

HUMIRA®

Adalimumab (rch)

Consumer Medicine Information

What is in this leaflet

This leaflet answers some common questions about Humira.

It does not contain all the available information.

It does not take the place of talking to your doctor or pharmacist.

All medicines have risks and benefits. Your doctor has weighed the risks of you using this medicine against the benefits they expect it will have for you.

If you have any concerns about using this medicine, ask your doctor or pharmacist.

Read this leaflet carefully before you use Humira and keep it with the medicine.

You may need to read it again.

What Humira is used for

The active ingredient in this medicine is adalimumab, which is a fully human monoclonal antibody. Monoclonal antibodies are proteins made by a type of blood cell to fight a foreign protein in the body. Adalimumab recognises and binds to a specific protein (tumour necrosis factor or TNF-alpha), which is present at higher levels in some inflammatory diseases.

Humira is used for the treatment of a number of inflammatory diseases:

- Rheumatoid arthritis

Rheumatoid arthritis is an inflammatory disease of the joints. Signs and symptoms of rheumatoid arthritis include joint pain, tenderness, swelling and stiffness.

Humira is used to reduce the signs and symptoms of moderate to severely active rheumatoid arthritis as well as to slow down and protect the joints from further damage.

- Polyarticular juvenile idiopathic arthritis (pJIA)

pJIA is an inflammatory disease of the joints. Humira is used to reduce the signs and symptoms of moderately to severely active pJIA in patients 2 years of age and older.

- Enthesitis-related arthritis (ERA)

ERA is an inflammatory disease of the joints and the places where tendons join the bone. Humira is used to treat ERA in patients 6 years of age and older.

- Psoriatic arthritis (PsA)

PsA is an inflammatory disease of the joints and skin that is usually associated with psoriasis. Signs and symptoms include joint pain, tenderness and swelling. Humira is used to reduce the signs and symptoms of moderate to severely active PsA, as well as to slow down and protect the joints from further damage.

- Ankylosing spondylitis (AS)

Ankylosing spondylitis is an inflammatory disease of the spine. Signs and symptoms of ankylosing spondylitis include back pain and stiffness. Humira is used to reduce the signs and symptoms in patients with active disease.

- Non-radiographic axial spondyloarthritis (nr-axSpA)

Nr-axSpA is an autoimmune disease which causes arthritis in the spine. Unlike ankylosing spondylitis (above) the inflammation does not show up on an x-ray (radiograph) but may show up on an MRI (magnetic resonance imaging) scan.

- Crohn's disease

Crohn's disease is an inflammatory disease of the digestive tract. Humira is used to treat moderate to severe Crohn's disease in adults and children aged 6 years and over, to reduce the signs and symptoms of the disease and to induce and maintain periods where the symptoms are no longer present (remission).

- Ulcerative colitis

Ulcerative colitis is an inflammatory disease of the large intestine (bowel). Humira is used to treat moderate to severe ulcerative colitis in adults and children aged 5 years and above when certain other medicines are not appropriate.

- Psoriasis

Psoriasis is an inflammatory disease of the skin. Plaque psoriasis, the most common form, is a skin condition that causes red, flaky, crusty patches of the skin covered with silvery scales. Plaque psoriasis can also affect nails, causing them to crumble, thicken and lift away from the nail bed which can be painful. Humira is used to treat moderate to severe forms of the disease in adults, and severe forms in adolescents and children from 4 years of age for whom topical therapy (such as creams, lotions and ointments) and phototherapy (also known as light therapy), have either not worked very well or are not suitable.

- Hidradenitis suppurativa (HS)

HS (sometimes called acne inversa) is a chronic and often painful inflammatory skin disease. Symptoms may include tender nodules (lumps) and abscesses (boils) that may leak pus, which can have an unpleasant odour. It most commonly affects specific areas of the skin, such as under the breasts, the armpits, inner thighs, groin and buttocks. Scarring may also occur in affected areas.

Humira is used to treat adults and adolescents from 12 years of age with active moderate to severe HS. Humira can reduce the number of nodules and abscesses caused by the disease, and the pain that is often associated with it.

Your doctor will schedule follow-up appointments to check on your progress to determine whether you should continue treatment.

- Uveitis

Uveitis is an inflammatory disease affecting certain parts of the eye. This inflammation may lead to a decrease of vision and/or the presence of floaters in the eye (black dots or wispy lines that move across the field of vision).

Humira is used to treat adults with non-infectious intermediate, posterior and pan-uveitis, with inflammation affecting the back of the eye, and children from 2 years of age with chronic non-infectious anterior uveitis with inflammation affecting the front of the eye.

Ask your doctor if you have any questions about why this medicine has been prescribed for you.

Your doctor may have prescribed it for another reason.

This medicine is not addictive.

This medicine is available only with a doctor's prescription.

The long-term effects of Humira on the growth and development of children are not known.

Before you use Humira

When you must not use it

Do not use Humira if you have an allergy to any medicine containing adalimumab or any of the ingredients listed at the end of this leaflet.

Symptoms of an allergic reaction may include:

- chest tightness
- shortness of breath, wheezing or difficulty breathing
- swelling of the face, lips, tongue or other parts of the body
- hives, itching or skin rash.

Do not use Humira if you have a severe infection including infection of the blood (sepsis), active tuberculosis or other severe infections that can be caused by viruses, fungi, parasites or bacteria.

Infections can occur when the body's natural defences are lowered.

Do not use Humira if you are already using anakinra (Kineret).

Anakinra is a medicine for rheumatoid arthritis, JIA and conditions associated with a defect in a protein called cryoprin.

Do not use Humira if you have moderate to severe heart failure.

If you are not sure whether any of the above conditions apply to you, ask your doctor.

Do not use this medicine after the expiry date printed on the label/blister/carton or if the packaging is torn or shows signs of tampering.

Return out of date or damaged medicine to your pharmacist for disposal.

Before you use it

Tell your doctor if you have allergies to any other medicines, foods, preservatives or dyes.

Tell your doctor if:

- you have or have had an infection, including a long-term infection in one part of the body (for example, leg ulcer).
- you have had infections which keep coming back or other conditions that increase the risk of infections.
If you are over 65, you may be more likely to get an infection while taking Humira. It is important that you and your doctor pay special attention to signs of infection while you are being treated with Humira.
- you have ever had tuberculosis, or if you have been in close contact with someone who has had tuberculosis.

