**qual test**

*Oct 13, 2025 | 3:00 AM | R01 Transcript*

Date: October 13, 2025

Time: 3:00 PM

**Moderator:** Thank you so much for your time today. I really appreciate it. Have you done this kind of thing before?

**Respondent:** I have. Yes.

**Moderator:** Okay. So you probably know the drill, but I'm going to just run through those key points anyway just so that I know you and I are on the same page. First, I want to make you aware that I work for an independent marketing research firm. I have absolutely no vested interest in where our conversation takes us. So I'm hoping you'll be completely candid as we talk today. We will be recording so that we have a backup to our notes. We also have a few members of the research team who are listening live with us as well. No right or wrong answers today, so we'll just jump in and see where it takes us. I have some background questions for you, of course, but the majority of our time will be spent reviewing some materials that I have. I'll tell you a little bit more about that when we get there. Also, we are required to report certain adverse events when we hear them. Adverse events are side effects or other product complaints related to any product that the study sponsor or manufacturer. You have the option to remain anonymous should that occur, but just wanted to make you aware of our responsibility with that. Any questions?

**Respondent:** No. No questions.

**Moderator:** Okay. Are you comfortable to proceed with those disclosures in mind?

**Respondent:** Yes. I am.

**Moderator:** Okay. Perfect. Let's do it. So without using last names, no mention of where you live, can you tell me a little bit about you?

**Respondent:** So my name is Tara. I am 47 years old. I have spinal muscular atrophy. I was diagnosed at age four. I'm type three. I have always been, until the last five years, a very strong type three. I'm married, and I work full time from home, and I have a bunch of animals.

**Moderator:** Okay. Wonderful. Thank you. I appreciate that. What kind of work do you do?

**Respondent:** I work in product marketing.

**Moderator:** Mhmm. Okay. Tara, you said that until the last five years, you were a strong type three. Can you tell me a bit more about that? It sounds like something has changed.

**Respondent:** Yeah. Sometime when COVID hit, something has been going on with me since COVID. Nobody has been able to figure out or connect the dots as to what's going on. They've been looking into other autoimmune diseases. I did have COVID, and it was after that. I had COVID early on, and it was pretty severe. After that, my strength started to decline. I started developing other health issues since then, and it just kind of continued. I've been to all kinds of doctors. Nobody has really been able to track down what exactly is going on with me.

**Moderator:** Okay. Thank you for sharing that with me. Could you share more about how this has changed your life or your lifestyle?

**Respondent:** Well, prior to COVID and everything shutting down, I was very busy. I was working my full-time job along with a part-time job. I was working nights and weekends in a part-time job as well. Very active, driving half an hour, forty-five minutes to my office, carrying my work bag in with my laptop, running around the office to meetings back and forth. Now I'm at the point where since COVID, I cannot even leave the house on my own. I struggle even just walking around the house. I use a handheld kitchen cart to hold on to keep my balance. I am no longer driving. I've lost a lot of the independence that I had over the past five years.

**Moderator:** Got it. Thank you for sharing that with me. Forgive maybe an obvious question because I feel like I'm already getting an answer to this. But how involved are you in your diagnosis and treatment? Tell me about that. I know everybody's different with that.

**Respondent:** Somewhat involved. I learned more up until probably 2017 or 2016. I wasn't involved with my diagnosis at all, really. As a child after diagnosis, my parents took me to a neurologist annually who just did like, it was one of the MDA or SMA centers, and they just would do the whole annual where they'd have me see all the different doctors, pulmonologists, ortho, all that. I did that up until I was 18 years old. Once I became an adult, I just decided to live my life and not have any involvement with my diagnosis whatsoever. I just lived my life as normal as I could, went through college, working, going out with friends, just trying to live a normal life. As I started to get older, once I got into my thirties, then it started to catch up with me a little bit, the SMA, and probably the busy lifestyle that I was living. I was very active for somebody with SMA, doing a lot of physical activities and everything. I tried to lead a very normal life. So I think at that point, it started to catch up with me a little bit to the point where I started to feel more tired, probably age playing a factor as well. I ended up joining an SMA group on Facebook, which is where I started to learn about treatments upcoming, connecting with other people in the community. I remember it was there that I started to learn more. I didn't even know that there were treatments on the horizon because I was that disconnected. I wasn't even seeing doctors at that point. I think it was like into my mid-thirties. I was not even seeing a doctor. I wasn't going to a neurologist. I just would only go to the doctor if I got sick. I just decided to live my life and not focus on it.

