SMA Demand Qual

(Sep 5, 2024 - 5:00pm)

(00:00:04 - 00:00:41)

**Stacey:** Thank you for your time today. I appreciate it. Just to quickly reiterate, our topic today is going to be SMA. I think you are anticipating that, and, we have an hour call together. I know we're getting started just a few minutes late, so it's about, seven after. So I'll plan to to finish about seven after six or whatever time it is in your time zone. Alright? And then I oh, sorry. Just it, like, kinda went crazy there for a second.



(00:00:41 - 00:00:44)

**Nivedita:** No. There is a fan in the background here. It's from my computer.



(00:00:44 - 00:00:44)

**Stacey:** Got.



(00:00:44 - 00:00:44)

**Nivedita:** So.



(00:00:44 - 00:00:45)

**Stacey:** It. Okay.



(00:00:44 - 00:00:49)

**Nivedita:** I was trying to get it I was trying to get it on the desktop, but the desktop doesn't have sound. So.



(00:00:49 - 00:00:49)

**Stacey:** Got.



(00:00:49 - 00:00:50)

**Nivedita:** But.



(00:00:49 - 00:02:20)

**Stacey:** It. Okay. No problem. Alright. So let me run through the disclosures for our time together today. As I mentioned, we have sixty minutes together. We will be recording the call, and we will have a few listeners, with us as well from the research team. We will, I'm actually gonna ask Ayan to, to take her name off the screen. Brian, if you could do that. Just saying that should let's happened to that? And, so I'll ask you not to mention your last name or your practice name, know, you know, or the state that you're in. No no specific identifying details, just so that you know. And, I work for an independent research group, so we have no vested interest in the comments that you share with us or the opinions that you have. So I hope that you will be very candid in our conversation today. And, you may be aware we are required to report adverse events and product complaints when we hear them. So, we'll do our best to try to avoid those things today. If at all, if that does happen, then, we will ask you if you are willing to have your contact details provided with that adverse event report. You will have the option, however, of remaining anonymous.



(00:02:22 - 00:02:23)

**Nivedita:** Yeah. Alright.



(00:02:24 - 00:02:36)

**Stacey:** Alright. So, any questions? Okay. And, do you agree to proceed keeping those, disclosures in mind?



(00:02:37 - 00:02:37)

**Nivedita:** Yes. Absolutely.



(00:02:38 - 00:02:45)

**Stacey:** Wonderful. Alright. So thank you. So, doctor, can you start by telling me a little bit about you and your practice?



(00:02:46 - 00:03:41)

**Nivedita:** So I run a big neuromaster clinic, and the clinic was kind of designed from scratch about six years ago. And then, because of the big need in the area that I serve, there were a lot of, you know, people and patients that came to the clinic. So I was able to build a lot of programs, especially for adults. That includes programs for Duchenne, spinal muscular atrophy, CIDP, myasthenia gravis. We're an MGFA, recognized center, an MDA clinic. We're nationally recognized nationally recognized for our EMG lab. So we have a lot of accolades, peripheral nerve center of excellence and things like that. And in the tandem, I'm also, like, working as a neuromuscular expert. I have my own business that we're now building in case there's transitions in the future. But, you know, I have a lot of things going on in terms of that's what I do every day. You know, I was trained in the past. It's been about fifteen, sixteen years. You know?



(00:03:41 - 00:03:52)

**Stacey:** Got it. Thank you. Thank you. I appreciate that. And, tell me about your SMA population. I understand you have about forty patients. Is.



(00:03:52 - 00:03:52)

**Nivedita:** That.



(00:03:52 - 00:03:53)

**Stacey:** That.



(00:03:52 - 00:03:53)

**Nivedita:** That's.



(00:03:53 - 00:03:53)

**Stacey:** Correct?



(00:03:53 - 00:03:57)

**Nivedita:** You know? Yeah. Between thirty five and forty. That's correct.



(00:03:57 - 00:04:02)

**Stacey:** Got it. Okay. And what is the the age ranges of your SMA patients?



(00:04:05 - 00:04:19)

**Nivedita:** What's the age range? It's about the so they're about, I would say, between twenty years and, you know, they're a lot older, some of them are sixty, sixty five.



(00:04:20 - 00:04:20)

**Stacey:** Got.



(00:04:20 - 00:04:20)

**Nivedita:** So.



(00:04:20 - 00:04:21)

**Stacey:** It.



(00:04:20 - 00:04:21)

**Nivedita:** I have mostly adults.



(00:04:22 - 00:04:29)

**Stacey:** Okay. Got it. And it sounds like no well, no no children under eighteen with SMA at this.



(00:04:29 - 00:04:31)

**Nivedita:** I I may have had them in the past. I don't have them currently.



(00:04:32 - 00:04:32)

**Stacey:** Yep.



(00:04:32 - 00:04:32)

**Nivedita:** So.



(00:04:32 - 00:04:32)

**Stacey:** Okay.



(00:04:32 - 00:04:41)

**Nivedita:** Sometimes they come in, you know, for an initial evaluation for medication management, and then they go on to other institutions.



(00:04:42 - 00:04:48)

**Stacey:** Understood. And anything unique about your SMA patient population, would you say?



(00:04:48 - 00:04:57)

**Nivedita:** I just think it's incredible that they're living with such weak bodies, and then they they're able to function like that. You know? So.



(00:04:57 - 00:05:08)

**Stacey:** Got it. Alright. So I wanna talk about SMA treatment. You know, what are what are your preferred treatments that you're and, by the way, do you do you need a minute to take care of something?



(00:05:08 - 00:05:10)

**Nivedita:** No. I'm good. I'm good. Yeah.



(00:05:10 - 00:05:10)

**Stacey:** Okay.



(00:05:10 - 00:05:14)

**Nivedita:** I'm just, like, trying to trying to just adjust this the sound and everything here. So.



(00:05:14 - 00:05:15)

**Stacey:** Oh,



(00:05:14 - 00:05:15)

**Nivedita:** I'm.



(00:05:15 - 00:05:15)

**Stacey:** Got.



(00:05:15 - 00:05:15)

**Nivedita:** Good.



(00:05:15 - 00:05:26)

**Stacey:** It. Okay. Alright. So tell me, you know, just in terms of treating SMA, you know, what are your kind of more typical or or preferred treatment approaches that you're reaching for?



(00:05:26 - 00:05:40)

**Nivedita:** I would say that for SMA, I just do mostly, I do Spinraza or Everestite, but most of my patients get, Evreste. So that's what they they they choose, but I let them choose. So.



(00:05:39 - 00:05:49)

**Stacey:** Got it. Okay. So tell me, about them mostly choosing Everesty. What seems to be the the basis of them preferring or choosing Everesty?



(00:05:50 - 00:05:59)

**Nivedita:** It's just because of the ease of administration, the ease of being able to take, that compared to having, like, intrathecal injections.



(00:05:59 - 00:06:11)

**Stacey:** Mhmm. Got it. And do you have a a preference? Like, do you, you know, prefer to see them on one or the other or steer them towards one or the other?



(00:06:13 - 00:06:21)

**Nivedita:** No. I don't really have a preference. I just think whatever works for them and whatever is easier for them. That's really what's important. So.



(00:06:21 - 00:06:38)

**Stacey:** Got it. Alright. So I'm gonna share my screen, and just bear with me while I have to click a few, things here to get to the screen. Ah, there it is. Okay. Alright. So you should now be seeing.



Screen Shared @ 00:06:38 by Stacey



(00:06:38 - 00:07:02)

**Stacey:** My screen that just says welcome. Okay. Alright. Good. So what, let me bring up our first page together. Let me get a sense, you know, with your thirty five to forty patients with SMA. You know, what what percentage, fall, you know, on, on each of these particular treatment options so that I get a just get a sense of of where they what.



(00:07:02 - 00:07:03)

**Nivedita:** No.



(00:07:02 - 00:07:03)

**Stacey:** Your.



(00:07:03 - 00:07:03)

**Nivedita:** It's just.



(00:07:03 - 00:07:03)

**Stacey:** Population.



(00:07:03 - 00:07:04)

**Nivedita:** It's right easy.



(00:07:04 - 00:07:04)

**Stacey:** Like.



(00:07:04 - 00:07:06)

**Nivedita:** Fifty and fifty for the first two because.



(00:07:06 - 00:07:06)

**Stacey:** Okay.



(00:07:06 - 00:07:07)

**Nivedita:** The other ones are zero.



(00:07:10 - 00:07:41)

**Stacey:** Got it. Okay. Alright. So, yeah, so zero everywhere else. Okay. Alright. So tell me about tell me a little bit more about the, the combinations here. I know you said they're zero. Tell me about that. Do you have patients, you know, who have received Zolgensma, or or no? Tell me what tell me more about that.



(00:07:42 - 00:07:47)

**Nivedita:** If if I've had patients that have received Zolgensma, no.



(00:07:47 - 00:07:47)

**Stacey:** Yeah.



(00:07:47 - 00:07:58)

**Nivedita:** I haven't. Not yet. They're not yet. Like, no. I've I've I've overseen it. I know that it exists. I know that's in our hospital, and, you know, there's the babies have received it, but nothing in.



(00:07:58 - 00:07:58)

**Stacey:** Yep.



(00:07:58 - 00:07:59)

**Nivedita:** My clinic yet.



(00:07:59 - 00:08:19)

**Stacey:** Yep. Got it. Alright. Thank you. Alright. So tell me a little bit more about the fifty fifty. I know you said that, you know, it has a lot to do with the the patient preference. Tell me more, you know, who are the patients that are choosing Epirus D? Who are the patients who are choosing SPINRAZA? What are you what are you seeing there?



(00:08:20 - 00:08:43)

**Nivedita:** With Everestine Spinraza, I would say that Spinraza are the patients that are like, almost all patients start with SPINRAZA, and they've been diagnosed a a while back, like, about eight to ten years prior. Then the Everest II patients are the ones that have well, it's really patients go through Spinraza, they plateau, and then they go to Everest II. That's usually how we do it.



(00:08:44 - 00:08:58)

**Stacey:** Got it. Okay. Alright. So out of that, fifty percent that are SPINRAZA patients, what percent of them would you say are you know, they initiated on SPINRAZA and they've remained on SPINRAZA?



