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SUMMER 2024

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UNDERSTAND YOUR

CONDITION

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BUILDING TRUST WITH

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PUT YOUR MS KNOWLEDGE

TO THE TEST

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SCAN ME

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Inspiration for Those
Newly Diagnosed.
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THE LATEST ON

MULTIPLE SCLEROSIS

B12 BOOST FOR BETTER MS CARE

Did you know that the telltale signs of MS—numbness, tingling, vision loss, trouble walking and talking, and memory loss—are also symptoms of vitamin B12 deficiency? With this knowledge, researchers tried to find the connection between the two. In lab studies, they found that some MS treatment boosts the brain's ability to take in B12. This discovery suggests that delivering B12 directly to the brain, in addition to regular MS treatment, could improve disease control. It's too soon to know for sure, but one day, this could be part of your treatment plan.

SOURCE: Sanford Burnham Prebys

2.8 MILLION

Number of people living with MS worldwide.

SOURCE: Atlas of MS

1 in 133

Average person's risk of developing MS.

SOURCE: National MS Society

THE ANSWER IS IN YOUR GENES

MS can be mild and involve occasional flares or severe and advance to disability quickly. Little has been known about why the disease course can be so different for each person. New research begins to shed light on the question. In a study of more than 22,000 people with MS, scientists discovered the first gene variant linked to severe, disabling MS. Those who get a copy of this gene from both parents may need a cane or wheelchair up to 4 years sooner than others with MS. The discovery could lead to targeted treatment to help prevent disability in those with the most severe disease.

SOURCE: *Nature*

TELL THEM WHERE IT HURTS

Exercise is a key part of your MS self-care. But that may be easier said than done. A new study explores why movement is harder for some people with MS than others. MS may involve one or more of three types of pain. Nociceptive and neuropathic pain, which are sporadic and felt in specific places in the body, come from tissue or nerve damage. But widespread pain with nociplastic features, or WPNF, is ongoing and felt all over. In the study, people with WPNF were much more likely to be sedentary and avoid exercise. Describe your pain to your care team in great detail so they can tailor exercise recommendations to your needs.

SOURCE: *The Journal of Pain*



STATS & FACTS

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

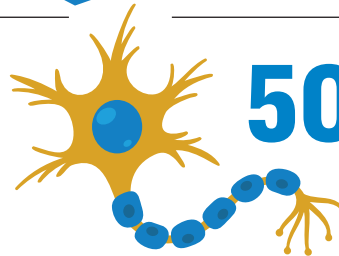


Number of people living with MS worldwide.



2x

How much the MS population has grown in the U.S. in the last 50 years.



500,000

Number of new cases of MS in the last 10 years.



913,925

Number of people in the U.S. with MS at last count in 2019.

5 MINUTES

How long it will be till the next person is diagnosed with MS.



200

Number of known genes that contribute to MS risk to some degree.



1 in 300

Number of people living with MS in regions like North America and Western Europe that have the highest rates.

SOURCES: MS Atlas, *Frontiers in Public Health*, National MS Society

UNDERSTAND YOUR CONDITION

KNOW THE BASICS ABOUT MS

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Multiple sclerosis is an autoimmune disorder, which means your body's immune system mounts a response against itself. In MS, that immune response happens in the nervous system, making it more difficult for you to see, move, or feel sensations in certain ways.

SYMPTOMS OF MS

MS is different for everyone, but its symptoms are all related to the lesions (the areas of damage) on nerves in the body. The symptoms you get depend on where the lesions are.

“For example, if you have lesions on your spinal cord, you're more likely to have problems with walking or using your hands,” says Cherie Binns, a registered nurse and patient healthcare liaison with the Multiple Sclerosis Foundation. “Lesions in the brain tend to create more vision and cognitive issues.

“So one person might have visual impact and very little else, while another person might have weakness on one side or the other.”