**Moderator:** My understanding, though, is that you are on treatment currently.

**Respondent:** I am on treatment currently. Yes.

**Moderator:** Okay. When did that start?

**Respondent:** I believe it was November 2018.

**Moderator:** And so tell me about that decision to begin treatment.

**Respondent:** At that point, when I heard that a treatment was coming, I did get excited because I did start to feel more tired doing activities than I had previously. Again, I think a lot of it was just age. So I did start to get more involved with trying to learn about the treatment and what was to be coming. When I heard, I did get excited. As soon as I knew the approval was coming, when it was approved, I immediately started trying to get on treatment because I just figured this was the best thing for me. I wanted to do anything I could to try to preserve the strength that I had and stay content with the level of strength that I had at that point. So I was just trying to preserve that. Anything I could do at that point to just try to preserve my strength, I was all about it. It was very difficult to get the approval initially as well as to even find a doctor, a neurologist. Where I live, I wasn't near any centers that were involved with Spinraza. I had to travel, and I tried to get a local neurologist on board. That did not work out. He got to the point where he just got frustrated with the whole process and gave up, essentially. Then it was battling with the insurance initially. It took me probably about four or five months before I found a neurologist I could work with and get the insurance approvals. It was a rather lengthy approval process. Initially, I had to travel three hours to a center which could provide me with treatment.

**Moderator:** Okay. That sounds like that's not the case currently, though.

**Respondent:** No. It's not the case currently. No. I'm going closer to home now. I'm about twenty minutes away. I have a provider that's twenty minutes away now.

**Moderator:** Got it. And you have remained on Spinraza. Is that correct?

**Respondent:** I have. Yes. I've been on Spinraza continuously since then.

**Moderator:** Got it. Alright. So you said it was really tough getting on it. What did you encounter? And we'll only spend a moment there because I know that was a few years ago, but just curious what, aside from finding a doctor, what were the insurance issues that you encountered?

**Respondent:** The insurance issues were horrible. It was a real battle because the biggest hurdle I had was the fact that the testing was not done in adults. So my insurance company was refusing to pay for treatment because there was no clinical data on adults for anybody my age. That was the biggest hurdle to get through. It took a long time before they made an exemption and started allowing approvals for adults. There were lots of appeals on my end and lots of legwork about myself as well, just trying to contact, constant phone calls, writing appeals, working with the doctor. Very, very lengthy process.

**Moderator:** Got it. Okay. Thank you. Alright. Since that time, have you had any challenges maintaining coverage for your treatment?

**Respondent:** Oh, no. It's been pretty smooth since. The biggest hurdle I've had is I want to say it was about three years ago. All of a sudden, out of nowhere, my insurance started requiring a Hammersmith evaluation, which did not require before. So that became a little bit of a hurdle because I've switched neurologists several times since starting treatment just to get closer to home. I started out three hours away, then I was an hour and a half away, then I was an hour away, and now I'm twenty minutes away. It was a little bit more difficult with my previous neurologist to go through the whole Hammersmith because he was just a single neurologist working out of an office. So he would then have to send me to a physical therapist to have the Hammersmith done. Whereas where I am now, it's part of health systems. So they do everything at my annual appointment. They do the Hammersmith. They do my whole physical exam, the whole examination, they go through all the different areas at that time.

**Moderator:** Okay. Did you have any lapse in treatment at that time?

**Respondent:** No. No.

**Moderator:** Alright. But I still can do I think I want to say I think at one point, there was an issue getting the approval enzyme, but I want to say Biogen might have provided me with medicine once at one point when there was a little bit of a lapse. But, no, I still receive my doses.

**Moderator:** Okay. And what's been your experience with Spinraza?

**Respondent:** It's hard to say what the past five years because of other things that are going on, and I truly do not believe it is related, which has been my battle because every doctor I go to just sees SMA, and they don't fully understand it and want to say that that's what's happening with me. But up until the point where I had COVID, my strength had actually improved. I had competed in step challenges at work. I was walking almost 10,000 steps a day. I was a lot more independent and even felt stronger in ways. Then, like I said, COVID happened and everything kind of went downhill from there. It's hard for me to say since 2020, like mid-2020 just because I've seen a steady decline, but I really don't feel it's related to SMA. My neurologist even said on my last annual appointment, she doesn't think it is either. It's just that we don't know what's going on.

