Cincinnati Children's Hospital Medical Center

Infliximab (Remicade®) Treatment Algorithm
Excerpted from Evidence-based care guideline for Management of Pediatric Moderate/Severe Inflammatory Bowel Disease (IBD), Appendix #5; Publication date: 4/5/07

Indications

1. *induction of remission* in children with moderate/severe (per physician global assessment) **CD** who:
- do not respond to or were intolerant of induction therapy with prednisone and 6MP/AZA, or
- relapsed during their initial course of steroids and 6-MP / AZA, or
- have failed immunomodulator therapies 6-MP / AZA and/or MTX, or
- are steroid dependent/refractory defined as:
  - o received more than one course of steroids in one year, or
  - o not achieved remission after one month of prednisone alone, or
  - o not tapered off prednisone after three months OR
- have any of the following: severe colitis requiring transfusion or severe small bowel disease or draining enterocutaneous or perinal fistulas

2. *induction of remission* in children with moderate/severe **UC** who:
- are steroid dependent/refractory and/or
- have failed immunomodulator therapies 6-MP / AZA

Contraindications

- Abscess
- Signs & symptoms of infection
- Hx of Tuberculosis
- Histoplasmosis

3. *maintenance therapy* in children with moderate / severe **CD / UC**

See IBD Guideline for more details

Initial Dosing

Induction of remission:
Infliximab 5mg/kg at initiation, 2, and 6 weeks Intravenously

Give all 3 doses, if labs normal

Consider Prophylactic Pre-Infusion Meds:
- Benadryl (standard unit based dosing)
- Acetaminophen (standard dosing)

Safety Monitoring

Before Infliximab initiation:
- children should be evaluated for tuberculosis and histoplasmosis including history of exposure or symptoms, physical examination, PPD, chest x-ray and urine histoplasmosis antigen (see Guideline for list of histoplasmosis- and tuberculosis- associated risks to assess patient / family)

Before Infliximab initiation:
- If have suspected intra-abdominal abscess and/or fistulae evaluate with a abdominal contrast computed tomography (CT)
- If have suspected perianal abscess and/or fistulae evaluate with pelvic magnetic resonance imaging (MRI)

Before each Infliximab infusion:
- if infection present, DELAY the infusion

Before and during each Infliximab infusion:
- monitor for acute infusion reactions
- allergic and anaphylaxis precautions be taken

During Infliximab therapy and for a period of time following:
- maintain ongoing cancer surveillance
- monitor delayed hypersensitivity reactions

Do Not give live virus vaccines

Efficacy Monitoring

Adequate response to Infliximab after 3 doses (6 weeks of use)? (defined as decreased physician global assessment to Quiescent or Mild)

Yes → Monitor WBC every 3 months while on Infliximab, to check if WBC maintained at >3500 cells/mm^3

→ *maintenance therapy* for **CD/UC** Infliximab **5mg/kg q 8 weeks** IV

→ Loss of Response overtime

Yes → Infliximab **10mg/kg q 8 weeks** IV

No → Monitor WBC every 3 months

No → Infliximab **10mg/kg q 8 weeks** IV

→ Loss of Response overtime

Yes → Infliximab **10mg/kg q 6 weeks** IV and then if necessary, *10mg/kg q 4 weeks* IV

No → Infliximab **10mg/kg q 8 weeks** IV