

Drug information
Golimumab

GOLIMUMAB

is used to treat rheumatoid arthritis,
psoriatic arthritis, axial spondyloarthritis
and juvenile idiopathic arthritis

VERSUS
ARTHRITIS

Introduction

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

What is golimumab and how is it used?

Golimumab is a type of drug known as a biological therapy. It's also known by the brand name Simponi.

In rheumatoid arthritis and some other inflammatory conditions, too much of a protein called TNF (tumour necrosis factor) is produced by the immune system. This causes inflammation, pain and damage to your joints. Anti-TNF drugs, such as golimumab, block TNF and reduce inflammation.

Golimumab isn't a painkiller, but it can reduce the effects of your condition. Your symptoms should start to improve after about 8–12 weeks.

Golimumab can be prescribed by a consultant rheumatologist for:

- rheumatoid arthritis (roo-ma-toy-d arth-ri-tus)
- psoriatic arthritis (saw-ree-at-ik arth-ri-tus)
- axial spondyloarthritis (axe-ee-all spon-dee-low-arth-ri-tus), including ankylosing spondylitis (an-kee-low-sing spon-dee-lie-tus)
- juvenile idiopathic arthritis (joo-vuh-nahyl id-ee-uh-path-ik arth-ri-tus) (JIA).

Biological therapies, such as golimumab, won't usually be prescribed unless you've tried at least two disease-modifying anti-rheumatic drugs (DMARDs). These include drugs like methotrexate, sulfasalazine and leflunomide.

Golimumab is usually used in combination with methotrexate.

When and how do I take golimumab?

Golimumab is given once a month by injection under the skin, usually into your thigh, tummy or upper arm. This is known as a subcutaneous injection. It comes as an injector pen or a syringe, which you or a family member can learn to use at home. You should keep your golimumab refrigerated.

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

Golimumab may not work straight away, so it's important to continue taking it even if it doesn't seem to be working. You should also continue taking it as prescribed when your symptoms improve and you start to feel better, as this will keep your condition under control.

Most patients will have regular blood tests while taking golimumab.

Things to know before you start golimumab

Golimumab is a very effective drug for many patients with arthritis. But it's not suitable for everyone.

Before you're prescribed golimumab, doctors sometimes use a scoring system to work out how active your arthritis is. The system used depends on what condition you have, but you'll probably be asked how well you feel on a scale of 1 to 10 and your doctor will make a note of how many of your joints feel tender and swollen.

You'll also need blood tests before you start the treatment, to work out how active your condition is and to check whether the drug is suitable for you.

Your doctor may not prescribe golimumab if:

- you're pregnant or breastfeeding
- you have HIV
- you have multiple sclerosis
- you've had cancer
- you've had a heart condition
- you have lung problems.

This drug should be used with caution if you have infections that repeatedly come and go.

Before starting golimumab, you'll have a chest x-ray and a test to check whether you've ever been exposed to tuberculosis (TB). If you have, you may need treatment for TB before you can start taking it.

You'll also be checked for previous hepatitis B or C infections, as golimumab may increase the risk of these conditions starting up again.

Possible risks and side effects

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

Some of the most common side effects include:

- indigestion
- muscle weakness
- dizziness
- headaches
- high blood pressure.

Some people may have reactions at the spot of the injection, such as pain, redness or swelling. These reactions should stop after a month of treatment. Regularly changing the injection spot will reduce the chances of this happening.

In rare cases, people experience an allergic reaction. This could be swelling or a rash, or you may feel short of breath. If you do develop these or any other severe symptoms, during or soon after a dose of golimumab, seek medical advice straight away.

Because golimumab affects your immune system, you may be more likely to develop the symptoms of a cold or to pick up infections. You should tell your doctor or rheumatology nurse straight away if you develop any of the following symptoms:

- a cough that won't go away
- unexpected weight loss
- fever.

Also, make them aware if you notice any unexplained bruising or bleeding. Your rheumatology team might advise you to pause or stop treatment.

You should contact your rheumatology team if you get chickenpox or shingles, or come into contact with someone who has them and you have never had chickenpox before. These illnesses can be worse than usual if you're on golimumab. You may need treatment for them and your golimumab may be stopped until you're better.

Anti-TNF drugs have been associated with some types of skin cancer. However, the link between the two is unclear. Skin cancers can often be 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.

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Very rarely, golimumab can cause a condition called drug-induced lupus. The symptoms include a rash, fever and increased joint pain. If you have any of these symptoms, tell your rheumatology team. This condition usually clears up if golimumab is stopped.

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

If you're taking golimumab, you'll probably be taking methotrexate as well. Check with your doctor before starting any new medications.

Remember to mention you're on golimumab if you're treated by anyone other than your usual rheumatology team, as it won't appear on your repeat prescription list from your GP.

It's recommended that you carry a biological therapy alert card, so anyone treating you will know that you're on golimumab.

 Ask your rheumatology team for a card or order one for free on our website, www.versusarthritis.org

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

Don't take over-the-counter or herbal remedies without talking to your healthcare team or a pharmacist, as some of them may react badly with golimumab.

Vaccinations

The pneumonia (nyoo-moh-nee-uh) vaccine and yearly flu vaccines don't affect golimumab and are perfectly safe to have while you're taking it. It's very important to have these to reduce your risk of infection.

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

Avoid having live vaccines such as MMR (measles, mumps and rubella) or yellow fever. Vaccines for chickenpox and shingles are also live and should be avoided.

However, if you've never had chickenpox, it can be a good idea to be vaccinated against it before starting golimumab. 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 golimumab.

If you're unsure about whether you should be having a vaccine, make sure to have a chat with your rheumatology team.


Having an operation

Talk this over with your rheumatology team. It's likely you will be advised to stop golimumab for about five weeks before surgery.

Alcohol

There's no known interaction between golimumab and alcohol, so it's fine to have a drink if you're taking this medication.

Government guidelines say both men and women should have no more than 14 units of alcohol a week. This is equivalent to about six glasses of wine or six pints of beer.

 You can find out more about units of alcohol at www.drinkaware.co.uk

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 say that most anti-TNF drugs can be taken during the first three months of pregnancy. However, as this drug is relatively new, there is very little information on its effects during pregnancy. You should discuss whether you should continue taking golimumab with your doctor.

If you were to take it throughout pregnancy, particularly in the last three months, then your baby shouldn't have any live vaccines until they are at least six months old. For more information, talk to your rheumatology team and your child's doctor.

Recent guidelines state that you can breastfeed while taking golimumab.

It's not yet known how golimumab might affect men trying to father a baby, although other anti-TNF drugs can be used safely. For more information, talk to your rheumatologist.

Women who are taking methotrexate as well as golimumab should stop taking methotrexate at least three months before trying for a baby. Methotrexate should not be restarted until after you've finished breastfeeding.

This leaflet is a guide to golimumab, 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.

Thank you!

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