SHARED CARE ARRANGEMENT AND PRESCRIBING INFORMATION FOR ORAL METHOTREXATE (ADULTS ONLY, NON-RENAL PATIENTS)

Note: This document should be read in conjunction with the current Summary of Product Characteristics (SmPC).

Patient safety is paramount. The prescriber who prescribes the medicine legally assumes clinical responsibility for the drug and the consequences of its use.

GENERIC AND BRAND NAME (formulations and strength)

Name: Methotrexate

Formulation: Tablets

Strength: 2.5mg

STATUS OF MEDICINE

Licence status: Licensed in the treatment of rheumatoid arthritis and psoriasis. Used off-label in maintenance of remission in severe Crohn's disease after 16 weeks of subcutaneous (SC) Methotrexate and in the treatment of vasculitis.

Formulary status: Formulary – available for restricted use under specialist supervision

Black triangle medicine: NO

Risk minimisation materials: NO

CONDITION(S) TO BE TREATED

Oral methotrexate is to be used in the following:

- Treatment of rheumatoid arthritis
- Treatment of psoriasis
- Maintenance of remission in severe Crohn's disease after 16 weeks of SC methotrexate
- Treatment of vasculitis.

TYPICAL DOSAGE REGIME	
Licensed dose	See Specialist service/SmPC for advice – variable according to condition being treated
Route of administration	Oral
Recommended starting dose	See Specialist service for advice – variable according to condition being treated
Titration dose/increment	See Specialist service for advice
Maximum dose	See Specialist service for advice
Situations requiring dose adjustment	See Specialist service for advice and Monitoring Schedule for DMARDs
Duration of treatment	See Specialist service for advice

RESPONSIBILITY OF ACUTE CARE/SPECIALIST SERVICE

- Baseline:
  - Full Blood Count (FBC); liver function tests.
  - LFTs; urea, U&Es; lipids, chest X-ray, urinalysis and blood pressure (BP).
  - PIIINP test (dermatology only) - once prior to treatment then repeated at four monthly intervals.
- Exclude pregnancy before starting therapy. Advise men and women:
  - To avoid conception during treatment and six months after discontinuation.
  - Of the potential adverse effect of methotrexate on reproduction.
- Copy of baseline results to be shared with primary care.
- Initiation of therapy and recommendations for dose increments. This should remain under the control of the specialist service.
- Provision of information regarding folic acid prescribing frequency and timing for primary care.
- Decision on final dose required for patient.
- Patients should be advised to report immediately any signs or symptoms of infection, especially sore throat, cough or dyspnoea.
- A single dose of pneumococcal polysaccharide vaccine and annual influenza vaccine should be given, patients should be referred to receive these vaccines in accordance with local protocol.

RESPONSIBILITY OF PRIMARY CARE

A Practice agreeing to prescribe oral Methotrexate should:

- Prescribe medication under the guidance of the Consultant from the relevant specialist service.
- The General Practitioner (GP) has primary responsibility for monitoring according to the Monitoring Schedule for DMARDs.
- Patients should be asked about the presence of infection, especially sore throat, cough or dyspnoea at each visit.
- Ensure the GP is aware that the drug can cause:
  - Leucopenia
  - Thrombocytopenia
  - Stomatitis and GI ulceration
  - Suppression of ovarian and testicular function
  - New or increasing fever, dyspnoea or cough or the presence of rash or oral ulceration
  - Renal or Hepatic damage.
- Ensure that the relevant monitoring requirements have been undertaken at the correct frequency.
- Ensure when the patient has an inter-current illness FBC, U+E and LFTs are done and abnormal results are acted upon promptly.
- Ensure an AST blood sample is taken 3-4 monthly to allow calculation of fib4 score.
- Folic acid 5mg (orally) should be prescribed as per specialist service recommendation. Folic acid can be used up to 6 days a week to improve tolerability of methotrexate. It is not to be taken on the same day as methotrexate due to risk of reducing efficacy. Once established on treatment and if nausea subsides this may be reduced to a minimum of once weekly, usually given the 48-72 hours after methotrexate.
- Only continue to prescribe medication if it is being satisfactorily monitored.

- Contact the relevant specialist service in the event of a drug reaction, monitoring abnormality, or if you are concerned in any way regarding the current treatment regime.
- Be alert for any of the known adverse reactions.
- The patient should be encouraged to ensure blood tests are undertaken at the correct intervals.
- It is responsibility of primary care to ensure that the medication is recorded on the patient's clinical medication record. This will facilitate central searches for annual vaccinations in order to ensure patients receiving DMARDs are called yearly by the HSCP teams for required vaccinations.

