Understanding your rheumatoid arthritis medications
# Table of contents

Rheumatoid arthritis (RA) medications: an overview

- Staying on track with your medications
- Pregnancy, breastfeeding and RA medications

## Types of RA medications

- NSAIDs
- Corticosteroids
- DMARDs
- BRMs
- Keeping your doctor informed
- Injection-site reactions

## Ongoing care

- Protecting your bones

## To learn more

- Resources

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Although there is no cure for rheumatoid arthritis (RA), a number of medications can help you feel better and prevent or slow long-term damage to your joints. Some medications work to relieve pain and swelling in your joints, while others block the immune system to stop it from mistakenly attacking the healthy tissue around your joints.

In most cases, doctors will prescribe RA medications along with lifestyle changes to relieve the pain and swelling in your joints during intense flares or everyday discomfort. There is no single treatment that works for everyone, so it is important that you work with your doctor to find what is best for you.

**Staying on track with your medications**

Once you have been diagnosed with RA, it is important that you begin treatment immediately. Nearly half of all people diagnosed with RA have the potential of achieving a remission, or symptom-free period, especially when medication therapy begins shortly after diagnosis. The earlier and more aggressive treatment is, the better the chance for remission. This is because the right medications can relieve swelling and prevent irreversible damage to your joints and the surrounding bones, muscle and other tissues.

Here is what you can do to get the most from your RA medication therapy:

- Learn about the medications you are taking, including special risks and warnings.
- Never skip or change doses of medications on your own.
- Try to make taking your medications part of your normal routine.
- Write down the names and amounts of the medications you are taking along with your doctor’s name and phone number.
- Check with your doctor before starting any new medications. This includes vitamins, supplements, herbal remedies, prescription medications and over-the-counter (OTC) products, which may interfere with your RA medication.
- Keep all your medical appointments. If you must cancel an appointment, call and schedule a new one as soon as possible.
Your medication will only work if you take it regularly and properly. If you often forget to take your medication as prescribed, try to create helpful ways to remember:

- Post reminder notes on your refrigerator, computer screen or bathroom mirror.
- Use a pill container with a compartment for each day of the week.
- Set an alarm on your watch or cell phone.
- Create a chart or calendar of your medications and when you are supposed to take them. Check off each one when you take it.
- Take your medication during a daily television show.

You should take your medications as prescribed, for as long as your doctor directs—even if you feel like you are getting better. If you are avoiding taking your medication because of uncomfortable side effects, talk to your doctor or pharmacist about ways to minimize those problems.

Pregnancy, breastfeeding and RA medications

If you have been diagnosed with RA and you are pregnant or plan to be pregnant soon, talk to your doctor about your medications. Some RA medications are not considered safe during pregnancy, and you may temporarily have to stop taking them. Some medications can also affect fertility in both men and women. Research suggests that RA symptoms improve during pregnancy, but symptoms usually return and flares can occur after the baby is born. Ask your doctor which medications are safe to take when breastfeeding.
Medications commonly used to treat RA include nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, disease-modifying antirheumatic drugs (DMARDs) and biologic response modifiers (BRMs).

It’s important to note that some RA medications can be taken by mouth, but others can only be given by injection or infusion. There are three common methods, including:

- Subcutaneous injections, given under the skin
- Intramuscular injections, given into a muscle
- Intravenous infusions, or IV infusions, given directly into a vein, and usually performed by a nurse or doctor

### NSAIDs

NSAIDs are commonly prescribed to treat the symptoms of RA. Some of these medications, listed in Table 1 on page 4, might be familiar. As OTC versions, they are a lower strength than the prescription versions and are often used in low doses to relieve backaches or headaches. In higher prescription doses, these medications, and others that are only available by prescription, work to reduce the painful joint swelling caused by RA. While NSAIDs can bring some relief, they will not stop the damage to your joints. Because of this, these medications are often used along with other types of medications.
Table 1: Nonsteroidal anti-inflammatory drugs (NSAIDs)

