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*September 2025*

**SMA ACCESS PROMO MESSAGING QUAL**

**HCP DISCUSSION GUIDE**

1. **INTRODUCTION** *(3 mins)*

Thank you for agreeing to take part in this interview, which will last approximately 60 minutes.  During this discussion, I'd like to obtain your thoughts and feedback on Spinal Muscular Atrophy (SMA).

Review Logistics with Respondent:

* Independent marketing research firm – no vested interest in responses, therefore, be frank
* Information discussed will be kept strictly confidential
* Members of the research team listening (when appropriate)
* No right or wrong answers – opinions from their own perspectives based on individual experiences
* Recording of interview for analysis purposes

Different people sometimes respond in different ways to the same medicine, and some side effects may not be discovered until many people have used a medicine over a period of time.  For this reason, we are now required to pass on to our client, who is a pharmaceutical company, details of any side effects/product complaints related to their own products that are mentioned during the course of market research.

Although what you say will, of course, be treated in confidence, should you mention during the discussion a side effect when you, or someone you know, became ill after taking one of our client’s medicines, or a problem you have had with one of our client’s medicines, we will need to report this so that they can learn more about the safety of their medicines.  Everything else you say during the course of the interview will continue to remain confidential, and you will still have the option to remain anonymous if you wish.

Are you happy to proceed with the interview on this basis? ***(If no, end the interview here)***

Throughout this discussion, please focus on your general patient population and not on any specific patients. As we are talking today, please avoid discussing any particular patient experience with any medication. We are interested in your overall experiences and opinions, rather than specific experiences.

**US ADVERSE EVENT DISCLAIMER**

We are required to pass on to our client details of adverse events and product technical complaints that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event or product technical complaint in an individual or group of individuals, we will need to report this.

In such a situation you will be asked whether or not you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct specifically in relation to that adverse event or product technical complaint. Everything else you say during the course of our discussion will continue to remain confidential, and you will still have the option to remain anonymous if you so wish. Are you happy to participate in the interview on this basis?

*[YES/NO; IF NO, THANK AND END INTERVIEW]*

1. **BACKGROUND** *(10 mins)*

*SECTION GOAL: Obtain HCP background, patient load, practice information and initial SMA warm up.*

1. Would you please briefly introduce yourself and tell us about your practice?
   1. Confirm specialty, years in practice, and practice setting (Academic or Community?)
   2. Estimated number of SMA patients that are currently under your care?
2. What is your primary role and responsibilities in managing the health of patients with SMA?
3. What factors are most important to you when deciding which SMA treatment to prescribe?
4. At a high level, tell me about your typical approach to treating SMA. What do you recommend to patients? How well do you feel that treatment works?
   1. When a patient is considering switching from their current treatment, do you typically have a discussion with them about it? What topics do you usually cover during that conversation?
5. From your perspective, what are the biggest challenges or barriers patients face in accessing different SMA treatments today? *PROBE insurance denials or appeals, lack of financial assistance or help navigating/knowing about the options, prior authorization hurdles, the recertification process*
   1. Are there particular access challenges associated with specific treatments? *PROBE on Evrysdi, Spinraza, Zolgensma*
   2. How do these challenges differ across patient types? *PROBE on age, current treatment status, past treatments, etc.*
   3. How do you usually address each of these challenges when they come up?
      1. How much do you rely on manufacturer or patient support programs when trying to overcome these challenges?
6. What do you think the biggest unmet needs are in the support available for navigating insurance processes? *PROBE on appeals, prior authorizations and reimbursement*
7. **DETAILED REVIEW OF MESSAGING** *(28 mins)*

*SECTION GOAL: Aided and comprehensive review of statements in detail. Opportunity to optimize the statements to best communicate the main idea and improve comprehension and maximize interest.*

Now, I am going to show you some additional Evrysdi specific statements that I would like to get your feedback on.

*ORDER OF CATEGORIES WILL BE THE SAME. MESSAGES WITHIN EACH CATEGORY WILL BE RANDOMIZED. RESPONDENT WILL BE ASKED QUESTION 1-11 FOR EACH CATEGORY. CATEGORY-SPECIFIC PROBES WILL BE ASKED ACCORDINGLY.*

*RANDOMIZE THE ORDER OF CATEGORIES AND MESSAGES WITHIN CATEGORIES.*

*READ OPENER INTRO FOR EACH CATEGORY:*

* *LEGACY MESSAGES OPENER: These messages are related to the company's legacy and experience in SMA. Please consider this as you review these messages.*
* *GENE THERAPY MESSAGES OPENER: We know HCPs want to do right by their patients especially in light of so many new treatment options on the horizon. These new therapies may prompt conversations between yourself and patients/caregivers about switching. However, it's important to consider how switching to these new therapies could impact your patients access to other options long-term.*
* *ACQUISITION MESSAGES OPENER: These messages pertain to the moment once you and your patient have made the decision to start treatment. Think to that moment and the processes you & your patients had to go through as you consider these messages.*
* *COVERAGE MESSAGES OPENER: These messages pertain to the ease of getting Evrysdi from an insurance coverage standpoint.*

