SMA Access Promo Messaging Qual

(Oct 28, 2025 - 5:00pm)

(00:00:00 - 00:00:06)

Good. Good. Good. Yeah.

(00:00:06 - 00:15:04)

**Stacey:** Let me dive right in with the disclosures. We will be talking about SMA, so hopefully that matches your expectation for our topic. And we'll be recording the conversation, and we've got a few members of the research team in the background who will be listening and taking notes along with me. And I am an independent researcher, so I have no skin in the game, as they say. Just hoping for your candor as we work our way through our conversation. Yeah. And Sure. wanna make you aware that, we are required to report adverse events, as they pertain to the study sponsor. So to the best of our ability, let's avoid discussing any issues that you've had with any of the treatments that you use for SMA, if possible. Sure. Yes. And in terms of our road map, I have some opening questions for you, and then we will spend time reviewing some materials that I have. So I'll tell you more about that when we shift gears, but wanted to let you know what to expect. Sounds good. Any questions? No. K. Sounds good. So let's dive in. Doctor, can you start by telling me a little bit about you and your practice? Yeah. So I'm a professor in pediatric neurology, and I worked in academic medical center. And I've been working this job over twenty years. And I say it's a one was a clinical interest. And we have a dedicated MDA clinic and see these patients in this dedicated clinic. And so I think in my life, I've probably seen about 30 patients. But right now, I have a 13 patient. I see them on a regular basis. Got it. 13, you said? One three? No. One three right now. One Yeah. three. Got it. Okay. Thank you. They appreciate that. And can you tell me a little bit more about the patients? Are they all under the 18? Do you have any young adults? We have eighty percent 18 and twenty percent is 18. Okay. So mostly are pediatric. What is like, how how old will you see patients? Always? The age, I think the older age, one is 19, another is 22. Mhmm. And this this two are over 18 year old. And I think one just are 18. Yeah. Mean, say three is are 18. But the rest are lower, Got it. like, below 18. Yeah. Will you continue to see them as Yeah. they age? I yeah. We we typically continue to see them. Okay. Thank you. Okay. So just at a high level, can you talk to me about your approach to treating SMA? Yeah. So I think treating MA and SMA, it's we know that it's the genetic mutation causing of death. I think to me, I will say the best treatment is still the gene therapy if patients younger than two year old before they are able to receiving of SPINRAZA. Oh, no. I to see, like, a that probably will be the first line treatment. And if the reason is that the gene therapy has age limit, it's really a label below that too. So I think we definitely put patient a younger patient when they are diagnosed. And I think right now, we have a patient diagnosed right after birth. So just because of the genetic mutation. So I think the treatment below two year old, for me, the first line treatment is gene therapy. And for other patients, we have a two option. One is intrathecal injections, SPINRAZA. And I have five patients on that. And I think these five patients four of them have been on that for long time because at the time when we started the treatment, there is the PO medication has not been available. So at the time they were on the of Spirazza and they have been stable, so I think they have been continued. And the rest patient, they are on the pill. I think that will be the the the the treatment, I'd say, combination Mhmm. with that. I have not had any patients that have been on of double therapy means like or b. I think one patient after the gene therapy and start to be having muscle weakness, we are consider adding the the PO medication, but has not been started yet. But Got I it. think that probably combination therapy will be happens when they are symptom not really deteriorating. Got it. Got it. And you're saying it's muscle weakness that has you considering the combo Yes. therapy? Correct. Got Yeah. it. Thank you for that overview. That's very helpful. So what that tells me is that other patients who have, been treated with Zolgensma, they have not gone on to receive SPINRAZA or Efrisdi. Correct? So just Correct. ZOLGENSMA. No. Yeah. Is that is that typical? I mean, is