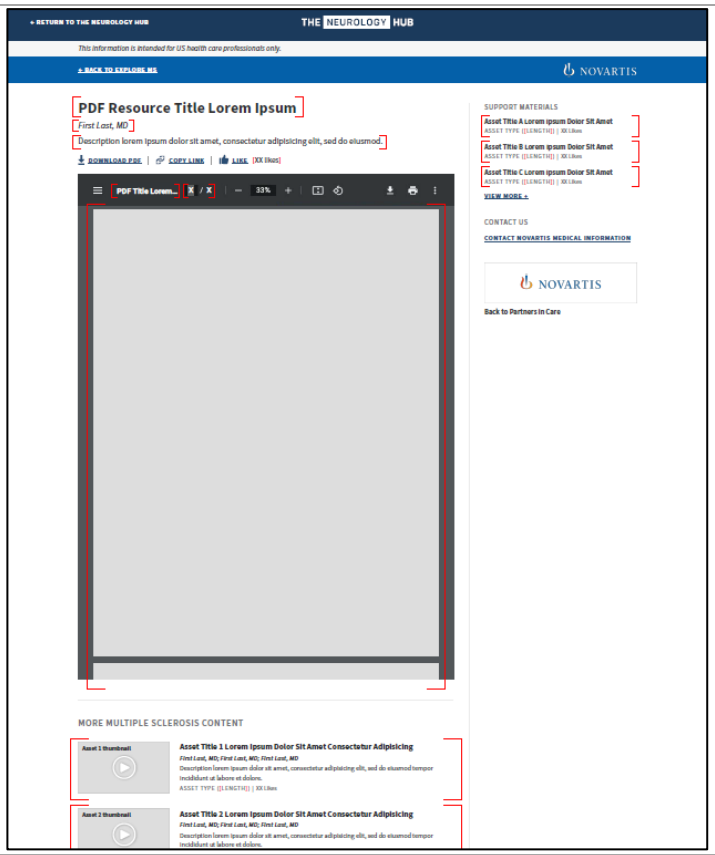
General Information

Title	**Expert Dialogue Newsletter, Edition 6: Clinical Perspectives on Adherence in MS Care and Strategies and Support for Patients on KESIMPTA**
Description	Dr Ajo Joy shares his tips on how to elicit effective and open dialogue with patients who may show signs of adherence issues
Speakers	Ajo Joy, MD
FUSE Code	264820
Screenshot of the Digital Education Lab (Template)	

Please note: Once approved, this piece will live on the KESIMPTA page of the Digital Education Lab, which contains the full ISI and a link to the PI.

KESIMPTA® (ofatumumab) EXPERT DIALOGUES

EDITION 6

AN INTERACTIVE NEWSLETTER SERIES, HIGHLIGHTING KEY MEDICAL EXPERT VIEWS ON ADHERENCE

Dr Ajo Joy's

Clinical Perspectives

on adherence in MS care and strategies and support for patients on KESIMPTA

"I started practicing in 2010 as a general neurologist. Over the next 2 to 3 years, I carved out a niche primarily focusing on an area I love, MS. I have now been in private practice for about 12 years, and I see the full spectrum of patients with MS. **Treating MS has evolved beyond 'diagnose and adios.' Now, I feel that I can have an impact on my patients.**"

—Ajo Joy, MD

Ajo Joy, MD
Mercy Gilbert Medical Center
Midwestern University and
A.T. Still University
Gilbert, AZ

The perspectives provided within this newsletter by Dr Joy are his own and not reflective of his affiliation. The medical expert in this newsletter has been paid by Novartis Pharmaceuticals Corporation to provide their perspectives.

The case presented here is based on a real patient in our expert's practice. A few details have been changed, including the patient's name.

HCP, health care professional; MS, multiple sclerosis.

INDICATION

KESIMPTA is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

IMPORTANT SAFETY INFORMATION

Contraindication: KESIMPTA is contraindicated in patients with active hepatitis B virus infection.

Please see Important Safety Information throughout this newsletter. Click here for full Prescribing Information, including Medication Guide.

