Remsima®

Patient Information Leaflet for REMSIMA

SCHEDULING STATUS S4

PROPRIETARY NAME, STRENGTH AND PHARMACEUTICAL FORM
REMSIMA 100 mg/vial Lyophilised powder for solution for infusion

Read all of this leaflet carefully before you start taking REMSIMA.
- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your Doctor or your pharmacist.
- **REMSIMA** has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.

1. WHAT REMSIMA CONTAINS
The active substance is infliximab. Each vial contains 100 mg of infliximab. After preparation each ml contains 10 mg infliximab.
The other ingredients are disodium phosphate dihydrate, polysorbate 80, sodium dihydrogen phosphate monohydrate and sucrose.
Contains sugar (sucrose) 500 mg.

2. WHAT REMSIMA IS USED FOR
REMSIMA is part of the tumour necrosis factor group of medicines the TNF blockers. **REMSIMA** is used in adults for the treatment of the following inflammatory diseases:
- Rheumatoid arthritis
- Psoriatic arthritis
- Ankylosing spondylitis
- Psoriasis.

REMSIMA is also used in adults and children 6 years of age or older for:
- Crohn's disease
- Ulcerative colitis.

REMSIMA works by blocking the action of a protein called TNF α (tumour necrosis factor alpha). This protein is involved in inflammatory processes of the body and by blocking it the inflammation in your body can be reduced.

3. BEFORE YOU USE REMSIMA
Do not use REMSIMA if:
- You are hypersensitive (allergic) to **REMSIMA** or any of the other ingredients of **REMSIMA** (see **WHAT REMSIMA CONTAINS**).
- You are allergic to proteins that come from mice.
- You have tuberculosis (TB) or any other serious infection like pneumonia or sepsis (serious bacterial infection of the blood).
- You have moderate or severe heart failure.
- You are taking anakinra (used to treat rheumatoid arthritis, which causes pain and inflammation in the joints).
- You are receiving live vaccines (see **Take special care with REMSIMA**).

Take special care with REMSIMA:
You will receive a patient alert card from your Doctor. This card contains important safety information that you need to be aware of before and during your treatment with **REMSIMA.**

Talk to your Doctor before you are given **REMSIMA** if you have:
Had treatment with any medicine containing the same active ingredient (infliximab) before.
- Tell your Doctor if you have been treated with a medicine containing infliximab before or if you have been treated with **REMSIMA** in the past and are now starting **REMSIMA** treatment again.
- If you have had a break and stopped your treatment with infliximab for more than 16 weeks, there is a higher risk for allergic reactions when you start the treatment again.

Infections
- If you have an infection, even if it is a very minor one, you should tell your Doctor before you are given **REMSIMA.**
- If you have lived in or travelled to an area where infections called histoplasmosis, coccidioidomycosis or blastomycosis are common, you should tell your Doctor before you are given **REMSIMA**. These infections are caused by specific types of fungi that can affect the lungs or other parts of your body.
- When you are being treated with **REMSIMA**, you may get infections more easily. You also have a greater risk if you are 65 years of age or older.
- These infections may be serious and include tuberculosis, infections caused by viruses, fungi or bacteria, or other opportunistic infections and sepsis that may be life-threatening.

Tell your Doctor immediately if you experience signs of infection while you are being treated with **REMSIMA**. Signs of infection may include fever, cough, flu-like signs, a feeling of being unwell, red or hot skin, wounds or dental problems. Your Doctor may recommend temporary discontinuation of **REMSIMA.**

Tuberculosis (TB)
- It is extremely important that you tell your Doctor if you have ever had tuberculosis (TB) or if you have been in close contact with someone who has had or currently has TB.
- Your Doctor will test you to see if you have TB. Cases of TB have been reported in patients treated with **REMSIMA**, even in patients who have been treated with medications for TB. Your Doctor will record these tests on your patient alert card.
- If your Doctor feels that you are at risk for TB, you may be treated with medicines for TB before you are given **REMSIMA.**

Tell your Doctor immediately if you experience signs of TB while you are being treated with **REMSIMA**. Signs of TB include persistent cough, weight loss, feeling tired, fever, night sweats.

Hepatitis B virus (HBV)
- Tell your Doctor if you are a carrier or if you have or have had hepatitis B in the past before you are given **REMSIMA.**

Heart problems
- Tell your Doctor if you have any heart problems, such as mild heart failure.
- Your Doctor will want to closely monitor your heart function.

Tell your Doctor immediately if you experience new or worsening signs of heart failure while you are being treated with **REMSIMA.** Signs of heart failure include shortness of breath or swelling of your feet.

Cancer and lymphoma
- Tell your Doctor if you have or have ever had lymphoma (a type of blood cancer) or any other cancer before you are given **REMSIMA.**

Lung disease or heavy smoking
- Tell your Doctor if you have a lung disease called chronic obstructive pulmonary disease (COPD) or if you are a heavy smoker, before you are given **REMSIMA.**

Nervous system disease
- Tell your Doctor if you have or have ever had a problem that affects your nervous system before you are given **REMSIMA.** This includes diseases such as multiple sclerosis and Guillain-Barré syndrome. You should also inform your Doctor if you suffer from fits or have been diagnosed with optic neuritis.
- Tell your Doctor immediately if you experience symptoms of a nerve disease while you are receiving treatment with **REMSIMA.** These signs may include changes in your vision, weakness in your arms or legs, numbness or tingling in any part of your body.

Vaccinations
Inform your Doctor if you recently have had or are going to have a vaccination.
- You should not receive live vaccines while using **REMSIMA** (see **Do not use REMSIMA**).
- Certain vaccinations may cause infections. If you received **REMSIMA** while you were pregnant, your baby may be at higher risk for getting such an infection up to six months after birth. It is important that you tell your baby's Doctors and other healthcare providers about your **REMSIMA** use so they can decide when your baby should receive any vaccine, including live vaccines like BCG (used to prevent tuberculosis). See **Pregnancy and breastfeeding.**

Operations or dental procedures
- Inform your Doctor if you are going to have any operations or dental procedures.
- Tell the surgeon or dentist who will be performing the procedure that you are having treatment with **REMSIMA** by showing them your patient alert card.

If you are not sure if any of the above applies to you, talk to your Doctor before you are given **REMSIMA.**

Pregnancy and breastfeeding:
If you are pregnant or breastfeeding your baby, please consult your healthcare provider for advice before taking **REMSIMA.**
- **REMSIMA** is not recommended for use during pregnancy.
- You must avoid getting pregnant when you are being treated with **REMSIMA** and for 6 months after your treatment with it stops. Make sure you use contraception during this time.
- Do not breastfeed when you are being treated with **REMSIMA** or for 6 months after your last treatment with **REMSIMA.**
- If you received **REMSIMA** while you were pregnant, your baby may be at higher risk of getting an infection.
- It is important that you tell your baby's Doctors and other healthcare providers about your treatment with **REMSIMA** before your baby receives any vaccine. If you received **REMSIMA** while pregnant, administration of BCG vaccine (used to prevent tuberculosis) to your baby within 6 months after birth may result in infection with serious complications, including death. Live vaccines like BCG should not be given to your baby within 6 months after birth. For more information see section on vaccination.
- There have been reports of severely decreased numbers of white blood cells in infants born to women treated with **REMSIMA** during pregnancy. If your baby has persistent fevers or infections, contact your baby's Doctor immediately.

Driving and using machinery:
REMSIMA may affect your ability to drive or use tools or machines. If you feel dizzy after having **REMSIMA**, do not drive or use any tools or machines.

Important information about some of the ingredients of REMSIMA:
REMSIMA contains a sugar called sucrose which may have an effect on the control of your blood sugar if you have diabetes mellitus.
If you have been told by your Doctor that you have an intolerance to some sugars consult your Doctor before taking **REMSIMA.**

Taking other medicines with REMSIMA:
Always tell your healthcare provider if you are taking any other medicine (this includes complementary or traditional medicines).
Patients who have inflammatory diseases already take medicines to treat their problem. These medicines may cause side effects. Your Doctor will advise you what other medicines you must keep using while you are being treated with **REMSIMA.**

4. HOW REMSIMA WILL BE GIVEN
- **REMSIMA** will be given to you by your Doctor or nurse by injection.
- Your Doctor or nurse will prepare the **REMSIMA** solution for injection.
- The **REMSIMA** solution will be slowly injected (over a 2-hour period) into one of your veins. This will usually be in your arm. This is called an intravenous infusion or drip. After the third treatment, your Doctor may decide to give you **REMSIMA** over a 1-hour period.
- You will be monitored while you are given **REMSIMA** and also for 1 to 2 hours after.

How much REMSIMA is given:
- The Doctor will decide on what dose you will receive (in mg) and how often you will be given **REMSIMA.** This will depend on your disease, your weight and how well you respond to **REMSIMA.**
- The table below shows the usual dosage of **REMSIMA.**

1st treatment	0 weeks
2nd treatment	2 weeks after your 1st treatment
3rd treatment	6 weeks after your 1st treatment
Further treatments	Every 6 to 8 weeks depending on your disease

Rheumatoid arthritis:
The usual dose is 3 mg per kg of body weight.

Psoriatic arthritis, ankylosing spondylitis, psoriasis, ulcerative colitis and Crohn's disease:
The usual dose is 5 mg per kg of body weight.

If you are given too much REMSIMA:
As **REMSIMA** is administered by your Doctor or nurse, it is unlikely that you will be given too much. There are no known side effects of receiving too much **REMSIMA.**

If you forget or miss your REMSIMA infusion:
If you forget or miss an appointment to receive **REMSIMA**, make another appointment as soon as possible.

5. POSSIBLE SIDE EFFECTS
REMSIMA can have side effects.
Not all side effects reported for **REMSIMA** are included in this leaflet.
Should your general health worsen or if you experience any troublesome effects while being treated with **REMSIMA**, please consult your healthcare provider for advice.
If any of the following happens, stop taking **REMSIMA** and tell your Doctor immediately or go to the casualty department at your nearest hospital:
- Signs of an allergic reaction such as swelling of your face, lips, mouth or throat which may cause difficulty in swallowing or breathing, skin rash, hives, swelling of the hands, feet or ankles.

An allergic reaction could happen within 2 hours of your injection or later.
- More signs of an allergic reaction may happen up to 12 days after your injection which include pain in the muscles, fever, joint or jaw pain, sore throat or headache.

These are all very serious side effects. If you have them, you may have had a serious allergic reaction to **REMSIMA.** You may need urgent medical attention or hospitalisation.

Tell your Doctor immediately or go to the casualty department at your nearest hospital if you notice any of the following:
- Signs of a heart problem such as chest discomfort or pain, arm pain, shortness of breath, anxiety, light-headedness, dizziness, fainting, sweating, nausea, vomiting, fluttering or pounding in your chest, a fast or a slow heartbeat, and/or swelling of your feet.
- Signs of infection (including TB) such as fever, feeling tired, (persistent) cough, shortness of breath, flu-like symptoms, weight loss, night sweats, swollen lymph nodes, or burning sensation when urinating.
- Signs of a lung problem such as coughing, breathing difficulties, build-up of fluid in the lungs, or tightness in the chest.
- Signs of a nervous system problem (including eye problems) such as fits, tingling or numbness in any part of your body, weakness in arms or legs, changes in eyesight such as double vision or other eye problems.
- Signs of a liver problem such as yellowing of the skin or eyes, dark-brown coloured urine or pain in the upper right side of the stomach area, fever.
- Meningitis (severe headache, fever and stiff neck).
- Inflammation of your pancreas (pancreatitis)
- Signs of an immune system disorder called lupus such as joint pain or a rash on cheeks or arms that is sensitive to the sun.
- Serious skin problems (painful rash, blistering and peeling, with fever and rash).
- Signs of a low blood count such as persistent fever, bleeding or bruising more easily or looking pale.

