

Methotrexate

What is Methotrexate?

Methotrexate (also referred to by the brand names Jylamvo, Metrex, Methofill, Metoject, Nordimet, and Zlatal) has been used since the 1970's to treat psoriasis that hasn't responded to topical treatments or is widespread. It is also used to treat psoriatic arthritis and many other conditions such as rheumatoid arthritis and Crohn's disease in both children and adults.

Methotrexate belongs to the group of medicines known as 'systemics', in the treatment of psoriasis, and 'Disease Modifying Anti-Rheumatic Drugs (DMARDs)' in the treatment of psoriatic arthritis.

Key features

- Used to treat both psoriasis and psoriatic arthritis in those who have moderate to severe disease
- Can be taken as a tablet, liquid or injection
- Methotrexate should be taken once a week and on the same day each week
- It may take between 1-3 months for the treatment to work

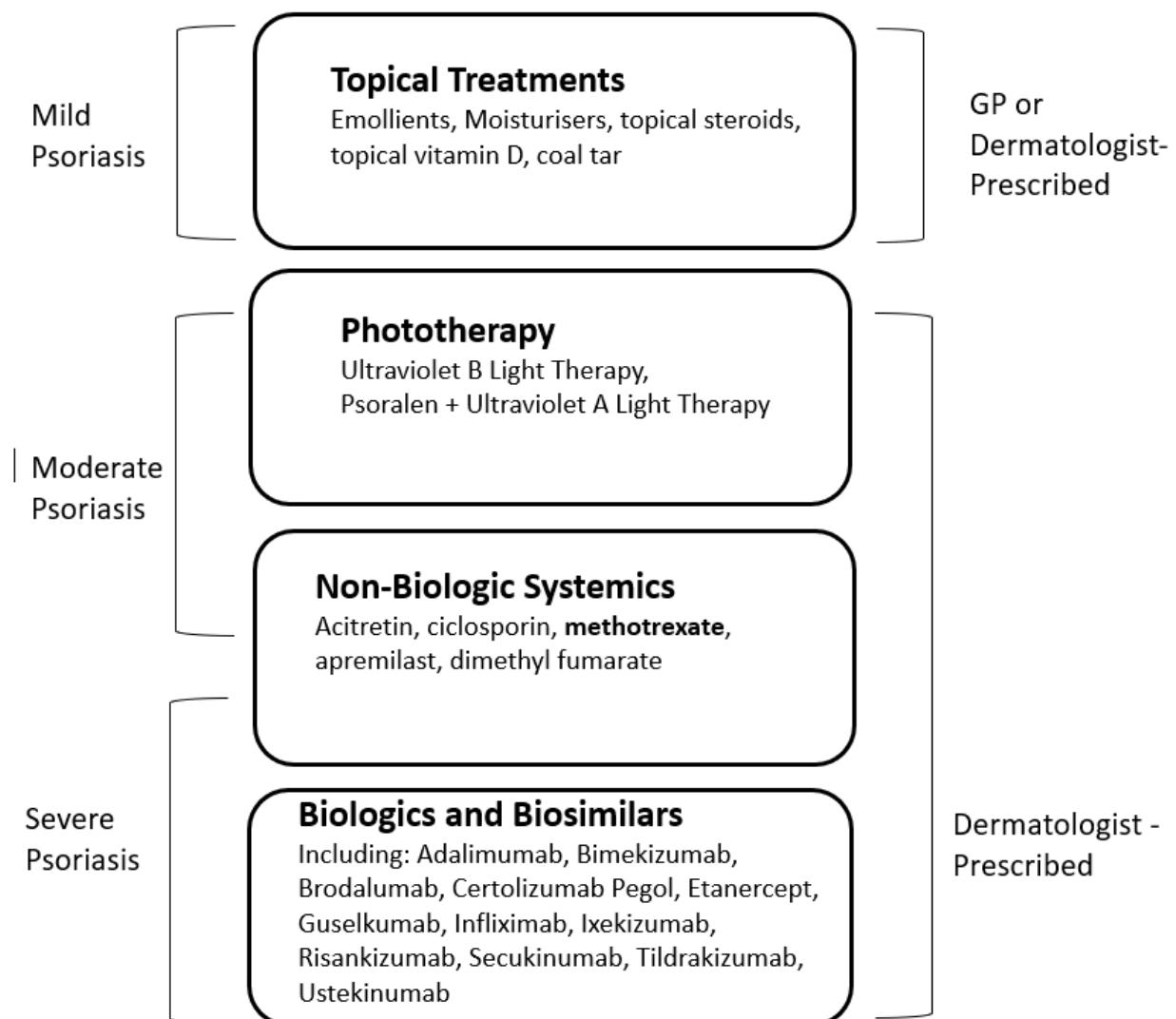
How does Methotrexate work?

