

## Safer use of Methotrexate

MMT have recently been made aware of several incidences where patients have been admitted to hospital as a result of adverse effects experienced following the co-administration of trimethoprim with methotrexate.

There is an increased risk of haematological toxicity when methotrexate is co prescribed with trimethoprim. Please refer to the BNF for full list of interactions with methotrexate.

A contributing factor could appear to be the omission of methotrexate prescribed and supplied by the acute trust within the GP clinical record.

Methotrexate was subject to an NPSA alert in 2004 which was subsequently updated in 2006.

<http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/medication-safety/?entryid45=59800&p=3>

Despite this prescribing incidents with methotrexate continue. The NPSA advise that many of the reported incidents could have been avoided if;

- Patient held blood monitoring booklet was maintained.
- Details of methotrexate dosage and formulation is included on the GP patient records irrespective of who prescribes and supplies.

### Patient Held Blood Monitoring booklet (updated with latest blood results)

Patients are encouraged to take the booklet to any appointments in primary and secondary care;

- The blood results are currently not always available on the computer system (a particular problem when outside the county).
- The blood results will then be visible even if a computer is not available (e.g. home visits).
- It will act as an extra alert that the patient is taking methotrexate (e.g. if they present with a cough - may be pneumonitis or may have neutropenia).
- The patient may themselves identify abnormal results.

### The NPSA alert referred specifically to oral methotrexate but should be equally applied to subcutaneous methotrexate

#### Hospital Only Medication

Some medicines (not just methotrexate) are prescribed and supplied directly to patients by secondary care clinicians and to date these medicines may not have been recorded on GP clinical systems.

If such medication is not recorded on the GP clinical system;

- Potential drug interactions may be missed when new medication is initiated in primary care.
- Adverse reactions which may be attributed to the medication supplied by secondary care may not be considered during a consultation.
- Medications may not appear on summary information or repeat medication lists when printed and provided to secondary care colleagues when a patient is admitted to hospital.

**Safe systems are required to prevent the prescription being dispensed should it be inadvertently printed.**

Both SystemOne and EMIS Web have added the facility to record medication which is being prescribed and supplied by a third party. Advice on how to do this can be obtained from medicines management.

