MYCOPHENOLATE MOFETIL

What are the aims of this leaflet?

This leaflet has been written to help you understand more about mycophenolate mofetil. It will tell you what it is, how it works, how it is used to treat skin conditions, and where you can find out more about it.

What is mycophenolate mofetil and how does it work?

Mycophenolate mofetil (MMF) is a very powerful medicine used mainly to stop the body rejecting a transplanted organ (e.g. kidney, heart and liver). However, it is also a useful treatment for a variety of skin conditions. It reduces the action of the body’s own defence system (the immune system) and is one of a group of drugs known as immunosuppressive agents. It is used in certain skin conditions in which the immune system loses control and begins to act against the body.

Which skin conditions are treated with mycophenolate mofetil?

These include severe psoriasis, severe atopic dermatitis, blistering conditions, lupus erythematosus, dermatomyositis, sarcoidosis, necrobiosis lipoidica, cutaneous vasculitis and pyoderma gangrenosum. (Further information is available about each of the underlined skin conditions in the corresponding Patient Information Leaflet on the BAD website).

When should I take mycophenolate mofetil?

The dose is usually twice a day, and taken morning and evening. Take the medication on an empty stomach with a full glass of water.

What dose of mycophenolate mofetil should I take?
Mycophenolate mofetil is available in 250 mg capsules and 500 mg tablets. The normal dose lies between 1 and 3 g daily (you should only take the dose advised by your dermatologist).

What are the possible side effects of mycophenolate mofetil?

Although mycophenolate mofetil has been used for many years, and found to be well tolerated, occasionally it can have adverse effects. It can make you anaemic, prone to infections, or cause excessive bleeding, presenting for example as easy bruising of the skin. It can cause nausea, vomiting, constipation, diarrhoea, and indigestion.

Although this is uncommon, patients on long-term mycophenolate mofetil are more likely than others to develop skin cancers, especially if fair-skinned, and so should avoid excessive exposure to sunlight. To further protect the skin it is recommended that patients should follow the below top sun safety tips:

- Protect your skin with clothing (e.g. close weave clothing or knit cotton which cannot be seen through), and don’t forget to wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.
- Spend time in the shade between 11am and 3pm when it’s sunny. Step out of the sun before your skin has a chance to reddens or burn.
- When choosing a sunscreen look for a high protection SPF (SPF 30 or more) to protect against UVB, and the UVA circle logo and/or 4 or 5 UVA stars to protect against UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and reapply frequently (every two hours) and again straight after swimming and towel-drying.
- Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.
- Ensure that you coat all visible skin; the sunscreen should remain visible on your skin. Do not rub it in, as this will make it less effective as a barrier. If in doubt please discuss with your doctor, as they can advise an appropriate sunscreen for you.
- The British Association of Dermatologists recommends that you tell your doctor about any changes to a mole or patch of skin. If your GP is concerned about your skin, make sure you see a Consultant Dermatologist – an expert in diagnosing skin cancer. Your doctor can refer you for free through the NHS.

Patients on MMF are at a higher risk of acquiring infections, mainly viruses (like herpes simplex and cytomegalovirus) and fungal infections.
How will I be monitored for the side effects of mycophenolate mofetil treatment?

Make sure you visit your doctor or nurse for regular blood checks; checks are initially frequent (e.g. weekly), but become less often (e.g. usually every 1-3 months) once treatment is established. These checks monitor your full blood count, liver and kidney function.

Does mycophenolate mofetil affect fertility or pregnancy?

You must not become pregnant whilst on mycophenolate mofetil, and for at least 6 weeks after stopping the drug. Adequate contraception should be used throughout treatment. In the event of accidental pregnancy, referral to a specialist pregnancy unit would be recommended, to assess for foetal abnormality. You should not breast feed if you are taking mycophenolate mofetil. The manufacturers also advise that men should use condoms during treatment and for 13 weeks after the last dose.

Can I take other medicines at the same time as mycophenolate mofetil?

Mycophenolate mofetil can interfere with some medications and this may alter the dosage of mycophenolate mofetil that you may require.

Tell your doctor about all of the medicines that you are taking (whether on prescription or bought over the counter) prior to starting treatment.

Do not begin any medicine or change its dosage without first checking with your doctor or pharmacist.

Medications that can cause problems when taking mycophenolate mofetil include:

- Antacids (e.g. aluminium hydroxide), iron tablets and the lipid-regulating drug cholestyramine can reduce the absorption of mycophenolate mofetil.
- Antiepileptic drugs (such as phenytoin) are less well absorbed when taken with mycophenolate mofetil.
- The tranquilliser clozapine increases the risk of a fall in white blood cell count and lowers defence against infection.
- Mycophenolate mofetil interacts with some antiviral drugs, including aciclovir and ganciclovir.
• Antibiotics such as metronidazole, norfloxacin and rifampicin may reduce the plasma concentration or the bioavailability of mycophenolate.

Can I have immunisation injections while on mycophenolate mofetil?

You should avoid immunisation injections with any of the live vaccines such as polio and rubella (German measles). If you require immunisation with a live vaccine, mycophenolate mofetil should be stopped 6 months before and until 2 weeks after the vaccination. Flu vaccines and Pneumovax are safe and recommended. You should avoid contact with infants who have had oral polio drops (no longer routinely used in the UK).

Where can I find out more about mycophenolate mofetil?

If you want to know more about mycophenolate mofetil, or if you are worried about your treatment, you should speak to your doctor, nurse or pharmacist.

This information sheet does not list all of the side effects of mycophenolate mofetil. For more detail and information, look at the drug information sheet which comes as an insert with your prescription for mycophenolate mofetil.

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists’ Patient Information Lay Review Panel