Remicade is the trade name for the biologic infliximab. It is a biologic medicine. Biologics are made from living sources such as human, animal or bacteria cells. Remicade is used to treat psoriasis and psoriatic arthritis (together called psoriatic disease).

How effective is it?

Remicade helps to stop inflammation in the skin, joints and tendons and reduce psoriasis and psoriatic arthritis symptoms.

A clinical trial is a research study used to determine how safe and effective a new treatment is. This often is done to compare the new treatment with a placebo (an inactive pill, liquid or powder that has no treatment value).

In clinical trials:

- 88 percent of adults with psoriasis experienced at least a 75 percent improvement after 2.5 months
- 54 percent of adults with psoriatic arthritis experienced at least a 20 percent improvement after 6 months

Treating your psoriatic disease is important for disease management, reducing your risk for comorbidities (related health conditions) and improving your overall health and quality of life. Keep in mind that each person responds differently to treatments. Speak with your health care provider about what treatment may be most appropriate.

Fast facts about Remicade

- Was approved by the U.S. Food and Drug Administration for treating adults with psoriatic arthritis in 2005 and moderate to severe plaque psoriasis in 2006
- Works by targeting the cytokine (a type of protein involved in the immune system) called tumor necrosis factor-alpha (TNF-alpha)
- Is available by prescription and is given as an intravenous (IV) infusion (slow drip of medicine into your vein) by a health care provider
- Is meant to be taken long-term

Financial assistance

Janssen provides financial support and other resources for people taking Remicade. For more information, call 888-227-3728 or visit Remicade.com.
How does it work?
Biologics for psoriatic disease work by targeting a specific part of the immune system that is overactive.
Your immune system protects your body from illness and infections. With psoriatic disease, the immune system is overactive. This causes inflammation of the skin and speeds up skin cell growth. It also causes inflammation in joints, tendons and ligaments in psoriatic arthritis.

Who can take it?
Adults over the age of 18 with moderate to severe plaque psoriasis or psoriatic arthritis can take Remicade. Speak with your health care provider if you are pregnant or breastfeeding, or are planning to become pregnant.

Who should not take it?
You should not take Remicade if you:
• Are allergic to Remicade or its inactive components
• Have a history of heart failure

What are the risks?
There is the risk for an allergic reaction and an increased risk for infections. This is because the treatment is causing some immunosuppression (lowering the function of the immune system). If you notice any sign of infection, speak with your health care provider right away. Before starting Remicade, you will be screened for latent [non-active] tuberculosis (TB), Hepatitis B & C, and HIV [human immunodeficiency virus]. Avoid receiving live vaccines while taking Remicade.

There have been rare reports of:
• Fungal infection
• Hepatitis B reactivation
• Liver problems
• Low blood count
• Lupus-like syndrome
• Malignancies
• Nervous system problem [e.g. multiple sclerosis]
• New or worsening heart failure

Speak with your health care provider if you develop a fever or chest pains that do not go away, shortness of breath, sudden weight gain or swelling of your ankles or feet.

Common side effects
In clinical trials, the most common side effects associated with Remicade are:
• Infections such as the flu, sinus infections or upper respiratory infections: 32% of patients with psoriasis treated with Remicade reported infections [compared to 25% of patients treated with a placebo]
• Stomach Pain: 21% of patients with psoriasis treated with Remicade reported stomach pain [compared to 20% of patients treated with a placebo]
• Infusion-related reactions: 18% of patients with psoriasis treated with Remicade reported infusion-related reactions [compared to 5% of patients treated with a placebo]
• Headaches: 18% of patients with psoriasis treated with Remicade reported headaches [compared to 14% of patients treated with a placebo]

These side effects happen most often after the first dose and may decrease after additional doses or over time. The side effects are generally mild and do not cause most people to stop taking Remicade.

Keep in mind that side effects observed in clinical trials may not predict actual rates of side effects.

What should I do next?
Contact our Patient Navigation Center to find providers, discuss treatments and get help with accessing treatments [find contact information below].