

Biologics – Patient information

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body.

Classes

Anti TNF

1. Adalimumab (Humira)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Tumour Necrosis Factor (TNF) inhibitors try to stop an inflammation causing substance called Tumour Necrosis Factor. This reduces inflammation, lessens the symptoms you feel and helps stop further joint damage.

How do I take it?

Adalimumab is injected under the skin of the abdomen or thigh. It can be injected by your specialist/GP, nurse, carer or by you. It is particularly important to change the injection site each time.

The dose is 40 mg once every 2 weeks; higher doses may be used short term in some conditions.

When can I start to see an effect?

You may notice some relief of joint swelling, pain and stiffness within the first 4 weeks of treatment.

What side effects may I expect?

Always inform your doctor of any new side effects you are experiencing as your treatment may need to be stopped or adjusted.

Common side effects

- Mild pain, swelling or itching at the site of the injection (up to 20% of patients)
- Headaches
- Cough
- Stomach uneasiness
- Mild infections: colds, sinusitis
- Less common effects
- Serious infections such as tuberculosis (TB) are seen rarely, and screening for TB is needed before treatment begins
- Allergic reaction: itchy, red rash with or without shortness of breath associated
- Inflammation of the nerve to the eye, may also occur very rarely, causing changes in vision or sensation
- A 'drug-induced lupus' may occur with symptoms of rash, fever and increased joint pain

Are there any other medications that should not be used with Adalimumab?

Adalimumab may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Other biological disease modifying anti rheumatic drugs should not be given concurrently.

Which medications are safe to take with Adalimumab?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

People who have a history of multiple sclerosis should not use Adalimumab. People with significant heart failure should not use Adalimumab, because their heart disease could worsen.

People with systemic lupus erythematosus (lupus/SLE) are not usually given Adalimumab.

If you have an active infection treatment with Adalimumab will not be given until the infection is treated completely.

Adalimumab will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Adalimumab may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

2.Certolizumab (Cimzia)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Tumour Necrosis Factor (TNF) inhibitors try to stop an inflammation causing substance called Tumour Necrosis Factor. This reduces inflammation, lessens the symptoms you feel and helps stop further joint damage.

How do I take it?

Certolizumab is injected under the skin of the abdomen or thigh. It is particularly important to change the injection site each time. The dose is initially 400 mg (given as 2 x 200 mg injections) every 2 weeks at weeks 0, 2 and 4; followed by dose of 200 mg every two weeks. Alternatively, it can be given as a dose of 400mg every 4 weeks.

When can I start to see an effect?

You may notice some relief of joint swelling, pain and stiffness within the first 4 weeks of treatment.

What side effects may I expect?

Always inform your doctor of any new side effects you are experiencing as your treatment may need to be stopped or adjusted.

Common side effects

- Mild pain, swelling or itching at the site of the injection (up to 20% of patients).
- Headaches
- Cough
- Stomach and bowel discomfort
- Mild infections: colds, sinusitis

Less common effects

- Serious infections such as tuberculosis (TB) are seen rarely, and screening for TB is needed before treatment begins.
- Allergic reaction: itchy, red rash with or without associated shortness of breath..
- Inflammation of the nerve to the eye, may also occur very rarely, causing changes in vision or sensation
- A 'drug-induced lupus' may occur with symptoms of rash, fever and increased joint pain.

Are there any other medications that should not be used with certolizumab?

Certolizumab may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Other biological disease modifying anti rheumatic drugs should not be given concurrently.

Which medications are safe to take with Certolizumab?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

People who have a history of multiple sclerosis should not use certolizumab. People with significant heart failure should not use certolizumab, because their heart disease could worsen.

People with systemic lupus erythematosus (lupus/SLE) are not usually given certolizumab

If you have an active infection treatment with certolizumab will not be given until the infection is treated completely.

Certolizumab will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Certolizumab may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

3. Etanercept (Enbrel)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Tumour Necrosis Factor (TNF) inhibitors try to stop an inflammation causing substance called Tumour Necrosis Factor. This reduces inflammation, lessens the symptoms you feel and helps stop further joint damage.

How do I take it?

