

#### ABRIDGED PRESCRIBING INFORMATION

**ABRIDGED PRESCRIBING INFORMATION : Exemptia™** (Adalimumab) 40 mg /0.8 mL single use pre filled syringe **INDICATIONS AND USAGE** Moderate to severe Rheumatoid Arthritis (RA), Juvenile Idiopathic Arthritis (JIA): Moderate to severe active polyarticular JIA in pediatric patients of 2 years of age and older, Active enthesitis related arthritis in patients of 6 years of age and older, Active & progressive Psoriatic Arthritis (PsA) & Ankylosing Spondylitis (AS) and axial spondyloarthritis without radiographic evidence of AS **DOSAGE AND ADMINISTRATION** The recommended dose for Adult Rheumatoid Arthritis (RA), Psoriatic Arthritis & Ankylosing Spondylitis (AS) patients is 40 mg every other week. Patients with RA not receiving methotrexate may benefit from increasing the frequency to 40 mg every week. The recommended dose of Adalimumab for patients 2 years of age and older with polyarticular JIA is based on weight 10kg to <15 kg - 10mg every other week, 15kg to <30 kg- 20 mg every other week, ≥30 kg- 40mg every other week. The recommended dose for Enthesitis related arthritis is 24 mg/m<sup>2</sup> up to a maximum single dose of 40 mg administered every other week **CONTRAINDICATIONS** Exemptia™ is contraindicated in the following conditions: • Hypersensitivity to the active substance or to any of the excipients. • Moderate to severe heart failure • Active tuberculosis or other severe infections such as sepsis and opportunistic infections **Elderly patients** • No dose adjustment is required **Impaired renal and/or hepatic function** • Adalimumab has not been studied in these patients. No dose recommendations can be made. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE - Infections:** Patients should only be treated with Adalimumab after active infections including chronic or localized infections are controlled. Adalimumab should be discontinued in cases where a new serious infection or sepsis develops, and appropriate antifungal or antimicrobial therapy should be initiated to control the infection. **Serious infections:** Patients treated with Adalimumab are at risk of pneumonia, pyelonephritis, septic arthritis and septicemia due to bacterial, mycobacterial, invasive fungal, parasitic, viral, or other opportunistic infections such as listeriosis, legionellosis and pneumocystis. **Tuberculosis:** Adalimumab therapy should not be initiated in those patients who have been diagnosed with active tuberculosis. Seek medical advice for symptoms such as persistent cough, wasting/weight loss, low grade fever etc. that occur during or after Adalimumab treatment. **Other adverse effects:** Hepatitis B reactivation, Neurological events such as multiple sclerosis and Guillain-Barré syndrome, Allergic reactions such as anaphylaxis, allergic rash, fixed drug reaction, non-specified drug reaction or urticarial, Immunosuppression such as delayed-type hypersensitivity, depression of immunoglobulin levels, or change in enumeration of effector T-, B-, - NK-cells, monocyte/macrophages, and neutrophils, Malignancies such as lymphoma and leukemia, Haematologic reactions such as pancytopenia, aplastic anaemia, cytopoenia (e.g. thrombocytopenia, leucopenia) and blood dyscrasias, Congestive heart failure, Autoimmune processes with rare instances of symptoms of lupus-like syndrome. **Vaccinations:** Patients can receive vaccination (except live vaccines) while on Adalimumab treatment. **Concurrent administration:** Adalimumab should also not be used with other biological DMARDs **Surgery:** The long half-life of Adalimumab should be considered prior to planning a surgery **Elderly Population:** Risk of infection in elderly patients over 65 years of age is higher **PREGNANCY AND LACTATION:** Limited clinical data is available & Adalimumab is not recommended in pregnancy. It is not recommended for women to breast-feed for at least five months after the last Adalimumab **EFFECTS ON ABILITY TO DRIVE AND USE MACHINES:** Administration of Adalimumab may result in vertigo and visual impairment **OVERDOSE:** No dose-limiting toxicity was observed in patients and the highest dose level evaluated was intravenous dose of 10 mg/kg **SPECIAL PRECAUTION FOR STORAGE** Store between + 2 °C and + 8 °C, in the carton to protect from light. Do not freeze Exemptia™. Do not use Exemptia™ if frozen, even if it has been thawed. Keep out of reach of children. **SPECIAL PRECAUTIONS FOR DISPOSAL** Exemptia™ does not contain any preservative. Any unused product or waste material should be discarded.