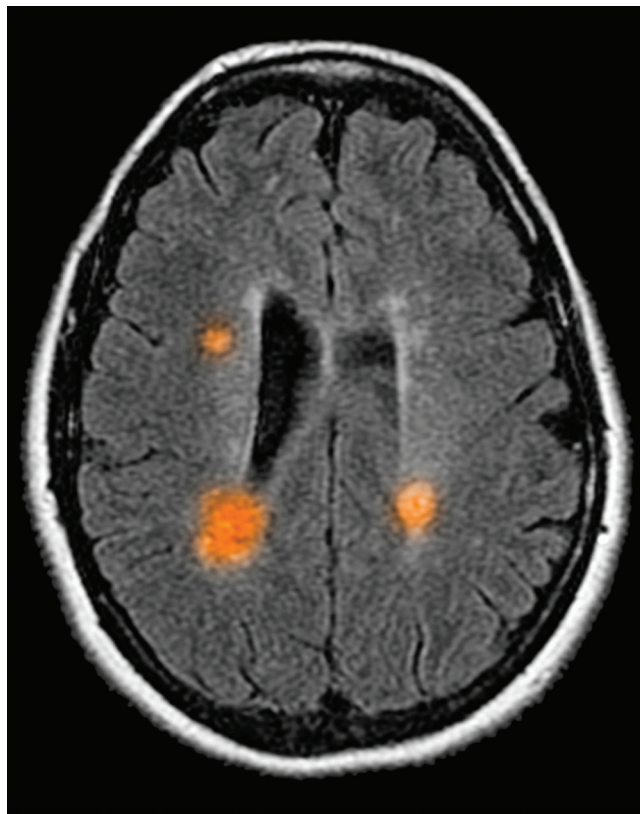
About 85% of people with MS have the relapsing-remitting form of the disease. This type of MS involves periods of “attacks” or relapses of symptoms that can last for weeks to months at a time and then go away.

“You may feel like you've completely recovered and then it hits again,” Binns says. “And the only way to prevent it from hitting again is getting on to a medication that is effective at treating MS and staying on it.”

TREATMENT FOR MS

There isn't a cure for MS, but there are treatments that help you recover more quickly from relapses, manage symptoms, and even change the way the disease progresses in your body.

“Disease-modifying therapies, also referred to as DMTs, modify the course of the disease,” Binns says. “If started early and maintained, many people at the outset of their disease who go on therapy will never develop a progressive form of MS and will continue to be productive members of society.”



WHO GETS MS?

Experts don't know what causes MS or why some people get it more often than others. But there are some risk factors for the disease.

You're at a slightly higher risk of getting it if a family member has it. Women are two to three times more likely to get it than men. Certain infections such as the Epstein-Barr virus may trigger it, and other factors such as obesity, smoking, and low levels of vitamin D increase your chances. Your race plays a part in your risk, too.

“We are now finding out that it is more common in persons of African descent than we ever knew before,” Binns says. “Women of African descent are being diagnosed at twice the rate of any other demographic, and men of African descent tend to have a more aggressive course of the disease.”

THE FUTURE OF MS

Binns is not only a longtime MS nurse, but she's also lived with MS for almost 50 years. Her message? Be gentle on yourself and have hope.

“When I was diagnosed, there was only one medication available,” she says. “We now have more than 25 different medications that treat all types of MS on the market. There are still ramifications of MS, but now that I'm on one of the newer, more highly effective treatments, I walk without assistance, I drive, and I work full time. I'm very productive. MS is not a death sentence.”

HOW MS CAN CHANGE OVER TIME

LEARN MORE ABOUT THE PROGRESSION OF YOUR DISEASE

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

It's hard for doctors to predict how your MS will progress over time. Typically, the disease starts with periods of relapses (episodes of symptoms) followed by remission (recovery). This is why the most common form of MS is called "relapsing-remitting." But the time between these periods and the severity of them varies widely from person to person.

"Progression is different for each patient," says Lauren Tardo, MD, a neurologist at UT Southwestern's Peter O'Donnell Jr. Brain Institute in Dallas, TX. "I like patients to know that we don't typically expect to see rapid progression, and some patients may even reach a plateau point."

PROGRESSION SIGNS

An MS relapse starts when nerves in the brain and spinal cord swell or get irritated and lose the coating (myelin) that surrounds and protects them. A plaque forms around them instead. Relapses can come on without warning, but sometimes they happen after a period of stress or illness in your life.

"Early on it's going to be those discrete episodes, typically very clear new neurological symptoms that progress or persist over 24 hours," Tardo says. "It's very important that you contact your medical team when this happens."

Other signs of relapse are trickier to see, such as changes in walking ability or cognitive changes you'd only notice over a period. Also tricky: just because you're having MS symptoms doesn't necessarily mean your disease is getting worse.

