Medac at EULAR 2019

Get the most out of MTX therapy

Medac EULAR Symposium in Madrid with new data on how to improve therapy with the gold standard methotrexate

Madrid / Wedel (14. June 2019). Even in the era of biologics and new therapies, there is no doubt that methotrexate (MTX) remains the preferred initial antirheumatic drug and is considered the gold standard for the treatment of rheumatoid arthritis (RA). Doctor DARIO CAMELLINO, Italy, stressed that this is why methotrexate has kept its key position in current guidelines including the most recent ones from EULAR and ACR. These strongly recommend DMARD monotherapy over combination therapy and state that MTX is the preferred initial DMARD. The value of MTX in combination therapies is well established. The reason why methotrexate is the gold standard is its reliability with respect to its efficacy and safety profile. Despite the significance and awareness of this, there has been criticism that methotrexate's potential is not being fully exploited – either in terms of frequency of use, doses or dosage form. CAMELLINO outlined the proven advantages of the subcutaneous

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1 Medac satellite symposium “MTX remains gold standard in the era of biologics and new therapies”, European Congress of Rheumatology (EULAR), Madrid, 13th June 2019.
route of administration. This shows a better bioavailability\textsuperscript{8,9,10} due to the MTX polyglutamation\textsuperscript{11} as well as a better efficacy and tolerability\textsuperscript{12,13} caused by bypassing of the gastrointestinal tract. The latest improvement with the higher drug concentration of 50 mg/ml, and thus a smaller injection volume,\textsuperscript{14} as well as the simplified handling with Medac’s methotrexate autoinjectors (Metoject\textsuperscript{®, Metex\textsuperscript{®} and Rasuvo\textsuperscript{™}) are proven advantages for better patient adherence.\textsuperscript{15,16,17}

Doctor CARTER THORNE, Canada, confirmed these aspects of subcutaneous MTX based on best practice findings in the real world setting. The observational Canadian Early Arthritis Cohort (CATCH) underlines the advantages of an optimised dosing regimen of methotrexate and the subcutaneous route of administration. Evidence showed that sc MTX in an optimised dosing schedule is associated with a better early outcome and lower rate of treatment failure.
in early rheumatoid arthritis - especially in initial therapy. The absorption of methotrexate is improved if given subcutaneously, particularly at doses > 15 mg/week. New data show that “Patients on SC MTX monotherapy changed less (45% vs 79%) and remained longer […] on therapy than those on oral MTX”.

With regard to the dosing regimen, THORNE concluded that “optimal methotrexate dosing of 25 mg given subcutaneously weekly from initiation of therapy, allows better outcomes to be achieved.”

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The improved efficacy of methotrexate according to the dose and route of administration also applies to the treatment of children with juvenile idiopathic arthritis (JIA), Professor PAVLA DOLEŽALOVÁ, Czech Republic, added. Even in the era of biologics, MTX remains the first choice for JIA as well as for rare diseases such as juvenile dermatomyositis and paediatric uveitis. The position of methotrexate as the first-line treatment is down to its therapeutic efficacy and favourable toxicity profile. DOLEŽALOVÁ stressed the importance of optimised MTX therapy focusing on the treat-to-target approach and the therapeutic target of remission. In order to achieve the best outcome and sustained remission, the early start of therapy with a more intensive therapeutic regimen and subcutaneous methotrexate around 15 mg/m²/week is crucial.21

Addressing new therapeutic strategies, THORNE drew attention to the measurable aspects of effective rheumatoid arthritis therapy. “Latest CATCH data support the use of subcutaneous MTX monotherapy or MTX combination as initial MTX-based therapy in early RA patients and the use of additional therapy (either biologic or csDMARDs) in RA patients who failed initial MTX-based therapy”.”20

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21 Fráňová J et al., Methotrexate efficacy, but not its intolerance, is associated with the dose and route of administration. Pediatric Rheumatology. 2016;14:36
Press Release

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