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Breaking News

New guidelines for Medicare's coverage of home care, outpatient care and nursing home care (<http://www.medicareadvocacy.org/medicare-info/improvement-standard/>)

Resources

Free Mobile App for Healthcare Professionals. (<http://www.nationalmssociety.org/ms-clinical-care-network/clinical-resources-and-tools/tools-to-support-your-practice/ms-diagnosis-management-for-mobile-devices/index.aspx>)

Now including symptom management. App production made possible by Allergan; Bayer HealthCare; Novartis, and Questcor Pharmaceuticals, Inc.

The Multiple Sclerosis Emerging Therapies Collaborative. (<http://www.ms-coalition.org/emergingtherapies/>) Promotes optimal, individualized treatment of MS.

Six Steps to Shared Decision Making (http://informedmedicaldecisions.org/wp-content/uploads/2012/02/Six_Steps_SDM_Language.pdf). A tool for clinicians.

The Disease-Modifying Medications (<http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/treatments/index.aspx>). A brochure for patients.

As new treatments emerge for the management of MS, physicians and patients are facing challenging discussions about risk, benefits and other factors to collaboratively determine the best course for any given patient. Meanwhile, physicians and scientists are looking at ways in which biomarkers might open more doors to personalized medicine.

Oral Tecfidera: Now Available

Tecfidera (dimethyl fumarate, formerly known as BG-12) (<http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/treatments/medications/tecfidera/index.aspx>) was approved by the U.S. Food and Drug Administration (FDA) in March 2013 as a first-line therapy for adults with relapsing forms of MS. In two clinical trials, this oral agent significantly reduced relapses and MRI activity. In one study, it reduced the risk of disability progression.

In the Pipeline

Lemtrada (alemtuzumab): a humanized monoclonal antibody directed at CD52 (<http://www.msdiscovery.org/research-resources/drug-pipeline/501-alemtuzumab>) that was originally approved for the treatment of B-cell chronic lymphocytic leukemia. In the pivotal trials, (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3629751/>) alemtuzumab was given by intravenous infusion for five days initially and for three days one year later. It has been submitted to the FDA by Genzyme, with a decision expected by the end of 2013.

Peginterferon (Plegridy): a pegylated subcutaneous injectable form of interferon beta-1a that requires less frequent dosing, (<http://www.msdiscovery.org/research-resources/drug-pipeline/972-interferon-beta-1a>) has been submitted to the FDA by Biogen Idec.

Glatiramer acetate (Copaxone) 40mg/ 1mL (Teva): a higher concentration dose of the medication that allows less frequent dosing (<http://www.msdiscovery.org/research-resources/drug-pipeline/332-glatiramer-acetate#glatiramer-acetate>) has been accepted for review by the FDA.

Making Treatment Decisions

With 10 treatment options for relapsing MS, and more on their way, patients and their doctors must consider benefits, tolerability, long-term risks, and other complex factors (<http://cp.neurology.org/content/2/2/122.full>) to determine the best option for any particular individual. (As an example, this risk stratification tool for natalizumab (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3582310/>) may be helpful in the discussion.)

The conventional approach to treatment for MS has been to begin treatment with a first-line "low risk" medication and make adjustments based on whether the patient does poorly or well. Some clinicians are proposing a more aggressive approach (<http://www.ncbi.nlm.nih.gov/pubmed/22398660>) from the outset, particularly for patients with very active disease (<http://www.ncbi.nlm.nih.gov/pubmed/23634358>). And, as other reliable 'predictors' of disease course emerge, this may become the more accepted approach, resulting in a potential shift in the treatment paradigm to achieve optimal outcomes (<http://www.peerviewpress.com/achieving-optimal-outcomes-patients-multiple-sclerosis-considerations-treatment-selection-and-comprehensive-management-relapsin->).



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