As cases of tuberculosis have been reported in patients treated with Humira, your doctor will check you for signs and symptoms of tuberculosis before starting Humira. This will include a thorough medical examination, including your medical history and appropriate screening tests (for example a chest x-ray and tuberculin test).

Tuberculosis can develop during therapy even if you have received treatment for the prevention of tuberculosis.

If symptoms of tuberculosis (for example, a cough that doesn't go away, weight loss, lack of energy, mild fever), or any other infections appear during or after therapy, tell your doctor immediately.

- you are a carrier of the hepatitis B virus (HBV), or you have active HBV or you think you might be at risk of contracting HBV.

In people who carry HBV, Humira can cause the virus to become active again. In some rare cases, especially if you are taking other medicines that suppress the immune system, reactivation of HBV can be life-threatening.

- you have or have had a fungal infection or have lived or travelled in countries where some fungal infections are common.

These infections may develop or become more severe if you take Humira.

- you have or have had uveitis.

Your doctor may check for signs and symptoms of neurologic disease before starting this medicine.

- you have or develop a demyelinating disease (a disease that affects the insulating layer around the nerves such as multiple sclerosis).
- you have or have had allergic reactions such as chest tightness, wheezing, dizziness, swelling or rash.
- you have or have had a blood disorder.
- you have or have had low resistance to disease.

- you have or have had a serious heart condition
- you have or have had cancer or autoimmune disease.
- you have a lung disease called chronic obstructive pulmonary disease (COPD)
- you have or have had kidney or liver problems

Tell your doctor if you are scheduled for any vaccines.

Certain vaccines may cause infections and should not be given while patients are receiving Humira.

Wherever possible, it is recommended that children be brought up to date with all immunisations according to current immunisation guidelines prior to starting on Humira therapy.

Patients receiving Humira should not receive live vaccines.

Tell your doctor if you have psoriasis and have undergone phototherapy, also known as light therapy.

Tell your doctor if you are pregnant or plan to become pregnant.

A pregnancy study found that there was no higher risk of birth defects when the mother had used Humira during pregnancy, compared with mothers with the same disease who did not use Humira.

If you use Humira during pregnancy, your baby may have a higher risk of getting an infection.

It is important that you tell your baby's doctors and other healthcare professionals about your Humira use during your pregnancy before the baby receives any vaccine.

Tell your doctor if you are breastfeeding or plan to breastfeed.

If you have not told your doctor or pharmacist about any of the above, tell them before you start using Humira.

Taking other medicines

Tell your doctor or pharmacist if you are taking any other medicines,

including any that you buy without a prescription from your pharmacy, supermarket, naturopath or health food shop.

Some medicines and Humira may interfere with each other.

Tell your doctor or pharmacist if you are taking anakinra (Kineret) or abatacept (Orencia).

Taking either of these two medicines together with Humira may increase the risk of infection.

Tell your doctor if you are taking azathioprine or 6-mercaptopurine with Humira.

Tell your doctor if you are taking any other medicines to treat your condition.

Humira can be taken together with other medicines, such as methotrexate, and other disease-modifying anti-rheumatic agents (for example, sulfasalazine, hydroxychloroquine, leflunomide and injectable gold preparations), steroids or pain medications including non-steroidal anti-inflammatory drugs (NSAIDS) such as ibuprofen.

Your doctor may prescribe other medicines for your condition to take with this medicine.

Your doctor or pharmacist have more information on medicines to be careful with or avoid while using this medicine.

How to use Humira

Humira is given as a subcutaneous injection (under the skin). It may be injected by the patient, family member or carer.

Follow all directions given to you by your doctor and pharmacist carefully. They may differ from the information contained in this leaflet.

If you do not understand the instructions on the label or in this leaflet, ask your doctor or pharmacist for help.

Always use Humira exactly as your doctor has instructed you.

Check with your doctor or pharmacist if you are not sure.

How much to use

Adults

Rheumatoid arthritis

The usual dose for adults with rheumatoid arthritis is one 40 mg injection every fortnight.

If you are receiving Humira without methotrexate, your doctor may change your Humira dose to 40 mg every week or 80 mg every fortnight, depending on your response.

Psoriatic arthritis, Ankylosing spondylitis and Non-radiographic axial spondyloarthritis

The usual dose for patients with PsA, ankylosing spondylitis and nr-axSpA is one 40 mg injection every fortnight.

Crohn's disease & Ulcerative colitis

The usual dose for adults with Crohn's disease or ulcerative colitis is an initial dose of 160 mg (given as two 80 mg injections in one day OR as one 80 mg injection per day over two consecutive days OR as four 40 mg injections in one day OR as two 40 mg injections per day over two consecutive days), followed by 80 mg two weeks later (given as one 80 mg injection OR as two 40 mg injections in one day) then 40 mg starting two weeks later and continuing every fortnight.

Your doctor may change this ongoing (maintenance) dose to 40 mg every week or 80 mg every fortnight depending on your response.

Psoriasis & Uveitis

The usual dose for adults with psoriasis or uveitis is an initial dose of 80 mg, (given as one 80 mg injection OR as two 40 mg injections in one day), followed by 40 mg given every fortnight starting one week after the initial dose.

For adults with psoriasis, depending on your response, your doctor may change this ongoing (maintenance) dose to 40 mg every week or 80 mg every fortnight.

Hidradenitis suppurativa

The usual dose for adults with HS is an initial dose of 160 mg (given as two 80 mg injections in one day OR as one 80 mg injection per day over two consecutive days OR as four 40 mg injections in one day OR as two 40 mg injections per day over two consecutive days), followed by 80 mg, (given as one 80 mg injection OR as two 40 mg injections in one day) two weeks later. After a further two weeks, continue with a dose of 40 mg every week or 80 mg every fortnight.

Children

Juvenile idiopathic arthritis & Enthesitis-related arthritis

For children with pJIA, 2 years and older, or ERA 6 years and older, the usual dose depends on body weight.

For a body weight of 30 kg and above:

The usual dose is 40 mg given every fortnight as a single dose.

For a body weight between 10 kg and less than 30 kg:

The usual dose is 20 mg given every fortnight.

