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"We intend to be a leader in the Asia Pacific region"

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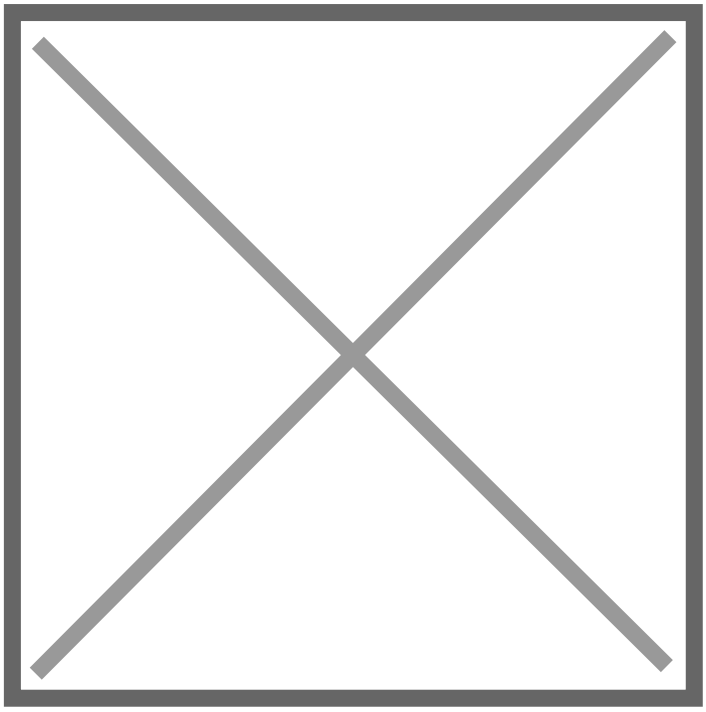
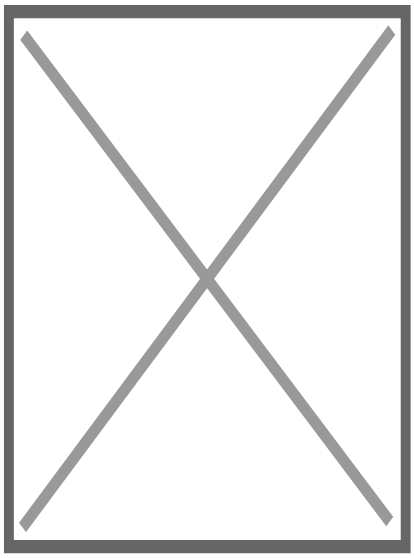


"We intend to be a leader in the Asia Pacific region"



-Alfonso "Chito" Zulueta, president, Asian operations, Eli Lilly and Company

By 2020, close to half of the world's diabetes population will come from Asia, with five out of the largest six countries affected by diabetes being China, India, Pakistan, Indonesia, and Bangladesh. As a leader in diabetes, Lilly is committed to providing both therapeutic and non-therapeutic solutions for the treatment of diabetes in these countries and throughout the world. Alfonso Zulueta, president, Asian operations, Eli Lilly and Company, tells BioSpectrum the views of his company in diabetes treatment.

How large is Asia Pacific diabetes business for Lilly?

Asia is amongst the fastest growing regions and an increasing portion of Lilly's global diabetes business. Lilly is clearly aware of the needs in these regions and we are committed to meeting them. India and China lead the world in diabetes prevalence, so meeting this huge need is critical for patients.

Can you elaborate on your focus in the APAC markets and about revenues from the diabetes business stream?

As part of our global strategy, we have made significant investments in the past years in areas ranging from new product registrations to efforts related to diabetes awareness, treatment, and clinical research activity. During the past two years in China, we have more than tripled the size of our diabetes sales staff and increased substantially our promotional investment, resulting in Lilly gaining significant market share. In addition, we have on-going collaborations with medical organizations and NGOs to improve the diagnosis and treatment rates of diabetes in China, India and other parts of Asia.

What are the major challenges that your company faces in the Asia Pacific region?

For Lilly, intellectual property protection, regulatory approvals and pricing can be unpredictable. However these areas are slowly improving and we hope to continue working with the various countries in the region to continue this progress. We are very confident that the Chinese and Indian governments are committed to providing meaningful intellectual property protection and look forward to working together on these important issues.