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EXPLORE DR JOY'S ANSWERS TO THESE QUESTIONS

How do you assess adherence with your patients with RMS? Links to page 3 within this document

What concerns do your patients bring up with their RMS treatments that raise concerns about adherence? Links to page 5 within this document

If you discover adherence issues and believe a patient would benefit from an adjustment (different route of administration, frequency, etc), how do you discuss these treatment options? Links to page 7 within this document

What do you tell patients who have hesitations regarding injections? Links to page 9 within this document

How do your patients feel about self-administration with KESIMPTA®? Links to page 12 within this document

What have you noticed about your patients' ability to stay on KESIMPTA treatment? Links to page 13 within this document

What are other ways you help encourage and support adherence? Links to page 14 within this document

RMS, relapsing multiple sclerosis.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS

Infections: An increased risk of infections has been observed with other anti-CD20 B-cell depleting therapies. KESIMPTA has the potential for an increased risk of infections including serious bacterial, fungal, and new or reactivated viral infections; some have been fatal in patients treated with other anti-CD20 antibodies. The overall rate of infections and serious infections in KESIMPTA-treated patients was similar to teriflunomide-treated patients (51.6% vs 52.7%, and 2.5% vs 1.8%, respectively). The most common infections reported by KESIMPTA-treated patients in relapsing MS (RMS) trials included upper respiratory tract infection (39%) and urinary tract infection (10%). Delay KESIMPTA administration in patients with an active infection until resolved.

Consider the potential increased immunosuppressive effects when initiating KESIMPTA after an immunosuppressive therapy or initiating an immunosuppressive therapy after KESIMPTA.

Hepatitis B Virus: *Reactivation:* No reports of hepatitis B virus (HBV) reactivation in patients with MS treated with KESIMPTA. However, HBV reactivation, in some cases resulting in fulminant hepatitis, hepatic failure, and death, has occurred in patients treated with ofatumumab at higher intravenous doses for chronic lymphocytic leukemia (CLL) than the recommended dose in MS and in patients treated with other anti-CD20 antibodies.

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HOW DO YOU ASSESS ADHERENCE WITH YOUR PATIENTS WITH RMS?

“At each visit, I assess whether the patient is adherent by asking enough questions to feel confident I’ve uncovered the truth.

When my patients avoid eye contact, keep their statements vague, or speak in generalities, I probe deeper to ensure I help them.”

LEARN HOW DR JOY SPEAKS TO HIS PATIENTS

Links to page 4 within this document

During the first 5 years of treatment,

APPROXIMATELY 1 IN 5 PATIENTS

with RMS does not follow their treatment plan[1]

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HCP, health care professional; MS, multiple sclerosis; RMS, relapsing multiple sclerosis.

IMPORTANT SAFETY INFORMATION (cont)

Hepatitis B Virus (cont): *Infection:* KESIMPTA is contraindicated in patients with active hepatitis B disease. Fatal infections caused by HBV in patients who have not been previously infected have occurred in patients treated with ofatumumab at higher intravenous doses for CLL than the recommended dose in MS. Perform HBV screening in all patients before initiation of KESIMPTA. Patients who are negative for HBsAg and positive for HB core antibody [HBcAb+] or are carriers of HBV [HBsAg+], should consult liver disease experts before starting and during KESIMPTA treatment.

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HOW DO YOU ASSESS ADHERENCE WITH YOUR PATIENTS WITH RMS?

Links to page 3 within this document

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QUESTIONS THAT I ASK PATIENTS AT EACH VISIT SO I CAN GAUGE ADHERENCE

1. How are you taking your medication?
2. How many doses have you missed?
3. What side effects/symptoms of MS have you experienced?

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HCP, health care professional; MS, multiple sclerosis; RMS, relapsing multiple sclerosis.

IMPORTANT SAFETY INFORMATION (cont)

Hepatitis B Virus (cont): *Infection:* KESIMPTA is contraindicated in patients with active hepatitis B disease. Fatal infections caused by HBV in patients who have not been previously infected have occurred in patients treated with ofatumumab at higher intravenous doses for CLL than the recommended dose in MS. Perform HBV screening in all patients before initiation of KESIMPTA. Patients who are negative for HBsAg and positive for HB core antibody [HBcAb+] or are carriers of HBV [HBsAg+], should consult liver disease experts before starting and during KESIMPTA treatment.

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WHAT CONCERNS DO YOUR PATIENTS BRING UP WITH THEIR RMS TREATMENTS THAT CAUSE ADHERENCE CHALLENGES?

“Many of my patients have shared with me some struggles they have with staying adherent that I have even witnessed firsthand in my practice.

