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.

ACR/ARP Medication Guide

American College of Rheumatology
Empowering Rheumatology Professionals

Association of Rheumatology Professionals
The Interprofessional Division of the American College of Rheumatology

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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