



COVID-19 BOOSTER VACCINATION & IMMUNOSUPPRESSIVE THERAPY

The FDA and CDC have recently approved a COVID-19 booster vaccination in patients on immunosuppressive therapy. The vaccines approved include the Moderna and Pfizer mRNA vaccines. The booster dose received should be from the same manufacturer as the patient's original vaccine. While recommendations are subject to change, currently the booster dose is recommended at least 28 days after the last dose.

Many patients with neurologic diseases, such as multiple sclerosis, are on immunosuppressive therapies. Other patients are on therapies that modulate the immune system but are not classic immunosuppressants. In general, we consider patients in both groups eligible for booster doses. Recommendations can vary depending upon many factors, including which therapy a patient is on and the timing of treatments. Therefore each patient's situation may be different.

As always, this is a personal decision that should be made between a patient and their healthcare provider.

Immunosuppressive therapies include:

- B Cell therapies: Ocrelizumab (Ocrevus), Rituximab, Ofatumumab (Kesimpta), inebilizumab (Uplizna)
- Alemtuzumab (Lemtrada)
- Cladribine (Mavenclad)
- Methotrexate
- Mycophenolate (Cellcept)
- Azathioprine (Imuran)

Immunomodulatory therapies include:

- S1P therapies- fingolimod (Gilenya), ozanimod (Zeposia), Siponimod (Mayzent), ponesimod (Ponvory)
- Natalizumab (Tysabri)
- Fumarate therapies- Tecfidera (dimethyl fumarate), Vumerity (diroximel fumarate), Bafiertam (monomethyl fumarate)
- Teriflunomide (Aubagio)
- Eculizumab (Soliris)
- Satralizumab (Enspryng)
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