**Moderator:** I am curious, just to get the full picture here, have you ever considered either stopping treatment with Spinraza or switching treatment?

**Respondent:** I have not considered stopping. No. Just because I feel like it would be more detrimental than anything. I do feel like as I get closer to my next dose, which I am due for in two weeks, and I'm going in two weeks, as I get closer to it, I start to feel weaker. After I get it, I do feel a little boost in energy. So stopping it, no. I have not considered that. In terms of switching treatment, I've considered the alternatives out there, and I feel for me, I like Spinraza better, and I think it's the better option for me.

**Moderator:** What is your impression of Adviviristy, and why do you think it's not as good of an option?

**Respondent:** Just because for me, I don't enjoy taking medications. I'm bad when it comes to taking medications. I don't want to take something daily. I know people have struggled with having the spinal infusion, but for me, I just go every four months. I don't have rods or anything like that. So for me, it's pretty painless. It's pretty easy for me to just get the infusion every four months and then be done with it, not have to worry about taking a medication daily.

**Moderator:** Got it. And I'm curious. Do you happen to be aware of any treatments that are in development?

**Respondent:** Yes. I know obviously that the Spinraza higher dose is coming out of the Abresdi tablets, which I believe are already approved. I know Zolgensma that they're working on different strength, I guess, for adults or older patients. I know that they're working on that. I also know about the Scholar Rock medication that is up for approval. So those are ones that I'm aware of.

**Moderator:** How much interest is there in any of those? What's your thoughts there?

**Respondent:** The Spinraza higher dose, I definitely have interest in. I've been waiting on that one for a while, so I've been excited about that. The Scholar Rock drug, I have some interest in. Not sure that it'll actually do anything, but I'm up for trying it. I'm up for giving it a try.

**Moderator:** And what is it about the Scholar Rock medicine that has generated some interest?

**Respondent:** The muscle, you know, for helping to maintain muscle strength.

**Moderator:** Got it. So the Everest tablets didn't shift any of your thinking there?

**Respondent:** No. No.

**Moderator:** You mentioned that you're in an SMA group on Facebook. Just curious if there's any other groups or ways that you access or participate in the SMA community.

**Respondent:** Not really. I get communications from CureSMA. Outside of that, not really. That's about my involvement.

**Moderator:** Where do you get your info? Like, you knew about everything that's coming down the pike or may be coming down the pike. How do you get your information?

**Respondent:** Social media. I'm actually in several SMA groups. There's a bunch of them on Facebook. So it's all coming through social media.

**Moderator:** Got it. Okay. So they're working. They're yeah. And so just so the groups that you're in are all Facebook groups, and then you're signed up to get the information from Cure SMA.

**Respondent:** Correct. Yes.

**Moderator:** Alright. Do you follow any influencers, like SMA people who have become social media influencers or anything like that?

**Respondent:** Yeah.

**Moderator:** Thank you for all of that. Really helpful. I could probably fill our whole time talking there, but we do have a job to do, which is to review some materials. I have a set of messages for us to look at together. They're in four categories or four groupings essentially. These are all early draft ideas. They're just black and white, nothing fancy here. And that's kind of the point is, you know, this team wants to get some feedback on these messages with where they're going for with them. So alright. Let me share my screen. Alright. Hopefully, you're seeing the screen that just says welcome.

**Respondent:** On my end, it looks like it's oh, there it is. Now it's up.

**Moderator:** Okay. Good. Yeah. It does take a moment to come up. Alright. So first grouping, I'm gonna bring up. But do me a favor. Before you start to read, I just want you to listen to two sentences. These messages are related to the company's legacy and experience in SMA. So just want you to have that in the back of your mind as you review these. So, please go ahead.

**Moderator:** So thank you. What is your overall impression of this category of messages? Just your thoughts that struck you.