"It's important to understand that not all symptoms equal progression," says Tardo. "It's very common to have an ebb and flow of symptoms, most

HOW MEDICATION HELPS

Ways disease-modifying therapies (DMTs) can slow progression:

- + Reduce the number of relapses
- + Limit new MS activity doctors see on MRI
- + Keep the disease from getting worse





notably the fatigue component that so many patients experience.”

TAKING CONTROL

With good MS management, including medical treatments and healthy lifestyle habits, you can help slow the potential progression of your disease.

“Today we have over two dozen medications specific for MS that have shown benefit in reducing the relapses, prevent the appearance of new lesions on MRI, and even able to slow the worsening symptoms that may become evident in between the relapses,” says Bianca Weinstock-Guttman, MD, SUNY distinguished professor in the Department of Neurology at Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo.

Early treatment and following treatment plans closely are both key to preventing disease progression, Weinstock-Guttman says. As part of this prevention, your doctor will want to monitor your disease status during clinic visits with MRI evaluations to see how well treatment is working.

“The goal of early, aggressive treatment is to prevent relapses or new neurological events,” Tardo says. “Our newer therapies are good at this. Over time, the disease tends to transition to a progressive phase, for which treatments are limited. This is a high-priority area of current MS research, and there is ongoing work to solve the question of how to control MS progression later in the disease.”



SCAN ME
Flip through this slideshow on **Staying Healthy With B-Cell Therapy**. Use your smartphone camera to activate the QR code.

PREVENTING PROGRESSION

Bianca Weinstock-Guttman, MD, shares healthful habits for MS management.

- + **Healthy diet**
- + **Vitamin D supplements**
- + **Regular exercise**
- + **Good sleep**
- + **Don't smoke**

CHARDAY PENN/VIA GETTY IMAGES

LIVING WITH MS

DIARY OF MY NEW LIFE

By Nicole Shinhoster Stephens

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

I have always been healthy. I've been to the hospital twice in my life—to deliver my son and my daughter. I never had high blood pressure. I ate healthy—not a lot of fried foods, lots of vegetables. I wasn't perfect. I've always had a small frame, so I didn't exercise much. I also didn't get much sleep—normally about 4 hours per night. And I haven't been great about keeping up with my annual physical exams. Last year, I said I would change that. But then everything changed on its own.

FROM WELL TO WHIRLWIND

In February 2023, I woke up and it felt like I couldn't see as clearly out of my right eye. I thought it was because I was tired from staying up the night before. When my vision hadn't changed after several days, I went to my eye doctor about three times. We tried hard contacts and drops.

I hadn't experienced anything like this before. It was almost like I was looking through something. I knew this was an issue. I'm thinking, I need this eye to see! He referred me to a neuro-ophthalmologist. That specialist did eye tests, but this time they added an MRI. I got my results and he said the MRI showed white lesions caused by inflammation of my optic nerve. That was it! It was like I was looking through lesions. Then he said, the results are often a sign of MS (multiple sclerosis). I thought, "Is this the MS I think it is!?" From there he referred me to a neurologist. While waiting for the neurology appointment, he put me on a few rounds of IV and oral steroids to decrease the inflammation in my eye. It helped a bit.



LEARNING A NEW WORLD

It took a while to get an appointment with the first neurologist, so while I waited, I worked on getting another appointment. It was essential for me to have two different opinions to compare. I wanted to find doctors of color because that's important to me.

I finally went to my neurology appointment. My husband came with me and there was so much information to digest. It was late spring, and the doctor confirmed relapsing-remitting MS (RRMS). That was the bad news. The good news was that there are so many more treatment options now. Also, I'm blessed to not have a lot of symptoms right now. Still, it can be overwhelming, but I try not to worry and just take one day at a time.

LIVING WITH MS

With MS, everyone doesn't have the same symptoms or treatments. Once I got my diagnosis, I asked a lot of questions. I began reaching out to find support. I found out I had a cousin with it and never knew. I found a sorority sister with it. It's been helpful to talk to others



LECHATNOIR/VIA GETTY IMAGES; INSET PHOTO COURTESY OF NICOLE STEPHENS

who understand. Once I got my diagnosis, I took a week off work. I decided with my doctor's input to pursue a more aggressive treatment up front after doing some research. It meant I would go to the doctor more often, but hopefully it wouldn't deplete my white blood cells—leaving me at risk of getting sick. (I have young kids and my husband is a pastor, so I'm around people a lot.)