there, you know, educate me. Is is there not a need for additional treatment if they've Yeah. had gene therapy? So yeah. So I think what we've after the first treatment, if they are definitely showing rapid progression of a muscle weakness or like a deteriorating their motor function. And think that's the time where they definitely will be require of Right. additional treatment on top of that. But But it's not required if you're not seeing a decline. yeah. Yeah. I think one patient that we are considering because we definitely see the patient loss of a function that just start to be more of a weakness. So I Got think it. that's probably can you hold one minute? I would just put put it in the battery because the the laptop shows low Yes. battery. Just one minute. No Okay. problem. Doctor, let me know if you're there. I've lost lost you on video. Let me know if you can still hear me. Hello? Yes. Got you. Okay. Good. Have you back. Oh, I've lost you. I can't hear you anymore. Have you muted perhaps? Yeah. I have no okay. Help is coming. Okay. Got it. Hello? Hello? There we go. I've got you back now, Okay. doctor. Okay. Good. Sounds good. Alright. Alright. Okay. So you can hear me. Right? Yes. I can hear you just fine. Thank you. Okay. Alright. Alright. Good. Thank you. So just to to wrap up our initial conversation, doctor, I'm Yeah. curious what kind of experience have you had with insurance access to these different therapies? Are there any challenges? So insurance, I would say, it's much better now. And I think given the benefit of the medication. And I think we you're you're really taking mean, even as I remember the years when the comes, take us six months at least. Forgetting right now, it's much quicker. And I think from the insurance, definitely, from the data, from our outcome, it is. But I think combinations still be challenging because the patient, like I told you, that patient that we are thinking about, and we are still working on a paperwork. If you're doing two combination, it is I think they have to be justified. We have to really document the Okay. patient pills. After the gene therapy is it's yeah. I think with the monotherapy, whatever you started, you already at this point, it's justified. And I think Okay. the insurance company, you already getting Have you approval. already gone to appeal in that one patient? Yeah. Right now, we just currently appeal. We just have to be document to their motor scale and the the symptom and the Okay. history. Yeah. We are definitely be Got working it. So on they're that. they're asking you for scale. What like, what are the kinds of things they're asking you to document or provide? Just say the motor, motor, fine motor, and the breathing and other other other thing. And and the the speed of regression like a loss of function. And we have to be using some motor scale just to see what the what the therapies that what their documentation of a motor regression. And so I think the speed of loss of motor function. So all these are we have to really have justify. So Got that it. will be And is the manufacturer helping with any of the paperwork or the any aspect of the appeal process? And this is for that you want to add? Yes. Yeah. Yes. Yeah. So is is, is, the manufacturer of Evrysdi helping at all? Yeah. Yeah. They do helping. Yeah. Yeah. Mhmm. They do. Got it. Okay. Okay. So for time's sake, I'm gonna go ahead and move on. If the team has any follow-up questions about that, they'll let me know. But Yeah. let Sure. me tell you more about what we're going to look at together. I have a series of messages. The messages are broken down, in four categories to start off, Yep. and these are draft statements. So they have not been polished or perfected yet. That's the point of this research is to get some important feedback here with these draft ideas. And, want you to know that even in some cases, you'll see statements that maybe are addressing a similar idea but maybe stated in a different way, and that is purposeful, you know, to try out different ways of of, you know, writing these ideas. So Yeah. I've got, Yeah. again, four categories. With each category, I have just a just a little opening statement that I'm gonna read to you before we dive in. So I'm gonna bring it up on the screen, but bear with me. Don't start reading until I have a chance to give you my opening statement. Alright. There we go. You should be.



