



Appendix A: Non-Biologic Disease-Modifying Anti-Rheumatic Drugs (DMARDs)

• Note that all DMARDs take 6-8 weeks to work • Consider drug interactions • Review medications if considering pregnancy as many are teratogenic • Dose is oral unless specified

Generic Name	Trade Name (dosage form and strength)	Usual Adult Dose	Cost per 30 days	PharmaCare Coverage	Adverse Effects	Monitoring
hydroxychloroquine sulfate	Plaquenil®, G (tablet: 200 mg)	200-400 mg PO daily (Max: 6.5 mg/kg lean body weight)	\$8-17 (G) \$20-40	Regular Coverage	nausea, diarrhea, anorexia, skin rash Serious: retinopathy, retinal deposition, myopathy	• Ophthalmologic exam: Q 6-12 months
sulfasalazine	Salazopyrin EN®, G (Enteric-coated tablet: 500 mg)	(Use enteric-coated tablets) Initial: 500 mg PO daily to bid; increase weekly to 1000 mg PO bid (Max: 1000 mg PO tid)	\$44-66 (G) \$52-78	Regular Coverage	nausea, headache, skin rash Serious: bone marrow toxicity	• CBCs with differentials, LFTs monthly x 3 months, then Q 3 months
methotrexate	Methotrexate (injections: 2.5, 10, 25 mg/mL; tablets: 2.5, 10 mg)	Initial: 7.5 mg PO/SC weekly; increased by 2.5-5 mg Q 1-4 weeks (max: 25 mg/week) Maintenance: 7.5-25 mg PO/SC weekly	\$8-27 (tabs); \$7-25 (injection)	Regular Coverage (tablet); Special Authority (injection)	nausea, vomiting, oral ulcers, flu-like symptoms Serious: bone marrow toxicity (avoid TMP-SMX), hepatitis, infection, pneumonitis	• LFT at baseline • Hepatitis B & C serology at baseline • CBC, LFTs, albumin, creatinine monthly x 6 months, then Q 2 months thereafter. • Give folic acid 5 mg PO once weekly. Folic acid may improve patient's ability to tolerate methotrexate therapy. ⁵⁻⁶
leflunomide	Arava®, G (tablets: 10, 20 mg)	10-20 mg PO daily (Max: 20 mg PO daily)	\$120 (G) \$353	Special Authority	nausea, vomiting, diarrhea Serious: hypertension, alopecia, weight loss, hepatic toxicity, bone marrow toxicity, pneumonitis	• Hepatitis B & C serology: baseline • ALT, AST, CBCs (differentials and platelets): baseline & monthly during first 6 months. If stable, repeat Q 6-8 weeks (or monthly if also on methotrexate) • Blood pressure monthly x 3 months
gold sodium thiomalate	Myochrysin®, G (Injections: 10, 25, 50 mg/mL)	Initial: 10 mg IM first week, 25 mg IM second week, then 25-50 mg weekly x 20 weeks, then decrease to maintenance Maintenance: 50 mg IM Q 2-4 weeks	\$15-30 (G) \$23-46	Regular Coverage	rash, pruritus, stomatitis Serious: bone marrow toxicity, proteinuria, vasodilatation with hypotension	• CBC with differentials and platelets • Urinalysis weekly x 4 weeks, then Q 2 weeks x 20 weeks, then Q 3 weeks x 50 weeks, then Q 4-8 injections
azathioprine	Imuran®, G (tablet: 50 mg)	Initial: 1 mg/kg/day PO (once daily or divided BID) x 6-8 weeks, increase by 0.5 mg/kg Q 4 weeks until optimal response (max: 2.5 mg/kg/day)	\$11-27 (G); \$32-80	Regular Coverage	nausea, vomiting, diarrhea Serious: hepatitis, drug fever, infection, bone marrow toxicity	• CBC with differentials and platelets, LFTs Q 1-3 months, more frequently with dosage modifications
cyclosporine	Neoral®, G (capsules: 25, 50, 100 mg; solution: 100 mg/mL)	Initial: 2.5 mg/kg/day PO (divided BID); increased by 0.5-0.75 mg/kg/day after 4 weeks & 8 weeks if insufficient response (Maximum: 5 mg/kg/day) Discontinue if no benefit by 16 weeks Maintenance: 2.5-5 mg/kg/day (divided BID)	\$223-535 (capsules); \$198-475 (solution)	Special Authority	hirsutism, gum hyperplasia, nausea Serious: hypertension, renal toxicity, viral infection	• Blood pressure monthly (more frequently after dosage change) • CBCs with differentials & platelets, LFTs, magnesium, serum creatinine: baseline and Q 2-4 weeks • drug blood levels when drug interactions or altered bioavailability are suspected
minocycline	Minocin®, G (capsules: 50 mg, 100 mg)	100 mg PO bid	\$38 (G)	Regular Coverage	gastrointestinal symptoms, dizziness, skin rash, photosensitivity Serious: hyperpigmentation, SLE	

Abbreviations

ALT alanine aminotransferase; **AST** aspartate aminotransferase; **bid** twice daily; **CBCs** complete blood counts; **G** generics; **IM** intramuscularly; **max** maximum; **LFTs** liver function tests; **mg** milligrams; **PO** by mouth; **Q** every; **SC** subcutaneously; **SLE** systemic lupus erythematosus; **tid** three times daily

Note: For complete details, please review product monographs at <http://webprod.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp> and regularly review current Health Canada advisories, warnings and recalls at http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index_e.html.

Pricing is approximate as per PharmaCare Formulary Search 2012/10/05 and does not include dispensing fee.

PharmaCare Coverage Definitions

G: generic(s) are available.

Regular Coverage: also known as regular benefit; does not require Special Authority. Regular benefits may be fully or partially covered*.

Limited Coverage: requires Special Authority for coverage. Limited coverage benefits approved by Special Authority may be fully or partially covered*.

No Coverage: also known as non-benefit, does not fit the above categories.

* Note: Information on which products PharmaCare covers can be obtained using the BC PharmaCare Formulary Search (<http://www.health.bc.ca/pharmacare/benefitslookup/>). In all cases, coverage is subject to drug price limits set by PharmaCare and to the patient's PharmaCare plan rules and deductibles. See <http://www.health.gov.bc.ca/pharmacare/plans/index.html> and <http://www.health.gov.bc.ca/pharmacare/policy.html> for further information.

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