Every month I go in for IV treatment that lasts about an hour. I have to wait an hour afterward and will normally rest or work from home the rest of the day. I feel OK. My recent MRI showed another lesion. I'm figuring things out and making needed changes. I prioritize sleep—understanding now its connection to the brain. Some things I just have to let go of so I can get the rest I need. I'm still busy with my family, community work, and decorating our new family home. I've learned a lot through this process—mainly that you must keep living.



NICOLE'S TIPS

- + **Pause.**
Rest when you need to.
- + **Pace.**
Don't try to consume all MS information at once.
- + **Partner.**
Bring someone with you to appointments.

BUILDING TRUST WITH YOUR CARE CREW

SHARE YOUR HOPES AND DREAMS FROM THE START

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



SCAN ME
For more on this topic, read **Partner With Your Doctor for the Best MS Treatment**. Use your smartphone camera to activate the QR code.

When you're new to MS, it's tough to know where to begin. But there are people who can help you. You'll have a team made up of people who will know just what to do.

"To manage MS effectively does take a full team of clinicians and health care professionals who have different backgrounds," says Julie Fiol, a registered nurse and social worker at the National Multiple Sclerosis Society.

GETTING TO KNOW YOU

Your team will include your neurologist, rehabilitation professionals, neuropsychiatrists, nurses, and others. Think of yourself at the center, partnering with the whole team, she says. As you meet each new person, don't be shy.

"Right up front, you want your care team to know who you are," Fiol says. "You want them to know what's important to you and what your values and priorities are. When you've just been diagnosed with MS, the goal of working with your care team is to make sure MS is as small a part of your life as possible. Whatever your goals were or what you did for fun before your diagnosis, we want those to continue."

FIND COMMON GROUND

Think about your care team members like anyone else you want to know better, Fiol says. Consider looking up your doctors online to find out what you may have in common, she advises. If you both have kids or like hiking, for instance, asking about those common interests can help you break the ice and get more comfortable.

"Remember, you're both people," she says. "We don't need the power dynamic of doctor and patient. Get on the same level."

GIVE IT TIME

Remember that any trusting relationship takes time to build, she says. Try to avoid sizing anyone up too quickly.

"Establishing a trusting relationship is a two-way street," she says. "You aren't just trying them out, but you should be bringing your full authentic self and letting them get to know who you are as a person. Establishing mutual respect and trust comes over time from that."

LOOK TO THE FUTURE

You're likely to need lifelong treatment, so make sure that you're thinking about the long-term future. Your care team will be an important part of your life for the long haul. If issues arise, Fiol advises confronting them directly so you can work together toward a satisfying resolution.

"This is not a short-term illness," Fiol says. "If something isn't working for you, keep that in mind. This is a person you may encounter for many years. It's important to make sure the relationship is strong."

WHAT IS THE BEST PLAN FOR YOU?

KNOW YOUR OPTIONS AND WHAT TO EXPECT

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



SCAN ME

For more on treatment, flip through this slideshow on **Advances in Treatment of Multiple Sclerosis**.

Use your smartphone camera to activate the QR code.

Once you've confirmed you have MS, you'll need to weigh your treatment options. It's best to see a doctor who specializes in MS. Some therapies can help with symptoms you're having related to damage that's already happened. Treatments for the MS itself, known as disease-modifying therapies (DMTs), will target the disease to help you avoid relapses and slow progression.

"DMTs all generally accomplish the same thing, which is to reduce inflammation that contributes to symptoms and creates new damage in the central nervous system," says Ari J. Green, MD, a neurologist and medical director of the UCSF Health Multiple Sclerosis Center in San Francisco. "The purpose [of treatment] would be to reduce or eliminate new inflammatory injury."

CONSIDER YOUR OPTIONS

Green says that the many treatment options now available thanks to progress in treating MS can feel overwhelming. "There are so many options, patients can feel almost immobilized by the number of choices," he says.

To make it easier, he generally tries to break it down into categories based primarily on how well different therapies work. Some medicines have a long track record, but they don't work as well as therapies that have been approved

more recently, he explains. It's also important to know that much of the inflammation and injury that takes place in MS happens in early stages. Treating your MS aggressively from the start can help to reduce your risk for future problems.

