



► SHIELDS OUTCOMES

Multiple Sclerosis (MS)

MS is a chronic, autoimmune disease of the central nervous system, affecting the communication between the brain and other parts of the body.

TREATMENT

While there is currently no cure for Multiple Sclerosis, establishing and following a treatment plan is the best way to manage MS and enhance one’s quality of life. Treatment plans for MS often include medications to prevent the number of relapses and help treat symptoms.¹

What we measure: Patient reported relapses, also called an annualized relapse rate (ARR).

How we measure ARR: We measure the number of patient-reported relapses over 1 year to evaluate clinical response and progression of MS. A lower ARR is correlated with slower disease progression and improved quality of life. Clinical pharmacists engage patients while reviewing the electronic medical record to obtain information on the number and severity of relapses.



Why it matters: Reducing the number of flares over time can delay the progression of disability and neurologic dysfunction.²

How monitoring ARR helps: If a patient reports a relapse, our pharmacists will evaluate the patient and their electronic medical record to determine if the relapse could be due to medication-related concerns, such as non-adherence, and intervenes with the patient and provider to resolve any medication issues.

1
MILLION
MS PATIENTS
IN THE U.S.⁴



3 Common Barriers to the Treatment & Management of Multiple Sclerosis

1

Lack of financial resources – non-integrated specialty pharmacies average co-pay is >\$300⁵

2

Inadequate care coordination between Multiple Sclerosis care and non-integrated specialty pharmacies

3

Lack of adequate information and support for families caring for someone with Multiple Sclerosis.

Breaking Down Barriers to Care

OUR SHIELDS CARE MODEL

Majority of Shields MS patients have a copay of \$X or less.

Shields time to therapy is less than 4 days vs. 22 days in non-integrated specialty pharmacies

Emotional and educational support to patients and their families.

>100
MS Clinics

>5000
MS patients with access to the Shields Care Model

Multiple Sclerosis (MS)

OUR PROVEN SHIELDS CARE MODEL BREAKS DOWN BARRIERS TO CARE TO OPTIMIZE PATIENT OUTCOMES.

Shields Health Solutions' dedicated clinical team of pharmacists, liaisons and patient support advocates, engages patients and their families to help educate, coordinate care and ensure patients receive specialty medication without significant delays.

ENGAGE

Our clinical team engages with patients at the clinic and through telehealth appointments.

INTERVENE

Clinical pharmacists intervene to improve the patient's care plan when drug interactions, related side effects, barriers to adherence or other instances are identified.