<table>
<thead>
<tr>
<th>Generic name (brand name)</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac (Voltaren®, Cataflam®)</td>
<td>Capsule, tablet or liquid</td>
<td>• Can cause stomach irritation and affect kidney function • Take with food or milk to minimize stomach irritation</td>
<td>Store at room temperature.</td>
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<tr>
<td>etodolac</td>
<td></td>
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<td>fenoprofen (Nalfon®)</td>
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<tr>
<td>flurbiprofen</td>
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<tr>
<td>ibuprofen (Advil®, Motrin®)</td>
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</tr>
<tr>
<td>indomethacin (Indocin®)</td>
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<td></td>
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<tr>
<td>ketoprofen</td>
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<td></td>
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<tr>
<td>meclofenamate</td>
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<tr>
<td>meloxicam (Mobic®)</td>
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<tr>
<td>nabumetone</td>
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<tr>
<td>naproxen (Aleve®, Naprosyn®)</td>
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<tr>
<td>oxaprozin (Daypro®)</td>
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<tr>
<td>piroxicam (Feldene®)</td>
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<tr>
<td>sulindac (Clinoril™)</td>
<td></td>
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</tr>
<tr>
<td>tolnetin (Tolectin®)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cox-2 inhibitor</td>
<td></td>
<td></td>
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<tr>
<td>celecoxib (Celebrex®)</td>
<td>Capsule</td>
<td>May increase risk for heart attack and stroke, skin reactions and gastrointestinal bleeding</td>
<td>• Store at room temperature. • Do not take with other prescription or OTC NSAIDs.</td>
</tr>
<tr>
<td>Salicylate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aspirin (Anacin®, Bayer®)</td>
<td>Capsule, tablet or liquid</td>
<td>Can cause stomach irritation</td>
<td>• Store at room temperature. • Protect from heat and moisture.</td>
</tr>
</tbody>
</table>

*Definition of room temperature may vary. Consult manufacturer storage instructions for exact temperature ranges.
Managing NSAID side effects

NSAIDs can irritate the stomach and should be taken with food to avoid discomfort. These medications can also increase your risk of kidney or liver damage if taken over a long period of time. NSAIDs can increase the risk of developing ulcers and bleeding in the stomach and intestines.

Corticosteroids

Corticosteroids, or steroids, listed in Table 2, are most commonly prescribed for short periods of time to relieve swelling in the joints, especially during flares and when symptoms are not responding to other treatments. These medications are also useful for people who are unable to take NSAIDs.

Table 2: Corticosteroids

<table>
<thead>
<tr>
<th>Brand name (generic name)</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
</table>
| Medrol® (methylprednisolone) | Tablet, liquid, intramuscular injection or IV infusion | • Can increase risk of mood changes  
• Can increase appetite, blood glucose and levels of fats in the blood  
• Can increase risk of osteoporosis when taken for an extended period of time | • Store at room temperature.  
• Protect from heat and moisture. |
| prednisone               | Tablet or liquid |                                                                                     |                                           |

*Definition of room temperature may vary. Consult manufacturer storage instructions for exact temperature ranges.
Managing corticosteroid side effects
Corticosteroids can cause mood swings, increased appetite, high levels of blood glucose and blood fats, and hardening of the arteries.

Long-term use of high-dose corticosteroids has also been linked to the development of osteoporosis, or weakening of the bones. Your doctor will likely prescribe a low dose and will work with you to monitor your bone health while you are taking the medication. You might undergo bone density tests to make sure the medication is not causing your bones to become brittle and easily breakable.

If you are taking corticosteroids, do not suddenly stop taking them. Stopping them too quickly can be dangerous and could cause a severe flare or even a life-threatening condition. You should work with your doctor to slowly decrease the dose you are taking until your body adjusts and the therapy is complete.

DMARDs
DMARDs, listed in Table 3 on page 7, are used over a long period of time to suppress the immune system and slow the process that causes joint damage. It can take a while to experience the benefits of DMARDs, as they must reach a certain level in your body to take full effect. These medications help prevent long-term damage to the joints. They are recommended for use within three months of diagnosis.
Table 3: Disease-modifying antirheumatic drugs (DMARDs)

<table>
<thead>
<tr>
<th>Brand name (generic name)</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
</table>
| Arava® (leflunomide)      | Tablet          | • Diarrhea, stomach pain, hair loss, headache, nausea and skin rash  
|                           |                 | • Should not be taken during pregnancy | • Store at room temperature.  
|                           |                 |                     | • Protect from light. |
| Azulfidine®, Azulfidine EN®-tabs(sulfasalazine) | Tablet | Nausea, stomach pain or upset, rash, headache and vomiting | • Store at room temperature.  
|                           |                 |                     | • Protect from light. |
| Cuprimine® (penicillamine) | Capsule         | Loss of appetite, stomach pain, nausea, vomiting, diarrhea and loss of taste | • Store at room temperature.  
|                           |                 |                     | • Protect from light. |
| Imuran® (azathioprine)    | Tablet          | • Nausea, vomiting, fever, chills, sore throat and decreased resistance to infections  
|                           |                 | • Long-term use associated with greater risk for certain types of cancer, especially skin cancer and lymphoma | • Store at room temperature.  
|                           |                 |                     | • Protect from heat, moisture and light. |
| Myochrysine® (gold sodium thiomalate) | Intramuscular injection | Itching, skin rash, swelling or bleeding gums, metallic taste in mouth or throat or mouth sores | • Store at room temperature.  
|                           |                 |                     | • Protect from heat, moisture and light. |

