Mycophenolate mofetil

We cannot make a recommendation with respect to mycophenolate mofetil/mycophenolic acid for the treatment of AE.

Mycophenolate mofetil is a prodrug of mycophenolic acid (MPA), an inhibitor of inosine-5'-monophosphate dehydrogenase. MPA depletes guanosine nucleotides preferentially in T and B lymphocytes and inhibits their proliferation. MPA also inhibits the glycosylation and expression of adhesion molecules, and the recruitment of lymphocytes and monocytes into sites of inflammation.(1)

A recent systematic review and meta-analysis(2) including 18 studies with a total of 140 adult and paediatric patients evaluated the efficacy of off-label use of MMF in patients with AE refractory or not tolerating other first line systemic agents. There was a significant reduction in pre to post SCORAD scores by 18 points (p = .0002) with 77.6% of patients reporting partial or full remission. Relapses occurred in 8.2% of cases. The average time for initial effects was 6.8 ± 7 weeks.

Dosage: acute flare, short term, long term

- off licence
- commonly used dosage
  - adults: 1-3 g per day
  - children: 30-50 mg/kg bodyweight per day
- typically given in two divided doses

We recommend combining MMF, as any systemic treatment, with emollients and, whenever needed, topical anti-inflammatory treatment in AE patients.

Safety

The most common side effect include headaches and gastrointestinal symptoms, followed by infections, especially during long-term therapy.

Haematological adverse effects include anemia, leukopenia, neutropenia and thrombocytopenia, albeit rarely.

Monitoring

- Complete blood count, renal and liver profile before therapy, then every 2 weeks for 1 month; monthly for 3 months; every 2-3 months thereafter;
• Screening for chronic infections (e.g. hepatitis B-/C, HIV) according to national and local guidelines
• Pregnancy testing before and during MMF therapy if indicated

Combination with other treatments

Concomitantly to MMF, topical therapy with corticosteroids and/or calcineurin inhibitors can be applied.

Special considerations

In case series, the efficacy and safety of MMF in children have been investigated. The drug has shown a positive treatment response with minimal adverse effects and appears to be better tolerated than AZA. (3)
References