

Travel Certificate

For patients who have been prescribed and trained to self-administer Metoject® PEN

Travelling with Metoject® PEN

My patient is carrying Metoject® PEN (active ingredient methotrexate) which is used to treat a chronic condition. The medication is supplied as a ready-to-use prefilled pen (auto-injector) with an integrated needle and is injected subcutaneously **once per week**.

As this product should not freeze and to ensure continuity of medical care, it is essential to transport the prefilled pen in hand luggage within the cabin of the aeroplane. Thank you very much for your co-operation.

Travel advice for patients

If you need any vaccinations before travelling, please check with your healthcare professional **FIRST**.

Ensure you have enough Metoject® PENs to last the duration of your holiday.

When flying, Metoject® PEN must always be carried in your hand luggage.

Metoject® PEN should be stored at room temperature in the original outer carton. However, if the room temperature rises above 25°C, then store in a cooler, dry place or in a fridge (minimum temperature 2°C). Remove 30 minutes prior to injection, to allow the solution to return to room temperature.

If you develop diarrhoea and or/vomiting whilst on holiday, stop taking Metoject® PEN and seek medical advice.

Methotrexate treatment may make your skin more sensitive to the sun and cause severe reactions that look and feel like sunburn. Protect your skin by using suncream, reapply regularly and avoid exposure to intense sunlight or Ultraviolet (UV) rays.

For further travel advice, speak to your healthcare professional.

For more information, please visit www.metoject.co.uk

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects you can help provide more information on the safety of this medicine.

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this certi	ficate pi	rior to tr	avellin	ıg.

PATIENT INFORMATION	
Full name	
Date of birth	
DOCTOR INFORMATION	
Name of doctor	
Hospital/GP surgery	
Contract ourselver	
Contact number	
STAMP	