# Shared Care Guideline
Stepping Hill Hospital and North Derbyshire CCG

## Shared care Guideline for Oral Methotrexate in the Management of Rheumatological Conditions

<table>
<thead>
<tr>
<th>Author(s) Originator(s):</th>
<th>Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. C. Filer (Consultant Rheumatologist) Stepping Hill Hospital</td>
<td>To be read in conjunction with the following documents:</td>
</tr>
<tr>
<td>Dr. A. Ismail (Consultant Rheumatologist) Stepping Hill Hospital</td>
<td>Current Summary of Product Characteristics (<a href="http://www.medicines.org.uk">http://www.medicines.org.uk</a>)</td>
</tr>
<tr>
<td>Dr. L. Mercer (Consultant Rheumatologist) Stepping Hill Hospital</td>
<td>BNF</td>
</tr>
<tr>
<td>Rebecca Heaton (Specialist Pharmacist) Stepping Hill Hospital</td>
<td></td>
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</tbody>
</table>

**Date Approved by Commissioners:** March 2017  
**Review Date:** February 2019

### Please complete all sections

<table>
<thead>
<tr>
<th>1. Licensed Indications</th>
<th>Moderate to severe active rheumatoid arthritis. May also be used for other rheumatological conditions such as severe inflammatory arthritis or Still’s disease [unlicensed] if considered appropriate by the Rheumatology Consultant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Therapeutic use &amp; background</td>
<td>Methotrexate is an anti-metabolite cytotoxic drug which inhibits DNA synthesis and cellular replication.</td>
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</tbody>
</table>
| 3. Contraindications (Please note this does not replace the SPC or BNF and should be read in conjunction with it). | **Contraindications**  
Active infection and immunodeficiency syndromes. |
|                          | **Cautions**  
Extreme caution in blood, renal and hepatic disorders (avoid if severe), peptic ulceration, ulcerative colitis, diarrhoea and ulcerative stomatitis, acute porphyria. |
| 4. Prescribing in pregnancy and lactation | This drug cannot be prescribed in the pregnant or breastfeeding patient.  
Avoid in pregnancy as teratogenic; effective contraception required during and for at least 3 months after treatment women. Men taking methotrexate wishing to conceive should discuss this with a rheumatologist. Fertility may be reduced during treatment (often reversible).  
Breast feeding should be discontinued as present in breast milk.  
The Consultant Rheumatologist should be informed if patients become pregnant or start breast feeding and will provide instructions for future disease management. |
| 5. Dosage regimen for continuing care | **Route of Administration**  
First line route oral. Subcutaneous preparation can be considered if patient experiencing GI irritation or if concerns over lack of bioavailability.  
Preparations available:  
Tablets – 2.5mg only to be prescribed. **DO NOT PRESCRIBE 10MG TABLETS.** |
Methotrexate treatment will be initiated by Stepping Hill Hospital Rheumatology Department; an initial supply of 14 weeks will be issued (3 months and 2 weeks treatment to cover period of prescribing responsibility transition). Provided the patient’s dose and bloods are stable following three months initiation, please prescribe:

*Methotrexate oral 2.5mg tablets at the dose agreed for the patient outlined in the patient’s clinic letter.

Maximum dose of 25mg (30mg daily is occasionally indicated).

*Individualised dose and plan will be outlined in clinic letters. Any changes in dose will be communicated via ‘GP Action’ section of subsequent clinic letters.

