Oral MS Therapies – Hope or Hype?

An Analysis of Social Media Posts by MS Patients
Agenda

Business Issues

Scope & Methodology

Business Issue Findings
This report addresses two key Business Issues:

**Business Issue 1**
How are social media leaders influencing the MS oral DMT market?

**Business Issue 2**
How can CLIENT leverage social media interactions to inform their strategies and maximize use of BRAND?
Agenda

Business Issues

Scope & Methodology

Business Issue Findings
This project focuses on social media posts about oral disease modifying therapies (DMTs) for MS, both currently marketed and in development.

### Oral MS Disease Modifying Therapies

<table>
<thead>
<tr>
<th>Drug</th>
<th>Company</th>
<th>Status</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilenya (fingolimod)</td>
<td>Novartis</td>
<td>Launched October 2010</td>
<td>For the treatment of pts with relapsing forms of MS to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability</td>
</tr>
<tr>
<td>Aubagio (teriflunomide)</td>
<td>Sanofi and Genzyme</td>
<td>NDA filed October 2011</td>
<td>For the treatment of pts with relapsing MS</td>
</tr>
<tr>
<td>Panaclar (BG-12)</td>
<td>Biogen Idec</td>
<td>Phase III</td>
<td>For the treatment of RRMS</td>
</tr>
<tr>
<td>Laquinimod</td>
<td>TEVA and Active Biotech</td>
<td>Phase III</td>
<td>For the treatment of MS</td>
</tr>
<tr>
<td>Trimesta (estriol)</td>
<td>Adeona</td>
<td>Phase II</td>
<td>For the treatment of RRMS</td>
</tr>
<tr>
<td>CS-0777</td>
<td>Daiichi Sankyo</td>
<td>Phase I</td>
<td>MS patients</td>
</tr>
<tr>
<td>Movectro (cladribine)</td>
<td>Merck Serono</td>
<td>Discontinued June 2011</td>
<td>For the treatment of pts with relapsing MS</td>
</tr>
</tbody>
</table>

Source: Corporate websites
The analysis was based on social media posts about oral MS DMTs from January 2010 – June 2011.

Top 10 Social Media Sources for Oral MS DMTs
(January 2010 – June 2011)

- MSWorld.org: 1,631 posts
- DailyStrength.org: 298 posts
- www.medhelp.org: 284 posts
- www.thisisms.com: 277 posts
- www.healthboards.com: 88 posts
- Boards.webmd.com: 85 posts
- msrcksharing.yuku.com: 74 posts
- community.babycenter.com: 50 posts
- www.weightwatchers.com: 16 posts

UPDATE: This report also includes an analysis of posts made in December 2011-January 2012 to assess reaction to recent deaths associated with Gilenya.

2,803 total posts were analyzed for this project.
Since Gilenya was by far the most mentioned oral DMT, this analysis will focus on the brand. (Although there will be some discussion about the other brands in development.)
Agenda

Business Issues

Scope & Methodology

Business Issue Findings
Business Issue 1
How are social media leaders influencing the MS oral DMT market?
MS social media leaders are influencing the oral DMT market in 2 key ways by providing:

1. A supportive community that gives patients hope

2. “Real world” answers to patients’ questions about oral DMTs
1. A supportive community that gives patients hope
The launch of the first oral DMT – Gilenya – has created a growing online community of patients talking about these new therapies.

Number of Social Media Posts About MS Oral DMTs

Launch Oct. 2010
Several active members of this online community have become the “Social Media Leaders” for MS oral DMTs.

<table>
<thead>
<tr>
<th>Social Media Leaders</th>
<th>Number of Posts</th>
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<tbody>
<tr>
<td>Crazy Cat Lady</td>
<td>159</td>
</tr>
<tr>
<td>Just A Small Town Girl</td>
<td>153</td>
</tr>
<tr>
<td>Squiffy 2</td>
<td>114</td>
</tr>
<tr>
<td>Cindarely</td>
<td>94</td>
</tr>
<tr>
<td>Redwings</td>
<td>52</td>
</tr>
<tr>
<td>0485c10</td>
<td>39</td>
</tr>
<tr>
<td>Sarahsmom46</td>
<td>38</td>
</tr>
<tr>
<td>Mrs. Bones</td>
<td>34</td>
</tr>
<tr>
<td>Lulu54</td>
<td>30</td>
</tr>
<tr>
<td>Psychedout</td>
<td>29</td>
</tr>
</tbody>
</table>
These Social Media Leaders tend to be strong advocates of oral DMTs, given their positive experiences with Gilenya.

