The Rotherham NHS
NHS Foundation Trust

MYCOPHENOLATE MOFETIL SHARED CARE PROTOCOL

This Shared Care Protocol is for patients initiated on mycophenolate under the Rheumatology Department. The consultant will have detailed the expected treatment regimen in the clinic letter. The first 3 months of prescribing and monitoring will be undertaken by the Rheumatology department. Updates of dosages and results will be completed by the specialist nurses and documented in the patient hand held record as well as sent to the GP practice for information.

As part of the Shared Care LES, it is expected that ALL patients will have a transfer of care at 3 months, unless there are exceptional circumstances (such as unstable results). We would be grateful if your practice would take over the responsibility for:

- Prescribing the mycophenolate
- Performing the blood tests and monitoring the results (payment via LES)

If patients fail to attend for their monitoring, we would recommend contacting them to arrange one further monitoring appointment but thereafter to stop prescribing their treatment until the monitoring requirements have been met.

The patient carries a hand held monitoring book, which has been kept up to date by the Rheumatology department, and/or GP prescriber, and contains patient information.

Important Information:

- Repeat prescriptions should be retained separately (i.e. highlighted as different to all other repeat prescriptions), so the GP prescriber can ensure monitoring has been undertaken prior to signing and issuing to patient
- Alcohol intake should be limited to nationally recommended levels.
- Mycophenolate is contraindicated in pregnancy and when breastfeeding and contraception is therefore advised in patients who are sexually active. Both men and women should be advised to stop Mycophenolate at least 3 months before a planned pregnancy.
- Livevaccines should not be given
- Annual flu jab is advised recommended (to be given by GP practice)
- Avoid exposure to chickenpox and shingles. If infection develops it should be treated aggressively with antiviral medication and Rheumatology dept can be contacted for advice
- Side effects include: Headache / dizziness / oralulceration / rash / nausea / diarrhoea / alopecia – drug continuation depends on severity and patient wishes

Treatment is usually started at a dose of 500mg twice daily and increased to a maximum of 1.5g twice daily according to clinical response. If eGFR< 30, starting dose of 250mg twice daily is used.

Monitoring schedule:

- FBC/ U&E / LFT / CRP every 2 weeks until on a stable dose for 6 weeks, then monthly for 3 months
- Then every 3 months unless dose changes
- If dose increase: additional FBC/U&E/LFT at 2, 4 and 6 weeks until on stable dose for 6 weeks then revert to previous schedule
- Results to be entered into hand held monitoring booklet

IF:

WCC	$<3.5 \times 10^9$/l
Neutrophils	$<1.8 \times 10^9$/l
Platelets	$<150 \times 10^9$/l
AST or ALT	> 100

OR: Severe sore throat / Oral Ulceration / Fever / Rash

Stop medication and contact Rheumatology service.

If CRP elevated (>25) and patient symptomatic, inform Rheumatology department. If CRP suddenly elevated without significant change to joint symptoms assess patient for infection. Occasionally patients run a persistently high CRP without joint symptoms – this will usually be flagged up in clinic letters.

Mycophenolate can cause gastrointestinal bleeding. STOP if coffee ground vomit, haematemesis or melaena and seek immediate advice.

Patients should stop Mycophenolate if they have significant infection requiring antibiotics (or chickenpox / shingles), and restart once infection treated.

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Specialist Registrar: available on bleep 101 via Switchboard

MYCOPHENOLATE MOFETIL SHARED CARE PROTOCOL

Version:	3 (three)
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Title of originator/author:	Dr Rakesh Kumari, Dr Gillian Smith, Dr Fiona Fawthrop, Rheumatology RFT; Eloise Summerfield, Medicines Management Team RCCG
Title of responsible committee/individual:	Consultants Rheumatology RFT; Medicines Management Team RCCG (BNF 10 Prescribing Advisor)
Date issued:	November 2017
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Target audience:	TRFT consultants & nurses Rotherham CCG GPs & nurses

Version	Date	Author	Status	Comment
Version 1	July 2012	Dr James Maxwell RFT Eloise Summerfield RCCG	Archived	First version onto a two page format
Version 2	Nov 2014	Dr Gillian Smith, Dr Fiona Fawthrop, RFT; Eloise Summerfield, RCCG	Archived	Review – minimal changes
Version 3	Nov 2017	Dr Rakesh Kumari, Dr Gillian Smith, Dr Fiona Fawthrop, RFT; Eloise Summerfield, RCCG	Current version	Extra blood tests at start & dose change. First paragraph re-worded to reflect current practice. Acceptance letter removed as this is now implied under the Shared Care LES