

Anti-TNFs or B-Cell Therapy? Choosing the Right Biologic to Treat Your RA

RISE[™]
RA Information, Service, and Education



www.RISEsupport.com
1-877-474-8892

“ I hadn't really had much success until my doctor and I chose a biologic. ”

—Sandi, living with RA since 1989



The people featured in this brochure are members of the RISE Ambassador program, which is sponsored by Genentech USA, Inc. and Biogen Idec Inc. Genentech compensates the Ambassadors for their time and expense while presenting their stories.

About Biologics

Biologics are an advanced class of RA treatments that are usually given to people who:

- Have moderate to severe RA
- Have not been helped enough by other types of treatment (eg, NSAIDs and DMARDs)

Unlike other types of treatment, biologics target specific parts of the immune system believed to play a key role in RA. As a result, they may not only reduce pain and symptoms, but also limit the progression and damage of the disease.

There are different types of biologics

Even though all biologics have the potential to produce impressive results, there are a number of differences among them. In fact, biologics are often classified by the different ways that they work. And as you'll learn in the next section, different biologics are given to people based on their treatment history.

From Anti-TNFs to B-Cell Therapy

People who've never been treated with a biologic are usually given a certain type of biologic called an anti-TNF. These treatments are so named because they are thought to block a chemical in the immune system called tumor necrosis factor (or TNF), which may cause inflammation. The brand names of these treatments include Cimzia® (certolizumab pegol), Enbrel® (etanercept), Humira® (adalimumab), Remicade® (infliximab), and Simponi® (golimumab). Many people have had success with anti-TNFs, at least for some time. But it's not uncommon to switch to a biologic that works differently.

After one anti-TNF

People who haven't been helped enough by an anti-TNF will sometimes try another. But many have found better results by trying another type of biologic, such as B-cell therapy—also known as Rituxan® (rituximab). Unlike anti-TNFs, Rituxan targets a specific type of white blood cell called B-cells, which are believed to play an important role in RA. For important safety information about Rituxan, please see the last page of this brochure.

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For more information on Rituxan, please see the enclosed full Prescribing Information, including Medication Guide.

“After trying one anti-TNF, my doctor and I decided to go in a different direction.”

— Roger, living with RA since 1972



See the chart in the next section for some important information about these biologics.

Key Information About Anti-TNFs and B-Cell Therapy

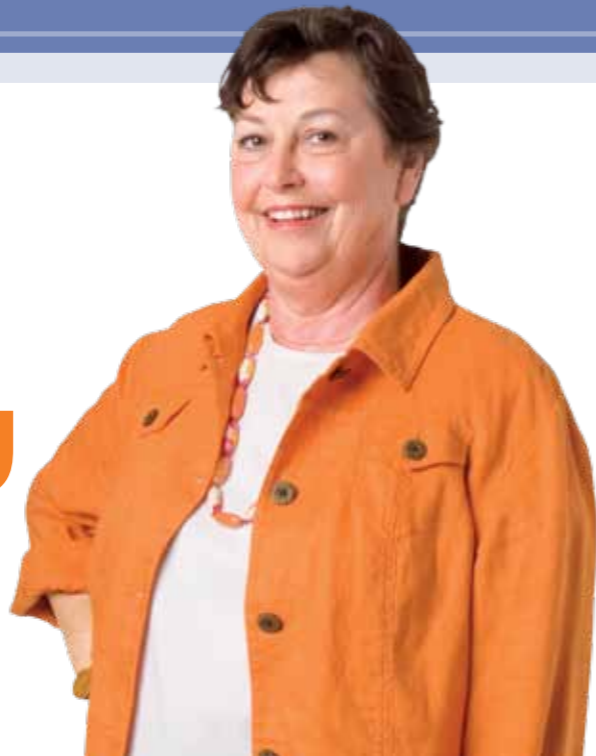
Type of biologic	How does it work?	Who is it for?	Brand names	How is it given?	Who is it given by?	How often is it given?	Treatments in a year*
Anti-TNF	Blocks a chemical called TNF, which may contribute to inflammation	People with moderate to severe RA	Cimzia® (certolizumab pegol)	Injection	Self-administered	After 2 injections, take 2 more at weeks 2 and 4, and then 1 every 2 weeks after	as few as 15
			Enbrel® (etanercept)	Injection	Self-administered	1 injection every week	as few as 52
			Humira® (adalimumab)	Injection	Self-administered	1 injection every 2 weeks	as few as 26
			Remicade® (infliximab)	Infusion	Trained nurse	After 1 infusion, treat again at weeks 2 and 6, and then every 8 weeks after	as few as 9
			Simponi® (golimumab)	Injection	Self-administered	1 injection every month	as few as 12
B-cell targeted	Selectively targets B-cells, a type of white blood cell believed to play an important role in RA	People with moderate to severe RA who haven't been helped enough by an anti-TNF	Rituxan® (rituximab)	Infusion	Trained nurse	1 course every 6 months (1 course = 2 infusions given 2 weeks apart)	as few as 4

No conclusions regarding comparative safety or efficacy between treatments can be drawn from this chart. All trademarks are the property of their respective owners.

*Based on information from each biologic's Prescribing Information. Please discuss with your doctor. For more information on Rituxan, please see the enclosed full Prescribing Information, including Medication Guide.