**Crazy Cat Lady**
- 33 years old, located in the Pacific Northwest
- Diagnosed in June 2010; started on Avonex, but quit after 3 doses due to reaction to injections
- Started Gilenya in December 2010 and "is doing well"

**Just a Small Town Girl**
- 27-year-old law clerk from Indiana
- Diagnosed in October 2010, started Gilenya in November 2010
- "Very happy" with Gilenya

**Cindarelly**
- Diagnosed 22 years ago
- Has taken all the interferons and Copaxone
- Started Gilenya in January 2011
- Suffers from migraines and had headaches with Gilenya for the first 2 months, but "I am more than willing to get through this."
When other patients join these online communities looking to talk to others who will understand what they’re going through ...

“I was recently diagnosed … I'm in my first week of the shocking news, and even though I've done some reading, I can't seem to fully understand it all ... I guess I'm still in the denial phase.”

“… I've tried talking to my friends, but I feel like they are indifferent about it, like if MS was no big deal …”

“… I'm scared for my family, me being the bread winner for my home, my 3-year-old who I can't break the news to yet due to the fact of him being so young and not understanding … I’m still not ready for that.”
“So glad you found this site. It's a great place where there are others who really do understand what you're going through .... Good luck to you with the Gilenya! … I'm wishing for you that the MS will "cut you some slack."
… As well as their experience with and knowledge of the new oral DMTs.

“I've been on Gilenya for four weeks now, and … “

“I just read an online article that stated that …”

“I was part of the Gilenya study, and …”

“I am attending a workshop on emerging therapies mid-October, and I will report back what I learn at that workshop. Can’t wait to see the replies to this message and learn more!”
This support and information has given other patients hope and a more positive outlook about their disease.

“I've been following the Gilenya threads since I found out I'd be going on it. The posts here have been really helpful. I hope when I post about my experience I'll be able to share the same positive outlook.”

“Hi all. Just got pre-approval to go on Gilenya last Tuesday ... Just want to thank everyone for their stories on this drug ... and please, keep them coming!”
2. “Real world” answers to patients’ questions about oral DMTs
Patients are joining these discussions because they want “real world” advice about the oral DMTs.

“My doctor has informed me that in a month, I will be starting Gileyna … I am not sure what I should do, or if I should start any treatment at all … “

“From what my neuro says, it’s great that we can start early treatment, but during my appointment, I felt uninformed, didn't know what to ask, didn't know what to say, and I still feel lost....”

“In a few weeks, I'm going to see him again, and I would like to not feel this way ... If anyone could help in pointing me in the right direction, asking the right questions, it would help me a lot.”
There are 6 key topics about oral DMTs that patients really want to know about …

1. What made you decide to take Gilenya?
2. What’s this about a man dying after taking Gilenya?
3. What are the side effects like?
4. How much does it cost? And will my insurance cover it?
5. What do I have to do to get it?
6. What about the other oral meds in development?
1. What made you decide to take Gilenya?
Fear of progressing on their current med is the key reason most patients are switching to Gilenya.

“I was put on Avonex after my diagnosis, but have continued to have pretty severe flare ups every 8-12 weeks since then … I am looking forward to starting Gilenya next week.”

“Since none of the other meds have worked for me, the only choice I have is to give it a try. This blasted disease has done enough damage, and I hope Gilenya stops or slows it down!”

I start Gilenya next week after 12+ years on Copaxone …It does not seem to be as helpful as it used to be. I am excited!
Other patients welcome Gilenya as freedom from the considerable physical and emotional stress caused by injecting.

