

DMARD Initiation

Moderate to High Disease Activity

- MTX strongly recommended over ●
 >> HCQ or SSZ
 >> bDMARD or tsDMARD monoRx
 >> MTX + non-TNFi bDMARD or tsDMARD
- MTX conditionally recommended over ●
 >> leflunomide
 >> dual or triple csDMARD
 >> combination of MTX + TNFi
- Initiation of csDMARD without short-term (<3 mo) or long-term (≥3 mo) glucocorticoids is recommended ●
- csDMARD-treated, MTX-naïve: ●
 >> MTX monotherapy over MTX + bDMARD or tsDMARD

Tapering DMARDs

- Continue DMARDs at current dose over a dose reduction of DMARD ●
- Dose reduction recommended over gradual discontinuation of a DMARD ●
- Gradual discontinuation over abrupt discontinuation of DMARD ●
- On triple therapy + wish to d/c a DMARD → gradual discontinuation of SSZ over gradual discontinuation of HCQ ●
- On MTX + bDMARD or tsDMARD who wish to d/c a DMARD → gradual discontinuation of MTX over gradual discontinuation of the bDMARD or tsDMARD ●

● strongly recommended● conditionally recommended

**moderate to high-disease activity

DMARD Initiation

Low Disease Activity

- HCQ recommended over other csDMARD ●
- SSZ recommended over MTX ●
- MTX recommended over LEF ●

Methotrexate Administration

- oral MTX recommended over SC MTX (initiation) ●
- Initiation/titration to dose of ≥ 15mg/wk within 4-6 weeks (over a dose <15mg/wk) ●
- If not tolerating oral MTX → split dose of oral MTX (over 24 hours) or SC, and/or increased dose of folic/folinic acid, is recommended over switching to alternate DMARD(s). ●
- If not at target on oral MTX → switch to SC MTX over addition of / switching to alternative DMARD(s) ●

Summary: Maximize use of MTX prior to switching or adding other DMARDs.

Treatment Modification

- TTT is recommended over usual care for ●
 > not previously Rx w/ bDMARDs or tsDMARDs
 > inadequate response to bDMARDs or tsDMARDs
- Minimal initial Rx goal of low disease activity is recommended over a goal of remission. ●
- Addition of bDMARD or tsDMARD over triple therapy for maximally tolerated MTX + not at target ●
- Switch to bDMARD or tsDMARD of a different class over switching to bDMARD or tsDMARD of same class, if not at target ●
- Taking GCs to remain at target → addition of/switching to DMARDs over continuation of GC ●
- On DMARDs + not at target → addition of/switching to DMARDs over use of IA GC alone ●

Special Populations

Subcutaneous Nodules

- MTX over alternative DMARDs ** ●
- Progressive SC nodules → switch to non-MTX DMARD over continuation of MTX ●

Pulmonary Disease

- mild + stable airway or parenchymal lung disease → MTX over alternative DMARDs ●

Heart Failure (HF)

- NYHA Class III or IV HF + low response to csDMARDs → non-TNFi bDMARD or tsDMARD over TNFi ●
- On TNFi + develop heart failure → switch to a non-TNFi bDMARD or tsDMARD over continuation of TNFi ●

Lymphoproliferative Disorder

- RTX over other DMARDs (if RTX is approved Rx) ●

Non-Alcoholic Fatty Liver Disease (NAFLD)

- if normal liver enzymes and LFTs with no advanced fibrosis → MTX over alternative DMARDs ●

Hepatitis B Infection

- Prophylactic antiviral Rx over monitoring for pts
 -- on RTX who are Hep B core antibody(+) ●
 -- on bDMARD or tsDMARD who are Hep B core antibody(+) and Hep B surface Ag (+) ●
- Frequent monitoring over prophylactic antiviral Rx for bDMARD other than RTX or tsDMARD with Hep B core antibody (+) and HBsAg (-) ●

Hypogammaglobulinemia w/o Infection

- Continue RTX over switching to different DMARD ●

Previous Serious Infection, within Past 12 Months:

- Add csDMARD over bDMARD or tsDMARD ** ●
- Add/switch DMARD over initiation/↑ of GC ** ●

Non-Tuberculous Mycobacterial Lung Disease

- Lowest dose of GC or d/c over continuation of GC ●
- csDMARD over bDMARD or tsDMARD ** ●
- Abatacept over other bDMARD and tsDMARDs ** ●