Shared Care Guideline

Drug	MYCOPHENOLATE MOFETIL	
Speciality	RHEUMATOLOGY	
Indication	RHEUMATOID ARTHRITIS	
Overview	Myelosuppression is the main concern. Mycophenolate is licensed for transplantation but is used off-label for a number of disorders such as rheumatoid arthritis, lupus, vasculitis and other auto-immune and dermatological conditions where standard treatment has failed	
Hospital Specialists responsibilities	**Initial Investigations:**	FBC, ESR/CRP, U&E, eGFR, LFTs, immunoglobulins, BP and CXR. Assessment for comorbidities such as lung disease and occult viral infection.
	Initial regimen:	500mg daily increased weekly by 500mg to optimal dose. Maximum 3g per day
	Clinical Monitoring:	For adverse effects and usual disease management
	Frequency:	As required, typically every 3-6 months once stable
	Safety Monitoring and frequency:	FBC, ESR/CRP, U&E, eGFR, LFTs Fortnightly for 6 weeks, monthly for 12 months then every 3 months thereafter. Monitor fortnightly for 6 weeks following any dose increase.
	Prescribing arrangements:	Minimum of 3 months from hospital then transferred to GP.
	Documentation:	Clinic letters and results to GP. Separate patient information. Offer patient-held shared care diary.
GP's Responsibilities	**Maintenance Prescribing:**	500mg to 1500mg twice daily (as advised at transfer)
	Clinical monitoring	For adverse effects and usual disease management
	Frequency	As required and determined by patient symptoms
	Safety Monitoring and frequency:	FBC, ESR/CRP, U&E, eGFR, LFTs monthly for 12 months then every 3 months thereafter. Monitor fortnightly for 6 weeks following any dose increase.
	Duration of Treatment:	Long-term as recommended by specialist
	Documentation:	Practice records. Correspondence with specialist as required. Copies of blood tests to specialist using shared care diary or available via WebICE

Adverse Events	Action:
WCC ↓ <3.5 x10^9/L	Withhold & discuss with specialist
Neutrophil count ↓ <1.6 x10^9/L	Withhold & discuss with specialist
Platelets ↓ <140 x10^9/L	Withhold & discuss with specialist
↓ trend in WCC / platelet count	Discuss with specialist
Hypertension	Treat; if unresponsive, discuss with specialist
AST/ALT rise to >2 x ULN	Withhold & discuss with specialist
Renal: eGFR<30ml/min	Withhold drug, discuss with specialist. (Continue if eGFR 30-60 ml/min)
Oral ulceration, sore throat, unexplained rash or bruising	Withhold, check FBC and discuss with specialist
Persistent or severe GI upset	Discuss with specialist

Cough, SOB or recurrent respiratory infections
Measure serum immunoglobulin levels. Consider bronchiectasis or pulmonary fibrosis
If immunoglobulin levels are low, discuss with specialist

Contact Details			
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Drug	MYCOPHENOLATE MOFETIL
Speciality	IMMUNOSUPPRESSION / DISEASE MODIFYING ANTI-RHEUMATIC
Indication	
Further Information	**Adverse Effects** More common adverse effects include : Nausea, abdo pain, constipation, gastro-intestinal inflammation/ulceration, weight loss Rash, acne, alopecia, stomatitis, taste disturbance, gingival hyperplasia Agitation, anxiety, depression Cough, dyspnea, headache, hepatitis, influenza symptoms, myasthenia, paraesthesia. Increased susceptibility to skin cancer (avoid exposure to strong sunlight) **Intercurrent infection** During an acute infection, MMF should be temporarily discontinued until the patient has recovered from the infection. **Monitoring:** Please watch for a falling trend for blood counts and rising trend for creatinine. Action may need to be taken even if the values are in normal range in these scenarios. **Vaccinations** Live vaccines in general are not recommended with MMF, although the live shingles vaccine is appropriate in some patients (refer to Green Book for advice). We recommend annual Flu vaccination and Pneumococcal vaccination in line with current guidance (see JCVI Green Book). If a patient is exposed to shingles or chicken pox and lacks immunity to varicella-zoster virus, passive immunization may be required (contact Rheumatology). **Fertility issues** MMF is known to be teratogenic. Women of childbearing potential receiving mycophenolate must use at least one form of reliable contraception prior to and during MMF therapy and for 6 weeks after stopping. It is recommended that male patients or their female partner use reliable contraception prior to and during treatment and for 90 days after stopping MMF. **Important drug interactions** There are several drug interactions involving MMF– check SPC / BNF when introducing new drugs. **Thank you for sharing the care of this patient.** The medical and nursing staffs in the Department of Rheumatology are happy to answer any queries your staff may have concerning the patient's treatment or any adverse events. If you are contemplating discontinuing treatment please discuss with the consultant or staff first. If the patient has any problems with their medication, adverse effects or an exacerbation of their disease requiring an earlier review, please contact the rheumatology specialist nurse practitioners using the contact details overleaf. Reference : BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. Rheumatology 2017 ; 56 : 865-8.