These are all serious side effects. You may need urgent medical attention.

Tell your Doctor as soon as possible if you notice any of the following:
Frequent:
- Stomach pain, feeling sick (nausea), constipation, diarrhoea, indigestion, heartburn.
- Viral infections (such as herpes or flu) or bacterial infections (such as abscess or infection of the skin (cellulitis)).
- Upper respiratory infections such as sinusitis.
- Headache.
- Pain.
- Bleeding in the stomach or intestines (black, tarlike stool or blood in the stool).
- Hives, itchy rash or dry skin, boils.
- Circulation problems such as low or high blood pressure.
- Feeling tired or weak.
- Depression, problems sleeping.
- Eye problems, including red eyes and infections, blurred or reduced vision.
- Pain in the joints, muscles or back.
- Hair loss.
- Reactions at the injection site such as pain, swelling, redness or itching.
- Chills, a build-up of fluid under the skin causing swelling.

Less frequent:
- Skin problems such as warts, abnormal skin colouration or pigmentation, or swollen lips.
- Wounds taking longer to heal.
- Feeling forgetful, irritable, confused, nervous.
- Fungal infections such as yeast infections, vaginal infection.
- Circulation problems such as narrowing of a blood vessel (feeling abnormally tired or weak).
- Abnormal tissue swelling or growth.
- Pain and swelling of small blood vessels (vasculitis).
- Lack of interest or emotion.
- Temporary loss of sight during or within 2 hours of infusion.
- The use of a live vaccine may result in an infection caused by the live viruses or bacteria contained in the vaccine (when you have a weakened immune system).

If you notice any side effects not mentioned in this leaflet, please inform your Doctor or pharmacist.

6. STORING AND DISPOSING OF REMSIMA
Before reconstitution:
- Store at 2 °C to 8 °C.
- **REMSIMA** may be stored at temperatures up to a maximum of 25 °C for a single period of up to 6 months, but not exceeding the original expiry date. The new expiry date must be written on the carton. Upon removal from refrigerated storage, **REMSIMA** must not be returned to refrigerated storage.

After reconstitution:
- Chemical and physical in use stability of the reconstituted solution has been demonstrated for 24 hours at 25 °C. From a microbiological point of view, the product should be used as soon as possible but within 3 hours of reconstitution and dilution. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and should not be longer than 24 hours at 2 °C to 8 °C.
- **STORE ALL MEDICINES OUT OF REACH OF CHILDREN.**
- Do not use after the expiry date printed on the carton.
- Return all unused medicine to your pharmacist.
- Do not dispose of unused medicine in drains and sewerage systems (e.g. toilets).

7. PRESENTATION OF REMSIMA
20 ml type I clear glass vial with a grey butyl rubber stopper and an aluminium flip-off seal with a white polypropylene flip-off cap, packed in an outer carton.

8. IDENTIFICATION OF REMSIMA
White lyophilised solid.
Slightly opalescent to opalescent colourless to light yellow solution when reconstituted.

9. REGISTRATION NUMBER
52/30.1/0309

10. NAME AND ADDRESS OF REGISTRATION HOLDER
Adcock Ingram Limited
1 New Road
Erand Gardens
Midrand
1685
South Africa

11. DATE OF PUBLICATION
18 February 2020.

adcock Ingram

HEALTHCARE CELLTRION™

PasiëntInligtingstuk vir REMSIMA

SKEDULERINGSTATUS S4

EIENDOMSNAAM, STERKTE EN DOSEERVORM
REMSIMA 100 mg/vial gevriesdroogde poeier vir oplossing vir infusie

Lees hierdie pamflet deeglik deur voordat jy REMSIMA begin gebruik.
- Hou hierdie pamflet. Dit mag nodig wees om dit weer te lees.
- Raadpleeg u dokter of apteker, indien u enige verdere vrae het.
- **REMSIMA** is persoonlik vir u voorgeskryf en u moet nie u medisyne met ander mense deel nie. Dit kan hulle benadeel, selfs al is hul simptome dieselfde as joune.

1. WAT REMSIMA BEVAT
Die aktiewe bestanddeel is infliksimab. Elke flessie bevat 100 mg van infliksimab. Na voorbereiding bevat elke ml 10 mg infliksimab.
Die ander bestanddele is dinatrium fosfaatdihidraat, polisorbaat 80, natriumdihidrogeen fosfaatmonohidraat en sukrose.
Bevat suiker (sukrose) 500 mg.

2. WAARVOOR REMSIMA GEBRUIK WORD
REMSIMA is deel van die tumor-nekrosefaktorgroep medisyne wat TNF-blokkeerders bevat.
REMSIMA word in volwassenes gebruik vir die behandeling van die volgende inflammatoriese siektes:
- Rumatoïede artritis
- Psoriatiese artritis
- Ankiloserende spondolitis
- Psoriase.

REMSIMA word ook gebruik in volwassenes en kinders van 6 jaar en ouer vir:
- Crohn se siekte
- Ulseratiewe kolitis.

REMSIMA werk deur die blokkering van die werking van n proteïen genaamb TNF α (tumor-nekrosefaktor alfa). Hierdie proteïen is betrokke by die inflammatoriese prosesse van die liggaam en deur dit te blokkeer, kan die inflammasie in u liggaam verminder word.

3. VOORDAT U REMSIMA GEBRUIK
Moenie REMSIMA gebruik:
- Indien u hipersensitief (allergies) vir **REMSIMA** of vir enige van die ander bestanddele van **REMSIMA** (sien **WAT REMSIMA BEVAT**) is nie.
- Indien u allergies vir proteïene is wat van muise afkomstig is nie.
- Indien u tuberkulose (TB) of enige ander ernstige infeksie soos longontsteking of sepsis (ernstige bakteriële infeksie in die bloed) het nie.
- Indien u matige of ernstige hartversaking het nie.
- Indien u anakinra (wat gebruik om rumatoïede artritis te behandel, wat pyn en inflammasie in die gewrigte veroorsaak) neem nie.
- Indien u lewendige entstowwe neem nie (sien **Neem spesiale sorg met REMSIMA**).

Neem spesiale sorg met REMSIMA:
U sal n pasiëntwaarskuwingskaart van u dokter ontvang. Hierdie kaart bevat belangrike inligting oor veiligheid, wat u moet bewus wees van, voor en tydens u behandeling met **REMSIMA**.

Praat met u dokter voordat u **REMSIMA** kry:
Indien u al voorheen behandel is met enige medisyne wat dieselfde aktiewe bestanddeel (infliksimab) bevat het.
- Vertel u dokter indien u voorheen behandel is met n medisyne wat infliksimab bevat, of indien u in die verlede met **REMSIMA** behandel is en nou weer met **REMSIMA**-behandeling begin.
- Indien u n breek geneem het en u behandeling met infliksimab vir meer as 16 weke gestaak het, is daar n groter risiko vir allergiese reaksies wanneer u weer met die behandeling begin.

Infeksies
- Indien u n infeksie het, selfs al is dit baie gering, moet u dit vir u dokter vertel voordat u **REMSIMA** ontvang.
- Indien u in n gebied gewoon het of gereis het na n area waar infeksies genaamd histoplasmose, koksidioidomikose of blastomikose algemeen voorkom, moet u dit vir u dokter vertel voordat u **REMSIMA** ontvang. Hierdie infeksies word veroorsaak deur spesifieke soorte swamme wat die longe of ander dele van u liggaam kan beïnvloed.
- Wanneer u met **REMSIMA** behandel word, kan u makliker infeksies kry. U het ook groter risiko as u 65 jaar of ouer is.
- Hierdie infeksies kan ernstig wees en sluit in tuberkulose, infeksies wat deur virusse, swamme of bakterieë veroorsaak word, of ander opportunistiese infeksies en sepsis wat lewensgevaarlik kan wees.

Vertel u dokter onmiddellik indien u infeksie tekens ervaar terwyl u met **REMSIMA** behandel word. Tekens van infeksie kan koors, hoes, griepagtige tekens, n gevoel van ongesteldheid, rooi of warm vel, wonde of tandprobleme insluit.
U dokter kan moontlik tydelike staking van **REMSIMA** aanbeveel.

Tuberkulose (TB)
- Dit is uiters belangrik dat u u dokter vertel indien u ooit tuberkulose (TB) gehad het, of indien u noue kontak gehad het met iemand wat TB gehad het of tans het.
- U dokter sal u toets om te sien of u TB het. Gevalle van TB is aangemeld by pasiënte wat met **REMSIMA** behandel is, selfs by pasiënte wat met TB-medisyne behandel is. U dokter sal hierdie toetse op u pasiëntwaarskuwingskaart aanteken.
- Indien u dokter voel dat u n risiko het om TB op te doen, kan u met TB-medisyne behandel word voordat u **REMSIMA** ontvang.

Vertel u dokter onmiddellik indien u enige tekens van TB ervaar terwyl u met **REMSIMA** behandel word. Tekens van TB sluit aanhoudende hoes, gewigsverlies, moegheid, koors, nagsweet in.

Hepatitis B virus (HBV)
- Voordat u **REMSIMA** ontvang, vertel u dokter indien u n draer van hepatitis B is, of indien u dit in die verlede gehad het.

Hartprobleme
- Vertel u dokter indien u hartprobleme, soos ligte hartversaking, het.
- U dokter sal u hartfunksie noukeurig wil monitor.

Vertel u dokter onmiddellik indien u nuwe of verslegtende tekens van hartversaking ervaar terwyl u met **REMSIMA** behandel word. Tekens van hartversaking sluit kortasem of swelling van u voete in.

Kanker en limfoon
- Voordat u **REMSIMA** ontvang, vertel u dokter indien u limfoom (n soort bloedkanker) of enige ander kanker het of voorheen gehad het.

Longsiekte of swaar rook
- Voordat u **REMSIMA** ontvang, vertel u dokter indien u n longsiekte het wat chroniese obstruktiewe longsiekte (COPD) genoem word, of indien u n swaar roker is.

Senuweestelsel siekte
- Voordat u **REMSIMA** ontvang, vertel u dokter indien u n probleem het of ooit gehad het wat u senuweestelsel beïnvloed. Dit sluit siektes soos veelvuldige sklerose en Guillain-Barré-sindroom in. U moet ook u dokter inlig indien u aan epileptiese aanvalle ly of met optiese neuritis gediagnoseer is.
- Vertel u dokter dadelik indien u simptome van senuweesiekte ervaar terwyl u **REMSIMA**-behandeling ontvang. Hierdie tekens kan verandering in u visie, swakheid in u arms of bene, gevoelloosheid of tinteling in enige deel van u liggaam insluit.

