MS Patient with Baseline MRI
See Text Boxes 1-3

Treat

3-Month Tolerance Check
See Text Box 4

Treat

Stable

6-Month MRI and Clinical Exam
See Text Box 4

Breathe 6-Month MRI and Clinical Exam
See Text Box 4

Stable

Annual MRI and Semiannual Clinical Exam
See Text Box 4

Stable

Semiannual Clinical Exam
See Text Box 4

Breakthrough Disease
See Text Box 5

Breakthrough Disease
See Text Box 5

Monitor Clinically and Radiologically off Treatment
If Disease Activity Occurs, Start Treatment and then 3-Month Tolerance Check

Poor Tolerance

Improved Tolerance

Side Effect Mitigation Strategies

Continued Poor Tolerance

Stable

Stable

Stable

Stable
**BOX 1 - Reasons to Consider Monitoring Off Therapy**

1. The diagnosis of MS is uncertain.
2. Relapses are infrequent and mild with full recovery.
3. Minimal and stable MRI lesion burden without enhancing lesions or atrophy.

**BOX 2 - Predictors of Aggressive MS**

1. Frequent relapses in the first five years after symptom onset with poor functional recovery.
2. High T2 lesion load at first symptom.
3. Observable brain atrophy early in the disease.

**BOX 3 - Factors to Consider When Choosing Disease-Modifying Therapy**

1. Prognosis
2. Medication side effect profile; Medication adverse event profile; Patient preference
3. Convenience
4. Cost/payer policies

**BOX 4 - Aspects of an MS Follow-Up Visit**

1. Assess tolerance of disease-modifying therapy (side effect mitigation if necessary).
2. Assess and encourage compliance with disease-modifying therapy.
3. Review episodes that may be consistent with relapse.
4. Assess symptomatic issues and address as necessary.
5. Complete neurological examination.
6. Review any newly acquired imaging to monitor for radiologic worsening.
7. Review monitoring blood work/studies and vitamin D levels.

**BOX 5 - Indicators of Breakthrough Disease**

1. Relapses
2. Gadolinium-enhancing lesions
3. New or enlarging T2 lesions