The Uptake of Relyvrio™ (sodium phenylbutyrate and taurursodiol) in ALS among General Neurologists Compared to Neuromuscular Specialists and to ALS Center Affiliated Neurologists

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Objectives:

To compare use of Relyvrio™ (sodium phenylbutyrate and taurursodiol), a recently approved disease modifying treatment for amyotrophic lateral sclerosis (ALS) among general neurologists, ALS Center-affiliated neurologists (ALS-C) and neuromuscular specialists.

Background:

Relyvrio™ was FDA approved in 2022 under an early, phase 2, priority review. We sought to understand the first-year use of Relyvrio™ among neurologists and neuromuscular specialists expecting Relyvrio familiarity and usage to be highest among ALS-C neurologists and neuromuscular specialists.

Design/Methods:

Quarterly, online surveys of 60-70 practicing neurologists were fielded by an independent market intelligence agency. After four waves, 268 neurologists responded: 26% neuromuscular specialists, 61% general neurologists, and 13% ALS-C neurologists. All ALS-C neurologists are general neurologists.

Results:

ALS-C neurologists have been in practice for fewer years on average while neuromuscular specialists have the highest mean ALS patient load (Fig. 1-3). ALS-C neurologists followed by neuromuscular specialists are more likely to practice in a hospital affiliated with an academic institution (Fig. 4).

Neuromuscular specialists have higher awareness and familiarity with Relyvrio™ and nearly all are speaking with their ALS patients about the therapy. They consider nearly half of their ALS patients to be good candidates for Relyvrio™ (Fig 5-7). By contrast, one-quarter or less of general neurologists or ALS-C neurologists are familiar with Relyvrio™. They also cite lack of familiarity as a primary barrier to increased use of Relyvrio™ (Fig. 8). They are less likely to have had contact with a sales representative, on average have fewer patients on Relyvrio™ per prescriber, and less than one-fifth plan to prescribe Relyvrio ™ in the next three months (Fig. 9-11).

Conclusions:

Neuromuscular specialists are prescribing Relyvrio™ to more ALS patients than ALS-C or general neurologists. They have a higher familiarity with Relyvrio™ - perhaps because they are more likely to have seen an Amylyx representative- consider more of their ALS patients to be candidates for the treatment, are currently treating more patients with the therapy, and plan to initiate more new patients in the coming months. The small sample of ALS-C neurologists may be a factor in the results.

Disclosures:

Alissa Algarin and Blaine Cloud are employees of Spherix Global Insights, an independent market intelligence firm, and have received no industry funding to conduct and report on this study.

