Third Dose Eligibility for Moderately-to-Severely Immunocompromised Individuals

TO:
Family Physicians
Infectious Disease Physicians
St. Joseph’s Centre for Ambulatory Health Services, Urgent Care
Emergency Departments

FOR YOUR INFORMATION:
Central West Medical Officers of Health
Academy of Medicine
Dr. Michael Stacey, VP Medical, Hamilton Health Sciences
Mr. Bruce Squires, President, McMaster Children’s Hospital
Dr. David Russell, Chief of Staff, St. Joseph’s Healthcare

FROM: Dr. Ninh Tran, Associate Medical Officer of Health, Hamilton Public Health Services

DATE: October 19, 2021

Please see updated medical advisory below as there was an error in the medication list from the advisory issued yesterday.

This advisory provides an update on third doses eligibility for individuals who are moderately to severely immunocompromised. These individuals experience an increased risk of severe outcomes from COVID-19 and have demonstrated a sub-optimal immune response to the two-dose COVID-19 vaccine series. A three-dose series of COVID-19 vaccine is currently being offered in the province of Ontario for the following immunocompromised groups:

- Individuals receiving active treatment (including those who have completed treatment within the last three months) for solid tumour or hematologic malignancies (e.g.: chemotherapy, targeted therapies, immunotherapy).
- Recipients of solid-organ transplant and taking immunosuppressive therapy.
- Recipients of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Individuals with moderate to severe primary immunodeficiency (e.g.: DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Individuals with stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome.
- Individuals receiving active treatment with the following categories of immunosuppressive therapies, anti-B cell therapies such as monoclonal antibodies targeting CD19 CD20 and CD22 (including those who have completed treatment within 12 months), high dose corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor inhibitors and other biologic agents that are significantly immunosuppressive.
In Ontario, the recommended interval between second and third dose for this population is at least two months (8 weeks). Exact timing should be decided with the treating provider in order to optimize the immune response from the vaccine series and minimize delays in management of their underlying condition.

To protect those who are immunocompromised, it also is strongly recommended that all people that come into close contact (e.g. healthcare workers and other support staff, family, friends, caregivers) with these individuals complete a full two-dose vaccine series (i.e. “ring vaccination”). Immunocompromised individuals and those that come into close contact with them should also continue to follow recommended public health measures for prevention and control of COVID-19 infection and transmission.

Receiving Third Dose

Immunocompromised individuals who are on immunosuppressive biologic agents are now able to present to a COVID-19 vaccine clinic (including pharmacy) with a current prescription receipt from a pharmacy or the medication bottle or packaging that includes the date of prescription, the individual’s first and last name, and the address and telephone number of the dispensing pharmacy to receive their third dose of COVID-19 vaccine.

The Ministry of Health has released a list of eligible immunosuppressive medications that are included in this new eligibility:

<table>
<thead>
<tr>
<th>Class</th>
<th>Generic Name(s)</th>
<th>Brand Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steroids (&gt;20mg per day of prednisone or equivalent for at least two weeks)</td>
<td>prednisone</td>
<td>Decadron</td>
</tr>
<tr>
<td></td>
<td>dexamethasone</td>
<td>DepMedrol</td>
</tr>
<tr>
<td></td>
<td>methylprednisolone</td>
<td>SoluMedrol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medrol</td>
</tr>
<tr>
<td>Antimetabolites</td>
<td>cyclophosphamide</td>
<td>Procytox</td>
</tr>
<tr>
<td></td>
<td>leflunomide</td>
<td>Arava</td>
</tr>
<tr>
<td></td>
<td>methotrexate</td>
<td>Trexall</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Metoject</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Otrexup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rasuvo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rheumatrex</td>
</tr>
<tr>
<td></td>
<td>azathioprine</td>
<td>Imuran</td>
</tr>
<tr>
<td></td>
<td>6-mercaptopurine (6-MP)</td>
<td>Purinethol</td>
</tr>
<tr>
<td></td>
<td>mycophenolic acid</td>
<td>Myfortic</td>
</tr>
<tr>
<td></td>
<td>mycophenolate mofetil</td>
<td>Cellcept</td>
</tr>
<tr>
<td>Calcineurin inhibitors/mTOR kinase inhibitor</td>
<td>tacrolimus</td>
<td>Prograf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advagraf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Envarsus PA</td>
</tr>
<tr>
<td></td>
<td>cyclosporine</td>
<td>Neoral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gengraf</td>
</tr>
<tr>
<td></td>
<td>sirolimus</td>
<td>Sandimmune</td>
</tr>
</tbody>
</table>

MEMO: Third Dose Eligibility
10/19/2021
<table>
<thead>
<tr>
<th>Category</th>
<th>Drugs</th>
</tr>
</thead>
</table>
| JAK (JAK kinase) inhibitors                  | • baricitinib  
• tofacitinib  
• upadacitinib | • Olumiant  
• Xeljanz  
• Rinvoq |
| Anti-TNF (tumor necrosis factor)              | • adalimumab  
• golimumab  
• certolizumab pegol  
• etanercept  
• infliximab | • Humira  
• Amgevita  
• Hadlima  
• Hulio  
• Hyrimoz  
• Idacio  
• Simponi  
• Enbrel  
• Brenzys  
• Erelzi  
• Remicade  
• Avsola  
• Inflectra  
• Remsima  
• Renflexis |
| Anti-inflamatory                              | • sulfasalazine  
• 5-Aminosalicyclic Acid (ASA)/mesalamine | • Salazopyrin  
• Azulfidine  
• Pentasa |
| Anti-CD20                                     | • Rituximab  
• ocrelizumab | • Rituxan  
• Ruxience  
• Riximyo  
• Truxima  
• Riabni  
• Ocrevus |
| IL-1 RA (interleukin-1 receptor antagonist)   | • anakinra  
• canakinumab | • Kineret  
• Ilaris |
| Anti-IL6                                      | • tocilizumab  
• sarilumab | • Actemra  
• Kevzara |
| Anti-IL12/IL23                                | • ustekinmab | • Stelara |
| Anti-IL17                                     | • secukinumab  
• ixekizumab | • Cosentyx  
• Taltz |
| Anti-BLYS                                     | • belimumab | • Benlysta |
| Anti-IL23                                     | • guselkumab  
• risankizumab | • Tremfya  
• Skyrizi |
| Selective T-cell costimulation blocker        | • abatacept  
• fingolimod | • Orenicia  
• Gilenya |
| S1PR (sphingosine 1-phosphate receptor agonist) | • siponimod  
• ozanimod | • Mayzent  
• Zeposia |
| Phosphodiesterase inhibitors                  | • apremilast | • Otezla |
| Anti-integrin                                 | • vedolizumab | • Entyvio |
Clinical staff will verify that the individual’s prescription is valid and that the drug is listed in the table provided above.

If the individual is receiving an immunosuppressive biologic agent and does not have a prescription, or the drug is not listed in the table provided, they must receive a referral form or letter for a third dose of COVID-19 vaccine from their treating health care provider. The referral form can be found on the Hamilton Family Medicine (HFAM) webpage on COVID-19 Vaccine Information (See Resources Section Below)

Resources