Rituximab (Mabthera / Truxima) – Patient Information

What does Rituximab do?

Rituximab is a monoclonal antibody that targets a type of white blood cell called a B-lymphocyte. These cells carry a marker called CD20. When Rituximab binds to CD20, the B-cells are destroyed. This helps reduce:

- Joint pain
- Swelling
- Stiffness
- Long-term joint damage

The originator brand is **Mabthera** and the biosimilar used in NHS Grampian is **Truxima**.

How do you take Rituximab?

Intravenous infusion (drip)

- Rituximab is given by infusion in the rheumatology day unit.

Dosing schedule

Each treatment course consists of:

- Two infusions, given 2 weeks apart = (1 course of Rituximab)
- Further treatment is not given for at least 6 months
- After 2-3 courses, the interval may be extended to every 9-12 months

Pre-medication

To reduce the risk of infusion reactions, you will receive these medications on the day of your infusion:

- Steroids (via the drip)
- An antihistamine (through the cannula)
- Paracetamol tablets

Important:

- Do not take paracetamol or antihistamines on the morning of your infusion

- You may be asked to omit blood pressure medication that morning - this will be decided individually

Possible Side Effects

Most people tolerate Rituximab well, but side effects can occur in a small number of patients.

More information:

- **Arthritis UK** – www.arthritis-uk.org
- Patient information leaflet available at your infusion appointment

If you experience side effects requiring medical attention:

- Contact your GP or NHS 24 (111)
- Inform the rheumatology team, as your treatment may need review

Illness

If you have an infection before your infusion, including COVID-19:

- Your infusion will be postponed until you are free from infection and feeling well
- Contact your GP to check if antibiotics are needed

If you experience frequent infections after treatment, inform rheumatology.

Surgery/Operations

Surgery should ideally be scheduled:

- 2-4 months before or
- 2-4 months after a Rituximab infusion

The exact timing will be agreed between your rheumatologist and surgeon, depending on infection risk.

Pregnancy & Breastfeeding

According to BSR guidelines (2022):

- Rituximab should be stopped at conception
- If disease is severe and no alternatives exist, it may be used during pregnancy
- It can be used during breastfeeding, although evidence is limited
- A full-term infant can follow the normal vaccination schedule

Men may continue Rituximab when trying to father a child.

Vaccinations

Safe and recommended:

- Flu
- Pneumonia
- COVID-19 vaccines
- Shingrix (inactive shingles vaccine)

Avoid live vaccines:

- Zostavax (live shingles)
- Yellow Fever
- BCG
- MMR

Timing:

- Have vaccines at least 4 weeks before your infusion
- Avoid vaccines until 3-4 months after your infusion. This ensures the best immune response.