Please refer to the full Prescribing Information before prescribing Exemptia™.

For further information, contact:

**Zydu**  
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Committed to Immunology

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## Understand Rheumatoid Arthritis

Because better understanding  
ensures better care.

**Zydu**  
dedicated  
to life



**Zydu**  
**Bio**vation  
Committed to Immunology



### **Freedom is just a few steps away.**

Patients suffering from rheumatoid arthritis can best understand the value of freedom. Burdened by the disease, they are unable to complete even the simplest tasks, on their own. They constantly yearn for their independence. It is possible for every RA patient to live a dignified & independent life. Following one's doctor's advice, taking timely & proper medication and obtaining a good understanding of the disease will help achieve the best treatment outcomes.

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**Because,  
freedom is about  
being free to mould  
the future.**

## What is rheumatoid arthritis?

Rheumatoid arthritis (RA) is an autoimmune disease in which your body's immune system – which protects your health by attacking foreign substances like bacteria and viruses – mistakenly attacks your joints (Think of your immune system as your body's police force. It is responsible for protecting your body from a range of harmful elements. What if police force, instead of attacking criminals, starts attacking innocent people?) The abnormal immune response causes inflammation that can damage joints (common in the wrist and fingers) and organs, such as the skin, eyes, lungs, blood vessels and the heart. Early diagnosis and prompt treatment is the key to preventing joint destruction and organ damage. Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity.<sup>1</sup>

Rheumatoid arthritis can occur at any age, though generally it strikes at a younger age. The disorder is more common in women. You might have the disease for only a short time, or the symptoms might just come and go. However, the severe form can last a lifetime.<sup>2</sup>

### Normal joint

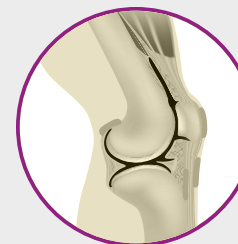
A joint is where two or more bones meet. Your joints let your bones move freely, but within limits. The ends of your bones are covered with cartilage, which has a very smooth, slippery surface. The cartilage allows the ends of your bones to move against each other almost without friction. The joint is surrounded by the synovium, which produces a small amount of synovial fluid that nourishes the cartilage and lubricates the joint. The synovium has a tough outer layer called the capsule that, together with the ligaments, holds your joint in place and stops the bones from moving too much. Strong fibrous bands, called tendons, anchor the muscles to the bones.<sup>3</sup>

### Diseased joint

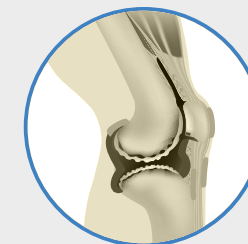
Rheumatoid arthritis causes inflammation in the synovium. The result is very similar to inflammation that you may have seen if you've had an infected cut or wound – it goes red, swells, produces extra fluid and hurts. The redness is caused by the increasing flow of blood. As a result, the inflamed joint may feel warmer than usual. The inflammation is caused by a build-up of fluid and cells in the synovium. Your joint hurts for two reasons:

- » Your nerve endings are irritated by the chemicals produced by the inflammation.
- » The capsule is stretched by the swelling in your joint.