(00:09:02 - 00:09:15)

**Nivedita:** Out of the fifty no. No. So wait a second here. So they because they're fifty percent because people have been on they Spinraza, the first one. Right? So they've transitioned from Spinraza to Everest, Steve. Right? So you're.



(00:09:15 - 00:09:16)

**Stacey:** Well,



(00:09:15 - 00:09:16)

**Nivedita:** Saying.



(00:09:16 - 00:09:16)

**Stacey:** That's.



(00:09:16 - 00:09:16)

**Nivedita:** From.



(00:09:16 - 00:09:39)

**Stacey:** That's what I'm that's what I'm exploring. So here, forgive me. Let's let's start with Evrisky. That might be the easier way to do it. As you said, many of the patients are starting with SPINRAZA and then shifting over to Evrisky. So in terms of your Evrisky patients, what percent of them, if any, actually initiated on EVRISD and that's been their only treatment?



(00:09:44 - 00:09:57)

**Nivedita:** I would say out of the fifty percent, I would say ten percent started with the Everesti because it was new, and then they were the ones that just couldn't tolerate, any Spinraza. So they.



(00:10:01 - 00:10:07)

**Stacey:** So you're saying they still would have started on SPINRAZA but couldn't tolerate and then shifted over?



(00:10:08 - 00:10:08)

**Nivedita:** Mhmm.



(00:10:08 - 00:10:14)

**Stacey:** Okay. So alright. So does that mean really zero percent began on Evrisky as.



(00:10:14 - 00:10:15)

**Nivedita:** Oh,



(00:10:14 - 00:10:16)

**Stacey:** Their first initial.



(00:10:16 - 00:10:25)

**Nivedita:** No. No. No. No. No. No. No. They couldn't they didn't even get on Spinraza. They didn't even want it because they had such severe scoliosis. They didn't qualify for Spinraza.



(00:10:25 - 00:10:26)

**Stacey:** Got it. Okay. Alright. So.



(00:10:26 - 00:10:26)

**Nivedita:** They didn't.



(00:10:26 - 00:10:27)

**Stacey:** So.



(00:10:26 - 00:10:27)

**Nivedita:** Want it.



(00:10:27 - 00:10:58)

**Stacey:** Ten percent fit that, whereas ninety percent of your Everesti patients would have started with SPINRAZA and then shifted over to Efrizi. Am I tracking with you? Okay. Alright. Got it. Alright. So then in terms of your SPINRAZA patients, you know, are up did a hundred percent of them start on SPINRAZA and stay there, or was there some percentage that actually started with EVRISD? You know, what what percent, initiated on SPINRAZA?



(00:11:01 - 00:11:09)

**Nivedita:** I would say I'm a hundred percent initiated on Spinraza.



(00:11:10 - 00:11:30)

**Stacey:** Okay. Alright. Got it. Okay. So, so tell me about that, because I know that you're as you said, you're giving the, you know, patients their choice. So what is it about SPINRAZA that they're they're all starting there and and only making the switch out, if they need to?



(00:11:30 - 00:11:30)

**Nivedita:** So.



(00:11:30 - 00:11:30)

**Stacey:** What.



(00:11:30 - 00:11:31)

**Nivedita:** First.



(00:11:30 - 00:11:31)

**Stacey:** Tell me.



(00:11:31 - 00:11:33)

**Nivedita:** Of all, it was, like, it was before Everest Day. Right?



(00:11:33 - 00:11:34)

**Stacey:** Mhmm. K.



(00:11:35 - 00:12:02)

**Nivedita:** And so that's where, you know, you just have it before, and then they had no other choice. Right? So that's why, you know, you know, they had nothing else. So that was the main reason. Your next thing is that they liked it because there's a lot more evidence and data with the younger population that it got better. There wasn't so much evidence in the older, but they thought that this would actually be more effective. So a lot of them kept it for that reason.



(00:12:04 - 00:12:25)

**Stacey:** Got it. Okay. So just to double check, do you, I mean, do you have a breath? Do you prefer that they start on SPINRAZA, and and then, you know, perhaps make a change down the road? Or, you know, is it is it an equal option in your mind to to initiate treatment Eversea?



(00:12:27 - 00:13:01)

**Nivedita:** This is about equal. They're like both of them really don't have, like, major impact or, you know, they're not revolutionary in terms of the patients are, like, getting up and walking. So and that that being said, it's like you end up you end up, you know, so they're not getting up and walking. You end up just seeing their micro changes, and, you know, the patients will take whatever. Even if a little bit of energy or a little bit of boost, they're probably, you know, appreciating that little bit of a change, if that makes any sense.



(00:13:02 - 00:14:35)

**Stacey:** Got it. Okay. So, I'll circle back if the team has some additional questions, but, for now, I'll shift to our next, to our next topic area. What I have here is a series of product attributes or features, to say it another way. The team has attempted to put together a pretty comprehensive list. The list represents all of the the currently available SMA treatments and, you know, even some possible future, you know, product attributes. And what I'd like to do I've got four pages. I'd like to go through them with you, have you review. I am particularly interested in the clarity of these attributes, whether they are written in clinical language that resonates with you, if they're the way that you would, you know, speak and and talk about these things. For additional context, this list of attributes will be used in a a different research project where doctors will not have the benefit of someone like me being on the call with them. So perhaps it might be an online study where they're just, you know, completing things all by themselves. So clarity and appropriateness is is very important. Alright. So here is our first page. So I'll let you, go ahead and read through and certainly tell me if anything kind of jumps out to you as you're evaluating this first page.



(00:14:40 - 00:14:45)

**Nivedita:** And, Orian, I mean, these are different treatment options or different treatment choices? Or.



(00:14:45 - 00:15:04)

**Stacey:** So these are different features or attributes of the current and possible future SMA treatments. So, these are things that could, you know, play a role in decision making when evaluating different SMA treatment options. Does that help?



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

**Nivedita:** Mhmm.



(00:15:29 - 00:15:45)

**Stacey:** So first, how clear are these? Are these written in language that are clear, immediately easy to understand, you know, appropriate clinical language, or any any issues with any of these attributes that you're seeing here?



(00:16:05 - 00:16:11)

**Nivedita:** Nothing that I can really think about. It looks pretty good. It's very.



(00:16:11 - 00:16:12)

**Stacey:** Okay.



(00:16:11 - 00:16:13)

**Nivedita:** Clear. Yeah.



(00:16:12 - 00:16:37)

**Stacey:** Okay. So thank you. So wanna touch on a couple of these. So mechanism of action, we've got three attributes there. And again, I would love, you know, just your your candor here. Are they are they all clear? Do you know exactly what each of those three things is referring to, or, you know, would any of them need more explanation or or, you know, information?



(00:16:44 - 00:16:45)

**Nivedita:** They seem pretty clear to me.



(00:16:46 - 00:16:47)

**Stacey:** Okay. And.



(00:16:47 - 00:16:52)

**Nivedita:** I know I like this one, but I I mean, I don't know. Is it for parents or patients or.



(00:16:52 - 00:16:53)

**Stacey:** Oh, no.



(00:16:53 - 00:16:53)

**Nivedita:** Is.



(00:16:53 - 00:16:53)

**Stacey:** For.



(00:16:53 - 00:16:53)

**Nivedita:** It.



(00:16:53 - 00:16:53)

**Stacey:** You.



(00:16:53 - 00:16:54)

**Nivedita:** Oh,



(00:16:53 - 00:16:55)

**Stacey:** As a no. No. For you as a physician.



(00:16:56 - 00:16:56)

**Nivedita:** Okay.



(00:16:56 - 00:16:57)

**Stacey:** Yeah. Yeah.



(00:16:57 - 00:16:58)

**Nivedita:** Yeah. They're pretty clear.



(00:16:58 - 00:17:13)

**Stacey:** Okay. So alright. So how differentiated are these mechanisms of action? You know, is there, you know, is there one of these mechanisms of action that you prefer or that is more meaningful to you, more interesting to you?



(00:17:17 - 00:17:46)

**Nivedita:** Mechanism's faction? I think, like, I like the, I like the first two. I like the especially the ASO, the antisense oligonucleotide. There's anything that's so much more specific. A splicing modifier may not give you as much strength. The recombinant a v nine has promise. I just don't know how it'll work. So, definitely, these are all great. I within the splicing modifier, I would say two and three,



(00:17:47 - 00:17:47)

**Stacey:** Mhmm.



(00:17:48 - 00:17:49)

**Nivedita:** Is what I would like.



(00:17:49 - 00:17:55)

**Stacey:** Got it. Got it. And what else can you tell me about why those two MOAs stand out for you?



(00:17:57 - 00:18:00)

**Nivedita:** Just because I said it's direct, it's not an indirect.



(00:18:00 - 00:18:01)

**Stacey:** Mhmm.



(00:18:01 - 00:18:01)

**Nivedita:** Mechanism.



(00:18:02 - 00:18:16)

**Stacey:** Got it. Okay. Alright. Thank you. And then in terms of route of administration, how important is the route of administration for you when you're, you know, deciding to prescribe an SMA treatment?



(00:18:18 - 00:18:55)

**Nivedita:** How important is it? I would say it's very important. I mean, intrathecal versus chewable tablet, I think that makes a lot. I don't know. It doesn't matter if it's liquid or tablet, but it does mean a lot like how it's administered. So they don't have all the, you know, red tape and things like that that are associated in the rules and regulation that are associated with, like, the the intrathecal part. That's expensive. That's a lot of work. You know?



(00:18:55 - 00:19:02)

**Stacey:** Mhmm. Got it. Can you say more that it doesn't really matter if it's liquid or tablet? Tell me why not.



(00:19:03 - 00:19:06)

**Nivedita:** Anything oral is usually I don't think it's a game changer.



(00:19:06 - 00:19:07)

**Stacey:** Mhmm.



(00:19:06 - 00:19:23)

**Nivedita:** You know, I had somebody today say, oh, doctor. They they wanted to know about my practice and what I do and the patients and stuff like that. Because it doesn't matter if it's subcutaneous or IV. And I was like, a lot of times, that's not a game changer. I know it helps, but that's not a game changer for a vet.



