

ARTHRITIS TREATMENTS: DMARDS AND OTHER IMMUNE MODULATORS (Part 1 of 2)

Generic & Class	Brand & Company	Strength(s)	Formulations*	Usual Dose
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)				
azathioprine	Azasan Salix	75mg, 100mg	scored tabs	Adults: Initially 1mg/kg (50mg–100mg) daily in 1–2 divided doses; after 6–8 wks, if needed, may increase by 0.5mg/kg daily increments every 4 weeks. Max 2.5mg/kg per day. Maintenance: use lowest effective dose. Children: Not recommended.
	Imuran Prometheus Labs	50mg	scored tabs	
auranofin	Ridaura Prometheus Labs	3mg	caps	Adults: Initially 6mg daily in 1–2 divided doses. If response inadequate after 6 months, may increase to 3mg 3 times daily. If still ineffective after 3 months, discontinue. Children: Not recommended.
cyclosporine (modified)	Neoral Novartis	25mg, 100mg	caps†	Adults: Give consistently with regards to meals, diluent, and time of day. ≥18yrs: 1.25mg/kg twice daily; may increase by 0.5–0.75mg/kg per day after 8 weeks and again after 12 weeks; max 4mg/kg per day (Concomitant MTX therapy may be treated with doses of 3mg/kg/day or less). Reduce dose by 25–50% if adverse events (eg, hypertension or SCr increases ≥30% above baseline) occur. Discontinue if adverse events are severe or persistent, or if no benefit by week 16. Children: <18yrs: Not recommended.
	Neoral Oral Solution Novartis	100mg/mL	soln†	
hydroxychloroquine	Plaquenil Sanofi-aventis	200mg	tabs	Adults: RA: Initially 400–600mg daily with food or milk. Lupus: initially 400mg 1–2 times daily. Maintenance for both: 200–400mg daily. Children: Not recommended.
leflunomide	Arava Sanofi-aventis	10mg, 20mg, 100mg	tabs	Adults: ≥18yrs: Loading dose: 100mg daily for three days; maintenance 20mg daily. If not well tolerated, may reduce to 10mg daily; monitor closely. If ALT elevations >3×ULN, discontinue and give cholestyramine and activated charcoal as needed. Max 20mg/day. Children: <18yrs: Not recommended.
methotrexate sodium	Rheumatrex Stada	2.5mg	scored tabs	Adults: Initially 7.5mg once per week as a single dose, or a course of three 2.5mg doses at 12-hour intervals once per week; max 20mg/week. Children: <2yrs: not recommended. ≥2yrs: initially 10mg/m² once weekly; max 20mg/m² per week.
sulfasalazine	Azulfidine EN Pfizer	500mg	enteric coated tabs	Adults: Swallow whole after meals. Initially 500mg in the PM for 1 week, then 500mg in the AM & PM for 1 week, then 500mg in the AM and 1g in the PM for 1 week, then 1g in the AM & PM in 2 evenly divided doses. Children: <6yrs: not recommended. ≥6yrs: initially ¼ to ½ of maintenance dose; increase weekly. Maintenance: 30–50mg/kg per day in 2 evenly divided doses; max 2g/day.
TUMOR NECROSIS FACTOR (TNF) BLOCKERS				
adalimumab	Humira AbbVie	20mg/0.4mL, 40mg/0.8mL	soln for SC inj	Adults: ≥18yrs: 40mg every other week. RA (without MTX): may increase frequency to once weekly. Children: <4yrs or <15kg: not recommended. 4–17yrs: (15kg to <30kg): 20mg every other week (20mg prefilled syringe should be used); (≥30kg): 40mg every other week.
certolizumab pegol	Cimzia UCB	200mg/mL 200mg/vial	soln for SC inj pwd for SC inj after reconstitution	Adults: 400mg (two 200mg inj) SC on day 1, then at weeks 2 and 4, followed by 200mg every other week. Maintenance: may consider 400mg every 4 weeks. Children: Not recommended.

