

American College of Rheumatology Guidance Related to the Use and Timing of COVID-19 Vaccination and Immunomodulatory Therapies

• No modifications to either immunomodulatory therapy or vaccination timing

- Plaquenil (Hydroxychloroquine); IVIG; glucocorticoids, prednisone <20mg/day
- Sulfasalazine; Arava (Leflunomide); Cellcept (Mycophenolate); Imuran (Azathioprine); Cyclosporin, Tacrolimus.
- TNFi; (Enbrel, Humira, Cimzia, Simponi, Remicade),
- . I-6R; (Actemra, Kevzara)
- . IL-1 (Kineret, Ilaris)
- . IL-17 (Cosentyx , Taltz)
- . IL-12/23 (Stelara)
- . IL-23 (Trenfya)
- . Benlysta,

• HOLD Therapy (timing)

- Methotrexate: Hold Methotrexate 1 week after each vaccine dose, for those with well controlled disease; no modifications to vaccination timing
- JAK Inhibitor (Xeljanz, Olumiant, Rinvoq) Hold JAKi for 1 week after each vaccine dose; no modification to vaccination timing
- Orencia (Abatacept) Hold SQ Orencia both one week prior to and one week after the first COVID-19 vaccine dose (only); no interruption around the second vaccine dose
- IV (Orencia): Time vaccine administration so that the first vaccination will occur four weeks after Orencia infusion (i.e., the entire dosing interval), and postpone the subsequent Orencia infusion by one week (i.e., a 5-week gap in total); no medication adjustment for the second vaccine dose

Rituximab: ...schedule vaccination so that the vaccine series is initiated approximately 4 weeks prior to next scheduled rituximab cycle; after vaccination, delay RTX 2-4 weeks after 2nd vaccine dose, if disease activity allows

- Cyclophosphamide: Time Cyclophosphamide administration so that it will occur approximately 1 week after each vaccine dose, when feasible
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