

**ANNEX I**  
**SUMMARY OF PRODUCT CHARACTERISTICS**

## **1. NAME OF THE MEDICINAL PRODUCT**

CellCept 250 mg capsules.

## **2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each capsule contains 250 mg mycophenolate mofetil.

For the full list of excipients, see section 6.1.

## **3. PHARMACEUTICAL FORM**

Capsules, hard.

CellCept capsules: oblong, blue/brown, branded with black "CellCept 250" on the capsule cap and "Roche" name on the capsule body.

## **4. CLINICAL PARTICULARS**

### **4.1 Therapeutic indications**

CellCept is indicated in combination with ciclosporin and corticosteroids for the prophylaxis of acute transplant rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.

### **4.2 Posology and method of administration**

Treatment with CellCept should be initiated and maintained by appropriately qualified transplant specialists.

#### Posology

##### *Use in renal transplant*

##### Adults

Oral CellCept should be initiated within 72 hours following transplantation. The recommended dose in renal transplant patients is 1 g administered twice daily (2 g daily dose).

##### Paediatric population aged 2 to 18 years

The recommended dose of mycophenolate mofetil is 600 mg/m<sup>2</sup> administered orally twice daily (up to a maximum of 2 g daily). CellCept capsules should only be prescribed to patients with a body surface area of at least 1.25 m<sup>2</sup>. Patients with a body surface area of 1.25 to 1.5 m<sup>2</sup> may be prescribed CellCept capsules at a dose of 750 mg twice daily (1.5 g daily dose). Patients with a body surface area greater than 1.5 m<sup>2</sup> may be prescribed CellCept capsules at a dose of 1 g twice daily (2 g daily dose). As some adverse reactions occur with greater frequency in this age group (see section 4.8) compared with adults, temporary dose reduction or interruption may be required; these will need to take into account relevant clinical factors including severity of reaction.

##### Paediatric population < 2 years

There are limited safety and efficacy data in children below the age of 2 years. These are insufficient to make dosage recommendations and therefore use in this age group is not recommended.

### *Use in cardiac transplant*

#### Adults

Oral CellCept should be initiated within 5 days following transplantation. The recommended dose in cardiac transplant patients is 1.5 g administered twice daily (3 g daily dose).

#### Paediatric population

No data are available for paediatric cardiac transplant patients.

### *Use in hepatic transplant*

#### Adults

IV CellCept should be administered for the first 4 days following hepatic transplant, with oral CellCept initiated as soon after this as it can be tolerated. The recommended oral dose in hepatic transplant patients is 1.5 g administered twice daily (3 g daily dose).

#### Paediatric population

No data are available for paediatric hepatic transplant patients.

### *Use in special populations*

#### Elderly

The recommended dose of 1 g administered twice a day for renal transplant patients and 1.5 g twice a day for cardiac or hepatic transplant patients is appropriate for the elderly.

#### Renal impairment

In renal transplant patients with severe chronic renal impairment (glomerular filtration rate  $< 25 \text{ mL/min/1.73 m}^2$ ), outside the immediate post-transplant period, doses greater than 1 g administered twice a day should be avoided. These patients should also be carefully observed. No dose adjustments are needed in patients experiencing delayed renal graft function post-operatively (see section 5.2). No data are available for cardiac or hepatic transplant patients with severe chronic renal impairment.

#### Severe hepatic impairment

No dose adjustments are needed for renal transplant patients with severe hepatic parenchymal disease. No data are available for cardiac transplant patients with severe hepatic parenchymal disease.

#### Treatment during rejection episodes

Mycophenolic acid (MPA) is the active metabolite of mycophenolate mofetil. Renal transplant rejection does not lead to changes in MPA pharmacokinetics; dosage reduction or interruption of CellCept is not required. There is no basis for CellCept dose adjustment following cardiac transplant rejection. No pharmacokinetic data are available during hepatic transplant rejection.

### Method of administration

#### Oral administration

#### *Precautions to be taken before handling or administering the medicinal product.*

Because mycophenolate mofetil has demonstrated teratogenic effects in rats and rabbits, CellCept capsules should not be opened or crushed to avoid inhalation or direct contact with skin or mucous membranes of the powder contained in CellCept capsules. If such contact occurs, wash thoroughly with soap and water; rinse eyes with plain water.

### 4.3 Contraindications

- CellCept should not be given to patients with hypersensitivity to mycophenolate mofetil, mycophenolic acid or to any of the excipients listed in section 6.1. Hypersensitivity reactions to CellCept have been observed (see section 4.8).
- CellCept should not be given to women of childbearing potential who are not using highly effective contraception (see section 4.6).
- CellCept treatment should not be initiated in women of child bearing potential without providing a pregnancy test result to rule out unintended use in pregnancy (see section 4.6).
- CellCept should not be used in pregnancy unless there is no suitable alternative treatment to prevent transplant rejection (see section 4.6).
- CellCept should not be given to women who are breastfeeding (see section 4.6).

### 4.4 Special warnings and precautions for use

#### Neoplasms

Patients receiving immunosuppressive regimens involving combinations of medicinal products, including CellCept, are at increased risk of developing lymphomas and other malignancies, particularly of the skin (see section 4.8). The risk appears to be related to the intensity and duration of immunosuppression rather than to the use of any specific agent.

As general advice to minimise the risk for skin cancer, exposure to sunlight and UV light should be limited by wearing protective clothing and using a sunscreen with a high protection factor.

#### Infections

Patients treated with immunosuppressants, including CellCept, are at increased risk for opportunistic infections (bacterial, fungal, viral and protozoal), fatal infections and sepsis (see section 4.8). Such infections include latent viral reactivation, such as hepatitis B or hepatitis C reactivation and infections caused by polyomaviruses (BK virus associated nephropathy, JC virus associated progressive multifocal leukoencephalopathy PML). Cases of hepatitis due to reactivation of hepatitis B or hepatitis C have been reported in carrier patients treated with immunosuppressants. These infections are often related to a high total immunosuppressive burden and may lead to serious or fatal conditions that physicians should consider in the differential diagnosis in immunosuppressed patients with deteriorating renal function or neurological symptoms.

There have been reports of hypogammaglobulinaemia in association with recurrent infections in patients receiving CellCept in combination with other immunosuppressants. In some of these cases switching CellCept to an alternative immunosuppressant resulted in serum IgG levels returning to normal. Patients on CellCept who develop recurrent infections should have their serum immunoglobulins measured. In cases of sustained, clinically relevant hypogammaglobulinaemia, appropriate clinical action should be considered taking into account the potent cytostatic effects that mycophenolic acid has on T- and B-lymphocytes.

There have been published reports of bronchiectasis in adults and children who received CellCept in combination with other immunosuppressants. In some of these cases switching CellCept to another immunosuppressant resulted in improvement in respiratory symptoms. The risk of bronchiectasis may be linked to hypogammaglobulinaemia or to a direct effect on the lung. There have also been isolated reports of interstitial lung disease and pulmonary fibrosis, some of which were fatal (see section 4.8). It is recommended that patients who develop persistent pulmonary symptoms, such as cough and dyspnoea, are investigated.

## Blood and immune system

Patients receiving CellCept should be monitored for neutropenia, which may be related to CellCept itself, concomitant medications, viral infections, or some combination of these causes. Patients taking CellCept should have complete blood counts weekly during the first month, twice monthly for the second and third months of treatment, then monthly through the first year. If neutropenia develops (absolute neutrophil count  $< 1.3 \times 10^3/\mu\text{l}$ ), it may be appropriate to interrupt or discontinue CellCept.

Cases of pure red cell aplasia (PRCA) have been reported in patients treated with CellCept in combination with other immunosuppressants. The mechanism for mycophenolate mofetil induced PRCA is unknown. PRCA may resolve with dose reduction or cessation of CellCept therapy. Changes to CellCept therapy should only be undertaken under appropriate supervision in transplant recipients in order to minimise the risk of graft rejection (see section 4.8).

Patients receiving CellCept should be instructed to report immediately any evidence of infection, unexpected bruising, bleeding or any other manifestation of bone marrow depression.

Patients should be advised that during treatment with CellCept, vaccinations may be less effective and the use of live attenuated vaccines should be avoided (see section 4.5). Influenza vaccination may be of value. Prescribers should refer to national guidelines for influenza vaccination.

## Gastro-intestinal

CellCept has been associated with an increased incidence of digestive system adverse events, including infrequent cases of gastrointestinal tract ulceration, haemorrhage and perforation. CellCept should be administered with caution in patients with active serious digestive system disease.

CellCept is an IMPDH (inosine monophosphate dehydrogenase) inhibitor. Therefore, it should be avoided in patients with rare hereditary deficiency of hypoxanthine-guanine phosphoribosyl-transferase (HGPRT) such as Lesch-Nyhan and Kelley-Seegmiller syndrome.

## Interactions

Caution should be exercised when switching combination therapy from regimens containing immunosuppressants, which interfere with MPA enterohepatic recirculation, e.g. ciclosporin, to others devoid of this effect, e.g. tacrolimus, sirolimus, belatacept, or vice versa, as this might result in changes of MPA exposure. Drugs which interfere with MPA's enterohepatic cycle (e.g. cholestyramine, antibiotics) should be used with caution due to their potential to reduce the plasma levels and efficacy of CellCept (see also section 4.5). Therapeutic drug monitoring of MPA may be appropriate when switching combination therapy (e.g. from ciclosporin to tacrolimus or vice versa) or to ensure adequate immunosuppression in patients with high immunological risk (e.g. risk of rejection, treatment with antibiotics).

It is recommended that CellCept should not be administered concomitantly with azathioprine because such concomitant administration has not been studied.

The risk/benefit ratio of mycophenolate mofetil in combination with sirolimus has not been established (see also section 4.5).

## Special populations

Elderly patients may be at an increased risk of adverse events such as certain infections (including cytomegalovirus tissue invasive disease) and possibly gastrointestinal haemorrhage and pulmonary oedema, compared with younger individuals (see section 4.8).

## Teratogenic effects

Mycophenolate is a powerful human teratogen. Spontaneous abortion (rate of 45% to 49%) and congenital malformations (estimated rate of 23% to 27%) have been reported following MMF exposure during pregnancy. Therefore CellCept is contraindicated in pregnancy unless there are no suitable alternative treatments to prevent transplant rejection. Female patients of childbearing potential should be made aware of the risks and follow the recommendations provided in section 4.6 (e.g. contraceptive methods, pregnancy testing) prior to, during, and after therapy with CellCept. Physicians should ensure that women taking mycophenolate understand the risk of harm to the baby, the need for effective contraception, and the need to immediately consult their physician if there is a possibility of pregnancy.

## Contraception (see section 4.6)

Because of robust clinical evidence showing a high risk of abortion and congenital malformations when mycophenolate mofetil is used in pregnancy every effort to avoid pregnancy during treatment should be taken. Therefore women with childbearing potential must use at least one form of reliable contraception (see section 4.3) before starting CellCept therapy, during therapy, and for six weeks after stopping the therapy; unless abstinence is the chosen method of contraception. Two complementary forms of contraception simultaneously are preferred to minimise the potential for contraceptive failure and unintended pregnancy.

For contraception advice for men see section 4.6.

## Educational materials

In order to assist patients in avoiding foetal exposure to mycophenolate and to provide additional important safety information, the Marketing Authorisation holder will provide educational materials to healthcare professionals. The educational materials will reinforce the warnings about the teratogenicity of mycophenolate, provide advice on contraception before therapy is started and guidance on the need for pregnancy testing. Full patient information about the teratogenic risk and the pregnancy prevention measures should be given by the physician to women of childbearing potential and, as appropriate, to male patients.

## Additional precautions

Patients should not donate blood during therapy or for at least 6 weeks following discontinuation of mycophenolate. Men should not donate semen during therapy or for 90 days following discontinuation of mycophenolate.

## **4.5 Interaction with other medicinal products and other forms of interaction**

### Aciclovir

Higher aciclovir plasma concentrations were observed when mycophenolate mofetil was administered with aciclovir in comparison to the administration of aciclovir alone. The changes in MPAG (the phenolic glucuronide of MPA) pharmacokinetics (MPAG increased by 8%) were minimal and are not considered clinically significant. Because MPAG plasma concentrations are increased in the presence of renal impairment, as are aciclovir concentrations, the potential exists for mycophenolate mofetil and aciclovir, or its prodrugs, e.g. valaciclovir, to compete for tubular secretion and further increases in concentrations of both substances may occur.

### Antacids and proton pump inhibitors (PPIs)

Decreased MPA exposure has been observed when antacids, such as magnesium and aluminium hydroxides, and PPIs, including lansoprazole and pantoprazole, were administered with CellCept. When comparing rates of transplant rejection or rates of graft loss between CellCept patients taking PPIs vs. CellCept patients not taking PPIs, no significant differences were seen. These data support extrapolation of this finding to all antacids because the reduction in exposure when CellCept was co-administered with magnesium and aluminium hydroxides is considerably less than when CellCept was co-administered with PPIs.

Medicinal products that interfere with enterohepatic circulation (e.g. cholestyramine, ciclosporin A, antibiotics)

Caution should be used with medicinal products that interfere with enterohepatic circulation because of their potential to reduce the efficacy of CellCept.

*Cholestyramine*

Following single dose administration of 1.5 g of mycophenolate mofetil to normal healthy subjects pre-treated with 4 g TID of cholestyramine for 4 days, there was a 40% reduction in the AUC of MPA (see section 4.4 and section 5.2). Caution should be used during concomitant administration because of the potential to reduce efficacy of CellCept.

*Ciclosporin A*

Ciclosporin A (CsA) pharmacokinetics are unaffected by mycophenolate mofetil.

In contrast, if concomitant ciclosporin treatment is stopped, an increase in MPA AUC of around 30% should be expected. CsA interferes with MPA enterohepatic recycling, resulting in reduced MPA exposures by 30-50% in renal transplant patients treated with CellCept and CsA compared with patients receiving sirolimus or belatacept and similar doses of CellCept (see also section 4.4).

Conversely, changes of MPA exposure should be expected when switching patients from CsA to one of the immunosuppressants which does not interfere with MPA's enterohepatic cycle.

Antibiotics eliminating  $\beta$ -glucuronidase-producing bacteria in the intestine (e.g. aminoglycoside, cephalosporin, fluoroquinolone, and penicillin classes of antibiotics) may interfere with MPAG/MPA enterohepatic recirculation thus leading to reduced systemic MPA exposure. Information concerning the following antibiotics is available:

*Ciprofloxacin or amoxicillin plus clavulanic acid*

Reductions in pre-dose (trough) MPA concentrations of about 50% have been reported in renal transplant recipients in the days immediately following commencement of oral ciprofloxacin or amoxicillin plus clavulanic acid. This effect tended to diminish with continued antibiotic use and to cease within a few days of antibiotic discontinuation. The change in predose level may not accurately represent changes in overall MPA exposure. Therefore, a change in the dose of CellCept should not normally be necessary in the absence of clinical evidence of graft dysfunction. However, close clinical monitoring should be performed during the combination and shortly after antibiotic treatment.

*Norfloxacin and metronidazole*

In healthy volunteers, no significant interaction was observed when CellCept was concomitantly administered with norfloxacin or metronidazole separately. However, norfloxacin and metronidazole combined reduced the MPA exposure by approximately 30% following a single dose of CellCept.

*Trimethoprim/sulfamethoxazole*

No effect on the bioavailability of MPA was observed.

Medicinal products that affect glucuronidation (e.g. isavuconazole, telmisartan)

Concomitant administration of drugs inhibiting glucuronidation of MPA may increase MPA exposure. Caution is therefore recommended when administering these drugs concomitantly with CellCept.

*Isavuconazole*

An increase of MPA AUC<sub>0-∞</sub> by 35% was observed with concomitant administration of isavuconazole.

*Telmisartan*

Concomitant administration of telmisartan and CellCept resulted in an approximately 30% decrease of MPA concentrations. Telmisartan changes MPA's elimination by enhancing PPAR gamma (peroxisome proliferator-activated receptor gamma) expression, which in turn results in an enhanced UGT1A9 expression and activity. When comparing rates of transplant rejection, rates of graft loss or adverse event profiles between CellCept patients with and without concomitant telmisartan medication, no clinical consequences of the pharmacokinetic drug-drug interaction were seen.

### Ganciclovir

Based on the results of a single dose administration study of recommended doses of oral mycophenolate and IV ganciclovir and the known effects of renal impairment on the pharmacokinetics of CellCept (see section 4.2) and ganciclovir, it is anticipated that co-administration of these agents (which compete for mechanisms of renal tubular secretion) will result in increases in MPAG and ganciclovir concentration. No substantial alteration of MPA pharmacokinetics is anticipated and CellCept dose adjustment is not required. In patients with renal impairment in whom CellCept and ganciclovir or its prodrugs, e.g. valganciclovir, are co-administered, the dose recommendations for ganciclovir should be observed and patients should be monitored carefully.

### Oral contraceptives

The pharmacokinetics and pharmacodynamics of oral contraceptives were unaffected by co-administration of CellCept (see also section 5.2).

### Rifampicin

In patients not also taking ciclosporin, concomitant administration of CellCept and rifampicin resulted in a decrease in MPA exposure ( $AUC_{0-12h}$ ) of 18% to 70%. It is recommended to monitor MPA exposure levels and to adjust CellCept doses accordingly to maintain clinical efficacy when rifampicin is administered concomitantly.

### Sevelamer

Decrease in MPA  $C_{max}$  and  $AUC(0-12h)$  by 30% and 25%, respectively, were observed when CellCept was concomitantly administered with sevelamer without any clinical consequences (i.e. graft rejection). It is recommended, however, to administer CellCept at least one hour before or three hours after sevelamer intake to minimise the impact on the absorption of MPA. There are no data on CellCept with phosphate binders other than sevelamer.

### Tacrolimus

In hepatic transplant patients initiated on CellCept and tacrolimus, the  $AUC$  and  $C_{max}$  of MPA, the active metabolite of CellCept, were not significantly affected by co-administration with tacrolimus. In contrast, there was an increase of approximately 20% in tacrolimus  $AUC$  when multiple doses of CellCept (1.5 g BID) were administered to hepatic transplant patients taking tacrolimus. However, in renal transplant patients, tacrolimus concentration did not appear to be altered by CellCept (see also section 4.4).

### Live vaccines

Live vaccines should not be given to patients with an impaired immune response. The antibody response to other vaccines may be diminished (see also section 4.4).

### Paediatric population

Interaction studies have only been performed in adults.

### Potential interaction

Co-administration of probenecid with mycophenolate mofetil in monkeys raises plasma  $AUC$  of MPAG by 3-fold. Thus, other substances known to undergo renal tubular secretion may compete with MPAG, and thereby raise plasma concentrations of MPAG or the other substance undergoing tubular secretion.

## **4.6 Pregnancy and lactation**

### Women of childbearing potential

Pregnancy whilst taking mycophenolate must be avoided. Therefore women of childbearing potential must use at least one form of reliable contraception (see section 4.3) before starting CellCept therapy, during therapy, and for six weeks after stopping the therapy, unless abstinence is the chosen method of contraception. Two complementary forms of contraception simultaneously are preferred.



## Pregnancy

CellCept is contraindicated during pregnancy unless there is no suitable alternative treatment to prevent transplant rejection. Treatment should not be initiated without providing a negative pregnancy test result to rule out unintended use in pregnancy.

Female patients of reproductive potential must be made aware of the increased risk of pregnancy loss and congenital malformations at the beginning of the treatment and must be counseled regarding pregnancy prevention and planning.

Before starting CellCept treatment, women of childbearing potential should have two negative serum or urine pregnancy tests with a sensitivity of at least 25 mIU/mL in order to exclude unintended exposure of the embryo to mycophenolate. It is recommended that the second test should be performed 8 – 10 days after the first test. For transplants from deceased donors, if it is not possible to perform two tests 8-10 days apart before treatment starts (because of the timing of transplant organ availability), a pregnancy test must be performed immediately before starting treatment and a further test performed 8-10 days later. 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.

Mycophenolate is a powerful human teratogen, with an increased risk of spontaneous abortions and congenital malformations in case of exposure during pregnancy;

- Spontaneous abortions have been reported in 45 to 49% of pregnant women exposed to mycophenolate mofetil, compared to a reported rate of between 12 and 33% in solid organ transplant patients treated with immunosuppressants other than mycophenolate mofetil.
- Based on literature reports, malformations occurred in 23 to 27% of live births in women exposed to mycophenolate mofetil during pregnancy (compared to 2 to 3 % of live births in the overall population and approximately 4 to 5% of live births in solid organ transplant recipients treated with immunosuppressants other than mycophenolate mofetil).

Congenital malformations, including reports of multiple malformations, have been observed post-marketing in children of patients exposed to CellCept in combination with other immunosuppressants during pregnancy. The following malformations were most frequently reported:

- Abnormalities of the ear (e.g. abnormally formed or absent external ear), external auditory canal atresia (middle ear);
- Facial malformations such as cleft lip, cleft palate, micrognathia and hypertelorism of the orbits;
- Abnormalities of the eye (e.g. coloboma);
- Congenital heart disease such as atrial and ventricular septal defects;
- Malformations of the fingers (e.g. polydactyly, syndactyly);
- Tracheo-Oesophageal malformations (e.g. oesophageal atresia);
- Nervous system malformations such as spina bifida;
- Renal abnormalities.

In addition there have been isolated reports of the following malformations:

- Microphthalmia;
- congenital choroid plexus cyst;
- septum pellucidum agenesis;
- olfactory nerve agenesis.

Studies in animals have shown reproductive toxicity (see section 5.3).

## Breast-feeding

Mycophenolate mofetil has been shown to be excreted in the milk of lactating rats. It is not known whether this substance is excreted in human milk. Because of the potential for serious adverse

reactions to mycophenolate mofetil in breast-fed infants, CellCept is contraindicated in nursing mothers (see section 4.3).

### Men

Limited clinical evidence does not indicate an increased risk of malformations or miscarriage following paternal exposure to mycophenolate mofetil.

MPA is a powerful teratogen. It is not known if MPA is present in semen. Calculations based on animal data show that the maximum amount of MPA that could potentially be transferred to woman is so low that it would be unlikely to have an effect. Mycophenolate has been shown to be genotoxic in animal studies at concentrations exceeding the human therapeutic exposures only by small margins, such that the risk of genotoxic effects on sperm cells cannot completely be excluded.

Therefore, the following precautionary measures are recommended: sexually active male patients or their female partners are recommended to use reliable contraception during treatment of the male patient and for at least 90 days after cessation of mycophenolate mofetil. Male patients of reproductive potential should be made aware of and discuss the potential risks of fathering a child with a qualified health-care professional.

### **4.7 Effects on ability to drive and use machines**

No studies on the effects on the ability to drive and use machines have been performed. The pharmacodynamic profile and the reported adverse reactions indicate that an effect is unlikely.

### **4.8 Undesirable effects**

#### The following undesirable effects cover adverse reactions from clinical trials

The principal adverse reactions associated with the administration of CellCept in combination with ciclosporin and corticosteroids include diarrhoea, leucopenia, sepsis and vomiting, and there is evidence of a higher frequency of certain types of infections (see section 4.4).

#### *Malignancies*

Patients receiving immunosuppressive regimens involving combinations of medicinal products, including CellCept, are at increased risk of developing lymphomas and other malignancies, particularly of the skin (see section 4.4). Lymphoproliferative disease or lymphoma developed in 0.6% of patients receiving CellCept (2 g or 3 g daily) in combination with other immunosuppressants in controlled clinical trials of renal (2 g data), cardiac and hepatic transplant patients followed for at least 1 year. Non-melanoma skin carcinomas occurred in 3.6% of patients; other types of malignancy occurred in 1.1% of patients. Three-year safety data in renal and cardiac transplant patients did not reveal any unexpected changes in incidence of malignancy compared to the 1-year data. Hepatic transplant patients were followed for at least 1 year, but less than 3 years.

#### *Opportunistic infections*

All transplant patients are at increased risk of opportunistic infections; the risk increased with total immunosuppressive load (see section 4.4). The most common opportunistic infections in patients receiving CellCept (2 g or 3 g daily) with other immunosuppressants in controlled clinical trials in renal (2 g data), cardiac and hepatic transplant patients followed for at least 1 year were candida mucocutaneous, CMV viraemia/syndrome and Herpes simplex. The proportion of patients with CMV viraemia/syndrome was 13.5%.

#### *Paediatric population*

The type and frequency of adverse reactions in a clinical study, which recruited 92 paediatric patients aged 2 to 18 years who were given 600 mg/m<sup>2</sup> mycophenolate mofetil orally twice daily, were generally similar to those observed in adult patients given 1 g CellCept twice daily. However, the following treatment-related adverse events were more frequent in the paediatric population,

particularly in children under 6 years of age, when compared to adults: diarrhoea, sepsis, leucopenia, anaemia and infection.

