

Golimumab Therapy for Inflammatory Bowel Disease (IBD)

Golimumab Therapy for IBD

Your inflammatory bowel disease (IBD) health care provider thinks that treatment with golimumab may help you manage your IBD.

This pamphlet gives basic information about golimumab. It can help you choose whether to use this treatment. It does not replace your IBD health care provider or pharmacist's instructions or information.

What is IBD?

- In IBD, your immune system cannot tell the difference between foreign (from outside your body) substances and your body's own tissues. This can cause:
 - › Bowel inflammation (swelling)
 - › Bowel ulcers (sores)
 - › Diarrhea (loose, watery poop)
 - › Pain
- IBD is usually treated with medications that:
 - › Lower inflammation
 - › Suppress (lower) the immune system

What is golimumab?

- Golimumab is a **biologic medication**. A biologic medication is a special medication that treats inflammation.

- Tumour necrosis factor (TNF) is a part of your immune system involved in chronic (long term) inflammation. It is a big part of what causes your IBD symptoms.
- Golimumab is an anti-TNF drug. It:
 - › Suppresses your immune system
 - › Lowers the inflammation in your bowel
 - › Improves your symptoms

How long will I need to take golimumab?

- Golimumab can take up to 4 months to work well. Your IBD health care provider will check how you are responding to the medication and decide if it is right for you.
- You can check if the medication is working by keeping a record of your IBD symptoms. Your IBD health care provider can also do the following tests:
 - › Stool (poop) sample
 - › Colonoscopy (scope of the bowel)
- Your IBD health care provider may want you to stay on golimumab long-term (years) to treat your IBD if:
 - › The medication is helping your IBD symptoms
 - › You are not having any major side effects

How much does golimumab cost?

- Golimumab can cost thousands of dollars a month.
- A Patient Support Program is available to help with the cost of this medication. They will work with your insurance company or Nova Scotia Pharmacare. Any part of the cost that is not covered by your insurance or Pharmacare may be paid for by the Patient Support Program.
- A nurse coordinator for the Patient Support Program will stay in contact with you and your IBD health care providers. They will help you with any forms that may be needed to cover the cost of this medication.

How do I use golimumab?

- Golimumab is injected using a needle, usually in the front of the thigh or belly. **It cannot be taken by mouth.** You will get:
 - › 2 injections (200 mg) in your 1st week of treatment
 - › 1 injection (100 mg) at week 2
 - › You will then get 1 injection (100 mg) every 4 weeks
- Injection instructions are in the medication guide that comes with your golimumab.

- You can choose to inject the medication yourself or go to a private clinic.
- If you choose to inject the medication yourself, the Patient Support Program will arrange for an IBD health care provider at the clinic to teach you how to inject the medication.
Do not try to inject this medication on your own until you have learned how.

Before you start taking golimumab

- Before taking golimumab, there are things you can do to lower your risks and help the treatment work better.
- You will have tests to check for active infections, like:
 - › Blood tests
 - › A chest X-ray
 - › A tuberculosis (TB) skin or blood test
- Your IBD health care provider may want you to update your vaccines for:
 - › Tetanus
 - › Pneumonia (lung infection)
 - › Hepatitis
 - › Shingles

- **If you have other health problems, they may change the way golimumab works. Be sure to tell your IBD health care provider about any other health problems you have, like:**
 - › Allergies
 - › Chronic or recurrent (keep coming back) infections
 - › Blood conditions
 - › History of or exposure to TB
 - › Chronic obstructive pulmonary disease (COPD)
 - › Active cancer or a history of cancer
 - › Congestive heart failure (CHF)
- **Do not get any live vaccines (vaccines that have a weakened form of a virus in them, like MMR) while taking golimumab.** You are at a higher risk of infection from the virus.
- If you are due for vaccines or plan to be vaccinated, tell your IBD health care provider. It is safe to get the yearly influenza vaccine (flu shot) and COVID vaccines while taking golimumab.
- **Do not start taking any new medications.** Medication interactions (how they affect each other) may raise your risk of serious side effects. **Ask your IBD health care provider or pharmacist about possible complications before starting a new medication.**

- Have regular blood tests and regular check-ups with your primary health care provider (family doctor or nurse practitioner).
- **It is important to tell your IBD health care provider if you are, or are trying to get, pregnant.** Tests have not shown any harmful effects on pregnancy while taking golimumab.
- Golimumab **does not** pass into your breast milk. It is safe to breastfeed or chestfeed your baby.