"The prevailing evidence shows that the more effective we are at stopping new damage, lesions, and injury, the better we will do for long-term prevention [of disability]," Green says. "That's the critical point."

TAKING AIM AT MS

Many of your top treatment options will work in about the same way, by targeting the immune B cells that contribute to MS. "For the newly diagnosed, to make the conversation simple and straightforward, the question is, what do you want to achieve? What are

your long-term life goals? If that includes maximal reduction in disability, then you're likely talking about high-efficacy treatments, the majority of which target B cells."

Ask your doctor about any differences to consider, including how often you'll need treatment and whether you can take it yourself or need an infusion. You also should check your insurance plan to see which medicines it will cover, Green says.

While medicines today can't reverse symptoms you already have or repair the damage to your nervous system that's already been done, they can slow or stop the MS and its symptoms from getting worse. Treating your MS early, aggressively, and consistently is the best way to manage your disease and do all you can to avoid permanent disability, Green says.

HOW MUCH DO YOU KNOW?

PUT YOUR MS KNOWLEDGE TO THE TEST

By Kendall K. Morgan

Reviewed by Neha Pathak, MD,
WebMD Lead Medical Editor



1. Your multiple sclerosis (MS) symptoms may come and go over time.

- True False

2. Exercise isn't always a good idea when you have MS.

- True False

3. You should talk to other people about their MS journey to know what to expect for yourself.

- True False

4. MS can change your mood.

- True False

1. TRUE. MS often progresses over time, but your symptoms may come and go. They also can change over time.

2. FALSE. MS can make it harder to exercise the way you may have in the past. But an exercise routine can help you stay strong and empower you. Ask your care team for help in coming up with an exercise plan that works for you.

3. FALSE. You may find it helpful to talk to and learn from other people who've faced the same diagnosis you have. But no two people with MS will be alike. You can't know how your MS will progress in the future based on the experience anyone else has had.

4. TRUE. Any chronic disease comes with stress that can affect your mood. But the neurologic and immune changes in MS also may lead to changes in your mood more directly, too. If you have MS and are struggling with depression or other mood changes, let your doctor know.

“ As my first RMS treatment,
**KESIMPTA gives me
the results* I want.**
And I can even take it when
I'm on the go.”

— **CAYLEE R.**
Volleyball Coach, Favorite Aunt
Chose KESIMPTA® as 1st treatment: 2022



Check out
the results

Game TIME

Kesimpta®
(ofatumumab) 20 mg
injection

Caylee R. is a real adult patient taking KESIMPTA who was compensated for her time.

Individual results may vary.

RMS, relapsing multiple sclerosis.

*As seen in 2 studies vs teriflunomide.

Indication

What is KESIMPTA (ofatumumab) injection?

KESIMPTA is a prescription medicine used to treat adults with relapsing forms of multiple sclerosis (MS) including clinically isolated syndrome (CIS), relapsing-remitting disease, and active secondary progressive disease.

It is not known if KESIMPTA is safe or effective in children.

Important Safety Information

Who should not take KESIMPTA?

Do NOT take KESIMPTA if you:

- have an active hepatitis B virus (HBV) infection.
- have had an allergic reaction to ofatumumab or life-threatening injection-related reaction to KESIMPTA.

What is the most important information I should know about KESIMPTA?

KESIMPTA can cause serious side effects such as:

- **Infections.** Serious infections, which can be life-threatening or cause death, can happen during treatment with KESIMPTA. If you have an active infection, your health care provider (HCP) should delay your treatment with KESIMPTA until your infection is gone. KESIMPTA taken before or after other medicines that weaken the immune system may increase your risk of getting infections. Tell your HCP right away if you have any infections or get any symptoms including painful and frequent urination, nasal congestion, runny nose, sore throat, fever, chills, cough, or body aches.
- **HBV reactivation.** If you have ever had HBV infection, it may become active again during or after treatment with KESIMPTA (reactivation). If this happens, it may cause serious liver problems including liver failure

or death. Before starting KESIMPTA, your HCP will do a blood test to check for HBV. They will also continue to monitor you during and after treatment with KESIMPTA for HBV. Tell your HCP right away if you get worsening tiredness or yellowing of your skin or the white part of your eyes.

