



# METHOTREXATE

## The British Society for Paediatric and Adolescent Rheumatology

Registered Charity # 1132967

### Medicines for Children: information for parents and carers.

### Drug: Methotrexate for Rheumatological Conditions

This leaflet is about the use of Methotrexate for Rheumatological Conditions in children and young people for example: Juvenile Idiopathic Arthritis, Juvenile Dermatomyositis (JDM), Systemic Lupus Erythematosus (SLE), Scleroderma, Uveitis (inflammatory eye disease).

This leaflet has been written specifically for parents and carers about the use of this medicine in children. The information may differ from that provided by the manufacturer. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again. It is designed to give a broad overview of methotrexate. You should direct any questions you have about this medication to your child's rheumatology nurse specialist or doctor.

The aim of this drug is to suppress, "dampen down" your child's overactive immune system. The immune system helps the body to fight infections such as colds and stomach bugs as well as helping to keep you healthy. Sometimes the immune system starts to attack parts of the body, for example the lining of the joints or blood vessels, for no apparent reason, and this causes inflammation. This attack on the body is described as autoimmune disease.

Methotrexate is also used in the treatment of cancer but in much higher doses. In rheumatological conditions lower doses are used. Methotrexate has been used in children, young people and adults for many years with good effect.

Methotrexate is not a cure but it should help your child's condition by reducing the symptoms and the need for other medicines.

The usual practice is to remain on methotrexate until your child is in remission (no active inflammation) this may be for several years.

If it is decided your child is to have methotrexate a more detailed teaching session will be given before your child starts this medication. Your child's Rheumatology Nurse Specialist or Doctor will tell you what to do and who to contact if your child becomes ill whilst taking Methotrexate.

<b>Name of drug</b>
Methotrexate. Brand Names: (Metoject prefilled syringes)
<b>Why is it important for my child to take this medicine?</b>
Methotrexate has been shown to be an effective treatment for a number of inflammatory conditions, but it needs to be taken as prescribed over a long period of time often years.
<b>What is Methotrexate available as?</b>
<ul style="list-style-type: none"> <li><b>Tablets:</b> 2.5 mgs and 10 mg tablets</li> </ul> <p>Methotrexate tablets are available in 2.5mg and 10 mg tablets. In many hospitals and community pharmacy's only 2.5 mg tablets are available. The reason for this is that the tablets look very similar and it would be very easy to mix them up and give too much. It is important that every time you pick up a new prescription you check what strength the tablets are to prevent overdose. The National Patient Safety Agency recommends the use of 2.5 mg tablets only.</p> <ul style="list-style-type: none"> <li><b>Liquid medicine:</b> this is by special order and will either be prepared for your child by your local hospital or a homecare delivery company.</li> <li><b>Subcutaneous Injections</b> (injections given into the fatty tissue under the skin)</li> </ul> <p>Your doctor or rheumatology nurse specialist will discuss with you the best way for your child to have their methotrexate.</p>