Crohn's disease

The usual dose for children with Crohn's disease depends on body weight.

For a body weight of 40 kg or above:

The initial dose is 160 mg (given as two 80 mg injections in one day OR as one 80 mg injection per day for two consecutive days OR as four 40 mg injections in one day OR as two 40 mg injections per day for two consecutive days), followed by an 80 mg dose two weeks later, given as one 80 mg injection OR as two 40 mg injections in one day. After a further two weeks, continue with a dose of 40 mg every fortnight.

Your doctor may change this ongoing (maintenance) dose to 40 mg every week or 80 mg every fortnight, depending on your response.

For a body weight of less than 40 kg:

The initial dose is 80 mg (given as one 80 mg injection OR two 40 mg injections in one day), followed by a 40 mg dose two weeks later. After a further two weeks, continue with a dose of 20 mg every fortnight.

Your doctor may change this ongoing (maintenance) dose to 20 mg every week, depending on your response.

Treatment of Crohn's disease in children should be supported by good nutrition to allow appropriate growth.

Psoriasis

The usual dose for children with psoriasis depends on body weight.

For a body weight of 30 kg or above:

The usual dose is 40 mg given once every week for the first two weeks, then once every fortnight.

For a body weight of less than 30 kg:

The usual dose is 20 mg given once every week for the first two weeks, then once every fortnight.

Hidradenitis suppurativa in adolescents

The usual dose for adolescents (from 12 years, weighing at least 30 kg) with HS is an initial dose of 80 mg (given as one

80 mg injection OR as two 40 mg injections in one day), followed by 40 mg every fortnight starting one week later.

If you have an inadequate response, your doctor may change this ongoing (maintenance) dose to 40 mg every week or 80 mg every fortnight.

It is recommended you use an antiseptic wash daily on the affected areas.

Uveitis

The usual dose for children aged 2 years or older with non-infectious anterior uveitis, depends on body weight.

For a body weight of 30 kg or more:

The usual dose is 40 mg every fortnight used with methotrexate.

Your child's doctor may also prescribe an initial dose of 80 mg which may be administered one week prior to the start of the usual dose.

For a body weight of less than 30 kg:

The usual dose is 20 mg every fortnight used with methotrexate.

Your child's doctor may also prescribe an initial dose of 40 mg which may be administered one week prior to the start of the usual dose.

Ulcerative colitis

The usual dose for children with ulcerative colitis depends on body weight.

For a body weight of 40 kg or above:

The initial dose is 160 mg, followed by 80 mg two weeks later, then continuing with 80 mg every fortnight OR 40 mg weekly.

For a body weight of less than 40 kg:

The initial dose is 80 mg, followed by 40 mg two weeks later, then continuing with 40 mg every fortnight OR 20 mg weekly.

How to use it

Humira is injected under the skin. The injection can be self-administered or given by another person, for example a family member, friend or carer, but only

after proper training in injection technique.

Instructions for preparing and giving an injection of Humira are provided in the Injecting Instructions supplied with the product and can be obtained by clicking on the links below:

- 40 mg/0.8 mL pen
- 40 mg/0.4 mL pen
- 80 mg/ 0.8 mL pen
- 20 mg/0.2 mL, 20 mg/0.4mL, 40 mg/0.4 mL, 40 mg/0.8mL, 80 mg/0.8mL syringe

How long to use it

Keep using Humira for as long as your doctor tells you.

Humira will not cure your condition but should help control your symptoms.

Ask your doctor if you are not sure how long to use this medicine for.

If you forget to use it

If you forget to give yourself an injection, you should inject the missed dose of Humira as soon as you remember. Then inject your next dose as you would have on your originally scheduled day.

Do not try to make up for missed doses by injecting more than one dose at a time.

If it is almost time for your next dose, skip the dose you missed and inject the next dose when you are meant to.

If you are not sure what to do, ask your doctor or pharmacist.

If you use too much (overdose)

If you accidentally inject Humira more frequently than prescribed by your doctor, immediately telephone your doctor or the Poisons Information Centre (New Zealand: Telephone 0800 764 766) or go to Accident and Emergency at your nearest hospital. Do this even if there are no signs of discomfort or poisoning.

You may need urgent medical attention. Always take the outer carton of the medicine with you.

While you are using Humira

Things you must do

Check with your doctor before you receive any vaccines.

Wherever possible, it is recommended that children be brought up to date with all immunisations according to current immunisation guidelines prior to starting on Humira therapy.

Patients receiving Humira should not receive live vaccines (for example, BCG or oral polio vaccine).

If you become pregnant while using Humira, tell your doctor immediately.

If you are about to be started on any new medicine, tell your doctor you are using Humira.

Tell all doctors, dentists, and pharmacists who are treating you that you are using Humira.

If you are going to have surgery, tell all doctors that you are using Humira.

Your doctor may recommend you discontinue Humira temporarily.

Keep all of your doctor's appointments so that your progress can be checked.

Things you must not do

Do not give Humira to anyone else, even if they have the same condition as you.

Do not use Humira to treat any other complaints unless your doctor tells you to.

Do not stop taking Humira, without checking with your doctor.

Do not take Humira and anakinra (Kineret) or Humira and abatacept (Orencia) together.

Taking either of these two medicines with Humira may lead to an increased risk of developing a serious infection.

Things to be careful of

Tell your doctor if you get symptoms of an infection such as a fever, skin sores, feeling tired or any problems with your teeth and gums.

You might get infections more easily while you are receiving Humira treatment. These infections may be serious and include tuberculosis, infections caused by viruses, fungi, parasites or bacteria, or other infections. Sepsis, is an infection of the blood, that may, in rare cases, be life-threatening.

Your doctor may recommend you discontinue Humira if you develop an infection.

Be careful driving or operating machinery until you know how Humira affects you.

The effects on your ability to drive and use machines whilst taking this medicine are not known.

Side effects

Tell your doctor as soon as possible if you do not feel well while using Humira or if you have any problems using it.

Do this even if you do not think the problems are connected to the medicine or are not listed in this leaflet.

All medicines can have unwanted side effects. Sometimes they are serious, but most of the time they are not. You may need medical attention if you get some side-effects.

Do not be alarmed by this list of possible side effects. You may not experience any of them.

