How to S.E.A.R.C.H.™ for the Right MS Therapy For You!

What is S.E.A.R.C.H.™?

The first treatment for relapsing-remitting multiple sclerosis (RRMS) was approved by the United States Food and Drug Administration (FDA) in 1993. This forever changed the landscape of how MS could be managed. Since then, numerous effective disease modifying therapies (DMTs) for MS have become available, giving neurologists and patients a variety of treatment options for slowing disease activity. With the recent introduction of oral medications, and with new investigational drugs nearing completion of their trials, changes in the MS landscape continue to evolve at a rapid pace.

Healthcare providers continue to encourage their patients to become more health literate and to take an active, decision-making role in selecting a treatment. In doing so, an extraordinary number of factors need to be considered when choosing an appropriate MS therapy or switching from one DMT to another. Among the numerous questions to consider include: What are the therapies? Am I a candidate? What should I know about each one? How will my body react to taking one of these medications? How are the different medications administered? What about the costs or insurance? Once I have begun taking a DMT, how do I know if the one I am prescribed is working?

These and other important considerations require ongoing conversations with your doctor and other healthcare professionals. The treatment decision for each patient is unique and must be addressed individually between the person and his or her healthcare team. Additionally, patients must recognize the need to prioritize their issues, questions, and concerns in order to maximize the time with their healthcare team. With so much information to remember, organize, and prioritize, MSAA recognized the need to help frame these important discussions. By doing so, MSAA is able to support patients and their physicians in their S.E.A.R.C.H.™ for the most appropriate therapy for each individual.

Designed as a memory aid, the S.E.A.R.C.H.™ acronym represents the key areas that should be considered when “searching” for the most appropriate MS treatment. Each letter represents an important topic that must be considered by patients, physicians, and other healthcare and social service professionals. S.E.A.R.C.H.™ stands for:

S. = Safety
E. = Effectiveness
A. = Affordability
R. = Risks
C. = Convenience
H. = Health Outcomes (overall wellness and quality of life)

Much like the design of a Global Positioning System (GPS), MS patients and their physicians can employ the S.E.A.R.C.H.™ model to navigate though this dynamic, ever-changing landscape and reach their desired destination. Also, patients can use the S.E.A.R.C.H.™ tool to “recalculate” their decisions and adjust treatments if necessary in order to maximize optimum health outcomes.
About this Workbook:

The MSAA S.E.A.R.C.H.™ Patient Workbook serves as an effective tool to help you research, collect, organize, and store information about your decision to start an MS disease modifying therapy or re-evaluate your current treatment options. With so much information to manage, this Workbook offers you a convenient way to journal and maintain accurate notes on research information, key questions and answers from your healthcare providers, and additional resources.

The MSAA S.E.A.R.C.H.™ Patient Workbook includes the following sections:

1. MS Disease Modifying Therapy Chart
   - an easy-to-follow chart which organizes currently approved MS treatment options

2. MS Resource Guide
   - a comprehensive listing of MS resources and services to aid your research efforts

3. S.E.A.R.C.H.SM Questions and Notes
   - suggested questions for each aspect of S.E.A.R.C.H.™ with ample space for notes

4. Office Visit Questionnaire
   - a guide to help prioritize your S.E.A.R.C.H.™ questions and maximize your office visit

Maximizing Your Visit:

Unfortunately, doctors today face an increasing workload of patients, restrictive managed-care regulations, and other factors that prevent many physicians from spending as much time with their patients as they were able to do in the past. The reality of these brief and often rushed doctor visits can leave both the patient and physician feeling dissatisfied with the outcome and “searching” for a better way to manage their time.

In order to make the most of the limited time with the doctor, patients need to come as prepared as possible and prioritize their issues for discussion. The MSAA S.E.A.R.C.H.™ model helps you learn about and prioritize the keys issues which are most important to your healthcare needs. By concentrating on a few of these key areas, you can present your questions and concerns in a clear, easy, and efficient way which will allow the most important topics to be discussed upfront and help maximize your office visit.

