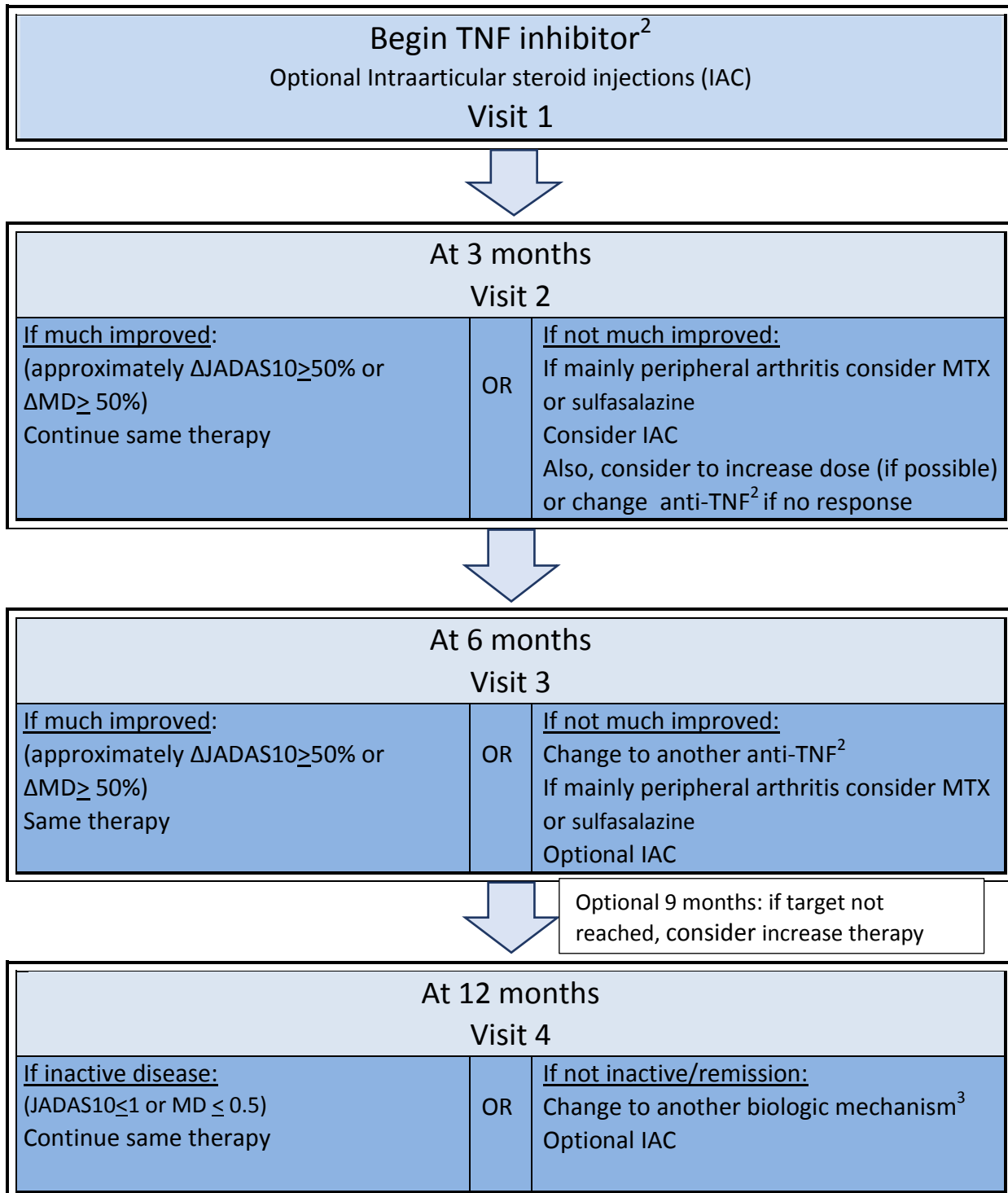


EARLY BIOLOGICS ONLY for JIA patients with predominantly AXIAL involvement or intolerance for MTX¹

For patients with ERA, PsA, and undifferentiated categories with moderate to high disease activity and radiographic sacroiliitis, elevated CRP and/or inflammation on MRI despite NDAIDs¹.

Also for active JIA, all categories, if MTX is contraindicated



JADAS= Juvenile Arthritis Disease Activity Scale.

MD= Physicians global assessment of disease activity.

Footnote 1: moderate/high disease activity (se ref 2) and if axial, despite the use of 2 NSAIDs for 2 weeks each (see ref 5).

Footnote 2: Adalimumab, etanercept (if no uveitis or IBD), golimumab, or infliximab (in line with the Norwegian LIS TNF BIO recommendations).

Footnote 3: If tried 2 anti TNFs, change mechanism to sekukinumab if axial, tocilizumab or abatacept if not axial.

The treatment plan is based on the Childhood Arthritis and Rheumatology Research Alliance (CARRA) Consensus treatment plans, expert reviews, the American College of Rheumatology (ACR) treatment plans and the Eular recommendations for axial spondylarthritis.

References

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