British Association of Dermatologists' guidelines for the safe and effective prescribing of methotrexate for skin disease 2016

R.B. Warren, S.C. Weatherhead, C.H. Smith, L.S. Exton, M.F. Mohd Mustapa, B. Kirby, P.D. Yesudian *Br J Dermatol* 2016; **175:** 23-44.

Checklist for clinicians prior to prescribing methotrexate

1. Take a full drug history
2. Ensure there are no contraindications to methotrexate use *(see sections 8.1 and 8.2, and Table 7 in guideline manuscript)*
3. Check results of baseline investigations *(section 9.4)*:
    a) FBC
    b) Urea & electrolytes/eGFR
    c) Liver blood tests
    d) Hepatitis B and C serology *(section 9.6)*
    e) HIV serology, especially in high risk groups *(section 9.7)*
    f) VZV serology (if no history of varicella) *(section 9.8)*
    g) Consider a baseline CXR
4. Give special consideration to the following:
    a) Children *(section 7.3)*
    b) Hepatic and renal impairment *(sections 9.6, 11.2 and 11.4)*
    c) Breastfeeding/Pregnancy risk *(section 9.3)*
    d) VZV nonimmune: immunisation required *(section 12.1)*
    e) HBV nonimmune: consider immunisation in at-risk groups *(section 9.6)*
    f) Positive HIV serology *(section 9.7)*
5. When possible, formulate a plan for duration and eventual withdrawal of therapy
6. Complete checklist of what to tell patients – prior to prescribing methotrexate (see page 2)
7. Supply with a patient information leaflet (PIL; available on the BAD website, http://www.bad.org.uk/for-the-public/patient-information-leaflets) (if not done previously) and record provision in case notes
8. Arrange for patient to have pre-treatment and flu (annual) and pneumococcal (5-yearly) vaccinations

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Checklist of what to tell patients prior to prescribing methotrexate

1. Explain the weekly dosing schedule AND the tablet strength the patient is being prescribed, i.e. 2.5 mg *(section 9.1 in guideline manuscript)*
2. Explain the onset of therapeutic benefit of methotrexate may not be apparent for 3-12 weeks.
3. Advise:
   a) against pregnancy
   and
   b) the need for effective contraception *(section 9.3)*
4. Emphasize the need for toxicity monitoring with regular blood tests. Patients unable to comply should not be given the drug *(section 10.3)*
5. Explain if usage is for a licensed or unlicensed indication. For unlicensed indications give a clear explanation of why it is being prescribed *(section 7.0)*
6. Advise patients to seek urgent medical attention if they develop signs or symptoms of methotrexate toxicity, bone marrow suppression or liver impairment. Specifically warn patient about:
   a) Fever/flu-like illness
   b) Mouth ulceration
   c) Tiredness
   d) Unexplained bruising or bleeding of the gums
   e) Nausea, vomiting, abdominal pain or dark urine
   f) Breathlessness or cough
7. Advise on the need for pneumococcal vaccine and a yearly influenza vaccination *(section 12.1)*
8. Advise patients about limiting alcohol intake *(section 9.2)*
9. Warn about potential drug interactions (also detailed in the patient information leaflet ; available on the BAD website, http://www.bad.org.uk/for-the-public/patient-information-leaflets) *(section 11.7)*