Methotrexate works by regulating the body's immune system and helping to reduce swelling or inflammation. It also slows down the production of skin cells that multiply so rapidly in psoriasis.

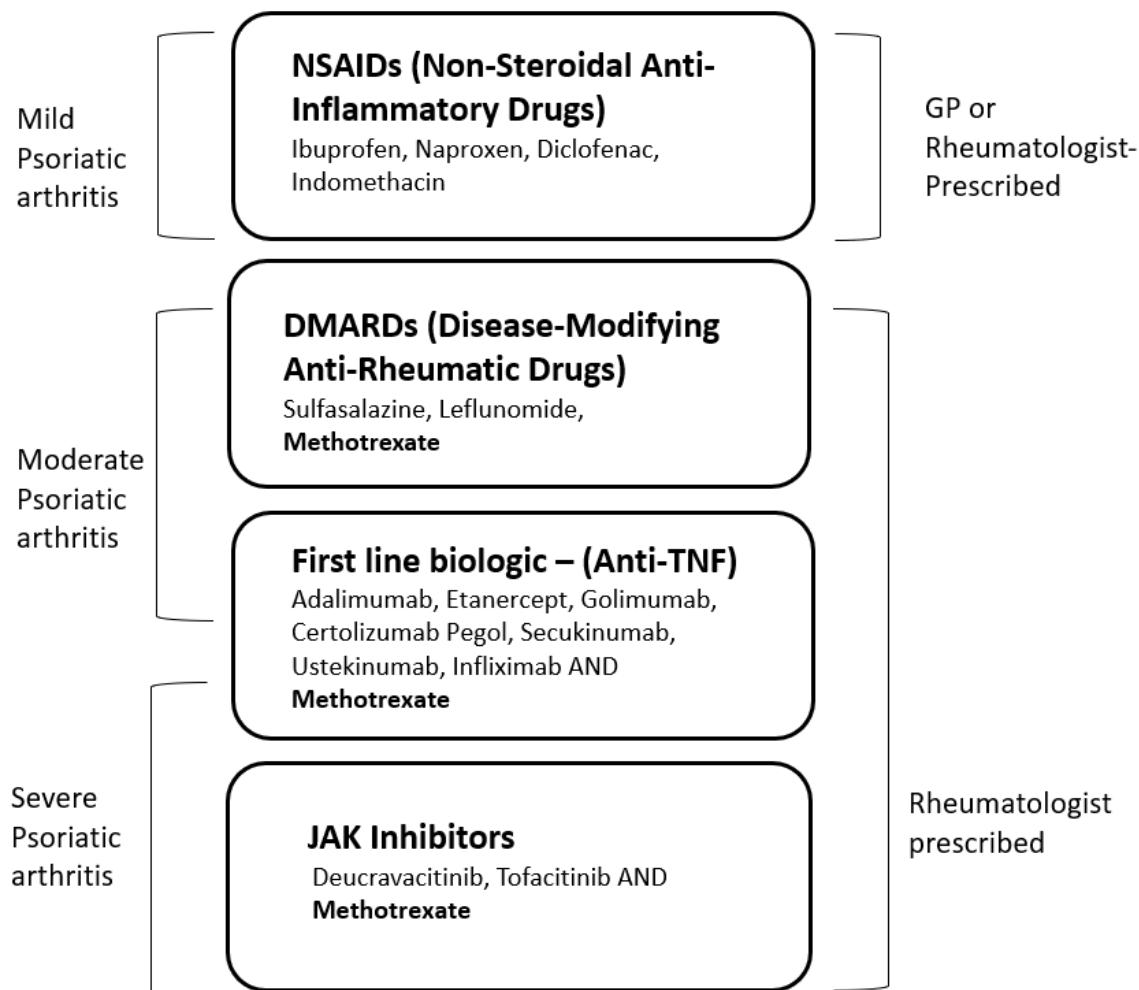
Who is Methotrexate for?

