

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

Generic	Brand	Strength	Form	Dose
CD20 ANTIBODY				
rituximab	Rituxan	10mg/mL	soln for IV infusion	Adults: Give glucocorticoids 30mins prior to each infusion. <i>First infusion:</i> initially at a rate of 50mg/hr; may increase by 50mg/hr increments every 30mins. <i>Subsequent infusions:</i> initially at a rate of 100mg/hr; may increase by 100mg/hr increments every 30mins. <i>Both:</i> max 400mg/hr if infusion reactions do not occur. <i>In combination with MTX:</i> 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.
rituximab-abbs	Truxima			
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.
	Neoral†	25mg, 100mg 100mg/mL	caps* soln*	
hydroxychloroquine	Plaquenil	200mg	tabs	Adults: RA: 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	—	2.5mg	scored tabs	Adults: RA: Initially 7.5mg once weekly as a single dose, or a course of three 2.5mg doses at 12-hr intervals once weekly; max 20mg/wk. Children: <2yrs: not established. P/JIA: ≥2yrs: Initially 10mg/m ² once weekly; max 20mg/m ² /wk.
	Otrexup	10mg/0.4mL, 15mg/0.6mL, 17.5mg/0.7mL, 20mg/0.8mL, 22.5mg/0.9mL, 25mg/1mL	soln for SC inj	Adults: RA: Initially 7.5mg SC once weekly; adjust gradually. Use alternative MTX form in patients requiring oral, IM, IV, intra-arterial, or intrathecal dosing, doses <7.5mg/wk or >25mg/wk, high-dose regimens, or dose adjustments <2.5mg increments. Children: <2yrs: not established. P/JIA: ≥2yrs: Initially 10mg/m ² SC once weekly; adjust gradually. Use alternative MTX form in patients requiring oral, IM, IV, intra-arterial, or intrathecal dosing, doses <7.5mg/wk or >25mg/wk, high-dose regimens, or dose adjustments <2.5mg increments.
	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, 30mg/0.60mL	soln for SC inj	Adults: RA: Initially 7.5mg once weekly using oral or SC form. Use alternative MTX form in patients requiring oral, IM, IV, intra-arterial, or intrathecal dosing, doses <7.5mg/wk or >25mg/wk, high-dose regimens, or dose adjustments <2.5mg increments. Children: <2yrs: not established. P/JIA: 2–16yrs: Initially 10mg/m ² once weekly. Use alternative MTX form in patients requiring oral, IM, IV, intra-arterial, or intrathecal dosing, doses <7.5mg/wk or >25mg/wk, high-dose regimens, or dose adjustments <2.5mg increments.
	Reditrex	7.5mg/0.3mL, 10mg/0.4mL, 12.5mg/0.5mL, 15mg/0.6mL, 17.5mg/0.7mL, 20mg/0.8mL, 22.5mg/0.9mL, 25mg/mL	soln for SC inj	Adults: RA: Initially 7.5mg SC once weekly; adjust dose gradually. Use alternative MTX form in patients requiring oral, IM, IV, intra-arterial, or intrathecal dosing, doses <7.5mg/wk or >25mg/wk, high-dose regimens, or dose adjustments <2.5mg increments. Children: <2yrs: not established. P/JIA: ≥2yrs: Initially 10mg/m ² SC once weekly; adjust dose gradually. Use alternative MTX form in patients requiring oral, IM, IV, intra-arterial, or intrathecal dosing, doses <7.5mg/wk or >25mg/wk, high-dose regimens, or dose adjustments <2.5mg increments.
	Xatmep	2.5mg/mL	oral soln	Adults: Use other forms. Children: P/JIA: Initially 10mg/m ² once weekly; adjust gradually; usual max: 20mg/m ² per week.
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
INTERLEUKIN-1 ANTAGONIST				
anakinra	Kineret	100mg/0.67mL	soln for SC inj	Adults: ≥18yrs: RA: 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 and Children: <2yrs: not established. <i>Still's disease, SJIA:</i> ≥2yrs (≥7.5kg): 4mg/kg (max 300mg) SC every 4wks.
		150mg/vial	pwd for SC inj after reconstitution	
INTERLEUKIN-6 ANTAGONIST				
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. <i>Doses >800mg per infusion: not recommended.</i> SC regimen: <100kg: 162mg SC inj every other week, then give once weekly based on clinical response. ≥100kg: 162mg SC inj once weekly. <i>Transitioning from IV to SC admin:</i> 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. P/JIA: 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. <i>Transitioning from IV to SC admin:</i> give 1st SC dose instead of next scheduled IV dose.
		162mg/0.9mL	prefilled syringe for SC inj	
INTERLEUKIN-12/23 ANTAGONIST				
ustekinumab	Stelara	45mg/0.5mL, 90mg/1mL	soln for SC inj	Adults: ≥18yrs: PsA: 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 ANTAGONIST				
ixekizumab	Taltz	80mg/mL	soln for SC inj	Adults: ≥18yrs: PsA: 160mg (two 80mg inj) at Week 0, then 80mg every 4wks; may be given alone or in combination with a conventional DMARD. <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. <i>Ankylosing spondylitis:</i> 160mg at Week 0, then 80mg every 4wks. <i>nr-axSpA:</i> 80mg every 4wks. Children: <18yrs: not established.
secukinumab	Cosentyx	150mg/mL	soln for SC inj	Adults: ≥18yrs: PsA with coexistent plaque psoriasis: 300mg (given as two 150mg inj) SC at Weeks 0, 1, 2, 3, and 4 then 300mg every 4wks. <i>Other PsA (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 300mg every 4wks if PsA continues. May be administered with or without MTX. <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. Consider 300mg every 4wks if ankylosing spondylitis continues. <i>nr-axSpA (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.
		150mg/vial	pwd for SC inj after reconstitution	
INTERLEUKIN-23 ANTAGONIST				
guselkumab	Tremfya	100mg/mL	soln for SC inj	Adults: ≥18yrs: PsA: 100mg SC at Weeks 0 and 4, then every 8wks. May be given alone or in combination with a conventional DMARD. Children: <18yrs: not established.
JANUS KINASE INHIBITOR				
baricitinib	Olumiant	1mg, 2mg	tabs	Adults: RA: 2mg once daily. Children: Not established.
tofacitinib	Xeljanz	5mg, 10mg	tabs	Adults: RA, PsA: 5mg twice daily. Children: Not established.
	Xeljanz XR	11mg	ext-rel tabs	Adults: RA, PsA: 11mg once daily. Children: Not established.
upadacitinib	Rinvoq	15mg	ext-rel tabs	Adults: RA: 15mg once daily. Children: <18yrs: not established.
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.

