

MY VISIT. OUR PLAN.

MULTIPLE SCLEROSIS

WORKBOOK
Tools for today's
appointment

FALL 2024

STRENGTH IN NUMBERS:
**FIND CARE
PROVIDERS**
TO FIT YOUR NEEDS

page 10



COMPLIMENTARY COPY
TAKE ONE HOME



SCAN ME

Access videos and
additional content
on MS. Use your
smartphone
camera to activate
the QR code.

SAY WHAT?!: EXPERTS WEIGH IN page 12



Goal Getter

PATIENT'S GOALS

TARGETS TO WORK TOWARD.

Naming your personal goals for your multiple sclerosis (MS) management gives you structure, helps you direct your energy efficiently, and sets you up for small (and big) victories that increase your feelings of well-being. Write down your goals here:

GOAL	✓/x
1.	
2.	
3.	
4.	
5.	
6.	

Scan or copy this spread before you fill it in to use for two or three months

DOCTOR'S RECOMMENDATIONS

TREATMENT STEPS TO FOLLOW.

Your doctor's focus may include treatment to speed recovery from an attack, reducing the number of new relapses, slowing the progression of the disease, and managing your current symptoms. Be sure you understand their treatment goals so you both have your eyes on the same prize. Write down your doctor's goals for you here:

GOAL	✓/x
1.	
2.	
3.	
4.	
5.	
6.	





SCAN ME

For more on getting in touch with your feelings, read **Peer-to-Peer: Multiple Sclerosis and Your Mental Health**. Use your smartphone camera to activate the QR code.

TAKE STOCK

CHECK IN WITH YOURSELF TO SEE HOW YOUR MS MANAGEMENT IS (OR COULD BE) GOING.

The mood board consists of six sticky notes pinned to a corkboard. Each note has a colored header and a white body with dotted lines for writing.

- Top Left (Purple Header):** "I feel good when ..." followed by three dotted lines.
- Top Right (Yellow Header):** "Today I'm feeling ..." followed by three dotted lines.
- Middle Left (Yellow Header):** "I could feel better if ..." followed by three dotted lines.
- Middle Right (Teal Header):** "I plan to ..." followed by three dotted lines.
- Bottom Left (Teal Header):** "I feel in control when ..." followed by three dotted lines.
- Bottom Right (Purple Header):** "I'm grateful for ..." followed by three dotted lines.

Scan or copy this page before you fill it in to use for two or three months

NEW TO THIS?

LEARN HOW DOCTORS MAKE THEIR RECOMMENDATIONS AND WHAT YOU SHOULD EXPECT

By Sonya Collins | Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer



LE HUA, MD

When it comes to treatment for your MS, you have a lot of options. Le Hua, MD, director of the Cleveland Clinic Mellen Center for MS at the Lou Ruvo Center for Brain Health in Las Vegas, answers questions about MS treatment.

to immune function. If we continuously deplete B cells, you're at higher risk for infections. This would be a great first-line drug therapy for most patients—anyone who's newly diagnosed and at low-risk for infections—because it will control the disease really quickly and maintain control for a long time.

Q: What should patients expect from their treatment?

HUA: Once we decide which treatment to start the patient on, we monitor them for medication efficacy. We watch for relapse, both through MRIs and through the patient's own reporting of symptoms. Patients sometimes think they are having a worsening of symptoms, but it's actually due to infections or heat. So we monitor for safety as well.

Patients should understand that these medications are preventative. They won't repair prior injuries. They prevent further attacks, future relapses, and future disability.

Q: What are the treatment options for someone who is newly diagnosed with MS?

