

<b>PRE and ROUTINE TESTING FOR MS DMTs</b>			<b>ALL MS patients visits Q3-6mo and prn unless otherwise noted ALL MS patients Vit D level (check Q3-6mo) to keep &gt;50.</b>
<b>NAME</b>	<b>MRI</b>	<b>LABS</b>	<b>Other tests</b>
<b>Avonex, Betaseron, Rebif Plegridy -Injectable</b>	Pre & Q6m- Qyear	CBC w/diff, CMP, TSH Pre, Q3mo x 1yr then Q3-6mo	Monitor for depression and injection site reactions
<b>Copaxone Glatopa -SQ injections</b>	Pre & Qyear	CBC w/diff, CMP Qyr	Monitor for lipoatrophy at injection sites
<b>Aubaugio 7mg or 14mg PO QD</b>	Pre & Q6m- year &prn	<b>Pre:</b> Quant Gold TB, CBC w/diff, CMP, pregnancy <b>Post:</b> CBC w/diff, CMP q1mo x 6 mo. Then q3mo	<b>BLACK BOX:</b> Hepatotoxicity and Teratogenicity. Monitor BP at each visit. Monitor for skin rash. Ensure reliable birth control (male and female). <b>ACCELERATED ELIMINATION:</b> Cholestyramine 8g TID x 11days Check Leflunomide levels for confirmation (<0.02mcg/mL).
<b>Gilenya 0.5mg PO QD</b>	Pre & Q6m- year & prn	<b>Pre:</b> CBC w/diff, CMP, JCV w/ index Varicella titer <b>Post:</b> CBC w/diff, CMP Q3mo- annual JCV <b>ECG:</b> Pre, 6hr post 1 <sup>st</sup> dose, & Q1mo then Q6-12mo <b>Eye Exam:</b> pre and q3-4 mo x 1yr then annually (macular edema) <b>Derm Exam:</b> pre and annually (Melanoma)	<b>AEs:</b> Macular edema, initial dosing bradycardia, increased infections, elevated LFTs, HTN, VZV reactivation and convulsions <b>Safety Alert:</b> 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.
<b>Tecfidera 240mg PO BID (see titration) Vumerity 462mg PO BID consider titration Bafiertam 190mg PO BID Consider titration</b>	Pre & Q6m- year & prn	<b>Pre:</b> CBC w/diff, CMP, JCV w/ index <b>Post:</b> CBC w/diff, CMP Q3mo – annual JCV  <b>Consider switching therapy for risk of PML and opportunistic infection if:</b> JCV+ and Abs Lymph < 0.7 x10 <sup>8</sup> /L x 2 lab draws or if JCV- and Abs Lymph <0.5 x10 <sup>8</sup> /L x 2 lab draws	<b>Initial TECFIDERA titration:</b> 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 <b>Vumerity (231mg and 462mg) and Bafiertam (95mg and 190mg) titrations –</b> consider similar to Tecfidera above.  <b>Vumerity:</b> recommended to not take with high calorie meals (>700kcal) or ETOH reduces peak plasma concentrations – but not overall absorption.
<b>Tysabri 300mg IV Q4weeks</b>	Pre & Q6m- year & prn	<b>Pre:</b> CBC w/diff, CMP, JCV w/ index  <b>Post:</b> CBC w/diff, CMP, JCV testing Q3mo	<b>Derm:</b> pre and annually for melanoma <b>Black Box:</b> PML risk with JCV+ 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
<b>Ocrevus Initial: 300mg IV x2wks apart Maint: 600mg Q6m  Rituximab Initial: 1000mg Maint: 500mg Q6m</b>	Pre & Q6m- year & prn	<b>Pre:</b> 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 any risk), VZV for immunity  <b>Post:</b> CBC w/diff, CMP, Anti-CD20 panel Q3-6mo. Immunoglobulin panel Q6-12mo	<b>Pre-meds:</b> methylprednisolone 100mg IV, Acetaminophen 1000mg PO, and Diphenhydramine 50mg PO or IV <b>Consider monitoring:</b> Repeat Hep B & C testing if at risk Annual Mammogram <b>Infections and immunization:</b> Delay OCREVUS administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment with OCREVUS and after discontinuation, until B-cell repletion. Consider getting all vaccinations prior to starting.

