

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 Q3-6mo) to keep >50.
NAME	MRI	LABS	Other tests
Avonex (IM) Betaseron, Rebif (SQ) Plegridy (SQ/IM)	Pre & Q6m- Qyear	CBC w/diff, CMP, TSH * Pre, Q3mo x 1yr then Q3-6mo *	Monitor for depression and injection site reactions
Copaxone SQ inject Glatopa Glatiramer Acet.	Pre & Qyear	CBC w/diff, CMP Qyr *	Monitor for lipoatrophy at injection sites
Aubaugio 7mg or 14mg PO QD	Pre & Q6m- year &prn	Pre: Quant 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).
Tecfidera 240mg PO BID (see titration) Vumerity 462mg PO BID consider titration Bafiertam 190mg PO BID Consider titration	Pre & Q6m- year & prn	Pre: CBC w/diff, CMP, JCV w/ index *† Post: CBC w/diff, CMP Q3mo – annual JCV *† Watch Absolute Lymphocyte Counts consider switching therapy for risk of opportunistic infection: Eval risk vs. benefit if ALC < 0.7 x10 ⁹ /L x 2 lab draws Consider stopping if ALC <0.5 x10 ⁹ /L x 2 lab draws	Initial TECFIDERA titration: Take w/ meals - including healthy fat and protein Week 1: 120mg with dinner, Week 2: 240mg with dinner Week 3: 120mg with breakfast & 240mg with dinner Week 4: 240mg with breakfast and dinner Vumerity (231mg and 462mg) and Bafiertam (95mg and 190mg) titrations – consider similar to Tecfidera above. Vumerity: recommended to not take with high calorie meals (>700kcal) or at same time as ETOH which reduces peak plasma concentrations- not overall absorption.
Gilenya 0.5mg PO QD	Pre & Q6m- year & prn	Pre: CBC w/diff, CMP, Varicella titer, JCV w/ index*† Post: CBC w/diff, CMP Q3mo- annual JCV*† ECG: Pre, 6hr post 1 st dose, & Q1mo then Q6-12mo Eye Exam: pre and q3-4 mo x 1yr then annually (macular edema)* Derm Exam: pre and annually (Melanoma)*	AEs: Macular edema, initial dosing bradycardia, increased infections, elevated LFTs, HTN, VZV reactivation and convulsions Safety Alert: Risk of increased disability with stopping Gilenya During, and for up to 1 to 2 weeks after stopping vaccinations may be less effective. The use of live attenuated vaccines may carry the risk of infection.
Mayzent Titration: PO QD Day 1: 0.25mg Day 2: 0.25mg Day 3: 0.50mg Day 4: 0.75mg Day 5: 1.25mg Maint: 2mg QD	Pre & Q6m- year & prn	Pre: CBC w/diff, CMP, VZV titer (ensure vaccinated), CYP2C9 genotype testing, JCV w/index*† Post: CBC w/diff, CMP Q3mo- annual JCV testing*† ECG: Pre Eye Exam: pre and q3-4 mo x 1yr then annually (macular edema)* Derm Exam: pre and annually (Melanoma)*	AEs: Macular edema, initial dosing bradycardia, increased infections, elevated LFTs, HTN, VZV reactivation and convulsions *First dose observation (FDO) only with cardiac conditions *if missed >4 days restart titration or FDO **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 During, and for up to 1 to 2 weeks after stopping vaccinations may be less effective. The use of live attenuated vaccines may carry the risk of infection.

NAME	MRI	LABS	Other tests
Zeposia <i>Titration: PO</i> Day 1-4: 0.23mg Days 5-7: 0.46mg Day 8+: 0.92mg <i>Maint: 0.92mg</i> QD PO	Pre & Q6m-year & prn	Pre: CBC w/diff, CMP, VZV titer (ensure vaccinated), JCV w/ index*† Post: CBC w/diff, CMP Q3mo- annual JCV testing*† ECG: Pre Eye Exam: pre and q3-4 mo x 1yr then annually (macular edema)* Derm Exam: pre and annually (Melanoma)*	AEs: Macular edema, initial dosing bradycardia, increased infections, fetal risk, elevated LFTs, HTN, VZV reactivation, PRES and convulsions *First dose observation (FDO) only with cardiac conditions *if missed dose in 1 st 2 weeks of treatment restart titration or FDO Contraindications: <6 months MI, unstable angina, CVA, TIA, heart failure, or Heart block w/o pacemaker or severe untreated sleep apnea or are taking a monoamine oxidase During, and for up to 1 to 2 weeks after stopping vaccinations may be less effective. The use of live attenuated vaccines may carry the risk of infection.
Ponvory <i>Titration PO daily:</i> Days 1,2 = 2 mg Days 3,4 = 3 mg Days 5,6 = 4 mg Day 7 = 5 mg Day 8 = 6 mg Day 9 = 7 mg Day 10 = 8 mg Day 11 = 9 mg Day 12-14 = 10mg <i>Maintenance:</i> 20 mg PO daily	Pre & Q6m-year & prn	Pre: CBC w/diff, CMP, VZV titer (ensure vaccinated), JCV w/ index*† Post: CBC w/diff, CMP Q3mo- annual JCV testing*† ECG: Pre Eye Exam: pre and q3-4 mo x 1yr then annually (macular edema)* Derm Exam: pre and annually (Melanoma)*	AEs: Macular edema, initial dosing bradycardia, increased infections, fetal risk, elevated LFTs, HTN, VZV reactivation, PRES and convulsions *First dose observation (FDO) only with cardiac conditions *if missed dose in 1 st 2 weeks of treatment restart titration Contraindications: <6 months MI, unstable angina, CVA, TIA, heart failure, or Heart block w/o pacemaker. Strong CYP3A4 and UGT1A1 Inducers: (e.g., rifampin, phenytoin, carbamazepine) During, and for up to 1 to 2 weeks after stopping vaccinations may be less effective. The use of live attenuated vaccines may carry the risk of infection.
Mavenclad 3.5mg/kg PO dosing x 5 days 4 weeks apart – repeat in 12mo	Pre & Q6m-year & prn	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), JCV w/index*† prior to initial dose ALC> 1000 prior to 2nd dose ALC>800 If ALC not>800 Post: CBC at 2 and 6 months after the start of each yearly course	AEs: lymphopenia, increased infections (VZV), Hematologic toxicity, Graft vs. Host with blood transfusion, Liver injury. Risk of PML. Black Box: Increased risk Malignancy and Teratogenicity **MALES and FEMALES (need <u>TWO</u> reliable forms of birth control for 6mo after each dose) Annual cancer screening as applies for age and medical history Herpes prophylaxis with Lymphocytes <200. **If necessary, delay the second treatment course for up to 6 months to allow for recovery of lymphocytes to at least 800 cells per microliter. If this recovery takes more than 6 months, the patient should not receive further treatment with MAVENCLAD.
Tysabri 300mg IV Q4weeks	Pre & Q6m-year & prn	Pre: CBC w/diff, CMP, JCV w/ index* Post: CBC w/diff, CMP, JCV testing Q3mo*	Black Box: PML risk with JCV+ TYSABRI is available only through a restricted program under a REMS called the TOUCH® Prescribing Program because of the risk of PML If JCV+ and >12 infusions, consider alternate dosing Q6-8 wks and Q3 month Brain MRI w/o gad (T2 Flair – Sag/Axial) for PML eval*