Using the S.E.A.R.C.H.™ Questions:

MSAA developed the S.E.A.R.C.H.™ questions to serve as a sample, or guide, for you to consider when evaluating your own healthcare needs. These S.E.A.R.C.H.™ questions merely reflect a starting point to help you think about your own medical situation, issues to prioritize, and ways to develop questions which address your specific healthcare needs.

When using the S.E.A.R.C.H.™ model, it is also important to recognize that reviewing key topics and questions will likely require more than one office visit with members of your healthcare team. The S.E.A.R.C.H.™ framework can also be helpful when conducting your own research before or after visiting your healthcare provider.
### APPROVED LONG-TERM TREATMENTS FOR MS: Self-Injected Medications

<table>
<thead>
<tr>
<th>NAME AND TYPE OF DRUG</th>
<th>SIDE EFFECTS</th>
<th>HOW ADMINISTERED</th>
<th>ADDITIONAL NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Avonex</strong> (interferon beta-1a) immune system modulator with antiviral properties</td>
<td>Flu-like symptoms and headache</td>
<td>30 micrograms taken via weekly intermuscular injection</td>
<td>Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.</td>
</tr>
<tr>
<td><strong>Betaseron</strong> (interferon beta-1b) immune system modulator with antiviral properties</td>
<td>Flu-like symptoms, injection-site skin reaction, blood count and liver test abnormalities</td>
<td>250 micrograms taken via subcutaneous injection every other day</td>
<td>Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.</td>
</tr>
<tr>
<td><strong>Copaxone</strong> (glatiramer acetate) Synthetic chain of four amino acids found in myelin (immune system modulator that blocks attacks on myelin)</td>
<td>Injection-site skin reaction as well as an occasional systemic reaction - occurring at least once in approximately 10 percent of those tested</td>
<td>20 (daily) or 40 (three-times weekly) milligrams taken via subcutaneous injection</td>
<td>Systemic reactions occur about five to 15 minutes following an injection and may include anxiety, flushing, chest tightness, dizziness, palpitations, and/or shortness of breath. Usually lasting for only a few minutes, these symptoms do not require specific treatment and have no long-term negative effects. Copaxone was originally approved at a dose of 20 mg daily, but in January 2014, a new dose of 40 mg three-times weekly was approved by the FDA. The original 20-mg daily dose remains available, so patients and their doctors may now choose their preferred dosing regimen.</td>
</tr>
<tr>
<td><strong>Extavia</strong> (interferon beta-1b) immune system modulator with antiviral properties</td>
<td>Flu-like symptoms, injection-site skin reaction, blood count and liver test abnormalities</td>
<td>250 micrograms taken via subcutaneous injection every other day</td>
<td>Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.</td>
</tr>
<tr>
<td><strong>Glatopa</strong> (glatiramer acetate) As a generic version of Copaxone, Glatopa is a synthetic chain of four amino acids found in myelin (immune system modulator that blocks attacks on myelin)</td>
<td>Using study results from trials with Copaxone, side effects include injection-site skin reaction as well as an occasional systemic reaction - occurring at least once in approximately 10 percent of those tested with Copaxone</td>
<td>20 milligrams taken daily via subcutaneous injection</td>
<td>Using study results from trials with Copaxone, systemic reactions occur about five to 15 minutes following an injection and may include anxiety, flushing, chest tightness, dizziness, palpitations, and/or shortness of breath. Usually lasting for only a few minutes, these symptoms do not require specific treatment and have no long-term negative effects.</td>
</tr>
<tr>
<td><strong>Plegidy</strong> (interferon beta-1a) immune system modulator with antiviral properties</td>
<td>Flu-like symptoms, injection-site skin reaction, blood count and liver test abnormalities</td>
<td>125 micrograms taken via subcutaneous injection once every two weeks</td>
<td>Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.</td>
</tr>
<tr>
<td><strong>Rebif</strong> (interferon beta-1a) immune system modulator with antiviral properties</td>
<td>Flu-like symptoms, injection-site skin reaction, blood count and liver test abnormalities</td>
<td>44 micrograms taken via subcutaneous injection three times weekly</td>
<td>Side effects may be prevented and/or managed effectively through various treatment strategies; side effect problems are usually temporary. Blood tests may be given periodically to monitor liver enzymes, blood-cell counts, and neutralizing antibodies.</td>
</tr>
</tbody>
</table>
## APPROVED LONG-TERM TREATMENTS FOR MS: Infused and Oral Medications