Inentings
Stel u dokter in kennis indien u onlangs n inenting gehad het of n inenting gaan kry.
- U moet nie lewende entstowwe ontvang terwyl u **REMSIMA** gebruik nie (sien Moenie **REMSIMA** gebruik).
- Sekere inentings kan infeksies veroorsaak. Indien u **REMSIMA** ontvang het terwyl u swanger was, kan u baba tot ses maande na geboorte, n hoër risiko hê om so n infeksie te kry. Dit is belangrik om u baba se dokter en ander gesondheidsorgvoorsieners te vertel indien u **REMSIMA** gebruik, sodat hulle kan besluit wanneer u baba n inenting moet ontvang, insluitend lewende entstowwe soos BCG (wat gebruik word om tuberkulose te voorkom). Sien Swangerskap en borsvoeding.

Operasies of tandheelkundige prosedures
- Stel u dokter in kennis indien u enige operasies of tandheelkundige prosedures gaan ondergaan.
- Vertel die chirurg of tandarts, wat die prosedure gaan uitvoer, dat u met **REMSIMA** behandel word deur hulle u pasiëntwaarskuwingskaart te wys.

Praat met u dokter voordat u **REMSIMA** ontvang indien u nie seker is of enige van bogenoemde op u van toepassing is nie.

Swangerskap en borsvoeding:
Indien u swanger is of u baba borsvoed, raadpleeg asseblief u gesondheidsorgvoorsiener vir advies voordat u **REMSIMA** gebruik.
- **REMSIMA** word nie aanbeveel vir gebruik tydens swangerskap nie.
- U moet vermy om swanger te raak wanneer u met **REMSIMA** behandel word, asook vir 6 maande nadat behandeling gestaak is. Maak seker dat u voorbehoeding gebruik gedurende hierdie tyd.
- Moenie u baba borsvoed indien u met **REMSIMA** behandel word nie, asook nie vir 6 maande na u laaste behandeling met **REMSIMA** nie.
- Indien u **REMSIMA** ontvang het terwyl u swanger was, kan u baba n hoër risiko hê om n infeksie te kry.
- Dit is belangrik om, voordat u baba enige entstof ontvang, u baba se dokter en ander gesondheidsorgvoorsieners te vertel indien u **REMSIMA** gebruik. Indien u **REMSIMA** tydens u swangerskap ontvang het, kan die toediening van BCG-entstof (wat gebruik word om tuberkulose te voorkom) aan u baba, binne 6 maande na geboorte, lei tot infeksie met ernstige komplikasies, insluitend die dood. Lewende entstowwe soos BCG moet nie binne 6 maande na geboorte aan u baba gegee word nie. Vir meer inligting, sien afdeling oor inenting.
- Daar was verslae van n ernstige afname in die aantal witbloedselle by babas wat gebore is by vroue wat tydens swangerskap met **REMSIMA** behandel is. Kontak u baba se dokter onmiddellik indien u baba aanhoudend koors of infeksies het.

Bestuur en gebruik van masjinerie:
REMSIMA kan u vermoë om te bestuur of gereedskap of masjinerie te gebruik, beïnvloed. Indien u duiselig voel nadat u **REMSIMA** gehad het, moet u nie bestuur of enige gereedskap of masjinerie gebruik nie.

Belangrike inligting oor sommige van die bestanddele van REMSIMA:
REMSIMA bevat 'n suiker genaamd sukrose wat 'n invloed kan hê op die beheer van u bloedsuiker indien u diabetes mellitus het.
Indien u dokter u meegedeel het dat u 'n onverdraagsaamheid teenoor sekere suikers het, raadpleeg u dokter voordat u **REMSIMA** neem.

Neem van ander medisyne saam met REMSIMA:
Stel u gesondheidsorgvoorsiener altyd in kennis indien u enige ander medisyne gebruik (hierdie sluit komplementêre of traditionele medisynes in).
Pasiënte met inflammatoriese siektes wat alreeds medisyne neem om hulle probleem te behandel. Hierdie medisyne kan newe-effekte veroorsaak. U dokter sal u inlig watter ander medisyne u moet aanhou gebruik terwyl u met **REMSIMA** behandel word.

4.HOE REMSIMA GEGEE WORD
- **REMSIMA** sal deur u dokter of verpleegster aan u gegee word deur n inspuiting.
- U dokter of verpleegster sal die **REMSIMA**-oplossing vir inspuiting voorberei.
- Die **REMSIMA**-oplossing sal stadig (oor n periode van 2 uur) in een van u are ingespuit word. Dit sal gewoonlik in u arm wees. Dit word n intraveneuse infusie of drip genoem. Na die derde behandeling kan u dokter besluit om u **REMSIMA** oor n periode van 1 uur te gee.
- U sal gemonitor word terwyl u **REMSIMA** ontvang, en ook vir 1 to 2 uur daarna.

Hoeveel REMSIMA gegee word:
- Die dokter sal besluit watter dosis u sal ontvang (in mg) en hoe gereeld u **REMSIMA** gegee sal word. Dit sal afhang van u siekte, u gewig en hoe goed u op **REMSIMA** reageer.
- Die onderstaande tabel toon die gewone dosering van **REMSIMA.**

1ste behandeling	0 weke
2de behandeling	2 weke na u 1ste behandeling
3de behandeling	6 weke na u 1ste behandeling
Verdere behandelings	Elke 6 tot 8 weke afhangende van die siektetoestand

Rumatoïede artritis:
Die gewone dosis is 3 mg per kg liggaamsgewig.

Psoriatiese artritis, ankiloserende spondolitis, psoriase, ulseratiewe kolitis en Crohn se siekte:
Die gewone dosis is 5 mg per kg liggaamsgewig.

Indien u te veel REMSIMA gegee word:
Aangesien **REMSIMA** deur n dokter of verpleegster toegedien word, is dit onwaarskynlik dat u te veel gegee sal word. Daar is geen bekende newe-effekte vir die ontvangs van te veel **REMSIMA** bekend nie.

Indien u 'n REMSIMA-infusie vergeet of mis:
Indien u n afspraak vergeet of mis om **REMSIMA** te ontvang, maak so gou as moontlik n ander afspraak.

5. MOONTLIKE NEWE-EFFEKTE
REMSIMA kan newe-effekte hê.
Nie alle newe-effekte wat vir **REMSIMA** aangemeld is, is in hierdie inligtingstuk verwat nie.
Indien u algemene gesondheid versleg of indien u enige ongewenste effekte ervaar terwyl u met **REMSIMA** behandel word, raadpleeg asseblief gesondheidsorgvoorsiener vir advies.
Indien enige van die volgende gebeur, staak die gebruik van **REMSIMA** en vertel u dokter onmiddellik of gaan na die ongevalle-afdeling van u naaste hospitaal:
- Tekens van n allergiese reaksie, soos swelling van u gesig, lippe, mond of keel wat probleme met sluk of asemhaling kan veroorsaak, veluitslag, galbulte, swelling van die hande, voete of enkels.

n Allegiese reaksie kan binne 2 uur na u inspuiting of later plaasvind.
- Meer tekens van n allergiese reaksie kan tot en met 12 dae na u inspuiting voorkom, wat pyn in die spiere, koors, gewrigs- of kakebeenpyn, seer keel of hoofpyn insluit.

Hierdie is baie ernstige newe-effekte. As u dit het, kan u 'n ernstige allergiese reaksie op **REMSIMA** hê. U mag dringende mediese aandag of hospitalisasie benodig.

Vertel u dokter onmiddellik of gaan na die ongevalle-afdeling van u naaste hospitaal indien u enige van die volgende opmerk:
- Tekens van n hartprobleem soos borsongemak of -pyn, pyn in die arm, kortasem, angs, ligthoofdigheid, duiseligheid, floute, sweet, naarheid, braking, fladder of bons in u bors, n vinnige of n stadige hartklop, en/of swelling van u voete.
- Tekens van n infeksie (insluitend TB) soos koors, moeg voel, (aanhoudende) hoes, kortasem, griepagtige simptome, gewigsverlies, nagsweet, geswelde limfknope of brandgevoel tydens urinering.
- Tekens van n longprobleem soos hoes, asemhalingsprobleme, opbou van vloeistof in die longe of benoudheid van die bors.
- Tekens van n senuweestelselprobleem (oogprobleme ingesluit) soos epileptiese aanvalle, tinteling of gevoelloosheid in enige deel van u liggaam, swakheid in arms of bene, veranderinge in sig soos dubbele sig of ander oog probleme.
- Tekens van n lewerprobleem soos vergeling van die vel of oë, donkerbruin gekleurde urine of pyn in die boonste regterkant van die maagarea, koors.
- Meningitis (ernstige hoofpyn, koors en stywe nek).
- Inflammasie van u pankreas (pankreatitis)
- Tekens van n immuunstelselversteuring, wat lupus genoem word, soos gewrigspyn of n uitslag op die wange of arms wat vir die son sensitief is.
- Ernstige velprobleme (pynlike uitslag, blase en afskilfering, met koors en uitslag).
- Tekens van n lae bloedtelling soos aanhoudende koors, bloeding of maklik kneus of bleek lyk.

Hierdie is almal ernstige newe-effekte. U mag dringende mediese aandag benodig.

Vertel u dokter so gou as moontlik indien u enige van die volgende opmerk:
Dikwels:
- Maagpyn, siek voel (naarheid), hardlywigheid, diarree, slegte spysvertering, sooibrand.
- Virale infeksies (soos herpes of griep) of bakteriële infeksies (soos abses of infeksie van die vel (sellulitis)).
- Boonste respiratoriese infeksies soos sinusitis.
- Hoofpyn.
- Pyn.
- Bloeding in die maag of ingewande (swart, teeragtige ontlasting of bloed in die ontlasting).
- Galbulte, n jeukerige veluitslag of n droë vel, swere.
- Sirkulasieprobleme soos lae of hoë bloeddruk.
- Voel moeg of swak.
- Depressie, slaapprobleme.
- Oogprobleme, insluitend rooi oë en infeksies, versteurde of verminderde visie.
- Pyn in die gewrigte, spiere of rug.
- Haarverlies.
- Reaksies by die inspuitplek soos pyn, swelling, rooiheid of jeuk.
- Kouekoors, n opbou van vloeistof onder die vel wat swelling veroorsaak.

Minder dikwels:
- Velprobleme soos vratte, abnormale veldkleur of pigmentasie, of geswelde lippe.
- Wonde neem langer om te genees.
- Vergeetagtig, prikkelbaar, verward, senuweeagtig.
- Swam infeksies soos gis infeksies, vaginale infeksie.
- Sirkulasieprobleme soos die vernouing van n bloedvat (voel abnormaal moeg of swak).
- Abnormale swelling of groei van weefsel.
- Pyn en swelling van klein bloedvate (vaskulitis).
- Gebrek aan belangstelling of emosie.
- Tydelike sigverlies gedurende of binne 2 uur na infusie.
- Die gebruik van n lewende entstof kan lei to n infeksie veroorsaak deur die lewende virusse of bakterieë wat in die entstof is (as u n verswakte immuunstelsel het).

Indien u enige newe-effekte opmerk wat nie in die inligtingstuk genoem word nie, stel asseblief u Dokter of apteker in kennis daarvan.

