

## Document History

Document Name	<a href="#"><u>Towards Safer Prescribing and Dispensing of Oral Methotrexate in Kent and Medway</u></a>	
Version	Date	Main changes / comments
<b>Draft 1.0</b>		
<b>Draft 1.1</b>	29 <sup>th</sup> October 30, 2020	Inclusion of recommendations 6& 8 following comments from DGS ICP MOG and East Kent Rheumatology Service

## Document Distribution

Version	MOG/Clinical Group	Date agreed	Comments
<b>Draft 1.0</b>	EKUFT Gastroenterology Department	20/10/20	Dr A. Frank Muller (Consultant Gastroenterologist, EKHUFT) "I agree that it is very sensible approach and am happy with the content of the documents you had forwarded."
<b>Draft 1.0</b>	EKUFT Rheumatology Department	20/10/20	<p>Jacqueline Smith (Lead Rheumatology Clinical Nurse Specialist, EKHUFT) "I very rarely prescribe 10mg tablets - and if I do it is only for patients who are either on 1x 10mg (10mg dose) or 2x10mg (20mg dose) who have problems taking lots of little tablets. I never mix tablets dosages such as mix of 2.5mg and 10mg tablets. My prescriptions always state the prescribed dose, number of tablets x 2.5mg. I do not prescribe a dose and leave it to the dispensing pharmacist as this reduces the risk of 10mg tablets being dispensed. The guidance for caution when prescribing Methotrexate 10mg tablets has been in place for approximately 15 years."</p> <p>Dr Parul Shrestha (Consultant Rheumatologist, EKHUFT) "Agree with Jackie. We never prescribe 10mg Methotrexate tablets and all prescriptions are clear to mention Methotrexate 2.5mg tablets. I have only one lady who was on 10mg tablet due to reason mentioned by Jackie."</p>
<b>Draft 1.0</b>	EKUFT Dermatology Department	20/10/20	Dr Saul Halpern (Consultant Dermatologist, EKHUFT) "On a quick glance, it all looks very comprehensive to me; I have no issues with it".
<b>Draft 1.0</b>	EK Rheumatology service Connect Health	20/10/20	Michael Dare (Clinical Lead EK Rheumatology service and Rheumatology APP, Connect Health) "Thank you for sharing this with me I have nothing further to add."

			<p>To be honest I was not aware anyone still prescribed 10mg Methotrexate tablets to patients this is highly discouraged in all rheumatology trainings due to risk of overdose</p> <p>I would also encourage/Suggest you send this documents to all NHS pharmacies so pharmacists can be aware not to dispense 10mg Tabs</p> <p>I will inform my team to not prescribe 10mg Tabs again but as I mentioned we never do anyway"</p>
<b>Draft 1.0</b>	MFT Rheumatology Department	12/10/20	<p>Dr.Srinivasan Srirangan (Consultant Rheumatologist, MFT) "Thanks for sending the document - I have circulated this within our department. This is in line with our current policy so I do not see any major objections or changes"</p>
<b>Draft 1.0</b>	MTW Rheumatology Department	27/10/20	<p>Specialist rheumatology nurse (MTW) "I agree that 10mg tablets should be avoided to prevent accidental overdoses as well. When we counsel patients starting on MTX we always inform them that it does come as a 10mg tablet and to always read their labels. Unfortunately very few patients do read the labels which are very obvious when we review them as they will tell us how many tablets they take not the actual dose.</p> <p>I know in my previous roles the issue with changing from a 2.5mg table to a 10mg tablet tended to be at an administration level. The prescription clerks at the GP's would change the strength of the tablet on renewal"</p>
<b>Draft 1.0</b>	DGT	09/10/20	<p>As things stand, there are very few circumstances where we would ever initiate methotrexate with the specialisms we currently have.</p>
<b>Draft 1.0</b>	DGS ICP MOG	28/10/20	<p>Where increased patient pill burden might be a concern, advise GPs/pharmacists to emphasize safety risks associated with methotrexate 10mg, including potential increased risk of death</p> <p>Community pharmacists should be discouraged from stocking/dispensing methotrexate 10mg tablets</p>

## KMCCG Position Statement

November 2020

### **Prescribing Oral Methotrexate 10mg in Kent and Medway**

- Methotrexate 10mg tablets are NOT recommended for routine prescribing due to higher patient safety risk associated with the formulation.
- Prescribers are advised to prescribe ONLY Methotrexate 2.5mg tablets (unless in extenuating and exceptional circumstances).

This recommendation is aimed at reducing prescribing; dispensing and administration errors associated with having access to multiple strengths of Methotrexate tablets. It is in line with the overall national trajectory to all but stop the use of Methotrexate 10mg tablets.