Take infusion therapy, for example. On the one hand, infusions offer benefits over other routes like orals and injections in terms of adherence because we can see the patient receiving the treatment. My practice has an infusion center with only 5 chairs, and I can see if the patient is in the chair as scheduled. However, some patients may struggle with scheduling, face challenges in accessing infusion centers due to transportation, or they are hesitant to be in person. Any of these reasons could be discouraging for my patients and limit their ability to adhere to therapy.”

RMS, relapsing multiple sclerosis.

IMPORTANT SAFETY INFORMATION (cont)

Progressive Multifocal Leukoencephalopathy: No cases of progressive multifocal leukoencephalopathy (PML) have been reported for KESIMPTA in RMS clinical studies; however, PML resulting in death has occurred in patients being treated with ofatumumab at higher intravenous doses for CLL than the recommended dose in MS. In addition, JC virus infection resulting in PML has also been observed in patients treated with other anti-CD20 antibodies and other MS therapies. If PML is suspected, withhold KESIMPTA and perform an appropriate diagnostic evaluation. If PML is confirmed, KESIMPTA should be discontinued.

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WHAT CONCERNS DO YOUR PATIENTS BRING UP WITH THEIR RMS TREATMENTS THAT CAUSE ADHERENCE CHALLENGES?

Aaron

Dr Ajo Joy discusses his real patient, Aaron*—a 48-year-old white male with relapsing multiple sclerosis (RMS), who made the change from infusion therapy to KESIMPTA® after recognizing that challenges in his life were making it difficult to follow his treatment plan.

"During my first appointment with Aaron, I was able to find out that he had been experiencing difficulties attending his infusions. He let me know that he relies on his partner for transportation, so making it to an appointment of any kind requires quite a bit of coordination and scheduling.

His difficulty traveling to infusion appointments was clear. It seemed that he might prefer a treatment option that would allow the flexibility to administer at home.

I was only able to find this out through deep inquiry. I recommend for my colleagues to conduct a similar line of questioning whenever possible.

You never know what you could uncover that might help your patient. If you do not know, you cannot help."

*The case presented here is based on a real patient in our expert's practice. A few details have been changed, including the patient's name.

RMS, relapsing multiple sclerosis.

IMPORTANT SAFETY INFORMATION (cont)

Vaccinations: Administer all immunizations according to immunization guidelines: for live or live-attenuated vaccines at least 4 weeks and, whenever possible at least 2 weeks prior to starting KESIMPTA for inactivated vaccines. The safety of immunization with live or live-attenuated vaccines following KESIMPTA therapy has not been studied. Vaccination with live or live-attenuated vaccines is not recommended during treatment and after discontinuation until B-cell repletion.

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COULD YOU DISCUSS WHAT HAPPENS AFTER YOU DISCOVER ADHERENCE ISSUES?

Uncovering a potential adherence issue is only half of the battle.

Once I found out Aaron was having difficulties attending his infusions, I knew I had to collaborate with him to find a solution that would work the best for him.

Compliance to DMTs is not going to stop or cure the disease, but it can certainly affect the course of MS.[2] All these drugs work to a certain point, but the patient must find a treatment option that fits their preference. Patients may consider different factors when selecting a DMT in partnership with their treating physician. I can provide all the annualized relapse rate, MRI, disability data, and so on, but **none of these drugs will work unless the patient takes it as recommended.**

The case presented here is based on a real patient in our expert's practice. A few details have been changed, including the patient's name.

DMT, disease-modifying therapy; MRI, magnetic resonance imaging; MS, multiple sclerosis.

IMPORTANT SAFETY INFORMATION (cont)

Vaccinations (cont): *Vaccination of Infants Born to Mothers Treated with KESIMPTA During Pregnancy.* For infants whose mother was treated with KESIMPTA during pregnancy, assess B-cell counts prior to administration of live or live-attenuated vaccines. If the B-cell count has not recovered in the infant, do not administer the vaccine as having depleted B-cells may pose an increased risk in these infants.

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HOW DO YOU DETERMINE WHICH TREATMENT COULD OFFER BETTER ADHERENCE?