When the inflammation goes down, the capsule remains stretched and can't hold your joint in its proper position. This can make your joint unstable, and it can move into unusual or deformed positions.<sup>3</sup>



Normal joint



Diseased joint



**Because,  
freedom is about  
being free to embrace  
your world.**

## How do i know if i have rheumatoid arthritis?

When RA starts, it may be sudden or gradual. The pain or stiffness, along with swelling in joints is usually worse in the morning. Any joint may be involved, but it often starts in the fingers, wrists and feet. RA usually happens in many joints, but at the start there may be pain/stiffness in only one or two joints. Your doctor will look for clues that suggest the joint inflammation is RA, and not another type of arthritis. Blood tests help give clues, but there is no blood test to completely diagnose RA. It often takes months to confirm a diagnosis of RA.<sup>4</sup>

### Symptoms<sup>5</sup>

Symptoms of rheumatoid arthritis tend to come and go. You may have flare-ups when your symptoms become worse than normal. Common symptoms of rheumatoid arthritis include:

- » Joint pain and swelling
- » Stiffness
- » Tiredness (fatigue), depression, irritability
- » Anaemia
- » Flu-like symptoms, such as feeling generally ill, feeling hot and sweating.



### Less common symptoms include:

- » Weight loss
- » Inflammation in the eyes
- » Rheumatoid nodules (fleshy lumps below the elbows or on hands and feet)
- » Inflammation of other body parts, for example, lungs and blood vessels and the membrane around your heart, but this is rare.

Rheumatoid arthritis varies from one person to another, but it usually starts quite slowly. A few joints – often your fingers, wrists or the balls of your feet – become uncomfortable and may swell, often intermittently. You may also feel stiff when you wake up in the morning.

If you have painful, swollen joints and stiffness in the morning that lasts for longer than half an hour, you should see your doctor. **Research shows that the sooner you start treatment for rheumatoid arthritis, the more effective it's likely to be, so early diagnosis is important.**

For about 1 in 5 of those with rheumatoid arthritis the condition develops very rapidly, with pain and swelling in a lot of joints, severe morning stiffness and great difficulty doing everyday tasks. You may feel tired, irritable or depressed even when the joint symptoms are fairly mild, and some people feel generally unwell.

Early rheumatoid arthritis tends to affect your smaller joints first, particularly the joints that attach your fingers to your hands and your toes to your feet.

As the disease progresses, symptoms often spread to the wrists, knees, ankles, elbows, hips and shoulders. In most cases, symptoms occur in the same joints on both sides of your body.

Rheumatoid arthritis signs and symptoms may vary in severity and may even come and go.



**Because,  
freedom is about  
being free to chase  
your dreams.**

## What are the causes of rheumatoid arthritis and how is it diagnosed?<sup>6</sup>

**We don't yet know exactly what sets off the inflammation in rheumatoid arthritis.**

There's some evidence that lifestyle factors may affect your risk of developing the condition. Rheumatoid arthritis is more common in the following factors:

- » **Sex** - Women are more likely to develop rheumatoid arthritis.
- » **Age** - Rheumatoid arthritis can occur at any age, but it most commonly begins between the ages of 30 and 50 years.
- » **Family history** - If a member of your family has rheumatoid arthritis, you may have an increased risk of the disease.
- » **Smoking** - Smokers are at higher risk of developing rheumatoid arthritis.
- » **Dental** - Rheumatoid arthritis can occur to those who have frequent dental infections

The **genes** you inherit from your parents may increase your chances of developing rheumatoid arthritis, but genetic factors alone do not cause it. Even if you have an identical twin, who shares all the same genetic material as you, and have rheumatoid arthritis, you only have a 1 in 5 chance of developing it too. And if some of your **family members** have it, the severity can be very different from person to person.

Some people find that the weather, especially cold, damp conditions, seems to make their symptoms worse but the weather doesn't cause the condition itself.