Ask your doctor or pharmacist any questions you may have.

Tell your doctor immediately or go to Accident and Emergency at your nearest hospital if you experience any of the following:

- Signs of an allergic reaction such as:

- chest tightness
- shortness of breath, wheezing or difficulty breathing
- swelling of the face, lips, tongue or other parts of the body
- hives, itching or skin rash.
- Signs and symptoms suggestive of heart failure, such as shortness of breath with exertion or upon lying down, or swelling of the feet
- Signs and symptoms suggestive of a blood disorder such as persistent fever, bruising, bleeding very easily, paleness.

The above list includes very serious side effects. You may need urgent medical attention or hospitalisation.

Tell your doctor as soon as possible if you notice any of the following:

- Signs of tuberculosis such as persistent cough, weight loss, listlessness, fever
- Signs of infection such as fever, lack of energy, skin sores, problems with your teeth or gums, burning when you pass urine
- You might get infections more easily while you are receiving Humira treatment.
- Signs of nervous system disorders such as numbness or tingling throughout your body, arm or leg weakness, double vision
- Signs of soft tissue infection, such as a bump or open sore that doesn't heal.
- Signs suggesting a blood clot, such as swelling, tenderness, redness and a warm feeling of an area of the arm or leg.

The above list includes serious side effects. You may need urgent medical attention.

Tell your doctor if you notice any of the following and they worry you:

- Pain, swelling, redness or itching at the site of injection
- Cold, runny nose, sinus infection, sore throat, cough, congestion on the chest, asthma or a worsening of asthma symptoms

- Lower respiratory tract infections (such as bronchitis, pneumonia)
- Pain in the ear which could suggest an ear infection
- Pain or inflammation of the eye or eye lid or changes to your vision
- Mouth ulcers, pain or excessive bleeding from the gums
- Burning or pain when passing urine, or blood in the urine
- Skin bumps or sores that don't heal
- Headache or migraine, dizziness, vertigo
- Muscle weakness or numbness, difficulty balancing
- Fever, flushing, increased sweating
- Nausea, vomiting, abdominal pain
- Reflux or heartburn
- Chest pain
- Rash, itching, redness or scaly patches
- Problems with your finger or toe nails
- Hair loss
- Fatigue, tiredness, lack of energy
- Muscle, joint or bone pain
- Bleeding or bruising more easily than usual
- Feeling overwhelmed or sad, or lacking motivation (depression)
- Feeling anxious, especially fearful or worried (anxiety)
- Increased heart rate
- Viral infections (including the flu, cold sore blisters, chicken pox and shingles)
- Bacterial infections (including urinary tract infection)
- Fungal infections

The above list includes the more common side effects of Humira. They are usually mild and short-lived.

There have been cases of certain kinds of cancer in patients using Humira or similar medicines. People with more serious rheumatoid arthritis that have had the disease for a long time may

have a higher chance of getting a kind of cancer that affects the lymph system, called lymphoma, or that affects the blood, called leukaemia. If you take Humira your risk may increase.

On rare occasions, a specific and severe type of lymphoma has been observed in patients taking Humira.

Tell your doctor if new skin lesions (skin spots or sores) appear or if existing lesions change appearance during or after Humira treatment.

Very rare cases of skin cancer have been observed in patients taking Humira

If you have COPD, or are a heavy smoker, you should discuss with your doctor whether treatment with a TNF blocker is appropriate for you.

There have been cases of cancers other than lymphoma in patients with a specific type of lung disease called Chronic Obstructive Pulmonary Disease (COPD) treated with another TNF blocker.

Tell your doctor or pharmacist if you notice anything else that is making you feel unwell.

Other side effects not listed above may occur in some people.

After using Humira

Storage

Keep your medicine in the pack until it is time to use it in order to protect it from light.

Keep Humira in a refrigerator (2°C to 8°C). Do not freeze.

Keep Humira in the refrigerator in a way children cannot get to it.

Keep the medicine at the right temperature when you travel.

This is important whether travelling by car, bus, train, plane or any other form of transport.

When needed a single Humira pen or syringe may be stored at room temperature (below 25°C) for a maximum period of 14 days. Be sure to protect it from light.

Once removed from the refrigerator and stored at room temperature, the pen or

syringe must be used within 14 days or discarded. Do this even if it has been returned to the refrigerator.

These storage instructions are also important while travelling.

Write down the date you first remove the pen or syringe from the refrigerator on the label, so you can check how long it has been.

Disposal

After injecting Humira, immediately throw away the used pen or syringe in a special 'sharps' container as instructed by your doctor, nurse or pharmacist.

If your doctor tells you to stop using Humira or the expiry date has passed, ask your pharmacist what to do with any medicine that is left over.

Product description

What it looks like

Humira (50 mg/mL) is a clear, colourless, sterile solution containing:

- 40 mg adalimumab in 0.8 mL solution in a syringe
- 40 mg adalimumab in 0.8 mL solution in a pen
- 20 mg adalimumab in 0.4 mL solution in a syringe.

Humira (100 mg/mL) is a clear, colourless, sterile solution of:

- 20 mg adalimumab in 0.2 mL solution in a syringe
- 40 mg adalimumab in 0.4 mL solution in a syringe
- 40 mg adalimumab in 0.4 mL solution in a pen
- 80 mg adalimumab in 0.8 mL solution in a syringe
- 80 mg adalimumab in 0.8 mL solution in a pen

Ingredients

Humira 50 mg/mL contains 50 mg adalimumab as the active ingredient in 1 mL of liquid.

It also contains the following inactive ingredients:

- Sodium chloride
- Monobasic sodium phosphate dihydrate
- Dibasic sodium phosphate dihydrate
- Sodium citrate dihydrate
- Citric acid monohydrate
- Mannitol
- Polysorbate 80
- Water for injections.

Humira 100 mg/mL contains 100 mg of adalimumab as the active ingredient in 1 mL of liquid. It also contains the following inactive ingredients:

- Mannitol
- Polysorbate 80
- Water for injections.

Not all presentations may be marketed.