6.BEWARING EN WEGGOOI VAN REMSIMA
Voor rekonstitusie:
- Bêre by 2 °C tot 8 °C.
- **REMSIMA** kan vir n enkele tydperk van tot 6 maande by n maksimum van 25 °C gebêre word, maar moet nie die oorspronklike vervaldatum oorskry nie. Die nuwe vervaldatum moet op die karton aangebring word. Wanneer **REMSIMA** uit die yskas gehaal word, moet dit nie weer in die yskas gebêre word nie.

Na rekonstitusie:
- Chemiese en fisiese in-gebruik stabiliteit van die rekonstitueerde oplossing is vir 24 uur lank by 25 °C bevestig. Vanuit n mikrobiologiese oogpunt moet die produk so gou as moontlik gebruik word, maar binne 3 uur na rekonstitusie en verdunning. Indien dit nie onmiddellik gebruik word nie, is die in-gebruik bêre-tye en toestande die verantwoordelikheid van die gebruiker en moet dit nie vir langer as 24 uur teen 2 °C tot 8 °C wees nie.
- **BÊRE ALLE MEDISYNE BUITE BEREIK VAN KINDERS.**
- Moenie gebruik na die vervaldatum wat op die karton aangebring is nie.
- Neem alle ongebruikte medisyne na u apteker.
- Moenie ongebruikte medisyne in dreine of rioolstelsels (bv. toilette) gooi nie.

7. AANBIEDING VAN REMSIMA
20 ml Tipe 1 helder glasflessie met 'n grys butielrubberprop en 'n aluminium af-flip seël met 'n wit polipropileen af-flip dop, verpak in 'n buitekarton.

8. VOORKOMS VAN REMSIMA
Wit gevriesdroogte vaste stof.
Effens opaal tot opaal kleurloos tot ligpeel oplossing wanneer dit gerekonstitueerd is.

9. REGISTRASIENOMMER
52/30.1/0309

10. NAAM EN ADRES VAN REGISTRASIEHOUER
Adcock Ingram Limited
New Road 1
Erand Gardens
Midrand
1685
Suid-Afrika

adcock ingram

11. DATUM VAN PUBLIKASIE
18 Februarie 2020.

HEALTHCARE CELLTRION™

Professional Information for REMSIMA

SCHEDULING STATUS: **S4**

PROPRIETARY NAME AND DOSAGE FORM
REMSIMA 100 mg/vial **lyophilised powder for solution for infusion**

COMPOSITION
Each vial contains 100 mg infliximab.
After reconstitution each ml contains 10 mg infliximab.
Excipients:
Disodium phosphate dihydrate, polysorbate 80, sodium dihydrogen phosphate monohydrate and sucrose.
Contains sugar (sucrose) 500 mg.

CATEGORY AND CLASS
A.30.1 Biologicals - Antibodies

PHARMACOLOGICAL ACTION
Pharmacodynamic properties
Infliximab is a chimeric human-murine monoclonal antibody which binds with high affinity to soluble and transmembrane forms of tumour necrosis factor alpha (TNFα) but not to lymphotoxin α (TNFβ).

Pharmacodynamic effects
Infliximab inhibits the functional activity of TNFα in a wide variety of *in vitro* bioassays. Infliximab prevented disease in transgenic mice that develop polyarthritis as a result of constitutive expression of human TNFα and when administered after disease onset, it allowed eroded joints to heal. *In vivo*, infliximab rapidly forms stable complexes with human TNFα, a process that parallels the loss of TNFα bioactivity.

Histological evaluation of colonic biopsies, obtained before and 4 weeks after administration of infliximab, revealed a substantial reduction in detectable TNFα.
Infliximab treatment of Crohn's disease patients was also associated with a substantial reduction of the commonly elevated serum inflammatory marker, CRP. Total peripheral white blood cell counts were minimally affected in infliximab-treated patients, although changes in lymphocytes, monocytes and neutrophils reflected shifts towards normal ranges. Peripheral blood mononuclear cells (PBMC) from infliximab-treated patients showed undiminished proliferative responsiveness to stimuli compared with untreated patients, and no substantial changes in cytokine production by stimulated PBMC were observed following treatment with infliximab. Analysis of lamina propria mononuclear cells obtained by biopsy of the intestinal mucosa showed that infliximab treatment caused a reduction in the number of cells capable of expressing TNFα and interferon γ. Additional histological studies provided evidence that treatment with infliximab reduces the infiltration of inflammatory cells into affected areas of the intestine and the presence of inflammation markers at these sites. Endoscopic studies of intestinal mucosa have shown evidence of mucosal healing in infliximab-treated patients.

Pharmacokinetic properties
Dose proportional increases in the maximum serum concentration (C_{max}) and area under the concentration-time curve (AUC) with single intravenous infusions of 1, 3, 5, 10 or 20 mg/ kg of infliximab were yielded. The volume of distribution at steady state (median V_d of 3,0 to 4,1 litres) did not depend on the administered dose and indicated that infliximab is predominantly distributed within the vascular compartment. No time-dependency of the pharmacokinetics was observed. Elimination pathways have not been characterised for infliximab. Unchanged infliximab was not detected in urine. No major age- or weight-related differences in clearance or volume of distribution were observed in rheumatoid arthritis patients.
The pharmacokinetics of infliximab in elderly patients have not been studied. Studies have not been performed in patients with liver or renal disease.

The median C_{max} values were 77, 118 and 277 µg/ml at single doses of 3, 5, or 10 mg/kg. The median terminal half-life at these doses ranged from 8 to 9,5 days. Infliximab could be detected in the serum for at least 8 weeks after a single infusion in most patients.

When the 3-dose regimen was followed, a slight accumulation of infliximab was observed in the serum after the second dose and thereafter, no further clinically relevant accumulation was observed. . Infliximab could be detected in the serum for 12 weeks (range 4 – 28 weeks) after administration of the regimen in most fistulising Crohn's disease patients.

INDICATIONS
Rheumatoid arthritis
In combination with methotrexate, **REMSIMA** is indicated for:
• reduction of signs and symptoms
• prevention of structural joint damage (erosions and joint space narrowing)
• improvement in physical function.

Ankylosing spondylitis
In patients with active disease, **REMSIMA** is indicated for:
• reduction of signs and symptoms
• improvement in physical function.

Psoriatic arthritis
In patients with psoriatic arthritis when the response to disease modifying or non-steroidal anti-inflammatory drugs has been inadequate, **REMSIMA** is indicated for:
• reduction of signs and symptoms of psoriatic arthritis
• induction of major clinical response in active psoriatic arthritis
• inhibition of progression of structural damage of active psoriatic arthritis
• improvement in psoriasis
• improvement of dactylitis and enthesopathy
• improvement in physical function
• improvement in quality of life
REMSIMA can be used with or without methotrexate.

Psoriasis
In the treatment of patients with moderate psoriasis for whom phototherapy is inadequate or inappropriate and adult patients with severe plaque psoriasis who are candidates for systemic therapy, **REMSIMA** is indicated for:
• reduction of signs and symptoms
• improvement in quality of life.

Adult and paediatric (children 6 to 17 years) Crohn's disease
In the treatment of moderate to severe Crohn's disease, **REMSIMA** is indicated for:
• reduction of signs and symptoms
• induction and the maintenance of clinical remission
• induction of mucosal healing
• improvement in quality of life
REMSIMA therapy enables patients to reduce or eliminate the use of corticosteroids.

Fistulising Crohn's disease
In patients with fistulising Crohn's disease, **REMSIMA** is indicated for:
• reduction in the number of draining enterocutaneous and rectovaginal fistulae and the maintenance of fistula closure
• reduction of signs and symptoms
• improvement in quality of life.

Adult and paediatric (children 6 to 17 years) ulcerative colitis
In patients with active ulcerative colitis who have had an inadequate response to conventional therapy, **REMSIMA** is indicated for:
• reduction of signs and symptoms
• induction of mucosal healing
• induction and maintenance of clinical remission
• improvement in quality of life
• reduction or elimination of administration of corticosteroids
• reduction of ulcerative colitis-related hospitalisation.

CONTRAINDICATIONS
REMSIMA is contraindicated in:
• Patients with a history of hypersensitivity to infliximab, to other murine proteins, or to any of the other excipients (see **COMPOSITION**).
• Patients with tuberculosis (TB) or other severe infections such as abscesses, sepsis, or opportunistic infections. Patients must be closely monitored for infections, including tuberculosis before, during and after treatment with **REMSIMA**, in accordance with local recommendations. Treatment with **REMSIMA** must be discontinued if a patient develops serious infections or sepsis.
• Patients with moderate or severe heart failure (NYHA class III/IV) (see **WARNINGS AND SPECIAL PRECAUTIONS**).
• Concomitant use of anakinra (see **WARNINGS AND SPECIAL PRECAUTIONS**).
• Concomitant use of live vaccines (see **WARNINGS AND SPECIAL PRECAUTIONS**).

WARNINGS AND SPECIAL PRECAUTIONS
Infusion reactions and hypersensitivity
REMSIMA has been associated commonly with acute infusion-related reactions, including anaphylactic shock, and uncommonly with delayed hypersensitivity reactions (see **SIDE EFFECTS**). Therefore, all patients receiving **REMSIMA** should be closely observed for side effects. Urticaria, dyspnoea and hypotension have occurred in association with **REMSIMA** infusion.
Acute infusion reactions including anaphylactic reactions may develop during (within seconds) or within a few hours following infusion. If acute infusion reactions occur, the infusion must be interrupted immediately. Emergency equipment, such as epinephrine (adrenaline), antihistamines, corticosteroids and an artificial airway must be available. Patients may be pre-treated with e.g. an antihistamine, hydrocortisone and/or paracetamol to prevent mild and transient effects.

Antibodies to **REMSIMA** may develop and have been associated with an increased frequency of infusion reactions. A low proportion of the infusion reactions was serious allergic reactions. An association between development of antibodies to **REMSIMA** and reduced duration of response has also been observed. Concomitant administration of immunomodulators has been associated with lower incidence of antibodies to **REMSIMA** and a reduction in the frequency of infusion reactions. The effect of concomitant immunomodulator therapy was more profound in episodically-treated patients than in patients given maintenance therapy. Patients who discontinue immunosuppressants prior to or during **REMSIMA** treatment are at greater risk of developing these antibodies. Antibodies to **REMSIMA** cannot always be detected in serum samples. If serious reactions occur, symptomatic treatment must be given and further **REMSIMA** infusions must not be administered (see **SIDE EFFECTS**).

Patients who develop antibodies to **REMSIMA** are more likely to develop infection-related reactions.
In clinical studies, delayed hypersensitivity reactions have been reported after treatment interruption for less than one year. This has been reported in as much as 25 % of Crohn's disease patients who were treated following a year period of withdrawal treatment. Available data suggest an increased risk for delayed hypersensitivity with increasing **REMSIMA**-free interval.
Signs and symptoms include myalgia and/or rash within 12 days following re-treatment. Some people also experienced pruritus, facial, hand or lip oedema, dysphagia, urticaria, sore throat and/or headache. These effects have sometimes been described as serum sickness-like reactions.
Patients should be advised to seek immediate medical advice if they experience any delayed adverse event (see **SIDE EFFECTS**). If patients are re-treated after a prolonged period, they must be closely monitored for signs and symptoms of delayed hypersensitivity.

