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A newsletter to share best practice and promote collaboration in the management of patients with rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA).

FOR PHARMACISTS

NORDiMET[®]

methotrexate





The role of the hospital pharmacist in facilitating patient choice with subcutaneous methotrexate

Mr Adrian Davies

Directorate Pharmacist, Specialised Medicine, Cardiff and Vale University Health Board.

The evolving role of the hospital pharmacist in facilitating patient choice

The hospital pharmacist's role has evolved from the traditional activity of dispensing medications to broader roles and responsibilities that now include facilitating patient choice. A vital role of a hospital pharmacist is to ensure that the most appropriate medication is available for every rheumatology (RA) patient.

Methotrexate remains a cornerstone of therapy

As Directorate Pharmacist of Specialised Medicine at Cardiff and Vale University Health Board, Adrian Davies remains updated in all aspects of rheumatology medicine. As pharmacy lead, he ensures that the more established therapeutic agents are used as defined within the clinical pathways, whilst also ensuring that newly approved drugs are introduced and used appropriately.

Adrian reports that as a well-established agent, methotrexate remains the cornerstone of therapy in rheumatology, a true stalwart, even in the era of novel therapies such as monoclonal antibodies and Janus kinase inhibitors.

“ We should never overlook existing stalwart drugs such as methotrexate ”

Concordance and patient-centred care

Although the terms adherence, compliance, and concordance are often used interchangeably to describe medication-taking behaviour, they have very different meanings. Adrian notes that compliance is a prescriptive term describing how the patient's behaviour matches the prescriber's recommendations. In contrast, concordance is synonymous with patient-centred care as it considers both the prescriber and patient perspectives on medication-taking.

Patient choice

Healthcare professionals are increasingly encouraged to involve patients in treatment decisions, recognising that patients have a unique knowledge of their own health and treatment preferences.^{1,2} However, all patients are different, with some preferring to simply follow the advice of the prescriber whilst others prefer to be more actively involved in the decision-making process and to 'own' their condition.

Adrian reminds us that in RA, as with many other chronic conditions, shared decision making and patient choice result in better outcomes.² He also notes that while some medical decisions are straightforward with one clear choice, most decisions have multiple options for patients to consider. This is especially true for subcutaneous methotrexate (SC MTX) when one device may be more appropriate for a specific patient than another. Auto-injectors and other devices have been designed for ease of use, and to improve adherence and their specific design characteristics may influence patient preference. It is good practice to involve patients in the choice of device, as they may feel more comfortable with, and better able to use, a particular device.

“ The most expensive drug is the one that doesn’t work, potentially because it isn’t used correctly ”

Mechanisms to facilitate patient choice with subcutaneous methotrexate

Current guidelines report that patients and carers should receive adequate information to enable them to make an informed, shared decision about SC MTX. Patients must receive the necessary training, and whilst some training can be provided remotely, the best practice is to meet the patient and carers face to face and spend time ensuring they understand the methotrexate specifics and that they can be observed safely administering the methotrexate.³

At Cardiff and Vale University Health Board, patient choice is guided by all members of the multidisciplinary team. However, Adrian explains that some colleagues may be more aware of specific issues regarding patient choices and are better placed to ensure that patients are using the most appropriate device.

Identifying patients experiencing difficulties with their subcutaneous methotrexate injector

Overall, most patients are happy with the autoinjector they have been prescribed and do not encounter problems when using their device. The challenge lies with identifying patients who encounter issues and may not be using the device correctly – this has been amplified during the COVID pandemic as consultations have been virtual for most patients with chronic conditions such as RA.

Adrian highlights the importance of continued monitoring of patient satisfaction and device use. He notes that sometimes patients may be embarrassed or do not like to complain. Specific and direct questions must therefore be asked, such as ‘how are you getting on with your autoinjector or device?’, ‘can you demonstrate how you use your device?’, ‘what do you like about your device?’ and ‘what don’t you like about your device?’. And for patients who have issues, alternative options should be investigated.

Pharmacy provision and stocks of subcutaneous methotrexate

At Cardiff and Vale University Health Board, multiple subcutaneous methotrexate pens are available on the formulary.

Shelf space, relatively short drug expiry dates, and financial considerations mean that not all medicines and all strengths listed in the Trust Formulary are held in stock by the Pharmacy Department. However, they can be quickly obtained from suppliers through a web-based ordering system. Because the dosing strengths of SC MTX are not interchangeable, at Cardiff and Vale University Health Board stocks are updated in response to requests from the prescribing teams. They also use a simple wall-chart to ensure that the correct dose (e.g. 20mg 0.8ml vs 20mg 0.4ml) and therefore the required device are ordered. Computer-based drop-down lists can sometimes be confusing and these wall-charts help to avoid incorrect prescribing, ordering and dispensing.

Considerations for choosing Nordimet[®]

- A simple 2-step activation process with no button to press facilitates administration when dexterity/functional impairment make pressing a button difficult^{4,5,6}
- Nordimet[®] has audible, tactile and visual dosing indicators for confidence with every dose
 - An innovative mechanism delivering a click and gentle vibration at the start and end of the injection process, along with a viewing window, provide indications of injection progress
- A compact pen shape may help minimise handling problems
- The Pen design hides the needle from start to finish of administration, which may be beneficial for patients with needle phobia
- Training in self-administration can empower patients and help them take control of their treatment

Please note: Patients must be educated and trained in the proper injection technique when self-administering methotrexate. The first injection of Nordimet® should be performed under direct medical supervision⁷.

Abbreviations: MTX, methotrexate; RA, rheumatoid arthritis; SC, subcutaneous.

References:

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3. Royal College of Nursing. Administering Subcutaneous Methotrexate for Inflammatory Arthritis. October 2021. Available at: <https://www.rcn.org.uk/Professional-Development/publications/administering-subcutaneous-methotrexate-for-inflammatory-arthritis-uk-pub-009-675>
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