Remicade (infliximab)

What is Remicade?
Remicade (also referred to by its generic name, infliximab) is a biologic medication that is used to treat severe psoriasis and/or psoriatic arthritis. Biologics are modern medications that are made using living cells, designed to change or mimic processes within the human body. Enbrel is taken by injection.

You can read more about who Remicade is suitable for in the ‘Who is it for?’ section on this sheet.

How does Remicade work?
Remicade blocks tumour necrosis factor-alpha (TNF alpha) a chemical ‘messenger’ in the immune system that signals other cells to cause inflammation. There is too much TNF alpha in the skin of people with psoriasis and the joints of people with psoriatic arthritis, which causes inflammation and can lead to tissue and joint damage. TNF alpha can also lead to increased activity of the immune system by switching on certain white blood cells in the body, called T Cells. Once T cells become overactive they can trigger inflammation and other immune responses, encouraging the development of psoriasis.

Remicade helps lower the amount of TNF alpha to more normal levels, and switches off the inflammatory cycle of psoriasis and psoriatic arthritis. This leads to improvement in symptoms for many people who take it.

Who is Remicade for?
Remicade can be prescribed to treat very severe plaque psoriasis in adults. Usually it will only be offered to people who have not responded to, or cannot take non-biologic systemic treatments including ciclosporin, methotrexate or PUVA light therapy.

Remicade can also be prescribed to treat active and ‘progressive’ (worsening) psoriatic arthritis in adults, if the response to other disease modifying anti-rheumatic drug treatments has been inadequate. This means that if you have taken treatments such as methotrexate, sulfasalazine or leflunomide for your psoriatic arthritis without a good response, you could be offered Remicade.
Who should not take Remicade?

- People with active infections should not start Remicade. You will be tested to check for infections before starting treatment.
- In most cases, pregnant women should not be treated with Remicade and women should not breastfeed during treatment with Remicade. Women should not fall pregnant or breast feed for six months after treatment has stopped.
- Remicade should be used with caution in people with multiple sclerosis or other similar types of demyelinating (destruction of nerve tissue) neurological diseases. Your Dermatologist or Rheumatologist should discuss this with you, if relevant.
- Remicade should also be used with caution in elderly people, those with already impaired immune systems, or a history of heart failure or cancer. Again, your Dermatologist or Rheumatologist will discuss this with you, if relevant.

How is Remicade used?

Remicade comes as a powder that has to be mixed with sterile water and given into a vein by a healthcare professional. This method of administration is known as an ‘infusion’. It takes around two hours to receive the full dose of Remicade, and you will usually be asked to wait for a while after the infusion to make sure you do not develop an allergic reaction. An infusion will be given at the start of the course of treatment, and again after two and six weeks. After that, they are usually given every eight weeks. Remicade can be prescribed by itself or is sometimes used in combination with methotrexate. Due to the higher costs associated with Remicade, and the inconvenience to the patient, Remicade is often not a first choice biologic to treat severe psoriasis. The British Association of Dermatologists recommends it is used only for the most severe psoriasis.

People taking Remicade will have regular blood tests every three to six months- usually carried out by Dermatology Nurses, or by their own GP- to monitor for infections or other possible effects of the treatment. People taking Remicade should have an annual flu jab, but should check with a doctor or nurse before having any other vaccinations or taking other medication.

What are the side effects?

As with all medications, some side effects are possible when taking Remicade. It is important to remember that not every person taking a medication will get all, or even any, of the possible side effects listed. Many side effects of Remicade are mild and do not cause most patients to stop taking it.

Remicade can cause serious allergic reactions during the infusion, and for up to two hours afterwards. For this reason a doctor or nurse will monitor you during this period. You may also be given other medications to treat or prevent reactions to Remicade.

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The most common side effects for people taking Remicade include viral infections, upper respiratory infections (such as sinusitis), headache, stomach pain, nausea, and pain around the infusion site. Because Remicade works by suppressing part of the activity in the immune system, it can make people taking it more prone to infections than they usually would be. If a serious infection occurs a doctor will most likely stop Remicade.

Although side effects are possible with this, and any, treatment, it is important to remember that people taking Remicade have regular blood tests to check for health issues. If you are worried about the side effects of Remicade, you should discuss these with your doctor.

**How long will Remicade take to work?**

It can take a number of weeks before a person’s psoriasis or psoriatic arthritis improves on Remicade. If considerable improvement is not seen in ten weeks, treatment with Remicade will be stopped. If this happens, a Dermatologist or Rheumatologist should discuss the next available options with you - there are a number of other biologic or systemic treatments that can be tried if Remicade does not work.

**How safe and effective is Remicade?**

Remicade has been used to treat psoriasis in the UK since 2008. ‘Real-world’ safety and effectiveness data is being compiled by the British Association of Dermatologists Biologics Interventions Register (BADBIR). It is recommended that all people taking biologic treatments for their psoriasis should be asked for their data to be included in this register.

For more information on BADBIR, please see the website: [www.badbir.org](http://www.badbir.org)

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and **always read the patient information leaflet** to make sure you are using them correctly. For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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