Supplementary Material

Table E1. Reasons captured for iDMT discontinuation, switch, or restart.

Patient had a phobia about needles/self-injecting
Patient had an injection site reaction (e.g. pain, pruritus, necrosis, lipoatrophy, etc.)
Patient had a systemic moderate to severe adverse event
Patient/physician perceived a lack of efficacy
Patient had an acute exacerbation event (i.e. relapse)
Patient was not adherent or complained about adherence
MRI scan or other tests indicated progressive disease
Excessive monitoring required
Potential drug-drug interactions
Potential drug-disease interaction (interaction with current comorbidities)
Excessive cost to patient
Drug not covered by insurance with forced switch to covered formulary product
Lab data indicated presence of neutralizing antibodies
Other reason (specified in notes section of the abstraction report)
Unknown

iDMT= injectable disease modifying therapy.

Table E2: Clinical outcomes of non-persistent vs persistent iDMT patients at 24 months.[a]

Outcome, % of Patients	**Non-Persistent Patients n=117**	**Persistent Patients n=183**
Relapse	48.7%[b]	31.1%
MRI indicators of disease progression		

Change in lesion count	12.8%	9.8%
Change in MRI evidence of new/enlarged lesions	25.6%	17.5%
Change in level of brain atrophy	9.4%	7.7%
Symptoms not present at index[c]		
Abnormal gait	48.8%	26.0%
Ataxia	26.2%	12.0%
Cognitive deficits	24.0%	15.2%
Depression	34.4%	21.7%
Dizziness or vertigo	34.4%	20.9%
Fatigue	59.5%	47.2%
Bowel incontinence	3.4%	3.3%
Bladder incontinence	57.5%	30.9%
Tremors	10.8%	9.2%
Visual disturbances	33.7%	24.3%
Visual acuity	7.1%	5.8%
Spasticity	22.7%	19.2%

iDMT= injectable disease modifying therapy.

[a]The study was not designed or powered to detect differences between persistent and non-persistent patients.

[b]$P<0.01$ vs persistent patients.

[c]Incidence of symptoms within 24 months in patients who did not have symptoms at index.