Methotrexate is for people with moderate to severe psoriasis who have not had a good response from, or are unsuitable for, topical treatments (treatments that are applied to the skin such as creams and ointments) or phototherapy (UV light therapy).

The diagram below shows where methotrexate is placed in the psoriasis treatment pathway:



The diagram below shows where methotrexate is placed in the psoriatic arthritis pathway:



Who should not take Methotrexate?

- People with active infections. You will be tested to check for infections before starting treatment.
- Anyone who is pregnant, trying to get pregnant or breastfeeding as methotrexate can cause birth defects and/or loss of pregnancy. It is recommended that at least two forms of contraception should be used during methotrexate use. Contraception must also be used for a period of time after stopping the treatment. The British Association of Dermatologists recommend 3 months, and the British Society for Rheumatology recommend 1 month. It is important that you discuss this with your specialist team.

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Registered Charity Nos. 1180666 and SC049563



- People who have conditions that significantly affect the functioning of their liver or kidneys
- People with a blood disorder including severe anaemia or clotting issues
- People who drink a lot of alcohol. Methotrexate can affect the liver and drinking alcohol increases this risk. If you choose to drink alcohol, this should be limited to **1–2 units a day**, such as **half a pint of beer, or one small (125 ml) glass of wine**. In most cases, alcohol should be avoided whilst taking methotrexate.

Things to consider before taking Methotrexate

- You should limit the amount of caffeine you drink and try to avoid foods that can cause an infection such as unpasteurised milk and cheeses
- Smoking can worsen many skin conditions and increase the risk of complications
- You should not take any painkilling medicines containing aspirin or ibuprofen when taking methotrexate (unless prescribed by your doctor).
- If you have mouth ulcers, stomach ulcers or a duodenal ulcer, tell your doctor before you start taking methotrexate.
- Men and women taking methotrexate should not donate blood or for at least three years after taking the medication.

How is Methotrexate used?

Methotrexate is commonly taken in tablet form once a week. It can also be taken as a liquid that you swallow, and by pre-filled injection pens or syringes that you inject into your skin.

You should take it on the same day of the week. You should NEVER take methotrexate daily.

A doctor will usually prescribe a very low dose at first, which will then be gradually adjusted to the lowest level capable of maintaining the improvement that has been achieved.

Methotrexate is often used on its own to treat psoriasis or psoriatic arthritis. Sometimes it is used together with other medicines to help treatments, such as biologics, work better and to reduce the chance of the body developing antibodies against them.

There are many other medications that can interact with methotrexate, including over-the-counter products such as aspirin and ibuprofen, and certain vitamins or supplements.

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Anyone taking methotrexate should ensure that they tell their Dermatologist or Rheumatologist about all their medications, including over-the-counter products and supplements, and should not take anything new without checking with their GP or a pharmacist first.

What are the side effects?

As with all medications, some side effects are possible when taking methotrexate. Most people tolerate methotrexate very well, and it is important to remember that not every person taking a medication will get all, or even any, of the possible side effects listed. Most common side effects can be managed by lowering/splitting the dose which should be discussed with your healthcare team first.