<table>
<thead>
<tr>
<th>NAME AND TYPE OF DRUG</th>
<th>SIDE EFFECTS</th>
<th>HOW ADMINISTERED</th>
<th>ADDITIONAL NOTES</th>
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</thead>
<tbody>
<tr>
<td><strong>Infused Medications</strong></td>
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<tr>
<td>Lemtrada (alemtuzumab) Humanized monoclonal antibody that rapidly depletes or suppresses immune system cells (T and B cells), which can damage the myelin and nerves of the central nervous system (CNS).</td>
<td>Common side effects include rash, itching, headache, pyrexia (increase in temperature), nasopharyngitis (inflammation of the nose and throat), nausea, diarrhea and vomiting, insomnia, numbness/tingling, dizziness, pain, flushing, and infection.</td>
<td>Lemtrada is given for a course of five days via intravenous (IV) infusion and followed one year later by a second three-day course.</td>
<td>Adverse events from Lemtrada can include infusion reactions to the medication, an increased risk of infection, emergent autoimmune diseases, a potentially severe bleeding disorder called immune thrombocytopenic purpura (ITP), and an increased risk of malignancies including thyroid cancer, melanoma and lymphoproliferative disorders. For early detection and management of these risks, Lemtrada is only available through a restricted distribution program, the Lemtrada REMS (Risk Evaluation and Mitigation Strategy).</td>
</tr>
<tr>
<td>Novantrone (mitoxantrone) Antineoplastic agent (immune system modulator and suppressor)</td>
<td>Usually well tolerated; side effects include nausea, thinning hair, loss of menstrual periods, bladder infections, and mouth sores; additionally, urine and whites of the eyes may turn a bluish color temporarily.</td>
<td>IV infusion every 3 months (for two to three years maximum)</td>
<td>Novantrone carries the risk of cardiotoxicity (heart damage) and leukemia; it may not be given beyond two or three years. People undergoing treatment must have regular testing for cardiotoxicity, white blood cell counts, and liver function. Because of the potential risks, Novantrone is seldom prescribed for individuals with MS. Anyone taking Novantrone now or given Novantrone previously needs to have annual evaluations of his or her heart function, even if no longer receiving this medication.</td>
</tr>
<tr>
<td><strong>Oral Medications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tysabri (natalizumab) Humanized monoclonal antibody (inhibits adhesion molecules; thought to prevent damaging immune cells from crossing the blood-brain barrier)</td>
<td>Headache, fatigue, depression, joint pain, abdominal discomfort, and infection.</td>
<td>IV infusion every four weeks</td>
<td>Risk of infection (including pneumonia) was the most common serious adverse event during the studies (occurring in a small percentage of patients). The TOUCH Prescribing Program monitors patients for signs of PML, an often-fatal viral infection of the brain. Risk factors for PML include: the presence of JC virus antibodies, previous treatment with immunosuppressive drugs, and taking Tysabri for more than two years.</td>
</tr>
<tr>
<td>Aubagio (teriflunomide) Immunomodulator (affecting the production of T and B cells; may also inhibit nerve degeneration)</td>
<td>Headache, elevations in liver enzymes, hair thinning, diarrhea, nausea, neutropenia (a condition that reduces the number of certain white blood cells), and paresthesia (tingling, burning, or numbing sensation).</td>
<td>7- or 14-milligram tablet taken orally, once per day</td>
<td>More severe adverse events include the risk of severe liver injury and the risk of birth defects if used during pregnancy. A TB test and blood tests for liver function must be performed within six months prior to starting Aubagio, and liver function must be checked regularly. If liver damage is detected, or if someone becomes pregnant while taking this drug, accelerated elimination of the drug is prescribed.</td>
</tr>
<tr>
<td>Gilenya (fingolimod, FTY720) S1P-receptor modulator (blocks potentially damaging T cells from leaving lymph nodes)</td>
<td>Headache, flu, diarrhea, back pain, abnormal liver tests and cough.</td>
<td>0.5-milligram capsule taken orally once per day</td>
<td>Adverse events include: a reduction in heart rate (dose-related and transient); infrequent transient AV conduction block of the heart; a mild increase in blood pressure; macular edema (a condition that can affect vision, caused by swelling behind the eye); reversible elevation of liver enzymes; and a slight increase in lung infections (primarily bronchitis). Infections, including herpes infection, are also of concern. A six-hour observation period is required immediately after the first dose, to monitor for cardiovascular changes.</td>
</tr>
<tr>
<td>Tecfidera (dimethyl fumarate) Immunomodulator with anti-inflammatory properties; may have neuroprotective effects, potentially protecting the nerves and myelin covering from damage.</td>
<td>Flushing and gastrointestinal events; reduced white-blood cell (lymphocyte) counts; elevated liver enzymes in small percentage of patients.</td>
<td>240 mg tablet taken twice daily</td>
<td>Other adverse events include mild or moderate upper respiratory infection, pruritus (chronic itching), and erythema (skin redness or rash). In studies, the only serious adverse events to occur in two or more patients taking Tecfidera was gastroenteritis (an inflammation of the lining of the intestines) and gastritis (an inflammation of the stomach lining). Reduced white-blood cell (lymphocyte) counts were seen during the first year of treatment. Liver enzymes were elevated in 6 percent of individuals taking Tecfidera, compared to 3 percent on placebo.</td>
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</table>
Section 2. MS Resource Guide

