The Growing Experience with Gilenya® (fingolimod) in **Relapsing Multiple Sclerosis**

Gilenya® is a once-daily oral disease-modifying therapy (DMT) indicated for the treatment of patients with relapsing forms of multiple sclerosis (RMS)*

MORE THAN

TREATED WITH GILENYA

in both clinical trials and the post-marketing setting worldwide1 **CUMULATIVE EXPOSURE** OF APPROXIMATELY

PATIENT YEARS WITH GILENYA1

Gilenya is now approved in over 80 countries¹



In June 2014 the European Commission endorsed the CHMP positive opinion recommending to expand the EU label for Gilenya in relapsing-remitting MS (RRMS) to include patients not responding to DMTs beyond interferon.



Growing Clinical Trial Evidence With Gilenya

One of the largest Phase III clinical trial programs in RMS was conducted with Gilenya²⁻⁶. Accumulation of efficacy and safety data post-marketing continues to reinforce the positive benefit-risk profile of Gilenya.







Patients Clinical Trial Centers Countries

FREEDOMS	1272	138	22
TRANSFORMS	1292	172	18
FREEDOMS II	1083	126	8

Growing Real World Evidence With Gilenya

Real-world evidence continues to confirm the benefits of Gilenya in the real-world setting⁷⁻⁹.

Data from 264 patients with RMS from the IMS PharMetrics Plus™ Database showed that treatment with Gilenya resulted in

63% fewer relapses per year compared to interferons or glatiramer acetate7.

Data from the Phase IV MS-MRIUS study, of 590 patients with RRMS, showed that approximately 38% of patients achieved NEDA-4 at 16 months, and around 58% of patients showed brain shrinkage levels broadly within the range expected for people without MS⁸.

Long-term experience has shown Gilenya treatment to be convenient for individuals to incorporate into everyday life, leading to high treatment satisfaction, long-term persistence, and ultimately improving the long-term outcomes for people with RMS^{9,10}

In clinical trials the most common side effects were headache, increased hepatic enzymes, influenza, sinusitis, diarrhea, back pain, cough^{2,3,11}.

*Approved indication may differ between countries based on local prescribing information

- 1. Data on file. Novartis Pharmaceuticals.
- 2. Kappos L et al. Placebo-Controlled Study of Oral Fingolimod in Relapsing Multiple Sclerosis. N Eng J Med. 2010;362:387-401.
- 3. Cohen J et al. Oral Fingolimod vs. Intramuscular Interferon in
- Relapsing Multiple Sclerosis. N Eng J Med. 2010;362:402–415. Kappos L et al. Oral fingolimod (FTY720) for relapsing multiple sclerosis. N Eng J Med. 2006;355(11):1124–1140.
- 5. O'Connor P et al. Oral fingolimod (FTY720) in multiple
- sclerosis: Two-year results of a phase II extension study. Neurology. 2009;72(1):73–79. 6. Comi G et al. Phase II study of oral fingolimod (FTY720) in
- multiple sclerosis: 3-year results. Mult Scler. 2010;16(2):197-207. 7. Bergvall N et al. Relapse rates in patients with multiple sclerosis switching from interferon to fingolimod or glatiramer
- 8. Weinstock-Guttman B et al. Assessing no evidence of disea activity status in patients with relapsing-remitting multiple sclerosis receiving fingolimod: results from a longitudinal, multicenter, real-world study. Poster presented at the 69th American Academy of Neurology Annual Meeting; April 22-28, 2017, Boston, USA. Poster 388.
- 9. Warrender-Sparkes M et al. The effect of oral immunomodulatory therapy on treatment uptake and persistence in multiple sclerosis. Mut Scler.
- 2016:22(4):520-532. 10. Khatri B et al. Comparison of fingolimod with interferon beta-1a in relapsing-remitting multiple sclerosis: a randomised extension of the TRANSFORMS study. Lancet Neurol.
- 2011;10(6):520-529. 11. Gilenya World Watch. Gilenya EU Basic Succinct Statement. http://gilenyaworldwatch.com/documents/Gilenya_ EU-BSS-20151120.pdf. Accessed April 2017.



acetate: a US claims database study. PLoS One.