Side effects can include:

- Nausea and tiredness, although many people manage this by taking their dose just before bedtime
- Stomach pains, vomiting, diarrhoea, or indigestion
- Mouth ulcers
- Rashes or burning sensation on the skin
- New breathlessness or cough
- Hair loss (usually reversible upon stopping methotrexate)
- Liver or kidney issues. This will be closely monitored with blood tests by your Dermatologist / Rheumatologist
- Infections. If a serious infection occurs, a doctor will usually stop treatment with methotrexate. You should let your doctor know as soon as possible if you notice signs or symptoms of an infection, such as a raised temperature, fever or sore throat
- Skin or eyes turning yellow (jaundice). If this happens you must see a doctor as soon as possible

Very rare but unexpectedly severe side effects:

- Severe skin reactions
- Bone marrow depression (A drop in blood cells made by the bone marrow)
- Liver fibrosis (scarring)
- Lung scarring

Methotrexate works by reducing the activity of the immune system. The immune system also protects against cancer, and it is thought that treatment with low doses of methotrexate may increase the risk of developing lymphomas (cancer that starts in the immune system). If this happens, treatment with methotrexate will be stopped. Sometimes, the lymphoma will resolve after methotrexate is stopped, whereas in other cases it will need to be treated.

Please talk to your Dermatologist, Rheumatologist or Clinical Nurse Specialist if you have any concerns about this before starting treatment.

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Your skin may be more sensitive to the sun while you're taking methotrexate. Stay out of bright sun and use a high factor sun cream (SPF 30 or above) with protective clothing, even on cloudy days. Do not use a sun lamp or sun beds.

Folic acid

You may be prescribed folic acid tablets while you're taking methotrexate as they can help reduce some of the side effects as well as protecting the healthy cells in your body.

Taking folic acid can also make you less likely to be sick (vomit) or get diarrhoea. The doctor who prescribes your methotrexate and folic acid will advise you when to take the folic acid.

You should not take folic acid on the same day as your methotrexate as it can stop your medicine from working properly.

Will I need any blood tests or other investigations?

People taking methotrexate will have regular blood tests, usually carried out by specialist nurses, or by your GP.

Baseline screening (Before starting methotrexate):

- Your doctor may request chest x-ray and a breathing test to check your lungs
- Blood tests to screen for kidney, liver functions, and for viral infections and immunity status

Monitoring screening (During treatment)

- Your doctor may check your bloods every 1-2 weeks initially, and as your dose is adjusted carefully. The frequency of the blood test will eventually reduce to every 3-6 months once your methotrexate dose is stable
- Your doctor may also order additional monitoring tests such as liver scans or less frequently a liver biopsy
- If you have never had chickenpox, your doctor may recommend vaccination against this before starting methotrexate. If this was not possible and you come into contact with a person with chickenpox or shingles, then you should contact your doctor immediately as you may need special treatment
- Pregnancy tests in women of childbearing age

It's important to record how much methotrexate you take and the results of your blood tests. You may receive a booklet to record this in.

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Can I have vaccinations whilst on Methotrexate?

It is important that when having vaccinations, you check with your Dermatology / Rheumatology Team for the most up to date information.

Vaccinations against common infections such as the flu, pneumococcal infection or COVID are safe to have whilst taking methotrexate and are recommended. If you have not been offered these, please speak to your doctor.

For live vaccinations such as MMR (measles, mumps, rubella), polio and shingles, your suitability for these vaccines will be decided by your doctor on an individual basis.

How do I get Methotrexate?

Methotrexate can only be prescribed by a Dermatology or Rheumatology Specialist who is responsible for your psoriasis / psoriatic arthritis care.

BADBIR

If you have been prescribed methotrexate for treatment of your psoriasis or psoriatic arthritis, you may be asked to take part in the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) or the British Society for Rheumatology Psoriatic Arthritis Register (BSR-PsA); which are observational studies of people with psoriasis or psoriatic arthritis.

These registers are to compare the safety of different treatments for psoriasis and psoriatic arthritis to see how well they work.

It is recommended by The National Institute for Health and Care Excellence (NICE) that all people receiving biologic therapy or certain conventional treatments including methotrexate, who provide their consent, should be asked for their data to be included on these observational study registers.

For more information on BADBIR, please see the website: www.badbir.org

For more information on BSR-PsA, please see the website: <https://w3.abdn.ac.uk/hsru/BSR-PsA/Public/Public/index.cshtml>

The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss this with your doctor and **always read the patient information leaflet** to make sure you are using it correctly. For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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