Siponimod (Mayzent®)

This sheet talks about exposure to siponimod in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is siponimod?**

Siponimod (Mayzent®) is a medication approved to treat relapsing forms of multiple sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease.

**I take siponimod. Can it make it harder for me to get pregnant?**

Based on the data available, it is not known if siponimod can make it harder to become pregnant.

**I just found out I am pregnant. Should I stop taking siponimod?**

Talk with your healthcare providers before making any changes to how you take your medication(s). People eliminate medication at different rates. If it is decided to stop siponimod, in healthy adults it takes up to 10 days, on average, for most of the siponimod to be gone from the body.

**Does taking siponimod increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. According the product label, experimental animal studies reported pregnancy loss. Siponimod has not been studied in human pregnancy. Based on the data available, it is not known if siponimod increases the chance for miscarriage.

**Does taking siponimod increase the chance of birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. According to the product label, experimental animal studies reported a chance for birth defects. There are no published studies. It is not known if siponimod increases the chance for birth defects above the background risk.

**Could taking siponimod cause other pregnancy complications?**

According to product labeling, experimental animal studies reported low birth weight. There are no published studies. It is not known if siponimod increases the chance for other pregnancy complications.

**Does taking siponimod in pregnancy cause long-term problems in behavior or learning for the baby?**

This has not been studied. It is not known if siponimod can cause behavior or learning issues.

**Can I breastfeed while taking siponimod?**

Siponimod has not been studied in humans for use while breastfeeding. It is not known if it can enter human breastmilk or how it might affect a nursing child. If you are taking siponimod while breastfeeding and you suspect the baby has any symptoms contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**I take siponimod. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

It is not known if siponimod can make it harder to get a partner pregnant or would increase the chance of pregnancy complications in a pregnant partner. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

MotherToBaby is currently conducting a study looking at multiple sclerosis and medications used to treat it in pregnancy. If you would like to learn more about this study, please call 1-877-311-8972 or visit https://mothertobaby.org/join-study/.
Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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