

MYCOPHENOLATE MOFETIL

# GUIDE FOR PATIENTS

INFORMATION ABOUT RISKS TO THE UNBORN BABY

Refer to the Package Leaflet provided with your medication, or also available at [www.hpra.ie](http://www.hpra.ie), for further information

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## About this guide

This guide, the Mycophenolate Mofetil Guide for Patients, tells you about the risks of mycophenolate for the unborn baby, and discusses ways of reducing these risks. If you are a girl or woman who can get pregnant, or a sexually active man, your doctor will talk with you about the risks for the unborn baby in case of treatment with mycophenolate. Your doctor will talk about birth control and pregnancy planning, and will answer any questions you may have on this subject. This Guide can be used to help you to remember the information you have discussed with your doctor and you should keep it so that you can refer to it again. It is also important that you read the package leaflet supplied with the medicine (and also available online at [www.hpra.ie](http://www.hpra.ie)) for full information on mycophenolate, in addition to reading the information contained in this guide.

## What are the risks?

As mycophenolate increases the risk of miscarriage and birth defects, if a pregnant woman is exposed to mycophenolate, either by taking it herself or through unprotected sex with a man taking this medicine, it could harm the developing baby. It is not clear what the exact reason why this happens is, but the risk is greater in patients taking mycophenolate than in transplant patients taking immunosuppressants other than mycophenolate, and much greater than the risk in the general population.

Studies have shown that around half (45 to 49%) of all pregnancies in women taking mycophenolate end in miscarriage, compared with 12 to 33% in solid organ transplant patients treated with other immunosuppressants. Around a quarter (23 to 27%) of babies born to mothers taking mycophenolate during pregnancy are born with birth defects, compared with 4 to 5% in transplant patients treated with other immunosuppressants, and 2 to 3% in the overall population.

The birth defects that can occur include abnormalities of the ear, eye and face (cleft lip/palate), abnormalities of the heart and abnormalities of the fingers, kidney and oesophagus (part of the digestive tract connecting the mouth to the

stomach). Birth defects affecting the nervous system such as spina bifida (where the bones of the spine are not properly developed) have also been observed.

Mycophenolate must therefore not be used in women who are pregnant or might become pregnant unless there is no suitable alternative treatment to prevent transplant rejection. Please talk to your doctor for more advice and information.

## Who is at risk?

The following patients need to be particularly aware of the risks of mycophenolate for the unborn baby:

- Pregnant patients.
- Female patients of childbearing potential (this means any patient who could become pregnant and includes girls who have entered puberty and all women who have a uterus and have not passed through the menopause).
- Female partners of sexually active men, including men who have had a vasectomy.

Before starting or continuing treatment with mycophenolate your doctor will talk to you about the increased risks of miscarriage and birth defects that can occur and how to avoid them. This will help you understand the risks to the baby. Your doctor will also answer any questions you might have.

## How to avoid the risks

To make the advice in this Guide easier to follow, specific information for women and men is presented separately.

If you are unsure about any of the information in this Guide, please talk to your doctor.

### Important information for women

As mycophenolate increases the risks of miscarriage and birth defects you must:

- Be sure you are not pregnant before starting mycophenolate treatment.

- Use effective contraception during, and for 6 weeks after stopping, mycophenolate treatment.
- Talk to your doctor immediately if you think you could be pregnant.
- Tell your doctor if you plan to become pregnant.

Before starting treatment, all women capable of becoming pregnant will need to have a pregnancy test to be sure they are not pregnant. The type and timing of the pregnancy tests that need to be conducted before and during treatment with mycophenolate will be explained to you by your doctor. Your doctor will recommend two blood or urine pregnancy tests; the second test should be performed 8 – 10 days after the first one and immediately before starting therapy with mycophenolate. Your doctor might suggest repeating these tests at certain times (e.g. if there has been a gap in the use of effective contraception). Your doctor will discuss with you the results of all pregnancy tests.

To be sure you do not become pregnant during treatment you will need to use effective contraception while you are taking mycophenolate and for 6 weeks after taking the last dose. Two reliable forms of contraception should be used at the same time, unless abstinence is the chosen method of contraception. Your doctor will talk to you about different contraceptive methods and help you decide what is most suitable for you.

If you think you might be pregnant when you are taking mycophenolate, or within 6 weeks after stopping treatment with mycophenolate, please talk to your doctor immediately. It is very important that you do NOT stop taking mycophenolate without speaking to a doctor. If you are a transplant patient, your transplant may be rejected if you stop taking mycophenolate. Your doctor will help you determine if you are pregnant, and will advise you what to do.

### Important information for men

Mycophenolate increases the risks of miscarriage and birth defects. Semen contains mycophenolate, therefore as a precaution, your partner must not become pregnant while you are being treated with mycophenolate. In order to avoid mycophenolate being passed from a man to a woman during sex, all sexually active men (even men who have had a vasectomy) must use condoms during treatment and for at least 90 days after the last dose of mycophenolate. Also, female partners of male patients treated with mycophenolate should use highly effective contraception during treatment and for a total of 90 days after the last dose of mycophenolate.

Tell your doctor if you intend to father a child. If you think your partner might have become pregnant when you have been taking mycophenolate, or within 90 days after you have stopped taking mycophenolate, please talk to your doctor immediately. It is very important that you do NOT stop taking mycophenolate without speaking to a doctor.

If you are a transplant patient, your transplant may be rejected if you stop taking mycophenolate. Your doctor will help you determine if your partner is pregnant, and will advise you both what to do.

You must not donate sperm during treatment with mycophenolate and for 90 days after stopping treatment.

### Important information for **all** patients

This medicine has been prescribed for you only. Do not give it to other people. It may harm them, even if their symptoms are the same as yours. Return any unused medicine to your pharmacist at the end of treatment.

You must not donate blood during treatment with mycophenolate and for 6 weeks after stopping treatment.

## Key points to remember

- Mycophenolate causes birth defects and miscarriage
- If you are a woman who could become pregnant, you must provide a negative pregnancy test before starting treatment
- Men and women must follow the contraceptive advice given to them by their doctor
- If you do not fully understand the information you have been given, please ask your doctor to explain it again before you take mycophenolate
- Do NOT stop taking mycophenolate without talking to your doctor
- This medicine is just for you - do not give it to other people because it may be harmful to them

## Further information

- Refer to the Package Leaflet provided with your medicine, or also available online at [www.hpra.ie](http://www.hpra.ie), for further information

Further copies of this guide are also available electronically at the Health Products Regulatory Authority (HPRA) website ([www.hpra.ie](http://www.hpra.ie)) or in hard copy from your doctor.

## **Reporting of side effects:**

**If you get any side effects, talk to your doctor, pharmacist or nurse.  
This includes any possible side effects not listed in the  
Mycophenolate Mofetil Package Leaflet.**

Suspected Adverse Drug Reactions or medication errors should be reported to the Malta Medicines Authority via the ADR reporting form, available online at <http://www.medicinesauthority.gov.mt/adrportal>.

The ADR reporting form can be sent by post to Pharmacovigilance Section at Post-Licensing Directorate, Medicines Authority, Sir Temi Żammit Buildings, Malta Life Sciences Park, San Ġwann SĠN 3000 or via email to [postlicensing.medicinesauthority@gov.mt](mailto:postlicensing.medicinesauthority@gov.mt).

Alternatively, adverse drug reactions can also be reported to Central Procurement & Supplies Unit, (Head Office), UB002, Industrial Estate, San Gwann - SGN3000 or via email: [info.cpsu@gov.mt](mailto:info.cpsu@gov.mt).