**Respondent:** So I think, knowing I do know a little bit about Genentech. So I do believe that all of these statements are aligned with them. I do feel that the company is trying to bring medications to the SMA community and listening to the feedback, the tablet formation. For those who I know are on Evrysdi, I know that the tablet was a huge win for them because some of them were not thrilled with having to have the liquid and keep it refrigerated for traveling purposes. So I know the tablet was huge. It's a huge win for some of the people I've become friends with that are on that medication. So I do feel that a lot of this is truthful that they are out there trying they are listening to the SMA community and that they're dedicated to bringing medications to the market that will help support the community.

**Moderator:** Got it. Okay. Thank you. Was any of this information new or surprising?

**Respondent:** No. No.

**Moderator:** Got it. So let's walk through them. But before we do that, can you rank them for me one to three just in terms of number one should be the statement that you prefer most, find more meaningful, and then second and third.

**Respondent:** Okay. So I would say that one is LY. Two would be LD, and three would be K.

**Moderator:** Okay. Alright. Got it. Thank you. Alright. So talk to me about why LY. What had you placed that first in your ranking?

**Respondent:** The dedication to helping the SMA community, I do know that Genentech has been working on formulations for medications for the SMA community and has a stronghold there. So I do agree with that, the dedication to the SMA community, definitely a bar. Obviously, the five years of experience, I do know that it's been around for five years. So, yeah, in that, I know that is for sure I know a lot of people who are on Evrysdi, so I do know that it's highly prescribed. I know that it's been a great alternative for people who not everybody is eligible for Spinraza due to possibly their spine if they are no longer able to receive infusions and whatnot. So I do know that Evrysdi was huge for people to have an alternative for people who could not take Spinraza.

**Moderator:** Got it. It goes on to say that it's the number one prescribed medicine for SMA. I'm curious if that is meaningful or not.

**Respondent:** It is. I actually didn't know that it was the number one over Spinraza, but it wouldn't surprise me just because of the ease of taking it. And like I said, I know that there were people who could not take the alternative.

**Moderator:** Right. Okay. So you see number one, prescribed for SMA. What does that say to you? What are you saying to yourself about that information that it's number one prescribed?

**Respondent:** That it's a great treatment option for some people. I do believe that. And I believe for some people, it's been the only treatment option that they had.

**Moderator:** Okay. Currently, it says number one, prescribed. What if it said number one, chosen medicine? What is the stronger statement for you personally, number one, prescribed or number one, chosen?

**Respondent:** For me, number one, prescribed. Because I think for some people, they don't have a choice in their treatment option.

**Moderator:** Okay. And then it goes on to say more than 21,000 patients worldwide. Is that meaningful or not?

**Respondent:** Oh, yeah. No. It's definitely meaningful that patients worldwide are able to access the medication.

**Moderator:** What, if anything, do you take away from that, or what does that say to you?

**Respondent:** That it has a wide reach across the globe.

**Moderator:** Got it. Alright. Thank you. And then, D was our number two statement. Tell me your thoughts about D.

**Respondent:** Again, listening to the SMA community, which I think is key. Like I said, I know that having the liquid was a concern for some people in terms of traveling and having to keep it refrigerated. So the tablet formula when that came out was huge. There were some that I know, just to have that for ease of taking the medication, that really was helpful. And I think it's just a reflection that the company was listening to the patient and their needs.

**Moderator:** Okay. Got it. And then K was your third. What are your impressions there?

**Respondent:** Well, I bring this one third just because I know it says the first and largest biotech, but I know that there are several biotechs out there that are working on innovations in SMA. So for me, that just falls at the bottom of the list just because I know there are others out there and other support programs as well with groundbreaking therapy. So that's why I just put that one necessary.

**Moderator:** Got it. So it sounds like K doesn't set Genentech apart, like that it's not differentiating.

**Respondent:** Alright. That is correct. Exactly. Because there are other players in that market that are also working on innovations, have patient support programs, have therapies. So that's where I just feel it's a tough statement to say the first and largest and the pioneer when there's others out there.

**Moderator:** Okay. Now D and Y, the other two statements, are they differentiating for Genentech?

**Respondent:** Well, I feel, like I said, with the tablet formation, I do feel like that was yes. That was in listening to the SMA community, and I feel like that was key in that one. And then with Y, I think D and Y are kind of related to an extent with helping the SMA community and listening to the community and ensuring that needs are met where it says significant unmet needs. I do know that with them listening to the patients and the community that they're finding ways to help provide treatment that better aligns with the patient needs.

