

Other indications for Adalimumab

→ *Crohn disease, moderate to severe, induction and maintenance of remission:*

Note: Combination therapy with an immunomodulator is generally preferred. ^[1]

Initial: SUBQ: 160 mg (given over 1 or 2 days), then 80 mg 2 weeks later (day 15).

Maintenance: SUBQ: 40 mg every other week beginning day 29. ^[2]

→ *Hidradenitis suppurativa, moderate to severe, refractory:*

Initial: SUBQ: 160 mg (given over 1 or 2 days), then 80 mg 2 weeks later (day 15).

Maintenance: SUBQ: 40 mg every week beginning day 29 or 80 mg every other week beginning day 29 ^{[3][4]}

Note: 40 mg every week regimen has been more extensively studied and is therefore preferred by some experts ^[3]

→ *Plaque psoriasis, moderate to severe:*

Generally used as systemic monotherapy; +\ - adjuvant topical therapies (eg, emollients, corticosteroids) as needed.

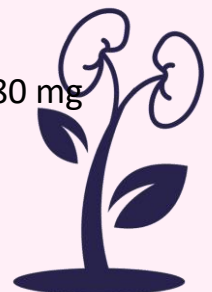
Initial: SUBQ: 80 mg as a single dose.

Maintenance: SUBQ: 40 mg every other week beginning 1 week after initial dose. **Note:** Some patients may require 40 mg every week ^[5]

→ *Rheumatoid arthritis:*

May continue methotrexate, other nonbiologic disease-modifying antirheumatic drugs (DMARDs), glucocorticoids, nonsteroidal anti-inflammatory drugs (NSAIDs), and/or analgesics.

SUBQ: Initial: 40 mg every other week; for select patients with an inadequate response, may increase dose to 40 mg every week or 80 mg every other week ^[2]



→ *Axial spondyloarthritis (eg, ankylosing spondylitis [labeled use] and non-radiographic axial spondylarthritis [off-label use]):*

Reserve for patients who do not have an adequate response to NSAIDs; may continue NSAIDs and/or analgesics ^{[6] [7]}

SUBQ: 40 mg every other week.

→ *Peripheral spondyloarthritis (including psoriatic arthritis):*

May continue methotrexate, other nonbiologic DMARDs, corticosteroids, NSAIDs, and/or analgesics.

SUBQ: 40 mg every other week ^{[8] [9]}

→ *Ulcerative colitis, moderate to severe, induction and maintenance of remission:*

Initial: SUBQ: 160 mg (given over 1 or 2 days), then 80 mg 2 weeks later (day 15).

Maintenance: SUBQ: 40 mg every other week beginning day 29. If a disease flare occurs, some experts increase to 40 mg every week ^[10]

Only continue maintenance treatment in patients demonstrating clinical remission by 8 weeks (day 57) of therapy.

→ *Uveitis, noninfectious:*

Generally reserved for patients with an incomplete response to first-line agents and ≥ 1 other systemic therapies ^[11]

Initial: SUBQ: 80 mg as a single dose.

Maintenance: SUBQ: 40 mg every other week beginning 1 week after initial dose.

[1] -(Lexi Drugs) Al Hashash J, Regueiro M. Overview of medical management of high-risk, adult patients with moderate to severe Crohn disease. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com>. Accessed November 2, 2021.



[2] – (Lexi Drugs)

https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/2894008?cesid=3uRmrzlore6&searchUrl=%2Ffco%2Faction%2Fsearch%3Fq%3Dfingolimod%26t%3Dname%26va%3Dfingolimod

[3] – (Lexi Drugs) Ingram JR. Hidradenitis suppurativa: management. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com> Accessed May 14, 2021.

[4] – (Lexi Drugs) Kimball, A. B., Okun, M. M., Williams, D. A., Gottlieb, A. B., Papp, K. A., Zouboulis, C. C., Armstrong, A. W., Kerdell, F., Gold, M. H., Forman, S. B., Korman, N. J., Giamarellos-Bourboulis, E. J., Crowley, J. J., Lynde, C., Reguiai, Z., Prens, E. P., Alwawi, E., Mostafa, N. M., Pinsky, B., Sundaram, M., ... Jemec, G. B. (2016). Two Phase 3 Trials of Adalimumab for Hidradenitis Suppurativa. The New England journal of medicine, 375(5), 422–434. <https://doi.org/10.1056/NEJMoa1504370>

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[6] – (Lexi Drugs) Ward, M. M., Deodhar, A., Gensler, L. S., Dubreuil, M., Yu, D., Khan, M. A., Haroon, N., Borenstein, D., Wang, R., Biehl, A., Fang, M. A., Louie, G., Majithia, V., Ng, B., Bigham, R., Pianin, M., Shah, A. A., Sullivan, N., Turgunbaev, M., Oristaglio, J., ... Caplan, L. (2019). 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. Arthritis care & research, 71(10), 1285–1299. <https://doi.org/10.1002/acr.24025>

[7] – (Lexi Drugs) Sieper, J., van der Heijde, D., Dougados, M., Mease, P. J., Maksymowych, W. P., Brown, M. A., Arora, V., & Pangan, A. L. (2013). Efficacy and safety of adalimumab in patients with non-radiographic axial spondyloarthritis: results of a randomised placebo-controlled trial (ABILITY-1). Annals of the rheumatic diseases, 72(6), 815–822. <https://doi.org/10.1136/annrheumdis-2012-201766>

[8] – (Lexi Drugs) Mease, P., Sieper, J., Van den Bosch, F., Rahman, P., Karunaratne, P. M., & Pangan, A. L. (2015). Randomized controlled trial of adalimumab in patients with nonpsoriatic peripheral spondyloarthritis. Arthritis & rheumatology (Hoboken, N.J.), 67(4), 914–923. <https://doi.org/10.1002/art.39008>

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[10] – (Lexi Drugs) A-Rahim YI, Farrell RJ. Overview of dosing and monitoring of biologic agents and small molecules for treating ulcerative colitis in adults. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com>. Accessed May 4, 2021.

[11] – (Lexi Drugs) Rosenbaum JT. Uveitis: treatment. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com>. Accessed May 24, 2021.

