

**הודעה על החמרה (מידע בטיחות) בעלון לרופא**  
(מעודכן 3102.50)

תאריך 19.12.13

שם תכשיר באנגלית ומספר הרישום -\_ 1174429865-05, 1371829865- REMICADE

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שם בעל הרישום J-C HEALTH CARE LTD

**טופס זה מיועד לפרוט החמרות בלבד !**

ההחמרות המבוקשות		
פרק בעלון	טקסט נוכחי	טקסט חדש
<b>Indication</b>	- <u>Adult: Crohn's disease:</u> Treatment of severe active Crohn's disease in patients who have not responded despite of a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant. Treatment of fistulising Crohn's disease in patients who have not responded despite of a full and adequate course of therapy with conventional treatment	- <u>Adult: Crohn's disease:</u> Treatment of <b>moderate to</b> severe active Crohn's disease in patients who have not responded despite of a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant. Treatment of fistulising Crohn's disease in patients who have not responded despite of a full and adequate course of therapy with conventional treatment
<b>Contraindications</b>		
<b>Posology, dosage &amp; administration</b>	<b><u>Posology</u></b> <i>Adults (≥ 18 years)</i>  <u>Rheumatoid arthritis</u>  3 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 3 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter.  In carefully selected patients with rheumatoid arthritis who have tolerated 3 initial 2-hour infusions of Remicade, consideration may be given to administering subsequent infusions over a period of not less than 1 hour. Shortened infusions at doses > 6 mg/kg have not been studied.	<b><u>Posology</u></b> <i>Adults (≥ 18 years)</i>  <u>Rheumatoid arthritis</u>  3 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 3 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter.  In carefully selected patients with rheumatoid arthritis who have tolerated 3 initial 2-hour infusions of Remicade, consideration may be given to administering subsequent infusions over a period of not less than 1 hour. Shortened infusions at doses > 6 mg/kg have not been studied.

Remicade must be given concomitantly with methotrexate.

Available data suggest that the clinical response is usually achieved within 12 weeks of treatment. If a patient has an inadequate response or loses response after this period, consideration may be given to increase the dose step-wise by approximately 1.5 mg/kg, up to a maximum of 7.5 mg/kg every 8 weeks. Alternatively, administration of 3 mg/kg as often as every 4 weeks may be considered. If adequate response is achieved, patients should be continued on the selected dose or dose frequency. Continued therapy should be carefully reconsidered in patients who show no evidence of therapeutic benefit within the first 12 weeks of treatment or after dose adjustment.

Moderately to severely active Crohn's disease

5 mg/kg given as an intravenous infusion over a 2-hour period followed by an additional 5 mg/kg infusion 2 weeks after the first infusion. If a patient does not respond after 2 doses, no additional treatment with infliximab should be given. Available data do not support further infliximab treatment, in patients not responding within 6 weeks of the initial infusion.

In responding patients, the alternative strategies for continued treatment are:

- Maintenance: Additional infusion of 5 mg/kg at 6 weeks after the initial dose, followed by infusions every 8 weeks or
- Re-administration: Infusion of 5 mg/kg if signs and symptoms of the disease

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recur (see 'Re-administration' below and section 4.4).

Although comparative data are lacking, limited data in patients who initially responded to 5 mg/kg but who lost response indicate that some patients may regain response with dose escalation (see section 5.1). Continued therapy should be carefully reconsidered in patients who show no evidence of therapeutic benefit after dose adjustment.

Fistulising, active Crohn's disease  
5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusions at 2 and 6 weeks after the first infusion. If a patient does not respond after 3 doses, no additional treatment with infliximab should be given.

In responding patients, the alternative strategies for continued treatment are:

- Maintenance: Additional infusions of 5 mg/kg every 8 weeks or
- Re-administration: Infusion of 5 mg/kg if signs and symptoms of the disease recur followed by infusions of 5 mg/kg every 8 weeks (see 'Re-administration' below and section 4.4).

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re-administration if signs and symptoms of disease recur is limited and comparative data on the benefit/risk of the alternative strategies for continued treatment are lacking.

#### Ulcerative colitis

5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter.

Available data suggest that the clinical response is usually achieved within 14 weeks of treatment, i.e. three doses. Continued therapy should be carefully reconsidered in patients who show no evidence of therapeutic benefit within this time period.

#### Ankylosing spondylitis

5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 6 to 8 weeks. If a patient does not respond by 6 weeks (i.e. after 2 doses), no additional treatment with infliximab should be given.