“I had serious issues with the daily injections, they were really emotionally and mentally affecting me. That was a major stressor for me. So popping a pill each day is a huge bonus.”

“I literally cried tears of happiness. It’s finally over: No more bumps, itching, pain, stinging, swelling, carting needles everywhere with me, starting every morning with a painful reminder of the MS.”

“Injecting stings, it’s embarrassing when you get the huge welts, I hate it … I really can’t say more about my dislike for it … I am over the moon about having an oral.”

“It’s a quality of life issue for me. Injecting Copaxone has so negatively impacted my life for the last year, this is like a light at the end of a dark tunnel for me.”
Fear of PML from Tysabri also plays a role in why some patients are switching.

Hi all! In October 2008, I decided to take a risk and go on Tysabri and have not had a relapse since.

But now my doctor is concerned that the risk of PML seems to increase when you are on it longer.

So am I willing to stay on something that has a fairly high risk for something worse than MS itself??

After researching, I made the decision this week to switch to Gilenya …

It’s so scary getting off something that has worked for me, but the risks for Gilenya seem less and not as severe as PML and hopefully will work as well for me as Tysabri has.
Finally, there are newly diagnosed patients who are hoping Gilenya’s efficacy can stop their MS in its tracks.

“I was just diagnosed a month ago. The MS Specialist that I saw is recommending Gilenya because it’s aggressive, which he says that I need. I was expecting that he would want to try one of the other more proven meds first ... It's kind of scary ... I was wondering if any other newcomers have had Gilenya as their first recommended treatment?”

“I was diagnosed back in October. My neuro wasn't pushing me strongly one way or another, but thought my best options were Copaxone, Avonex or Gilenya. She's a big fan of Gilenya with the higher efficacy rate ... Like you, I was initially concerned about it, but at the end of the day, the efficacy rate decided it for me.”

“This was my situation as well. I was dx'd in October '10 and was given 4 options for treatment. Two were 1st line (Beta and Copaxone) and two 2nd line therapies (Gilenya and Tysabri). My neuro wanted to provide to more aggressive options considering I'm young (26) and otherwise healthy. I've opted for Gilenya, and so far things are going well.”
Gilenya gained FDA approval with data showing better efficacy in relapse rates and MRI activity vs. Avonex, plus disability progression data vs. placebo.

<table>
<thead>
<tr>
<th>Gilenya Efficacy Results†</th>
</tr>
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<tbody>
<tr>
<td><strong>Relapses</strong></td>
</tr>
<tr>
<td>Significant reduction in annualized relapse rates compared with placebo and Avonex</td>
</tr>
<tr>
<td><strong>MRI Activity</strong></td>
</tr>
<tr>
<td>Significant reduction in MRI activity as measured by T2 lesions vs. both placebo and Avonex</td>
</tr>
<tr>
<td><strong>Disability Progression</strong></td>
</tr>
<tr>
<td>Significant reduction in risk of disability progression vs. placebo</td>
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</tbody>
</table>

†Source: Gilenya.com and prescribing information
2. What’s this about a man dying after taking Gilenya?

UPDATE: This section of the report is based on posts made in December 2011-January 2012.
Patients were already concerned about the deaths that had occurred in the Gilenya clinical trials … with Social Media Leaders were quick to try to assuage their fears.

“My neuro sent me to Dartmouth Hospital for a second opinion and the neuro that I met there talked to me about Gilenya … There were 2 people that died during the trials ... He basically scared the CRAP out of me.”

“The deaths in the Gilenya trials were all at a higher dose than what people take AND while people were on steroids … Absolutely no one has died from Gilenya at the approved dose or at the higher dose if they weren't on steroids. I'm glad my neuro mentioned the deaths and then explained why they happened.”

“I just attended a seminar on Gilenya. The speaker stated that there were three doses of Gilenya used in the clinical trial. The highest dose was the one that caused the fatalities and serious side effects. The one that was eventually FDA approved was the lowest dose. The lowest dose had the same efficacy as the higher dose.”

