

Supplemental Table 1: Comparison of recommendations regarding dosing and timing of select immunomodulatory drugs in patients with AIIRD

	ACR [^]	AOCC [*]
methotrexate	<i>“Hold for 1 week after each of the 2 mRNA vaccine doses for those with well-controlled disease; no modification to vaccination timing.”</i>	Reduce dose to 7.5 mg for 2 weeks after each vaccine dose; no modifications to vaccination timing
JAK inhibitors	<i>“Hold JAKi for 1 week after each vaccine dose; no modifications to vaccination timing”</i>	Hold 2 days before and for 2 weeks after each vaccine dose; no modifications to vaccination timing.
abatacept iv	<i>“Time vaccination administration so that the first vaccination will occur four weeks after abatacept infusion (i.e. the entire dosing interval) and postpone the subsequent abatacept infusion by one week (i.e. a 5 week gap in total); no medication adjustment for the second vaccine dose.”</i>	Wait 4 weeks after abatacept infusion to receive the first vaccine dose; delay next infusion until 2 weeks after the 2 nd vaccine dose.
abatacept sc	<i>“Hold SQ abatacept both one week prior to and one week after the first COVID-19 vaccine dose (only); no interruption around the second vaccine dose.”</i>	Hold abatacept sc 1 week prior to and for 2 weeks after each vaccination dose.
rituximab	<i>“...schedule vaccination so that the vaccine series is initiated approximately 4 weeks prior to next scheduled rituximab cycle; after vaccination, delay rituximab 2-4 weeks after final vaccine dose, if disease activity allows.”</i>	Wait 4 mos. (Moderna), 4.5 mos (Pfizer) or 5 mos. (J&J) after last rituximab infusion for 1 st vaccine dose; delay next rituximab infusion for 2 weeks after last vaccine dose.

[^]Version 1. Approved by ACR Board of Directors 8 February 2021, updated 4 March 2021 and published in A & R 24 May 2021. [1]

^{*} Arthritis & Osteoporosis Consultants of the Carolinas guidance for clinic providers first posted on line 20 December 2020.