

Drug information
Sarilumab

SARILUMAB

is used to treat rheumatoid arthritis

**VERSUS
ARTHRITIS**

Introduction

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

What is sarilumab and how is it used?

Sarilumab is a type of drug called a biological therapy. It's sometimes known by its trade name, Kevzara.

It can be prescribed by a consultant rheumatologist for rheumatoid arthritis. If you have rheumatoid arthritis, your body may produce too much of a protein called IL-6, which can affect your immune system. Sarilumab works by blocking IL-6.

Inflammation is your immune system's way of fighting infections in your body. Inflammation can cause swelling, heat, redness and pain – you might notice these signs when you have a cut or a wound.

In rheumatoid arthritis, the immune system attacks healthy parts of your body, such as your joints, by mistake and causes inflammation. This can cause tiredness, anaemia, and damage to bones, cartilage and soft tissues.

Sarilumab is a long-term treatment and it may be between 2 and 12 weeks before you notice your symptoms improving.

It may be the first biological therapy you're given, or you may have tried others first, such as rituximab or an anti-TNF drug.



See Versus Arthritis booklet 'Rheumatoid arthritis'. You can view all our information online at www.versusarthritis.org

Is sarilumab suitable for me?

Sarilumab won't be started if:

- your arthritis isn't active
- you have an infection
- you haven't tried two disease-modifying anti-rheumatic drugs (DMARDs), such as methotrexate and hydroxychloroquine, first.

Usually, sarilumab will be prescribed along with methotrexate.

Before you're prescribed sarilumab, 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 sarilumab if you:

- get repeated or serious infections
- have high cholesterol, or if you have a high level of certain lipids or fats in your blood
- have a liver disease, or if your liver function tests are higher than the normal range
- have a history of intestinal ulcers or diverticulitis
- have chronic kidney disease
- have or have had any type of cancer.

Before starting sarilumab, you'll have a chest x-ray and blood tests to check if you've previously been exposed to tuberculosis (TB). You may need a course of treatment for TB before starting sarilumab, even if you don't have any symptoms.

You'll also be checked to see if you have previously had hepatitis, as sarilumab can increase the risk of hepatitis starting up again.

 See Versus Arthritis booklets 'Methotrexate', 'Hydroxychloroquine'. You can view all our information online at www.versusarthritis.org

When and how do I take sarilumab?

Sarilumab is given as an injection under the skin, known as a subcutaneous injection, once every two weeks. This is done using either a pre-filled syringe or an injector pen.

You, your partner, or another member of your family can learn to give these injections.

It's important to keep taking sarilumab, unless you have severe side effects. You should keep taking it even if it doesn't seem to be working at first and when your symptoms start to improve, as this will help to control your arthritis.

If you miss a dose of sarilumab and realise within three days, you should take it as soon as possible, then take your next dose as planned. If it's been four days or more since your missed dose, don't take sarilumab – just take your next dose as normal.

Possible risks and side effects

The most common side effects aren't usually serious – they include:

- a cough or sore throat
- a blocked or runny nose
- cold sores
- urinary tract infections
- redness and itching at the site of the injection.

Sarilumab can make you more likely to pick up infections and it can also make them harder to spot. Tell your doctor or rheumatology nurse if you develop a sore throat or fever, or have unexplained bruising, bleeding or paleness. You should also tell them if you have any other new symptoms.

If any of these symptoms are severe, you should stop taking sarilumab and see your doctor straight away. Sarilumab is available in two strengths, so your dose might be reduced if you have severe side effects.

You should also see your doctor if you develop chickenpox or shingles, or come into contact with someone who has chickenpox or shingles, as these can be severe if you're on sarilumab. You may need antiviral treatment, and your sarilumab may need to be stopped until you're better.

Sarilumab can sometimes increase your cholesterol levels and you may need to ask your GP for treatment to lower these. It can also affect liver function tests or reduce the numbers of white cells or platelets in your blood.

You'll need further cholesterol checks and blood tests every four to eight weeks while you're on sarilumab, to monitor its effects.

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.

Using other medicines

You shouldn't use sarilumab if you're taking any other type of biological therapy, but it can be prescribed alongside other drugs, including methotrexate.

Check with your doctor before starting any new medications, and remember to mention you're on sarilumab if you're treated by anyone that isn't in your usual rheumatology team.

Tell your doctor if you're taking statins, oral contraceptives, or drugs used to treat asthma or blood clots, as sarilumab can interact with some of these drugs.

You can carry on taking non-steroidal anti-inflammatory drugs (NSAIDs) or painkillers if needed, unless your doctor advises otherwise. Don't take over-the-counter or herbal remedies without talking to your rheumatology team first.

It's recommended that you carry a biological therapy alert card, so anyone treating you will know that you're on sarilumab – you can get a card from your rheumatology department.



See Versus Arthritis booklet 'Painkillers and NSAIDs'.
You can view all our information online at
www.versusarthritis.org

Vaccinations

People on sarilumab should avoid live vaccines, such as yellow fever.

If you're offered the shingles vaccine (Zostavax) it's best if you can have this before starting sarilumab, because this vaccination isn't recommended for people taking this drug.

Having an operation

If you're having an operation, you may be advised to stop taking sarilumab for a few weeks before and after surgery – check with your rheumatology team or surgeon about this.

Alcohol

There's no reason to avoid alcohol while on sarilumab, but you should stay within government guidelines for adults of no more than 14 units per week. You should try to spread these units out over the week, and not have them all in one go.

Fertility, pregnancy and breastfeeding

Because sarilumab is a relatively new drug, we don't yet know how it might affect pregnancy or an unborn baby. Tell your rheumatology team immediately if you become pregnant whilst taking sarilumab.

If you're a woman of childbearing age, it's a good idea to use contraception while taking sarilumab and for three months after you finish your treatment. There's some evidence that sarilumab could affect how the contraceptive pill works, so tell your doctor if you're taking the pill when you start sarilumab as they may be able to suggest other forms of contraception you could use.

We don't yet know whether sarilumab can pass into breastmilk, so current advice is not to breastfeed while taking this drug.

This leaflet is a guide to sarilumab, 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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