

ARTHRITIS TREATMENTS: DMARDS AND OTHER IMMUNE MODULATORS (Part 1 of 3)

Generic	Brand	Strength	Form	Dose
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)				
auranofin	Ridaura	3mg	caps	Adults: Initially 6mg daily in 1–2 divided doses. If response inadequate after 6mos, may increase to 3mg 3 times daily. If still ineffective after 3mos, discontinue. Children: Not recommended.
azathioprine	Azasan	75mg, 100mg	scored tabs	Adults: Initially 1mg/kg/day in 1–2 divided doses. After 6–8wks, if needed, increase by 0.5mg/kg/day increments every 4wks; max 2.5mg/kg/day. <i>Maintenance:</i> use lowest effective dose; can decrease by 0.5mg/kg/day (approx. 25mg daily) every 4wks. Children: Not established.
	Imuran	50mg	scored tabs	
cyclosporine	Gengraft	25mg, 100mg	caps*	Adults: ≥18yrs: Give consistently with regard to meals and time of day. 1.25mg/kg twice daily; may increase by 0.5–0.75mg/kg/day after 8wks and again after 12wks; max 4mg/kg/day (many patients on concomitant methotrexate can be treated with doses of 3mg/kg/day or less). Dilute soln in a glass of room temp orange or apple juice. Reduce dose by 25–50% if adverse events (eg, hypertension or serum creatinine increases ≥30% above baseline) occur. <i>Renal impairment:</i> not recommended. <i>Severe hepatic impairment:</i> consider reducing dose. Children: <18yrs: not established.
		100mg/mL	soln	
	Neoral†	25mg, 100mg	caps*	Adults: ≥18yrs: Give consistently with regard to meals and time of day. 1.25mg/kg twice daily; may increase by 0.5–0.75mg/kg/day after 8wks and again after 12wks; max 4mg/kg/day. <i>Concomitant MTX:</i> may treat with 3mg/kg/day or less. Reduce dose by 25–50% if adverse events (eg, hypertension or SCr increases ≥30% above baseline) occur. Children: <18yrs: not established.
		100mg/mL	soln*	
hydroxychloroquine	Plaquenil	200mg	tabs	Adults: <i>RA:</i> Initially 400–600mg daily with food or milk. <i>Lupus:</i> Initially 400mg 1–2 times daily. <i>Maintenance for both:</i> 200–400mg daily. Children: Not recommended.
leflunomide	Arava	10mg, 20mg, 100mg	tabs	Adults: <i>Arava-associated hepatotoxicity and myelosuppression (low-risk):</i> give 100mg loading dose once daily for 3 days; then 20mg daily thereafter; (<i>high-risk</i>): give 20mg once daily without loading dose. Max 20mg/day. If not well tolerated, may reduce to 10mg daily. Children: Not established.
methotrexate	Otrexup	10mg/0.4mL, 12.5mg/0.4mL, 15mg/0.4mL, 17.5mg/0.4mL, 20mg/0.4mL, 22.5mg/0.4mL, 25mg/0.4mL	soln for SC inj	Adults: Initially 7.5mg SC once weekly; adjust gradually. <i>Use of alternative MTX forms:</i> see full labeling. Children: <2yrs: not established. ≥2yrs: initially 10mg/m ² SC once weekly; adjust gradually. <i>Use of alternative MTX forms:</i> see full labeling.
		Rasuvo	7.5mg/0.15mL, 10mg/0.20mL, 12.5mg/0.25mL, 15mg/0.30mL, 17.5mg/0.35mL, 20mg/0.40mL, 22.5mg/0.45mL, 25mg/0.50mL, 27.5mg/0.55mL, 30mg/0.60mL	
	Rheumatrex		2.5mg	scored tabs
sulfasalazine	Azulfidine EN	500mg	enteric coated tabs	Adults: Take after meals. Initially 500mg in the PM for 1wk, then 500mg in the AM & PM for 1wk, then 500mg in the AM and 1g in the PM for 1wk, 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. <i>Maintenance:</i> 30–50mg/kg/day in 2 evenly divided doses; max 2g/day.

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ARTHRITIS TREATMENTS: DMARDS AND OTHER IMMUNE MODULATORS (Part 2 of 3)

