DOSES OF IBD THERAPIES IN PEDIATRICS

	Induction	Maintenance	
Oral mesalazine	60-80 mg/kg/d up to 4.8g/d		
Topical mesalazine	25 mg/kg up to 1gr		
Sulfasalazine	40-70 mg/kg/d up to 4 g/d		
Azathioprine	Thiopurines are not used for induction of remission	2-2.5 mg/kg/d* Children <6 y/o may need 3mg/kg/d	
Mercaptopurine		1-1.5 mg/kg/d*	
Methotrexate	15 mg/m2 up to 25IM/wee Rarely used for induction alone	k 10 mg/m2 up to 15 mg IM/w	
Infliximab	Very frequently needed hig	5 mg/kg q8w needed if <30kg gher doses in children so TDM hmended	
Adalimumab**	160/80/40 mg (0,2,4 w) SC 80/40/20 mg (0,2,4 w)		

Golimumab	200/ 100 mg (0,2 w) If ≥45kg SC If <45 kg should be dosed based on BSA: 115 and 60 mg/m2 at weeks 0 & 2	lf weight: <45kg: 60 mg/m2 q4w >45kg: 100 mg q4w	
Vedolizumab	5 mg/kg up to 300 mg (0,2,6w) IV If <30 kg, higher dose may be require	Same dose q8w	
Ustekinumab	Ist dose: IV 6mg/kg with up to SC 520mg	90 mg q8w/q12w for tandard adult BSA 1.73m2 Calculate BSA and adjust	
Some IBD drugs do not have registred pediatric trials and data comes from observational studies Tofacitinib was approved in 2020 for pediatric treatment in Reumathoid arthritis, psoriatic and juvenil arthritis. Studies with tofacitinib in pediatric UC have used higher doses than in RA but this is not standardized yet. Similar situation occurs with upadacitinib or with infliximab subcutaneous ESPHGAN guideline 2020 & 2018 Croft NM et al. J Crohns Colitis, 2023; 17(2): 249–258.			
BSA: body surface area *Dose adjustment required for patients on allopurinol or with low or intermediate TPMT activity **BSA-based dosing could be considered taking as a base an adult BSA of 1.73m2 (ie, induction with 92 mg/m2 followed by 46 mg/m2 followed by 23 mg/m2 q2w for maintenance). NOTE: only standard doses were provided. Some biological drugs can be intensified Gros B www.ibd-eii.com			

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