- **Progressive Multifocal Leukoencephalopathy (PML).** PML may happen with KESIMPTA. PML is a rare, serious brain infection caused by a virus that may get worse over days or weeks. PML can result in death or severe disability. Tell your HCP right away if you have any new or worsening neurologic signs or symptoms. These may include weakness on one side of your body, loss of coordination in arms and legs, vision problems, changes in thinking and memory, which may lead to confusion and personality changes.
- **Weakened immune system.** KESIMPTA taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

Before you take KESIMPTA, tell your HCP about all your medical conditions, including if you:

- Have or think you have an infection including HBV or PML.
- Have ever taken, currently take, or plan to take medicines that affect your immune system. These medicines could increase your risk of getting an infection.
- Have had a recent vaccination or are scheduled to receive any vaccinations.
 - You should receive any required 'live' or 'live-attenuated' vaccines at least 4 weeks before you start treatment with KESIMPTA. You should not receive 'live' or 'live-attenuated' vaccines while you are being treated with KESIMPTA and

until your HCP tells you that your immune system is no longer weakened.

- Whenever possible, you should receive any 'non-live' vaccines at least 2 weeks before you start treatment with KESIMPTA.
- Talk to your HCP about vaccinations for your baby if you used KESIMPTA during your pregnancy.
- Are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if KESIMPTA will harm your unborn baby. Females who can become pregnant should use birth control (contraception) during treatment with KESIMPTA and for 6 months after your last treatment. Talk with your HCP about what birth control method is right for you during this time.
- Are breastfeeding or plan to breastfeed. It is not known if KESIMPTA passes into your breast milk. Talk to your HCP about the best way to feed your baby if you take KESIMPTA.

Tell your HCP about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I use KESIMPTA?

See the detailed Instructions for Use that comes with KESIMPTA for information about how to prepare and inject a dose of KESIMPTA and how to properly throw away (dispose of) used KESIMPTA Sensoready pens or prefilled syringes.

Please see additional Important Safety Information on back cover and the accompanying Consumer Brief Summary on the following page.

The risk information provided here is not comprehensive. This information does not take the place of talking with your doctor about your medical condition or treatment.

To learn more about KESIMPTA (ofatumumab) injections, talk to your doctor or pharmacist. For more information and to obtain the FDA-approved product labeling, call 1-888-669-6682 or visit www.kesimpta.com.

What is the most important information I should know about KESIMPTA?

KESIMPTA can cause serious side effects, including:

Infections. Serious infections, which can be life-threatening or cause death, can happen during treatment with KESIMPTA. If you have an active infection, your health care provider should delay your treatment with KESIMPTA until your infection is gone. KESIMPTA taken before or after other medicines that weaken the immune system may increase your risk of getting infections.

Tell your health care provider right away if you have any infections or get any symptoms including painful and frequent urination, nasal congestion, runny nose, sore throat, fever, chills, cough, or body aches.

- **Hepatitis B virus (HBV) reactivation.** Before starting treatment with KESIMPTA, your health care provider will do blood tests to check for HBV. If you have ever had HBV infection, the HBV may become active again during or after treatment with KESIMPTA. Hepatitis B virus becoming active again (called reactivation) may cause serious liver problems including liver failure or death. You should not receive KESIMPTA if you have active hepatitis B liver disease. Your health care provider will monitor you for HBV infection during and after you stop using KESIMPTA. Tell your health care provider right away if you get worsening tiredness or yellowing of your skin or white part of your eyes during treatment with KESIMPTA.
- **Progressive Multifocal Leukoencephalopathy (PML).** PML may happen with KESIMPTA. PML is a rare, serious brain infection caused by a virus that may get worse over days or weeks. PML can result in death or severe disability. Tell your health care provider right away if you have any new or worsening neurologic signs or symptoms. These may include weakness on one side of your body, loss of coordination in arms and legs, vision problems, changes in thinking and memory which may lead to confusion and personality changes.
- **Weakened immune system.** KESIMPTA taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

What is KESIMPTA?

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- clinically isolated syndrome
- relapsing-remitting disease
- active secondary progressive disease

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- have had an allergic reaction to ofatumumab or life-threatening injection-related reaction to KESIMPTA.

