

# ARTHRITIS TREATMENTS: NSAIDS (Part 1 of 2)

Generic	Brand	Strength	Form	Usual Dose
<b>ACETIC ACIDS DERIVATIVES</b>				
diclofenac	<b>Cataflam</b>	50mg	tabs	<b>Adults:</b> OA: 50mg 2–3 times daily. RA: 50mg 3–4 times daily. AS: 25mg 4 times daily, may add 25mg at bedtime. <b>Children: Not recommended.</b>
	—	25mg, 50mg, 75mg	tabs (e-c)	<b>Adults:</b> OA: 50mg 2–3 times daily or 75mg twice daily. RA: 50mg 3–4 times daily or 75mg twice daily. AS: 25mg 4 times daily, with an additional 25mg at bedtime if necessary. <b>Children: Not recommended.</b>
	<b>Voltaren XR</b>	100mg	ext-rel tabs	<b>Adults:</b> OA: 100mg once daily. RA: 100mg once daily; rarely 100mg twice daily may be used. <b>Children: Not recommended.</b>
etodolac	—	200mg, 300mg 400mg, 500mg	caps tabs	<b>Adults:</b> Initially 600mg–1g/day in 2–3 divided doses; usual max 1g/day in divided doses; may increase to 1.2g/day when needed. <b>Children: Not recommended.</b>
	—	400mg, 500mg, 600mg	ext-rel tabs	<b>Adults:</b> 400mg–1g once daily; max 1.2g/day. <b>Children: Not recommended.</b>
	indomethacin	<b>Indocin</b>	25mg, 50mg 50mg	caps supp
<b>Indocin Susp</b>		25mg/5mL	susp	
nabumetone	—	500mg, 750mg	tabs	<b>Adults:</b> Initially 1g once daily; max 2g/day in 1 or 2 divided doses. <i>Renal insufficiency</i> (CrCl 30–49mL/min): initial max 750mg once daily, may increase to 1.5g/day; (CrCl <30mL/min): initial max 500mg once daily, may increase to 1g/day. <b>Children: Not recommended.</b>
sulindac	<b>Clinoril</b>	200mg	scored tabs	<b>Adults:</b> 150mg twice daily; max 400mg/day. <i>Acute painful shoulder or gouty arthritis:</i> 200mg twice daily, usually for 7–14 days. <b>Children: Not recommended.</b>
<b>COX-2 INHIBITORS</b>				
celecoxib	<b>Celebrex</b>	50mg, 100mg, 200mg, 400mg	caps	<b>Adults: ≥18yrs:</b> OA: 200mg once daily or 100mg twice daily. RA: 100–200mg twice daily. AS: 200mg in 1–2 divided doses; if no response after 6wks, 400mg once daily may be tried. <b>&lt;50kg:</b> start at lowest recommended dose. <b>Children: &lt;2yrs: not recommended. JRA: ≥2yrs (≥10kg to ≤25kg):</b> 50mg twice daily; ( <b>&gt;25kg:</b> ) 100mg twice daily.
<b>PROPIONIC ACIDS DERIVATIVES</b>				
fenoprofen	<b>Nalfon</b>	200mg, 400mg	caps	<b>Adults:</b> 300mg–600mg 3 or 4 times daily. Max: 3.2g/day. <b>Children: &lt;18yrs: Not recommended.</b>
flurbiprofen	<b>Ansaid</b>	50mg, 100mg	tabs	<b>Adults:</b> 200–300mg/day in 2–4 divided doses; max single dose 100mg. Reduce dosage for renal impairment. <b>Children: Not recommended.</b>
ibuprofen	—	400mg, 600mg, 800mg	tabs	<b>Adults:</b> RA, OA: 400–800mg 3–4 times daily; max 3.2g/day. <b>Children:</b> JRA: 30–40mg/kg/day in 3–4 doses. May use 20mg/kg/day in 3–4 doses for milder disease.
ketoprofen ext-rel	—	200mg	ext-rel caps*	<b>Adults:</b> 200mg daily. <b>Children: Not recommended.</b>
naproxen	<b>Anaprox</b>	275mg	tabs	<b>Adults:</b> <i>Arthritis, spondylitis:</i> 275mg or 550mg twice daily. <i>Tendinitis, bursitis:</i> Initially 550mg, then 550mg every 12hrs or 275mg every 6–8hrs; max 1.375g (first day), then max 1.1g/day. <i>Acute gout:</i> 825mg once then 275mg every 8hrs. <b>Children: &lt;2yrs: not recommended. ≥2yrs:</b> use susp form of naproxen.
	<b>Anaprox DS</b>	550mg	tabs	

(continued)