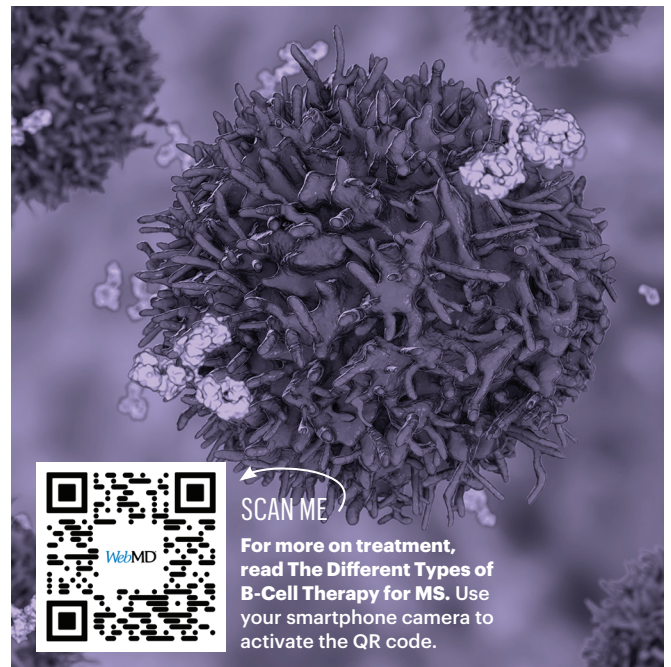
LE HUA, MD: We have more than 25 different disease-modifying therapy options. What we call our low-efficacy medications are very safe, but they don't control the disease in everybody. Moderate-efficacy medications are stronger, but they come with some safety concerns. So they require lab monitoring and risk-mitigating strategies. High-efficacy medications stop the disease in everybody, but they come with more concerns, monitoring, and risk mitigation.

Q: How do doctors and patients decide which medication to start with?

HUA: The treatment approach has changed recently. Traditionally, we'd start with the low-efficacy medication, and if that didn't work, we'd move up. But our approach for a newly diagnosed person is changing. We want to start with the highest efficacy medications from the get-go to really control the disease. Then, if there are safety issues with that medication, we move down to lower-efficacy medications. Or, once your disease is completely under control, we can also switch you to lower-efficacy therapy.

Q: One of the newer high-efficacy treatments for MS is B-cell therapy. How does that work and who is it right for?

HUA: These drugs target your B cells and reduce their numbers. That helps reduce disease activity in MS. B cells are also critical



NEW TO MULTIPLE SCLEROSIS?

MY LIFE IMPROVED WITH DIET AND EXERCISE

By Lanier Thomason

Reviewed by Melinda Ratini, DO, MS,
WebMD Medical Reviewer



SCAN ME 

Watch our video on
Inspiration for Those
Newly Diagnosed. Use
your smartphone camera
to activate the QR code.



In 2018, I went blind in my right eye. My eye got cloudier and cloudier until I couldn't see out of it. So I went to the eye doctor.

There were other minor symptoms but nothing that you would go to the doctor for. The eye doctor referred me to an optic nerve specialist. Before I could see the specialist, I looked up all my little symptoms.

A CONSTELLATION OF SYMPTOMS

It was things like feeling like something was crawling up my leg; feeling like I had a bee sting; and when I was standing up straight and bent my head down to look at my feet, I'd get an electric shock through my whole body. I read a blog by someone who had MS, and she had all those little symptoms.

I went to my regular doctor and saw the nurse practitioner, and I said, "I know you're going to think I'm crazy, but I think I might have MS." **But she didn't think I was crazy. She listened to me, and she believed me.**

A FRIGHTENING DIAGNOSIS

I was sent for an MRI and within an hour, they called to tell

me they saw some things in my brain that might confirm my suspicion.

I went to a neurologist who specializes in MS. He ordered the spinal tap that confirmed the diagnosis.

Up until that point, I hadn't panicked. But after the diagnosis, I was pretty upset.

WHAT I DIDN'T KNOW

I wish I had known then that MS is not a death sentence. It doesn't mean you'll definitely end up in a wheelchair. It can be something you live with and manage.

HOW I MANAGE

Diet, exercise, and stress management have helped a lot.