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<b>When should I give Methotrexate?</b>
<ul style="list-style-type: none"> <li>Methotrexate is given <b>once weekly</b>. Try to give it at about the same time and on the same day each week</li> </ul>
<b>How much should I give?</b>
Your doctor will work out the amount of methotrexate (the dose) that is right for <i>your</i> child. The dose will be shown on the medicine label. It is important that you follow your doctor's instructions about how much to give.
<b>How should I give it?</b>
<p><b>Tablets:</b> should be swallowed whole with a glass of water or juice and preferably on an empty stomach.</p> <p><b>Liquid medicine:</b> Ideally the liquid should be supplied by your pharmacist or home care delivery company, with the correct dose already in a syringe. If you get the methotrexate liquid in a bottle, measure out the right amount using an oral syringe. You can get these from your pharmacist. You will need to wear gloves when handling the methotrexate. You will be given a container to get rid of your used gloves, bottles and medicine syringes. When this is full you should return this to the hospital, GP practice or your homecare delivery company waste collection service, who will then give you a new one.</p> <p><b>Injections:</b> These are usually given at home, by the parent / carer or if possible by the child or young person themselves. This is only after training has been given by your child's rheumatology nurse specialist, children's community nurse or homecare delivery company nurse.</p> <p>In some circumstances it may be possible for methotrexate to be given by:</p> <ul style="list-style-type: none"> <li>A children's community nurse coming to your home once weekly</li> <li>The practice nurse at your child's GP practice</li> </ul> <p>This will all be discussed with you by your child's Rheumatology Nurse Specialist</p>
<b>When should the medicine start working?</b>
Methotrexate takes approximately 8 to 12 weeks to take its full effect
<b>What if my child is sick (vomits)?</b>
<p><b>Medication by mouth</b></p> <ul style="list-style-type: none"> <li>If your child is sick less than 30 minutes after having a dose of Methotrexate, give them the same dose again.</li> <li>If your child is sick more than 30 minutes after having a dose of Methotrexate, you <b>do not</b> need to give them another dose. Wait until the next normal dose.</li> </ul> <p><b>Medication by injections</b></p> <ul style="list-style-type: none"> <li>If your child vomits after being given their injection of methotrexate inform your child's rheumatology specialist nurse or doctor during normal working hours. Your child may need to have anti-sickness medications.</li> </ul>
<b>What if I forget to give it?</b>
You should give the dose as soon as you remember but never give doses less than 5 days apart If you are unsure, contact your rheumatology nurse specialist, rheumatology doctor or pharmacist for advice. <b>Do not double the dose to catch up.</b>
<b>What if I give too much?</b>
It can be dangerous to give too much Methotrexate. If you think you may have given your child too much methotrexate, contact your doctor of NHS Direct (0845 4647) or, take your child to hospital immediately. Take the medicine container or packet with you, even if it is empty. This will be useful to the doctor. If you telephone for advice have the packet with you.
<b>Where I should keep this medicine?</b>
<ul style="list-style-type: none"> <li>Keep the tablets or liquid medicines in preferably a locked cupboard, away from heat and direct sunlight. It does not need to be kept in the fridge.</li> <li>Some injections of methotrexate need to be stored safely in a fridge between 2°-8°C. You may need to use a fridge lock or ideally a separate drug fridge. Check the label for storage instructions</li> <li>Make sure that children cannot see or reach the medicine.</li> </ul>

<b>General safety and hygiene</b>	
<p>It is recommended that you wear disposable gloves when handling methotrexate these will be provided by your child's rheumatology team, pharmacy department or be delivered to your home with your child's methotrexate supplies.</p> <p>Good hand washing is very important when handling methotrexate.</p> <p>If you are a parent or carer giving methotrexate to your child and you are planning to be or are pregnant it is recommended that you do not handle methotrexate.</p>	
<b>Are there any possible side-effects?</b>	
<p>We use medicines to make our children better, but sometimes they have other effects that we don't want (side-effects).</p>	
<b>Common Side Effects</b>	<b>Treatment</b>
Nausea (feeling of sickness), vomiting, loss of appetite & diarrhoea.	Folic acid (vitamin tablet / liquid) Anti-emetics (anti-sickness medication) May be helped by giving methotrexate by Injection
Skin rash / sun sensitivity	Use high factor sun cream
Mouth ulcers Sore gums Sore throat	Folic acid (vitamin tablet)
<b>Rare Side Effects</b>	<b>Treatment</b>
May cause hair thinning	
Disturbance in the blood counts (change in blood tests results) Upset liver function	Usually return to normal if methotrexate dose reduced or stopped
Pneumonitis - serious problem with lungs causing breathing difficulties. Affects adults - never seen in children.	Seek urgent medical advice
<p>Not everyone will have side effects when taking Methotrexate. Your child's doctor and or rheumatology nurse will be checking your child's medication and progress. If the blood tests become abnormal the Methotrexate may need to be stopped temporarily or the dose may need to be lowered. You may find that your child has some mild side effects from the medication before you notice any benefits from the treatment. It is important they keep taking the medication. You can speak to your child's doctor or rheumatology nurse if you are worried.</p>	
<b>Can other medicines be given at the same time as Methotrexate?</b>	
<ul style="list-style-type: none"> <li>You can give your child medicines that contain paracetamol or ibuprofen, unless your doctor has told you not to.</li> <li>Check with your doctor or pharmacist <b>before</b> giving any other medicines to your child. This includes herbal or complementary medicines.</li> <li>You should tell your child's dentist about their medications.</li> </ul>	
<b>When not to give Methotrexate</b>	
<ul style="list-style-type: none"> <li>If your child has or you suspect they have chicken pox, shingles, measles, mumps, TB or other infectious diseases you must contact your rheumatology doctor, rheumatology nurse specialist or GP immediately.</li> <li>You may be advised, by the person that monitors your bloods, to stop your child's methotrexate temporarily, if your child has an abnormal blood result. You will be given advice as to when to restart their methotrexate.</li> </ul>	



