**Drug Information Sheet - methotrexate**

**Methotrexate worksheet**

<table>
<thead>
<tr>
<th>Baseline:</th>
<th>5-6 days after test dose</th>
<th>2 weeks</th>
<th>3 weeks</th>
<th>4 weeks</th>
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<td>CXR:</td>
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<tr>
<th>6 weeks</th>
<th>8 weeks</th>
<th>3 months</th>
<th>4 months**</th>
<th>5 months</th>
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<th>6 months</th>
<th>7 months</th>
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<th>9 months</th>
<th>10 months</th>
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<tr>
<td>Alk. Phos:</td>
<td>Bilirubin:</td>
<td>Albumin:</td>
<td>BUN:</td>
<td>Cr:</td>
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<td>Total dose:</td>
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* If age >50 yrs or Cr > 1.4

** If no further increases in dosage or no hematologic abnormalities
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The best time for laboratory tests is 5-6 days after the preceding methotrexate dose.

CBC and LFT’s can be checked every 3-4 months with stable long-term use of methotrexate.

Renal function tests can be done every 6 months.

If there is any history of liver damage or hepatitis, a liver biopsy is performed prior to beginning methotrexate, or within 2-4 months of starting the medication. It is recommended to have repeat liver biopsies every 1.5 grams of methotrexate if you have no risk factors and after every 1 gram if you have risk factors or an abnormal liver biopsy.
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Questionnaire for methotrexate

1. Do you currently drink alcohol (beer, wine, liquor)?
   Yes ☐ No ☐
   If yes, how much per day? _______________________

2. Do you have a history of drinking alcohol (beer, wine, liquor) in the past?
   Yes ☐ No ☐
   If yes, how much per day? _______________________

3. Do you have a history of hepatitis, cirrhosis, or other liver diseases (e.g., jaundice)?
   Yes ☐ No ☐

4. Do you have heart disease?
   Yes ☐ No ☐

5. Do you have a history of kidney disease?
   Yes ☐ No ☐ DK* ☐

6. Do you have a history of anemia (low blood count) or other blood disorders?
   Yes ☐ No ☐ DK ☐

7. Do you have a history of diabetes?
   Yes ☐ No ☐ DK ☐

8. Do you have a history of peptic (stomach) ulcer disease or ulcerative colitis?
   Yes ☐ No ☐ DK ☐

9. Do you have a history of tuberculosis, HIV or other infections?
   Yes ☐ No ☐

10. Do you have a history of cancer?
    Yes ☐ No ☐

11. Do you have any history of lung disease or shortness of breath?
    Yes ☐ No ☐

12. Have you ever taken methotrexate (Rheumatrex®)?
    Yes ☐ No ☐
    If yes, at what dose and for how long? ________________
    Did you experience any side effects?
    Yes ☐ No ☐
    What side effects? ____________________________________

*DK = Don’t know
13. Do you take any of the following medications?

A. Pain or arthritis medications, e.g., ibuprofen (Motrin®, Advil®) naproxen (Naprosyn®, Aleve®), celecoxib (Celebrex®)  
   Yes □ No □

B. Aspirin  
   Yes □ No □

C. Sulfa antibiotics, e.g., trimethoprim/sulfamethoxazole (Bactrim®, Septra®), dapsone  
   Yes □ No □

D. Other antibiotics, e.g., penicillin  
   Yes □ No □

E. Seizure medications, e.g., phenytoin (Dilantin®), lamotrigine (Lamictal®)  
   Yes □ No □

F. Probenecid (gout medication)  
   Yes □ No □

G. Isotretinoin (Accutane®) or acitretin (Soriatane®)  
   Yes □ No □

H. Leflunomide (Arava®) (for rheumatoid arthritis)  
   Yes □ No □

I. Azathioprine (Imuran®) (for immunosuppression)  
   Yes □ No □

J. Theophylline (for asthma)  
   Yes □ No □

K. Water pills (Lasix®)  
   Yes □ No □

14. Is there any chance that you are pregnant?  
   Yes □ No □

15. Are you nursing a baby?  
   Yes □ No □

16. Do you have any plans to have a child in the near future (both men and women should answer)?  
   Yes □ No □

17. Do you plan on having any vaccinations in the near future?  
   Yes □ No □
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Patient information sheet-potential side effects of methotrexate

This medication is to be taken once a week ONLY.

1. Liver disease: The risk of scarring of the liver (cirrhosis) increases as the total (cumulative) dose of methotrexate increases.

The chance of liver damage is increased in patients who drink alcohol, have a history of hepatitis or diabetes, or are obese (especially if associated with fatty liver).

If there is any history of liver damage or hepatitis, a liver biopsy is performed prior to beginning methotrexate, or within 2-4 months of starting the medication.

If there are no risk factors, a liver biopsy may be performed after a total of 1.5 grams of methotrexate has been given.

On a regular basis, a blood test will be performed to monitor your liver function. However, it is still recommended to have repeat liver biopsies every 1.5 grams of methotrexate if you have no risk factors and after every 1 gram if you have risk factors or an abnormal liver biopsy.

2. Anemia (low red blood cell count), thrombocytopenia (low platelet count) and leukopenia (low white blood cell count). Initially you will have blood tests performed weekly and then every 2-4 weeks depending on the dose of medication and stability of blood counts.

3. Mouth ulcers (sores) and stomach ulcers occur less commonly.

4. Gastrointestinal upset (belly pain, nausea, vomiting, diarrhea) can also occur. If these symptoms persist or are severe, contact your physician. Some of these side effects can be reduced with the use of oral folate.

5. If taken while pregnant, miscarriages or birth defects can occur; reversible low sperm counts in men can be seen.

Uncommon side effects:

1. Headaches, fatigue, dizziness

2. Increased sensitivity to sunlight

3. Hair loss

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4. Lung disease (pneumonitis or pulmonary fibrosis): This is an unusual side effect of methotrexate therapy. If a dry cough or shortness of breath occurs, contact your physician.

5. Increased susceptibility to infections in patients receiving high doses of methotrexate.

6. Serious skin reactions (including blisters) occur rarely.

7. Decreased kidney function (seen primarily with higher doses)

8. In rare cases, lymphoma may occur with use of methotrexate. To date, this has occurred almost exclusively in patients with rheumatoid arthritis.

One sign of toxicity from methotrexate is tenderness or breakdown of psoriatic plaques; therefore, if your plaques become tender, tell your physician because you may be on too much methotrexate.
Physician checklist for methotrexate

A. Decreased tubular secretion of methotrexate
B. Decreased tubular secretion of methotrexate
C. Increased methotrexate levels via displacement from plasma proteins, additional inhibition of folate metabolic pathway
D. Increased methotrexate levels
E. Increased methotrexate levels, combination of methotrexate and lamictal may increase the possibility of blood dyscrasias
F. Decreased renal tubular transport of methotrexate, increasing methotrexate levels
G. Possible increased hepatotoxicity
H. Increased hepatotoxicity, leukopenia
I. Increased hepatotoxicity
J. Increased theophylline levels
K. Decreased renal perfusion due to dehydration