

**Patient
Information**

Methotrexate injections aftercare

Introduction

You have now completed your training and should be feeling confident to administer your subcutaneous methotrexate injections (Metoject®) at home.

Administration

Methotrexate is a once weekly medication, taken on the same day each week.

Do not take oral methotrexate while you are being treated with subcutaneous methotrexate (Metoject®).

Before administering the methotrexate, always check the name, dose and expiry date on the Metoject® pen and make sure the device does not have any cracks or leaks. Do not use if you have any concerns.

Use the injection sites you have been shown and rotate them on a weekly basis.

Please refer to the Medac training video for the full administration process at <https://metoject.co.uk>

Disposal of the injection pens

Always dispose of your Metoject® pen, and the pen cap, in the purple lidded cytotoxic sharps bin that you have been given.

Blood monitoring

Please arrange to have fortnightly blood monitoring for the first 6 weeks after starting subcutaneous methotrexate and then go back to your normal routine. This can be done at either your GP's surgery, Edward Jenner Unit at Gloucestershire Royal Hospital or West Block Out-patients at Cheltenham General Hospital.

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Storage

Methotrexate injections should be stored out of direct sunlight, at room temperature. The Metoject[®] pen must remain in the sealed package until it is due to be administered.

The cytotoxic sharps bin must be kept out of reach and sight of children and pets.

When not to administer the methotrexate

If you are unwell with a temperature or taking antibiotics, methotrexate will need to be stopped until you are 100% better and you have completed the course of antibiotics.

If you are due to have surgery, you will need to stop the methotrexate treatment 1 week before your surgery date. Do not restart methotrexate until all of your wounds are clean and dry and sutures (stiches) have been removed.

Supply

You will have been given a 6 week supply (6 injections) of subcutaneous methotrexate (Metoject[®] pens) and a purple lidded cytotoxic sharps bin.

After this supply has run out, you can order further prescriptions and sharps bins from your GP.

Disposal of cytotoxic sharps bin

- **Do not** fill the sharps bin over two thirds.
- When the sharps bin is full, close the lid firmly.
- Return the bin to your local pharmacy for disposal.
- You can order a replacement bin from your GP's practice.

Further information

More information is available from:

Metoject[®]

Website: <https://metoject.co.uk/patients/>

National Rheumatoid Arthritis Society (NRAS)

Website: www.nras.org.uk/methotrexate

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>