This factsheet is about teriflunomide, a disease modifying therapy (DMT) for relapsing multiple sclerosis (MS). At the end of this factsheet you'll find out where you can get more information on this drug, other drugs for MS and the benefits of early treatment.

What is teriflunomide?
Teriflunomide is a drug that was given a licence in 2013 in the UK for use against relapsing MS. In 2014 the National Institute for Health and Care Excellence (NICE) gave the go ahead for it to be made available on the NHS.
Teriflunomide is pronounced: terry-FLOO-nee-mide.
Its brand name is Aubagio (oh-BAH-jee-oh).

Can I have this drug?
Teriflunomide is recommended for the treatment of ‘active’ relapsing MS, defined in guidelines as two or more relapses in the last two years. But more and more MS specialists define ‘active’ MS as one recent relapse and/or signs on MRI scans that MS is active. These signs include new ‘lesions’ (areas of damage) in your brain.

So you can take teriflunomide if you have:
• relapsing MS and you’ve had a recent relapse and/or if MRI scans show new signs that your MS is active (you have new ‘lesions’)
Whether you’ll be offered this drug depends on if you qualify for it based on guidelines used by your MS specialist. These come from the Association of British Neurologists (ABN) and NICE. It also depends on whether the NHS where you live will pay for it. NHS guidelines on this tend to follow what NICE says.

You won’t get this drug if:
• you’re already on another DMT that’s controlling your MS well. You can’t take more than one DMT at a time
• your MS is ‘highly active’ or severe and getting worse fast (you’re having frequent relapses despite being on a DMT)
• you have progressive MS

Teriflunomide won’t help you if you don’t get relapses with your MS. So you won’t be offered it if you have primary or secondary progressive MS. But several drugs are being tested to see if they work for people with these non-relapsing, progressive types of MS.

You might not be able to take this drug if you have some health conditions. So tell your MS specialist your full medical history, including any other health problems and medications you’re taking.

You shouldn’t be taking this drug if you’re a woman trying to have a baby or not using contraception (see the section What side effects might I get?).

How do I take it?
Teriflunomide is a tablet you take once a day.

How does it work?
Your immune system fights off infections. But with MS it attacks the nerves in your brain and spinal cord by mistake. This leads to inflammation and damage, especially to the coating that covers your nerves (myelin). This damage interferes with how signals travel...
The effectiveness of teriflunomide is classed as ‘moderate’

Relapses dropped by: 31%
This means that in a trial, on average, people saw a 31% drop in the number of relapses they had. This was compared to people who took a placebo, a dummy pill with no drug in it.

How many people stayed free of relapses when they took this drug?
57% of people who took teriflunomide stayed free of relapses over two years.

46% of people who took the placebo stayed free of relapses.

DMT factsheet: teriflunomide (Aubagio)

Along these nerves. Over time this affects your control over many parts of your body and causes symptoms of MS.

We don’t know exactly how teriflunomide works, but it reduces inflammation. It seems to block certain cells made by your immune system that fight infections. These are white blood cells (‘lymphocytes’) called T cells. They kill viruses and bacteria but in MS they’re thought to cause damage to the brain and spinal cord. Teriflunomide makes it harder for them to reproduce themselves, so there are fewer of these cells to cause inflammation. The drug doesn’t affect other cells in your immune system, so your body can still fight off infections, though not quite as well as before.

How well does it work?
When DMTs, including teriflunomide, are working well you have:
• fewer and less serious relapses
• fewer new or bigger ‘lesions’ (or ‘plaques’) in your brain and spinal cord (lesions can be seen on MRI scans)
• a slowdown in your disability getting worse

Like other DMTs, teriflunomide works best the sooner you start it after you’re diagnosed with MS. Taking it later can also have benefits but it can’t undo any permanent disability you may already have.

DMTs can be split into three groups, according to how big their effects are.

High (they can work very well):
• alemtuzumab (Lemtrada)
• natalizumab (Tysabri)

Good (they can work well):
• dimethyl fumarate (Tecfidera)
• fingolimod (Gilenya)

Moderate (they can work fairly well):
• glatiramer acetate (Copaxone)
• five different beta interferons (Avonex, Betaferon, Extavia, Rebif and Plegridy)
• teriflunomide (Aubagio)
Disability getting worse was slowed down by: **30%**
This means that in one trial, on average, people saw a 30% drop in the risk of their disability getting worse. This was compared to people who took a placebo.

**How many people's disability didn’t get worse when they took this drug?**
Disability didn’t get worse over two years for **80%** of people who took dimethyl fumarate.

Disability didn’t get worse for **73%** of people who took the placebo.

The evidence about the benefits of teriflunomide here comes from the TEMSO trial in 2011 that followed over a thousand people for two years.
Teriflunomide might work much better for you than these average results - or it might not work as well.

**What side effects might I get?**
Like all drugs, teriflunomide can have side effects, but not everyone gets them. Not many people stop taking this drug because of side effects.

The more effective a DMT is, the more risk of serious side effects. Teriflunomide (along with beta interferons and glatiramer acetate) is one of the DMTs that is least effective at controlling MS but has the lowest risk of serious side effects.
Teriflunomide might harm unborn babies.
If you’re a woman you’ll need reliable contraception (eg, the ‘pill’ or condoms) while you’re taking this drug. This is also true for up to two years after you stop taking it. You can take medication that makes it safe to get pregnant faster, within three months. For more information on getting pregnant see I want a child. Can I take teriflunomide?