Infections
Bacterial (including sepsis and pneumonia), mycobacterial (tuberculosis), invasive fungal and opportunistic infections (such as listeriosis and legionella), including fatalities have been reported in patients receiving TNF blocking medicines, including **REMSIMA**. Some of these serious infections have occurred in patients on concomitant immunosuppressive therapy that, in addition to the underlying disease, could predispose them to infections. For patients who have resided or travelled to regions where invasive fungal infections such as histoplasmosis, coccidiomycosis or blastomycosis are endemic, the benefits and risks of **REMSIMA** treatment should be carefully considered before initiation of **REMSIMA** therapy.

REMSIMA should not be given to patients with clinically important, active infections. Caution should be exercised when considering the use of **REMSIMA** in patients with chronic infection or history of recurrent infection. Patients should be advised of and avoid exposure to potential risk factors for infection as appropriate.

Tuberculosis
Patients should be evaluated for tuberculosis risk factors (including close contact with a person with active tuberculosis) and tested for latent tuberculosis infection prior to treatment with **REMSIMA**. Treatment of latent tuberculosis infection should be initiated prior to therapy with **REMSIMA** (see **CONTRAINDICATIONS**).

Anti-tuberculosis therapy should be considered prior to initiation of **REMSIMA** in patient with a past history of latent or active tuberculosis in whom an alternate course of treatment cannot be confirmed.

Tests for latent tuberculosis may yield false negative results, especially in patients who are immune-compromised or severely ill. Prior to initiating **REMSIMA**, treatment for latent TB should be considered in patient with significant risk factors for TB despite a negative test for latent TB. The decision to initiate anti-TB therapy in these patients should only be made following consultation with the medical practitioner with expertise in the treatment of TB and taking into account both the risk for latent TB infection and the risks of anti-TB therapy. Patients receiving **REMSIMA** should be monitored closely for signs and symptoms of active TB during and after treatment, including patients who tested negative for latent TB infection.

Human antichimeric antibody (HACA) development
In a study of Crohn's disease patients treated with infliximab and evaluated for HACA; a significant proportion was HACA-positive (the majority at low titre, ≤ 1:20). Patients were more likely to experience an infusion reaction if HACA-positive. The incidence of positive HACA responses was lower amongst Crohn's disease patients who received immunosuppressant therapies such as corticosteroids than amongst those who did not receive these medicines.

Invasive fungal infections
In patients treated with **REMSIMA**, an invasive fungal infection such as aspergillosis, candidiasis, pneumocystosis, histoplasmosis, coccidioidomycosis or blastomycosis should be suspected if they develop a serious systemic illness, and a medical practitioner with expertise in the diagnosis and treatment of invasive fungal infections should be consulted at an early stage when investigating these patients.

Invasive fungal infections may present as disseminated rather than localised disease, and antigen and antibody testing may be negative in some patients with active infection. Appropriate empiric antifungal therapy should be considered while a diagnostic workup is being performed taking into account both the risk for severe fungal infection and the risks of antifungal therapy.

For patients who have resided in or travelled to regions where invasive fungal infections such as histoplasmosis, coccidioidomycosis, or blastomycosis are endemic, the benefits and risks of **REMSIMA** treatment should be carefully considered before initiation of **REMSIMA** therapy.

Fistulising Crohn's disease
Patients with fistulising Crohn's disease with acute suppurative fistulas must not be initiated on **REMSIMA** therapy until a source for possible infection, specifically abscess, has been excluded (see **CONTRAINDICATIONS**).

Hepatitis B (HBV) reactivation
Reactivation of hepatitis B has occurred in patients receiving a TNF-antagonist including **REMSIMA**, who are chronic carriers of this virus. Some cases have had fatal outcome.

Patients should be tested for HBV infection before initiating treatment with **REMSIMA**. For patients who test positive for HBV infection, consultation with a medical practitioner with expertise in the treatment of hepatitis B is recommended. Carriers of HBV who require treatment with **REMSIMA** should be closely monitored for signs and symptoms of active HBV infection throughout therapy and for several months following termination of therapy. Adequate data of treating patients who are carriers of HBV with antiviral therapy in conjunction with **REMSIMA** to prevent HBV reactivation are not available. In patients who develop HBV reactivation, **REMSIMA** should be stopped and effective antiviral therapy with appropriate supportive treatment should be initiated.

Hepatobiliary events
Cases of jaundice and non-infectious hepatitis, some with features of autoimmune hepatitis, have been observed in the post-marketing experience of **REMSIMA**. Isolated cases of liver failure resulting in liver transplantation or death have occurred. Patients with symptoms or signs of liver dysfunction should be evaluated for evidence of liver injury. If jaundice and/or ALT elevations ≥ 5 times the upper limit of normal develop(s), **REMSIMA** should be discontinued, and a thorough investigation of the abnormality should be undertaken.

Concurrent administration of REMSIMA and anakinra
Neutropenia and serious infections have been observed in clinical studies with concurrent use of anakinra and etanercept, another TNFα-blocking medicine, with no added clinical benefit when compared to etanercept alone. Due to the nature of the adverse events seen with combination of etanercept and anakinra therapy, similar toxicities from the combination of anakinra and other TNFα-blocking medicines may also result.
The combination of **REMSIMA** and anakinra is therefore not recommended (see **CONTRAINDICATIONS**).

Concurrent administration of REMSIMA and abatacept
In clinical studies concurrent administration of TNF-antagonists and abatacept has been associated with an increased risk of infections including serious infections compared to TNF-antagonists alone, without increased clinical benefit. The combination of **REMSIMA** and abatacept is not recommended.

Concurrent administration with other biological therapeutics
There is insufficient information regarding the concomitant use of infliximab with other biological therapeutics used to treat the same conditions as **REMSIMA**. The concomitant use of **REMSIMA** with these biologicals is not recommended because of the possibility of an increased risk of infection, and other potential pharmacological interactions.

Switching between biological DMARDs
Care should be taken and patients should continue to be monitored when switching from one biological to another, since overlapping biological activity may further increase the risk for adverse events, including infection.

Live vaccines/therapeutic infectious medicines
In patients receiving anti-TNF therapy, limited data are available on the response to vaccination with live vaccines or on the secondary transmission of infection by live vaccines. Use of live vaccines can result in clinical infections, including disseminated infections. The concurrent administration of live vaccines with **REMSIMA** is not recommended (see **CONTRAINDICATIONS**).

In infants exposed *in utero* to infliximab, fatal outcome due to disseminated Bacillus Calmette-Guérin (BCG) infection has been reported following administration of BCG vaccine after birth. At least a six month waiting period following birth is recommended before the administration of live vaccines to infants exposed *in utero* to infliximab (see **HUMAN REPRODUCTION**).

Other uses of therapeutic infectious medicines such as live attenuated bacteria (e.g. BCG bladder instillation for the treatment of cancer) could result in clinical infections, including disseminated infections. It is recommended that therapeutic infectious medicines not be given concurrently with **REMSIMA**.

Autoimmune processes
The relative deficiency of TNFα caused by anti-TNF therapy may result in the initiation of an autoimmune process. If a patient develops symptoms suggestive of a lupus-like syndrome following treatment with **REMSIMA** and is positive for antibodies against double-stranded DNA, further treatment with **REMSIMA** must not be given (see **SIDE EFFECTS**). Patients who develop anti-double-stranded DNA (anti-dsDNA) and/or symptoms suggestive of a lupus-like syndrome have had resolution of symptoms and disappearance of the anti-dsDNA after discontinuation of **REMSIMA** therapy.

Neurological events
Use of TNF-blocking medicines, including **REMSIMA**, has been associated with cases of new onset or exacerbation of clinical symptoms and/or radiographic evidence of central nervous system demyelinating disorders, including multiple sclerosis, and peripheral demyelinating disorders, including Guillain-Barré syndrome. In patients with pre-existing or recent onset of demyelinating disorders, the benefits and risks of anti-TNF treatment should be carefully considered before initiation of **REMSIMA** therapy. Discontinuation of **REMSIMA** should be considered if these disorders develop.

Malignancies and lymphoproliferative disorders
In the controlled portions of clinical studies of TNF-blocking medicines, more cases of malignancies including lymphoma have been observed among patients receiving a TNF blocker compared with control patients. During clinical studies of **REMSIMA** across all approved indications the incidence of lymphoma in **REMSIMA**-treated patients was higher than expected in the general population, but the occurrence of lymphoma was rare. In the post-marketing setting, cases of leukaemia have been reported in patients treated with a TNF-antagonist. There is an increased background risk for lymphoma and leukaemia in rheumatoid arthritis patients with long-standing, highly active, inflammatory disease, which complicates risk estimation.

In an exploratory clinical study evaluating the use of infliximab in patients with moderate to severe chronic obstructive pulmonary disease (COPD), more malignancies were reported in infliximab- treated patients compared with control patients. All patients had a history of heavy smoking. Caution should be exercised in considering treatment of patients with increased risk for malignancy due to heavy smoking.

With the current knowledge, a risk for the development of lymphomas or other malignancies in patients treated with a TNF-blocking medicine cannot be excluded (see **SIDE EFFECTS**). Caution should be exercised when considering **REMSIMA** therapy for patients with a history of malignancy or when considering continuing treatment in patients who develop a malignancy.

Caution should also be exercised in patients with psoriasis and a medical history of extensive immunosuppressant therapy or prolonged PUVA treatment.

Malignancies, some fatal, have been reported among children, adolescents and young adults (up to 22 years of age) treated with TNF-blocking medicines (initiation of therapy ≤18 years of age), including **REMSIMA** in the post-marketing setting. Approximately half the cases were lymphomas. The other cases represented a variety of different malignancies and included rare malignancies usually associated with immunosuppression. A risk for the development of malignancies in patients treated with **REMSIMA** cannot be excluded.

Post-marketing cases of hepato-splenic T-cell lymphoma (HSTCL) have been reported in patients treated with TNF-blocking medicines including **REMSIMA**. This rare type of T-cell lymphoma has a very aggressive disease course and is usually fatal. Almost all patients had received treatment with azathioprine (AZA) or 6-mercaptopurine (6-MP) concomitantly with or immediately prior to a TNF blocker. The vast majority of infliximab cases have occurred in patients with Crohn's disease or ulcerative colitis and most were reported in adolescent or young adult males. The potential risk with the combination of AZA or 6-MP and infliximab should be carefully considered. A risk for the development for hepato-splenic T-cell lymphoma in patients treated with **REMSIMA** cannot be excluded (see **SIDE EFFECTS**).

Melanoma and Merkel cell carcinoma have been reported in patients treated with TNF blocker therapy, including **REMSIMA** (see **SIDE EFFECTS**). Periodic skin examination is recommended, particularly for patients with risk factors for skin cancer.

A population-based retrospective cohort study using data from Swedish national health registries found an increased incidence of cervical cancer in women with rheumatoid arthritis treated with infliximab compared to biologics-naïve patients or the general population, including those over 60 years of age. Periodic screening should continue in women treated with **REMSIMA**, including those over 60 years of age.

All patients with ulcerative colitis who are at increased risk for dysplasia or colon carcinoma (for example, patients with long-standing ulcerative colitis or primary sclerosing cholangitis), or who had a prior history of dysplasia or colon carcinoma should be screened for dysplasia at regular intervals before therapy and throughout their disease course. This evaluation should include colonoscopy and biopsies per local recommendations. With current data, it is not known if **REMSIMA** treatment influences the risk for developing dysplasia or colon cancer (see **SIDE EFFECTS**).
Since the possibility of increased risk of cancer development in patients with newly diagnosed dysplasia treated with **REMSIMA** is not established, the risk and benefits to the individual patients must be carefully reviewed and consideration should be given to discontinuation of therapy.

