

Medications Most Commonly Prescribed for Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis and Osteoarthritis



September 2007

The medications listed in the chart below are the most commonly prescribed by Canadian rheumatologists to treat rheumatoid arthritis (RA), ankylosing spondylitis(AS), psoriatic arthritis (PsA) and osteoarthritis (OA). Medications are grouped by “class”. The generic names of medications are shown in lower case, brand names are capitalized. Dosages prescribed are not provided as they vary based on disease severity and individual need.

Only the most common and the most serious possible side effects are provided. General information on private and public drug plan coverage is provided. The information provided in this JointHealth™ Arthritis Medication Guide is not intended to suggest a course of treatment. It is for information purposes only. Always speak to your doctor before starting or stopping a medication.

Medication	Symptoms and diseases commonly used to treat	Most common and most serious side effects	Public drug plan coverage	Private drug plan coverage
acetaminophen				
Examples (pill form): Tylenol®, Panadol®, Aspirin Free Anacin® Should see benefit within 30 mins.	Pain caused by RA, AS, PsA, OA Does not treat the underlying disease process	Most common include: Few common side effects. Rare side effects are rash, low blood counts, stomach upset Most serious include: Sudden liver failure (large overdose) or chronic liver failure if used at higher than recommended doses, with alcohol or with other liver-toxic drugs.	No	No
non-steroidal anti-inflammatory drugs (NSAIDs)				
Examples (pill form): diclofenac (Voltaren®) ibuprofen (Motrin®) indomethacin (Indocid®) meloxicam (Mobic®) naproxen (Naprosyn®) Full benefit within 2 weeks	Inflammation and pain caused by RA, AS, PsA, OA Does not treat the underlying disease process	Most common include: Stomach upset and dyspepsia Most serious include: Peptic ulcer disease (1-4% / year), kidney toxicity, increased risk of cardiovascular disease, modest worsening of underlying high blood pressure, liver toxicity, asthma, low blood counts, increased risk of bleeding, skin rash. Peptic ulcer risk is reduced if a proton pump inhibitor (PPI) is co-administered. Note: Most NSAID side effects are ‘dose-dependant’ so you should try to use the lowest effective dose ‘as needed’, rather than regularly. All NSAIDs currently available carry an increased risk of heart attack and stroke. All NSAIDs currently available carry an increased risk of heart attack and stroke.	Most plans offer coverage	Most plans offer coverage

Medication	Symptoms and diseases commonly used to treat	Most common and most serious side effects	Public drug plan coverage	Private drug plan coverage
COX-2 NSAIDs				
celecoxib (Celebrex®) – pill Full benefit seen within 2 weeks	Inflammation and pain caused by RA, AS, PsA, OA Does not treat the underlying disease process	Most common include: Same as NSAIDs, except there may be less dyspepsia and stomach upset (often better tolerated) Most serious include: Same as NSAIDs except 1. There is a reduced risk (about half the risk) of peptic ulcer disease 2. There is a possible increased cardiovascular risk at the higher dose (200 mg twice daily). The patient who would benefit from Celebrex over the other NSAIDs would be the patient with a higher risk of peptic ulcer disease (such as a previous ulcer) who also has a low cardiovascular risk. It is recommended that blood tests to check the liver and blood counts should be done periodically in patients who are on chronic doses of these drugs.	A number of plans offer coverage, some only offer restricted coverage	Most plans offer coverage
steroids				
Glucocorticoids cortisone, prednisone, prednisolone, Deltasone, hydrocortisone, medroxyprogesterone, Solumedrol, Depomedrol, Dexamethasone. Glucocorticoids can be given by mouth, by intravenous infusion (for life or organ-threatening disease), by intramuscular injection, by injection directly into a joint or tendon sheath (when there is local inflammation). Benefits should be seen within 24 hours	Inflammation caused by RA, AS, PsA. Sometimes given by injection to any joint (including OA). A good bridge therapy before DMARDs take full effect. It is unlikely that glucocorticoids will slow down the joint damage caused by these diseases, but glucocorticoids are often used to treat life-threatening or organ-threatening complications of these diseases. For example: RA lung inflammation RA eye disease RA vasculitis	Side effects are usually dose and time dependant. They rarely occur with single injections or short course but are very frequent and sometimes irreversible with higher doses or long courses. Short term side effects include: Sleep disturbance, mood swings or even psychosis, blurred vision. The side effects listed below are generally seen with long term use (at least a couple of months). Most common include: Stomach upset, thin skin, easy bruising, central weight gain, facial fullness (moon face) buffalo hump, increased hair growth, acne, thin extremities with muscle wasting and weakness, glaucoma, cataracts, increased cardiovascular risks, high cholesterol, high blood pressure, mood swings, depression, osteoporosis and increased risk of fracture, increased risk of infection, worsening of diabetes in known diabetics, or induction of diabetes in people already prone to developing it. The risk of osteoporosis (thin bones that break easily) may be reduced by taking appropriate amounts of calcium, vitamin D and certain medications that build bone. Rare but serious: Psychosis, severe depression, stroke, heart attack, pancreatitis, peptic ulcer disease. A very rare side effect is osteonecrosis. This is due to the interruption of blood to the end of a long bone (hip, knee or shoulder typically). This may cause complete destruction of the joint and is irreversible, usually. Adrenal crisis: Long term use of glucocorticoids usually suppresses adrenal gland function (makes cortisol that our bodies need). Therefore suddenly stopping or rapidly reducing glucocorticoids can cause 'cortisol deficiency'. Symptoms include loss of appetite, nausea, vomiting, abdominal pain, weakness, fatigue confusion or coma. There may be problems with the blood electrolytes (Sodium and Potassium). Adrenal crisis can even occur in a person who is still on glucocorticoids. It can be precipitated by surgery, trauma or an infection. For this reason, people on long-term glucocorticoids should have a bracelet or necklace indicating that they are on 'prednisone' for example. This way, emergency personnel will know what to look for and to provide appropriate glucocorticoid doses.	All plans offer coverage	Most plans offer coverage

