

# Industry Partners Panel

## Genentech

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[00:00:00] **Yulie Ramirez:** Thank you for inviting us to this important session. My name is Yulie Ramírez. I'm a Clinical Education Manager with Genentech. Regarding the product, ENSPRYNG—I'm going to put something up on the screen because we think it's a little easier to remember the information that way.

[00:00:26] When we get it set up—so if you give me just a second, it'll be really quick. Okay, and here we are, ready. There you can... I'm assuming you can see the information now. So basically, ENSPRYNG is a prescription medication for neuromyelitis optica spectrum disorder (NMOSD), in English.

[00:00:55] ENSPRYNG is for adults who test positive for aquaporin-4 antibodies. Obviously, it's a medication that hasn't been shown to be safe and effective in children; it's for adults only. There are only three reasons why ENSPRYNG should not be used: if the patient is allergic to ENSPRYNG, or if they have an active hepatitis B infection—which, of course, their doctors would be checking for before starting treatment.

[00:01:23] And if they test positive for tuberculosis, whether it's active or latent. To give a really quick summary of how this medication works: it's not understood 100% how it works, but we do know that it plays an important role involving interleukin-6, or IL-6.

[00:01:50] That's believed to play a role in what is MS. And it was designed—this medication was designed as a protein meant to interfere with the interleukin-6 receptors and, in that way, to control the inflammation that it causes. Two clinical studies were done to look at the effects of the medication, right? Where they compared patients on the drug with patients on a placebo, which is the inactive medication. And in both studies, there was a significant reduction in the risk of relapses. In the second study, they also compared it with an immunosuppressive treatment and a placebo. The results were significant: in Study 1, it was a — percent.

[00:02:44] And in Study 2, there was a reduction in the risk of relapses for the patients who were using it. In terms of side effects, what was seen most were sore throats, nasal congestion, skin rash, fatigue, pain in the arms or legs, headaches, and infections. Obviously, when we're working on the immune system, it puts us at higher risk for infections—nausea, inflammation of the stomach lining (gastritis), and pain. Joints, right? Now, one of the really important things about ENSPRYNG—one advantage it has—is that it's—sorry—it's injected at

home, so the patient can inject at home. So, that gives them benefit and flexibility, right? Even if the patient needs to travel, they can take their medication with them, right?

[00:03:46] The injection is given once a month, and it's administered subcutaneously. And that's basically where we come in—patients who are prescribed ENSPRYNG have the option to meet with us, with the nurses in that case. Well, in Florida and Puerto Rico, for in-home visits, that's me.

[00:04:07] Depending on where you're located, there's always a nurse available who not only explains the treatment to you but can also provide injection training. We can come to your home and give you that training. We can't inject you—despite being nurses, we're not allowed to actually administer the medication.

[00:04:25] But we can teach you how to do it, or teach a family member, right? At first, the medication is given using what they call a loading dose. So, the first dose is considered week zero; two weeks later, the second dose; and then at four weeks, the third dose. After that, it would be every four weeks. That is, once a month, right? Obviously, if the patient forgets an injection, they should just give it as soon as possible.

[00:05:02] Like all medications, there's a risk of infection, right? Side effects—one of them is infections, like we mentioned—so your doctor will be checking to see if you have any symptoms. It's super important that you let your doctor know about things like diarrhea, chills, or redness around the injection site, and so on.

[00:05:23] An increase in liver enzymes—your doctors would also be monitoring that, same as with the kidneys and any severe gastrointestinal reactions to the medication. Obviously, if a patient has a reaction to the medication, then they shouldn't receive it anymore, right? And the most important part is that you're not alone in this. We're here. It's a whole support team. We have patient advisors—what we call patient navigators. We also have a fully bilingual team—a completely bilingual team that can help you in Spanish and in English. And even if there's another language beyond that.

[00:06:05] We also have a team that works with translation, so those folks handle what's called benefits investigation—co-pay assistance and financial assistance. And in our case, as clinical education managers, we provide the clinical information, right? We also stay in touch during the first six months, where we can answer questions about the treatment or side effects, document them, and so on. And obviously, lastly, financial assistance—if a patient doesn't have the resources to pay for the medication, either because their health plan doesn't fully cover it or because they don't have health insurance, we have financial options that the patient advisors would help them explore to see what they qualify for. Ah. And that's it, right? I hope this helps, and if you have any questions, just go to [enspryng.com](https://enspryng.com), and there you'll find all the information. Thank you.