Skilarence (dimethyl fumarate)

What is Skilarence?
Skilarence (also referred to by its generic name, dimethyl fumarate) is a medication that can be used to treat severe psoriasis.

Dimethyl fumarate is the main ingredient in Skilarence, and is a ‘fumaric acid ester’ (FAE). You may have heard of FAEs being used in psoriasis before. Usually, this refers to a treatment known as Fumaderm, which is commonly used in Europe, but is not licensed in the UK. Although Fumaderm and Skilarence are not the same treatment, they do use the same active ingredient – dimethyl fumarate.

You can read more about who Skilarence is suitable for in the ‘Who is Skilarence for?’ section on this sheet.

How does Skilarence work?
It is not known exactly how Skilarence works in psoriasis. In psoriasis, certain processes in the immune system are overactive – either by working more quickly than in someone without psoriasis, or by producing more inflammatory chemicals. FAEs such as Skilarence interrupt these processes, reducing the amount of inflammation in the body and, ultimately, improving psoriasis.

Who is Skilarence for?
Skilarence is for people with severe psoriasis who have not had a good response from, or cannot take or tolerate other systemic treatments including ciclosporin, methotrexate or PUVA. You will usually need to have tried these treatments before you can be offered Skilarence.
**Who should not take Skilarence?**

- People with serious stomach, intestine, kidney or liver problems. Your Dermatologist should discuss this with you.
- People with current serious infections. You will be tested for infections before starting Skilarence, and throughout the course of treatment.
- In most cases, pregnant women or breastfeeding mothers should not take Skilarence.
- Skilarence is not suitable for use in children.

As with all medications, you should tell your doctor or pharmacist if you are taking anything else (including dietary, herbal and vitamin supplements). This is so that they can check that the treatments do not clash. Dimethyl fumarate is used in other medicines, including ointments that you might put on your skin or in the bath. You must avoid using other products that include fumarates, so that you don’t take too much.

**How is Skilarence used?**

Skilarence is taken by mouth in tablet form. The dosing regimen is as follows:

Week One: One 30mg tablet, once a day

Week Two: One 30mg tablet, twice a day

Week Three: One 30mg tablet, three times a day

Week Four: One 120mg tablet, once a day.

This may then be increased over the next five weeks, until a maximum dose of 240mg three times a day is reached. Not everyone will need to be on the highest possible dose if lower doses are effective.

People who are offered Skilarence will have blood and urine tests before they start the treatment. They will also have blood and urine tests regularly whilst taking Skilarence, to check for any blood, liver or kidney complications.
What are the side effects?
Like all medications, Skilarence can cause side effects, however not everybody will get them. As Skilarence is a new treatment, the information on side effects comes from the results of clinical trials.

The most common side effects of Skilarence are reddening of the face or body (‘flushing’), and gastrointestinal effects including diarrhoea, stomach ache, bloating and feeling sick. Skilarence can also reduce the number of white blood cells in the body, which can make the body less able to fight off infections. You should contact your doctor if you feel unwell or notice any signs or symptoms of infection, such as fever or pain.

Some possible side effects of Skilarence are rare, but can be serious. These include allergic reactions, a kidney disorder called Fanconi Syndrome, and a brain infection called Progressive Multifocal Leukoencephalopathy. More information on the symptoms of these side effects, and when to seek medical assistance, is outlined in the manufacturer’s patient information leaflet that comes with Skilarence.

If you have any concerns about side effects, you should discuss these with your GP, Dermatologist, or other healthcare professional.

How long will Skilarence take to work?
It can take a number of weeks before a person’s psoriasis improves on Skilarence. If considerable improvement is not seen in 16 weeks, treatment with Skilarence will be stopped. If this happens, a Dermatologist should discuss the next available options with you - there are a number of other systemic or biologic treatments that can be tried if Skilarence does not work.

How safe and effective is Skilarence?
Skilarence is a new medication that was licensed to treat psoriasis in the UK in 2017. ‘Real-world’ (ie. Non-clinical trial) safety and effectiveness data is being collected by a long-running study, the British Association of Dermatologists Biologics Interventions Register (BADBIR).

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 it correctly.
For more information, or for a list of resources used in producing this information sheet, please contact the Psoriasis Association

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