# Guidelines for the use of methotrexate for ectopic pregnancy

## Criteria for Use:

- Consult with OBGYN
- Serum HCG concentration less than 5000 million international units/mL
- Ectopic mass size of less than 3 to 4 cm and no fetal cardiac activity (these are not independent predictors of treatment success)
- Hemodynamically stable
- No renal, hepatic or hematologic disorders
- Timely access to hospital in case of tubal rupture
- Able and willing to comply with post-treatment monitoring

## Contraindications:

- Clinically significant abnormalities in serum creatinine, liver transaminases or bone marrow function indicated by moderate to severe anemia, leukopenia or thrombocytopenia
- Immunodeficiency, active pulmonary disease (excluding asthma), peptic ulcer disease. Methotrexate could be associated with pulmonary toxicity and the various toxicities are enhanced in women with immune impairment
- Hypersensitivity to methotrexate
- Intrauterine pregnancy
- Unable or unwilling to complete the protocol

Note: If breastfeeding, pump and discard breastmilk for 24 hours following methotrexate dose.

## Dosing Guidelines for Single Dose Method:

- Day 1, methotrexate 50 mg/m$^2$ intramuscularly
- Repeat serum HCG level on Day 4 and 7.
    - If decline in HCG between Day 4 and 7 is less than 15%, a second dose of methotrexate 50 mg/m$^2$ intramuscularly is given on Day 7. Follow weekly HCG levels until undetectable. If HCG level decline between Day 7 and Day 14 is less than 15%, then a third dose may be given.
    - If decline in HCG between Day 4 and 7 is 15% or more, then no additional doses of methotrexate is given. Follow weekly HCG levels until undetectable