What are the possible side effects of golimumab?

- Like any medication, golimumab has possible side effects. These include:
 - › Upper respiratory (breathing) infections: symptoms may include runny nose, sore throat, and hoarseness or laryngitis (losing your voice)
 - › Reaction at the injection site: symptoms may include redness, swelling, itching, pain, bruising, or tingling
 - › Viral infections (like the flu or cold sores)
- **Tell your IBD health care provider if you have any of these side effects:**
 - › Fever (temperature above 38 °C or 100.4 °F)
 - › Sweating or chills
 - › Muscle aches

- › Cough
- › Itching
- › Rash
- › Trouble breathing or shortness of breath
- › Weight loss
- › Coughing up blood in mucus
- › Warm, red, or painful sores
- › Diarrhea
- › Stomach (belly) pain
- › Burning when you urinate (pee) or urinating more than usual
- › Feeling very tired

**Call 911 or go to the nearest
Emergency Department right away
if you suddenly have any of these
symptoms:**

- › Trouble breathing
- › Chest pain
- › Swelling in your face, throat, legs, or feet
- › Anaphylaxis (a life-threatening allergic reaction where you stop breathing)

Tell your IBD health care provider right away if you have any of these symptoms related to congestive heart failure (CHF):

- › Trouble breathing
- › Swelling in your face, fingers, lower legs, or feet
- › Sudden weight gain

Higher risk of infection

- Anti-TNF medications like golimumab work by lowering the immune responses that cause your IBD symptoms, but they also lower other immune responses. This means you may have a higher risk of infection.

There is a very small chance of getting an infection that could cause death.

- Some people on golimumab have had infections. These range from a cold to more serious infections which could cause death, like:
 - › Tuberculosis (TB)
 - › Histoplasmosis
 - › Hepatitis B
 - › Other bacterial, fungal, and viral infections

- **If you think you have an infection, visit your primary health care provider or go to a walk-in clinic. It is important to tell them that you are taking golimumab.**
- If you get an infection while taking golimumab, tell your IBD health care provider. They will tell you if you should delay your golimumab treatment and when you should start it again. If the infection becomes serious, your treatment may be stopped.

Are there any other risks of taking this medication?

Symptoms of lupus (systemic lupus erythematosus [SLE])

- A small number of people on golimumab have had symptoms of SLE. These people had abnormal blood test results with autoantibodies (antibodies that attack your own body).
- When these people stopped taking golimumab, their blood tests went back to normal and their SLE symptoms went away.

- Tell your IBD health care provider if you have any of these symptoms of SLE:
 - › Chest discomfort or pain
 - › Trouble breathing
 - › Joint pain
 - › Rash on your cheeks or arms that gets worse in the sun

Cancer

- A very small number of cases of lymphomas (blood cancers), including a cancer that can cause death, called hepatosplenic T-cell lymphoma, have been reported in people on golimumab.
- These types of cancers are thought to happen in about 6 out of every 10,000 people who take golimumab. This risk may be higher if you are also taking other medications that affect or suppress your immune system.

What should I do if I have side effects?

- If you have any serious side effects, or you have side effects that do not go away, tell your IBD health care provider right away. You may have to lower your dose (amount) or stop taking golimumab. They will make changes to your medication, if needed.

- **It is important to talk with your IBD health care provider as soon as you have any changes in your side effects.** This will help you and your IBD health care provider pick the treatment that is best for you.
- It is very important that your IBD health care provider checks your progress at regular visits to make sure this medication is working the right way. You will also need regular blood tests. Talk to your IBD health care provider about when they will follow up with you by phone or in-person.

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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