Generic	Brand	Strength	Form	Dose
TUMOR NECROSIS FACTOR (TNF) BLOCKERS				
adalimumab	Humira	10mg/0.1mL, 10mg/0.2mL, 20mg/0.2mL, 20mg/0.4mL, 40mg/0.4mL, 40mg/0.8mL, 80mg/0.8mL	soln for SC inj	Adults: ≥18yrs: 40mg every other week. <i>RA (without MTX):</i> may increase frequency to once weekly. Children: <2yrs or <10kg: not recommended. 2–17yrs: (10–<15kg): 10mg every other week (10mg prefilled syringe should be used); (15–<30kg): 20mg every other week (20mg prefilled syringe should be used); (≥30kg): 40mg every other week.
certolizumab pegol	Cimzia	200mg/mL 200mg/vial	soln for SC inj pwd for SC inj after reconstitution	Adults: <i>RA, PsA:</i> 400mg (two 200mg inj at separate sites) SC on Day 1, then at Weeks 2 and 4, followed by 200mg every other week. Maintenance: may consider 400mg every 4wks. <i>Ankylosing spondylitis, nr-axSpA:</i> 400mg on Day 1, then at Weeks 2 and 4, followed by 200mg every 2wks or 400mg every 4wks. Children: Not established.
etanercept	Enbrel	25mg/vial 25mg/0.5mL, 50mg/mL	pwd for SC inj after reconstitution soln for SC inj	Adults: 50mg SC once weekly Children: <2yrs: not established. <i>JIA:</i> ≥2yrs: (<63kg): 0.8mg/kg (max 50mg) weekly; (≥63kg): 50mg weekly.
golimumab	Simponi	50mg/0.5mL, 100mg/mL	soln for SC inj	Adults: 50mg SC once monthly. May continue to use corticosteroids, non-biologic DMARDs, and/or NSAIDs during treatment. Children: <18yrs: not established.
	Simponi Aria	50mg/4mL	soln for IV infusion	Adults: Infuse over 30min. 2mg/kg IV at Weeks 0 and 4, then every 8wks thereafter. May continue to use corticosteroids, non-biologic DMARDs, and/or NSAIDs during treatment. <i>RA:</i> give with MTX. <i>PsA, ankylosing spondylitis:</i> may give with or without MTX or other non-biologic DMARDs. Children: <18yrs: not established.
infliximab	Remicade	100mg/vial	pwd for IV infusion after reconstitution and dilution	Adults: Give by IV infusion over at least 2hrs. <i>RA:</i> 3mg/kg at weeks 0, 2, 6, then every 8wks. May increase to 10mg/kg or give every 4wks. <i>Ankylosing spondylitis:</i> 5mg/kg at weeks 0, 2, 6 then every 6wks. <i>PsA:</i> 5mg/kg at weeks 0, 2, 6, then every 8wks. <i>All:</i> max 5mg/kg in CHF. Children: Not recommended.
INTERLEUKIN-1 RECEPTOR ANTAGONIST				
anakinra	Kineret	100mg/0.67mL	soln for SC inj	Adults: ≥18yrs: 100mg SC once daily. <i>Severe renal impairment or ESRD (CrCl <30mL/min):</i> may consider every other day dosing. Children: <18yrs: not recommended.
canakinumab	Ilaris	150mg/mL	soln for SC inj	Adults: Not recommended. Children: <2yrs: not established. <i>SJIA:</i> ≥2yrs: (≥7.5kg): 4mg/kg SC every 4wks; max 300mg.
INTERLEUKIN-12/23 RECEPTOR ANTAGONIST				
ustekinumab	Stelara	45mg/0.5mL, 90mg/1mL	soln for SC inj	Adults: ≥18yrs: 45mg SC once then 4wks later, followed by 45mg every 12wks. <i>Co-existent moderate-to-severe plaque psoriasis weighing >100kg:</i> 90mg once then 4wks later, followed by 90mg every 12wks Children: <18yrs: not established.
INTERLEUKIN-17A RECEPTOR ANTAGONIST				
ixekizumab	Taltz	80mg/mL	soln for SC inj	Adults: ≥18yrs: <i>PsA:</i> 160mg (given as two 80mg SC inj) at Week 0, then 80mg every 4wks. <i>With coexistent plaque psoriasis:</i> 160mg at Week 0, then 80mg at Weeks 2, 4, 6, 8, 10, and 12, then 80mg every 4wks. Children: <18yrs: not evaluated.
secukinumab	Cosentyx	150mg/mL 150mg/vial	soln for SC inj pwd for SC inj after reconstitution	Adults: ≥18yrs: <i>PsA with coexistent plaque psoriasis:</i> 300mg (given as two 150mg inj) SC at Weeks 0, 1, 2, 3, and 4 then 300mg every 4wks. <i>Other psoriatic arthritis (with a loading dose):</i> 150mg SC at Weeks 0, 1, 2, 3, and 4 and every 4wks thereafter; (without a loading dose): 150mg every 4wks; consider a 300mg dose if psoriatic arthritis continues. <i>Ankylosing spondylitis (with a loading dose):</i> 150mg SC at Weeks 0, 1, 2, 3, and 4 and every 4wks thereafter; (without a loading dose): 150mg every 4wks. Children: <18yrs: not evaluated.

