## The Growing Experience with Gilenya<sup>®</sup> (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)\*

Approximately have been treated in clinical trials and in a post-marketing setting Cumulative exposure of approximately atient vears with Gilenva<sup>1</sup> APPROVED **OVER 80 COUNTRIES** Gilenya is now approved in 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



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

patients not responding to DMTs beyond interferon.

## Growing Clinical Trial Evidence With Gilenya

Gilenya was approved based on the largest phase III clinical trial program in RMS at the time of submission<sup>2-6</sup>. Accumulation of efficacy and safety data post marketing continues to reinforce the positive benefit-risk profile of Gilenya.

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	Patients	<b>Clinical Trial Centers</b>	Countries
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TRANSF PRMS	1292	172	18
FREED THIS II	1083	126	8

## Growing Real World Evidence With Gilenya

Analyses from large, real-world databases have confirmed the benefits of Gilenya in the real world setting<sup>7</sup>. Data from 264 patients with RMS from the IMS PharMetrics Plus<sup>™</sup> Database, showed that treatment with Gilenva resulted in

## 62% fewer relapses per year

compared to interferons or glatiramer acetate<sup>7</sup>.

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<sup>8-15</sup>:

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

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. Vol.362 No.5, Feb 4, 2010; 362:387-401, 3, Cohen J et al, Oral Fingolimod vs, Intramuscula Interferon in Relapsing Multiple Sclerosis. N Eng J Med. Vol.362 No.5, Feb 4, 2010;362:402-415. 4. 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: Neuroparted with multiple sclerosis: Two-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide (FTY720) in multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide (FTY720) in multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Relapse rates in patients with multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide in multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide in multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide in multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide in multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide in multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide in multiple sclerosis: S-year results. Mult Scler;16(2):197-207. 7. Bergvall N et al. Chain migglimide in multiple sclerosis: results from the extension of the randomised TRANSFORS study. J Neurol Neurosurg Psychiatry. 2015;0:1-8 9. Montalban X et al. Long term results from a phase 2 extension study of fingolimod at high and approved dose in relapsing multiple sclerosis. J Neurol. 2015;0:262;2627-34 10. Kappos L, Radue E-W, O'Connor P, et al. for FREEDOMS Study Group. A placebo-controlled trial of oral fingolimod in relapsing multiple sclerosis. N Engl J Med. 2010;362(5):387-401 11. Lapierre Y et al. Canadian Experience with Fingolimod: Adherence to Treatment and Monitoring. Can J Neuro Sci, 2016:43;278-83 12. Braune S et al. Efficacy of fingolimod is superior to injectable disease modifying therapies in second-line therapy of relapsing remitting multiple sclerosis. J Neurol 2015;263(2):327-33 13. Fox E, et al, on behalf of EPOC study investigators. Outcomes of switching directly to oral fingolimod from injectable therapies: Results of the randomized, open-label, multicenter, Evaluate Patient Out Comes (EPOC) study in relapsing multiple sclerosis, Mult Scler Relat Disord. 607-619 14. Ziemssen T et al. 36 months PANGAEA: A 5-year non-interventional study of safety, efficacy and pharmoeconomic data for fingolimod patients in daily clinical practice. Oral O1112 presented at EAN 2015 15. Ziemssen T et al. A 5-year non-interventional study of safety, efficacy and pharmoeconomic data for fingolimod patients in daily clinical practice. clinical practice. Poster P593 presented at ECTRIMS 2015 GLNS/GILE/0023