Note: Two deaths resulted from Herpes virus infection in the FREEDOMS trials; both of these individuals had received a higher dose than that submitted to the FDA. No deaths were reported in the lower-dose group, which used the same dose as approved by the FDA.
So when the death of a patient 24 hours after taking Gilenya was announced in December 2011, the online MS community was quick to pick up on it.

“I just read that a patient died within the first 24 hours after receiving their first dose of Gilenya.” (Posted Dec. 12, 2011)
Their initial response was one of sympathy…

“How very, very sad and frightening. I also want to express my deep heart felt sadness for their loss.”

“This is so sad, what a horrible thing for this patient's family to go through.”

“How heart-breaking.”

“My heart goes out to the person who died and their family.”

“How very sad for this man and his family.”
… But this was quickly followed by requests for more information …

“I hope they publish the cause of death soon.”

“I hope we know what happened soon.”
… and more posts about possible Gilenya-related deaths in the EU.

“The EU is investigating 11 deaths after using Gilenya … They may or may not be from Gilenya, but it is being investigated.”
But MS Social Media Leaders were quick to step in to say, “Don’t panic.”

“I would really hate to jump to conclusions without knowing who, and the history.”

“It doesn't mean people should start getting hysterical.”
Many shared the explanations about the death that they had researched …

“It appears the patient was also on a beta blocker and calcium channel blocker which increase chance of bradycardia. Very unfortunate. I’m kind of surprised the doc even tried it with Novartis plastering warnings about use of Gilenya when on those other drugs.”
… And provided fellow community members the sources of this information.

“Here is a link to a very good article about the patient who died shortly after taking his first dose.”

“I read this on the National Multiple Sclerosis web page …”

“Here’s the link to Business Week that says how many deaths and the reasons known about them.”
Their key message to the online MS community was “Be informed.”

“The moral to this story is be informed. Know about counterindications. This poor man was taking two prescriptions about which Novartis flagged problems. I feel very sorry for him and his family, but relieved to know that this is not a new issue.”
Despite this, there were several MS sufferers who reported that this news had put off them off starting Gilenya …

“I am scheduled to take my first dose next week. This really has me worried.”

“I was unsure of taking this med to begin with and now this.”

“I was supposed to start on Gilenya this Friday but now I’m too scared to. I’m not sure what I’ll do … I wish there were safer drugs … but maybe that’s an oxymoron.”
… and several others reported that their Neuros had taken them off the drug.

“My doc, and all the neuros in his practice, are taking everyone off Gilenya until more info is available.”

“Just got a call from my Neuro, and he said he is taking his patients off Gilenya.”
However, it does appear that Social Media Leaders’ plea to “Be informed” has influenced some patients in their decision to take Gilenya.

“After a lot of soul searching I went ahead today with my first dose of Gilenya. I have to thank you all for helping me appreciate that I needed to be as informed as possible before going ahead … I even took in copies of the news articles to show the hospital staff just to be sure they followed the more thorough monitoring.”
3. What are the side effects like?
From the clinical trials, Gilenya’s most common side effects include headache and flu. The prescribing information also warns of heart rate drop, infection risk, and macular edema.

### Gilenya Most Common Adverse Effects and Warnings & Precautions
(As listed in the Prescribing Information)

<table>
<thead>
<tr>
<th>Most Common Adverse Reactions</th>
<th>Incidence ≥10% and &gt; placebo</th>
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<tbody>
<tr>
<td></td>
<td>Headache</td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
</tr>
<tr>
<td></td>
<td>Diarrhea</td>
</tr>
<tr>
<td></td>
<td>Back pain</td>
</tr>
<tr>
<td></td>
<td>Liver transaminase elevations</td>
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<td></td>
<td>Cough</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Warnings &amp; Precautions</th>
<th>Decrease in heart rate and/or atrioventricular conduction after first dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase the risk of infections</td>
</tr>
<tr>
<td></td>
<td>Macular edema (can occur with or without visual symptoms)</td>
</tr>
<tr>
<td></td>
<td>Decrease in pulmonary function tests</td>
</tr>
<tr>
<td></td>
<td>Hepatic effects (increased liver transaminases)</td>
</tr>
<tr>
<td></td>
<td>Fetal risk (women of childbearing potential should use effective contraception during and for two months after stopping Gilenya)</td>
</tr>
</tbody>
</table>

Source: Gilenya prescribing information
Headache and flu were the most commonly reported side effects, but most patients reported that these were transient ... and not as bad as those with the injectable DMTs.