**Moderator:** Do these messages collectively in any way change how you feel about the manufacturer of Evrysdi Genentech?

**Respondent:** No. It doesn't change it. I personally don't have a negative impression of Genentech or Evrysdi. It's just that for me, it's a personal preference just to not take a daily medication.

**Moderator:** Got it. Is there anything that you feel could be changed or improved about any of these statements? Maybe we're blind to a way to make any of these better. Did anything pop to mind like that?

**Respondent:** No. Not really.

**Moderator:** Okay. Alright. Got it. So here's our next category. And, again, before you jump in reading, let me read this for you. The introduction of new therapies may prompt SMA patients to start a conversation with their doctor about switching. However, managing SMA is a lifelong journey, so it's important to consider how switching therapies might impact your insurance coverage and future coverage. Alright. So please take a look.

**Moderator:** Alright. What was your overall impression of this category of messages? How did it land for you?

**Respondent:** Well, it sounds like pretty much what I've gone through in the past. We're trying to get insurance coverage and the challenges you may face. I especially know that if you then try to switch a treatment that you may run across roadblocks there as well, in trying to get an insurance approval when you've been on a treatment that they've already been covering. It's sometimes even harder to switch from one to the other.

**Moderator:** Got it. How have you learned that? Since you've not made a switch yourself, how have you become aware of those challenges?

**Respondent:** I know just from the SMA community, from those who have tried to make switches or then switched back from one treatment to another, that they encountered insurance battles and trying to make a change.

**Moderator:** Got it. Okay. And I'm just curious since you mentioned the SMA community, the social media, the Facebook groups that you're in, are they 100% patient-based?

**Respondent:** No.

**Moderator:** Okay. So no moderators or doctors or anything like that.

**Respondent:** No. No.

**Moderator:** Okay. Alright. Yeah. I'm curious about that. Thank you. So I know that you have until now not had any interest in switching, but you do have a little bit of an interest in maybe some of the future things that might be coming along. So I'm just curious, the idea of potential insurance barriers to switching, would that factor into a treatment decision for you or no?

**Respondent:** That, I mean, absolutely. It's a hard battle with the insurances. So if my insurance was gonna create a roadblock with me making a switch, it would definitely play a factor in me switching treatment.

**Moderator:** Would it potentially deter you from switching?

**Respondent:** It could. I guess it would depend on the need for the switch. If I was switching because my current treatment was either no longer effective or I was no longer able to stay on it, and I really had a need to make a switch, then obviously, I would go through whatever battle I had to to get on to an alternative treatment. But if it was just to give it a try and the insurance hurdles were too large and just I felt like not worth it, then no, I may not want to take on that fight. I've been there. This is not fun.

**Moderator:** Okay. Got it. How would you rank these in terms of just your preference?

**Respondent:** So let me see. So I think I would do L as one. And I would do G as two, W as three, and that would be four. Yep.

**Moderator:** Okay. Thank you. Alright. Let's talk about L. What put that first for you and what stood out to you in that one?

**Respondent:** The things that I thought stood out about this one is just the support system behind making a switch that's listed, the MySMA support, just having somebody there to help you navigate the challenges, I think, is huge when trying to deal with insurance coverages. I personally know that with my own battles, I didn't always have support, which was and it was on me to make a lot of phone calls and do the legwork, and it's more stressful. I think having SMA in itself is stressful enough, and to have to then battle with your insurance is a whole another level of stress to add on.

**Moderator:** So if you knew you had something like MySMA support with, you know, liaison, you know, PALS, individuals to help with that, would that help lessen the barrier? Might you take it on if you knew you had support? Or I guess I'm curious about how whether that would lower the barrier to switching or not.

**Respondent:** Yeah. I think having somebody there to help you through a transition or helping you battle through insurance roadblocks would be huge versus having to do it on your own.

**Moderator:** G was your number two. Tell me about that one.

**Respondent:** I think that understanding, which I think a lot of people in the SMA community are pretty savvy about knowing about insurance and how it works, but not everybody may understand the ramifications. Just having an understanding of knowing that it can take time to get through a whole approval process. So I think that's important to know. You may want to make a switch, but that doesn't mean that you're gonna get approved tomorrow. It could be a little bit of a battle and take up to six months before you'll actually get the treatment that you need. So I think that is another key factor in making a change.