I try to stay away from gluten and dairy. I can tell the difference when I fall off track. For one, I get so tired. Last Christmas, when I was eating anything that people brought into the house, I had what they call an MS hug. It's a very uncomfortable tightness in



“ I like my doctor. I think that’s important. When I told him I wanted to see how well I could manage my condition with diet and exercise, he said, “Let’s do that and see how it goes.” Find a doctor that you like and who supports you. ”

LANIER’S TIPS



If you’re newly diagnosed with MS, ask yourself:

- + Are there things I could do to improve my health?
- + Am I at a healthy weight?
- + Do I exercise?
- + Is my diet healthy?
- + Is there stress in my life that I can eliminate?

my chest that lasts for a couple of hours.

I exercise first thing every morning before I’m tapped out. I’m a morning person. By 3 o’clock in the afternoon, I don’t have any more energy. If you want me to do something for you, let’s get it done in the morning.

Stress is my No. 1 trigger. The year I was diagnosed with MS, I was under a lot of stress. My husband had been diagnosed with cancer. My daughter was in her first year at college. I think that triggered it.

Exercise helps with stress. I also had to change my job. I was in real estate—one of the most stressful jobs. I had to quit and get a job that I could do from home.

MY ADVICE FOR OTHERS

I like my doctor. I think that’s important. When I told him I wanted to see how well I could manage my condition with diet and exercise, he said, “Let’s do that and see how it goes.” Find a doctor that you like and who supports you.

LIUDMILA CHERNETSKA/VIA GETTY IMAGES; INSET PHOTO COURTESY OF LANIER THOMASON

CONSIDER THIS

NEARLY 1 MILLION AMERICANS HAVE MS. YOU CAN LEARN A LOT FROM THEM.

By Sonya Collins | Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

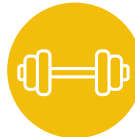
If you have recently been diagnosed with multiple sclerosis, others who've had the condition a little longer can be great sources of advice and support. Consider these words of wisdom from some of your peers with MS, and jot down your ideas on how you might follow their advice.

Words of Wisdom



"Be an early adopter of devices and tools to make your life easier—especially cooling devices and anything to ease fatigue. Save your energy for the fun stuff!"

–Caitlin Anderson, diagnosed with MS in 2006



"The two things I'd want to know if I were newly diagnosed? The importance of a consistent exercise program and of a positive outlook."

–Tom Wedsworth, 70, developed MS at age 29



"Fatigue feels different than just being tired. When it happens, I try to clear my schedule so I can just rest. Oftentimes, I can predict what will trigger it, so I plan on a down day."

–Beth Meister Burk, living with MS for 26 years



"Employ the 'onion approach' when talking to your doctor about symptoms. Talk about the most painful, debilitating symptoms first, and as time permits, 'peel back the layers,' and talk about the next most bothersome symptoms."

–Gale Rector, diagnosed with MS in 2013



"I planned ahead to be prepared for changes that might result from attacks or progression. That included changing jobs and moving to a house that would be more accessible."

–Laura Carlson, diagnosed with MS in 2005



"Don't compare yourself to others with MS. Your disease is unique to you. No two patients are the same."

–Gabriel Bruno, diagnosed with MS in 2023



Patient Notes.....

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CHANGE IT UP

STEPS YOU CAN TAKE TO FEEL BETTER NOW

By Kendall K. Morgan | Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

A healthy lifestyle can go a long way to help you manage your multiple sclerosis (MS). Healthful habits may limit the underlying inflammation that could cause your MS to flare.

EXERCISE

Exercise will help to keep you healthy and strong. Some MS experts think it might even modify the underlying disease itself. How much exercise should you aim to do?

“The short answer is that the exercise recommendations for MS are pretty similar to recommendations for people without MS,” says Evan T. Cohen, PhD, a physical therapist specializing in MS at Arcadia University in Glenside, PA. Aim for 150 minutes of aerobic exercise each week, he says.

TACKLE FATIGUE

Fatigue is one of the most common symptoms of MS. Fatigue can make it hard for you to function physically and sap your motivation to take other positive steps.