**Elderly:**

Elderly patients (≥ 65 years) may generally be at increased risk of adverse reactions due to immunosuppression. Elderly patients receiving CellCept as part of a combination immunosuppressive regimen may be at increased risk of certain infections (including cytomegalovirus tissue invasive disease) and possibly gastrointestinal haemorrhage and pulmonary oedema, compared to younger individuals.

*Other adverse reactions*

Adverse reactions, probably or possibly related to CellCept, reported in ≥1/10 and in ≥1/100 to <1/10 of patients treated with CellCept in the controlled clinical trials of renal (2 g data), cardiac and hepatic transplant patients are listed in the following table.

**Adverse Reactions, Probably or Possibly Related to CellCept, Reported in Patients Treated with CellCept in Renal, Cardiac and Hepatic Clinical Trials when Used in Combination with Ciclosporin and Corticosteroids**

Within the system organ classes, undesirable effects are listed under headings of frequency, using the following categories: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000), not known (cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

System organ class		Adverse drug reactions
Infections and infestations	Very common	Sepsis, gastrointestinal candidiasis, urinary tract infection, herpes simplex, herpes zoster
	Common	Pneumonia, influenza, respiratory tract infection, respiratory moniliasis, gastrointestinal infection, candidiasis, gastroenteritis, infection, bronchitis, pharyngitis, sinusitis, fungal skin infection, skin candida, vaginal candidiasis, rhinitis
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	Very common	-
	Common	Skin cancer, benign neoplasm of skin
Blood and lymphatic system disorders	Very common	Leucopenia, thrombocytopenia, anaemia
	Common	Pancytopenia, leukocytosis
Metabolism and nutrition disorders	Very common	-
	Common	Acidosis, hyperkalaemia, hypokalaemia, hyperglycaemia, hypomagnesaemia, hypocalcaemia, hypercholesterolaemia, hyperlipidaemia, hypophosphataemia, hyperuricaemia, gout, anorexia
Psychiatric disorders	Very common	-
	Common	Agitation, confusional state, depression, anxiety, thinking abnormal, insomnia
Nervous system disorders	Very common	-
	Common	Convulsion, hypertonia, tremor, somnolence, myasthenic syndrome, dizziness, headache, paraesthesia, dysgeusia
Cardiac disorders	Very common	-
	Common	Tachycardia

System organ class		Adverse drug reactions
Vascular disorders	Very common	-
	Common	Hypotension, hypertension, vasodilatation
Respiratory, thoracic and mediastinal disorders	Very common	-
	Common	Pleural effusion, dyspnoea, cough
Gastrointestinal disorders	Very common	Vomiting, abdominal pain, diarrhoea, nausea
	Common	Gastrointestinal haemorrhage, peritonitis, ileus, colitis, gastric ulcer, duodenal ulcer, gastritis, oesophagitis, stomatitis, constipation, dyspepsia, flatulence, eructation
Hepatobiliary disorders	Very common	-
	Common	Hepatitis, jaundice, hyperbilirubinaemia
Skin and subcutaneous tissue disorders	Very common	-
	Common	Skin hypertrophy, rash, acne, alopecia,
Musculoskeletal and connective Tissue disorders	Very common	-
	Common	Arthralgia
Renal and urinary disorders	Very common	-
	Common	Renal impairment
General disorders and administration site conditions	Very common	-
	Common	Oedema, pyrexia, chills, pain, malaise, asthenia,
Investigations	Very common	-
	Common	Hepatic enzyme increased, blood creatinine increased, blood lactate dehydrogenase increased, blood urea increased, blood alkaline phosphatase increased, weight decreased

Note: 501 (2 g CellCept daily), 289 (3 g CellCept daily) and 277 (2 g IV / 3 g oral CellCept daily) patients were treated in Phase III studies for the prevention of rejection in renal, cardiac and hepatic transplantation, respectively.

#### The following undesirable effects cover adverse reactions from post-marketing experience

The types of adverse reactions reported during post-marketing with CellCept are similar to those seen in the controlled renal, cardiac and hepatic transplant studies. Additional adverse reactions reported during post-marketing are described below with the frequencies reported within brackets if known.

#### *Gastrointestinal*

Gingival hyperplasia ( $\geq 1/100$  to  $< 1/10$ ), colitis including cytomegalovirus colitis, ( $\geq 1/100$  to  $< 1/10$ ), pancreatitis, ( $\geq 1/100$  to  $< 1/10$ ) and intestinal villous atrophy.

#### *Infections*

Serious life-threatening infections including meningitis, endocarditis, tuberculosis and atypical mycobacterial infection.

Cases of BK virus associated nephropathy, as well as cases of JC virus associated progressive multifocal leucoencephalopathy (PML), have been reported in patients treated with immunosuppressants, including CellCept.

Agranulocytosis ( $\geq 1/1000$  to  $< 1/100$ ) and neutropenia have been reported; therefore, regular monitoring of patients taking CellCept is advised (see section 4.4). There have been reports of aplastic anaemia and bone marrow depression in patients treated with CellCept, some of which have been fatal.

#### *Blood and lymphatic system disorder*

Cases of pure red cell aplasia (PRCA) have been reported in patients treated with CellCept (see section 4.4).

Isolated cases of abnormal neutrophil morphology, including the acquired Pelger-Huet anomaly, have been observed in patients treated with CellCept. These changes are not associated with impaired neutrophil function. These changes may suggest a 'left shift' in the maturity of neutrophils in

haematological investigations, which may be mistakenly interpreted as a sign of infection in immunosuppressed patients such as those that receive CellCept.

#### *Hypersensitivity*

Hypersensitivity reactions, including angioneurotic oedema and anaphylactic reaction, have been reported.

#### *Pregnancy, puerperium and perinatal conditions*

Cases of spontaneous abortions have been reported in patients exposed to mycophenolate mofetil, mainly in the first trimester, see section 4.6.

#### *Congenital disorders*

Congenital malformations have been observed post-marketing in children of patients exposed to CellCept in combination with other immunosuppressants, see section 4.6.

#### *Respiratory, thoracic and mediastinal disorders*

There have been isolated reports of interstitial lung disease and pulmonary fibrosis in patients treated with CellCept in combination with other immunosuppressants, some of which have been fatal. There have also been reports of bronchiectasis in children and adults (frequency not known).

#### *Immune system disorders*

Hypogammaglobulinaemia has been reported in patients receiving CellCept in combination with other immunosuppressants (frequency not known).

#### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via **the national reporting system** listed in [Appendix V](#).

## **4.9 Overdose**

Reports of overdoses with mycophenolate mofetil have been received from clinical trials and during post-marketing experience. In many of these cases, no adverse events were reported. In those overdose cases in which adverse events were reported, the events fall within the known safety profile of the medicinal product.

It is expected that an overdose of mycophenolate mofetil could possibly result in over suppression of the immune system and increase susceptibility to infections and bone marrow suppression (see section 4.4). If neutropenia develops, dosing with CellCept should be interrupted or the dose reduced (see section 4.4).

Haemodialysis would not be expected to remove clinically significant amounts of MPA or MPAG. Bile acid sequestrants, such as cholestyramine, can remove MPA by decreasing the enterohepatic recirculation of the drug (see section 5.2).

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: immunosuppressive agents ATC code L04AA06

#### Mechanism of action

Mycophenolate mofetil is the 2-morpholinoethyl ester of MPA. MPA is a potent, selective, uncompetitive and reversible inhibitor of inosine monophosphate dehydrogenase, and therefore

inhibits the *de novo* pathway of guanosine nucleotide synthesis without incorporation into DNA. Because T- and B-lymphocytes are critically dependent for their proliferation on *de novo* synthesis of purines whereas other cell types can utilise salvage pathways, MPA has more potent cytostatic effects on lymphocytes than on other cells.

## 5.2 Pharmacokinetic properties

### Absorption

Following oral administration, mycophenolate mofetil undergoes rapid and extensive absorption and complete presystemic metabolism to the active metabolite, MPA. As evidenced by suppression of acute rejection following renal transplantation, the immunosuppressant activity of CellCept is correlated with MPA concentration. The mean bioavailability of oral mycophenolate mofetil, based on MPA AUC, is 94% relative to IV mycophenolate mofetil. Food had no effect on the extent of absorption (MPA AUC) of mycophenolate mofetil when administered at doses of 1.5 g BID to renal transplant patients. However, MPA  $C_{max}$  was decreased by 40% in the presence of food. Mycophenolate mofetil is not measurable systemically in plasma following oral administration.

### Distribution

As a result of enterohepatic recirculation, secondary increases in plasma MPA concentration are usually observed at approximately 6 – 12 hours post-dose. A reduction in the AUC of MPA of approximately 40% is associated with the co-administration of cholestyramine (4 g TID), indicating that there is a significant amount of enterohepatic recirculation. MPA at clinically relevant concentrations is 97% bound to plasma albumin.

### Biotransformation

MPA is metabolised principally by glucuronyl transferase (isoform UGT1A9) to form the inactive phenolic glucuronide of MPA (MPAG). *In vivo*, MPAG is converted back to free MPA via enterohepatic recirculation. A minor acylglucuronide (AcMPAG) is also formed. AcMPAG is pharmacologically active and is suspected to be responsible for some of MMF's side effects (diarrhoea, leucopenia).

### Elimination

A negligible amount of substance is excreted as MPA (< 1% of dose) in the urine. Oral administration of radiolabelled mycophenolate mofetil results in complete recovery of the administered dose with 93% of the administered dose recovered in the urine and 6% recovered in the faeces. Most (about 87%) of the administered dose is excreted in the urine as MPAG.

At clinically encountered concentrations, MPA and MPAG are not removed by haemodialysis. However, at high MPAG plasma concentrations (> 100µg/mL), small amounts of MPAG are removed. By interfering with enterohepatic circulation of the drug, bile acid sequestrants such as cholestyramine, reduce MPA AUC (see section 4.9).

MPA's disposition depends on several transporters. Organic anion-transporting polypeptides (OATPs) and multidrug resistance-associated protein 2 (MRP2) are involved in MPA's disposition; OATP isoforms, MRP2 and breast cancer resistance protein (BCRP) are transporters associated with the glucuronides' biliary excretion. Multidrug resistance protein 1 (MDR1) is also able to transport MPA, but its contribution seems to be confined to the absorption process. In the kidney MPA and its metabolites potentially interact with renal organic anion transporters.

In the early post-transplant period (< 40 days post-transplant), renal, cardiac and hepatic transplant patients had mean MPA AUCs approximately 30% lower and  $C_{max}$  approximately 40% lower compared to the late post-transplant period (3 – 6 months post-transplant).

### Special populations

#### *Renal impairment*

In a single dose study (6 subjects/group), mean plasma MPA AUC observed in subjects with severe chronic renal impairment (glomerular filtration rate < 25 mL./min/1.73 m<sup>2</sup>) were 28 – 75% higher

relative to the means observed in normal healthy subjects or subjects with lesser degrees of renal impairment. The mean single dose MPAG AUC was 3 – 6-fold higher in subjects with severe renal impairment than in subjects with mild renal impairment or normal healthy subjects, consistent with the known renal elimination of MPAG. Multiple dosing of mycophenolate mofetil in patients with severe chronic renal impairment has not been studied. No data are available for cardiac or hepatic transplant patients with severe chronic renal impairment.

#### *Delayed renal graft function*

In patients with delayed renal graft function post-transplant, mean MPA AUC (0–12h) was comparable to that seen in post-transplant patients without delayed graft function. Mean plasma MPAG AUC (0-12h) was 2 – 3-fold higher than in post-transplant patients without delayed graft function. There may be a transient increase in the free fraction and concentration of plasma MPA in patients with delayed renal graft function. Dose adjustment of CellCept does not appear to be necessary.

#### *Hepatic impairment*

In volunteers with alcoholic cirrhosis, hepatic MPA glucuronidation processes were relatively unaffected by hepatic parenchymal disease. Effects of hepatic disease on this process probably depend on the particular disease. However, hepatic disease with predominantly biliary damage, such as primary biliary cirrhosis, may show a different effect.

#### *Paediatric population*

Pharmacokinetic parameters were evaluated in 49 paediatric renal transplant patients (aged 2 to 18 years) given 600 mg/m<sup>2</sup> mycophenolate mofetil orally twice daily. This dose achieved MPA AUC values similar to those seen in adult renal transplant patients receiving CellCept at a dose of 1 g bid in the early and late post-transplant period. MPA AUC values across age groups were similar in the early and late post-transplant period.

#### Elderly:

Pharmacokinetic behaviour of CellCept in the elderly (≥ 65 years) has not been formally evaluated.

#### *Patients taking oral contraceptives*

A study of the co-administration of CellCept (1 g bid) and combined oral contraceptives containing ethinylestradiol (0.02 mg to 0.04 mg) and levonorgestrel (0.05 mg to 0.15 mg), desogestrel (0.15 mg) or gestodene (0.05 mg to 0.10 mg) conducted in 18 non-transplant women (not taking other immunosuppressants) over 3 consecutive menstrual cycles showed no clinically relevant influence of CellCept on the ovulation suppressing action of the oral contraceptives. Serum levels of LH, FSH and progesterone were not significantly affected. The pharmacokinetics of oral contraceptives were unaffected by co-administration of CellCept (see also section 4.5).

### **5.3 Preclinical safety data**

In experimental models, mycophenolate mofetil was not tumourigenic. The highest dose tested in the animal carcinogenicity studies resulted in approximately 2 – 3 times the systemic exposure (AUC or C<sub>max</sub>) observed in renal transplant patients at the recommended clinical dose of 2 g/day and 1.3 – 2 times the systemic exposure (AUC or C<sub>max</sub>) observed in cardiac transplant patients at the recommended clinical dose of 3 g/day.

Two genotoxicity assays (*in vitro* mouse lymphoma assay and *in vivo* mouse bone marrow micronucleus test) showed a potential of mycophenolate mofetil to cause chromosomal aberrations. These effects can be related to the pharmacodynamic mode of action, i.e. inhibition of nucleotide synthesis in sensitive cells. Other *in vitro* tests for detection of gene mutation did not demonstrate genotoxic activity.

Mycophenolate mofetil had no effect on fertility of male rats at oral doses up to 20 mg/kg/day. The systemic exposure at this dose represents 2 – 3 times the clinical exposure at the recommended clinical dose of 2 g/day in renal transplant patients and 1.3 – 2 times the clinical exposure at the recommended

clinical dose of 3 g/day in cardiac transplant patients. In a female fertility and reproduction study conducted in rats, oral doses of 4.5 mg/kg/day caused malformations (including anophthalmia, agnathia, and hydrocephaly) in the first generation offspring in the absence of maternal toxicity. The systemic exposure at this dose was approximately 0.5 times the clinical exposure at the recommended clinical dose of 2 g/day for renal transplant patients and approximately 0.3 times the clinical exposure at the recommended clinical dose of 3 g/day for cardiac transplant patients. No effects on fertility or reproductive parameters were evident in the dams or in the subsequent generation.

In teratology studies in rats and rabbits, foetal resorptions and malformations occurred in rats at 6 mg/kg/day (including anophthalmia, agnathia, and hydrocephaly) and in rabbits at 90 mg/kg/day (including cardiovascular and renal anomalies, such as ectopia cordis and ectopic kidneys, and diaphragmatic and umbilical hernia), in the absence of maternal toxicity. The systemic exposure at these levels is approximately equivalent to or less than 0.5 times the clinical exposure at the recommended clinical dose of 2 g/day for renal transplant patients and approximately 0.3 times the clinical exposure at the recommended clinical dose of 3 g/day for cardiac transplant patients (see section 4.6).

The haematopoietic and lymphoid systems were the primary organs affected in toxicology studies conducted with mycophenolate mofetil in the rat, mouse, dog and monkey. These effects occurred at systemic exposure levels that are equivalent to or less than the clinical exposure at the recommended dose of 2 g/day for renal transplant recipients. Gastrointestinal effects were observed in the dog at systemic exposure levels equivalent to or less than the clinical exposure at the recommended dose. Gastrointestinal and renal effects consistent with dehydration were also observed in the monkey at the highest dose (systemic exposure levels equivalent to or greater than clinical exposure). The nonclinical toxicity profile of mycophenolate mofetil appears to be consistent with adverse events observed in human clinical trials which now provide safety data of more relevance to the patient population (see section 4.8).

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

#### CellCept capsules

pregelatinised maize starch  
croscarmellose sodium  
polyvidone (K-90)  
magnesium stearate

#### Capsule shells

gelatin  
indigo carmine (E132)  
yellow iron oxide (E172)  
red iron oxide (E172)  
titanium dioxide (E171)  
black iron oxide (E172)  
potassium hydroxide  
shellac.

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf-life**

3 years.



#### **6.4 Special precautions for storage**

Do not store above 30°C. Store in the original package in order to protect from moisture.

#### **6.5 Nature and contents of container**

CellCept 250 mg capsules:                   1 carton contains 100 capsules (in blister packs of 10)  
  1 carton contains 300 capsules (in blister packs of 10)

Not all pack sizes may be marketed

#### **6.6 Special precautions for disposal**

Any unused product or waste material should be disposed of in accordance with local requirements.

### **7. MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

### **8. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/001 CellCept   (100 capsules)  
EU/1/96/005/003 CellCept   (300 capsules)

### **9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 14 February 1996  
Date of latest renewal: 13 March 2006

### **10. DATE OF REVISION OF THE TEXT**

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>

## 1. NAME OF THE MEDICINAL PRODUCT

CellCept 500 mg powder for concentrate for solution for infusion.

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vial contains the equivalent of 500 mg mycophenolate mofetil (as hydrochloride salt).

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Powder for concentrate for solution for infusion.

CellCept 500 mg powder for concentrate for solution for infusion must be reconstituted and further diluted with glucose intravenous infusion 5% prior to administration to the patient (see section 6.6).

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

CellCept 500 mg powder for concentrate for solution for infusion is indicated in combination with ciclosporin and corticosteroids for the prophylaxis of acute transplant rejection in patients receiving allogeneic renal or hepatic transplants.

### 4.2 Posology and method of administration

Treatment with CellCept should be initiated and maintained by appropriately qualified transplant specialists.

**CAUTION: CELLCEPT I.V. SOLUTION MUST NOT BE ADMINISTERED BY RAPID OR BOLUS INTRAVENOUS INJECTION.**

#### Posology

CellCept 500 mg powder for concentrate for solution for infusion is an alternative dosage form to CellCept oral forms (capsules, tablets and powder for oral suspension) that may be administered for up to 14 days. The initial dose of CellCept 500 mg powder for concentrate for solution for infusion should be given within 24 hours following transplantation.

#### *Renal transplant*

The recommended dose in renal transplant patients is 1 g administered twice daily (2 g daily dose).

#### *Hepatic transplant*

The recommended dose of CellCept for infusion in hepatic transplant patients is 1 g administered twice daily (2 g daily dose). IV CellCept should continue for the first 4 days following hepatic transplant, with oral CellCept initiated as soon after this as it can be tolerated. The recommended dose of oral CellCept in hepatic transplant patients is 1.5 g administered twice daily (3 g daily dose).

### *Use in special populations*

#### Paediatric population

Safety and efficacy of CellCept for infusion in paediatric patients have not been established. No pharmacokinetic data with CellCept for infusion are available for paediatric renal transplant patients. No pharmacokinetic data are available for paediatric patients following hepatic transplants.

#### Elderly

The recommended dose of 1 g administered twice a day for renal or hepatic transplant patients is appropriate for the elderly.

#### Renal impairment

In renal transplant patients with severe chronic renal impairment (glomerular filtration rate < 25 mL/min/1.73 m<sup>2</sup>), outside the immediate post-transplant period, doses greater than 1 g administered twice a day should be avoided. These patients should also be carefully observed. No dose adjustments are needed in patients experiencing delayed renal graft function post-operatively (see section 5.2). No data are available for hepatic transplant patients with severe chronic renal impairment.

#### Severe hepatic impairment

No dose adjustments are needed for renal transplant patients with severe hepatic parenchymal disease.

#### Treatment during rejection episodes

Mycophenolic acid (MPA) is the active metabolite of mycophenolate mofetil. Renal transplant rejection does not lead to changes in MPA pharmacokinetics; dosage reduction or interruption of CellCept is not required. No pharmacokinetic data are available during hepatic transplant rejection.

#### Method of administration

Following reconstitution to a concentration of 6 mg/mL, CellCept 500 mg powder for concentrate for solution for infusion must be administered by slow intravenous infusion over a period of 2 hours by either a peripheral or a central vein (see section 6.6).

#### *Precautions to be taken before handling or administering the medicinal product*

Because mycophenolate mofetil has demonstrated teratogenic effects in rats and rabbits, avoid direct contact of the dry powder or prepared solutions of CellCept 500 mg powder for concentrate for solution for infusion with skin or mucous membranes. If such contact occurs, wash thoroughly with soap and water; rinse eyes with plain water.

For instructions on reconstitution and dilution of the medicinal product before administration, see section 6.6.

### **4.3 Contraindications**

- CellCept should not be given to patients with hypersensitivity to mycophenolate mofetil, mycophenolic acid or to any of the excipients listed in section 6.1. Hypersensitivity reactions to CellCept have been observed (see section 4.8). CellCept 500 mg powder for concentrate for solution for infusion is contraindicated in patients who are allergic to polysorbate 80.
- CellCept should not be given to women of childbearing potential who are not using highly effective contraception (see section 4.6).
- CellCept treatment should not be initiated in women of child bearing potential without providing a pregnancy test result to rule out unintended use in pregnancy (see section 4.6).
- CellCept should not to be used in pregnancy unless there is no suitable alternative treatment to prevent transplant rejection (see section 4.6).

- CellCept should not be given to women who are breastfeeding (see section 4.6).

#### 4.4 Special warnings and precautions for use

##### Neoplasms

Patients receiving immunosuppressive regimens involving combinations of medicinal products, including CellCept, are at increased risk of developing lymphomas and other malignancies, particularly of the skin (see section 4.8). The risk appears to be related to the intensity and duration of immunosuppression rather than to the use of any specific agent.

As general advice to minimise the risk for skin cancer, exposure to sunlight and UV light should be limited by wearing protective clothing and using a sunscreen with a high protection factor.

##### Infections

Patients treated with immunosuppressants, including CellCept, are at increased risk for opportunistic infections (bacterial, fungal, viral and protozoal), fatal infections and sepsis (see section 4.8). Such infections include latent viral reactivation, such as hepatitis B or hepatitis C reactivation and infections caused by polyomaviruses (BK virus associated nephropathy, JC virus associated progressive multifocal leukoencephalopathy PML). Cases of hepatitis due to reactivation of hepatitis B or hepatitis C have been reported in carrier patients treated with immunosuppressants. These infections are often related to a high total immunosuppressive burden and may lead to serious or fatal conditions that physicians should consider in the differential diagnosis in immunosuppressed patients with deteriorating renal function or neurological symptoms.

There have been reports of hypogammaglobulinaemia in association with recurrent infections in patients receiving CellCept in combination with other immunosuppressants. In some of these cases switching CellCept to an alternative immunosuppressant resulted in serum IgG levels returning to normal. Patients on CellCept who develop recurrent infections should have their serum immunoglobulins measured. In cases of sustained, clinically relevant hypogammaglobulinaemia, appropriate clinical action should be considered taking into account the potent cytostatic effects that mycophenolic acid has on T- and B-lymphocytes.

There have been published reports of bronchiectasis in adults and children who received CellCept in combination with other immunosuppressants. In some of these cases switching CellCept to another immunosuppressant resulted in improvement in respiratory symptoms. The risk of bronchiectasis may be linked to hypogammaglobulinaemia or to a direct effect on the lung. There have also been isolated reports of interstitial lung disease and pulmonary fibrosis, some of which were fatal (see section 4.8). It is recommended that patients who develop persistent pulmonary symptoms, such as cough and dyspnoea, are investigated.

##### Blood and immune system

Patients receiving CellCept should be monitored for neutropenia, which may be related to CellCept itself, concomitant medications, viral infections, or some combination of these causes. Patients taking CellCept should have complete blood counts weekly during the first month, twice monthly for the second and third months of treatment, then monthly through the first year. If neutropenia develops (absolute neutrophil count  $< 1.3 \times 10^3/\mu\text{l}$ ) it may be appropriate to interrupt or discontinue CellCept.

Cases of pure red cell aplasia (PRCA) have been reported in patients treated with CellCept in combination with other immunosuppressants. The mechanism for mycophenolate mofetil induced PRCA is unknown. PRCA may resolve with dose reduction or cessation of CellCept therapy. Changes to CellCept therapy should only be undertaken under appropriate supervision in transplant recipients in order to minimise the risk of graft rejection (see section 4.8).

Patients receiving CellCept should be instructed to report immediately any evidence of infection, unexpected bruising, bleeding or any other manifestation of bone marrow depression.

Patients should be advised that during treatment with CellCept, vaccinations may be less effective, and the use of live attenuated vaccines should be avoided (see section 4.5). Influenza vaccination may be of value. Prescribers should refer to national guidelines for influenza vaccination.

### Gastro-intestinal

CellCept has been associated with an increased incidence of digestive system adverse events, including infrequent cases of gastrointestinal tract ulceration, haemorrhage and perforation. CellCept should be administered with caution in patients with active serious digestive system disease.

