Remicade.com HCP
Wireframes
Version 1.35

Created by Team Chemistry

11/16/2010
Notes

1. Main graphic for branding and messaging
2. Indication buttons, activate on rollover (see next screen)
3. Space for callouts; links in each callout lead to registration, additional content or downloads

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
Notes
1. If user rolls over indication, space above fills with indication support copy.
2. Indication summary with link On rollover brief blurb appears in space
3. Learn more link takes user to indication landing page

**NOTE:** The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.

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**Rheumatoid Arthritis**

REMICADE®, in combination with methotrexate, is indicated for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active rheumatoid arthritis.

Learn More >

**Choose an indication**

- Rheumatoid Arthritis
- Psoriasis Arthritis
- Ankylosing Spondylitis
- Crohn's Disease
- Ulcerative Colitis
- Pediatric Crohn's Disease
- Plaque Psoriasis

---

**Risk Evaluation and Mitigation Strategy (REMS) for REMICADE®**

For Important Safety Information regarding serious infections, including tuberculosis and fungal infections, visit here.

**MEDVERSATION**

A resource to support informed medical conversations between you and your patients about certain immune-mediated inflammatory diseases and potential therapeutic options. Learn more

---

**Receive the Latest News and Information**

Register now to receive updates about REMICADE®.

**Get the Doctor Discussion Guides**

The Doctor Discussion Guide is a useful tool for your patients. Click here to download.

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**Important Safety Information**


**Legal Notice**

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Rheumatoid Arthritis

Rheumatoid Arthritis Overview

REMICADE®, in combination with methotrexate, is indicated for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active rheumatoid arthritis.

REMICADE® has demonstrated efficacy across a range of clinical markers, in both early (73 years) and established RA, as shown in the ASPIRE and ATTRACT clinical trials. In early RA, results were visible in some patients after just 1 infusion, and the majority of patients achieved clinical response through 1 year. The safety and efficacy of REMICADE® at the recommended dose was investigated in the START trial, as well as in those patients who required a dose escalation.

The recommended dose of REMICADE® is 3 mg/kg given as an intravenous induction regimen at 0, 2, and 6 weeks followed by a maintenance regimen of 3 mg/kg every 8 weeks thereafter for the treatment of moderately to severely active rheumatoid arthritis. REMICADE® should be given in combination with methotrexate. For patients who have an incomplete response, consideration may be given to adjusting the dose up to 10 mg/kg or treating as often as every 4 weeks, bearing in mind that risk of serious infections is increased at higher doses.

In early RA, the majority of patients achieved clinical response through 1 year. REMICADE® at the recommended dose was investigated in the START trial, as well as in those patients who required a dose escalation.

For patients who have an incomplete response, consideration may be given to adjusting the dose up to 10 mg/kg or treating as often as every 4 weeks, bearing in mind that risk of serious infections is increased at higher doses.

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
Remicade Efficacy

In moderately to severely active rheumatoid arthritis (RA) treatment…

Some patients responded as early as 2 weeks, and a majority demonstrated response at 54 weeks. At Week 2, significantly more patients treated with Remicade® 3 mg/kg + methotrexate (MTX) (n=343) and Remicade® 6 mg/kg + MTX (n=350) vs MTX alone (n=267) achieved ACR 20 response. At Week 54, a greater proportion of patients treated with Remicade® 3 mg/kg + MTX and Remicade® 6 mg/kg + MTX achieved significant reduction in signs and symptoms from baseline, compared with methotrexate (MTX) alone, as shown by the primary endpoint.

The significant reduction in RA signs and symptoms with both doses of Remicade® + MTX, as measured by ACR response, was also consistent across a number of individual response variables for rapid, visible improvement. Improvement from baseline in ACR criteria at Week 2 and Week 54 (median values presented).
Notes

1. User has selected Aspire and menu has collapse back to initial state.

2. Tabbed heading for section to navigate between study topic breakdown. Tabs are indicated highlighted or dimmed to reflect on and off states.

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.

What is ASPIRE®?