Before using KESIMPTA, tell your health care provider about all of your medical conditions, including if you:

- have or think you have an infection, including HBV or PML. See **"What is the most important information I should know about KESIMPTA?"**
- have ever taken, currently take, or plan to take medicines that affect your immune system. These medicines could increase your risk of getting an infection.
- have had a recent vaccination or are scheduled to receive any vaccinations.
 - **You should receive any required 'live' or 'live-attenuated' vaccines at least 4 weeks before you start treatment with KESIMPTA.** You **should not receive** 'live' or 'live-attenuated' vaccines while you are being treated with KESIMPTA and until your health care provider tells you that your immune system is no longer weakened.
 - **Whenever possible, you should receive any 'non-live' vaccines at least 2 weeks before you start treatment with KESIMPTA.**
 - Talk to your health care provider about vaccinations for your baby if you used KESIMPTA during your pregnancy.
- are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if KESIMPTA will harm your unborn baby. Females who can become pregnant should use birth control (contraception) during treatment with KESIMPTA and for 6 months after your last treatment. Talk with your health care provider about what birth control method is right for you during this time.
 - Pregnancy Registry: There is a registry for women who become pregnant during treatment with KESIMPTA. If you become pregnant while taking KESIMPTA, tell your health care provider right away. Talk to your health care provider about registering with the MotherToBaby Pregnancy Study in Multiple Sclerosis. The purpose of the registry is to collect information about your health and your baby's health. For more information or to register, contact MotherToBaby by calling 1-877-311-8972, by sending an email to MotherToBaby@health.ucsd.edu, or go to www.mothersbaby.org/join-study.
- are breastfeeding or plan to breastfeed. It is not known if KESIMPTA passes into your breast milk. Talk to your health care provider about the best way to feed your baby if you take KESIMPTA.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter

medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of them to show your health care provider and pharmacist when you get a new medicine.

How should I use KESIMPTA?

See the detailed Instructions for Use that comes with KESIMPTA for information about how to prepare and inject a dose of KESIMPTA and how to properly throw away (dispose of) used KESIMPTA Sensoready® pens or prefilled syringes.

- Use KESIMPTA exactly as your health care provider tells you to use it.
- KESIMPTA is given as an injection under your skin (subcutaneous injection), in your thigh or stomach-area (abdomen) by you or a caregiver. A caregiver may also give you an injection of KESIMPTA in your upper outer arm.
- Your health care provider will show you how to prepare and inject KESIMPTA the right way before you use it for the first time.
- **Do not** inject into areas where the skin is tender, bruised, red, scaly or hard. Avoid areas with moles, scars or stretch marks.
- The initial dosing is 20 mg of KESIMPTA given by subcutaneous injection at Weeks 0, 1, and 2. There is no injection at Week 3. Starting at Week 4 and then every month, the recommended dose is 20 mg of KESIMPTA administered by subcutaneous injection.

If you miss an injection of KESIMPTA at Week 0, 1, or 2, talk to your health care provider. If you miss a monthly injection, give it as soon as possible without waiting until the next scheduled dose. After that, give your KESIMPTA injections a month apart.

What are the possible side effects of KESIMPTA?

KESIMPTA may cause serious side effects, including:

See **"What is the most important information I should know about KESIMPTA?"**

- **Injection-related reactions.** Injection-related reactions are a common side effect of KESIMPTA. Injecting KESIMPTA can cause injection-related reactions that can happen within 24 hours (1 day) following the first injections and with later injections. There are two kinds of reactions:
 - **at or near the injection site:** redness of the skin, swelling, itching and pain. Talk with your health care provider if you have any of these signs or symptoms.
 - **that may happen when certain substances are released in your body:** fever, headache, pain in the muscles, chills, tiredness, rash, hives, trouble breathing, swelling of the face, eyelids, lips, mouth, tongue and throat, and feeling faint, or chest tightness. Contact your health care provider right away if you experience any of these signs or symptoms, especially if they

become worse or you have new severe signs of reactions after subsequent injections. It could be a sign of an allergic reaction, which can be serious.

- **Low immunoglobulins.** KESIMPTA may cause a decrease in some types of antibodies. Your health care provider will do blood tests to check your blood immunoglobulin levels.

The most common side effects of KESIMPTA include:

- upper respiratory tract infection, with symptoms such as sore throat and runny nose, and headache. (See **"What is the most important information I should know about KESIMPTA?"**)
- headache.