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<p><b>Lemtrada</b> <i>Initial: 12mg IV daily x 5 days</i></p> <p><i>Repeat 12 months later 12mg x 3 days –</i></p> <p><i>Repeat x1 year if needed</i></p>	Pre & Q6m-year & prn	<p><b>Pre &lt;30 days prior to 1<sup>st</sup> infusion:</b> 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><b>1<sup>st</sup> infusion day labs:</b> CBC w/diff, CMP, TSH, Pregnancy test, UA</p> <p><b>Post:</b> CBC w/diff, creatinine, TSH, CD4, UA with cell count monthly x 48mo after;</p>	<p><b>-Pre-meds:</b> 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+ &gt;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 Listeria (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><b>Annual screening:</b> HPV with Pap (If HPV+ increased frequency of GYN visits and HPV screening), tuberculosis screening; s/s of PML; skin exams.</p> <p><b>Black Box:</b> 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><b>Mayzent</b> <i>Titration: PO QD</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></p> <p><i>Maint: 2mg QD</i></p>	Pre & Q6m-year & prn	<p><b>Pre:</b> CBC w/diff, CMP, JCV w/ index, VZV titer (ensure vaccinated)</p> <p><b>Post:</b> CBC w/diff, CMP Q3mo- annual JCV testing</p> <p><b>ECG:</b> Pre</p> <p><b>Eye Exam:</b> pre and q3-4 mo x 1yr then annually (macular edema)</p> <p><b>Derm Exam:</b> pre and annually (Melanoma)</p>	<p><b>AEs:</b> Macular edema, 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 &gt;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>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.</p>
<p><b>Mavenclad</b> <i>3.5mg/kg PO dosing x 5 days 4 weeks apart – repeat in 12mo</i></p>	Pre & Q6m-year & prn	<p><b>Pre:</b> 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><b>Post:</b> CBC at 2 and 6 months after the start of each yearly course (if 2-month lymphocyte &lt;200 cells/mm then monitor monthly until month 6], and periodically during and after treatment)</p>	<p><b>AEs:</b> lymphopenia, increased infections (VZV), Hematologic toxicity, Graft vs. Host with blood transfusion, Liver injury. Risk of PML.</p> <p><b>Black Box:</b> 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</p> <p>Herpes prophylaxis with Lymphocytes &lt;200.</p>
<p><b>Zeposia</b> <i>Titration: PO</i> <i>Day 1-4: 0.23mg</i> <i>Days 5-7: 0.46mg</i> <i>Day 8+: 0.92mg</i></p> <p><i>Maint: 0.92mg QD PO</i></p>	Pre & Q6m-year & prn	<p><b>Pre:</b> CBC w/diff, CMP, JCV w/ index, VZV titer (ensure vaccinated), ECG</p> <p><b>Post:</b> CBC w/diff, CMP Q3mo- annual JCV testing</p> <p><b>ECG:</b> Pre</p> <p><b>Eye Exam:</b> pre and q3-4 mo x 1yr then annually (macular edema)</p> <p><b>Derm Exam:</b> pre and annually (Melanoma)</p>	<p><b>AEs:</b> Macular edema, initial dosing bradycardia, increased infections, fetal risk, elevated LFTs, HTN, VZV reactivation, PRES and convulsions</p> <p>*First dose observation (FDO) only with cardiac conditions</p> <p>*if missed dose in 1<sup>st</sup> 2 weeks of treatment restart titration or FDO</p> <p><b>Contraindications:</b> &lt;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</p> <p>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.</p>

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<p><b>Kesimpta</b>  <i>Titration:</i>  20mg SQ  Week 0, 1 &amp; 2</p> <p><i>Maintenance:</i>  20mg SQ  monthly start  week 4</p>	Pre & Q6m- year & prn	<p><b>Pre:</b> 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 &amp; A, HIV (if high risk), VZV for immunity</p> <p><b>Post:</b> CBC w/diff, CMP, Anti-CD20 panel Q3-6mo. Immunoglobulin panel Q6-12mo  Hep B &amp; C testing Q2yrs – if at risk</p>	<p><b>Other tests</b></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><b>Contraindications:</b> Active Hep B infection, delay administration with active infection, avoid live-attenuated or live Vaccines. Consider completing all vaccinations prior to starting.</p>
<p><b>Ponvory</b>  <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</p>	Pre & Q6m- year & prn	<p><b>Pre:</b> CBC w/diff, CMP, JCV w/ index, VZV for immunity, ECG, skin exam, ophtho exam (macula)  <b>Post:</b> CBC w/diff, CMP Q3mo- annual JCV testing</p> <p><b>ECG:</b> Pre  <b>Eye Exam:</b> pre and q3-4 mo x 1yr then annually (macular edema)  <b>Derm Exam:</b> pre and annually (Melanoma)</p>	<p><b>AEs:</b> 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<sup>st</sup> 2 weeks of treatment restart titration  <b>Contraindications:</b> &lt;6 months MI, unstable angina, CVA, TIA, heart failure, or Heart block w/o pacemaker.</p> <p>Strong CYP3A4 and UGT1A1 Inducers: (e.g., rifampin, phenytoin, carbamazepine)</p> <p>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.</p>