

QUICK START GUIDE

Support
with patient
initiation
from the
word go



Visit
medhub.com.au/msgo
and follow the prompts



ms-go.com.au
Access on all your devices



01

Step

Setting up your MSGo account

Firstly, visit www.medhub.com.au/msgo

If you are a new MedHub user, click *Register with E-mail*. Complete the required fields, including AHPRA number. After selecting *Neurology from Your Area of Expertise*, the MSGo registration fields will appear. Fill in the required fields and click *Create New Account*. After confirming your email through the validation link, you will be able to click on the MSGo link in the MedHub home page site header which will automatically log you on to MSGo at www.ms-go.com.au

If you have an existing MedHub account, click *Login*. Log in with your MedHub username and password. After being redirected to the MedHub home page, click on the MSGo link in the site header and select *Register for MSGo*. Fill in the required fields and click *Create New Account*. After confirming your email through the validation link, click on the MSGo link in the MedHub home page site header to automatically log you on to MSGo at www.ms-go.com.au

First person in your practice to register for MSGo? You can add your practice using *Click to Add Your Practice*.



02 Step

Getting started with a patient

In the MSGo portal, click *Add New Patient* and follow the prompts to fill in patient information.

Setting up patient pre-screening

Click *Add to Request* to select a pre-screening test.

Print patient forms

Click *Print Patient Forms* to print referrals for the pre-screening tests you have requested. These can also be printed from the *My Patients* section.

You're done!

An email and SMS will be sent to your patient and the MSGo nurse will be in contact with them shortly.

03 Step

Adding team members

Add members of your clinical team by going to the *Settings* menu and using the *My Team* tab.

04 Step

Reviewing patient tests

You can review requested and completed tests in the *My Patients* section using the *View Results* button.

05 Step

Checking notifications

Use the red notifications button at the top of the page to see new results or actions.



If you have any questions, please get in touch with us on:

INFO@MS-GO.COM.AU
1800 MY MSGO

or contact your
Novartis representative





Add patients

Obtain consent

Invite patient to download the MSGo app

Add patient information

Request pre-screening tests including genotype testing



Review results

At-a-glance view of all your patients

View pending and completed patient test results

Select MAYZENT dosage



Customise your settings

Update your details

Add team members

Manage notification settings for alerts



PBS Information: This product is not listed on the PBS.

See approved Product Information before prescribing.
For the most up to date Product Information go to
www.novartis.com.au/products_healthcare.html

▼ This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/reporting-problems.