The advice to reduce the prescribing of methotrexate 10mg tablets is based on the following:

1. NPSA Patient Safety Alert: Towards safer use of Methotrexate (2004)
2. NPSA Patient Safety Alert: Improving compliance with oral methotrexate guidelines (2006)
3. British National Formulary (BNF) methotrexate safety information
4. To consolidate current best practice across Kent and Medway Trusts; to only prescribe, stock and supply Methotrexate 2.5mg tablets aimed at limiting prescribing, dispensing and administration errors.
5. Open Prescribing [a national online prescribing data source] safety marker to limit the prescribing of Methotrexate 10mg tablets.

Healthcare professionals are advised to always consider the following points:

1. Methotrexate 2.5mg tablets should **always** be prescribed (or dispensed) as first line.
2. Patients should not be prescribed (or dispensed) a combination of Methotrexate strengths (2.5mg & 10mg).
3. Each Kent & Medway ICP should deploy a ScriptSwitch alert to appear on all Methotrexate 10mg prescriptions; informing the prescriber that Methotrexate 10mg tablets are not recommended to be prescribed and warning of the increased risk of prescribing, dispensing and administration errors associated with methotrexate 10mg prescribing.
4. All patients currently prescribed Methotrexate should be reviewed as part of a Structured Medication Review, in line with the Primary Care Network DES Structured Medication Review (SMR) guidance to review patients on medicines commonly associated with medication errors.

5. SMRs should aim to switch patients taking 10mg Methotrexate tablets or both strengths of oral Methotrexate to only 2.5mg tablets after a discussion about the increased safety risk associated with Methotrexate 10mg tablets
6. Community pharmacy colleagues are discouraged from stocking or dispensing Methotrexate 10mg. Pharmacists should query prescriptions received for Methotrexate 10mg with the prescriber and advice patients on the safety risks associated with it.
7. Prescriptions for individuals receiving Methotrexate should continue to be issued until a review has taken place.
8. In patients historically prescribed Methotrexate 10mg and where pill burden might be a factor in prescribing; the increased safety risks associated with Methotrexate 10mg (including the potential risk of death, dispensing errors and administration errors) should be stressed to patients.
9. Withdrawal or adjustment of Methotrexate dosing and treatment should only be undertaken by, or with clear oversight of, an NHS specialist consultant.
10. Prescribers in primary and secondary care must ensure that effective communication around monitoring responsibilities is robust and shared care protocols are strictly adhered to.
11. Switching between different strengths of oral Methotrexate, as with all Methotrexate prescribing, should only be carried out by healthcare professionals who are fully aware of the benefits and risks of treatment and who have all necessary prescribing competence.
12. Methotrexate should not be initiated in primary care.
13. Adhere to recommendations made in the [September 2020 MHRA Drug Safety Alert: Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing](#)

**References:**

- 1) British National Formulary 2020\_ <https://bnf.nice.org.uk/drug/methotrexate.html#importantSafetyInformations>
- 2) NPSA Patient Safety Alert: Towards safer use of Methotrexate (2004)\_ <https://www.sps.nhs.uk/wp-content/uploads/2018/02/2006-NRLS-0102-Towards-safer-umethotrexate-2004-v1.pdf>
- 3) NPSA Improving compliance with oral methotrexate guidelines (2006)\_ <https://www.sps.nhs.uk/wp-content/uploads/2018/02/2006-NRLS-0279-Oral-methotrexate-PSA-2006-06-01-v1.pdf>
- 4) NHS Improvement Never Events List (2018)\_ [https://improvement.nhs.uk/documents/2266/Never\\_Events\\_list\\_2018\\_FINAL\\_v5.pdf](https://improvement.nhs.uk/documents/2266/Never_Events_list_2018_FINAL_v5.pdf)
- 5) Never Events Data <https://www.england.nhs.uk/patient-safety/never-events-data/>

- 6) Trends and variation in unsafe prescribing of methotrexate; B MacKenna, H J Curtis et al.  
The British Journal of General Practice July 2020 **e481**  
<https://bjgp.org/content/bjgp/70/696/e481.full.pdf>
- 7) MHRA Drug Safety Update <https://www.gov.uk/drug-safety-update/methotrexate-once-weekly-for-autoimmune-diseases-new-measures-to-reduce-risk-of-fatal-overdose-due-to-inadvertent-daily-instead-of-weekly-dosing#prescribing-advice>
- 8) Open Prescribing <https://openprescribing.net/measure/methotrexate/ccg/91Q>
- 9) Primary Care Network DES <https://www.england.nhs.uk/wp-content/uploads/2020/09/SMR-Spec-Guidance-2020-21-FINAL-.pdf>