**Once Weekly Oral Methotrexate**

**Indications:** Active rheumatoid arthritis in adults, severe forms of psoriasis vulgaris, severe psoriatic arthritis

**Usual dose range for rheumatology indications:** 7.5-25mg orally **ONCE WEEKLY** (see SmPC for individual dosing per indication)

**Monitoring:** Ensure appropriate monitoring of bloods whether in primary or secondary care (rheumatology clinics). Usually every 1-2 weeks to stabilise and then often every 2-3 months depending on patient risk.

**Safety in use:** Incorrect prescribing, dispensing and use of methotrexate can result in toxicity and significant patient morbidity and mortality – ensure treatment is **ALWAYS ONCE WEEKLY**.

**Toxicity:** Methotrexate toxicity can occur at any stage. Signs of toxicity should be considered at all stages of treatment and monitoring continued throughout treatment.

### Prescribing Tips

- Write the dose and number of 2.5mg tablets i.e. 12.5mg (5 x 2.5mg)
- Write **WEEKLY** clearly AND **day** of the week e.g. “**WEEKLY on SUNDAYS**”
- Advise patient on **SIGNS and SYMPTOMS** of methotrexate toxicity (provide alert card where possible)
- Ensure blood tests are carried out prior to re-issue of prescription
- Document dose changes on new prescriptions to advise pharmacist of intention to adjust dose

### Dispensing Tips

- Only stock and dispense 2.5mg tablets
- Store methotrexate appropriately and handle with care (wear gloves if handling tablets directly)
- Check when patient had most recent blood test. **This is usually every 2-3 months once stabilised.**
- Label with:
  - Total dose
  - Number of 2.5mg tablets to take
  - “WEEKLY” and **what DAY to take**
- Counsel on **WEEKLY** nature of dosing, reinforce advice at every dispensing
- Record OTC medication taken
- Explain possible side effects and signs and symptoms of toxicity for patient to be aware of

### Patient Review tips

- Review previous dispensed medication history at **EVERY** dispensing.
- Take care if new prescriptions or OTC use of medications which may interact (e.g. some antibiotics, NSAIDs)
- Take particular care if changes in methotrexate dose
- Review time since last dispensing for appropriateness
- Assess the patient for occurrence of any side effects (listed below) since last supply
- Ascertain patient awareness for need for BLOOD MONITORING
- Check that folic acid is prescribed and taken by the patient as directed by their doctor

### Signs of Methotrexate Toxicity

**Signs of neutropenia** (requires **immediate review** - see alert)

- **Sore throat**/other infections*
- **Fever**/Chills*

**Other features of blood disorders**

- **Mouth ulceration**
- **Easy bruising or bleeding**

**Liver toxicity**

- **Diarrhoea**
- **Vomiting**
- **Unexplained rash**

**Respiratory effects**

- **Breathlessness**
- **Dry persistent cough**

### ALERT - Neutropenia and neutropenic sepsis

If patient has received methotrexate within the past 28 days and has **ANY ONE OR MORE** of the following:

- Fever or hypothermia
- Chills, rigors or shaking
- Unexplained tachycardia, hypotension or tachypnoea
- Any indwelling vascular access device
- Feels unwell

*Note: Signs/symptoms may be minimal especially if taking corticosteroids*

Consider neutropenic sepsis: Treat as an **EMERGENCY**

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**References**

1. Methotrexate 2.5mg and 10mg SmPC. Accessed on 05/01/2014 available on: [www.HPRA.ie](http://www.HPRA.ie) (Date of text revision: April 2013)
5. Immunosuppressant ALERT card ICGP – Dr Diarmuid Quinlan and Dr Paul Ryan ICGP Quality in Practice (QIP) Awards winners 2013
6. What is the dose of folic acid to use with methotrexate therapy for rheumatoid arthritis? UKM 2012 NHS Medicines Q&A