COORDINATE

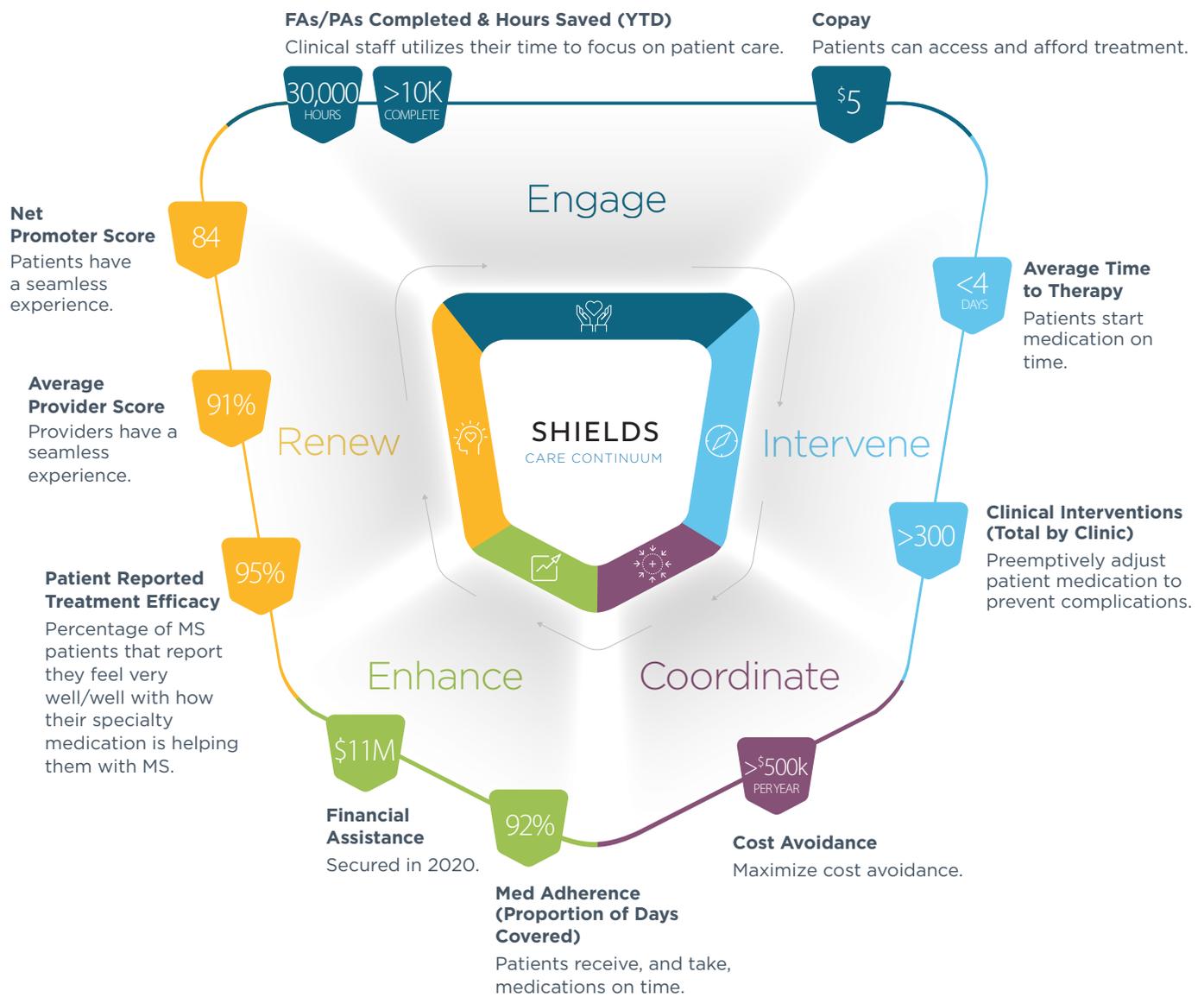
Liaisons investigate patient benefits, complete prior authorizations and identify financial assistance, minimizing barriers to optimal therapy.

ENHANCE

Through the clinical pharmacist interventions, we can enhance patient care by providing support, education, and optimizing therapy when challenges arise, and treatment goals are not met.

RENEW

Ongoing interactions beyond refills; proactively identify opportunities to improve patient care and outcomes at each touchpoint.



¹ "Multiple Sclerosis FAQ." *National Multiple Sclerosis Society*, <https://www.nationalmssociety.org/What-is-MS/MS-FAQ-s#question-Can-MS-be-cured> (Accessed March 16, 2021).
² Montalban X. Review of methodological issues of clinical trials in multiple sclerosis. *J Neurol Sci.* 2011; 311(Suppl. 1): S35-S42.
³ "Relapsing-Remitting MS (RRMS)." *National Multiple Sclerosis Society*, <https://www.nationalmssociety.org/What-is-MS/Types-of-MS/Relapsing-remitting-MS> (Accessed March 16, 2021).
⁴ Wallin MT, Culpepper WJ, Campbell JD, et al. The prevalence of MS in the United States: A population-based estimate using health claims data. *Neurology* 2019;92(10):e1029-e1040.

⁵ Callaghan BC, Reynolds E, Banerjee M, et al. Out-of-pocket costs are on the rise for commonly prescribed neurologic medications. *Neurology*. 2019;92(22):e2604-e2613.
⁶ 85th copay percentile from MS patients within SHS network FY2020 represents 85% of fills having a copayment of less than or equal to \$5
⁷ Peter ME, Markley B, DeClercq J, et al. Inclusion in limited distribution drug network reduces time to dalfampridine access in patients with multiple sclerosis at a health-system specialty pharmacy. *J Manag Care Spec Pharm.* 2021;27(2):256-262.