**MSAA:** For more information on FDA-approved therapies, symptom management treatments, and MSAA programs and services, please access additional sections of this website or contact MSAA at (800) 532-7667 or MSquestions@mymmsaa.org.

**MS Coalition:** The MS Coalition is a collaborative network of independent MS organizations. The MS Coalition's mission is to increase opportunities for cooperation and provide greater opportunity to leverage the effective use of resources for the benefit of the MS community. Please visit: www.ms-coalition.org.

In addition to MSAA, the MS Coalition members (listed alphabetically) include:

**Accelerated Cure Project for Multiple Sclerosis**  
Phone: (781) 487-0008; Website: www.acceleratedcure.org

**Consortium of Multiple Sclerosis Centers (CMSC)**  
Phone: (201) 837-0727; Website: www.mscare.org

**Can Do Multiple Sclerosis**  
Phone: (800) 367-3101; Website: www.mscando.org

**International Organization of Multiple Sclerosis Nurses**  
Phone: (201) 487-1050; Website: www.iomsn.org

**Multiple Sclerosis Foundation**  
Phone: (800) 225-6495; Website: www.msfocus.org

**National Multiple Sclerosis Society**  
Phone: (800) 344-4867; Website: www.nationalMSsociety.org

**United Spinal Association**  
Phone: (718) 803-3782; Website: www.unitedspinal.org

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**Prescription Assistance Programs for MS Disease-Modifying Therapies**

The following pharmaceutical companies offer patient programs to provide information, instruction, and resources for advocacy and financial assistance.  
(listed alphabetically)

**Aubagio**  
Program name: MS One to One  
Phone: (855) 676-6326  
Website: www.aubagio.com

MS One to One will assist patients in the following ways:

1. Individuals with no insurance, or with only Medicare part A and B (but not D), may register for the Patient Assistance Program (PAP). Eligible individuals must be a United States resident with a Social Security number. The household income must also be less than or equal to $100,000. If
qualified, the eligible individual will have no out of pocket expense. Program participants must reapply each year. As noted earlier, individuals with Medicare part A and B may apply for assistance; individuals with part D are not eligible.

