

Shared care guidelines

Drug

METHOTREXATE

Speciality

NEUROLOGY

Indication

IMMUNOSUPPRESSION/DISEASE MODIFYING ANTIRHEUMATIC

Overview

Methotrexate is an immunosuppressant, prescribed orally or as an intra-muscular injection. Marrow suppression, liver and pulmonary toxicity are the main cautions. Methotrexate is a cytotoxic drug.

Hospital specialist's responsibilities

Initial investigations: FBC, U&E, LFTs, CXR, +/- pulmonary function tests

Initial regimen: Methotrexate 5mg **once weekly** +/- folic acid weekly*

Clinical monitoring: For adverse effects and usual disease management
Frequency: As required, typically every 3-6 months once stable

Safety monitoring: FBC, U&Es & LFTs weekly to 4 weeks, fortnight to 3 months, then monthly. Monitor fortnightly for 6 weeks after dose increase

Prescribing details: 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

GP's responsibilities

Maintenance: Methotrexate 5-20 mg **once weekly +/- folic acid 5mg weekly**

Clinical monitoring: For adverse effects (including pulmonary toxicity) & usual management
Frequency: As required and determined by patient symptoms

Safety monitoring: FBC, U&Es & LFTs monthly
Monitor fortnightly for 6 weeks after dose increase.

Prescribing details: 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.

Adverse events	Action
WCC ↓ <3.5 x10 ⁹ /L Neutrophils ↓ <2.0 x10 ⁹ /L Platelets ↓ <150 x10 ⁹ /L	Withhold methotrexate, repeat FBC & discuss with specialist
↓ trend in WCC / platelets	Discuss with specialist
AST/ALT ↑ <2 x upper limit of normal (ULN)	Continue to monitor. Repeat LFTs at 2-4 weeks
Rash / sore mouth / mouth ulcers / diarrhoea	Increase folic acid to daily except for day(s) of MTX. If severe, withhold & discuss with specialist.
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	Check B12, folate & TFT. Discuss with specialist
Persistent cough or breathlessness	Stop methotrexate & discuss with specialist (urgent)

Other information

*Folic acid 5mg once weekly (3 days after methotrexate) may be given to reduce toxicity, particularly with dosages of >5mg methotrexate weekly. Be aware of potential drug interactions especially NSAIDs, aspirin (inc over-the-counter use) & some antibiotics. Conception should be avoided (inc for women with a partner taking methotrexate) during and

Contact details

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

Shared care guidelines

Drug	METHOTREXATE
Speciality	NEUROLOGY
Indication	IMMUNOSUPPRESSION/DISEASE MODIFYING ANTIRHEUMATIC
Further Information	<p>Vaccinations</p> <p>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.</p> <p>Fertility issues</p> <p>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.</p> <p>Important drug interactions</p> <p>Prescription of antibiotics with anti-folate properties such as Cotrimaxazole and Trimethoprim can be potentially fatal.</p> <p>Elective surgery</p> <p>Methotrexate can be continued, caution for early detection of infection & complications</p> <p>If you are contemplating discontinuing treatment please discuss with the consultant or staff first.</p>