**Moderator:** And with W, that's there.

**Respondent:** So that one, I feel somewhat related to G, just understanding what insurance changes may occur, what your out-of-pocket expenses may be, how they may differ from treatment to treatment. And then, again, if you make a switch and then that doesn't work out for you, if Evrysdi didn't work out for you or you go to Spinraza and it doesn't work out for you, will you be able to switch back?

**Moderator:** Why did it fall lower in your ranking? What was it about W?

**Respondent:** Just because I feel like I personally haven't gone through it, but I feel like that one has not been as big of an issue that I've seen. Not that it's not occurring, but just that it hasn't been as big of an issue with switching between switching back.

**Moderator:** Got it. Okay. Like, meaning within the communities that you well,

**Respondent:** Within the community.

**Moderator:** And, oh, that one fell to the bottom. Tell me about that.

**Respondent:** Well, I know about the disease-modifying treatments now after gene therapy. That one, I feel like just because the options aren't there at the moment, at least for most people, I feel like that's why that one fell to the bottom for me. Not that it wouldn't be important if the options were there for a lot of the community. I think it would probably rank higher, but it just right now, for me, it's at the bottom.

**Moderator:** Okay. Just to check, was any of the messaging on this page in any way off-putting or concerning for you?

**Respondent:** No.

**Moderator:** Okay. Tell me why not.

**Respondent:** Because I don't see anything that isn't a real concern, you know, with making a decision to change a treatment. I don't see anything that isn't meant to scare anybody off or anything. These are actual things that can happen if you're trying to change a treatment.

**Moderator:** Alright. Thank you. We'll go to our third category. And, again, I have just a little something I'll read first. So this section, these messages pertain to the moment that you and your doctor have made the decision to start treatment. Think about that moment and the processes you had to go through as you consider these treatment.

**Moderator:** What was your impression overall of this category?

**Respondent:** I thought this one was I like the way all of these read, actually. Just, again, knowing that each one of these statements regarding the MySMA support and having a PAL available to help you with any issues having, starting treatment, pursuing the insurance approval process, and basically with any challenges you might be facing, I think that's great to have that kind of support when beginning the journey or starting a new medication.

**Moderator:** Are these messages differentiating? In other words, do you feel like this support exists with other manufacturers, or does this differentiate Genentech?

**Respondent:** Yeah. I think it does. Especially because they all kind of read a little differently. But I did like where we actually got into the numbers in the first one with the four out of five appeals are successful. And having the experienced team ready there for you, for me, seeing the numbers actually kind of presents a stronger point to me.

**Moderator:** Okay. So how do you feel about seeing four out of five of Evrysdi appeals are successful?

**Respondent:** For me, that's a very strong statement, and I feel like that shows the success behind the programs, behind MySMA support and having the PALS as a liaison. I do feel like that helps present the success of the program.

**Moderator:** Scale of one to seven, how strong is that four out of five statement?

**Respondent:** It's a seven. I think it's good data to have.

**Moderator:** Got it. If four out of five is strong, what well, actually, let me ask you this first. Is it better to say four out of five, or is it stronger to say 80? Sorry. Did I lose you? You know what? I don't hear you anymore. Let me get Yousef back to give us a hand. I'm not sure what changed. To be fair, just try saying something again, Tara. If the team let me know, team, if you guys can hear, Tara. I cannot. I've asked for our tech to come back. Okay. It's not just me. Oh, can you refresh your page?

**Respondent:** Did that work?

**Moderator:** Yes. It did. Okay. Awesome. Alright. Thank you to the team member who had the right idea there. Okay. Good. I wish I could say that was my own idea, but it was not. But it worked. So, yeah, we were talking about the four out of five versus 80 percent. I do think the four out of five looks like it's a stronger statement than 80 percent.

**Moderator:** What if it said three out of five? Would that still be strong? Two out of five, like or if I ask it this way, like

**Respondent:** No. Then I think it's just lowering the percentage ultimately.

**Moderator:** Okay.

**Respondent:** Yeah. So I think the four out of five just kind of represents a stronger percentage of appeals and just has more meaning to the patient.

