

Drug information
Adalimumab

ADALIMUMAB

is used to treat rheumatoid arthritis,
ankylosing spondylitis, juvenile
idiopathic arthritis and psoriatic
arthritis

**VERSUS
ARTHRITIS**

Introduction

Adalimumab (ad-al-im-um-ab) is a drug that can help prevent your condition causing damage to your body. You can discuss the benefits and risks of taking adalimumab with your healthcare professionals before you start treatment, so you're able to make an informed decision.

What is adalimumab and how is it used?

Adalimumab is a type of drug known as a biological therapy.

In rheumatoid arthritis (roo-ma-toy-d arth-ri-tus) and some other conditions, too much of a protein called TNF is produced in the body. This causes inflammation, pain and damage to your joints. Anti-TNF drugs such as adalimumab block TNF and so reduce this inflammation.

Adalimumab isn't a painkiller, but it can treat your condition and you should start to feel better over a period of 2–12 weeks.

You may be prescribed adalimumab for:

- rheumatoid arthritis
- psoriatic arthritis (saw-ree-at-ik arth-ri-tis)
- ankylosing spondylitis (an-kee-low-sing spon-dee-lie-tis)
- juvenile idiopathic arthritis (JIA).

You'll probably take adalimumab along with methotrexate, unless methotrexate isn't suitable for you.

Your doctor won't prescribe adalimumab if:

- your arthritis isn't active
- you have an infection
- you haven't tried other treatments appropriate for your condition first.

Before you're prescribed adalimumab, doctors sometimes use a scoring system to work out how active your arthritis is. The system can be different depending on what condition you have, but most often you'll be asked how well you feel on a scale of 0 to 10 and your doctor will make a note of how many of your joints are tender and swollen.

You'll also need blood tests before treatment starts, to assess your condition and whether the drug is suitable for you.

Your doctor may decide not to prescribe adalimumab if you've had:

- repeated or severe infections
- multiple sclerosis (MS)
- cancer
- a serious heart condition
- lung fibrosis – scarring of the lung tissue
- tuberculosis
- hepatitis B.

Before starting adalimumab you'll have a chest x-ray and blood tests to check if you've ever been exposed to tuberculosis (TB). You may need treatment for TB before starting adalimumab if it's in your body but isn't causing any symptoms.

You'll also be checked for previous hepatitis infection, as adalimumab may increase the risk of hepatitis coming back.

You'll need further blood tests while you're on adalimumab to monitor its effects.

When and how do I take adalimumab?

Adalimumab is given by an injection under the skin, known as a subcutaneous injection.

You, your partner, or another family member can learn to give the injections at home.

Because it's a long-term treatment, it's important to keep taking adalimumab (unless you have severe side effects):

- even if it doesn't seem to be working at first
- even when your symptoms improve, as this will help to keep your condition under control.

If you forget to take your adalimumab contact your rheumatology team. They'll be able to advise you on when to take it next.

Biosimilars

Adalimumab was originally only available under the brand name Humira. But newer versions of biological therapies are becoming available, so you may be prescribed adalimumab under a different name, such as Amgevita, Hulio, Hyrimoz or Imraldi. These drugs are known as biosimilars and work in a similar way.

Possible risks and side effects

Most people don't have any side effects, and for those who do, they aren't usually serious. But if you do have severe side effects or are concerned about your symptoms, contact one of the healthcare professionals in charge of your care.

The most common side effects are redness, swelling or pain at the place where you've injected. Regularly changing where you inject will help reduce the chances of this irritation.

Because adalimumab affects the immune system, it can make you more likely to pick up infections. It can also make them harder to spot. Tell your doctor or rheumatology nurse straight away if you develop any signs of infection such as a sore throat, fever, diarrhoea, coughing up green phlegm, or any other new symptoms that concern you. If any of these symptoms are severe, see your doctor straight away.