2. For individuals with private insurance, co-pay assistance is available. If eligible, the applicant will receive the first three months at no cost. For every month thereafter until 12 months, the co-pay is $35. Program participants must reapply each year. Although there is no financial limit for income, only individuals with private insurance may apply.

*Patients covered by federal and state healthcare programs are not eligible for assistance (excluding individuals on Medicare without part D who are otherwise eligible under the PAP program).

Avonex

Program name: Above MS
Phone: (800) 456-2255
Website: www.avonex.com

Above MS will assist patients in the following ways:

1. Most individuals with private insurance will be eligible for a $0 co-pay assistance program. There are no income requirements for the program; however, income information will need to be provided in order to enroll. There may be an annual cap that limits the amount of assistance that you can receive over one year (based on income).*

2. Individuals on Medicare who need assistance can call in to speak with a representative about other ways to receive help.

3. Uninsured individuals may be eligible to receive Avonex for free; there is an undisclosed financial criterion.

4. Biogen offers insurance counseling services that can assist patients in understanding their available insurance options with the goal of ensuring everyone has affordable access to therapy. Some of the possible health insurance options are: Health Insurance Marketplace, Medicaid, Medicare Part D, Medicare LIS, Medicare Supplemental Plans, Private Insurance, COBRA and Dependent Coverage. We will work within your specific situation and help identify affordable health insurance options as well as financial assistance options, as needed.

*Federal and state laws may prevent eligibility. People covered by Medicare, Medicaid, the VA/DoD, or any other federal plans are not eligible to enroll. In addition, some insurance providers may prevent eligibility or restrict eligibility to people with demonstrated financial need. If you are not eligible or not sure of your eligibility, please call (800) 456-2255.

Betaseron

Program name: BetaPlus
Phone: (800) 788-1467
Website: www.betaseron.com

BetaPlus will assist patients in the following ways:

1. For individuals with no insurance, or if they have Medicare Part D, they can apply for the Patient Assistance Program. If they are approved, they can receive a three-month supply for a variable participation fee. There is an undisclosed financial eligibility criterion. This will continue for one
year, at which time they can reapply. If they are not eligible at this time, they will be referred to a list of agencies for assistance.

2. If they have insurance, they can receive co-pay assistance up to $14,500 yearly. Patients will have no co-pay expense until they reach the maximum assistance limit of $14,500 yearly. There are no household income restrictions for this program.

3. If an individual with private insurance is currently taking Betaseron but the insurance provider drops coverage of Betaseron they may qualify for the Beta Bridge program. The Beta Bridge is a program that provides access to Betaseron at no cost to the patient for up to 12 months (subject to change). This program is only open to current Betaseron users with private insurance coverage and does require enrollment. To learn more, contact the BetPlus hotline, and let your doctor know you do not want to change medications and want to appeal the insurance denial.

*Patients who are enrolled in any type of government insurance or reimbursement programs are not eligible.

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**Copaxone**

Program name: Shared Solutions
Phone: (800) 887-8100
Website: [www.copaxone.com](http://www.copaxone.com)

Shared Solutions will assist patients in the following ways:

1. Individuals with no insurance are referred to Assist RX. The Shared Solutions case manager will conference-call with the patient and the Assist RX organization. The information about eligibility is not public. An individual's cost would be zero for one year. He or she will then need to reapply. If not eligible at this time, there is no further assistance.

2. If a person is on Medicare, the Medicare Team, working with a specialty pharmacy (ACS) will pay through the coverage gap. This program is ongoing.

3. For people with private insurance, the Co-Pay Solutions program will assist. Co-pay amounts based on a sliding scale. This program is ongoing.

*The offer is not valid for patients covered in whole or in part by Medicaid, Medicare, TRICARE, or any other federal or state government pharmaceutical assistance plan or program (regardless of whether a specific prescription is covered), or by private health benefit programs that reimburse for the entire cost of prescription drugs.

