CERTOLIZUMAB PEGOL
is used to treat rheumatoid arthritis, axial spondyloarthritis (including ankylosing spondylitis) and psoriatic arthritis
What is certolizumab pegol?

Certolizumab pegol is an anti-TNF drug. It helps prevent your condition causing damage to your body. It does this by blocking the action of chemicals in your body that can cause pain and swelling in joints.

In autoimmune conditions the immune system, which normally protects us from infection and illness, starts to attack healthy parts of the body.

In rheumatoid arthritis 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 certolizumab pegol block TNF and reduce this inflammation.

If certolizumab pegol works for you, your symptoms should start to improve 6–12 weeks after you start taking it.

Certolizumab pegol can be prescribed by a consultant rheumatologist for:

- rheumatoid arthritis
- axial spondyloarthritis, including ankylosing spondylitis
- psoriatic arthritis.

Who can take certolizumab pegol?

There are guidelines to help doctors decide who the drug is suitable for, depending on what condition people have and how serious it is. Certolizumab pegol is often given with another drug called methotrexate.

Certolizumab pegol won’t be started if:

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

Before you start certolizumab pegol, doctors sometimes use a scoring system to assess how many of your joints are painful or swollen and how it makes you feel. This helps them work out how active your condition is.

You’ll also need blood tests before treatment to see whether the drug is suitable for you.

Your doctor may decide not to prescribe certolizumab pegol if you’ve had:

- repeated or serious infections
- multiple sclerosis (MS)
- cancer
- a serious heart condition
- a serious lung condition.

Before starting certolizumab pegol you’ll have a chest x-ray and blood tests to check if you’ve ever been exposed to the condition tuberculosis (TB).
Even if you don’t have symptoms, the bacteria that cause TB may still be present in the body and you may need treatment before starting certolizumab pegol to reduce the risk of the infection coming back.

If you have HIV, this should be well controlled before starting certolizumab pegol. Your HIV specialist should be involved in discussions about whether you should have this drug. If you are in an at-risk group for HIV, your rheumatology team should test you for HIV before you start treatment with certolizumab pegol.

You’ll also be checked for previous hepatitis infection, as certolizumab pegol may increase the risk of hepatitis becoming active again.

You’ll need further blood tests while you’re on certolizumab pegol to check how well it is treating your condition.

How is it taken?

Certolizumab pegol is taken as an injection under the skin, this is known as a subcutaneous injection. The drug will be in a pre-filled syringe or pen. You, your partner, or another family member can learn to give the injections at home.

Certolizumab pegol is prescribed under the brand name Cimzia.

Because it’s a long-term treatment, it’s important to keep taking certolizumab pegol even if it doesn't seem to be working at first, unless you have severe side effects. It’s also important to keep taking it when your symptoms improve, as this will help to keep your condition under control.

If you forget a dose of certolizumab pegol, take the next dose as soon as you remember. Then continue according to your original schedule.

Side effects and risks

The most common side effects are reactions at the injection site such as redness, swelling or pain, but these aren’t usually serious. Regularly changing the injection site will help reduce the chances of this happening.

Because certolizumab pegol 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
- a fever
- coughing up green phlegm
- diarrhoea
- any other new symptoms that concern you.

While you’re taking certolizumab pegol, you should have regular blood tests – usually every 3–6 months – to check that you’re still responding well to the drug and that it’s not causing any other problems.

You should contact 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 certolizumab pegol. You may need antiviral treatment, and the drug may be stopped until you’re better.

Rarely, people may experience an allergic reaction to certolizumab pegol. Contact your healthcare team if you think this may be happening. If the reaction is severe the drug will have to be stopped.
Anti-TNF drugs like certolizumab pegol have been associated with some types of skin cancer. But, 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 you wear sunscreen and regularly check your skin for any new spots or changes to your freckles or moles.

Very rarely, certolizumab pegol may cause a condition called drug-induced lupus. Symptoms include a rash, fever and increased joint pain. If you have any these symptoms you should tell your rheumatology team. It will usually clear up when certolizumab pegol is stopped.

It’s important that you don’t stop taking certolizumab pegol or change your dose without talking to your rheumatology team first.

### 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.

### Carrying an alert card
It’s recommended that you carry a biological therapy alert card so anyone treating you will know that you’re on certolizumab pegol. Ask your rheumatology team for a card.

### Effects on other treatments
Certolizumab pegol may be prescribed along with other drugs, including methotrexate. Check with your doctor before starting any new medications, and remember to mention you’re on certolizumab pegol 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 advises otherwise.

Don’t use complementary treatments, such as herbal remedies, without discussing this first with your doctor or pharmacist as some of them could react with certolizumab pegol.

### Vaccinations
It’s best to discuss vaccinations with your healthcare team before starting certolizumab pegol.

It’s usually recommended that people on certolizumab pegol avoid live vaccines such as measles, mumps and rubella (MMR), chickenpox and yellow fever. But sometimes a live vaccine may be necessary, so you should discuss this with your rheumatology team.

Before starting on certolizumab pegol treatment, people at risk of hepatitis infections might need to have a vaccination to protect them. It’s possible to have this vaccination while taking certolizumab pegol, but it may be recommended that you have it before starting treatment to make it more effective.
The Zostavax shingles vaccine is a live vaccine and isn’t recommended for people who are already on certolizumab pegol. However, a non-live shingles vaccine (Shingrix) is available so you may be able to have this instead.

If you’ve never had chickenpox, it’s good to get a vaccination against it before starting certolizumab pegol. 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 certolizumab pegol.

It’s recommended that you have the vaccination against COVID-19.

It’s recommended that you have the pneumonia vaccine and yearly flu vaccine injection while taking certolizumab pegol. These vaccines are not live, so it’s safe for you to have them.

**Having an operation**

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

**Alcohol**

There’s no need to avoid alcohol while taking certolizumab pegol.

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 state that certolizumab pegol can be used during pregnancy.

Research suggests that very little or none of this drug passes from mother to baby during pregnancy, and so it can be taken during pregnancy if needed.

To be on the safe side, if you do take this drug during pregnancy, your baby should not be given any live vaccines until at least five months after you received your last dose during pregnancy.

There’s no evidence that certolizumab pegol is harmful in men trying to father a child.

Research suggests that only a minimal amount of certolizumab pegol passes into breast milk, so it can be used while breastfeeding.
Where to go for further information

This leaflet is a guide to certolizumab pegol, its benefits and potential side effects. If there is anything else you would 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 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 Nicola Fulstow for helping us review this booklet.

We would also like to give a special thank you to the people who shared their opinions and thoughts on the booklet. Your contributions make sure the information we provide is relevant and suitable for everyone.