

Deprescribing DC 2026

Rheumatoid Arthritis

Gap in Care

- Underutilization of effective therapies (DMARDs)
- Overutilization of safer GCs
- Misutilization of analgesics

Guideline

- Recommend for continued use (taper w/ SDM)
- Recommend taper/against
- Not covered
- OA: Recommended against

DMARDS

In patients at target for at least 6 months:

- Continuation all DMARDs at current dose conditionally recommended over any deprescribing
- Dose reduction conditionally recommended over gradual discontinuation (i.e., gradually reduce dose → stop)
- Gradual discontinuation conditionally recommended over abruptly stopping

For patients on combination Rx who want to D/C:

- On triple therapy:
 - Gradual discontinuation SSZ conditionally recommended over HCQ
- On MTX + biologic or tsDMARD:
 - Gradual discontinuation MTX conditionally recommended over biologic or tsDMARD

Other examples:

- *AS*

In adults receiving treatment with a biologic, we conditionally recommend against tapering

- *PSA*

When switching to biologic monotherapy, stopping oral small molecules or tapering of the oral small molecules are both reasonable options and depend on preferences

Glucocorticoids

- RA
 - ACR: *Conditionally against*
 - EULAR: *Short-term GCs should be considered when initiating or changing csDMARDs*
- If can't taper off, add/switch DMARD

Issues Addressed

- How to deprescribe appropriately prescribed medications
 - Gradual vs abrupt
 - Dose reduction vs increase interval
 - To a lower dose or to off
 - Which one to taper if on combo
- How to replace inappropriately used medications
 - GCs
 - Opioids