Heart failure
In patients with mild heart failure (NYHA class I/II) **REMSIMA** should be used with caution. Patients should be closely monitored and **REMSIMA** must be discontinued in patients who develop new or worsening symptoms of heart failure (see **CONTRAINDICATIONS** and **SIDE EFFECTS**).

Haematologic reactions
There have been reports of pancytopenia, leucopenia, neutropenia, and thrombocytopenia in patients receiving TNF blockers, including **REMSIMA**. All patients should be advised to seek immediate medical attention if they develop signs and symptoms suggestive of blood dyscrasias (e.g. persistent fever, bruising, bleeding, pallor). Discontinuation of **REMSIMA** therapy should be considered in patients with confirmed significant haematologic abnormalities.

Other
There is limited safety experience of infliximab treatment in patients who have undergone surgical procedures, including arthroplasty. The long half-life of infliximab should be taken into consideration if a surgical procedure is planned. A patient who requires surgery while on **REMSIMA** should be closely monitored for infections, and appropriate actions should be taken.

Failure to respond to treatment for Crohn's disease may indicate the presence of a fixed fibrotic stricture that may require surgical treatment. There is no evidence to suggest that infliximab worsens or causes fibrotic strictures.

Special populations
Older people (≥ 65 years)
The incidence of serious infections in infliximab-treated patients 65 years and older was greater than in those under 65 years of age. Some of those had a fatal outcome. Particular attention regarding the risk for infection should be paid when treating the elderly (see **SIDE EFFECTS**).

Paediatric population
Infections
In clinical studies, infections have been reported in a higher proportion of paediatric patients compared to adult patients (see **SIDE EFFECTS**).

Vaccinations
It is recommended that paediatric patients, if possible, be brought up to date with all vaccinations in agreement with current vaccination guidelines prior to initiating **REMSIMA** therapy.

REMSIMA has not been studied in children with Crohn's disease less than 6 years of age or in children with juvenile rheumatic arthritis.

Effects on ability to drive and use machines
REMSIMA may have an influence on the ability to drive and use machines. Dizziness may occur following administration of **REMSIMA**.

Sucrose
REMSIMA contains sucrose which may influence the glycaemic control of patients with diabetes mellitus.
Patients with rare hereditary conditions such as fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take **REMSIMA**.

INTERACTIONS
No interaction studies have been performed.
In rheumatoid arthritis, psoriatic arthritis and Crohn's disease patients, there are indications that concomitant use of methotrexate reduces the formation of antibodies against infliximab and increases the plasma concentrations of infliximab. However, the results are uncertain due to limitations in the methods used for serum analyses of infliximab and antibodies against infliximab.

Corticosteroids do not appear to affect the pharmacokinetics of infliximab to a clinically relevant extent.

The combination of **REMSIMA** with other biological medicines used to treat the same conditions as **REMSIMA**, including anakinra and abatacept, is not recommended (see **CONTRAINDICATIONS** and **WARNINGS AND SPECIAL PRECAUTIONS**).

It is recommended that live vaccines not be given concurrently with **REMSIMA**. It is also recommended that live vaccines not be given to infants after *in utero* exposure to infliximab for at least 6 months following birth (see **CONTRAINDICATIONS** and **WARNINGS AND SPECIAL PRECAUTIONS**).
It is recommended that therapeutic infectious medicines not be given concurrently with with **REMSIMA** (see **WARNINGS AND SPECIAL PRECAUTIONS**).

HUMAN REPRODUCTION
Safety during pregnancy and lactation has not been established.

Pregnancy
Infliximab crosses the placenta and has been detected in the serum of infants up to 6 months following birth. After *in utero* exposure to infliximab, infants may be at increased risk of infection, including serious disseminated infection that can become fatal. Administration of live vaccines (e.g. BCG vaccine) to infants exposed to infliximab *in utero* is not recommended for at least 6 months after birth (see **WARNINGS AND SPECIAL PRECAUTIONS and INTERACTIONS**). Cases of agranulocytosis have also been reported (see **SIDE EFFECTS**).

Women of childbearing potential
Women of childbearing potential must use adequate contraception to prevent pregnancy and continue its use for at least 6 months after the last **REMSIMA** treatment.

Lactation
It is unknown whether infliximab is excreted in human milk or absorbed systemically after ingestion. Because human immunoglobulins are excreted in milk, women must not breastfeed for at least 6 months after **REMSIMA** treatment.

Fertility
There are insufficient preclinical data to draw conclusions on the effects of infliximab on fertility and general reproductive function.

DOSAGE AND DIRECTIONS FOR USE
For recommended infusion duration for patients for each of the indications described below, see **Preparation and administration**, point d. below.

REMSIMA treatment is to be administered under the supervision of specialised medical practitioners who are experienced in the diagnosis and treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis or inflammatory bowel disease.
REMSIMA should be administered intravenously. Patients treated with **REMSIMA** should be given the patient information leaflet and the special alert card.

All patients administered **REMSIMA** must be observed for at least 1 to 2 hours after infusion for side effects. Medication, an artificial airway and other appropriate materials must be available for the treatment of these side effects (see **WARNINGS AND SPECIAL PRECAUTIONS**).

During **REMSIMA** treatment, other concomitant therapies, e.g. corticosteroids and immunosuppressants should be optimised.

Rheumatoid arthritis
Initially a 3 mg/kg intravenous infusion (see **Preparation and administration**, point d. below) followed by additional 3 mg/kg infusion doses at 2 and 6 weeks after the initial infusion, then every 8 weeks thereafter. **REMSIMA** should be given in combination with methotrexate. Continued therapy should be reconsidered carefully in patients who do not show evidence of an adequate response within the first 8 weeks of treatment or after dose adjustment.

Ankylosing spondylitis
Initially a 5 mg/kg intravenous infusion (see **Preparation and administration**, point d. below), followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the initial infusion, then every 6 to 8 weeks thereafter. If a patient does not respond within 6 weeks (i.e. after 2 doses), additional treatment with **REMSIMA** should not be given.

Psoriatic arthritis
Initially a 5 mg/kg intravenous infusion (see **Preparation and administration**, point d. below), followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the initial infusion, then every 8 weeks thereafter.

Psoriasis
Initially a 5 mg/kg intravenous infusion (see **Preparation and administration**, point d. below), followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the initial infusion, then every 8 weeks thereafter. If a patient does not respond after 14 weeks, additional treatment should not be given.

Moderate to severe Crohn's disease in adults
For optimal long-term symptom control, 5 mg/kg single intravenous infusion (see Preparation and administration, point d. below) as an induction regimen at 0,2 and 6 weeks, followed by a maintenance regimen of 5 mg/kg every 8 weeks thereafter. For patients who do not have a complete response during maintenance treatment, consideration may be given to adjusting the dose up to 10 mg/kg.

Alternatively, an initial 5 mg/kg intravenous infusion may be followed by repeat infusions of 5 mg/kg when signs and symptoms of the disease recur; however, data on dosing intervals beyond 16 weeks is limited. There are insufficient safety and efficacy data for the use of **REMSIMA** beyond the recommended duration (see **INDICATIONS**). Continued therapy should be carefully considered in patients who show no evidence of therapeutic benefit after dose adjustment.

Paediatric Crohn's disease
Initially a 5 mg/kg intravenous infusion followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the initial infusion, then every 8 weeks thereafter. For patients who do not have acomplete response, consideration may be given to adjust the dose up to 10 mg/kg. **REMSIMA** must be administered with concomitant immunomodulators, including 6-mercaptopurine (6-MP), azathioprine (AZA) or methotrexate (MTX).

Fistulising Crohn's disease in adults
Initially a 5 mg/kg intravenous infusion (see **Preparation and administration**, point d. below), followed by additional 5 mg/kg doses administered at 2 and 6 weeks after the initial infusion, for treatment of fistula(s) in Crohn's disease. If a patient does not respond after these 3 doses, additional treatment with **REMSIMA** should not be given. There are insufficient safety and efficacy data for the use of **REMSIMA** beyond the recommended duration (see **INDICATIONS**).

Strategies for continued treatment are:
• additional infusions of 5 mg/kg every 8 weeks, or
• re-administration if signs and symptoms of the disease recur, followed by intravenous infusions of 5 mg/kg every 8 weeks (see Re-administration below and **WARNINGS AND SPECIAL PRECAUTIONS**).

In Crohn's disease, experience with re-administration if signs and symptoms of the disease recur is limited.Comparative data on the benefit/risk of alternative strategies for combined treatment are lacking. Continued therapy should be considered carefully in patients who show no evidence of therapeutic benefit after dose adjustment.

Adult or paediatric ulcerative colitis
Initially a 5 mg/kg intravenous infusion (see **Preparation and administration**, point d. below), followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the initial infusion, then every 8 weeks thereafter. Data available suggest that continued therapy with **REMSIMA** should be reassessed carefully if no response has occurred after 14 weeks.

Re-administration for Crohn's disease and rheumatoid arthritis
If signs and symptoms of the disease recur, **REMSIMA** can be re-administered within 16 weeks after the last infusion. In patients with Crohn's disease, re-administration of **REMSIMA** with a medicine-free interval of 2 to 4 years following a previous infusion has been associated with a delayed hypersensitivity reaction (see **SIDE EFFECTS**: Delayed hypersensitivity). After a medicine-free interval of 16 weeks to 2 years, the risk of delayed hypersensitivity following re-administration is unknown. Therefore, re-administration cannot be recommended after a medicine-free interval of 16 weeks

Re-administration for ankylosing spondylitis
Data to support re-administration, other than every 6 to 8 weeks, are not available.

Re-administration for psoriatic arthritis, psoriasis and ulcerative colitis
Data to support re-administration, other than every 8 weeks, are not available.