“I've been on Gilenya for only 3 weeks. The first few days were a little rough. I had a headache and felt a little nauseous. For me, it was just my body getting used to it. I don't have any side effects to speak of from it. My body seems to tolerate it very well. I was on Rebif for over a year and had awful side effects.”

“Just wanted to echo the quote above. I've also been on Gilenya for 2.5 weeks and had the exact same experience. By the end of week one, it was like popping a vitamin. Waaay different than 4.5 years of the Avonex flu!! “

“Thanks so much for these posts. I have taken the first three doses and was getting discouraged by headache and nausea. I am going to stick with it, and I think it will get better soon, based on what I read above. Thanks a million for the reassurance!!!”
Patients seemed more concerned about the macular edema, heart rate drop, infection risk, and liver enzyme issues.

“I am scared about the macular edema. I don't want to lose any vision. Anyone else worried about this, or am I just over the top?”

“My white blood cell count is low.”

“Can any one tell me what to expect in the way of the heart rate drop? My heart rate is already pretty low, so I am a little nervous and wondering how much does it drop.”

“My liver enzyme level keeps rising. Is anyone else in this boat? I’d feel like I can breathe easier, less worried, you know?”
However, current Gilenya users tried to assuage these fears.

“I was initially really freaked out by the thought of macular edema. However, my neuro also explained to me that this happened in very very few cases … not enough to even show a statistical correlation between the drug and the problem.”

“You might want to do some research, but I believe that raised liver enzymes is normal in some people and will reverse itself after 6 weeks.”

“I had a drop in heart rate on the first dose (from 80 to 64, I think it was) and it has since returned to normal.”

“Gilenya actually works by lowering the amount of white blood cells in your bloodstream (by keeping lymphocytes in the lymph nodes). It’s actually entirely intended that you’re going to have a very low white blood cell count.”
However, despite these relatively positive conversations, many patients – even those who are injection averse – confess to being uncomfortable about the potential side effects of a new medication ...

“I never like to be the first to try new medication. I tend to wait for the post marking side effects to see if anything pops up before I am comfortable with it.”

“It's not worth it to me in a drug that was *just* approved by the FDA.”

“I passionately hate injecting myself 3x/week with Rebif … However, I have been doing very well and have not had side effects that were unbearable. I just really hate the injections … But I am afraid to start something new.”
… And it appears that many neuros are also adopting a “wait and see” attitude about Gilenya.

“I met with my neuro … We discussed Gilenya, but he had some reservations and felt it would be better to wait and see how Gilenya affects patients.”
But patients stress that ultimately, the decision to take the new med is up to the patient.

“Only you can decide what is the best option for your situation. Gilenya has shown great efficacy in preventing relapses, but the side effect risks and "newness" of the drug may not be your cup of tea.”

“More than anything, just make sure you do what YOU are comfortable with.”

“As always, each of us is different, and we have to make individual decisions.”

“This is such a personal choice to make that whatever you decide is the right thing.”
4. How much does it cost? And will my insurance cover it?
Patients were dismayed – yet not surprised – at the pricing of Gilenya.

Novartis has announced their wholesale price for the newly-approved oral MS drug, Gilenya (aka Fingolimod).

$4,000/month or about $48,000/year 😞

Copaxone: $39,928/year
Rebif: $36,825/year
Betaseron: $34,980/year
Avonex: $34,667/year

“Thanks for the price info. I was really hoping it would be some ridiculous, absurd price, like all the other meds! Wouldn't want the drug companies to starve ... Sorry, just being my usual cynical self.”

“Just another drug we can't afford doesn't really help much.”

