Shared Care Guideline:

County Durham and Darlington NHS
NHS Foundation Trust

NHS
County Durham & Tees Valley Area Prescribing Committee

Methotrexate -

Patients should be prescribed folic acid 5mg, usually ONCE weekly, to be taken preferably the day after methotrexate.
In some cases the specialist may decide that dose may be increased to 5mg DAILY, except the day methotrexate is taken.

Folic acid should not be taken on the same day as methotrexate and the day of week it is required to be taken should be specified by the specialist.

Overview	Methotrexate is an immunosuppressant drug
Indication	Licensed • Rheumatoid arthritis • Psoriasis Unlicensed • Psoriatic arthritis • Ulcerative colitis • Crohn`s disease • Sarcoidosis • Eczema • Vasculitis • Bullous disease • Alopecia areata • Connective tissue disorders • Lichen sclerosus
Dose	Initial dose of 5 to 15mg as a single dose ONCE WEEKLY, increasing by 2.5mg to 5mg PER WEEK every TWO to SIX weeks until stabilised. The day of the week that the Methotrexate should be taken should also be stated. Maximum licensed dose ranges between 20 and 30mg PER WEEK depending on indication Note that wherever possible licensed preparations of Methotrexate should be prescribed.
Specialist's Responsibilities	**Initial investigations:** • Full Blood Count (FBC), calculated Creatinine Clearance (CrCl) / estimated Glomerular Filtration Rate (eGFR), Liver Function Tests (LFTs), Eosinophil Sedimentation Rate (ESR) /C-Reactive Protein(CRP), weight, height and Blood Pressure (BP) • Chest x-ray (unless chest x-ray done within last 6 months). • Pulmonary function tests should be considered in selected patients. • Ensure pregnancy can be excluded before treatment • Check Varicella status if there is an uncertain history and recent exposure to the virus. **Initial prescribing until stable:** Prescribing responsibility and monitoring to stay with the specialist until patient has been on a stable dose for at least 6 weeks at which point shared care is requested. Specialist also should prescribe folic acid during this period of time. Specialist to issue a prescription for enough medication to last until shared care is accepted by GP. This will usually be a minimum of 28 days. **Communication and Documentation to GP:** • Obtaining agreement of GP to participate in shared-care arrangement for Oral methotrexate therapy. This will be by sending a completed copy of the shared care

	request letter (appendix 1) to the GP • The specialist must ensure that the GP is aware when the next blood monitoring is required. • The GP Must be made aware of any additional monitoring requirements specific to the patient e.g. Weight, Height BP CrCl/GFR • Prompt communication with the GP regarding the patient's progress, any reassessment and changes in treatment. • Provide additional information and advice to the GP on actions he/she may need to take e.g. on dosage adjustment, other changes in therapy and management of adverse effects, as required.
GP's Responsibilities	**Maintenance prescription:** • Prescribe methotrexate in accordance with the specialist's recommendations as outlined in the shared care request letter. Patients prescribed oral methotrexate should only be prescribed **2.5mg tablets** • Prescribe folic acid in accordance with specialists recommendations **Clinical monitoring:** Continue to clinically monitor patient in line with this shared care agreement and referral letter from specialist (as described in clinical monitoring section below) **Re-referral back to specialist when appropriate:** • Failure to attend for review or undertake blood tests • Intolerance of drugs • Communications failure **Documentation to specialist:** • Accepting or rejecting request for shared care within 28 days, if rejecting please state concerns and reasons • Blood results to specialist via use of patient-held record
Clinical Monitoring	FBC, calculated CrCl/ eGFR, LFTs and ESR/CRP **Frequency :** Fortnightly until on stable dose for SIX weeks then MONTHLY for THREE months After THREE months reduce frequency of monitoring to THREE monthly **NOTE** – If methotrexate is co-prescribed with another DMARD, **monthly** monitoring should continue for at least a year. At this time patients may be considered for reduced monitoring to THREE monthly on the advice of specialist. **NOTE** – this guideline sets out the standard monitoring requirements, however it is essential that each patient is considered on an individual basis and monitoring frequency should reflect this. The GP should be made aware of any deviations.

Safety Monitoring	Please refer to Summary of Product Characteristics (SPC) or BNF /eBNF for full details of adverse effects, contraindications, cautions and drug interactions.
	• Monitoring for response and adverse drug reactions (ADRs)
	• Ensuring that folic acid is co-prescribed
	• Ask about the following at each visit
	  ○ sore throat
	  ○ bruising or bleeding
	  ○ rash
	  ○ oral ulceration

Adverse Events

Factor	Result	Action to be taken
White Blood Cells (WBC)	2.5-3.5 x 10^9/L	If neutrophils within normal range, continue and recheck in 1 week, otherwise withhold and discuss
	Less than 2.5 x 10^9/L	Withhold and discuss with specialist team
Neutrophils	Less than 1.5 x 10^9/L	Withhold and discuss with specialist team
	1.5 – 1.7 x 10^9/L	Continue, and recheck in 1 week
Platelets	Less than 120 x 10^9/L	Withhold and discuss with specialist team
LFTs	More than a TWO fold rise in Alanine transaminase (ALT) / Aspartate aminotransferase (AST) from upper limit of normal	Withhold and discuss with specialist team
Albumin	Unexplained fall	In absence of active disease, withhold and discuss with specialist team
Respiratory	New or increasing dyspnoea or cough	Discuss with specialist team
Mean cell Volume	More than 105	Check B_{12}, folate, Thyroid Function Tests (TFTs) and discuss with specialist team
Renal impairment	More than 50% change from serum creatinine values over previous 12 months	Withhold and discuss with specialist team
Other	Rash, oral ulceration, diarrhoea, nausea, vomiting, abnormal bruising, sore throat	Withhold and discuss with specialist team
Antibiotics and infection	Also be aware of interaction with trimethoprim	Withhold Methotrexate during the courses of antibiotic- No further action required

