



Medications



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Overview

Medications are used in multiple sclerosis (MS) to [modify the disease course](#), treat relapses — also called attacks or [exacerbations](#) — and manage [symptoms](#). Along with the other essential components of [comprehensive MS care](#), these medications help people manage their MS and enhance their comfort and quality of life.

Modifying the disease course

The following U.S. Food and Drug Administration (FDA)-approved disease-modifying agents ([.pdf brochure](#)) reduce disease activity and disease progression for many people with relapsing forms of MS, including relapsing-remitting MS, as well as secondary-progressive and progressive-relapsing MS in those people who continue to have relapses.

- › **Injectable medications**
 - › [Avonex](#) (interferon beta-1a)
 - › [Betaseron](#) (interferon beta-1b)
 - › [Copaxone](#) (glatiramer acetate)
 - › [Extavia](#) (interferon beta-1b)

- **Glatopa** (glatiramer acetate -- generic equivalent of Copaxone 20mg dose)
- **Plegridy** (peginterferon beta-1a)
- **Rebif** (interferon beta-1a)
- Oral medications
 - **Aubagio** (teriflunomide)
 - **Gilenya** (fingolimod)
 - **Tecfidera** (dimethyl fumarate)
- Infused medications
 - **Lemtrada** (alemtuzumab)
 - **Novantrone** (mitoxantrone)
 - **Tysabri** (natalizumab)

Following the treatment plan that you and your doctor have established is the best possible strategy for managing your MS:

- Early and ongoing treatment with disease-modifying therapy is supported by the **MS Coalition** which includes the National MS Society. This evidence-based **Consensus on Disease-Modifying Therapies** (.pdf) and **Summary** (.pdf) may be useful when discussing treatment options with your healthcare provider and advocating with insurers for access and coverage.
- **Adhering to your disease-modifying medication** is a key element of treatment effectiveness.
- For help in managing the costs of these medications, read about the **patient assistance programs** offered by the pharmaceutical companies.

Managing relapses

MS **relapses** are caused by inflammation in the central nervous system that damages the myelin coating around nerve fibers. This damage slows or disrupts the transmission of nerve impulses and causes the symptoms of MS. Most relapses will gradually resolve without treatment.

For severe relapses (involving loss of vision, severe weakness or poor balance, for example), which interfere with a person's mobility, safety or overall ability to function, most neurologists recommend treatment with corticosteroids. The most common treatment regimen is a three-to-five-day course of high-dose, intravenous corticosteroids to reduce inflammation and end the relapse more quickly. This regimen may or may not be followed with a slow taper of oral prednisone. Corticosteroids are not believed to have any long-term benefit on the disease. Medication options include:

- High-dose intravenous **Solu-Medrol®** (methylprednisolone)
- High-dose oral **Deltasone®** (prednisone)
- **H.P. Acthar Gel** (ACTH) is an option for those who are unable to cope with the side effects of high-dose corticosteroids, have been treated unsuccessfully with corticosteroids, do not have access to intravenous therapy, or have trouble receiving medication intravenously because of difficulty accessing the veins.

Managing symptoms

A wide variety of medications are used to help manage the **symptoms of MS**. Below are common symptoms of MS and the medications used to treat those symptoms.

Bladder Problems

Dysfunction

- › **Botox** (onabotulinumtoxin A)
- › **DDAVP Nasal Spray** (desmopressin)
- › **Detrol** (tolterodine)
- › **Ditropan** (oxybutynin), **Ditropan XL**
- › **Enablex** (darifenacin)
- › **Flomax** (tamsulosin)
- › **Hytrin** (terazosin)
- › **Minipress** (prazosin)
- › **Oxytrol** (oxybutynin)
- › **Pro-Banthine** (propantheline)
- › **Sanctura** (trospium chloride)
- › **Tofranil** (imipramine)
- › **Vesicare** (solifenacin succinate)

Infection

- › **Bactrim; Septra** (sulfamethoxazole)
- › **Cipro** (ciprofloxacin)
- › **Macrofantim** (nitrofurantoin)
- › **Hiprex** (methenamine)
- › **Pyridium** (phenazopyridine)

Bowel Dysfunction

- › **Colace** (docusate)
- › **Dulcolax** (bisacodyl)
- › **Enemeez** (docusate stool softener laxative)
- › **Fleet Enema** (sodium phosphate)

Emotional Changes

- › **Nuedexta** (dextromethorphan + quinidine)

Fatigue

- › **Amantadine**
- › **Provigil** (modafinil)
- › **Prozac** (fluoxetine)

Itching

- › **Atarax** (hydroxyzine)

Pain

- › **Dilantin** (phenytoin)
- › **Elavil** (amitriptyline)
- › **Klonopin** (clonazepam)
- › **Neurontin** (gabapentin)
- › **Pamelor; Aventyl** (nortriptyline)
- › **Tegetrol** (carbamazepine)

Sexual Problems

- › **Cialis** (tadalafil)
- › **Levitra** (vardenafil)
- › **Papaverine**
- › **MUSE** (alprostadil)
- › **Prostin VR** (alprostadil)
- › **Viagra** (sildenafil)

Spasticity

- › **Dantrium** (dantrolene)
- › **Gablofen** (baclofen [intrathecal])

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- › **Mineral Oil**
- › **Metamucil** (psyllium hydrophilic musilloid)
- › **Phillips Milk of Magnesia** (magnesium hydroxide)
- › **Sani-Supp suppository** (gylcerin)

- › **Klonopin** (clonazepam)
- › **Lioresal** (baclofen)
- › **Valium** (diazepam)
- › **Zanaflex** (tizanidine)

Depression

- › **Cymbalta** (duloxetine hydrochloride)
- › **Effexor** (velafaxine)
- › **Paxil** (paroxetine)
- › **Prozac** (fluoxetine)
- › **Wellbutrin** (bupropion)
- › **Zoloft** (sertraline)

Tremors

- › **Laniazid - Nydrazid** (isoniazid)
- › **Klonopin - Rivotril - Syn-Clonazepam** (clonazepam)

Walking (Gait) Difficulties

- › **Ampyra** (dalfamridine)

Dizziness and Vertigo

- › **Antivert** (meclizine)

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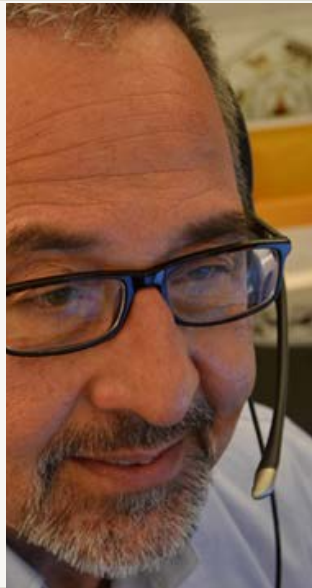
The National MS Society is Here to Help

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□ NEWLY DIAGNOSED

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