

Etanercept

[arthritis-uk.org](https://www.arthritis-uk.org)

Etanercept is a drug used to treat rheumatoid arthritis, psoriatic arthritis, axial spondyloarthritis and juvenile idiopathic arthritis

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

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Introduction

Etanercept is a drug that can help prevent your condition causing damage to your body.

You can discuss the benefits and risks of taking etanercept with healthcare professionals before you start treatment, so you're able to make an informed decision.

What is etanercept?

Etanercept is a type of drug known as a biological therapy.

In rheumatoid arthritis and some other conditions too much of a protein called TNF is produced in the body. This causes inflammation, pain and damage to your joints. Anti-TNF drugs such as etanercept block TNF and so reduce this inflammation.

Etanercept isn't a painkiller, but it can treat your condition. You should start to feel better over a period of 2–12 weeks.

Who can take etanercept?

You may be prescribed etanercept for:

- rheumatoid arthritis
- psoriatic arthritis
- axial spondyloarthritis, including ankylosing spondylitis
- juvenile idiopathic arthritis (JIA).

You'll usually only be prescribed etanercept if you've tried at least two disease-modifying anti-rheumatic drugs (DMARDs). These include drugs like methotrexate, sulfasalazine and leflunomide.

Etanercept is usually used in combination with methotrexate, but it can be taken on its own.

Before you're prescribed etanercept, your rheumatology team may use a scoring system to work out how active your arthritis is.

The system used depends on what condition you have, but you'll probably be asked how well you feel on a scale of 1 to 10 and your rheumatology team will make a note of how many of your joints feel tender and swollen.

You'll also need blood tests before you start, to assess your condition and whether the drug is suitable for you.

Your doctor or specialist might not prescribe etanercept if:

- you're pregnant or breastfeeding
- you have HIV
- you have severe heart problems
- you, or a close family member, have multiple sclerosis (MS)
- you have lung problems.

There's no good evidence that using etanercept to control your immune system increases your risk of cancer. Even so, if you've had cancer before, you should always let your clinical team know in case this affects decisions about your treatment.

This drug should be used with caution if you have infections that repeatedly come and go.

Before starting etanercept, you'll have a chest X-ray and tests to check if you've ever been exposed to tuberculosis (TB). If you have been exposed, you may need treatment for TB for a few months before you can start taking etanercept.

You'll also be checked for previous hepatitis B or C infections, as etanercept may increase the risk of these conditions starting up again.

Most people need regular blood tests while taking etanercept to monitor its effects.

How is etanercept taken?

Etanercept is taken once or twice a week as an injection under the skin, known as a subcutaneous injection.

You can take etanercept by syringe or with an injector pen. You, your partner or another member of your family can learn to give these injections at home. You should make sure they are stored in the fridge.

Because it's a long-term treatment, it's important to keep taking etanercept unless you have severe side effects:

- even if it doesn't seem to be working at first
- even if your symptoms improve, as this will help to keep your condition under control.

If you forget to take your etanercept, contact your rheumatology team. They'll be able to advise you on when to take it next.

Biosimilars

Biosimilars are medicines that are highly similar to an existing biological drug. They work in the same way and have the same safety and effectiveness, but are made by a different company.

Etanercept was originally available as a drug called Enbrel. However, newer versions of biological therapies are now available, so you may be prescribed etanercept under a different name, such as Benepali or Erelzi.

Side effects and risks

Few people have side effects, and for those who do, they are rarely serious. But if you do have severe side effects or are concerned about your symptoms, contact one of the healthcare professionals in charge of your care.

Some of the most common side effects include:

- a blocked or runny nose
- a sore throat
- feeling sick, including vomiting
- a mild fever
- headaches
- dizziness
- a rash
- tummy pain.

You may get redness, swelling or pain at the spot of the injection. Keep changing the spot where you inject yourself to lower the chances of this happening.

In rare cases, you may have an allergic reaction. This could be in the form of swelling, a rash or you may feel short of breath. Contact your doctor or rheumatology team if you think this may be happening. If the reaction is very bad, it's important you see your GP or go to your nearest Accident and Emergency (A&E) department as soon as possible.

Because etanercept affects the immune system, it can make you more likely to pick up infections.

