



Bundesamt für  
Sicherheit im  
Gesundheitswesen  
**BASG**

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Organisationseinheit (optional)  
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**PHV-issue: Methotrexat (for non-oncology indication(s))**

Sehr geehrte Damen und Herren,  
Aufgrund eines PSUR Follow-Up Assessments (PSUFU) durch den Ausschuss für Risikobewertung im Bereich Pharmakovigilanz (PRAC), dessen Ergebnis durch das CMDh bestätigt wurde, kommt es zu der Änderung der Genehmigungen für das Inverkehrbringen der Arzneimittel mit dem Wirkstoff Methotrexat (for non-oncology indication(s)).

(siehe: <http://www.hma.eu/611.html>)

## **Recommendations**

Based on the review of data submitted and comments received the product information should be updated as follows; of note, any existing text on this issue will need to be replaced by the new wording:

Update of section 4.4 of the SmPC to revise a warning on the need of a liver biopsy to monitor hepatotoxicity.

Methotrexate-containing products for non-oncologic indications:

### **Summary of Product Characteristics**

- Section 4.4

A warning should be revised as follows:

#### Liver function tests

Treatment should not be initiated or should be discontinued if there are persistent or significant abnormalities in liver function tests, other non-invasive investigations of hepatic fibrosis, or liver biopsies.

Temporary increases in transaminases to two or three times the upper limit of normal have been reported in patients at a frequency of 13-20 %. Persistent elevation of liver enzymes and/or decrease in serum albumin may be indicative for severe hepatotoxicity. In the event of a persistent increase in liver enzymes, consideration should be given to reducing the dose or discontinuing therapy.

Histological changes, fibrosis and more rarely liver cirrhosis may not be preceded by abnormal liver function tests. There are instances in cirrhosis where transaminases are normal. Therefore, non-invasive diagnostic methods for monitoring of liver condition should be considered, in addition to liver function tests. Liver biopsy should be considered on an individual basis taking into account the patient's comorbidities, medical history and the risks related to biopsy. Risk factors for hepatotoxicity include excessive prior alcohol consumption, persistent elevation of liver enzymes, history of liver disease, family history of hereditary liver disorders, diabetes mellitus, obesity and previous contact with hepatotoxic drugs or chemicals and prolonged methotrexate treatment.

Additional hepatotoxic medicinal products should not be given during treatment with methotrexate unless clearly necessary. Alcohol consumption should be avoided (see sections 4.3 and 4.5). Closer monitoring of liver enzymes should be undertaken in patients concomitantly taking other hepatotoxic medicinal products.

Increased caution should be exercised in patients with insulin-dependent diabetes mellitus, as during methotrexate therapy, liver cirrhosis developed in isolated cases without any elevation of transaminases.

### **Package leaflet**

- 2. What you need to know before you use <methotrexate-containing product>

#### Recommended follow-up examinations and precautions

Even if methotrexate is used in low doses, serious side effects can occur. In order to detect them in time, your doctor must perform monitoring examinations and laboratory tests.

#### Prior to the start of therapy:

Before you start treatment, your blood will be checked to see if you have enough blood cells. Your blood will also be tested to check your liver function and to find out if you have hepatitis. Furthermore, serum albumin (a protein in the blood), hepatitis (liver infection) status and kidney function will be checked. The doctor may also decide to run other liver tests, some of these may be images of your liver and others may need a small sample of tissue taken from the liver in order to examine it more closely. Your doctor may also check to see if you have tuberculosis and they may X-ray your chest or perform a lung function test.

#### During the treatment:

Your doctor may perform the following examinations:

- examination of the oral cavity and the pharynx for changes in the mucous membrane such as inflammation or ulceration
- blood tests/ blood count with number of blood cells and measurement of serum methotrexate levels
- blood test to monitor liver function
- Imaging tests to monitor liver condition
- small sample of tissue taken from the liver in order to examine it more closely
- blood test to monitor kidney function
- respiratory tract monitoring and, if necessary, lung function test

It is very important that you appear for these scheduled examinations.

If the results of any of these tests are conspicuous, your doctor will adjust your treatment accordingly.

#### Elderly patients

Elderly patients under treatment with methotrexate should be monitored closely by a physician so that possible side effects can be detected as early as possible.

Age-related impairment of liver and kidney function as well as low body reserves of the vitamin folic acid in old age require a relatively low dosage of methotrexate.