

## Developing DMTs

## Phase III trials:

Drug	Indication	Rout	MOA	Adverse React.	Trials
<i>Ozanimod</i> <small>NIH, licensed to Receptos</small>	RRMS	Oral	Selective sphingosine-1 R <sub>c</sub> agonist modulator <b>(similar to fingolimod but specific to S-1P1 &amp; S-1p5 and spares S-1p3 so spares the heart )</b> Better selectivity, penetration and clearance than fingolimod	No serious side effects. No macular edema Mainly headache and pharyngitis	<b>RADIANCE:</b> reduced number of Gd enhancing lesions to compared with 11 in placebo after 24w. ARR 0.15 after 72w. Thorough QT/QTc: <b>doesn't prolong QT</b> <b>Shorter half life (19h) compared with fingolimod (1w).</b>
<i>Siponimod</i> <small>Novartis</small>	SPMS	Oral	Selective sphingosine-1-P receptor modulator <b>(similar to fingolimod but specific to S-1P1 &amp; S-1p5 and spares S-1p3 so spares the heart )</b>		<b>BOLD</b>
<i>Ponesimod</i>	RRMS	Oral	Selective sphingosine-1-P receptor modulator		
<i>Ocrelizumab</i> <small>Roche/Biogen</small>	PPMS	IV	<b>CD20 blocker (similar to Rituximab)</b> Depletes B cells via antibody-dependent cell-mediated toxicity (ADCC) and complement-dependent cytotoxicity (CDC). <b>Compared to rituximab, induces more ADCC and less CDC, which could reduce infusion-related toxicity</b>	Serious infections Thrombotic microangiopathy	<b>ORATARIO:</b> compared with placebo, reduced the risk of disability progression by 24% <b>OPERA I, II:</b> compared with IFN B1a, ocrelizumab reduced the ARR by ~50% and slowed disease progression by 40% <b>Kappos et al:</b> 89% reduction in the number of gadolinium-enhancing lesions as compared to placebo
<i>Mastinib</i> <small>AB science</small>	PPMS - SPMS	Oral	Blocks KIT R <sub>c</sub> (stem cell factor R <sub>c</sub> ), platelet derived growth factor, inhibits mast cell degranulation, slowed cognitive decline in Alzheimer.	Nausea, abdominal pain, diarrhea, neutropenia	<b>Mastinib in PPMS, SPMS:</b> still pending
<i>Laquinimod</i> <small>Teva</small>	RRMS	Oral	Suppresses gene expression related to antigen presentation and inflammation	abdominal pain, elevated LFT	ARPEGGIO – CONCERTO: pending ALLEGRO: compared with placebo 23% reduction in the ARR (0.30 versus 0.39) and a reduction in disease progression (11.1% versus 15.7%). Marked improvement in EDSS which raise concerns about being neuroprotective.
<i>Idebenone</i>	PPMS	Oral	Works on reactive oxygen species, increase ATP synthesis, electron transport in cells with	Fatigue, headache, diarrhea	IPPOMS: pending

<b>(Roxane)</b> <i>Takeda</i>			depressed mitochondrial functions → approved for Leber optic atrophy in EU.		
<b>Dronabinol</b>	SPMS for spasticity	Oral	Cannabinoid receptor agonist Decrease accumulation of cAMP, thought to be neuroprotective. Reduces signs of inflammation in animals.	Amnesia, ataxia, asthenia, euphoria, diarrhea, paranoid reactions	CUPID: not effective CAMS: didn't affect spasticity but increased patient's walking speed. Ungerleider et al: improved spasticity