



Mycophenolate

Information for Parents/Carers



St Michael's C Ward

01 878 4258

01 878 4431

Main Hospital Number

01 878 4200

What is mycophenolate and what is it used for?

Mycophenolate is an immunosuppressant drug, used to prevent rejection after organ transplantation. It contains an ingredient called mycophenolic acid. Its main purpose is to lower the body's immune system.

The immune system can fight or reject a transplanted organ because it treats the new organ as an invader.

After transplant, it is important that your child takes Mycophenolate to prevent their body from rejecting their transplanted kidney. It can be used in combination with other anti-rejection medicines if needed.

How is Mycophenolate supplied?

Mycophenolate comes in two types of brands:

Myfortic and Cellcept.

Your child will be prescribed only **one** of these brands after organ transplant. Your doctor / nurse will explain this to you before your child is discharged home.

Myfortic

This comes in two strengths, 180mg and 360mg.

Myfortic 180mg is a lime green, film coated round tablet.

Myfortic 360mg is a pale orange, film coated oval tablet.

Cellcept (MMF)

Cellcept is available as capsules and as an oral suspension.

Capsules are available in two strengths: 250mg and 500mg

The suspension (liquid) contains 200mg per 1ml.

These are only available on a special prescription known as a High Tech script from your doctor.

How should Mycophenolate be stored?

It is advised to store mycophenolate at room temperature away from moisture and heat. The liquid medicine may be stored at room temperature or in the refrigerator.

Ensure Mycophenolate is locked away safely and out of reach from children. Throw away any unused liquid that is older than 60 days. You should always follow the instructions on the packaging as instructed by the manufacturer.

How should Mycophenolate be given?

It is important that your child takes Mycophenolate exactly as prescribed by their doctor. Mycophenolate is usually given twice a day, 12 hours apart if possible. Taking the doses 12 hours apart will have the best effect.

When giving Mycophenolate, it should be taken on an empty stomach, as food affects the way it works. It is advised not to eat or drink anything except water for 30 minutes before and after your dose.

Capsules / tablets

It is advisable to swallow the tablets / capsules whole, it should not be crushed, chewed or broken.

Suspension

Shake the oral suspension (liquid) well just before you give it to your child.

Measure the suspension with a special dose/ measuring spoon, medicine cup or syringe. If you do not have a dose/ measuring device, ask your pharmacist for one.

Safety precautions

Do not use a capsule or tablet that has been accidentally broken. The medicine from a crushed or broken pill can be harmful if it gets in your eyes, mouth, nose and skin. If this occurs, wash your skin with soap and water or rinse your eyes with water.

If it is necessary to crush Mycophenolate tablets, avoid inhaling the powder yourself or it having direct contact with skin or mucous membranes such as your mouth.

Ask your doctor, nurse or pharmacist how to safely handle the medication. You should wash your hands before and after giving the medication. We recommend that you wear gloves when handling or giving this medicine to your child.

Mycophenolate is often given in combination with other anti-rejection drugs and steroids to prevent rejection in patients receiving kidney transplants.

It can be taken at the same time as Tacrolimus, another anti-rejection medication.

It is advised to give steroids with food; these can be taken 30 minutes after you have given your child their anti-rejection medicines.

Steroids, Tacrolimus and Mycophenolate all suppress the immune system. They all have unique actions and target different cell production.

What dose of Mycophenolate should my child get?

It is vitally important to give the correct dose. Blood tests will be taken to check how much Mycophenolate is in your child's blood stream. The dose will be adjusted based on these tests. You will be notified if doses need to be changed. If you are unsure of the dose, please call your nurse/doctor.

What is the difference between Cellcept and Myfortic?

Both drugs contain the same ingredient called mycophenolic acid. Myfortic is the same active drug as Cellcept but it has been coated with a protective coating so that the drug dissolves in the small intestine rather than the stomach.

Cellcept contains mycophenolate mofetil whereas Myfortic contains mycophenolate sodium.

Both drugs are not absorbed in the same way in the body. Always check you have received the correct brand and type of medicine before taking it.

What happens if my child misses a dose?

Give your child the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. Do not use extra medicine to make up the missed dose. Contact the Renal Clinic / St Michael's C Ward for advice.

What happens if I give my child too much?

Seek medical attention. Symptoms may include mild to severe forms of some of the side effects listed.

What do I do if my child vomits after taking Mycophenolate?

If your child vomits within half an hour of having taken the medication it may not have been absorbed. Repeat the dose, and give the next dose at the normal time.

If your child is generally unwell or has diarrhoea/ or an upset stomach you should inform your doctor immediately as this may alter their Mycophenolate blood level.