**Very common side effects**
(more than one in ten people get one of these)
- feeling sick
- diarrhoea
- hair thinning (hair grows back after six months)
- increase in some liver enzymes (this doesn’t cause symptoms)

While taking teriflunomide you may get infections more easily or infections may be worse than usual. This happens to up to one in ten people. This is because this drug lowers how many white blood cells you have that fight infections. But the drug doesn’t affect other parts of your immune system, so you can still fight off infections but not as well as before.
Infections you might get include:

- flu (fever or flu-like symptoms)
- infections of your throat or sinuses (the spaces behind and above your nose)
- urinary tract infection or cystitis
- bronchitis
- diarrhoea, stomach upsets or being sick
- ‘cold sores’
- tooth infections
- fungal foot infections

1-2% of people get numbness or tingling in their arms or legs (peripheral neuropathy).

When should I stop taking this drug?

Teriflunomide, like all DMTs except one, is meant to be taken long term. It’s quite new so there’s not a lot of evidence about taking it for a long time. But in a study of people on it for around eight years it kept working and had no new risks that we didn’t already know about. If it’s controlling your MS well and side effects aren’t a problem you should be able to take it for many years.

Your specialist might recommend you stop taking teriflunomide and switch to another DMT. This can happen if you have bad side effects or the drug isn’t controlling your MS. Switching drugs usually only happens after you’ve taken a drug for six months.

You’ll need to stop taking teriflunomide if:

- your MS changes to secondary progressive MS. DMTs available now can’t help people if they don’t have relapses. But many clinical trials are underway testing drugs for people with progressive, non-relapsing types of MS
- you pick up a serious infection (you may have to stop taking the drug until it’s gone)

If you’re a woman thinking about getting pregnant, you need to stop taking this drug. Discuss how you do this with your MS specialist. (see next section for more details).

I want a child. Can I take teriflunomide?

This drug might harm unborn babies. So you shouldn’t be taking this drug if:

- you’re a woman trying to get pregnant
- you’re already pregnant (or think you might be)
- you want to breastfeed

If you’re a woman trying for a baby you need to stop taking this drug and wait until the amount of it in your body drops to a safe level. The time this takes is called the ‘washout period’. For teriflunomide it can be up to two years. You can take medication that speeds this up so that it’s safe to get pregnant three months after stopping.
teriflunomide. Blood tests can check that the level of the drug in your blood has dropped low enough.

Women who’ve just had a baby are more likely to have a relapse. So it’s recommended they restart their DMT soon after giving birth. But if you’re a mother who wants to breastfeed you shouldn’t feed this way while taking teriflunomide (and for however long your specialist recommends after you stop taking it). This is because the drug might pass into your breast milk.

Men and women with MS who would like to have a child should discuss this with their MS specialist. Women who think they may be pregnant should also talk to an MS specialist.

**More information and support**

[www.mssociety.org.uk/earlytreatment](http://www.mssociety.org.uk/earlytreatment)

On this web page you’ll find more about treatment, a report on the evidence for early treatment and links to our basic guide to DMTs and factsheets on other DMTs.

New guidelines say everyone should have a review of their MS and treatment with a specialist at least once a year. But if you’re not happy with the treatment you’re offered, find tips about what to do in our [Talking about treatments checklist](http://www.mssociety.org.uk/forum), also on this link.

Elsewhere on the MS Society site you’ll find the latest updates on research into drugs for the different types of MS.

**Patient information leaflets**

Every DMT comes with detailed information about doses, how to store and take it, side effects and results from trials. Find the one for this drug at [www.medicines.org.uk](http://www.medicines.org.uk) and search for ‘teriflunomide’ or ‘Aubagio’. The circle with ‘PIL’ on it has information written for patients. The circle with ‘SPC’ on it has information for doctors.

**Your MS specialist team**

Your neurologist, MS nurse and other members of your specialist team can give you information and support, as can your GP often. MS nurses, if you have one where you are, can be especially helpful if you need support taking a DMT.
About this resource

With thanks to Louise Coghlin and all the people with MS and professionals who contributed to this factsheet.

Disclaimer: We have made every effort to ensure that the information in this publication is correct. We do not accept liability for any errors or omissions. Availability and prescribing criteria for drugs in various parts of the UK may change. Be sure to seek local advice from the sources listed.

Let us know what you think

If you have any comments on this information or on the work of the MS Society, please send them to resources@mssociety.org.uk, or you can complete our short online survey at www.surveymonkey.com/s/MSresources

References

A list of references is available on request, and all cited articles are available to borrow from the MS Society library (there may be a small charge). Contact the librarian on 020 8438 0900, or visit www.mssociety.org.uk/library

Further information from the MS Society

Library
For more information, research articles and DVDs about MS contact our librarian.

📞 020 8438 0900
✉️ librarian@mssociety.org.uk
🌐 www.mssociety.org.uk/library

Resources
Our award winning information resources cover every aspect of living with MS.

📞 020 8438 0999
✉️ shop@mssociety.org.uk
🌐 www.mssociety.org.uk/publications

Helpline
The Freephone MS Helpline offers confidential emotional support and information for anyone affected by MS, including family, friends and carers.

Information is available in over 150 languages through an interpreter service.

📞 0808 800 8000 (weekdays 9am–9pm)
✉️ helpline@mssociety.org.uk
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