Uptake of Monoclonal Antibody DMTs in the US MS Market

According to the most recent quarterly update from Spherix Global Insights, multiple sclerosis (MS)-focused neurologists report increased use of monoclonal antibody (mAb) disease-modifying therapies (DMTs), fueled by the introduction of Genentech’s Ocrevus, and a recent chart audit of over 500 patients currently treated with a mAb DMT highlights important characteristics for patients being selected for brands within this class.

With the April 2017 launch of Genentech’s Ocrevus, the mAb DMT class share of DMT-treated MS patients has increased steadily over the past three consecutive quarters according to neurologists’ self-reported prescribing behavior in the RealTime Dynamix: Multiple Sclerosis (US) report series.

Overall Use of mAb DMTs Over Time: All MS Types, Non-weighted

Approximately two out of five neurologists agree that, when initiating a patient on DMT treatment, they prefer to use an induction approach (i.e., initiate with a high efficacy option such as one of the mAb DMTs) as opposed to an escalation therapy approach. However, in the most recent RealTime Dynamix, neurologists self-report that only 10% of their Ocrevus-treated relapsing-remitting MS (RRMS) patients were treatment-naive prior to initiation of Ocrevus.

Distribution of Statement Agreement

“When initiating a patient on DMT therapy, I prefer to use a DMT induction approach using a high efficacy agent as opposed to a therapy escalation approach whereby I start with a traditional first-line DMT (ABCERP) and only progress to second line if/when the patient does not have an optimal response.”

Current Ocrevus Placement in Treatment Algorithm by RRMS Patients

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RealTime Dynamix™: Multiple Sclerosis (US) is a quarterly report series providing insights about the evolving DMT market. Participating neurologists are recruited from the Spherix Network, a proprietary panel of more than 600 neurologists managing at least 25 patients with MS.

RealWorld Dynamix™: Monoclonal Antibody DMT Use in MS (US) blends attitudinal and demographic physician survey data with patient record data to uncover how practice type and setting and certain beliefs influence the treatment pathway and to understand how marketed mAb DMTs are being used by physicians and for what patient types. For more information contact: info@spherixglobalinsights.com
While neurologists report payers being at least somewhat restrictive during the current mAb DMT selection process, only 28% of mAb DMT-treated patients were required to step through prior therapies before obtaining access to their current DMT. This finding suggests that payer-influenced treatment sequencing may not be a substantial barrier to increased use of mAb DMTs as induction therapy in appropriate candidates.

In our most recent audit, *RealWorld Dynamix: The Use of Monoclonal Antibody DMTs in MS (US)*, which focuses exclusively on MS patients currently treated with one of five mAb DMTs, neurologists overestimate the percent of their mAb DMT-treated patients who are currently on their third line or later therapy. The difference was particularly large for patients currently treated with Genentech's Rituxan and Biogen’s Tysabri but also evident for Ocrevus (for relapsing MS) and Genzyme’s Lemtrada.

Unlike their self-reported concern with the risk-benefit profiles of individual mAb DMTs, neurologists report being not at all concerned with the risk-benefit profile of the current mAb DMT for half of the audited patients, implying that, in the right patient candidate, earlier initiation of a mAb DMT is an acceptable risk to these neurologists.
OVERVIEW

The US multiple sclerosis (MS) market is more dynamic and complex than ever with several clinically distinct disease-modifying therapies (DMTs) currently available, including Genentech’s Ocrevus for primary progressive MS (PPMS) as well as relapsing forms of MS (RMS), and an active late-stage DMT pipeline. In addition, building on the first generic DMT launch in 2015, the availability of multiple generic glatiramer acetate options, as well as the possibility of oral generics over the next few years, will result in a major future shift in the landscape in the face of increasing payer pressure.

RealTime Dynamix™: Multiple Sclerosis (US) provides a close-quarters analysis of key performance metrics, focusing on brand gains and losses, industry contact rates, familiarity and adoption rates of recently launched products, and awareness of products in development. Product perceptions, disease awareness and attitudes, practice management and other topics are rotated throughout the year to provide an ongoing probe of the crucial drivers of change. This ongoing, independent insights series allows marketing professionals to keep abreast of and quickly react to market changes by providing critical information that will support their commercial strategies in the MS space.

SAMPLE & METHODOLOGY

Each quarter, ~100 US neurologists provide their responses to an online survey. Respondents are recruited from the Spherix Network, a proprietary group of clinical neurologists meeting our strict screening criteria. Our relationship with this network leads to more engaged respondents resulting in higher quality output. Additionally, this gives us the opportunity to more easily revisit physicians in order to uncover even more insight on strategically important findings.