ASPIRE (Active-Controlled Study of Patients Receiving Infliximab for the Treatment of Rheumatoid Arthritis of Early Onset)

- A placebo-controlled study of 1004 methotrexate (MTX)-naive patients with moderately to severely active early rheumatoid arthritis (RA) (53 years).1

Proportion of patients who achieved ACR 20 response at Week 21

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>ACR 20</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMICADE® 3 mg/kg</td>
<td>44.5%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>REMICADE® 5 mg/kg</td>
<td>45.4%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MTX alone</td>
<td>12.7%</td>
<td></td>
</tr>
</tbody>
</table>

At Week 2, significantly more patients treated with REMICADE® 3 mg/kg + MTX (n=343) and REMICADE® 6 mg/kg + MTX (n=350) vs MTX alone (n=267) achieved ACR 20 response.1

Proportion of patients who achieved ACR response at Week 542

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>ACR 20</th>
<th>ACR 50</th>
<th>ACR 70</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMICADE® 3 mg/kg</td>
<td>61% (P&lt;0.001)</td>
<td>44% (P&lt;0.001)</td>
<td>33% (P&lt;0.01)</td>
</tr>
<tr>
<td>REMICADE® 5 mg/kg</td>
<td>55% (P&lt;0.001)</td>
<td>50% (P&lt;0.001)</td>
<td>27% (P&lt;0.001)</td>
</tr>
<tr>
<td>MTX alone</td>
<td>51%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At Week 54, a greater proportion of patients treated with REMICADE® 3 mg/kg + MTX and REMICADE® 6 mg/kg + MTX achieved significant reduction in signs and symptoms from baseline, compared with methotrexate (MTX) alone, as shown by the primary endpoint.2
1. Example of Case Studies as represented with tab subnavigation; same functionality at Efficacy section.
1. Disclaimer overlay for links outside of the site. User has option to continue or cancel. Closing window at box in upper right will do the same as cancel.

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
Notes
1. Links to login screen; if user is logged in, link is then titled “Logout”
2. Links to Registration page; if user is logged in, link is titled “My Profile”
3. Links to patient website
4. Open text box and submit button takes user to search results
5. Creates printer-friendly version of current page
6. Takes user to e-mail a colleague form for current page
7. Important Safety Information, full ISI
8. Links to PDF of Medication Guide
9. Links to PDF of Prescribing Information
10. Links to Privacy Policy
11. Links to Legal Notice
12. Links to Site Map
13. Links to About COBI page
14. Links to Contact Us information
15. Links to unsubscribe popup; user must take action in popup to unsubscribe
16. Links to Infusion Overview

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How Error Messages are Marked up in this Document
- Within each wireframe of each page, error messages are presented in this Notes column to the left of the page illustration (see below)

**Error Messages**
1. Registration contact type is a required field
2. Address of practice is a required field
3. City is a required field
4. You must select a state
5. Please enter a valid ZIP code
6. If user selects state, corresponding field, must be at least 6 numeric characters
7. Accepting terms of use is required

**Representative Contextual Error Message Display**
Error messages in actual form should be displayed as illustrated to right:
- Underneath the invalid field or form element
- Error messages should be positioned as close as possible to the field where the error occurred
- In HTML text, red,

### Error Messages in HTML Text
- **ZIP**
  - Underneath the invalid field
  - Red text
- **Address of practice**
  - Close to the field
  - Red text
- **City**
  - Close to the field
  - Red text
- **State**
  - Close to the field
  - Red text
- **ZIP code**
  - Close to the field
  - Red text

### Additional Notes
- Submit and validate data form from here.

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Do you know someone who would like to learn more about REMICADE (infliximab)?
Sending this Website to a colleague could help.

This form will send your colleague a link to the page you were just browsing.
The information entered on this page will not be used to send unsolicited e-mails and will not be sent
to a third party.

By submitting an e-mail address, you are requesting that we contact on your behalf the person you
specify here. Your name and contact information and your friend's contact information are required,
but they will not be used other than to distribute the communication you request.

1. You must enter your name
2. A valid e-mail address is required
3. You must enter your colleague’s name
4. A valid e-mail address is required

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**Notes**

**Error Messages**

1. You must be at least 18 years of age to register
2. First name is a required field
3. Last name is a required field
4. A valid e-mail address is required
5. E-mail addresses do not match

**Additional**

6. Form will be presented with the same subnavigation the user originated from
7. Link to a login screen
8. Submit and validate data from form
9. Successful submission of form returns this message in same page

---

**Registration for Updates**

Please provide the information requested below so that we can e-mail you a temporary password

**Already registered?**

Login here

Your name, address, and other information that you provide will be used by Centocor Ortho Biotech Inc., and companies that work on our behalf, including vendors and other affiliates, to fulfill your request.