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**Extavia**

Patient Services Program
Phone: (866) 398-2842
Website: [www.extavia.com](http://www.extavia.com)

Extavia's Patient Services Program will assist patients in the following ways:

1. For individuals with no insurance, they can receive free medication if their income is less than five times the Federal Poverty Level (which increases based on the number of people living in the household), under the Novartis Patient Assistance Foundation. The benefit continues for one year, at which time the patient may reapply. If there is an alternative program, the patient will be referred.

2. For individuals who have insurance with a high co-pay, they can receive assistance if they are financially eligible. This is also true if they have Medicare and need help with the coverage gap.
Both of these programs require that the patient reapply after one year. If the patient is no longer eligible at this time, referrals are made to other agencies.

*The EXTAVIA Co-Pay Program offer is not valid for prescriptions for which payment may be made in whole or in part under federal or state health programs, including but not limited to Medicare or Medicaid, or for residents of Massachusetts.*

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**Gilenya**

Patient Services Program  
Phone: (800) 445-3692  
Website: www.gilenya.com

Gilenya’s Patient Services Program will conduct a benefits investigation and determine on an individual basis what assistance a person may be eligible to receive. The program will assist patients in the following ways:

1. For individuals with no insurance, they can receive free medication if their income is less than five times the Federal Poverty Level (which increases based on the number of people living in the household), under the Novartis Patient Assistance Foundation. The benefit continues for one year, at which time the patient may reapply. If there is an alternative program, the patient will be referred.
2. For individuals with commercial insurance, they can receive help up to $12,000 yearly under the Pharmacy Co-Pay Support Program. This program is based on the present calendar year. The amount of assistance received will depend on the co-pay amount; not everyone will receive $12,000 per year. The program does not apply for individuals who may receive payment under federal or state health insurance programs such as Medicare or Medicaid.

Please note that certain states are not covered under these programs. Individuals living in those states need to ask the Patient Services representative about other assistance.

In addition to medication co-pay assistance, the Gilenya Go Program also offers the Medical Co-Pay Support program. This latter program provides financial assistance for eligible individuals to help pay costs associated with medical testing needed before an individual can begin treatment on Gilenya. An eligible individual will pay the first $125 of the needed medical co-pay and the Medical Co-pay Support program will pay up to the next $600 of the co-pay.

Please note that this program only applies to individuals who have not yet started taking Gilenya. Additionally, it is not valid for medical testing that is covered under any federal or state health programs (such as Medicare or Medicaid). The Medical Co-Pay Support program excludes residents of Massachusetts, Michigan, and Rhode Island.

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**Glatopa**

GlatopaCare  
Phone: (855) GLATOPA (855-452-8672)  
Website: www.glatopa.com

GlatopaCare will assist patients in the following ways:

1. For eligible individuals with private insurance, the Glatopa Co-Pay Program provides up to $9,000 in annual co-pay support for Glatopa prescriptions.
2. For individuals with no insurance, free medication can be received if their income is less than five
times the Federal Poverty Level (which increases based on the number of people living in the
household), under the Novartis Patient Assistance Foundation. The benefit continues for one year,
at which time the patient may reapply. If there is an alternative program, the patient will be referred.

*Individuals with Medicare (including Part D, even in the coverage gap), Medicaid, Medigap, VA, DOD,
TriCare, private indemnity, or HMO are not eligible for assistance through this program.

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**Lemtrada**

MS One to One

Phone: **(855) 676-6326**
Website: [www.lemtrada.com](http://www.lemtrada.com)

MS One to One will assist patients in the following ways:

1. Individuals who are uninsured may qualify for patient assistance programs that provide coverage
   for Lemtrada. Individuals with private health insurance coverage may qualify for a $0 copay for
   Lemtrada. Additionally, patients may receive up to $100 a day credit towards infusion-related
costs.*

2. MS One to One offers a centralized lab program that covers the costs of follow-up labs completed
   either with a qualifying doctor’s office, traveling phlebotomist, or through LabCorp/Quest
   Diagnostics.

*Patients covered by federal and state healthcare programs (for example Medicare or Medicaid) are not
eligible for the patient assistance or co-pay assistance program; however, they may qualify for the lab
program.