“It’s a catch-22 that if someone has terrible fatigue and because of that they don’t exercise, it’s a

downward spiral,” Cohen says. “When you have lower exercise tolerance, you’ll have more fatigue.”

If you’re struggling with fatigue, Cohen advises that you let your doctor know. You may benefit from treatments aimed at this symptom. Make sure you’re getting

plenty of rest. While getting started may be difficult, he says there’s clear evidence that exercise can reduce your fatigue.

Because heat often makes the fatigue worse, be sure to take steps to keep yourself cool. He recommends taking cold showers or wearing a cooling vest.

KEY TIP

“*Doing something is better than nothing. If you can’t make it to the gym for a 30-minute workout but you can take a 5-minute walk, then do that.*”

—Evan T. Cohen, PhD, a physical therapist specializing in MS at Arcadia University in Glenside, PA

EAT WELL

There’s no MS diet. But it’s best to cook at home and eat plenty of fruits, vegetables, lean proteins, healthy fats, and whole grains. Healthy foods can help to lower inflammation while limiting extra pounds. Keeping yourself leaner will make it easier to keep yourself moving, too.

“Every extra pound is more weight to lug around,” Cohen says. “It’s more demand on the body.”

GET SUPPORT

While you can take these steps yourself, it doesn’t mean you have to do it alone. Ask your neurologist for a referral to a physical therapist, nutritionist, dietitian, counselor, or wellness coach who can help you come up with a plan that will work for you. Consider a support group, where you can learn from others with MS, and remember it’s OK to start small.



YOUR TEAM

FIND CARE PROVIDERS TO FIT YOUR NEEDS

By Kendall K. Morgan
Reviewed by Melinda Ratini, DO, MS,
WebMD Medical Reviewer

A comprehensive team can help with your MS and its symptoms. Keep in mind your symptoms will be unique, and they'll shift over time. You can adapt your team accordingly.

Each person's care team will look different depending on how MS affects them, says Lisa Doggett, MD, a family medicine doctor at UT Health Austin's Multiple Sclerosis and Neuroimmunology Center, who also has MS.

NEUROLOGIST

Your neurologist will manage your MS medications and monitor your condition. Doggett recommends one with additional MS training and experience with the latest treatments.

"Your neurologist is your point person,"

says Sammita Satyanarayan, MD, a neurologist at Mount Sinai's Corinne Goldsmith Dickinson Center for MS in New York City. They'll confirm your diagnosis, get you on therapy, and help you manage symptoms, she says. They also can refer you to other specialists.

YOUR NEUROLOGY TEAM

Your neurology team will likely include physician assistants, nurses, and nurse practitioners, Doggett says. You may alternate between seeing your primary neurologist and your physician assistant or nurse practitioner, who can help you with adjustments to medications or other basic needs. Your neurologist can jump in when your needs are more complex.

KEY TIP

“It is very overwhelming at first dealing with a new diagnosis. Your MS specialist can direct and connect you with other specialists that may be needed, but take it one thing at a time, not all at once.”

—Lisa Doggett, MD

REHABILITATION SPECIALIST

Rehabilitation can improve your mobility and other physical functions. It's a good idea to consider rehab services early on. Depending on your needs, your rehab may include physical therapy, occupational therapy, speech pathology, and more. Satyanarayan says that rehab specialists can be especially helpful in managing any muscle spasticity, or abnormal tightness in your muscles.

MENTAL HEALTH PROFESSIONALS AND SOCIAL WORKERS

Depression, anxiety, or mood changes are common with MS. Look for a





psychologist, psychiatrist, or other counselor who has experience with MS or chronic illnesses. Your MS center may have a social worker to assist you as well.

“For people struggling to retain insurance or with problems with unemployment or other financial barriers to care, a social worker can help,” Doggett says. “They’re an important part of the team for many patients.”