KEY QUESTIONS ANSWERED

- How is the current and near-term landscape for the MS market evolving?
- What are the critical opportunities and barriers to growth for each brand and class?
- How is Ocrevus impacting the RMS and PPMS markets?
- How is the availability of multiple generic glatiramer acetate agents impacting the market? To what extent is use driven by neurologist choice versus payer mandate?
- How is the treatment algorithm changing with increasing oral DMT experience and expanding options within the monoclonal antibody DMT class?
- To what degree do neurologists have strong preferences for specific brands within the DMT classes? How are the DMTs delivering on the key attributes and on typical patient types?
- With fewer opportunities for personal interactions, what are the best channels for industry to share product information with neurologists?
- How often are patients requesting specific DMT brands?
- What are neurologists’ perceptions of late-stage pipeline assets and how do they anticipate incorporating these products into their MS treatment?

Commercial Products

Bayer (Betaseron), Biogen [Avonex, Plegridy, Tecfidera, Tysabri, Zinbryta (with AbbVie)], EMD Serono (Rebif), Genentech (Ocrevus, Rituxan), Genzyme (Aubagio, Lemtrada), Mylan (generic glatiramer acetate), Novartis (Gilenya, Extavia), Sandoz (Glatopa), Teva (Copaxone)

Pipeline Agents

AB Science (masitinib), Biogen [opinicumab, ALKS 8700 (with Alkermes)], Celgene/Receptes (ozanimod), J&J/Actelion (ponesimod), MedDay (MD-1003), Merck Serono (Mavenclad), Novartis (siponimod, ofatumumab), TG Therapeutics (ublituximab)

Key Dates

- Q1 March
- Q2 June
- Q3 September
- Q4 December

Note: a three day embargo is placed on delivery to non-manufacturers allowing clients time to digest the findings before public dissemination

Deliverables

- PowerPoint report
- Frequency table & summary statistics
- On-site presentation
- Proprietary questions (for purchasers of the annual series)

Related Reports 2018

- RealTime Dynamix™: Multiple Sclerosis EU
- RealWorld Dynamix™: DMT Switching in Multiple Sclerosis US
- RealWorld Dynamix™: DMT New Starts in Multiple Sclerosis US
- RealWorld Dynamix™: Progressive Forms of Multiple Sclerosis US
OVERVIEW

The US multiple sclerosis (MS) market has become fiercely competitive with the introduction of multiple disease-modifying therapies (DMTs) over the past several years with the monoclonal antibody (mAb) class experiencing the greatest expansion with five currently prescribed agents (e.g., Tysabri, Lemtrada, Zinbryta, Ocrevus, and Rituxan). With additional pipeline mAbs on the horizon, it is imperative to understand how these high potency, yet potentially risky, DMTs fit into the treatment algorithm, not only for later line patients, but also as potential competitors for clinically appropriate treatment-naive patients. Understanding the drivers and barriers behind the choice of specific mAb brands and when a neurologist will start or transition a patient to a mAb is critical to building an effective commercial strategy for both first-line and later-line brands.

RealWorld Dynamix™: The Use of Monoclonal Antibody DMTs in MS (US) blends attitudinal and demographic physician survey data with patient record data to uncover how practice type and setting and certain beliefs influence the treatment pathway and to understand how marketed monoclonal antibody DMTs are being used by physicians and for what patient types. The report also captures physicians’ perspectives about monoclonal antibodies in development and the impact they will have on the current MS treatment paradigm.

SAMPLE & METHODOLOGY

Spherix Global Insights conducts an online survey with ~200 US neurologists combined with a large-scale patient record audit of ~600 of their MS patients currently treated with a monoclonal antibody DMT. Each neurologist completes an in-depth retrospective review of their last 2-6 patients who meet specific study criteria. Respondents are recruited from the Spherix Network, a proprietary group of clinical neurologists meeting our strict screening criteria. Our relationship with this network leads to more engaged respondents resulting in higher quality output. Additionally, this gives us the opportunity to more easily revisit physicians in order to uncover even more insight on strategically important findings.

KEY QUESTIONS ANSWERED

- What are the patient profiles for each of the mAb DMTs? How do the patient profiles for Ocrevus differ from Tysabri? How does the patient profile for Zinbryta, a subcutaneously injected mAb, differ from the infusion mAbs?
- How do second-line or third and later line switches to mAbs differ from first-line starts?
- How does mAb use differ between RRMS, relapsing SPMS, nonrelapsing SPMS, and PPMS?
- What are the key drivers (e.g., efficacy/safety/tolerability/patient/payer) for brand selection among the mAbs? What specific efficacy attributes (e.g., ARR, disability, brain atrophy, MRI measures) drive a mAb choice and how does it differ by brand?
- Are neurologists willing to sacrifice safety for more efficacy in certain populations of MS patients?
- How frequently are neurologists using the JC virus assay and does the result shape the patient pathway?
- How long do neurologists plan to treat patients with a mAb and how does it differ between brands or by patient type?
- What is the opportunity cost for the non-mAb brands (e.g., where would their brand have been selected if the mAb was not available)?
- What will be the impact of pipeline mAbs on the current mAb treatment algorithm and patient profiles?

To order or to get more information, please contact info@spherixglobalinsights.com or call (484) 879-4284