Heatherwood and Wexham Park Hospitals NHS
NHS Foundation Trust

Department of Rheumatology

Mycofenolate Mofetil (MMF)
Oxford and Berkshire Region Rheumatology Guidelines

To be read in conjunction with the shared care agreement between Oxfordshire and Berkshire Primary Care Trusts and relevant Rheumatology Departments.

Background for use
Mycofenolate mofetil is an immunosuppressive drug used as a treatment for systemic vasculitis and systemic lupus erythematosus and transplantation. Mycofenolate mofetil should only be initiated on the recommendation of a rheumatologist or a nephrologist.

Dosage
Mycofenolate mofetil (MMF) is given orally at a starting dose of 500mg daily, increasing by 500mg weekly until optimum or maximum tolerated dose is reached. Typical dose is 1-2gms daily in divided doses up to maximum dose of 3g per day. The final dosage will be advised by the rheumatologist or nephrologist.
Mycofenolate may need to be given for 3 months before therapeutic benefit is seen.

Pre treatment assessment
FBC, including platelets and differential, U&E's, LFT's, ESR, CRP and urinalysis.
Chest X-ray

Monitoring.
- FBC weekly for 6 weeks, thereafter monthly. The monitoring of FBC should also be undertaken 2 and 4 weeks after each dose increase.
- LFTs, U&Es, ESR and CRP monthly

Please note that in addition to absolute values for haematological indices a rapid fall or consistent downward trend in any value should prompt caution and extra vigilance.

Side Effects	Action
WBC < 3.5 X 10^ 9/l	Withhold until discussed with specialist team.
Neutophils < 2.0 X 10 ^ 9/l	Withhold until discussed with specialist team.
Platelets < 150 X 10 ^ 9/l	Withhold until discussed with specialist team.
Alk Phos, ALT, AST > 2x rise from upper limit of reference range	Withhold until discussed with specialist team.

A S Zakari / M Cox / Verified by Dr Paul Bowness / WPH Rheumatology Team / Version 5 (Oct 2012) For Review Nov 2014

CV > 105fl	Check B12, folate and TFT. If low start appropriate supplementation. Check alcohol status.
Sterile haematuria / UTI	Withhold until discussed with specialist team.
Rash or oral ulceration	Withhold until symptoms clear. Consider re-challenging at a lower dose. If rash recurs stop MMF and discuss with specialist team.. Treat oral ulceration.
Hypersensitivity reactions	Fever, malaise, rash, vomiting, muscle/bone pain, dizziness. Stop mycofenolate
Nausea, vomiting, diarrhoea	Administer tablets after meals to reduce nausea. An anti-emetic or dose reduction may help. If symptoms persist stop mycofenolate
Abnormal bruising or sore throat	Withhold until FBC result available
Malignancy	Withhold until discussed with specialist team.

Note:

- Pnuemovax and annual flu vaccinations are recommended.
- NSAID's may be used.

Contraindications and Precautions

Pregnancy and breastfeeding	Exercise extreme caution when mycofenolate is used in patients with childbearing potential and in breast feeding mothers. For men and women, contraceptive advice should be given, as pregnancy should be prevented for a minimum of 6 weeks after discontinuation of treatment. See drug interactions below.
Vaccination with LIVE vaccines	Patients receiving mycofenolate must NOT receive immunization with LIVE vaccines. Inactivated polio is available although sub-optimal response may be seen.
Chicken pox /Shingles	Patients suffering from chickenpox or active skin lesions in shingles withhold mycofenolate and inform specialist team. Exposure to chickenpox or shingles passive immunization should be carried out using VZIG
Alcohol	Limit alcohol intake to 4-8 units per week
Localised or systemic infections	Withhold mycofenolate

Notable Drug Interactions (refer to BNF and SPC)

- Antacids and oral magnesium supplements reduce MMF absorption and if required should be separated from mycofenolate by 2-3 hours
- Mycofenolate may reduce the effectiveness of oral contraception
- Cholestyramine: may decrease the absorption and bioavailability of mycofenolate by 40%.

Contact Telephone Numbers

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