If you would like to receive communications from REMICADE®, please confirm the following:

1. **Note:** Must be 18 years of age or older to receive additional information.
2. I am at least 18 years of age.
3. **First Name**
4. **Last Name**
5. **e-mail**
6. **Confirm e-mail**

<table>
<thead>
<tr>
<th>Rheumatoid Arthritis</th>
<th>REMICADE Efficacy</th>
<th>Case Studies</th>
<th>Safety &amp; Administration</th>
</tr>
</thead>
</table>

1. We may contact you with information about REMICADE® and the indications REMICADE® is approved to treat. Centocor Ortho Biotech Inc. may also contact you with information and updates about other products or services that may interest you. Centocor Ortho Biotech Inc. will not share your information with anyone else, except as required by law.

**Thank you for beginning the registration process for REMICADE®.**

Please check your e-mail for your temporary password.
Notes
Error Messages
1. You must be at least 18 years of age to register
2. First name is a required field
3. Last name is a required field
4. A valid e-mail address is required
5. E-mail addresses do not match

Additional
6. Form will not be presented with subnavigation as the user has not self-identified with any indication
7. Link to a login screen
8. Submit and validate data from form
9. Successful submission of form returns this message in same page

Registration for Updates
Please provide the information requested below so that we can e-mail you a temporary password

Your name, address, and other information that you provide will be used by Centocor Ortho Biotech Inc., and companies that work on our behalf, including vendors and other affiliates, to fulfill your request.
If you would like to receive communications from REMICADE®, please confirm the following:

† We may contact you with information about REMICADE® and the indications REMICADE® is approved to treat. Centocor Ortho Biotech Inc. may also contact you with information and updates about other products or services that may interest you. Centocor Ortho Biotech Inc. will not share your information with anyone else, except as required by law.

1. [ ] I am at least 18 years of age.
2. First Name
3. Last Name
4. E-mail
5. Confirm e-mail

Thank you for beginning the registration process for REMICADE®.

Please check your e-mail for your temporary password.

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
1. E-mail addresses are representative, but subject and message are as per manuscript.

**NOTE:** The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.

TO: joansmith@domain.com

FROM: Updates from Centocor Ortho Biotech Inc.

SUBJECT: Your Temporary Password From REMICADE.com

MESSAGE:

We appreciate your interest in REMICADE®

Your username is your e-mail address: joansmith@domain.com. Click the link below to finish creating your REMICADE® profile.

[www.remicade.com/hcp/myprofile](http://www.remicade.com/hcp/myprofile) [Link to: 8.1]

Your password is: <XXXXXXXX>

Thank you.

Please use this information to sign in and create your REMICADE® profile. Thank you.
TO: joansmith@domain.com
FROM: Updates from Centocor Ortho Biotech Inc.
SUBJECT: Resetting Your Password: Temporary Password From REMICADE.com

MESSAGE:

We appreciate your interest in REMICADE®

Your username is your e-mail address: joansmith@domain.com. Click the link below to reset your password.

[www.remicade.com/hcp/myprofile](http://www.remicade.com/hcp/myprofile) [Link to: 8.1]

Your password is: <XXXXXXXX>
Thank you.

Please use this information to sign in and reset your password.

Thank you.
Notes

Error Messages
1. A valid Email address is required (where e-mail address not formatted correctly)
2. The Email address or Password you entered is incorrect.

Additional
3. Email address is the username
4. Forgot password link takes them to another page to retrieve their password.
5. Login button - upon successful submission of data takes the user to their “My Profile” page

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
## Notes

### Error Messages
1. A valid e-mail address is required
2. Temporary password is incorrect
3. Password must be at least 6 characters including a number
4. Passwords do not match

### Additional
5. Submit and validate data from form
6. Successful submission of form takes user to the user’s profile page

### Create Your New Password
Please enter your username (e-mail address) and temporary password to sign in

1. **Email address**
   - **username@domain.com**
2. **Temporary Password**
3. **New Password**
4. **Confirm New Password**

### Rheumatoid Arthritis | REMICADE Efficacy | Case Studies | Safety & Administration
---|---|---|---

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This document is not intended to represent final copy, nomenclature, design, or layout. This schematic is meant to convey, in a visual manner, the organization and relationship of the site content and the primary navigational structure of the application. Page-level cross-linking and hypertext links have not been represented in this diagram.
### Notes

#### Error Messages

1. **The e-mail address you entered is not in our records** (where e-mail address is not in current database records)

2. **A valid e-mail address is required** (where e-mail address not formatted correctly)

#### Additional

3. Submit and validate data from form

4. Successful submission of form results in confirmation message posted in same page

---

**NOTE:** The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.

---

**Forgot Password**

Please enter your E-mail address and click "Reset Password". Instructions for recovering your password will be sent to the e-mail address that you provide below. Once you retrieve your password, please return to the log in page.