Facilitating shared decision-making by presenting the evidence, benefits, and risks of various treatment options while learning the patient's values and preferences may **supplement clinical encounters**. This can also help patients develop accurate perceptions of risk[3]

To draw out more detailed responses from patients, it is important to **frame any questions in a way that supports open communication to assess patient preference and determine a treatment plan that enables them to stay adherent by working with their lifestyle**

EXAMPLE QUESTIONS TO AID IN DECISION ANALYSIS[4]

- How flexible is your schedule?
- How do you feel about in-person appointments at hospitals/clinics?
- Do you have trouble taking medications orally?
- What are your thoughts on self-administration of an injection under the skin?
- Have you had infusion treatments in the past? If so, how do you feel about infusions?
- Do you have required availability and reliable transportation to and from infusion centers if needed?

IMPORTANT SAFETY INFORMATION (cont)

Injection-Related Reactions: Injection-related reactions with systemic symptoms occurred most commonly within 24 hours of the first injection, but were also observed with later injections. There were no life-threatening injection reactions in RMS clinical studies.

The first injection of KESIMPTA should be performed under the guidance of an appropriately trained health care professional. If injection-related reactions occur, symptomatic treatment is recommended.

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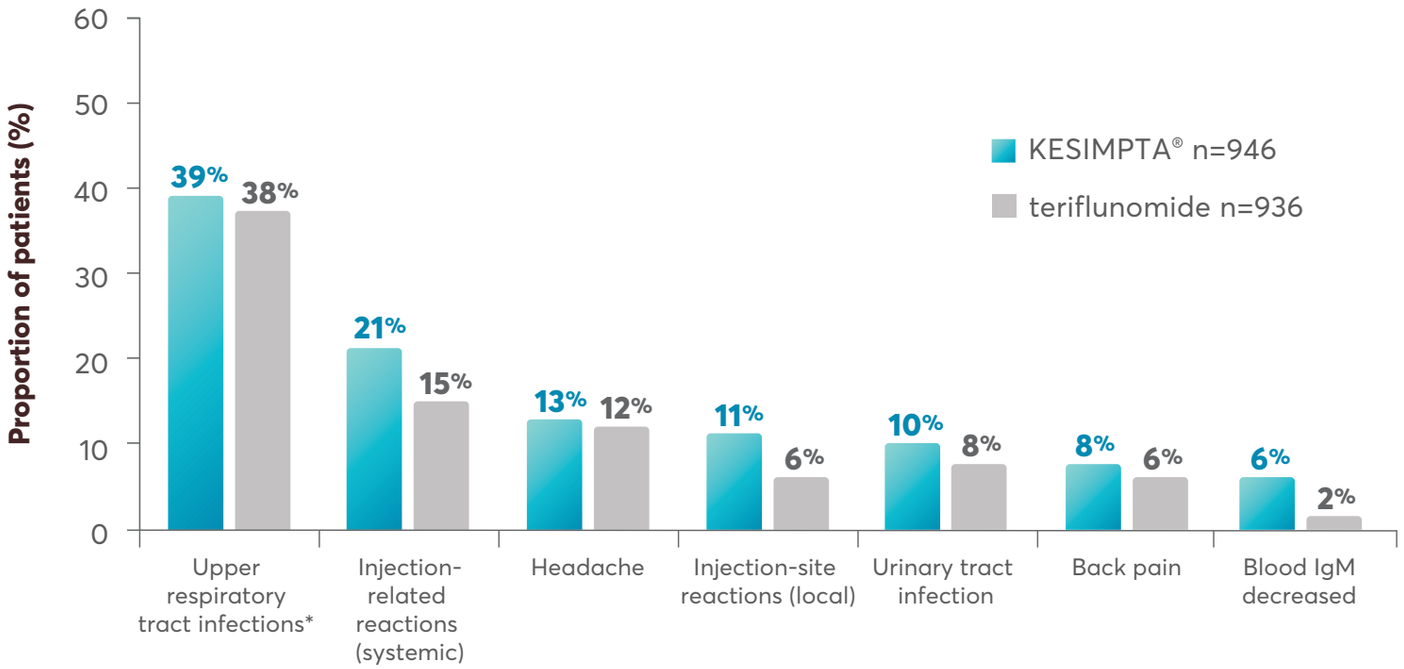
WHAT DO YOU TELL PATIENTS WHO HAVE HESITATIONS REGARDING INJECTIONS?

