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

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

What is etanercept and how is it used?

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

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

Etanercept isn’t a painkiller, but it can reduce the effects of your condition. Your symptoms should start to improve 2–12 weeks after you start taking it.

Etanercept 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)
- 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 etanercept, 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.

Etanercept is usually used in combination with methotrexate, but it can be taken on its own.

When and how do I take etanercept?

Etanercept is taken once or twice a week as an injection under the skin, known as a subcutaneous injection.

You can take etanercept by syringe or with an injector pen. You, your partner, or another member of your family can learn to give these injections at home. You should make sure they are stored in the fridge.

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

Etanercept may not work right 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 people will have regular blood tests while taking etanercept.

Biosimilars

Etanercept was originally only available as a drug called Enbrel. However, newer versions of biological therapies are becoming available, so you may be prescribed etanercept under a different name, such as Benepali or Erelzi. These drugs are known as biosimilars and work in a similar way.

Things to know before you start etanercept

Etanercept is a very effective drug for many people with arthritis. But it’s not suitable for everyone.

Before you’re prescribed etanercept, 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 to work out how active your condition is and to check whether the drug is suitable for you.

Your doctor might not prescribe etanercept if:

- you’re pregnant or breastfeeding
- you have HIV
- you have severe heart problems
- you’ve had cancer
- you, or a close family member, have multiple sclerosis (MS)
- you have lung problems.

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

Before starting etanercept, you’ll have a chest x-ray and tests to check if 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 etanercept 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:

- a blocked or runny nose
- a sore throat
- feeling sick or vomiting

- a mild fever
- headaches
- dizziness
- a rash
- stomach pain.

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

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

Because etanercept affects the immune system, it can make you more likely to develop the symptoms of a cold or to pick up infections. 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 if you 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 etanercept. You may need treatment for them and your etanercept 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.

Very rarely, etanercept 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. This condition usually clears up if etanercept 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 etanercept, you’ll probably be taking methotrexate as well. Check with your doctor before starting any new medications.

Remember to mention you’re on etanercept 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 etanercept. Ask your rheumatology team for a card.

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

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

Vaccinations

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

It’s usually recommended that you avoid having live vaccines such as MMR (measles, mumps and rubella) or yellow fever. Vaccines for chickenpox and shingles are also live.

If you’ve never had chickenpox, it can be good to be vaccinated against it before starting etanercept. 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 etanercept.

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’ll be advised to stop etanercept for a couple of weeks before and after surgery.

**Alcohol**

There’s no known interaction between etanercept 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 you can carry on taking etanercept during the first six months of pregnancy. However, if there’s concern that your arthritis may flare up, then your doctors might recommend you keep taking it throughout the whole pregnancy.

If this is the case, your baby shouldn’t have any live vaccines until they’re at least seven months old. For more information talk to your rheumatology team and your child’s doctor, as some vaccines will still be safe for them to have.

There’s only limited information about the use of etanercept while breastfeeding, but there’s no research to show that it’s harmful.

Current guidelines state that men trying to father a baby should be ok to continue taking etanercept or methotrexate. If in doubt discuss this with your rheumatologist first.

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

**Where to go for more information**

This leaflet is a guide to etanercept, 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.
Thank you!
A team of people helped us create this booklet. We would like to thank Miss Deborah Bond, Dr Fiona Wood, Mrs Lesley Harrison, Professor Kimme Hyrich and Dr Meghna Jani for helping us review the booklet.