- **E-mail address**

```
Reset Password
```

```
Please check your e-mail for your new password
```
Notes

Error Messages

1. A valid e-mail address is required
2. Temporary password is incorrect
3. Password must be at least 6 characters including a number
4. Passwords do not match

Additional

5. Submit and validate data from form
6. Successful submission of form takes user to the user’s profile page

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
Notes

Error Messages
1. The e-mail address you entered is not in our records (where e-mail address is not in current database records)

2. A valid e-mail address is required (where e-mail address not formatted correctly)

Additional
3. Submit and validate data from form
4. Successful submission of form results in confirmation message posted in same page
5. As user has arrived at this page via the home page, there will be no subnavigation.

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.

Forgot Password
Please enter your E-mail address and click “Reset Password” Instructions for recovering your password will be sent to the e-mail address that you provide below. Once you retrieve your password, please return to the log in page.

*E-mail address

3. Reset Password

4. Please check your e-mail for your new password
Notes
A. This represents form use case if user is Internal Medicine, General or Family Practice. For this instance, no other questions are asked (medications prescribed, in-office infusion, etc.)

Error Messages
1. Registration contact type is a required field
2. Address of practice is a required field
3. City is a required field
4. You must select a state
5. Please enter a valid 5 or 9 digit ZIP code
6. Combo box will be used for this field specifically
7. If user selects state, corresponding field must contain numeric characters
8. Accepting terms of use is required

Additional
9. Submit and validate data from form
10. Successful submission of form results in confirmation message posted on same page

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
### Notes

A. This represents form use case if the user has self-identified themselves via a gastric condition (CD, UC), By default Gastroenterologist is selected.

### Error Messages

1. Registration contact type is a required field
2. Address of practice is a required field
3. City is a required field
4. You must select a state
5. Please enter a valid 5 or 9 digit ZIP code
6. Combo box will be used for this field specifically
7. If user selects state, corresponding field must contain numeric characters
8. User can select one radio button per row

### Form continues on next page

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**Rheumatoid Arthritis** | **REMICADE Efficacy** | **Case Studies** | **Safety & Administration**
--- | --- | --- | ---

### Thank you for logging in. Create Your REMICADE® Profile

What is your specialty or area of practice?

- [ ] Rheumatology
- [ ] Gastroenterology
- [ ] Dermatology
- [ ] Internal Medicine, General or Family Practice
- [ ] Pediatrics
- [ ] Other

* Required fields

1. Registration contact type
   - [ ] - select -

2. Address of practice

3. Suite/floor

4. *City

5. *State
   - [ ] - select state -

6. *ZIP
   - [ ] - select state -

7. Academic Degree
   - [ ] - select degree -

8. SLN#
   - [ ] - select state -

---

How often do you prescribe a biologic for the following conditions?

- [ ] Crohn’s Disease
- [ ] Ulcerative Colitis

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Notes

Error Messages
1. Checkbox, not required
2. Accepting terms of use is required

Additional
3. Submit and validate data from form
4. Successful submission of form results in confirmation message posting on same page

Which biologic do you prescribe most often?
- Cimzia® (certolizumab pegol)
- Humira® (adalimumab)
- REMICADE® (infliximab)

Do you have in-office infusion capability?
- Yes
- No

I would like a REMICADE® sales representative visit my office.

Thank you for creating your profile.
Notes
A. This represents form use case if the user has self-identified themselves via a rheumatic condition (RA, AS, PsA). By default Rheumatologist is selected.

