

Cimzia (certolizumab pegol)

What is Cimzia?

Cimzia (also referred to by its generic name, certolizumab pegol) is a biologic medication that is used to treat severe psoriasis and / or psoriatic arthritis. Biologics are modern medications that are made using living cells, designed to change or mimic processes within the human body. Cimzia is taken by injection.

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

How does Cimzia work?

Cimzia 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 and / or psoriatic arthritis.

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

Who is Cimzia for?

Cimzia can be prescribed to treat severe plaque psoriasis in adults who have not responded to, or cannot take or tolerate systemic treatments such as methotrexate, ciclosporin or phototherapy.

Cimzia can be prescribed to treat active and 'progressive' (worsening) psoriatic arthritis if other disease-modifying anti-rheumatic drugs have not worked. This includes other 'anti-TNF' biologic treatments that are available for psoriatic arthritis. This means that if you have taken systemic treatments such as methotrexate, sulfasalazine or leflunomide, or biologic treatments such as Simponi (golimumab), Humira (adalimumab), Enbrel (etanercept) or Remicade (infliximab) for your psoriatic arthritis without a good response, you could be offered Cimzia. People in Scotland may be offered Cimzia as a first biologic treatment, following the unsuccessful use of a systemic treatment.

Who should not take Cimzia?

- People with active infections should not start Cimzia. You will be tested to check for infections before starting treatment.
- Cimzia 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.
- Cimzia 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 Cimzia used?

Individuals take Cimzia 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. After the 'starting dose' of two injections (400mg) at weeks 0, 2 and 4, patients take one injection (200mg) of Cimzia every two weeks. Cimzia can be prescribed by itself or is sometimes used in combination with methotrexate.

People taking Cimzia 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 Cimzia should have an annual flu jab, but should check with a doctor or nurse before having any other vaccinations or taking other medication.

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What are the side effects?

As with all medications, some side effects are possible when taking Cimzia. 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 Cimzia are mild and do not cause most patients to stop taking it.

The most common side effects for people taking Cimzia include infections and viruses, injection site reactions (irritation, redness or swelling around the area that Cimzia is injected), headache, nausea, itching, and rashes. Because Cimzia 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 Cimzia.

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

How long will Cimzia take to work?

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

How safe and effective is Cimzia?

Biologic medications have been used to treat psoriasis in the UK for a number of years and, although those currently in use are thought to be safe, it is important to note that long term safety data is still being compiled by the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) for psoriasis, 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/hsrc/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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