

Timing MS Medications with COVID-19 mRNA Vaccines – Updated: March 18th 2021

<https://www.nationalmssociety.org/coronavirus-covid-19-information/multiple-sclerosis-and-coronavirus/covid-19-vaccine-guidance>

Based on expert consensus and available data, we offer the following guidance regarding COVID-19 vaccination for people on MS disease modifying therapies (DMTs).

The Pfizer BioNTech, Moderna and Janssen/J&J vaccines are safe for people with MS, and they are safe to use with MS DMTs¹. The vaccines are not likely to trigger an MS relapse or have any impact on long-term disease progression. The risks of COVID infection far outweigh any potential vaccine risk, and persons with MS are encouraged to get the vaccine as soon as possible. Most DMTs are not expected to affect the responses to these vaccines, though some (see details below) may make the vaccines less effective. Coordinating the timing of vaccine administration with these DMTs may provide the best vaccine response².

Given the potential serious health consequences of COVID-19 disease, getting the vaccine when it becomes available to you may be more important than optimally timing the vaccine with your DMT.

The decision of when to get the COVID-19 vaccine should include an evaluation of your risk of COVID-19, including your occupation, and the current state of your MS. Work with your MS healthcare provider to determine the best schedule for you. If the risk of your MS worsening outweighs your risk of COVID-19, do not alter your DMT schedule and get the vaccine when it is available to you.

If your MS is stable, consider the following adjustments in the administration of your DMT to enhance the effectiveness of the vaccine:

Avonex, Betaseron, Copaxone, Extavia, glatiramer acetate, Glatopa, Plegridy, Rebif, Aubagio, Bafiertam, dimethyl fumarate, Tecfidera, Tysabri and Vumerity

Do not delay starting one of these medicines for your vaccine injection. If you are already taking one of these DMTs, no adjustments of your DMT administration are recommended².

Gilenya, Mayzent, Zeposia

If you are about to start one of these medicines, consider getting fully vaccinated* 2-4 weeks or more prior to starting your medicine. If you are already taking Gilenya, Mayzent or Zeposia, continue taking as prescribed and get vaccinated as soon as the vaccine is available to you.

*Fully vaccinated= two doses of the mRNA (Pfizer BioNTech or Moderna) or one dose of the vector vaccine (J&J)

Lemtrada

If you are about to start Lemtrada, consider getting fully vaccinated* 4 weeks or more before starting Lemtrada. If you are already taking Lemtrada, consider getting vaccinated 24 weeks or more after the last Lemtrada dose². If you are due for your next treatment course, when possible, resume Lemtrada 4 weeks or more after getting fully vaccinated. This suggested scheduling is not always possible and getting the vaccine when it becomes available to you may be more important than coordinating timing of the vaccine with your Lemtrada dose. Work with your MS healthcare provider to determine the best schedule for you.

*Fully vaccinated= two doses of the mRNA (Pfizer BioNTech or Moderna) or one dose of the vector vaccine (J&J)

Mavenclad

If you are about to start Mavenclad, consider getting fully vaccinated* 2-4 weeks prior to starting Mavenclad. If you are already taking Mavenclad, the currently available limited data does not suggest that timing of the vaccine in relation to your Mavenclad dosing is likely to make a significant difference in vaccine response. Getting the vaccine when it becomes available to you may be more important than coordinating timing of the vaccine with your Mavenclad treatment. If you are due for your next treatment course, when possible, resume Mavenclad 2-4 weeks after getting fully vaccinated*. Work with your MS healthcare provider to determine the best schedule for you.

*Fully vaccinated= two doses of the mRNA (Pfizer BioNTech or Moderna) or one dose of the vector vaccine (J&J)

Ocrevus and Rituxan (and biosimilars)

If you are about to start Ocrevus or Rituxan, consider getting fully vaccinated* 2-4 weeks or more prior to starting the infusions. If you are already taking Ocrevus or Rituxan, consider getting vaccinated 12 weeks or more after the last DMT dose³. When possible, resume Ocrevus or Rituxan 4 weeks or more after getting fully vaccinated*. This suggested scheduling is not always possible and getting the vaccine when it becomes available to you may be more important than timing the vaccine with your MS medicine. Work with your MS healthcare provider to determine the best schedule for you.

*Fully vaccinated= two doses of the mRNA (Pfizer BioNTech or Moderna) or one dose of the vector vaccine (J&J)

Kesimpta

If you are about to start Kesimpta, consider getting fully vaccinated 2-4 weeks or more prior to starting Kesimpta. If you are already taking Kesimpta, there is no data to currently guide timing of the vaccine in relation to your last DMT injection. When possible, resume Kesimpta injections 2-4 weeks after getting fully vaccinated. This suggested scheduling is not always possible and getting the vaccine when it becomes available to you may be more important than timing the vaccine with your MS medicine. Work with your MS healthcare provider to determine the best schedule for you.

*Fully vaccinated= two doses of the mRNA (Pfizer BioNTech or Moderna) or one dose of the vector vaccine (J&J)

High-dose steroids

Consider getting the vaccine injection(s) at least 3-5 days after the last dose of steroids.