Figure 1

Neurology Specialty
% of respondents

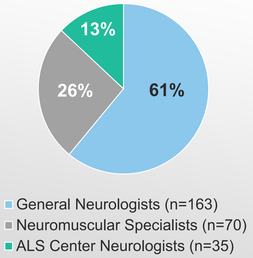


Figure 2

Years Since Fellowship
Average Years

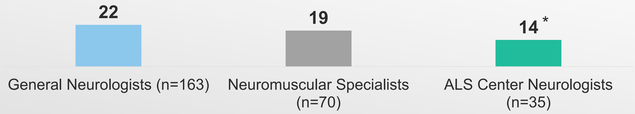


Figure 3

ALS Patient Volume
Mean # patients

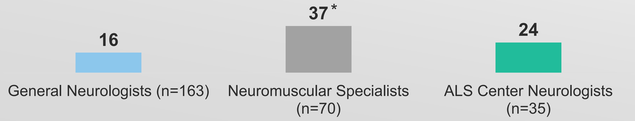


Figure 4

Primary Practice Setting
% of respondents

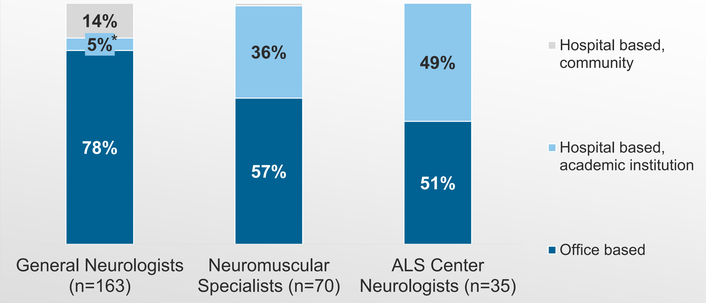


Figure 5

Awareness and Familiarity with Relyvrio™
% of respondents

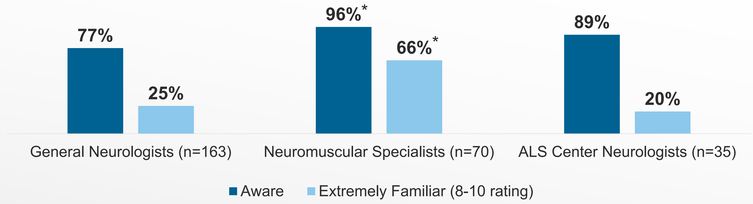


Figure 6

Speaking with Patients about Relyvrio™
% of respondents

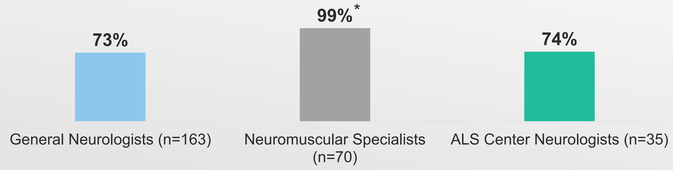


Figure 7

Percent of ALS Patients Considered Candidates for Relyvrio™
Mean %

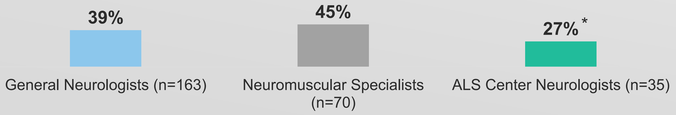


Figure 8

Barriers to Relyvrio™ Use/More Use
% of respondents

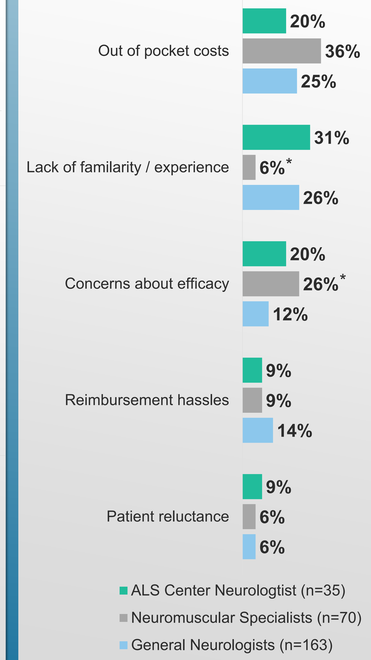


Figure 9

Had Contact with Relyvrio™ Sales Representative
% of respondents

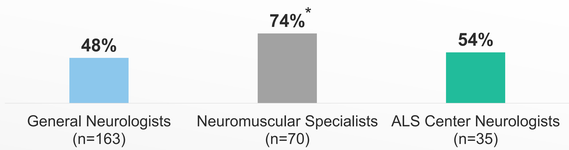


Figure 10

Average Patients on Relyvrio™ Volume
Mean # patients among prescribing respondents

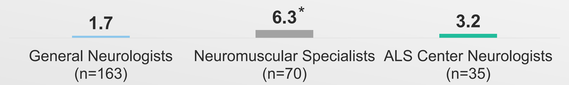
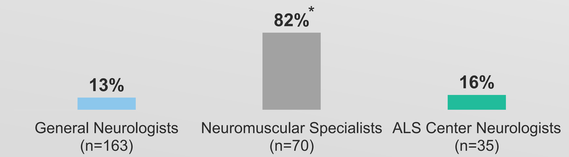


Figure 11

Plan to Prescribe Relyvrio™ Within Next Three Months
% of respondents among those who have not prescribed



*Asterisk denotes statistically significant differences between subgroups

Characterization of Early Adopters of SC FcRn Blockers for gMG

Georgiana Kuhlmann, SM; Blaine Cloud, PhD: Spherix Global Insights

Objectives:

To characterize early adopters of subcutaneous (SC) neonatal receptor (FcRn) blockers efgartigimod alfa and hyaluronidase (SC efgartigimod) and rozanolixizumab, approved for generalized myasthenia gravis (gMG). These therapies are expected to enhance patient convenience despite requiring healthcare provider administration.

Background:

Monthly survey fielded by an independent market intelligence agency specializing in tracking neurological therapeutic markets, including benchmarking new product launch metrics.

Design/Methods:

Fielded in October 2023, approximately two months after SC efgartigimod and rozanolixumab launches, 65 US neurologists and neuromuscular specialists responded to a 15-minute online survey.

Results:

38% of surveyed neurologists reported prescribing either SC efgartigimod, rozanolixizumab, or both products within the first two months of commercial availability (early adopters) (Fig. 1).

Early adopters reported significantly higher patient shares for originator FcRn blocker IV efgartigimod than non-adopters (11.3% vs 3.6%) (Fig. 2). Early adopters were also significantly more likely than non-adopters to rate themselves as highly familiar with SC efgartigimod (8.1 for adopters, 6.8 for non-adopters) (Fig. 3) and to rate both SC FcRn blockers as a significant advance over other agents to treat gMG (7.6 vs 6.4 [SC efgartigimod], 7.1 vs 5.9 [rozanolixizumab]) (Fig. 4). They were also significantly more likely than non-adopters to view more of their patients as candidates for SC efgartigimod (23.4% vs 14.7%)(Fig. 5).

Early adopters rated market access as significantly better for both SC products than non-adopters (6.8 vs. 4.4; 6.0 vs 4.0) (Fig. 6). They also were significantly more likely to have a positive view on launch execution for both products (7.7 vs 6.3; 6.8 vs 5.1) (Fig. 7).

