**TABLE 390-2 COMMONLY USED DRUGS TO TREAT SARCOIDOSIS**

| Drug | Initial Dose | Maintenance Dose | Monitoring | Toxicity | Support Therapy[a] | Support Monitoring[a] |
|---|---|---|---|---|---|---|
| Prednisone | 20–40 mg qd | Taper to 5–10 mg | Glucose, blood pressure, bone density | Diabetes, osteoporosis | A: Acute pulmonary<br>D: Extrapulmonary | |
| Hydroxychloroquine | 200–400 mg qd | 400 mg qd | Eye exam q6–12 mo | Ocular | B: Some forms of disease | D: Routine eye exam |
| Methotrexate | 10 mg qwk | 2.5–15 mg qwk | CBC, renal, hepatic q2mo | Hematologic, nausea, hepatic, pulmonary | B: Steroid sparing<br>C: Some forms chronic disease | D: Routine hematologic, renal, and hepatic monitoring |
| Azathioprine | 50–150 mg qd | 50–200 mg qd | CBC, renal q2mo | Hematologic, nausea | C: Some forms chronic disease | D: Routine hematologic monitoring |
| Infliximab | 3–5 mg/kg q2wk for 2 doses | 3–10 mg/kg q4–8 wk | Initial PPD | Infections, allergic reaction, carcinogen | A: Chronic pulmonary disease | B: Caution in patients with latent tuberculosis or advanced congestive heart failure |

[a]Grade A: supported by at least two double-blind randomized control trials; grade B: supported by prospective cohort studies; grade C: supported primarily by two or more retrospective studies; grade D: only one retrospective study or based on experience in other diseases.

***Abbreviations:*** CBC, complete blood count; PPD, purified protein derivative test for tuberculosis.

***Source:*** Adapted from RP Baughman, O Selroos: Evidence-based approach to treatment of sarcoidosis, in PG Gibson et al (eds): *Evidence-Based Respiratory Medicine.* Oxford, BMJ Books Blackwell, 2005, pp 491–508.



Crohn's disease, where infliximab is effective and etanercept is not. However, there is a higher risk for reactivation of tuberculosis with infliximab compared to etanercept. The differential response rate could be explained by differences in mechanism of action because etanercept is a TNF receptor antagonist and infliximab is a monoclonal antibody against TNF. In contrast to etanercept, infliximab also binds to TNF on the surface of some cells that release TNF, which leads to cell lysis. This effect has been documented in Crohn's disease. Adalimumab is a humanized monoclonal anti-TNF antibody that also appears effective for sarcoidosis when dosed at higher strengths, as recommended for the treatment of Crohn's disease. The role of the newer therapeutic agents for sarcoidosis is still evolving. However, these targeted therapies confirm that TNF may be an important target, especially in the treatment of chronic disease. However, these agents are not a panacea, because sarcoidosis-like disease has occurred in patients treated with anti-TNF agents for nonsarcoidosis indications.