

PRE and ROUTINE TESTING FOR MS DMTs			ALL MS patients visits Q3-6mo and prn unless otherwise noted ALL MS patients Vit D level (check Q6mo) to keep >50.
NAME	MRI	LABS	Other tests
Avonex Betaseron Rebif Plegridy	Pre & Q6m- Qyear	CBC w/diff, CMP, TSH Pre, Q3mo x 1yr then Q3-6mo	Monitor for depression and injection site reactions
Copaxone Glatopa	Pre & Q year	CBC w/diff, CMP Qyr	Monitor for lipoatrophy at injection sites
Aubaugio <i>7mg or 14mg</i> <i>PO QD</i>	Pre & Q6m- year &prn	Pre: Quantiferon Gold TB, CBC w/diff, CMP, pregnancy Post: CBC w/diff, CMP q1mo x 6 mo. Then q3mo	BLACK BOX: Hepatotoxicity and Teratogenicity Monitor BP at each visit. Monitor for skin rash. Ensure reliable birth control (male and female). ACCELERATED ELIMINATION: Cholestyramine 8g TID x 11days Check Leflunomide levels for confirmation (<0.02mcg/mL).
Gilenya <i>0.5mg PO QD</i>	Pre & Q6m- year & prn	Pre: CBC w/diff, CMP, JCV w/ index Varicella titer Post: CBC w/diff, CMP Q3mo- annual JCV testing	EKG: Pre, 6hr post 1 st dose, & Q1mo then Q6-12mo Ophtho: pre and q3-4 mo x 1yr then annually (r/o macular edema) Derm: pre (w/in 3mo of start) and annually for melanoma Safety Alert: Risk of increased disability with stopping Gilenya
Tecfidera <i>240mg BID</i> <i>(see titration)</i>	Pre & Q6m- year & prn	Pre: CBC w/diff, CMP, JCV w/ index Post: CBC w/diff, CMP Q3mo – annual JCV testing Consider switching therapy if: JCV+ and Abs Lymph < 0.7 x10 ⁸ /L x 2 lab draws or if JCV- and Abs Lymph <0.5 x10 ⁸ /L x 2 lab draws	Initial titration: Take w/ meals - including healthy fat and protein Week 1: take 120mg tab with dinner Week 2: take 240mg tab with dinner Week 3: take 120mg tab with breakfast and 240mg with dinner Week 4: take 240mg with breakfast and dinner.
Tysabri <i>300mg IV</i> <i>Q4weeks</i>	Pre & Q6m- year & prn	Pre: CBC w/diff, CMP, JCV w/ index Post: CBC w/diff, CMP, JCV testing Q3mo	Derm: pre and annually for melanoma Black Box: PML risk with JCV+ If JCV+ and >12 infusions consider alternate dosing Q6-8 wks With Q3 month Brain MRI w/o gad (T2 Flair – Sag/Axial)
Ocrevus <i>Initial: 300mg</i> <i>IV x2wks apart</i> <i>Maint: 600mg</i> <i>Q6m</i> Rituximab <i>Initial: 1000mg</i> <i>Maint: 500mg</i> <i>Q6m</i>	Pre & Q6m- year & prn	Pre: CBC w/diff, CMP, JCV w/ index, Pregnancy, Anti-CD20 panel, Quant Gold TB Hep B (Core Ab, Surface Ab, Surface Ag), Hep C Ab, Immunoglobulin G,M & A, HIV (if high risk) Post: CBC w/diff, CMP, Anti-CD20 panel Q3-6mo.	Pre-medicate 30-60min prior to each infusion with: methylprednisolone 100mg IV, Acetaminophen 1000mg PO, and Diphenhydramine 50mg PO or IV Consider repeating labs for: Immunoglobulin (G, M & A) annually Hep B & C testing Q2yrs Annual Mammogram