**Moderator:** Got it. Okay. So can you rank these for me?

**Respondent:** So X is gonna be one. Q, I think I wanted to say is two, and then V is three.

**Moderator:** Tell me about Q.

**Respondent:** What I liked about Q was I felt that that kind of touched the SMA community with saying SMA is a lot to manage, which was kind of a statement I think I made on the previous slide. When you're going through insurance approvals and whatnot, dealing with the disease day in and day out is a lot in itself, and then to have to deal with other things like insurance and getting equipment that you need, that's a whole another level of stress. So I feel like that kind of relates to me that Genentech is trying to help the patient because they understand what they're going through in that spot. Having the PAL to assist is just going to help rather than putting it back on you to have to deal with everything on your own.

**Moderator:** Okay. And V came in third in this set. Tell me about that.

**Respondent:** The only reason I listed it third is just that I felt, you know, I like I said, I'd like the data in the first one in X, and then I felt that the Q would have a lot of meaning to somebody with SMA. But the V, I kind of feel like, you know, close in line with Q. Just having the PAL and the MySMA support as resources to help you navigate the whole insurance approval process and any other information you might need to get treatment underway.

**Moderator:** Got it. And we talked about this a little bit, but when you think about wanting to be on a therapy, what would make you take the step to push past a denial? I know you talked about it would depend, like, if the treatment you were on wasn't working well. But is there anything else that would just make you take that step to push for access even if you've been denied?

**Respondent:** Yeah. I think if you feel very strongly about the treatment itself and that's the option you want to go with, and you're that determined to get on to that treatment, then you're going to do whatever it takes to get onto that treatment.

**Moderator:** Okay. The at the end of statement V, it talks about reduce anxiety and ensure you receive your medication. This part about reducing anxiety, is that a relevant aspect to this message? Does it belong here or maybe it's unnecessary to reference that? What are your thoughts?

**Respondent:** No. I think, for me, I understand it because I do feel like there is a level of anxiety when you are working through dealing with trying to get an approval and working through denials. When you receive a denial, I feel because I've been there, your mind kind of goes to, I'm not gonna get it approved. It's not gonna happen. I'm not gonna get on this treatment, and I need it. Whereas, if you have somebody there to support you through that, it's gonna help reduce that anxiety and help you understand, no. I've seen this. We're gonna get the approval. It's gonna be okay. Here's what we need to do next. Let's work through it together.

**Moderator:** Okay. What about in X where it says four out of five appeals are successful, does that, like, I don't know, I guess, like, how impactful is that given what you just said?

**Respondent:** I think, again, that number is very impactful, showing that the majority of appeals are successful. So the majority of cases that they work through have been approved. They have seen success. So for me, that's impactful.

**Moderator:** Here's our last category, and these messages pertain to the ease of getting Evrysdi from an insurance coverage standpoint.

**Moderator:** How would you rank these?

**Respondent:** So I would rank it with P as number one, F as number two, and R as three.

**Moderator:** Why P? What is it about that one?

**Respondent:** With P, I really like that sentence, the statement that Genentech's commitment to responsible pricing, a patient assisting, just kind of showing that Genentech is here to support and work with any challenges that are gonna come up to get the patient access to the medication. So that's why I felt that that was a strong statement, which led me to want to rank that one as number one.

**Moderator:** Got it. And tell me about number two, F.

**Respondent:** I like that statement just because I know that not everybody has commercial insurance, and I know that for people who do not have commercial insurance, there's a lot of anxiety for patients in trying to access treatment, so I felt like that was a key statement as well.

**Moderator:** Got it. And R, that one came up last in our ranking.

**Respondent:** The only reason I listed it last was just because, you know, I know I said before I like the numbers, which I do. But I kind of feel like it ties into the first one somewhat and trying to just make sure that everybody has well, the first and second one, ensuring that everyone has access to the medication and to the approvals. I do like the 90% mentioned in there. Again, just for the statistic behind it, I feel like that is good to have the number.

**Moderator:** I know you've liked the numbers, so I was curious. If I had taken a guess, I might have thought you would have ranked R number one because of the number.

**Respondent:** Yeah. I know. I was toying between that, but I did like just because that whole statement about the commitment to responsible pricing and patient assisted, the statement of saying that they're committed to that, I felt like it's a really strong statement.