Preparation and administration - USE ASEPTIC TECHNIQUE
REMSIMA does not contain preservatives. After reconstitution the vials should therefore be used immediately and not re-entered or stored. The diluent that should be used for reconstitution is 10 ml of sterile water for injection. The total dose of the reconstituted product must be further diluted with 0,9 % sodium chloride injection to 250 ml. The infusion concentration should range between 0,4 and 4 mg/ml. Infusion of **REMSIMA** should begin within 3 hours of preparation.

a. Calculate the required dose and the number of **REMSIMA** vials that will be needed. Each vial contains 100 mg of infliximab. Calculate the total volume of reconstituted **REMSIMA** solution required.
b. Reconstitute each **REMSIMA** vial with 10 ml of sterile water for injection. Use a syringe equipped with a 21-gauge (0,8 mm) or smaller needle. Upon reconstitution, each ml of reconstituted solution contains 10 mg of infliximab. Remove the flip-top from the vial and wipe the top with an alcohol swab. Insert the needle of the syringe into the vial through the centre of the rubber stopper. Direct the stream of sterile water for injection to the glass wall of the vial. Swirl the solution gently by rotating the vial to dissolve the lyophilised powder. Avoid vigorous or prolonged agitation.
DO NOT SHAKE. Foaming of the solution on reconstitution is not unusual. Allow the reconstituted solution to stand for 5 minutes. Check that the reconstituted solution is colourless to light yellow and opalescent. As infliximab is a protein, the solution may develop a few fine translucent particles. Do not use if discolouration, opaque particles or other foreign particles are present.
c. Dilute the total volume of the reconstituted **REMSIMA** solution to 250 ml with 0,9 % *m/v* sodium chloride solution for infusion, by withdrawing a volume of 0,9 % *m/v* sodium chloride injection, equal to the volume of reconstituted **REMSIMA** solution from the 0,9 % *m/v* sodium chloride injection 250 ml glass bottle or bag. Slowly add the total volume of the **REMSIMA** reconstituted solution to the 250 ml infusion bottle or bag. Mix gently.
d. For adult and paediatric patients, administer the intravenous infusion solution over a period of not less than 2 hours. In carefully selected adult patients who have tolerated at least 3 initial 2-hour intravenous infusions of **REMSIMA** (induction phase) and are receiving maintenance therapy, consideration may be given to administer subsequent infusions over a period of not less than 1 hour. Shortened infusions at doses > 6 mg/kg have not been studied. An infusion set with an in-line, sterile, non-pyrogenic, low-protein-binding filter (pore size of 1,2 µm or less). Since there are no preservatives present, it is recommended that the administration of the solution for infusion be started as soon as possible and within 3 hours of reconstitution and dilution. Any unused portion of the infusion solution should not be stored for re-use. If reconstitution and dilution of **REMSIMA** are performed under strict aseptic conditions, **REMSIMA** infusion solution can be used within 24 hours if stored at 2 to 8 °C.
e. No physical biochemical compatibility studies have been conducted to evaluate the co-administration of **REMSIMA** with other medicines. **REMSIMA** should not be infused concomitantly with other medicines in the same intravenous line.
f. **REMSIMA** should be inspected visually for discolouration and particulate matter prior to administration, whenever solution and container permit. The solution should not be used if visibly opaque particles, discolouration or other foreign particulates are observed.
g. Discard any unused portion of the infusion solution.

SIDE EFFECTS
Summary of the safety profile
Upper respiratory tract infection was the most common adverse drug reaction (ADR) reported in clinical trials, occurring in 25,3 % of infliximab-treated patients compared with 16,5 % of control patients. The most serious ADRs associated with the use of TNF blockers that have been reported for infliximab include hepatitis B virus (HBV) reactivation, congestive heart failure (CHF), serious infections (including sepsis, opportunistic infections and TB), serum sickness (delayed hypersensitivity reactions), haematologic reactions, systemic lupus erythematosus/lupus-like syndrome, demyelinating disorders, hepatobiliary events, lymphoma, HSTCL, leukaemia, Merkel cell carcinoma, melanoma, paediatric malignancy, sarcoidosis/sarcoid-like reaction, intestinal or perianal abscess (in Crohn's disease), and serious infusion reactions (see **WARNINGS AND SPECIAL PRECAUTIONS**).

Tabulated list of adverse reactions
Table 1 lists the ADRs based on experience from clinical studies as well as adverse reactions, some with fatal outcome, reported from post-marketing experience. Within the organ system classes, adverse reactions are listed under headings of frequency using the following categories: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1 000 to < 1/100); rare (≥ 1/10 000 to < 1/1 000); very rare (< 1/10 000), not known (cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

Table 1: Adverse reactions in clinical studies and from post-marketing experience

Infections and infestations	
Very common:	Viral infection (e.g. influenza, herpes virus infection).
Common:	Bacterial infections (e.g. sepsis, cellulitis, abscess).
Uncommon:	Tuberculosis, fungal infections (e.g. candidiasis).
Rare:	Meningitis, opportunistic infections (such as invasive fungal infections [pneumocystosis, histoplasmosis, aspergillosis, coccidioidomycosis, cryptococcosis, blastomycosis], bacterial infections [atypical mycobacterial, listeriosis, salmonellosis], and viral infections [cytomegalovirus]), parasitic infections, hepatitis B reactivation.
Not known:	Vaccine breakthrough infection (after *in utero* exposure to infliximab)*.
Neoplasms benign, malignant and unspecified (including cysts and polyps)	
Rare:	Lymphoma, non-Hodgkin's lymphoma, Hodgkin's disease, leukaemia, melanoma, cervical cancer.
Not known:	Hepatosplenic T-cell lymphoma (primarily in adolescents and young adults with Crohn's disease and ulcerative colitis), Merkel cell carcinoma.
Blood and lymphatic system disorders	
Common:	Neutropenia, leucopenia, anaemia, lymphadenopathy.
Uncommon:	Thrombocytopenia, lymphopenia, lymphocytosis.
Rare:	Agranulocytosis (including infants exposed *in utero* to infliximab), thrombotic thrombocytopenic purpura, pancytopenia, haemolytic anaemia, idiopathic thrombocytopenic purpura.
Immune system disorders	
Common:	Allergic respiratory symptom (such as bronchospasm, dyspnoea, cough).
Uncommon:	Anaphylactic reaction, lupus-like syndrome, serum sickness or serum sickness-like reaction.
Rare:	Anaphylactic shock, vasculitis, sarcoid-like reaction.
Psychiatric disorders	
Common:	Depression, insomnia.
Uncommon:	Amnesia, agitation, confusion, somnolence, nervousness.
Rare:	Apathy.
Nervous system disorders	
Very common:	Headache.
Common:	Vertigo, dizziness, hypaesthesia, paraesthesia.
Uncommon:	Seizure, neuropathy.
Rare:	Transverse myelitis, central nervous system demyelinating disorders (multiple sclerosis-like disease and optic neuritis), peripheral demyelinating disorders (such as Guillain-Barré syndrome, chronic inflammatory demyelinating polyneuropathy and multifocal motor neuropathy).
Eye disorders	
Common:	Conjunctivitis.
Uncommon:	Keratitis, periorbital oedema, hordeolum.
Rare:	Endophthalmitis.
Not known:	Transient visual loss occurring during or within 2 hours of infusion.
Cardiac disorders	
Common:	Tachycardia, palpitation.
Uncommon:	Cardiac failure (new onset or worsening), arrhythmia, syncope, bradycardia.
Rare:	Cyanosis, pericardial effusion.
Not known:	Myocardial ischaemia/myocardial infarction.
Vascular disorders	
Common:	Hypotension, hypertension, ecchymosis, hot flush, flushing.
Uncommon:	Peripheral ischaemia, thrombophlebitis, haematoma.
Rare:	Circulatory failure, petechia, vasospasm.
Respiratory, thoracic and mediastinal disorders	
Very common:	Upper respiratory tract infection, sinusitis.
Common:	Lower respiratory tract infection (e.g. bronchitis, pneumonia), dyspnoea, epistaxis.
Uncommon:	Pulmonary oedema, bronchospasm, pleurisy, pleural effusion.
Rare:	Interstitial lung disease (including rapidly progressive disease, lung fibrosis and pneumonitis).
Gastrointestinal disorders	
Very common:	Abdominal pain, nausea.
Common:	Gastrointestinal haemorrhage, diarrhoea, dyspepsia, gastro-oesophageal reflux, constipation.
Uncommon:	Intestinal perforation, intestinal stenosis, diverticulitis, pancreatitis, cheilitis.
Hepatobiliary disorders	
Common:	Hepatic function abnormal, transaminases increased.
Uncommon:	Hepatitis, hepatocellular damage, cholecystitis.
Rare:	Autoimmune hepatitis, jaundice.
Not known:	Liver failure.
Skin and subcutaneous tissue disorders	
Common:	New onset or worsening psoriasis including pustular psoriasis (primarily palm and soles), urticaria, rash, pruritus, hyperhidrosis, dry skin, fungal dermatitis, eczema, alopecia.
Uncommon:	Bullous eruption, onychomycosis, seborrhoea, rosacea, skin papilloma, hyperkeratosis, abnormal skin pigmentation.
Rare:	Toxic epidermal necrolysis, Stevens-Johnson syndrome, erythema multiforme, furunculosis.
Not known:	Worsening of symptoms of dermatomyositis.
Musculoskeletal and connective tissue disorders	
Common:	Arthralgia, myalgia, back pain.
Renal and urinary disorders	
Common:	Urinary tract infection.
Uncommon:	Pyelonephritis.
Reproductive system and breast disorders	
Uncommon:	Vaginitis.
General disorders and administration site conditions	
Very common:	Infusion-related reaction, pain.
Common:	Chest pain, fatigue, fever, injection site reaction, chills, oedema.
Uncommon:	Impaired healing.
Rare:	Granulomatous lesion.
Investigations	
Uncommon:	Autoantibody positive.
Rare:	Complement factor abnormal.

*including bovine tuberculosis (disseminated BCG infection), see **WARNINGS AND SPECIAL PRECAUTIONS**.

Infusion-related reactions
An infusion-related reaction was defined as any adverse event occurring during an infusion or within 1 hour after an infusion. In clinical studies, 18 % of infliximab-treated patients compared with 5 % of placebo-treated patients experienced an infusion-related reaction.

Overall, a higher proportion of patients receiving infliximab monotherapy experienced an infusion-related reaction compared to patients receiving infliximab with concomitant immunomodulators. Approximately 3 % of patients discontinued treatment due to infusion-related reactions and all patients recovered with or without medical therapy. Of infliximab-treated patients who had an infusion reaction during the induction period, through week 6,27 % experienced an infusion reaction during the maintenance period, week 7 through week 54. Of patients who did not have an infusion reaction during the induction period, 9 % experienced an infusion reaction during the maintenance period.

In post-marketing experience, cases of anaphylactic-like reactions, including laryngeal/pharyngeal oedema and severe bronchospasm, and seizure have been associated with infliximab administration (see **WARNINGS AND SPECIAL PRECAUTIONS**). Cases of transient visual loss occurring during or within 2 hours of infliximab infusion have been reported. Events (some fatal) of myocardial ischaemia/infarction and arrhythmia have also been reported, some in close temporal association with infusion of infliximab.

Infusion reactions following re-administration of infliximab
A clinical study in patients with moderate to severe psoriasis was designed to assess the efficacy and safety of long-term maintenance therapy versus re-treatment with an induction regimen of infliximab (maximum of four infusions at 0, 2, 6 and 14 weeks) following disease flare. Patients did not receive any concomitant immunosuppressant therapy. In the re-treatment arm, 4 % (8/219) of patients experienced a serious infusion reaction versus < 1 % (1/222) on maintenance therapy. The majority of serious infusion reactions occurred during the second infusion at week 2. The interval between the last maintenance dose and the first re-induction dose ranged from 35 – 231 days. Symptoms included, but were not limited to, dyspnoea, urticaria, facial oedema, and hypotension. In all cases, infliximab treatment was discontinued and/or other treatment instituted with complete resolution of signs and symptoms.

Delayed hypersensitivity
In clinical studies delayed hypersensitivity reactions have been uncommon and have occurred after infliximab-free intervals of less than 1 year. In the psoriasis studies, delayed hypersensitivity reactions occurred early in the treatment course. Signs and symptoms included myalgia and/or arthralgia with fever and/or rash, with some patients experiencing pruritus, facial, hand or lip oedema, dysphagia, urticaria, sore throat and headache.

