

PRACTICAL APPROACH TO IBD (5-ASAs)

Aminosalicylates (5-ASA) for Adults with Mild-Moderate UC						
Name of Therapy	Pearls	Standard Dosing (Adult) (Refer to package insert for dose adjustments)	Most Common Adverse Reactions	Contraindications	Monitoring	Reproductive Considerations
<p>Azulfidine (Sulfasalazine)</p> <p>Delivery method: PO (tablet)</p>	<p>May decrease folic acid absorption, thus patients on Sulfasalazine should be taking 1mg of folic acid daily (2mg daily if pregnant)</p> <p>Photosensitivity reactions have been reported. Patients should use skin protection and avoid prolonged exposure to sunlight and ultraviolet light.</p>	<p>UC (Mild-Moderate)* *Reserved for patients who cannot tolerate preferred agents; if used, may have additional benefits in patients who have concurrent inflammatory arthritis.</p> <p>Induction of remission: 3 to 4 g per day in 3 to 4 divided doses; may initiate at 1 to 2 g per day to improve GI tolerance. Preferably after meals.</p> <p>Maintenance: 2 to 4 g per day in 3 to 4 divided doses preferably after meals</p> <p>Usual course is 4 to 8 weeks before transitioning to maintenance treatment</p> <p><u>Crohn's Colitis (Mild-Moderate), off label us*</u> *Less frequently used for select patients with more mild Crohn's colitis, off label use</p> <p>3-6 g per day in 3 divided doses preferably after meals</p>	<p>Rash Anorexia Dyspepsia Nausea Vomiting Oligospermia Headache</p>	<p>Hypersensitivity to sulfasalazine, its metabolites, sulfonamides, salicylates, or any component of the formulation</p> <p>Intestinal or urinary obstruction</p> <p>Porphyria</p>	<p>BUN/Cr and urinalysis at baseline then periodically</p> <p>CBC with differential and LFTs at baseline then every other week for the first 3 months of therapy, then once a month for the second 3 months, then every 3 months thereafter.</p>	<p>Sulfasalazine may cause oligospermia and reversible infertility in males.</p> <p>Considered low risk in pregnancy based on human data. Pregnant women should be taking 2mg of folic acid daily on Sulfasalazine.</p> <p>Weigh risk/benefit while breastfeeding. Low risk of infant diarrhea based on conflicting human data.</p>
<p>Colazal (Balsalazide)</p> <p>Delivery method: PO (capsule)</p>	<p>Photosensitivity reactions have been reported. Patients should use skin protection and avoid prolonged exposure to sunlight and ultraviolet light.</p>	<p>Induction of remission: 2.25 g 3 times daily with food for 8-12 weeks</p> <p>Maintenance: 1.5 or 3 g twice daily with food</p> <p>Usual course is 4 to 8 weeks before transitioning to maintenance treatment</p>	<p>Abdominal pain Diarrhea Nausea Vomiting Headache</p>	<p>Hypersensitivity to balsalazide or its metabolites, aminosalicylates, salicylates, or any component of the formulation</p>	<p>CMP at baseline then periodically</p> <p>CBC for patients >65 years old.</p>	<p>Limited human data in pregnancy. Exposure to Balsalazide is considered unlikely to significantly increase the chance for birth defects based on human data with Mesalamine.</p> <p>May use while breastfeeding. Low risk of infant diarrhea based on conflicting human data with Mesalamine.</p>
<p>Dipentum (Osalazine)</p> <p>Delivery method: PO (capsule)</p>	<p>For use as an alternative to other preferred therapies. Osalazine is frequently not tolerated due to drug-induced diarrhea.</p> <p>Photosensitivity reactions have been reported. Patients should use skin protection and avoid prolonged exposure to sunlight and ultraviolet light.</p>	<p>Induction of remission: 2 to 3 g/day in 2 to 4 divided doses</p> <p>Maintenance: 500mg twice a day</p> <p>Usual course is 4 to 8 weeks before transitioning to maintenance treatment</p>	<p>Diarrhea Abdominal pain Bloating Nausea Arthralgias</p>	<p>Hypersensitivity to osalazine, aminosalicylates, salicylates, or metabolites or any component of the formulation</p>	<p>BUN/Cr at baseline then periodically</p> <p>CBC for patients >65 years old.</p>	<p>Risk of fetal harm low based on human data.</p> <p>May use while breastfeeding. Low risk of infant diarrhea based on conflicting human data with Mesalamine.</p>