Patient Support Programme

The AbbVie Care support programme is available to people prescribed Humira in New Zealand and offers the following:

- Nurse support
- Welcome Kit
- Online Community
- Email and SMS reminders
- Sharps Disposal
- Travel Case

For further information:

Call 0800 848 243 or visit www.abbviecare.co.nz

Distributor

Humira is distributed in New Zealand by:

AbbVie Limited
6th Floor, 156-158 Victoria St
Wellington, 6011

New Zealand

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Version 02

If you are using the Humira pre-filled syringe, instructions for preparing and giving an injection of Humira are provided in the Injecting Instructions supplied with the product.

Read these instructions carefully and follow them step by step. These instructions explain how to self-inject this medicine.

Do not attempt to self-inject until you are sure that you understand how to prepare and give the injection.

Your doctor or his/her assistant will also show you best how to self-inject.

Do not mix the injection in the same syringe or vial with any other medicine.

Keep out of the sight and reach of children.

STEP 1

Take Humira out of the refrigerator.

Leave Humira at room temperature for 15 to 30 minutes before injecting.

- Do not remove the needle cover while allowing Humira to reach room temperature
- Do not warm Humira in any other way. For example, do not warm it in a microwave or in hot water.
- Do not use the syringe if liquid has been frozen (even if thawed).

STEP 2

Syringe



Pad

Check expiry date on the syringe label.

Do not use the syringe if expiry date has passed.

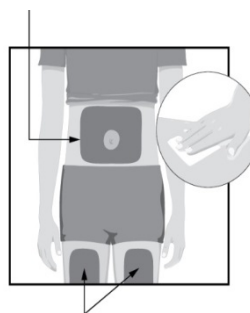
Place the following on a clean, flat surface:

- One Humira single-use syringe and alcohol pad
- One cotton ball or gauze pad (not included)
- Puncture-resistant sharps disposal container (not included).

Wash and dry your hands

STEP 3

Injectable Areas

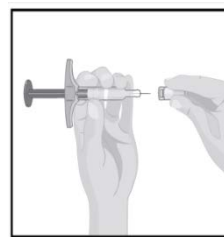


Injectable Areas

Choose an injection site:

- On the front of your thighs or, your abdomen (belly) at least 5 cm from your navel (belly button)
- Different from and at least 3 cm from your last injection site
- Wipe the injection site in a circular motion with the alcohol pad
- Do not inject into skin that is sore, bruised, red, hard, scarred, has stretch marks, or areas with psoriasis plaques

STEP 4



Hold the syringe in one hand.

Check the liquid in the pre-filled syringe.

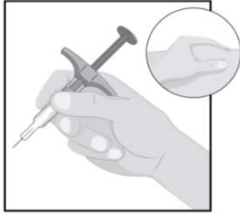
- Make sure the liquid is clear and colourless
- Do not use the pre-filled syringe if the liquid is cloudy or has particles

Gently pull the needle cover straight off with the other hand.

- Throw the needle cover away
- Do not touch the needle with your fingers or let the needle touch anything

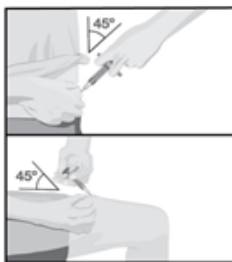
You may see a drop of liquid at the end of the needle. This is normal.

STEP 5



Hold the body of the syringe in one hand between the thumb and index fingers, like you would a pencil.
Gently squeeze the area of cleaned skin with your other hand and hold it firmly.

STEP 6



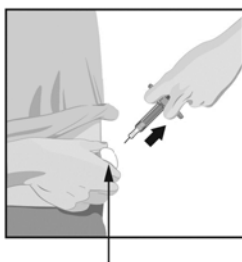
Abdomen
OR
Thigh

Insert the needle into the skin at about a 45-degree angle using a “dart-like” motion.

- After the needle is in, let go of the skin you are holding

Slowly push the plunger all the way in until all of the liquid is injected and the syringe is empty.

STEP 7



Cotton Ball

When the injection is completed, slowly pull the needle out of the skin while keeping the syringe at the same angle.

After completing the injection, place a cotton ball or gauze pad on the skin of the injection site.

- **Do not rub**

- Slight bleeding at the injection site is normal

STEP 8

The Humira syringe should never be reused. Never recap a needle.

After injecting Humira, immediately throw away the used syringe in a special 'sharps' container as instructed by your doctor, nurse or pharmacist.

Keep this container out of the reach and sight of children.

For more information:

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If you are using the Humira pen, instructions for preparing and giving an injection of Humira are provided in the Injecting Instructions supplied with the product.

Read these instructions carefully and follow them step by step.

These instructions explain how to self-inject this medicine.

Do not attempt to self-inject until you are sure that you understand how to prepare and give the injection.

Your doctor or his/her assistant will also show you best how to self-inject.

Keep Humira out of the sight and reach of children.

1. What should I do before I give myself a Humira injection?

- Take one dose tray containing a pre-filled pen of Humira from the refrigerator
- Do not shake or drop the pre-filled pen

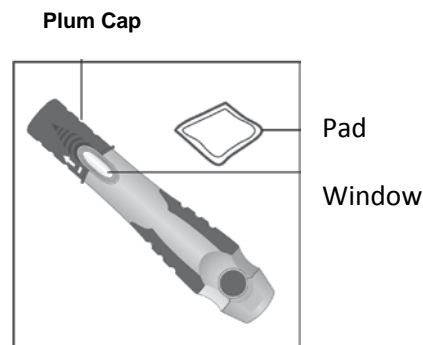


Figure 1

- Leave Humira at room temperature for 15 to 30 minutes before injecting.

Do not remove the plum cap while allowing Humira to reach room temperature.

Do not warm Humira in any other way.

For example, do not warm it in a microwave or in hot water.

Do not use it if the solution has been frozen.

Check the expiry date on the pre-filled pen label. Do not use the product after the month and year shown.

Hold the pre-filled pen with the plum cap pointing up.

Check the appearance of Humira solution through the windows on the sides of the pre-filled pen (see Figures 1 and 3).

It must be clear and colourless. If it is cloudy or has particles in it, you must not use it.

Do not remove the plum cap marked by the arrow in Figure 3, until immediately before the injection.

- Set up the following items on a clean surface
 - One Humira pre-filled pen and alcohol pad.
 - One cotton ball or gauze pad (not included)
 - Puncture-resistant sharps disposal container (not included)
- Wash and dry your hands.

