Multiple Sclerosis: Disease Modifying Therapies Injections

		Inter	Non-Interferons			
	(interferon beta-1a)			Interferon beta-1b	Glatiramer acetate	
Brand name	Avonex	Rebif	Plegridy (pegylated)	Betaseron or Extavia	Copaxone	Glatopa and mylan
						generic
Efficacy	2/5	2.5/5	2/5	2.5/5	2.5/5	
Safety		4.5/5			5/5	
Available Since	1996	2002	2014	1993 (Betaseron)	1996	2015
How given	Intramuscular	Subcutaneous injection			Subcutaneous injection	
Frequency	injection Every 7 days	3x/week	Every 14 days	Every other day	Daily or	3x/week
Autoinjector	Yes				Yes	
Premixed?	Premixed			No	Premixed	
Blood tests required	CBC, LFT every 3-6 months			None		
Common side effects	 Injection site reactions Flu-like symptoms Worsening depression 				 Injection site reactions Rare post-injection systemic reaction 	
Pregnancy category	No adequate and well-controlled studies in pregnant women				No adverse effects in animal testing. No adequate and well-controlled studies in pregnant women	
Patient Support and	Above MS	MS Lifelines	Above MS	MS Pathways	Shared Solutions	GlatopaCare
financial assistance programs	1-800-456-2255	1-877-447-3243	1-800-456-2255	1-800-788-1467 Extavia 1-866-925-2333	1-800-887-8100	1-855-452-8672

^{**}Comparative efficacy has not been determined

Multiple Sclerosis: Disease Modifying Therapies Pills or Capsules

Brand name (Generic	Gilenya (fingolimod)	Aubagio (teriflunomide)	Tecfidera (dimethyl	Mayzent (siponimod)	Mavenclad
name)			<u>fumarate</u>)		(cladribine)
Efficacy	4/5	2.5/5	3.5/5	4/5	4/5
Safety	3/5	3.5/5	4/5	3/5	3/5
Available since	2010	2012	2013	2019	2019
How given	Once a day, 0.5 mg capsule	Once a day, 7 or 14 mg pill	Twice a day, 120 or 240 mg capsule with food	2 mg once daily after titration*	3.5 mg/kg orally divided into 2 yearly treatment courses [†]
Tests required prior to	Eye exam, derm exam, ECG,	CBC w/diff, LFT, TB test,	CBC w/diff, LFT, MRI	CYP2C9 genotype + same	CBC w/diff, HBV, HCV,
starting	MRI, VZV IgG, CBC w/diff, LFT	MRI, pregnancy test		for Gilenya	VZV, pregnancy test, MRI, cancer screening
Monitoring	First dose observation (6 hour) Annual OCT and skin exam Liver function tests	Liver function tests monthly x6, then quarterly	Lymphocyte counts Liver function tests	First dose observation (6 hour) only for patients with certain heart conditions	CBC w/diff
Mechanism of action	Traps lymphocytes in lymph nodes	Limits ability of immune cells to divide rapidly	Unknown; via oxidative stress pathway	Traps lymphocytes in lymph nodes	Reduces certain WBCs
Common side effects	Slows HR (initially) Reduces lymphocytes	Hair thinning (12%) GI upset (18%)	Flushing (40%) GI side effects (20%, less with food)	Slows HR (initially) Reduces lymphocytes	Reduced lymphocytes Rash Hair loss Cold sores
Rare side effects	Macular edema (7/1000) Elevated LFTs Shortness of breath BP increase	Elevated LFTs Peripheral neuropathy Serious skin reactions	Itching (8%)	Macular edema Elevated LFTs BP increase	Tuberculosis
Infection risk	Lower respiratory tract Herpetic infections PML (1:11,000)	TB reactivation Other rare infections	PML (1:65,000), mostly in patients with low lymphocyte counts	Herpes infection PML	Shingles Tuberculosis PML
Time to elimination	Average 45 days	Up to 2 years (available 11-day rapid elimination)	5-24 hours	~10 days	~5 days
Pregnancy	No adequate data on developmental risk associated with the use of fingolimod.	Must avoid pregnancy. Men to use protection. Fetal risk has been demonstrated.	Fetal risk cannot be ruled out.	Reproductive and developmental studies in animals demonstrated fetal risk.	Contraindicated in pregnancy Men to use protection
Patient Support and	Gilenya Go Program	MS One to One	Above MS	1-877-629-9368	MS Lifelines
financial assistance	1-800-445-3692	1-855-676-6326	1-800-456-2255		1-877-447-3243

^{*}In patients with CYP2C9*1/*3 or *2/*3 genotype, after treatment initiation, the recommended maintenance dose is 1 mg once daily

¹Please look at administration directions in <u>package insert</u> for further details

Multiple Sclerosis: Disease Modifying Therapies Intravenous Infusions

Brand Name	Tysabri	Lemtrada	Ocrevus	
	(natalizumab)	(alemtuzumab)	(ocrelizumab)	
EFFICACY*	4.5/5	5/5	5/5	
SAFETY	2/5 in JC+, 4/5 in JC-	1.5/5	4/5	
Year Marketed	2004	2014	2017	
Frequency of infusions	Every 4 weeks	Year 1: 5 days, Year 2: 3 days, then as needed	First 2 infusions 2 weeks apart Then 1 every 6 months	
Time of infusion	1 hour + 1 hour observation	4 hours + 2 hours observation, usually 8 hours total	First: 2.5 hours + 1 hour observation Then: 3.5hours + 1hour observation	
Common side effects	Infusion reactions (6%)	Infusion reactions (90+%)Thyroid disorders (34%)	Infusion reactions (40%)	
Serious risks	Liver injuryHypersensitivity reactions	 Platelets: ITP (2%) Kidneys: anti-GBM disease Hypersensitivity reactions Stroke 	•	
Infectious risks	Herpetic infections	Listeriosis (short-term)Herpetic infections	RespiratoryHerpeticReactivation of hep B	
PML risk	1/10,000 if JC ab negative 1-10/1000 if JC ab positive	Possible	Possible	
Cancer risk	Possible	Thyroid (0.2%), Melanoma (0.3%), Lymphoproliferative	Possible (breast)	
Monitoring	TOUCH REMS program JC ab quarterly LFTs Periodic MRI	Lemtrada REMS program for 48 months Monthly (CBC, UA) Quarterly (TSH)	IgG	
Pregnancy Category	No adequate data on developmental risk in pregnant women. Offspring of monkeys had lower white blood cell counts	No adequate data on developmental risk in pregnant women. Can cause low thyroid in offspring. In mice, use during pregnancy can cause major birth defects	No adequate data on developmental risk in pregnant women. Can cause transient low lymphocyte counts in offspring.	
Patient support and financial assistance	Above MS 1-800-456-2255	Lemtrada REMS program 855-676-6326	Genentech Access Solutions 1-866-422-2377	