



# **MS disease modifying medications and family planning**

**A women's health resource**



## MS Disease Modifying Medications and Family Planning

The following advice is general and not specific to you. It is recommended you talk to your neurologist, MS nurse, or GP for advice about your treatment and for pregnancy planning.

No medication is 100% completely safe to take during pregnancy; but equally, untreated MS can lead to new MS attacks.

Your neurologist and MS care team will work with you to develop an individual plan for your specific situation and needs that may incorporate a medication that balances protection from MS relapses with safety for your pregnancy and baby.

There are some disease modifying therapies or medications for MS that you should not take while you are trying to conceive, are pregnant or breastfeeding.

Other treatments are considered lower risk for pregnancy and breast feeding; this information is based on limited data and real world experience with products that are used to treat MS.

Additionally, this list does not include symptomatic medications, e.g. treatment for overactive bladder or medications for other health issues you may be treated for.

Planning pregnancy in advance helps to support you and your family make the best decisions to treat your MS and have a successful pregnancy. Please talk to your MS care providers, e.g. neurologist or MS nurse for a pregnancy planning discussion.

### MS Disease Modifying Medications

	Can this be taken during conception?	Can this be taken during pregnancy?	Can this be taken while breastfeeding?
<b>Aubagio</b> Teriflunomide	No, a 2 year washout period is recommended before conception, OR washout with cholestyramine. Effective contraception (male and female) is recommended for the period of time on treatment.	No. Risk of harm to baby.	No. Risk of harm to baby.
<b>Avonex &amp; Rebif</b> Interferon beta-1a	Safe to continue until conception.	May be taken with guidance.	Yes.
<b>Betaferon</b> Interferon beta-1b	Safe to continue until conception.	May be taken with guidance.	Yes.

## MS Disease Modifying Medications

	Can this be taken during conception?	Can this be taken during pregnancy?	Can this be taken while breastfeeding?
<b>Copaxone</b> Glatiramer acetate	Continue until pregnancy confirmed or continuation under supervision by neurologist.	Yes.	Yes.
<b>Gilenya</b> Fingolimod	Women should stop at least 2 months before conception.	No. Risk of harm to baby.	No. Risk of harm to baby.
<b>Kesimpta</b> Ofatumumab	May continue until pregnancy is confirmed. Effective female contraception is recommended for the period of time on treatment.	Not usually recommended but may be used in some circumstances.	Yes.
<b>Lemtrada</b> Alemtuzumab	Yes, if at least 4 months have passed since the last infusion. Effective female contraception is recommended for the period of time on treatment.	Not recommended.	Not recommended.
<b>Mavenclad</b> Cladribine	Avoid pregnancy for 3-6 months after completing the treatment course. Effective (female and male) contraception is recommended for the period of time on treatment.	No. Risk of harm to baby.	No. Risk of harm to baby.

## MS Disease Modifying Medications

	Can this be taken during conception?	Can this be taken during pregnancy?	Can this be taken while breastfeeding?
<b>Ocrevus</b> Ocrelizumab	Avoid pregnancy for 3-6 months after completing last dose. Effective female contraception is recommended for the period of time on treatment.	Not usually recommended but may be used in some circumstances.	Not usually recommended.
<b>Ponvory</b> Ponesimod	No, minimum 2-month washout period required before conception.	No. Risk of harm to baby.	No. Risk of harm to baby.
<b>Tecfidera</b> Dimethyl fumarate	Stop with medication with conception. Effective female contraception is recommended for the period of time on treatment.	Not usually recommended but may be used in some circumstances	Not usually recommended.
<b>Tysabri</b> Natalizumab	Continue until pregnancy is confirmed. Can continue under supervision by neurologist until end of 2nd trimester.	May be used in some circumstances.	Not usually recommended.
<b>Vumerity</b> Diroximel fumarate	Stop medication with conception. Effective female contraception is recommended for the period of time on treatment.	Not usually recommended but may be used in some circumstances.	Not usually recommended.
<b>Zeposia</b> Ozanimod	No. Conception should be avoided until 3 months after stopping Zeposia. Effective female contraception is recommended for the period of time on treatment.	No. Risk of harm to baby.	No. Risk of harm to baby.

## Medications in pregnancy when the father has MS

Men with MS need to be aware of their MS medication choices, if they are considering starting a family. There are several medications that can affect a potential baby, and you should speak with your neurologist about medication options, even if you are considering starting a family within the next few years.

- **Aubagio** (Teriflunomide): This requires men to wait for 2 years from stopping the medication before conception due to potential harm to an unborn baby. There are accelerated elimination procedures that can be explored with the guidance of a neurologist or MS nurse.
- **Mavenclad** (Cladribine): Men should wait at least six months after completing the course of treatment before attempting conception.

## Autologous Haematopoietic Stem Cell Transplant (AHSCT)

AHSCT is an intensive form of treatment that is currently only available through clinical trials in Australia. AHSCT is an immunosuppressive chemotherapy treatment combined with the reinfusion of blood stem cells to rebuild the immune system. You can speak with your neurologist about what the best treatment is for your MS.

For women considering AHSCT, it's important to consider its impact on fertility and your future options for starting a family. The chemotherapy targets rapidly dividing cells, including gonadal organs such as the testes and ovaries, often leading to infertility. Post-treatment, about 50% of women experience menopause, meaning there is a significant risk of infertility.

### Conception & pregnancy

Currently in Australia, women who are of childbearing years and want to have children in the future will undergo fertility screening. This often requires an egg retrieval procedure to freeze and store eggs. For women who do not resume having their period after treatment, they will potentially need to look at planning pregnancy with assisted reproductive technologies such as IVF.

It is possible to fall pregnant after AHSCT treatment, and it is recommended to use contraception for 6-12 months following treatment to prevent pregnancy. Your medical team will advise you how soon after AHSCT it's safe to try to have a child.

### Breastfeeding

High levels of chemotherapy drugs can get into breast milk, so breastfeeding must be avoided during AHSCT. Speak with your medical team about breastfeeding, and they will advise how soon after treatment that it may be safe to breastfeed.

For more information visit [www.msaustralia.org.au/ahsct](http://www.msaustralia.org.au/ahsct) or speak with your neurologist or MS nurse.

### Want more information?

Contact MS Plus Connect to book a free telephone appointment with an MS Nurse Advisor.

MS Plus Connect  
Phone: 1800 042 138  
Website: [www.msplus.org.au](http://www.msplus.org.au)  
Email: [connect@msplus.org.au](mailto:connect@msplus.org.au)

The information provided in this resource is designed to be informative and educational, and has been developed in collaboration with health professionals. It is not intended to provide specific medical advice. Always seek advice from a qualified health care professional or speak with your neurologist.  
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