

# Prescribing Guidelines

*Prescribing arrangement for the management of patients transferring from  
Secondary Care to Primary Care*

## Mycophenolate Mofetil for the treatment of lupus nephritis and systemic vasculitis

APC PG 019

For the latest information on interactions and adverse effects, always consult the latest version of the Summary of Product Characteristics (SPC), which can be found at: <http://www.medicines.org.uk/>

### Approval and Authorisation

Approved by	Job Title	Date
Renal CG	B Alchi, Renal CG Chair	July 2016
BW Area Prescribing Committee	A Penn, APC Chair	June 2017
RBH Drugs and Therapeutics Committee	S Hussain, DTC Chair	November 2017

### Change History

Version	Date	Author	Reason
v.1.0	2014	Surrey APC	Shared Care

***This prescribing guideline remains open to review considering any new evidence.***

This guideline should only be viewed online and will no longer be valid if printed off or saved locally

Author	Unknown	Date of production:	June 2016
Job Title	Unknown	Review Date	June 2019
Protocol Lead	Unknown	Version	v.1.0

## **Introduction**

This guidance has been prepared to support healthcare professionals in the implementation of shared care management of patients who have been prescribed mycophenolate mofetil for the treatment of lupus nephritis and systemic vasculitis.

Although unlicensed for this use, evidence from a Cochrane review of RCTs and quasi-RCTs suggests that MMF is as effective as cyclophosphamide at inducing remission in lupus nephritis but with a lower risk of ovarian failure. For maintenance therapy in lupus nephritis the Cochrane review found that MMF was more effective than azathioprine for preventing relapse with no increase in clinically important adverse events (see NICE ESUOM36 November 2014).

MMF is an alternative for patients who are intolerant of or in which the use of azathioprine and methotrexate for the maintenance of remission of systemic vasculitis (see BSR and BHPR guideline for the management of adults with ANCA-associated vasculitis; Ntatsaki et al; Rheum 2014).

## **Dose**

The recommended dose is up to 3g daily, taken in 2 – 4 divided doses. Patients on 2g benefit the most without the risk of over immunosuppression. It may take 6 – 12 weeks before therapeutic benefit is seen.

If diarrhoea develops, consider switching to mycophenolic acid (Myfortic®). 500mg of MMF is equivalent to 360mg Myfortic®.

Consider checking MPA level in patients who do not respond. Aim for trough level above 3mg/L (target range 3.5 – 4.5mg/L).

## **Administration**

MMF should be taken after meals to reduce nausea and diarrhoea.

## **Cautions**

Patients should try to avoid contact with people who have active chickenpox or shingles and should report any such contact to their GP or hospital specialist.

### **Contraindications**

- Hypersensitivity to MMF
- MMF should not be given to women who are pregnant, or likely to become pregnant. Effective contraception must be used before beginning therapy, during therapy, and for 6 weeks following discontinuation of therapy.
- MMF is contra-indicated in women who are breastfeeding.

### **Side effects**

- Gastro-intestinal disturbances - Nausea, vomiting, diarrhoea, constipation and abdominal discomfort
- Bone marrow suppression (leucopenia, thrombocytopenia, anaemia) and therefore increased risk of infection
- Increased risk of lymphoma and skin cancer

### **Interactions**

- Antacids containing aluminium and magnesium reduce MMF absorption. Separate administration by 2 – 3 hours.
- Rifampicin – reduce plasma concentration of active metabolite of MMF.
- Aciclovir – causes increase in concentrations of both MMF and aciclovir in renal impairment
- Patients should avoid 'live' vaccines such as oral polio, oral typhoid, MMR, BCG, chicken pox/shingles and yellow fever, whilst on immunosuppressive therapy. Contact hospital specialist for advice on any vaccinations if required.

## Criteria for Use

### RESPONSIBILITIES and ROLES

<b>Specialist responsibilities</b>
<ol style="list-style-type: none"><li>1 Initiate treatment and prescribe until the GP formally agrees to share care (a supply of two weeks or original pack as per agreement).</li><li>2 Carry out baseline and subsequent monitoring.</li><li>3 Send a letter to the GP requesting shared care for the patient.</li><li>4 Routine clinic follow-up on a regular basis.</li><li>5 Send a letter to the GP after each clinic attendance ensuring current dose, most recent blood results and frequency of monitoring are stated.</li><li>6 Evaluation of any reported adverse effects by GP or patient.</li><li>7 Contact GP if results of blood monitoring are abnormal with advice for e.g. suspend treatment, decrease dose etc.</li><li>8 Advise GP on review, duration or discontinuation of treatment where necessary.</li><li>9 Inform GP of patients who do not attend clinic appointments.</li><li>10 Ensure that backup advice is available at all times</li></ol>
<b>Monitoring requirements and actions (to be undertaken by the hospital)</b>
<ul style="list-style-type: none"><li>• Pre-treatment FBC and renal profile.</li><li>• Subsequent Monitoring<ul style="list-style-type: none"><li>▪ <b>FBC</b> – weekly for 4 weeks after each dose increase, thereafter monthly.</li></ul></li></ul>
<b>General Practitioner responsibilities</b>
<ol style="list-style-type: none"><li>1 Monitor patient's overall health and well being.</li><li>2 Prescribe the drug treatment as described</li><li>3 Report any adverse events to the hospital specialist, where appropriate</li><li>4 Help in monitoring the progression of disease.</li><li>5 Alert the hospital of any suspected non-compliance with treatment.</li></ol>
<b>Patient's / Carer's role</b>
<ol style="list-style-type: none"><li>1 Ask the specialist for information, if he or she does not have a clear understanding of the treatment.</li><li>2 Tell the specialist of any other medication being taken, including over-the-counter products.</li><li>3 Read the patient information leaflet included with your medication and report any side effects or concerns you have to the specialist or GP</li></ol>

## BACK-UP ADVICE AND SUPPORT

Contact details	Specialist	Telephone No.	Email address:
<b>Consultant nephrologists</b>	Dr Bassam Alchi Dr Lindsey Barker Dr Nitin Bhandary Dr Cian Chan Dr Oliver Flossmann Dr Mobin Mohteshamzadeh Dr Emma Vaux	(0118) 322 1889	