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Mesalamine Formulations						
<p>➤ Apriso</p> <p>Delivery method: PO (capsule)</p>	<p>Contains phenylalanine, which can be harmful to patients with phenylketonuria (PKU). Before prescribing, consider the combined daily amount of phenylalanine from all sources.</p> <p>Avoid concurrent administration of antacids with Apriso. The optimal duration of dose separation is unknown.</p> <p>Photosensitivity reactions have been reported. Patients should use skin protection and avoid prolonged exposure to sunlight and ultraviolet light.</p>	<p>Induction of remission: 1.5 to 4.5 g every morning</p> <p>Maintenance: 1.5 to 3 g every morning</p> <p>Usual course is 4 to 8 weeks before transitioning to maintenance treatment</p>	<p>Abdominal pain Constipation Eruption Headache Nasopharyngitis Rash</p>	<p>Hypersensitivity to mesalamine, aminosalicylates, salicylates, or any component of the formulation.</p>	<p>BUN/Cr at baseline then periodically.</p> <p>CBC for patients >65 years old.</p>	<p>Oligospermia, which was improved following discontinuation of the drug, has been reported following use of Mesalamine.</p> <p>Limited human data in pregnancy. Based on the available information, exposure to Mesalamine is considered unlikely to significantly increase the chance for birth defects.</p> <p>May use while breastfeeding. Low risk of infant diarrhea based on conflicting human data.</p>
<p>➤ Asacol HD</p> <p>Delivery method: PO (tablet)</p>	<p>Photosensitivity reactions have been reported. Patients should use skin protection and avoid prolonged exposure to sunlight and ultraviolet light.</p>	<p>1.6 g three times daily (at least 1 hour before or 2 hours after a meal)</p>				
<p>➤ Canasa</p> <p>Delivery method: rectal (suppository)</p>		<p>1 g daily at bedtime*</p> <p>*Remove foil wrapper; avoid excessive handling. Insert into rectum. Retain suppository for at least 1 to 3 hours for maximum benefit.</p>				
<p>➤ Delzicol</p> <p>Delivery method: PO (capsule)</p>		<p>Induction of remission: 800mg three times daily</p> <p>Maintenance: 1.6 to 2.4 g per day in one to four divided doses</p> <p>Usual course is 4 to 8 weeks before transitioning to maintenance treatment</p>				
<p>➤ Lialda</p> <p>Delivery method: PO (tablet)</p>		<p>Induction of remission: 2.4 to 4.8g once daily with a meal</p> <p>Maintenance: consider 2.4 to 3.6 g once daily with a meal</p> <p>Usual course is 4 to 8 weeks before transitioning to maintenance treatment</p>				
<p>➤ Pentasa</p> <p>Delivery method: PO (capsule)</p>		<p>Induction of remission: 1 g four times daily</p> <p>Maintenance: 1.5 to 4 g per day in 3 to 4 divided doses</p> <p>Usual course is 4 to 8 weeks before transitioning to maintenance treatment</p> <p>Pentasa is a small bowel released 5-ASA that should NOT be used in Crohn's disease.</p>				
<p>➤ Rowasa</p> <p>Delivery method: rectal (enema)</p>	<p>Contain metabisulfite salts that may cause severe hypersensitivity reactions (ie, anaphylaxis) in patients with sulfite allergies.</p> <p>Photosensitivity reactions have been reported. Patients should use skin protection and avoid prolonged exposure to sunlight and ultraviolet light.</p>	<p>4 g daily at bedtime*</p> <p>Shake well before use. Instruct patient to lie on left side with left leg extended and right leg flexed forward for balance, or in "knee-chest" position. Insert lubricated applicator tip into the rectum and point slightly toward the navel. Grasp bottle firmly and tilt so nozzle is aimed toward the back; squeeze slowly to instill medication. After administration, withdraw and discard bottle. Retain enema for 8 hours or as long as practical.</p>				
<p>Sources</p>	<p>Epocrates, Up-To-Date, Crohn's & Colitis Foundation, https://www.ncbi.nlm.nih.gov/books/NBK582826/#:text=Based%20on%20the%20available%20information,the%20chance%20for%20pregnancy%20complications.</p>					