Other indications for Infliximab

→ Ankylosing spondylitis:

IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 6 weeks thereafter.

→ Crohn disease, moderate to severe, induction and maintenance of remission:

A combination with an immunomodulator is generally preferred [2]
IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 8 weeks thereafter; dose may be increased to 10 mg/kg every 8 weeks in patients who respond but then lose their response.
If no response by week 14, consider discontinuing therapy. [1]

→ Plaque psoriasis:

IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 8 weeks thereafter.
Note: Some patients may require 10 mg/kg and/or dosing as frequently as every 4 weeks during the maintenance phase [3]

→ Psoriatic arthritis (with or without methotrexate):

IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 8 weeks thereafter.

→ Pustular psoriasis (off-label use):

IV: 5 mg/kg at week 0, 2, and 6, followed by 5 mg/kg every 8 weeks for up to 46 weeks [4][5]

→ Rheumatoid arthritis (in combination with methotrexate therapy):

IV: 3 mg/kg at 0, 2, and 6 weeks, followed by a maintenance regimen of 3 mg/kg every 8 weeks thereafter.
For patients who have incomplete responses, consider adjusting the dose up to 10 mg/kg every 8 weeks or treating as often as every 4 weeks, although consider the risk of serious infections is increased at higher doses or with more frequent administration.

→ Remsima (Canadian product):

SUBQ: Initial maintenance therapy (begin 4 weeks following IV induction therapy): 120 mg once every 2 weeks.

Patients receiving IV maintenance therapy and switching to SUBQ maintenance therapy: Administer first dose 8 weeks after the last IV infusion.[1]

→ Ulcerative colitis:

IV: 5 mg/kg at 0, 2, and 6 weeks, followed by 5 mg/kg every 8 weeks thereafter. Doses up to 10 mg/kg were studied in clinical trials with similar efficacy observed with both doses [6]; combination therapy with a thiopurine (eg, azathioprine, mercaptopurine) has shown increased efficacy [7] [8]

→ Dosage adjustment with heart failure:

Mild heart failure (NYHA class I/II): No dosage adjustment necessary; use with caution and monitor closely for worsening of heart failure.

Moderate to severe (NYHA class III or IV): ≤5 mg/kg.

[1] - (Lexi Drugs) https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7084?cesid=1XiaGgwFEMN&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3DinFLIXimab%26t%3Dname%26va%3DinFLIXimab

[2] - (Lexi Drugs) Al Hashash J, Regueiro M. Overview of medical management of high-risk, adult patients with moderate to severe Crohn disease. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. https://www.uptodate.com. Accessed November 2, 2021.

[3] - (Lexi Drugs) Menter, A., Strober, B. E., Kaplan, D. H., Kivelevitch, D., Prater, E. F., Stoff, B., Armstrong, A. W., Connor, C., Cordoro, K. M., Davis, D., Elewski, B. E., Gelfand, J. M., Gordon, K. B., Gottlieb, A. B., Kavanaugh, A., Kiselica, M., Korman, N. J., Kroshinsky, D., Lebwohl, M., Leonardi, C. L., … Elmets, C. A. (2019). Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. Journal of the American Academy of Dermatology, 80(4), 1029–1072. https://doi.org/10.1016/j.jaad.2018.11.057

[4] - (Lexi Drugs) Sugiura, K., Endo, K., Akasaka, T., & Akiyama, M. (2015). Successful treatment with infliximab of sibling cases with generalized pustular psoriasis caused by deficiency of interleukin-36 receptor antagonist. Journal of the European Academy of Dermatology and Venereology : JEADV, 29(10), 2054–2056. https://doi.org/10.1111/jdv.12590

[5] - (Lexi Drugs) Torii, H., Nakagawa, H., & Japanese Infliximab Study Investigators (2011). Long-term study of infliximab in Japanese patients with plaque psoriasis, psoriatic arthritis, pustular psoriasis and psoriatic erythroderma. The Journal of dermatology, 38(4), 321–334. https://doi.org/10.1111/j.1346-8138.2010.00971.x

[6] - (Lexi Drugs) Rutgeerts, P., Sandborn, W. J., Feagan, B. G., Reinisch, W., Olson, A., Johanns, J., Travers, S., Rachmilewitz, D., Hanauer, S. B., Lichtenstein, G. R., de Villiers, W. J., Present, D., Sands, B. E., & Colombel, J. F. (2005). Infliximab for induction and maintenance therapy for ulcerative colitis. The New England journal of medicine, 353(23), 2462–2476. https://doi.org/10.1056/NEJMoa050516

[7] - (Lexi Drugs) Rubin, D. T., Ananthakrishnan, A. N., Siegel, C. A., Sauer, B. G., & Long, M. D. (2019). ACG Clinical Guideline: Ulcerative Colitis in Adults. The American journal of gastroenterology, 114(3), 384–413. https://doi.org/10.14309/ajg.0000000000000152

[8] - (Lexi Drugs) Panaccione, R., Ghosh, S., Middleton, S., Márquez, J. R., Scott, B. B., Flint, L., van Hoogstraten, H. J., Chen, A. C., Zheng, H., Danese, S., & Rutgeerts, P. (2014). Combination therapy with infliximab and azathioprine is superior to monotherapy with either agent in ulcerative colitis. Gastroenterology, 146(2), 392–400.e3. https://doi.org/10.1053/j.gastro.2013.10.052