



## Sulfasalazine Shortage

### Suppliers of sulfasalazine tablets in Canada.<sup>1</sup>

DIN	Manufacturer	Brand name	Strength
<b>Regular Release Tabs</b>			
00598461	Pharmascience	PMS-Sulfasalazine	500 mg
02064480	Pfizer	Salazopyrin	500 mg
<b>Delayed Release Tabs</b>			
00598488	Pharmascience	PMS-Sulfasalazine E.C.	500 mg
02064472	Pfizer	Salazopyrin EN-tabs	500 mg

#### Indications for regular release tablets<sup>2</sup>:

- adjunctive therapy of severe ulcerative colitis, proctitis, distal ulcerative colitis, and Crohn's disease

#### Indications for delayed release tablets<sup>2</sup>:

- active rheumatoid arthritis (RA)
- patients experiencing gastrointestinal adverse reactions from the regular tablets\*

Sulfasalazine trials for RA used only delayed release tablets, thus regular release tablets are not indicated for RA.<sup>5</sup> However, no data has been found to suggest sulfasalazine regular tablets would be ineffective for RA. Gastrointestinal adverse effects can be expected to increase when switching to regular release tablets.<sup>2,4</sup>

In the event Salazopyrin<sup>®</sup> regular tablets also become unavailable:

- Bulk sulfasalazine powder is available for compounding<sup>5</sup>
- Patients with **acute or maintenance ulcerative colitis** can be switched to<sup>4,6</sup>:
  - 5-ASA (mesalamine) – the active moiety of sulfasalazine; often better tolerated though more expensive<sup>6</sup>
  - Olsalazine – like sulfasalazine is converted to 5-ASA by colonic bacteria<sup>8</sup>
- Note: sulfasalazine is effective for acute therapy of mild Crohn's Disease (CD);<sup>4,6</sup> role of 5-ASA is controversial.<sup>6</sup> Patients with **mild acute CD** may need to be switched to:
  - Oral budesonide (ileo and right colonic only) or prednisone<sup>4,6</sup>
- Appropriate treatment of patients with **RA** depends on previous history<sup>8,9</sup>:
  - Sometimes sulfasalazine is considered early in treatment; therefore, depending on history, DMARDs like hydroxychloroquine, leflunomide, or even methotrexate may be viable options.<sup>9</sup>
  - However, sulfasalazine is more typically added as a third DMARD; as such, a switch to biologics may need to be considered.<sup>8,9</sup>

\*Not an official indication but information is included in the monograph.

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## References:

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