(00:19:23 - 00:19:24)

**Stacey:** Okay.



(00:19:25 - 00:19:37)

**Nivedita:** The the problem is the frequency of administration. A lot of people like Everest tea because it's every day, and it's also oral. And then they feel like they're getting something, if that makes sense.



(00:19:38 - 00:19:45)

**Stacey:** So the every so say more about liking that it's every day. So they're they're feeling they're getting some yeah. Just expand on that, if you will.



(00:19:45 - 00:19:48)

**Nivedita:** They feel like they're just getting some treatment every single day.



(00:19:48 - 00:19:56)

**Stacey:** Mhmm. Alright. Got it. Do you feel like the route of administration has any impact on the efficacy of the treatment?



(00:19:59 - 00:20:18)

**Nivedita:** The route of administration? I sometimes do, especially with things like like subcutaneous versus IV. I'm not sure how the oral, but it may have some impact. But it's hard to really know. These things are new, and we don't have as much evidence about all that. So.



(00:20:18 - 00:20:31)

**Stacey:** Okay. And which so which routes of administration feel more effort or, you know, would you say are more efficacious than if there is, possibly a difference? What are what are you favoring?



(00:20:32 - 00:20:43)

**Nivedita:** Which routes? I always I you know, intrathecal can be efficacious. It's just more clunky, but it is it's very hard for the patients.



(00:20:43 - 00:20:43)

**Stacey:** No. I know.



(00:20:43 - 00:20:44)

**Nivedita:** Yeah.



(00:20:43 - 00:20:58)

**Stacey:** If you yeah. No. Forgive me forgive me for jumping in. You were saying that there may be an efficacy difference in the route of administration depending upon, you know, how it's given. So I was wondering which, you know, which modes of administration you associate with being more efficacious.



(00:21:00 - 00:21:04)

**Nivedita:** Yeah. So that's I would say it was more the intrathecal and the intravenous modes.



(00:21:05 - 00:21:27)

**Stacey:** Mhmm. Okay. Okay. Alright. Let's take a look at our next page. So here are more of the attributes, and, again, take a look through. My first interest is in clarity. Is is everything here clear? Is it written in appropriate clinical language? Were there any issues here?



(00:22:00 - 00:22:11)

**Nivedita:** Designed to reach the brain, spinal cord, and other areas of the body. That's interesting. You know what that means? Is it like IV? I think that would be easier rather than saying that.



(00:22:13 - 00:22:34)

**Stacey:** And is that meaningful? Like, are those is it a meaningful difference to say that one is administered directly to the central nervous system, the other is reaching the brain, the spinal cord, other areas of the body? Like, are those you know, is is that a meaningful difference or not?



(00:22:39 - 00:22:44)

**Nivedita:** Yeah. It's a meaningful difference, but I don't understand why you would wanna distinguish the two.



(00:22:46 - 00:22:47)

**Stacey:** So tell me.



(00:22:47 - 00:22:47)

**Nivedita:** I.



(00:22:47 - 00:22:47)

**Stacey:** More.



(00:22:47 - 00:22:48)

**Nivedita:** Mean,



(00:22:47 - 00:22:48)

**Stacey:** About.



(00:22:48 - 00:22:59)

**Nivedita:** Like, no. It's not that. It's not that I don't know why, but why it would be easier just to say IV, you know, intravenous designed to reach I mean, just what is the method? You know?



(00:22:59 - 00:23:02)

**Stacey:** Okay. So it's unclear what the method okay.



(00:23:02 - 00:23:04)

**Nivedita:** Mean, yeah, that's the only thing. It's like it's kinda hiding.



(00:23:05 - 00:23:28)

**Stacey:** Okay. Would that make a difference, though? Like, when you're considering SMA treatments, would you be more, you know, more favorable towards something that's direct to the nervous system, or would it be more favorable to hear it's reaching the brain, the spinal cord, and the other areas of the body? Like, which which one is, you know, is more appealing or more impactful in potential decision making.



(00:23:32 - 00:23:36)

**Nivedita:** I think it's more if you reach the brain, spinal cord, and other areas of the body.



(00:23:36 - 00:23:48)

**Stacey:** Mhmm. Okay. Alright. Got it. And then in terms of the efficacy items nine through thirteen, again, let me know if you need a minute. I feel like something's got your attention. So if.



(00:23:48 - 00:23:48)

**Nivedita:** Yeah.



(00:23:48 - 00:23:48)

**Stacey:** You need.



(00:23:48 - 00:23:49)

**Nivedita:** I keep.



(00:23:48 - 00:23:49)

**Stacey:** A minute.



(00:23:49 - 00:23:54)

**Nivedita:** Getting I have a lot of patience, so just I'll I'll have to, like, turn that off. So what did you say? I'm so.



(00:23:54 - 00:23:54)

**Stacey:** Yeah.



(00:23:54 - 00:23:54)

**Nivedita:** Sorry.



(00:23:54 - 00:23:54)

**Stacey:** Yeah. It.



(00:23:54 - 00:23:54)

**Nivedita:** This.



(00:23:54 - 00:23:54)

**Stacey:** I.



(00:23:54 - 00:23:55)

**Nivedita:** Is.



(00:23:54 - 00:23:55)

**Stacey:** Know.



(00:23:55 - 00:23:55)

**Nivedita:** My.



(00:23:55 - 00:23:57)

**Stacey:** I know it's tough. If you can, I would appreciate? I I.



(00:23:57 - 00:23:57)

**Nivedita:** Oh,



(00:23:57 - 00:23:57)

**Stacey:** I.



(00:23:57 - 00:23:57)

**Nivedita:** No.



(00:23:57 - 00:23:58)

**Stacey:** Know.



(00:23:57 - 00:23:58)

**Nivedita:** No. No. No. No.



(00:23:58 - 00:23:58)

**Stacey:** I.



(00:23:58 - 00:23:58)

**Nivedita:** No.



(00:23:58 - 00:23:58)

**Stacey:** Know.



(00:23:58 - 00:23:59)

**Nivedita:** I.



(00:23:58 - 00:23:59)

**Stacey:** You.



(00:23:59 - 00:24:09)

**Nivedita:** Just have a I have a lot of patients, and they're, like, urgent. So hold on. Let me just turn this off. So you'll you'll just see that, like, it's this natural instinct in me. So keep going. what were you saying?



(00:24:08 - 00:24:22)

**Stacey:** Okay. Yeah. So the efficacy section here nine through thirteen, take a look at those, you know, different points are mentioned there. You know, which is what's most important to you in in terms of those efficacy attributes?



(00:24:25 - 00:24:46)

**Nivedita:** So for kids, it's really important that they have the bulbar function, so that'd be ten. But the prop the problem is that, like or preserves, whichever one, I mean, both of them, ten and eleven. But for adults, like, more than bulwark function, it's more strength in the arms and legs. So and and none of that happens in.



(00:24:46 - 00:24:46)

**Stacey:** Okay.



(00:24:46 - 00:24:48)

**Nivedita:** Any of these. I think this is just.



(00:24:47 - 00:24:48)

**Stacey:** Okay.



(00:24:48 - 00:24:54)

**Nivedita:** Like, yeah. If you translate it for kids, it's different than if you translate it for adults.



(00:24:54 - 00:25:07)

**Stacey:** Okay. I have a few more efficacy points on the next page that I'll show you. Is it clear when you read that it preserves function in infants with presymptomatic SMA, is it clear what that's referring to?



(00:25:11 - 00:25:14)

**Nivedita:** Yeah. So they know they have SMA, but it's not showing up yet.



(00:25:14 - 00:25:15)

**Stacey:** Okay. Alright.



(00:25:15 - 00:25:18)

**Nivedita:** So it's presymptomatic. It's clear.



(00:25:18 - 00:25:18)

**Stacey:** Alright.



(00:25:18 - 00:25:18)

**Nivedita:** For me.



(00:25:18 - 00:26:13)

**Stacey:** So okay. That's that's what matters. So here's our next page. So we have got some we've got efficacy points regarding upper limb motor function, so take a look at those. Everything clear there, in terms of those efficacy points? Those items one through four, are they are they clear? Any.



(00:26:13 - 00:26:14)

**Nivedita:** Yeah.



(00:26:13 - 00:26:14)

**Stacey:** Are they.



(00:26:14 - 00:26:16)

**Nivedita:** I I went through those. I was just going down the.



(00:26:16 - 00:26:17)

**Stacey:** Okay.



(00:26:16 - 00:26:45)

**Nivedita:** Bottom. I don't understand eight and nine. Like, why are you having warning and precaution? The way you say that is not like, why ten and eleven are opposite? I don't understand. One's low risk, one's increased risk. Low risk, increased risk, black box warning. Are they just, like, options you can take?



(00:26:45 - 00:27:09)

**Stacey:** These are all attributes of of current and future, treatments. So there could be a treatment that has a low risk of renal toxicity, or there could be another treatment option that has an increased risk of renal toxicity. So that's, that's the idea, is to kinda capture both of those possibilities based on current and future treatment options. Does that make sense?



(00:27:09 - 00:27:12)

**Nivedita:** The options, there's one that has low and one that's increased.



(00:27:12 - 00:27:32)

**Stacey:** That's the that's the idea that, yes, these attributes are meant to cover a broad range of, again, both the treatments that currently exist and and some options that may exist in the future. And so there could be a treatment that has some wonderful advantages in one respect, but maybe it comes with an increased risk of renal toxicity, for example.



(00:27:33 - 00:27:46)

**Nivedita:** When they say warning and precaution, like like I don't know. That just makes it really confusing. Like, there's a low or high risk. It's not consistent. We're taking low risk, and then now you're doing warning and precaution. That should.



(00:27:46 - 00:27:47)

**Stacey:** Okay.



(00:27:46 - 00:27:47)

**Nivedita:** Have the same wording.



(00:27:48 - 00:27:48)

**Stacey:** Okay.



(00:27:49 - 00:27:51)

**Nivedita:** High risk of coagulation abnormalities.



(00:27:52 - 00:27:55)

**Stacey:** Got it. Okay. Understood. That's very helpful. Thank you.



(00:27:55 - 00:27:59)

**Nivedita:** K. And if you think of the male fertility, all of this should have the same wording.



(00:28:00 - 00:28:00)

**Stacey:** Okay.



(00:28:00 - 00:28:04)

**Nivedita:** This all there. So.



(00:28:05 - 00:28:26)

**Stacey:** Okay. Got it. And then in terms of efficacy, I just wanna circle back to that. You mentioned upper or excuse me, lower limb function. I don't I don't have that listed in the attributes. Is that something that's missing? Like, is is lower limb efficacy an important attribute that needs to be addressed? Or.



