Table 1 Commonly used NMO treatments in adults

Table 1 | Commonly used NMO treatments in adults

Treatment	Typical dose	Mode of action
For acute exacerbation		
Methylprednisolone[60]	1 g daily, for 3–5 days	Multiple
Plasma exchange[57–60]	Five to seven cycles	Depletion of AQP4-IgG and cytokines
Intravenous immunoglobulin[61,136]	0.7 g/kg for 3 days; treatment period 8 weeks	Multiple
Cyclophosphamide[62]	2 g daily for 4 days	Inhibits mitosis
Relapse rate reduction		
Prednisolone[64]	2–20 mg daily	Multiple
Rituximab[74–80,180,181]	For example, 1 g at day 1 and day 14, repeat every 6 months (optional: monitoring of CD19 counts)	Anti-CD20, B-cell depletion
Plasma exchange[65]	Immunosuppression	Depletion of AQP4-IgG and cytokines
Cyclophosphamide	2 g daily for 4 days	Inhibits mitosis
Azathioprine[66–68,180]	2.5–3.0 mg/kg daily	Blocks synthesis of adenine and guanine
Mycophenolate[69,180]	750–3000 mg daily	Inhibits inosine monophosphate dehydrogenase, primarily the type II isoform found in T cells and B cells
Mitoxantrone[71,182]	Initiation with 12 mg/m^2 monthly for 3–6 months, maintenance with 6–12 mg/m^2 every 3 months; maximum cumulative dose of 120 mg/m^2	Intercalates DNA, inhibits mitosis
Methotrexate[70]	7.5–25 mg once weekly	Folic acid antagonist
Cyclosporine A[84]	2–5 mg/kg daily	Inhibits T cells
Harmful in NMO or insufficient safety data		
IFN-β[101–104]	NA	Harmful in NMO
Fingolimod[114,115]	NA	Might be harmful in NMO (insufficient data)
Natalizumab[106,107]	NA	Might be harmful in NMO (insufficient data)

Abbreviations: AQP4, aquaporin-4; CD20, B-lymphocyte antigen CD20; NA, not applicable; NMO, neuromyelitis optica.

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