Remicade (infliximab)

Biologic medications have been used to treat psoriasis in the UK for around eight years, and, although those currently in use are thought to be safe, it is important to note that long term safety data is still being compiled by the British Association of Dermatologists Biologics Interventions Register (BADBIR). The National Institute for Health and Care Excellence (NICE) recommends that all patients receiving biologic therapy, who provide their consent, are entered onto this observational study register. For more information on BADBIR, please see the website: [www.badbir.org](http://www.badbir.org)

What is Remicade?

Remicade (also referred to by its generic name, infliximab) is a biologic medication approved by the European Agency for the Evaluation of Medicinal Products (EMEA) and NICE for the treatment of severe psoriasis and psoriatic arthritis. The criteria for individuals who may be eligible to take Remicade is laid out in the ‘Who is it for?’ section on this page, and is published in the NICE Technology Appraisals 134 and 199, available on the NICE website: [www.nice.org.uk](http://www.nice.org.uk)

Key Features

- Approved for treating severe psoriasis and psoriatic arthritis
- Given by three two-hour infusions by a doctor or nurse during the first six weeks of treatment. Infusions repeated every eight weeks after that
- Patients must be screened for tuberculosis (TB) and other infections before taking Remicade. Patients may also need an annual flu jab
- If adequate improvement is not seen in 10 weeks for psoriasis, or 12 weeks for psoriatic arthritis, treatment will be stopped

How does it 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 certain types of 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. In psoriasis, once T cells become overactive they can trigger inflammation and other immune responses, encouraging the development of psoriasis lesions.

Remicade helps lower the amount of TNF alpha to more normal levels, and switches off the inflammatory cycle of psoriasis and psoriatic arthritis and leading to improvement in symptoms for many people who take it. Because of the effect Remicade has on the immune system, you will be monitored for infections throughout treatment, and you will be tested for TB before treatment commences, as sometimes TB can be reactivated by this treatment. Patients may need an annual flu jab, but should check with a doctor or nurse before having any other vaccinations or taking other medication.

**Who is it for?**

Remicade is prescribed for the treatment of active and progressive psoriatic arthritis in adults when 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 infliximab. It is also prescribed for the treatment of adults with severe plaque psoriasis who have not responded to, or cannot take or tolerate other systemic treatments including ciclosporin, methotrexate or PUVA.

**Who should not take Remicade?**

- People with active serious infections or a history of heart failure
- Caution is advised for the elderly, those with an already impaired immune system, or those with a history of cancer
- Pregnant women should not be treated with Remicade and women should not breastfeed during treatment with Remicade. Women should not fall pregnant or breastfeed for six months after treatment has stopped

**How is it used?**

Remicade comes as a powder that has to be mixed with sterile water and given into a vein by a doctor or nurse. It will take about two hours for you 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 as a combination treatment with methotrexate. Remicade is designed to be taken continuously to maintain improvement.

Patients 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.

What are the side effects?

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.

The most common side effects that have been reported are infusion reactions (fever, chills, rash), viral infections, upper respiratory infections and other infections, headache, stomach pain, nausea, depression, insomnia and general pain. These events happened most often early on in treatment, and may decrease after additional infusions.

If a serious infection occurs a doctor will most likely stop treatment with Remicade. Although side effects are possible in this, and any, medication, it is important to note that you will be carefully monitored throughout this treatment.

How do I get Remicade?

Remicade will only be prescribed by a hospital consultant (Dermatologist or Rheumatologist) who is responsible for your psoriasis or psoriatic arthritis care. In treatment of psoriasis, it will only be prescribed for those patients for whom all other treatments have not worked or are not suitable.

For more information, or for a list of resources that were used in the production of this information sheet, please contact the Psoriasis Association.

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