(00:28:29 - 00:28:30)

**Nivedita:** Lower limb function.



(00:28:31 - 00:28:32)

**Stacey:** Yes.



(00:28:31 - 00:28:35)

**Nivedita:** Yeah. It's it's because all of them are weak, so they don't really go there. Yeah.



(00:28:35 - 00:28:36)

**Stacey:** Mhmm.



(00:28:35 - 00:28:36)

**Nivedita:** I think it's important.



(00:28:37 - 00:28:37)

**Stacey:** Okay.



(00:28:37 - 00:28:37)

**Nivedita:** So.



(00:28:38 - 00:29:26)

**Stacey:** Alright. And then let's look at our fourth and final page here. Let me know, what you're seeing here on this page and if anything is standing out as unclear or, you know, again, confusing or could be misinterpreted. Anything standing out to you here?



(00:29:28 - 00:29:30)

**Nivedita:** I mean, nothing is standing out. They all make sense.



(00:29:30 - 00:29:31)

**Stacey:** Okay.



(00:29:31 - 00:29:36)

**Nivedita:** What did they mean by real world evidence? Okay. That's, like, what people are experiencing.



(00:29:38 - 00:29:42)

**Stacey:** Well, is that is that your interpretation? Again, this is what I need is to know if.



(00:29:42 - 00:29:43)

**Nivedita:** Yeah.



(00:29:42 - 00:29:44)

**Stacey:** Something's not clear.



(00:29:43 - 00:29:44)

**Nivedita:** Okay.



(00:29:44 - 00:29:44)

**Stacey:** So.



(00:29:44 - 00:29:48)

**Nivedita:** Yeah. So you gotta just we gotta hone in on this stuff. So the.



(00:29:48 - 00:29:48)

**Stacey:** Okay.



(00:29:48 - 00:30:04)

**Nivedita:** Twelve month period, that's fine. And then the clinical data availability, that's also fine. Right? When you say five years plus, you kinda wanna know the timeline for that.



(00:30:04 - 00:30:05)

**Stacey:** Okay.



(00:30:05 - 00:30:10)

**Nivedita:** And then real world evidence. Like, I don't even know what that means. Like,



(00:30:10 - 00:30:11)

**Stacey:** Mhmm. Okay.



(00:30:11 - 00:30:16)

**Nivedita:** Comparing of the world or it's, like, practical or people or patients.



(00:30:16 - 00:30:17)

**Stacey:** Okay. Got.



(00:30:17 - 00:30:17)

**Nivedita:** You should.



(00:30:17 - 00:30:23)

**Stacey:** It. Okay. That's good feedback. That that can be worked on. Thank you.



(00:30:23 - 00:30:23)

**Nivedita:** Should you should.



(00:30:23 - 00:30:24)

**Stacey:** Okay.



(00:30:23 - 00:30:26)

**Nivedita:** Specifically request this SMA medication.



(00:30:30 - 00:30:31)

**Stacey:** What are you thinking there?



(00:30:31 - 00:30:39)

**Nivedita:** I just what does that like, you wanna give a number to that? What does it like, five out of ten patients prefer it, ten out you know?



(00:30:39 - 00:31:16)

**Stacey:** No. It's it's just one of the factors. Again, the context of all this is the factors that could impact your decision making regarding, SMA treatments. So one of the potent they're saying one of the potential factors is that could impact your decision making is the patient requested that treatment or the patient doesn't want the patient doesn't prefer that, that medication. Potentially the idea is it's potentially one of the factors that could impact your decision making. Is that off base? Like like, have they missed the mark on those three, patient impact statements?



(00:31:24 - 00:31:35)

**Nivedita:** I'm just trying to figure out what context we're actually talking about patient impact. Why would we use their impact? You know? It's like yeah. Well, I I think it's not really patient impact.



(00:31:35 - 00:31:35)

**Stacey:** I.



(00:31:35 - 00:31:35)

**Nivedita:** It's.



(00:31:35 - 00:31:35)

**Stacey:** Think.



(00:31:35 - 00:31:36)

**Nivedita:** Patient.



(00:31:35 - 00:32:07)

**Stacey:** It I think they mean the impact of the patient on the decision making, that, you know, that the pay potentially, the patient could impact your decision making regarding the treatment because they specifically request something or specifically do not prefer something else. So my, I'm not sure that the headlines are going to ever be used. I'm not sure about those. My primary focus is whether the attributes themselves are clear, or, you know, whether there's.



(00:32:07 - 00:32:08)

**Nivedita:** Okay.



(00:32:07 - 00:32:11)

**Stacey:** Any issue there. Alright.



(00:32:11 - 00:32:14)

**Nivedita:** So it's binary. That's fine. Okay.



(00:32:16 - 00:32:36)

**Stacey:** Alright. Okay. So one last question here, I think, on the persistence section. You're seeing greater than eighty percent, sixty to seventy, fifty to sixty, less than fifty. Doctor, for you, you know, what what do you consider to be, like, a good discontinuation rate?



(00:32:40 - 00:32:43)

**Nivedita:** It continuation rate or discontinuation rate?



(00:32:43 - 00:32:43)

**Stacey:** Right.



(00:32:43 - 00:32:44)

**Nivedita:** Like,



(00:32:43 - 00:32:59)

**Stacey:** Here in the persistence section, so wanting to understand how you define a good good persistence or asking it another way. What, you know, what percentage represents, you know, a good discontinuation rate?



(00:33:01 - 00:33:11)

**Nivedita:** That's like an oxymoron, good discontinuation. Isn't that? Like, you don't there's never a rate that's good. Right? Because you don't want them to discontinue. Right?



(00:33:11 - 00:33:29)

**Stacey:** True. But I think a hundred percent continuation, a hundred percent persistence is probably not achievable for any medication. So, you know, I'm wondering, like, in your mind, it's, like, is eighty percent a really good persistence rate or maybe sixty percent is actually a really good persistent persistence?



(00:33:29 - 00:33:38)

**Nivedita:** I would say between eighty to ninety percent in these patients who don't have any other treatment options. You know, there's not much, and they're they're very weak. So.



(00:33:39 - 00:33:49)

**Stacey:** Got it. Okay. Alright. So those are the four pages. Is there anything missing? Again, think about the attributes that would impact your decision making for.



(00:33:49 - 00:33:49)

**Nivedita:** Cost?



(00:33:49 - 00:33:49)

**Stacey:** An.



(00:33:49 - 00:33:51)

**Nivedita:** Did I have you guys a pulse?



(00:33:52 - 00:34:06)

**Stacey:** So, no. We don't have cost in error. So okay. But, you know, tell me how that why that's important to include in your, leads that would impact your decision making.



(00:34:07 - 00:34:18)

**Nivedita:** You mean the cost? I I just think, like, yeah. That's a big deal because a lot of people can't afford it out of pocket. Insurance doesn't approve it, which I've had issues with patients,



(00:34:19 - 00:34:20)

**Stacey:** Mhmm.



(00:34:19 - 00:34:30)

**Nivedita:** Then then they can't have them in. I've had patients for ten years trying to guess on something and doctors have written notes, but yet, they can't get the medication approved.



(00:34:31 - 00:34:33)

**Stacey:** Got it. In SMA, you've had that issue.



(00:34:33 - 00:34:34)

**Nivedita:** Yeah.



(00:34:34 - 00:34:34)

**Stacey:** Specifically?



(00:34:34 - 00:34:34)

**Nivedita:** Yeah. Yeah.



(00:34:34 - 00:34:35)

**Stacey:** Yeah.



(00:34:35 - 00:34:35)

**Nivedita:** I.



(00:34:35 - 00:34:35)

**Stacey:** Okay.



(00:34:35 - 00:34:42)

**Nivedita:** Just had a patient die last week. You know, he couldn't get Everesty approved. He had, like, a doctor from, you know, the.



(00:34:42 - 00:34:43)

**Stacey:** Got.



(00:34:42 - 00:34:43)

**Nivedita:** West.



(00:34:43 - 00:34:43)

**Stacey:** It.



(00:34:43 - 00:34:49)

**Nivedita:** Coast, doctor from the East Coast, and, to, you know, four three years. It was just a long lot of push,



(00:34:48 - 00:34:49)

**Stacey:** Mhmm. Okay.



(00:34:49 - 00:34:51)

**Nivedita:** And insurance said absolutely no.



(00:34:52 - 00:35:12)

**Stacey:** Got it. Okay. Alright. So, thinking about you know, we've we've got the existing SMA treatments. Have you heard of any new formulations or new dosing options or, you know, anything that's that's in development? Has anything gonna hit your radar?



(00:35:14 - 00:35:25)

**Nivedita:** Yes. So there's the myastatin inhibitors we're talking about for SMA. Yeah. And there's, like, more frequent dosing of the Spinraza.



(00:35:25 - 00:35:26)

**Stacey:** Yes. K.



(00:35:26 - 00:35:30)

**Nivedita:** And those are the two basics that I'm sure there's more,



(00:35:30 - 00:35:31)

**Stacey:** Mhmm.



(00:35:30 - 00:35:33)

**Nivedita:** But, that's what I can think of right now.



(00:35:33 - 00:35:40)

**Stacey:** Got it. What is your level of interest? You know, how high or low is your level of interest in those future possibilities?



(00:35:41 - 00:36:22)

**Nivedita:** I don't know. I'm not, like, that interested in my and everything. I think it's a great concept, and I think it can be a adjunct to whatever is being treated now. But I think, like, whatever is giving you can't I don't know if it's a stand alone medication. You know? So that's it. I just think, like so that's my main thing. The other medications, I just don't know. Like, here, we're just we're talking about really patients who cannot get up from a chair. They cannot walk. They're very weak. And, I'm sorry. There's, like, a piano lesson. Hold on a second. Just give.