### Diagnosis<sup>7</sup>

- » Rheumatoid arthritis can be difficult to diagnose in its early stages. There is no one blood test or physical finding to confirm the diagnosis.
- » During the physical exam, your doctor will check your joints for swelling, redness and warmth. He will also check your reflexes and muscle strength.
- » People with rheumatoid arthritis tend to have an elevated erythrocyte sedimentation rate (ESR), which indicates the presence of an inflammatory process in the body.
- » Other common blood tests look for rheumatoid factor and anti-cyclic citrullinated peptide (anti-CCP) antibodies.
- » Your doctor may recommend X-rays to help track the progression of rheumatoid arthritis in your joints over time.





**Because,  
freedom is about  
being free to walk down  
memory lane.**

## Treatment options<sup>8</sup>

The goals of treatment are to minimize symptoms such as pain and swelling, to prevent bone deformity and improve your quality of life. Many drugs used to treat rheumatoid arthritis have potentially serious side effects. Doctors typically prescribe medications with the fewest side effects first. You may need stronger drugs or a combination of drugs if your disease progresses.

### The drugs used to treat RA are

- » NSAIDs (pain killers)
- » Corticosteroids
- » Disease-modifying antirheumatic drugs (DMARDs)
- » Biologics

### Disease-modifying antirheumatic drugs (DMARDs)

These drugs can slow the progression of rheumatoid arthritis and save the joints and other tissues from permanent damage.

Common DMARDs include methotrexate, leflunomide, hydroxychloroquine and sulfasalazine.

Side effects vary but may include liver damage, bone marrow suppression and severe lung infections.

### Biologics

Biologics are more powerful treatment options as compared to traditional DMARDs. Although they are more effective, they have safety comparable to that of DMARDs. Biologics target parts of the immune system that trigger inflammation and cause joint and tissue damage. For example, TNF $\alpha$  is a chemical which plays a key role in the damage caused in patients suffering rheumatoid arthritis. EXEMPTIA™ (adalimumab) is a biologic which blocks TNF- $\alpha$ , thus leading to rapid and sustained relief.

Biologics are usually most effective when paired with a nonbiologic DMARD, such as methotrexate.

### Self-care

Self-management is an important part of rheumatoid arthritis care. Staying physically active is the key to keeping joints flexible. Too little movement can lead to joint stiffness. Strong muscles protect joints. Overall fitness improves health in many ways. Managing your weight, eating a nutritious diet & getting a good balance of rest & activity each day are important, too.





**Because,  
freedom is about  
being free to create  
special moments.**

## Some commonly asked questions<sup>9</sup>

**I've had RA for several years now. Recently I've noticed that whenever I have a flare, my joints creak and crack. It's loud and sometimes embarrassing, but I'm not in any more pain than usual. Should I be concerned?**

The cracking sound is related to the rapid shift of fluid within the joint from one space to another and also to changes within the joint cartilage. During flares, the amount of fluid in the joint space increases; as you move, the snapping of irregular, inflamed tissues can create those cracking and popping sounds. Although it can be annoying, it's not something to worry about. The best way to put a lid on the noise is to continue to keep RA under control with medication and lifestyle changes.

### Is rheumatoid arthritis same as osteoarthritis?

**NO.** Rheumatoid arthritis is an autoimmune disease, which means your body attacks itself. The target is the synovium, the soft lining around the joints. The immune system sees the synovium as a threat similar to a virus or bacteria and attacks. As a result, fluid accumulates around the joints. The fluid build up causes pain, stiffness, tenderness and inflammatory symptoms of RA.

Osteoarthritis, the most common form of arthritis, is a degenerative joint disease. People with OA experience a breakdown of the cartilage that cushions the joints. The wearing down of cartilage causes your bones to rub against each other, which accounts for pain and inflammation. Osteoarthritis does not involve the immune system as in the case of RA.

### Does weather affect arthritis pain?

If you have arthritis, you may be among those people (and there are many) who feel that their arthritis pain is influenced by the weather specifically, that they experience more arthritis pain on cold, rainy days and less arthritis pain on warm, dry days.

But research studies on whether climate really does affect arthritis pain have produced conflicting results.