Links to page 10 within this document
Links to page 11 within this document

Phase 3 safety | **Long-term safety** | **Efficacy**

SAFETY ACROSS POOLED ASCLEPIOS I AND II STUDIES[5]



Adverse reactions in patients with RMS with an incidence of at least 5% with KESIMPTA and a greater incidence than teriflunomide (pooled study 1 and study 2)

> "Through the shared decision-making conversations with Aaron, it seems that infusions have been a dilemma for him, and it could be difficult for Aaron to remember a daily oral medication. Yet, Aaron was concerned about the safety of switching to injections. At this point, **I like to present the safety data, including the long-term safety data, as that tends to ease many of their concerns.**"

Treatment Discontinuations

Pooled data from ASCLEPIOS I and II studies

Pooled data from both clinical trials show that treatment discontinuation rates due to adverse reactions were similar between KESIMPTA (5.7%) and Aubagio (5.2%)[6]

The most common cause of discontinuation in patients treated with KESIMPTA was low IgM (3.3%), defined in trial protocols as IgM at 10% below the LLN[5]

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IgM, immunoglobulin M; RMS, relapsing multiple sclerosis.

*Includes the following: nasopharyngitis, upper respiratory tract infection, influenza, sinusitis, pharyngitis, rhinitis, viral upper respiratory infection, tonsillitis, acute sinusitis, pharyngotonsillitis, laryngitis, pharyngitis streptococcal, viral rhinitis, sinusitis bacterial, tonsillitis bacterial, viral pharyngitis, viral tonsillitis, chronic sinusitis, nasal herpes, tracheitis.

IMPORTANT SAFETY INFORMATION (cont)

Reduction in Immunoglobulins: As expected with any B-cell depleting therapy, decreased immunoglobulin levels were observed. Monitor the levels of quantitative serum immunoglobulins during treatment, especially in patients with opportunistic or recurrent infections and after discontinuation of therapy until B-cell repletion. Consider discontinuing KESIMPTA therapy if a patient with low immunoglobulins develops a serious opportunistic infection or recurrent infections, or if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins.

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WHAT DO YOU TELL PATIENTS WHO HAVE HESITATIONS REGARDING INJECTIONS?

Links to page 9 within this document
Links to page 12 within this document

Phase 3 safety | **Long-term safety** | **Efficacy**

KESIMPTA has an established safety profile demonstrated over 4 years[6,7]

Select adverse events	ASCLEPIOS core KESIMPTA group (N=946) n(%)	Core + extension KESIMPTA group (N=1969) n(%)
Patients with at least one AE	791 (83.61)	1698 (86.23)
Patients with at least one SAE	86 (9.10)	242 (12.30)
AEs leading to KESIMPTA discontinuation	54 (5.70)	128 (6.50)
Infections and infestations	488 (51.58)	1149 (58.35)
Serious infections	24 (2.54)	78 (4.01)
Injection-related systemic reactions	195 (20.61)	487 (24.73)
Injection-site reactions	103 (10.88)	233 (11.83)
Malignancies	5 (0.53)	17 (0.86)
Deaths	0	6* (0.30)

- The overall rate of AEs and SAEs remained consistent with the rates observed during the core trials
- No new safety signals were identified
- The most common AEs were infections; the most frequent infections in the overall safety population were nasopharyngitis (17.5%), upper respiratory tract infections (11.1%), urinary tract infections (10.9%), and COVID-19 (10.6%)
- The nature and frequency of the most common AEs were comparable with those reported in ASCLEPIOS I and II[8]
- In the overall population, the proportion of patients with AEs leading to discontinuation (6.5%) was consistent with those observed in the pivotal trials (5.7%) with KESIMPTA
- Serious infections occurred in 4% of the overall safety population
- EAIRs for malignancies did not increase over time in the overall KESIMPTA population

Links to page 11 within this document

VIEW THE STUDY DESIGN

This study is an ongoing trial and the data presented are an interim analysis.

AE, adverse event; EAIR, exposure adjusted incidence rate; PT, preferred term; SAE, serious adverse event.

No conclusions of clinical outcomes can be drawn.

*PT for these 6 cases include: sudden death (n=1), completed suicide (n=1), COVID-19 and COVID-19 pneumonia (n=1), COVID-19 (n=1), intestinal metastasis (n=1), pneumonia and septic shock (n=1).

IMPORTANT SAFETY INFORMATION (cont)

Reduction in Immunoglobulins: As expected with any B-cell depleting therapy, decreased immunoglobulin levels were observed. Monitor the levels of quantitative serum immunoglobulins during treatment, especially in patients with opportunistic or recurrent infections and after discontinuation of therapy until B-cell repletion. Consider discontinuing KESIMPTA therapy if a patient with low immunoglobulins develops a serious opportunistic infection or recurrent infections, or if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins.