<table>
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<tr>
<th>Is titration required</th>
<th>No – (managed prior to shared care referral)</th>
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**Adjunctive treatment regime**

*Folic acid 5mg ONCE weekly. Can be given more frequently if necessary to reduce toxic effects as long as it is not on the same day as methotrexate. If nausea or GI effects persist despite folic acid then folinic acid 15mg ONCE weekly can be used as an alternative.*

**Conditions requiring dose reduction**

*Lower doses should be considered for frail, elderly patients and those with impaired renal function (eGFR < 50ml/min). The subcutaneous route can be considered if oral dose limited by side effects.*

**Usual response time:** 6 weeks to 3 months.

**Duration of treatment:** ongoing if effective. To be terminated by Rheumatology Specialist if lack of response.

**Treatment to be terminated by:** health care professional in consultation with Rheumatology team.

**NB. All dose adjustments will be the responsibility of the initiating specialist care unless directions have been specified in the medical letter to the GP.**

6. **Drug Interactions**

*For a comprehensive list consult the BNF or summary of Product Characteristics*

**The following drugs must not be prescribed without consultation with the specialist:**

*Trimethoprim/co-trimoxazole – increased antifolate effects. *NOT to have trimethoprim contacting products for at least 3 months following cessation of methotrexate*

*Immunosuppressant agents (including ciclosporin, cisplatin) - increased immunosuppressive effects. Clozapine – increased risk of agranulocytosis*

**The following drugs may be prescribed with caution:**

*Phenytoin/ pyrimethamine/nitrous oxide – antifolate effect increased.*

*Probenecid – reduced excretion of methotrexate.*

*Acitretin – may increase concentration of methotrexate and increase risk of hepatotoxicity.*

*NSAIDs - reduce tubular secretion of methotrexate, use concomitantly with caution, especially in any degree of renal impairment.*

*Excessive alcohol (defined as 50% of government recommended limits) should be avoided. No more than 10 units per week, spread over more than one day.*
For a comprehensive list (including rare and very rate adverse effects), or if significance of possible adverse event uncertain, consult Summary of Product Characteristics or BNF.

Specialist to detail below the action to be taken upon occurrence of a particular adverse event as appropriate. Most serious toxicity is seen with long-term use and may therefore present first to GPs.

<table>
<thead>
<tr>
<th>Adverse Event System - Symptom/sign</th>
<th>Action to be taken</th>
<th>By Whom</th>
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</thead>
<tbody>
<tr>
<td>WBC&lt;3.5x10^9/L Neutrophils &lt;1.7x10^9/L Platelets &lt;140x10^9/L</td>
<td>Withhold until discussion with Rheumatology Team</td>
<td>GP</td>
</tr>
<tr>
<td>Platelets &gt; 140 but &lt;150x10^9/L</td>
<td>Repeat FBC in two weeks. Contact Rheumatology Team if not improved</td>
<td>GP</td>
</tr>
<tr>
<td>MCV&gt;105 fl</td>
<td>Check B12, folate and TSH. If abnormal treat any underlying abnormality. If normal, discuss with Rheumatology Team.</td>
<td>GP</td>
</tr>
<tr>
<td>AST/ALT rise &gt; 1 but &lt; 2 x upper limit normal</td>
<td>Repeat LFTs in two weeks. Contact Rheumatology Team if not improved</td>
<td>GP</td>
</tr>
<tr>
<td>AST/ALT rise &gt; 2x upper limit of normal</td>
<td>Withhold until discussion with Rheumatology Team.</td>
<td>GP</td>
</tr>
<tr>
<td>Declining renal function i.e. creatinine increasing &gt; 1.5 fold above baseline</td>
<td>Withhold until discussion with Rheumatology Team.</td>
<td>GP</td>
</tr>
<tr>
<td>New or increasing dyspnoea and/or dry cough</td>
<td>Withhold and discuss urgently with Rheumatology Team</td>
<td>GP</td>
</tr>
<tr>
<td>Severe sore throat, abnormal bruising</td>
<td>Check FBC immediately and withhold until results. Discuss with Rheumatology Team</td>
<td>GP</td>
</tr>
<tr>
<td>Infection requiring antibiotics *avoid trimethoprim (*trimethoprim should be avoided in patients exposed to methotrexate within the preceding 3 months based on evidence the effect of methotrexate on folate metabolism can persist)</td>
<td>Continue provided mild infection responding to antibiotics (withhold if moderate-severe infection not responding to treatment)</td>
<td>GP</td>
</tr>
</tbody>
</table>

The patient should be advised to report any of the following signs or symptoms to their GP without delay:

Severe skin rash that causes blistering, persistent cough, pain or difficulty breathing or become breathless, fever with swollen glands, sore throat, mouth ulcers, chills or achiness, abdominal discomfort, dark urine.