Etanercept is injected under the skin of the abdomen or thigh. It is particularly important to change the injection site each time.

The dose is 50 mg once a week or 25 mg twice a week; higher doses may be used short term in some conditions.

When can I start to see an effect?

Most patients report a change in their symptoms after two or three doses. You may notice some relief of joint swelling, pain and stiffness within the first 4 weeks of treatment.

What side effects may I expect?

Always inform your doctor of any new side effects you are experiencing as your treatment may need to be stopped or adjusted.

Common side effects

- Mild pain, swelling or itching at the site of the injection (up to 20% of patients).
- Headaches
- Cough
- Stomach and bowel discomfort
- Mild infections: colds, sinusitis

Less common effects

- Serious infections such as tuberculosis (TB) are seen rarely, and screening for TB is needed before treatment begins.
- Allergic reaction: itchy, red rash with or without shortness of breath associated.
- Inflammation of the nerve to the eye, may also occur very rarely, causing changes in vision or sensation.
- A 'drug-induced lupus' may occur with symptoms of rash, fever and increased joint pain.

Are there any other medications that should not be used with etanercept?

Etanercept may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Other biological disease modifying anti rheumatic drugs should not be given concurrently.

Which medications are safe to take with etanercept?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

People who have a history of multiple sclerosis should not use etanercept. People with significant heart failure should not use etanercept, because their heart disease could worsen..

People with systemic lupus erythematosus (lupus/SLE) are not usually given etanercept.

If you have an active infection treatment with Etanercept will not be given until the infection is treated completely.

Etanercept will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Etanercept may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

4. Golimumab (Simponi Aria)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Tumour Necrosis Factor (TNF) inhibitors try to stop an inflammation causing substance called Tumour Necrosis Factor. This reduces inflammation, lessens the symptoms you feel and helps stop further joint damage.

How do I take it?

Golimumab is initially given as an intravenous (IV) infusion at a dose of 2 mg/kg (according to body weight) at weeks 0 and 4. It is then given as an IV infusion every 8 weeks.

The infusion normally takes 1 to 4 hours. You will need to stay for at least an hour after the infusion to make sure you don't have any immediate side effects.

When can I start to see an effect?

You may notice some relief of joint swelling, pain and stiffness within the first 8 weeks of treatment.

What side effects may I expect?

Always inform your doctor of any new side effects you are experiencing as your treatment may need to be stopped or adjusted.

During the infusion

Fever or chills, itch, chest pain, shortness of breath or changes in blood pressure. These effects are more likely to occur during the first or second infusion and can usually be reduced by giving steroids, anti-histamines and paracetamol before the treatment.

Other common side effects

- Mild pain, swelling or itching at the site of the injection (up to 20% of patients)
- Headaches
- Cough
- Stomach and bowel discomfort
- Mild infections: colds, sinusitis

Less common side effects

- Serious infections such as tuberculosis (TB) are seen rarely, and screening for TB is needed before treatment begins.
- Allergic reaction: itchy, red rash with or without associated shortness of breath,
- Inflammation of the nerve to the eye, may also occur very rarely, causing changes in vision or sensation.
- A 'drug-induced lupus' may occur with symptoms of rash, fever and increased joint pain.

Are there any other medications that should not be used with Golimumab?

Golimumab may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Other biological disease modifying anti rheumatic drugs should not be given concurrently.

Which medications are safe to take with Golimumab?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

5. Infliximab (Remicade)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Tumour Necrosis Factor (TNF) inhibitors try to stop an inflammation causing substance called Tumour Necrosis Factor. This reduces inflammation, lessens the symptoms you feel and helps stop further joint damage.

How do I take it?

Infliximab is initially given as an intravenous infusion (IV) at a dose of 3-5 mg/kg (according to body weight) at weeks 0, 2, and 6.

Maintenance IV infusions are then given every 8 weeks thereafter. Dose may be increased to 5-10 mg/kg and frequency may be increased to every 4 weeks.

The infusion normally takes 1 to 4 hours. You will need to stay for at least an hour after the infusion to make sure you don't have any immediate side effects.

When can I start to see an effect?

You may notice some relief of joint swelling, pain and stiffness within the first 4 weeks of treatment.

