

Resource

# Tocilizumab and sarilumab

Tocilizumab was approved for use in patients with RA in 2009, making it a more recent biologic drug, with sarilumab being more recent, having been approved in 2017.

Print

| Original Biologic drug | Method of administration   |
|------------------------|--|
| Tocilizumab            | intravenous infusion, once every 4 weeks or weekly subcutaneous (under the skin) injection |
| Sarilumab              | subcutaneous (under the skin) injection every other week                                   |

## Background

Tocilizumab was at first only available as an infusion but more recently has become available in syringe and pen devices that can be self-administered.

## How does it work?

As with other biologic medicines, tocilizumab and sarilumab work by targeting proteins called cytokines, which are responsible for the inflammation caused by the immune system's response. In this case the cytokine being targeted is called interleukin 6 (IL6).

## Most commonly reported side effects

As with all medicines, tocilizumab and sarilumab do have possible side effects. It is important to remember that these are only possible side effects. They may not occur at all.

Common side effects may include:

- Upper respiratory tract infections with typical symptoms such as cough, blocked nose, runny nose, sore throat and headache
- High blood fat (cholesterol) levels
- Neutropenia (low neutrophils, which are a type of white blood cell)
- Increased liver enzymes (an indication that the liver is affected)
- Injection site reactions
- Upper respiratory infections and urinary tract infections

More information on side effects can be found in the patient information leaflets for tocilizumab and sarilumab.

Remember to report any concerns about possible side effects to the doctors and nurses.

## IL6 inhibitors with other medicines

Some biologic medicines are known to interact poorly with other biologics. You may therefore be asked to leave a gap between stopping one biologic medicine and starting another, so that the first biologic has time to start coming out of your system.

Tocilizumab has been reported to interact with the antipsychotic medicine clozapine.

Your healthcare team can advise you of any known interactions with your medication, so it is important to let them know about all the medicines you are taking, whether they are prescribed or over-the-counter. You should also let them know if you are taking any supplements or herbal medicines as these can also interact with medicines.

If you start taking any new medicines, check with a doctor, nurse or pharmacist that they are safe to take with any medicines you are currently taking.

## IL6 inhibitors during pregnancy and breastfeeding

Tocilizumab and sarilumab should not be used during pregnancy or while breastfeeding, as there is not enough data on their safety. There is also limited data to suggest that men can take this medicine while their partner is trying to conceive.

Pregnancy information in this booklet is based on British Society for Rheumatology (BSR) guidelines on prescribing medicines in pregnancy and breastfeeding.

Before starting a family it is recommended that you get advice from the consultant or clinical nurse specialist about when to start a pregnancy.

## IL6 inhibitors and alcohol

You can drink alcohol on these medications. However, it is not uncommon when taking a biologic medicine to be on other medications, where different guidance applies. Methotrexate, for example, can affect the liver, so for those taking methotrexate alongside their biologic, moderate intake of alcohol is recommended in line with government guidelines.

## IL6 inhibitors and immunisations/ vaccinations

Live vaccines cannot be given to anyone who is already taking IL6 inhibitors. The live vaccines used in the UK include: measles, mumps and rubella (MMR), chickenpox, BCG (for tuberculosis), yellow fever, oral typhoid or oral polio (injectable polio and thyroid vaccines can be used). If IL6 inhibitors have not yet been started, it is important to seek advice on how long a gap to leave after having a live vaccine.

Annual flu vaccine is strongly recommended. It is available in two forms: an injection for adults and a

nasal spray for children. The injectable vaccine is not a live vaccine so is suitable for adults taking IL6 inhibitors. The nasal spray is a live vaccine and not suitable for adults taking IL6 inhibitors. You can have a flu vaccination at your GP surgery or local pharmacy.

One-off 'Pneumovax' vaccination (which protects against pneumococcal pneumonia) is not live and is strongly recommended. Vaccination with Pneumovax should ideally be given before starting IL6 inhibitors.

Shingles (Herpes zoster) vaccine is recommended for all adults turning 65, those aged 70 to 79 and those aged 50 and over with a severely weakened immune system. The vaccination is given as two doses, two months apart. at your GP surgery. It is available as a live or non-live vaccine, so it is important to make sure you are given the non-live version.

Covid-19 vaccines and boosters are not live and are generally recommended for people with RA.

Your GP can advise if you are eligible for free flu, Pneumovax, shingles and Covid vaccinations, depending on the medications you are taking and their doses.

Vaccination of close family members can help to protect someone with a lowered immune system from infection.

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## Medicines in rheumatoid arthritis

We believe it is essential that people living with RA understand why certain medicines are used, when they are used and how they work to manage the condition.

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