

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.

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.