CellCept is an IMPDH (inosine monophosphate dehydrogenase) inhibitor. Therefore, it should be avoided in patients with rare hereditary deficiency of hypoxanthine-guanine phosphoribosyltransferase (HGPRT) such as Lesch-Nyhan and Kelley-Seegmiller syndrome.

### Interactions

Caution should be exercised when switching combination therapy from regimens containing immunosuppressants, which interfere with MPA enterohepatic recirculation, e.g. ciclosporin, to others devoid of this effect, e.g. tacrolimus, sirolimus, belatacept, or vice versa, as this might result in changes of MPA exposure. Drugs which interfere with MPA's enterohepatic cycle (e.g. cholestyramine, antibiotics) should be used with caution due to their potential to reduce the plasma levels and efficacy of CellCept (see also section 4.5). Some degree of enterohepatic recirculation is anticipated following intravenous administration of CellCept. Therapeutic drug monitoring of MPA may be appropriate when switching combination therapy (e.g. from ciclosporin to tacrolimus or vice versa) or to ensure adequate immunosuppression in patients with high immunological risk (e.g. risk of rejection, treatment with antibiotics).

It is recommended that CellCept should not be administered concomitantly with azathioprine because such concomitant administration has not been studied.

The risk/benefit ratio of mycophenolate mofetil in combination with sirolimus has not been established (see also section 4.5).

### Special populations

Elderly patients may be at an increased risk of adverse events such as certain infections (including cytomegalovirus tissue invasive disease) and possibly gastrointestinal haemorrhage and pulmonary oedema, compared with younger individuals (see section 4.8).

### Teratogenic effects

Mycophenolate is a powerful human teratogen. Spontaneous abortion (rate of 45% to 49%) and congenital malformations (estimated rate of 23% to 27%) have been reported following MMF exposure during pregnancy. Therefore CellCept is contraindicated in pregnancy unless there are no suitable alternative treatments to prevent transplant rejection. Female patients of childbearing potential should be made aware of the risks and follow the recommendations provided in section 4.6 (e.g. contraceptive methods, pregnancy testing) prior to, during, and after therapy with CellCept. Physicians should ensure that women taking mycophenolate understand the risk of harm to the baby, the need for effective contraception, and the need to immediately consult their physician if there is a possibility of pregnancy.

### Contraception (see section 4.6)

Because of robust clinical evidence showing a high risk of abortion and congenital malformations when mycophenolate mofetil is used in pregnancy every effort to avoid pregnancy during treatment should be taken. Therefore women with childbearing potential must use at least one form of reliable

contraception (see section 4.3) before starting CellCept therapy, during therapy, and for six weeks after stopping the therapy, unless abstinence is the chosen method of contraception. Two complementary forms of contraception simultaneously are preferred to minimise the potential for contraceptive failure and unintended pregnancy.

For contraception advice for men see section 4.6.

#### Educational materials

In order to assist patients in avoiding foetal exposure to mycophenolate and to provide additional important safety information, the Marketing Authorisation holder will provide educational materials to healthcare professionals. The educational materials will reinforce the warnings about the teratogenicity of mycophenolate, provide advice on contraception before therapy is started and guidance on the need for pregnancy testing. Full patient information about the teratogenic risk and the pregnancy prevention measures should be given by the physician to women of childbearing potential and, as appropriate, to male patients.

#### Additional precautions

Patients should not donate blood during therapy or for at least 6 weeks following discontinuation of mycophenolate. Men should not donate semen during therapy or for 90 days following discontinuation of mycophenolate.

### **4.5 Interaction with other medicinal products and other forms of interaction**

#### Aciclovir

Higher aciclovir plasma concentrations were observed when mycophenolate mofetil was administered with aciclovir in comparison to the administration of aciclovir alone. The changes in MPAG (the phenolic glucuronide of MPA) pharmacokinetics (MPAG increased by 8%) were minimal and are not considered clinically significant. Because MPAG plasma concentrations are increased in the presence of renal impairment, as are aciclovir concentrations, the potential exists for mycophenolate mofetil and aciclovir, or its prodrugs, e.g. valaciclovir, to compete for tubular secretion, and further increases in concentrations of both substances may occur.

#### Medicinal products that interfere with enterohepatic circulation (e.g. cholestyramine, ciclosporin A, antibiotics)

Caution should be used with medicinal products that interfere with enterohepatic circulation because of their potential to reduce the efficacy of CellCept.

#### *Cholestyramine*

Following single dose, oral administration of 1.5 g of mycophenolate mofetil to normal healthy subjects pre-treated with 4 g TID of cholestyramine for 4 days, there was a 40% reduction in the AUC of MPA (see section 4.4, and section 5.2). Caution should be used during concomitant administration because of the potential to reduce efficacy of CellCept.

#### *Ciclosporin A*

Ciclosporin A (CsA) pharmacokinetics are unaffected by mycophenolate mofetil.

In contrast, if concomitant ciclosporin treatment is stopped, an increase in MPA AUC of around 30% should be expected. CsA interferes with MPA enterohepatic recycling, resulting in reduced MPA exposures by 30-50% in renal transplant patients treated with CellCept and CsA compared with patients receiving sirolimus or belatacept and similar doses of CellCept (see also section 4.4). Conversely, changes of MPA exposure should be expected when switching patients from CsA to one of the immunosuppressants which does not interfere with MPA's enterohepatic cycle.

Antibiotics eliminating  $\beta$ -glucuronidase-producing bacteria in the intestine (e.g. aminoglycoside, cephalosporin, fluoroquinolone, and penicillin classes of antibiotics) may interfere with MPAG/MPA enterohepatic recirculation thus leading to reduced systemic MPA exposure. Information concerning the following antibiotics is available:

#### *Ciprofloxacin or amoxicillin plus clavulanic acid*

Reductions in pre-dose (trough) MPA concentrations of about 50% have been reported in renal transplant recipients in the days immediately following commencement of oral ciprofloxacin or amoxicillin plus clavulanic acid. This effect tended to diminish with continued antibiotic use and to cease within a few days of antibiotic discontinuation. The change in predose level may not accurately represent changes in overall MPA exposure. Therefore, a change in the dose of CellCept should not normally be necessary in the absence of clinical evidence of graft dysfunction. However, close clinical monitoring should be performed during the combination and shortly after antibiotic treatment.

#### *Norfloxacin and metronidazole*

In healthy volunteers, no significant interaction was observed when CellCept was concomitantly administered with norfloxacin or metronidazole separately. However, norfloxacin and metronidazole combined reduced the MPA exposure by approximately 30% following a single dose of CellCept.

#### *Trimethoprim/sulfamethoxazole*

No effect on the bioavailability of MPA was observed.

#### Medicinal products that affect glucuronidation (e.g. isavuconazole, telmisartan)

Concomitant administration of drugs inhibiting glucuronidation of MPA may increase MPA exposure. Caution is therefore recommended when administering these drugs concomitantly with CellCept.

#### *Isavuconazole*

An increase of MPA  $AUC_{0-\infty}$  by 35% was observed with concomitant administration of isavuconazole.

#### *Telmisartan*

Concomitant administration of telmisartan and CellCept resulted in an approximately 30% decrease of MPA concentrations. Telmisartan changes MPA's elimination by enhancing PPAR gamma (peroxisome proliferator-activated receptor gamma) expression, which in turn results in an enhanced UGT1A9 expression and activity. When comparing rates of transplant rejection, rates of graft loss or adverse event profiles between CellCept patients with and without concomitant telmisartan medication, no clinical consequences of the pharmacokinetic drug-drug interaction were seen.

#### Ganciclovir

Based on the results of a single dose administration study of recommended doses of oral mycophenolate and IV ganciclovir and the known effects of renal impairment on the pharmacokinetics of CellCept (see section 4.2) and ganciclovir, it is anticipated that co-administration of these agents (which compete for mechanisms of renal tubular secretion) will result in increases in MPAG and ganciclovir concentration. No substantial alteration of MPA pharmacokinetics is anticipated and CellCept dose adjustment is not required. In patients with renal impairment in whom CellCept and ganciclovir or its prodrugs, e.g. valganciclovir, are co-administered, the dose recommendations for ganciclovir should be observed and patients should be monitored carefully.

#### Oral contraceptives

The pharmacokinetics and pharmacodynamics of oral contraceptives were unaffected by co-administration of CellCept (see also section 5.2).

#### Rifampicin

In patients not also taking ciclosporin, concomitant administration of CellCept and rifampicin resulted in a decrease in MPA exposure ( $AUC_{0-12h}$ ) of 18% to 70%. It is recommended to monitor MPA exposure levels and to adjust CellCept doses accordingly to maintain clinical efficacy when rifampicin is administered concomitantly.

#### Sevelamer

Decrease in MPA  $C_{max}$  and  $AUC(0-12h)$  by 30% and 25%, respectively, were observed when CellCept was concomitantly administered with sevelamer without any clinical consequences (i.e. graft rejection). It is recommended, however, to administer CellCept at least one hour before or three hours

after sevelamer intake to minimise the impact on the absorption of MPA. There are no data on CellCept with phosphate binders other than sevelamer.

#### Tacrolimus

In hepatic transplant patients initiated on CellCept and tacrolimus, the AUC and  $C_{max}$  of MPA, the active metabolite of CellCept, were not significantly affected by co-administration with tacrolimus. In contrast, there was an increase of approximately 20% in tacrolimus AUC when multiple doses of CellCept (1.5 g BID) were administered to hepatic transplant patients taking tacrolimus. However, in renal transplant patients, tacrolimus concentration did not appear to be altered by CellCept (see also section 4.4).

#### Live vaccines

Live vaccines should not be given to patients with an impaired immune response. The antibody response to other vaccines may be diminished (see also section 4.4).

#### Paediatric population

Interaction studies have only been performed in adults.

#### Potential interaction

Co-administration of probenecid with mycophenolate mofetil in monkeys raises plasma AUC of MPAG by 3-fold. Thus, other substances known to undergo renal tubular secretion may compete with MPAG, and thereby raise plasma concentrations of MPAG or the other substance undergoing tubular secretion.

### **4.6 Pregnancy and lactation**

#### Women of childbearing potential

Pregnancy whilst taking mycophenolate must be avoided. Therefore women of childbearing potential must use at least one form of reliable contraception (see section 4.3) before starting CellCept therapy, during therapy, and for six weeks after stopping the therapy, unless abstinence is the chosen method of contraception. Two complementary forms of contraception simultaneously are preferred.

#### Pregnancy

CellCept is contraindicated during pregnancy unless there is no suitable alternative treatment to prevent transplant rejection. Treatment should not be initiated without providing a negative pregnancy test result to rule out unintended use in pregnancy.

Female patients of reproductive potential must be made aware of the increased risk of pregnancy loss and congenital malformations at the beginning of the treatment and must be counselled regarding pregnancy prevention, and planning.

Before starting CellCept treatment, women of childbearing potential should have two negative serum or urine pregnancy tests with a sensitivity of at least 25 mIU/mL in order to exclude unintended exposure of the embryo to mycophenolate. It is recommended that the second test should be performed 8 – 10 days after the first test. For transplants from deceased donors, if it is not possible to perform two tests 8-10 days apart before treatment starts (because of the timing of transplant organ availability), a pregnancy test must be performed immediately before starting treatment and a further test performed 8-10 days later. 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.

Mycophenolate is a powerful human teratogen, with an increased risk of spontaneous abortions and congenital malformations in case of exposure during pregnancy;

- Spontaneous abortions have been reported in 45 to 49% of pregnant women exposed to mycophenolate mofetil, compared to a reported rate of between 12 and 33% in solid organ transplant patients treated with immunosuppressants other than mycophenolate mofetil.



- Based on literature reports, malformations occurred in 23 to 27% of live births in women exposed to mycophenolate mofetil during pregnancy (compared to 2 to 3 % of live births in the overall population and approximately 4 to 5% of live births in solid organ transplant recipients treated with immunosuppressants other than mycophenolate mofetil).

Congenital malformations, including reports of multiple malformations, have been observed post-marketing in children of patients exposed to CellCept during pregnancy in combination with other immunosuppressants. . The following malformations were most frequently reported:

- Abnormalities of the ear (e.g. abnormally formed or absent external ear), external auditory canal atresia (middle ear);
- Facial malformations such as cleft lip, cleft palate, micrognathia and hypertelorism of the orbits;
- Abnormalities of the eye (e.g. coloboma);
- Congenital heart disease such as atrial and ventricular septal defects;
- Malformations of the fingers (e.g. polydactyly, syndactyly);
- Tracheo-Oesophageal malformations (e.g. oesophageal atresia);
- Nervous system malformations such as spina bifida;
- Renal abnormalities.

In addition there have been isolated reports of the following malformations:

- Microphthalmia;
- congenital choroid plexus cyst;
- septum pellucidum agenesis;
- olfactory nerve agenesis.

Studies in animals have shown reproductive toxicity (see section 5.3).

#### Breast-feeding

Mycophenolate mofetil has been shown to be excreted in the milk of lactating rats. It is not known whether this substance is excreted in human milk. Because of the potential for serious adverse reactions to mycophenolate mofetil in breast-fed infants, CellCept is contraindicated in nursing mothers (see section 4.3).

#### Men

Limited clinical evidence does not indicate an increased risk of malformations or miscarriage following paternal exposure to mycophenolate mofetil.

MPA is a powerful teratogen. It is not known if MPA is present in semen. Calculations based on animal data show that the maximum amount of MPA that could potentially be transferred to woman is so low that it would be unlikely to have an effect. Mycophenolate has been shown to be genotoxic in animal studies at concentrations exceeding the human therapeutic exposures only by small margins such that the risk of genotoxic effects on sperm cells cannot completely be excluded.

Therefore, the following precautionary measures are recommended: sexually active male patients or their female partners are recommended to use reliable contraception during treatment of the male patient and for at least 90 days after cessation of mycophenolate mofetil. Male patients of reproductive potential should be made aware of and discuss the potential risks of fathering a child with a qualified health-care professional.

#### **4.7 Effects on ability to drive and use machines**

No studies on the effects on the ability to drive and use machines have been performed. The pharmacodynamic profile and the reported adverse reactions indicate that an effect is unlikely.

## 4.8 Undesirable effects

### The following undesirable effects cover adverse reactions from clinical trials

The principal adverse reactions associated with the administration of CellCept in combination with ciclosporin and corticosteroids include diarrhoea, leucopenia, sepsis and vomiting, and there is evidence of a higher frequency of certain types of infections (see section 4.4). The adverse reaction profile associated with the administration of CellCept 500 mg powder for concentrate for solution for infusion has been shown to be similar to that observed after oral administration.

#### *Malignancies*

Patients receiving immunosuppressive regimens involving combinations of medicinal products, including CellCept, are at increased risk of developing lymphomas and other malignancies, particularly of the skin (see section 4.4). Lymphoproliferative disease or lymphoma developed in 0.6% of patients receiving CellCept (2 g or 3 g daily) in combination with other immunosuppressants in controlled clinical trials of renal (2 g data), cardiac and hepatic transplant patients followed for at least 1 year. Non-melanoma skin carcinomas occurred in 3.6% of patients; other types of malignancy occurred in 1.1% of patients. Three-year safety data in renal and cardiac transplant patients did not reveal any unexpected changes in incidence of malignancy compared to the 1-year data. Hepatic transplant patients were followed for at least 1 year, but less than 3 years.

#### *Opportunistic infections*

All transplant patients are at increased risk of opportunistic infections; the risk increased with total immunosuppressive load (see section 4.4). The most common opportunistic infections in patients receiving CellCept (2 g or 3 g daily) with other immunosuppressants in controlled clinical trials in renal (2 g data), cardiac and hepatic transplant patients followed for at least 1 year were candida mucocutaneous, CMV viraemia/syndrome and Herpes simplex. The proportion of patients with CMV viraemia/syndrome was 13.5%.

#### *Elderly :*

Elderly patients ( $\geq 65$  years) may generally be at increased risk of adverse reactions due to immunosuppression. Elderly patients receiving CellCept as part of a combination immunosuppressive regimen, may be at increased risk of certain infections (including cytomegalovirus tissue invasive disease) and possibly gastrointestinal haemorrhage and pulmonary oedema, compared to younger individuals.

#### *Other adverse reactions*

The following data refer to the safety experience of oral CellCept in renal transplant patients. Data in hepatic transplant patients are based on i.v. dosing of CellCept for up to 14 days followed by oral dosing. Adverse reactions, probably or possibly related to CellCept, reported in  $\geq 1/10$  and in  $\geq 1/100$  to  $< 1/10$  of patients treated with CellCept in the controlled clinical trials of renal (2 g data) and hepatic transplant patients are listed in the following table.

### **Adverse Reactions, Probably or Possibly Related to CellCept, Reported in Patients Treated with CellCept in Renal and Hepatic Clinical Trials when Used in Combination with Ciclosporin and Corticosteroids**

Within the system organ classes, undesirable effects are listed under headings of frequency, using the following categories: very common ( $\geq 1/10$ ); common ( $\geq 1/100$  to  $< 1/10$ ); uncommon ( $\geq 1/1,000$  to  $< 1/100$ ); rare ( $\geq 1/10,000$  to  $< 1/1,000$ ); very rare ( $< 1/10,000$ ), not known (cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

System organ class		Adverse drug reactions
Infections and infestations	Very common	Sepsis, gastrointestinal candidiasis, urinary tract infection, herpes simplex, herpes zoster
	Common	Pneumonia, influenza, respiratory tract infection, respiratory moniliasis, gastrointestinal infection, candidiasis, gastroenteritis, infection, bronchitis, pharyngitis, sinusitis, fungal skin infection, skin candida, vaginal candidiasis, rhinitis
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	Very common	-
	Common	Skin cancer, benign neoplasm of skin
Blood and lymphatic system disorders	Very common	Leucopenia, thrombocytopenia, anaemia
	Common	Pancytopenia, leukocytosis
Metabolism and nutrition disorders	Very common	-
	Common	Acidosis, hyperkalaemia, hypokalaemia, hyperglycaemia, hypomagnesaemia, hypocalcaemia, hypercholesterolaemia, hyperlipidaemia, hypophosphataemia, anorexia
Psychiatric disorders	Very common	-
	Common	Depression, thinking abnormal, insomnia
Nervous system disorders	Very common	-
	Common	Convulsion, hypertonia, tremor, somnolence, headache, paraesthesia
Cardiac disorders	Very common	-
	Common	Tachycardia
Vascular disorders	Very common	-
	Common	Hypotension, hypertension
Respiratory, thoracic and mediastinal disorders	Very common	-
	Common	Pleural effusion, dyspnoea, cough
Gastrointestinal disorders	Very common	Vomiting, abdominal pain, diarrhoea, nausea
	Common	Gastrointestinal haemorrhage, peritonitis, ileus, colitis, gastric ulcer, duodenal ulcer, gastritis, oesophagitis, stomatitis, constipation, dyspepsia, flatulence
Hepatobiliary disorders	Very common	-
	Common	Hepatitis
Skin and subcutaneous tissue disorders	Very common	-
	Common	Rash, acne, alopecia,
Musculoskeletal and connective tissue disorders	Very common	-
	Common	Arthralgia
Renal and urinary disorders	Very common	-
	Common	Renal impairment
General disorders and administration site conditions	Very common	-
	Common	Oedema, pyrexia, chills, pain, malaise, asthenia,
Investigations	Very common	-
	Common	Hepatic enzyme increased, blood creatinine increased, blood lactate dehydrogenase increased, blood alkaline phosphatase increased, weight decreased

Note: 501 (2 g CellCept daily) and 277 (2 g IV / 3 g oral CellCept daily) patients were treated in Phase III studies for the prevention of rejection in renal and hepatic transplantation, respectively.

Adverse reactions attributable to peripheral venous infusion were phlebitis and thrombosis, both observed at 4% in patients treated with CellCept 500 mg powder for concentrate for solution for infusion.

#### The following undesirable effects cover adverse reactions from post-marketing experience

Adverse reactions reported during post-marketing with CellCept are similar to those seen in the controlled renal and hepatic transplant studies. Additional adverse reactions reported during post-marketing experience with CellCept are described below with the frequencies reported within brackets if known.

##### *Gastrointestinal*

Gingival hyperplasia ( $\geq 1/100$  to  $< 1/10$ ), colitis including cytomegalovirus colitis, ( $\geq 1/100$  to  $< 1/10$ ), pancreatitis ( $\geq 1/100$  to  $< 1/10$ ) and intestinal villous atrophy.

##### *Infections*

Serious life-threatening infections including meningitis, endocarditis tuberculosis and atypical mycobacterial infection.

Cases of BK virus associated nephropathy, as well as cases of JC virus associated progressive multifocal leucoencephalopathy (PML), have been reported in patients treated with immunosuppressants, including CellCept.

Agranulocytosis ( $\geq 1/1000$  to  $< 1/100$ ) and neutropenia have been reported; therefore regular monitoring of patients taking CellCept is advised (see section 4.4). There have been reports of aplastic anaemia and bone marrow depression in patients treated with CellCept, some of which have been fatal.

##### *Blood and lymphatic system disorder*

Cases of pure red cell aplasia (PRCA) have been reported in patients treated with CellCept (see section 4.4).

Isolated cases of abnormal neutrophil morphology, including the acquired Pelger-Huet anomaly, have been observed in patients treated with CellCept. These changes are not associated with impaired neutrophil function. These changes may suggest a 'left shift' in the maturity of neutrophils in haematological investigations, which may be mistakenly interpreted as a sign of infection in immunosuppressed patients such as those that receive CellCept.

##### *Hypersensitivity*

Hypersensitivity reactions, including angioneurotic oedema and anaphylactic reaction, have been reported.

##### *Pregnancy, puerperium and perinatal conditions*

Cases of spontaneous abortions have been reported in patients exposed to mycophenolate mofetil, mainly in the first trimester, see section 4.6.

##### *Congenital disorders*

Congenital malformations have been observed post-marketing in children of patients exposed to CellCept in combination with other immunosuppressants, see section 4.6.

##### *Respiratory, thoracic and mediastinal disorders*

There have been isolated reports of interstitial lung disease and pulmonary fibrosis in patients treated with CellCept in combination with other immunosuppressants, some of which have been fatal. There have also been reports of bronchiectasis in children and adults (frequency not known).

##### *Immune system disorders*

Hypogammaglobulinaemia has been reported in patients receiving CellCept in combination with other immunosuppressants (frequency not known).

## Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

### **4.9 Overdose**

Reports of overdoses with mycophenolate mofetil have been received from clinical trials and during post-marketing experience. In many of these cases, no adverse events were reported. In those overdose cases in which adverse events were reported, the events fall within the known safety profile of the medicinal product.

It is expected that an overdose of mycophenolate mofetil could possibly result in over suppression of the immune system and increase susceptibility to infections and bone marrow suppression (see section 4.4). If neutropenia develops, dosing with CellCept should be interrupted or the dose reduced (see section 4.4).

Haemodialysis would not be expected to remove clinically significant amounts of MPA or MPAG. Bile acid sequestrants, such as cholestyramine, can remove MPA by decreasing the enterohepatic recirculation of the drug (see section 5.2).

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: immunosuppressive agents ATC code L04AA06

#### Mechanism of action

Mycophenolate mofetil is the 2-morpholinoethyl ester of MPA. MPA is a potent, selective, uncompetitive and reversible inhibitor of inosine monophosphate dehydrogenase, and therefore inhibits the *de novo* pathway of guanosine nucleotide synthesis without incorporation into DNA. Because T- and B-lymphocytes are critically dependent for their proliferation on *de novo* synthesis of purines whereas other cell types can utilise salvage pathways, MPA has more potent cytostatic effects on lymphocytes than on other cells.

### **5.2 Pharmacokinetic properties**

#### Distribution

Following intravenous administration, mycophenolate mofetil undergoes rapid and complete metabolism to the active metabolite, MPA. The parent substance mycophenolate mofetil can be measured systemically during intravenous infusion. MPA at clinically relevant concentrations is 97% bound to plasma albumin.

As a result of enterohepatic recirculation, secondary increases in plasma MPA concentration are usually observed at approximately 6 – 12 hours post-dose. A reduction in the AUC of MPA of approximately 40% is associated with the co-administration of cholestyramine (4 g TID), indicating that there is a significant amount of enterohepatic recirculation.

#### Biotransformation

MPA is metabolised principally by glucuronyl transferase (isoform UGT1A9) to form the inactive phenolic glucuronide of MPA (MPAG). *In vivo*, MPAG is converted back to free MPA via enterohepatic recirculation. A minor acylglucuronide (AcMPAG) is also formed. AcMPAG is

pharmacologically active and is suspected to be responsible for some of MMF's side effects (diarrhoea, leucopenia).

### Elimination

A negligible amount of substance is excreted as MPA (< 1% of dose) in the urine. Oral administration of radiolabelled mycophenolate mofetil results in complete recovery of the administered dose, with 93% of the administered dose recovered in the urine and 6% recovered in faeces. Most (about 87%) of the administered dose is excreted in the urine as MPAG.