Please note: Any rapid fall or consistent downward trend for blood counts or rapid rise or consistent upward trend for liver enzymes should prompt caution. Action may be required even if values are within normal range. If in doubt please contact specialist team

Incidence and severity of side effects are generally dose related and include (note this list is not exhaustive):

- Nausea, vomiting, diarrhoea
- Anorexia, weight loss
- Stomatitis, mouth ulcers
- Rash, urticaria
- Alopecia
- Liver toxicity
- Bone marrow depression
- Pulmonary fibrosis
- Leucopenia, thrombocytopenia, megaloblastic anaemia, pancytopenia
- Transient oligospermia

All suspected serious should be reported to the specialist and the MHRA

Contra-indications	• Stage 4 and 5 Chronic kidney Disease • Known hypersensitivity to methotrexate. • Pregnancy • Breast feeding. • Current serious infection • Bone marrow failure with unexplained anaemia and cytopenia. • Concurrent treatment with anti-folate drugs e.g. co-trimoxazole.
Cautions	• Stage 3 Chronic Kidney Disease (a 50% dose reduction is recommended)
Drug Interactions	• Most Non-Steroidal Anti-Inflammatory drugs (NSAIDs) can be continued as long as monitoring is regular and caution exercised regarding liver and renal function particularly in the elderly. • Avoid concomitant use of folate antagonists e.g. trimethoprim and co-trimoxazole. This can potentially be fatal. • Severe hepatitis has been reported following concomitant use of methotrexate and acitretin (a treatment for psoriasis). • Vitamin preparations containing folic acid or its derivatives may alter response to methotrexate. • Hepatic and nephrotoxic drugs should be avoided. • Concurrent administration of methotrexate with acidic drugs (e.g. salicylates, sulphonamides, tetracyclines, thiazide diuretics, oral hypoglycaemic drugs) increases methotrexate toxicity.
Other Information	**Vaccinations** • Live vaccines can be considered in patients on a dose of up to 25mg per week after careful consideration of the risks and benefits in conjunction with the patient; please discuss with the appropriate specialist • Annual influenza vaccination recommended. • Pneumococcal vaccination repeated as per Public Health handbook • Herpes Zoster vaccination is recommended for patients who fall into “eligible” criteria as specified in immunisation schedules. e.g. elderly Patients **Contraception, Fertility, Pregnancy and Breast Feeding:** • Methotrexate is teratogenic and is contraindicated in pregnancy. Effective contraception should be used by men and women whilst they are taking methotrexate and for at least THREE months after stopping. • MTX at any dose should be avoided in pregnancy and stopped THREE months in advance of conception • In women treated with low-dose MTX within THREE months prior to conception, folate supplementation (5 mg/day) should be continued prior to and throughout pregnancy. • Methotrexate cannot be recommended in breastfeeding because of theoretical risks and insufficient outcome data.
Contact Details	Thank you for sharing the care of this patient. If you have any concerns or queries, please contact the Consultant, secretary or call the appropriate helpline below UHND Rheumatology Helpline: 0191 3332763 DMH Rheumatology Helpline: 01325 743881 UHND Gastroenterology Helpline: 0191 3332333 DMH Gastroenterology Helpline: 01325 743434 Note : there is no dedicated Dermatology or Respiratory Helpline

Appendix 1 Request to GP to prescribe under shared care

Department of xxxxxxxxxxxxxx
Site to add
County Durham and Darlington Foundation Trust

GP name
GP address

Dear Dr ……

Request for Shared Care of Methotrexate **Date:**

Re: Patient's name DOB:
Address Hospital Number:

This patient has been prescribed **Methotrexate** for the management of

□ Rheumatoid arthritis
□ Psoriatic arthritis
□ Connective tissue disorders
□ Sarcoidosis
□ Vasculitis
□ Psoriasis
□ Eczema
□ Bullous disease
□ Alopecia areata
□ Lichen sclerosus
□ Ulcerative colitis
□ Crohn`s disease

The route of administration is (please tick): □ SUB-CUTANEOUS

□ ORAL

The patients' current dose is ……mg **per week**

In addition they are also require Folic Acid at a dose of:

□ 5mg per WEEK

or

□ 5mg per day (with the exception of the day of methotrexate)

The patient was commenced on this drug on ……..and has been stable on the current dose for ……weeks

I would now like to ask you to take over the responsibility for prescribing this medication for this patient, as agreed by your CCGs and the Area Prescribing Committee.

The shared care document lists the monitoring requirements for this medication. Can I ask that any problems are reported back into secondary care.

The next blood monitoring is due on …… and should be continued every……..weeks/months

This is part of the shared care guideline approved by the Area Prescribing Committee, available at http://medicines.necsu.nhs.uk/guidelines/durham-darlington/.

The patient will remain under regular clinical review by his or her usual consultant/ specialist nurse as described in the shared care agreement.

Please send back the second part of this letter, within 28 days, so we know that we have your agreement to this arrangement. If you are not happy to accept this patient or have any concerns, then please contact my secretary as soon as practically possible

Yours sincerely

Consultant name
Contact details

GP Agreement

Patient's Name:
DOB:
Hospital No:

I agree to take over the prescribing and monitoring of Methotrexate in line with the approved shared care document. I am aware that this medication is required to be supplied via Homecare and am aware of the paperwork that is required in order for the patient to receive the medication.

I will also prescribed Folic Acid as detailed above.

Dose to be prescribed ……..

Dated ……/……/

Signed: ……..

GP's Name:

GP contact details

Please return to Consultant's secretary. You may wish to keep a copy for your records.