FOR HEALTHCARE PROFESSIONALS

CELLTRION care®

Remsima® Infliximab

Free* Home Delivery of Remsima SC®

Celltrion Healthcare Australia is working with a specialist service provider for free of charge home delivery* of Remsima SC® to those patients with a PBS prescription.

Steps to arrange Free Home Delivery for your patient

1. **Write** the prescription for Remsima for your patient

2. **Inform** the patient
   a. Inform the patient of the home delivery service and advise them they will no longer need to obtain their medication from the pharmacy
   b. Inform the patient a representative from JustMeds will be in contact with them to arrange a day and time for delivery
   c. Ask the patient for permission to supply their contact details to the delivery partner to organise home delivery

3. **Upload** the script to the CelltrionCare Portal www.celltrioncare.com OR directly contact the service provider to share the script or e-script and arrange for home delivery
   JustMeds 0488 032 247 rx@justmeds.com.au

4. **Send** the hard copy script to the delivery partner.
   JustMeds, PO Box 536, Noosa Heads 4567 QLD

5. **Patient receives a call** from JustMeds to confirm medication delivery day and time and to pay for their PBS patient co-payment direct to the service provider. Patient can order ongoing home deliveries via rx@justmeds.com.au or 07 2000 4124.

** the home delivery is free of charge, however, the patient co-payment will still need to be covered by the patient.*

Brought to you by: HEALTHCARE CELLTRION

Remsima®
Infliximab

PBS Information: Authority required. Refer to PBS Schedule for full authority information.

Before prescribing, please review full Product Information available on request from Celltrion Healthcare Medical Information Service (Phone: 1800 325 228) or www.ebs.tga.gov.au

MINIMUM PRODUCT INFORMATION. REMSIMA® SC containing 120 mg infliximab for subcutaneous (SC) injection in a 1-mL single dose pre-filled pen or syringe. **INDICATIONS (Adults ≥18 years):** Rheumatoid arthritis (RA), in combination with methotrexate (MTX), for the reduction of signs and symptoms and prevention of structural joint damage in patients with active disease despite treatment with MTX, and patients with active disease who have not previously received MTX. REMSIMA® SC should be given in combination with MTX; Ankylosing spondylitis (AS), to reduce signs and symptoms and improve physical function in patients with active disease; Psoriatic arthritis (PsA), to treat signs and symptoms, as well as for the improvement in physical function in patients with active and progressive disease who responded inadequately to disease-modifying anti-rheumatic drug (DMARD) therapy; Psoriasis (PsO), in patients with moderate to severe plaque PsO for whom phototherapy or conventional systemic treatments were inadequate or are inappropriate; Moderate to severe Crohn's disease (CD), to reduce the signs and symptoms and to induce and maintain clinical remission in patients who have an inadequate response to conventional therapies; Refractory fistulising CD, to reduce the number of draining enterocutaneous and rectovaginal fistulas and maintain fistula closure; Moderately severe to severe active ulcerative colitis (UC), in patients who had an inadequate response to conventional therapy. **CONTRAINDICATIONS:** Severe infections (e.g. sepsis, abscesses, tuberculosis and opportunistic infections); history of hypersensitivity to IFX, other murine proteins or any excipient; concurrent administration with anakinra; congestive heart failure or moderate or severe heart failure (NYHA class III/IV). **PRECAUTIONS:** Systemic injection reactions, anaphylactic shock and delayed hypersensitivity reactions have been reported. Localised injection site reactions have been reported following SC administration. Malignancies and lymphoproliferative disorders: risk of development of lymphomas/other malignancies cannot be excluded. Caution with history of malignancy, with increased risk for malignancy, and treating patients who develop a malignancy. Infections: monitor closely for infections including TB before, during and up to 6 months after treatment. Caution with chronic infection or a history of recurrent infection. Suppression of TNF may mask symptoms of infection such as fever. Fistulising CD patients with acute suppurative fistulas must not initiate Remsima® SC until possible source of infection is excluded. Hepatitis B (HBV) reactivation: reactivation of HBV has occurred in chronic carriers when receiving IFX. Test for HBV infection before initiating treatment and closely monitor for symptoms of active HBV. Hepatobiliary events: Jaundice and non-infectious hepatitis, some with features of autoimmune hepatitis, have been observed. Isolated cases of liver failure resulting in liver transplantation or death have occurred. Vaccinations/therapeutic infectious agents: prior to therapy vaccinations should be up to date. Live vaccines or therapeutic infectious agents not recommended. Min. 6-month waiting period after birth before use of live vaccines to infants exposed in utero to IFX. Autoimmune processes: discontinue treatment if symptoms suggestive of a lupus-like syndrome and positive for antibodies against double-stranded DNA. Neurological events: anti-TNF agents are associated with new onset or exacerbation of clinical symptoms and/or radiographic evidence of peripheral and CNS demyelinating disorders, including Guillain-Barré syndrome and multiple sclerosis. Heart failure: caution with mild heart failure (NYHA class I/II) and discontinue when new or worsening symptoms of heart failure develop. Haematologic reactions: consider discontinuation when significant haematologic abnormalities, including pancytopenia, leukopenia, neutropenia and thrombocytopenia. Use in the elderly: caution in the treatment of elderly patients (greater frequency of decreased hepatic, renal and/or cardiac function and concomitant disease and/or other drug therapy). Fertility, pregnancy and lactation: women of childbearing potential should consider adequate contraception to prevent pregnancy and continue use for ≥6 months after treatment. Not recommended for use during pregnancy and lactation. Breastfeeding should be discontinued for ≥6 months after treatment. Paediatric use: safety and efficacy of subcutaneous IFX therapy in children <18 years is not established. **INTERACTIONS:** No specific drug interaction studies conducted. Combination with anakinra is contraindicated, use with abatacept as well as other biological therapeutics used to treat the same conditions not recommended. **ADVERSE EFFECTS:** Very common, localised injection site reactions. Common, viral infection, fever, serum-sickness-like reactions, headache, vertigo/dizziness, flushing, upper respiratory tract infection, lower respiratory tract infection, dyspnoea, sinusitis, nausea, diarrhoea, abdominal pain, dyspepsia, abnormal hepatic function, rash, pruritus, urticaria, increased sweating, dry skin, fatigue, chest pain, infusion-related reactions. The safety profile of REMSIMA® SC in clinical trials was overall similar to the safety profile of the IV formulation. For other less common and rarely reported AEs see full PI. **DOSAGE AND ADMINISTRATION:** AS, PsA, CD, fCD, UC, PsO: treatment with Remsima® SC should be initiated as maintenance therapy 4 weeks after the last administration of two IV infusions of infliximab 5 mg/kg given 2 weeks apart. The recommended dose for Remsima® SC is 120 mg once every 2 weeks. RA: treatment with Remsima® SC may be initiated with or without IV loading doses of IFX. Without IV loading, Remsima® SC 120 mg should be given as a SC injection followed by additional SC injections at 1, 2, 3 and 4 weeks after the first injection, then every 2 weeks thereafter. If two IV loading doses of IFX are given to initiate treatment, Remsima® SC should be initiated as maintenance therapy 4 weeks after the last administration of two IV infusions of infliximab 3 mg/kg given 2 weeks apart. The recommended dose for Remsima® SC is 120 mg once every 2 weeks. Switching from IV maintenance to SC (all indications): administer first dose of Remsima SC eight weeks after last IV dose.

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