

# EFFECTIVE SHARED CARE AGREEMENT OF METHOTREXATE FOR THE TREATMENT OF AUTOIMMUNE RHEUMATIC DISEASES

## RESPONSIBILITIES and ROLES

<b>Specialist responsibilities</b>	
1	Discuss the benefits and side effects of treatment with the patient.
2	Check for possible drug interactions with methotrexate and the patient's regular medication. Avoid prescribing interacting drugs.
3	Assess likelihood of compliance.
4	Ensure patient is given sufficient information about their treatment.
5	Perform all baseline tests (including FBC, U&Es and LFTs).
6	Initiate and stabilise treatment with methotrexate. Stabilisation will usually take 4 weeks.
7	Supply medication until care is transferred to GP.
8	Ask the GP whether he or she is willing to participate in shared care and explain the intention to share care with patient/carer and obtain consent.
9	Monitor appropriately as stated on the monitoring requirement in line with NPSA alert.
10	Inform GP of the dose to be prescribed, any changes in dose, when to stop treatment and when to refer the patient back to specialist.
11	Periodically review the patient's condition and communicate promptly with the GP when treatment is changed.
12	Monitor for side effects and report adverse events to the MHRA and GP where appropriate.
13	Inform GP if patient does not attend specialist appointments and action to be taken.
14	Have a mechanism in place to receive rapid referral of a patient from the GP in event of deteriorating clinical condition.
15	Ensure that clear backup arrangements exist for GPs to obtain advice and support.
<b>General Practitioner responsibilities</b>	
1	Reply to the request for shared care as soon as possible.
2	Prescribe methotrexate at the dose recommended (2.5 mg tablets only, once weekly only) once patient is established on treatment.
3	Co-prescribe folic acid supplementation at a minimal dose of 5mg once a week.
4	Ensure compatibility with other concomitant medication.
5	Adjust the dose as advised by the specialist.
6	Contact the specialist if you suspect the patient is not complying with their medication.
7	Check for possible drug interaction when prescribing new medication and avoid prescribing interacting drugs.
8	Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises.
9	Refer the patient to the specialist if his/her condition deteriorates.
10	Report any suspected adverse events to specialist team and any severe adverse events to MHRA.
<b>Patient's / Carer's role</b>	
1	Report to the specialist or GP if he / she does not have a clear understanding of the treatment.
2	Take methotrexate as recommended by specialist.
3	Request repeat prescriptions from the GP at least 5 days before the next supply is needed.
4	Attend scheduled appointments with specialist, GP and for monitoring.
5	Keep the shared care booklet up to date and present it whenever visiting the GP, hospital or pharmacy.
6	Share any concerns in relation to treatment with GP or specialist.
7	Inform specialist or GP of any other medication being taken, including over-the-counter products
8	Inform specialist or GP if you feel you are having problems taking your medication or have stopped taking it.
9	Report any adverse effects to the specialist or GP.

## SUPPORTING INFORMATION EFFECTIVE SHARED CARE AGREEMENT

**Information on therapeutic indication, dosage, method of administration, side effects and management considerations in special populations can be found in the Summary of Product Characteristics for methotrexate available from [www.medicines.org.uk](http://www.medicines.org.uk)**

### Monitoring requirements

Monitoring Interval	Full blood count	LFTs	U&E eGFR	CXR	GP or Consultant
Baseline	✓	✓	✓	✓	Consultant
Fortnightly until on a stable dose for 6 weeks	✓	✓	✓		Consultant
Monthly for 3 months	✓	✓	✓		Consultant
3 monthly thereafter*	✓	✓	✓		Consultant

\*Dose increases should be monitored by FBC, creatinine/eGFR, ALT and/or AST and albumin every 2 weeks until on stable dose for 6 weeks then revert to previous schedule.

\*For patients co-prescribed methotrexate and leflunomide, monthly monitoring for 12 months, then consider reduced frequency.

### Primary Care Costs

Product	Pack size	Cost per OP*
Methotrexate 2.5 mg	28 tablets	£1.51

\*Cost from online November 2017 Drug Tariff

## BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No	Fax:	E mail
Nurse Consultant	01782 673753	Ann Brownfield	01782 673912 <a href="mailto:ann.brownfield@ssotp.nhs.uk">ann.brownfield@ssotp.nhs.uk</a>
Specialist	01782 715444	Ask for Rheumatology Consultant or SpR on-call	01782 673912
Helpline	01782 673687		
Pharmacy Dept	01782 673767		