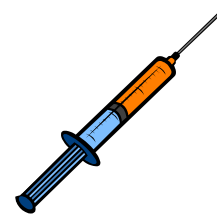


Joint Formulary News

Effective Prescribing in the Plymouth Health Community



Subcutaneous Methotrexate — Metoject®

As from 1st July patients who were supplied with an unlicensed subcutaneous methotrexate product from Derriford Hospital are gradually being changed to the licensed preparation, Metoject®. This also allows the prescribing and supply of subcutaneous methotrexate injection to change from secondary to primary care. **This change only applies to patients currently on subcutaneous methotrexate.**

Prescribing and supply information regarding this change has been sent out to all GP practices and Community Pharmacies in the Plymouth Health Community, if you have not received this information please let us know and we can send it out to you.

Methotrexate is a well established disease-modifying antirheumatic drug (DMARD) used in the treatment of rheumatoid arthritis and may be considered a first line DMARD for active rheumatoid arthritis because of its rapid onset of action and relatively good tolerability. Methotrexate can, however, cause some GI side effects notably nausea, vomiting, abdominal pain and diarrhoea. Often these side effects can be eliminated if methotrexate is given subcutaneously enabling the patient to continue on treatment.

In addition there is some recent trial evidence to suggest that for a given dose subcutaneous methotrexate is more effective than oral methotrexate, and well tolerated. The subcutaneous route allows some patients, who would otherwise have to swap to other potentially less effective drugs, to continue with an effective drug and in addition increases the efficacy in patients who are not getting a sufficient response on oral methotrexate. Using subcutaneous methotrexate helps avoid the use of more potent immunosuppression i.e. biologic therapy as well, and therefore the potential risk of side effects associated with this.

As with oral methotrexate for rheumatoid arthritis the dose of s/c methotrexate is also given once a week. Monitoring requirements are the same.

Chapter 7: Obstetrics, Gynaecology and Urinary-tract Disorders

This chapter has recently been reviewed and is up dated on the website. Thank you to all who sent in review comments and thanks in particular to clinicians from Family Planning, Obstetrics and Urology who gave us advice for their particular speciality.

Some advice about the management of heavy and/or painful periods has been added and some information on delaying periods. The drugs for urinary retention have also been rationalised, Indoramin has been removed. Tamsulosin 400 microgram capsules are first-line, as the more cost effective option with Alfuzosin (Xatral® XL) 10mg tablets second-line.

Recent Additions

Omalizumab has been added to Chapter 3, Respiratory System, as a hospital only (red) drug. It is to be used in line with the NICE guidance for severe persistent allergic asthma.

Emollin spray has been added to Chapter 13, Skin.

Suboxone (buprenorphine/naloxone) has been added, specialist initiated, to Chapter 4 Central Nervous System.

Aliskerin has been added specialist initiated to Chapter 2, Cardiovascular system. Aliskerin is an orally active rennin inhibitor which may be useful in treating difficult cases. Concerns were raised that this new and relatively expensive drug may be used inappropriately. Therefore it has been added to the formulary for **initiation only by a consultant.**



PAJF edition 4 erratum

In Chapter 20, Shared Care Information for Prescribing ~ Lithium page 381 the frequency for monitoring plasma lithium concentration should read **three monthly**, not monthly.

It is correct on the website; please amend your paper copy.