Screen Shared @ 00:15:04 by Stacey



(00:15:04 - 01:03:03)

**Stacey:** Seeing a screen that says welcome. Yes. Okay. Yes. Good. Alright. So our first category, these are messages that pertain to the moment that you and your patient have or the patient's family have made the decision to start treatment. So I want you to think about that moment and the processes that you and your patients go through as you consider these messages. Okay. So you want me to rank these three statement by like a of a By one, your two, three or yes. Exactly. And by your preference, meaning, yeah. Okay. yeah, how they land for you. Yeah. I think w h c is one. I'm sorry. Which statement is number The one? first one the The first first one, one. Got h it. G. n Okay. g. Yeah. Yes. Okay. So the second one will be I would say HN second one. HNH Okay. N and HR will be three. Yeah. Got it. So let's start with statement g. Talk to me Yeah. about that one. What is your reaction to that statement? So I think what's for one coming talking about appeals and I think a manufacturer often can gave do the information about experience like other I think they probably have a lot of experience with the different patient, different physician go through this process. And I think that they were able to because of many individual physician, they probably just at the beginning, they just doing the routine, but how to successful appeal and how Mhmm. to really from making the key point to stop appeal. And it's really make a a difference. And I think often manufacturer has experience because they has been aware of some other places that has been doing that. And they for their support, definitely be very helpful. And often, they can guide the typical process and you already when we're getting denial, what's to add, how to addressing that. So I think this is a one place you can get information. Otherwise, it's just you just make a judgment at all. So I I will say this is definitely a good thing. Is there something about the way this one is written that had you rank it number one? Yeah. What what is that? What is it what is it about the way it's written that you preferred it above the Okay. other staples? I see. So just support can help to ease the burden for the authorization. Yeah. This is the keyword. Got it. Oops. Yeah. Got And it. also the the the the PA checklist helpful just to really organize, you know, appeal. So Okay. these are yeah. Have you used that PA checklist? Yeah. I think they are definitely they say what is up. They they they gave a bunch of information, typically all and including of the the checklist and also Okay. the the template and that they have a package of a a pure material. Got And it. so that very helpful because otherwise, we do not really know how where to start. Okay. Understood. And how just, I guess, like, just how willing are you to pursue, you know, getting, you know, kind of dealing with all of this for your patient? I will say many times of the patient getting the treatment. It is definitely be of high cost treatment. And now you are definitely of a like of adding another treatment, a costly treatment. And I think they step in nature, it's want to be justified. They just Right. want to you want you to be do it properly Right. But I rather guess I'm just than wondering, that. like, just for you personally, like, how willing are you to, like, do all you know, to go through all of Yeah. this for your SMA patients? Yeah. I I yeah. When we see the patient declining and not really of rapid progression of the symptom. And typically, this is a we are Mhmm. definitely want to get. No. Okay. Yeah. I think it's it's just for any patient the way your symptom are getting worse with SMA. Yeah. Okay. We do the gene therapy, has not been successful, and I think that's definitely have another therapy. You can slow down progression just like Mhmm. a Okay. naive patient, even patient getting therapy. That's why I should be Got solving it. the reasons for that reason. It feels like Doctor, I know you said the patient is rapidly progressing. I'm curious. Have you ever heard of the Evrysdi Bridge program from Genentech? Yeah. I have heard about that, and I think it's a for short term, but you can of getting some so I'm and during the feel for and I I think this is definitely will be very helpful because of the Are you are the process you using can it? definitely Like, are you guys you using what? it with this patient? No. No. I have not used that. Okay. I've heard people to say, but this is again, they want to be that really you have for a lengthy appeal process, Yeah. and this is a solution to be helping to Okay. getting the symptom. Yeah. Is it something that you plan to consider for this patient or Yeah. not? Will be considered. Yeah. Yeah. Okay. Yeah. Will Got be considered. it. Alright. Thank you. So we'll just touch on n and r quickly quickly here. What what was your reaction to statement n? So with the n, it's it's just pretty generous to say these are definitely are here to help and resource in person. This is just very generous statement. We Okay. all know that. But Got how it. how how And much concrete. Yeah. So that Got would be. it. Okay. Thank you. And r, what is your reaction to statement r? Yeah. And I think this will be definitely be true just to say, don't give up while you're having denial because it's a typically process after four to five is not uncommon. So it it just encourage you to be up, I would say, Okay. is not what you are facing denial. It is something is not going to be Got it. successful, but it is too too too good to know where this can happen then also this typical. So you