

# Shared care guidelines

## Drug

## Speciality

## Indication

## Overview

## Hospital specialist's responsibilities

## GP's responsibilities

## Other information

## Contact details

METHOTREXATE

DERMATOLOGY

Licensed for psoriasis but sometimes used for unlicensed indications including eczema

Methotrexate is an immunosuppressant. Marrow suppression, liver and pulmonary toxicity are the main cautions. Methotrexate is a cytotoxic drug.

Initial investigations: FBC, U&E, LFTs, PIIINP, VZV Ab, CXR. Consider hep B & C serology, liver US

Initial regimen: Methotrexate 5–25 mg once weekly + folic acid (see comments overleaf)

Clinical monitoring: For adverse effects and disease management  
Frequency: As required, typically every 4 months once stable for PIIINP monitoring

Safety monitoring: FBC, U&E & LFTs once a week for 1st month thereafter monthly

Prescribing duration: First 3 months from hospital then transferred to GP

Documentation: Clinic letters and results to GP. Separate patient information and patient-held shared care diary

Maintenance: Methotrexate 5-25 mg once weekly (**as 2.5mg tablets**) + folic acid (see comments overleaf)

Clinical monitoring: for adverse effects (including pulmonary toxicity) & disease management

Frequency: as required and determined by patient symptoms

Safety monitoring: FBC, U&E & LFTs every month. If stable after 12 months consider 2-3 monthly monitoring  
Monitoring changed to fortnightly for 6 weeks after any dose increase

Duration of treatment: Long-term as recommended by specialist

Documentation: Practice records. Correspondence with specialist as required.

Adverse events	Action required
WCC ↓ <3.5 x10 <sup>9</sup> /L Neutrophils ↓ <2.0 x10 <sup>9</sup> /L Platelets ↓ <150 x10 <sup>9</sup> /L	Stop methotrexate, repeat FBC & discuss with specialist
AST/ALT ↑ <2 x upper limit of normal (ULN)	Continue to monitor. Repeat LFTs at 2weeks
AST/ALT rises to >2 x ULN	Withhold methotrexate & discuss with specialist
Sore mouth / mouth ulcers/ diarrhoea	Increase folic acid to daily except for day of MTX.
Nausea / vomiting	As above. Consider anti-emetic
Infection requiring antibiotics	Withhold methotrexate during the course of antibiotics
Severe sore throat / abnormal bruising	Withhold, check FBC & clotting. Discuss with specialist
Mild/moderate renal impairment	Withhold methotrexate until discussed with specialist
MCV>105	Withhold, check B12, folate & TFT. Discuss with specialist
Persistent cough or breathlessness	Stop methotrexate & discuss with specialist (urgent)

See Further Information overleaf

The usual named consultant may be contacted via their secretary for advice

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PSORIASIS

## Further Information

Methotrexate (Dermatology)

METHOTREXATE DERMATOLOGY  
PSORIASIS

Folic Acid (oral) is co-prescribed to reduce side-effects like mouth ulcers & nausea. The usual dose is 5mg ONCE weekly preferably taken TWO days after methotrexate. It can be taken on any day but not on the same day as methotrexate. In some cases, the dose may be increased to daily (except days of methotrexate)

### Monitoring

Note: Please watch for a falling trend for blood counts and rising trend for liver enzymes. Action may need to be taken even if the values are in normal range in these scenarios.

### Vaccinations

Live vaccines in general are not recommended with methotrexate, although the live shingles vaccination is appropriate in some patients (refer to Green Book for advice) We recommend annual Flu vaccination. Before considering the administration of any other vaccinations both the Green Book – Immunisations against infectious disease and the vaccine SPC are consulted.

### Fertility issues

Methotrexate is teratogenic and abortifacient drug. We strongly advise patients, both male and female to use effective contraception whilst on methotrexate and for at least 3 months after stopping methotrexate.

### Important drug interactions

Prescription of antibiotics with anti-folate properties such as Cotrimaxazole and Trimethoprim can be potentially fatal.

### Elective surgery

Methotrexate can be continued, caution for early detection of infection & complications

If you are contemplating discontinuing treatment please discuss with the consultant or staff first.