Methotrexate Prescribing Guidelines
April 11

Secondary Care Responsibilities
- Initiate & maintain prescribing until maintenance dose regime established
- Discuss risks & benefits of medication with patient
- Conduct baseline & initial monitoring until patient is stabilised
- Communicate with GP treatment & monitoring requirements
- Inform GP in writing of any change in treatment/dose
- Take back responsibility for monitoring after any dose increase after stable dose monitoring has been achieved, for a further 8 week period (*FBC& ALT every 4 weeks for 8 weeks, CRP after 8 weeks*) prior to resumption of stable dose monitoring
- Issue patient with NPSA Methotrexate information leaflet/monitoring booklet and complete dose and monitoring results at each visit
- Review patient at agreed time intervals

Primary Care Responsibilities
- Prescribing, once maintenance dose established
- Stable dose monitoring, as set out in the Shared Care Guidelines
- Awareness of interaction with other medication
- Respond to adverse effects
- Refer back to secondary care if there is a need to discontinue therapy

Joint Responsibilities
- Keep Methotrexate booklet up to date with dose/ test results
- Document responsibility for prescribing & monitoring clearly in the patients notes.

Patient/Carer Responsibilities
- Share any concerns in relation to treatment with medication and report any adverse effects to the specialist/GP
- Report to Specialist/GP if they do not have a clear understanding of treatment
- Participate in monitoring of therapy, and ensure Methotrexate booklets are kept up to date and available when requesting medication
- Inform community pharmacist of Methotrexate prescription when purchasing any over the counter (OTC) medication

Community Pharmacist Responsibilities
- Wherever practical ask to see the patient’s monitoring booklet and check if any dose changes have been made since the last prescription issue
- Always supply the same strength of tablet to the patient to prevent confusion about the number of tablets they need to take.
- Inform the patient of ONCE weekly dose in terms of quantity of tablets and milligrams. Be aware of patients who present with symptoms such as breathlessness, dry persistent cough, vomiting or diarrhoea, as these can be signs of oral Methotrexate toxicity or intolerance. Consider referring the patient back to the prescriber. It is good practice to maintain a record of any OTC items supplied to the patient

Primary Care Prescribing Guidance
This protocol only applies to patients who have had Methotrexate initiated by the hospital and are now on a stable dose. Only then can the patients be prescribed Methotrexate and have their blood tests carried out at their GP practice.
- A maximum of 3 months supply of Methotrexate should be supplied
- Ensure FBC+ALT are performed 3 monthly
- Ensure Creatinine, CRP or ESR are performed 6 monthly
- Ensure up to date blood test are available before issuing a prescription for Methotrexate
- Check that the dose and directions on the prescription are consistent with the last letter from the hospital before issuing a repeat prescription
- Wherever practical ask to see the patient’s monitoring booklet and check if any dose changes have been made since the last prescription issue
- All prescriptions for Methotrexate should specify the strength of the tablets (2.5mg or 10mg) or combination.
- Write the dose as Xmg ( X tablets) ONCE WEEKLY on the same day of the week
- Folic Acid should be co-prescribed, usually at a dose of 5mg Daily on 2 – 6 days weekly avoiding Methotrexate dosing day
- Repeat prescriptions should be retained separately for the prescriber to review prior to authorising
- Consider changing the printer driver software so that it shades the prescription signature space on the FP10/WP10 to alert the prescriber to this high risk
- Consider adding “Major Alert” to individual patients on the clinical system, so it highlights the prescriber to high risk drugs.