At clinically encountered concentrations, MPA and MPAG are not removed by haemodialysis. However, at high MPAG plasma concentrations (> 100µg/mL), small amounts of MPAG are removed. By interfering with enterohepatic circulation of the drug, bile acid sequestrants such as cholestyramine, reduce MPA AUC (see section 4.9).

MPA's disposition depends on several transporters. Organic anion-transporting polypeptides (OATPs) and multidrug resistance-associated protein 2 (MRP2) are involved in MPA's disposition; OATP isoforms, MRP2 and breast cancer resistance protein (BCRP) are transporters associated with the glucuronides' biliary excretion. Multidrug resistance protein 1 (MDR1) is also able to transport MPA, but its contribution seems to be confined to the absorption process. In the kidney MPA and its metabolites potentially interact with renal organic anion transporters.

In the early post-transplant period (< 40 days post-transplant), renal, cardiac and hepatic transplant patients had mean MPA AUCs approximately 30% lower and  $C_{max}$  approximately 40% lower compared to the late post-transplant period (3 – 6 months post-transplant).

### Equivalence with oral dosage forms

MPA AUC values obtained following administration of 1 g BID intravenous CellCept to renal transplant patients in the early post-transplant phase are comparable to those observed following 1 g BID oral CellCept. In hepatic transplant patients, administration of 1 g BID intravenous CellCept followed by 1.5 g BID oral CellCept resulted in MPA AUC values similar to those found in renal transplant patients administered 1 g CellCept BID.

### Special populations

#### *Renal impairment*

In a single dose study (6 subjects/group), mean plasma MPA AUC observed in subjects with severe chronic renal impairment (glomerular filtration rate < 25 mL/min/1.73 m<sup>2</sup>) were 28 – 75% higher relative to the means observed in normal healthy subjects or subjects with lesser degrees of renal impairment. The mean single dose MPAG AUC was 3 – 6 fold higher in subjects with severe renal impairment than in subjects with mild renal impairment or normal healthy subjects, consistent with the known renal elimination of MPAG. Multiple dosing of mycophenolate mofetil in patients with severe chronic renal impairment has not been studied. No data are available for hepatic transplant patients with severe chronic renal impairment.

#### *Delayed renal graft function*

In patients with delayed renal graft function post-transplant, mean MPA AUC (0–12h) was comparable to that seen in post-transplant patients without delayed graft function. Mean plasma MPAG AUC (0-12h) was 2 – 3-fold higher than in post-transplant patients without delayed graft function. There may be a transient increase in the free fraction and concentration of plasma MPA in patients with delayed renal graft function. Dose adjustment of CellCept does not appear to be necessary.

#### *Hepatic impairment*

In volunteers with alcoholic cirrhosis, hepatic MPA glucuronidation processes were relatively unaffected by hepatic parenchymal disease. Effects of hepatic disease on this process probably depend

on the particular disease. However, hepatic disease with predominantly biliary damage, such as primary biliary cirrhosis, may show a different effect.

#### *Elderly* :

Pharmacokinetic behaviour of CellCept in the elderly ( $\geq 65$  years) has not been formally evaluated.

#### *Patients taking oral contraceptives*

A study of the co-administration of CellCept (1 g bid) and combined oral contraceptives containing ethinylestradiol (0.02 mg to 0.04 mg) and levonorgestrel (0.05 mg to 0.15 mg), desogestrel (0.15 mg) or gestodene (0.05 mg to 0.10 mg) conducted in 18 non-transplant women (not taking other immunosuppressants) over 3 consecutive menstrual cycles showed no clinically relevant influence of CellCept on the ovulation suppressing action of the oral contraceptives. Serum levels of LH, FSH and progesterone were not significantly affected. The pharmacokinetics of oral contraceptives were unaffected by co-administration of CellCept (see also section 4.5).

### **5.3 Preclinical safety data**

In experimental models, mycophenolate mofetil was not tumourigenic. The highest dose tested in the animal carcinogenicity studies resulted in approximately 2 – 3 times the systemic exposure (AUC or  $C_{max}$ ) observed in renal transplant patients at the recommended clinical dose of 2 g/day.

Two genotoxicity assays (*in vitro* mouse lymphoma assay and *in vivo* mouse bone marrow micronucleus test) showed a potential of mycophenolate mofetil to cause chromosomal aberrations. These effects can be related to the pharmacodynamic mode of action, i.e. inhibition of nucleotide synthesis in sensitive cells. Other *in vitro* tests for detection of gene mutation did not demonstrate genotoxic activity.

Mycophenolate mofetil had no effect on fertility of male rats at oral doses up to 20 mg/kg/day. The systemic exposure at this dose represents 2 – 3 times the clinical exposure at the recommended clinical dose of 2 g/day. In a female fertility and reproduction study conducted in rats, oral doses of 4.5 mg/kg/day caused malformations (including anophthalmia, agnathia, and hydrocephaly) in the first generation offspring in the absence of maternal toxicity. The systemic exposure at this dose was approximately 0.5 times the clinical exposure at the recommended clinical dose of 2 g/day. No effects on fertility or reproductive parameters were evident in the dams or in the subsequent generation.

In teratology studies in rats and rabbits, foetal resorptions and malformations occurred in rats at 6 mg/kg/day (including anophthalmia, agnathia, and hydrocephaly) and in rabbits at 90 mg/kg/day (including cardiovascular and renal anomalies, such as ectopia cordis and ectopic kidneys, and diaphragmatic and umbilical hernia), in the absence of maternal toxicity. The systemic exposure at these levels is approximately equivalent to or less than 0.5 times the clinical exposure at the recommended clinical dose of 2 g/day (see section 4.6).

The haematopoietic and lymphoid systems were the primary organs affected in toxicology studies conducted with mycophenolate mofetil in the rat, mouse, dog and monkey. These effects occurred at systemic exposure levels that are equivalent to or less than the clinical exposure at the recommended dose of 2 g/day. Gastrointestinal effects were observed in the dog at systemic exposure levels equivalent to or less than the clinical exposure at the recommended dose. Gastrointestinal and renal effects consistent with dehydration were also observed in the monkey at the highest dose (systemic exposure levels equivalent to or greater than clinical exposure). The nonclinical toxicity profile of mycophenolate mofetil appears to be consistent with adverse events observed in human clinical trials which now provide safety data of more relevance to the patient population (see section 4.8).

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

#### CellCept 500 mg powder for concentrate for solution for infusion

polysorbate 80  
citric acid  
hydrochloric acid  
sodium chloride

### 6.2 Incompatibilities

CellCept 500 mg powder for concentrate for solution for infusion solution should not be mixed or administered concurrently via the same catheter with other intravenous medicinal products or infusion admixtures.

This medicinal product must not be mixed with other medicinal products except those mentioned in section 6.6.

### 6.3 Shelf-life

Powder for concentrate for solution for infusion: 3 years.

Reconstituted solution and infusion solution: If the infusion solution is not prepared immediately prior to administration, the commencement of administration of the infusion solution should be within 3 hours from reconstitution and dilution of the medicinal product.

### 6.4 Special precautions for storage

Powder for concentrate for solution for infusion: Do not store above 30 °C.

Reconstituted solution and infusion solution: Store at 15 – 30°C.

### 6.5 Nature and contents of container

20 mL type I clear glass vials with grey butyl rubber stopper and aluminium seals with plastic flip-off caps. CellCept 500 mg powder for concentrate for solution for infusion is available in packs containing 4 vials.

### 6.6 Special precautions for disposal and other handling

#### Preparation of Infusion Solution (6 mg/mL)

CellCept 500 mg powder for concentrate for solution for infusion does not contain an antibacterial preservative; therefore, reconstitution and dilution of the product must be performed under aseptic conditions.

CellCept 500 mg powder for concentrate for solution for infusion must be prepared in two steps: the first step is a reconstitution step with glucose intravenous infusion 5% and the second step is a dilution step with glucose intravenous infusion 5%. A detailed description of the preparation is given below:

#### Step 1

- a. Two vials of CellCept 500 mg powder for concentrate for solution for infusion are used for preparing each 1 g dose. Reconstitute the content of each vial by injecting 14 mL of glucose intravenous infusion 5%.
- b. Gently shake the vial to dissolve the medicinal product yielding a slightly yellow solution.



c. Inspect the resulting solution for particulate matter and discoloration prior to further dilution. Discard the vial if particulate matter or discoloration is observed.

#### Step 2

a. Further dilute the content of the two reconstituted vials (approx. 2 x 15 mL) into 140 mL of glucose intravenous infusion 5%. The final concentration of the solution is 6 mg/mL mycophenolate mofetil.

b. Inspect the infusion solution for particulate matter or discoloration. Discard the infusion solution if particulate matter or discoloration is observed.

If the infusion solution is not prepared immediately prior to administration, the commencement of administration of the infusion solution should be within 3 hours from reconstitution and dilution of the medicinal product. Keep solutions at 15 – 30° C.

Any unused product or waste material should be disposed of in accordance with local requirements.

### **7. MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

### **8. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/005 CellCept (4 vials)

### **9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 14 February 1996

Date of latest renewal: 13 March 2006

### **10. DATE OF REVISION OF THE TEXT**

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>

## 1. NAME OF THE MEDICINAL PRODUCT

CellCept 1 g/5 ml powder for oral suspension.

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each bottle contains 35 g mycophenolate mofetil in 110 g powder for oral suspension. 5 mL of the reconstituted suspension contains 1 g of mycophenolate mofetil.

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Powder for oral suspension.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

CellCept 1 g/5 ml powder for oral suspension is indicated in combination with ciclosporin and corticosteroids for the prophylaxis of acute transplant rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.

### 4.2 Posology and method of administration

Treatment with CellCept should be initiated and maintained by appropriately qualified transplant specialists.

#### Posology

##### *Use in renal transplant*

##### Adults

Oral CellCept 1 g/5 ml powder for oral suspension should be initiated within 72 hours following transplantation. The recommended dose in renal transplant patients is 1 g administered twice daily (2 g daily dose), i.e. 5 mL oral suspension twice daily.

##### Paediatric population aged 2 to 18 years

The recommended dose of CellCept 1 g/5 ml powder for oral suspension is 600 mg/m<sup>2</sup> administered twice daily (up to a maximum of 2 g/10 mL oral suspension daily). As some adverse reactions occur with greater frequency in this age group (see section 4.8) compared with adults, temporary dose reduction or interruption may be required; these will need to take into account relevant clinical factors including severity of reaction.

##### Paediatric population < 2 years

There are limited safety and efficacy data in children below the age of 2 years. These are insufficient to make dosage recommendations, and therefore use in this age group is not recommended.

##### *Use in cardiac transplant*

##### Adults

Oral CellCept should be initiated within 5 days following transplantation. The recommended dose in cardiac transplant patients is 1.5 g administered twice daily (3 g daily dose).

Paediatric population

No data are available for paediatric cardiac transplant patients.

#### *Use in hepatic transplant*

Adults

IV CellCept should be administered for the first 4 days following hepatic transplant, with oral CellCept initiated as soon after this as it can be tolerated. The recommended oral dose in hepatic transplant patients is 1.5 g administered twice daily (3 g daily dose).

Paediatric population

No data are available for paediatric hepatic transplant patients.

#### *Use in special populations*

##### Elderly

The recommended dose of 1 g administered twice a day for renal transplant patients and 1.5 g twice a day for cardiac or hepatic transplant patients is appropriate for the elderly.

##### Renal impairment

In renal transplant patients with severe chronic renal impairment (glomerular filtration rate  $< 25 \text{ mL/min/1.73 m}^2$ ), outside the immediate post-transplant period, doses greater than 1 g administered twice a day should be avoided. These patients should also be carefully observed. No dose adjustments are needed in patients experiencing delayed renal graft function post-operatively. (see section 5.2). No data are available for cardiac or hepatic transplant patients with severe chronic renal impairment.

##### Severe hepatic impairment

No dose adjustments are needed for renal transplant patients with severe hepatic parenchymal disease. No data are available for cardiac transplant patients with severe hepatic parenchymal disease.

##### Treatment during rejection episodes

Mycophenolic acid (MPA) is the active metabolite of mycophenolate mofetil. Renal transplant rejection does not lead to changes in MPA pharmacokinetics; dosage reduction or interruption of CellCept is not required. There is no basis for CellCept dose adjustment following cardiac transplant rejection. No pharmacokinetic data are available during hepatic transplant rejection.

##### Method of administration

Oral administration.

*Note:* If required, CellCept 1 g/5 ml powder for oral suspension can be administered via a nasogastric tube with a minimum size of 8 French (minimum 1.7 mm interior diameter).

##### *Precautions to be taken before handling or administering the medicinal product.*

Because mycophenolate mofetil has demonstrated teratogenic effects in rats and rabbits, avoid inhalation or direct contact with skin or mucous membranes of the dry powder as well as direct contact of the reconstituted suspension with the skin. If such contact occurs, wash thoroughly with soap and water; rinse eyes with plain water.

For instruction on reconstitution of the medicinal product before administration, see section 6.6.

### **4.3 Contraindications**

- CellCept should not be given to patients with hypersensitivity to mycophenolate mofetil, mycophenolic acid or to any of the excipients listed in section 6.1. Hypersensitivity reactions to CellCept have been observed (see section 4.8).

- CellCept should not be given to women of childbearing potential who are not using highly effective contraception (see section 4.6).
- CellCept treatment should not be initiated in women of child bearing potential without providing a pregnancy test result to rule out unintended use in pregnancy (see section 4.6).
- CellCept should not be used in pregnancy unless there is no suitable alternative treatment to prevent transplant rejection (see section 4.6).
- CellCept should not be given to women who are breastfeeding (see section 4.6).

#### **4.4 Special warnings and precautions for use**

##### Neoplasms

Patients receiving immunosuppressive regimens involving combinations of medicinal products, including CellCept, are at increased risk of developing lymphomas and other malignancies, particularly of the skin (see section 4.8). The risk appears to be related to the intensity and duration of immunosuppression rather than to the use of any specific agent. As general advice to minimise the risk for skin cancer, exposure to sunlight and UV light should be limited by wearing protective clothing and using a sunscreen with a high protection factor.

##### Infections

Patients treated with immunosuppressants, including CellCept, are at increased risk for opportunistic infections (bacterial, fungal, viral and protozoal), fatal infections and sepsis (see section 4.8). Such infections include latent viral reactivation, such as hepatitis B or hepatitis C reactivation and infections caused by polyomaviruses (BK virus associated nephropathy, JC virus associated progressive multifocal leukoencephalopathy PML). Cases of hepatitis due to reactivation of hepatitis B or hepatitis C have been reported in carrier patients treated with immunosuppressants. These infections are often related to a high total immunosuppressive burden and may lead to serious or fatal conditions that physicians should consider in the differential diagnosis in immunosuppressed patients with deteriorating renal function or neurological symptoms.

There have been reports of hypogammaglobulinaemia in association with recurrent infections in patients receiving CellCept in combination with other immunosuppressants. In some of these cases switching CellCept to an alternative immunosuppressant resulted in serum IgG levels returning to normal. Patients on CellCept who develop recurrent infections should have their serum immunoglobulins measured. In cases of sustained, clinically relevant hypogammaglobulinaemia, appropriate clinical action should be considered taking into account the potent cytostatic effects that mycophenolic acid has on T- and B-lymphocytes.

There have been published reports of bronchiectasis in adults and children who received CellCept in combination with other immunosuppressants. In some of these cases switching CellCept to another immunosuppressant resulted in improvement in respiratory symptoms. The risk of bronchiectasis may be linked to hypogammaglobulinaemia or to a direct effect on the lung. There have also been isolated reports of interstitial lung disease and pulmonary fibrosis, some of which were fatal (see section 4.8). It is recommended that patients who develop persistent pulmonary symptoms, such as cough and dyspnoea, are investigated.

##### Blood and immune system

Patients receiving CellCept should be monitored for neutropenia, which may be related to CellCept itself, concomitant medications, viral infections, or some combination of these causes. Patients taking CellCept should have complete blood counts weekly during the first month, twice monthly for the second and third months of treatment, then monthly through the first year. If neutropenia develops (absolute neutrophil count  $< 1.3 \times 10^3/\mu\text{l}$ ), it may be appropriate to interrupt or discontinue CellCept.

Cases of pure red cell aplasia (PRCA) have been reported in patients treated with CellCept in combination with other immunosuppressants. The mechanism for mycophenolate mofetil induced PRCA is unknown. PRCA may resolve with dose reduction or cessation of CellCept therapy. Changes to CellCept therapy should only be undertaken under appropriate supervision in transplant recipients in order to minimise the risk of graft rejection (see section 4.8).

Patients receiving CellCept should be instructed to report immediately any evidence of infection, unexpected bruising, bleeding or any other manifestation of bone marrow depression.

Patients should be advised that during treatment with CellCept, vaccinations may be less effective, and the use of live attenuated vaccines should be avoided (see section 4.5). Influenza vaccination may be of value. Prescribers should refer to national guidelines for influenza vaccination.

### Gastro-intestinal

CellCept has been associated with an increased incidence of digestive system adverse events, including infrequent cases of gastrointestinal tract ulceration, haemorrhage and perforation. CellCept should be administered with caution in patients with active serious digestive system disease.

CellCept is an IMPDH (inosine monophosphate dehydrogenase) inhibitor. Therefore, it should be avoided in patients with rare hereditary deficiency of hypoxanthine-guanine phosphoribosyl-transferase (HGPRT) such as Lesch-Nyhan and Kelley-Seegmiller syndrome.

### Interactions

Caution should be exercised when switching combination therapy from regimens containing immunosuppressants, which interfere with MPA enterohepatic recirculation, e.g. ciclosporin, to others devoid of this effect, e.g. tacrolimus, sirolimus, belatacept, or vice versa, as this might result in changes of MPA exposure. Drugs which interfere with MPA's enterohepatic cycle (e.g. cholestyramine, antibiotics) should be used with caution due to their potential to reduce plasma levels and efficacy of CellCept (see also section 4.5). Therapeutic drug monitoring of MPA may be appropriate when switching combination therapy (e.g. from ciclosporin to tacrolimus or vice versa) or to ensure adequate immunosuppression in patients with high immunological risk (e.g. risk of rejection, treatment with antibiotics).

It is recommended that CellCept should not be administered concomitantly with azathioprine because such concomitant administration has not been studied.

CellCept 1 g/5 ml powder for oral suspension contains aspartame. Therefore, care should be taken if CellCept 1 g/5 ml powder for oral suspension is administered to patients with phenylketonuria (see section 6.1)

The risk/benefit ratio of mycophenolate mofetil in combination with sirolimus has not been established (see also section 4.5).

This medicinal product contains sorbitol. Patients with rare hereditary problems of fructose intolerance should not take this medicine.

### Special populations

Elderly patients may be at an increased risk of adverse events such as certain infections (including cytomegalovirus tissue invasive disease) and possibly gastrointestinal haemorrhage and pulmonary oedema, compared with younger individuals (see section 4.8).

## Teratogenic effects

Mycophenolate is a powerful human teratogen. Spontaneous abortion (rate of 45% to 49%) and congenital malformations (estimated rate of 23% to 27%) have been reported following MMF exposure during pregnancy. Therefore CellCept is contraindicated in pregnancy unless there are no suitable alternative treatments to prevent transplant rejection. Female patients of childbearing potential should be made aware of the risks and follow the recommendations provided in section 4.6 (e.g. contraceptive methods, pregnancy testing) prior to, during, and after therapy with CellCept. Physicians should ensure that women taking mycophenolate understand the risk of harm to the baby, the need for effective contraception, and the need to immediately consult their physician if there is a possibility of pregnancy.

## Contraception (see section 4.6)

Because of robust clinical evidence showing a high risk of abortion and congenital malformations when mycophenolate mofetil is used in pregnancy every effort to avoid pregnancy during treatment should be taken. Therefore women with childbearing potential must use at least one form of reliable contraception (see section 4.3) before starting CellCept therapy, during therapy, and for six weeks after stopping the therapy, unless abstinence is the chosen method of contraception. Two complementary forms of contraception simultaneously are preferred to minimise the potential for contraceptive failure and unintended pregnancy.

For contraception advice for men see section 4.6.

## Educational materials

In order to assist patients in avoiding foetal exposure to mycophenolate and to provide additional important safety information, the Marketing Authorisation holder will provide educational materials to healthcare professionals. The educational materials will reinforce the warnings about the teratogenicity of mycophenolate, provide advice on contraception before therapy is started and guidance on the need for pregnancy testing. Full patient information about the teratogenic risk and the pregnancy prevention measures should be given by the physician to women of childbearing potential and, as appropriate, to male patients.

## Additional precautions

Patients should not donate blood during therapy or for at least 6 weeks following discontinuation of mycophenolate. Men should not donate semen during therapy or for 90 days following discontinuation of mycophenolate.

## **4.5 Interaction with other medicinal products and other forms of interaction**

### Aciclovir

Higher aciclovir plasma concentrations were observed when mycophenolate mofetil was administered with aciclovir in comparison to the administration of aciclovir alone. The changes in MPAG (the phenolic glucuronide of MPA) pharmacokinetics (MPAG increased by 8%) were minimal and are not considered clinically significant. Because MPAG plasma concentrations are increased in the presence of renal impairment, as are aciclovir concentrations, the potential exists for mycophenolate mofetil and aciclovir, or its prodrugs, e.g. valaciclovir, to compete for tubular secretion and further increases in concentrations of both substances may occur.

### Antacids and proton pump inhibitors (PPIs)

Decreased MPA exposure has been observed when antacids, such as magnesium and aluminium hydroxides, and PPIs, including lansoprazole and pantoprazole, were administered with CellCept. When comparing rates of transplant rejection or rates of graft loss between CellCept patients taking PPIs vs. CellCept patients not taking PPIs, no significant differences were seen. These data support extrapolation of this finding to all antacids because the reduction in exposure when CellCept was co-

administered with magnesium and aluminium hydroxides is considerably less than when CellCept was co-administered with PPIs.

Medicinal products that interfere with enterohepatic circulation (e.g. cholestyramine, ciclosporin A, antibiotics)

Caution should be used with medicinal products that interfere with enterohepatic circulation because of their potential to reduce the efficacy of CellCept.

*Cholestyramine*

Following single dose administration of 1.5 g of mycophenolate mofetil to normal healthy subjects pre-treated with 4 g TID of cholestyramine for 4 days, there was a 40% reduction in the AUC of MPA. (see section 4.4, and section 5.2). Caution should be used during concomitant administration because of the potential to reduce efficacy of CellCept.

*Ciclosporin A*

Ciclosporin A (CsA) pharmacokinetics are unaffected by mycophenolate mofetil.

In contrast, if concomitant ciclosporin treatment is stopped, an increase in MPA AUC of around 30% should be expected. CsA interferes with MPA enterohepatic recycling, resulting in reduced MPA exposures by 30-50% in renal transplant patients treated with CellCept and CsA compared with patients receiving sirolimus or belatacept and similar doses of CellCept (see also section 4.4).

Conversely, changes of MPA exposure should be expected when switching patients from CsA to one of the immunosuppressants which does not interfere with MPA's enterohepatic cycle.

Antibiotics eliminating  $\beta$ -glucuronidase-producing bacteria in the intestine (e.g. aminoglycoside, cephalosporin, fluoroquinolone, and penicillin classes of antibiotics) may interfere with MPAG/MPA enterohepatic recirculation thus leading to reduced systemic MPA exposure. Information concerning the following antibiotics is available:

*Ciprofloxacin or amoxicillin plus clavulanic acid*

Reductions in pre-dose (trough) MPA concentrations of about 50% have been reported in renal transplant recipients in the days immediately following commencement of oral ciprofloxacin or amoxicillin plus clavulanic acid. This effect tended to diminish with continued antibiotic use and to cease within a few days of antibiotic discontinuation. The change in predose level may not accurately represent changes in overall MPA exposure. Therefore, a change in the dose of CellCept should not normally be necessary in the absence of clinical evidence of graft dysfunction. However, close clinical monitoring should be performed during the combination and shortly after antibiotic treatment.

*Norfloxacin and metronidazole*

In healthy volunteers, no significant interaction was observed when CellCept was concomitantly administered with norfloxacin or metronidazole separately. However, norfloxacin and metronidazole combined reduced the MPA exposure by approximately 30% following a single dose of CellCept.

*Trimethoprim/sulfamethoxazole*

No effect on the bioavailability of MPA was observed.

Medicinal products that affect glucuronidation (e.g. isavuconazole, telmisartan)

Concomitant administration of drugs inhibiting glucuronidation of MPA may increase MPA exposure. Caution is therefore recommended when administering these drugs concomitantly with CellCept.

*Isavuconazole*

An increase of MPA AUC<sub>0-∞</sub> by 35% was observed with concomitant administration of isavuconazole.

