1. TNF alpha antagonists
MOA: Inhibit TNF alpha signaling → prevent inflammation and joint destruction
Adalimumab
Entanercept – soluble TNF receptor
Infliximab
SE: increased risk for infection (URTI), Hematological disorders (cytopenia), reactivation of TB or HepB

2. Interleukin inhibitors
MOA: Inhibit inflammatory interleukin signaling
Tocilizumab – IL-6 receptor antagonist
Anakinra – IL-1 receptor antagonist
Ustekinumab – IL-12 and IL-23 inhibitor - Psoriasis
Secukinumab – IL-17 inhibitor - Psoriasis
SE: increased risk for infection (URTI), GI perforations (Tolizumab), Hematological disorders (cytopenia)

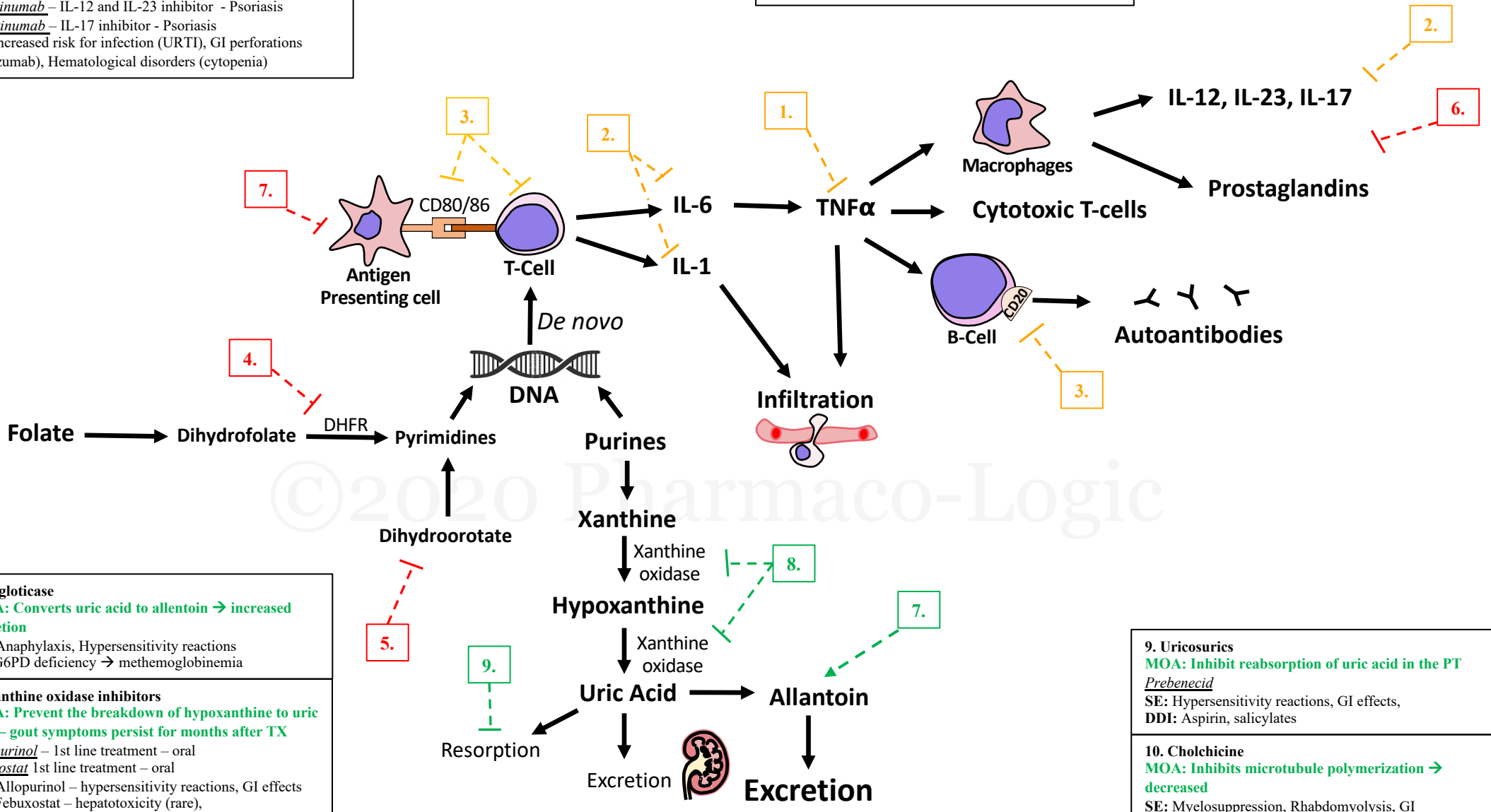
3. Lymphocyte inhibitors
MOA: Inhibit TNF alpha signaling → prevent inflammation and joint destruction
Rituximab – antibody against CD20 → NK Mediated Death
Abatacept – Decreases CD80/86 expression
Alefecept - T-cell antagonist – psoriasis
SE: Rituximab - Steven Johnson Syndrome, Hep B, PML
Abatacept – URTI, Nausea, infections

4. Methotrexate
MOA: Inhibitor of dihydrofolate reductase → decreased de novo DNA synthesis
USE: RA, psoriasis (low dose), Cancers (high dose)
SE: Myelosuppression, hepatotoxicity, nephrotoxicity, stomatitis, Preg Cat X,

5. Leflunomide
MOA: Metabolized to teriflunomide. Inhibitor of dihydroorotate dehydrogenase → preventing pyrimidine synthesis
USE: RA
SE: Hepatotoxicity, Preg Cat X,

6. Sulfasalazine - aminosalicylate
MOA: Metabolized to 5-ASA → NSAID – anti-inflammatory
USE: RA, Inflammatory bowel disease
SE: Myelosuppression, hepatotoxicity, rash, hemolysis in G6PD deficiency

7. Hydrochloroquine
MOA: Inhibit antigen presentation cell function
USE: RA, Malaria
SE: Rash, bleaching, alopecia, vision problems (regular eye exams)



7. Pegloticase
MOA: Converts uric acid to allentoin → increased excretion
SE: Anaphylaxis, Hypersensitivity reactions
CI: G6PD deficiency → methemoglobinemia

8. Xanthine oxidase inhibitors
MOA: Prevent the breakdown of hypoxanthine to uric acid – gout symptoms persist for months after TX
Allopurinol – 1st line treatment – oral
Fbuxostat 1st line treatment – oral
SE: Allopurinol – hypersensitivity reactions, GI effects
Febuxostat – hepatotoxicity (rare),
DDI: Warfarin, Azathioprine, 6-mercaptopurine

9. Uricosurics
MOA: Inhibit reabsorption of uric acid in the PT
Prebenecid
SE: Hypersensitivity reactions, GI effects,
DDI: Aspirin, salicylates

10. Cholchicine
MOA: Inhibits microtubule polymerization → decreased
SE: Myelosuppression, Rhabdomyolysis, GI
DDI: Statins, P-Glycoproteins, CYP3A4 inhibitors