Mycophenolate Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- Treatment with mycophenolate should be initiated and maintained by appropriately **qualified specialists**
- Imunosuppressants should be **continued in the peri-operative period** if being used for transplant patients [ref 1] For other indications, specialist review is indicated
- Supplies of this drug for IV use are routinely kept in stock in GUH
- See **Monitoring requirements** overleaf
- Flush before and after with glucose 5%
- **Consider intravenous to oral switch as soon as possible as excellent bioavailability (see under dose for details)**
- Some **clinically significant** drug interactions may occur, particularly with the use of other immunosuppressive therapy (check the manufacturers information carefully).
- **IV to PO switch-** see under Dose
- **Brands are NOT interchangeable** (see "Further information")

Available preparations

Cellcept 500mg vial

Reconstitution

Glucose 5%

14ml per 500mg vial - produces a 500mg in 15ml solution

Dilute further prior to administration

Infusion fluids

Glucose 5%

Methods of intravenous administration

Intermittent intravenous infusion (administer using an electronically controlled infusion device)

- Reconstitute as above- then dilute as follows to give a final concentration of ~ 6mg/ml

Dose	Add to this volume of infusion fluid
500mg (1 x 15ml)	70ml
1000mg (2 x 15ml)	140ml
1500mg (3 x 15ml)	210ml

Example: to prepare a 500mg dose, reconstitute a 500mg vial with 14ml Glucose 5%. Remove and discard 30ml from a 100ml Glucose 5% infusion bag (to make a 70ml volume), and add in the 15ml of reconstituted drug solution

Administer required dose over 2 hours, via either peripheral or central line

The residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing

Dose in adults

Usual dose

- Renal or hepatic transplantation (IV dose): 1g twice daily, started within 24 hours of transplantation and continued for 4 days in liver transplant, and up to a maximum of 14 days in either indication

Renal impairment

- Avoid doses greater than 1g twice daily in renal transplant patients with GFR < 25ml/min/1.73m^2 outside the immediate post-transplant period. Monitor the patient carefully.

Dose for Intravenous to Oral switch [ref 2]

- Cellcept = mycophenolate mofetil
- Myfortic = mycophenolic acid
- When switching from mycophenolate mofetil IV to oral mycophenolate mofetil, or vice versa, a dose adjustment is not needed (the manufacturers note a difference in doses of IV vs PO for hepatic transplant patients- but this is in the first 4 days post transplantation only)
- If switching from oral mycophenolic acid to IV mycophenolate mofetil- first convert the dose of mycophenolic acid to mycophenolate mofetil, and then change to IV

Monitoring

- **FBC** every week for 4 weeks, then twice a month for 2 months, then monthly in the first year.
- If **neutropenia** develops it may be appropriate to interrupt or discontinue treatment.
- Advise patient to report immediately any bleeding, bruising or infection which may indicate **bone marrow suppression**.

Further information

- **Avoid direct contact** of prepared solution with skin or mucous membranes: if such contact occurs wash thoroughly with soap and water. Rinse eyes with water.
- Avoid the use of live attenuated **vaccines**.
- Mycophenolate mofetil (**Cellcept**) is **not interchangeable** with mycophenolic acid (**Myfortic**). The brand of mycophenolate must be specified by the prescriber because of differences in bioavailability between brands.

Storage

- Store below 25^{0}C

References

SPC 16/02/2022

1: UKCPA The handbook for perioperative medicines, Transplant antirejection Medications

2:Uptodate downloaded 24/05/2022

Therapeutic classification

Immunosuppressant (purine synthesis inhibitor)