Treatment Algorithm for Multiple Sclerosis Disease-modifying Therapies

(Please note the ordering of drugs within each category is alphabetical and not intended to indicate a hierarchy of treatment)

**Presentation**
- Clinically isolated syndrome with multiple MRI lesions
  - No Treatment [1]
  - Beta-interferon [2]
- Clinically isolated syndrome & MRI activity, i.e. McDonald MS
  - No Treatment [1]
  - Beta-interferon [6]
  - Alemtuzumab, rarely [3]
- RRMS 1 relapse in last 2 years AND radiological activity
  - Beta-interferon [4]
  - Dimethyl fumarate [5]
  - Glatiramer acetate
  - Teriflunomide
- RRMS 2 significant relapses in last 2 years
  - Alemtuzumab, but see note [7]

**First-line therapy**
- From each category in alphabetical order and depending on a hierarchy of treatment

**Alternative first-line therapy due to intolerance**
- See note 9
- Beta-interferon
- Glatiramer acetate
- Teriflunomide
- Dimethyl fumarate

**Second line therapy. For disease activity whilst on first-line therapy**
- Alemtuzumab

**Highly active MS**
- Alemtuzumab
- Cladribine
- Fingolimod
- Natalizumab

**Switch due to disease activity**
- No change [17]
- Alemtuzumab
- Cladribine
- Daclizumab [14]
- Natalizumab [16]
- Autologous haematopoietic stem cell transplant [15]

**Switch due to intolerance**
- Alemtuzumab
- Cladribine
- Daclizumab [14]
After considering all these options, it may be appropriate to continue the second-line therapy, despite evidence of disease activity.