

Provider Methotrexate Taper Survey

Providers: Thank you for taking the time to fill out this survey. For each answer, please fill out the appropriate circle completely.

1. What health system do you work for? Allegheny Health Network
 Penn State Health

2. How many years have you been in practice? < 5 years
 5-15 years
 >15 years

3. In your RA patient on stable dose of methotrexate and in remission for at least 6 months, how likely are you to attempt tapering their methotrexate therapy? Always
 Very likely
 Less likely
 Never
 Other

3a. Please specify if answered "other" _____

4. After how long of stable MTX use would you consider a MTX taper? 6 months
 1 year
 2 years
 >3 years

5. On a scale of 1-5 (with 1 being very important), rate each factor below on how it would influence your decision of tapering MTX in stable RA patients (assuming labs are unremarkable and MTX is well tolerated)

	1	2	3	4	5
Patient has been in stable remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical risks of long term MTX therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's non-compliance with monitoring labs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient preference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient is on concurrent DMARD therapy (biologic or csDMARD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Are there any other factors that would influence your decision? Yes
 No

6a. If yes, what other factors would influence your decision about tapering MTX in stable RA patients? _____

7. On a scale of 1-5 (with 1 being very important), rate each factor below as it would influence your decision "against" tapering MTX in your stable RA patients

	1	2	3	4	5
Risk of flare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient preference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recapturing remission would be difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failed multiple therapies previously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk of radiographic progression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MTX is helping reduce immunogenicity to or boosting effect of biologic therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Are there any other factors that would influence your decision? Yes
 No

8a. If yes, what other factors would influence your decision against tapering MTX in stable RA patients? _____

9. If you were to trial a MTX taper/discontinuation with close monitoring, what would be your preferred strategy?

- Gradually decrease MTX frequency but not discontinue completely
 Gradually decrease MTX dose and discontinuing only if patient is on other background DMARD
 Gradually decrease dose and discontinue even without background DMARD
 Other

9a. If other, please specify _____

10. If you were to reduce the dose of MTX, what would be your preferred strategy?

- Gradually reduce dose over several weeks and stay on a minimum dose of at least 7.5-10mg weekly
 Gradually reduce dose over several weeks and stay on a minimum dose of at least 50% of original dose
 Gradually reduce dose over several weeks and stop MTX completely if tolerated
 Reduce dose by 50% abruptly without tapering
 Stop MTX abruptly without tapering
 Other

23 10a. If other, please specify _____