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<p>Lemtrada <i>Initial: 12mg IV daily x 5 days</i> <i>Repeat 12 months later</i> <i>12mg x 3 days</i> <i>– repeat x1 more year if needed</i></p>	<p>Pre & Q6m-year & prn</p>	<p>Pre <30 days prior to 1st infusion: CBC w/diff, CMP UA with cell count, TSH, Quant Gold TB, T4 free, Hep B (Core Ab, Surface Ab, Surface Ag), Hep C Ab, VZV, Pap for HPV, baseline skin exam</p> <p>1st infusion day labs: CBC w/diff, CMP, TSH, Pregnancy test, UA</p> <p>Post: CBC w/diff, creatinine, TSH, CD4, UA with cell count monthly x 48mo after;</p>	<p>-Pre-meds: Methylprednisolone 1000mg prior, plus Acetaminophen 1000mg PO, and Diphenhydramine 50mg PO or IV. Observe for 2 hrs after each infusion, longer if clinically indicated. (ECG prior to each treatment course)</p> <p>-Antiviral prophylaxis beginning 1 week prior to first treatment and for at least 2mo after until CD4+ >200mm</p> <p>-<i>Listeria</i> infections have developed as early as 3 days post treatment and up to 8 months after the last dose. Patients should avoid or adequately heat foods that may potentially carry this bacteria (deli meat, dairy products made with unpasteurized milk, soft cheeses, or undercooked meat, seafood, or poultry). Patients advised to make dietary changes 2 wks prior to treatment</p> <p>Annual screening: HPV with Pap (If HPV+ increased frequency of GYN and HPV screening), tuberculosis screening; s/s of PML; skin exams.</p> <p>Black Box: Bone marrow suppression, Infusion reactions, Infections, Autoimmune conditions (thyroid 40%, ITP, hepatitis and Anti-GBM disease), Malignancy (thyroid, lymphoproliferative, melanoma), Stroke and arterial dissection, thyroid disorders, cholecystitis and pneumonitis</p>
<p>Mayzent <i>Titration: PO</i> <i>Day 1: 0.25mg</i> <i>Day 2: 0.25mg</i> <i>Day 3: 0.50mg</i> <i>Day 4: 0.75mg</i> <i>Day 5: 1.25mg</i> <i>Maint: 2mg QD</i></p>	<p>Pre & Q6m-year & prn</p>	<p>Pre: CBC w/diff, CMP, JCV w/ index, VZV titer (ensure vaccinated)</p> <p>Post: CBC w/diff, CMP Q3mo- annual JCV testing</p>	<p>Macular edema (most often w/in 4mo of initiation), initial dosing bradycardia, increased infections, elevated LFTs, HTN, VZV reactivation and convulsions</p> <p>*First dose observation (FDO) only with cardiac conditions</p> <p>*if missed >4 days restart titration or FDO</p> <p>**Contraindicated with CYP2C9*3/*3 genotype, 6mo with MI, angina, stroke, TIA, CHF, heart block or sick sinus syndrome (unless functioning pacemaker), Beta-blocker use</p>
<p>Mavenclad <i>3.5mg/kg PO dosing x 5 days</i> <i>4 weeks apart</i> <i>– repeat in 12mo</i></p>	<p>Pre & Q6m-year & prn</p>	<p>Pre: CBC w/diff, CMP, HIV, Hep B (Core Ab, Surface Ab, Surface Ag), Hep C Ab, Quant Gold TB, Pregnancy, VZV (if neg immunize 4-6wks prior)</p> <p>Post: CBC at 2 and 6 months after the start of each yearly course (if 2-month lymphocyte <200 cells/mm then monitor monthly until month 6], and periodically during and after treatment)</p>	<p>AEs: lymphopenia, increased infections (VZV), Hematologic toxicity, Graft vs. Host with blood transfusion, Liver injury. Risk of PML.</p> <p>Black Box: Increased risk Malignancy and Teratogenicity **MALES and FEMALES (need reliable birth control prior and 6mo after last dose)</p> <p>Annual cancer screening as applies for age and medical history Herpes prophylaxis with Lymphocytes <200.</p>