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### What tests are required when taking Methotrexate?

Methotrexate can affect blood counts (white blood cells, red blood cells and platelets) and can sometimes cause problems with the liver. Your child's blood count and liver function test will be checked before starting methotrexate and on a regular basis once your child has started methotrexate.

It is very important that your child attends regularly for blood tests. Your doctor or rheumatology nurse specialist will arrange these with you. Failure to attend for regular blood tests could lead to your child's medication being stopped.

- It may be possible to arrange for the blood tests to be taken by the Practice Nurse at your child's GP surgery or your local hospital.
- You may be given a booklet where the results of your child's blood test are recorded to take to clinic with you.

### Vaccinations

Live vaccines or immunisations are not safe for your child while they are taking Methotrexate or for six months after finishing treatment.

Always check with your rheumatology nurse or doctor before you or a family member have any vaccinations.

It is recommended that your child has the annual seasonal flu vaccine.

It is also recommended that your child has pneumococcal vaccine if not already given as part of the routine childhood immunisation schedule – please check with your GP, Health Visitor or Practice Nurse.

### What do I do if my child is in contact with someone who has chicken pox?

Your child should have a blood test at diagnosis to see if they are immune to chicken pox. If your child is not immune your rheumatology doctor will decide if your child and/ their brothers or sisters need to be given the chicken pox vaccine before treatment with methotrexate starts. Sometimes it is not possible to vaccinate your child because their condition requires them to start treatment immediately.

If your child is immune to chicken pox you will be told that being in contact with chicken pox should not be a problem. However if your child develops chicken pox you must contact your rheumatology team or GP immediately as they will need to see your child and start treatment for chicken pox. Your child will need to stop their methotrexate temporarily.

### What do I do if my child is in contact with someone who has measles?

Measles tends to be a rare illness because children in the UK are generally given two doses of the MMR vaccine. If your child has not had their MMR they may be at risk if they come into contact with measles. If you think that your child has been in close contact with someone who develops a rash, which could be measles, please contact your doctor, rheumatology nurse or GP for advice. If your child develops proven measles, whilst taking methotrexate they may need to be given human immunoglobulin, treatment given in hospital, to help to reduce the severity of the measles. Your child will need to stop their methotrexate temporarily.

### What do I do if my child is in contact with someone who has TB?

You must contact your child's doctor, rheumatology nurse or GP immediately as they will need to decide whether your child needs further treatment.

### Alcohol

Ideally your child should not drink Alcohol while taking methotrexate. This is because methotrexate and alcohol are both metabolised (broken down) in the liver the two combined puts extra strain on the liver. However, as long as your child is legally old enough to drink alcohol an occasional glass of wine or beer is unlikely to be harmful. Excessive regular alcohol and binge drinking should be avoided.