How is Eli Lilly faring globally and in APAC region in this portfolio?

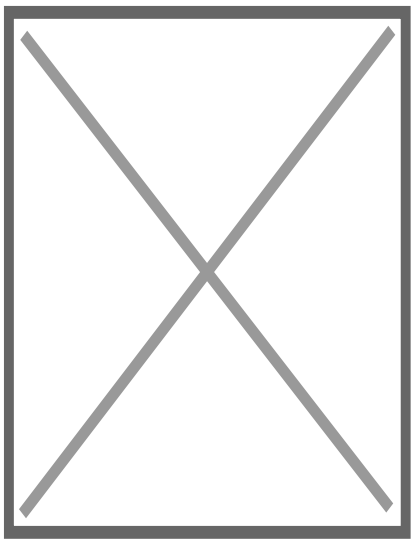
Lilly has a strong history in the treatment of diabetes globally and we plan to continue this presence by providing the right solutions, both therapeutic and non-therapeutic, to meet the needs of patients. This includes making the right investments in the region to ensure that we compete effectively.

What are the latest developments at Eli Lilly aimed at reducing diabetes burden?

Recently, we announced two major partnerships within the Asia Pacific region that we believe will be very helpful in raising awareness of diabetes and its treatment. The first is a partnership with Project HOPE, an international health education and humanitarian assistance organization. Serving as one of the corporate partners, we announced the implementation of the India Diabetes Educator Project, which is the first-large scale initiative to train and educate health-care professionals in India about the disease. We have co-sponsored similar efforts with Project HOPE in China since the late 1990s that have resulted in the development of 10 diabetes training centers. In October 2007, we also announced a new partnership with the Chinese Diabetes Society and the European Association for the Study of Diabetes. Supported with a Ã¢â??Â¬1.8 million grant by Lilly, this partnership aims to promote collaborative research efforts between Europe and China.

Jahanara Parveen

"We cater to specialized doctor segments"



-Sandeep Gupta, managing director, Eli Lilly & Company India

What is the product portfolio of Eli Lilly in India?

We are basically into four broad areas as under. First and foremost is our diabetes care business that comprises 60-65 percent of our entire sales turnover. Under this category we have a whole range of products including human insulin (cartridges and vials) and human insulin analogs.

We have just launched Byetta (exenatide) for type 2 diabetes. We are also into oncology segment wherein we have two products. There are two products also in the critical care business: one aimed at improving outcomes after coronary angioplasty (heart) and the other used in treatment of severe sepsis. In the area of women's health we have a drug for the treatment of severe osteoporosis.

What have been the major product launches in the last one year?

We have had three product launches over the last one year. The first one was the launch of Humalog (insulin lispro) disposable pen, which is an advanced disposable device that offers convenience to patients. It is a prefilled injection. Next in line, we launched Alimta (pemetrexed), which is for the second line treatment of NSCLC (non small cell lung cancer). Very recently we launched Byetta (exenatide).

How is the company focusing on R&D?

Lilly is at the forefront in terms of its strong focus on R&D. Almost 20 percent of our revenue globally is ploughed back in R&D. As a company we have decided to focus on four therapeutic areas-endocrinology, oncology and cardiovascular and CNS.

What are your future plans in India?

Depending on the regulatory approval timelines, we may be launching 6-7 products over the next five years. Our growth will be mainly driven by the introduction of these new products.

How is Byetta different from other products that you have in your diabetes treatment portfolio?

Byetta (exenatide) belongs to a new category called Incretin mimetics. It is not insulin, even though it is injectible. The product is a unique treatment option for type 2 diabetics specifically for those patients who are on OHA's (oral hypoglycemic agents) like metformin or sulphonylurea or a combination of both and not adequately well controlled.

What about the pricing?

The price of a 10 mcg pen is Rs 7,900 that lasts for a month. Byetta comes in a pre-filled injection that is very easy and convenient to use.

What about the marketing strategy for the product?

As Byetta belongs to a new class of compound, we are being extremely cautious in our promotion. Specifically, we are confining the promotion of this product to doctors who specialize in the treatment of diabetes. We also strongly recommend that only the right patient should be selected for this therapy. This may effectively mean restricting our market but that is a conscious decision that we have taken.

Shalini Gupta