What side effects may I expect?

Always inform your doctor of any new side effects you are experiencing as your treatment may need to be stopped or adjusted.

During the infusion

Fever or chills, itch, chest pain, shortness of breath or changes in blood pressure. These effects are more likely to occur during the first or second infusion and can usually be reduced by giving steroids, anti-histamines and paracetamol before the treatment.

Common side effects

- Mild pain, swelling or itching at the site of the injection (up to 20% of patients)
- Headaches
- Cough
- Stomach and bowel discomfort
- Mild infections: colds, sinusitis

Less common side effects

- Serious infections such as tuberculosis (TB) are seen rarely, and screening for TB is needed before treatment begins.
- Allergic reaction: itchy, red rash with or without associated shortness of breath.
- Inflammation of the nerve to the eye, may also occur very rarely, causing changes in vision or sensation.
- A 'drug-induced lupus' may occur with symptoms of rash, fever and increased joint pain.

Are there any other medications that should not be used with infliximab?

Infliximab may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Other biological disease modifying anti rheumatic drugs should not be given concurrently.

Which medications are safe to take with Infliximab?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

People who have a history of multiple sclerosis should not use infliximab. People with significant heart failure should not use infliximab, because their heart disease could worsen..

People with systemic lupus erythematosus (lupus/SLE) are not usually given infliximab

If you have an active infection treatment with Infliximab will not be given until the infection is treated completely.

Infliximab will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Infliximab may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

Anti CD20

1.Rituximab (Rituxan, MabThera)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Rituximab is a biological drug which helps remove harmful “B cells” from the body which can cause inflammation in your joints by producing antibodies directed to your own tissue. Rituximab is used to treat many different types of autoimmune disease as well as some blood cancers like leukaemia and lymphoma. Rituximab may be started if other treatments are unsuccessful or in combination with other disease modifying anti rheumatic drugs (DMARDs).

How do I take it?

Rituximab is given as an intravenous infusion (IV or “drip”) into a vein. The infusion can take between two - four hours. You may need to stay a little longer after to monitor for any side effects. You are also monitored for any side effects while receiving your drip.

A course of rituximab (eg.for rheumatoid arthritis) usually consists of two 1000mg(milligram) doses given 2 weeks apart and often repeated within six months. To treat other autoimmune diseases, a smaller dose is given once a week for four weeks in a row.

Blood and skin tests are carried out before treatment to exclude infection such as tuberculosis.

When can I start to see an effect?

The effects of rituximab begin about six weeks after the infusions. Usually by the third month the full effect occurs. This may last up to nine months.

What are the side effects I may expect?

During the infusion

Fever, chills, shaking, fatigue, tongue swelling, itch, flushing, fast heartbeat, low blood pressure, chest pain, shortness of breath or muscle and joint pain. These effects can usually be reduced by giving corticosteroids (e.g. prednisone or cortisone), antihistamines and paracetamol before the treatment. If these symptoms occur, the drip may be stopped for a short while and restarted at a smaller dose.

Other common side effects

- Headaches, cough and stomach/ bowel discomfort may also occur.
- Infections: Infections (e.g. colds and sinusitis) may occur more frequently than usual.
- Allergies: If you have received previous treatment with other biological medicines you may experience an allergic reaction with rituximab.

Less common side effects

- Serious infections
- Diarrhoea.
- Muscle stiffness, pins and needles, or numbness in the skin.
- Nervousness, feeling anxious or agitated or inability to sleep.
- Sweating or night sweats.
- It is still unclear from research if there is an increased risk of cancer due to rituximab.

Are there any other medications that should not be used with Rituximab?

Rituximab may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Other biological disease modifying anti rheumatic drugs should not be given concurrently.

Which medications are safe to take with Rituximab?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

If you have an active infection treatment with rituximab will not be given until the infection is treated completely.

Rituximab will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Rituximab may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

IL6 blocker

1.Tocilizumab (Actemra)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Tocilizumab is a biological drug that blocks the inflammatory protein (or “cytokine”) called IL-6. This improves joint pain and swelling from arthritis and other symptoms caused by inflammation. It is usually given if other treatments have not been successful and may or may not be used in combination with other disease modifying anti rheumatic drugs (DMARDs).

