Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CUH
Ospidéal Ollscoile Chorcaí
Cork University Hospital

Department of Rheumatology

Mycophenolate
(CellCept/Myfortic)
GP Information Sheet

Mycophenolate (CellCept)
Mycophenolate is an immunosuppressive agent. It works by interfering with DNA in cells and impairing immune cell function.

Administration
Oral mycophenolate should be taken with a glass of water 1 hour before or 2 hours after meals. Capsules should be swallowed whole and not crushed or chewed.
Intra venous mycophenolate can also be given and is administered according to infusion protocol.

A typical dose regimen may be
In adults oral mycophenolate is typically given twice daily totalling 2-3 grams per day.

Time to response
Several weeks/months

Precautions and Contraindications
Women of childbearing potential should have two negative pregnancy tests 8-10 days apart prior to beginning therapy and must use effective contraception (**2 methods**) for 1 month prior to treatment and up to 6 weeks post treatment. Theoretically mycophenolate may decrease the OCP effectiveness as it has the potential to interfere with OCP blood hormone levels.

Caution should be taken when administered with Azathioprine as both have the potential to cause bone marrow suppression.

Some forms of mycophenolate may contain phenylalanine, for this reason do not administer to patients who have phenylketonuria (PKU).

Avoid combination with Rifamycin derivatives as may decrease serum concentration.

Avoid combination with Tacrolimus as may enhance the toxic effect of immunosuppresants.

Patients receiving immunosuppressive treatments are at increased risk of developing lymphomas and other malignancies especially melanoma's therefore exposure to sunlight and UV light should be limited by wearing protective clothing and using a sunscreen with sunblock of SPF 30 or higher. Patients should also be informed to avoid the use of sun beds while taking this drug.

Patients receiving immunosuppressive treatments are also at increased risk of contracting opportunistic infections including activation of latent viral infections. These include cases of progressing multifocal leukoencephalopathy (PML) and BK virus associated nephropathy (BKVAN). Patients should also be instructed to report immediately unexpected bruising, bleeding or any other manifestations of bone marrow suppression.

Caution should be taken with elderly patient's (if ≥ 65 years especially) as combination therapy may increase their risk of developing cytomegalovirus, tissue invasive disease, gastro intestinal haemorrhage or pulmonary oedema.

Mycophenolate may cause foetal harm when administered to a pregnant woman.

Theoretically, because mycophenolate is an IMPDH (inosine monophosphate dehydrogenase) inhibitor it should be avoided in patients with rare hereditary deficiency of hypoxanthine-guanine phosphoribosyl-transferase (HGPRT) such as Lesch-Nyhan or Kelley-Seigmiller syndrome.

Blood Monitoring

FBC weekly during first month, twice monthly for the second and third months, then continue monthly for one year. LFTs and a renal profile should be taken monthly. Contact the Rheumatology department if you have any queries or concerns regarding any haematological results.

Drug Interactions

Antacids decrease mycophenolate's absorption so patients should leave 4 hours between doses.

Rare Side Effects

Haematological: Leucopenia, neutropenia, anaemia, thrombocytopenia, pure red cell aplasia.

Gastro-intestinal: Nausea, vomiting, diarrhoea, abdominal cramps, intestinal ulceration, colitis, gastric perforation and bleeding.

Renal: Hepatitis, jaundice.

Cardiovascular: Tachycardia, hypertension, hypotension, vasodilation, infectious endocarditis.

Other: Headache, cough, agitation, tremor, arthralgia, alopecia, acne, meningitis.

Please consult up to date relevant literature (data sheets) or (BNF) when prescribing this agent. Please contact Rheumatology team if you have any other queries regarding the prescribed medication.

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