

Medicines Optimisation Position Statement

Position Statement	Prescribing and dispensing of methotrexate 10mg tablets for non-oncology indications
Position Statement number:	017
Approved by Medicines Optimisation Group:	May 2023
Ratified by Medicines Board	July 2023
Date of issue:	July 2023
Date of last review:	NA
Date of planned review	July 2025

Background

The now defunct National Patient Safety Agency (NPSA) released an urgent national patient safety alert in 2006, accompanied by a series of guides and recommendations to reduce the risk of harm to patients from oral methotrexate tablets ¹. Correct prescribing of methotrexate remains a key priority for the NHS; it is one of 16 targeted issues in the current NHS Never Events list. In addition, NHS Improvement has issued further guidance on Never Events to supplement the work of the NPSA.²

The key recommendations following this NPSA alert were:

- > Methotrexate should only be prescribed by healthcare professionals who are fully aware of the benefits and risks of treatment and who have all necessary prescribing competence.
- > Methotrexate 10mg tablets should not be prescribed or supplied.
- > When oral methotrexate is prescribed as a once weekly dose the prescription and the dispensing label must clearly show the dose in milligram and the number of tablets to be taken (using 2.5mg strength) and the frequency as “once a week on...” (The day of the week should be specified in full).
- > Prescribing of methotrexate with co-trimoxazole or trimethoprim must be avoided.^{3,6} This also applies to people that have recently taken methotrexate.

The BNF³ states “to avoid error with low-dose methotrexate, it is recommended that:

- the patient or their carer is carefully advised of the **dose** and **frequency** and the reason for taking methotrexate and any other prescribed medication (e.g. folic acid);
- only one strength of methotrexate tablet (usually 2.5 mg) is prescribed and dispensed;
- the prescription and the dispensing label clearly show the dose and frequency of methotrexate administration.”

Data accessed from openprescribing.net ⁴ illustrates that, although there is variation amongst practices, Frimley ICS is prescribing methotrexate 10mg tabs higher than the national median. The overall amount of 10mg tablets prescribed has reduced however following the work carried out by practices as part of the 2022-23 PMOS.

Policy Statement

All specialities (gastroenterology, dermatology, rheumatology) must prescribe oral methotrexate doses, for autoimmune conditions, in multiples of 2.5 mg tablets and the total dose in milligrams must also be included. For example, "Three 2.5 mg tablets (7.5 milligrams)"

When oral methotrexate is prescribed as a once weekly dose the prescription and the dispensing label must clearly show the dose in milligram and the number of tablets to be taken and the frequency as "once a week on..." (The day of the week should be specified in full).

GP practices must search for all patients who are currently being prescribed 10mg methotrexate tablets, and where appropriate switch 10mg tablets to 2.5mg tablets.

Prescribing and dispensing of methotrexate tablets

Methotrexate is an amber shared care drug on the Frimley formulary and 10mg tablets are non-formulary. All new prescriptions initiated by specialists in Rheumatology, Dermatology, Gastroenterology for oral weekly doses are generated using prescribing software that only gives an option for 2.5mg tablets to be prescribed and therefore dispensed.

The SPS/ NHS England Regional Medicines Optimisation Committee shared care document "*Methotrexate (oral and subcutaneous) for patients in adult services (excluding cancer care) July 2022*"⁵ states "To reduce dosing errors only the 2.5 mg tablets should be prescribed. The dose should be taken once weekly on the same day each week, and that day should be clearly communicated to the patient."

GP practices must search for all patients who are currently being prescribed 10mg methotrexate tablets, and where appropriate switch 10mg tablets to 2.5mg tablets.

If in exceptional circumstances, it is felt that it is appropriate and safer to continue with prescription of 10mg tablets, this must be documented in the patient's medical record and the patient's usual pharmacy must be alerted to expect prescriptions containing 10mg tablets so that they may be aware to take extra care.

If a community pharmacy is presented with a prescription for methotrexate 10mg tablets which is not expected as described above, they should contact the prescriber to be assured that it is their intention, and that the patient has been appropriately counselled.

Where a community pharmacy stocks both 10mg and 2.5mg methotrexate tablets, these should be stored separately, and utmost care must be taken to ensure risks of mix ups are minimised as much as possible. When giving out medication, it should be confirmed with the patient / carer that the strength of tablets supplied is as expected- especially if on the rare occasion, 10mg tablets are to be dispensed.

If a patient currently taking oral weekly methotrexate is admitted into hospital, this must be prescribed as per Trust prescribing policy, taking care to ensure the patient's usual schedule of administration is accurately documented. It would be safer to use a patient's own supply for the dose (if it becomes due whilst the patient is inpatient), where this is not possible, usual Trust policy would be for the hospital pharmacy to supply only one dose at a time, as an inpatient supply, each time a dose becomes due (using 2.5mg tablets only). Where a patient is discharged, normal policy would be to not dispense any methotrexate tablets on discharge- the patient should resume administering from their usual supply at home. Where there is none at home, a judgement must be made – it may be safer to delay or omit a dose whilst awaiting supply from primary care, rather than risk confusion which could result in duplication/ strength confusion if dispensed from the hospital. A missed dose can be safely taken up to 2 days after the usual intended day- if 3 days or more have passed, then the dose must be omitted for that week and instead taken next on the usual day of the week.^{5,6}

References:

1. National Patient Safety Agency NPSA alert: improving compliance with oral methotrexate guidelines 2006
<https://www.sps.nhs.uk/articles/npsa-alert-improving-compliance-with-oral-methotrexate-guidelines-2006>
2. NHS Improvement Recommendations from National Patient Safety Agency alerts that remain relevant to the Never Events list 2018
https://improvement.nhs.uk/documents/2267/Recommendations_from_NPSA_alerts_that_remain_relevant_to_NEs_FINAL.pdf
3. British National Formulary [Methotrexate | Drugs | BNF | NICE](#) Accessed April 2023
4. Open prescribing.net – accessed April 2023
5. Specialist Pharmacy Services, National shared care protocol (Methotrexate) [B1621_xvii_methotrexate-oral-and-subcutaneous-for-patients-in-adult-services-excluding-cancer-care.docx \(live.com\)](#) accessed April 2023
6. NPSA leaflet -oral methotrexate patient-held blood monitoring and dosage record booklet 2006