

Methotrexate

NPSA PSA001 (2006) | MHRA DSU (2020) | SPS Interactions Guidance (2025)

■ WEEKLY DOSE ONLY: Do Not Dispense if Daily

- Methotrexate for non-cancer conditions is taken ONCE WEEKLY ONLY. Daily dosing has caused deaths.
- Do not dispense if the prescription states daily or more frequent dosing for a non-oncology indication: contact the prescriber immediately.
- Usual weekly dose range: 7.5 mg to 25 mg once weekly. Query any unusually high dose against previous records or specialist instructions.
- Label MUST state the day of the week in full, e.g. "Take on Tuesday". Write the same on the patient alert card.

■ FOLIC ACID: Check Every Dispense

- Folic acid should usually be taken on a DIFFERENT day from methotrexate. Follow the prescribed regimen.
- If folic acid is not on the prescription and no explanation is apparent, check with the prescriber before dispensing.
- Ask: "Are you still taking your folic acid as prescribed, on a different day from your methotrexate?"

Medicine	Risk	Action
Trimethoprim / co-trimoxazole	Life-threatening bone marrow suppression	Generally avoid; consult prescriber for alternative
NSAIDs (ibuprofen, naproxen)	Reduced renal clearance raises methotrexate levels	Advise against OTC NSAIDs; specialist supervision only
Penicillins (amoxicillin)	Reduced methotrexate clearance	Short courses with caution; monitor for toxicity signs
Proton pump inhibitors	Reduced clearance (higher risk in renal impairment)	Ensure routine monitoring is current
Statins, terbinafine, fluconazole	Increased liver toxicity risk	Ensure routine monitoring is current

■ MONITORING: Check at Every Dispense

- FBC, LFTs, and renal function: monitor according to shared-care protocol. Typically every 1-2 weeks initially, then every 2-3 months once stable.
- If monitoring appears overdue, contact the prescriber. Do not interrupt treatment without clinical advice.
- Confirm the patient has their yellow monitoring booklet and encourage them to bring it every time.

■ RED FLAGS: Act Immediately

- Mouth ulcers, sore throat, fever, unexplained bruising or bleeding: possible bone marrow suppression. Stop methotrexate and seek urgent medical assessment.
- Persistent nausea, vomiting, jaundice, or severe abdominal pain: possible liver toxicity. Stop and seek urgent assessment.
- New breathlessness, dry cough, or fever: possible pneumonitis. Stop methotrexate and seek same-day urgent assessment.
- Pregnancy or planned pregnancy: urgent specialist review. Do not stop treatment without specialist advice.
- Patient told to stop due to abnormal blood tests: do not supply further treatment until clarified with the prescriber.

Key reminders: Store 2.5 mg and 10 mg tablets separately to prevent dispensing errors. Contraception required during treatment: women for at least 6 months after stopping, men for at least 3 months. Avoid live vaccines unless advised by the specialist team. Chickenpox or shingles exposure may require urgent assessment.