NAME	MRI	LABS	Other tests
<p>Ocrevus Initial: 300mg IV x2wks apart Maint: 600mg Q6m</p> <p>Rituximab Initial: 1000mg Maint: 500mg Q6m</p>	Pre & Q6m-year & prn	<p>Pre: CBC w/diff, CMP, Pregnancy, Anti-CD20 panel, Quant Gold TB, Hep B (Core Ab, Surface Ab, Surface Ag), Hep C Ab, Immunoglobulin G,M & A, HIV (if any risk), VZV for immunity, JCV w/ index*†</p> <p>Post: CBC w/diff, CMP, Anti-CD20 panel Q3-6mo. Immunoglobulin panel Q6-12mo* Hep B & C testing prn – if at risk *</p>	<p>Pre-meds: methylprednisolone 100mg IV, Acetaminophen 1000mg PO, and Diphenhydramine 50mg PO or IV</p> <p>Consider monitoring: Annual Mammogram for high risk individuals*</p> <p>Infections and immunization: Delay administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation, until B-cell repletion. Consider getting vaccinations 2-4 weeks prior to starting.</p>
<p>Briumvi Initial: 150mg IV 2wks 450mg IV Maint: 450mg IV Q6m</p>	Pre & Q6m-year & prn	<p>Pre: CBC w/diff, CMP, Pregnancy, Anti-CD20 panel, Quant Gold TB, Hep B (Core Ab, Surface Ab, Surface Ag), Hep C Ab, Immunoglobulin G,M & A, HIV (if any risk), VZV for immunity, JCV w/ index*†</p> <p>Post: CBC w/diff, CMP, Anti-CD20 panel Q3-6mo. Immunoglobulin panel Q6-12mo* Hep B & C testing prn – if at risk *</p>	<p>Pre-meds: methylprednisolone 100mg IV(or equivalent corticosteroid), and antihistamine (Diphenhydramine 50mg PO or IV)</p> <p>Infections and immunization: Delay administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation, until B-cell repletion. Consider getting vaccinations 2-4 weeks prior to starting. *</p> <p>Monitoring: Monitor patients closely during and for at least one hour after the completion of the first two infusions. Post-infusion monitoring of subsequent infusions is at physician discretion</p>
<p>Kesimpta Titration: 20mg SQ Week 0, 1 & 2</p> <p>Maint:20mg SQ monthly start week 4</p>	Pre & Q6m-year & prn	<p>Pre: CBC w/diff, CMP, Pregnancy, Anti-CD20 panel, Quant Gold TB, Hep B (Core Ab, Surface Ab, Surface Ag), Hep C Ab, Immunoglobulin G,M & A, HIV (if any risk), VZV for immunity, JCV w/ index*†</p> <p>Post: CBC w/diff, CMP, Anti-CD20 panel Q3-6mo. Immunoglobulin panel Q6-12mo* Hep B & C testing prn – if at risk *</p>	<p>The first injection of KESIMPTA should be performed under the guidance of an appropriately trained healthcare professional. If injection-related reactions occur, symptomatic treatment is recommended. *</p> <p>Infections and immunization: Delay administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation, until B-cell repletion. Consider getting vaccinations 2-4 weeks prior to starting. *</p>
<p>Lemtrada Initial: 12mg IV daily x 5 days</p> <p>Repeat 12 months later 12mg x 3 days –</p> <p>Repeat x1 year if needed</p>	Pre & Q6m-year & prn	<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, JCV w/ index*†</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 and up to 8 months after the last dose. Patients should avoid or adequately heat foods that may potentially carry <i>Listeria</i> (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 visits 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>

†JCV testing is only validated to assess the risk of PML in Tysabri-treated patients, use as per clinician discretion
*per clinician discretion and best practice