

## Other indications for Methotrexate

### → *Graft-vs-host disease, acute, prophylaxis (off-label use):*

IV: 15 mg/m<sup>2</sup> on day 1 and 10 mg/m<sup>2</sup> on days 3 and 6 after allogeneic transplant (in combination with cyclosporine and prednisone).

### → *Rheumatoid arthritis:*

Oral, SUBQ, IM: Initial: 7.5 to 15 mg once weekly. Increase dose by 2.5 to 5 mg/week every 4 to 12 weeks if needed based on response (maximum: 25 mg/week); current guidelines suggest titrating to a target dose of ≥15 mg/week within 4 to 6 weeks of initiation. Once disease remission is achieved, may gradually reduce dose (eg, by 2.5 mg/week every 1 to 2 months) to 15 mg/week to limit adverse effects. <sup>[1]</sup> <sup>[2]</sup>

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[ 1 ] - Franchini S, Dagna L, Salvo F, Aiello P, Baldissera E, Sabbadini MG. Efficacy of traditional and biologic agents in different clinical phenotypes of adult-onset Still's disease. *Arthritis Rheum.* 2010;62(8):2530-2535. doi:10.1002/art.27532[[PubMed 20506370](#)]

[2]- Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Care Res (Hoboken).* 2021;73(7):924-939. doi:10.1002/acr.24596[[PubMed 34101387](#)]