**Moderator:** Okay. Got it. In R, where it says insured people, what if we used the phrase commercially insured? It sounds like that's a phrase that you are familiar with that makes sense to you. Would that be a better way of stating that?

**Respondent:** No. I don't know that I would specify commercially insured because then I feel like you're excluding some, you know, a class of people, whereas insured is a broader group of people.

**Moderator:** Got it. Alright. 90% coverage for 90%. How strong is that scale of one to seven? How strong is that statistic?

**Respondent:** I would say it's a seven because that's a good percentage.

**Moderator:** What if it said 85% or 80 or 75 or 70? Like, where's the point where you would no longer say, hey. That's like a really meaningful number to me.

**Respondent:** I would say anything above 80 is a meaningful number to me.

**Moderator:** Alright. Got it. Okay. We have done very well. Here are all of the statements that we just looked at. And I'd like to get a sense for which of these statements you would choose to create the most compelling message, the most compelling story for Evrysdi. You can choose as many or as few as you want. You can choose from every grouping, or you can ignore two of the groupings. You have free rein to choose in any way that you wish.

**Respondent:** Alright. So I think I would pick one from each category. So I was gonna say that I would probably go with D from the first category and with L from the second. And then, it was V on the third. And on the last one, P.

**Moderator:** And from what you said, it sounds like you only want one from each category. Like, you're purposely choosing one from each category.

**Respondent:** Because I do feel like there's a little bit of overlap in them and within the category.

**Moderator:** Got it. But you do want to represent each category, so you're choosing not to drop off any of the categories.

**Respondent:** Correct. Yes. I feel like it almost tells a story when you select each category.

**Moderator:** Okay. Perfect segue. What order would you put these in to tell the story?

**Respondent:** So how I played it in my mind was actually the way they're listed. It was going, like, D, then L, then V, and then P, because I feel like it kind of tells the story of, you know, from start to finish with making selecting a treatment before switching to the treatment, knowing what resources are available to you. And then ultimately, with any challenges you might reach with coverage and having the support of Genentech.

**Moderator:** Okay. If I forced you to the two most important messages, which ones would they be?

**Respondent:** It's tough. I'm gonna say probably L and V.

**Moderator:** Why those two?

**Respondent:** Just for the statement of understanding the roadblocks behind making a switch to the treatment and then understanding how the insurance coverage works and knowing that you have MySMA support as well as the PALS available to assist you through the change through the approval rather.

**Moderator:** Tara, I'm gonna give my team just a heads up that we're almost done. So if they have any final questions to let me know. I believe I'm gonna double check, but I believe that a couple of the ones that you chose here were not necessarily your number one in each of the categories.

**Respondent:** Yeah. I do think that.

**Moderator:** And thoughts on that? Any particular reason for that?

**Respondent:** My reason behind it was just because as I looked at them all together and tried to like I said in my head, I was trying to put together bring them all together, basically, to tell a story. And as I read them through, I felt like those just strung along better together with doing DLVNP. That was the only rationale behind it.

**Moderator:** Okay. Alright. Got it. And dot, I'm just gonna check where we varied. So it was here. So it had been Y instead of D on that one. And that was the same L. I thought that was the same. Here, it was X, but we went with V instead.

**Respondent:** Like a four and five.

**Moderator:** Yep. And this one was the same. So yeah. Okay. Okay. I'll if the team has anything else on that, they'll let you know. And I'm just giving them just a couple more seconds. So while I'm waiting, I'm just curious, just based on everything you've seen today, just as like a wrap-up question, what would be your likelihood to ever consider switching to Evrysdi just based on what you now know?

**Respondent:** So, again, it's just for me, it's just having to take a medication daily is still my concern. I did consider it if they would allow me to take both treatments simultaneously. I know that some are doing that. I know that we've tried in the past with my previous neurologist and it was denied. If it came to that, I would definitely consider adding on. I don't think at this point I'd be looking to really make a switch unless there was a need.

**Moderator:** Got it. Tara, thank you so much. I apologize for two minutes over. I'm sorry about that. I do try to be right on time. I was close. Thank you. Such a pleasure to speak with you today.

**Respondent:** Thank you. Thank you so much.

**Moderator:** Thank you. Alright. Take care.

**Respondent:** Okay. Bye.

**Moderator:** Bye.