How do I take it?

Tocilizumab can be given as a drip (infusion) into the vein. It is followed by a period of observation for at least one hour to make sure you don't have any side effects. Doses are usually given every 4 weeks and the dose may be increased over time. It can also be given once a week as an injection given into the skin of the abdomen or thigh, usually in children.

The dose is calculated according to body weight.

Blood tests will be used to monitor for increases in cholesterol or liver enzymes and for reductions in blood cell counts while taking tocilizumab.

When can I start to see an effect?

One may notice relief of joint swelling, pain and stiffness within the first 8 weeks of treatment.

What are the side effects I may expect?

During the infusion

Fever or chills, itch, dizziness, headache, chest pain, shortness of breath or changes in blood pressure may occur. These effects are more likely to occur during the first or second infusion. The effects are dampened by giving steroids, antihistamines and paracetamol prior to the treatment.

Other common side effects

- Headache or cough
- Stomach discomfort
- Rash: usually mild
- Alteration in liver enzyme tests: the tests usually normalise while on treatment, but regularly monitoring is required
- Increased cholesterol levels: this is usually reversible
- Mild infections: usually cold like symptoms and sinusitis
- Less common side effects
- Blood counts: a drop in the number of white blood cells.
- Serious infections such as tuberculosis (TB) are seen rarely and screening for TB is needed.
- Perforation of the stomach or gut (a hole in the bowel wall): very rare .

Are there any other medications that should not be used with Tocilizumab?

Tocilizumab may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Other biological disease modifying anti rheumatic drugs should not be given concurrently.

Which medications are safe to take with Tocilizumab?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

If you have an active infection treatment with tocilizumab will not be given until the infection is treated completely.

Tocilizumab will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

People with diverticular disease may not be treated with tocilizumab as the medicine may increase risk of perforations(hole) in the bowel.

Tocilizumab may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

Selective T cell co stimulatory inhibitor

1.Abatacept (Orencia)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Abatacept is a biologic drug that blocks the T cell (a type of white blood cell) responses, which then reduces inflammation and lessens joint damage. It is usually given if other treatments have not been successful and may or may not be used in combination with other disease modifying anti rheumatic drugs (DMARDS).

How do I take it?

Abatacept is given as a drip (infusion) into the vein. The infusion normally takes thirty minutes. This is followed by a one-hour period of observation to monitor for any side effects. Additional doses are usually given at 2 and 4 weeks after the first dose. Doses are then given every 4 weeks. It may be given as an injection under the skin of the abdomen or thigh (sub cutaneous) with doses taken weekly.

The infusion dose is based on weight, with the injection dose given as 125 mg(milligrams) every week.

Blood and skin tests are carried out before treatment to exclude infection.

When can I start to see an effect?

You may notice some relief of joint swelling, pain and stiffness within the first 1 -2 months of treatment.

What are the side effects may I expect?

During infusion

Fever or chills, itch, chest pain, shortness of breath or changes in blood pressure. These effects are more likely to occur during the initial infusion.

Other common side effects:

- headaches, runny nose, dizziness or cough
- sore throat
- heartburn or nausea
- back, arm or leg pain
- urine infections
- Stomach and bowel discomfort may also occur
- mild infections: cold, sinusitis

Less common side effects:

- Mild pain, swelling, bruising or itching may occur at the injection site
- Serious infections: tuberculosis – screening done beforehand
- Allergic skin rash

Are there any other medications that should not be used with Abatacept?

Abatacept may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Other biological disease modifying drugs should not be given concurrently

Which medications are safe to take with Abatacept?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

If you have an active infection treatment with abatacept will not be given until the infection is treated completely.

Abatacept will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Those with chronic lung diseases should avoid Abatacept.

Abatacept may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

JAK Inhibitors

1.Baricitinib (Olumiant)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Baricitinib blocks an enzyme (Janus Kinase or JAK) which helps the transmission of signals from the surface of a cell which normally will cause increased inflammation.

How do I take it?

Baricitinib is a once a day tablet, taken with or without food. The starting dose is 4mg (one tablet), this may be reduced to 2mg tablet or started at 2mg.