Medication	Symptoms and diseases commonly used to treat	Most common and most serious side effects	Public drug plan coverage	Private drug plan coverage
disease-modifying anti-rheumatic drugs (DMARDs)				
azathioprine (Imuran®) – pill	Inflammation and pain caused by RA Effect at treating the underlying disease process RA	Most common include: Stomach upset. Most serious include: Increased risk of infection, low blood counts (bone marrow suppression) mouth ulcers, liver and pancreas toxicity. Blood tests must be done regularly to check blood counts and liver tests. Drug interactions include allopurinol.	All plans offer coverage	Most plans offer coverage
hydroxychloroquine sulfate (Plaquenil®) – pill Should see an improvement in 3 to 6 months, and improvement can continue up to a year	Inflammation and pain caused by RA, PsA	Most common include: Stomach upset, cramps diarrhea. Long-term use can cause skin pigmentation changes. Itchy skin rash (usually within a couple of weeks). Many types of skin rashes. Rare: irritability, nightmares, headaches. Blurred vision, vision halo. Most serious include: Very rare retinal (eye) toxicity in 1 in 50,000. More common in patients on higher doses. The dose is based on lean body weight. Yearly eye exams are recommended. Low blood counts. Rare nerve/ muscle dysfunction.	All plans offer coverage	Most plans offer coverage
leflunomide (Arava®) – pill Should see an improvement in 1 to 2 months	Inflammation and pain caused by RA Effect at treating the underlying disease process RA, PsA	Most common include: Stomach upset, diarrhea, increased risk of infection, high blood pressure, headache, skin rash. Most serious include: Liver toxicity and necrosis leading to death, severe infection, low blood counts, nerve damage. Leflunomide stays in the body for many months. If there is a serious side effect, or there is a plan to become pregnant, this drug should be 'washed out' of the system by using a course of cholestiramine.	All plans offer coverage	Most plans offer coverage
methotrexate (Rheumatrex®) – pill or 1 injection weekly Benefits should be seen within 1 to 2 months; maximum benefit in 6 months	Inflammation and pain caused by RA, AS, PsA Effect at treating the underlying disease process RA, AS, PsA – peripheral arthritis only	Most common include: : mouth ulcers, stomach upset, nausea, diarrhea, headache, fatigue, mood symptoms. Some patients may experience worsening of RA nodules. Most serious include: Liver toxicity, lung toxicity, low blood counts, increased risk of infection, hair loss.	All plans offer coverage	Most plans offer coverage
minocycline (Minocin®) – pill Benefit should be seen in 2 to 3 months	Inflammation and pain caused by RA Effect at treating the underlying disease process RA - possibly	Most common include: Dizziness, sedation, headache, stomach upset, diarrhea, skin pigmentation (can be permanent), photosensitivity. Most serious include: Low blood counts, drug-induced systemic lupus, liver toxicity.	All plans offer coverage	Most plans offer coverage
sulfasalazine (Azulfidine®) – pill Benefits should be seen in 1 to 2 months	Inflammation and pain caused by RA, AS, PsA Effect at treating the underlying disease process RA, AS-peripheral arthritis only	Most common include: Nausea, stomach upset, diarrhea, abdominal pain, skin rash. Most serious include: Liver toxicity, drop in blood counts. Temporary drop in sperm counts.	All plans offer coverage	Most plans offer coverage

