NHS South West London

Mycophenolate GP information leaflet for neurological indications

NHS South West London supports the prescribing of mycophenolate mofetil and mycophenolic acid for patients within adult services (non-transplant indications) under shared care guidelines. This leaflet is intended to be used with those guidelines as an adjunct to be referenced for neurology indications. The BNF treatment summaries also provides information on prescribing immunosuppressants for neuromuscular disorders.

Mycophenolate Mofetil (MMF) is an immunosuppressant licensed in combination with ciclosporin and corticosteroids for the prophylaxis of acute transplant rejection. It has recognised unlicensed use in immune-mediated neurological disorders as a second line therapy (as a steroid-sparing agent) such as myositis[1], inflammatory neuropathies[2], myasthenia gravis[3] and others.

Treatment of Myasthenia Gravis

Corticosteroids are established as a treatment for myasthenia gravis. In generalised myasthenia gravis azathioprine is usually started at the same time as the corticosteroid and it allows a lower maintenance dose of the corticosteroid to be used. Ciclosporin, methotrexate, or mycophenolate mofetil can be used in patients unresponsive or intolerant to other treatments [unlicensed indications].

Treatment of Myositis

Conventional therapies include glucocorticoids usually in combination with another or multiple immunosuppressive agents including Azathioprine, Methotrexate, Mycophenolate, Tacrolimus and Cyclophosphamide remain the mainstay of treatment. Biologic agents including rituximab are being increasingly used.

Inflammatory Neuropathies:

The mainstays of treatment for nodal/paranodal antibody positive inflammatory/autoimmune neuropathy are corticosteroids or IVIg or rituximab or a combination of these. Medication which suppresses the immune system including azathioprine, methotrexate and cyclophosphamide may also be used to treat some patients (assume this includes mycophenolate too).

Dosing:

Initially 250mg or 500mg once or twice daily, increasing by 500mg every week until the target dose is reached.

Time to response

6 weeks to 3 months.

Side-effects

Mycophenolate may cause reversible hair loss and sensitivity to sunlight. These side effects usually improve as you become used to the medication.

Contraindications and Precautions

Do not prescribe if patient is known to have severe abnormal liver function.

Notable drug Interactions

Refer to the Summary of Product Characteristics and BNF for a full list**.** Additional interaction to those listed in the mycophenolate mofetil and mycophenolic acid for patients within adult services (non-transplant indications) shared care:

- Metronidazole

Contact details

Please see section 13 of the mycophenolate mofetil and mycophenolic acid for patients within adult services (non-transplant indications) shared care for contact details of specific services or individuals. In the first instance it may be appropriate to contact the prescribing doctor.

References

[1] Oddis CV, Aggarwal R. Treatment in myositis. Nat Rev Rheumatol. 2018 May;14(5):279-289. doi: 10.1038/nrrheum.2018.42. Epub 2018 Mar 29. Erratum in: Nat Rev Rheumatol. 2018 Oct;14(10):619. PMID: 29593343.

[2] Collins MP, Hadden RD. The nonsystemic vasculitic neuropathies. Nat Rev Neurol. 2017 Apr 27;13(5):302-316. doi: 10.1038/nrneurol.2017.42. PMID: 28447661.

[3] Sussman J, Farrugia ME, Maddison P, Hill M, Leite MI, Hilton-Jones D. Myasthenia gravis: Association of British Neurologists' management guidelines. Pract Neurol. 2015 Jun;15(3):199-206. doi: 10.1136/practneurol-2015-001126. PMID: 25977271.

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