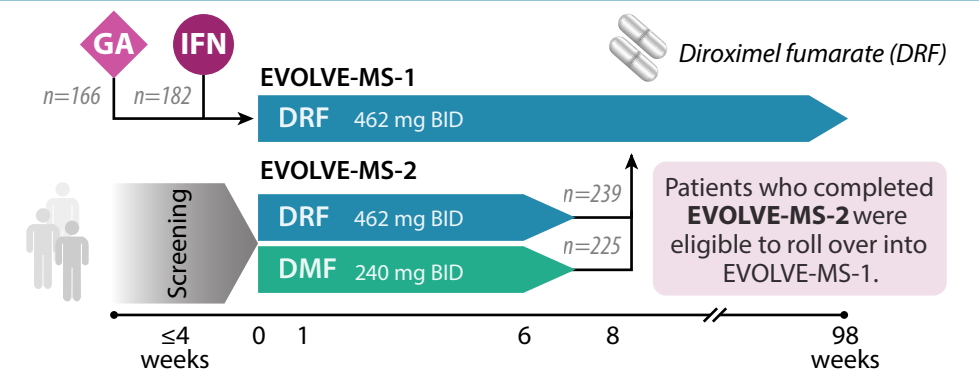


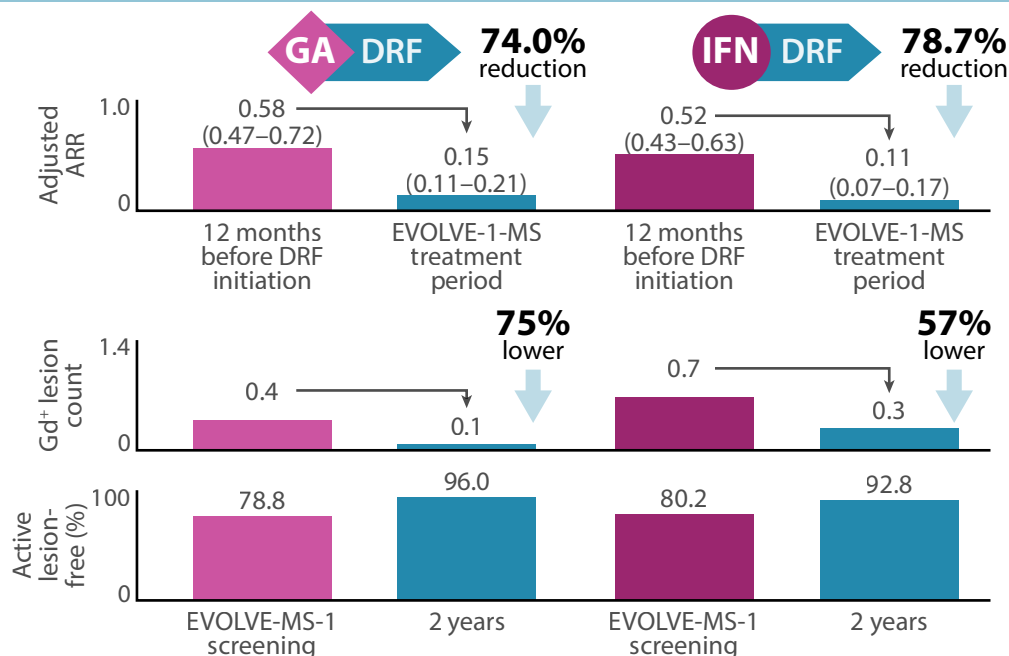
Efficacy and Safety Outcomes with Diroximel Fumarate After Switching from Prior Therapies or Continuing on DRF: Results from the Phase 3 EVOLVE-MS-1 Study

Sibyl Wray; Florian Then Bergh; Annette Wundes; Douglas L. Arnold; Jelena Drulovic; Elzbieta Jasinska; James D. Bowen; Donald Negroski; Robert T. Naismith; Samuel F. Hunter; Mark Gudesblatt; Hailu Chen; Jennifer Lyons; Sai L. Shankar; Shivani Kapadia; Jason P. Mendoza; Barry A. Singer

This study assessed **treatment outcomes** in patients who **switched to DRF** from other DMTs, specifically GA, IFN or DMF, in the phase 3 **EVOLVE-MS-1** study.



Patients **new to DRF** experienced **significant improvements** in clinical and radiological efficacy relative to those reported with prior IFN and GA.



Patients with **prior DMF or DRF** treatment had mainly **mild to moderate GI AEs** after initiating or continuing on DRF.



<1% Treatment discontinuations in patients switching to DRF from GA, IFN, or DMF

GI events were mild or moderate in **≥90%** of patients

These findings suggest that **transition to DRF** from GA, IFN, or DMF is a reasonable treatment strategy.

AE, adverse event; ARR, annualized relapse rate; BID, twice daily; DMF, dimethyl fumarate; DMT, disease-modifying treatment; DRF, diroximel fumarate; GA, glatiramer acetate; GI, gastrointestinal; IFN, interferon; MS, multiple sclerosis