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

Generic	Brand	Strength	Form	Dose
SELECTIVE COSTIMULATION MODULATOR				
abatacept	Orencia	250mg/vial	pwd for IV infusion after reconstitution and dilution	Adults: <i>IV regimen (RA and PsA):</i> give as IV infusion over 30mins at Weeks 0, 2, and 4, then every 4wks. <60kg: 500mg. 60–100kg: 750mg. >100kg: 1g. <i>SC regimen: For RA</i> (may initiate with or without an IV loading dose): if using an IV loading dose, give a single IV loading dose (based on body wt listed above), followed by the first 125mg SC inj given within a day, then subsequently 125mg SC once weekly. <i>For PsA:</i> 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: <i>PJIA:</i> 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 established. ≥2yrs: (10–<25kg): 50mg once weekly; (25–<50kg): 87.5mg once weekly; (≥50kg): 125mg once weekly. <i>ClickJect autoinjector:</i> not studied in pediatrics.
		50mg/0.4mL, 87.5mg/0.7mL, 125mg/mL	prefilled syringe for SC inj	
		125mg/mL	ClickJect autoinjector for SC inj	
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	soln for SC inj	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.
		200mg/vial	pwd for SC inj after reconstitution	
etanercept	Enbrel	25mg/vial	pwd for SC inj after reconstitution	Adults: <i>RA, PsA, ankylosing spondylitis:</i> 50mg SC once weekly. Children: <2yrs: not established. <i>JIA:</i> ≥2yrs: (<63kg): 0.8mg/kg (max 50mg) weekly; (≥63kg): 50mg weekly.
		25mg/0.5mL, 50mg/mL	soln for SC inj	
golimumab	Simponi	50mg/0.5mL, 100mg/mL	soln for SC inj	Adults: 50mg SC once monthly. <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.
	Simponi Aria	50mg/4mL	soln for IV infusion	Adults: <i>RA, PsA, AS:</i> 2mg/kg IV over 30mins at Weeks 0 and 4, then every 8wks thereafter. <i>RA:</i> give with MTX. Children: <2yrs: not established. <i>PsA, pJIA (2–17yrs):</i> 80mg/m ² at Weeks 0 and 4, then every 8wks thereafter.
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 established.
infliximab-abda	Renflexis			
infliximab-axxq	Avsola			
infliximab-dyyb	Inflectra			

NOTES

Key: AS = Ankylosing spondylitis; cDMARD = conventional disease-modifying antirheumatic drug; JIA = Juvenile idiopathic 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. (Rev. 7/2021)