

METHOTREXATE

Methotrexate is a powerful cytotoxic medication and should be treated with great care. At the right dose and with appropriate monitoring, it is safe and effective for use. Methotrexate is a disease-modifying drug and affects how the body's cells grow and reduces the activity of the immune system. It is therefore important that all care home staff involved in the administering of medicines or the handling of body fluids are provided with the appropriate training to ensure they are aware of the associated risks.

Methotrexate is used to treat severe psoriasis, rheumatoid arthritis or Crohn's disease or in larger doses to treat certain types of cancer.

Standard requirements

METHOTREXATE SHOULD BE TAKEN AS A SINGLE DOSE: ONCE A WEEK, ON THE SAME DAY EACH WEEK

- The prescription should clearly show the dose and frequency of administration. Phrases such as 'as directed' should be avoided and GP should be consulted to change the directions.
- Only ONE strength of methotrexate tablet (2.5mg) is usually prescribed and dispensed. Confirm tablet strength with the prescriber if a 2.5mg tablet is not used.
- Tablets should be swallowed whole with a glass of water whilst sitting or standing.
- NEVER crush or break tablets (see section overleaf on personal protective equipment).
- On the MAR chart, the care home should strike out the six days of the week when a dose is NOT to be given in the administration section of the chart.
- Oral doses should be dispensed into a medicine pot. Doses can be unwrapped at the time of administration by the care home staff.
- Medicines pots, spoons or oral syringes should be used for a single administration and safely disposed of after each dose.
- Residents should avoid alcohol throughout the treatment period.
- Folic acid is commonly prescribed alongside methotrexate to reduce the side effects of treatment. It should not be taken on the same day as the methotrexate.
- GP to be informed if the resident refuses their methotrexate or folic acid.
- All methotrexate doses should be double checked by another member of staff who is authorised to administer medication prior to administration.

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Good Practice Guidance documents are believed to accurately reflect the literature at the time of writing. However, users should always consult the literature and take account of new developments because these may affect this guidance

Monitoring

- Regular blood tests are required.
- Any new or worsening symptoms experienced after starting methotrexate treatment need to be highlighted to the GP.
- Serious side effects can occur and residents and carers should be aware of these. Treatment should be stopped immediately and urgent medical advice sought from the GP.

These include:

- *Severe skin rash that causes blistering (can affect the mouth and tongue).*
- *Persistent cough, pain, difficulty breathing or breathlessness.*
- *Skin rash and fever with swollen glands.*
- *Sore throat, fever, chills or muscle aches.*
- *Severe allergic reaction (anaphylactic reaction)*
- *Whites of the eyes become yellow or severe itching of the skin.*
- *Severe and continuing diarrhoea or vomiting.*
- *New unexplained bleeding or bruising.*
- *Chickenpox and shingles.*

Must not

- Methotrexate **MUST NOT** be dispensed in a compliance aid or a monitored dosage system (MDS).
- Tablets **MUST NOT** be handled directly. Care home staff should wear gloves (see next section on personal protective equipment).
- Foil packed oral medicines **MUST NOT** be removed from the wrapper in advance. **Doses can be unwrapped at the patient's side by the care home staff.**
- Methotrexate **MUST NOT** be disposed of in an ordinary waste bin.

Useful contacts

East and North Hertfordshire CCG Care Home Pharmacy Team
Tel: (01707) 685000 or email: ENHCCG.vanguardpharmacists@nhs.net



East and North
Hertfordshire
Clinical Commissioning Group

Protection of care home staff and residents

Personal protective equipment (PPE)

- ALWAYS wear appropriate PPE (e.g. gloves (preferably nitrile) and a disposable apron) when administering methotrexate or other cytotoxic medication.
- ALWAYS ensure PPE is disposed safely to prevent harms to others.
- ALWAYS wear appropriate PPE, when washing equipment for administration of methotrexate.
- ALWAYS dispose of injectable methotrexate safely in a cytotoxic sharps bin. Ensure a spillage kit is available.
- The same precautions regarding PPE and safe disposal should be followed when handling body fluids, faeces or contaminated clothing, dressings, linens etc. (for up to seven days following the last dose).
- ALWAYS wash hands thoroughly following administration of methotrexate.
- **ALWAYS inform women of child bearing age who are being asked to administer methotrexate that methotrexate exposure may harm an unborn baby.** This further highlights the importance of always wearing appropriate PPE.

Safe Disposal of Methotrexate Tablets

- Safe disposal of methotrexate is important to prevent harm to others.
- Care Home with nursing – cytotoxic waste disposal bin needs to be obtained from-waste contractor. Cytotoxic medication must never be disposed of in an ordinary waste bin.
- Care Home without nursing – methotrexate tablets need to be returned to the supplier/pharmacy for disposal. The tablets awaiting disposal must be put in a sealed container, clearly marked methotrexate/cytotoxic medication.

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