OTHER MEDICAL SPECIALISTS

Your MS team may include doctors with other specialties. You may benefit from a urologist for bladder issues or a gastroenterologist for trouble with your bowels, Satyanarayan says. An

ophthalmologist can help when vision is affected. You may benefit from a specialist in pain management, too. Don’t forget to include your primary care doctor as part of your MS team.

“We know that controlling and optimizing blood pressure, your cholesterol, diabetes, or other conditions are all super important in terms of systemic inflammation when you have MS,” Satyanarayan says.

DO YOUR PART

Don’t forget you’re a key member of your team. “A lot comes back to the patient needing to communicate what one’s doctor said back to the

MS WELLNESS

Ask if your MS center offers wellness visits where you can meet with multiple specialists to address various concerns including:

- + Rehabilitation
- + Individual or group therapy
- + Quitting smoking
- + Nutrition
- + Weight management

MS provider or primary care physician,” Doggett says. “It’s really important to be clear about what’s happening and why and navigating between specialists and members of the care team.”

EXPERTS WEIGH IN

MS RESEARCHERS SHARE THEIR WISDOM ON DISEASE MANAGEMENT AND HOPES FOR THE FUTURE

“

A diagnosis of MS may feel earth-shattering and life-altering. Recent research advances and a partnership with a great health care team can help minimize the impact MS has on your life. Do your best not to let MS alter your life plans. Keep the same goals in sight that you had before your MS diagnosis. You might need to give yourself grace from time to time and you might have to adjust expectations of yourself. Stay focused, prioritize yourself and your health, and ask for help when you need it.

—**Julie Fiol**, registered nurse and associate vice president, clinical innovation and strategy, National Multiple Sclerosis Society

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“

We've seen tremendous progress in multiple sclerosis treatments in the last 10 years, with many more promising therapies in the pipeline. The B-cell therapies often offer patients strong protection against the disease while striking a nice balance as far as risks. Whether it's B-cell therapies, or another MS medication that is chosen as a defense against the disease, an important pillar of care is building your health care team and developing a clear path forward to deal with symptoms.

—**Peter Sguigna, MD**, multiple sclerosis expert and neurologist, UT Southwestern's Peter O'Donnell Jr. Brain Institute, Dallas

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“

B-cell therapies are highly effective at controlling disease activity in relapsing forms of MS and should be included in a conversation regarding disease-modifying therapy options. Treatment discussion is a shared decision-making process between the physician and patient. To make a well-informed decision, patients should know about certain B-cell therapy-related issues, such as infection risk and cancer surveillance.

—**Geeta A. Ganesh, MD, MPH**, neurologist, Norton Healthcare, Louisville, KY

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“As research into MS therapies continues, so does our ability to effectively treat the disease. In 1992, people living with MS had zero FDA-approved therapy options to change its course. Today, there are more than 20 options. While there are situations where we still prescribe some of the original medications, we now have the option of prescribing other medications that are highly effective and have minimal side effects. While nothing is guaranteed to stop MS, it is now a realistic goal for me and other neurologists to altogether stop MS relapses and to halt any new MS brain lesions. The more we study patients using these therapies, the more optimistic I am.”

—**Nicholas Lannen, MD**, neurologist specializing in MS care, Corewell Health, Grand Rapids, MI

“We are now more aware of how lifestyle interventions can help manage MS, and it is not just about quality of life. Research is increasingly showing that some healthy behaviors can reduce disease activity and slow progression for people with MS. Healthy behaviors such as getting regular exercise, eating a balanced diet, sleeping 8 hours a night, and managing stress are as important as the medications taken to manage MS. There are professionals who can help guide healthy behavior change right now. These include physical therapists, occupational therapists, speech therapists, psychologists, nurses, and physiatrists.”

—**Kathy M. Zackowski, PhD**, associate vice president of research, National Multiple Sclerosis Society

“ 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.

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

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

Do not use KESIMPTA if you:

- have active hepatitis B virus infection.
- 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.mothertobaby.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**

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