

## POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS CONSENSUS TREATMENT PLAN Option 3: BIOLOGIC ONLY

### VISIT 1 (BASELINE)

- Physician Global Assessment (PGA)\*
- Begin biologic disease-modifying antirheumatic drug (bDMARD)\*\* treatment
- Optional prednisone: Use lowest possible dose and taper quickly (see tapering algorithms)
- Optional intra-articular steroid injection(s) (IAS)

Option for unscheduled visit earlier than 3 months if patient has no response or is worsened at 1-2 months to proceed to increased therapy.

### VISIT 2 AT THREE MONTHS

Should be off prednisone if possible.

Patient much better, off prednisone, AND PGA  $\leq 2$ \*\*\*

- Continue visit 1 treatment

Patient not much better, PGA  $> 2$ , and/or still on prednisone

- Consider adding conventional synthetic DMARD (csDMARD)\*\*\* or changing bDMARD
- Consider optional IAS

### VISIT 3 AT SIX MONTHS

Patient much better, off prednisone, AND PGA  $\leq 2$

- Continue visit 2 treatment

Patient not much better, PGA  $> 2$ , and/or still on prednisone

- Strongly consider adding csDMARD or changing bDMARD
- Consider optional IAS

Optional reassessment at 9 months if treatment change at visit 3.

### VISIT 4 AT TWELVE MONTHS

Patient much better, off prednisone, AND PGA  $\leq 2$

- Continue visit 3 treatment or consider tapering bDMARD

Patient not much better, PGA  $> 2$ , and/or still on prednisone

- Begin csDMARD or change bDMARD
- Consider optional IAS

\* PGA is based on a visual analog scale of 0-10 assessing JIA disease activity.

\*\* Biologic DMARD: Any inhibitor of TNF, T cell costimulation, IL6, or B cells.

\*\*\* This CTP was adapted to use the Juvenile Arthritis Disease Activity Score (cJADAS10) for the STOP-JIA CTP study.

\*\*\*\* Conventional synthetic DMARD: Methotrexate, sulfasalazine, or leflunomide.