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**Plegridy**

Program name: Above MS

Phone: **(800) 456-2255**
Website: [www.plegridy.com](http://www.plegridy.com)

Above MS will assist patients in the following ways:

1. Most individuals with private insurance will be eligible for a $0 co-pay assistance program. There
   are no income requirements for the program; however, income information will need to be provided
   in order to enroll. There may be an annual cap that limits the amount of assistance that you can
   receive over one year (based on income).*

2. Individuals on Medicare who need assistance can call in to speak with a representative about other
   ways to receive help.

3. Uninsured individuals may be eligible to receive Plegridy for free; there is an undisclosed financial
criterion.

4. Biogen offers insurance counseling services that can assist patients in understanding their
   available insurance options with the goal of ensuring everyone has affordable access to therapy.
   Some of the possible health insurance options are: Health Insurance Marketplace, Medicaid,
   Medicare Part D, Medicare LIS, Medicare Supplemental Plans, Private Insurance, COBRA and
   Dependent Coverage. We will work within your specific situation and help identify affordable health
   insurance options as well as financial assistance options, as needed.
Rebif
Program name: MS Lifelines
Phone: (877) 447-3243
Website: www.rebif.com

MS Lifelines will assist patients in the following ways:

1. If a person has no insurance or lacks drug coverage he or she will be provided with free medication for up to one year, under the Access Made Simple program. At that time, the patient may reapply and is often still eligible. There is no financial limit for this program.
2. If a person is insured he or she may be eligible to receive Rebif for a $0 co-pay. The Financial Support Team at MS Lifelines determines program eligibility.

*Please note that individuals who receive health insurance through state or federal government healthcare programs are not eligible for assistance through this program.

Tecfidera
Program name: Above MS
Phone: (800) 456-2255
Website: www.tecfidera.com

Above MS will assist patients in the following ways:

1. Most individuals with private insurance will be eligible for a $0 co-pay assistance program. There are no income requirements for the program; however, income information will need to be provided in order to enroll. There may be an annual cap that limits the amount of assistance that you can receive over one year (based on income).*
2. Individuals on Medicare who need assistance can call in to speak with a representative about other ways to receive help.
3. Uninsured individuals may be eligible to receive Tecfidera for free; there is an undisclosed financial criterion.
4. Biogen offers insurance counseling services that can assist patients in understanding their available insurance options with the goal of ensuring everyone has affordable access to therapy. Some of the possible health insurance options are: Health Insurance Marketplace, Medicaid, Medicare Part D, Medicare LIS, Medicare Supplemental Plans, Private Insurance, COBRA and Dependent Coverage. We will work within your specific situation and help identify affordable health insurance options as well as financial assistance options, as needed.

*Federal and state laws may prevent eligibility. People covered by Medicare, Medicaid, the VA/DoD, or any other federal plans are not eligible to enroll. In addition, some insurance providers may prevent eligibility or restrict eligibility to people with demonstrated financial need. If you are not eligible or not sure of your eligibility, please call (800) 456-2255.
Above MS will assist patients in the following ways:

1. Most individuals with private insurance will be eligible for a $0 co-pay assistance program. There are no income requirements for the program; however, income information will need to be provided in order to enroll. There may be an annual cap that limits the amount of assistance that you can receive over one year (based on income or if medication is received at an out of network provider). Individuals may also receive assistance from Biogen for certain infusion related costs. *
2. Individuals on Medicare who need assistance can call in to speak with a representative about other ways to receive help.
3. Uninsured individuals may be eligible to receive Tysabri for free; there is an undisclosed financial criterion.
4. Biogen offers insurance counseling services that can assist patients in understanding their available insurance options with the goal of ensuring everyone has affordable access to therapy. Some of the possible health insurance options are: Health Insurance Marketplace, Medicaid, Medicare Part D, Medicare LIS, Medicare Supplemental Plans, Private Insurance, COBRA and Dependent Coverage. We will work within your specific situation and help identify affordable health insurance options as well as financial assistance options, as needed.

