

# Considering methotrexate (MTX) dose adjustment

**Patient:** 78-year-old male

**Diagnosis:** Diagnosed with rheumatoid arthritis (RA) 8 years ago

**Comorbidities:** Osteoporosis, hypertension, asthma

**Current treatments for RA:** Oral MTX, 15 mg/week

**Other medications:** Alendronate, diuretic, potassium, angiotensin receptor blocker (ARB), adrenoreceptor agonist (albuterol)



Not an actual patient

## Clinical Scenario

Comorbidities and age of the patient cause the rheumatologist to move slowly with treatment changes and to avoid any unnecessary increases in MTX.

- Oral MTX therapy began 18 months ago with a slow titration to the current 15 mg weekly oral dose; at present the patient is not adequately responding
- Patient is presenting with pain, morning stiffness, swollen joints, and x-ray evidence of minor bone erosion

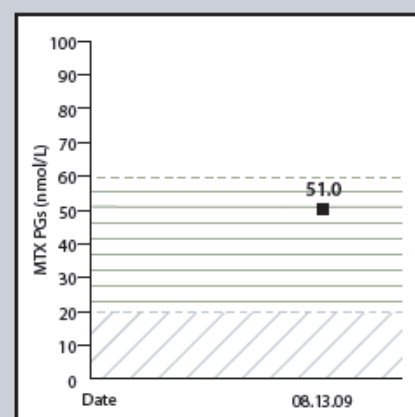
## Clinical Questions and Next Steps

Rheumatologist orders Avise PG<sup>SM</sup> to assess whether MTX is optimized and to aid with clinical decisions such as:

- Is the patient likely to benefit from a change in MTX dose or dosage form?
- Should MTX be switched or another DMARD added?

## Avise PG Results

Avise PG results are 51.0 nmol/L, indicating that circulating levels of MTX polyglutamates (PGs) are in the intermediate range.



## Treatment Plan

Rheumatologist opts to increase the MTX dose to 17.5 mg/week and orders a repeat of Avise PG in 3 to 4 months.

## Patient Outcomes

In this case the rheumatologist identified that a slight dosage increase may increase exposure to MTX PGs. If the patient continues to have an inadequate response after achieving a therapeutic level of MTX PGs, then the rheumatologist will add a biologic DMARD.

This information is adapted from clinical scenarios reported by practicing physicians.