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Links to page 10 within this document

STUDY DESIGN:

ALITHIOS, an ongoing open-label, umbrella extension Phase 3b, single-arm, multicenter study evaluating long-term (up to 5 years) safety, tolerability, and effectiveness of KESIMPTA (20 mg SC) in subjects with RMS. The study enrolled 1703 RMS patients from the APLIOS, APOLITOS, and ASCLEPIOS I and II trials who continued KESIMPTA treatment. An interim analysis of this study provides up to 3.5 years of cumulative safety data, from initiation of KESIMPTA treatment in the core/extension studies to the cut-off date of January 29, 2021.[3]

This study is an ongoing trial and the data presented are an interim analysis.

AE, adverse event; EAIR, exposure adjusted incidence rate; PT, preferred term; SAE, serious adverse event.

No conclusions of clinical outcomes can be drawn.

*PT for these 6 cases include: sudden death (n=1), completed suicide (n=1), COVID-19 and COVID-19 pneumonia (n=1), COVID-19 (n=1), intestinal metastasis (n=1), pneumonia and septic shock (n=1).

IMPORTANT SAFETY INFORMATION (cont)

Reduction in Immunoglobulins: As expected with any B-cell depleting therapy, decreased immunoglobulin levels were observed. Monitor the levels of quantitative serum immunoglobulins during treatment, especially in patients with opportunistic or recurrent infections and after discontinuation of therapy until B-cell repletion. Consider discontinuing KESIMPTA therapy if a patient with low immunoglobulins develops a serious opportunistic infection or recurrent infections, or if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins.

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Phase 3 safety | **Long-term safety** | **Efficacy**

KESIMPTA® showed significant reductions across the primary, clinical, and MRI end points[5,9]

	ASCLEPIOS I	ASCLEPIOS II	PROSPECTIVE POOLED ANALYSIS
ADJUSTED ARR	**51%** Relative reduction ARR (*P*<0.001) 0.11 KESIMPTA vs 0.22 teriflunomide	**58%** Relative reduction ARR (*P*<0.001) 0.10 KESIMPTA vs 0.25 teriflunomide	**CDP***
MEAN NUMBER OF GdE T1 LESIONS	**98%** Relative reduction Number of GdE T1 lesions (*P*<0.001) 0.01 KESIMPTA vs 0.46 teriflunomide	**94%** Relative reduction Number of GdE T1 lesions (*P*<0.001) 0.03 KESIMPTA vs 0.52 teriflunomide	**34%** Relative reduction 3-month CDP (*P*=0.003) 10.9% KESIMPTA vs 15.0% teriflunomide
NUMBER OF NEW OR ENLARGING T2 LESIONS	**82%** Relative reduction Number of new or enlarging T2 lesions (*P*<0.001) 0.72 KESIMPTA vs 4.00 teriflunomide	**85%** Relative reduction Number of new or enlarging T2 lesions (*P*<0.001) 0.64 KESIMPTA vs 4.16 teriflunomide	**32%** Relative reduction 6-month CDP (*P*=0.01) 8.1% KESIMPTA vs 12.0% teriflunomide

> "The clinical data supporting the efficacy of KESIMPTA against an active MS drug are there. **I especially like that the data show decreasing relapses compared to teriflunomide.**"

ARR, annualized relapse rate; CDP, confirmed disability progression; EDSS, Expanded Disability Status Scale; GdE, gadolinium-enhancing; MRI, magnetic resonance imaging; MS, multiple sclerosis.

*Disability progression was defined as an increase in EDSS score of at least 1.5, 1, or 0.5 points in patients with a baseline EDSS score of 0, 1 to 5, or 5.5 or greater, respectively.

IMPORTANT SAFETY INFORMATION (cont)

Reduction in Immunoglobulins: As expected with any B-cell depleting therapy, decreased immunoglobulin levels were observed. Monitor the levels of quantitative serum immunoglobulins during treatment, especially in patients with opportunistic or recurrent infections and after discontinuation of therapy until B-cell repletion. Consider discontinuing KESIMPTA therapy if a patient with low immunoglobulins develops a serious opportunistic infection or recurrent infections, or if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins.

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HOW DO YOUR PATIENTS FEEL ABOUT SELF-ADMINISTRATION WITH KESIMPTA®?

