

## Novartis starts the fight back



[Amy Brown](#)

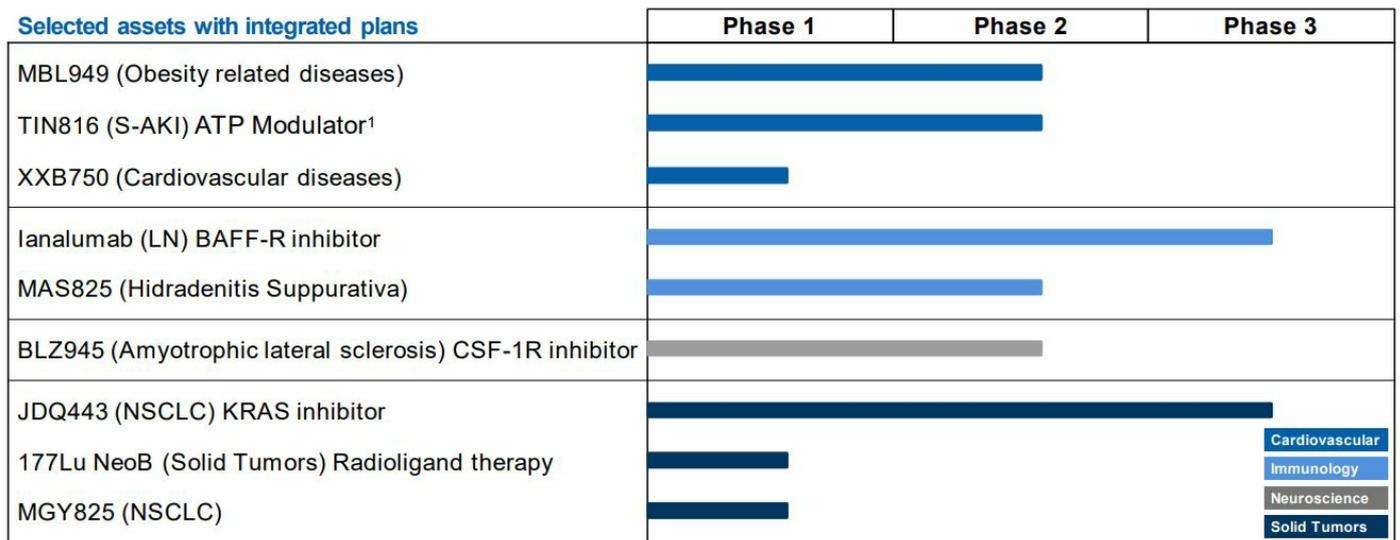
Novartis has struggled for some time to convince investors that it has the pipeline to overcome some painful looming patent expiries – the Swiss giant [was the worst performing big pharma stock in 2021](#). The 2019 [spin-off of Alcon](#) and imminent [ejection of Sandoz](#) are part of an attempt to focus minds on Novartis’s work in innovative medicines, and a presentation to investors and analysts today expanded on that strategy. Growing in the US is one aim, from 10th to 5th biggest drug company by 2027, though the word “organically” was emphasised, presumably to quash talk of big M&A moves. Such ambition is notable considering industry’s bluster about the supposedly damaging side effects of [new drug pricing legislation](#), which apparently has not made the US market any less attractive to Novartis. Other highlights included the naming of eight core drugs that the group believes have multi-blockbuster potential, and a look at what it considers its most promising pipeline projects. Interestingly, Novartis emphasised a focus on “high value” novel medicines – this seems to support the findings of [a separate analysis Evaluate Vantage released today](#), that found the group scored well on quantity, but less well on quality.

## Growing through the patent cliff: Novartis's core products and pipeline hopes

Product	Novartis's peak sales estimate	2028 WW forecast sales (Evaluate Pharma)	Crucial trial readouts (submission-enabling)
<b>Core blockbusters already on the market...</b>			
Cosentyx	>\$7bn	\$7.1bn	GCA, 2024/25
Entresto	>\$5bn	Peak \$6.3bn 2025	Patent litigation ongoing
Zolgensma	Multi-billion	\$2bn	SMA IT, 2024/25
Kisqali	>\$3bn*	\$2.3bn	Natalee in adjuvant breast cancer, 2023
Kesimpta	Multi-billion	\$3.4bn	
Leqvio	Multi-billion	\$2.8bn	Trials in cardiac risk reduction and primary prevention underway
Pluvicto	>\$2bn*	\$1.1bn	PSMAfore in mCRPC, end 2022/early 2023; mHSPC 2024/25
Scemblix	>\$2bn*	\$810m	CML-CP, 2024
<b>R&amp;D projects and others to watch...</b>			
Iptacopan (IgE MAb)	>\$3bn*	\$609m	Apply-PNH H2 2022; C3G and IgAN 2023
Remibrutinib (BTK inhibitor)	>\$2bn*	\$67m	Ph3 Remix-1 and -2 expected 2024 (CSU); ph3 Remodel-1 and -2 expected 2025 (MS)
Pelacarsen (ApoA antisense)	-	-	CVRR, 2024/25
Ligelizumab (IgE Mab)	-	\$75m	Food allergy, 2024/25
JDQ443 (Kras inhibitor)	-	\$33m	2nd/3rd line NSCLC, 2024/25
NIS793 (TGF beta 1 MAb)	-	-	Pancreatic cancer, 2024/25
Ociperlimab (Tigit MAb)	-	\$22m	1st line PD-L1 high and locally advanced NSCLC (option deal with Beigene), 2024/25
Piqray (PI3K alpha inhibitor)	-	\$670m	TNBC and 1st line Her2+ breast cancer, 2024/25
Sabatolimab (Tim3 MAb)	-	\$483m	MDS, 2024/25

\*"Unprobabilized peak sales of indications in late-stage development". GCA=giant cell arteritis; SMA IT=Spinal muscular atrophy-intrathecal; mCRPC=Metastatic castration-resistant prostate cancer; PNH=Paroxysmal nocturnal haemoglobinuria; C3G=C3 glomerulopathy; IgAN=IgA nephropathy; CSU=chronic spontaneous urticaria; CVRR=cardiovascular risk reduction; NSCLC=non-small cell lung cancer; TNBC=triple negative breast cancer; MDS=myelodysplastic syndrome. Source: Novartis presentation.

# Strengthening integration within R&D to accelerate key early programs



Note: Bars in Gantt chart indicate current phase of development. 1. Phase 2 initiating

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