Drug information

Apremilast

APREMILAST is used to treat psoriasis and psoriatic arthritis
Introduction

Apremilast is a drug that can help prevent your condition causing damage to your body. You can discuss the benefits and risks of taking apremilast with healthcare professionals before you start treatment, so you’re able to make an informed decision.

What is apremilast and how is it used?

Apremilast (trade name Otezla) is used to treat psoriasis (saw-rye-a-sis) and psoriatic arthritis (saw-ree-at-ik arth-ri-tis). It’s a type of disease-modifying anti-rheumatic drug (DMARD). It targets an enzyme called PDE4, which is involved in the inflammatory processes that cause the symptoms of these conditions.

Apremilast has been shown to reduce symptoms such as swollen and tender joints and to improve skin symptoms, including scalp and nail psoriasis. If apremilast works for you, you should start to notice the benefits within four months of starting the treatment.

Apremilast can be prescribed by a consultant or other clinical specialist in rheumatology for adults with psoriatic arthritis. It can be used alone or with other disease-modifying drugs such as methotrexate. You won’t be given apremilast if you haven’t tried other treatments appropriate for your condition first.

Is apremilast suitable for me?

Your doctor may decide not to prescribe this treatment if:

- you’re underweight
- you have symptoms of depression
- you’re pregnant or planning to try for a baby.

Your doctor will assess your condition and may decide to do some tests, for example kidney function tests, before starting treatment.

Apremilast contains lactose, a type of sugar normally found in dairy products. This medicine may not be suitable for you if you have a lactose intolerance, which means that you can’t digest lactose normally.

When and how do I take apremilast?

Apremilast is taken as tablets. They can be taken with or without food.

When you first start taking apremilast, you’ll be given a special starter pack which contains all the doses for the first six days. You’ll only be given the starter pack once – even if you stop and then restart the treatment. The pack is clearly labelled to make sure you take the right dose at the right time, starting with a low dose and working up to the maximum.

Once you’ve finished the starter pack, you’ll remain on the higher dose. Most people will take one tablet in the morning and one in the evening. However, if you have kidney problems, your specialist may suggest just taking one tablet a day.

If you miss a dose, contact your specialist team immediately for advice on when to take the next one.

Because apremilast is a long-term treatment, it’s important to keep taking it, unless you have severe side-effects:

- even if it doesn’t seem to be working at first
- even when your symptoms improve (to help keep your condition under control).

Your doctor may decide to stop the treatment after four months if there hasn’t been enough improvement in your symptoms.
Possible risks and side effects

Like any medicine, apremilast can cause side effects but many people won't have any problems. You should speak to your rheumatology team if you’re worried about side effects.

Common side effects include diarrhoea (die-a-ree-ah), feeling sick, and coughs and colds. These mostly occur within a few weeks of starting apremilast treatment and are usually mild enough to clear up without any special treatment.

Some people may have stomach pain, loss of appetite, or headaches. If you pick up an infection while you’re on apremilast, speak to your rheumatology team. If the infection is serious, you may need to stop taking apremilast until you’re better.

You should discuss any side effects with your specialist, but in particular:

• feelings of depression or suicidal thoughts: These are very rare side effects but can be very serious, so contact your doctor straight away.
• loss of weight: Tell your doctor if you have unexplained or significant weight loss after starting apremilast. It may be best for you not to continue the treatment.

Tips to reduce your risk of infection

• Try to avoid close contact with people you know have an infection.
• Wash your hands regularly and carry around a small bottle of antibacterial hand gel.
• Keep your mouth clean by brushing your teeth regularly.
• Stop smoking if you’re a smoker.
• Make sure your food is stored and prepared properly.
• Try to keep your house clean and hygienic, especially the kitchen, bathrooms and toilets.

Taking other medicines

You may be taking other disease-modifying drugs as well as apremilast. However, apremilast can interact with some medicines, so check with your doctor or a pharmacist before starting any new medicines. Remember to mention you’re on apremilast if you’re treated by anyone other than your usual rheumatology team.

You can carry on taking non-steroidal anti-inflammatory drugs (NSAIDs) or painkillers, if needed, unless your doctor tells you otherwise.

Don’t take over-the-counter or herbal medicines without discussing it first with your doctor. Some of these, including St John’s Wort, can interfere with the treatment.
Vaccinations
It’s best to discuss vaccinations, including any you may need if you’re planning to travel abroad, with your healthcare team. If possible, it’s best to have any vaccinations you may need before you start apremilast.

Live vaccines aren’t usually recommended for people who are already on apremilast. These include yellow fever, shingles, rubella and oral polio vaccines.

Having an operation
If you’re thinking about having surgery, check with your rheumatology team and surgeon about whether you should stop taking apremilast for a time before and after surgery.

Alcohol
There’s no known interaction between apremilast and alcohol. However, alcohol can make psoriasis worse, so it’s best to keep well within the recommended limits of no more than 14 units of alcohol per week for adults.

This is also recommended if you’re taking methotrexate alongside apremilast, because methotrexate and alcohol can interact and affect your liver. In some circumstances your doctor may advise lower limits for alcohol intake.

Fertility, pregnancy and breastfeeding
There’s limited information available about the possible effects of apremilast in pregnancy. Women who could become pregnant should use effective contraception while being treated with apremilast. If you’re planning to try for a baby or if you’re already pregnant, your doctor won’t prescribe apremilast.

Similarly, because we don’t yet know if the drug can pass into human breast milk, you shouldn’t take apremilast if you’re breastfeeding.

There’s currently no information on whether apremilast might affect male or female fertility.

This leaflet is a guide to apremilast, its benefits and potential side effects. If there’s anything else you’d like to know about this drug, just ask the healthcare professionals in charge of your care.

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