

## Methotrexate

### What is it?

Methotrexate is in a class of medications known as antimetabolites. It was approved by the U.S. Food and Drug Administration in the 1970s for use in patients with psoriasis. It is usually sold as a generic (without a brand name).

### How does it work?

Methotrexate binds to and inhibits an enzyme involved in the rapid growth of cells. In individuals with psoriasis, the drug slows down the rate of skin cell growth, and suppresses symptoms of inflammation in the joints for people with psoriatic arthritis.

### Who can take it?

Methotrexate is indicated for use in adults with severe psoriasis and/or psoriatic arthritis.

### Who should not take it?

- People with alcoholism, alcoholic liver disease or other chronic liver diseases such as cirrhosis
- People with immunodeficiency syndromes
- Pregnant or nursing mothers
- Men or women attempting a pregnancy
- People with active peptic ulcers
- People with significant liver or kidney abnormalities
- People with active infectious disease
- People with pre-existing blood problems such as underdevelopment of bone marrow, low white blood cell count, low platelets or significant anemia

### Side effects

The most common associated with methotrexate are:

- Nausea
- Tiredness, difficulty sleeping
- Lightheadedness
- Mouth ulcers
- Vomiting
- Headache
- Fever, chills
- Hair loss

### How is it used?

Methotrexate is taken once a week, either by mouth (pill or liquid) or by injection. The drug can be taken in a single dose or three doses taken at 12-hour intervals over a period of 24 hours. If doing well, a person may be taken off methotrexate until symptoms return. However, some individuals must continue a maintenance dose to stay clear.

### Can it be used with other treatments?

Methotrexate can be used with PUVA (the light-sensitizing drug psoralen with ultraviolet light A or ultraviolet light B. In some cases, Soriatane (acitretin), cyclosporine or some biologics have been used with methotrexate. Talk with your health care provider about any other medications, vitamins or supplements you may be taking to prevent potential drug interactions.

## Effectiveness

Improvement from methotrexate usually begins within three to six weeks of starting this drug. Individuals may not see maximal improvement for up to six months.

## Risks

The main risk of long-term methotrexate treatment is the risk of liver damage. An estimated one out of 200 people will develop reversible liver scarring. Some patients can develop irreversible cirrhosis. The risk of liver damage can increase if a person drinks alcohol, has abnormal kidney function, is obese, has diabetes or has had prior liver disease.

Individuals taking methotrexate need to have regular blood tests. This is to ensure the drug is being safely processed by the body. This is also to make sure the liver, blood or bone marrow is not negatively affected. Methotrexate can cause a reduced white blood cell count. This can make a person more at risk for infection.

**Pregnancy** should be avoided if either partner is taking methotrexate. Men should be off methotrexate for at least three months before a couple tries to conceive. Women should wait at least four months after stopping methotrexate to become pregnant.

**Side effects** are generally manageable with careful monitoring and education. However, severe nausea or sores in the mouth could mean that the dose is too high. Rarely, some side effects may occur years after the drug is used. This includes certain types of cancer, such as lymphoma, and bone marrow toxicity.

**Folic acid supplements** can decrease the side effects of methotrexate during treatment. However, folic acid should not be taken on the same days that methotrexate is taken. There is evidence that taking folic acid, even if only on days between methotrexate doses, can reduce the effectiveness of methotrexate. Talk with your health care provider about the best schedule for taking folic acid supplements.

**Potential Interactions** can occur when taking methotrexate. Your health care provider should always be informed of any other medications, therapies or dietary supplements you are using. Medications for inflammation or pain (including aspirin and ibuprofen) may increase the effects of methotrexate, which could be harmful. Some oral antibiotics can interfere with the absorption of methotrexate. Penicillin can make it more difficult for the kidneys to clear the drug out of the body. Sulfa drugs, especially those containing trimethoprim (brand names Septra or Bactrim), should not be taken while on methotrexate due to a potentially fatal interaction. Talk with your health care provider before taking any of these drugs with methotrexate.

Individuals are advised not to drink alcohol while on a course of methotrexate because it increases the chance of liver damage. On rare occasions, sensitivity to light can occur even when methotrexate is taken several days after exposure to ultraviolet light. This is called a “sunburn recall.”

**For detailed information on side effects and safety, talk with your doctor**

## Financial assistance information

Methotrexate Tablets 2.5mg  
Rx Outreach Medications  
800.769.3880  
www.rxoutreach.com

methotrexate injection 25mg/ml (Rheumatrex)  
methotrexate tablets 2.5mg (Rheumatrex)  
Xubex Patient Assistance Program, 866.699.8239  
www.xubex.com

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