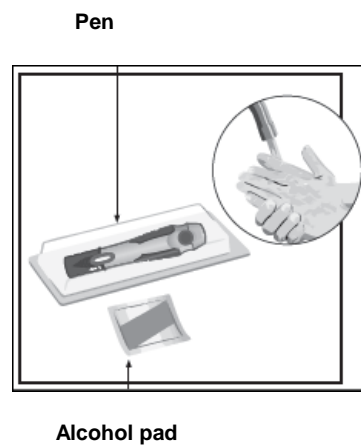


Figure 2

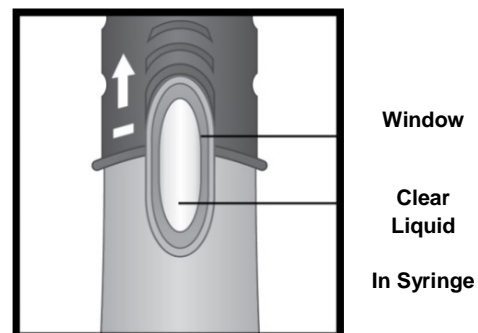


Figure 3

2. Where should I give my injections?

- Choose a site on your thigh or stomach (at least 5 cm from your belly button (navel)). Please see the shaded area in Figure 4.

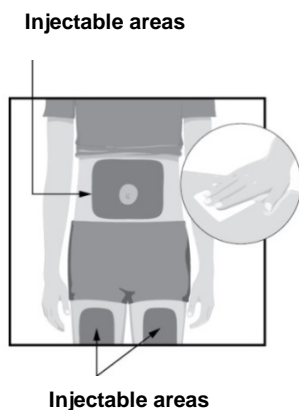


Figure 4

Change the place that you inject each time so that you do not become sore in one area. Each new injection should be given at least 3 cm from the last injection site.

Do not inject into skin that is sore, bruised, red, hard, scarred, has stretch marks, or areas with psoriasis plaques.

3. How do I give my injection?

- **Wipe your skin by using the enclosed alcohol pad, using a circular motion.**
- Only remove the plum cap immediately before injection.

Hold the pre-filled pen with the plum cap pointing up.

With your other hand, pull the plum cap straight off and discard cap.

Check that the small black needle cover of the syringe has been removed with the cap.

If a few small drops of liquid come out of the needle, that is okay. The white needle sleeve will now be exposed.

Do not try to touch the needle housed in the barrel.

DO NOT RECAP the pen as you may damage the needle inside and could potentially cause needle stick injury.

- Turn the pen so that the white needle sleeve points toward the injection site.

4. Giving the injection

- With your free hand, gently grasp or pinch a sizable area of the cleaned skin at the injection site and hold firmly for the entire injection procedure (see Figure 5).
- Place the white needle sleeve of the pre-filled pen at a right angle (90 degrees) against the injection site, so that you can see the green activation button and inspection window. The presence of one or more bubbles in the window is normal.
- Holding the pre-filled pen, press down firmly onto the injection site (holding in place without moving), but do not press the green activation button until ready for injection.
- The pen will activate only if the white needle sleeve is pressed down against the injection site before pressing the green activation button.
- Press the green activation button. You will hear a loud 'click' to signal the start of the injection.

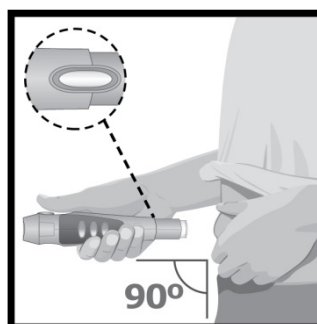
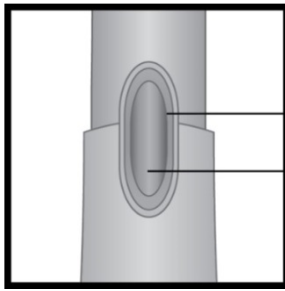


Figure 5

- Keep pressing and continue to hold the pen with steady pressure for about 10 seconds to ensure a complete injection.
Do not remove the pen while the injection is being given.
- Injection is complete when the pen has made a second 'click' or the yellow indicator has filled the window (see Figure 6). This takes up to 10 seconds.



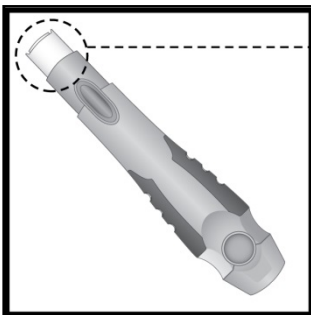
Window
Yellow
Indicator
Visible

Figure 6

- Lift the pen straight up from the injection site. The white needle sleeve will move down over the needle, lock into place over the needle tip and make another click.

Do not try to touch the needle.

The white needle sleeve is there to protect you from touching the needle (see Figure 7)



White
Needle
Sleeve

Figure 7

- You may notice a spot of blood at the injection site. You can press a cotton ball or a piece of gauze over the injection site for 10 seconds.

Do NOT rub the injection site.

5. Throwing away supplies

- Only use each pen for one injection.
Do not put the cap back on the pen.
- After injecting Humira, immediately throw away the used pen in a special 'sharps' container as instructed by your doctor, nurse or pharmacist.
- Keep this container out of reach and sight of children.

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Read these instructions carefully and follow them step by step. These instructions explain how to self-inject this medicine.

Do not attempt to self-inject until you are sure that you understand how to prepare and give the injection.

Your doctor or his/her assistant will also show you best how to self-inject.

Keep Humira out of the sight and reach of children.

1. What should I do before I give myself a Humira injection?

- Take one dose tray containing a pre-filled pen of Humira from the refrigerator
- Do not shake or drop the pre-filled pen
- Leave Humira at room temperature for 15 to 30 minutes before injecting

Do not remove the grey cap or plum cap while allowing Humira to reach room temperature.

Do not warm Humira in any other way.

For example, do not warm it in a microwave or in hot water.

Do not use it if the solution has been frozen.

- Check the expiry date on the pre-filled pen label. Do not use the product after the month and year shown.

