Immunosuppressive Medication List

The National Advisory Committee on Immunization (NACI) recommends a third dose of mRNA vaccine for moderately to severely immunocompromised individuals (5 years of age and older) receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the <u>Canadian Immunization Guide</u> for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.

This Table provides guidance on immunosuppressive therapies that make a patient eligible for a third dose of COVID-19 vaccine in Nova Scotia.

Additional eligibility criteria NOT addressed in this table include:

- Active treatment for solid tumor or hematologic malignancies or have received treatment within the last 12 months.
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy).
- Moderate to severe primary immunodeficiency with associated humoral and/or cell-mediated immunodeficiency or immune dysregulation [see https://novascotia.ca/dhw/cdpc/documents/primary-immunodeficiency-list.pdf for more information regarding eligible primary immunodeficiencies].
- HIV and a CD4 count less than 200 OR CD4 fraction < 15% (individuals 6 years of age and older); HIV and a CD4 count less then 500 OR CD4 fraction < 22% (individuals 5 years to less than 6 years of age).

Individuals receiving one or more of the medications outlined in the table below, for any indication, are eligible for a third dose of COVID-19 vaccine.

Treatment Category	Generic Medication Names	Brand/Biosimilar Medication Names
Anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22) ¹	obinutuzumab	Gazyva
	ocrelizumab	Ocrevus
	ofatumumab	Kesimpta
	rituximab	Rituxan, Rituxan SC, Ruxience*, Riabni*, Riximyo*, Truxima*
High-dose systemic corticosteroids ²	prednisone ≥ 20 mg for ≥ 14 days [for pediatric patients, prednisone ≥ 2 mg/kg/day (if weight < 10 kg) for ≥ 14 days]	Winpred, Deltasone

Treatment Category	Generic Medication Names	Brand/Biosimilar Medication Names
	Steroid Equivalencies for Prednisone 20mg: ³	
	betamethasone 2.4mg	Betnesol
	budesonide 1.5mg	Jorveza, Entocort
	cortisone acetate 100mg	Cortone
	dexamethasone 3mg	Decadron
	hydrocortisone (cortisol) 80mg	Cortef, Solu-Cortef
	methylprednisolone 16mg	Solu-Medrol, Depo-Medrol, Medrol
	prednisolone 20mg	
	triamcinolone 16mg	Aristocort
Alkylating agents	busulfan (alkyl sulfonate)	
	chlorambucil (nitrogen mustard)	Leukeran
	cyclophosphamide (nitrogen mustard)	Procytox
	hydroxyurea	Hydrea
	melphalan (nitrogen mustard)	Alkeran
	treosulfan	Trecondvy
Antimetabolites	azathioprine (purine antimetabolite)	Imuran
	cladribine (adenosine analogue)	Mavenclad
	leflunomide (pyrimidine antimetabolite)	Arava
	mercaptopurine (purine analogue)	Purinethol (also called 6-MP)
	methotrexate (folate analogue)	Rheumatrex, Metoject
	teriflunomide (pyrimidine antimetabolite)	Aubagio
Tumor-necrosis factor (TNF) inhibitors	adalimumab	Humira, Abrilada*, Amgevita*, Hadlima*, Hulio*, Hyrimoz*, Idacio*

Treatment Category	Generic Medication Names	Brand/Biosimilar Medication Names		
	certolizumab pegol	Cimzia		
	etanercept	Enbrel, Brenzys*, Erelzi*		
	golimumab	Simponi		
	infliximab	Remicade, Avsola*, Inflectra*, Omvyence*, Remsima SC*, Renflexis*		
Other Immunosuppressive Biologic Agents				
IL-1 inhibitor	anakinra	Kineret		
	canakinumab	Ilaris		
IL-6 inhibitor	sarilumab	Kevzara		
	siltuximab	Sylvant		
	tocilizumab	Actemra		
IL-17 inhibitor	brodalumab	Siliq		
	ixekizumab	Taltz		
	secukinumab	Cosentyx		
IL 12/23 inhibitor	ustekinumab	Stelara		
IL 23 inhibitor	guselkumab	Tremfya, Tremfya One-Press		
	risankizumab	Skyrizi		
Anti-integrin	natalizumab	Tysabri		
	vedolizumab	Entyvio		
Additional Eligible Immunosuppressive Drug Categories				
Anti B-cell	belimumab	Benlysta		
Anti-CD52 monoclonal antibody	alemtuzumab	Lemtrada		
Calcineurin inhibitor	cyclosporine ³	Neoral		

Treatment Category	Generic Medication Names	Brand/Biosimilar Medication Names
	tacrolimus ³	Prograf, Advagraf, Envarsus
Inosine monophosphate dehydrogenase inhibitor	mycophenolate (mycophenolate mofetil, mycophenolic acid)	CellCept, Myfortic
JAK inhibitor	baricitinib	Oluminant
	ruxolitinib	Jakavi
	tofacitinib	Xeljanz, Xeljanz XR
	upadacitinib	Rinvoq
mTOR kinase inhibitor	sirolimus	Rapamune
	everolimus	Afinitor, Afinitor Disperz, Certican
Nrf2 pathway activator	dimethyl fumarate	Tecfidera
S1P antagonist	fingolimod	Gilenya
	ozanimod	Zeposia
	siponimod	Mayzent
T-cell co-stimulation modulator	abatacept	Orencia

^{*}Biosimilar product

¹ Active treatment for patients receiving B-cell depleting therapy includes patients who have completed treatment within 12 months

² In patients on lower dose corticosteroids, check to see if they meet criteria in another category (ie: active treatment for solid tumor or hematologic malignancies, receipt of CAR-T, HSCT or solid organ transplant or on another immunosuppressive agent)

³ Only systemic administration qualifies for 3rd dose of mRNA vaccine (ie: topical, ophthalmic/otic, and intraarticular administration do not qualify)