



Adalimumab for uveitis

What is Adalimumab?

Adalimumab is a biological drug made from living tissue. It is used in the treatment of various inflammatory conditions including rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, ulcerative colitis and uveitis.

It is an anti-tumour necrosis factor (TNF) drug. TNF is a protein produced by the body as part of a normal immune response to infection or injury. Chronic inflammation is associated with high TNF levels. By blocking TNF, Adalimumab reduces inflammation and moderates the immune response. There are different versions of the drug. Humira is the brand name of the original Adalimumab medicine. There are currently newer versions of Adalimumab, known by the brand names Amgevita, Hyrimoz, Idacio, Imraldi and Yuflyma. These newer medicines are biosimilars. A biosimilar is a similar version of the original biological medicine and works in the same way.

Adalimumab and Uveitis

Uveitis is an inflammation of the uvea, the middle layer of the eye, which can lead to vision loss if untreated. Though Adalimumab takes a few weeks to months, to have an effect, it has found to be effective in controlling inflammation in the eyes.

How to take Adalimumab?

Always read the patient information leaflet (PIL) that comes with the medication.

The drug is supplied by an NHS healthcare partner called Sciensus (previously called Healthcare at Home). We will register your prescription for Adalimumab with Sciensus who will supply the injections to you.

- **Dosage:** the initial dose or loading dose is 80mg in the first week and 40mg on the same day a week later. The drug is supplied in pre-filled injection pens. Following the initial doses, you will administer 40mg on the same day fortnightly or every alternate week.
- **Administration:** Adalimumab is given by an injection under the skin, known as a subcutaneous injection. This can be self-administered, or a family

member can learn how to administer it for you at home. Once we register you with Sciensus they will send out a nurse to train you and/or a family member on how to administer the injection.

- **Consistency:** take your dose on the same day every fortnight to maintain a steady level of the medication in your body.
- **Missed dose:** if you forget to give yourself an injection, you should inject the next dose of Humira as soon as you remember. Then take your next dose as you would have on your originally scheduled day, had you not forgotten a dose. If you accidentally inject Adalimumab more frequently than advised by your doctor, please contact us.
- **Storage:** keep this medicine out of the sight and reach of children. Do not use this medicine after the expiry date stated on the label/blister/carton after the letters EXP. Store in a refrigerator (2°C-8°C). Do not freeze. Keep the pre-filled syringe in the outer carton to protect from light.

When you are travelling, a single pre-filled syringe may be stored at room temperature (up to 25°C) for a maximum period of 14 days – it should be protected from light. Once removed from the refrigerator for room temperature storage, the syringe **must be used within 14 days or discarded**, even if it is returned to the refrigerator.

You should record the date when the syringe is first removed from the refrigerator and the date after which it should be discarded.

Do not throw away any medicines via wastewater or household waste. You will be given a sharps container by Sciensus to put the used syringes in. Once full, please seal the container and arrange a return to Sciensus via their app or helpline.

How long will it take for it to start working?

Adalimumab takes around six to eight weeks to take effect and improve uveitis symptoms. To help control inflammation while waiting for Adalimumab to take effect, your doctor may also prescribe steroids, which work quickly. Once Adalimumab has had enough time to start working, your doctor will gradually reduce the steroid dose. It is important to keep taking Adalimumab as prescribed and attend all follow-up appointments with your eye specialist.

What are the possible side effects?

The most common side effects are redness, swelling or pain at the place where you have injected. Regularly changing the site where you inject will help reduce the chances of this.

Because Adalimumab affects the immune system, it can make you more likely to pick up infections. It can also make them harder to spot. Please see your GP and inform us if you develop any signs of infection such as a sore throat, fever, diarrhoea, coughing up green phlegm, or any other new symptoms that concern you.

Most people do not have any side effects, and for those who do, they are not usually serious. But if you do have bad side effects or are concerned about your symptoms, please contact the uveitis team (contact details at the end of this leaflet) or the helpline at Sciensus.

Anti-TNF drugs have been associated with some types of skin cancer. But the link between the two is unclear and skin cancers are usually treated successfully when diagnosed early. To be on the safe side, make sure to wear sunscreen (with Factor 50), regularly check your skin for any new spots or changes to your freckles or moles and avoid sun beds. In very sunny and hot weather, please wear loose clothing to cover your hands and legs and wear a hat.