You should also see your doctor if you develop chickenpox or shingles or come into contact with someone who has chickenpox or shingles. These illnesses can be more severe if you're on adalimumab. You may need antiviral treatment, and you might have to stop taking the drug until you're better.

In rare cases, you may have an allergic reaction. Contact your healthcare team if you think this may be happening. If the reaction is severe, then it's important you see your GP or go to your nearest Accident and Emergency department (A&E) as soon as possible.

Anti TNF drugs have been associated with some types of skin cancer. But the link between the two is unclear and skin cancers are usually treated successfully when diagnosed early. To be on the safe side, make sure to wear sunscreen and regularly check your skin for any new spots or changes to your freckles or moles.

Very rarely, adalimumab may cause a condition called drug-induced lupus. Symptoms include a rash, fever and increased joint pain. If you have any of these symptoms, you should tell your rheumatology team. It'll usually clear up when you stop taking adalimumab.

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'll probably take adalimumab alongside other drugs, including methotrexate. Check with your doctor or pharmacist before starting any new medications. And remember to mention you're on adalimumab if you're treated by anyone other than your usual rheumatology team.

You can carry on taking a non-steroidal anti-inflammatory drug (NSAID) or painkillers if needed, unless your doctor advises otherwise.

Don't take over the counter preparations or herbal remedies without discussing this first with your doctor or pharmacist as some of them could react badly with adalimumab.

It's recommended that you carry a biological therapy alert card so anyone treating you will know that you're on adalimumab. Ask your rheumatology team for a card.

Vaccinations

It's best to discuss vaccinations with your healthcare team before starting adalimumab.

It's usually recommended that people on adalimumab avoid live vaccines such as MMR, varicella and yellow fever. But sometimes a live vaccine may be necessary for example, rubella immunisation in women of childbearing age.

If you've never had chickenpox, it's good to get a vaccination against it before starting adalimumab. But discuss this with your rheumatology team first.

It's also a good idea to get any family or household members vaccinated against chickenpox before you start taking adalimumab.

If you're offered shingles vaccination (Zostavax) it's best to have this before starting adalimumab. Shingles vaccination isn't recommended for people who are already on adalimumab.

If you're a young woman and have already received one of your cervical cancer vaccines, you should continue your vaccine schedule as planned.

The pneumonia (new-mow-nee-uh) vaccine and yearly flu vaccines are safe and recommended.

Having an operation

If you're due to have an operation, talk to your surgeon and rheumatology team about taking your adalimumab. It's likely you'll be advised to stop adalimumab for a time before and after surgery.

Alcohol

It's fine to drink alcohol if you're on adalimumab. But if you're also taking methotrexate, you should keep well within the recommended limits. Guidelines state that adults shouldn't have more than 14 units a week, and that they should spread them out over the course of the week. In some circumstances your doctor may advise lower limits.

Fertility, pregnancy and breastfeeding

If you're planning to try for a baby, if you become pregnant or if you're thinking of breastfeeding, we suggest you discuss your medications with your rheumatologist.

Current guidelines suggest that it's fine for men and women to take adalimumab when trying for a baby.

Women can also take adalimumab in the first six months of a pregnancy. It's best not to take adalimumab during the last three months.

But if your arthritis is bad, you might be advised to take adalimumab during the last three months of a pregnancy. If you do, then your baby should not have any live vaccines, such as a BCG, until they're seven months old. This is because the drug may pass into your baby's body and could lower their immune system a bit.


It's fine to take adalimumab if you're breastfeeding.

If you're also on methotrexate you should stop taking it and use contraception for at least three months before trying to become pregnant. You mustn't take methotrexate if you're pregnant or breastfeeding. But it's fine for men to take methotrexate when trying to father a baby.

Where to go for more information

This leaflet is a guide to adalimumab, 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.

You can also call our free helpline on 0800 5200 520, where our trained advisors can offer information, support and advice on your type of arthritis.

 Visit our website www.versusarthritis.org to find out more

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