Avoid these medicines if you...
- have liver disease
- have TB (you may need to be tested)

While taking these medicines you should...
- not become pregnant
- not drink alcohol
- not receive live vaccines

Medications require blood test monitoring.

- Leflunomide (Arava®)
- Sulfasalazine (Azulfidine®)
- Methotrexate (Rheumatrex® or Trexall®)
- Etanercept (Enbrel®)
- Adalimumab (Humira®)
- Anakinra (Kineret®)
- Canakinumab (Ilaris®)
- Abatacept (Orencia®)
- Infliximab (Remicade®)
- Rituximab (Rituxan®)
- Tocilizumab (Actemra®)
Medications differ on how often they need to be given.

### How Often?

**Leflunomide** *(Arava®)*
- 1x day

**Sulfasalazine** *(Azulfidine®)*
- 2x day

**Methotrexate** *(Rheumatrex® or Trexall®)*
- 1x week

**Etanercept** *(Enbrel®)*
- 1-2x week

**Adalimumab** *(Humira®)*
- 2-4x month

**Abatacept** *(Orencia®)*
- 1x month

**Anakinra** *(Kineret®)*
- 1x day

**Canakinumab** *(Ilaris®)*
- 1x month

**Infliximab** *(Remicade®)*
- 1x month

**Rituximab** *(Rituxan®)*
- 2x in 1 month every 6 months

**Tocilizumab** *(Actemra®)*
- 1-2x month

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*Updated 3.29.13*
There is no way to predict which, if any, of these side effects you will experience.

<table>
<thead>
<tr>
<th>Side Effects?</th>
<th>Common:</th>
<th>Uncommon:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>stomach upset</td>
<td>low blood counts</td>
</tr>
<tr>
<td></td>
<td>diarrhea</td>
<td>serious liver injury</td>
</tr>
<tr>
<td></td>
<td>headache</td>
<td>(Leflunomide only)</td>
</tr>
<tr>
<td></td>
<td>cold symptoms</td>
<td>severe skin reaction</td>
</tr>
<tr>
<td>Leflunomide (Arava®)</td>
<td>Sulfasalazine (Azulfidine®)</td>
<td></td>
</tr>
<tr>
<td>Methotrexate (Rheumatrex® or Trexall®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etanercept (Enbrel®)</td>
<td>Anakinra (Kineret®)</td>
<td>TB may come back</td>
</tr>
<tr>
<td>Adalimumab (Humira®)</td>
<td>Canakinumab (Ilaris®)</td>
<td>serious infection that needs antibiotic</td>
</tr>
<tr>
<td>Abatacept (Orencia®)</td>
<td>Rituximab (Rituxan®)</td>
<td>low blood counts</td>
</tr>
<tr>
<td>Infliximab (Remicade®)</td>
<td>Tocilizumab (Actemra®)</td>
<td>development of autoantibodies</td>
</tr>
<tr>
<td></td>
<td>common cold</td>
<td>TB may come back</td>
</tr>
<tr>
<td></td>
<td>sinus or throat infection</td>
<td>serious infection that needs antibiotic</td>
</tr>
<tr>
<td></td>
<td>stomach upset</td>
<td>low blood counts</td>
</tr>
<tr>
<td></td>
<td>headache</td>
<td>development of autoantibodies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cancers like lymphoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>severe infusion reaction (allergic reaction)</td>
</tr>
</tbody>
</table>

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These medicines do not work right away.

In general, these medicines begin to work between 2 and 12 weeks.

There are ways to manage symptoms until these medicines start working.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Soon?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leflunomide (Arava®)</td>
<td>4-8 weeks</td>
</tr>
<tr>
<td>Sulfasalazine (Azulfidine®)</td>
<td>4-12 weeks</td>
</tr>
<tr>
<td>Methotrexate (Rheumatrex® or Trexall®)</td>
<td>4-6 weeks</td>
</tr>
<tr>
<td>Etanercept (Enbrel®)</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Adalimumab (Humira®)</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Anakinra (Kineret®)</td>
<td>1-3 weeks</td>
</tr>
<tr>
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<tr>
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</tr>
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<td>Rituximab (Rituxan®)</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Tocilizumab (Actemra®)</td>
<td>2-4 weeks</td>
</tr>
</tbody>
</table>
What you pay will depend on your insurance.

Patient assistance programs may be available.

- **Leflunomide** (Arava®)
- **Sulfasalazine** (Azulfidine®)
- **Methotrexate** (Rheumatrex® or Trexall®)
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Stopping or decreasing the medicine may be considered after the disease is well controlled.

**How Long?**

- How long has the disease been under control?
- Are there bothersome side effects?
- How often does arthritis remain well controlled after stopping?
- What are the treatment options if the arthritis comes back or flares?