

|           | Pros   | Cons   |
|-----------|--|--|
| Ocrevus   | <ol style="list-style-type: none"> <li>1. Less frequent administration (every 6 months)</li> <li>2. FDA approved for primary progressive MS and relapsing forms of MS</li> </ol>   | <ol style="list-style-type: none"> <li>1. Infusion center required with premedication with steroids</li> <li>2. High rate (34 to 40 %) of infusion reactions, mostly after 1<sup>st</sup> infusion</li> <li>3. More prolonged depletion of Naïve B cells than Kemsimpta</li> <li>4. Higher rate of immunoglobulin deficiency than Kemsimpta</li> </ol> |
| Kemsimpta | <ol style="list-style-type: none"> <li>1. Home self - administration by subcutaneous injection</li> <li>2. Fewer systemic reactions after administration than reported with Ocrevus</li> <li>3. Potentially easier to control degree and duration of total B cell and B cell subset depletion by prolonging interval between injections</li> </ol> | <ol style="list-style-type: none"> <li>1. More frequently administration than Ocrevus (monthly)</li> <li>2. Local injection site reactions in 11% , usually mild</li> </ol>  |