Humira (adalimumab)

Biologic medications have been used to treat psoriasis in the UK for ten 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 Interventions Register (BADBIR). The National Institute for Health and Care Excellence (NICE) recommends that all patients receiving biologic therapy, who provide their consent, are entered onto this observational study register. For more information on BADBIR, please see the website: www.badbir.org

What is Humira?

Humira (also referred to by its generic name, adalimumab) is a biologic medication approved by the European Agency for the Evaluation of Medicinal Products (EMEA) and NICE for the treatment of moderate to severe psoriasis and psoriatic arthritis. The criteria for individuals who may be eligible to take Humira is laid out in the ‘Who is it for?’ section on this page, and is published in the NICE Technology Appraisals 146, 199, and 455, available on the NICE website: www.nice.org.uk

Key Features

- Approved for treating moderate to severe psoriasis and psoriatic arthritis
- Patients give themselves an injection under the skin every other week
- Patients should be screened for latent (hidden) tuberculosis (TB) and other infections before taking Humira. You may also need an annual flu jab
- If adequate improvement is not seen in 12 weeks, treatment will be stopped

How does it work?

Humira 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 certain types of 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. In psoriasis, once T cells become overactive they can trigger inflammation and other immune responses, encouraging the development of psoriasis lesions.

Humira helps lower the amount of TNF alpha to more normal levels, and switches off the inflammatory cycle of psoriasis and psoriatic arthritis and leading to improvement in symptoms for many people who take it. Because of the effect Humira has on the immune system, you will be monitored for infections throughout treatment, and you will be tested for TB before treatment commences, as sometimes TB can be reactivated by this treatment. Patients may need an annual flu jab, but should check with a doctor or nurse before having any other vaccinations or taking other medication.

Who is it for?

Humira is prescribed for the treatment of active and progressive psoriatic arthritis in adults when 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 Humira.

It is also prescribed for the treatment of adults, or children over the age of four, with severe plaque psoriasis who have not responded to, or cannot take or tolerate other systemic treatments including ciclosporin, methotrexate or PUVA.

Humira can also be prescribed for children with severe psoriasis who are 4 years or older.

Who should not take Humira?

- People with active serious infections or a history of heart failure
- Pregnant women should not be treated with Humira and women should not breastfeed during treatment with Humira. Women should not fall pregnant or breast feed for five months after treatment has stopped
- Caution is advised in people with multiple sclerosis or other similar types of demyelinating (destruction of nerve tissue) neurological diseases
- Caution is also advised for the elderly, those with already impaired immune systems, or a history of cancer

How is it used?

Patients take Humira at home every other week by giving themselves an injection under the
skin via a pre-filled ‘pen’ device, similar to diabetes patients. Most people will be trained by a nurse to administer the injection themselves.

Humira is designed to be taken continuously to maintain improvement.

Humira can be prescribed by itself or as a combination treatment with methotrexate.

Patients taking Humira will have regular blood tests every three to six months- usually carried out by Dermatology Nurses, or by their own GP- to monitor for infections or other possible effects of the treatment.

What are the side effects?

The most common side effects reported include upper respiratory tract infections, other infections, injection site reactions, high blood pressure, anaemia, bruising, nausea and vomiting, headache, and rashes. Many side effects are mild and do not cause most patients to stop taking Humira.

If a serious infection occurs a doctor will most likely stop Humira. Although side effects are possible with this, and any, treatment, it is important to remember that people taking Humira will be monitored for infections throughout treatment.

How do I get Humira?

Humira can only be prescribed by the hospital consultant (Dermatologist or Rheumatologist) who is responsible for your psoriasis or psoriatic arthritis care. It will only be prescribed for those patients for whom all other treatments have not worked or are not suitable.

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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