Other important co morbidities (e.g. Chickenpox exposure). Include advise on management and prevention and who will be responsibility for this in each case:

Patients should receive annual influenza vaccination. Pneumococcal vaccination prior to initiation. Chicken pox immunisation prior to initiation (if no history of infection).

Any immunisations required prior to initiating treatment will be given by the GP. Specific directions will be provided by the Specialist in the initial GP referral letter. Patients who have not been immunised with chicken pox vaccine should report to GP or Specialist if they come in to contact with the virus.
For advice – contact:
GP during working hours: to contact Consultant Microbiologist at Stepping Hill Hospital via switchboard or 0161 419 4491.
GP out of hours: to contact Virologist on call at Manchester Royal Infirmary (0161 276 1234). Contact as soon as possible with details of nature and duration of exposure

Adverse reaction to a black triangle drug or serious reaction to an established drug should be reported to the MHRA via the “Yellow Care” scheme.

8. Baseline Investigations
- FBC
- LFT
- U&E
- Chest X-ray (within the last 6 months)
- Pulmonary function tests (if indicated)
Assess requirement for pre-treatment vaccinations

9. Ongoing monitoring requirements to be undertaken by GP

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>Frequency</th>
<th>Results</th>
<th>Action</th>
<th>By whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBC/U&amp;E/LFTs (including ALT)</td>
<td>Titration Every two weeks until therapy stabilised (until 6 weeks after last dose increase). Maintenance Monthly for one year. Can be reduced to every 2 to 3 months after one year of stable results depending on concomitant medications and patient’s general condition.</td>
<td>See section 7</td>
<td></td>
<td>GP</td>
</tr>
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</table>

10. Pharmaceutical Aspects
To supply only 2.5mg tablets and specify dose on the prescription (‘as directed’ not acceptable).

11. Secondary care contact information
If stopping medication or needing advice please contact:

Rheumatology Nurse Helpline - 0161 419 4250
Rheumatology Medication Helpline – 0161 419 5202

Answer machine service – call will be returned within 24 hours (Monday to Friday)

Consultants Dr A Ismail, Dr C Filer, Dr L Mercer (0161 419 5069, Fax: 0161 419 5548)

Department opening hours: Monday to Friday 09:00 to 17:00

Hospital: Stepping Hill Hospital, Poplar Grove, Stockport. SK2 7JE.

12. Criteria for shared care
Prescribing responsibility will only be transferred when:
- Treatment is for a specified indication and duration
- The GP has agreed in each individual case that shared care is appropriate
- The patient's general physical, mental and social circumstances are such that he/she would benefit from shared care arrangements
- Patient has completed three months treatment (prescribed and monitored by Rheumatology Team), has reached the target dose and blood test results are stable
### 13. Responsibilities of initiating specialist