# ARTHRITIS TREATMENTS: NSAIDS (Part 2 of 2)

Generic	Brand	Strength	Form	Usual Dose
<b>PROPRIONIC ACIDS DERIVATIVES (continued)</b>				
naproxen (continued)	<b>Naprelan</b>	375mg, 500mg, 750mg	controlled-rel tabs	<b>Adults:</b> RA, OA, or AS: 750mg–1g once daily; max 1.5g once daily. <i>Acute tendonitis or bursitis:</i> 1g once daily, or 1.5g once daily for a limited period; max 1g/day thereafter. <i>Gout:</i> 1–1.5g once daily for 1 day then 1g once daily until attack subsides. <b>Children: Not recommended.</b>
	<b>Naprosyn</b>	250mg, 375mg, 500mg	tabs	<b>Adults:</b> Arthritis, spondylitis: 250–500mg twice daily; max 1.5g/day (up to 6mos). <i>Tendinitis, bursitis:</i> 500mg once, then 500mg twice daily or 250mg every 6–8hrs; max (first day) 1.25g, then max 1g/day. <i>Acute gout:</i> 750mg once, then 250mg every 8hrs. <b>Children: &lt;2yrs: not recommended. ≥2yrs:</b> JRA: 5mg/kg twice daily. <i>Other uses:</i> Doses of 2.5–5mg/kg/dose, max 15mg/kg/day have been used.
		125mg/5mL	susp	
<b>EC-Naprosyn</b>	375mg, 500mg	tabs (e-c)	<b>Adults:</b> 375–500mg twice daily. <b>Children: &lt;2yrs: not recommended. ≥2yrs:</b> use susp form.	
oxaprozin	<b>Daypro</b>	600mg	scored caplets	<b>Adults:</b> RA (≥16yrs) or OA: 1.2g once daily; max 1.8g or 26mg/kg daily, whichever is less, in divided doses. <i>Low body weight, milder disease, or on dialysis:</i> initially 600mg once daily; max 1.2g daily. <b>Children: &lt;6yrs: not recommended. JRA: 6–16yrs (22–31kg):</b> 600mg once daily; <b>(32–54kg):</b> 900mg once daily; <b>(≥55kg):</b> 1.2g once daily.
<b>COMBINATION THERAPY</b>				
ibuprofen + famotidine	<b>Duexis*</b>	800mg/26.6mg	tabs	<b>Adults:</b> RA, OA: 800mg/26.6mg three times daily. Use lowest effective dose for the shortest duration. <b>Children: Not recommended.</b>
<b>OXICAMS DERIVATIVES</b>				
meloxicam	<b>Mobic</b>	7.5mg, 15mg	tabs	<b>Adults:</b> ≥18yrs: 7.5mg once daily; max 15mg once daily. <i>Hemodialysis:</i> max 7.5mg/day. <b>Children: &lt;2yrs: not recommended. JRA: ≥2yrs:</b> 0.125mg/kg (max 7.5mg) once daily.
		7.5mg/5mL	susp	
piroxicam	<b>Feldene</b>	10mg, 20mg	caps	<b>Adults:</b> 20mg daily; may give in 2 divided doses. <b>Children: Not recommended.</b>
<b>SALICYLATES</b>				
aspirin	<b>Bayer</b>	325mg	tabs, caplets, gelscaps	<b>Adults:</b> RA, arthritis and pleurisy of SLE: initially 3g daily in divided doses; target plasma salicylate level 150–300mcg/mL. OA: up to 3g/day in divided doses. <i>Spondyloarthropathies:</i> up to 4g/day in divided doses. <b>Children:</b> JRA: initially 90–130mg/kg/day in divided doses; target plasma salicylate level 150–300mcg/mL.
	<b>Ecotrin</b>	81mg, 325mg, 500mg	tabs (e-c)	
	<b>Extra Strength Bayer</b>	500mg	caplets, gelscaps	
	<b>Zorprin</b>	800mg	tabs†	
choline magnesium trisalicylate	—	500mg, 750mg, 1g	scored tabs	<b>Adults:</b> 3g daily at bedtime or in 2 divided doses. <b>Elderly:</b> 750mg three times daily. <b>Children: &lt;12kg: not recommended. 12–37kg:</b> 50mg/kg/day. <b>&gt;37kg:</b> 2.25g/day. Both in 2 divided doses.
		500mg/5mL	soln	
diflunisal	—	250mg, 500mg	tabs	<b>Adults:</b> 250–500mg twice daily; max 1.5g/day. <b>Children: Not recommended.</b>
salsalate	—	500mg, 750mg, 500mg	scored tabs caps	<b>Adults:</b> 3g daily in divided doses. <b>Children: Not recommended.</b>

## NOTES

**Key:** e-c = enteric coated; ext-rel = extended-release; supp = suppositories; susp = suspension; OA = Osteoarthritis; RA = Rheumatoid arthritis; AS = Ankylosing spondylitis; JRA = Juvenile rheumatoid arthritis

\*Duexis is a fixed-combination tablet of ibuprofen and famotidine indicated for the relief of signs/symptoms of RA and OA and to decrease the risk of developing upper gastrointestinal ulcers (eg, gastric and/or duodenal ulcer), in patients who are taking ibuprofen for those indications

†pH dependent release

Not an inclusive list of medications, official indications, and/or dosing details. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling.

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