*Definition of room temperature may vary. Consult manufacturer storage instructions for exact temperature ranges.
<table>
<thead>
<tr>
<th>Brand name (generic name)</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
</table>
| Neoral® (cyclosporine)   | Capsule, liquid | • Stomach pain, excessive hair growth, nausea, trembling hands and headache  
• Can cause kidney damage | • Store at room temperature.  
• Protect from heat and moisture.  
• Do not refrigerate or freeze.  
• Do not remove capsules from blister pack until ready to use.  
• Use liquid solution within two months after opening. |
| Plaquenil® (hydroxychloroquine) | Tablet | Nausea, vomiting, stomach pain, skin rashes and hair loss | • Store at room temperature in a tightly sealed container.  
• Protect from light. |
| Rheumatrex®, Trexall® (methotrexate) | Tablet | • Mouth or throat sores, fever or sore throat, nausea, stomach pain or cramps  
• Can be toxic to liver or bone marrow  
• Should not be taken during pregnancy  
• Taking with folic acid supplement may help prevent folate deficiency | • Store at room temperature.  
• Protect from light. |
| Ridaura® (auranofin) | Capsule | Itching, skin rash, mouth or throat sores, stomach pain or cramps, indigestion, loss of appetite, diarrhea and nausea | • Store at room temperature.  
• Protect from heat, moisture and light. |

*Definition of room temperature may vary. Consult manufacturer storage instructions for exact temperature ranges.
Managing DMARD side effects

The most common side effects of DMARDs are stomach problems, skin rashes, and mouth and throat sores. Because DMARDs suppress the immune system, you can also become more susceptible to infections while taking them. You should see your doctor on a regular basis and have blood tests to monitor your immune system function. If the medications are causing side effects that are difficult to tolerate or lowering your immune system function, your doctor might prescribe different medication.

BRMs

BRMs work to slow or stop disease progression. They are taken as IV infusions or as subcutaneous injections, which are injections given just under the skin. BRMs are newer medications that work by targeting only the parts of the immune system that cause joint damage. BRMs, listed in Table 4 on page 10, can work for people who have not had enough success with other treatments. BRMs may be used in combination with other RA medications. In some cases, BRM therapy can lead to a remission, a period during which the disease does not progress. Because BRMs are relatively new, their long-term effects are still uncertain.

There are several other places to receive your prescribed medications besides your doctor’s office. These include infusion centers, nationwide facilities for injections or even your own home where your healthcare provider can administer your prescribed medications or teach you to do them for yourself.
Table 4: Biologic response modifiers (BRMs)

<table>
<thead>
<tr>
<th>Brand name (generic name)</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
</table>
| Actemra® (tocizilumab)    | Intravenous infusion | Upper respiratory infection, (common cold, sinus infection) headache, increased blood pressure (hypertension) | • Refrigerate between 36°F and 46°F.  
• Protect from light.  
• Do not freeze. |
| Cimzia® (certolizumab)   | Subcutaneous injection | Upper respiratory infection, rash, urinary tract (bladder) infection | • Refrigerate between 36°F and 46°F.  
• Protect from light.  
• Do not freeze. |
| Enbrel® (etanercept)      | Subcutaneous injection | Injection-site reaction, upper respiratory infection, headache | • Refrigerate between 36°F and 46°F.  
• Do not freeze.  
• Discard unused mixed solution after 14 days. |
| Humira® (adalimumab)     | Subcutaneous injection | Injection-site reaction, upper respiratory infection, headache, rash, nausea | • Refrigerate between 36°F and 46°F.  
• Protect from light.  
• Do not freeze. |
| Kineret® (anakinra)      | Subcutaneous injection | Injection-site reaction | • Refrigerate between 36°F and 46°F.  
• Protect from light.  
• Do not freeze or shake. |
| Orencia® (abatacept)     | Subcutaneous injection, intravenous infusion | Headache, upper respiratory infection, sore throat, nausea | • Refrigerate between 36°F and 46°F.  
• Keep in the original package.  
• Protect from light.  
• Do not freeze.  
• Safely throw away medicine that is out of date or no longer needed.  
• Do not try to inject Orencia until you have been shown the right way to give the injections by your healthcare provider. |
| Remicade® (infliximab)   | Intravenous infusion | Respiratory infection, headache, rash, cough, stomach pain | • Refrigerate between 36°F and 46°F.  
• Do not freeze. |
| Rituxan® (rituximab)     | Intravenous infusion | Fever, headache, chills and shakes, nausea, itching, hives, cough, sneezing, throat irritation or tightness | • Refrigerate between 36°F and 46°F.  
• Protect from light.  
• Do not freeze or shake. |
| Simponi® (golimumab)     | Subcutaneous injection | Upper respiratory infection, nausea, abnormal liver tests, injection-site reaction, high blood pressure, bronchitis, dizziness, sinus infection, flu, runny nose, fever, cold sores, numbness or tingling | • Refrigerate between 36°F and 46°F.  
• Protect from light.  
• Do not freeze or shake. |

*Celsius temperature conversion: 36°F to 46°F = 2°C to 8°C.
Managing BRM side effects

Because they suppress parts of your immune system, BRMs can increase your risk for severe infection and may slightly increase your risk of developing certain types of cancer. It is important for you to see your doctor for regular check-ups to monitor your blood counts and check for any signs of liver disease.

