

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

GP name
GP address

Dear Dr

Request for Shared Care of Oral Methotrexate

Date:

Re: Patient's name
Address

DOB:
Hospital Number:

This patient has been prescribed **Methotrexate via the ORAL route** for the management of

- | | | |
|--|--|---|
| <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Psoriatic arthritis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Crohn's disease |
| <input type="checkbox"/> Connective tissue disorders | <input type="checkbox"/> Bullous disease | <input type="checkbox"/> Lichen sclerosus |
| <input type="checkbox"/> Sarcoidosis | <input type="checkbox"/> Alopecia areata | <input type="checkbox"/> Vasculitis |

The patients' current dose isper 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 onand has been stable on the current dose

Since.....

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 in line with the shared care guideline.

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, with 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 detail

GP Agreement

Patient's Name:
DOB:
Hospital No:

I agree to take over the prescribing and monitoring of Oral Methotrexate in line with the approved shared care document as found at <http://medicines.necsu.nhs.uk/guidelines/durham-darlington/>

Dose to be prescribed

I also agree to take over the prescribing of folic acid

Dated/...../

Signed:

GP's Name:

GP contact details

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