CONTRACEPTIVE REQUIREMENTS

Mycophenolate is contraindicated in women of childbearing potential who are not using highly effective contraception. Because of the teratogenic potential of mycophenolate, women of childbearing potential should use two reliable forms of contraception simultaneously before starting mycophenolate therapy, during therapy, and for six weeks after stopping the therapy; unless abstinence is the chosen method of contraception.

Sexually active men are recommended to use condoms during treatment and for at least 90 days after cessation of treatment. Condom use applies for both reproductively competent and vasectomised men, because the risks associated with the transfer of seminal fluid also apply to men who have had a vasectomy. In addition, female partners of male patients treated with mycophenolate are recommended to use highly effective contraception during treatment and for a total of 90 days after the last dose of mycophenolate.

WHAT TO DO IF PREGNANCY OCCURS

Patients must consult their physician immediately should pregnancy occur during treatment with mycophenolate or within 6 weeks after the last dose (within 90 days in case of paternal exposure). It is very important that the patient does not stop mycophenolate without speaking to a physician as transplant patients may risk graft loss.

The correct course of action following exposure to mycophenolate during pregnancy should be based on an assessment of the individual patient's benefit-risk, and determined on a case by case basis through a discussion between the treating physician and the patient.

AFFILIATE TO ADAPT THE FOLLOWING TEXT AS APPLICABLE:

If you need additional copies of the Patient or HCP Guides consult *<Affiliate to insert URL if available>* and download the guides, or contact *<Affiliate to insert email, address and phone number of the respective local contact>* to receive hard copies.

Healthcare professionals should report any case of exposure to mycophenolate sodium during pregnancy (regardless of the outcome) to Novartis (see reporting details in Package Leaflet or National Product label)

NOVARTIS
PHARMACEUTICALS

You can report any problem or adverse events through:

Novartis Consulting AG.
Saudi Arabia: P.O. Box 16032, Riyadh 11464 / Phone: +996112658100 / Fax: +966112658107
Email: adverse.events@novartis.com
National Pharmacovigilance and Drug Safety Center
Toll free phone: 8002490000 / Fax: +966112057662 E-mail: npc.drug@sfda.gov.sa
Or by online: https://ade.sfda.gov.sa

Mycophenolate Sodium

myfortic™

MYCOPHENOLATE GUIDE FOR HEALTHCARE PROVIDERS

Risk of Teratogenicity

NOVARTIS

INTRODUCTION

This Guide, the Mycophenolate Guide for Healthcare Providers, has been designed to highlight the risks associated with exposure to mycophenolate during pregnancy, as well as the measures that should be taken to mitigate them. It will facilitate your discussion with the patient and will help you to address any questions or concerns the patient may have.

The purpose of this Guide is to minimise the number of pregnancies during treatment with this teratogenic medicinal product.

Although this Guide presents important information concerning the adverse pregnancy outcomes associated with mycophenolate, please consult the Myfortic Summary of Product Characteristics (SmPC) for full information on mycophenolate.

THE TERATOGENIC RISKS OF MYCOPHENOLATE

Mycophenolate is a powerful teratogen associated with an increased rate of spontaneous abortion and congenital malformation compared with other immunosuppressants. No specific mechanism of teratogenicity and mutagenicity has been identified. However, -tests showed fetal resorptions and malformations in rats and rabbits in the absence of maternal toxicity. Two genotoxicity assays indicated that mycophenolate has the potential to cause chromosomal instability at severely cytotoxic dose levels.

A review of cumulative data of mycophenolate mofetil found that around 45 to 49% of pregnancies in women exposed to mycophenolate resulted in spontaneous abortion, compared with reported frequencies of 12 to 33% in solid organ transplant patients treated with other immunosuppressants. The reported incidence of malformations in the offspring of mothers exposed to mycophenolate during pregnancy is 23 to 27% compared with 4 to 5% in transplant patients treated with other immunosuppressants, and 2 to 3% in the overall population.

Malformations associated with mycophenolate have included abnormalities of the ear, eye and face, congenital heart disease including septal defects, polydactyly or syndactyly, tracheo-oesophageal malformations such as oesophageal atresia, effects on the nervous system such as spina bifida, and renal abnormalities.

Patients at risk of adverse pregnancy outcomes following exposure to mycophenolate include:

- Pregnant patients.
- All female patients of childbearing potential (i.e. girls who have entered puberty and all women who have a uterus and have not passed through menopause).
- Female partners of sexually active men (including vasectomised men) treated with mycophenolate.

PATIENT COUNSELING

Before initiating or continuing treatment with mycophenolate, female and male patients must be educated about the increased risks of spontaneous abortion and congenital malformations associated with exposure to mycophenolate. You should ensure that women and men taking mycophenolate understand the risk of harm to the foetus, the need for effective contraception, and the need to immediately consult their physician if there is a possibility of pregnancy. The information you share in this discussion will be supported by the Mycophenolate Guide for Patients and the Package Leaflet.

In particular, you should:

- Counsel patients at risk to make sure they understand the risks and the measures required to minimise them.
- Provide female and male patients at risk with the Mycophenolate Guide for Patients, and address any questions or concerns they might have.
- Explain the importance, methods and timing of pregnancy tests prior and during treatment with mycophenolate.
- Provide counseling on the use of effective contraception prior to and during the entire duration of treatment with mycophenolate and for 6 weeks (female patients) or 90 days (male patients) after they stop taking mycophenolate.
- Advise patients using mycophenolate that they must let you know in advance if they are considering becoming pregnant or fathering a child so that you can discuss possible treatment alternatives with them.
- Advise patients treated with mycophenolate not to donate blood during or for 6 weeks after stopping treatment. Male patients should not donate sperm during therapy or for 90 days after stopping treatment.
- Advise patients that this medicine is for their own personal use, they should not give it to anyone else and should return any unused medicine to their pharmacist at the end of treatment

PREGNANCY TESTING

Mycophenolate must not be used during pregnancy unless there is no suitable alternative to prevent transplant rejection.

Before starting treatment with mycophenolate, women of child bearing potential should have a pregnancy test in order to exclude unintended exposure of the embryo to mycophenolate. Two serum or urine pregnancy tests with a sensitivity of at least 25 mIU/mL are recommended; whenever feasible, a second test should be performed 8 – 10 days after the first one and immediately before starting mycophenolate mofetil. Pregnancy tests should be repeated as clinically required (e.g. after any gap in contraception is reported). Results of all pregnancy tests should be discussed with the patient. Patients should be instructed to consult their physician immediately should pregnancy occur.