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ARTHRITIS TREATMENTS: DMARDS AND OTHER IMMUNE MODULATORS (Part 3 of 3)

Generic	Brand	Strength	Form	Dose
INTERLEUKIN-6 RECEPTOR INHIBITOR				
sarilumab	Kevzara	150mg/1.14mL, 200mg/1.14mL	soln for SC inj	Adults: RA: 200mg SC inj once every 2wks. Children: Not established.
tocilizumab	Actemra	20mg/mL	soln for IV infusion after dilution	Adults: RA: IV regimen: Infuse over 60mins. Initially 4mg/kg every 4wks, then 8mg/kg every 4wks based on clinical response. Doses >800mg per infusion: not recommended. SC regimen: <100kg: 162mg SC inj every other week, then give once weekly based on clinical response. ≥100kg: 162mg SC inj once weekly. Transitioning from IV to SC admin: give 1st SC dose instead of next scheduled IV dose. Children: <2yrs: not established. Infuse IV over 60mins. ≥2yrs: SJIA: IV regimen (<30kg): 12mg/kg IV every 2wks; (≥30kg): 8mg/kg IV every 2wks. SC regimen (<30kg): 162mg SC inj every 2wks; (≥30kg): 162mg SC inj once weekly. PJIA: IV regimen (<30kg): 10mg/kg IV every 4wks; (≥30kg): 8mg/kg IV every 4wks. SC regimen (<30kg): 162mg SC inj every 3wks; (≥30kg): 162mg SC inj every 2wks. Transitioning from IV to SC admin: give 1st SC dose instead of next scheduled IV dose.
		162mg/0.9mL	prefilled syringe for SC inj	
JANUS KINASE INHIBITOR				
baricitinib	Olumiant	2mg	tabs	Adults: 2mg once daily. Children: Not established.
tofacitinib	Xeljanz	5mg, 10mg	tabs	Adults: 5mg twice daily Children: Not established.
	Xeljanz XR	11mg	ext-rel tabs	
PHOSPHODIESTERASE 4 INHIBITOR				
apremilast	Otezla	10mg, 20mg, 30mg	tabs	Adults: Active PsA: Day 1: 10mg in AM. Day 2: 10mg in AM and 10mg in PM. Day 3: 10mg in AM and 20mg in PM. Day 4: 20mg in AM and 20mg in PM. Day 5: 20mg in AM and 30mg in PM. Following on Day 6 and thereafter: 30mg twice daily (AM & PM) Children: <18yrs: not established.
SELECTIVE COSTIMULATION MODULATOR				
abatacept	Orencia	250mg/vial	pwd for IV infusion after reconstitution and dilution	Adults: IV regimen (RA and PsA): give as IV infusion over 30mins at Weeks 0, 2, and 4, then every 4wks. <60kg: 500mg. 60–100kg: 750mg. >100kg: 1g. SC regimen: For RA (may initiate with or without an IV loading dose): following a single IV loading dose (based on body wt listed above), give the first 125mg SC inj within a day, then subsequently 125mg SC once weekly. For PsA: 125mg SC inj once weekly without an IV loading dose. Switching from IV to SC regimen: give the first SC dose instead of the next scheduled IV dose. Children: PJIA: IV regimen: give as IV infusion over 30min at weeks 0, 2, and 4, then every 4wks. <6yrs: not studied. 6–17yrs: (<75kg): 10mg/kg; (≥75kg): use adult dose; max 1g. SC regimen (initiate without an IV loading dose): <2yrs: not studied. ≥2yrs: (10–<25kg): 50mg once weekly; (25–<50kg): 87.5mg once weekly; (≥50kg): 125mg once weekly. ClickJect autoinjector: not studied in patients <18yrs.
		50mg/0.4mL, 87.5mg/0.7mL, 125mg/mL	prefilled syringe for SC inj	
		125mg/mL	ClickJect autoinjector for SC inj	
CD20 ANTIBODY				
rituximab	Rituxan	10mg/mL	soln for IV infusion	Adults: Give glucocorticoids 30mins prior to each infusion. First infusion: initially at a rate of 50mg/hr; may increase by 50mg/hr increments every 30mins. Subsequent infusions: initially at a rate of 100mg/hr; may increase by 100mg/hr increments every 30mins. Both: max 400mg/hr if infusion reactions do not occur. In combination with MTX: two 1000mg separated by 2wks. Subsequent courses should be given every 24wks or based on response, but not sooner than every 16wks. Children: Not established.

NOTES

Key: JIA = Juvenile rheumatoid arthritis; MTX = methotrexate; nr-axSpA = non-radiographic axial spondyloarthritis; PJIA = Polyarticular juvenile idiopathic arthritis; PsA = Psoriatic arthritis; RA = Rheumatoid arthritis; SJIA = Systemic juvenile idiopathic arthritis

* contains alcohol

† Not bioequivalent to all other forms of cyclosporine; do not interchange without physician supervision.

Not an inclusive list of medications, indications, and/or dosing details. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

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