What will not be had you p rank k one. in third place? It was your least preferred statement. I will What say was this that? will be two. I think that going back, this will be definitely I will write into two and then the other one and will be three. So I'm sorry to make a machine. Oh, that's okay. Yeah. No problem. Okay. Thank you. Alright. So just watching our time. So let's go ahead on to our next category. And, again, Yeah. I'll have a little introduction for you here. These messages pertain to the ease of getting VRISTY from an insurance coverage standpoint. Yeah. Yeah. So I I think that these are I I will say this statement, I really to say a really strong statement is k. Okay. What is definitely a ninety percent patient who with commercial or Medicaid. So that's really, I think, to me, this is to me, even new, I have not been expecting this high of a a coverage. I Got think this this it. really gave a lot of patients confidence to really using this treatment. Got it. Yeah. So if I I may mean, tag yeah. on if I may tag on to your statement there, thank you for that. I'd like to get a sense for just how strong you feel that 90% statistic is. Scale of one to seven, one is 90 Yeah. percent is a weak statistic. Seven is it's a very strong statistic. Yeah. Yeah. So the the next one So sorry. That was I was, sorry for the confusion. I was asking for your rating there. So scale of one to seven, how strong do you feel okay. 90% is as a statistic? Okay. So I will say so you mean that the k to reaching k from one We're rating the to nine seven. we're rating the 90%. So you said 90% is high. You said that that was good. You said that that was a high Yes. higher than you expected. But I'd like you Yep. to quantify your rating. So when you think of 90% of people covered, a scale of one to seven, one is that's a very weak. 90% is a very weak statistic. Seven a rating of seven would say 90% is a very strong statistic or Yeah. somewhere in between. So we I will say seven. It is Seven. strong. Okay. Got it. Alright. What would you rank second? The second will be of zero co pay, and I think, basically, it don't cost the patient anything when he's approved. And K. I would say the third one will be I would say, m. Okay. Got it. So let's jump to Jay. Why rank that one fourth? Why does that, you know, fall to the bottom for you? Yeah. I think this is a it might be I think this is a pretty I I will say these are Brent. I will need to speak despite the authorization. I I will just go back to the I probably will put this say as two and because I just relook at that. It's a a very comprehensive statement to just to say, I would say put the two and the four as zero copy. Got it. Okay. So, Jay, you feel like is very comprehensive. Correct. Yeah. Got it. And I'm curious. Here, it uses the phrase underinsured. It's talking about underinsured patients. When you hear that word, what do you think they're referring to, or what kinds of patients come to So mind? I I think so mainly is that whenever a patient talk about getting of this expensive therapy, people first all worry about what their insurance. And I think this just release you if definitely if you are insured and under insured, you can get in, I think, a treatment Yeah. assessed to And so that this needs for lots of a patient have worry about their resource coverage and this is a statement to reassure them. Okay. So you're saying Don't worry underinsured about it. means patients who were worried about their coverage. If you could any additional thoughts? Again, just curious what that word means. Like, what kind of patients are you picturing or thinking of, when you see that description of underinsured? So I think really patients can having different type of insurance and certain insurance just not really able to authorize this type of treatment either. I think I mean, sort of, you really need help. And, of, you probably getting a small amount of paid, but you you will leave large. Mhmm. You're probably not concerned about your affordability. And I think with this company initiated the the program, they were able to definitely even things were not really powerful. And I think that they will having some solution to make you able to continue treatment. Got it. Okay. It's Thank very you. important. Yeah. Appreciate that. And then, let's just take a a moment on statement m. I don't think we talked about that one yet. What are Yeah. your thoughts there about that, that statement? So I think this is a pretty generic statement just to say of is a a coward and they are just able to assess Mhmm. private authorization. The the company is making help about will be committed that you will be pricing in short. So this is, Okay. obviously, just a pretty general statement. So I think that would be Got it. But I wanted to just circle back to l because I know we have that at first, we had that ranked high. It was number two, Yeah. but then we moved it down to number four. I initially thinking about zero co pay and but I think one the insurance and I think co pay yearly of majority of the covered. So I think getting additional co pay. So just zero co pay, and it's one of the benefit. But I think that the main thing is that you will get encouraged and co pay zero and the small amount of co pay is just a number difference, it's not like any other would be more of Got it. traumatic getting cowardice. So that's most important thing. Got it. Okay. Thank you. Alright. So here, this these messages are related to Genentech's legacy and experience in SMA. Yep. Yeah. I think the first number one statement to me is a e. I think over twenty one thousand patients globally, and