

SECTION Restricted Use	PAGE Page 1 of 1
SUBJECT/TITLE METHOTREXATE (parenteral and oral forms)	ORIGINAL DATE 25-Sep-2014
	REVISION DATES 30-May-2015 26-Aug-2019

PROTOCOLS

1. Funding for oral or parenteral methotrexate is restricted with the following conditions:

- i) prescribed for an approved indication;
- ii) ongoing monitoring of relevant laboratory investigations; and
- iii) ongoing follow-up by (or communication with) a rheumatologist or relevant medical specialist.