



We have the following COVID-19 related recommendations based on recent guidelines from the American College of Rheumatology, CDC, and FDA:

### **COVID-19 VACCINATION INCLUDING BOOSTER:**

1) **Patients on any immunosuppressive medication (\*see below), except Plaquenil (Hydroxychloroquine), who initially completed the 2-shot series of either mRNA vaccine (Pfizer or Moderna), should get a 3rd shot (booster).** The booster should be a single dose of either Pfizer or Moderna, at least 28 days after the completion of the initial 2-shot series. Try to get the same shot you had in your initial series, but if that is not possible it is ok to get the other mRNA vaccine (Pfizer or Moderna).

#### **\*MEDICATIONS FOR WHICH BOOSTER SHOT IS RECOMMENDED:**

Long-term steroids (prednisone, methylprednisolone), Sulfasalazine, Methotrexate, Arava (Leflunomide), Cellcept (Mycophenolate), Imuran (Azathioprine), Humira, Enbrel, Cimzia, Simponi, Remicade (Infliximab), Orencia, Kevzara, Actemra (Tocilizumab), Rituxan, Xeljanz, Olumiant, Rinvoq, Taltz, Cosentyx, Stelara, Tremfya, Skyrizi, Otezla, Benlysta, Anakinra, Canakinumab, Tacrolimus, Cyclosporine, Voclosporin, IVIG, Cytoxan

2) There is not enough data at this time to make recommendations regarding booster shots for those who have received the J&J vaccine.

3) For the initial vaccine series, Pfizer or Moderna are recommended over J&J.

4) Please continue to follow public health guidelines regarding mask wearing, physical distancing, and other preventative measures after vaccination.

### **HOLDING MEDICATION FOR BOOSTER:**

**Please note: Recommendations to hold medication are assuming disease is well controlled.** Do not hold medication if disease is active and not well controlled. If you start to have a disease flare while holding, resume your medication. Also note there are different guidelines for holding medication for the initial vaccine series, which are listed in the next section.

1) In general those with well controlled disease can hold all immunosuppression 1-2 wks after booster vaccination, except for the following medications:

#### **MEDICATIONS THAT DO NOT NEED TO BE HELD FOR THE BOOSTER:**

Steroids (prednisone, methylprednisolone), Plaquenil (Hydroxychloroquine), Kevzara, Actemra (Tocilizumab), Taltz, Cosentyx, Stelara, Tremfya, Skyrizi, Anakinra, Canakinumab, Reclast, Prolia, Tymlos, Forteo, Evenity

2) RITUXAN, CYTOXAN: Please check with your provider regarding specifics on timing of your booster shot.

3) TYLENOL, NSAIDS (Celebrex, Naproxen, Ibuprofen, etc): Hold 24 hrs prior to vaccination. No restrictions on medication use after vaccination to treat symptoms.

### **HOLDING MEDICATION FOR INITIAL VACCINE SERIES:**

**Please note: Recommendations to hold medication are assuming disease is well controlled.** Do not hold medication if disease is active and not well controlled. If you start to have a disease flare while holding, resume



your medication. Also note there are different guidelines for holding medication for the booster, which are listed in the prior section.

1) XELJANZ, OLUMIANT, RINVOQ, CELLCEPT (Mycophenolate), TACROLIMUS, CYCLOSPORINE, VOCLOSPORIN: Hold 1 wk after each vaccine dose.

2) METHOTREXATE: Hold 1 wk after each of the 2 mRNA vaccines (Pfizer or Moderna), or 2 wks after the single-dose J&J vaccine.

3) ORENCIA: If self-injection, hold injection both 1 wk prior to and 1 wk after the 1st vaccine dose only. No need to hold injection for the 2nd vaccine dose. If infusion, try to time the 1st vaccine dose to be 4 wks after Orencia infusion, then delay the subsequent Orencia infusion by 1 wk. No need to alter the infusion schedule for the 2nd vaccine dose.

4) RITUXAN, CYTOXAN: Please check with your provider regarding specifics.

5) TYLENOL, NSAIDS (Celebrex, Naproxen, Ibuprofen, etc): Hold 24 hrs prior to vaccination. No restrictions on medication use after vaccination to treat symptoms.

**6) MEDICATIONS THAT DO NOT NEED TO BE HELD FOR THE INITIAL VACCINE SERIES:**

Steroids (prednisone, methylprednisolone), Plaquenil (Hydroxychloroquine), Sulfasalazine, Arava (Leflunomide), Imuran (Azathioprine), Humira, Enbrel, Cimzia, Simponi, Remicade (Infliximab), Kevzara, Actemra (Tocilizumab), Taltz, Cosentyx, Stelara, Tremfya, Skyrizi, Otezla, Benlysta, Anakinra, Canakinumab, IVIG, Reclast, Prolia, Tymlos, Forteo, Evenity

**MONOCLONAL ANTIBODY TREATMENT:**

Patients on any immunosuppressive medication (\*\*see below), except Plaquenil (Hydroxychloroquine), may qualify for monoclonal antibody treatment in the following circumstances:

- 1) If you have had close contact with someone with known COVID-19, in order to prevent COVID-19
- 2) If you have early symptomatic test-confirmed COVID-19 that is mild to moderate (not hospitalized), in order to prevent progression to severe COVID-19

If either of these applies to you, please contact your primary care provider regarding monoclonal antibody treatment, which should be given as soon as possible (ideally within 4 days of exposure if for #1, or within 7-10 days of symptom onset if for #2).

**\*\*MEDICATIONS INCLUDE:**

Long-term steroids (prednisone, methylprednisolone), Sulfasalazine, Methotrexate, Arava (Leflunomide), Cellcept (Mycophenolate), Imuran (Azathioprine), Humira, Enbrel, Cimzia, Simponi, Remicade (Infliximab), Orencia, Kevzara, Actemra (Tocilizumab), Rituxan, Xeljanz, Olumiant, Rinvoq, Taltz, Cosentyx, Stelara, Tremfya, Skyrizi, Otezla, Benlysta, Anakinra, Canakinumab, Tacrolimus, Cyclosporine, Voclosporin, IVIG, Cytoxan

All the best in your health and safety,  
Woodlands Arthritis Clinic