University Hospitals of North Midlands NHS Trust | North Staffordshire Combined Healthcare NHS Trust | Midlands Partnership NHS Foundation Trust, A Keele University Teaching Trust | NHS North Staffordshire Clinical Commissioning Group | NHS Stoke-on-Trent Clinical Commissioning Group

EFFECTIVE SHARED CARE AGREEMENT OF METHOTREXATE (oral) FOR THE TREATMENT OF AUTOIMMUNE RHEUMATIC DISEASES

RESPONSIBILITIES and ROLES

Specialist clinician responsibilities

1. Discuss the benefits and side effects of treatment with the patient.
2. Check for possible drug interactions with methotrexate and patients 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, LFTs and chest X-ray).
6. Initiate and stabilise treatment with methotrexate. Stabilisation will usually take 7 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. Monitors appropriately as stated on the monitoring requirement.
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 clinician.
11. Ensure GP has access to blood results for information.
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.

General Practitioner responsibilities

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 and prescribe folic acid supplementation at a minimum dose of 5mg once a week.
3. Ensure compatibility with other concomitant medication.
4. Adjust the dose as advised by the specialist clinician.
5. Contact the specialist clinician if you suspect the patient is not complying with their medication.
6. Check for possible drug interaction when prescribing new medication and avoid prescribing interacting drugs.
7. Stop treatment on the advice of the specialist clinician or immediately if an urgent need to stop treatment arises.
8. Refer the patient to the specialist clinician if his/her condition deteriorates.
9. Report any suspected adverse events to specialist team and any severe adverse events to MHRA.

Patient's / Carer's role

1. Take methotrexate as recommended by the specialist clinician.
2. Report to the specialist clinician or GP if he / she does not have a clear understanding of the treatment.
3. Request repeat prescriptions from the GP at least 5 days before the next supply is needed.
4. Attend scheduled appointments with specialist clinician, GP and for monitoring.
5. Share any concerns in relation to treatment with GP or specialist clinician.
6. Inform the specialist clinician or GP of any other medication being taken, including over-the-counter products
7. Inform the specialist clinician or GP if you feel you are having problems taking your medication or have stopped taking it.
8. Report any adverse effects to the specialist clinician or GP.

Written by (clinician): Dr Jon Packham Written by (pharmacist): Louise Jackson Date of issue: Mar 2020

Approved by North Staffordshire & Stoke-on-Trent Area Prescribing Committee: 25/10/17 (updated Mar 2020) Review Date: Feb 2023
Version number: 4.0

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

Monitoring requirements

Monitoring Interval	Full blood count	LFTs	U&Es	Albumin	Chest x ray	GP or Specialist clinician
Baseline	✓	✓	✓	✓	✓	Specialist clinician
Every 2 weeks during dose titration and for 6 weeks at stable dose	✓	✓	✓	✓		Specialist clinician
Every month for 3 months	✓	✓	✓	✓		Specialist clinician
Every 3 months for 9 months	✓	✓	✓	✓		Specialist clinician
Continue monitoring every 3 months if used with leflunomide	✓	✓	✓	✓		Specialist clinician

Additional information which cannot be found in the SPC

Reference

BSR and BHPR guideline for the prescription and monitoring of non- biologic disease-modifying anti-rheumatic drugs 2017 Rheumatology 56:865-868

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.
Helpline:	01782 673687
For urgent advice ask for Rheumatology consultant or SpR on-call	01782 715444
Pharmacy (MPFT):	01782 673767