



Multiple Sclerosis: DMT New Starts (US)

Products Profiled:

Commercial Products*:

Bayer (Betaseron), Biogen (Avonex, Plegridy, Tecfidera, Tysabri, Zinbryta), EMD Serono (Rebif), Sanofi-Genzyme (Aubagio, Lemtrada), Novartis (Gilenya, Extavia), Roche (Rituxan), Sandoz (Glatopa), Teva (Copaxone)

Pipeline Agents:

Active Biotech /Teva (Laquinimod), Roche/Genentech (Ocrelizumab), Novartis (Siponimod, Ofatumumab), Biogen (AntiLINGO), Receptos/ Celgene (Ozanimod), Actelion (Ponesimod)

*Brand names are trademarks of their respective companies. Rituxan is not indicated for MS but is frequently used off-label. Roche/Genentech's Ocrevus (ocrelizumab) was approved by FDA on March 28, 2017.

Deliverables:

- PowerPoint Deck
- De-identified database in SPSS or Excel
- Up to 10 custom analyses & 10 custom subgroups built into database

Related Reports:

- RealTime Dynamix: Multiple Sclerosis US 2017 (Quarterly)
- RealTime Dynamix: Multiple Sclerosis EU 2017 (Bi-annual)
- RealTime Dynamix: Multiple Sclerosis Nurses US 2017 (May)
- RealWorld Dynamix: DMT Switching in Multiple Sclerosis US 2017 (June)
- RealWorld Dynamix: DMT Switching in Multiple Sclerosis EU 2017 (June)

OVERVIEW

The Multiple Sclerosis (MS) market has become fiercely competitive with the introduction of new disease-modifying therapies (DMTs) over the past several years and new therapies, such as Roche's ocrelizumab, on the horizon. As physicians, patients and industry adapt to these changes, Spherix Global Insights examines the most sought after market, first line new patient starts, in **RealWorld Dynamix™: DMT New Starts in MS**

RealWorld Dynamix: DMT New Starts includes a robust patient chart review conducted with 242 US neurologists highlighting the most recent new start patients in their practice. Patient demographics, DMT treatment history, EDSS scores, lesion load, co-morbidities and QOL metrics are captured along with the drivers behind the brand choices when starting DMT treatment. In addition to the clinical and non-clinical patient presentations, neurologists provide information about their next step in the treatment algorithm.

SAMPLE & METHODOLOGY

This report is based on an online survey of 242 practicing neurologists combined with a retrospective analysis of 1,020 patient charts from the same 242 specialists. Each neurologist completes an in-depth review of their last 3-7 patients who meet specific study criteria. Respondents are recruited from the Spherix Network, a proprietary group of clinical neurologists with at least 20 MS patients under management.

KEY QUESTIONS ANSWERED

- What are the key drivers for brand selection for first-line DMT?
- What is the profile of a patient being started on an oral vs. a platform injectable vs. an infused DMT?
- How does first-line use differ between RRMS and PPMS patients?
- What will be the impact of ocrelizumab on prescriptions for PPMS and RRMS DMT naïve patients?
- To what extent do patient requests influence each brand?
- How long do neurologists plan to treat patients with their first line DMT before switching for suboptimal response?
- How is the availability of Glatopa, impacting overall share of glatiramer acetate? When prescribing Copaxone, do neurologists make a conscious effort to avoid Glatopa or is it payer-driven?

KEY DATES

- Publication January 2017
- Report Publishes: January 13th