

ORAL METHOTREXATE SHARED CARE PROTOCOL

Your patient has now been on Methotrexate for at least 3 months, at a dose detailed in the most recent clinic letter, and has received blood test monitoring from the Rheumatology department which is stable. We would now be grateful if your practice would take over the responsibility for:

- Prescribing the **oral** methotrexate **as 2.5mg tablets**
- Performing the blood tests and monitoring the results (if your practice is signed up to shared care **LES**)

We would be grateful if you would fax / post back the attached sheet to indicate acceptance of the shared care agreement.

If patients fail to attend for their monitoring, we recommend contacting them to arrange one further monitoring appointment, but thereafter to stop prescribing their methotrexate until the monitoring requirements have been met.

The patient carries a hand held monitoring book, which has been kept up to date by the Rheumatology department and/or GP prescriber, and contains patient information. This and other documents are available to download from the NPSA website at www.npsa.nhs.uk/health/alerts

Important Information:

- Repeat prescriptions should be retained separately (i.e. highlighted as different to all other repeat prescriptions), so the GP prescriber can ensure monitoring has been undertaken prior to signing and issuing to patient
- The weekly dose on the prescription should state the quantity of methotrexate 2.5mg tablets per dose, and on which day they are to be taken
- Folic acid should also be prescribed at a dose of 5mg weekly, to prevent toxicity. Increased to more frequent dosing if side effects occur. (Day(s) to be stated on prescription – usually day prior to methotrexate)
- Alcohol intake should be limited to 10 units per week.
- Methotrexate is contraindicated in pregnancy and when breastfeeding and contraception is therefore advised in patients who are sexually active. Both men and women should be advised to stop Methotrexate at least 3 months before a planned pregnancy.
- **Trimethoprim / Co-trimoxazole should NEVER be co-prescribed with methotrexate** (risk of bone marrow suppression)
- Avoid exposure to chickenpox and shingles. If infection develops it should be treated aggressively with antiviral medication and Rheumatology dept can be contacted for advice
- Live vaccines should not be given
- Annual flu jab is recommended (to be given by GP practice)
- Side effects include: Oral Ulceration / Nausea / Diarrhoea / Alopecia – drug continuation depends on severity and patient wishes

Treatment is usually started at a dose of 10 - 15mg **WEEKLY** using 2.5mg tablets and increased to 20-30mg **WEEKLY** according to clinical response. If nausea or poor efficacy then sub-cutaneous use may be considered, **at which point monitoring and prescribing will return to the consultant concerned**. Methotrexate dose may also be split across 2 days if side effects occur (total dose not to exceed 30mg WEEKLY)

Monitoring schedule:

- FBC / U&E / LFT / CRP monthly (months 3-6 after starting)
- Then 3 monthly unless dose changes
- If dose increases: additional FBC / U&E / LFT after 2 & 4 weeks
- Results to be entered into hand held monitoring booklet

IF:	WCC	< 3.5 x 10 ⁹ /l
	Neutrophils	< 1.8 x 10 ⁹ /l
	Platelets	< 150 x 10 ⁹ /l
	AST or ALT	> 100

OR: Severe sore throat / Oral Ulceration / Fever / Rash

Stop medication and contact Rheumatology service.

If sudden onset breathlessness and cough, assess the patient for infection, stop the methotrexate and contact Rheumatology dept.

If CRP elevated (>25) and patient symptomatic, inform Rheumatology department. If CRP suddenly elevated without significant change to joint symptoms assess patient for infection. Occasionally patients run a persistently high CRP without joint symptoms – this will usually be flagged up in clinic letters

The methotrexate should be stopped if the patient has a significant infection requiring antibiotics (or chickenpox / shingles), and restart once infection treated.

Department Contact details:

Fax: 01709 424276
Telephone Helpline: 01709 424739

Consultants:
Dr James Maxwell 01709 424156
Dr Fiona Fawthrop 01709 424275
Dr Gillian Smith 01709 424169

Nurse Specialists:
Sister Sue Elsey + Sister Hayley Coop – Bleep 079 via Switch

Specialist Registrar: available on bleep 101 via Switchboard

**Rheumatology Methotrexate Shared Care Monitoring Agreement for
Transfer of Prescribing and Monitoring from Hospital to Primary Care**

Patient:

Patient's addressograph

Consultant:

Name of General Practitioner: Dr.....

Name of GP Practice:

Please initial each box as appropriate:

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I am in agreement that from / / 20 the practice will
take over the prescribing of Methotrexate for the above patient in
accordance with the shared care guidelines which are attached.

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The practice is happy to take on the blood test monitoring according to
the schedule above, and will ensure that this patient's Shared Care
Monitoring booklet is updated soon after the results become available

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I also confirm that I will take appropriate action, in accordance with the
above-mentioned Guidelines in the event of abnormal blood tests or
other adverse reactions, and will inform the patient's Rheumatologist if
I advise the patient to stop their DMARD medication.

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I am aware that all of the Consultant Rheumatologists are happy to be
contacted about their patients via their secretaries if there are any
concerns.

GP Signature **Print Name**

Date

Please FAX Once Complete to 01709 424276