*Telmisartan*

Concomitant administration of telmisartan and CellCept resulted in an approximately 30% decrease of MPA concentrations. Telmisartan changes MPA's elimination by enhancing PPAR gamma (peroxisome proliferator-activated receptor gamma) expression, which in turn results in an enhanced UGT1A9 expression and activity. When comparing rates of transplant rejection, rates of graft loss or

adverse event profiles between CellCept patients with and without concomitant telmisartan medication, no clinical consequences of the pharmacokinetic drug-drug interaction were seen.

#### Ganciclovir

Based on the results of a single dose administration study of recommended doses of oral mycophenolate and IV ganciclovir and the known effects of renal impairment on the pharmacokinetics of CellCept (see section 4.2) and ganciclovir, it is anticipated that co-administration of these agents (which compete for mechanisms of renal tubular secretion) will result in increases in MPAG and ganciclovir concentration. No substantial alteration of MPA pharmacokinetics is anticipated and CellCept dose adjustment is not required. In patients with renal impairment in whom CellCept and ganciclovir or its prodrugs, e.g. valganciclovir, are co-administered, the dose recommendations for ganciclovir should be observed and patients should be monitored carefully.

#### Oral contraceptives

The pharmacokinetics and pharmacodynamics of oral contraceptives were unaffected by co-administration of CellCept (see also section 5.2).

#### Rifampicin

In patients not also taking ciclosporin, concomitant administration of CellCept and rifampicin resulted in a decrease in MPA exposure ( $AUC_{0-12h}$ ) of 18% to 70%. It is recommended to monitor MPA exposure levels and to adjust CellCept doses accordingly to maintain clinical efficacy when rifampicin is administered concomitantly.

#### Sevelamer

Decrease in MPA  $C_{max}$  and AUC (0-12h) by 30% and 25%, respectively, were observed when CellCept was concomitantly administered with sevelamer without any clinical consequences (i.e. graft rejection). It is recommended, however, to administer CellCept at least one hour before or three hours after sevelamer intake to minimise the impact on the absorption of MPA. There are no data on CellCept with phosphate binders other than sevelamer.

#### Tacrolimus

In hepatic transplant patients initiated on CellCept and tacrolimus, the AUC and  $C_{max}$  of MPA, the active metabolite of CellCept, were not significantly affected by co-administration with tacrolimus. In contrast, there was an increase of approximately 20% in tacrolimus AUC when multiple doses of CellCept (1.5 g BID) were administered to hepatic transplant patients taking tacrolimus. However, in renal transplant patients, tacrolimus concentration did not appear to be altered by CellCept (see also section 4.4).

#### Live vaccines

Live vaccines should not be given to patients with an impaired immune response. The antibody response to other vaccines may be diminished (see also section 4.4).

#### Paediatric population

Interaction studies have only been performed in adults.

#### Potential interaction

Co-administration of probenecid with mycophenolate mofetil in monkeys raises plasma AUC of MPAG by 3-fold. Thus, other substances known to undergo renal tubular secretion may compete with MPAG, and thereby raise plasma concentrations of MPAG or the other substance undergoing tubular secretion.

### **4.6 Pregnancy and lactation**

#### Women of childbearing potential

Pregnancy whilst taking mycophenolate must be avoided. Therefore women of childbearing potential must use at least one form of reliable contraception (see section 4.3) before starting CellCept therapy,



during therapy, and for six weeks after stopping the therapy, unless abstinence is the chosen method of contraception. Two complementary forms of contraception simultaneously are preferred.

### Pregnancy

CellCept is contraindicated during pregnancy unless there is no suitable alternative treatment to prevent transplant rejection. Treatment should not be initiated without providing a negative pregnancy test result to rule out unintended use in pregnancy.

Female patients of reproductive potential must be made aware of the increased risk of pregnancy loss and congenital malformations at the beginning of the treatment and must be counseled regarding pregnancy prevention, and planning.

Before starting CellCept treatment, women of childbearing potential should have two negative serum or urine pregnancy tests with a sensitivity of at least 25 mIU/mL in order to exclude unintended exposure of the embryo to mycophenolate. It is recommended that the second test should be performed 8 – 10 days after the first test. For transplants from deceased donors, if it is not possible to perform two tests 8-10 days apart before treatment starts (because of the timing of transplant organ availability), a pregnancy test must be performed immediately before starting treatment and a further test performed 8-10 days later. 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.

Mycophenolate is a powerful human teratogen, with an increased risk of spontaneous abortions and congenital malformations in case of exposure during pregnancy;

- Spontaneous abortions have been reported in 45 to 49% of pregnant women exposed to mycophenolate mofetil, compared to a reported rate of between 12 and 33% in solid organ transplant patients treated with immunosuppressants other than mycophenolate mofetil.
- Based on literature reports, malformations occurred in 23 to 27% of live births in women exposed to mycophenolate mofetil during pregnancy (compared to 2 to 3 % of live births in the overall population and approximately 4 to 5% of live births in solid organ transplant recipients treated with immunosuppressants other than mycophenolate mofetil).

Congenital malformations, including reports of multiple malformations, have been observed post-marketing in children of patients exposed to CellCept during pregnancy in combination with other immunosuppressants. . The following malformations were most frequently reported:

- Abnormalities of the ear (e.g. abnormally formed or absent external ear), external auditory canal atresia (middle ear);
- Facial malformations such as cleft lip, cleft palate, micrognathia and hypertelorism of the orbits;
- Abnormalities of the eye (e.g. coloboma);
- Congenital heart disease such as atrial and ventricular septal defects;
- Malformations of the fingers (e.g. polydactyly, syndactyly);
- Tracheo-Oesophageal malformations (e.g. oesophageal atresia);
- Nervous system malformations such as spina bifida;
- Renal abnormalities.

In addition there have been isolated reports of the following malformations:

- Microphthalmia;
- congenital choroid plexus cyst;
- septum pellucidum agenesis;
- olfactory nerve agenesis.

Studies in animals have shown reproductive toxicity (see section 5.3).

## Breast-feeding

Mycophenolate mofetil has been shown to be excreted in the milk of lactating rats. It is not known whether this substance is excreted in human milk. Because of the potential for serious adverse reactions to mycophenolate mofetil in breast-fed infants, CellCept is contraindicated in nursing mothers (see section 4.3).

## Men

Limited clinical evidence does not indicate an increased risk of malformations or miscarriage following paternal exposure to mycophenolate mofetil.

MPA is a powerful teratogen. It is not known if MPA is present in semen. Calculations based on animal data show that the maximum amount of MPA that could potentially be transferred to woman is so low that it would be unlikely to have an effect. Mycophenolate has been shown to be genotoxic in animal studies at concentrations exceeding the human therapeutic exposures only by small margins such that the risk of genotoxic effects on sperm cells cannot completely be excluded.

Therefore, the following precautionary measures are recommended: sexually active male patients or their female partners are recommended to use reliable contraception during treatment of the male patient and for at least 90 days after cessation of mycophenolate mofetil. Male patients of reproductive potential should be made aware of and discuss the potential risks of fathering a child with a qualified health-care professional.

### **4.7 Effects on ability to drive and use machines**

No studies on the effects on the ability to drive and use machines have been performed. The pharmacodynamic profile and the reported adverse reactions indicate that an effect is unlikely.

### **4.8 Undesirable effects**

The following undesirable effects cover adverse reactions from clinical trials:

The principal adverse reactions associated with the administration of CellCept in combination with ciclosporin and corticosteroids include diarrhoea, leucopenia, sepsis and vomiting, and there is evidence of a higher frequency of certain types of infections (see section 4.4).

#### *Malignancies*

Patients receiving immunosuppressive regimens involving combinations of medicinal products, including CellCept, are at increased risk of developing lymphomas and other malignancies, particularly of the skin (see section 4.4). Lymphoproliferative disease or lymphoma developed in 0.6% of patients receiving CellCept (2 g or 3 g daily) in combination with other immunosuppressants in controlled clinical trials of renal (2 g data), cardiac and hepatic transplant patients followed for at least 1 year. Non-melanoma skin carcinomas occurred in 3.6% of patients; other types of malignancy occurred in 1.1% of patients. Three-year safety data in renal and cardiac transplant patients did not reveal any unexpected changes in incidence of malignancy compared to the 1-year data. Hepatic transplant patients were followed for at least 1 year, but less than 3 years.

#### *Opportunistic infections*

All transplant patients are at increased risk of opportunistic infections; the risk increased with total immunosuppressive load (see section 4.4). The most common opportunistic infections in patients receiving CellCept (2 g or 3 g daily) with other immunosuppressants in controlled clinical trials in renal (2 g data), cardiac and hepatic transplant patients followed for at least 1 year were candida mucocutaneous, CMV viraemia/syndrome and Herpes simplex. The proportion of patients with CMV viraemia/syndrome was 13.5%.

### *Paediatric population*

The type and frequency of adverse reactions in a clinical study, which recruited 92 paediatric patients aged 2 to 18 years who were given 600 mg/m<sup>2</sup> mycophenolate mofetil orally twice daily, were generally similar to those observed in adult patients given 1 g CellCept twice daily. However, the following treatment-related adverse events were more frequent in the paediatric population, particularly in children under 6 years of age, when compared to adults: diarrhoea, sepsis, leucopenia, anaemia and infection.

### *Elderly*

Elderly patients (≥ 65 years) may generally be at increased risk of adverse reactions due to immunosuppression. Elderly patients receiving CellCept as part of a combination immunosuppressive regimen may be at increased risk of certain infections (including cytomegalovirus tissue invasive disease) and possibly gastrointestinal haemorrhage and pulmonary oedema, compared to younger individuals.

### *Other adverse reactions*

Adverse reactions, probably or possibly related to CellCept, reported in ≥1/10 and in ≥1/100 to <1/10 of patients treated with CellCept in the controlled clinical trials of renal (2 g data), cardiac and hepatic transplant patients are listed in the following table.

### **Adverse Reactions, Probably or Possibly Related to CellCept, Reported in Patients Treated with CellCept in Renal, Cardiac and Hepatic Clinical Trials when Used in Combination with Ciclosporin and Corticosteroids**

Within the system organ classes, undesirable effects are listed under headings of frequency, using the following categories: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000), not known (cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

<b>System organ class</b>		<b>Adverse drug reactions</b>
Infections and infestations	Very common	Sepsis, gastrointestinal candidiasis, urinary tract infection, herpes simplex, herpes zoster
	Common	Pneumonia, influenza, respiratory tract infection, respiratory moniliasis, gastrointestinal infection, candidiasis, gastroenteritis, infection, bronchitis, pharyngitis, sinusitis, fungal skin infection, skin candida, vaginal candidiasis, rhinitis
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	Very common	-
	Common	Skin cancer, benign neoplasm of skin
Blood and lymphatic system disorders	Very common	Leucopenia, thrombocytopenia, anaemia
	Common	Pancytopenia, leukocytosis
Metabolism and nutrition disorders	Very common	-
	Common	Acidosis, hyperkalaemia, hypokalaemia, hyperglycaemia, hypomagnesaemia, hypocalcaemia, hypercholesterolaemia, hyperlipidaemia, hypophosphataemia, hyperuricaemia, gout, anorexia
Psychiatric disorders	Very common	-
	Common	Agitation, confusional state, depression, anxiety, thinking abnormal, insomnia

System organ class		Adverse drug reactions
Nervous system disorders	Very common	-
	Common	Convulsion, hypertonia, tremor, somnolence, myasthenic syndrome, dizziness, headache, paraesthesia, dysgeusia
Cardiac disorders	Very common	-
	Common	Tachycardia
Vascular disorders	Very common	-
	Common	Hypotension, hypertension, vasodilatation
Respiratory, thoracic and mediastinal disorders	Very common	-
	Common	Pleural effusion, dyspnoea, cough
Gastrointestinal disorders	Very common	Vomiting, abdominal pain, diarrhoea, nausea
	Common	Gastrointestinal haemorrhage, peritonitis, ileus, colitis, gastric ulcer, duodenal ulcer, gastritis, oesophagitis, stomatitis, constipation, dyspepsia, flatulence, eructation
Hepatobiliary disorders	Very common	-
	Common	Hepatitis, jaundice, hyperbilirubinaemia
Skin and subcutaneous tissue disorders	Very common	-
	Common	Skin hypertrophy, rash, acne, alopecia,
Musculoskeletal and connective Tissue disorders	Very common	-
	Common	Arthralgia
Renal and urinary disorders	Very common	-
	Common	Renal impairment
General disorders and administration site conditions	Very common	-
	Common	Oedema, pyrexia, chills, pain, malaise, asthenia,
Investigations	Very common	-
	Common	Hepatic enzyme increased, blood creatinine increased, blood lactate dehydrogenase increased, blood urea increased, blood alkaline phosphatase increased, weight decreased

Note: 501 (2 g CellCept daily), 289 (3 g CellCept daily) and 277 (2 g IV / 3 g oral CellCept daily) patients were treated in Phase III studies for the prevention of rejection in renal, cardiac and hepatic transplantation, respectively.

#### The following undesirable effects cover adverse reactions from post-marketing experience

The types of adverse reactions reported during post-marketing with CellCept are similar to those seen in the controlled renal, cardiac and hepatic transplant studies. Additional adverse reactions reported during post-marketing are described below with the frequencies reported within brackets if known.

#### *Gastrointestinal*

Gingival hyperplasia ( $\geq 1/100$  to  $< 1/10$ ), colitis including cytomegaloviruscolitis, ( $\geq 1/100$  to  $< 1/10$ ), pancreatitis ( $\geq 1/100$  to  $< 1/10$ ) and intestinal villous atrophy.

### *Infections*

Serious life-threatening infections including meningitis, endocarditis, tuberculosis and atypical mycobacterial infection. Cases of BK virus associated nephropathy, as well as cases of JC virus associated progressive multifocal leucoencephalopathy (PML), have been reported in patients treated with immunosuppressants, including CellCept.

Agranulocytosis ( $\geq 1/1000$  to  $< 1/100$ ) and neutropenia have been reported; therefore regular monitoring of patients taking CellCept is advised (see section 4.4). There have been reports of aplastic anaemia and bone marrow depression in patients treated with CellCept, some of which have been fatal.

### *Blood and lymphatic system disorder*

Cases of pure red cell aplasia (PRCA) have been reported in patients treated with CellCept (see section 4.4).

Isolated cases of abnormal neutrophil morphology, including the acquired Pelger-Huet anomaly, have been observed in patients treated with CellCept. These changes are not associated with impaired neutrophil function. These changes may suggest a 'left shift' in the maturity of neutrophils in haematological investigations, which may be mistakenly interpreted as a sign of infection in immunosuppressed patients such as those that receive CellCept.

### *Hypersensitivity*

Hypersensitivity reactions, including angioneurotic oedema and anaphylactic reaction have been reported.

### *Pregnancy, puerperium and perinatal conditions*

Cases of spontaneous abortions have been reported in patients exposed to mycophenolate mofetil, mainly in the first trimester, see section 4.6.

### *Congenital disorders*

Congenital malformations have been observed post-marketing in children of patients exposed to CellCept in combination with other immunosuppressants, see section 4.6.

### *Respiratory, thoracic and mediastinal disorders*

There have been isolated reports of interstitial lung disease and pulmonary fibrosis in patients treated with CellCept in combination with other immunosuppressants, some of which have been fatal. There have also been reports of bronchiectasis in children and adults (frequency not known).

### *Immune system disorders*

Hypogammaglobulinaemia has been reported in patients receiving CellCept in combination with other immunosuppressants (frequency not known).

## Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via [the national reporting system](#) listed in [Appendix V](#).

## **4.9 Overdose**

Reports of overdoses with mycophenolate mofetil have been received from clinical trials and during post-marketing experience. In many of these cases, no adverse events were reported. In those overdose cases in which adverse events were reported, the events fall within the known safety profile of the medicinal product.

It is expected that an overdose of mycophenolate mofetil could possibly result in oversuppression of the immune system and increase susceptibility to infections and bone marrow suppression (see section

4.4). If neutropenia develops, dosing with CellCept should be interrupted or the dose reduced (see section 4.4).

Haemodialysis would not be expected to remove clinically significant amounts of MPA or MPAG. Bile acid sequestrants, such as cholestyramine, can remove MPA by decreasing the enterohepatic recirculation of the drug (see section 5.2).

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: immunosuppressive agents ATC code L04AA06

#### Mechanism of action

Mycophenolate mofetil is the 2-morpholinoethyl ester of MPA. MPA is a potent, selective, uncompetitive and reversible inhibitor of inosine monophosphate dehydrogenase, and therefore inhibits the *de novo* pathway of guanosine nucleotide synthesis without incorporation into DNA. Because T- and B-lymphocytes are critically dependent for their proliferation on *de novo* synthesis of purines whereas other cell types can utilise salvage pathways, MPA has more potent cytostatic effects on lymphocytes than on other cells.

### 5.2 Pharmacokinetic properties

#### Absorption

Following oral administration, mycophenolate mofetil undergoes rapid and extensive absorption and complete presystemic metabolism to the active metabolite, MPA. As evidenced by suppression of acute rejection following renal transplantation, the immunosuppressant activity of CellCept is correlated with MPA concentration. The mean bioavailability of oral mycophenolate mofetil, based on MPA AUC, is 94% relative to IV mycophenolate mofetil. Food had no effect on the extent of absorption (MPA AUC) of mycophenolate mofetil when administered at doses of 1.5 g BID to renal transplant patients. However, MPA  $C_{max}$  was decreased by 40% in the presence of food. Mycophenolate mofetil is not measurable systemically in plasma following oral administration.

#### Distribution

As a result of enterohepatic recirculation, secondary increases in plasma MPA concentration are usually observed at approximately 6 – 12 hours post-dose. A reduction in the AUC of MPA of approximately 40% is associated with the co-administration of cholestyramine (4 g TID), indicating that there is a significant amount of enterohepatic recirculation.

MPA at clinically relevant concentrations is 97% bound to plasma albumin.

#### Biotransformation

MPA is metabolised principally by glucuronyl transferase (isoform UGT1A9) to form the inactive phenolic glucuronide of MPA (MPAG). *In vivo*, MPAG is converted back to free MPA via enterohepatic recirculation. A minor acylglucuronide (AcMPAG) is also formed. AcMPAG is pharmacologically active and is suspected to be responsible for some of MMF's side effects (diarrhoea, leucopenia).

#### Elimination

A negligible amount of substance is excreted as MPA (< 1% of dose) in the urine. Oral administration of radiolabelled mycophenolate mofetil results in complete recovery of the administered dose, with 93% of the administered dose recovered in the urine and 6% recovered in the faeces. Most (about 87%) of the administered dose is excreted in the urine as MPAG.

At clinically encountered concentrations, MPA and MPAG are not removed by haemodialysis. However, at high MPAG plasma concentrations ( $> 100\mu\text{g/mL}$ ), small amounts of MPAG are removed. By interfering with enterohepatic circulation of the drug, bile acid sequestrants such as cholestyramine, reduce MPA AUC (see section 4.9).

MPA's disposition depends on several transporters. Organic anion-transporting polypeptides (OATPs) and multidrug resistance-associated protein 2 (MRP2) are involved in MPA's disposition; OATP isoforms, MRP2 and breast cancer resistance protein (BCRP) are transporters associated with the glucuronides' biliary excretion. Multidrug resistance protein 1 (MDR1) is also able to transport MPA, but its contribution seems to be confined to the absorption process. In the kidney MPA and its metabolites potentially interact with renal organic anion transporters.

In the early post-transplant period ( $< 40$  days post-transplant), renal, cardiac and hepatic transplant patients had mean MPA AUCs approximately 30% lower and  $C_{\text{max}}$  approximately 40% lower compared to the late post-transplant period (3 – 6 months post-transplant).

### Special populations

#### *Renal impairment*

In a single dose study (6 subjects/group), mean plasma MPA AUC observed in subjects with severe chronic renal impairment (glomerular filtration rate  $< 25\text{mL/min/1.73 m}^2$ ) were 28 – 75% higher relative to the means observed in normal healthy subjects or subjects with lesser degrees of renal impairment. The mean single dose MPAG AUC was 3 – 6-fold higher in subjects with severe renal impairment than in subjects with mild renal impairment or normal healthy subjects, consistent with the known renal elimination of MPAG. Multiple dosing of mycophenolate mofetil in patients with severe chronic renal impairment has not been studied. No data are available for cardiac or hepatic transplant patients with severe chronic renal impairment.

#### *Delayed renal graft function*

In patients with delayed renal graft function post-transplant, mean MPA AUC (0–12h) was comparable to that seen in post-transplant patients without delayed graft function. Mean plasma MPAG AUC (0-12h) was 2 – 3-fold higher than in post-transplant patients without delayed graft function. There may be a transient increase in the free fraction and concentration of plasma MPA in patients with delayed renal graft function. Dose adjustment of CellCept does not appear to be necessary.

#### *Hepatic impairment*

In volunteers with alcoholic cirrhosis, hepatic MPA glucuronidation processes were relatively unaffected by hepatic parenchymal disease. Effects of hepatic disease on this process probably depend on the particular disease. However, hepatic disease with predominantly biliary damage, such as primary biliary cirrhosis, may show a different effect.

#### *Paediatric population*

Pharmacokinetic parameters were evaluated in 49 paediatric renal transplant patients (aged 2 to 18 years) given  $600\text{ mg/m}^2$  mycophenolate mofetil orally twice daily. This dose achieved MPA AUC values similar to those seen in adult renal transplant patients receiving CellCept at a dose of 1 g bid in the early and late post-transplant period. MPA AUC values across age groups were similar in the early and late post-transplant period.

#### *Elderly*

Pharmacokinetic behaviour of CellCept in the elderly ( $\geq 65$  years) has not been formally evaluated.

#### *Patients taking oral contraceptives*

A study of the co-administration of CellCept (1 g bid) and combined oral contraceptives containing ethinylestradiol (0.02 mg to 0.04 mg) and levonorgestrel (0.05 mg to 0.15 mg), desogestrel (0.15 mg) or gestodene (0.05 mg to 0.10 mg) conducted in 18 non-transplant women (not taking other immunosuppressants) over 3 consecutive menstrual cycles showed no clinically relevant influence of CellCept on the ovulation suppressing action of the oral contraceptives. Serum levels of LH, FSH and

progesterone were not significantly affected. The pharmacokinetics of oral contraceptives were unaffected by co-administration of CellCept (see also section 4.5).

### 5.3 Preclinical safety data

In experimental models, mycophenolate mofetil was not tumourigenic. The highest dose tested in the animal carcinogenicity studies resulted in approximately 2 – 3 times the systemic exposure (AUC or  $C_{max}$ ) observed in renal transplant patients at the recommended clinical dose of 2 g/day and 1.3 – 2 times the systemic exposure (AUC or  $C_{max}$ ) observed in cardiac transplant patients at the recommended clinical dose of 3 g/day.

Two genotoxicity assays (*in vitro* mouse lymphoma assay and *in vivo* mouse bone marrow micronucleus test) showed a potential of mycophenolate mofetil to cause chromosomal aberrations. These effects can be related to the pharmacodynamic mode of action, i.e. inhibition of nucleotide synthesis in sensitive cells. Other *in vitro* tests for detection of gene mutation did not demonstrate genotoxic activity.

Mycophenolate mofetil had no effect on fertility of male rats at oral doses up to 20 mg/kg/day. The systemic exposure at this dose represents 2 – 3 times the clinical exposure at the recommended clinical dose of 2 g/day in renal transplant patients and 1.3 – 2 times the clinical exposure at the recommended clinical dose of 3 g/day in cardiac transplant patients. In a female fertility and reproduction study conducted in rats, oral doses of 4.5 mg/kg/day caused malformations (including anophthalmia, agnathia, and hydrocephaly) in the first generation offspring in the absence of maternal toxicity. The systemic exposure at this dose was approximately 0.5 times the clinical exposure at the recommended clinical dose of 2 g/day for renal transplant patients and approximately 0.3 times the clinical exposure at the recommended clinical dose of 3 g/day for cardiac transplant patients. No effects on fertility or reproductive parameters were evident in the dams or in the subsequent generation.

In teratology studies in rats and rabbits, foetal resorptions and malformations occurred in rats at 6 mg/kg/day (including anophthalmia, agnathia, and hydrocephaly) and in rabbits at 90 mg/kg/day (including cardiovascular and renal anomalies, such as ectopia cordis and ectopic kidneys, and diaphragmatic and umbilical hernia), in the absence of maternal toxicity. The systemic exposure at these levels is approximately equivalent to or less than 0.5 times the clinical exposure at the recommended clinical dose of 2 g/day for renal transplant patients and approximately 0.3 times the clinical exposure at the recommended clinical dose of 3 g/day for cardiac transplant patients (see section 4.6).

The haematopoietic and lymphoid systems were the primary organs affected in toxicology studies conducted with mycophenolate mofetil in the rat, mouse, dog and monkey. These effects occurred at systemic exposure levels that are equivalent to or less than the clinical exposure at the recommended dose of 2 g/day for renal transplant recipients. Gastrointestinal effects were observed in the dog at systemic exposure levels equivalent to or less than the clinical exposure at the recommended dose. Gastrointestinal and renal effects consistent with dehydration were also observed in the monkey at the highest dose (systemic exposure levels equivalent to or greater than clinical exposure). The nonclinical toxicity profile of mycophenolate mofetil appears to be consistent with adverse events observed in human clinical trials which now provide safety data of more relevance to the patient population (see section 4.8).



## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

#### CellCept 1 g/5 ml powder for oral suspension

sorbitol  
silica, colloidal anhydrous  
sodium citrate  
soybean lecithin  
mixed fruit flavour  
xanthan gum  
aspartame\* (E951)  
methyl parahydroxybenzoate (E218)  
citric acid anhydrous

\* contains phenylalanine equivalent to 2.78 mg/5 mL of suspension.

### **6.2 Incompatibilities**

This medicinal product must not be mixed with other medicinal products except those mentioned in section 6.6.

### **6.3 Shelf-life**

The shelf-life of the powder for oral suspension is 2 years.  
The shelf-life of the reconstituted suspension is 2 months.

### **6.4 Special precautions for storage**

Powder for oral suspension and reconstituted suspension: Do not store above 30 °C.

### **6.5 Nature and contents of container**

Each bottle contains 35 g mycophenolate mofetil in 110 g powder for oral suspension. When reconstituted, the volume of the suspension is 175 mL, providing a usable volume of 160 – 165 mL. 5 mL of the reconstituted suspension contains 1 g of mycophenolate mofetil. A bottle adapter and 2 oral dispensers are also provided.

### **6.6 Special precautions for disposal and other handling**

It is recommended that CellCept 1 g/5 ml powder for oral suspension be reconstituted by the pharmacist prior to dispensing to the patient. Wearing disposable gloves is recommended during reconstitution and when wiping the outer surface of the bottle/cap and the table after reconstitution.

#### Preparation of suspension

1. Tap the closed bottle several times to loosen the powder.
2. Measure 94 mL of purified water in a graduated cylinder.
3. Add approximately half of the total amount of purified water to the bottle and shake the closed bottle well for about 1 minute.
4. Add the remainder of water and shake the closed bottle well for about 1 minute.
5. Remove child-resistant cap and push bottle adapter into neck of bottle.
6. Close bottle with child-resistant cap tightly. This will assure the proper seating of the bottle adapter in the bottle and child-resistant status of the cap.
7. Write the date of expiration of the reconstituted suspension on the bottle label. (The shelf-life of the reconstituted suspension is two months.)

Any unused product or waste material should be disposed of in accordance with local requirements.

**7. MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**8. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/006 CellCept (1 bottle 110g)

**9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 14 February 1996  
Date of latest renewal: 13 March 2006

**10. DATE OF REVISION OF THE TEXT**

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>

## 1. NAME OF THE MEDICINAL PRODUCT

CellCept 500 mg film-coated tablets.

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 500 mg mycophenolate mofetil.

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Film coated tablets.

CellCept tablets: lavender coloured caplet-shaped tablet, engraved with "CellCept 500" on one side and "ROCHE" name on the other.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

CellCept is indicated in combination with ciclosporin and corticosteroids for the prophylaxis of acute transplant rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.

### 4.2 Posology and method of administration

Treatment with CellCept should be initiated and maintained by appropriately qualified transplant specialists.

#### Posology

##### *Use in renal transplant*

##### Adults

Oral CellCept should be initiated within 72 hours following transplantation. The recommended dose in renal transplant patients is 1 g administered twice daily (2 g daily dose).

##### Paediatric population aged 2 to 18 years

The recommended dose of mycophenolate mofetil is 600 mg/m<sup>2</sup> administered orally twice daily (up to a maximum of 2 g daily). CellCept tablets should only be prescribed to patients with a body surface area greater than 1.5 m<sup>2</sup>, at a dose of 1 g twice daily (2 g daily dose). As some adverse reactions occur with greater frequency in this age group (see section 4.8) compared with adults, temporary dose reduction or interruption may be required; these will need to take into account relevant clinical factors including severity of reaction.

##### Paediatric population < 2 years

There are limited safety and efficacy data in children below the age of 2 years. These are insufficient to make dosage recommendations and therefore use in this age group is not recommended.

##### *Use in cardiac transplant*

##### Adults

Oral CellCept should be initiated within 5 days following transplantation. The recommended dose in cardiac transplant patients is 1.5 g administered twice daily (3 g daily dose).

Paediatric population

No data are available for paediatric cardiac transplant patients.

#### *Use in hepatic transplant*

Adults

IV CellCept should be administered for the first 4 days following hepatic transplant, with oral CellCept initiated as soon after this as it can be tolerated. The recommended oral dose in hepatic transplant patients is 1.5 g administered twice daily (3 g daily dose).

Paediatric population

No data are available for paediatric hepatic transplant patients.

#### Use in special populations

Elderly

The recommended dose of 1 g administered twice a day for renal transplant patients and 1.5 g twice a day for cardiac or hepatic transplant patients is appropriate for the elderly.

*Renal impairment*

In renal transplant patients with severe chronic renal impairment (glomerular filtration rate < 25 mL/min/1.73 m<sup>2</sup>), outside the immediate post-transplant period, doses greater than 1 g administered twice a day should be avoided. These patients should also be carefully observed. No dose adjustments are needed in patients experiencing delayed renal graft function post-operatively (see section 5.2). No data are available for cardiac or hepatic transplant patients with severe chronic renal impairment.

*Severe hepatic impairment*

No dose adjustments are needed for renal transplant patients with severe hepatic parenchymal disease. No data are available for cardiac transplant patients with severe hepatic parenchymal disease.

*Treatment during rejection episodes*

Mycophenolic acid (MPA) is the active metabolite of mycophenolate mofetil. Renal transplant rejection does not lead to changes in MPA pharmacokinetics; dosage reduction or interruption of CellCept is not required. There is no basis for CellCept dose adjustment following cardiac transplant rejection. No pharmacokinetic data are available during hepatic transplant rejection.

#### Method of administration

Oral administration.

*Precautions to be taken before handling or administering the medicinal product.*

Because mycophenolate mofetil has demonstrated teratogenic effects in rats and rabbits, CellCept tablets should not be crushed.

### **4.3 Contraindications**

- CellCept should not be given to patients with hypersensitivity to mycophenolate mofetil, mycophenolic acid or to any of the excipients listed in section 6.1. Hypersensitivity reactions to CellCept have been observed (see section 4.8).
- CellCept should not be given to women of childbearing potential who are not using highly effective contraception (see section 4.6).
- CellCept treatment should not be initiated in women of child bearing potential without providing a pregnancy test result to rule out unintended use in pregnancy (see section 4.6).

- CellCept should not be used during pregnancy unless there is no suitable alternative treatment to prevent transplant rejection (see section 4.6).
- CellCept should not be given to women who are breastfeeding (see section 4.6).

#### **4.4 Special warnings and precautions for use**

##### Neoplasms

Patients receiving immunosuppressive regimens involving combinations of medicinal products, including CellCept, are at increased risk of developing lymphomas and other malignancies, particularly of the skin (see section 4.8). The risk appears to be related to the intensity and duration of immunosuppression rather than to the use of any specific agent. As general advice to minimise the risk for skin cancer, exposure to sunlight and UV light should be limited by wearing protective clothing and using a sunscreen with a high protection factor.

##### Infections

Patients treated with immunosuppressants, including CellCept, are at increased risk for opportunistic infections (bacterial, fungal, viral and protozoal), fatal infections and sepsis (see section 4.8). Such infections include latent viral reactivation, such as hepatitis B or hepatitis C reactivation and infections caused by polyomaviruses (BK virus associated nephropathy, JC virus associated progressive multifocal leukoencephalopathy PML). Cases of hepatitis due to reactivation of hepatitis B or hepatitis C have been reported in carrier patients treated with immunosuppressants. These infections are often related to a high total immunosuppressive burden and may lead to serious or fatal conditions that physicians should consider in the differential diagnosis in immunosuppressed patients with deteriorating renal function or neurological symptoms.

There have been reports of hypogammaglobulinaemia in association with recurrent infections in patients receiving CellCept in combination with other immunosuppressants. In some of these cases switching CellCept to an alternative immunosuppressant resulted in serum IgG levels returning to normal. Patients on CellCept who develop recurrent infections should have their serum immunoglobulins measured. In cases of sustained, clinically relevant hypogammaglobulinaemia, appropriate clinical action should be considered taking into account the potent cytostatic effects that mycophenolic acid has on T- and B-lymphocytes.

There have been published reports of bronchiectasis in adults and children who received CellCept in combination with other immunosuppressants. In some of these cases switching CellCept to another immunosuppressant resulted in improvement in respiratory symptoms. The risk of bronchiectasis may be linked to hypogammaglobulinaemia or to a direct effect on the lung. There have also been isolated reports of interstitial lung disease and pulmonary fibrosis, some of which were fatal (see section 4.8). It is recommended that patients who develop persistent pulmonary symptoms, such as cough and dyspnoea, are investigated.

##### Blood and immune system

Patients receiving CellCept should be monitored for neutropenia, which may be related to CellCept itself, concomitant medications, viral infections, or some combination of these causes. Patients taking CellCept should have complete blood counts weekly during the first month, twice monthly for the second and third months of treatment, then monthly through the first year. If neutropenia develops (absolute neutrophil count  $< 1.3 \times 10^3/\mu\text{l}$ ), it may be appropriate to interrupt or discontinue CellCept.

Cases of pure red cell aplasia (PRCA) have been reported in patients treated with CellCept in combination with other immunosuppressants. The mechanism for mycophenolate mofetil induced PRCA is unknown. PRCA may resolve with dose reduction or cessation of CellCept therapy. Changes

to CellCept therapy should only be undertaken under appropriate supervision in transplant recipients in order to minimise the risk of graft rejection (see section 4.8).

Patients receiving CellCept should be instructed to report immediately any evidence of infection, unexpected bruising, bleeding or any other manifestation of bone marrow depression.

Patients should be advised that during treatment with CellCept, vaccinations may be less effective, and the use of live attenuated vaccines should be avoided (see section 4.5). Influenza vaccination may be of value. Prescribers should refer to national guidelines for influenza vaccination.

### Gastro-intestinal

CellCept has been associated with an increased incidence of digestive system adverse events, including infrequent cases of gastrointestinal tract ulceration, haemorrhage and perforation. CellCept should be administered with caution in patients with active serious digestive system disease.

CellCept is an IMPDH (inosine monophosphate dehydrogenase) inhibitor. Therefore, it should be avoided in patients with rare hereditary deficiency of hypoxanthine-guanine phosphoribosyl-transferase (HGPRT) such as Lesch-Nyhan and Kelley-Seegmiller syndrome.

### Interactions

Caution should be exercised when switching combination therapy from regimens containing immunosuppressants, which interfere with MPA enterohepatic recirculation, e.g. ciclosporin, to others devoid of this effect, e.g. tacrolimus, sirolimus, belatacept, or vice versa, as this might result in changes of MPA exposure. Drugs which interfere with MPA's enterohepatic cycle (e.g. cholestyramine, antibiotics) should be used with caution due to their potential to reduce the plasma level and efficacy of CellCept (see also section 4.5). Therapeutic drug monitoring of MPA may be appropriate when switching combination therapy (e.g. from ciclosporin to tacrolimus or vice versa) or to ensure adequate immunosuppression in patients with high immunological risk (e.g. risk of rejection, treatment with antibiotics).

It is recommended that CellCept should not be administered concomitantly with azathioprine because such concomitant administration has not been studied.

The risk/benefit ratio of mycophenolate mofetil in combination with sirolimus has not been established (see also section 4.5).

### Special populations

Elderly patients may be at an increased risk of adverse events such as certain infections (including cytomegalovirus tissue invasive disease) and possibly gastrointestinal haemorrhage and pulmonary oedema, compared with younger individuals (see section 4.8).

### Teratogenic effects

Mycophenolate is a powerful human teratogen. Spontaneous abortion (rate of 45% to 49%) and congenital malformations (estimated rate of 23% to 27%) have been reported following MMF exposure during pregnancy. Therefore CellCept is contraindicated in pregnancy unless there are no suitable alternative treatments to prevent transplant rejection. Female patients of childbearing potential should be made aware of the risks and follow the recommendations provided in section 4.6 (e.g. contraceptive methods, pregnancy testing) prior to, during, and after therapy with CellCept. Physicians should ensure that women taking mycophenolate understand the risk of harm to the baby, the need for effective contraception, and the need to immediately consult their physician if there is a possibility of pregnancy.

### Contraception (see section 4.6)

Because of robust clinical evidence showing a high risk of abortion and congenital malformations when mycophenolate mofetil is used in pregnancy every effort to avoid pregnancy during treatment should be taken. Therefore women with childbearing potential must use at least one form of reliable contraception (see section 4.3) before starting CellCept therapy, during therapy, and for six weeks after stopping the therapy, unless abstinence is the chosen method of contraception. Two complementary forms of contraception simultaneously are preferred to minimise the potential for contraceptive failure and unintended pregnancy.

For contraception advice for men see section 4.6.

### Educational materials

In order to assist patients in avoiding foetal exposure to mycophenolate and to provide additional important safety information, the Marketing Authorisation holder will provide educational materials to healthcare professionals. The educational materials will reinforce the warnings about the teratogenicity of mycophenolate, provide advice on contraception before therapy is started and guidance on the need for pregnancy testing. Full patient information about the teratogenic risk and the pregnancy prevention measures should be given by the physician to women of childbearing potential and, as appropriate, to male patients.

#### Additional precautions

Patients should not donate blood during therapy or for at least 6 weeks following discontinuation of mycophenolate. Men should not donate semen during therapy or for 90 days following discontinuation of mycophenolate.

## **4.5 Interaction with other medicinal products and other forms of interaction**

### Aciclovir

Higher aciclovir plasma concentrations were observed when mycophenolate mofetil was administered with aciclovir in comparison to the administration of aciclovir alone. The changes in MPAG (the phenolic glucuronide of MPA) pharmacokinetics (MPAG increased by 8%) were minimal and are not considered clinically significant. Because MPAG plasma concentrations are increased in the presence of renal impairment, as are aciclovir concentrations, the potential exists for mycophenolate mofetil and aciclovir, or its prodrugs, e.g. valaciclovir, to compete for tubular secretion and further increases in concentrations of both substances may occur.

### Antacids and proton pump inhibitors (PPIs)

Decreased MPA exposure has been observed when antacids, such as magnesium and aluminium hydroxides, and PPIs, including lansoprazole and pantoprazole, were administered with CellCept. When comparing rates of transplant rejection or rates of graft loss between CellCept patients taking PPIs vs. CellCept patients not taking PPIs, no significant differences were seen. These data support extrapolation of this finding to all antacids because the reduction in exposure when CellCept was co-administered with magnesium and aluminium hydroxides is considerably less than when CellCept was co-administered with PPIs.

### Medicinal products that interfere with enterohepatic circulation (e.g. cholestyramine, ciclosporin A, antibiotics)

Caution should be used with medicinal products that interfere with enterohepatic circulation because of their potential to reduce the efficacy of CellCept.

#### *Cholestyramine*

Following single dose administration of 1.5 g of mycophenolate mofetil to normal healthy subjects pre-treated with 4 g TID of cholestyramine for 4 days, there was a 40% reduction in the AUC of MPA (see section 4.4 and section 5.2). Caution should be used during concomitant administration because of the potential to reduce efficacy of CellCept.

### *Ciclosporin A*

Ciclosporin A (CsA) pharmacokinetics are unaffected by mycophenolate mofetil.

In contrast, if concomitant ciclosporin treatment is stopped, an increase in MPA AUC of around 30% should be expected. CsA interferes with MPA enterohepatic recycling, resulting in reduced MPA exposures by 30-50% in renal transplant patients treated with CellCept and CsA compared with patients receiving sirolimus or belatacept and similar doses of CellCept (see also section 4.4).

Conversely, changes of MPA exposure should be expected when switching patients from CsA to one of the immunosuppressants which does not interfere with MPA's enterohepatic cycle.

Antibiotics eliminating  $\beta$ -glucuronidase-producing bacteria in the intestine (e.g. aminoglycoside, cephalosporin, fluoroquinolone, and penicillin classes of antibiotics) may interfere with MPAG/MPA enterohepatic recirculation thus leading to reduced systemic MPA exposure. Information concerning the following antibiotics is available:

### *Ciprofloxacin or amoxicillin plus clavulanic acid*

Reductions in pre-dose (trough) MPA concentrations of about 50% have been reported in renal transplant recipients in the days immediately following commencement of oral ciprofloxacin or amoxicillin plus clavulanic acid. This effect tended to diminish with continued antibiotic use and to cease within a few days of antibiotic discontinuation. The change in predose level may not accurately represent changes in overall MPA exposure. Therefore, a change in the dose of CellCept should not normally be necessary in the absence of clinical evidence of graft dysfunction. However, close clinical monitoring should be performed during the combination and shortly after antibiotic treatment.

### *Norfloxacin and metronidazole*

In healthy volunteers, no significant interaction was observed when CellCept was concomitantly administered with norfloxacin or metronidazole separately. However, norfloxacin and metronidazole combined reduced the MPA exposure by approximately 30% following a single dose of CellCept.

### *Trimethoprim/sulfamethoxazole*

No effect on the bioavailability of MPA was observed.

### Medicinal products that affect glucuronidation (e.g. isavuconazole, telmisartan)

Concomitant administration of drugs inhibiting glucuronidation of MPA may increase MPA exposure. Caution is therefore recommended when administering these drugs concomitantly with CellCept.

### *Isavuconazole*

An increase of MPA AUC<sub>0-∞</sub> by 35% was observed with concomitant administration of isavuconazole.

### *Telmisartan*

Concomitant administration of telmisartan and CellCept resulted in an approximately 30% decrease of MPA concentrations. Telmisartan changes MPA's elimination by enhancing PPAR gamma (peroxisome proliferator-activated receptor gamma) expression, which in turn results in an enhanced UGT1A9 expression and activity. When comparing rates of transplant rejection, rates of graft loss or adverse event profiles between CellCept patients with and without concomitant telmisartan medication, no clinical consequences of the pharmacokinetic drug-drug interaction were seen.

### Ganciclovir

Based on the results of a single dose administration study of recommended doses of oral mycophenolate and IV ganciclovir and the known effects of renal impairment on the pharmacokinetics of CellCept (see section 4.2) and ganciclovir, it is anticipated that co-administration of these agents (which compete for mechanisms of renal tubular secretion) will result in increases in MPAG and ganciclovir concentration. No substantial alteration of MPA pharmacokinetics is anticipated and CellCept dose adjustment is not required. In patients with renal impairment in whom CellCept and ganciclovir or its prodrugs, e.g. valganciclovir, are co-administered, the dose recommendations for ganciclovir should be observed and patients should be monitored carefully.



### Oral contraceptives

The pharmacokinetics and pharmacodynamics of oral contraceptives were unaffected by co-administration of CellCept (see also section 5.2).

### Rifampicin

In patients not also taking ciclosporin, concomitant administration of CellCept and rifampicin resulted in a decrease in MPA exposure ( $AUC_{0-12h}$ ) of 18% to 70%. It is recommended to monitor MPA exposure levels and to adjust CellCept doses accordingly to maintain clinical efficacy when rifampicin is administered concomitantly.

### Sevelamer

Decrease in MPA  $C_{max}$  and AUC (0-12h) by 30% and 25%, respectively, were observed when CellCept was concomitantly administered with sevelamer without any clinical consequences (i.e. graft rejection). It is recommended, however, to administer CellCept at least one hour before or three hours after sevelamer intake to minimise the impact on the absorption of MPA. There are no data on CellCept with phosphate binders other than sevelamer.

### Tacrolimus

In hepatic transplant patients initiated on CellCept and tacrolimus, the AUC and  $C_{max}$  of MPA, the active metabolite of CellCept, were not significantly affected by co-administration with tacrolimus. In contrast, there was an increase of approximately 20% in tacrolimus AUC when multiple doses of CellCept (1.5 g BID) were administered to hepatic transplant patients taking tacrolimus. However, in renal transplant patients, tacrolimus concentration did not appear to be altered by CellCept (see also section 4.4).

### Live vaccines

Live vaccines should not be given to patients with an impaired immune response. The antibody response to other vaccines may be diminished (see also 4.4).

### Paediatric population

Interaction studies have only been performed in adults.

### Potential interaction

Co-administration of probenecid with mycophenolate mofetil in monkeys raises plasma AUC of MPAG by 3-fold. Thus, other substances known to undergo renal tubular secretion may compete with MPAG, and thereby raise plasma concentrations of MPAG or the other substance undergoing tubular secretion.

## **4.6 Pregnancy and lactation**

### Women of childbearing potential

Pregnancy whilst taking mycophenolate must be avoided. Therefore women of childbearing potential must use at least one form of reliable contraception (see section 4.3) before starting CellCept therapy, during therapy, and for six weeks after stopping the therapy, unless abstinence is the chosen method of contraception. Two complementary forms of contraception simultaneously are preferred.

### Pregnancy

CellCept is contraindicated during pregnancy unless there is no suitable alternative treatment to prevent transplant rejection. Treatment should not be initiated without providing a negative pregnancy test result to rule out unintended use in pregnancy (see section 4.3).

Female patients of reproductive potential must be made aware of the increased risk of pregnancy loss and congenital malformations at the beginning of the treatment and must be counseled regarding pregnancy prevention, and planning.

Before starting CellCept treatment, women of childbearing potential should have two negative serum or urine pregnancy tests with a sensitivity of at least 25 mIU/mL in order to exclude unintended exposure of the embryo to mycophenolate. It is recommended that the second test should be performed 8 – 10 days after the first test. For transplants from deceased donors, if it is not possible to perform two tests 8-10 days apart before treatment starts (because of the timing of transplant organ availability), a pregnancy test must be performed immediately before starting treatment and a further test performed 8-10 days later. 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.

Mycophenolate is a powerful human teratogen, with an increased risk of spontaneous abortions and congenital malformations in case of exposure during pregnancy;

- Spontaneous abortions have been reported in 45 to 49% of pregnant women exposed to mycophenolate mofetil, compared to a reported rate of between 12 and 33% in solid organ transplant patients treated with immunosuppressants other than mycophenolate mofetil.
- Based on literature reports, malformations occurred in 23 to 27% of live births in women exposed to mycophenolate mofetil during pregnancy (compared to 2 to 3 % of live births in the overall population and approximately 4 to 5% of live births in solid organ transplant recipients treated with immunosuppressants other than mycophenolate mofetil).

Congenital malformations, including reports of multiple malformations, have been observed post-marketing in children of patients exposed to CellCept during pregnancy in combination with other immunosuppressants. The following malformations were most frequently reported:

- Abnormalities of the ear (e.g. abnormally formed or absent external ear), external auditory canal atresia (middle ear);
- Facial malformations such as cleft lip, cleft palate, micrognathia and hypertelorism of the orbits;
- Abnormalities of the eye (e.g. coloboma);
- Congenital heart disease such as atrial and ventricular septal defects;
- Malformations of the fingers (e.g. polydactyly, syndactyly);
- Tracheo-Oesophageal malformations (e.g. oesophageal atresia);
- Nervous system malformations such as spina bifida;
- Renal abnormalities.

In addition there have been isolated reports of the following malformations:

- Microphthalmia;
- congenital choroid plexus cyst;
- septum pellucidum agenesis;
- olfactory nerve agenesis.

Studies in animals have shown reproductive toxicity (see section 5.3).

### Breast-feeding

Mycophenolate mofetil has been shown to be excreted in the milk of lactating rats. It is not known whether this substance is excreted in human milk. Because of the potential for serious adverse reactions to mycophenolate mofetil in breast-fed infants, CellCept is contraindicated in nursing mothers (see section 4.3).

### Men

Limited clinical evidence does not indicate an increased risk of malformations or miscarriage following paternal exposure to mycophenolate mofetil.

MPA is a powerful teratogen. It is not known if MPA is present in semen. Calculations based on animal data show that the maximum amount of MPA that could potentially be transferred to woman is so low that it would be unlikely to have an effect. Mycophenolate has been shown to be genotoxic in

animal studies at concentrations exceeding the human therapeutic exposures only by small margins such that the risk of genotoxic effects on sperm cells cannot completely be excluded.

Therefore, the following precautionary measures are recommended: sexually active male patients or their female partners are recommended to use reliable contraception during treatment of the male patient and for at least 90 days after cessation of mycophenolate mofetil. Male patients of reproductive potential should be made aware of and discuss the potential risks of fathering a child with a qualified health-care professional.

#### **4.7 Effects on ability to drive and use machines**

No studies on the effects on the ability to drive and use machines have been performed. The pharmacodynamic profile and the reported adverse reactions indicate that an effect is unlikely.

#### **4.8 Undesirable effects**

The following undesirable effects cover adverse reactions from clinical trials

The principal adverse reactions associated with the administration of CellCept in combination with ciclosporin and corticosteroids include diarrhoea, leucopenia, sepsis and vomiting, and there is evidence of a higher frequency of certain types of infections (see section 4.4).

