

Oral methotrexate for haematology and oncology conditions: information for families

This information sheet explains what oral methotrexate is, how it is given and some of the possible side effects. Each person reacts differently to medicines, so your child will not necessarily suffer from every side effect mentioned. If you have any questions or concerns, please speak to your doctor, nurse or pharmacist.

Please read this in conjunction with any patient information leaflet provided by the manufacturer. However, please note that this information sheet explains about the use of oral methotrexate in children and young people so may differ from the manufacturer's information.

What is methotrexate?

Methotrexate is a medicine which is used to treat certain types of cancer and leukaemia.

How is it given?

Methotrexate can be given intravenously or intrathecally but this information sheet is only about the form of methotrexate given by mouth (orally).

Oral methotrexate is given by mouth in tablet or liquid form, once a week. Your child should take methotrexate on the same day each week. If your child is also taking co-trimoxazole, they should not take the methotrexate on the same day.

Methotrexate should never be given more than once a week.

If your child is having intrathecal methotrexate in addition to oral methotrexate, you should not give the oral methotrexate that week.

Methotrexate tablets are made in two different strengths – 2.5mg and 10mg. They are different

shapes but a similar colour so always check you have been given the correct strength by your doctor or pharmacist. Do not take the tablets if you think you have the wrong strength. Check with your doctor or pharmacist first.

Methotrexate is also available in liquid form. It is important to check with your doctor or pharmacist that you are giving the correct volume.

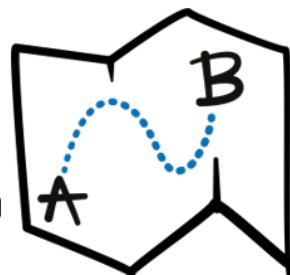
What are the side effects?

Bone marrow suppression

This only tends to occur with higher doses.

There will be a temporary reduction in how well your child's bone marrow works. This means they may become anaemic (reduced red blood cells), bruise or bleed more easily than usual, and have a higher risk of infection.

Your child's blood counts will be checked regularly to see how the bone marrow is working. Please tell your doctor if your child seems unusually tired,



has bruising, bleeding or any signs of infection, especially a high temperature.

Sensitivity of the skin to sunlight

While your child is having methotrexate, their skin may burn more easily than usual. You should avoid your child being exposed to sunlight and other forms of ultraviolet light. If your child does go out in the sun always use a good sunblock of SPF 25 or higher and ensure they wear a sun hat.

Nausea and vomiting

Anti-sickness drugs can be given to reduce or prevent these symptoms. Please tell your doctor or nurse if your child's sickness is very bad or continues for more than a few days.

Skin rash

Please tell your doctor or nurse if your child develops a rash. They will advise you on the appropriate treatment to use.

Itchy eyes

Just as your child can develop a rash on the skin, they can get red, itchy eyes. Please tell your doctor or nurse if this occurs.

Temporary effect on liver function

Methotrexate can cause some mild changes to your child's liver function. This should return to normal when the treatment is finished. Blood tests (LFTs) will be taken to monitor your child's liver function during treatment. Please contact your doctor immediately if your child complains of pain in their right side or the whites of their eyes or their skin develops a yellow tinge.

Mouth sores and ulcers

Your child may get painful or bleeding gums, ulcers or a sore mouth. You will be given advice about appropriate mouth care including a copy of our leaflet. If your child complains of having a sore mouth, please tell your doctor or nurse.

Diarrhoea

Please tell the doctor or nurse if your child has diarrhoea that is very bad or lasts for more than a few days. It is important that your child drinks plenty of fluids. Some children may need to go to hospital to have fluids through a drip.

Interactions with other medicines

Some medicines can react with methotrexate, altering how well it works. Always check with your doctor or pharmacist before giving your child any other medicine, including medicines on prescription from your family doctor (GP), medicines bought from a pharmacy (chemist) or any herbal or complementary medicines.

Giving methotrexate at home

If your child cannot swallow tablets, you can ask the pharmacist for the liquid preparation.

Accidental spillages

- If the liquid gets onto your skin, you must wash the area immediately, using plenty of water. If the skin is sore you should contact your GP (family doctor) for advice.
- If the liquid accidentally gets into your eyes, wash with plenty of running water for at least 10 minutes. If your eyes are sore after this, you should go to your nearest Accident and Emergency (A&E) department.
- If the liquid is spilt on clothing, the spill should be blotted dry with kitchen paper. Clothing should be removed immediately and washed separately from other items. Used kitchen paper should be disposed of as above.
- If you accidentally spill the tablets or mixture on the work surface or floor, wearing gloves, cover the spillage with kitchen paper. Wipe the area with water then clean with household cleaner and water.
- Used paper towels, masks, vomit and dirty disposable nappies should be placed



inside two rubbish bags and disposed of along with your normal rubbish.

If any type of spillage occurs you should contact GOSH for advice immediately.

Important

- Keep all medicines and tablets in a safe place where children cannot reach them.
- Oral methotrexate should be stored in a cool, dry place away from direct sunlight or heat.
- You should handle these medicines with care. Avoid touching the medicines wherever possible. If you are pregnant or think you could be pregnant, please discuss handling instructions with your doctor, nurse or pharmacist. Please see our Special handling requirements information sheet for further details.
- If your child is taking methotrexate liquid, check how long it can be used for after opening. Your pharmacist will be able to advise on this and it will also be written on the pharmacy Label.
- Rarely, it is necessary to halve tablets to get the correct dose. A tablet cutter may be used for this, but you should keep it only for cutting chemotherapy tablets.
- If your child vomits after taking the dose, inform the doctor or nurse as your child may need to take another dose. Do not give them another dose without informing the doctor or nurse.
- If you forget to give your child their dose, do not give them a double dose. Inform your doctor or nurse and keep to your child's regular dose schedule.
- If your doctor decides to stop treatment with methotrexate or the medicine passes its expiry date, return any remaining medicine to the pharmacist. Do not flush it down the toilet or throw it away.

Useful numbers

- GOSH switchboard 020 7405 9200
- Pharmacy medicines information 020 7829 8608 (Monday to Friday from 9am to 5pm)

Disclaimer

Please read this information sheet from GOSH alongside the patient information leaflet (PIL) provided by the manufacturer. If you do not have a copy of the manufacturer's patient information leaflet please talk to your pharmacist. A few products do not have a marketing authorisation (licence) as a medicine and therefore there is no PIL.

For children in particular, there may be conflicts of information between the manufacturer's patient information leaflet (PIL) and guidance provided by GOSH and other healthcare providers. For example, some manufacturers may recommend, in the patient information leaflet, that a medicine is not given to children aged under 12 years. In most cases, this is because the manufacturer will recruit adults to clinical trials in the first instance and therefore the initial marketing authorisation (licence) only covers adults and older children.

For new medicines, the manufacturer then has to recruit children and newborns into trials (unless the medicine is not going to be used in children and newborns) and subsequently amend the PIL with the approved information. Older medicines may have been used effectively for many years in children without problems but the manufacturer has not been required to collect data and amend the licence. This does not



mean that it is unsafe for children and young people to be prescribed such a medicine 'off-licence/off-label'. However, if you are concerned about any conflicts of information, please discuss with your doctor, nurse or pharmacist.