Mayzent (siponimod) Presentation: Tablets: 0.25 mg film-coated tablets corresponding to 0.25 mg siponimod. 2 mg film-coated tablets corresponding to 2 mg siponimod. **Indication:** Mayzent is indicated for the treatment of adult patients with secondary progressive multiple sclerosis (SPMS). **Dosage and administration:** CYP2C9 genotype should be determined before initiation of treatment. Should not be used in patients with a CYP2C9*3/*3 genotype. Treatment initiation with a starter pack that lasts for 5 days. Once daily intake in the morning. On days 1 and 2: 0.25 mg. On day 3: 0.5 mg. On day 4: 0.75 mg. On day 5: 1.25 mg. Maintenance dose starts on day 6. **Adults:** Maintenance dose: 2 mg once daily. **Special populations:** Maintenance dose for CYP2C9 *2*3 or *1*3 genotype: 1 mg once daily. No dose adjustments are needed in patients with renal or hepatic impairment or in geriatric patients (65 years or above) **Contraindications:** Patients with known hypersensitivity to siponimod or any of the excipients; patients with a CYP2C9*3/*3 genotype. **Precautions: Infections:** Before treatment initiation, a recent complete blood count (i.e. within last 6 months or after discontinuation of prior therapy) should be available. In patients with severe active infection, wait for resolution before initiating treatment. Effective diagnostic and therapeutic strategies should be used in patients with symptoms of infection while on therapy and up to 3 to 4 weeks after discontinuation (lowering effects on peripheral lymphocyte count). Consider discontinuing therapy if a serious infection develops. Vigilance for clinical symptoms of progressive multifocal leukoencephalopathy (PML) or cryptococcal meningitis (CM) is advised and if diagnosed, treatment should be suspended. Patients without a healthcare professional confirmed history of varicella or without vaccination against varicella zoster virus (VZV) should be tested for antibodies to VZV prior to treatment initiation. VZV vaccination is recommended in antibody-negative patients and initiation of treatment should be postponed for 1 month to allow the full effect of vaccination to occur. **Macular edema:** Patients with history of uveitis and patients with diabetes mellitus are particularly at risk of developing macular edema. An ophthalmic evaluation of the fundus, including the macula, is recommended in all patients before starting treatment and at any time if there is any change in vision. **Treatment initiation:** Should not be used in patients with second-degree Mobitz type II or higher AV block, sick-sinus syndrome or sino-atrial heart block (due to the risk of serious cardiac rhythm disturbances). Should not be used in patients with history of cardiac arrest, cerebrovascular disease, uncontrolled hypertension or severe untreated sleep apnea (since significant bradycardia may be poorly tolerated in these patients). Should not be used in patients with significant QT prolongation (QTc >500 msec). In patients with a history of recurrent syncope or symptomatic bradycardia, treatment should be based on an overall benefit-risk assessment. If treatment is being considered in patients with the aforementioned risk factors, pre-treatment consultation with a cardiologist is recommended to determine the most appropriate monitoring for treatment initiation. Patients with sinus bradycardia (HR <55 bpm), first or second-degree [Mobitz type I] AV block, or a history of myocardial infarction or heart failure: patients should be observed for signs and symptoms of bradycardia for a period of 6 hours after the first dose. An ECG prior to dosing, and at the end of the 6-hour observation period is recommended. **Missed dose and re-initiation:** If a dose is missed on one day in the first 6 days of treatment or if 4 or more consecutive daily doses are missed during maintenance therapy, the same initial dose titration and monitoring recommendations should apply. **Liver function:** Recent transaminase and bilirubin levels should be available before initiation of treatment. A liver function test is recommended in patients who develop symptoms of hepatic dysfunction during treatment and therapy should be discontinued if significant liver injury is confirmed. **Unexpected neurological signs:** Vigilance for any unexpected neurological or psychiatric symptoms/signs of accelerated neurological deterioration (PRES) is warranted. **Pharmacogenomics:** Patients homozygous for CYP2C9*3 (CYP2C9*3/*3 genotype: approximately 0.4 to 0.5% of Caucasians and less in others) should not be treated. Asthma: Used with caution. **Pregnancy (Category D):** Not recommended unless benefits outweigh risks. **Lactation:** Not recommended. **Females and males of reproductive potential:** Effective contraceptive measures are recommended in women of child-bearing potential during treatment and for at least 10 days after stopping treatment. **Interactions:** Anti-neoplastic, immune-modulating or immunosuppressive therapies (including corticosteroids); Class Ia (e.g. quinidine, procainamide), Class III anti-arrhythmic drugs (e.g. amiodarone, sotalol), QT prolonging drugs with known arrhythmogenic properties, heart rate lowering calcium channel blockers (such as verapamil or diltiazem) or other substances which may decrease heart rate (e.g. ivabradine or digoxin) because of the potential additive effects on heart rate; Beta-blockers; live attenuated vaccines; CYP2C9 and CYP3A4 inhibitors; CYP2C9 and CYP3A4 inducers. **Adverse effects: Very common (≥10%):** Headache, hypertension, liver function test increased. **Common (≥1 to <10%):** Herpes zoster, melanocytic naevus, lymphopenia, dizziness, seizure, tremor, macular oedema, bradycardia, atrioventricular block (1st & 2nd degree), nausea, diarrhoea, pain in extremity, oedema peripheral, asthenia, pulmonary function test decreased. (*may251019m*).

Reference: 1. MAYZENT TGA-approved Product Information, 1 November 2019.

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