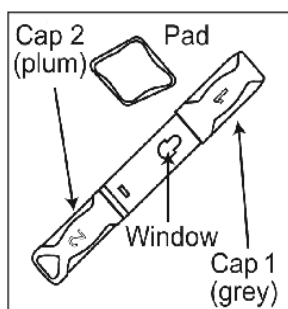


Figure 1

- Hold the pre-filled Pen with the grey cap (labelled '1') pointing up. Check the appearance of Humira solution through the windows on the sides of the pre-filled pen.

It must be clear and colourless. If it is cloudy or has particles in it, you must not use it.

Do not remove either the grey cap or the plum cap, until immediately before the injection.

- Set up the following items on a clean surface
 - One Humira pre-filled pen.
 - One alcohol pad.
- Wash your hands thoroughly

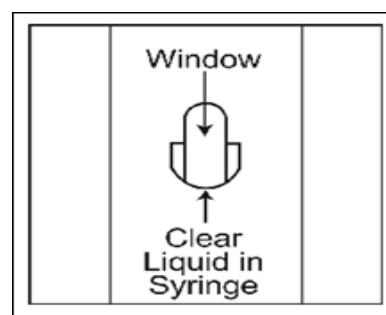


Figure 2

2. Where should I give my injections?

- Choose a site on your thigh or stomach (at least 5 cm from your belly button (navel)). Please see the shaded area in Figure 3.

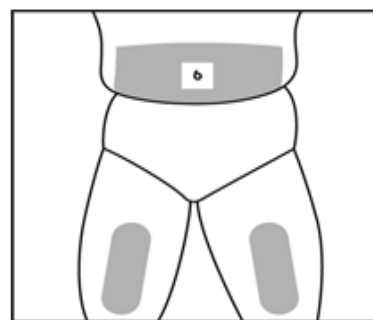


Figure 3

- Change the place that you inject each time so that you do not become sore in one area. Each new injection should be given at least 3 cm from the last injection site.

Do not inject into skin that is sore, bruised, red, hard, scarred, has stretch marks, or areas with psoriasis plaques.

3. How do I give my injection?

- Wipe your skin by using the enclosed alcohol pad, using a circular motion.
- Only remove both the grey cap and the plum cap **immediately** before injection.
- Hold the grey body of the pre-filled pen with one hand by placing this hand in the middle of the pen so that neither the grey cap nor the plum cap is covered. Hold the pre-filled pen with the grey cap pointing up.
- With your other hand, pull the grey cap straight off and discard cap.
- Check that the small grey needle cover of the syringe has been removed with the cap. If a few small drops of liquid come out of the needle, that is okay. The white needle sleeve will now be exposed.
- **Do not try to touch the needle housed in the barrel.**
- **DO NOT RECAP** the pen as you may **damage the needle inside**
- Pull the plum safety cap (labelled '2') straight off to expose the plum coloured activation button.
- The pre-filled pen is now ready to use. Do not press the plum activation button until properly positioned as this will result in discharge of medication.

DO NOT RECAP as this could cause the unit to discharge and could potentially cause needle stick injury.

- Do not place the pen down as this could cause the unit to discharge.

4. Giving the injection

- With your free hand, gently grasp or pinch a sizable area of the cleaned skin at the injection site and hold firmly for the entire injection procedure. (see Figure 4).
- Position the white end of the pre-filled pen at a right angle (90 degrees) to the skin, so that you can see the window. The presence of one or more bubbles in the window is normal.
- Holding the barrel of the pre-filled pen, press down slightly onto the injection site (holding

in place without moving), but do not press plum end until ready for injection.

- With your index finger or your thumb, press the plum coloured button on top once you are ready to begin the injection. You will hear a loud 'click' as the needle is released, and you will feel a small prick as the needle advances.

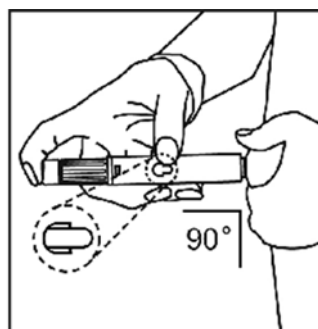
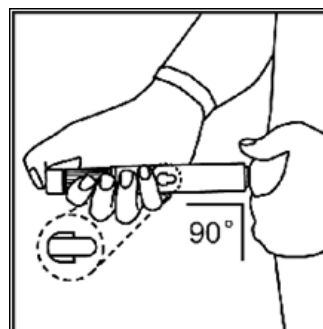


Figure 4



- Keep pressing and continue to hold the pen with steady pressure for about 10 seconds to ensure a complete injection. Do not remove the pen while the injection is being given.
- You will see a yellow indicator move into the window during the injection. The injection is complete when the yellow indicator stops moving (see Figure 5).

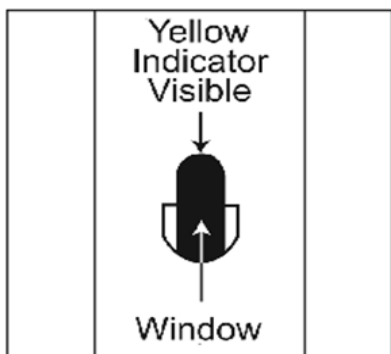


Figure 5

- Lift the pen straight up from the injection site. The white needle sleeve will move down over the needle and lock into place over the needle tip. Do not try to touch the needle. The white needle sleeve is there to protect you from touching the needle (see Figure 6)

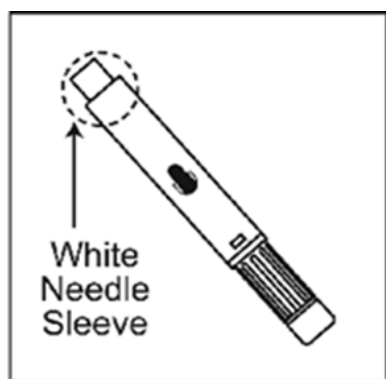


Figure 6

- You may notice a spot of blood at the injection site. You can press a cotton ball or a piece of gauze over the injection site for 10 seconds.
Do NOT rub the injection site.
- 5. Throwing away supplies**
- Only use each pen for one injection. Do not put either of the caps back on the pen.
 - After injecting Humira, immediately throw away the used pen in a special 'sharps' container as instructed by your doctor, nurse or pharmacist.
 - Keep this container out of reach and sight of children.

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Keep Humira out of the sight and reach of children.

