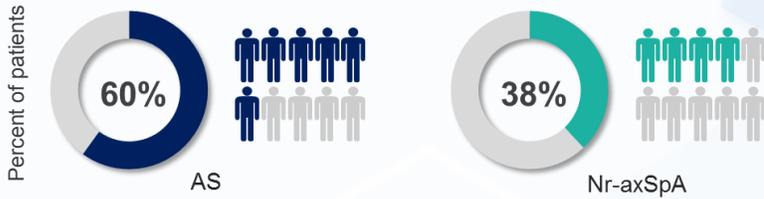


RealTime Dynamix™: AS and Nr-AxSpA US 2018

A survey of 104 US rheumatologists in August revealed significantly fewer patients with nr-axSpA are treated with biologic/JAK agents compared to patients with AS, despite the majority of these patients being considered biologic-eligible.

Biologic/JAK Treated Patients by Disease Type



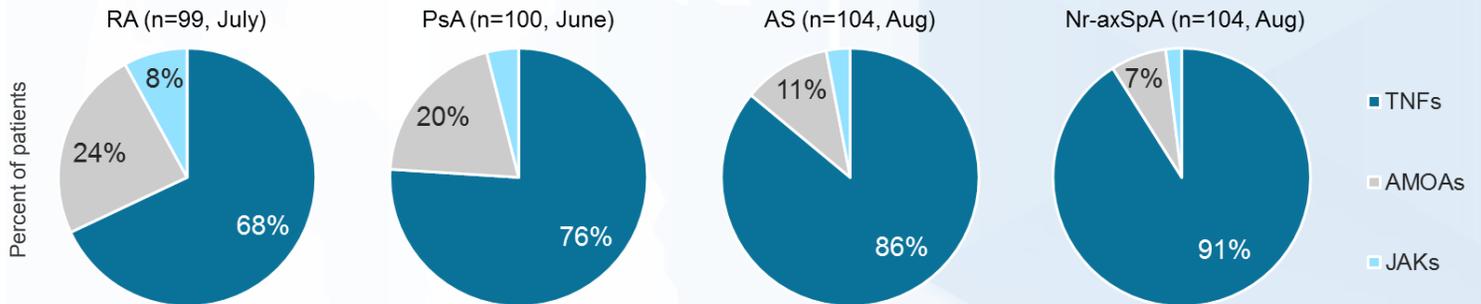
Biologic Eligible Patients by Disease Type



AbbVie's Humira and Amgen's Enbrel continue to be the most preferred biologics for both conditions, accounting for the lion's share of biologic use.

Patients with AS and nr-axSpA are significantly more likely to respond to their first-line biologic treatment, resulting in higher TNF share compared to analogue markets, such as rheumatoid arthritis and psoriatic arthritis, and indicating a tough road ahead for new agents who are aiming to compete in this market.

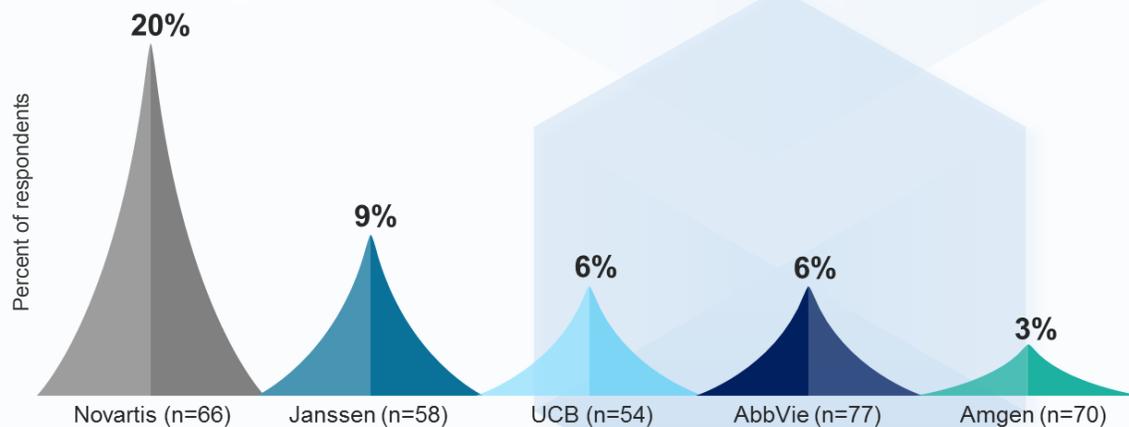
Biologic/JAK Share Across Indications



Despite TNF inhibitor dominance, Novartis' Cosentyx continues to show potential as a viable alternate treatment option, with over half of surveyed rheumatologists reporting use of the agent for the treatment of AS almost two years post-launch.

