Mycophenolate

This leaflet provides information on mycophenolate and will answer any questions you have about the treatment.
What is mycophenolate?

Mycophenolate (full name mycophenolate mofetil and trade name CellCept) is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD). These drugs have the effect of dampening down the underlying disease process, rather than simply treating symptoms. Mycophenolate reduces the activity of the body’s immune system (the body’s own defence system), so it’s always used with care.
At a glance

What type of drug is mycophenolate (trade name CellCept)?
Mycophenolate is a disease-modifying anti-rheumatic drug (DMARD).

What does it do?
It reduces the activity of the body’s defence system (immune system).

What is it used for?
It’s used to treat rheumatic conditions and diseases in which there’s inflammation of blood vessels.

How is it taken?
It’s usually given as a capsule twice a day with food or water.

Are there any side-effects?
Side-effects include nausea (feeling sick), vomiting, diarrhoea and stomach pain. It can also make you more likely to develop infections.
Why is mycophenolate prescribed?
Mycophenolate is used to treat several different types of rheumatic conditions, including lupus, and diseases in which there’s inflammation of blood vessels, for example vasculitis.
Mycophenolate may also be used after organ transplantation, for example in kidney transplants.

When and how do I take mycophenolate?
Mycophenolate is usually taken in capsule form twice a day. The capsules should be taken with a glass of water or food. They should be swallowed whole and not crushed or chewed. Your doctor will advise you about the correct dose.

How long does mycophenolate take to work?
Mycophenolate doesn’t work immediately. It may be up to 3 months before you notice any benefit.

Record your dosage here to help you manage your treatment:

How many? ..................................................................................................................................................................................

What dosage/strength? ......................................................................................................................................................................

How often? .....................................................................................................................................................................................

When? ..........................................................................................................................................................................................
What are the possible side-effects?
The most common side-effects of mycophenolate are nausea (feeling sick), diarrhoea, vomiting or stomach pain. Mycophenolate can also affect your blood count (one of the effects is that fewer blood cells are made) and can make you more likely to develop infections. You should tell your doctor or rheumatology nurse specialist straight away if you develop any of the following after starting mycophenolate:

• a sore throat
• a fever
• any other symptom of infection
• unexplained bruising or bleeding
• any other new symptoms or anything else that concerns you.

What should I look out for?
You should stop mycophenolate and see your doctor immediately if:

• any of the symptoms listed above are severe
• you haven’t had chickenpox and you come into contact with someone who has chickenpox or shingles
• you develop chickenpox or shingles.

Chickenpox and shingles can be severe in people on treatments that affect the immune system, such as mycophenolate. You may need antiviral treatment, which your doctor will be able to prescribe. Your mycophenolate will be stopped if you develop chickenpox or shingles and restarted when you’re better.

What are the risks?
There’s a slightly increased risk of certain types of cancer in people using mycophenolate. Please discuss this with your doctor if you’re worried. Because of the small increase in risk of skin cancer, you should avoid exposure to strong sunlight and protect your skin with sunblock or sunscreen.

How can I reduce the risk of infection?
Because of its effects on the immune system, mycophenolate may make you more likely to pick up infections. You should avoid people who have recently been in hospital and visit the Food Standards Agency website www.food.gov.uk/safereating/ for information on reducing your risk of infection from foods.

Will it affect vaccinations?
If you’re on mycophenolate it’s recommended that you avoid live vaccines such as yellow fever. However, in certain situations a live vaccine may be necessary (for example rubella immunisation in women of childbearing age), in which case your doctor will discuss the possible risks and benefits of the immunisation with you.

Pneumovax (which gives protection against the most common cause of pneumonia) and yearly flu vaccines are safe and recommended.
Can I drink alcohol while on mycophenolate?
You should only drink alcohol in small amounts because mycophenolate can affect your liver.

Does mycophenolate affect fertility or pregnancy?
You shouldn’t take mycophenolate when pregnant, and you shouldn’t become pregnant for at least 6 weeks after stopping it. If you’re planning a family or if you become pregnant while taking mycophenolate, you should discuss this with your doctor as soon as possible.

Does it affect breastfeeding?
You shouldn’t breastfeed if you’re on mycophenolate. The drug may pass into the breast milk and could be harmful to your baby.

What else should I know about mycophenolate?

Are there any alternatives?
A number of other drugs are used in the treatment of rheumatic diseases. Your doctor or rheumatology nurse specialist will discuss these other options with you.

Will I need any special checks while on mycophenolate?
Because mycophenolate can affect the blood count, and can sometimes cause liver or kidney problems, your doctor will arrange for you to have a blood test before you start treatment and regular blood checks while on mycophenolate.

You’ll need regular blood checks when you’re on mycophenolate – remember to take your record booklet when you go.

You may be asked to keep a record booklet with your blood test results, and you should bring this with you when you visit your GP or the hospital.

⚠️ You must not take mycophenolate unless you’re having regular checks.

Can I take other medicines alongside mycophenolate?
Mycophenolate may be prescribed along with other drugs to treat your condition. Some drugs interact with mycophenolate, so you should discuss any new medications with your doctor before starting them, and you should always tell any other doctor treating you that you’re taking mycophenolate. You should also be aware of the following points:

• Mycophenolate isn’t a painkiller. If you’re already on a non-steroidal anti-inflammatory drug (NSAID) or painkillers you may carry on taking these as well as mycophenolate, unless your doctor advises otherwise.
• Don’t take over-the-counter preparations or herbal remedies without discussing this first with your doctor, rheumatology nurse specialist or pharmacist.

Where can I get more information?
Arthritis Research UK is the charity leading the fight against arthritis. We do this by funding high-quality research, providing information and campaigning. We publish over 60 information booklets which help people to understand more about their condition, its treatment, therapies and how to help themselves.

If you would like any further information about mycophenolate, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse specialist or pharmacist.
Get involved!

You can help to take the pain away from millions of people in the UK by:

• volunteering
• supporting our campaigns
• taking part in a fundraising event
• making a donation
• asking your company to support us
• buying gifts from our catalogue.

To get more actively involved, please call us 0300 790 0400 or email us at enquiries@arthritisresearchuk.org or go to: www.arthritisresearchuk.org

A team of people contributed to this booklet. It was written by Dr Ariane Herrick, who has expertise in the subject. It was assessed at draft stage by FRP team leader/clinical assistant spines Caroline Evans and consultant physician and rheumatologist Dr Elaine Morrison. An Arthritis Research UK editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An Arthritis Research UK medical advisor, Prof. Anisur Rahman, is responsible for the content overall.

Please note: We have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change. This information sheet is for general education only and does not list all the uses and side-effects associated with this drug. For full details please see the drug information leaflet that comes with your medicine. Your doctor will assess your medical circumstances and draw your attention to any information or side-effects that may be relevant in your particular case.

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Arthritis Research UK
Copeman House, St Mary’s Court,
St Mary’s Gate, Chesterfield,
Derbyshire S41 7TD

Tel 0300 790 0400
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