(00:36:22 - 00:36:22)

**Stacey:** Yes.



(00:36:22 - 00:36:22)

**Nivedita:** Me a second.



(00:36:22 - 00:36:23)

**Stacey:** I've.



(00:36:22 - 00:36:23)

**Nivedita:** I'll just.



(00:36:23 - 00:36:23)

**Stacey:** Noticed.



(00:36:24 - 00:36:25)

**Nivedita:** Okay. Let me just.



(00:36:25 - 00:36:25)

**Stacey:** Yes.



(00:36:25 - 00:36:26)

**Nivedita:** The voice.



(00:36:26 - 00:36:26)

**Stacey:** Thank you.



(00:36:34 - 00:36:36)

**Nivedita:** Alright. Hopefully, that's better. No. So they but.



(00:36:36 - 00:36:36)

**Stacey:** Yes.



(00:36:36 - 00:36:37)

**Nivedita:** If they.



(00:36:36 - 00:36:37)

**Stacey:** That's.



(00:36:37 - 00:36:37)

**Nivedita:** Can.



(00:36:37 - 00:36:37)

**Stacey:** What's.



(00:36:37 - 00:36:37)

**Nivedita:** Walk,



(00:36:37 - 00:36:38)

**Stacey:** Better.



(00:36:37 - 00:36:40)

**Nivedita:** Like, I don't it's still loud, but that's.



(00:36:40 - 00:36:40)

**Stacey:** I.



(00:36:40 - 00:36:40)

**Nivedita:** Better.



(00:36:40 - 00:36:40)

**Stacey:** Know.



(00:36:40 - 00:36:54)

**Nivedita:** So the the main thing is that if you're not able to move, then, you know, my statin inhibitor is not gonna change the game much. It may. It may give them more strength, and I'm happy to to to look into it. But.



(00:36:53 - 00:36:54)

**Stacey:** Mhmm. Got.



(00:36:54 - 00:36:54)

**Nivedita:** Everything.



(00:36:54 - 00:36:54)

**Stacey:** It.



(00:36:54 - 00:37:06)

**Nivedita:** In in in neuromuscular has been micro changes, and they're not that they're not, like, significant. And I can move if there's not music. I'll go to my bedroom. I'll go to another office. I have to hold on one second.



(00:37:06 - 00:37:06)

**Stacey:** Okay.



(00:37:06 - 00:37:16)

**Nivedita:** Let me yeah. Just because I don't wanna have trouble. Sorry about that, guys.



(00:37:17 - 00:37:17)

**Stacey:** That's alright.



(00:37:17 - 00:37:18)

**Nivedita:** Hi. Good day.



(00:37:19 - 00:37:21)

**Stacey:** We're doing very well. It sounds good.



(00:37:21 - 00:37:27)

**Nivedita:** Oh, color? well? She's practicing for her, recital, and she wanted.



(00:37:27 - 00:37:28)

**Stacey:** Oh, exciting.



(00:37:27 - 00:37:30)

**Nivedita:** To cancel it. So that's why we got it. I didn't.



(00:37:30 - 00:37:30)

**Stacey:** No.



(00:37:30 - 00:37:34)

**Nivedita:** Know that she was gonna go there. And then I told her, I was like, no. There's no excuses. Still practice. Okay.



(00:37:34 - 00:37:35)

**Stacey:** Right.



(00:37:34 - 00:37:35)

**Nivedita:** So.



(00:37:35 - 00:37:35)

**Stacey:** No.



(00:37:35 - 00:37:35)

**Nivedita:** This.



(00:37:35 - 00:37:36)

**Stacey:** No. Understood. Alright.



(00:37:36 - 00:37:37)

**Nivedita:** So.



(00:37:36 - 00:37:37)

**Stacey:** So.



(00:37:37 - 00:37:37)

**Nivedita:** Alright.



(00:37:37 - 00:37:40)

**Stacey:** So I've brought something else up on the screen here, thank you for shifting.



(00:37:41 - 00:37:42)

**Nivedita:** Of course.



(00:37:42 - 00:38:04)

**Stacey:** Here's a here's a list of some different, you know, formulations and dosing options that are in, you know, possibly in development here. So let's go down the list. Let's start with the Evristy tablet formulation. I want to get a sense for just how familiar you are with this, one not at all, all the way up to seven extremely familiar.



(00:38:03 - 00:38:07)

**Nivedita:** The seventh familiar, I would say, because a lot of my patients are on it.



(00:38:08 - 00:38:10)

**Stacey:** This is the, this is a tablet formulation.



(00:38:10 - 00:38:11)

**Nivedita:** I.



(00:38:10 - 00:38:11)

**Stacey:** So this.



(00:38:11 - 00:38:11)

**Nivedita:** Know.



(00:38:11 - 00:38:11)

**Stacey:** Is not.



(00:38:11 - 00:38:20)

**Nivedita:** I know. There I apologize. Yes. They're on the liquid, but this also is something that it's not been, sorry. I apologize. They're on the liquid, and they're.



(00:38:20 - 00:38:20)

**Stacey:** Yeah.



(00:38:20 - 00:38:20)

**Nivedita:** Not the.



(00:38:20 - 00:38:20)

**Stacey:** Okay.



(00:38:20 - 00:38:27)

**Nivedita:** Tablet. Thank you for doing that. But I do I have record I have heard of this, and it's not something that's that's, like, is, unique.



(00:38:27 - 00:38:28)

**Stacey:** Got it. So you feel.



(00:38:28 - 00:38:28)

**Nivedita:** So.



(00:38:28 - 00:38:30)

**Stacey:** Extremely familiar with the tablet.



(00:38:30 - 00:38:30)

**Nivedita:** Yes.



(00:38:30 - 00:38:31)

**Stacey:** Option.



(00:38:30 - 00:38:31)

**Nivedita:** And I've.



(00:38:31 - 00:38:31)

**Stacey:** Okay.



(00:38:31 - 00:38:35)

**Nivedita:** Told everybody that I don't think it's gonna change the the administration.



(00:38:34 - 00:38:35)

**Stacey:** Okay.



(00:38:35 - 00:38:36)

**Nivedita:** Or people are.



(00:38:35 - 00:38:36)

**Stacey:** Okay.



(00:38:36 - 00:38:37)

**Nivedita:** Not gonna change from one to the other.



(00:38:38 - 00:38:50)

**Stacey:** Alright. We'll talk more about that, so thank you. And then we have the Adveristi label expansion for presymptomatic patients age birth to six weeks with a genetic diagnosis of SMA.



(00:38:50 - 00:38:50)

**Nivedita:** Sure.



(00:38:50 - 00:38:54)

**Stacey:** How familiar are you with this, clinical trial?



(00:38:56 - 00:39:04)

**Nivedita:** Ever see label expansion for presymptomatic patients age from birth to six weeks. I've I've been I'm very familiar with it.



(00:39:05 - 00:39:05)

**Stacey:** What.



(00:39:05 - 00:39:05)

**Nivedita:** So.



(00:39:05 - 00:39:06)

**Stacey:** Would you what would you give.



(00:39:06 - 00:39:07)

**Nivedita:** But.



(00:39:06 - 00:39:07)

**Stacey:** It on.



(00:39:07 - 00:39:07)

**Nivedita:** I.



(00:39:07 - 00:39:07)

**Stacey:** The.



(00:39:07 - 00:39:07)

**Nivedita:** Would.



(00:39:07 - 00:39:07)

**Stacey:** Scale.



(00:39:07 - 00:39:07)

**Nivedita:** Say.



(00:39:07 - 00:39:07)

**Stacey:** Of one.



(00:39:07 - 00:39:08)

**Nivedita:** Because.



(00:39:07 - 00:39:08)

**Stacey:** To.



(00:39:08 - 00:39:08)

**Nivedita:** I.



(00:39:08 - 00:39:08)

**Stacey:** Seven?



(00:39:08 - 00:39:12)

**Nivedita:** Don't I don't see kids as often, I'd put that at five.



(00:39:12 - 00:39:16)

**Stacey:** Okay. Alright. And, Jewelfish?



(00:39:19 - 00:39:23)

**Nivedita:** I would say that's also, like, I would say more of a of a four. I've.



(00:39:23 - 00:39:23)

**Stacey:** Okay.



(00:39:23 - 00:39:26)

**Nivedita:** Heard of it, but I've not really studied that.



(00:39:26 - 00:39:29)

**Stacey:** Okay. Piottospin rosin.



(00:39:29 - 00:39:33)

**Nivedita:** I think I think I try I think I'm the one that gave them that idea. So but.



(00:39:32 - 00:39:33)

**Stacey:** K.



(00:39:33 - 00:39:39)

**Nivedita:** I I would say I would say seven. I told them this is what we need to do, so it came back out as that.



(00:39:39 - 00:39:40)

**Stacey:** Okay.



(00:39:39 - 00:39:45)

**Nivedita:** I would say I don't know if it really, followed the results. I have it on my desk. I haven't read through them yet. So.



(00:39:48 - 00:39:51)

**Stacey:** The response study. How familiar do you feel with this one?



(00:39:52 - 00:39:58)

**Nivedita:** Response. SPINRAZA in patients who had a suboptimal response to. I would say give that a two.



(00:39:59 - 00:40:00)

**Stacey:** Okay. Thank you.



(00:40:01 - 00:40:01)

**Nivedita:** Sure.



(00:40:01 - 00:40:02)

**Stacey:** The resilience study.



(00:40:03 - 00:40:13)

**Nivedita:** I would say, I've been studying about it. It's coming out, and so I was just reading about this morning. So I'd say four, just because I'm not as familiar with the, you know,



(00:40:13 - 00:40:14)

**Stacey:** Okay.



(00:40:13 - 00:40:16)

**Nivedita:** Everything, but I have been reading about that.



(00:40:15 - 00:40:16)

**Stacey:** Mhmm. Okay.



(00:40:17 - 00:40:17)

**Nivedita:** Too.



(00:40:17 - 00:40:22)

**Stacey:** And then this will, Solgensma, in, patients to seventeen.



(00:40:22 - 00:40:38)

**Nivedita:** So the reason Zolgensma doesn't because I don't doesn't cross my radar at all other than when I get called from the hospital to actually, help prescribe it and the rare instances when I need it for that. So, this one is not Zolgensma is not something I usually prescribe it to, I would say.