#### Psoriatic arthritis

5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter.

#### Psoriasis

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treatment with infliximab should be given.

Re-administration for Crohn's disease and rheumatoid arthritis

If the signs and symptoms of disease recur, Remicade can be re-administered within 16 weeks following the last infusion. In clinical studies, delayed hypersensitivity reactions have been uncommon and have occurred after Remicade-free intervals of less than 1 year (see sections 4.4 and 4.8). The safety and efficacy of re-administration after a Remicade-free interval of more than 16 weeks has not been established. This applies to both Crohn's disease patients and rheumatoid arthritis patients.

Re-administration for ulcerative colitis

The safety and efficacy of re-administration, other than every 8 weeks, has not been established (see sections 4.4 and 4.8).

*Re-administration for ankylosing spondylitis*

The safety and efficacy of re-administration, other than every 6 to 8 weeks, has not been established (see sections 4.4 and 4.8).

Re-administration for psoriatic arthritis

The safety and efficacy of re-administration, other than every 8 weeks, has not been established (see sections 4.4 and 4.8).

Re-administration for psoriasis

Limited experience from re-treatment with one single Remicade dose in psoriasis after an interval of 20 weeks suggests reduced efficacy and a higher incidence of mild to moderate infusion reactions when compared to the initial induction regimen (see section 5.1).

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Re-administration for Crohn's disease and rheumatoid arthritis

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Limited experience from re-treatment with one single Remicade dose in psoriasis after an interval of 20 weeks suggests reduced efficacy and a higher incidence of mild to moderate infusion reactions when compared to the initial induction regimen

Limited experience from re-treatment following disease flare by a re-induction regimen suggests a higher incidence of infusion reactions, including serious ones, when compared to 8-weekly maintenance treatment (see section 4.8).

#### Re-administration across indications

In case maintenance therapy is interrupted, and there is a need to restart treatment, use of a re-induction regimen is not recommended (see section 4.8). In this situation, Remicade should be re-initiated as a single dose followed by the maintenance dose recommendations described above.

#### *Elderly patients (≥ 65 years)*

Specific studies of Remicade in elderly patients have not been conducted. No major age-related differences in clearance or volume of distribution were observed in clinical studies. No dose adjustment is required (see section 5.2). For more information about the safety of Remicade in elderly patients see sections 4.4 and 4.8.

#### Impaired renal and/or hepatic function

Remicade has not been studied in these patient populations. No dose recommendations can be made (see section 5.2).

#### *Paediatric population*

##### Crohn's disease (6 to 17 years)

5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8

(see section 5.1).

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5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every

weeks thereafter. Some patients may require a shorter dosing interval to maintain clinical benefit, while for others a longer dosing interval may be sufficient.

Available data do not support further infliximab treatment in children and adolescents not responding within the first 10 weeks of treatment (see section 5.1).

Some patients may require a shorter dosing interval to maintain clinical benefit, while for others a longer dosing interval may be sufficient. Patients who have had their dose interval shortened to less than 8 weeks may be at greater risk for adverse reactions. Continued therapy with a shortened interval should be carefully considered in those patients who show no evidence of additional therapeutic benefit after a change in dosing interval.

The safety and efficacy of Remicade have not been studied in children with Crohn's disease below the age of 6 years. Currently available pharmacokinetic data are described in section 5.2 but no recommendation on a posology can be made in children younger than 6 years.

Ulcerative Colitis (6 to 17 years)  
5 mg/kg given as an intravenous infusion over a 2-hour period followed by additional 5 mg/kg infusion doses at 2 and 6 weeks after the first infusion, then every 8 weeks thereafter. Available data do not support further infliximab treatment in paediatric patients not responding within the first 8 weeks of treatment (see section 5.1).

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Psoriasis

The safety and efficacy of Remicade in children and adolescents younger than 18 years in the indication psoriasis have not been established. Currently available data are described in section 5.2 but no recommendation on a posology can be made.

Juvenile idiopathic arthritis, psoriatic arthritis and ankylosing spondylitis

The safety and efficacy of Remicade in children and adolescents younger than 18 years in the indications juvenile idiopathic arthritis, psoriatic arthritis and ankylosing spondylitis have not been established. Currently available data are described in section 5.2 but no recommendation on a posology can be made.

Juvenile rheumatoid arthritis

The safety and efficacy of Remicade in children and adolescents younger than 18 years in the indication juvenile rheumatoid arthritis have not been established. Currently available data are described in section 4.8 but no recommendation on a posology can be made.