Bloomberg.com, Oct. 4, 2010: Eric Althoff, a spokesman for Basel-based Novartis, said in a Sept. 30 email that the pill will be priced wholesale at about $48,000 annually.
Whether insurance companies would cover Gilenya was a key topic …

“The big question is whether the insurers, including Medicare, will cover it.”
Many patients expressed dread at the thought of the ordeal of dealing with their insurance companies …

“I just can't wait to see what hoops they make us jump through to get them to fill the prescription ... I think I will wait a while to fight this battle with them, not sure if I can take it right now.”
... And there were a lot of reports from frustrated patients being denied Gilenya and undergoing numerous appeals.

“I think it's pretty standard that most insurance companies are going to deny coverage for Gilenya simply because of its cost. I was just turned down and have an appeal scheduled, which my doctor is also attending … I have to fight with my insurance company for coverage.”

“My insurance company (Aetna) turned me down several times. Each time we appealed they would say that they needed some more testing done before they would approve. This has been going on since October of last year. Finally, last week, they approved Gilenya.”

“My appeal has been turned down twice, despite my own doctor weighing in heavily, and a second opinion submitted. It's most disappointing ... Why am I paying these people a gigantic monthly premium when they won't cover what I need?”
And while they welcomed the co-pay assistance offered by Novartis, many still feared a hefty co-pay and noted that this didn’t apply to Medicare patients.

“I have fears that even with the $800 assistance, I will still be left with a hefty copayment.”

“Good new for those not on Medicare … Unfortunately, I am not one.”

Gilenya Co-Pay Assistance†

The GILENYA Go Program provides free and comprehensive support to people who have been prescribed GILENYA. We provide you with information and tools to assist in your treatment, and help you find resources that can make your medication more affordable.*

Co-pay assistance

Under the GILENYA Go Program, your out-of-pocket costs for GILENYA will be covered up to $800 per prescription benefit and $10,400 per calendar year. This co-pay assistance program is available for eligible people who have been prescribed GILENYA, regardless of income level or medical history.** The co-pay assistance program will also cover up to $600 per year for additional medical expenses associated with GILENYA treatment.

†Source: Gilenya.com
Note: Copay support programs are prohibited in Medicare and other federal programs
5. What do I have to do to get it?
To start taking Gilenya, patients have to undertake a 3-step process …

**STEP 1:**
Complete the Gilenya Service Request Form

The SRF form serves as a prescription and includes all the patient’s insurance information.

The SRF registers the patient in the Gilenya Go Program, Novartis’ patient support program.

Patients are assigned a “Nurse Navigator” to provide assistance with insurance coverage issues and provide a starter pack.

**STEP 2:**
Undergo Baseline Medical Tests

Before starting Gilenya, patients must undergo medical tests related to potential side effects, including:

- Electrocardiogram
- Ophthalmologic evaluation
- Blood count
- Liver transaminases and bilirubin levels

**STEP 3:**
Gilenya “First Dose Experience”

Patients must take their first dose at their doctor’s office so they can be monitored for heart-rate drop.
Patients had mixed reviews about dealing with the Gilenya Go Program to complete Step 1 …

“I had an amazing nurse navigator named Darlene and she really took care of everything for me, got back to me right away, etc.”

“I've seen mixed reviews on the support nurses. Mine is truly excellent. Hope that you also get a good one.”

“It took months for them to get me in their "system" … I know that one or two people have had success with their navigators, but most have struggled. My first navigator was either fired or quit and I haven't heard from them since … I had such a good experience with Rebif's MS Lifelines … Gilenya seems to be working so well for me that I'll deal with the incompetency of Novartis for now.”
Patients really had no issues with having to get medical exams … other than the fact that their impatient to get things moving.

“I have completed the tests my doctor ordered … MRI, bloodwork, EKG, vision, the results of which are fine … So my slow process toward Gilenya is continuing.”

“I went for my pre-Gilenya eye exams on Monday. Everything was fine. Next step: EKG, CD4, and blood tests on July 12th … So it's coming along ... I'm supposed to start in September ... Can't wait!”
Step 3 elicited the most questions from patients ... especially the 6-hour wait in the neuro’s office.

