

## Sulfasalazine (Azulfidine)

Sulfasalazine is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD). It is thought to modulate local chemical mediators of the inflammatory response, specifically, leukotrienes.

### Resources from Manufacturer

[Sulfasalazine Package Insert](#)

### Indications and Dosing in Rheumatology

\* FDA approved indications

#### Adults

- \*Rheumatoid Arthritis: May be used as alternative to methotrexate or hydroxychloroquine, 500mg by mouth once or twice daily; can increase by 500mg each week up to a maintenance of 1g twice daily, maximum of 3g/day
- \*Ulcerative colitis: initial: 3 to 4 grams/day by mouth in divided doses at 8 hour intervals; maintenance: 2g/day by mouth in divided doses at 8 hour intervals
- Ankylosing spondylitis: Initial 500mg by mouth once daily, may increase up to 2 to 3 g/day in divided doses
- Crohn's Disease: 3 to 6g/day in divided doses for up to 16 weeks
- Psoriatic Arthritis: initial 500mg by mouth once daily, may increase to 2 to 3 g/day in divided doses

#### Pediatrics

- \*Juvenile rheumatoid arthritis: 30-50 mg/kg/day in 2 divided doses, maximum of 2,000mg/day
- Inflammatory bowel disease:
  - Weight-directed
    - Induction: 40-70mg/kg/day by mouth in 3 to 6 divided doses
    - Maintenance: 30-70mg/kg/day by mouth in 3 to 6 divided doses, maximum 4,000mg/day
  - Fixed dosing
    - Acute: 25-35kg: 500mg by mouth 3 times daily; 35-50kg: 1,000mg by mouth 2 to 3 times daily
    - Maintenance: 25-35kg: 500mg by mouth twice daily; 35-50kg: 500mg by mouth 2 to 3 times daily

### Contraindications

- Hypersensitivity to sulfasalazine, its metabolites, sulfonamides, salicylates, or any component of the formulation; intestinal or urinary obstruction; porphyria
- Although the FDA-approved product labeling states this medication is contraindicated in patients with hypersensitivity to sulfonamide-containing drugs, the scientific basis of this cross-sensitivity has been challenged.

## Warnings and Precautions

- CNS Effects: deaths from irreversible neuromuscular and CNS changes have occurred
- Infections: serious infections have occurred
- Use with caution in patient with severe allergies or bronchial asthma, hepatic impairment, renal impairment
- Patients who are slow acetylators may be at increased risk for adverse reactions due to prolonged half-life
- May cause skin/urine discoloration
- Various blood dyscrasias have been reported

## Adverse Reactions

Nausea, vomiting, diarrhea, abdominal pain skin rash, dyspepsia, headache are commonly reported side effects.

## Medication Strength and Preparations

Available as 500mg tablets, and 500mg delayed release tablets.

## Medication Preparation and Storage

Should be stored at room temperature.

## Medication Administration and Monitoring

- Ideally administered after meals, delayed release tablets should be swallowed whole, not chewed or crushed
- CBC, liver function tests [prior to therapy, then every other week for first 3 months of therapy, followed by every month for the second 3 months, then at least once every 3 months thereafter [in some cases, annual monitoring may be adequate]], urinalysis, renal function tests, stool frequency, reticulocyte count

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