

Mycophenolate

[arthritis-uk.org](https://www.arthritis-uk.org)

Mycophenolate is used to treat rheumatoid arthritis, psoriatic arthritis and lupus

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

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What is mycophenolate?

Mycophenolate is sometimes prescribed under the names mycophenolate mofetil or mycophenolate sodium.

It is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD) which helps control your condition. It does this by reducing the activity of your immune system, therefore, slowing down your condition and reducing damage to your joints and other organs such as your lungs, kidneys and blood vessels.

It can be used to treat conditions such as:

- lupus
- rheumatoid arthritis
- psoriatic arthritis
- uveitis, inflammation of the eye.

It may take four months to feel the benefits from this drug.

Who can take mycophenolate?

Mycophenolate won't be started if:

- you have a hypersensitivity to mycophenolate mofetil (MMF) or any of its ingredients
- you are pregnant, could be pregnant, trying to become pregnant or are breastfeeding
- you have significant kidney problems.

How is it taken?

Mycophenolate is usually taken as a capsule or tablet, depending on the dose you need, and it is also available as an injectable infusion and an oral solution.

You shouldn't crush or chew mycophenolate. You should always swallow them whole. It's recommended that you take the capsule or tablet with food and water, as this can stop you feeling sick and getting stomach pains.

It's important to keep taking mycophenolate even if it doesn't seem to be working at first. It's also important to keep taking it even when your symptoms start to improve, as this will help control your condition.

What if I miss a dose?

Take your missed dose as soon as you remember unless it's nearly time for your next one.

If you have missed a tablet, don't take any more than your regular dose to make up for it.

Side effects and risks

Like most drugs, mycophenolate can cause some side effects, including:

- feeling sick
- diarrhoea
- vomiting
- stomach pains.

Whilst you're taking mycophenolate, tell your doctor or rheumatology nurse straight away if you start experiencing any new symptoms or anything that concerns you. Let them know immediately if you have:

- a sore throat
- a fever
- flu-like symptoms
- a constant cough or problems breathing
- the sensation that your heart is beating unusually
- sudden weight loss
- unexplained bruising or bleeding
- unexplained changes in mood
- headaches – particularly if you don't usually get them
- acne or a skin rash
- swollen gums or an unusual taste in your mouth.

If any of these symptoms are severe, your doctor may advise you to stop taking mycophenolate. But it's always best to talk to your doctor or a member of your rheumatology team before making any changes to your treatment.

You should see your doctor as soon as possible if you encounter anyone with shingles or chickenpox, or if you get them yourself. These infections can affect you badly if you're on mycophenolate. You may need antiviral treatment, and your mycophenolate may be stopped until you're better.

Tips to reduce your risk of infection

- Try to avoid close contact with people you know have an infection.
- Wash your hands regularly and carry around a small bottle of antibacterial hand gel.
- Keep your mouth clean by brushing your teeth regularly.
- Stop smoking if you're a smoker.
- Make sure your food is stored and prepared properly.
- Try to keep your house clean and hygienic, especially the kitchen, bathrooms and toilets.

Although it's uncommon, there's a slightly increased risk of certain types of cancer, such as skin cancer, in people using mycophenolate. You should avoid exposure to strong sunlight and protect your skin with sunblock or sunscreen and regularly check your skin for any new spots or changes to your freckles or moles.

Very rarely, patients treated with mycophenolate can develop a serious condition called progressive multifocal leukoencephalopathy (PML), which can damage the brain and spinal cord. You must see your doctor immediately if you notice any of the following symptoms:

- pins and needles
- weakness, shaky movements, or unsteadiness
- sight loss
- speech problems
- changes in behaviour or mood
- difficulty moving your face, arms, or legs.

Mycophenolate can affect the blood count and can sometimes cause liver or kidney problems. As a precaution, your doctor will arrange for you to have a blood test before you start treatment and regular blood tests while you're taking mycophenolate.

Effects on other treatments

Mycophenolate may be prescribed along with other drugs to treat your condition. But some drugs can interact with mycophenolate.

Before you start any new medication it's always a good idea to talk to your doctor first to make sure the treatments are okay to take together.

You can carry on taking non-steroidal anti-inflammatory drugs (NSAIDs) or painkillers, if needed, unless your doctor advises otherwise.

However, you shouldn't take over-the-counter preparations or herbal remedies without first discussing them with your doctor, rheumatology nurse specialist or pharmacist.

You should tell any other healthcare professionals treating you such as doctors, dentists, or nurses, that you're taking mycophenolate.

Vaccinations

It's usually recommended that people on mycophenolate avoid live vaccines such as measles, mumps, and rubella (MMR), chickenpox and yellow fever. But sometimes a live vaccine may be necessary, so you should discuss this with your rheumatology team.

If you've never had chickenpox, it's good to get a vaccination against it before starting mycophenolate. But discuss this with your rheumatology team first.

It's also a good idea to get any family or household members vaccinated against chickenpox before you start taking mycophenolate.

The shingles vaccine is not a live vaccine. It's recommended that you have it if you're taking mycophenolate.

It's very important that you have the pneumonia vaccine and yearly injectable flu vaccines to reduce your risk of infection. These vaccines are not live, so it's safe for you to have them.

It's recommended that you have the COVID-19 vaccination.

Surgery

If you're going to have an operation, discuss this with your rheumatology team. They will tell you whether you should continue taking your mycophenolate before your operation.

Alcohol

Mycophenolate and alcohol can both affect your liver, so you should only drink alcohol in small amounts.

Government guidelines say both men and women should have no more than 14 units of alcohol a week, and that you should spread these through the week rather than having them all in one go. Advice can vary, and some rheumatologists may suggest stricter limits. If you're concerned you should discuss your alcohol intake with your rheumatology team.

Fertility, pregnancy and breastfeeding

You shouldn't take mycophenolate while you're trying for a baby, pregnant or breastfeeding. It does not affect your fertility, but it can affect your unborn child.

You'll need to have two pregnancy tests, eight to ten days apart, before starting mycophenolate.

Your doctor may discuss your future plans for a family before prescribing mycophenolate. Whether you're a man or woman, you'll be advised to use one, if not two, methods of contraception while you're being treated with mycophenolate.

If you want to try for a baby, you should talk to your doctor first before you stop using contraception.

Women are advised to wait six weeks after stopping treatment before trying to conceive. Men are advised to wait 3 months before they stop using contraception. This allows the drug to fully leave your system.

If you're taking mycophenolate and you think you or your partner may be pregnant, contact your doctor immediately. They will be able to advise you on the best course of action.

If there's a possibility you may be pregnant, take a pregnancy test before starting mycophenolate.

You shouldn't breastfeed if you're on mycophenolate, as the drug may pass into your breastmilk. This could be harmful to your baby.

Where to go for more information

This leaflet is a guide to mycophenolate, its benefits and potential side effects. If there's anything else you'd like to know about this drug, just ask the healthcare professionals in charge of your care.

You can also call our free helpline on **0800 5200 520**, where our trained advisors can offer support and advice on your type of arthritis.

Visit our website [arthritis-uk.org](https://www.arthritis-uk.org) to find out more.

Notes

Discover our support services

You don't need to face arthritis alone. Get the information, advice and support that you need.



Call our free helpline:
0800 5200 520



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community.arthritis-uk.org



Chat with AVA, our online assistant, go to:
arthritis-uk.org/ask-AVA-our-virtual-assistant



Track your symptoms with our easy app, go to:
arthritis-uk.org/track-my-arthritis-symptoms-app

Thank you!

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