the possible weight loss seen with the GLP-1 class. The sprawling obesity research program was the headline from Lilly’s third-quarter earnings call held Thursday.

Analysts tried to tease out any concerns Lilly may have on safety issues for orforglipron, the Indianapolis pharma’s next-gen oral GLP-1 agonist, and other late-stage obesity trials underway. While the company brushed off concerns of liver toxicity last quarter in light of Pfizer’s decision to drop an oral obesity candidate for that reason, the questions still came fast and furious.

“We’ve invested quite a lot in those phase 3 programs. They’re robust, cover multiple indications, so there’s no hesitation or trepidation there at all,” said Dan Skovronsky, M.D., Ph.D., Lilly’s chief scientific and medical officer, as well as president of Lilly Research Laboratories.

Asked why Lilly is testing higher doses of tirzepatide, a combo GLP-1 and GIP agonist, which is already approved for diabetes but is also awaiting an FDA decision in obesity, Skovronsky said the company believes they haven’t truly maximized dose response yet. Higher doses are therefore being tested in phase 2.

“We’ve had enough patients on this drug for long enough that I expect the risk of uncovering a new safety signal with sort of marginally higher doses is extremely low, so not worried about that at all,” he said.

Skovronsky also urged investors not to pit one obesity program against the other in Lilly’s pipeline: “That’s not really the mindset in which we’re pursuing this.

“We see ourselves as a leader in the space and have a unique opportunity. And our goal is to exploit every single idea until we get data that says we shouldn’t,” Skovronsky said. “So high dose tirzepatide is just another version of that. But it doesn’t have read-through to other things. We’re just in all-the-above mode in obesity.”

One massive hurdle Lilly—and other key players in the space like Novo Nordisk—is going to have to overcome is treatment adherence. Data shows that patients must stay on GLP-1s to maintain weight loss. Once they stop taking the injectable treatments, appetite comes back and weight returns.