(00:40:40 - 00:40:40)

**Stacey:** And.



(00:40:40 - 00:40:40)

**Nivedita:** And.



(00:40:40 - 00:40:40)

**Stacey:** Then.



(00:40:40 - 00:40:41)

**Nivedita:** I get.



(00:40:40 - 00:40:41)

**Stacey:** Finally.



(00:40:41 - 00:40:43)

**Nivedita:** That too. Anything with Zolgensma is not really.



(00:40:43 - 00:40:46)

**Stacey:** Okay. So this one's a two. You're not as familiar with that one either. Okay.



(00:40:46 - 00:40:47)

**Nivedita:** No.



(00:40:47 - 00:41:02)

**Stacey:** Alright. Got it. That's helpful. So alright. So I know you're most familiar with the tablet and the higher dose SPINRAZA. So regardless of familiarity, are there any of these that just, like, really pique your interest more than the others?



(00:41:06 - 00:41:19)

**Nivedita:** Okay. I'll tell you what's not not the first one, not the tablet. Definitely not that. You know, I actually I think the rainbow fish is interesting just to see how the results and the jewel.



(00:41:19 - 00:41:20)

**Stacey:** Mhmm.



(00:41:19 - 00:41:36)

**Nivedita:** Fish. I think the devote will be interesting as well. I like that one because I wanna know how frequent. It's gonna be really applicable to my patients. Not respond. Don't really you know, because I know that SPINRAZA is good, and I just I don't.



(00:41:36 - 00:41:36)

**Stacey:** Yeah.



(00:41:36 - 00:41:37)

**Nivedita:** Know what we're learning from that one.



(00:41:37 - 00:41:38)

**Stacey:** Okay.



(00:41:38 - 00:41:39)

**Nivedita:** Resilient will be interesting.



(00:41:41 - 00:41:50)

**Stacey:** So alright. Evrisdi, you said definitely that is not one that piques your interest in terms of the Evrisdi tablet. Can you say more about why not? I know you've kinda touched.



(00:41:50 - 00:41:50)

**Nivedita:** Was.



(00:41:50 - 00:41:50)

**Stacey:** On.



(00:41:50 - 00:41:50)

**Nivedita:** It.



(00:41:50 - 00:41:50)

**Stacey:** That.



(00:41:50 - 00:41:51)

**Nivedita:** I mean,



(00:41:50 - 00:41:51)

**Stacey:** Why not?



(00:41:51 - 00:42:25)

**Nivedita:** I've never seen I think I think it's one thing to be, like, on the end of designing, a drug and really coming up with something super cool. And I think that if you can the the the only issue I have with Evertice is that in the liquid form, my patients aren't getting a month's supply. So I think that that's been, a little bit of a barrier for them. But outside of that, like, you know, they're not getting a month's supply. So so if you get a if you get a tablet that's gonna cover a month, that will be very helpful. Because.



(00:42:25 - 00:42:26)

**Stacey:** Okay.



(00:42:25 - 00:42:36)

**Nivedita:** They're taking the yeah. Somehow, though, their insurance is not able to it's consistent. They're not able to give out a month. They give out, like, three and a half weeks, so they're always missing. And they have to wait for that next.



(00:42:36 - 00:42:36)

**Stacey:** Okay.



(00:42:36 - 00:42:39)

**Nivedita:** Month or something small like that, but it's a big deal to them.



(00:42:39 - 00:42:40)

**Stacey:** Okay.



(00:42:40 - 00:42:40)

**Nivedita:** So.



(00:42:40 - 00:42:40)

**Stacey:** Yep.



(00:42:40 - 00:42:55)

**Nivedita:** I think other than that, but never have I seen a tablet versus liquid, forms change the kind of situation where now it's like, oh, now we're dealing with a better mat, or now everyone's gonna be jumping towards that. That doesn't.



(00:42:55 - 00:42:55)

**Stacey:** Okay.



(00:42:55 - 00:43:13)

**Nivedita:** People don't make decisions. In this clinic, it's usually almost all about efficacy. So if you're dealing with a medication that's helping, regardless of whether it's a tablet or it's sub q or it's, I think the intrathecal is a problem. But outside of that, the other formulations have never really had major.



(00:43:13 - 00:43:14)

**Stacey:** Okay.



(00:43:13 - 00:43:14)

**Nivedita:** Issues.



(00:43:14 - 00:43:15)

**Stacey:** Okay.



(00:43:14 - 00:43:15)

**Nivedita:** So.



(00:43:15 - 00:43:34)

**Stacey:** So I alright. I hear you. They're making decisions based on efficacy. Is there any benefit to a patient who's already on a Vrisdi to having a tablet option? I mean, any, yeah, any any value for those, for those patients?



(00:43:36 - 00:43:38)

**Nivedita:** They're already as I.



(00:43:38 - 00:43:39)

**Stacey:** One.



(00:43:38 - 00:43:44)

**Nivedita:** Said, that's the only reason why their tablet would be good, is that, that would.



(00:43:44 - 00:43:45)

**Stacey:** Sec.



(00:43:44 - 00:43:48)

**Nivedita:** Be it would provide that thirty day supply. That's the only thing I can think of.



(00:43:49 - 00:43:49)

**Stacey:** K.



(00:43:50 - 00:44:00)

**Nivedita:** It may be easier to store if it doesn't have to be in the fridge. But outside that, I don't know. I don't see any other issue. I don't like, I think liquid's easier, like, in a PEG tube and maybe easier to swallow.



(00:44:00 - 00:44:01)

**Stacey:** Mhmm.



(00:44:01 - 00:44:03)

**Nivedita:** So I don't see why a tablet's gonna change.



(00:44:05 - 00:44:13)

**Stacey:** K. Okay. Got it. Alright. So we will talk more about that, coming up here soon.



(00:44:13 - 00:44:14)

**Nivedita:** Much.



(00:44:13 - 00:44:14)

**Stacey:** But,



(00:44:14 - 00:44:14)

**Nivedita:** Okay.



(00:44:14 - 00:45:04)

**Stacey:** Now that we've reviewed all these options, what I wanna get a sense for is how, if at all, your prescribing would change if some of these options became available. So what I'm gonna do is just first copy our original conversation to the original column here so that you have that point of comparison. And I'll just pull these, out so that you're not distracted by that. So right now, fifty fifty, Everesti and Spinraza. And so with the possibility of an Evristy tablet becoming available and SPINRAZA high dose, would you see your future prescribing change at all? And if so, in what.



(00:45:07 - 00:45:08)

**Nivedita:** If I'm.



(00:45:08 - 00:45:08)

**Stacey:** Way?



(00:45:08 - 00:45:10)

**Nivedita:** Future prescribing, will that change?



(00:45:11 - 00:45:19)

**Stacey:** Yes. With the addition of these with these option these options become available via and hydrospinraza, would that.



(00:45:19 - 00:45:20)

**Nivedita:** Uh-huh.



(00:45:19 - 00:45:26)

**Stacey:** Change your percentages? You know, would you would you see some percentages of your prescribing going to either of those.



(00:45:31 - 00:45:32)

**Nivedita:** I'm just thinking.



(00:45:31 - 00:45:37)

**Stacey:** Or no? Yeah. It's like, here's where you are today, and would that change at all with those two new options?



(00:45:38 - 00:45:40)

**Nivedita:** The tablet's not gonna change anything.



(00:45:40 - 00:45:40)

**Stacey:** Okay.



(00:45:41 - 00:45:58)

**Nivedita:** So that's gonna stay fifty. But wait a second. Let's see if the Spinraza high dose. And, No. A fifty fifty. So the patient's decisions are not based on, like.



(00:45:58 - 00:46:09)

**Stacey:** These are but this is you. This is your prescribing. So this is you in terms of what you, you know, how you would see your see your prescribing change if at all, taking.



(00:46:09 - 00:46:09)

**Nivedita:** Right.



(00:46:09 - 00:46:12)

**Stacey:** Into account patients and everything else. Yeah.



(00:46:12 - 00:46:15)

**Nivedita:** Taking account all the stuff that you're that you're dealing with.



(00:46:15 - 00:46:16)

**Stacey:** Yeah.



(00:46:17 - 00:46:21)

**Nivedita:** A lot of times the patients are in the decision making, so that's why I.



(00:46:21 - 00:46:21)

**Stacey:** Understood.



(00:46:21 - 00:46:22)

**Nivedita:** Bring it up all the time. So.



(00:46:22 - 00:46:22)

**Stacey:** Yep.



(00:46:22 - 00:46:24)

**Nivedita:** I say fifty fifty again.



(00:46:25 - 00:46:27)

**Stacey:** So fifty fifty here.



(00:46:27 - 00:46:28)

**Nivedita:** Yeah.



(00:46:28 - 00:46:43)

**Stacey:** Okay. Alright. So what that's telling me is that, zero percent of patients would go to the Efrisde tablet, and zero percent of patients would go to Spinraza high dose. No no.



(00:46:43 - 00:47:01)

**Nivedita:** No. I I think I'm I think that's confusing me. No. It's, they're gonna be the same fifty percent, but they'll change it to the tablet. Is that what you're you're asking? Because I thought you're changing the numbers of the the two. Because of the tablet, there's gonna be more at risk t patients. Is that what you're asking?