Very rarely, Adalimumab may cause a condition called drug-induced lupus. Symptoms include a rash, fever and increased joint pain. If you have any of these symptoms, please inform us. The symptoms usually cease when Adalimumab is stopped.

As with any medication taken for the first time, you may develop a severe allergic reaction (anaphylaxis) to Adalimumab. This is rare. However, if you experience the following, please call 999 as this requires urgent hospital treatment:

- your lips, mouth, throat or tongue suddenly become swollen.
- you are breathing fast or struggling to breathe (you may become very wheezy or feel like you are choking or gasping for air)
- your throat feels tight, or you are struggling to swallow
- your skin, tongue, or lips turn blue, grey or pale (if you have darker skin tone, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- you may also have a rash that is swollen, raised, itchy, blistered or peeling

To help monitor these side effects, we will arrange regular blood tests.

Interactions with other treatments

Painkillers: you can continue to take painkillers or non-steroidal anti-inflammatory drugs (NSAIDs) if there is no medical reason for you not to take them.

Herbal remedies: please avoid taking herbal remedies or complementary treatments since currently there is not enough evidence to show how they interact with Adalimumab.

New drugs: check with your doctor before taking any new drugs and remember to mention you are on Adalimumab if you are treated by anyone other than your usual doctor or nurse specialist.

You can also use the following link to check if any drug that you are currently taking interacts with Adalimumab to produce an adverse effect.

<https://bit.ly/3JCVmaH>

Alcohol and smoking

It is fine to drink alcohol if you are on Adalimumab. Government guidelines state that adults should not have more than 14 units a week, and that they should spread them out over the course of the week with three alcohol free days a week.

A link to [Drinkaware](#) (guide to alcohol units) is included at the end of this leaflet under 'available support and resources'.

If you smoke, it is advisable to cut down or give up, as smoking increases your risk of infection and complications with your condition and its treatments.

Fertility, pregnancy and breastfeeding

If you are planning to try for a baby, or are pregnant or planning to breastfeed, please discuss this with your doctor.

You can take Adalimumab when trying for a baby and during the first six months or first two trimesters of pregnancy. As per our local hospital policy, we avoid prescribing the drug in the last trimester or last three months of pregnancy. During this time, the mother will be prescribed another anti-TNF drug called Certolizumab Pegol (Cimzia) which is more compatible with pregnancy.

You can breastfeed while on Adalimumab. If the Adalimumab is switched over to Certolizumab by 28 weeks of pregnancy, then your infant can have their full vaccination schedule if born full term.

Preventing Infections

Since Adalimumab weakens the immune system, it is important to take extra precautions to reduce your risk of infections:

- **avoid close contact with sick people**, especially those with colds, flu, or other contagious illnesses.
- wash your hands regularly with soap and water or use hand sanitiser when soap is not available.
- **keep your environment clean**, including frequently touched surfaces like phones, keyboards, and door handles. Keep your bathroom, toilet and kitchen surfaces clean.
- **practice food hygiene** by avoiding undercooked meat, unpasteurised milk and raw seafood. If you eat out at restaurants and use takeaways, ensure they practise meticulous hygiene.
- **wear a mask** in crowded places if there is a high risk of infection.
- **viral infections:** if you encounter anyone who has a viral infection like chicken pox, please see your GP. You will be prescribed anti-viral treatment as a precaution. Please pause the Adalimumab while you are taking the anti-viral medication.
- **COVID-19:** if you test positive for COVID-19, then you are eligible for COVID-19 antibody treatment. This treatment is only effective when given within five days of testing positive. The best way to access treatment is to contact 111 and follow their advice. You do not need to stop the Adalimumab during the treatment.
- **Antibiotics:** if you are prescribed antibiotics by your GP or other healthcare professionals to treat infections, you do not have to pause the Adalimumab unless advised by your prescriber. Please seek advice from the healthcare professional prescribing the medication or contact us for advice.
- **Seek medical advice if you develop a fever, persistent cough, or any signs of infection.**

Vaccinations

While taking Adalimumab, your immune system is weaker, which means some vaccines may not work as well, and **live vaccines** should be avoided. Live vaccines contain weakened viruses that could cause infection in people with weakened immune systems. **Live vaccines to avoid include:**

- Measles, Mumps, and Rubella (MMR)
- Varicella (Chickenpox)
- Shingles (Zoster)
- Yellow Fever
- Oral Polio Vaccine
- Bacillus Calmette-Guérin (BCG) for tuberculosis
- Live Influenza (nasal spray)
- Rotavirus

Before getting any vaccine, speak with your doctor to ensure it is safe for you. Inactivated (non-live) vaccines such as the flu, COVID-19, pneumonia and Shingrix (non-live Shingles vaccine) vaccines are usually safe and recommended.