Subspecialty, gMG patient load, and past month sales representative contact did not significantly differ between early adopters and non-prescribers (Fig. 8).

Conclusions:

Prior use of IV efgartigimod increased comfort with SC FcRn products, leading to faster uptake and more positive perceptions of both brands across degree of advance, market access, and launch execution.

Disclosures:

Georgiana Kuhlmann & Blaine Cloud are employees of Spherix Global Insights, an independent market intelligence firm, and have received no industry funding to conduct and report on this study.

Figure 1

SC FcRn Blocker Prescriber
% of prescribers

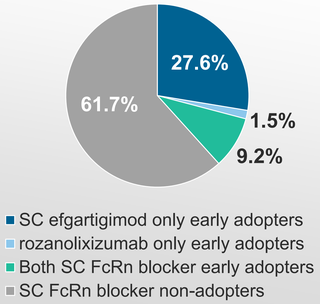


Figure 2

IV Efgartigimod Patient Share
% of patients

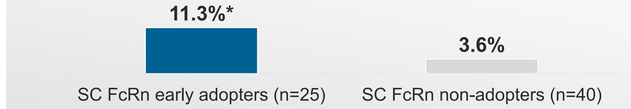


Figure 3

Familiarity with SC Efgartigimod
Mean score (1-10)

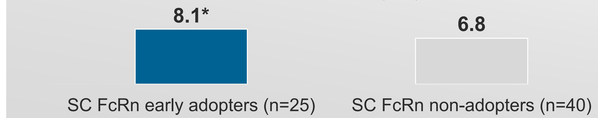


Figure 4

Degree of Advance Over Other gMG Therapies
Mean score (1-10)

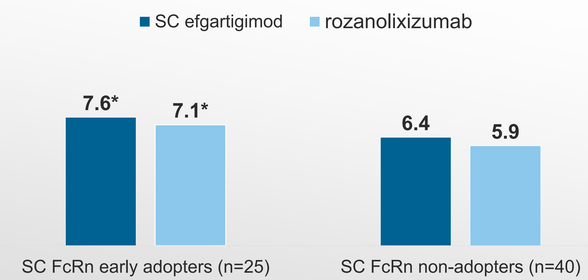


Figure 5

SC Efgartigimod Patient Candidacy
% of patients

Figure 6

Market Access Landscape
Mean score (1-10)

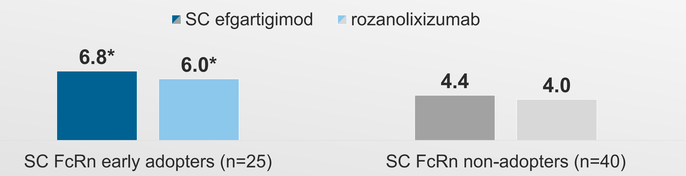


Figure 7

Manufacturer Launch Execution
Mean score (1-10)

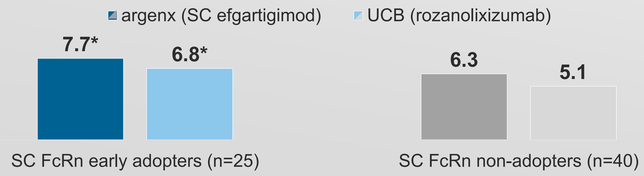


Figure 8

Respondent Specialty
% of respondents

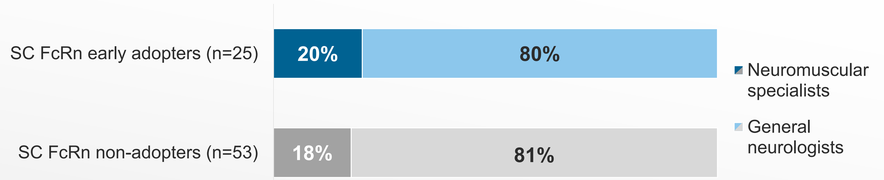


Figure 9

gMG Patient Load
% of respondents

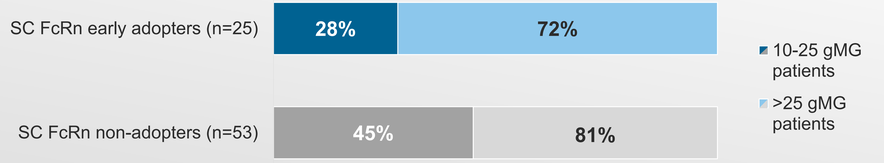
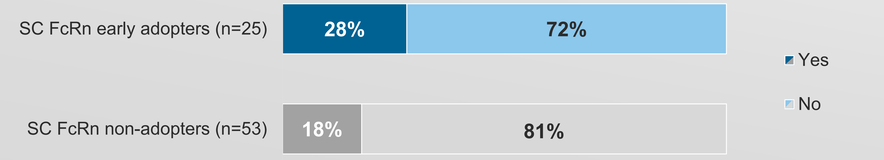


Figure 10

Past Month Sales Representative Contact
% of respondents



**Asterisk denotes statistically significant differences between subgroups*