(continued)

Generic & Class	Brand & Company	Strength(s)	Formulations*	Usual Dose
TUMOR NECROSIS FACTOR (TNF) BLOCKERS (continued)				
etanercept	Enbrel Amgen	25mg/vial	pwd for SC inj after reconstitution; soln for SC inj	Adults: 50mg prefilled syringe or SureClick autoinjector SC once weekly. Children: <2yrs: not recommended. JIA: 2–17yrs: 0.8mg/kg per week; max 50mg/week. ≥63kg: may use 50mg prefilled syringe or SureClick autoinjector.
		50mg/mL		
golimumab	Simponi Janssen Biotech	50mg/0.5mL	soln for SC inj	Adults: 50mg SC once monthly. Children: <18yrs: Not recommended.
infliximab	Remicade Janssen Biotech	100mg/vial	pwd for IV infusion after reconstitution and dilution	Adults: Give by IV infusion over at least 2 hours. RA: 3mg/kg at weeks 0, 2, 6, then every 8 weeks. May increase to 10mg/kg or give every 4 weeks. Ankylosing spondylitis: 5mg/kg at weeks 0, 2, 6 then every 6 weeks. Psoriatic arthritis: 5mg/kg at weeks 0, 2, 6, then every 8 weeks. All: max 5mg/kg in CHF. Children: Not recommended.
INTERLEUKIN-1 RECEPTOR ANTAGONIST				
anakinra	Kineret Sobi	100mg/0.67mL	soln for SC inj	Adults: ≥18yrs: 100mg SC once daily. Children: <18yrs: Not recommended.
INTERLEUKIN-6 RECEPTOR INHIBITOR				
tocilizumab	Actemra Genentech	20mg/mL	soln for IV infusion after dilution	Adults: RA: Give as a 60-minute single IV infusion. Initially 4mg/kg every 4 weeks, followed by an increase to 8mg/kg every 4 weeks based on clinical response. Doses >800mg per infusion: not recommended. Do not start if ANC<2000/mm ³ , platelets <100000/mm ³ , or ALT/AST >1.5xULN. Reduce dose to 4mg/kg if elevated liver enzymes, neutropenia, or thrombocytopenia occur (see literature). Children: RA: not recommended. SJIA: <2yrs: not recommended. ≥2yrs: Give once every 2 weeks as a 60-minute IV infusion. <30kg: 12mg/kg. ≥30kg: 8mg/kg. Do not start if ANC<2000/mm ³ , platelets <100000/mm ³ , or ALT/AST >1.5xULN. May need to interrupt dose if elevated liver enzymes, neutropenia, or thrombocytopenia occur.
JANUS KINASE INHIBITOR				
tofacitinib	Xeljanz Pfizer	5mg	tabs	Adults: 5mg twice daily. Children: Not established.
SELECTIVE COSTIMULATION MODULATOR				
abatacept	Orencia Bristol-Myers Squibb	250mg/vial	pwd for IV infusion after reconstitution and dilution	Adults: IV regimen: give as IV infusion over 30 min at weeks 0, 2, and 4, then every 4 weeks thereafter. <60kg: 500mg. 60–100kg: 750mg. >100kg: 1g. SC regimen: following a single IV loading dose, give the first 125mg SC inj within a day, followed by 125mg SC inj once weekly. Patients who are unable to receive IV infusion, may begin weekly SC inj without an IV loading dose. Switching from IV to SC regimen: give the first SC dose instead of the next scheduled IV dose. Children: Give as an IV infusion over 30 minutes at weeks 0, 2, and 4, then every 4 weeks thereafter. <6yrs: not recommended. 6–17yrs: (<75kg): 10mg/kg; (≥75kg): use adult dose; max 1g.
		125mg/mL	soln for SC inj	
CD20 ANTIBODY				
rituximab	Rituxan Genentech	10mg/mL	soln for IV infusion	Adults: Give glucocorticoids 30 minutes prior to each infusion. Concomitant MTX therapy: give two 1000mg IV infusions separated by 2 weeks. Subsequent courses should be given every 24 weeks or based on response, but not sooner than every 16 weeks. Children: Not recommended.

NOTES

*caps = capsules; tabs = tablets; soln = solution; inj = injection; † = contains alcohol. RA = Rheumatoid arthritis; MTX = methotrexate; JIA = Juvenile rheumatoid arthritis. Not an inclusive list. Some of the products listed above have additional indications. See Alphabetical and Section indexes. (Rev. 4/2013)