CARE WHICH IS THE RESPONSIBILITY OF THE PRESCRIBING CLINICIAN

- Prescribe medication under guidance of the relevant specialist service.
- Check before prescribing each instalment of medication that the monitoring is up to date and that results are within the normal range.
- Ensure no interacting medications are prescribed in primary care.
- Monitor for concordance with therapy.
- Report any adverse events to specialist consultant and the MHRA using the Yellow Card System.
- If an intercurrent illness occurs, when writing laboratory request forms always include details of the patient's medication.
- If bloods are taken due to intercurrent illness, ensure they are monitored and contact hospital consultant to advise if results are out with range.
- A single dose of pneumococcal polysaccharide vaccine and annual influenza vaccine should be given in accordance with local protocol.
- Methotrexate is available in strengths of 2.5mg and 10mg – **Grampian Policy; only the 2.5mg strength should be used to avoid the possibility of any confusion and potential unintentional overdose.**

Note: In addition to absolute values for haematological or biochemical indices a rapid change or a consistent upward/downward trend in any value should prompt caution and extra vigilance.

Note: If something unexpected occurs contact on call registrar or Consultant for the appropriate specialty. Notify the consultant if the drug is stopped.

MONITORING

Refer to the NHSG Guidelines For The Monitoring of Disease Modifying Anti-Rheumatic Drugs (DMARDs) For Healthcare Professionals. Results should be reviewed and action taken as per the monitoring guidance.

RESPONSIBILITY OF OTHER HEALTHCARE PROFESSIONALS

N/A

RESPONSIBILITY OF THE PATIENT

- Take medication regularly as directed by the specialist/doctor.
- Attend hospital and GP clinic appointments as requested by specialist/GP practice. Failure to attend appointments may result in medication being reviewed/stopped.
- Report any adverse effects/illness to the specialist/GP and present rapidly to specialist/GP should their condition significantly worsen.
- To minimise the risk of skin cancer, exposure to sunlight and Ultra Violet light should be limited by wearing protective clothing and using sunscreen with a high protection factor.
- The patient should ensure all blood tests are undertaken at the correct intervals.

PRESCRIBING INFORMATION

For specific product information consult the current summary of product characteristics (http://emc.medicines.org.uk/), the BNF/BNF for Children (https://www.medicinescomplete.com/mc/index.htm)

CONTRAINDICATIONS

- For full detail please refer to the current Summary Product Characteristic (SPC) available at www.medicines.org.uk.
- Hypersensitivity to the active substance or to any of the excipients.
- Significantly impaired hepatic function.
- Severe/significantly impaired renal function.
- Liver disease including fibrosis, cirrhosis, recent or active hepatitis.
- Severe or chronic infections and immunodeficiency syndrome.
- Pre-existing blood dyscrasias, such as bone marrow hypoplasia, leukopenia, thrombocytopenia or significant anaemia.
- Alcoholism.
- Stomatitis, ulcers of the oral cavity and known active gastrointestinal ulcer disease.
- Concurrent vaccination with live vaccines.
- Avoid concomitant use with drugs with antifolate properties.
- Pregnancy should be avoided by using an effective contraceptive method for at least 6 months after using methotrexate.
- Breastfeeding.

PREGNANCY

Not compatible with pregnancy discuss with specialist service. Advise patient to contact their physician immediately should pregnancy occur.

BREAST-FEEDING

Contraindicated, discussion is required with the specialist service.

COMMON SIDE EFFECTS AND THEIR MANAGEMENT

Blood and lymphatic system disorders	Leucopenia anaemia and thrombocytopenia
Nervous system disorders	Headache, drowsiness, dizziness and fatigue
Gastrointestinal disorders	Stomatitis, dyspepsia, nausea, vomiting, abdominal pain, oral ulcers and diarrhoea
Hepatobiliary disorders	Abnormal liver function tests (increased ALAT, ASAT, alkaline phosphatase and bilirubin)
Skin and subcutaneous tissue disorders	Exanthema, erythema and alopecia

Action abnormal monitoring results are per NHSG Disease Modifying Anti-Rheumatic Drugs (DMARDs) Monitoring Guidance.

The specialist service should be contacted if there are any patient specific issues or concerns regarding side effects or abnormal results.

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