##### *Malignancies*

Patients receiving immunosuppressive regimens involving combinations of medicinal products, including CellCept, are at increased risk of developing lymphomas and other malignancies, particularly of the skin (see section 4.4). Lymphoproliferative disease or lymphoma developed in 0.6% of patients receiving CellCept (2 g or 3 g daily) in combination with other immunosuppressants in controlled clinical trials of renal (2 g data), cardiac and hepatic transplant patients followed for at least 1 year. Non-melanoma skin carcinomas occurred in 3.6% of patients; other types of malignancy occurred in 1.1% of patients. Three-year safety data in renal and cardiac transplant patients did not reveal any unexpected changes in incidence of malignancy compared to the 1-year data. Hepatic transplant patients were followed for at least 1 year, but less than 3 years.

##### *Opportunistic infections*

All transplant patients are at increased risk of opportunistic infections; the risk increased with total immunosuppressive load (see section 4.4) The most common opportunistic infections in patients receiving CellCept (2 g or 3 g daily) with other immunosuppressants in controlled clinical trials in renal (2 g data), cardiac and hepatic transplant patients followed for at least 1 year were candida mucocutaneous, CMV viraemia/syndrome and Herpes simplex. The proportion of patients with CMV viraemia/syndrome was 13.5%.

##### *Paediatric population*

The type and frequency of adverse reactions in a clinical study, which recruited 92 paediatric patients aged 2 to 18 years who were given 600 mg/m<sup>2</sup> mycophenolate mofetil orally twice daily, were generally similar to those observed in adult patients given 1 g CellCept twice daily. However, the following treatment-related adverse events were more frequent in the paediatric population, particularly in children under 6 years of age, when compared to adults: diarrhoea, sepsis, leucopenia, anaemia and infection.

##### *Elderly*

Elderly patients (≥ 65 years) may generally be at increased risk of adverse reactions due to immunosuppression. Elderly patients receiving CellCept as part of a combination immunosuppressive regimen, may be at increased risk of certain infections (including cytomegalovirus tissue invasive disease) and possibly gastrointestinal haemorrhage and pulmonary oedema, compared to younger individuals.

### Other adverse reactions

Adverse reactions, probably or possibly related to CellCept, reported in  $\geq 1/10$  and in  $\geq 1/100$  to  $< 1/10$  of patients treated with CellCept in the controlled clinical trials of renal (2 g data), cardiac and hepatic transplant patients are listed in the following table.

### Adverse Reactions, Probably or Possibly Related to CellCept, Reported in Patients Treated with CellCept in Renal, Cardiac and Hepatic Clinical Trials when Used in Combination with Ciclosporin and Corticosteroids

Within the system organ classes, undesirable effects are listed under headings of frequency, using the following categories: very common ( $\geq 1/10$ ); common ( $\geq 1/100$  to  $< 1/10$ ); uncommon ( $\geq 1/1,000$  to  $< 1/100$ ); rare ( $\geq 1/10,000$  to  $< 1/1,000$ ); very rare ( $< 1/10,000$ ), not known (cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

System organ class		Adverse drug reactions
Infections and infestations	Very common	Sepsis, gastrointestinal candidiasis, urinary tract infection, herpes simplex, herpes zoster
	Common	Pneumonia, influenza, respiratory tract infection, respiratory moniliasis, gastrointestinal infection, candidiasis, gastroenteritis, infection, bronchitis, pharyngitis, sinusitis, fungal skin infection, skin candida, vaginal candidiasis, rhinitis
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	Very common	-
	Common	Skin cancer, benign neoplasm of skin
Blood and lymphatic system disorders	Very common	Leucopenia, thrombocytopenia, anaemia
	Common	Pancytopenia, leukocytosis
Metabolism and nutrition disorders	Very common	-
	Common	Acidosis, hyperkalaemia, hypokalaemia, hyperglycaemia, hypomagnesaemia, hypocalcaemia, hypercholesterolaemia, hyperlipidaemia, hypophosphataemia, hyperuricaemia, gout, anorexia
Psychiatric disorders	Very common	-
	Common	Agitation, confusional state, depression, anxiety, thinking abnormal, insomnia
Nervous system disorders	Very common	-
	Common	Convulsion, hypertonia, tremor, somnolence, myasthenic syndrome, dizziness, headache, paraesthesia, dysgeusia
Cardiac disorders	Very common	-
	Common	Tachycardia
Vascular disorders	Very common	-
	Common	Hypotension, hypertension, vasodilatation
Respiratory, thoracic and mediastinal disorders	Very common	-
	Common	Pleural effusion, dyspnoea, cough
Gastrointestinal disorders	Very common	Vomiting, abdominal pain, diarrhoea, nausea
	Common	Gastrointestinal haemorrhage, peritonitis, ileus, colitis, gastric ulcer, duodenal ulcer, gastritis, oesophagitis, stomatitis, constipation, dyspepsia, flatulence, eructation
Hepatobiliary disorders	Very common	-
	Common	Hepatitis, jaundice, hyperbilirubinaemia
Skin and subcutaneous tissue disorders	Very common	-
	Common	Skin hypertrophy, rash, acne, alopecia,

System organ class		Adverse drug reactions
Musculoskeletal and connective Tissue disorders	Very common	-
	Common	Arthralgia
Renal and urinary disorders	Very common	-
	Common	Renal impairment
General disorders and administration site conditions	Very common	-
	Common	Oedema, pyrexia, chills, pain, malaise, asthenia,
Investigations	Very common	-
	Common	Hepatic enzyme increased, blood creatinine increased, blood lactate dehydrogenase increased, blood urea increased, blood alkaline phosphatase increased, weight decreased

Note: 501 (2 g CellCept daily), 289 (3 g CellCept daily) and 277 (2 g IV / 3 g oral CellCept daily) patients were treated in Phase III studies for the prevention of rejection in renal, cardiac and hepatic transplantation, respectively.

The following undesirable effects cover adverse reactions from post-marketing experience

The types of adverse reactions reported during post-marketing with CellCept are similar to those seen in the controlled renal, cardiac and hepatic transplant studies. Additional adverse reactions reported during post-marketing are described below with the frequencies reported within brackets if known.

*Gastrointestinal*

Gingival hyperplasia ( $\geq 1/100$  to  $< 1/10$ ), colitis including cytomegalovirus colitis, ( $\geq 1/100$  to  $< 1/10$ ), pancreatitis ( $\geq 1/100$  to  $< 1/10$ ) and intestinal villous atrophy.

*Infections*

Serious life-threatening infections including meningitis, endocarditis, tuberculosis and atypical mycobacterial infection. Cases of BK virus associated nephropathy, as well as cases of JC virus associated progressive multifocal leucoencephalopathy (PML), have been reported in patients treated with immunosuppressants, including CellCept.

Agranulocytosis ( $\geq 1/1000$  to  $< 1/100$ ) and neutropenia have been reported; therefore, regular monitoring of patients taking CellCept is advised (see section 4.4). There have been reports of aplastic anaemia and bone marrow depression in patients treated with CellCept, some of which have been fatal.

*Blood and lymphatic system disorder*

Cases of pure red cell aplasia (PRCA) have been reported in patients treated with CellCept (see section 4.4).

Isolated cases of abnormal neutrophil morphology, including the acquired Pelger-Huet anomaly, have been observed in patients treated with CellCept. These changes are not associated with impaired neutrophil function. These changes may suggest a 'left shift' in the maturity of neutrophils in haematological investigations, which may be mistakenly interpreted as a sign of infection in immunosuppressed patients such as those that receive CellCept.

*Hypersensitivity*

Hypersensitivity reactions, including angioneurotic oedema and anaphylactic reaction have been reported.

*Pregnancy, puerperium and perinatal conditions*

Cases of spontaneous abortions have been reported in patients exposed to mycophenolate mofetil, mainly in the first trimester, see section 4.6.

*Congenital disorders*

Congenital malformations have been observed post-marketing in children of patients exposed to CellCept in combination with other immunosuppressants, see section 4.6.

### *Respiratory, thoracic and mediastinal disorders*

There have been isolated reports of interstitial lung disease and pulmonary fibrosis in patients treated with CellCept in combination with other immunosuppressants, some of which have been fatal. There have also been reports of bronchiectasis in children and adults (frequency not known).

### *Immune system disorders*

Hypogammaglobulinaemia has been reported in patients receiving CellCept in combination with other immunosuppressants (frequency not known).

### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in [Appendix V](#).

## **4.9 Overdose**

Reports of overdoses with mycophenolate mofetil have been received from clinical trials and during post-marketing experience. In many of these cases, no adverse events were reported. In those overdose cases in which adverse events were reported, the events fall within the known safety profile of the medicinal product.

It is expected that an overdose of mycophenolate mofetil could possibly result in oversuppression of the immune system and increase susceptibility to infections and bone marrow suppression (see section 4.4). If neutropenia develops, dosing with CellCept should be interrupted or the dose reduced (see section 4.4).

Haemodialysis would not be expected to remove clinically significant amounts of MPA or MPAG. Bile acid sequestrants, such as cholestyramine, can remove MPA by decreasing the enterohepatic recirculation of the drug (see section 5.2).

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: immunosuppressive agents ATC code L04AA06

#### Mechanism of action

Mycophenolate mofetil is the 2-morpholinoethyl ester of MPA. MPA is a potent, selective, uncompetitive and reversible inhibitor of inosine monophosphate dehydrogenase, and therefore inhibits the *de novo* pathway of guanosine nucleotide synthesis without incorporation into DNA. Because T- and B-lymphocytes are critically dependent for their proliferation on *de novo* synthesis of purines whereas other cell types can utilise salvage pathways, MPA has more potent cytostatic effects on lymphocytes than on other cells.

### **5.2 Pharmacokinetic properties**

#### Absorption

Following oral administration, mycophenolate mofetil undergoes rapid and extensive absorption and complete presystemic metabolism to the active metabolite, MPA. As evidenced by suppression of acute rejection following renal transplantation, the immunosuppressant activity of CellCept is correlated with MPA concentration. The mean bioavailability of oral mycophenolate mofetil, based on MPA AUC, is 94% relative to IV mycophenolate mofetil. Food had no effect on the extent of absorption (MPA AUC) of mycophenolate mofetil when administered at doses of 1.5 g BID to renal

transplant patients. However, MPA  $C_{max}$  was decreased by 40% in the presence of food. Mycophenolate mofetil is not measurable systemically in plasma following oral administration.

### Distribution

As a result of enterohepatic recirculation, secondary increases in plasma MPA concentration are usually observed at approximately 6 – 12 hours post-dose. A reduction in the AUC of MPA of approximately 40% is associated with the co-administration of cholestyramine (4 g TID), indicating that there is a significant amount of enterohepatic recirculation.

MPA at clinically relevant concentrations is 97% bound to plasma albumin.

### Biotransformation

MPA is metabolised principally by glucuronyl transferase (isoform UGT1A9) to form the inactive phenolic glucuronide of MPA (MPAG). *In vivo*, MPAG is converted back to free MPA via enterohepatic recirculation. A minor acylglucuronide (AcMPAG) is also formed. AcMPAG is pharmacologically active and is suspected to be responsible for some of MMF's side effects (diarrhoea, leucopenia).

### Elimination

A negligible amount of substance is excreted as MPA (< 1 % of dose) in the urine. Oral administration of radiolabelled mycophenolate mofetil results in complete recovery of the administered dose with 93% of the administered dose recovered in the urine and 6% recovered in the faeces. Most (about 87%) of the administered dose is excreted in the urine as MPAG.

At clinically encountered concentrations, MPA and MPAG are not removed by haemodialysis. However, at high MPAG plasma concentrations (> 100µg/mL), small amounts of MPAG are removed. By interfering with enterohepatic circulation of the drug, bile acid sequestrants such as cholestyramine, reduce MPA AUC (see section 4.9).

MPA's disposition depends on several transporters. Organic anion-transporting polypeptides (OATPs) and multidrug resistance-associated protein 2 (MRP2) are involved in MPA's disposition; OATP isoforms, MRP2 and breast cancer resistance protein (BCRP) are transporters associated with the glucuronides' biliary excretion. Multidrug resistance protein 1 (MDR1) is also able to transport MPA, but its contribution seems to be confined to the absorption process. In the kidney MPA and its metabolites potentially interact with renal organic anion transporters.

In the early post-transplant period (< 40 days post-transplant), renal, cardiac and hepatic transplant patients had mean MPA AUCs approximately 30% lower and  $C_{max}$  approximately 40% lower compared to the late post-transplant period (3 – 6 months post-transplant).

### Special populations

#### *Renal impairment*

In a single dose study (6 subjects/group), mean plasma MPA AUC observed in subjects with severe chronic renal impairment (glomerular filtration rate < 25 mL/min/1.73 m<sup>2</sup>) were 28 – 75% higher relative to the means observed in normal healthy subjects or subjects with lesser degrees of renal impairment. The mean single dose MPAG AUC was 3 – 6-fold higher in subjects with severe renal impairment than in subjects with mild renal impairment or normal healthy subjects, consistent with the known renal elimination of MPAG. Multiple dosing of mycophenolate mofetil in patients with severe chronic renal impairment has not been studied. No data are available for cardiac or hepatic transplant patients with severe chronic renal impairment.

#### *Delayed renal graft function*

In patients with delayed renal graft function post-transplant, mean MPA AUC (0–12h) was comparable to that seen in post-transplant patients without delayed graft function. Mean plasma MPAG AUC (0-12h) was 2 – 3-fold higher than in post-transplant patients without delayed graft

function. There may be a transient increase in the free fraction and concentration of plasma MPA in patients with delayed renal graft function. Dose adjustment of CellCept does not appear to be necessary.

#### *Hepatic impairment*

In volunteers with alcoholic cirrhosis, hepatic MPA glucuronidation processes were relatively unaffected by hepatic parenchymal disease. Effects of hepatic disease on this process probably depend on the particular disease. However, hepatic disease with predominantly biliary damage, such as primary biliary cirrhosis, may show a different effect.

#### *Paediatric population*

Pharmacokinetic parameters were evaluated in 49 paediatric renal transplant patients (aged 2 to 18 years) given 600 mg/m<sup>2</sup> mycophenolate mofetil orally twice daily. This dose achieved MPA AUC values similar to those seen in adult renal transplant patients receiving CellCept at a dose of 1 g bid in the early and late post-transplant period. MPA AUC values across age groups were similar in the early and late post-transplant period.

#### *Elderly*

Pharmacokinetic behaviour of CellCept in the elderly ( $\geq 65$  years) has not been formally evaluated.

#### *Patients taking oral contraceptives*

A study of the co-administration of CellCept (1 g bid) and combined oral contraceptives containing ethinylestradiol (0.02 mg to 0.04 mg) and levonorgestrel (0.05 mg to 0.15 mg), desogestrel (0.15 mg) or gestodene (0.05 mg to 0.10 mg) conducted in 18 non-transplant women (not taking other immunosuppressants) over 3 consecutive menstrual cycles showed no clinically relevant influence of CellCept on the ovulation suppressing action of the oral contraceptives. Serum levels of LH, FSH and progesterone were not significantly affected. The pharmacokinetics of oral contraceptives were unaffected by co-administration of CellCept (see also section 4.5).

### **5.3 Preclinical safety data**

In experimental models, mycophenolate mofetil was not tumourigenic. The highest dose tested in the animal carcinogenicity studies resulted in approximately 2 – 3 times the systemic exposure (AUC or C<sub>max</sub>) observed in renal transplant patients at the recommended clinical dose of 2 g/day and 1.3 – 2 times the systemic exposure (AUC or C<sub>max</sub>) observed in cardiac transplant patients at the recommended clinical dose of 3 g/day.

Two genotoxicity assays (*in vitro* mouse lymphoma assay and *in vivo* mouse bone marrow micronucleus test) showed a potential of mycophenolate mofetil to cause chromosomal aberrations. These effects can be related to the pharmacodynamic mode of action, i.e. inhibition of nucleotide synthesis in sensitive cells. Other *in vitro* tests for detection of gene mutation did not demonstrate genotoxic activity.

Mycophenolate mofetil had no effect on fertility of male rats at oral doses up to 20 mg/kg/day. The systemic exposure at this dose represents 2 – 3 times the clinical exposure at the recommended clinical dose of 2 g/day in renal transplant patients and 1.3 – 2 times the clinical exposure at the recommended clinical dose of 3 g/day in cardiac transplant patients. In a female fertility and reproduction study conducted in rats, oral doses of 4.5 mg/kg/day caused malformations (including anophthalmia, agnathia, and hydrocephaly) in the first generation offspring in the absence of maternal toxicity. The systemic exposure at this dose was approximately 0.5 times the clinical exposure at the recommended clinical dose of 2 g/day for renal transplant patients and approximately 0.3 times the clinical exposure at the recommended clinical dose of 3 g/day for cardiac transplant patients. No effects on fertility or reproductive parameters were evident in the dams or in the subsequent generation.

In teratology studies in rats and rabbits, foetal resorptions and malformations occurred in rats at 6 mg/kg/day (including anophthalmia, agnathia, and hydrocephaly) and in rabbits at 90 mg/kg/day (including cardiovascular and renal anomalies, such as ectopia cordis and ectopic kidneys, and



diaphragmatic and umbilical hernia), in the absence of maternal toxicity. The systemic exposure at these levels is approximately equivalent to or less than 0.5 times the clinical exposure at the recommended clinical dose of 2 g/day for renal transplant patients and approximately 0.3 times the clinical exposure at the recommended clinical dose of 3 g/day for cardiac transplant patients (see section 4.6).

The haematopoietic and lymphoid systems were the primary organs affected in toxicology studies conducted with mycophenolate mofetil in the rat, mouse, dog and monkey. These effects occurred at systemic exposure levels that are equivalent to or less than the clinical exposure at the recommended dose of 2 g/day for renal transplant recipients. Gastrointestinal effects were observed in the dog at systemic exposure levels equivalent to or less than the clinical exposure at the recommended dose. Gastrointestinal and renal effects consistent with dehydration were also observed in the monkey at the highest dose (systemic exposure levels equivalent to or greater than clinical exposure). The nonclinical toxicity profile of mycophenolate mofetil appears to be consistent with adverse events observed in human clinical trials which now provide safety data of more relevance to the patient population (see section 4.8).

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

#### CellCept tablets

microcrystalline cellulose  
polyvidone (K-90)  
croscarmellose sodium  
magnesium stearate

#### Tablet coating

hydroxypropyl methylcellulose  
hydroxypropyl cellulose  
titanium dioxide (E171)  
polyethylene glycol 400  
indigo carmine aluminium lake (E132)  
red iron oxide (E172)

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf-life**

3 years.

### **6.4 Special precautions for storage**

Do not store above 30 °C. Keep the blister in the outer carton in order to protect from light.

### **6.5 Nature and contents of container**

CellCept 500 mg film-coated tablets: 1 carton contains 50 tablets (in blister packs of 10)

1 carton contains 150 tablets (in blister packs of 10)

Not all pack sizes may be marketed.

### **6.6 Special precautions for disposal**

Any unused product or waste material should be disposed of in accordance with local requirements.

**7.     MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**8.     MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/002 CellCept     (50 tablets)  
EU/1/96/005/004 CellCept     (150 tablets)

**9.     DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 14 February 1996  
Date of latest renewal: 13 March 2006

**10.    DATE OF REVISION OF THE TEXT**

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>

**ANNEX II**

**A. MANUFACTURERS RESPONSIBLE FOR BATCH RELEASE**

**B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**

**C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING  
AUTHORISATION**

**D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE  
USE OF THE MEDICINAL PRODUCT**

## **A. MANUFACTURERS RESPONSIBLE FOR BATCH RELEASE**

### Name and address of the manufacture(s) responsible for batch release

- CellCept 500 mg powder for concentrate for solution for infusion
- CellCept 1 g/5 ml powder for oral suspension:

Roche Pharma AG, Emil-Barell-Str. 1, 79639 Grenzach-Wyhlen, Germany.

### Name and address of the manufacturer(s) responsible for batch release

- CellCept 250 mg capsules
- CellCept 500 mg film-coated tablets

Roche Pharma AG, Emil-Barell-Str. 1, 79639 Grenzach-Wyhlen, Germany.

## **B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**

Medicinal product subject to restricted medical prescription (See Annex I: Summary of Product Characteristics, section 4.2)

## **C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**

The requirements for submission of periodic safety update reports for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

## **D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

- Risk Management Plan (RMP)

Not applicable.

- Additional risk minimisation measures

The Marketing Authorisation Holder (MAH) must agree about the content and format of the educational programme and a follow-up pregnancy questionnaire, including communication media, distribution modalities, and any other aspects of the programme, with the National Competent Authority.

The educational programme is aimed at ensuring that the health professionals and patients are aware of the teratogenicity and mutagenicity, the need for pregnancy tests before starting therapy with Cellcept, the contraceptive requirements for both male and female patients and what to do in case of pregnancy during treatment with Cellcept.

The MAH shall ensure that in each MS where Cellcept is marketed, all healthcare professionals and patients who are expected to prescribe, dispense or use Cellcept are provided with the following educational package:

- Physician educational material
- Patient information pack

The health professional educational material should contain:

- The Summary of Product Characteristics
- Guide for healthcare professionals

The patient information pack should contain:

- The Package Leaflet
- Guide for patients

The educational materials should be implemented within four months after completion of this procedure and shall contain the following key elements:

Separate guides for healthcare professionals and patients should be provided. For patients, the text should be appropriately separated for men and women. The following areas should be covered in these guides:

- An introduction in each guide will inform the reader that the purpose of the guide is to tell them that a foetal exposure must be avoided and how to minimize the risk of birth defects and miscarriage associated with mycophenolate mofetil. It will explain that although this guide is very important it does not provide full information on mycophenolate mofetil and that the SmPC (healthcare professionals) and package leaflet (patients) supplied with the medicine must also be read carefully.
- Background information on mycophenolate mofetil teratogenicity and mutagenicity in humans. This section will provide important background information concerning the teratogenicity and mutagenicity of mycophenolate mofetil. It will provide details about the nature and magnitude of the risk, in line with the information provided in the SmPC. The information provided in this section will facilitate a correct understanding of the risk and explain the rationale for the following pregnancy prevention measures. Guides should also mention that patients should not to give this drug to any other person.
- Counselling of patients: This section will emphasise the importance of a thorough, informative and ongoing dialogue between patient and healthcare professional about the pregnancy risks associated with mycophenolate mofetil and the relevant minimisation strategies including alternative treatment choices, if applicable. The need to plan a pregnancy will be highlighted.
- The need to avoid foetal exposure: Contraceptive requirements for patients of reproductive potential prior to, during and after treatment with mycophenolate mofetil. Contraceptive requirements for sexually active male patients (including vasectomised men) and female patients of childbearing potential will be explained. The need for contraception prior to, during and after treatment with mycophenolate mofetil, including details of the duration of time for which contraception must be continued after cessation of therapy, will be clearly stated.

In addition, the text relating to women should explain the pregnancy test requirements prior to and during therapy with mycophenolate mofetil; including the advice for two negative pregnancy tests prior to starting therapy and the importance of the timing of these tests. The need for subsequent pregnancy tests during treatment will also be explained.

- Advice that patients should not donate blood during therapy or for at least 6 weeks following discontinuation of mycophenolate. Furthermore, men should not donate semen during therapy or for 90 days following discontinuation of mycophenolate.
- Advice on action if a pregnancy occurs or is suspected during or shortly after being treated with mycophenolate mofetil. Patients will be informed that they should not stop taking mycophenolate mofetil but must contact their doctor immediately. It will be explained that the correct course of action, based on an assessment of the individual benefit-risk, will be determined on a case by case basis through a discussion between the treating physician and the patient.

In addition, a pregnancy follow-up questionnaire including details of exposure during pregnancy, including timing and dose; duration of therapy, before and during pregnancy; concomitant drugs; known teratogenic risks and full details of congenital malformations should be agreed to with the national competent authorities and implemented within four months after completion of this procedure.

**ANNEX III**  
**LABELLING AND PACKAGE LEAFLET**

## **A. LABELLING**



**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

CellCept 250 mg capsules  
Mycophenolate mofetil

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each capsule contains 250 mg mycophenolate mofetil.

**3. LIST OF EXCIPIENTS**

**4. PHARMACEUTICAL FORM AND CONTENTS**

100 Capsules

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

For oral administration  
Read the package leaflet before use

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

CellCept capsules should be handled with care  
Do not open or crush the capsules and breathe the powder  
inside the capsules or allow it to touch your skin

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

Do not store above 30 °C  
Store in the original package in order to protect from moisture

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

Any unused product or waste material should be disposed of in accordance with local requirements

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/001

**13. BATCH NUMBER**

Batch

**14. GENERAL CLASSIFICATION FOR SUPPLY**

Medicinal product subject to medical prescription

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

cellcept 250 mg

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC:  
SN:  
NN:

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

CellCept 250 mg capsules  
Mycophenolate mofetil

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each capsule contains 250 mg mycophenolate mofetil.

