

**TABLE 2. TGA PREGNANCY CATEGORY AND RECOMMENDATIONS FOR MEDICATIONS USED TO TREAT RHEUMATOID ARTHRITIS<sup>12-18</sup>**

Medication	TGA category	Recommendation for		
		Pregnancy	Breastfeeding	Paternal exposure
Nonselective NSAIDs	C up to gestational week 32, D thereafter	Use with caution in first trimester Withdraw at gestational week 32 to avoid premature closure of ductus arteriosus	Excreted into breast milk No published evidence of harm	Compatible
Low-dose aspirin	C	Continue if clinically indicated	No data No theoretical concerns	No data No theoretical concerns
Glucocorticoids	A	Compatible	Compatible	Compatible
<i>Disease-modifying antirheumatic drugs (DMARDs)</i>				
Anakinra	B1	Limited evidence Unintentional exposure unlikely to be harmful	No data No theoretical concerns	No data No theoretical concerns
Azathioprine	D	Compatible at dose up to 2 mg/kg/day	Compatible	Compatible
Cyclosporin	C	Compatible	Compatible	Compatible
Hydroxychloroquine	D	Compatible	Compatible	Not to be discouraged
Leflunomide	X	Contraindicated Cease 2 years preconception or use cholestyramine washouts and check serum levels If unplanned pregnancy then cease immediately, initiate washout, carefully evaluate fetal risk with local experts No human evidence of increased congenital abnormalities if washout given	Not recommended – no data	Based on very limited evidence, may be compatible
Methotrexate	D	Contraindicated Cease 3 months preconception If unplanned pregnancy then cease immediately, start folate 5 mg/day and continue until fetal risk has been carefully evaluated with local experts	Not recommended – insufficient data	Based on limited evidence, may be compatible
Mycophenolate	D	Contraindicated Cease more than 6 weeks preconception	Not recommended – no data	Based on limited evidence, may be compatible
Sulfasalazine	A	Compatible when coprescribed with folate 5 mg/day	Compatible in healthy, full-term infants	Conception may possibly be enhanced by ceasing 3 months before planned conception
Tacrolimus	C	Compatible	Compatible	Compatible
<i>Biological disease-modifying antirheumatic drugs (bDMARDs)</i>				
Abatacept	C	Limited evidence Unintentional exposure unlikely to be harmful	No data No theoretical concerns	No data No theoretical concerns
Adalimumab	C	Continue until gestational week 20 then cease unless continuation is clinically indicated	Based on limited but reassuring data, breastfeeding should not be discouraged	Based on limited evidence, compatible
Certolizumab	C	Continue if clinically indicated	Based on limited but reassuring data, breastfeeding should not be discouraged	No data No theoretical concerns
Etanercept	D	Continue if clinically indicated	Based on limited but reassuring data, breastfeeding should not be discouraged	Based on limited evidence, compatible
Golimumab	C	Limited evidence Unintentional exposure unlikely to be harmful	Based on limited but reassuring data, breastfeeding should not be discouraged	No data No theoretical concerns
Infliximab	C	Continue until gestational week 20, then cease unless continuation is clinically indicated	Based on limited but reassuring data, breastfeeding should not be discouraged	Based on limited evidence, compatible
Rituximab	C	Limited evidence Cease 6 months before conception Unintentional exposure unlikely to be harmful	No data No theoretical concerns	Based on limited evidence, compatible
Tocilizumab	C	Limited evidence Cease at least 3 months preconception Unintentional exposure unlikely to be harmful	No data No theoretical concerns	No data No theoretical concerns