(00:47:01 - 00:47:10)

**Stacey:** So no. Let me see if I can clarify. So, these are all of the existing options today, and.



(00:47:09 - 00:47:10)

**Nivedita:** Mhmm.



(00:47:10 - 00:47:41)

**Stacey:** We said based on these options, fifty percent of patients are on Efrisde, fifty percent are on SPINSRASA. Okay. Not you know, your your patients are not on any of the others. Okay. Now in the future, though, you're gonna have more options. You'll have the current Efrysti in its liquid form. You'll have the SPINRAZA as it is today, but you will also have the Evrisky tablet and the high dose SPINRAZA. So the question is, if we're still gonna total to a hundred percent,



(00:47:42 - 00:47:42)

**Nivedita:** Mhmm.



(00:47:42 - 00:47:45)

**Stacey:** Would the distribution be any different? Would you.



(00:47:45 - 00:47:49)

**Nivedita:** I I think the the Everest tea liquid would be forty,



(00:47:49 - 00:47:49)

**Stacey:** Would.



(00:47:49 - 00:47:49)

**Nivedita:** And the.



(00:47:49 - 00:47:50)

**Stacey:** Okay.



(00:47:49 - 00:47:52)

**Nivedita:** Tablet would be ten. You just have a little a few people don't.



(00:47:52 - 00:47:53)

**Stacey:** Okay.



(00:47:52 - 00:47:53)

**Nivedita:** Would want the tablet.



(00:47:54 - 00:47:54)

**Stacey:** Got.



(00:47:54 - 00:47:54)

**Nivedita:** And.



(00:47:54 - 00:47:54)

**Stacey:** It.



(00:47:54 - 00:48:00)

**Nivedita:** Then for the Spinraza, that would change it because you would want more frequent. Almost everybody would. So.



(00:48:00 - 00:48:00)

**Stacey:** Okay.



(00:48:00 - 00:48:14)

**Nivedita:** I don't even I would say about five percent would be on the that one, and then it would be thirty five percent would be on the high dose because everybody wants that. That's why I had told, Biogen to to come up.



(00:48:14 - 00:48:14)

**Stacey:** Mhmm.



(00:48:14 - 00:48:15)

**Nivedita:** With that.



(00:48:15 - 00:48:15)

**Stacey:** Mhmm.



(00:48:15 - 00:48:15)

**Nivedita:** Trial.



(00:48:16 - 00:48:26)

**Stacey:** Mhmm. Got it. Okay. So that's fifty five. Okay. I think we're missing ten percent, if I'm adding correctly. So if.



(00:48:26 - 00:48:26)

**Nivedita:** Oh,



(00:48:26 - 00:48:26)

**Stacey:** We.



(00:48:26 - 00:48:27)

**Nivedita:** Yeah. Sorry.



(00:48:27 - 00:48:27)

**Stacey:** Yep.



(00:48:27 - 00:48:29)

**Nivedita:** About that. So forty five is what we'll.



(00:48:29 - 00:48:29)

**Stacey:** Got.



(00:48:29 - 00:48:30)

**Nivedita:** Do there.



(00:48:29 - 00:48:30)

**Stacey:** It. Okay.



(00:48:31 - 00:48:31)

**Nivedita:** So yeah.



(00:48:31 - 00:48:32)

**Stacey:** Alright.



(00:48:31 - 00:48:32)

**Nivedita:** Okay. There.



(00:48:32 - 00:48:33)

**Stacey:** Got.



(00:48:32 - 00:48:33)

**Nivedita:** You go.



(00:48:33 - 00:48:47)

**Stacey:** It. Okay. So, who would be those Evriski tablet ten percent? Like, what what kinds of patients or circumstances are you envisioning, you know, would would be the ones who would go over.



(00:48:47 - 00:48:47)

**Nivedita:** The.



(00:48:47 - 00:48:47)

**Stacey:** To the.



(00:48:47 - 00:48:47)

**Nivedita:** The ones.



(00:48:47 - 00:48:47)

**Stacey:** Tablet?



(00:48:47 - 00:48:52)

**Nivedita:** That are finicky about the liquid being running out, and they can still swallow.



(00:48:53 - 00:48:53)

**Stacey:** Okay.



(00:48:53 - 00:49:02)

**Nivedita:** I think I have a few of them that really care about that. The rest of them don't, and they may be getting it from, like, the the like, they may be getting it from the company.



(00:49:02 - 00:49:03)

**Stacey:** Okay.



(00:49:03 - 00:49:03)

**Nivedita:** And so.



(00:49:03 - 00:49:21)

**Stacey:** Got it. One thing I wanna check with you. So what this is telling me is that the current SPINRAZA pay the fifty percent of patients who are on SPINRAZA, that that would remain the same. In other words, none of those SPINRAZA patients would go over to the Everest d tablet.



(00:49:22 - 00:49:22)

**Nivedita:** Mhmm.



(00:49:22 - 00:49:26)

**Stacey:** Is that okay. Just making sure, just making sure.



(00:49:26 - 00:49:27)

**Nivedita:** Yeah.



(00:49:26 - 00:49:27)

**Stacey:** We're all.



(00:49:27 - 00:49:27)

**Nivedita:** No.



(00:49:27 - 00:49:27)

**Stacey:** At each of.



(00:49:27 - 00:49:28)

**Nivedita:** No.



(00:49:27 - 00:49:28)

**Stacey:** That. Okay.



(00:49:28 - 00:49:28)

**Nivedita:** No.



(00:49:29 - 00:49:51)

**Stacey:** Got it. Alright. So with your SPINRAZA patients, your current SPINRAZA patients, this fifty percent that's right here, would you would you proactively tell them about the Evrisky tablet becoming available? Like, would you inform them about that or no? What what would you envision there?



(00:49:54 - 00:49:56)

**Nivedita:** I could tell them.



(00:49:57 - 00:50:13)

**Stacey:** But but would you? So once once the Evriski tablet becomes of an available option, would you see yourself proactively telling your SPINRAZA patients, hey. I just just to let you know, there's a new option that's in a wristy tablet, or would you.



(00:50:12 - 00:50:13)

**Nivedita:** Not.



(00:50:13 - 00:50:13)

**Stacey:** Not.



(00:50:13 - 00:50:13)

**Nivedita:** Really.



(00:50:13 - 00:50:14)

**Stacey:** Bring it up to them? Okay. Tell.



(00:50:14 - 00:50:14)

**Nivedita:** Not.



(00:50:14 - 00:50:15)

**Stacey:** Me why.



(00:50:14 - 00:50:15)

**Nivedita:** Unless.



(00:50:15 - 00:50:15)

**Stacey:** Not.



(00:50:15 - 00:50:22)

**Nivedita:** They want unless they want it. I would tell them. I would I probably consistently tell them, and if they want it, I would switch them.



(00:50:22 - 00:50:23)

**Stacey:** Okay.



(00:50:23 - 00:50:34)

**Nivedita:** If it's easy, I don't want them to switch if there's not a problem. You know? And I don't want them to switch if insurance is gonna create an issue.



(00:50:34 - 00:50:44)

**Stacey:** Right. Okay. So what what would motivate you to tell them about it then? You know, why why go ahead and and tell them about the Everest d tablet?



(00:50:44 - 00:50:46)

**Nivedita:** Just in case they wanna switch.



(00:50:46 - 00:50:46)

**Stacey:** Okay.



(00:50:46 - 00:51:00)

**Nivedita:** There might be reasons that I don't know. Again, it's like the dosing, the liquid, if they prefer, and they come all the way. I mean, these guys are coming in their wheelchair in a transport with their significant other, their family, and they're always, like, any updates. I mean,



(00:51:00 - 00:51:01)

**Stacey:** Okay.



(00:51:00 - 00:51:09)

**Nivedita:** That is something I have to say. So it's, like, almost like a news release. Whether it's something that they would do, probably not from my experience.



(00:51:09 - 00:51:10)

**Stacey:** Got it. Okay.



(00:51:10 - 00:51:18)

**Nivedita:** But it's just it's just a matter of respecting them coming and giving them updates about the little changes. You know? So.



(00:51:19 - 00:51:22)

**Stacey:** Okay. Understood. And then so they ask for updates when they come.



(00:51:22 - 00:51:23)

**Nivedita:** Yeah.



(00:51:23 - 00:51:24)

**Stacey:** Yeah. Okay.



(00:51:24 - 00:51:28)

**Nivedita:** They do. Not always. They're chit chatting about their life, but sometimes.



(00:51:28 - 00:51:28)

**Stacey:** Right.



(00:51:28 - 00:51:32)

**Nivedita:** It's important just to give them that, and that's just my job. So.



(00:51:32 - 00:51:32)

**Stacey:** Got.



(00:51:32 - 00:51:32)

**Nivedita:** I.



(00:51:32 - 00:51:32)

**Stacey:** It.



(00:51:32 - 00:51:36)

**Nivedita:** Kinda like, there's no other treatments, if something's changed, or is a game plan, or,



(00:51:36 - 00:51:37)

**Stacey:** Okay.



(00:51:36 - 00:51:41)

**Nivedita:** You know, things are are upgrading or changing or what's in the pipeline, they love to know that.



(00:51:41 - 00:51:55)

**Stacey:** Okay. Alright. Those patients who are on SPINRAZA, who remain on SPINRAZA, in your experience, what holds them back from ever considering or switching to Efrisde?



(00:51:56 - 00:51:59)

**Nivedita:** Oh, it's because they don't think adversity is effective.



(00:52:02 - 00:52:06)

**Stacey:** Keep keep going. Like, what, like, what why not? Like, what.



(00:52:06 - 00:52:51)

**Nivedita:** They kinda roll their eyes because a lot of times and and just it's not anybody's fault, but the drug reps are very aggressive for Biogen. And so they kind of it's not a brainwashing, but they're like, oh, this is the best med in the world. Oh, who would take something like oral? That's their attitude. Like, how would you even know what it's gonna do? Like and they roll their eyes. So when you have that attitude, the patients imbibe it, and that's been the main theme. Like, I tried to get a a lady who just delivered a baby. She had SMA, and I was like, look. The oral is gonna be easier. You know, her husband can't even drive her because they're so busy. He can't drive her to get the the treatment. And she's stuck on the fact that, she's stuck on the fact that it's Finrazza is a much better drug. So she will do anything.



(00:52:51 - 00:52:52)

**Stacey:** Okay.



(00:52:51 - 00:52:57)

**Nivedita:** He has to take time off, and, they're gonna have to do anything and everything. So.



(00:52:56 - 00:53:15)

**Stacey:** Got it. Okay. Okay. That's really helpful. Thank you. Alright. Here I have some information about the, hypothetical new Evrisdi tablet. So do me a favor and and read through this page, and then we'll talk about it.



