# Methotrexate

MHRA DSU (2020) | NICE NG100 | SPS Monitoring & Interactions Guidance

## WEEKLY DOSE ONLY: Do Not Dispense if Daily

- ☐ Methotrexate for non-cancer conditions is ONCE WEEKLY ONLY. Daily dosing has caused deaths.
- ☐ Do not dispense if the prescription states daily or more frequent dosing: contact the prescriber immediately.
- ☐ Dispense one tablet strength only (usually 2.5 mg). Do not supply mixed strengths. Query 10 mg tablets or "as directed" dosing before dispensing.
- ☐ Label MUST state: dose in mg, number of tablets, once-weekly, and full day of week. Write the same on the patient alert card.
- ☐ If patient reports taking extra doses or unsure about frequency: withhold further supply and advise urgent same-day medical assessment, even if well.

## FOLIC ACID AND MONITORING: Check Every Dispense

- ☐ Folic acid should be taken on a DIFFERENT day from methotrexate. If absent from prescription, query before dispensing.
- ☐ FBC, LFTs, and renal function: monitor per shared-care protocol (typically every 1-2 weeks when starting; every 2-3 months when stable).
- ☐ Confirm monitoring booklet present and up to date. If overdue, contact prescriber before supplying.
- ☐ Confirm dose and day of week unchanged since last supply. Query if hospital or specialist has made changes.

### Key Drug Interactions

| Medicine | Risk | Action |
|---|---|---|
| **Trimethoprim / co-trimoxazole** | Life-threatening bone marrow suppression | Generally avoid; consult prescriber |
| **NSAIDs (e.g. ibuprofen)** | Reduced renal clearance; higher methotrexate levels | Advise against OTC NSAIDs; specialist use only |
| **Penicillins (e.g. amoxicillin)** | Reduced methotrexate clearance | Caution; counsel on toxicity signs |
| **Proton pump inhibitors** | Reduced clearance (higher risk with renal impairment) | Ensure monitoring is current |
| **Statins, terbinafine, fluconazole** | Increased liver toxicity risk | Ensure monitoring is current |

## RED FLAGS: Withhold and Act

- ☐ Mouth ulcers, sore throat, fever, unexplained bruising or bleeding: possible bone marrow suppression. Withhold methotrexate. Advise urgent GP or 111; call 999 if acutely unwell.
- ☐ Persistent nausea, vomiting, jaundice, or severe abdominal pain: possible liver toxicity. Withhold and arrange urgent same-day assessment.
- ☐ New breathlessness, dry cough, or fever: possible pneumonitis. Withhold and arrange urgent same-day assessment. Call 999 if acute or associated with chest pain or confusion.
- ☐ Severe rash, blistering, or skin peeling: possible severe cutaneous reaction. Withhold and arrange urgent assessment.
- ☐ Pregnancy or planned pregnancy: withhold and arrange urgent specialist review.

**Key reminders:** Compliance aids (monitored dosage systems): proceed with caution. Consult prescriber before dispensing methotrexate in a blister pack to ensure weekly doses are clearly segregated. Contraception required throughout treatment: female patients for at least 6 months after stopping; male patients for at least 3 months. Chickenpox or shingles exposure: advise urgent same-day medical advice, especially if non-immune or immunosuppressed.