Medication	Symptoms and diseases commonly used to treat	Most common and most serious side effects	Public drug plan coverage	Private drug plan coverage
biologic response modifiers				
abatacept (Orencia®) – intravenous, at week 0, 2 and 4, and then once every 4 weeks	Inflammation, pain, joint damage caused by RA Highly effective at treating symptoms and underlying disease process in RA	Most common include: Infusion reactions can occur and are usually mild and self limiting. Also, headache, runny nose, muscle or joint pain, sore throat, nausea, dizziness, heartburn. Most serious include: Increased risk of serious infections, possible increases in risk of lymphoma.	See Report Card on provincial formulary reimbursement listings for biologic response modifiers	Most plans offer coverage but it varies from plan to plan
adalimumab (Humira®) – one injection every 2 weeks	Inflammation, pain, joint damage caused by RA, AS, PsA Highly effective at treating symptoms and underlying disease process RA, AS, PsA	Most common include: Headache, skin rash, injections site reactions, rash, Increased risk of minor infections. Most serious include: Low blood counts, increased risk of serious infection, reactivation of Tb, multiple sclerosis-like symptoms, possible increased risk of lymphoma.	See Report Card on provincial formulary reimbursement listings for biologic response modifiers	Most plans offer coverage but it varies from plan to plan
anakinra (Kineret®) – one injection every day	Inflammation and pain caused by RA, Still's disease Effective at treating symptoms and underlying disease process RA	Most common include: Injections site reaction, skin rash, headache, nausea, abdominal pain, increased risk of minor infections. Most serious include: Increased risk of serious infection.	See Report Card on provincial formulary reimbursement listings for biologic response modifiers	Most plans offer coverage but it varies from plan to plan
etanercept (Enbrel®) – one or two injections every week	Inflammation, pain, joint damage caused by RA, AS, PsA Highly effective at treating symptoms and underlying disease process RA, AS, PsA	Most common include: Headache, skin rash, injections site reactions, rash, increased risk of minor infections, dizziness. Most serious include: Low blood counts, increased risk of serious infection, reactivation of Tb, multiple sclerosis-like symptoms, possible increased risk of lymphoma.	See Report Card on provincial formulary reimbursement listings for biologic response modifiers	Most plans offer coverage but it varies from plan to plan
infliximab (Remicade®) – intravenous infusion once every 8 weeks	Inflammation, pain, joint damage caused by RA, AS, PsA Highly effective at treating symptoms and underlying disease process RA, AS, PsA	Most common include: Headache, skin rash, infusion reactions, rash, Increased risk of minor infections. Most serious include: Low blood counts, increased risk of serious infection, reactivation of Tb, multiple sclerosis-like symptoms, possible increased risk of lymphoma.	See Report Card on provincial formulary reimbursement listings for biologic response modifiers	Most plans offer coverage but it varies from plan to plan
rituxan (Rituximab®) – intravenous, once, then again 2 weeks later, then approximately 9 months later	Inflammation, pain, joint damage caused by RA Highly effective at treating symptoms and underlying disease process in RA	Most common include: infusion reactions are usually seen first infusion, include flushing, sweating, chest pains. Infusion reactions typically managed by slowing rate of infusion and are much less frequent in subsequent infusions. Most serious include: sore throat, fever, chills, or other signs of infection, unusual bruising or bleeding, severe pain in the stomach area, vision changes, unusual eye movements, loss of balance or coordination, confusion, disorientation, difficulty walking, risk of serious infection.	See Report Card on provincial formulary reimbursement listings for biologic response modifiers	Most plans offer coverage but it varies from plan to plan



910B Richards Street, Vancouver BC V6B 3C1
t: 604.974.1366 tf: 1.866.974.1366 f: 604.974.1377

e: info@arthritisconsumerexperts.org
www.arthritisconsumerexperts.org

Disclaimer

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any health care related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter. <