“ When I didn’t see the results I was expecting, I knew it was time to try a different biologic. ”

—Briana, living with RA since 2005



When to Switch

So when is the right time to switch biologics? Well, the answer to that question can vary from person to person, but there are a number of signs that everyone can look for. For example:

- If you’re having trouble with daily activities
- If your symptoms haven’t improved enough
- If you’re experiencing different symptoms or symptoms in different places
- If your treatment is losing its effectiveness
- If you can’t tolerate the side effects from your treatment

Ultimately, it’s up to you and your doctor to decide when a change in treatment may be necessary. So if you recognize any of the signs above, be sure to bring it up at your next appointment, and ask your doctor if a different biologic could be right for you.

Discuss and Decide

The following questions can help you and your doctor decide on the type of biologic that's right for you. Just jot down your answers on the right, and be sure to discuss them at your next appointment.

- How would your doctor describe the severity of your RA (eg, mild, moderate, severe)?
- What types of treatments have you taken in the past (eg, NSAIDs, DMARDs, anti-TNFs)?
- Are you being helped enough by your current treatment?
- How does your current treatment work? Do the treatments you're considering work differently?
- Which treatment would best suit your lifestyle?

Remember to be open and honest with your doctor, and consider every aspect of each treatment, including the potential benefits and risks. You know your health as well as anyone, so it's important to partner with your doctor and be actively involved in choosing your treatment.

NOTES

Learn More—Join RISE™

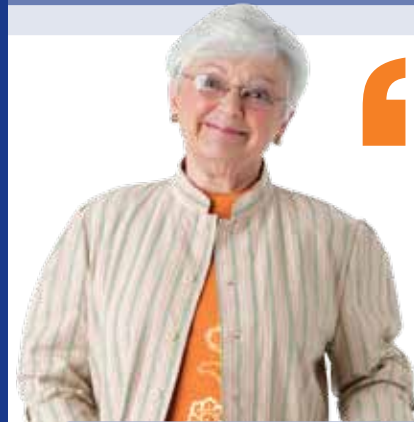
As a member, you'll receive:

- More information about your biologic treatment options
- A DVD full of RA-specific exercises
- Access to a variety of resources for people living with RA

Simply fill out the form to the right and mail it in, or sign up online at www.RISEsupport.com.



Fold and tear along dotted line.



“ The RISE network has so much to offer, and it's helped me live a better life with RA. ”

—Jo Ann, living with RA since 1993

RISE™
RA Information, Service, and Education

PRIVACY INFORMATION

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Learn More—Join RISE™

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Contact information (*required fields)

*Name _____
first last title (eg, Mr, Mrs, Ms)

*Address _____
street address city state zip

Phone (____) _____ E-mail _____

Condition information

1. Have you, or someone you know or care for, been diagnosed with RA? Yes No

If you answered “Yes,” please respond to the following questions as they relate to the person who was diagnosed with RA. Otherwise, you may skip the remaining questions.

2. What is your relationship to the person with RA?

- I am the person Spouse/significant other Healthcare professional
 Relative Friend Other

3. What is the person's date of birth? / / (mm/dd/yy)

4. How would the person characterize his or her RA?

- Mild Moderate Severe Not sure

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5. Please indicate which of the following treatments the person is currently receiving or has previously received for RA. Check all that apply. (All trademarks are the property of their respective owners.)

	Currently receiving	Previously received		Currently receiving	Previously received
Cimzia® (certolizumab pegol)	<input type="checkbox"/>	<input type="checkbox"/>	Orencia® (abatacept)	<input type="checkbox"/>	<input type="checkbox"/>
Enbrel® (etanercept)	<input type="checkbox"/>	<input type="checkbox"/>	Remicade® (infliximab)	<input type="checkbox"/>	<input type="checkbox"/>
Humira® (adalimumab)	<input type="checkbox"/>	<input type="checkbox"/>	Rituxan® (rituximab)	<input type="checkbox"/>	<input type="checkbox"/>
Kineret® (anakinra)	<input type="checkbox"/>	<input type="checkbox"/>	Simponi® (golimumab)	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate how strongly the person with RA would agree or disagree with each of the following statements. Check one box for each statement. (1 = completely disagrees, 5 = completely agrees)

“My RA prevents me from spending time with my friends or family.”

- 1 2 3 4 5

“I am completely satisfied that my current RA treatment relieves my pain.”

- 1 2 3 4 5

“The reason I won't try a new medication for RA is that I am afraid of long-term side effects.”

- 1 2 3 4 5

“I frequently offer suggestions regarding RA management to others who have the disease.”

- 1 2 3 4 5

Questions? Call 1-877-474-8892 or visit www.Rituxan.com.

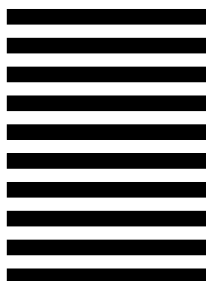
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RISE™ is brought to you by the makers of Rituxan® (rituximab).

To learn more about Rituxan, call 1-877-474-8892 or visit www.Rituxan.com.

WHAT IS RITUXAN?

Rituxan is a prescription medicine used in adults with another medicine called methotrexate to reduce the signs and symptoms of moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a tumor necrosis factor (TNF) antagonist has been used and did not work well.

People with serious infections should not receive Rituxan.

IMPORTANT SAFETY INFORMATION

Rituxan has been associated with infusion reactions, tumor lysis syndrome, severe skin reactions, and serious infections, including progressive multifocal leukoencephalopathy (PML). Common side effects include infections and infusion reactions.

For more information, please see the enclosed full Prescribing Information, including Medication Guide.

Inside you'll learn:

- What type of biologic is usually given first
- When it might be time to switch to a different type of biologic
- Important questions to review with your doctor



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