

The standard dose of baricitinib is 4mg for patients with normal renal function, however, there are many cases in which a dose reduction to 2mg is necessary for economic reasons due to its high cost. We here report cases of rheumatoid arthritis (RA) patients with normal renal function who were treated with 2mg of BAR.

The total number of cases were 17, consisting of three males and 14 females, the mean age was 57.5 years, the mean disease duration was 12.6 years, rheumatoid factor (RF) positive in 78.5%, anti-citrullinated protein antibody (ACPA) positive in 80%, and the mean estimated eGFR was 90.8ml/min/1.73m². The drugs used were as follows: MTCX in 14 cases (82.4%), other conventional synthetic disease modifying antirheumatic drugs (csDMARD) in 9 cases (52.9%), and the combination use of steroid was in 3 cases (17.6%). In addition, there were five treatment naïve cases (29.4%). The mean clinical disease activity index score was 19.3 and the mean CRP was 1.09mg/dL at the start of BAR treatment. The changes in CDAI scores after starting BAR were 9.5 at 2 weeks, 7.8 at 4 weeks, 8.3 at 8 weeks, 8.5 at 12 weeks, 8.8 at 16 weeks, and 7.3 at 24 weeks by the last observation carried forward (LOCF) method. The outcome at 24 weeks were as follows: resolution of symptoms and discontinuation of BAR in one case, low disease activity in 6 cases, moderate disease activity in two cases, discontinued due to adverse event in one case, termination due to ineffectiveness in 0 cases, dose increase to 4mg in one case, and drop out in 3 cases. In 10 cases of 14 cases (71.4%) excluding drop out cases, disease activity was controlled to low or below. Altogether, it was indicated that treatment with half-dose BAR administration is an option for RA patients with normal renal function in cases where normal dose BAR administration is difficult due to conditions such as economic situations.