

NLM Citation: Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Abatacept. [Updated 2019 Oct 23]. **Bookshelf URL:** https://www.ncbi.nlm.nih.gov/books/



Abatacept

Revised: October 23, 2019.

CASRN: 332348-12-6

Drug Levels and Effects

Summary of Use during Lactation

Abatacept is a large fusion protein that interferes with T-cell activation. It has a molecular weight of 92,000. Only small amounts would be expected to enter breastmilk. One case report indicates that amounts in milk are very low and do not appear to affect the breastfed infant. If abatacept is required by the mother, it is not a reason to discontinue breastfeeding.[1] However, an alternate drug may be preferred, especially while nursing a newborn or preterm infant.

Drug Levels

Maternal Levels. A woman with rheumatoid arthritis resumed weekly doses of abatacept 125 mg subcutaneously 2 days after delivery. Maternal serum and breastmilk samples were obtained after the 9th and 10th doses. Peak abatacept concentrations in milk occurred at about 3 days after each dose at 256 mcg/L. Prior to the next dose, the trough concentration was 170 mcg/L. The authors estimated the daily infant dose to be between 25 and 38 mcg/kg, which translates into a weight-adjusted percent of maternal dosage of 1 to 1.5% (median 1.3%).[2]

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

A woman with rheumatoid arthritis resumed weekly doses of abatacept 125 mg subcutaneously 2 days after delivery. Her infant was exclusively breastfed, reportedly up until 12 months of age. Her infant had no adverse effects and developed normally during this time. She also received routine childhood vaccinations at 3 months of age as well as rotavirus and BCG vaccination at 6 months of age. No infections or adverse immune reactions were seen following the vaccinations.[2]

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site .

Alternate Drugs to Consider

(Rheumatoid Arthritis) Auranofin, Gold Sodium Thiomalate, Hydroxychloroquine, Infliximab, Methotrexate, Penicillamine, Sulfasalazine

References

- Gotestam Skorpen C, Hoeltzenbein M, Tincani A, et al. The EULAR points to consider for use of antirheumatic drugs before pregnancy, and during pregnancy and lactation. Ann Rheum Dis. 2016;75:795– 810. PubMed PMID: 26888948.
- 2. Saito J, Yakuwa N, Takai C et al. Abatacept concentrations in maternal serum and breast milk during breastfeeding and an infant safety assessment: A case study. Rheumatology (Oxford). 2019. Available at: https://www.ncbi.nlm.nih.gov/pubmed/31323087?dopt=Abstract

Substance Identification

Substance Name

Abatacept

CAS Registry Number

332348-12-6

Drug Class

Breast Feeding

Lactation

Antirheumatic Agents