Partially attributable to Novartis' focus and dedication to the spondyloarthritis space, use of Cosentyx is expected to increase significantly over the next six months, with the AS user base projected to surpass 90%.

Sales Representatives Who Primarily Discussed AS During Most Recent Visit





Ankylosing Spondylitis & Non-radiographic Axial Spondyloarthritis (US)

OVERVIEW

Use of biologics in the management of axial spondyloarthropathies (axSpA) is well established for psoriatic arthritis and ankylosing spondylitis (AS); however, the spectrum of axSpA is becoming better understood and now includes inflammation in the absence of observable damage using radiographic techniques (nr-axSpA). In nr-axSpA, the impact on quality of life is rated as high, and while there are currently no approved biologics or small molecules for the treatment of nr-axSpA, use of such agents is increasingly being seen as an appropriate approach. While the long-standing TNFs and use of biologics with alternate mechanisms of action (in some cases off-label) are readily prescribed for AS, there are no FDA approved agents for nr-axSpA. Many companies with immune assets are looking to expand their indications into AS (if not there already) and also pick up a distinguished non-radiographic indication.

The **RealTime Dynamix™: AS & Nr-axSpA (US)** report provides a detailed and timely look at current and future trends in the AS and nr-axSpA market and the effects of the future shifting landscape. The annual release allows for close monitoring of key performance metrics. The report also includes variable content addressing current key issues updated annually. The rapid field-to-insight turnaround time, highly relevant content, and unparalleled knowledge of the axSpA market make this an essential tool for companies competing in the space as well as those with near-term plans to enter it.

SAMPLE & METHODOLOGY

The report is based on an online survey of ~100 US rheumatologists and is fielded on an annual basis. Respondents are recruited from the Spherix Network, a proprietary group of rheumatologists in clinical practice meeting quality screening criteria. Our relationship with this network leads to more engaged respondents resulting in higher quality output.

KEY QUESTIONS ANSWERED

- What are the clinical practice patterns for managing and treating AS and nr-axSpA and how do they differ, if at all?
- What are the adoption and share trends for Cosentyx since its AS launch and what is the market impact of this new entrant?
- How much of an advance is Cosentyx over other treatment options for treating AS?
- What are the adoption and share trends for Simponi Aria since its AS launch and what is the market impact of this new entrant?
- How do US rheumatologists diagnose and differentiate AS and nr-axSpA?
- Which pharmaceutical companies offer the best support in AS and nr-axSpA?
- How do payer policies impact the use of the biologics in the treatment of AS and nr-axSpA?
- What is the relative performance of approved agents in the management of AS?
- What is the level of unmet need in AS and nr-axSpA compared to other conditions and what attributes are most desired in new agents?
- How aware of pipeline agents are US rheumatologists, which ones are they excited about, and how do they project future use?

Products Profiled

Commercial Products, AS

AbbVie (Humira), Amgen (Enbrel), Janssen (Remicade, Simponi), Merck (Renflexis), Novartis (Cosentyx), Pfizer (Inflextra), UCB (Cimzia)

Pipeline Agents, AS/nr-axSpA

AbbVie/Boehringer Ingelheim (risankizumab), Eli Lilly (Olumiant, Taltz), Janssen (Stelara, Tremfya), Pfizer (Xeljanz), Sun/Merck (Ilumya), Valeant (Siliq)

Key Dates

- August Publication

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 or web-based presentation
- Proprietary questions
- Analyst support

Related Reports 2018

- *RealTime Dynamix™: Rheumatoid Arthritis US*
- *RealTime Dynamix™: Psoriatic Arthritis US*
- *RealWorld Dynamix™: Biologic/JAK Switching in Rheumatoid Arthritis US*
- *RealWorld Dynamix™: Biologic/Otezla Switching in Psoriatic Arthritis US*
- *RealWorld Dynamix™: Systemic Lupus Erythematosus*