### How to avoid a rheumatoid arthritis flare?

One of the hardest things about having RA is that you never know when symptoms will flare up. If you've gone a long time without one, it can come as a shock. During flares, some people feel frustrated and wonder if they did something wrong.

So, let's clear the air at the start. No one can predict when and why flares occur. It's not your fault. The best way to keep flares at bay is to take your RA medications consistently. But there are some things you can do to reduce the odds of a flare.

### Are you pacing yourself?

On days when you are feeling good, you may be tempted to catch up on all the things you haven't been able to get done. But be careful not to overdo it. Overdoing activities can bring on fatigue and trigger a flare. On good days, prioritize what needs to be done and pace yourself. Take frequent rest breaks even if you aren't feeling particularly tired. Ask for help.

### Do you protect your joints carefully?

Overusing a joint can trigger painful symptoms and cause more damage. You can help protect your joints in a few key ways.

- » Maintain a healthy weight (lose a few pounds if you need to).
- » Take advantage of adaptive devices like canes, special jar openers, and padded handles.
- » Use good body mechanics -- use your largest joints when you lift, carry, or bend.
- » Wear safety gear like knee and elbow pads or wrist guards when you play sports or do outdoor activities.
- » Move your joints through their full range of motion. Use slow, gentle movements. And do specific exercises to strengthen the muscles and ligaments around your joints. You might ask your doctor for a referral to a physical therapist to get some help learning how to do this.

### Do you take your medications on schedule?

It's so easy to forget, and yet taking your RA medications at the same time every day is the most important thing you can do to prevent a flare. A regular schedule helps you keep a constant, effective level of medication in your blood. Skipping doses can trigger a flare. So use a pill box, a calendar, or an alarm to help keep you on track.

If, despite everything, you feel a flare coming on, call your doctor right away. Your doctor may be able to tweak your medications to help keep RA symptoms during the flare under better control.

### Is there a cure for rheumatoid arthritis ?

**NO**, there is no cure for RA, but new effective drugs are increasingly available to treat the disease and prevent deformed joints. In addition to medications and surgery, good self-management, including exercise, are known to reduce pain and disability.

### Can i get pregnant if i have rheumatoid arthritis?

Experts disagree whether rheumatoid arthritis affects fertility, but it's been proven that women with RA do take longer to conceive. This could be chalked up to the side effects of the disease for women, such as low sex drive, inconsistent ovulation, fatigue, and pain. One thing to be aware of is that the medications you might be on for RA may cause birth defects, so you have to work with your doctor to monitor medication if you're trying to conceive. The minute you and your partner are ready to start trying for baby, see a rheumatologist. Some medications take a month to two years to wash out of your system before it's safe to conceive. (By the way, that goes for both men and women being treated for RA.) Your rheumatologist will also work out a treatment plan for you while you're pregnant. Some patients quit medication.

Although some women with RA run a slight risk of miscarriage or giving birth to a low-weight baby, the majority of them have normal births without complications. Ironically, 70 to 80 percent of women claim that RA symptoms improved during pregnancy. **Another thing to know is that you can't pass on the disease to your fetus.** Though RA has a small genetic component, it **doesn't damage the fetus nor does the baby inherit the disease.**

### Do RA symptoms improve during pregnancy ?

**YES.** Research suggests that RA symptoms improve during pregnancy, but symptoms usually return and flares can occur after the baby is born. 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. Ask your doctor which medications are safe to take when breastfeeding.

### Is there a link between rheumatoid arthritis and heart attack ?

People with rheumatoid arthritis have a slightly greater chance of having a heart attack or stroke. The risk is probably reduced by controlling the disease, for example with drug treatments. High cholesterol and smoking increase the risk, so it's a very good idea to eat a balanced diet and stop smoking.

### Do i need any surgery ?

Surgical treatment for rheumatoid arthritis is used to relieve severe pain and improve function of severely deformed joints that don't respond to medicine and physical therapy.