1. What should I do before I give myself a Humira injection?

- Take one dose tray containing a pre-filled pen of Humira from the refrigerator
- Do not shake or drop the pre-filled pen

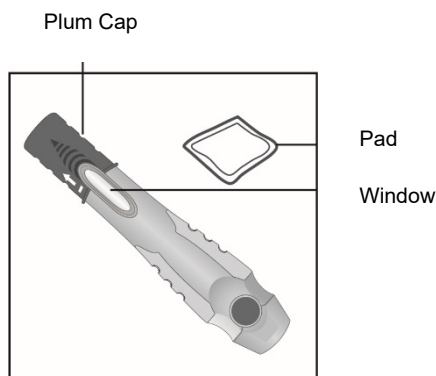


Figure 1

- Leave Humira at room temperature for 15 to 30 minutes before injecting.

Do not remove the plum cap while allowing Humira to reach room temperature.

Do not warm Humira in any other way.

For example, do not warm it in a microwave or in hot water.

Do not use it if the solution has been frozen.

Check the expiry date on the pre-filled pen label.

Do not use the product after the month and year shown.

Hold the pre-filled pen with the plum cap pointing up.

Check the appearance of Humira solution through the windows on the sides of the pre-filled pen (see Figures 1 and 3).

It must be clear and colourless. If it is cloudy or has flakes or particles in it, you must not use it.

Do not remove the plum cap marked by the arrow in Figure 3, until immediately before the injection.

- Set up the following items on a clean surface
 - One Humira pre-filled pen and alcohol pad.
 - One cotton ball or gauze pad (not included)
 - Puncture-resistant sharps disposal container (not included)
- **Wash and dry your hands.**



Figure 2

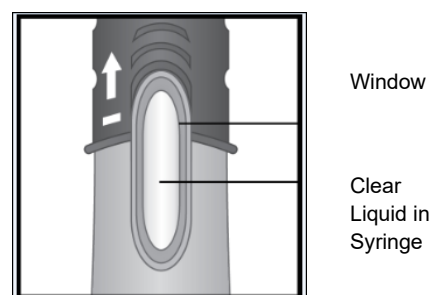


Figure 3

2. Where should I give my injections?

- Choose a site on your thigh or stomach (at least 5 cm from your belly button (navel)). (Please see the shaded area in Figure 4).

Injectable Areas

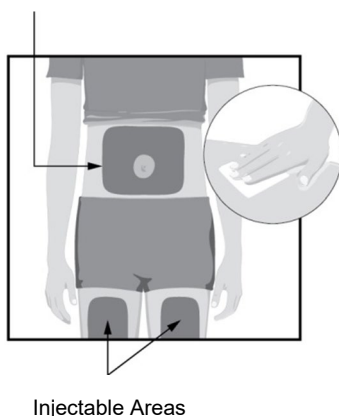


Figure 4

Change the place that you inject each time so that you do not become sore in one area. Each new injection should be given at least 3 cm from the last injection site.

Do not inject into skin that is sore, bruised, red, hard, scarred, has stretch marks, or areas with plaque psoriasis.

3. How do I give my injection?

- **Wipe your skin by using the enclosed alcohol pad, using a circular motion.**
- Only remove the plum cap immediately before injection.

Hold the pre-filled pen with the plum cap pointing up.

With your other hand, pull the plum cap straight off and discard cap.

- **Check that the small black needle cover of the syringe has been removed with the cap.**

If a few small drops of liquid come out of the needle, that is okay. The white needle sleeve will now be exposed.

Do not try to touch the needle housed in the barrel.

DO NOT RECAP the pen as you may damage the needle inside and could potentially cause needle stick injury.

- Turn the pen so that the white needle sleeve points toward the injection site.

4. Giving the injection

- With your free hand, gently grasp or pinch a sizable area of the cleaned skin at the injection site and hold firmly for the entire injection procedure (see Figure 5).
- Place the white needle sleeve of the pre-filled pen at a right angle (90 degrees) against the injection, so that you can see the green activation button and inspection window. The presence of one or more bubbles in the window is normal.
- Holding the pre-filled pen, press down firmly onto the injection site (holding in place without moving), but do not press the green activation button until ready for injection.
- The pen will activate only if the white needle sleeve is pressed down against the injection site before pressing the green activation button.
- Press the green activation button. You will hear a loud 'click' to signal the start of the injection.

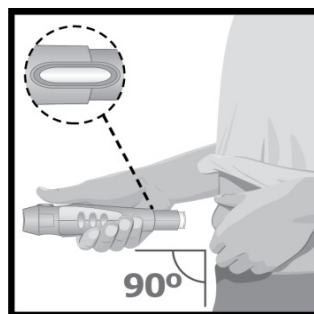


Figure 5

- Keep pressing and continue to hold the pen with steady pressure for about 10 seconds to ensure a complete injection.

Do not remove the pen while the injection is being given.

- Injection is complete when the pen has made a second 'click' or the yellow indicator has filled the window (see Figure 6). This takes up to 10 seconds.

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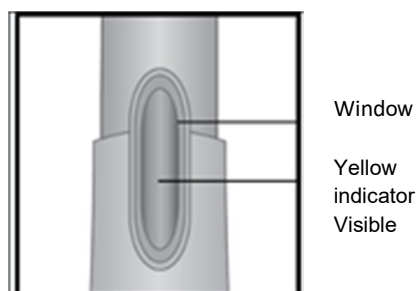


Figure 6

- Lift the pen straight up from the injection site. The white needle sleeve will move down over the needle, lock into place over the needle tip and make another click.

Do not try to touch the needle.

The white needle sleeve is there to protect you from touching the needle (see Figure 7)

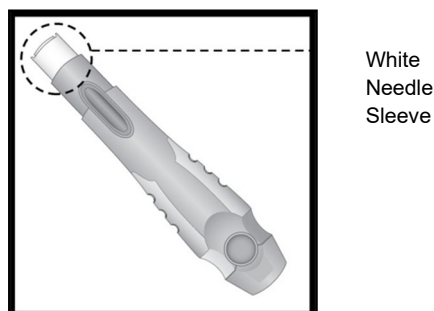


Figure 7

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Do NOT rub the injection site.

5. Throwing away supplies

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Do not put the cap back on the pen.

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