that's really state this how beneficial this treatment. So and so I think that that's really number. It's really eye opening number and to see if so many patients received this treatment. Mhmm. So I think that that that's What does really that say to you to see that that number? What impression or thought does that give you? I mean, typically, we are expecting, like, 50,000 or, like, fifty, sixty thousand overall population and the twenty thousand. But it's pretty much like half of amount of patient is on at least the five years. And that's suggesting this is the market share. It's it's really high and that so many patients has been using this medication. Probably, it's definitely the efficacy, tolerability, and the benefit. It's definitely getting patient has been stay on this treatment. So that's really Okay. the number that really gave you the the the two. And I think that that's really strong number. And yeah. Thank you. Here, the statement is also saying that Evrysdia is the most chosen disease modifying Yeah. therapy. So that's reason almost a high percent of patients has been Okay. onset to most children. It's parallel with the number. Okay. We could also restate that as the most prescribed d m Yeah. p d n, DMT. Yeah. For you, which is the stronger way of saying that? Most chosen or most prescribed? Two be I think it's it's more like saying you make a voluntary choose. I I think it's more just to say, prescribe a of a I think choose and put much better than to say put similar meaning, but I think choose a small of will say meaningful. Okay. Got it. Thank you. What would you rank second and third here? Yeah. Secondly, will be I will say w. It's let me go go back to at that again. So yeah. I will say will be second. Sorry. S Oh, will no be worries. second. Yeah. Tell me, about And statement so s. I think they they are emphasizing of the company in the commitment to SMA treatment Mhmm. with the innovation of oral therapy and leading the way in breakthrough. That's that's that's really of I think compare other of, like, invasive therapy and for fecal maintenance. This is definitely much much, obviously. It's I imagine people can have, I will say, RNA therapy with a pill, and I think that that's really genetic and really the first company to Got generate it. this type of therapy. And I think this is the brand in the SMA treatment is definitely every people knows genetic and and I think that's the reason I look at this statement. It's really of saying the the the fact every K. people aware. So I think that it's Got a it. strong So statement. I'm curious, given what you said, I'm curious what you think about the first and largest biotech statement. Is that meaningful? Yeah. It is definitely. This is a you meant that Mhmm. they Okay. have a really multiple innovation. This Mhmm. is definitely Okay. one of And them. Yeah. then w, that was our third ranked statement here. Tell me The about third that. rank at this is just just adding more fact, but these are I think of collaboration with community greater than five year, but but just this is a small general compare the other two just of emphasizing of I think a worry differential statement Got it. like most prescribed. This Okay. most chosen. Yeah. Thank you. Alright. So for this category, this category is addressing a future state. So let me explain. Before you start reading, let me give you a little background here. So we know Yeah. that doctors wanna do right by their patients, especially in light of so many new treatment options on the horizon. So in particular, we know that the expanded indication for gene therapy up to 18 years old is anticipated. So that's one of the particular new treatment options in mind with this being written. So these new therapies may prompt conversations between you and your patients or the families, about switching. However, it's important to consider how switching to these new therapies could impact your patient's access to other options long term. So, again, just wanna stress that this category is referring to the future state that may exist once these therapies have come Yes. along. Yeah. So this is a game of just emphasizing when you are definitely receive the gene therapy and there are many reasons this is has not been of any like, a cure. There is a certain patient with the gene therapy. I think you really have to be prepared to really prepare for a treatment when you are not achieving what the initial Okay. gene therapy benefit. And I think you definitely even you're getting gene therapy, you still be need to be prepared if the patients are not achieving your Mhmm. expectation and other secondary treatment is important. I think many reason risk can be the treatment to continue Okay. benefit following therapy. And this is just a different from different approach to say it's unlikely who you are. Eventually, be require a second Okay. therapy and average sleep probably And should be something you will choose. how would you rank these thank you. How would you rank these Okay. statements in terms of your preference? I will say Okay. Yeah. I see. Yeah. So that I will definitely say of why definitely gave you number one, gave Okay. you the situation you will most likely whenever you in need, and this is the help you get to really get you to the second therapy smoothly. Got And, it. So it's the it's the it sounds yes, like it's the it's part about, like, they're, like, they're here to help to kinda get you through this. correct. Okay. Yeah. Got Yes. it. Yeah. What And would you rank second? second will be term coverage. Yeah. So that will be I will say a will second. Okay. And what is your