



This communication is meant to clarify common misconceptions around medication use in arthritis. Information provided below reflects evidence based best practice at the time of release. (November 2015)

Please note checked off item below (Instruction for sender: check off the item applicable to your scenario)

☐ Concurrent Use of NSAIDs and Low-Dose Methotrexate (MTX) in Rheumatoid **Arthritis is Not a Clinically Significant Interaction**

The concurrent use of NSAIDs with MTX is commonly recommended in patients with rheumatoid arthritis. Please note that in patients with rheumatoid arthritis, the combination of **low dose MTX** (subcutaneous (sc) <25mg weekly) and NSAIDs (excluding anti-inflammatory doses of ASA) is not a clinically significant interaction, as supported by a recent Cochrane review. 1,2

☐ Concurrent Use of Proton Pump Inhibitors and Low-Dose Methotrexate is Not a **Clinically Significant Interaction**

The new safety information from Health Canada on Interaction of Proton Pump Inhibitors (PPIs) with MTX dated Oct 2012 specified that only concomitant use **high** dose MTX>500mg) and PPI may an increase amount of methotrexate in the blood leading to adverse effects.

□ Concomitant use of Trimethoprim and Methotrexate is a Clinically Significant **Drug Interaction**

MTX and Trimethoprim (2 anti-folate agents) are an extremely serious life-threatening combination. However, MTX(<25mg) used in rheumatology can be safely taken together with other antibiotics such as amoxicillin, erythromycins and quinolones.

□ Methotrexate can be given as subcutaneous self-injection

Subcutaneous (sc) methotrexate is recommended by a number of guidelines including those of the Canadian Rheumatology Association (CRA2011)⁴, the European League of Association of Rheumatology (EULAR2013)⁵ and the American College of Rheumatology(ACR2015)⁶. Information on a technique for sc self-injection of Methotrexate can be found at http://rheuminfo.com/medications/methotrexate/injectmethotrexate

We hope that by sharing this information, our patients will receive consistent information from pharmacists. Remember general information on MTX, such as warnings from pharmacy databases is usually based on oncology doses (2000 to 3000 mg), and it is not applicable to use of MTX in rheumatology (≤25mg po or sc qwk).

The above, has been reviewed by the Ontario Pharmacists' Association.

Prepared by Carolyn Bornstein, Diane Tin and Carter Thorne, The Arthritis Program at Southlake Regional Health Centre. Reviewed by the Therapeutics Committee of the CRA, and Approved by the ORA and CRA.





References:

- 1. Katchamart W, Bourré-Tessier J, Donka T, et al. Canadian recommendations for the use of methotrexate in patients with rheumatoid arthritis. *J Rheumatol* 2010;37:1422-30.
- 2. Colebatch AN, Marks JL, van der Heijde DM, Edwards CJ. Safety of nonsteroidal anti-inflammatory drugs and/or paracetamol in people receiving methotrexate for inflammatory arthritis: a Cochrane systematic review. *J Rheumatol* 2012;90:62-73.
- 3. Al-Quteimat and Al-Badaineh A. Methotrexate and trimethoprim -sulphamethoxazole: extremely serious and life-threatening combination. Journal of Clinical Pharmacy and Therapeutics 2013;38:203-205
- 4. Bykerk VP, Akhavan P, Hazelwood GS, et al. Canadian Rheumatology Association recommendations for pharmacological management of rheumatoid arthritis with traditional and biological disease modifying antirheumatic drugs. J Rheumatol 2012; 39:1559-82.
- 5. Smolen JS, Landewé R, Breedveld FC, Buch M, Burmester G, Dougados M, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2013 update. Ann Rheum Dis. 2014 Mar 1;73(3):492–509.
- 6. Singh JA, Saag KG, Bridges SL Jr., Akl EA, Bannuru RR, Sullivan MC, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis Care Res. 2015 Nov 6::n/a-n/a.
- 7. http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2012/15076a-eng.php (accessed June 17, 2015)
- 8. Bornstein C, Craig M, Tin D. Practice guidelines for pharmacists: The pharmacological management of rheumatoid arthritis with traditional and biologic disease-modifying antirheumatic drugs. Canadian Pharmacists Journal / Revue des Pharmaciens du Canada. 2014 Mar 20;147(2):97–109.