Total joint replacement (arthroplasty) can be done for many different joints in the body. Its success varies depending on which joint is replaced.

#### Surgeries considered for people who have severe rheumatoid arthritis include:

- » Arthroplasty, to replace part or all of a joint, such as the hip or knee.
- » Arthroscopy, which uses a small lighted instrument to remove debris or inflamed tissue from a joint.
- » Carpal tunnel release, to relieve pressure on the median nerve in the wrist.
- » Cervical spinal fusion, to treat severe neck pain and nerve problems.
- » Finger and hand surgeries, to correct joint problems in the hand.
- » Foot surgery such as phalangeal head resection.
- » Synovectomy, to remove inflamed joint tissue.

Joint surgery often restores near-normal movement in a person who has osteoarthritis in just one or two joints. But this is not the case for people affected by rheumatoid arthritis.

### I have rheumatoid arthritis (RA) and whenever I have a particularly bad flare, my voice becomes very raspy. Sometimes my throat is so swollen that I actually lose my voice. Could my RA be the blame?

Hoarseness can indeed be related to your RA. Although many people aren't aware of it, the throat contains cartilage that can become inflamed during a flare. The swelling can affect your voice and even impair your breathing. Mention this symptom to your rheumatologist, and in the meantime, stay clear of smoky areas and try not to strain your voice.



## Can uv rays ease ra pain?

There is no evidence whatsoever that tanning beds have a favorable effect on RA symptoms. In fact, depending on what medications you're taking, your condition may actually be worsened when you're exposed to UV rays. Besides, certain RA medications may increase the risk of skin cancer.

## Fast facts<sup>10</sup>

- » Medicines for rheumatoid arthritis (RA) can slow down the disease and reduce damage to joints. They can relieve pain and make it easier to do everyday tasks.
- » Most people can find an RA drug that works.
- » If one RA drug isn't working well enough, you have other options. Switching to a different RA drug or adding another kind of RA drug can help.
- » Steroids are often used along with other RA drugs. They help with joint pain and swelling. But using them for a long time can cause side effects.
- » RA drugs can increase the chance of infections and other side effects. Regular checkups and blood tests are ways to catch these problems early.

## Healthy eating<sup>11</sup>

### It is important to follow a healthy, balanced diet that includes:

- » Whole grains, like oatmeal or brown rice
- » Fruits and vegetables
- » Low or no saturated fat, especially animal fat
- » Low amounts of salt and sugar
- » The daily recommended amount of vitamins and minerals

Research has also suggested that eating foods rich in omega-3 fatty acids, such as fish, can help reduce inflammation in your body. If you drink alcohol, do so in moderation. If you notice certain foods seem to increase the swelling in your joints, try to avoid them.

Maintaining emotional health: You can also improve your physical health by improving your emotional health. High levels of stress might increase your tendency to experience flares and might make it more difficult to deal with the challenges of living with RA.

### You can take steps to understand and control your stress:

- » Spend some time to identify what stresses you by keeping a journal or diary.
- » Try to avoid things that contribute to your stress.
- » Develop positive ways to cope, like making time for hobbies you enjoy or simply relaxing in a quiet space each day.

Sometimes, you might find yourself feeling frustrated or sad about some of the challenges you face when living with RA. Tasks that used to be simple might now be difficult or might require the help of others. Some days, pain and fatigue might leave you feeling helpless or overwhelmed. It's normal to feel this way, especially at first. It can help to seek support from friends and family or take extra time to do things that make you happy. You might want to find a support group or online message board for people with RA.

## Protecting your bones<sup>11</sup>

Together with your doctor, you will want to track 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, a condition in which the bones become brittle and easy to break.

This is especially true if you take large doses of corticosteroids, such as prednisone, over a long period of time. There are several steps you can take to help prevent osteoporosis:

- » Get enough calcium and vitamin D in your diet.
- » Do gentle, weight-bearing exercise, like walking, as recommended by your doctor.
- » Do not smoke.

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