reaction to a? Tell me. Oh, I think it's clearly to say with the of a patient from a two long term follow-up and the forty four average forty four patients require MTT therapy. And I think a risky it's definitely a What good is choice your reaction to to that data that forty four percent on average require additional therapy? so so that means like with the gene therapy and I think almost forty percent patient. No. More than forty percent patient is going to be required least now of following gene therapy. That's that's really just to say of chances that you will get that is really really high. So I think you really have to be ready Okay. to be using this Got it. treatment. So And this so just, sorry. Go ahead. yeah. And I think that that's four four percent. I think Okay. that that's really pretty high to to really say it's data that we're suggesting that. And I Okay. think it's it's much of I think much higher than typically of people expecting. So I think making Got it. you really have to be prepared early to get in there. Now And it's not it's it and forgive forgive not me uncommon for jump situation. got it. Yeah. Thank you. Forgive me for jumping in. The the clock is never on my side. Okay. We it it's stated as an average of forty four percent of patients. However, alternatively, we could state it as a range. So we could say anywhere from twelve to seventy percent. So is it stronger to hear it as an average of forty Yeah. four percent or better to hear I a think range? the range will be sometimes will be blurred. Means like of people can have in because when you see the scale and I think people can have in school and I think skilled and the people really do not really know to say which range is high barrier. But I think that Well, the the this 40 is for four you, percent though. is I mean, like, for you personally, yeah. what which is Yeah. yeah. I would say I would reach 44%. Yeah. It's Okay. a it's a stronger Got it. Okay. statement. Yeah. What would you write Me. third and fourth here? The third will be yeah. I will say b, and K. you might want to change RP your patient more individual eligible before do it. Individual insurance require approval to assess gene therapy. Follow gene therapy in case need. No. I will say that. So I will say always let me see. Between crispy. Okay. Yeah. We just keep that. So three will be and four will be o. Alright. And let's just talk about, what what made you So drop that into fourth ranking? What is it about that one? these are, I think, switch back to re adding risky if needed. And Mhmm. I think that is that's pretty much, I will say, coverage implications, switching patient risk gene therapy. Some gene therapy switching back to re adding every speed if needed in terms. Okay. Yeah. I I I will say these are unusual situation. We are definitely be start with the average t and then just getting gene therapy. So it's it's not really of common. And I think Okay. yeah. It's just not Got common it. So to going from Evrysdi to gene therapy back to Evrysdi, you're saying that yeah. that just wasn't it's just not common. Correct. Okay. Yeah. Got it. Alright. Here are the messages that we have looked at together. This compiles all of them on one page. And I'd Yeah. like to have you create the most compelling access story for Everesty. You can choose Yeah. as many or as few of these messages as you want. You can choose some from all four categories, or you can ignore Yeah. one or more of the categories. You have free rein. Yeah. So I think the one thing I have for can definitely we talk about we see it's one of three SMA, but just look at the statement 2,100 more than 8% using it. And I think this is a very strong statement in many ways. So this is Okay. So I've highlighted LE as one of the messages you'd like to choose. Which others? Yeah. So I think this is a very good. But secondly, just to say forty four percent, even you're getting gene therapy and I will say over forty percent of patients will be need a secondary therapy and definitely ARIST is probably a better choice. And at the same time, when you are getting of I think gene therapy, if you definitely you see the sign may require you definitely getting ready and to Okay. start early because it's really high chance you will require a second rate and be ready. We will work at the beginning with the insurance Got it. of option everything. Okay. So those are secondly. And I think the third one, what I really like is that just with the the insurance, the manufacturer always helping support. I I let me see what's the age. I just choose the one over the age. It's I think that's two beginning. It's I yeah. think it was g that G. you Yeah. chose. Yeah. So I Yeah. think I will choose the g as a Okay. yeah. And the lastly will be genetic innovation and commitment with Jay with CJ. That's that's really Got it. yeah. CJ up here. Let me double check with that. Can we just sponsor? That one, Okay. you said innovation, Yeah. Yeah. but that one is not about Yeah. innovation. Yeah. Yeah. So, okay, That's innovation. Which one is the innovation? so the innovation, statements are over here in the l column. Okay. I was okay. Yeah. For this one. Yeah. I will choose say as a commitment to expense with the Medicaid and then those things. Yeah. I would say, Jay, it's it's more like a of a a under insured. I mean, Okay. uninsured. They Oh, are coming. Yeah. nope. That's not that one. Sorry. Not that one. Which which one are you looking at? Let me say the let's see. Where is that one? Darn it. Yeah. I think that it's s l s. But It I I is that just one. think if Okay. we yeah. Yeah. This is one of the statement