Tell your doctor or rheumatology team straight away if you develop any of the following symptoms:

- a cough that won't go away
- unexpected weight loss
- fever
- pain in your lower tummy or back.

You should also tell them if you notice any unexplained bruising or bleeding. Your rheumatology team might advise you to pause or stop treatment.

You should see your doctor if you develop chickenpox or shingles, or if you come into contact with someone who has developed these illnesses.

These illnesses can be more severe if you're taking etanercept. You may need treatment for them and your etanercept may be stopped until you're better.

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 and regularly check your skin for any new spots or changes to your freckles or moles.

Very rarely, etanercept may cause a condition called drug-induced lupus. Symptoms may include a rash, fever and increased joint pain. If you have any of these symptoms, you should tell your rheumatology team. This condition usually clears up if etanercept is stopped.

Tips to reduce your risk of infection

- Try to avoid close contact with people you know have an infection.
- Wash your hands regularly and carry around a small bottle of antibacterial hand gel.
- Keep your mouth clean by brushing your teeth regularly.
- Stop smoking if you're a smoker.
- Make sure your food is stored and prepared properly.
- Try to keep your house clean and hygienic, especially the kitchen, bathrooms and toilets.

Carrying an alert card

It's recommended that you carry a biological therapy alert card so anyone treating you will know that you're on etanercept.

Ask your rheumatology team for a card.

Effects on other treatments

If you're taking etanercept, you'll probably be taking methotrexate as well. Check with your doctor before starting any new medications.

Remember to mention you're on etanercept if you're treated by anyone other than your usual rheumatology team, as it won't appear on your repeat prescription list from your GP.

You can carry on taking non-steroidal anti-inflammatory drugs (NSAIDs) or painkillers unless your doctor advises otherwise.

Before using complementary treatments, such as herbal remedies, discuss it with your doctor or specialist, as some could react badly with etanercept.

Vaccinations

It's best to discuss vaccinations with your rheumatology team before starting etanercept.

It's very important that you have the pneumonia vaccine and yearly injectable flu vaccines to reduce your risk of infection. These vaccines are not live, so it's safe for you to have them.

It's recommended that you have the COVID-19 vaccination.

You should avoid having live vaccines such as MMR (measles, mumps and rubella), nasal flu or yellow fever. It's best to avoid contact with babies who have had the live rotavirus vaccine for four weeks after vaccination.

If you've never had chickenpox, it can be good to be vaccinated against it before starting etanercept. But discuss this with your rheumatology team first.

It's also a good idea to get any family or household members vaccinated against chickenpox before you start taking etanercept.

The shingles vaccine, Shingrix, is a non-live vaccine. It's recommended that you have it if you're taking etanercept.

Having an operation

If you're having surgery or a dental procedure, talk to your surgeon or rheumatology team. They'll advise you on whether you need to stop etanercept before and after the procedure.

Alcohol

There's no known interaction between etanercept and alcohol, so it's fine to have a drink if you're taking this medication.

Government guidelines say both men and women should have no more than 14 units of alcohol a week. This is equivalent to about six glasses of wine or six pints of beer.

If you are taking methotrexate alongside etanercept, you should avoid alcohol.

You can find out more about units of alcohol at [drinkaware.co.uk](https://www.drinkaware.co.uk)

Fertility, pregnancy and breastfeeding

If you're planning to try for a baby, if you become pregnant, or if you're thinking of breastfeeding, we suggest you discuss your medications with your rheumatologist.

Current guidelines suggest that it's fine for men and women to take etanercept when trying for a baby.

You can take etanercept in the first 32 weeks of your pregnancy. It's best not to take it after that, so that your child can be vaccinated at the normal time.

But if your arthritis is bad, you might be advised to take etanercept throughout your pregnancy.

If you do, then your baby should not have any live vaccines, such as the rotavirus vaccine, until they're six months old, or as advised by your healthcare team. This is because small amounts of the drug can pass to the baby during pregnancy and may stay in their body for a short time after birth.

You can breastfeed on this medication.

Women who are taking methotrexate as well as etanercept should stop taking methotrexate at least three months before trying for a baby. Methotrexate should only be restarted after you've finished breastfeeding.

This leaflet is a guide to etanercept, its benefits and potential side effects. If there's anything else you'd like to know about this drug, speak to the healthcare professionals in charge of your care.

Discover our support services

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