If you have never had chickenpox, it is advisable to get a vaccination against it before starting Adalimumab. It is also advisable to get any family or household members who have not had chickenpox to get vaccinated against it before you start taking Adalimumab. This is a live vaccine, and you can only have it if you are not taking any steroids or immunomodulatory medications.

Surgery

Please inform us if you are having surgery including invasive dental procedures. You may have to stop taking Adalimumab before and after surgery to help with post operative wound healing and prevention of wound infection.

Screening, monitoring and follow-up

Before starting treatment with Adalimumab, you will have blood tests to check if the drug is suitable for you and that you do not have an active infection. This will ensure safety of your health and effectiveness of the drug. You will have had most of the tests done at your initial appointment.

It is reported that Adalimumab can increase the risk of developing multiple sclerosis (MS) or worsen the condition in intermediate uveitis (IU). IU is inflammation in the vitreous which is the jelly in your eye. Hence, if you are diagnosed with IU, you will have an MRI (magnetic resonance imaging) scan of your head to detect any signs of MS.

Regular follow-up appointments are essential to monitor your body's response to Adalimumab. Blood tests will be performed periodically to check for side effects and ensure the medication is working effectively.

Blood tests will include a full blood count, kidney function, liver function and lipid profile (test for cholesterol) tests. The frequency of the tests is every three to four months. These tests can be arranged at the eye clinic or with your local GP surgery or hospital.

The drug will be prescribed by the uveitis team but supplied by Sciensus. We cannot prescribe Adalimumab without a recent blood test. So please ensure you have regular blood tests for your safety.

You will be on treatment for a minimum of two years and more depending on how stable the inflammation in your eyes is. If you have surgery or infections, then based on the type of surgery or severity of the infection, the medication may be paused

temporarily. So please inform us if you have any planned surgery or catch an infection.

Available support and resources:

[Adalimumab | Side-effects, uses, time to work](http://bit.ly/4g2nOz5)
<http://bit.ly/4g2nOz5>

[Adalimumab \(Humira\) and biosimilars: medicine used for inflammation - NHS](https://bit.ly/4mEQpNp)
<https://bit.ly/4mEQpNp>

<https://www.rnib.org.uk/your-eyes/eye-conditions-az/uveitis/>
<https://www.drinkaware.co.uk/>

Department contact information: weekdays excluding bank holidays

Uveitis email address: uveitis@uhb.nhs.uk (08:00-17:00)

Jacqui Orpe, secretary: 0121 371 6905 (06:30-14:30, Monday, Tuesday, Friday)

Carolyn Rivera, specialist nurse: 07823 827040 (08:00-17:00, Monday, Tuesday, Wednesday, Thursday)

Hermy Skew, specialist nurse: 07388 711893 (08:00-17:00, Tuesday, Wednesday, Thursday, Friday)

Main ophthalmology outpatient clinic: 0121 371 6476, 0121 371 6477 (08:00-18:00, Monday to Friday)

Appointments team: 0121 371 6925, 0121 371 6787 (08:00-16:00, Monday-Friday)

Hospital Pharmacy: 0121 371 5479, 0121 371 5480

Homecare pharmacy (deliveries): 0121 371 3933

Out-of-hours: we do not provide an out-of-hours service.

In cases of emergency such as:

- sudden drop in vision
- sudden appearance of, or increase in, floaters (dots floating across your field of vision)
- flashing lights

- redness in the eye with severe pain and sensitivity to light
- appearance of a shadow or curtain across your vision with a drop in vision

please contact or visit your local eye casualty.

If you are a Birmingham resident, your local eye hospital is BMEC (Birmingham Midland Eye Centre). Please note that the average wait time can range from two hours to six hours.

Address: City Hospital, Dudley Rd, Birmingham B18 7QH.

Phone number: 0121 5076779

Opening hours:

8:30-19:00, Monday-Friday

9:00-19:00 – Saturday

9:00-18:00 – Sunday

Accessibility

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Thank you. www.uhb.nhs.uk/fft