These are not all the possible side effects of KESIMPTA. Call your doctor for medical advice about side effects.

You may report side effects to FDA at 1-800-FDA-1088.

How should I store KESIMPTA?

- Store KESIMPTA in a refrigerator between 36°F to 46°F (2°C to 8°C).
- Keep KESIMPTA in the original carton until ready for use to protect from light.
- If needed, KESIMPTA may be stored for up to 7 days at room temperature, up to 86°F (30°C).
- Write the date taken out of the refrigerator in the space provided on the carton.
- If stored below 86°F (30°C), unused KESIMPTA may be returned to the refrigerator and must be used within the next 7 days. If this KESIMPTA is not used within those 7 days, then discard the medicine.
- Do not freeze KESIMPTA.
- Do not shake KESIMPTA.

Keep KESIMPTA and all medicines out of the reach of children.

General information about the safe and effective use of KESIMPTA.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use KESIMPTA for a condition for which it was not prescribed. Do not give KESIMPTA to other people, even if they have the same symptoms that you have. It may harm them.

You can ask your pharmacist or health care provider for information about KESIMPTA that is written for health professionals.

What are the ingredients in KESIMPTA?

Active ingredient: ofatumumab

Inactive ingredients: Sensoready pen and prefilled syringe: arginine, disodium edetate, polysorbate 80, sodium acetate trihydrate, sodium chloride, and Water for Injection. Hydrochloric acid may be added.

My TIME

"When I talked to my doctor about KESIMPTA for RMS, I knew it would be the right treatment choice for me."

JAMIE-LYNN SIGLER
Mom, Actor, MS Advocate
Switched to KESIMPTA® in 2023

- ✓ **Powerful results*** — For reducing relapses, active lesions, and slowing disability progression
- ✓ **Proven safety profile*** — Plus, an ongoing safety study
- ✓ **Easy and simple to use pen†** — Take it yourself in less than 1 minute a month‡ at home or on the go



Hear what other patients have to say

Jamie-Lynn S. has taken KESIMPTA and has been compensated for her time. MS, multiple sclerosis; RMS, relapsing multiple sclerosis.

*In 2 studies vs teriflunomide.

†Real-world 30-question survey of 105 US patients (aged ≥18) diagnosed with RMS for 1+ years, who took KESIMPTA with the Sensoready® Pen within previous 12 months. On a scale of 1-5, 89.5% of patients rated it a 4 or 5 (5 being most positive) on overall ease of use and ease of monthly dosing schedule. Questionnaire not validated.

‡Typical administration time when ready to inject. Once monthly after 3 weekly starter doses.

 **Kesimpta**[®]
(ofatumumab) 20 mg injection

Important Safety Information (cont)

- Use KESIMPTA exactly as your HCP tells you to use it.
- Your HCP will show you how to prepare and inject KESIMPTA the right way before you use it for the first time.
- **Do not** inject into areas where the skin is tender, bruised, red, scaly or hard. Avoid areas with moles, scars, or stretch marks.

KESIMPTA may cause serious side effects including:

• **Injection-related reactions.**

Injection-related reactions are a common side effect of KESIMPTA. Injecting KESIMPTA can cause injection-related reactions that can happen within 24 hours (1 day) following the first injections and with later injections.

There are two kinds of reactions:

- **at or near the injection site:** redness of the skin, swelling, itching, and pain.
Talk to your HCP if you have any of these signs and symptoms.
- **that may happen when certain substances are released in your body:** fever, headache, pain in the muscles, chills, tiredness, rash, hives, trouble breathing, swelling of the face, eyelids, lips, mouth, tongue and throat, and feeling faint, or chest tightness. Contact your HCP right away if you experience any of these signs and symptoms, especially if they become worse or you have new severe signs of reactions after subsequent injections. It could be a sign of an allergic reaction, which can be serious.

- **Low immunoglobulins.** KESIMPTA may cause a decrease in some types of antibodies. Your HCP will do blood tests to check your blood immunoglobulin levels.

The most common side effects of KESIMPTA include:

- Upper respiratory tract infection, with symptoms such as sore throat and runny nose, and headache.
- Headache.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see additional Important Safety Information and the accompanying Consumer Brief Summary inside.

 **NOVARTIS**

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

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Printed in USA

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