

Rituximab	Azathioprine	MMF
<p>Scheduled dosing protocol:</p> <p>1. 500 mg × 2 at complete remission, and 500 mg at months 6, 12 and 18 thereafter (MAINRITSAN scheme)</p> <p>OR</p> <p>2. 1000 mg infusion after induction of remission, and at months 4, 8, 12, and 16 after the first infusion (RITAZAREM* scheme)</p>	<p>1.5–2 mg/kg/d at complete remission until one yr after diagnosis then decrease by 25 mg every 3 mo</p>	<p>2000 mg/d (divided doses) at complete remission for 2 yrs</p>
	<p>Extend azathioprine at complete remission until 4 yrs after diagnosis; start at 1.5–2 mg/kg/d for 18–24 mo, then decrease to a dose of 1 mg/kg/d until 4 yrs after diagnosis, then taper by 25 mg every 3 mo. Glucocorticoids should also be continued at 5–7.5 mg/d for 2 yrs and then slowly reduced by 1 mg every 2 mo</p>	

Figure 14 | Immunosuppressive dosing and duration of AAV maintenance therapy. MAINRITSAN, MAINTenance of Remission Using RITuximab in Systemic ANCA-associated Vasculitis; MMF, mycophenolate mofetil; RITAZAREM, Rituximab versus azathioprine as therapy for maintenance of remission for antineutrophil cytoplasm antibody-associated vasculitis (AAV). *RITAZAREM was in relapsing AAV.