Great Western Hospital NHS Foundation Trust

Guidelines adopted by 3Ts Formulary

Also refer to the following NPSA link: http://www.npsa.nhs.uk/nrls/alerts-and-directives/alerts/oral-methotrexate/

Using Methotrexate Tablets – reducing patient risk

Background

Oral methotrexate is safe and effective if taken at the right dose and with appropriate monitoring. However 25 patients have died and 26 have been seriously harmed in the last 10 years in England due to problems with taking the medication. Two thirds of all incidents resulted from the wrong dose being prescribed and a fifth are linked to poor monitoring.

As a result the National Patient Safety Agency (NPSA) have provided solutions to help reduce the risk faced by patients taking this medication and this document provides the guidance to assist clinical staff conforming with the national standards.

Strength of tablets

There are two strengths of methotrexate tablets available**, 2.5mg** and **10mg.** To avoid confusion the pharmacy at The Great Western Hospital will generally only stock and issue the 2.5mg strength against all prescriptions. The only exception to this is appropriate prescriptions for haematology and oncology patients whose doses are relatively high. In these cases the pharmacy will keep a small supply of 10mg tablets which will be stored in a separate area to reduce the risk of a dispensing error occurring.

Prescribing Guidelines

In order to ensure that the prescribing of oral methotrexate is safe the following points must be followed. Please note that methotrexate tablets are only to be prescribed and administered **ON A ONCE A WEEK BASIS.**

Outpatient Prescribing

- The prescription **must** include the strength of tablets to be dispensed ie. Methotrexate tablets 2.5mg (this ensures that the community pharmacists always issue this strength of tablet)
- The dose that the patient requires has both the number of tablets and dose e.g. 6 tablets (15mg).
- The frequency is to be written in capital letters and where possible include the day of administration e.g. WEEKLY ON THURSDAY.
- The duration or quantity to be dispensed.

Inpatient Prescribing

- The dose to be given should be entered as milligrams in the appropriate box.
- The frequency to be written as WEEKLY (in capitals) both under the drug name and in the frequency box.
- Check on when last dose was given.
- The nurse administration section must be dated and the days when the drug is **not** to be given crossed through by the prescriber.

Please note that it is not acceptable to include "as directed" in any prescription. The specific dose must be included.
Discharge prescription

The discharge information must be complete and legible and include the full form, strength, dose and directions as per those recommended for outpatient prescribing.

Safe Dispensing Practice

- Full prescribing and dispensing records are to be kept in the hospital pharmacy for all prescriptions dispensed in the hospital. This is in line with current practice for dispensing cytotoxic drugs.
- Any change to a previous dose must be confirmed with either the patients own recording document issued by the prescriber or by contacting the prescriber directly.
- The strength of the tablets supplied to the patient must remain consistent to prevent any confusion for the patient over the number of tablets they need to take.
- Communicate the dose both quantity of tablets and weekly frequency to the patient.
- Many patients receiving methotrexate also have to take folic acid on a weekly basis. As there may be some similarity between both the tablets and packaging ensure that patients can distinguish and know the difference between the two products.

Patient monitoring

- All patients receiving methotrexate tablets require regular monitoring by the responsible clinician
- Patients should be made aware of symptoms of methotrexate toxicity and the need to see their GP or attend the A&E department as soon as possible.
- All patients should receive a detailed patient information leaflet and dosage booklet in line with NPSA recommendations. This booklet should include the latest dose to be administered and it is the responsibility of the clinician to ensure that this is completed and reflect the latest therapy. The current practice as of 30/12/04 is that:-
    - Rheumatology will continue issuing the information sheet produced by the Arthritis Research Campaign and arrange to have patient information booklets produced in line with NPSA guidelines.
    - Dermatology have modified the NPSA information booklet and will have the patient information booklet recommended by the NPSA
- Patients are to be instructed to take the booklet to any doctor's appointment or pharmacy if they are wishing to purchase medication for self-treatment.

Patients admitted to hospital

Patients receiving methotrexate tablets may be admitted to the hospital for any number of elective or emergency reasons. If this occurs the admitting clinician should:-

- Confirm with the patient and their administration booklet (if possible) the dose of methotrexate being taken. If accurate information is not available the methotrexate should not be prescribed until the dose can be confirmed with either the responsible clinician or local pharmacy.
- If the patient has been admitted as a result of an infection the methotrexate again should not be prescribed, a full blood count requested and the clinician responsible for monitoring the methotrexate contacted.
- Doses should be reviewed by pharmacists as part of the medicines history taking process and the dose confirmed in the medical notes at the same time as reminding clinicians of the need to undertake full blood counts and LFTs. If the patient is to remain in hospital for any period longer than a few days the clinician responsible for the methotrexate treatment should be contacted.
- Medical and pharmacy staff should monitor the patient for side effects e.g. sore throat, difficulty in breathing, nausea, GI upsets and refer to the responsible clinician immediately for advice

Swindon Primary Care Trust

Guidelines adopted by 3Ts Formulary

Practice Checklist for Safer Prescribing of Oral Methotrexate

- Ensure that when Methotrexate is selected on the computer, the system will display an additional user message indicating that Methotrexate is a 'high-alert/toxic' drug. The display would remind the prescriber that the dosage is weekly rather than daily. This message should not be easily overridden.

- Practice staff should separate repeat prescriptions for Methotrexate form other repeats prior to presentation to the GP for signing.

- Ensure that patient's prescribed Methotrexate have been issued a patient-held information booklet and dosage record card by GWH. If not ensure the practice issues a dosage record card and patient information leaflets to the patient.

- The prescriptions **must** include

    - The strength of the tablets to be dispensed i.e. Methotrexate tablets 2.5mg (this ensures that the community pharmacist always issue this strength of tablet).

    - The dose that the patient requires has both the number of tablets and dose e.g. 6 tablets (15mg).

    - The frequency is to be written in capital letters and where possible to include the day of administration e.g. WEEKLY ON THURSDAY.

    - The duration or quantity to be dispensed.

- Ensure that any staff involved in the triage of patients are aware of signs of Methotrexate toxicity or intolerance i.e. may present as for example, breathlessness, dry persistent cough, vomiting and diarrhoea. Know when to refer back to the prescriber.