Impaired renal and/or hepatic function

Remicade has not been studied in these patient populations. No dose recommendations can be made (see section 5.2).

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Impaired renal and/or hepatic function

Remicade has not been studied in these patient populations. No dose recommendations can be made (see section 5.2).



**Method of administration**

Remicade should be administered intravenously over a 2 hour period. All patients administered Remicade are to be observed for at least 1-2 hours post-infusion for acute infusion-related reactions. Emergency equipment, such as adrenaline, antihistamines, corticosteroids and an artificial airway must be available. Patients may be pre-treated with e.g., an antihistamine, hydrocortisone and/or paracetamol and infusion rate may be slowed in order to decrease the risk of infusion-related reactions especially if infusion-related reactions have occurred previously (see section 4.4).

Shortened infusions across adult indications

In carefully selected patients with rheumatoid arthritis who have tolerated 3 initial 2-hour infusions of Remicade, consideration may be given to administering subsequent infusions over a period of not less than 1 hour.

In carefully selected adult patients who have tolerated at least 3 initial 2-hour infusions of Remicade (induction phase) and are receiving maintenance therapy, consideration may be given to administering subsequent infusions over a period of not less than 1 hour. 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.

Shortened infusions at doses > 6 mg/kg have not been studied (see section 4.8).

For preparation and administration instructions, see section 6.6.

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For preparation and administration instructions, see section 6.6.

<p><u>Switching between biological Therapeutics</u>  <del>When switching from one biologic to another, patients should continue to be monitored for</del>  Care should be taken and patients should continue to be monitored when switching from one biologic to another, since overlapping biological activity may further increase the risk for adverse events, including of infection.</p>	<p><u>Switching between biological Therapeutics</u>  When switching from one biologic to another, patients should continue to be monitored for since overlapping biological activity may further increase the risk of infection.</p>	<p><b>Special Warnings and Special Precautions for Use</b></p>
		<p><b>Interaction with Other Medicaments and Other Forms of Interaction</b></p>
		<p><b>Fertility, pregnancy and Lactation</b></p>
<p>Frequency Not known: worsening of symptoms of dermatomyositis</p>		<p><b>Adverse events</b></p>



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שם בעל הרישום \_\_\_\_\_J-C HEALTH CARE LTD\_\_\_\_\_

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ההחמרות המבוקשות		
פרק בעלון	טקסט נוכחי	טקסט חדש
התוויות		
<b>מתי אין להשתמש בתכשיר?</b>	רמיקייד יינתן לך על ידי רופא או אחות , בבית חולים או מרפאה. -הרופא או האחות יכינו את תמיסת הרמיקייד להזרקה -התמיסה תוזרק לך באיטיות (במשך בעירווי (במשך שעותיים) לתוך אחד מהורידים, בדרך כלל בזרוע. מתן זה נקרא מתן תוך ורידי. בחולים מבוגרים, לאחר הטיפול השלישי ייתכן והרופא יחליט לתת את התמיסה לאורך שעה אחת בלבד. -אתה תישאר להשגחה רפואית במהלך מתן רמיקייד ולמשך שעה עד שעותיים מתום המתן. -הרופא יקבע את מינון ותדירות הטיפול. הדבר יהיה תלוי במחלה שלך, המשקל ובתגובתך לרמיקייד	רמיקייד יינתן לך על ידי רופא או אחות , בבית חולים או מרפאה. -הרופא או האחות יכינו את תמיסת הרמיקייד להזרקה -התמיסה תוזרק לך באיטיות (במשך שעותיים) לתוך אחד מהורידים, בדרך כלל בזרוע. מתן זה נקרא מתן תוך ורידי. בחולים מבוגרים, לאחר הטיפול השלישי ייתכן והרופא יחליט לתת את התמיסה לאורך שעה אחת בלבד. -אתה תישאר להשגחה רפואית במהלך מתן רמיקייד ולמשך שעה עד שעותיים מתום המתן. -הרופא יקבע את מינון ותדירות הטיפול. הדבר יהיה תלוי במחלה שלך, המשקל ובתגובתך לרמיקייד
אזהרות מיוחדות הנוגעות לשימוש בתרופה:		
אין להשתמש בתרופה מבלי להיוועץ ברופא לפני התחלת הטיפול:		
תגובות בין תרופתיות:		
הריון והנקה:		
כיצד תשתמש בתרופה:		
תופעות לוואי:		

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