(00:53:15 - 00:53:16)

**Nivedita:** Mhmm. Okay.



(00:54:20 - 00:54:25)

**Stacey:** So what is your overall impression of what you're seeing here about the Efrinced tablet?



(00:54:28 - 00:54:31)

**Nivedita:** You can mix it with water so it becomes liquid again.



(00:54:31 - 00:54:32)

**Stacey:** Yes.



(00:54:33 - 00:54:33)

**Nivedita:** Okay.



(00:54:35 - 00:54:36)

**Stacey:** What are what are you thinking?



(00:54:37 - 00:54:52)

**Nivedita:** No. It's like room temperature, so it's room and you get the the thirty in a in a month, so maybe a little bit easier. So it's fine. It's like a lick an easier liquid form if you wanna take it as liquid or you can swallow it. So it gives you the double option. That's what I'm thinking.



(00:54:52 - 00:54:59)

**Stacey:** Okay. Does that help? You know, does that is that an advantage here to have that double option?



(00:55:01 - 00:55:03)

**Nivedita:** To have the double option?



(00:55:05 - 00:55:05)

**Stacey:** Yeah. Is that.



(00:55:05 - 00:55:06)

**Nivedita:** Yeah.



(00:55:05 - 00:55:06)

**Stacey:** Is that.



(00:55:06 - 00:55:06)

**Nivedita:** I.



(00:55:06 - 00:55:06)

**Stacey:** A.



(00:55:06 - 00:55:07)

**Nivedita:** Mean, I I but I.



(00:55:07 - 00:55:07)

**Stacey:** Mhmm.



(00:55:07 - 00:55:18)

**Nivedita:** As I said, I don't think it's, like, a major advantage because it's liquid anyways. It's not a revolutionary life changing advantage, but it's got some some improvement. So.



(00:55:18 - 00:55:35)

**Stacey:** Mhmm. Mhmm. Got it. So, hypothetically, what if the only option for this tablet was to swallow it whole with water? What if the, you know, the the option to dissolve it in water was not there? How would that affect your, you know, your your thoughts.



(00:55:35 - 00:55:35)

**Nivedita:** I.



(00:55:35 - 00:55:35)

**Stacey:** About?



(00:55:35 - 00:55:40)

**Nivedita:** Would like it because a lot of the patients with SMA have, like, swallowing difficulties.



(00:55:41 - 00:55:50)

**Stacey:** Okay. Got it. What what percent of your adult population would you say, you know, would has has the swallowing difficulties that would.



(00:55:50 - 00:55:50)

**Nivedita:** That's.



(00:55:50 - 00:55:50)

**Stacey:** Prohibit.



(00:55:50 - 00:55:52)

**Nivedita:** A lot. It's, like, eighty five percent.



(00:55:52 - 00:56:06)

**Stacey:** Okay. Okay. Got it. Okay. So so what, you know, what what are the advantages? Are there any advantages here to the tablet formulation?



(00:56:09 - 00:56:14)

**Nivedita:** Just the fact that it's, like, at room temperature and not in the fridge, and you also get the thirty day supply.



(00:56:17 - 00:56:30)

**Stacey:** Okay. Okay. Got it. Alright. So the room temperature advantage, tell me a little bit more about that. How, you know, and and how will that help patients or in what yeah. Like, how does that become important potentially for patients?



(00:56:30 - 00:56:34)

**Nivedita:** It just it's just a some it's just a minor change of convenience.



(00:56:34 - 00:56:35)

**Stacey:** Mhmm.



(00:56:35 - 00:56:35)

**Nivedita:** It's.



(00:56:35 - 00:56:35)

**Stacey:** K.



(00:56:35 - 00:56:39)

**Nivedita:** Looking nothing nothing game changing. As I keep saying, this is an.



(00:56:39 - 00:56:39)

**Stacey:** Yeah.



(00:56:39 - 00:56:39)

**Nivedita:** Oral.



(00:56:39 - 00:56:40)

**Stacey:** Yeah.



(00:56:39 - 00:56:43)

**Nivedita:** Med. It's not like it's it's revolutionizing SMA by.



(00:56:43 - 00:56:44)

**Stacey:** Right.



(00:56:43 - 00:56:44)

**Nivedita:** Any chance.



(00:56:44 - 00:57:06)

**Stacey:** Okay. Got it. Okay. So, in terms of the efficacy of the Efristy tablet compared to the efficacy of the current Efristy formulation, what's what's your take on that? What what are you taking away from this?



(00:57:09 - 00:57:11)

**Nivedita:** From Everest tea versus the Everest tea formulation?



(00:57:12 - 00:57:21)

**Stacey:** For this new Everest d tablet, the f what is your perception of the efficacy of this tablet compared to the the current Evris D liquid formulation?



(00:57:25 - 00:57:35)

**Nivedita:** The efficacy, I don't see efficacy. I mean, are you talking about is there efficacy data or stuff that I should know? It looks like it's the same.



(00:57:35 - 00:57:48)

**Stacey:** The, the bioequivalents so so that's my roundabout way of of getting to the bioequivalents information on the left hand side. You know, curious what your, you know, what what your impression.



(00:57:48 - 00:57:49)

**Nivedita:** Yeah. That's.



(00:57:48 - 00:57:49)

**Stacey:** Is on that.



(00:57:49 - 00:57:49)

**Nivedita:** Fine.



(00:57:50 - 00:57:50)

**Stacey:** Yeah.



(00:57:50 - 00:57:50)

**Nivedita:** This is,



(00:57:50 - 00:57:51)

**Stacey:** K.



(00:57:50 - 00:57:54)

**Nivedita:** Like, again, like, a non a significant thing.



(00:57:53 - 00:57:54)

**Stacey:** Yep.



(00:57:54 - 00:57:59)

**Nivedita:** It's it's it's there, but it's not, like, anything outstanding. You know?



(00:57:59 - 00:58:05)

**Stacey:** Okay. Alright. So you feel that the efficacy would be the that it it would be equivalent. So you're.



(00:58:05 - 00:58:06)

**Nivedita:** Right.



(00:58:05 - 00:58:12)

**Stacey:** Yep. Okay. What about safety? How how safe do you feel the uprisity tablet is? What is the sense you're getting about that?



(00:58:13 - 00:58:15)

**Nivedita:** It sounds it looks safe to me.



(00:58:15 - 00:58:20)

**Stacey:** K. Anything in particular in the profile that's that's telling you that?



(00:58:23 - 00:58:28)

**Nivedita:** Just because it's the same as the other FRC tablet, and I've noticed no major differences here.



(00:58:27 - 00:58:36)

**Stacey:** Mhmm. K. Got it. Okay. Anything else that's standing out to you here?



(00:58:37 - 00:58:41)

**Nivedita:** Your childproof model, these guys are weak. I don't know if that's gonna be difficult.



(00:58:41 - 00:58:42)

**Stacey:** K.



(00:58:43 - 00:58:43)

**Nivedita:** And.



(00:58:43 - 00:58:43)

**Stacey:** K.



(00:58:43 - 00:58:47)

**Nivedita:** Some people may not like something with flavor. Who knows strawberry flavor?



(00:58:50 - 00:58:51)

**Stacey:** Okay.



(00:58:50 - 00:58:53)

**Nivedita:** Just make sure that this is actually something that tastes good.



(00:58:53 - 00:58:54)

**Stacey:** Got it.



(00:58:54 - 00:59:03)

**Nivedita:** Because taste is probably the one thing they still have. I mean, they can't move their arms or legs, and the little things go really far for them.



(00:59:03 - 00:59:06)

**Stacey:** Okay. That's helpful to know.



(00:59:06 - 00:59:09)

**Nivedita:** Yeah. These guys are really it's really sad.



(00:59:10 - 00:59:11)

**Stacey:** Indeed.



(00:59:11 - 00:59:12)

**Nivedita:** So yeah.



(00:59:13 - 00:59:32)

**Stacey:** Alright. So, just to, kinda, kinda nail this down, you know, what what is your level of of, interest in the Avariski tablet? Would you say it is low, moderate, high? What.



(00:59:32 - 00:59:33)

**Nivedita:** Hello?



(00:59:32 - 00:59:37)

**Stacey:** Adjective? Right? I felt that that was what you were saying, but I wanted to.



(00:59:36 - 00:59:37)

**Nivedita:** Yeah. You you.



(00:59:37 - 00:59:38)

**Stacey:** Confirm.



(00:59:37 - 00:59:38)

**Nivedita:** Anticipated it.



(00:59:38 - 00:59:39)

**Stacey:** Yeah.



(00:59:38 - 00:59:39)

**Nivedita:** Yeah.



(00:59:39 - 00:59:39)

**Stacey:** I didn't I didn't.



(00:59:39 - 00:59:40)

**Nivedita:** Alright.



(00:59:39 - 00:59:42)

**Stacey:** Know if it would be moderate, so I just wanted to double check that. Okay.



(00:59:42 - 00:59:43)

**Nivedita:** Alright.



(00:59:43 - 01:00:10)

**Stacey:** Alright. So I wanna just quickly go back to this page that we had looked at. You had felt that when the tablet became available, maybe ten percent would find, you know, ten percent of patients might want to go that direction. Having reviewed the profile about Epirus d, does that does anything change? Would you would you see any you know, would anything change in in your anticipated use of the tablet?



(01:00:10 - 01:00:10)

**Nivedita:** No.



(01:00:11 - 01:00:18)

**Stacey:** Okay. Alright. Got it. So, I don't see any final questions coming in from the team. I'm just.



(01:00:18 - 01:00:19)

**Nivedita:** Thank.



(01:00:18 - 01:00:19)

**Stacey:** Giving.



(01:00:19 - 01:00:19)

**Nivedita:** You.



(01:00:19 - 01:00:28)

**Stacey:** It just a couple of seconds to see if anything else comes in. Okay. We are good. Doctor,



(01:00:27 - 01:00:28)

**Nivedita:** Thank you.



(01:00:28 - 01:00:30)

**Stacey:** We are done. Thank you so much for your time tonight.



(01:00:30 - 01:00:30)

**Nivedita:** Thank.



(01:00:30 - 01:00:30)

**Stacey:** I appreciate.



(01:00:30 - 01:00:31)

**Nivedita:** You.



(01:00:30 - 01:00:31)

**Stacey:** It.



(01:00:31 - 01:00:32)

**Nivedita:** Have a great day. Thanks.



(01:00:32 - 01:00:33)

**Stacey:** You too. Bye bye.

