

Adalimumab

TNF-alpha antagonist

Seek paediatric specialist advice relevant to indication (eg rheumatologist, gastroenterologist, dermatologist or ophthalmologist).

Juvenile idiopathic arthritis

Use with methotrexate (p 213), or alone if methotrexate not tolerated.

If no response after the initial 12 weeks, consider stopping adalimumab treatment.

Polyarticular

2–18 years

10–30 kg, SC 20 mg once every 2 weeks.

>30 kg, SC 40 mg once every 2 weeks.

Enthesitis-related

6–18 years

10–30 kg, SC 20 mg once every 2 weeks.

>30 kg, SC 40 mg once every 2 weeks.

Refractory non-infectious anterior uveitis

Use with methotrexate (p 213).

2–18 years

<30 kg, SC 20 mg once every 2 weeks.

>30 kg, SC 40 mg once every 2 weeks.

Moderate-to-severe Crohn's disease

6–18 years and <40 kg

SC, 80 mg on day 0, then 40 mg on day 14, then 20 mg once every 2 weeks starting on day 28.

Consider giving the maintenance dose once a week if disease flares or response is poor.

6–18 years and >40 kg

SC, 160 mg on day 0 (or 80 mg on each of day 0 and day 1), then 80 mg on day 14, then 40 mg once every 2 weeks starting on day 28.

Consider increasing the maintenance dose to 40 mg once a week or 80 mg once every 2 weeks if disease flares or response is poor.

Severe chronic plaque psoriasis

If no response after the initial 16 weeks, consider stopping adalimumab treatment.

4–18 years

<40 kg, SC 20 mg once a week for the first 2 doses, then once every 2 weeks.

>40 kg, SC 40 mg once a week for the first 2 doses, then once every 2 weeks.

Active moderate-to-severe hidradenitis suppurativa

If no response after the initial 12 weeks, consider stopping adalimumab treatment.

12–18 years, SC 80 mg then, starting 1 week after the first dose, 40 mg once every 2 weeks.

Consider increasing the maintenance dose to 40 mg once a week or 80 mg once every 2 weeks if response is poor.

Off-label use

Product information does not include doses for uveitis in children.

Practice points

- antibodies to adalimumab can develop during treatment, which is associated with reduced efficacy; the incidence is:
 - lower when also treated with methotrexate
 - about 10% higher in children with JIA than in adults with rheumatoid arthritis
 - lowest in children with Crohn's disease compared to other indications
- observe the usual precautions, eg vaccination requirements, and monitoring required for an immunosuppressant
- little information about adalimumab in children aged <4 years with polyarticular JIA, in children with psoriasis aged <9 years (particularly those <6 years), or in those with enthesitis-related arthritis; use in hidradenitis suppurativa is extrapolated from adult studies

inj, 20 mg, 40 mg, 80 mg