

Reassurance when advancing to a biologic DMARD

Patient: 48-year-old female

Diagnosis: Diagnosed with rheumatoid arthritis (RA) 24 months ago

Comorbidities: Type 2 diabetes

Current treatments for RA: Oral methotrexate (MTX), 15 mg/week; oral hydroxychloroquine, 200 mg/day

Other medications: Oral metformin, 500 mg twice per day



Not an actual patient

Clinical Scenario

Patient is concerned about safety and the co-pay cost of using a biologic DMARD, leading the rheumatologist to assess MTX exposure.

- Patient's condition steadily improved for the first 4 months of current therapy
- Patient now presents with worsening morning stiffness lasting up to 45 minutes and moderate pain in her hands
- Patient's current job status is unstable, leaving her hesitant about biologic therapy due to the potential out-of-pocket cost

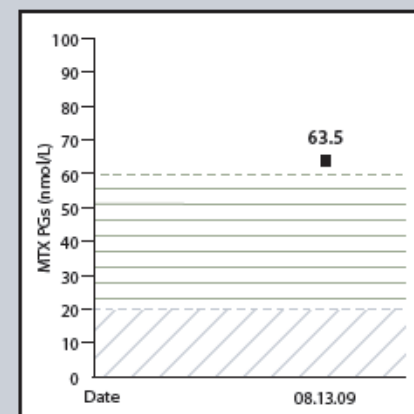
Clinical Questions and Next Steps

Rheumatologist orders the Avise PGSM test to assess the patient's exposure to MTX polyglutamates (PGs) and to aid with clinical decisions such as:

- Is there a rationale for increasing MTX dose or changing dosage form?
- Can objective data points help convince the patient of the need to move to a biologic DMARD?
- Might there be a better foundational DMARD to use instead of MTX?

Avise PG Results

Avise PG results are 63.5 nmol/L, indicating that circulating levels of MTX PGs are in the therapeutic range.



Treatment Plan

Rheumatologist recommends the addition of etanercept to current therapy.

Patient Outcomes

Patient is presented with the test findings and consulted on the need to move to a biologic to control her RA. Information on patient assistance programs is provided to describe the support available to the patient.

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