- Undertake baseline monitoring.
- Supply the first three months of medication (and additional two weeks to cover transition between Secondary to Primary care prescribing responsibility).
- Supply blood forms for three months at the time of prescribing (patient to use these at their GP or local phlebotomy service during the initiation period).
- Monitor blood test results during the first three months initiation period.
- Continue to monitor and supervise the patient's rheumatological condition in an outpatient setting.
- Will review the patient promptly if contacted by the GP.
- Ensure no drug interactions at the time of initiation.
- Provide GP with diagnosis, relevant clinical information and baseline results, treatment to date and individualised treatment plan, duration of treatment before consultant review.
- Provide GP with details of outpatient consultations, ideally within 14 days of seeing the patient or inform GP if the patient does not attend appointment.
- Provide GP with advice on when to stop this drug or alter the dose, this will be communicated by urgent letter (same day delivery), fax or verbally in situations which requires immediate action.
- Provide patient with methotrexate monitoring booklet, relevant drug information and Arthritis Research UK leaflet ([available from](http://www.arthritisresearchuk.org/arthritis-information/drugs.aspx)).
- Provide patient with relevant drug information to enable understanding of potential side effects and appropriate action. A specific medication counselling appointment is available for all patients if considered appropriate.
- Provide patient with relevant drug information to enable understanding of the role of monitoring.
- If prescribing an unlicensed preparation, ensure the patient understands the implications of this and consents to proceed with therapy.
- Send an electronic shared care referral request to the GP for each patient. Investigate any situations when shared care is declined.

### 14. Responsibilities of the GP

- Facilitate blood tests at surgery during the initial three months of treatment. Blood forms will be provided by the referring consultant and results will therefore be sent back to the appropriate consultant.
- To undertake vaccinations as directed by the initiating consultant in initial referral letter if required, the BNF or Green Book.
- Sign and return the shared care referral request via fax within 7 days of receipt to 0161 419 5231.
- Continue treatment as directed by the specialist after the three months initiation period.
- Ensure no drug interactions in collaboration with the specialist according to this protocol.
- To monitor and prescribe in collaboration with the specialist according to this protocol, if monitoring requirements are not being met, to stop prescribing and contact the specialist.
- To appropriately act upon symptoms or resulted, record and communicate to secondary care when necessary.
### 15. Responsibilities of the Patient

- To take medication as directed by the prescriber, or to contact the GP if not taking medication.
- To attend hospital and GP clinic appointments (failure to attend will result in medication being stopped on specialist advice).
- To report adverse effects to their Specialist or GP.
- To attend GP surgery for blood tests as requested, taking blood forms provided by Stepping Hill Hospital during the first initial three months treatment.
- Females must report to GP or Specialist if plan to conceive. Current guidance states that paternal use of methotrexate is compatible with conception but male patients may also wish to discuss plans to conceive with their Specialist.
- To read through the information provided by the Specialist and to ask for further information or advice from a health care professional if required.
- To read, understand and regularly update methotrexate monitoring booklet. The booklet should be taken to all clinic and community appointments and should also be available for dispensing pharmacy if requested.

### 16. Additional Responsibilities

<table>
<thead>
<tr>
<th>List any Special Considerations</th>
<th>Action Required</th>
<th>By Whom</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>17. Supporting documentation</td>
<td>The SCG must be accompanied by a patient information leaflet</td>
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</tbody>
</table>

### 18. Patient Monitoring Booklet

- The patient must receive a monitoring booklet from the specialist upon initiation of treatment. The patient must bring this booklet to all specialist and GP appointments where it will be updated by the health professional conducting the appointment. The patient must also produce the booklet to any health professional involved in other aspects of their care e.g. pharmacists and dentists.

### 19. Shared Care Agreement Form

- Copy attached below for reference. Individual requests will be sent to each GP electronically at the time of initiation of shared care.
Dear Dr,

This patient is suitable for treatment with a medication which has been accepted for Shared Care according to the protocol (as agreed by Trust/Derbyshire CCG). I am therefore requesting your agreement to share the care of this patient.

Please see the corresponding clinic letter (sent on the same date as this agreement request) for details of the medication. Pre-treatment investigations have been undertaken as per the shared care agreement, the patient has received the first three months of treatment, has reached the target dose and blood monitoring parameters are currently within range.

Please return the response form within the next 7 days via fax to 0161 419 5231

For further information please see the Shared Care Protocol which can be accessed below:

would need your link here***

Thank you

The Rheumatology Team

**Response Form**
(to be completed by the GP and returned to the fax number above)

*I**MPORTANT: A**CTION NEEDED*