“I am curious about the first dose ... Do you sit in the doctor’s office for the full six hours? My physician’s office has not put anyone on Gilenya yet, and I want to make sure I understand what I have to do for the first dose.”
For most patients who had undergone the “First-Dose Experience,” the 6-hour wait was the worst part about it …

“For me, they just watched me take the pill, put one of those finger clamp things on me that checks your oxygen and heart rate (told me to check it every 2 minutes or so and let them know if it went below 60) and had me sit in the waiting room …”

“… Then about every hour, the nurse came out and took me back to take my blood pressure …”

“… Bring snacks, lunch, a good book, magazines, I brought my iPod, and anything else that will make the time pass. 6 hours can really drag if you have nothing to do.”
But they also indicated that the wait was worth it.

“After my six hours was up, and I walked out of the clinic into the warm Texas breeze, I felt like a new phase of my MS had started, and I was in control of it.”
6. What about the other orals in development?
Of the other orals, the most talked about was Movectro, Merck Serono’s oral cladribine.

**Share of Voice**

(% of times brand was mentioned)

- Movectro: 63%
- Aubagio: 15%
- Laquinimod: 14%
- Panaclar: 7%
- Trimesta: 1%

KANTAR HEALTH
Most of these posts were made in June 2011, when the company decided to cancel any further development.

“Anyone see anything about Cladribine? I read something that Merck is stopping trying to get FDA approval?”

On June 22, 2011, Merck Serono announced that they decided to no longer pursue the global approval process of Cladribine Tablets for the treatment of RRMS.
Safety issues were key in Merck Serono’s decision to discontinue development …

Reuters, June 22, 2011 – In March, the Food and Drug Administration (FDA) asked Merck to either provide additional analyses of study results it had submitted, or to carry out new trials.

Due to some cases of cancer that emerged during a trial, the drug had been rejected by regulators in the European Union, which would have been its largest market, keeping most analysts sceptical about the drug's prospects of getting FDA approval.

"Merck believes that data from ongoing clinical trials are very unlikely to address the (U.S. Food and Drug Administration's) requirements on Movectro," the company said on Wednesday, adding that conducting new trials would not justify the costs.
… But many patients expressed dismay, given Movectro’s efficacy data.

“Cladribine had the best reduction in annual relapse rate of the oral MS meds … The data provided by Merck show how great the drug is, yet the FDA doesn’t seem to want to believe their data or perhaps is concerned about the incidents of cancer. Merck obviously decided that the extra cost for more trials would be too great and/or the data they had wouldn’t satisfy the FDA. So I guess profit levels won out easily over possible great results for MS patients. Why am I not surprised!”
Conversations about the other orals in development focus on patients’ progress in the clinical trials, some of which is positive, some negative …

“I was in the 2 year BRAVO study [for laquinimod]. I was randomly selected to be in the Avonex (control) group. The side effects were kind of yucky. In July of 2010 when I completed the study, I was given the option to take Laquinimod until it gets FDA approved … I LOVE it. There are no side effects and I just pop a capsule once a day, beats injecting myself once a week with flu like symptoms.”

“I know there are quite a few of us in the TOWER study [for Aubagio] … I started in January and have seen improvement in my spasticity, ON pain, numbness in hands/feet. I have seen worsening in my depression and muscular fatigue … Of course, I don’t know how much of this is due the meds or just due to the nature of MS.”
But regardless, patients overwhelmingly welcome these new oral DMTs as another option in their fight against MS.

“It’s wonderful to have other treatment choices available.”

“We are getting more options, and it's exciting!”

“It's so nice to have options now … and more to come!”

“As new treatments come along, it gives me hope for us all.”

“This is great news in our progress to managing this MonSter!”
Business Issue 2
How can CLIENT leverage social media interactions to inform their strategies and maximize use of BRAND?
1. “Hope” and “Community” should be strong themes of the marketing plan for BRAND.
2. The BRAND marketing plan should also focus on counteracting patient concerns about safety and tolerability.
3. CLIENT should provide clear guidance and support to patients about obtaining BRAND and issues with insurance coverage.
4. CLIENT should also consider signing up key Social Media Leaders as consumer advocates for BRAND.