When can I start to see an effect?

Improvement of joint swelling, pain and stiffness may be noticed within the first 2 to 4 weeks of treatment.

What are the side effects I may expect?

Common side effects

- minor viral infections of the upper respiratory tract (nose, throat and sinus infections) and urinary tract infections
- Nausea, vomiting and diarrhoea
- Weight gain
- Blood test abnormalities: increase in some blood components such as platelets and a decrease in another causing mild anaemia. It may cause a rise in cholesterol and some liver enzymes as well
- Less common side effects
- Blood counts: rarely, a severe abnormality of your liver or blood counts may be seen
- Serious infections such as tuberculosis (TB) are seen rarely
- Increase in shingles, a painful rash due to reactivation of a dormant chickenpox virus
- Increased risk of blood clots in people taking baricitinib, especially in the higher dose (4mg tablet). This is more common if there are other risk factors for blood clots present

Which medications are safe to take with Baricitinib?

Conventional disease modifying anti rheumatic drugs, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

If you have an active infection treatment with baricitinib will not be given until the infection is treated completely.

Baricitinib will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

If you have a history of blood clots you need to discuss with your doctor before starting baricitinib.

Baricitinib may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

2. Tofacitinib (Xeljanz)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Tofacitinib blocks an enzyme (Janus Kinase or JAK) which helps the transmission of signals from the surface of a cell which normally will cause increased inflammation.

How do I take it?

Tofacitinib is taken orally by tablet.

The usual dose is one 5mg(milligrams) tablet twice daily or 11mg once daily with or without food.

The dose may be adjusted if there is kidney or liver disturbances already.

When can I expect to see an effect?

Noticeable relief of joint swelling, pain and stiffness may be seen within the first 2 to 4 weeks of treatment.

What are the side effects I may expect?

Common side effects

- Viral rash called shingles
- Flu like symptoms, sore throat, sinusitis

Less commonly

- Serious infections like tuberculosis
- Rise in cholesterol levels which correct usually
- Mild increase in liver enzymes, regular monitoring of liver enzymes may be required

Are there any other medications that should not be used with Tofacitinib?

Tofacitinib may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Tofacitinib may interact with medication treating fungal infection, antibiotics or heart medication.

Tofacitinib should not be used with other disease modifying anti rheumatic disease modifying drugs such as azathioprine or mycophenolate. Other biologic disease modifying antirheumatic drugs are not given in combination.

Are there any other special precautions?

If you have an active infection treatment with tofacitinib will not be given until the infection is treated completely.

Tofacitinib will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Tofacitinib should be used cautiously if you have a slow heart rate (slow pulse), use any medications that affect heart rate or rhythm or have a history of angina, heart attack or heart failure.

Rarely tofacitinib may cause an ulcer in your stomach or gut, if you have had a similar problem previously.

Tofacitinib may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

IL 17 Inhibitor

1. Secukinumab (Cosentyx)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. Secukinumab blocks an inflammatory protein called IL-17, which improves joint pain and swelling by reducing inflammation.

How do I take it?

Secukinumab is a self-administered injection that is given just under the skin(subcutaneously). The medicine can be injected into the thigh or abdomen. The site of injection should be rotated so the same site is not used multiple times. The syringe is kept refrigerated and should be removed from the fridge 20minutes before being given.

The typical dose is 150 or 300mg per injection. Secukinumab usually begins with weekly doses for the first five weeks, followed by a dose every month.

Note: if you forget to take a dose, take next dose as soon as possible and continue normally, do not double dose.

When can I expect to see an effect?

Noticeable relief of joint swelling, pain and stiffness may be seen after a number of weeks.

What are the side effects I may expect?

Common side effects

- Minor viral infections causing flu like symptoms, cold and sore throat
- Diarrhoea, nausea
- Headache
- Itchy rash

Less common side effects

- Oral thrush
- Ear or eye infections
- Serious allergic reaction rarely: involving skin, swelling face, lips, wheezing
- Worsening of symptoms of inflammatory bowel disease

Are there any other medications that should not be used with Secukinumab?