Error Messages
1. Registration contact type is a required field
2. Address of practice is a required field
3. City is a required field
4. You must select a state
5. Please enter a valid 5 or 9 digit ZIP code
6. Combo box will be used for this field specifically
7. If user selects state, corresponding field must contain numeric characters
8. User can select one radio button per row

Form continues on next page

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
Error Messages

1. Checkbox, not required
2. Accepting terms of use is required

Additional

3. Submit and validate data from form
4. Successful submission of form results in confirmation message posting on same page
**Notes**

A. This represents form use case if the user has self-identified themselves via a PCD.

**Error Messages**

1. Registration contact type is a required field
2. Address of practice is a required field
3. City is a required field
4. You must select a state
5. Please enter a valid 5 or 9 digit ZIP code
6. Combo box will be used for this field specifically
7. If user selects state, corresponding field must contain numeric characters
8. User can select one radio button per row

**Form continues on next page**

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
Notes

Error Messages
1. Checkbox, not required
2. Accepting terms of use is required

Additional
3. Submit and validate data from form
4. Successful submission of form results in confirmation message posting on same page

NOTE: The copy contained herein is for positioning and illustrative purposes only. For approved site copy please see the manuscript.
**Notes**

A. This represents form use case if the user has self-identified themselves via a Plaque Psoriasis.

**Error Messages**

1. Registration contact type is a required field
2. Address of practice is a required field
3. City is a required field
4. You must select a state
5. Please enter a valid 5 or 9 digit ZIP code
6. Combo box will be used for this field specifically
7. If user selects state, corresponding field must contain numeric characters
8. One radio button selection per row permitted

Form continues on next page

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Notes

Error Messages
1. Checkbox, not required
2. Accepting terms of use is required

Additional
3. Submit and validate data from form
4. Successful submission of form results in confirmation message posting on same page

Which biologic do you prescribe most often?
- Enbrel® (etanercept)
- Humira® (adalimumab)
- REMICADE® (infliximab)
- Stelara® (ustekinumab)

Do you have in-office infusion capability?
- Yes
- No

I would like a REMICADE® sales representative visit my office.

I accept the terms of use of the information on this form

SUBMIT

Thank you for creating your profile.
**Notes**

**Error Messages**

1. User accesses this page by clicking on Registration in the header and logging in or clicking on “My Profile” if they are already logged in.

2. Form is presented prepopulated with the values from the user’s previous entries. All fields are editable and error messaging is the same as the “Create Profile” screens.

3. Upon successful completion of Profile, the user will be presented with a confirmation message.

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Notes

1. Search Term
Search term repeats in the search results title.

2. Pagination and results navigation
If the search term returns more results that can be displayed on one page, pagination and navigation will appear above and below the search results.

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Unsubscribe from Remicade.com

I do not wish to receive further communications about the following products or services from Centocor Ortho Biotech Inc., or from companies that work with Centocor Ortho Biotech Inc., including other affiliates and parent companies, to support Centocor Ortho Biotech Inc.'s business:

[ ]

Please enter your e-mail address:


Please enter your password:


Unsubscribe me

Important Safety Information | Medication Guide | Prescribing Information | Privacy Policy | Legal Notice
Site Map | About COBI | Contact Us | Unsubscribe | Infusion Overview

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IMPORTANT SAFETY INFORMATION FOR REMICADE®

SERIOUS INFECTIONS
Patients treated with REMICADE® (infliximab) are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. Discontinue REMICADE® if a patient develops a serious infection or sepsis.

Reported infections include:
- Active tuberculosis (TB), including reactivation of latent TB. Patients should be tested for latent TB before and during treatment with REMICADE®.1.2 Treatment for latent infection should be initiated prior to treatment with REMICADE®.
- Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, and pneumocystosis. Patients may present with disseminated, rather than localized, disease. Empiric anti-fungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness.
- Bacterial, viral, and other infections due to opportunistic pathogens.

The risks and benefits of treatment with REMICADE® should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection. Closely monitor patients for the development of signs and symptoms of infection during and after treatment with REMICADE®, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

In clinical trials, other serious infections observed in patients treated with REMICADE® included pneumonia, cellulitis, abscess, and skin ulceration.

MALIGNANCIES
Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, including REMICADE®. Approximately half of these cases were lymphomas, including Hodgkin's and non-Hodgkin's lymphoma. The other cases represented a variety of malignancies, including rare malignancies that are usually associated with immunosuppression and malignancies that are not usually observed in children and adolescents. The malignancies occurred after a median of 30 months after the first dose of therapy. Most of the patients were receiving concomitant immunosuppressants.

Postmarketing cases of hepatosplenic T-cell lymphoma, a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers, including REMICADE®. These cases have had a very aggressive disease course and have been fatal. All reported REMICADE® cases have occurred in patients with Crohn's disease or ulcerative colitis and the majority were in adolescent and young adult males. All of these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with REMICADE® at or prior to diagnosis. Carefully assess the risks and benefits of treatment with REMICADE®, especially in these patient types.