1. Please take a moment to read the statements in this group. I would like you to read this section in its entirety before we discuss it in more detail.
   1. What is your overall reaction to these statements?
   2. Is any of this information surprising or new to you?
2. Please rank order these statements from your MOST preferred statement to your LEAST preferred statement.
   1. Why did you rank them in this order?
   2. What is it about this that makes it your MOST preferred?
   3. What is it about this that makes it your LEAST preferred?
   4. *MODERATOR PROBE: would parts of some messages work better paired with parts of other messages? Want to understand if mixing/matching would strengthen the legacy message.*
3. How do these messages impact how you think about the manufacturer of Evrysdi, if at all?
4. How do these messages align with your current experiences and understanding of Evrysdi?
5. Did you learn anything new from reviewing these messages? If so, which messages and what did you learn? *IF NO, PROBE:* Where did you hear this information previously? From who?

*REVIEW EACH STATEMENT INDIVIDUALLY. REPEAT QUESTIONS 6-11 FOR EACH STATEMENT BEFORE MOVING ON.*

1. What words and phrases caught your attention in this statement? Why? *MODERATOR NOTE: HIGHLIGHT WORDS AND PHRASES IN WORKBOOK*
   1. What about the language or phrasing adds or takes away from the statement?
   2. Is there anything you find unclear about this statement?
2. How motivating is this statement? Why?
3. How differentiating is this statement? Which treatments does this differentiate Evrysdi from?
4. Is this statement believable? Why or why not?
5. What, if anything, could be changed or modified to improve this statement as a whole?
6. What is your main takeaway from these messages overall? How does this impression compare to other SMA treatments, both those currently available and those in development? *ALLOW SPONTANEOUS DISCUSSION AND IF NOT MENTIONED, THEN PROBE ON SPECIFIC TREATMENTS (Spinraza Zolgensma).*

**CATEGORY SPECIFIC OPENERS & PROBES**

**LEGACY MESSAGE PROBES:**

1. Does the information from these messages change how you feel about the manufacturer of Evrysdi? *PROBE on if it changes how they feel about their credibility/trustworthiness*
2. Does adding that Genentech invests billions in R&D make any difference in how you feel about this message or how you feel about Genentech?
3. In message LE, what are your thoughts on the wording “most chosen DMT”? What if it said “the #1 prescribed DMT” instead? Would that change how you feel about the message?

**GENE THERAPY MESSAGE PROBES:**

1. Have any of your SMA patients encountered challenges switching back to a previous treatment after trying a new one?
   1. How, if at all, does this influence your willingness to switch patients to a new treatment?
   2. *PROBE if they do NOT face access challenges:* Have you ever had to do an appeal for a treatment denial?
2. It’s anticipated that gene therapy will be expanding their label beyond 0-2 years old to up to 18. How much of an impact, if any, does this messaging have on your interest to switch patients to new treatments?
3. If a patient on a chronic therapy (like Evrysdi or Spinraza) switches to a gene therapy (GT) and later experiences a plateau or decline, what is your understanding of the specific requirements the payer would mandate for them to receive approval to return to the original chronic therapy?
   1. *PROBE:* Are you aware of policies that require documented functional decline or a waiting period (e.g., six months) post-gene therapy before authorizing a second DMT, and how does this affect your sequencing recommendation?
4. *For HCPs who have pediatric patients on Zolgensma:* For patients who have already received Zolgensma, are you currently facing denials related to the 'Post-Zolgensma' restriction when attempting to prescribe an SMN-enhancing therapy like Evrysdi, and what documentation is required to overturn this policy?
5. In message SA, what are your reactions to the 39% data point? What if instead of 39%, it said “anywhere from 12% to 70%” instead? How would that change how you feel about the message, if at all?

**ACQUISITION MESSAGE PROBES:**

1. Thinking about your preferred therapies, how willing are you to pursue getting your patients onto that treatment. For example, what would make you take that step to work to secure access despite an initial denial?
   1. What would help you feel stronger or more confident in pursuing a specific treatment for your patients?
2. Have you had any patients who have experienced a lapse of treatment coverage or availability while they were switching treatments? If so, how often does that challenge occur?
   1. Have you heard of the Evrysdi Bridge Program from Genentech?
      1. If yes: Have you used it?
         1. If yes: Has it been useful? What would make it more useful?
   2. ~~Have you heard of the Evrysdi Bridge Program from Genentech that helps patients receive treatment during the time that they are waiting to hear from a payer? If so, have you had any patients utilize this program?~~