Immunogenicity
Patients who developed antibodies to infliximab were more likely (approximately 2- to 3- fold) to develop infusion-related reactions. Use of concomitant immunosuppressant medicines appeared to reduce the frequency of infusion-related reactions.
In clinical studies using single and multiple infliximab doses ranging from 1 to 20 mg/kg, antibodies to infliximab were detected in 14 % of patients with any immunosuppressant therapy, and in 24 % of patients without immunosuppressant therapy. In rheumatoid arthritis patients who received the recommended repeated treatment dose regimens with methotrexate, 8 % of patients developed antibodies to infliximab. In psoriatic arthritis patients who received 5 mg/kg with and without methotrexate, antibodies occurred overall in 15 % of patients (antibodies occurred in 4 % of patients receiving methotrexate and in 26 % of patients not receiving methotrexate at baseline). In Crohn's disease patients who received maintenance treatment, antibodies to infliximab occurred overall in 3,3 % of patients receiving immunosuppressants and in 13,3 % of patients not receiving immunosuppressants. The antibody incidence was 2- to 3- fold higher for patients treated episodically. Due to methodological limitations, a negative assay did not exclude the presence of antibodies to infliximab. Some patients who developed high titres of antibodies to infliximab had evidence of reduced efficacy. In psoriasis patients treated with infliximab as a maintenance regimen in the absence of concomitant immunomodulators, approximately 28 % developed antibodies to infliximab (see **WARNINGS AND SPECIAL PRECAUTIONS: Infusion reactions and hypersensitivity**).

Infections
Tuberculosis, bacterial infections, including sepsis and pneumonia, invasive fungal, viral, and other opportunistic infections have been observed in patients receiving infliximab. Some of these infections have been fatal; the most frequently reported opportunistic infections with a mortality rate of > 5 % include pneumocystosis, candidiasis, listeriosis and aspergillosis (see **WARNINGS AND SPECIAL PRECAUTIONS**).

In clinical studies 36 % of infliximab-treated patients were treated for infections compared with 25 % of placebo-treated patients.

In rheumatoid arthritis clinical studies, the incidence of serious infections including pneumonia was higher in infliximab plus methotrexate-treated patients compared with methotrexate alone, especially at doses of 6 mg/kg or greater (see **WARNINGS AND SPECIAL PRECAUTIONS**).

In post-marketing spontaneous reporting, infections are the most common serious adverse event. Some of the cases have resulted in a fatal outcome. Nearly 50 % of reported deaths have been associated with infection. Cases of tuberculosis, sometimes fatal, including miliary tuberculosis and tuberculosis with extra-pulmonary location have been reported (see **WARNINGS AND SPECIAL PRECAUTIONS**).

Malignancies and lymphoproliferative disorders
Cases of malignancies, including lymphoma, have been reported in the post-marketing setting (see **WARNINGS AND SPECIAL PRECAUTIONS**).

In addition, post-marketing cases of hepatosplenic T-cell lymphoma have been reported in patients treated with infliximab with the vast majority of cases occurring in Crohn's disease and ulcerative colitis, and most of whom were adolescent or young adult males (see **WARNINGS AND SPECIAL PRECAUTIONS**).

Heart failure
There have been post-marketing reports of worsening heart failure, with and without identifiable precipitating factors, in patients taking infliximab. There have also been post-marketing reports of new onset heart failure, including heart failure in patients without known pre-existing cardiovascular disease. Some of these patients have been under 50 years of age.

Hepatobiliary events
Mild or moderate elevations of ALT and AST have been observed in patients receiving infliximab without progression to severe hepatic injury. Elevations of ALT ≥ 5 x upper limit of normal (ULN) have been observed. Elevations of aminotransferases were observed (ALT more common than AST) in a greater proportion of patients receiving infliximab than in controls, both when infliximab was given as monotherapy and when it was used in combination with other immunosuppressive medicines. Most aminotransferase abnormalities were transient; however, a small number of patients experienced more prolonged elevations. In general, patients who developed ALT and AST elevations were asymptomatic, and the abnormalities decreased or resolved with either continuation or discontinuation of infliximab, or modification of concomitant therapy. In post-marketing surveillance, cases of jaundice and hepatitis, some with features of autoimmune hepatitis, have been reported in patients receiving infliximab (see **WARNINGS AND SPECIAL PRECAUTIONS**).

Antinuclear antibodies (ANA)/Anti-double-stranded DNA (dsDNA) antibodies
Approximately half of infliximab-treated patients in clinical studies who were ANA negative at baseline developed a positive ANA during the study, compared with approximately one fifth of placebo-treated patients. Anti-dsDNA antibodies were newly detected in approximately 17 % of infliximab-treated patients compared with 0 % of placebo-treated patients. At the last evaluation, 57 % of infliximab-treated patients remained anti-dsDNA positive. Reports of lupus and lupus-like syndromes, however, remain uncommon (see **WARNINGS AND SPECIAL PRECAUTIONS**).

Paediatric population
Juvenile rheumatoid arthritis patients
Infusion reactions
Infusion reactions occurred in 35 % of patients with juvenile rheumatoid arthritis receiving 3 mg/kg compared with 17,5 % of patients receiving 6 mg/kg. In the 3 mg/kg infliximab group, 4 out of 60 patients had a serious infusion reaction and 3 patients reported a possible anaphylactic reaction (2 of which were among the serious infusion reactions). In the 6 mg/kg group, 2 out of 57 patients had a serious infusion reaction, one of whom had a possible anaphylactic reaction (see **WARNINGS AND SPECIAL PRECAUTIONS**).

Immunogenicity
Antibodies to infliximab developed in 38 % of patients receiving 3 mg/kg compared with 12 % of patients receiving 6 mg/kg. The antibody titres were notably higher for the 3 mg/kg compared to the 6 mg/kg group.

Infections
Infections occurred in 68 % (41/60) of children receiving 3 mg/kg over 52 weeks, 65 % (37/57) of children receiving infliximab 6 mg/kg over 38 weeks and 47 % (28/60) of children receiving placebo over 14 weeks (see **WARNINGS AND SPECIAL PRECAUTIONS**).

Paediatric Crohn's disease patients
The following adverse events were reported more commonly in paediatric Crohn's disease patients than in adult Crohn's disease patients: anaemia, blood in stool, leucopenia, flushing, viral infection, neutropenia, bone fracture, bacterial infection, and respiratory tract allergic reaction. Other special considerations are discussed below.

Infusion-related reactions
17,5 % of randomised patients experienced 1 or more infusion reactions. There were no serious infusion reactions, and 2 subjects had non-serious anaphylactic reactions.

Immunogenicity
Antibodies to infliximab were detected in 3 (2,9 %) paediatric patients.

Infections
Infections were reported in 56,3 % of randomised subjects treated with infliximab. Infections were reported more frequently for subjects who received q8 week as opposed to q12 week infusions (73,6 % and 38,0 %, respectively), while serious infections were reported for 3 subjects in the q8 week and 4 subjects in the q12 week maintenance treatment group. The most commonly reported infections were upper respiratory tract infection and pharyngitis, and the most commonly reported serious infection was abscess. Three cases of pneumonia (1 serious) and 2 cases of herpes zoster (both non-serious) were reported.

Paediatric ulcerative colitis patients
Overall, the adverse reactions reported in the paediatric ulcerative colitis trial and adult ulcerative colitis studies were generally consistent. The most common adverse reactions were upper respiratory tract infection, pharyngitis, abdominal pain, fever, and headache. The most common adverse event was worsening of ulcerative colitis, the incidence of which was higher in patients on the q12 week vs. the q8 week dosing regimen.

Infusion-related reactions
Overall, 8 (13,3 %) of 60 treated patients experienced one or more infusion reactions, with 4 of 22 (18,2 %) in the q8 week and 3 of 23 (13,0 %) in the q12 week treatment maintenance group. No serious infusion reactions were reported. All infusion reactions were mild or moderate in intensity.

Immunogenicity
Antibodies to infliximab were detected in 4 (7,7 %) patients through week 54.

Infections
Infections were reported in 31 (51,7 %) of 60 treated patients and 22 (36,7 %) required oral or parenteral antimicrobial treatment. The proportion of patients with infections was similar to that in the paediatric Crohn's disease study but higher than the proportion in the adults ulcerative colitis studies. The overall incidence of infections was 13/22 (59 %) in the every 8 week maintenance treatment group and 14/23 (60,9 %) in the every 12 week maintenance treatment group. Upper respiratory tract infection (7/60 [12 %]) and pharyngitis (5/60 [8 %]) were the most frequently reported respiratory system infections. Serious infections were reported in 12 % (7/60) of all treated patients.
There were more patients in the 12 to 17 years age group than in the 6 to 11 years age group (45/60 [75,0 %]) vs.15/60 [25,0 %]). While the numbers of patients in each subgroup are too small to make any definitive conclusions about the effect of age on safety events, there were higher proportions of patients with serious adverse events and discontinuation due to adverse events in the younger age group than in the older age group. While the proportion of patients with infections was also higher in the younger age group, for serious infections, the proportions were similar in the two age groups.
Overall proportions of adverse events and infusion reactions were similar between the 6 to 11 and 12 to 17 years age groups.

Post-marketing experience
Post-marketing spontaneous serious adverse events with infliximab in the paediatric population have included malignancies including hepatosplenic T-cell lymphomas, transient hepatic enzyme abnormalities, lupus-like syndromes, and positive auto-antibodies (see **WARNINGS AND SPECIAL PRECAUTIONS** and **SIDE EFFECTS**).

Additional information on special populations
Older people (≥ 65 years)
In rheumatoid arthritis clinical studies, the incidence of serious infections was greater in infliximab plus methotrexate-treated patients 65 years and older (11,3 %) than in those under 65 years of age (4,6 %). In patients treated with methotrexate alone, the incidence of serious infections was 5,2 % in patients 65 years and older compared to 2,7 % in patients under 65 (see **WARNINGS AND SPECIAL PRECAUTIONS**).

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after registration of the medicine is important. It allows continued monitoring of the benefit/risk balance of **REMSIMA**.
Healthcare professionals are asked to report any suspected adverse reactions.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT
No case of overdose has been reported.
Single doses up to 20 mg/kg have been administered without direct toxic effects.
In case of overdosage it is recommended that patients be monitored for any signs or symptoms of adverse reactions or effects, and appropriate symptomatic and supportive treatment be started immediately.

IDENTIFICATION
White lyophilised solid.
Slightly opalescent to opalescent colourless to light yellow solution when reconstituted.

PRESENTATION
20 ml type I clear glass vial with a grey butyl rubber stopper and an aluminium flip-off seal with a white polypropylene flip-off cap, packed in an outer carton.

STORAGE INSTRUCTIONS
Before reconstitution
Store at 2 °C to 8 °C.
REMSIMA may be stored at temperatures up to a maximum of 25 °C for a single period of up to 6 months, but not exceeding the original expiry date. The new expiry date must be written on the carton. Upon removal from refrigerated storage, **REMSIMA** must not be returned to refrigerated storage.
After reconstitution
Chemical and physical in use stability of the reconstituted solution has been demonstrated for 24 hours at 25 °C. From a microbiological point of view, the product should be used as soon as possible but within 3 hours of reconstitution and dilution. If not used immediately, in use storage times and conditions prior to use are the responsibility of the user and should not be longer than 24 hours at 2 °C to 8 °C.
KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER
52/30.1/0309

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