

Infliximab

Reduce direct handling to a minimum and wear appropriate protective clothing.

Infliximab dosing is weight based; ensure accuracy of documented weight before administration

Always administer the brand prescribed

There are two biosimilars of infliximab available in CUH. Biosimilars must be prescribed by brand (Remicade®, Remsima®) and they are not interchangeable. **Remsima® is preferred brand.** Each mL of Remsima 40mg/mL concentrate for solution for infusion contains 45 mg of sorbitol (E420). **Patients with hereditary fructose intolerance (HFI) must not take Remsima concentrate for solution for infusion**

CAUTION: High Administration Risk Rating

Form	• Remicade® 100 mg powder for concentrate for solution for infusion • Remsima® 100 mg powder for concentrate for solution for infusion • Remsima® 100mg, 40mg/mL concentrate for solution for infusion requires further dilution before administration. • Remsima® 350mg, 40mg/mL concentrate for solution for infusion requires further dilution before administration.	Store in a refrigerator (2°C – 8°C)
Reconstitution (for powder only)	• Reconstitute each vial with 10mL water for injections, using a syringe equipped with a 21-gauge (0.8mm) or smaller needle to produce a solution containing infliximab 10mg in 1mL. Direct the stream of water for injections to the glass wall of the vial. • Gently swirl the solution by rotating the vial to dissolve the lyophilised powder until the solution is clear. Avoid prolonged or vigorous agitation. Do not shake to avoid foam formation. Foaming of the solution on reconstitution is not unusual. • Allow the reconstituted solution to stand for 5 minutes. The reconstituted solution should be colourless to light yellow and opalescent. The solution may develop a few fine translucent particles, as infliximab is a protein. Do not use if opaque particles, discolouration, or other foreign particles are present. • The reconstituted solution requires further dilution before administration.	
Compatibility & Stability	Sodium Chloride 0.9% ONLY	
Premedication	Premedication for first 3 doses only OR if history of infusion related reactions • <i>Hydrocortisone 100mgs slow IV over 3-5 mins and/or</i> • <i>Chlorphenamine 4mgs PO or Cetirizine 10mg PO or Loratidine 10mg PO and/or</i> • <i>Paracetamol 1g PO</i>	
Administration	IV Infusion	
	Doses < 1000mg: Dilute the required dose of the infliximab concentrate (or reconstituted infliximab solution) to 250mL with sodium chloride 0.9%.	

*This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications.
Further information is available from Pharmacy on 22146 or 22542*

	Withdraw a volume of 0.9% sodium chloride from the 250mL infusion bag equal to the calculated volume of infliximab concentrate (or reconstituted infliximab) Add the required volume of infliximab to the bag. Doses ≥ 1000mg: Dilute the required dose of the infliximab concentrate (or reconstituted infliximab solution) to 500mL with sodium chloride 0.9%. Withdraw a volume of 0.9% sodium chloride from the 500mL infusion bag equal to the calculated volume of infliximab concentrate (or reconstituted infliximab) Add the required volume of infliximab to the bag. • Add the dose slowly and gently mix. • Check that the solution is colourless to light yellow and opalescent. The solution may develop a few fine translucent particles, as infliximab is a protein. Do not use if opaque particles, discolouration, or other foreign particles are present. • Connect administration set and 0.2-micron filter and set pump to required rate. This filter B Braun Sterifix® 0.2µ Ref 4099303 is available to order from stores • First 2 infusions (induction) administered over 2 hours • In patients who have tolerated at least two initial 2-hour infusions of Infliximab (induction phase) and are receiving maintenance therapy, 3rd infusion can be given over 1 hour. Subsequent infusions can be given over 30min/1 hour. This is local policy and agreed with the relevant consultants in the infusion unit. • If an infusion reaction occurs in association with a shortened infusion, a slower infusion rate may be considered for future infusions if treatment is to be continued.
Documentation Requirements	Document batch numbers and expiry dates of vials in medical notes.
Adverse Drug Reactions	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 adrenaline, antihistamines, corticosteroids and an artificial airway must be available.
Monitoring	• Vital signs assessment pre and post infusion and every 30 minutes during infusion ➢ Infusions 1 and 2 observe for 1-hour post infusion ➢ For third infusion observe for 30mins post infusion ➢ Subsequent infusions no observation required unless clinically indicated. • This is local infusion unit policy and agreed with the relevant consultants. • Before the first three infusions, Full Blood Count, Renal/Liver/Bone profile, C Reactive Protein are taken by phlebotomy/GP. Bloods for subsequent infusions are taken on cannulation and are used as a baseline for the next infusion if the patient is well. • Trough infliximab levels on consultant selected patients, POC test with immediate (10min) results. Communication and follow up with these results will be with Gastro CNS and consultant. Dose mg/kg and frequency of treatment may be altered

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	• If patient is towards the end or just finished antibiotics, they may proceed with infusion if they are well and asymptomatic. Repeat bloods are not required • If the patient presents to the unit and meets the criteria in 7.7*, medical review may be required prior to reconstituting medication for infusion
Disposal	Dispose of infusion bag and administration set in purple-lidded bin.
Additional Information	*See PPG-CUH-CUH-243 Policy Procedure and Guidelines for management of patients attending CUH infusion unit for intravenous therapy for different administration protocols. Patient Reminder Cards are available. The Reminder Card contains important safety information that you need to be aware of before and during treatment with Infliximab. Remicade Remsima Remsima Concentrate for Solution

Information provided relates to Remicade®, Remsima® Last updated 14/8/26