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 medicine that is mainly used to stop the body from rejecting a transplanted organ (e.g. kidney, heart and liver). MMF can also be used to treat 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 atopic dermatitis, blistering conditions, lupus erythematosus, dermatomyositis, sarcoidosis, necrobiosis lipoidica, cutaneous vasculitis, morphea 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. The medication should be swallowed whole (capsule/tablet, do not chew or crush).

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.
How long will I have to take mycophenolate mofetil for?

The length of treatment will depend on which skin disease you have and how well you respond to treatment. You may need to take mycophenolate mofetil for 3 months before you notice any change in your condition. If you find it effective, mycophenolate mofetil can be continued long term.

What are the possible side effects of mycophenolate mofetil?

Mycophenolate mofetil has been used for many years and most patients do not have any problems. Occasionally it can cause some side effects. It might make you anaemic, prone to infections, or cause excessive bleeding, or easy bruising of the skin. It can cause nausea, vomiting, constipation, diarrhoea, and indigestion. You should also inform your doctor if you develop a persistent cough and/or breathlessness.

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

- Protect your skin with adequate clothing, wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses. Choose sun protective clothing (with permanently sun-protective fabric, widely available for adults and children) if you have fair skin or many moles.
- 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 redden or burn.
- When choosing a sunscreen look for a high protection SPF (current recommendations are SPR 50 or 50+) 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 every two hours and straight after swimming and towel-drying.
- Keep babies and young children out of direct sunlight.
- 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 you are advised to see a Consultant Dermatologist – an expert in diagnosing skin cancer. Your doctor can refer you for free through the NHS.
- Sunscreens are not an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.
Patients on MMF are at a higher risk of acquiring infections, mainly viruses (like herpes simplex the cold sore virus) 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. Blood tests are initially frequent (e.g. weekly), but are needed less often (e.g. usually every 1-3 months) once you are established on treatment. These checks monitor your full blood count, liver and kidney function.

**Does mycophenolate mofetil affect pregnancy?**

Females must not become pregnant whilst on mycophenolate mofetil unless there is no suitable alternative (e.g. to prevent transplant rejection) as there is a risk of harm to the unborn child. Women should use two forms of effective contraception throughout treatment and for six weeks after the last dose. Pregnancy tests may be performed before starting treatment and repeated throughout the course of treatment as necessary. If you wish to plan for a pregnancy or in the event of a pregnancy, you should contact your consultant immediately.

Men (including those who have had a vasectomy) should use condoms during treatment and for 90 days (or 13 weeks) after the last treatment dose. Female partners of male patients treated with mycophenolate mofetil should use contraception during their partner’s treatment and for 90 days (or 13 weeks) after their partner’s last treatment dose.

You should not breast-feed if you are taking mycophenolate mofetil.

**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 and indigestion remedies, iron tablets and the cholesterol lowering treatment 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 co-amoxiclav, metronidazole, norfloxacin and rifampicin may decrease the effect of mycophenolate.

Can I have immunisation injections while on mycophenolate mofetil?

You should avoid immunisation injections with any of the live vaccines including 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; however, the new nasal flu vaccination is live and should not be given with mycophenolate mofetil (see Patient Information Leaflet on Immunisations). You should avoid contact with infants who have had oral polio drops (no longer routinely used in the UK). Other inactivated vaccines are safe to give but may be less effective in protecting you if you continue to take mycophenolate mofetil.

Can I drink alcohol whilst taking mycophenolate mofetil?

You can drink alcohol whilst receiving mycophenolate mofetil treatment, however, it is advised that you only drink alcohol in small amounts. You should try to drink no more than 14 units of alcohol per week. Further guidelines available at: http://www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx

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: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

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

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