Injection-site reactions

As many medications for RA are injected into the body, it’s important to know how to treat any reactions that may occur from injections. The place where you receive an injection is called an injection site. An injection-site reaction is your body’s natural response to the “injury” caused by the needle delivering the medication into the lower layers of your skin. Common injection-site reactions include redness, rash, stinging, tingling, swelling, itching, pain and discomfort in the area.

The following techniques can help prevent these reactions:

• Allow your prepared syringe to come to room temperature before injecting it. Do this by setting it on a counter for five to 10 minutes or simply holding it in your hand for a few minutes.
• Use the correct injection technique for the medication you are taking. If you are unsure about this, call your doctor, nurse or pharmacist.
• Change injection sites regularly to minimize pain.
• Keep a written record of where and when you received the previous injections.
• Use a new, clean, dry needle for each injection.
• Never reuse needles.
• Don’t inject into an area that is red, hard or swollen.
• Ask your doctor if you can take medication for any pain or swelling you may experience.

If you experience a severe reaction after an injection, such as fever, nausea, vomiting or low blood pressure (experienced as dizziness or fainting), contact your doctor immediately. If your injection site does not heal completely within a day or two, tell your doctor.

Keeping your doctor informed

If you are self-injecting or self-infusing your prescribed medications, it is important to keep your doctor updated on your treatment. If you have any side effects, talk to your doctor; there may be ways to reduce or avoid them. If your medications are being administered by a healthcare professional, your doctor will receive an update on a regular basis.
Ongoing care

It is important that you continue to see your doctor to monitor your progress. Regular visits will help the doctor determine whether your medication is working or whether your treatment should be adjusted. Ongoing visits can also help your doctor address any side effects you might be experiencing. At each visit, make sure to tell your doctor about any other medications you are taking for RA or other conditions.

During some visits, your doctor will likely perform lab tests or imaging that can help check the health of your joints and your overall health. Blood tests can assess the condition of your immune system. Regular imaging, like X-rays and MRI (magnetic resonance imaging), can help your doctor determine the health of your joints, whether the swelling is getting worse, or if any of the surrounding bones are being damaged.

Protecting your bones

It is important to monitor the health of your bones. You may want to ask your doctor whether you should take a bone density test. Many people with RA develop osteoporosis. This is of special concern if you take high doses of corticosteroids over a long period of time.

There are several steps you can take to help prevent osteoporosis:

• Get enough calcium in your diet from foods such as low-fat dairy products and dark, leafy greens. To absorb calcium, the body also needs vitamin D, which is found in some fortified foods and is also created by the body in response to sunlight.
• Do gentle, weight-bearing exercise, like walking or lifting weights, with your doctor’s approval.
• If you smoke or use other tobacco products, quit.
• Drink alcohol only in moderation.

Be an active participant in your own healthcare. If you think of questions or concerns you would like to bring to your doctor or your pharmacist, write them down on a notepad that you can bring with you on your next visit.
The more informed you are, the better you can manage your health. Our specialty pharmacy Care Team provides personalized, supportive and dependable care to help you achieve the best results from your prescribed therapy.

**Resources**

*Arthritis Today’s Drug Guide*
www.arthritis.org/drug-guide.php

**Abbott Laboratories**
www.abbott.com 847-937-6100
Manufacturer of Humira®

**Amgen**
www.amgen.com 805-447-1000
Manufacturer of Enbrel®, Kineret®

**Bristol-Myers Squibb**
www.bristolmyerssquibb.com 212-546-4000
Manufacturer of Orencia®

**Centocor**
www.centocor.com 800-457-6399
Manufacturer of Remicade®, Simponi®

**Duramed**
www.tevapharm.com 800-BARRLAB (227-7522)
Manufacturer of Trexall®

**DAVA Pharmaceuticals**
www.davapharma.com 866-947-DAVA (3282)
Manufacturer of Rheumatrex®

**Genentech**
www.gene.com 650-225-1000
Manufacturer of Rituxan®, Actemra®

**Sanofi-aventis**
www.sanofi-aventis.us 800-981-2491
Manufacturer of Arava®

**Pfizer**
www.enbrel.com 800-934-5556
Manufacturer of Enbrel®