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British Society of Rheumatology (BSR) and British Health Professionals in Rheumatology (BHPR); (Feb, 2017) recommends harmonisation of monitoring schedules, for all DMARDs that require laboratory monitoring. These should follow the same frequency of testing.

PROTOCOL FOR THE ADMINISTRATION OF MYCOPHENOLATE MOFETIL – INFORMATION FOR GENERAL PRACTITIONERS

BACKGROUND FOR USE

Mycophenolate Mofetil (MMF) is an immunosuppressive drug used as a treatment for systemic vasculitis and systemic lupus erythematosus and in transplantation. MMF should only be initiated on the recommendation of a rheumatologist, nephrologist or neurologist.

DOSAGE REGIME

MMF is given orally at a starting dose of 500mg daily, increasing by 500mg weekly until optimum or maximum tolerated dose is reached. A typical dose is 1-2g daily in divided doses up to a maximum dose of 3g per day. MMF may need to be given for 3 months before therapeutic benefit is seen.

PRETREATMENT ASSESSMENT BY RHEUMATOLOGIST;

• FBC, U&Es, eGFR, LFTs, ESR and/or CRP and urinalysis.
• Chest Xray

MONITORING

- FBC, Creatinine, Calculated GFR, ALT, AST ; two weekly for six weeks then, once on stable dose, monthly for three months.
- Thereafter, FBC, Creatinine, Calculated GFR, ALT, AST and Albumin, at least every 12 weeks.

- More frequent monitoring is appropriate in patients at higher risk of toxicity

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

Side Effects	Action
WBC < 3.5 X 10^ 9/l Neutrophils < 2.0 X 10 ^ 9/l Platelets < 150 X 10 ^ 9/l	Withhold until discussed with Rheumatologist
Alkaline Phosphatase, ALT, AST > 2x rise from upper limit of reference range	Withhold until discussed with Rheumatologist
MCV > 105fl	Check B12, folate and TFT. If low start appropriate supplementation. Check alcohol status.
Hypersensitivity reactions: Fever, malaise, rash, vomiting, muscle/bone pain, dizziness	Withhold and discuss with Rheumatologist
Nausea, vomiting, diarrhoea	Administer tablets after meals to reduce nausea an anti-emetic or dose reduction may help. If symptoms persist stop.
Sore throat, abnormal bruising	With hold drug and request urgent FBC. Discuss with Rheumatologist.
Localised or systemic infections	Withhold MMF. Treat infection.

CONTRAINDICATIONS AND PRECAUTIONS

Pregnancy and breastfeeding	Avoid 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.
Vaccination with LIVE vaccines	Patients receiving MMF must NOT receive immunization with LIVE vaccines. Inactivated polio is available although sub-

	optimal response may be seen.
Chicken pox /Shingles	In patients suffering from chickenpox or active skin lesions in shingles withhold MMF and inform Rheumatologist. If exposure to chickenpox or shingles, passive immunization should be carried out using VZIG.

NOTABLE DRUG INTERACTIONS (refer to BNF and SPC)

• Antacids and oral magnesium supplements reduce MMF absorption and if required should be separated from MMF by 2-3 hours

- **Cholestyramine: may decrease the absorption and bioavailability of MMF by 40%**
- **Probenecid increases MMF concentration**
- **Aciclovir increases MMF concentration in patients with renal impairment**
- **May increase risk of skin cancer, so excessive sun exposure should be avoided**

- **FLU AND PNEUMOCOCOCCAL VACCINES ARE RECOMMENDED FOR PATIENTS ON IMMUNOSUPRESSIVE THERAPY.**

REFERENCE:

http://www.rheumatology.org.uk/about_bsr/press_releases/bsr_publishes_updated_guideline_nonbiologic_dmards.aspx