Links to the APEX encore video 3 Injections (240809): [https://theneurologyhub.com/partners/novartis-kesimpta/apex-educating-patients-about-self-injection]

Novartis also offers the **Alongside™ support program**, designed to help patients get started and provide additional pen training as needed.

"Despite the Sensoready Pen® being designed for self-administration[5], Aaron still worried about his coordination and ability to self-administer a treatment. He felt more comfortable having his partner assist in delivering the first administration. **After Aaron experienced the auto injector first-hand, he felt confident in handling his administration. He now remarks that self-administering KESIMPTA and the time it takes to administer give him a feeling of independence.**"

This chart is only intended to show administration times. **No conclusions of comparative efficacy and safety should be drawn.** Please refer to the product's specific prescribing information for complete dosing and administration instructions.

1 minute[5,10]* vs **2 to 4 hour infusion[11]**

KESIMPTA
KESIMPTA is administered in 1 minute a month subcutaneously[5,10]

ocrelizumab[11]†
Ocrelizumab is dosed twice yearly via infusion

The case presented here is based on a real patient in our expert's practice. A few details have been changed, including the patient's name.

Administer KESIMPTA in the abdomen, thigh, or outer upper arm subcutaneously. Do not give injection into moles, scars, stretch marks, or areas where the skin is tender, bruised, red, scaly, or hard.

The first injection of KESIMPTA should be performed under the guidance of a healthcare professional.

*As per stability technical specification data, when the patient is ready to inject, it typically takes less than 1 minute a month to administer. Once-monthly dosing occurs after the initial dosing period, which consists of 20 mg subcutaneous doses at weeks 0, 1, and 2. Please see Instructions for Use for more detailed instruction on preparation and administration of KESIMPTA.[5,10]

†See Ocrevus Prescribing Information for complete dosing and administration instructions. Ocrevus is a registered trademark of Genentech USA, Inc.

IMPORTANT SAFETY INFORMATION (cont)

Fetal Risk: Based on animal data, KESIMPTA can cause fetal harm due to B-cell lymphopenia and reduce antibody response in offspring exposed to KESIMPTA in utero. Transient peripheral B-cell depletion and lymphocytopenia have been reported in infants born to mothers exposed to other anti-CD20 B-cell depleting antibodies during pregnancy. Advise females of reproductive potential to use effective contraception while receiving KESIMPTA and for at least 6 months after the last dose.

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WHAT HAVE YOU NOTICED ABOUT YOUR PATIENTS' ABILITY TO STAY ON KESIMPTA® TREATMENT?

"There are so many RMS treatment options now. If a patient finds a treatment option that they are happy with, then, in my experience, they are more likely to continue taking it.

Many patients in my practice have now expressed that KESIMPTA fits well with their preferences of treatment at home once monthly*, on their schedule. What I see in clinical practice aligns closely with what was observed in the clinical trials. That is, most patients stay on drug.

Aaron has been happy with his new treatment as it fits well with his preferences."

*Once-monthly dosing begins after the initial dosing period, which consists of 20 mg subcutaneous doses at weeks 0, 1, and 2. Please see Instructions for Use for more detailed instructions on preparation and administration of KESIMPTA

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RMS, relapsing multiple sclerosis.

IMPORTANT SAFETY INFORMATION (cont)

Most common adverse reactions (>10%) are upper respiratory tract infection, headache, injection-related reactions, and local injection-site reactions.

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Kesimpta® (ofatumumab) 20 mg injection

FINAL THOUGHTS

“If there are any issues with adherence, my patients and I have an open conversation and work together to find a solution that fits their preferences and helps them adhere to the treatment plan.

I share my expertise, stories, and resources to help guide the patients, but ultimately they need to make the final decision.”

—Ajo Joy, MD

The case presented here is based on a real patient in our expert’s practice. A few details have been changed, including the patient’s name.

INDICATION

KESIMPTA is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

IMPORTANT SAFETY INFORMATION

Contraindication: KESIMPTA is contraindicated in patients with active hepatitis B virus infection. Warnings and precautions include infections, injection-related reactions, reductions in immunoglobulins, and fetal risk.

Please see Important Safety Information throughout this newsletter. Click here for full Prescribing Information, including Medication Guide.

Links to https://www.novartis.com/us-en/sites/novartis_us/files/kesimpta.pdf

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