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CORRECTION

Correction to: Efficacy and Safety of the Newer Multiple Sclerosis Drugs Approved Since 2010

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Page 271, Table 1, "Pivotal trial data and most important drug information": In the 'Dimethyl fumarate' row, 'ARR reduction' column, the DEFINE trial entry, which previously read:
"43%"

should read:

"53%"
The corrected Table 1 is shown on the following page:

The original article can be found online at https://doi.org/10.1007/s40263-018-0488-6.

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Table 1 Pivotal trial data and most important drug information

Drug	Approval	Mode and frequency of administration	Mechanism	Pivotal trials	ARR reduction	Disability progression
Fingolimod	FDA: 09/2010 EMA: 03/2011	Oral, capsule, 0.5 mg qd	S1P receptor modulator, internalization and degradation of S1PR	FREEDOMS [8] FREEDOMS 2 [121] TRANSFORMS [12]	FREEDOMS: 60% FREEDOMS 2: 48% TRANSFORMS: 50% after switching	FREEDOMS: HR 0.7/ 0.68 FREEDOMS 2: HR 0.83 (ns) TRANSFORMS: no difference
Dimethyl fumarate	FDA: 03/2013 EMA: 01/2014	Oral, capsule, 240 mg bid	Immunomodulation of immune cells, shift towards Th2 [23], cytoprotective properties by activation of Nrf2 [22]	DEFINE [27] CONFIRM [28]	DEFINE: 53% CONFIRM: 44% (twice), 51% (thrice), 29% (GA)	DEFINE: 38% (twice daily), 34% (three times daily) reduction CONFIRM: 21% (ns)/ 24% (ns)/7% (ns)
Teriflunomide	FDA: 09/2012 EMA: 08/2013	Oral, tablet, 14 mg qd	Inhibitor of dihydroorotate dehydrogenase, reduces proliferation of B- and T-cells	TEMSO [43] TOWER [122]	TEMSO: 31.2% (7 mg), 31.5% (14 mg) TOWER: 22% (7 mg), 36% (14 mg)	TEMSO: 23.7% (7 mg, ns), 29.8% (14 mg, p = 0.03) TOWER: HR 0.95 (7 mg, ns), HR 0.68 (14 mg, p = 0.04)
Cladribine	FDA: Under review EMA: 08/2017	Oral, tablet, 3.5 mg/kg bodyweight for 2 years. 2 treatment weeks/year	Purine nucleoside, phosphorylated in cells with high amount of deoxycytidine kinase, leading to nuclear accumulation und cell death	CLARITY [58]	57%	HR 0.67 (3.5 mg/kg) HR 0.69 (5.25 mg/kg)
Laquinimod	Russia: 05/2013		Quinoline-3-carboxamide, immunomodulation by aryl hydrocarbon receptor [123]	ALLEGRO [74, 124] BRAVO [75]	ALLEGRO: 23% BRAVO: 18% (ns)	ALLEGRO: 11.1% (LQ); 15.7% (LQ) (HR 0.64) BRAVO: 31% (ns)
Daclizumab	FDA: 05/2016 EMA: 07/2016 **As of March 2nd, 2018, Biogen Idec has retracted Daclizumab from the market**	Sc injection, 150 mg monthly	Humanized monoclonal IgG1 antibody, which is mediated against the alpha subunit (CD25) of the IL-2 receptor [81], activation of immunoregulatory $CD56^{bright}$ natural killer cells [83]	SELECT [85] DECIDE [86]	SELECT: 54%, 50% DECIDE: ARR 0.22 vs. 0.39 with IFN-β, $p <$ 0.001) [86]	SELECT: 150 mg: HR 0.43 (0.21–0.88) (p = 0.021) 300 mg: HR 0.57 (0.30–1.09) (p = 0.091) DECIDE: No difference compared to IFN-β

Table 1 continued

Drug	Approval	Mode and frequency of administration	Mechanism	Pivotal trials	ARR reduction	Disability progression
Alemtuzumab	FDA: 11/2014 EMA: 09/2013	IV, first year 5 infusions in 5 days (at 12 mg), second year 3 infusions	Monoclonal antibody directed against CD52, which mediates the depletion of lymphocytes	CAMMS223 [96] CARE-MS I [97] CARE- MS II	CAMMS223: ARR 0.1 vs. 0.36 (IFN-β) CARE-MS: 49% less relapses than IFN-β group	CAMMS223: 9.0% alemtuzumab group, 26.2% in the IFNβ-1a group; $p < 0.001$)
Ocrelizumab	FDA: 03/2017 EMA: Under review	Infusion, first dose two 300 mg infusions, 2 weeks apart, second dose after 6 months	Monoclonal antibody against CD20	OPERA I [117] OPERA II [117]	OPERA I: ARR reduced by 46% compared to IFN-β OPERA II: ARR reduced by 47%	Lower disability progression at 12 weeks (9.1 vs. 13.6%) and 24 weeks (6.9 vs. 10.5%)

ARR annualized relapse rate, bid twice daily, *EMA* European Medicines Agency, *FDA* US Food and Drug Administration, *GA*, *HR* hazard ratio, *IFN* interferon, *IgG1* immunoglobulin G1, *IL* interleukin, *IV* intravenous, *ns* not significant, *Nrf2* nuclear factor (erythroid derived 2)-like 2, *qd* once daily, *SC* subcutaneous, *S1P* sphingosine 1 phosphate, *Th2* T-helper 2