Shared care guidelines

Drug	METHOTREXATE
Specialty	RHEUMATOLOGY
Indication	RHEUMATOID ARTHRITIS, PSORIASIS AND PSORIATIC ARTHRITIS
Overview	Methotrexate is an immunosuppressant. It may also be used in connective tissue diseases and other conditions. Marrow suppression, liver and pulmonary toxicity are the main cautions.

Hospital specialist's responsibilities

Initial screening : FBC, ESR/CRP, U&E, LFTs, CXR, +/- pulmonary function tests.
Assessment for comorbidities such as lung disease & occult viral infection.

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

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

Safety monitoring: FBC, ESR/CRP, U&E & LFTs fortnightly for 6 weeks, then every month for 3 months, then every 3 months thereafter.
Monitoring changed to fortnightly for 6 weeks after any dose increase

Prescribing details : Initiated in hospital, transferred to GP after 3 months when stable.

Documentation: Clinic letters and results to GP. Separate patient information and

GP's responsibilities

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

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

Safety monitoring: FBC, ESR/CRP, U&E & LFTs every 3 months.
Monitoring fortnightly for 6 weeks after any dose increase.

Treatment duration: Long-term as recommended by specialist

Documentation: Practice records. Correspondence with specialist as required.
Copies of blood results to specialist using shared care diary or available via webICE.

Adverse events

Adverse Event	Action required
WCC ↓ <3.5 x10^9/L Neutrophils ↓ <1.6 x10^9/L Platelets ↓ <140 x10^9/L	Stop methotrexate, repeat FBC & discuss with specialist
AST/ALT ↑ <2 x upper limit of normal (ULN)	Continue to monitor. Repeat LFTs at 2-4 weeks
AST/ALT rises to >2 x ULN	Withhold methotrexate & discuss with specialist
eGFR<60 ml/min	Withhold methotrexate until discussed with specialist
eGFR<30 ml/min	Stop methotrexate ; discuss with specialist
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
Albumin – unexplained fall	If no active disease, withhold & discuss with specialist
Severe sore throat / abnormal bruising	Withhold, check FBC & clotting. Discuss with specialist
Mild/moderate renal impairment	Withhold methotrexate until discussed with specialist
MCV >105fl	Withhold, check B12, folate & TFT. Discuss with
Persistent cough or breathlessness	Stop methotrexate & discuss with specialist (**urgent**)
Rising/elevated ESR	Discuss with specialist

Other information

Contact details

Name	Sr Elaine Doyle	Sr Cath Hutton	Specialist Nurse	Specialist Nurse
Address	Rheumatology Dept, JCUH	Rheumatology Dept, FHN	Rheumatology Dept, UHNT	Rheumatology Dept, UHH
Telephone	01642 854756	01609 764849	01642 624684 & 383525	01429 522689

TEES doc Extension Approved November 2018 Review Date November 2020

Shared care guidelines

Drug	METHOTREXATE
Speciality	RHEUMATOLOGY
Indication	MODERATE/SEVERE ACTIVE RHEUMATOID AND PSORIASIS
Further Information	

Methotrexate (Rheumatology)

Folic Acid is co-prescribed to reduce side-effects such as mouth ulcers & nausea. The usual dose is 5mg ONCE weekly preferably taken 2-4 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)

Divided doses of methotrexate may be requested in a minority of patients who experience side-effects like nausea. Generally, it better for the dose to be spilt within the same day e.g. 15mg ONCE weekly as 10mg in morning and 5mg at night.

Intercurrent infection
During an acute infection, Methotrexate should be temporarily discontinued until the patient has recovered from the infection.

Monitoring: 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 vaccine is appropriate in some patients (refer to Green Book for advice).
We recommend annual Flu vaccination and Pneumococcal vaccination in line with current guidance (see JCVI Green Book).
If a patient is exposed to shingles or chicken pox and lacks immunity to varicella-zoster virus, passive immunization may be required (contact Rheumatology).

Fertility issues
Methotrexate is a 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 cotrimoxazole and trimethoprim can be potentially fatal.

Thank you for sharing the care of this patient. The medical and nursing staffs in the department of Rheumatology are happy to answer any queries your staff may have concerning the patient's treatment or any adverse events.

If you are contemplating discontinuing treatment please discuss with the consultant or staff first. If the patient has any problems with their medication, adverse effects or an exacerbation of their disease requiring an earlier review, please contact the rheumatology specialist nurse practitioners using the contact details overleaf.

Reference : BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. Rheumatology 2017 ; 56 : 865-8.

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