

### What is Mycophenolate?

Mycophenolate is an immunosuppressant and can be used after a stem cell transplant or to reduce immune related problems.

### How does it work?

Mycophenolate is a potent inhibitor in the purine biosynthesis pathway. This inhibits T and B-lymphocyte proliferation, and inhibits cytotoxic T-cell generation and antibody secretion. This prevents graft-vs-host (GVH) disease after a stem cell transplant and prevents or treats other conditions caused by the immune system

### How is it given?

Mycophenolate can be as an intravenous (IV) infusion while you are in hospital. Mycophenolate will be given by mouth as a capsule or as a liquid if you need to keep taking it when you going home.

### Special instructions:

- Mycophenolate must be taken the same way each day. Take mycophenolate at the same time each day and at the same time in relation to meals to maintain a constant amount of mycophenolate in your body.
- Mycophenolate is best taken on an empty stomach at least 1 hour before or 2 hours after a meal.
- Swallow capsules whole. Do not cut, crush, or chew capsules. If you can't swallow the capsules, there is a liquid available.
- To improve the taste of mycophenolate liquid, you can mix the liquid with a small amount of chocolate syrup in a container. Stir well, and take the mycophenolate right away.
- If you vomit within 30 minutes after taking your mycophenolate by mouth, inform a doctor or nurse right away.
- If you miss a dose and the next dose is not due for at least 4 hours, take the missed dose right away. If the next dose is due in less than 4 hours, do not take the missed dose. Take the next dose at the scheduled time. Never take a double dose unless instructed to do so by your doctor.
- Avoid being in the sun while taking mycophenolate. Use a sunscreen and wear protective clothing when you are outside.

### Possible Side Effects:

Listed below, but not limited to, are the more commonly experienced side effects that you may see. The side effects your child might experience may be temporary and some may be permanent.

<b>Likely</b> Happens to 21-100 children out of every 100	<b>Less Likely</b> Happens to 5-20 children out of every 100	<b>Rare but serious</b> Happens to <5 children out of every 100
<ul style="list-style-type: none"> <li>▪ High blood pressure</li> <li>▪ Build-up of fluid in the face, arms and legs and chest</li> <li>▪ Skin rash (maculo-papular)</li> <li>▪ An increase in fat levels in your blood, which if prolonged, could lead to heart problems later</li> <li>▪ Increased blood sugar levels that may require treatment</li> <li>▪ Increased or decreased blood potassium levels that may require supplements</li> <li>▪ Lowered blood calcium levels that may require supplementation</li> <li>▪ Lowered blood magnesium levels that may require supplementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fewer white blood cells in the blood. A low number of white blood cells may make it easier to get infections which will need to be treated and may be life threatening.</li> <li>▪ Shakiness or tremors which may cause jerky movements</li> <li>▪ Urinary tract pain</li> <li>▪ Increased frequency to pass urine</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mouth sores</li> <li>▪ Sore throat</li> <li>▪ Inflammation and discomfort in the vein through which the mycophenolate is given.</li> <li>▪ Abnormal mass of tissue that may be benign, malignant and unspecified (incl. cysts and polyps)</li> <li>▪ Stomach ulcer or perforation of the</li> <li>▪ Gastrointestinal haemorrhage</li> <li>▪ A stoppage or blockage of the intestine or a hole in the intestines which would cause leakage into the belly with pain and infection which would require treatment and may be life-threatening</li> <li>▪ Blood clots which may be life-threatening</li> </ul>

# Mycophenolate

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## Patient/Caregiver Information

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<ul style="list-style-type: none"> <li>▪ Abdominal (tummy) pain</li> <li>▪ Constipation</li> <li>▪ Diarrhoea</li> <li>▪ Nausea</li> <li>▪ Vomiting</li> <li>▪ Fewer white and red blood cells and platelets in the blood. A low number of white blood cells may make it easier to get infections. Fewer red blood cells may make you feel tired and weak. Fewer platelets may cause you to bruise and bleed more easily</li> <li>▪ Back pain</li> <li>▪ Anxiety</li> <li>▪ Generalised muscle weakness</li> <li>▪ Dizziness</li> <li>▪ Headache</li> <li>▪ Difficulty in falling asleep</li> <li>▪ Tremor</li> <li>▪ Increase in creatinine</li> <li>▪ Shortness of breath</li> <li>▪ Cough</li> <li>▪ Fever</li> <li>▪ Pleural effusion</li> <li>▪ Liver irritation or damage seen by high levels of certain enzymes in the blood</li> <li>▪ Increase in blood bilirubin causing jaundice</li> <li>▪ Pain</li> </ul>		<ul style="list-style-type: none"> <li>▪ An infection involving the valves of the heart</li> <li>▪ Mild kidney damage which could lead to blood or protein in the urine</li> <li>▪ Kidney stones</li> <li>▪ Damage and scarring of the lungs that can lead to fluid in the lungs and affect your ability to breathe and the levels of oxygen in your blood. This usually occurs with very large doses over a long period of time</li> <li>▪ Cough and wheeze due to damage, inflammation and/or scarring of lung tissue</li> <li>▪ Lowered neutrophil count (a type of white blood) that increases your risk for infections</li> <li>▪ Temporary damage to the brain. You may experience headaches, drowsiness, difficulty speaking or forming words, blurred vision or temporary blindness, and decreased reflexes</li> </ul>

This information sheet is a brief overview. Each individual can respond differently to the medication, it is vital that you communicate all signs and symptoms you observe to your doctor or nurse.

If you have any questions about the information provided please discuss them with your oncologist or haematologist.

Further information can be obtained from your doctor, nurse or pharmacist or at the following website:  
<http://medsafe.govt.nz/consumers/medicine/where.asp>