

Resource

Abatacept

Abatacept was approved for use in rheumatoid arthritis in 2007. It was initially only available by infusion but is now also available for use by injection in syringe or pen form. It targets the T-cells.

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Original Biologic drug	Biosimilars (up-to-date at time of writing)	Method of administration
Abatacept (Orencia)	N/A	Monthly intravenous infusion or weekly subcutaneous (under the skin) injection

How does it work?

As with other biologic drugs, Abatacept works by targeting proteins called cytokines, which are responsible for the inflammation caused by the immune system's response. In the case of abatacept, the cytokines being targeted are called 'T cells'.

Most commonly reported side effects

As with any medication, abatacept has a number of possible side effects, although it is important to remember that these are only potential side effects. They may not occur at all.

Common side effects may include:

- The most common side effects with abatacept are infections of the upper airway (including infections of the nose and throat)
- headache and nausea

More information on side effects can be found in the patient information leaflet for abatacept. Remember to report any concerns about possible side effects to the doctors and nurses.

Abatacept with other medicines

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

Abatacept during pregnancy and breastfeeding

Abatacept should not be used during pregnancy or while breastfeeding, due to limited data on safety. There is also not enough data to suggest that men can take this drug while their partner is trying to conceive.

Due to the possibility that the drug may cross the placenta during pregnancy, administration Original Biologic drug Biosimilars (up-to-date at time of printing) Method of administration Abatacept (Orencia) N/A Monthly intravenous infusion or weekly subcutaneous (under the skin) injection of live vaccines to infants exposed to abatacept in the womb is not recommended for 14 weeks following the mother's last exposure to abatacept during pregnancy.

Pregnancy information in this booklet is based on British Society for Rheumatology (BSR) guidelines on prescribing drugs 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.

T-cell blockers and alcohol

You can drink alcohol on these medications. However, it is not uncommon when taking a biologic drug 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.

Abatacept and immunisations/ vaccinations

Live vaccines (measles, mumps, rubella i.e. MMR, chickenpox, oral polio (NOT injectable polio), BCG, oral typhoid and yellow fever) cannot be given to anyone already taking abatacept. If the treatment has not yet been started, it is important to seek advice on how long a gap to leave after having a live vaccine.

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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