**COVERAGE MESSAGE PROBES:**

1. What does it mean to you that Evrysdi is covered for 90% of commercially insured people?
   1. How stong is this stat to you (use a scale of 1-10)? *PROBE: At what threshold would this make it strong or make it not strong? (would like to understand the range that would be strong)*
   2. At what point, in your view, does coverage become less meaningful or not impactful? *PROBE on %.*
   3. Does that level of coverage resonate with you?
2. Message CJ uses the phrase, “uninsured or underinsured.” What does this mean to you? Which patients would fall under this description?
3. **COMPREHENSIVE RANKING EXERCISE**  *(15 min)*

*SECTION GOAL: Evaluate overall message preference, regardless of bucket, and identify which messages are most critical to enhance the Access story. Uncover nuances between category rankings and message preferences to assess whether messages should be further refined while still remaining essential to include.*

*DISPLAY SUMMARY SLIDE OF ALL MESSAGES*

Now that we’ve explored all the messages in detail, let’s step back and take a broader look.

1. Looking at all of these messages, please select the statements that create the most compelling story regarding access to Evrysdi. **Do not worry about how they’re grouped**—your selections can come from the same column or from all different ones.
   1. Can you walk me through your thought process for choosing those messages?
   2. How would you order these messages to tell the clearest story? Why would you order them this way? *MODERATOR NOTE: If they chose anything from the Legacy bucket, understand if they did that because they felt the other messages needed the Legacy one to be credible.*
2. Looking at your messages, which two do you feel are most important to communicate? Why?
3. Did any of these messages change your perception of Evrysdi? Which message(s) and how?
   1. Did any messages change the way you feel about Evrysdi in comparison to other treatments, either currently available or entering the market? *IF YES:* Which message(s) and why? *PROBE on Spinraza / High Dose Spinraza, Zolgensma / IT Zolgensma, Anti-myostain*
   2. Did any messages change the way you feel about the access process for Evrysdi? *IF YES:* Which message(s) and why?
   3. *FOR NON-EVRYSDI USERS:* Based on what you’ve seen today, would your likelihood to consider switching to/starting Evrysdi increase, decrease, or stay the same? Why?
   4. Is there anything missing from these messages that you would include to better differentiate this treatment from others?
   5. Did any of the messages represent a new learning or change how you think about these treatments?

*MODERATOR NOTE: MOVE TO GPF MESSAGE EVAL AFTER COMPREHENSIVE REVIEW.*

**GPF MESSAGE OPENER & PROBE**

***OPENER: This section dives deeper into Genentech’s free drug programs. The Genentech Patient Foundation is intended to assist patients with limited financial means in accessing therapies. There is concern that misuse of the program to circumvent insurance processes could jeopardize the program’s future, as it is a limited resource. Please consider this dynamic as you review the messages below.***

1. What is your overall reaction to these statements?
2. Is any of this information surprising or new to you?
3. Please rank order these statements from your MOST preferred statement to your LEAST preferred statement.
   1. Why did you rank them in this order?
   2. What is it about this that makes it your MOST preferred?
   3. What is it about this that makes it your LEAST preferred?
   4. *MODERATOR PROBE: would parts of some messages work better paired with parts of other messages?*
4. How do these messages impact how you think about the manufacturer of Evrysdi, if at all?
5. How do these messages align with your current experiences and understanding of Evrysdi?
6. Did you learn anything new from reviewing these messages? If so, which messages and what did you learn? *IF NO, PROBE:* Where did you hear this information previously? From who?
7. What words and phrases caught your attention in this statement? Why? *MODERATOR NOTE: HIGHLIGHT WORDS AND PHRASES IN WORKBOOK*
   1. What about the language or phrasing adds or takes away from the statement?
   2. Is there anything you find unclear about this statement?
8. How motivating is this statement? Why?
9. How differentiating is this statement? Which treatments does this differentiate Evrysdi from?
10. Is this statement believable? Why or why not?
11. What, if anything, could be changed or modified to improve this statement as a whole?
12. What is your main takeaway from these messages overall? How does this impression compare to other SMA treatments, both those currently available and those in development? *ALLOW SPONTANEOUS DISCUSSION AND IF NOT MENTIONED, THEN PROBE ON SPECIFIC TREATMENTS (Spinraza Zolgensma).*
13. How familiar are you with the free drug or patient support program services available for Evrysdi, what is known as the Genentech Patient Foundation?
14. How commonly do you pursue/suggest GPF for your patients?
15. What’s your sense of how flexible or limited these programs are in the types of resources and support they can offer to patients who try to use them?
16. The GPF program is a limited resource and as such, intention is for it to be reserved as a last resort and for those who need it." Are you aware of this? Would awareness of this being a limited resource affect how readily you seek to pursue GPF? How so?
17. **THANK AND CONCLUDE**  *(1 min)*

*SECTION GOAL: Wrap up and ask any outstanding questions.*

1. Any last comments?
2. Thank and conclude