Adalimumab (Humira, Amgevita, Hulio, Hyrimoz, Idacio and Imraldi)

What is Adalimumab?

Adalimumab is a biologic medication that is used to treat severe psoriasis and/or psoriatic arthritis. It is known by the brand names Humira, Amgevita, Hulio, Hyrimoz, Idacio and Imraldi). Humira was the first version of Adalimumab to be made and is the 'originator' medicine. The patent for Humira expired in 2018, at which point the four Adalimumab biosimilars; Amgevita, Hulio, Hyrimoz and Imraldi came to the market, followed a year later by Idacio. The Adalimumab biosimilars work in the same way as the originator, and have the same treatment effects, but there are slight differences between them i.e. they are 'similar' to the original biologic medicine. You should be prescribed Adalimumab by the brand name (Humira, Amgevita, Hulio, Hyrimoz, Idacio or Imraldi) so that it is clear which is being used.

Biologics, and biosimilars, are modern medications that are made using living cells, designed to change or mimic processes within the human body.

All versions of Adalimumab are taken by injection.

You can read more about who Adalimumab is suitable for in the 'Who is it for?' section on this sheet.

How does Adalimumab work?

Adalimumab blocks tumour necrosis factor-alpha (TNF alpha) a chemical 'messenger' in the immune system that signals other cells to cause inflammation. There is too much TNF alpha in the skin of people with psoriasis and the joints of people with psoriatic arthritis, which causes inflammation and can lead to tissue and joint damage. TNF alpha can also lead to increased activity of the immune system by switching on certain white blood cells in the body, called T cells. Once T cells become overactive they can trigger inflammation and other immune responses, encouraging the development of psoriasis.

Adalimumab helps lower the amount of TNF alpha to more normal levels, and switches off the inflammatory cycle of psoriasis and psoriatic arthritis. This leads to improvement in symptoms for many people who take it.

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Who is Adalimumab for?

Adalimumab can be prescribed to treat severe plaque psoriasis in adults and children over the age of four. Usually it will only be offered to people who have not responded to, or cannot take non-biologic systemic treatments including ciclosporin, methotrexate or PUVA light therapy.
Adalimumab can also be prescribed to treat active and 'progressive' (worsening) psoriatic arthritis in adults, if the response to other disease modifying anti-rheumatic drug treatments has been inadequate. This means that if you have taken treatments such as methotrexate, sulfasalazine or leflunomide for your psoriatic arthritis without a good response, you could be offered Adalimumab.

Who should not take Adalimumab?

- People with active infections should not start Adalimumab. You will be tested to check for infections before starting treatment.
- In most cases, pregnant women should not be treated with Adalimumab. If you become pregnant whilst taking Adalimumab, speak to your Dermatologist or Rheumatologist as soon as possible about the benefits and possible risks. Adalimumab is thought to be safe to use whilst breastfeeding. If Adalimumab treatment is necessary during pregnancy, your baby may be at a higher risk of infection once they're born. Speak to your doctor regarding your baby's routine immunisations, as it may be necessary to delay the live vaccines until they are 6 months old, to avoid any risks of infection.
- Adalimumab should be used with caution in people with multiple sclerosis or other similar types of demyelinating (destruction of nerve tissue) neurological diseases. Your Dermatologist or Rheumatologist should discuss this with you, if relevant.
- Adalimumab should also be used with caution in elderly people, those with already impaired immune systems, or a history of heart failure or cancer. Again, your Dermatologist or Rheumatologist will discuss this with you, if relevant.

How is Adalimumab used?

Individuals take Adalimumab at home by giving themselves an injection under the skin via a pre-filled 'pen' device. Most people will be trained by a nurse to give the injection to themselves. Adalimumab is taken every other week after the initial dose. Adalimumab can be prescribed by itself or is sometimes used in combination with methotrexate.
People taking Adalimumab will have regular blood tests every three to six months- usually carried out by Dermatology or Rheumatology Nurses, or by their own GP- to monitor for infections or other possible effects of the treatment. People taking Adalimumab should have an annual flu jab, but should check with a doctor or nurse before having any other vaccinations or taking other medication.

What are the side effects?

As with all medications, some side effects are possible when taking Adalimumab. It is important to remember that not every person taking a medication will get all, or even any, of the possible side effects listed. Many side effects of Adalimumab are mild and do not cause most patients to stop taking it.

The most common side effects for people taking Adalimumab include dizziness, sore throat, cough, stomach pain, injection site reactions (irritation, redness or swelling around the area that Adalimumab as injected), upper respiratory infections (such as sinusitis), headache and tiredness. Some versions of Adalimumab cause more injection site reactions such as stinging / pain on injection than others. Ways to reduce injection site reactions such as stinging include:-

- Removing the Adalimumab injection from the fridge, to come to room temperature, for about 15 minutes prior to administering it (you must not leave Adalimumab out of the fridge for longer than 30 minutes).
- Apply an ice pack to the area of skin where you will inject, for about 2-3 minutes prior to administering the injection.
- Apply an ice pack or cool damp towel to the injection site after you have the injections, for 10-15 minutes. Because Adalimumab works by suppressing part of the activity in the immune system, it can make people taking it more prone to infections than they usually would be. If a serious infection occurs a doctor will most likely stop Adalimumab.
- Check your technique with your biologics nurse or homecare provider.
- If you are still experiencing pain on injection, do speak to your Dermatologist or Rheumatologist who may be able to offer an alternative version of Adalimumab that is less likely to sting.

Although side effects are possible with this, and any, treatment, it is important to remember that people taking Adalimumab have regular blood tests to check for health issues. If you are worried about the side effects of Adalimumab, you should discuss these with your doctor.

How long will Adalimumab take to work?

It can take a number of weeks before a person's psoriasis or psoriatic arthritis improves on Adalimumab. If considerable improvement is not seen following 16 weeks of treatment for psoriasis or 12 weeks of treatment for psoriatic arthritis, treatment with Adalimumab will be stopped. If this happens, a Dermatologist or Rheumatologist should discuss the next available options with you - there are a number of other biologic or systemic treatments that can be tried if Adalimumab does not work.

How safe and effective is Adalimumab?

Adalimumab, in the form of Humira has been used to treat psoriasis and psoriatic arthritis in the UK since 2008. 'Real-world' safety and effectiveness data is being compiled by the British Association of

Dermatologists Biologics and Immunomodulators Register (BADBIR) and the British Society for Rheumatology Psoriatic Arthritis Register (BSR-PsA). The National Institute for

Health and Care Excellence (NICE) recommends that all patients receiving biologic therapy, who provide their consent, are entered onto these observational study registers.
For more information on BADBIR, please see the website: www.badbir.org
For more information on BSR-PsA, please see the website: https://w3.abdn.ac.uk/hsru/BSR-PsA/Public/Public/index.cshtml
The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and **always read the patient information leaflet** to make sure you are using them correctly.
For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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