Your doctor/nurse can give you advice on what dose to give in this event, or if a dose needs to held.

What should my child avoid while taking Mycophenolate?

- Avoid taking antacids without your doctor's advice. Use only the type of antacid that your doctor recommends. Some antacids can make it harder for your body to absorb Mycophenolate.
- Avoid being near people who are sick or who have infections. Tell your doctor at once if your child develops signs of infection.
- Avoid activities that may increase your child's risk of bleeding or injury.
- Avoid exposure to sunlight or tanning beds. Your child should wear protective clothing and use sunscreen (SPF 50) when outdoors.
- Avoid taking new medication without checking with your doctor first.
- Avoid receiving live vaccinations while still taking Mycophenolate. These include measles mumps and rubella, (MMR) and the BCG.



Possible Side Effects of Mycophenolate

There are positive and potential unwanted side effects to all medications. Many of the negative side effects occur in only a few children. It is not possible to predict which children will suffer from which side effects. Unwanted side effects are often temporary and when reported to the team can be improved by changing your child's medication routine.

For the purpose of this leaflet only the commonly seen side effects will be discussed.

Side effects of Mycophenolate can include:

Mild side effects:

- Abdominal pain, vomiting, nausea and diarrhoea.

It is vital you contact the Renal Clinic/St Michael's C Ward if your child develops symptoms such as vomiting and diarrhoea, as your consultant may alter or hold their mycophenolate dose for a short period of time.

Diarrhoea associated with Mycophenolate usually improves after 2-3 weeks and can be improved by altering the dose. It is important that the Renal Team is made aware if your child has any of the unwanted side effects mentioned above.

Severe side effects:

- Hives.
- Difficulty breathing.
- Facial swelling.
- Lip, tongue or throat swelling.
- Ear pain and headache.
- Blood in your child's urine, pain or burning when passing urine.
- Swelling, warmth, redness, or oozing around a skin wound or a new lump or lesion on the skin, or a mole that has changed in size or colour.
- Low white cell count.

Notify your doctor/nurse if your child experiences the following while taking Mycophenolate:

- o Rapid heart rate, rapid and shallow breathing.
- o Fainting episodes.
- o Chest pain, dry cough, wheezing, feeling short of breath.
- o Tingling feeling, muscle weakness or limb weakness.

Important information about Mycophenolate.

Can Mycophenolate be taken with other medicines?

Some medicines may affect how well your Mycophenolate is absorbed. Your doctor/nurse will be aware of this. If your G.P or dentist prescribes any medications you should always check with the hospital before giving them. The same applies for herbal medicines also.

What other drugs will affect Mycophenolate and reduce its effect?

- Gastro protective agents which are medicines taken to prevent stomach upsets as many contain (magnesium -aluminum containing antacids.
- Medication used for herpes or cold sores such as Aciclovir (Zovirax) or Ganciclovir (Cyclovene).
- Other medicines that weaken the immune system include azathioprine (Imuran), another anti-rejection medicine.



Monitoring the blood levels of Mycophenolate

It is very important blood levels are measured. This is to prevent toxicity (levels that are too high), side effects and to ensure that the levels in the blood are adequate to prevent rejection.

Levels are checked usually 11½ - 12 hours after the night time dose is given. It is important to tell the person taking your child's bloods the time the last dose was given. The usual daily dose can then be given after bloods are taken.

It does not matter if this dose is taken a little later than usual. The importance of Mycophenolate monitoring and dose changes will be discussed in detail before you take your child home. Please ensure you understand this before you leave.

Other information on Mycophenolate

Pregnancy

Female patients of child bearing age are advised to take precautions to prevent pregnancy whilst taking this medicine. If your child becomes pregnant while on mycophenolate, do not stop taking the drug, but seek medical advice from your doctor as soon as possible.

Vaccinations

While on Mycophenolate your child should have their annual influenza vaccination along with another vaccine called pneumovax which is normally only given once. No live vaccines should be given such as MMR and TB. The anti-body response to other vaccines may be diminished.

Viral monitoring

EBV, (Epstein Barr Virus) is a virus which causes glandular fever and can become active in the body after transplant. Your child will have this monitored through routine blood tests.

Further Information

We hope this information leaflet will help you understand about Mycophenolate. However, it is important to raise any concerns or questions with your child's consultant/nurse or contact the renal clinic/ St. Michaels' C Ward.

Always read the information leaflet supplied with your medicines. The information in this leaflet does not replace it.

Authors: Karina Murray
Grainne Glynn
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The information contained in this leaflet is correct at time of print