Shared Care Policy and Prescribing Information for General Practitioners for METHOTREXATE injection (Adults only, non-renal patients)

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Please keep this document in the patients notes

PATIENT NAME: UNIT NUMBER: CHI NUMBER: ADDRESS: DATE OF BIRTH: Insert patient sticker here	HOSPITAL: WARD: TELEPHONE NO: CONSULTANT: DATE: (print name) SIGNATURE:

THERAPEUTIC INDICATION FOR THIS PATIENT: (to be completed by consultant)

DOSAGE/PREPARATION/ROUTE/FREQUENCY OF ADMINISTRATION: (to be completed by consultant)

Concurrent Folic Acid 5mg (oral) **ONCE WEEKLY** 72 hours after methotrexate.

SAFE PRACTICE IS THAT THE CLINICIAN WHO ORDERS THE TEST MUST ACT ON THE RESULT

CARE WHICH IS THE RESPONSIBILITY OF THE HOSPITAL CONSULTANT

1. Baseline:
Chest X-Ray; full blood count (FBC); urea, creatinine and electrolytes (U&E); liver function tests (LFTs); urinalysis.
PIIINP test (dermatology only) - once prior to treatment then repeated at four monthly intervals.
2. Copy of results to be sent to GP.
3. Exclude pregnancy before starting therapy.

Advise men and women;

- To avoid conception during treatment and for at least **4 months** after discontinuation.
- Of the potential adverse effect of methotrexate on reproduction.

4. Initiation of therapy and recommendations for dose increments.
5. Decision on final dose required for patient.
6. Ensuring that patients/carers are trained to self administer the injection or ensuring that the injection can be administered by an appropriately trained healthcare professional.
7. Ensuring the process for the disposal of waste is clearly described and understood.
8. Monitoring clinical response to treatment.
9. Advise patients to immediately report any signs or symptoms of blood, liver or respiratory toxicity - especially sore throat, bruising, cough and dyspnoea.

CARE WHICH IS THE RESPONSIBILITY OF THE GENERAL PRACTITIONER (GP)

1. Prescribing medication under guidance of consultant.
2. Check that the monitoring is up to date and that results are within the normal range.
3. The GP should be aware that the drug can cause blood dyscrasias, pulmonary toxicity, renal or hepatic damage, suppression of ovarian and testicular function.
4. Patients should be asked about signs of infection, e.g. new or increasing fever, sore throat, dyspnoea or cough, or the presence of rash or oral ulceration at each visit.
When the patient has an intercurrent illness a FBC, U&E and LFTs should be done. Any abnormal results including those noted above should be reported to the consultant.
5. The General Practitioner has primary responsibility for monitoring therapy according to the schedule below:

PLEASE REFER TO THE DMARD MONITORING GUIDANCE FOUND AT THE LINK BELOW:
https://www.nhsgrampian.org//globalassets/foidocument/foi-public-documents1---all-documents/Guide_DMARDs.pdf

6. **Prescribe folic acid 5mg once weekly, as above.**

When writing laboratory request forms always include details of the patient's medication

NOTE: In addition to absolute values for haematological indices a rapid fall **or a consistent downward trend in any value should prompt caution and extra vigilance.**

If something unexpected occurs Contact Consultant.

Notify the consultant if the drug is withheld.

Please refer to the DMARD Monitoring Document at the link below for how to action abnormal monitoring results.

https://www.nhsgrampian.org//globalassets/foidocument/foi-public-documents1---all-documents/Guide_DMARDs.pdf

For specific product information please consult the current summary of product characteristics (http://emc.medicines.org.uk/) and the BNF http://www.bnf.org/bnf/)

Other information

- Live vaccines should be avoided in patients taking methotrexate.
- Single pneumococcal vaccination and annual influenza vaccine should be given.
- **There are a number of drug interactions that must be considered. When a new drug is prescribed please refer to Summary of Product Characteristics, BNF or contact Medicines Information**.
  Some important interactions to consider include the following:
  - NSAIDs and Aspirin can reduce excretion of methotrexate. However, **low dose aspirin and standard doses of NSAIDs may be continued**. Monitoring is essential if new prescriptions added.
  - **Co-trimoxazole** or **trimethoprim** must not be co-administered with methotrexate as there is increased risk of haematological toxicity. Cases of severe bone marrow suppression have been reported.
  - Acitretin may increase plasma concentration of methotrexate. Caution is advised.
  - Probenicid will decrease the methotrexate transport function of renal tubules, thereby reducing excretion and almost certainly increasing methotrexate toxicity. Monitoring essential.
- Advise men or women to avoid conception during and for at least four months after discontinuation of methotrexate.

NOTE: Methotrexate injection is a cytotoxic preparation, although the cytotoxic risk relating to the low dosages used in inflammatory conditions is believed to be minimal. Handling and disposal of injection devices, including used/part used devices should be according to local and national requirements for safe handling of cytotoxic drugs.
It is essential that methotrexate injection, including used/part-used injection devices, are deposited in Yellow Stream bin container with a **violet lid, initially supplied by the hospital** and disposed of via the chemotherapy waste route.
Storage and uplift must be kept separate from **all** other wastes. Full cytotoxic waste containers will be the returned to the community pharmacy or hospital clinic whichever is convenient for the patient and a replacement container issued.

Methotrexate injection is initiated by hospital consultants. The majority of patients/carers are able to administer the injection with training provided by specialist nurses. In exceptional cases administration may be arranged with community nursing teams.
Pregnant health care personnel should not handle and/or administer methotrexate injection.
Methotrexate must not come into contact with the skin or mucosa. In the event of contamination, the affected area must be rinsed immediately with ample amount of water.

Pregnancy
Discuss with consultant. Contra-indicated in pregnancy. Advise to contact their physician immediately should pregnancy occur.

Breast-feeding
Discuss with Aberdeen Maternity Hospital. Discontinue breast-feeding.

Responsibilities of GPs undertaking monitoring
A GP agreeing to monitor methotrexate injection should:

- Ensure that the relevant monitoring requirements are undertaken at the correct frequency.
- Ensure that the test results are checked for any abnormality as soon as the results are available.
- Ensure abnormal results are acted upon.
- Contact the consultant in the event of a drug reaction or monitoring abnormality or anything you are unhappy about.
- Be alert for any of the known adverse reactions.
- Ensure the patient's records clearly indicate the patient is receiving methotrexate injection.

**** The patient should be encouraged to ensure blood tests are taken at the correct intervals. ****