Secukinumab may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Do not receive live vaccines while on treatment with secukinumab.

Secukinumab should not be given in combination with another biologic disease modifying anti rheumatic drug.

Which medications are safe to take with Secukinumab?

Methotrexate, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

If you have an active infection treatment with secukinumab will not be given until the infection is treated completely.

Secukinumab will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Secukinumab may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

IL 1 Inhibitor

1. Anakinra (Kineret)

Biologics are manmade medicines that closely resemble a protein that occurs naturally in the body. By blocking an inflammatory protein called Interleukin 1, anakinra reduces inflammation, lessens the symptoms and helps stop further joint damage.

How do I take it?

Anakinra is given as an injection under the skin of the abdomen or thigh. It is important to change the injection site each time. It is stored in a refrigerator and should be removed 20 minutes prior to injection.

In children, the starting dose is 1-2mg/kg daily. The usual dose for adults is 100mg once a day. The dose may be adjusted if kidney abnormalities are present.

When can I expect to see an effect?

Noticeable relief of joint swelling, pain and stiffness may be seen after 4 to 6 weeks.

What are the side effects I may expect?

Common side effects

- Mild pain, swelling or itching are very common (up to 20% of patients)
- Headaches
- stomach and bowel discomfort
- Mild viral infections such as cold, also sinusitis

Less common side effects

- Mild drop in the white cell count number
- Infections like pneumonia, skin and joint infections rarely
- Allergic reaction involving skin, face, lips associated shortness of breath rarely

Are there any other medications that should not be used with Anakinra? Anakinra may interact with other medicines. Your doctor (including your general practitioner, rheumatologist and others) should be notified about all medicines you are taking or about to start (including over the counter or herbal medicines). Always remember to mention your treatment when you see other health care practitioners.

Anakinra cannot be used with other biological disease modifying anti rheumatic drug.

Which medications are safe to take with Anakinra?

Methotrexate, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

If you have an active infection treatment with anakinra will not be given until the infection is treated completely.

Anakinra will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Anakinra may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment.

Anti IL12 & IL23

Ustekinumab (Stelara)

Ustekinumab is a monoclonal antibody which is a protein that recognises and binds to other unique proteins. Ustekinumab blocks the action of inflammation proteins called IL-12 and IL-23, thereby reducing inflammation and improving the disease.

How do I take it?

Ustekinumab is injected just under the skin (subcutaneously) of the abdomen or thigh. It is best to avoid (if possible) any areas of skin involved with psoriasis. It is important to change the injection site each time.

The dose is 45mg for patients weighing less than 100kg, and the dose for patients weighing more than 100kg is 90mg. It is given again 4 weeks later, and every 12 weeks after that.

When can I start to see an effect?

Ustekinumab does not work straight away, and it may take a number of weeks for some relief of joint swelling, pain and stiffness.

What side effects may I expect?

Most common side effects

- Upper respiratory infections such as sinus infection, sore throat or headache
- Less common or rare side effects
- Dental infections, injection site pain or redness, skin rash or itchiness, diarrhoea or nausea, tiredness or depression
- Serious allergic reaction: a skin rash, a swollen face, lips, mouth or throat, or wheezing, dizziness, trouble swallowing or breathing rarely
- Ustekinumab can rarely lead to nervous system problems

Are there any other medications that should not be used with Ustekinumab?

- Ustekinumab can interact with other medicines including warfarin and cyclosporin. You should tell all healthcare workers about all medicines you are taking or plan to take. This includes over the counter or herbal/naturopathic medicines.
- While being treated with ustekinumab, you must not receive live vaccines

Which medications are safe to take with Ustekinumab?

- Methotrexate, steroid medicines or cortisone injections into the joint, anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen, Nurofen) and simple pain medicines such as paracetamol are safe.

Are there any other special precautions?

If you have an active infection treatment with ustekinumab will not be given until the infection is treated completely.

Ustekinumab will not be given if you have uncontrolled HIV (AIDS) or active, untreated Hepatitis B infection as it is likely to worsen these diseases.

Ustekinumab may be harmful in pregnancy and when breastfeeding, always consult your rheumatologist if planning to fall pregnant prior to starting treatment