

Guiding Principles for Policymakers on Methotrexate Access Following the Dobbs Decision

Background

Methotrexate is one of the most widely used and inexpensive medications for a variety of inflammatory rheumatic diseases such as rheumatoid arthritis, psoriatic arthritis, lupus, inflammatory myositis, vasculitis, and some forms of juvenile arthritis. It improves disease activity, prevents organ damage, reduces disability, and can extend lifespan for those with these diseases. It can also be teratogenic when taken by pregnant patients. In significantly higher doses than prescribed for persons with rheumatic diseases it can be used to medically terminate ectopic pregnancies.

There is currently a lack of clarity about whether patients will have difficulty accessing methotrexate for treatment for rheumatic diseases if prescribers and pharmacists interpret the U.S. Supreme Court decision in *Dobbs v. Jackson* to include limiting access to potentially abortogenic medications. Meanwhile, methotrexate remains the standard of care for a variety of autoimmune diseases. Therefore, methotrexate must remain accessible to people with rheumatic diseases, and legal safeguards must protect rheumatology professionals, pharmacists, and patients from potential legal penalties.

To preserve methotrexate access for rheumatology patients, we offer the following recommendations regarding the allocation of methotrexate, particularly in states where restrictive abortion laws are creating confusion and barriers to care.

Recommendations

- Methotrexate oral and subcutaneous prescriptions in doses typical for rheumatology patients should be filled without delay and with the assumption that they are not being used to terminate a pregnancy.
- Rheumatology health professionals should continue to counsel their patients who are able to become pregnant that they should use highly effective contraception while taking methotrexate. Contraception must remain accessible to these patients.
- State and federal policy must protect health professionals and patients who are prescribing or taking methotrexate for rheumatic disease care.