Arista|MD

Consult Request

SPECIALTY

Rheumatology

CHIEF COMPLAINT

Rheumatoid arthritis

COMMENTS TO SPECIALIST

This is a 61-year-old female patient with known history of rheumatoid arthritis (RA) was seeing a rheumatologist until 2022. Patient would like to restart methotrexate. Prior RA notes indicate patient decided to discontinue using the prescription due to nausea. Patient denies that she discontinued, and states rheumatologist told her the prescription was not effective enough. I am comfortable restarting methotrexate. However, this patient has mild, elevated liver function test (LFT) and known diagnosis of fatty liver. Weight loss advised. Enbrel is available with patient assistance, but she wants trial of methotrexate due to convenience and price. Patient refuses in-person rheumatology consult due to cost. I am unable to obtain more than 2 years of rheumatology history – prior history destroyed. Initial labs as well as more recent labs are attached. Other attachments include LFT, chest X-ray, eye exam, etc.

MAIN QUESTION

Would you advise methotrexate trial, given abnormal LFT vs other disease-modifying antirheumatic drug (DMARD). If methotrexate is restarted, how often should the patient receive an LFT? At what threshold should abnormal LFT occur before I stopping methotrexate? If alternative DMARD is advised, please outline recommended monitoring schedule? The patient's last CXR and purified protein derivative (PPD) was 11/2020.

Specialist Response

SUMMARY

Treatment options are available at the primary care level.

DETAILS

This patient will not be able to achieve clinical remission of her RA with monotherapy with methotrexate at a safe dosage given her already fatty liver and baseline alanine transaminase (ALT) in the 50s. Ideally, she should go back on Enbrel as it has proven to be effective in the past, especially given high titer cyclic citrullinated peptide (CCP) antibodies predicting an aggressive course. Alternative to tumor necrosis factor (TNF) alpha inhibitor would be oral Xeljanz 5 mg BID if her insurance covers it.

If she cannot afford copays, methotrexate can be reasonably started at 12.5 mg weekly along with folic acid 1 mg daily except on the day of methotrexate. Plaquenil can also be added 200 mg once or twice a day as tolerated for adjunctive effect.

I normally monitor LFT and complete blood count (CBC) 6-8 weeks after starting or after any adjustment in dosages. In this case, request a LFT and CBC after 3 months. If the patient's results are stable, repeat LFT and CBC every 3 months.

Discontinue methotrexate or reduce dosage when liver enzymes reach 2 times the baseline, and in this case above 50 for aspartate aminotransferase (AST) or above 100 for ALT.

With Xeljanz, checking CBC, LFT, creatinine (Cr) check every 3-4 months would be fine.