**Paediatric hospital level essential medicines list**

**chapter 12: Rheumatology and vasculitides**

**NEMLC 23 June 2022**

**Medicine Amendments**

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| **Section** | **Medicine** | **Added/deleted/not added** |
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| **12.1 Immunoglobulin A vasculitis** | Paracetamol  | Added |
|  |
| **12.2 Juvenile Idiopathic Arthritis**  | Methotrexate  | Dose titration removed |
| **Management of a flare** | Ibuprofen | Added |
| Prednisone | Added |
|  |
| **12.4 Systemic Lupus Erythematosus** | Vitamin D and calcium supplementation | Moved from General and Supportive Measures to Medicine Treatment |
| Chloroquine  | Dosing amended |
| Azathioprine | Dose amended |

**12.1 IMMUNOGLOBULIN A VASCULITIS (PREVIOUSLY HENOCH SCHÖNLEIN PURPURA)**

**Disorder name change**

The disorder name was amended to Immunoglobulin A vasculitis (previously Henoch Schönlein Purpura.

**Diagnostic criteria**

This was updated in line with the 2010 EULAR/PReS/PRINTO criteria.[[1]](#footnote-1)

**Medicine Treatment**

Paracetamol, oral: added

Previously only oral ibuprofen was included for arthritis, oedema, fever and malaise. This section was updated with the addition of oral paracetamol which is in line with other areas of the STGs for symptom management.

**12.2 JUVENILE IDIOPATHIC ARTHRITIS (JIA)**

Methotrexate: dose titration removed

The guidance on methotrexate titrating monthly was removed as dose increases should be only if there is poor response.

The text was amended as follows:

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| * Methotrexate, oral, 10-15 mg/m2/weekas a single dose on an empty stomach. Specialist initiated.
* ~~Increase dose at monthly intervals up to 1 mg/kg/week until there is satisfactory response, continue maintenance at the same dose.~~
 |

**Management of a flare of disease**

Ibuprofen: Added

Prednisone: added

**12.3 KAWASAKI DISEASE/MUCOCUTANEOUS LYMPH NODE SYNDROME**

The following note was added to ensure this is considered.

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| **Important**: MIS-C, a complication of SARS-CoV-2, can mimic Kawasaki Disease  |

**12.4 SYSTEMIC LYPUS ERYTHEMATOSUS**

2012 SLICC criteria added:

The text was added as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SLICC CLASSIFICATION FOR SLE*Requirements: 4>/ criteria (at least 1 clinical and 1 laboratory criteria)**OR biopsy-proven lupus nephritis with positive ANA or Anti-DNA*

|  |  |
| --- | --- |
| CLINICAL CRITERIA | IMMUNONOLOGIC CRITERIA |
| 1. Acute Cutaneous Lupus
2. Chronic Cutaneous Lupus
3. Oral or nasal ulcers
4. Non-scarring alopecia
5. Arthritis
6. Serositis
7. Renal
8. Neurologic
9. Hemolytic anemia
10. Leukopenia
11. Thrombocytopenia (<100,000/mm3
 | 1. ANA
2. Anti-DNA
3. Anti-Sm
4. Antiphospholipid Ab
5. Low complement (C3, C4, CH50)
6. Direct Coombs’ test (do not count in the presence of hemolytic anemia)
 |

 |

Vit D and calcium supplementation: Moved from General and Supportive Measures to Medicine Treatment.

Chloroquine: dosing amended

The chloroquine dosing was amended to a daily dose Monday to Friday, and a maximum dose of 200mg; to align with the available 200mg formulation

The text was amended as follows:

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| --- |
| Chloroquine (as base), oral, 5 mg/kg/dose ~~once~~ daily, Monday to Friday.* Maximum dose: ~~150~~ 200 mg.
* 6-monthly eye examination necessary.
 |

Azathioprine: 1-2.5mg/kg/day, not 2-3 mg/kg/dose

Azathioprine dose aligned with the South African Medicine Formulary[[2]](#footnote-2) and the British National Formulary.[[3]](#footnote-3)

The text was amended as follows:

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| --- |
| * Azathioprine, oral, ~~2-3~~ 1 – 2.5 mg/kg/dose as single daily dose.
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**12.5 TAKAYASU ARTERITIS**

**Diagnostic criteria**

This was updated in line with the 2010 EULAR/PReS/PRINTO criteria.[[4]](#footnote-4)

1. Paediatric Rheumatology International Trials Organisation. EULAR/PRINTO/PRES criteria for Henoch- Schönlein purpura, childhood polyarteritis nodosa, childhood Wegener granulomatosis and childhool Takayasu arteritis: Ankara 2008. Part II: Final classification. Ann Rheum Dis. 2010, 69: 798-806. [↑](#footnote-ref-1)
2. Division of Pharmacology, Faculty of Health Sciences, University of Cape Town and Health and Medical Publishing group. South African Medicines Formulary, 12th Edition. 2016. [↑](#footnote-ref-2)
3. BNF for Children, 2020-2021. BMJ Group and Pharmaceutical Press [↑](#footnote-ref-3)
4. Paediatric Rheumatology International Trials Organisation. EULAR/PRINTO/PRES criteria for Henoch- Schönlein purpura, childhood polyarteritis nodosa, childhood Wegener granulomatosis and childhool Takayasu arteritis: Ankara 2008. Part II: Final classification. Ann Rheum Dis. 2010, 69: 798-806. [↑](#footnote-ref-4)