Individuals may also receive assistance from Biogen for certain infusion-related costs.
* Federal and state laws may prevent eligibility. People covered by Medicare, Medicaid, the VA/DoD, or any other federal plans are not eligible to enroll. In addition, some insurance providers may prevent eligibility or restrict eligibility to people with demonstrated financial need. If you are not eligible or not sure of your eligibility, please call (800) 456-2255.

Section 3. S.E.A.R.C.H.™ Questions and Notes

S = Safety:

Suggested Questions:
• What are the long-term safety profiles of these FDA-approved MS disease modifying therapies (DMTs)?
• What tests are required prior to taking DMTs? What tests are required while receiving DMTs?
• How will DMTs interact with my current medical treatments, other medical conditions, and any complementary and alternative medicines?

Additional Questions:
• ______________________________________________________________________________________
• ______________________________________________________________________________________
• ______________________________________________________________________________________
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Notes: __________________________________________________________________________________
E = Effectiveness:

Suggested Questions:
• How effective are these DMTs in reducing MS relapses, disability, and MRI activity?
• What are my realistic expectations regarding the effectiveness of these DMTs?
• How can I tell if my DMT is working?

Additional Questions:
• ____________________________________________________________________________________
• ____________________________________________________________________________________
• ____________________________________________________________________________________
• ____________________________________________________________________________________
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Notes: ____________________________________________________________________________________
A = Affordability: (These questions could be directed to other healthcare team members including your social worker, insurance representative, MS organization, etc.)

Suggested Questions:
- What are the costs and insurance coverage for these DMTs?
- Does the insurance coverage have caps, gaps or limitations?
- Are there assistance programs through the pharmaceutical companies, government, or charities?

Additional Questions:
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Notes: ____________________________
R = Risks:

Suggested Questions:
• What are the risks of side effects associated with these DMTs?
• How frequent and severe are the side effects? How soon do they subside?
• Can these side effects be managed, and if so, how?

Additional Questions:
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Notes: ________________________________
C = Convenience:

Suggested Questions:
• How are the DMTs administered?
• How often do I take these DMTs?
• Must I have regular tests or visits to other healthcare providers to monitor the effects of my treatment?

Additional Questions:
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Notes: __________________________________________________________________________

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Health Outcomes:

**Suggested Questions:**
- How will my general health and quality of life be affected by these DMTs?
- Will taking a DMT lower my immune system and cause other problems?
- Can these DMTs assist with my mobility, cognition, and other health factors?

**Additional Questions:**
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Notes: ________________________________________________________________
Section 4. Office Visit Questionnaire

As mentioned in this Workbook, the goal of S.E.A.R.C.H.™ is to help you achieve optimum healthcare by improving your own health literacy and inspiring you to actively manage your MS. By using the S.E.A.R.C.H.™ framework, you should be able to learn more about your specific needs and prioritize questions and concerns in order to maximize your time with your doctor or healthcare provider. Please review all of your Workbook notes, complete the following section, and bring with you during your office visits with your doctor or healthcare provider.

Based on your review of the six elements of S.E.A.R.C.H.™ and a careful evaluation of the notes from this Workbook, please develop and list very specific questions which stand out as the most important issues to discuss with your doctor or healthcare provider. These questions can relate to any of the six aspects of S.E.A.R.C.H.™

My top priority S.E.A.R.C.H.™ questions are:

1. 

2. 

3. 

Given the comprehensiveness of S.E.A.R.C.H.™, MSAA recognizes you may also have supplemental questions which factor into this important decision-making process. Please develop and list very specific supplemental questions to discuss with your doctor or healthcare provider. Again, these questions can relate to all aspects of S.E.A.R.C.H.™

My supplemental S.E.A.R.C.H.™ questions are:
Please know your questions may also be addressed by support staff within your doctor’s office or among the many resources listed in this Workbook. It is important to realize you may need to schedule follow-up appointments with your doctor and healthcare team to fully review all aspects of S.E.A.R.C.H.™ before choosing a therapy that is right for you.

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Notes continued:

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