I like. It's just emphasizing Okay. the the company Got it. commitment And are here. we are we keeping HG? I had highlighted that because I, no. Forgive me. CJ was the one that, I wasn't sure if, if you were referencing that one or or not. I think it's for this one. Okay. Alright. So we've got five. Yeah. Okay. Yeah. And if I asked you which two of them you would consider just Yeah. the most important out of these five, which which are most I important? the the most I think we have, like, a a 21 patient, 21 Yep. 100, like, most Okay. prescribed. This is very strong. That means, like, currently of a large market share in Amaristi. Okay. And secondly, we'll be talking about, I think, the CJ will be he's hamper. Even you are the financial probably the most burden, most challenging. And I think that in case your insurance not able to be work up with your power region, then we do have a program to let you continue treatment. So Got I think it. this tool will be strong. Alright. Thank you. One last section that we'll do quickly here. So this section dives deeper into Genentech's free drug programs. The Genentech Patient Foundation is intended to insist to assist patients with limited financial means in accessing therapies. There is concern, however, that misuse of the program to circumvent insurance processes could jeopardize the program's future as it is a limited Yeah. resource. Yeah. So you I would definitely l is a strong. I will say these are that's a limited financial. We will still guarantee getting treatment, and I think individual with the financial. She will be two and Okay. they will be three. What is your reaction to this whole section? Like, this collection of messages. What did how are you reacting to this? So what basically just to say, it's a a really important way you start therapy. Just make sure you would not treatment not be disrupted due to any reason. And I think that this is the financial of genetic that I provide financial to really make sure your statement not going to be I'm not it's rocket. So Mhmm. Got it. option to yeah. And And no. Please go ahead. okay. Individual financial who is source negative this program will be used. Okay. And this is a means where? Like, Austin, it's old school. Yeah. I think that I will say q and l are similar because of the l is because it's very common. You are definitely having a lot of time. I'm pretty time to getting that, and they can definitely getting started bridging support, Okay. and you are not really. And the the q is is really talking about insurance issue. We are don't be worried about starting to consider therapy. We do Okay. able to help. And last one will be a be just Yeah. pretty much What it's what made you put that think one last? Is there something that doesn't work as well with that one? they are similar. That's the reason I will not Okay. be so these resources not only. Yeah. I think And they are. what did you think about this like, the introduction that I gave you is that there was a concern that there is, that misuse of this program to circumvent insurance processes could jeopardize the, the program's future. Just curious just your reaction to to that information. Can you repeat again? So I would just So the point is, the the point behind these messages is that there is concern that misuse of the program to circumvent insurance processes could jeopardize the program's future as it is a limited resource. So it's trying Yeah. these messages are trying to convey to doctors that the program cannot be used to get around insurance hassles because the you know, Yeah. it it it just it it's meant, you know, meant to be a a last resort. Otherwise, the program could, you know, disappear Yeah. if it's misused. I'm just curious your reaction to all of that. I will say this kind of really happens, but just to say what's of why you are thinking about the necessity at the same time, it's in good faith. And I will say we will not, like, really putting that. I will say we have to consider in that case is is not common scenery should not be affecting the company providing support because majority of patients really really need it. And I think especially with the the good treatment like it's I I I think that the company step up is is really helping to Mhmm. for patient. I will not be too much worry of an error. This could could be happened with a a a bill civil, other improper reason, but I think the majority case is the company support is definitely essential. Got it. So is it not believable that the program could be in jeopardy? Like, is it just just really not a believable idea? No. I I think that this is can happen. We just be cautious. Okay. And yeah. Yeah. Yep. I will say Okay. these are not yeah. Definitely need to be Okay. So is it okay to be reminded to have the company kind of put that reminder out there to doctors to say, hey. If this program is misused, it's gonna go away, so please use it as a last resort. Is is is that okay? Yeah. Okay. No. I I think that we just have to be of I say, it's important to program, but at the same time, Carlson needs a meeting just to Yeah. yeah. Exactly. So Okay. I think that case is if I would say, for example, a or a patient who have taken this support seriously. Otherwise, you can eventually end up stop. I think making this goodwill eventually stop. So Okay. that's probably will be for bad thing for every people. Got it. Doctor, thank you. We got through it. Thank you so much for your time today. I really appreciate Thank it. you. Thank you. Alright. Thank you. Thank you Have very a good much. rest of your Alright. night. Alright. Bye Thank bye. you. Bye bye. Alright.

