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## Switching from Other Oral DMTs to Fingolimod: Canadian Real World Experience

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**Background:** There are a number of oral disease modifying treatments (DMTs) for relapsing remitting multiple sclerosis (RRMS). Switching from one DMT to another is common in routine clinical practice, with the goal to minimize the risk of disease progression.

**Objective:** This analysis evaluated the persistence and tolerability of fingolimod in patients who switched from either dimethyl fumarate or teriflunomide to fingolimod. The objective was to understand reasons for switching and to assess the continuation rate on fingolimod.

**Methods:** Data were collected and analyzed for patients enrolled in the Canadian Gilenya® Go Program™ with data cut-off, February 2015. Patients were enrolled from across Canada.

**Results:** At data cut-off, 149/2769 fingolimod-treated patients reported dimethyl fumarate (N=116) or teriflunomide (N=33) as their most recent treatment before fingolimod. Duration of previous treatment with either dimethyl fumarate or teriflunomide was not obtained. 75% were female (average age 41.5 years). Patient-reported reasons for discontinuing previous treatments (n=149) included: side effects (55.7%), lack of efficacy (26.2%), no reason given (16.1%) and allergic reaction (2.0%). Discontinuations due to side effects were more common with dimethyl fumarate and lack of efficacy was more common with teriflunomide. During the observation period, the continuation rate on fingolimod was 91.3%, (94/103). Seven patients have stopped treatment with fingolimod. Of those, five patients are currently discontinued due to Adverse Events (AEs) post first dose. These AEs include infections (n=2), non-specific (n=2) and palpitations (n=1). The remaining two patients were discontinued due to patient request (n=1) and no reason was provided for the other case (n=1). At the time of data cut-off, mean time on fingolimod was 190 days and median time was 128 days.

**Conclusions:** Fingolimod is a good switch option for patients previously treated with dimethyl fumarate or teriflunomide. Fingolimod is associated with good tolerability and retention rates. Understanding the persistence and tolerability profiles of the various DMTs used to treat RRMS is important for treatment selection and may help to optimize disease management over the long term.