

METHOTREXATE Drug Specific Monitoring Document



TARGET AUDIENCE	Board-wide
PATIENT GROUP	All patients aged 12 years and older taking Methotrexate

References

- British National Formulary (2024). *BNF / NICE*. [online] NICE. Available at: <https://bnf.nice.org.uk/>.
- Specialist Pharmacy Service (2021). *Medicines Monitoring*. [online] SPS - Specialist Pharmacy Service. Available at: <https://www.sps.nhs.uk/home/tools/drug-monitoring/>.
- Electronic Medicines Compendium (2019). *Home - electronic medicines compendium (emc)*. [online] Medicines.org.uk. Available at: <https://www.medicines.org.uk/emc>

Governance information for drug specific document

Lead Author(s):	Medicines Policy and Guidance Team
Endorsing Body:	Area Drug and Therapeutics Committee
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Responsible Person (if different from lead author)	Kirsty Macfarlane/Mark Russell

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Medication Name	METHOTREXATE
Actions by specialist clinician before initiation	<ul style="list-style-type: none"> FBC U&Es LFTs (and in dermatology - include AST (to calculate baseline FIB-4 score)) Chest x-ray, if deemed clinically appropriate Physical examination and lung function may also be necessary on case-by-case basis <p><i>For all drugs, specialist clinicians should consider whether vaccination/exclusion of other contraindications (including active infection), is required and arrange as appropriate.</i></p>
DIS actions on starting treatment and following dose titration during initiation period	<p>Every 2 weeks until on a stable dose for 6 weeks, then monthly for 3 months</p> <ul style="list-style-type: none"> FBC U&Es LFTs
Ongoing monitoring in Primary Care once stable	<p>Every 12 weeks</p> <ul style="list-style-type: none"> FBC U&Es LFTs
Action if monitoring is outside reference range	<p>Monitor trends - be aware of trends in results and respond accordingly</p> <p>Respond to absolute levels - Consider stopping treatment and contacting a specialist if any of the following develop on two consecutive results 1 week apart:</p> <ul style="list-style-type: none"> <u>Full blood count</u> <ul style="list-style-type: none"> WCC less than $3.5 \times 10^9/L$ Neutrophils less than $1.6 \times 10^9/L$ Unexplained eosinophilia more than $0.5 \times 10^9/L$ (up to $1.0 \times 10^9/L$ acceptable in patients with eczema) Platelets less than $140 \times 10^9/L$ MCV greater than 105fL then check B12, folate, thyroid-stimulating hormone levels. If abnormal treat; if normal accept mcv up to 110f/L. Discuss with specialist team if >110f/L. <u>Liver function</u> <ul style="list-style-type: none"> Unexplained fall in serum albumin less than 30g/L AST and/or ALT greater than 100units/L <u>Renal function</u> <ul style="list-style-type: none"> Creatinine increase greater than 30% above baseline over 12 months eGFR less than 60ml/min/1.73m² <ul style="list-style-type: none"> repeat in 1 week, if still more than 30% from baseline, withhold and discuss with specialist team
Actions to take if restarting medication after treatment break	<p>Actions may vary. Consult specialist team for further guidance if required</p> <p>Patients should be referred by the specialist clinician to the drug initiation hub if re-titration or enhanced monitoring is required</p>

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CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	Kirsty Macfarlane, Mark Russell, Kendal Paterson, Katrina Maroni
Consultation Process / Stakeholders:	LMC, GP Sub-committee, Karen Donaldson, Eimear Gordon, Anthony Carson, Richard Shearer, Rebecca Malley, Rosemary Beaton, Drug Initiation Service pharmacists, Acute specialist dermatology and rheumatology consultants and pharmacists.
Distribution	Acute specialist consultants and pharmacists, Senior primary care pharmacists, all individuals involved with the Drug Initiation Service, LMC and GP sub-committee

CHANGE RECORD			
Date	Lead Author	Change	Version

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