

Infliximab - Medication Information

What is infliximab?

Infliximab (brand names: Remicade® and Inflectra®) is a medication used to treat Crohn's disease and ulcerative colitis. It is in a class of medications called anti-TNFs, which are immunosuppressants that slow down the immune system's activity to heal inflammation.

How is infliximab given?

Infliximab is given into a vein as an infusion. A typical infusion takes 1-2 hours. Before the infusions, you may get steroids, acetaminophen (brand name: Tylenol®), or diphenhydramine (brand name: Benadryl®) medications to lower your chances of any reactions.

5 mg/kg of infliximab is usually given at weeks 0, 2, and 6. After that, 5 mg/kg is given every 8 weeks. After starting on infliximab, patients often need to adjust their dose and/or infusion frequency. Your provider will work with you to make adjustments as needed.

When can I expect infliximab to work?

Some patients may feel an improvement in symptoms as soon as 2-3 days after starting infliximab. Typically, up to 6 weeks is required to see a benefit.

Infliximab works for most patients. The medication may stop working in up to 10% (1 in 10) of patients every year. To make sure that it keeps working, it is important to stay on track with your infusion schedule and do not miss any infusions. In some cases, your doctor may also have you start a second immunosuppressive medication along with infliximab to help it work better and remain effective longer.

Studies have shown that early effective treatment for Crohn's disease or ulcerative colitis is associated with long-term benefits including lowering the likelihood of needing surgery or hospitalization for health problems related to these conditions.

What tests are needed while I am on infliximab?

Before beginning infliximab treatment, you will need blood tests to check for hepatitis B and tuberculosis infections. You may also need to test for tuberculosis every year. Blood counts and liver tests are done every 4 months while on infliximab. At times, your doctor may also check your infliximab level to make sure the dose is working well for you.

What are the potential side effects of infliximab?

Side effects with infliximab are uncommon, but may include:

Allergic reaction: Patients may develop allergic reactions to infliximab as with any other medication. Reactions may include rash, hives, swelling of the lips or throat. This is uncommon and can be treated with steroid and anti-histamine medications. This is uncommon and can be treated with steroid and antihistamine medications.

Infusion reaction: Fewer than 5% (5 in 100) of patients may develop a reaction during the infusions. This may include fever, rash, trouble breathing, and chest pain. 2-3 days after the infusions, patients may also experience joint aches.

Infection: As with other medications that act on the immune system, infliximab can increase your risk of infections. Serious infections are uncommon, but serious medical conditions like uncontrolled diabetes or lung disease may increase this risk.

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Lymphoma: Infliximab can also increase the risk of lymphoma, a form of cancer of the lymph node. In the general population, about 2 out of 10,000 people get diagnosed with lymphoma every year. With infliximab, this risk may increase to 3-4 out of 10,000 people.

Opposite immune reaction: Rarely, infliximab may cause an opposite immune reaction such as psoriasis or lupus. These occur in 1-3% of patients.

Skin cancer: Infliximab may also increase the risk for skin cancer. This is rare, but taking proper precautions to lower skin cancer risk is recommended such as wearing protective clothing, applying sunscreen, and avoiding being outside for extended periods of time when the UV index is high.

Medical history: Individuals with demyelinating diseases (like multiple sclerosis or optic neuritis), untreated active malignancy, history of melanoma, or history of congestive heart failure should discuss the safety of infliximab with their gastroenterologist (GI doctor).

Please see the medication package insert for the full list of potential side effects.

Is infliximab safe during pregnancy and breastfeeding?

Women and men on infliximab have not been associated with fertility problems, miscarriages, birth defects, preterm births, stillbirths, or other pregnancy-related problems. Most patients continue the infliximab treatment during their pregnancy. You may get your last dose of infliximab early in the third trimester of your pregnancy. If you are on infliximab while pregnant, live virus vaccines such as the rotavirus vaccine are not recommended for your baby within the first 6 months of age. It is safe to breastfeed while on infliximab. This has not been shown to have any negative impacts on the baby.

It is important to discuss with your provider about continuing infliximab before, during, and after pregnancy.

How can I take care of my health while on infliximab?

It is important to be up to date with your health maintenance while on infliximab. This includes being current on all the recommended vaccines such as the flu, COVID-19, pneumococcal, and shingles vaccines. You should not get any live virus vaccines while on infliximab or for 3 months after stopping it.

It is also important to be up to date in your general cancer screening including mammograms and pap smears for women, and skin check-ups for both men and women.

Speak to your primary care doctor about whether you are up to date on all your vaccines and cancer screening.

What if my out-of-pocket costs are high with this treatment?

Our pharmacy team will work with you to see if you qualify for patient assistance and help with the application process.

The manufacturers of infliximab have a patient assistance program for patients on the medication:

- Remicade's Janssen Carepath patient assistance program: janssencarepath.com/hcp/remicade/support
- Inflectra's Pfizer enCompass patient assistance program: pfizerpro.com/node/6801

What if I have questions about infliximab?

Talk with your provider about any questions or concerns you may have about infliximab.

This document has been reviewed for plain language by Blum Center staff.



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