

INFLIXIMAB

What is infliximab?

Infliximab (Remicade®, Inflectra®, Renflexis®) is an antibody against a pro-inflammatory protein (cytokine) called tumor necrosis factor α (anti-TNF). It is approved for the treatment of Crohn's disease and ulcerative colitis.

How is it administered?

Infliximab is administered intravenously via infusion. A typical infusion takes 1-2 hours. You may receive a dose of steroids, acetaminophen (Tylenol®), or Benadryl® prior to the infusions to reduce likelihood of reactions. Infliximab is typically administered at a dose of 5mg/kg of bodyweight at weeks 0, 2, and 6 followed by every 8 week infusions. Up to half of the patients beginning infliximab may need to increase the dose up to 10mg/kg at each infusion or reduce the interval between infusions to every 4-6 weeks.

When can I expect to respond to infliximab?

Some patients may feel a benefit within 2-3 days of initiating therapy. Typically up to 6 weeks is required to see a benefit, though many notice an improvement in symptoms with the first two infusions of infliximab.

Approximately 7 out of 10 patients will respond to infliximab. The medication may stop working in up to 10% of patients every year. To ensure that it remains effective, it is important to receive regular infusions without gaps in treatment. Sometimes your doctor will also start a second immunosuppressive medication along with infliximab to help it work better and remain effective longer.

Studies have shown that early effective therapy for Crohn's disease or ulcerative colitis is associated with long-term benefit including decreasing likelihood of needing surgery or hospitalization for these conditions.

What testing is needed on infliximab therapy?

You will need blood testing to check for exposure to hepatitis B and tuberculosis infection prior to beginning treatment with infliximab. You may also need testing for tuberculosis exposure annually. Blood counts and liver tests are routinely drawn every 4 months while on infliximab. At times, your doctor may also check your infliximab level to ensure that you are receiving adequate dosing.

What are the potential side effects related to infliximab?

Side effects with infliximab are uncommon. Patients may develop allergic reactions to infliximab as with any other medication. This is uncommon and can be treated with steroids and anti-histamines. Fewer than 5% of patients may develop an infusion reaction which may occur during the infusions and present with fever, rash, trouble breathing, and chest pain or 2-3 days after the infusion in the form of joint aches.

As with other medications that act on the immune system, infliximab can increase your risk of infections. Serious infections are uncommon, occurring in fewer than 2 or 3 out of 100 people. Significant medical conditions like uncontrolled diabetes or lung disease may increase this risk.

Infliximab can also increase the risk of lymphoma, a form of cancer of the lymph node. The frequency of this in the general population is estimated to be around 2 out of 10,000 people. In those on infliximab, this risk may increase to 3-4 in 10,000. Rarely, infliximab may cause paradoxical immune mediated reaction such as psoriasis or lupus. These occur in 1-3% of patients.

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

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

Is infliximab safe during pregnancy and breast feeding?

Maternal and paternal use of infliximab has not been associated with impairment of fertility, miscarriage, birth defects, preterm birth, still births, or other adverse pregnancy outcomes. You may get your last dose of infliximab early in the third trimester of your pregnancy. If you are on infliximab during pregnancy, it is recommended that your infant not receive live virus vaccines such as the rotavirus vaccine within the first 6 months. It is safe to breastfeed while on infliximab. This has not been shown to have any adverse impact of the baby. It is important to discuss with your provider about continuing infliximab before and during and after pregnancy, but most patients will continue the treatment during their pregnancy.

Health maintenance on infliximab therapy

It is important to be up to date with your health maintenance while on infliximab therapy. This includes being current on all the recommended vaccines including annual influenza vaccine and pneumococcal vaccines. You should not receive live virus vaccines while on infliximab therapy or within 3 months of stopping (or starting it).

It is also important to be up to date in your general cancer screening including mammograms and pap smears for women, and dermatologic (skin check-ups) for both men and women. Make sure to speak to your primary care doctor about whether you are up-to-date on all your cancer screening and immunizations.

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

There are a number of foundations that provide assistance to cover cost for patients on infliximab therapy. The manufacturer of infliximab has a patient assistance program for patients on infliximab, called Janssen Carepath. Please go to <https://www.janssencarepath.com/hcp/remicade/support> for more information on this program.