REMEMBER – 1 unit of alcohol is equivalent to a half pint of 4 % lager, a small glass of wine 125mls = 1.5 units. Most Alco pops are 1.4 units per 275 ml bottle. For more information please check out:

<http://www.need2know.co.uk/>

<http://www.talktofrank.co.uk/>

(13+ years)

### Sexual Health

As for ALL young people, irrespective of medication and/or chronic condition, when they are considering becoming sexually active, it is important that they have information regarding contraception AND protection against sexually transmitted infections (e.g. condoms). Such information should also include signposting to young person friendly sexual health services which they can access easily. This has additional importance with methotrexate therapy since, should a pregnancy occur, methotrexate may be harmful to the unborn baby. It is therefore important for sexually active young people to use effective contraception (male and females) whilst taking methotrexate and for 6 months after it has been stopped to prevent harm to an unborn baby. In the event of pregnancy please seek advice from your child's doctor, rheumatology nurse specialist or GP.

For further information about sexual health and young people check out [www.brook.org.uk](http://www.brook.org.uk) who give information about young person-friendly sexual health clinics in your area (up to 25 year olds) and [www.fpa.org.uk](http://www.fpa.org.uk) gives useful information for parents

### What do I need to know if I am going on holiday?

Check whether any vaccines are needed for your holiday destination. If vaccinations are required, you must check, with your rheumatology team that they are safe to have with your child's treatment. Inform your travel insurance company about your child's illness and their treatment.

All medications should be carried in your hand luggage. If you are supplied with methotrexate that needs to be refrigerated you will need to carry your methotrexate in a cool bag and keep it cool until you can put it in a fridge at your holiday destination. If required your rheumatology team will provide a letter for the airline.

Take your most recent clinic letter with you to assist medical staff treating your child should they become unwell or be involved in an accident.

Ensure you take enough supplies of your child's drugs with you, for example always take some spare medication and check it will not expire whilst you are away.

### Unlicensed drugs

Many of the drugs used to treat children and young people are unlicensed. However the Royal College of Paediatrics and Child Health (RCPCH) [www.rcpch.org.uk](http://www.rcpch.org.uk) have produced a leaflet which gives guidance to the use of unlicensed drugs for children and young people. Please ask your rheumatology team for a copy of this leaflet.

Methotrexate is not licensed for use in children and young people.

### Who to contact for more information

Your child's doctor, pharmacist or rheumatology nurse specialist will be able to give you more information about methotrexate and about other medicines used to treat Rheumatological Conditions.

You can also get more information from NHS Direct (0845 46 47, [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk))

NHS 24 (Scotland) 08454 24 24 24,  
NHS Direct (Wales/Galw lechyd Cymru) 0845 46 47  
NHS NI (Northern Ireland) 0845 46 47

More leaflets and information about rheumatological conditions are available at the British Society for Paediatric and Adolescent Rheumatology website [www.bspar.org.uk](http://www.bspar.org.uk)

Useful websites: - [www.lupusuk.com](http://www.lupusuk.com) [www.arthritisresearch.org.uk](http://www.arthritisresearch.org.uk) [www.ccaa.org.uk](http://www.ccaa.org.uk)  
[www.lupus.org.uk](http://www.lupus.org.uk) [www.arthritisresearch.org.uk](http://www.arthritisresearch.org.uk) [www.kidwitharthritis.org](http://www.kidwitharthritis.org) [www.printo.it](http://www.printo.it)

Useful numbers: - Arthritis care 0808 800 4050  
Arthritis Research UK Tel: +44 (0) 1246 558033

DREAM Team: Dedicated Rheumatology Expert Adolescent Multi-disciplinary Team (This site provides resources for young people with conditions like arthritis, their families and the health professionals who look after them): <http://www.dreamteam-uk.org/index.php?main>

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