**3. LIST OF EXCIPIENTS**

**4. PHARMACEUTICAL FORM AND CONTENTS**

300 Capsules

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

For oral administration  
Read the package leaflet before use

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

CellCept capsules should be handled with care  
Do not open or crush the capsules and breathe the powder inside the capsules or allow it to touch your skin

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

Do not store above 30 °C  
Store in the original package in order to protect from moisture

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

Any unused product or waste material should be disposed of in accordance with local requirements

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/003

**13. BATCH NUMBER**

Batch

**14. GENERAL CLASSIFICATION FOR SUPPLY**

Medicinal product subject to medical prescription

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

cellcept 250 mg

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC:  
SN:  
NN:

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**BLISTER FOIL**

**1. NAME OF THE MEDICINAL PRODUCT**

CellCept 250 mg capsules  
Mycophenolate mofetil

**2. NAME OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH.

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. OTHER**

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

**CellCept 500 mg powder for concentrate for solution for infusion**  
Mycophenolate mofetil

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each vial contains the equivalent of 500 mg mycophenolate mofetil as the hydrochloride salt.

**3. LIST OF EXCIPIENTS**

Also contains polysorbate 80, citric acid, hydrochloric acid and sodium chloride.

**4. PHARMACEUTICAL FORM AND CONTENTS**

4 Vials

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

For intravenous infusion only  
Reconstitute and dilute before use  
Read the package leaflet before use

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

Avoid skin contact with infusion solution

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

Do not store above 30°C

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

Any unused product or waste material should be disposed of in accordance with local requirements

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/005

**13. BATCH NUMBER**

Batch

**14. GENERAL CLASSIFICATION FOR SUPPLY**

Medicinal product subject to medical prescription

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC:  
SN:  
NN:

**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS**

**VIAL LABEL**

**1. NAME OF THE MEDICINAL PRODUCT AND IF NECESSARY ROUTE(S) OF ADMINISTRATION**

CellCept 500 mg powder for concentrate for solution for infusion  
Mycophenolate mofetil

**2. METHOD OF ADMINISTRATION**

For intravenous infusion only  
Read the package leaflet before use

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT**

**6. OTHER**



**PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND ON THE IMMEDIATE PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

**CellCept 1 g/5 ml powder for oral suspension**  
Mycophenolate mofetil

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

5 ml suspension contains 1 g mycophenolate mofetil when reconstituted.

**3. LIST OF EXCIPIENTS**

Also contains aspartame (E951) and methyl parahydroxybenzoate (E218).

**4. PHARMACEUTICAL FORM AND CONTENTS**

1 bottle contains 35 g mycophenolate mofetil in 110 g powder for oral suspension. 5 ml of the reconstituted suspension contain 1 g of mycophenolate mofetil. The usable volume of the reconstituted suspension is 160-165 ml.

1 bottle adapter and 2 oral dispensers are provided

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

For oral administration after constitution

Shake bottle well before use

**It is recommended that the suspension be reconstituted by the pharmacist prior to dispensing to the patient**

Read the package leaflet before use

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

Do not breathe the powder before constitution or allow it to touch your skin  
Avoid skin contact with the reconstituted suspension

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

Do not store above 30°C  
The shelf-life of the reconstituted suspension is 2 months

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

**Any unused product or waste material should be disposed of in accordance with local requirements**

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/006

**13. BATCH NUMBER**

Batch

**14. GENERAL CLASSIFICATION FOR SUPPLY**

Medicinal product subject to medical prescription

**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

cellcept

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC:  
SN:  
NN:

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND ON THE IMMEDIATE PACKAGING**

**BOTTLE LABEL**

**1. NAME OF THE MEDICINAL PRODUCT**

CellCept 1 g/5 ml powder for oral suspension  
Mycophenolate mofetil

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

5 ml suspension contains 1 g mycophenolate mofetil when reconstituted.

**3. LIST OF EXCIPIENTS**

Contains E951 and E218.

**4. PHARMACEUTICAL FORM AND CONTENTS**

35 g of mycophenolate mofetil in 110 g powder for oral suspension

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

Oral use

Shake well before use

Read the package leaflet before use

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

Do not breathe the powder  
Avoid skin contact

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

Do not store above 30°C  
Shelf-life after reconstitution: 2 months  
Use before

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE****11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/006

**13. BATCH NUMBER**

Batch

**14. GENERAL CLASSIFICATION FOR SUPPLY**

Medicinal product subject to medical prescription

**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

**CellCept 500 mg film-coated tablets**  
Mycophenolate mofetil

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each tablet contains 500 mg mycophenolate mofetil.

**3. LIST OF EXCIPIENTS**

**4. PHARMACEUTICAL FORM AND CONTENTS**

50 Tablets

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

For oral administration  
Read the package leaflet before use

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

CellCept film-coated tablets should be handled with care  
Do not crush the tablets

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

Do not store above 30 °C  
Keep the blister in outer carton in order to protect from light

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

Any unused product or waste material should be disposed of in accordance with local requirements

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/002

**13. BATCH NUMBER**

Batch

**14. GENERAL CLASSIFICATION FOR SUPPLY**

Medicinal product subject to medical prescription

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

cellcept 500 mg

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC:  
SN:  
NN:

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

CellCept 500 mg film-coated tablets  
Mycophenolate mofetil

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each tablet contains 500 mg mycophenolate mofetil.

**3. LIST OF EXCIPIENTS**

**4. PHARMACEUTICAL FORM AND CONTENTS**

150 Tablets

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

For oral administration  
Read the package leaflet before use

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

CellCept film-coated tablets should be handled with care  
Do not crush the tablets

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

Do not store above 30 °C  
Keep the blister in outer carton in order to protect from light



**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

Any unused product or waste material should be disposed of in accordance with local requirements

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/96/005/004

**13. BATCH NUMBER**

Batch

**14. GENERAL CLASSIFICATION FOR SUPPLY**

Medicinal product subject to medical prescription

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

cellcept 500 mg

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC:  
SN:  
NN:

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**BLISTER FOIL**

**1. NAME OF THE MEDICINAL PRODUCT**

CellCept 500 mg tablets  
Mycophenolate mofetil

**2. NAME OF THE MARKETING AUTHORISATION HOLDER**

Roche Registration GmbH.

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. OTHER**

**B. PACKAGE LEAFLET**

**Package Leaflet: Information for the user**  
**CellCept 250 mg capsules**  
(mycophenolate mofetil)

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

**What is in this leaflet**

1. What CellCept is and what it is used for
2. What you need to know before you take CellCept
3. How to take CellCept
4. Possible side effects
5. How to store CellCept
6. Content of the pack and other information

**1. What CellCept is and what it is used for**

The full name of your medicine is CellCept 250 mg capsules.

- In this leaflet the shorter name CellCept is used.

CellCept contains mycophenolate mofetil.

- This belongs to a group of medicines called “immunosuppressants”.

CellCept is used to prevent your body rejecting a transplanted organ.

- A kidney, heart or liver.

CellCept should be used together with other medicines:

- Ciclosporin and corticosteroids.

**2. What you need to know before you take CellCept**

**WARNING**

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 and must follow the contraception advice given to you by your doctor.

Your doctor will speak to you and give you written information, particularly on the effects of mycophenolate on unborn babies. Read the information carefully and follow the instructions. If you do not fully understand these instructions, please ask your doctor to explain them again before you take mycophenolate. See also further information in this section under “Warnings and precautions” and “Pregnancy and breast-feeding”.

**Do not take CellCept:**

- If you are allergic (hypersensitive) to mycophenolate mofetil, mycophenolic acid or any of the other ingredients in this medicine (listed in Section 6)
- If you are a woman who could be pregnant and you have not provided a negative pregnancy test before your first prescription, as mycophenolate causes birth defects and miscarriage.
- If you are pregnant or planning to become pregnant or think you may be pregnant
- If you are not using effective contraception (see Pregnancy, contraception and breast-feeding).

- If you are breast-feeding.

Do not take this medicine if any of the above applies to you. If you are not sure, talk to your doctor or pharmacist before taking CellCept.

### **Warnings and precautions**

Talk to your doctor straight away before taking CellCept:

- If you have a sign of infection such as a fever or sore throat
- If you have any unexpected bruising or bleeding
- If you have ever had a problem with your digestive system such as a stomach ulcer
- If you are planning to become pregnant or if you get pregnant while taking CellCept

If any of the above apply to you (or you are not sure), talk to your doctor straight away before taking CellCept.

### **The effect of sunlight**

CellCept reduces your body's defences. As a result, there is an increased risk of skin cancer. Limit the amount of sunlight and UV light you get. Do this by:

- wearing protective clothing which also covers your head, neck, arms and legs
- using a sunscreen with a high protection factor.

### **Other medicines and CellCept**

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines. This includes medicines obtained without a prescription, including herbal medicines. This is because CellCept can affect the way some other medicines work. Also other medicines can affect the way CellCept works.

In particular, tell your doctor or pharmacist if you are taking any of the following medicines before you start CellCept:

- azathioprine or other medicines which suppress your immune system – given after a transplant operation
- cholestyramine – used to treat high cholesterol
- rifampicin – an antibiotic used to prevent and treat infections such as tuberculosis (TB)
- antacids or proton pump inhibitors – used for acid problems in your stomach such as indigestion
- phosphate binders – used by people with chronic kidney failure to reduce how much phosphate gets absorbed into their blood
- antibiotics – used to treat bacterial infections
- isavuconazole – used to treat fungal infections
- telmisartan – used to treat high blood pressure

### **Vaccines**

If you need to have a vaccine (a live vaccine) while taking CellCept, talk to your doctor or pharmacist first. Your doctor will have to advise you on what vaccines you can have.

You must not donate blood during treatment with CellCept and for at least 6 weeks after stopping treatment. Men must not donate semen during treatment with CellCept and for at least 90 days after stopping treatment.

### **CellCept with food and drink**

Taking food and drink has no effect on your treatment with CellCept.

### **Pregnancy, contraception and breast-feeding**

#### **Contraception in women taking CellCept**

If you are a woman who could become pregnant you must use an effective method of contraception with CellCept. This includes:

- Before you start taking CellCept
- During your entire treatment with CellCept
- For 6 weeks after you stop taking CellCept.

Talk to your doctor about the most suitable contraception for you. This will depend on your individual situation. Two forms of contraception are preferable as this will reduce the risk of unintended pregnancy. **Contact your doctor as soon as possible, if you think your contraception may not have been effective or if you have forgotten to take your contraceptive pill.**

You are a woman who is not capable of becoming pregnant if any of the following applies to you:

- You are post-menopausal, i.e. at least 50 years old and your last period was more than a year ago (if your periods have stopped because you have had treatment for cancer, then there is still a chance you could become pregnant)
- Your fallopian tubes and both ovaries have been removed by surgery (bilateral salpingo-oophorectomy)
- Your womb (uterus) has been removed by surgery (hysterectomy)
- Your ovaries no longer work (premature ovarian failure, which has been confirmed by a specialist gynaecologist)
- You were born with one of the following rare conditions that make pregnancy impossible: the XY genotype, Turner's syndrome or uterine agenesis
- You are a child or teenager who has not started having periods.

### **Contraception in men taking CellCept**

The available evidence does not indicate an increased risk of malformations or miscarriage if the father takes mycophenolate. However, a risk cannot be completely excluded. As a precaution you or your female partner are recommended to use reliable contraception during treatment and for 90 days after you stop taking CellCept.

If you are planning to have a child, talk to your doctor about the potential risks.

### **Pregnancy and breast-feeding**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. Your doctor will talk to you about the risks in case of pregnancy and the alternatives you can take to prevent rejection of your transplant organ if:

- You plan to become pregnant.
- You miss or think you have missed a period, or you have unusual menstrual bleeding, or suspect you are pregnant.
- You have sex without using an effective method of contraception.

If you do become pregnant during the treatment with mycophenolate, you must inform your doctor immediately. However, keep taking CellCept until you see him or her.

### **Pregnancy**

Mycophenolate causes a very high frequency of miscarriage (50%) and of severe birth defects (23 - 27%) in the unborn baby. Birth defects which have been reported include anomalies of ears, of eyes, of face (cleft lip/palate), of development of fingers, of heart, oesophagus (tube that connects the throat with the stomach), kidneys and nervous system (for example spina bifida (where the bones of the spine are not properly developed)). Your baby may be affected by one or more of these.

If you are a woman who could become pregnant, you must provide a negative pregnancy test before starting treatment and must follow the contraception advice given to you by your doctor. Your doctor may request more than one test to ensure you are not pregnant before starting treatment.

### **Breast-feeding**

Do not take CellCept if you are breast-feeding. This is because small amounts of the medicine can pass into the mother's milk.

### **Driving and using machines**

CellCept is not likely to affect you being able to drive or use any tools or machines.

### **3. How to take CellCept**

Always take CellCept exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

#### **How much to take**

The amount you take depends on the type of transplant you have had. The usual doses are shown below. Treatment will continue for as long as you need to prevent you from rejecting your transplant organ.

#### **Kidney transplant**

##### **Adults**

- The first dose is given within 3 days of the transplant operation.
- The daily dose is 8 capsules (2 g of the medicine) taken as 2 separate doses.
- Take 4 capsules in the morning and then 4 capsules in the evening.

##### **Children (aged 2 to 18 years)**

- The dose given will vary depending on the size of the child.
- Your doctor will decide the most appropriate dose based on your child's height and weight (body surface area – measured as square metres or “m<sup>2</sup>”). The recommended dose is 600 mg/ m<sup>2</sup> taken twice a day.

#### **Heart transplant**

##### **Adults**

- The first dose is given within 5 days of the transplant operation.
- The daily dose is 12 capsules (3 g of the medicine) taken as 2 separate doses.
- Take 6 capsules in the morning and then 6 capsules in the evening.

##### **Children**

- There is no information for the use of CellCept in children with a heart transplant.

#### **Liver transplant**

##### **Adults**

- The first dose of oral CellCept will be given to you at least 4 days after the transplant operation and when you are able to swallow oral medicines.
- The daily dose is 12 capsules (3 g of the medicine) taken as 2 separate doses.
- Take 6 capsules in the morning and then 6 capsules in the evening.

##### **Children**

- There is no information for the use of CellCept in children with a liver transplant.

#### **Taking the medicine**

Swallow your capsules whole with a glass of water

- Do not break or crush them
- Do not take any capsules that have broken open or split.

Take care not to let any powder from inside a broken capsule get into your eyes or mouth.

- If this happens, rinse with plenty of plain water.

Take care not to let any powder from inside a broken capsule get onto your skin.

- If this happens, wash the area thoroughly with soap and water.

#### **If you take more CellCept than you should**

If you take more CellCept than you should, talk to a doctor or go to a hospital straight away. Also do this if someone else accidentally takes your medicine. Take the medicine pack with you.

#### **If you forget to take CellCept**

If you forget to take your medicine at any time, take it as soon as you remember. Then continue to take it at the usual times. Do not take a double dose to make up for a missed dose.

### **If you stop taking CellCept**

Do not stop taking CellCept unless your doctor tells you to. If you stop your treatment you may increase the chance of rejection of your transplant organ.

If you have any further questions on the use of this product, ask your doctor or pharmacist.

## **4. Possible side effects**

Like all medicines, CellCept can cause side effects, although not everybody gets them.

### **Talk to a doctor straight away if you notice any of the following serious side effects – you may need urgent medical treatment:**

- you have a sign of infection such as a fever or sore throat
- you have any unexpected bruising or bleeding
- you have a rash, swelling of your face, lips, tongue or throat, with difficulty breathing - you may be having a serious allergic reaction to the medicine (such as anaphylaxis, angioedema).

### **Usual problems**

Some of the more usual problems are diarrhoea, fewer white cells or red cells in your blood, infection and vomiting. Your doctor will do regular blood tests to check for any changes in:

- the number of your blood cells
- the amount in your blood of things like sugar, fat or cholesterol.

Children may be more likely than adults to have some side effects. These include diarrhoea, infections, fewer white cells and fewer red cells in the blood.

### **Fighting infections**

CellCept reduces your body's defences. This is to stop you rejecting your transplant. As a result, your body will not be as good as normal at fighting infections. This means you may catch more infections than usual. This includes infections of the brain, skin, mouth, stomach and gut, lungs and urinary system.

### **Lymph and skin cancer**

As can happen in patients taking this type of medicine (immune-suppressants), a very small number of CellCept patients have developed cancer of the lymphoid tissues and skin.

### **General unwanted effects**

You may get general side effects affecting your body as a whole. These include serious allergic reactions (such as anaphylaxis, angioedema), fever, feeling very tired, difficulty sleeping, pains (such as stomach, chest, joint or muscle, pain on passing urine), headache, flu symptoms and swelling.

Other unwanted effects may include:

#### **Skin problems** such as:

- acne, cold sores, shingles, skin growth, hair loss, rash, itching.

#### **Urinary problems** such as:

- kidney problems or the urgent need to pass water (urine).

#### **Digestive system and mouth problems** such as:

- swelling of the gums and mouth ulcers,
- inflammation of the pancreas, colon or stomach,
- gut problems including bleeding, liver problems,
- constipation, feeling sick (nausea), indigestion, loss of appetite, flatulence.

#### **Nervous system problems** such as:

- feeling dizzy, drowsy or numb,
- tremor, muscle spasms, convulsions,



- feeling anxious or depressed, changes in your mood or thoughts.

**Heart and blood vessel problems** such as:

- change in blood pressure, unusual heartbeat, widening of blood vessels.

**Lung problems** such as:

- pneumonia, bronchitis,
- shortness of breath, cough, which can be due to bronchiectasis (a condition in which the lung airways are abnormally dilated) or pulmonary fibrosis (scarring of the lung). Talk to your doctor if you develop a persistent cough or breathlessness
- fluid on the lungs or inside the chest,
- sinus problems.

**Other problems** such as:

- weight loss, gout, high blood sugar, bleeding, bruising.

**Reporting of side effects**

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system](#) listed in [Appendix V](#).

**5. How to store CellCept**

- Keep out of the sight and reach of children.
- Do not use the capsules after the expiry date stated on the carton (EXP).
- Do not store above 30°C.
- Store in the original package in order to protect from moisture.
- Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

**6. Contents of the pack and other information**

**What CellCept contains**

- The active substance is mycophenolate mofetil.
- The other ingredients are:
- CellCept capsules: pregelatinised maize starch, croscarmellose sodium, polyvidone (K-90), magnesium stearate
- Capsule shell: gelatin, indigo carmine (E132), yellow iron oxide (E172), red iron oxide (E172), titanium dioxide (E171), black iron oxide (E172), potassium hydroxide, shellac.

**What CellCept looks like and contents of the pack**

- CellCept capsules are oblong shaped with one end blue and the other end brown. They have “CellCept 250” printed in black on the capsule cap and “Roche” printed in black on the capsule body.
- They are available as a carton of 100 or 300 capsules (both in blister packs of 10).

**Marketing Authorisation Holder**

Roche Registration GmbH  
Emil-Barell-Strasse 1  
79639 Grenzach-Wyhlen  
Germany

**Manufacturing Authorisation holder responsible for batch release:**  
Roche Pharma AG, Emil Barell Str. 1, 79639 Grenzach Wyhlen, Germany.

For any information about this medicinal product, please contact the local representative of the Marketing Authorisation Holder:

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**This leaflet was last revised on {MM/YYYY}**

Detailed information on this medicine is available on the European Medicines Agency web site:

<http://www.ema.europa.eu>

**Package leaflet: Information for the user**  
**CellCept 500 mg powder for concentrate for solution for infusion**  
(mycophenolate mofetil)

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

**What is in this leaflet:**

1. What CellCept is and what it is used for
2. What you need to know before you have CellCept
3. How you have CellCept
4. Possible side effects
5. How to store CellCept
6. Contents of the pack and other information
7. Making up the medicine

**1. What CellCept is and what it is used for**

The full name of your medicine is CellCept 500 mg powder for concentrate for solution for infusion.

- In this leaflet the shorter name CellCept is used.

CellCept contains mycophenolate mofetil.

- This belongs to a group of medicines called “immunosuppressants”.

CellCept is used to prevent your body rejecting a transplanted organ.

- A kidney or liver.

CellCept should be used together with other medicines:

- Ciclosporin and corticosteroids.

**2. What you need to know before you take CellCept**

**WARNING**

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 and must follow the contraception advice given to you by your doctor.

Your doctor will speak to you and give you written information, particularly on the effects of mycophenolate on unborn babies. Read the information carefully and follow the instructions. If you do not fully understand these instructions, please ask your doctor to explain them again before you take mycophenolate. See also further information in this section under “Warnings and precautions” and “Pregnancy and breast-feeding”.

**Do not take CellCept:**

- If you are allergic (hypersensitive) to mycophenolate mofetil, mycophenolic acid, polysorbate 80 or any of the other ingredients in this medicine (listed in Section 6)
- If you are a woman who could be pregnant and you have not provided a negative pregnancy test before your first prescription as mycophenolate causes birth defects and miscarriage.
- If you are pregnant or planning to become pregnant or think you may be pregnant

- If you are not using effective contraception (see Pregnancy, contraception and breast-feeding).
- If you are breast-feeding.

Do not have this medicine if any of the above applies to you. If you are not sure, talk to your doctor or nurse before having CellCept.

### **Warnings and precautions**

Talk to your doctor or nurse straight away before having CellCept:

- If you have a sign of infection such as a fever or sore throat
- If you have any unexpected bruising or bleeding
- If you have ever had a problem with your digestive system such as a stomach ulcer
- If you are planning to become pregnant or if you get pregnant while taking CellCept.

If any of the above apply to you (or you are not sure), talk to your doctor or nurse straight away before having CellCept.

### **The effect of sunlight**

CellCept reduces your body's defences. As a result, there is an increased risk of skin cancer. Limit the amount of sunlight and UV light you get. Do this by:

- wearing protective clothing which also covers your head, neck, arms and legs
- using a sunscreen with a high protection factor.

### **Other medicines and CellCept**

Please tell your doctor or nurse if you are taking or have recently taken any other medicines. This includes medicines obtained without a prescription, including herbal medicines. This is because CellCept can affect the way some other medicines work. Also other medicines can affect the way CellCept works.

In particular, tell your doctor or nurse if you are taking any of the following medicines before you start CellCept:

- azathioprine or other medicines which suppress your immune system – given after a transplant operation
- cholestyramine – used to treat high cholesterol
- rifampicin – an antibiotic used to prevent and treat infections such as tuberculosis (TB)
- phosphate binders – used by people with chronic kidney failure to reduce how much phosphate gets absorbed into their blood.
- antibiotics – used to treat bacterial infections
- isavuconazole – used to treat fungal infections
- telmisartan – used to treat high blood pressure

### **Vaccines**

If you need to have a vaccine (a live vaccine) while having CellCept, talk to your doctor or pharmacist first. Your doctor will have to advise you on what vaccines you can have.

You must not donate blood during treatment with CellCept and for at least 6 weeks after stopping treatment. Men must not donate semen during treatment with CellCept and for at least 90 days after stopping treatment.

### **Pregnancy, contraception and breast-feeding**

#### **Contraception in women taking CellCept**

If you are a woman who could become pregnant you must use an effective method of contraception with CellCept. This includes:

- Before you start taking CellCept
- During your entire treatment with CellCept
- For 6 weeks after you stop taking CellCept.

Talk to your doctor about the most suitable contraception for you. This will depend on your individual situation. Two forms of contraception are preferable as this will reduce the risk of unintended

**pregnancy. Contact your doctor as soon as possible, if you think your contraception may not have been effective or if you have forgotten to take your contraceptive pill.**

You are a woman who is not capable of becoming pregnant if any of the following applies to you:

- You are post-menopausal, i.e. at least 50 years old and your last period was more than a year ago (if your periods have stopped because you have had treatment for cancer, then there is still a chance you could become pregnant)
- Your fallopian tubes and both ovaries have been removed by surgery (bilateral salpingo-oophorectomy)
- Your womb (uterus) has been removed by surgery (hysterectomy)
- Your ovaries no longer work (premature ovarian failure, which has been confirmed by a specialist gynaecologist)
- You were born with one of the following rare conditions that make pregnancy impossible: the XY genotype, Turner's syndrome or uterine agenesis
- You are a child or teenager who has not started having periods.

### **Contraception in men taking CellCept**

The available evidence does not indicate an increased risk of malformations or miscarriage if the father takes mycophenolate. However, a risk cannot be completely excluded. As a precaution you or your female partner are recommended to use reliable contraception during treatment and for 90 days after you stop taking CellCept.

If you are planning to have a child, talk to your doctor about the potential risks.

### **Pregnancy and breast-feeding**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. Your doctor will talk to you about the risks in case of pregnancy and the alternatives you can take to prevent rejection of your transplant organ if:

- You plan to become pregnant.
- You miss or think you have missed a period, or you have unusual menstrual bleeding, or suspect you are pregnant.
- You have sex without using an effective method of contraception.

If you do become pregnant during the treatment with mycophenolate, you must inform your doctor immediately. However, keep taking CellCept until you see him or her.

### **Pregnancy**

Mycophenolate causes a very high frequency of miscarriage (50%) and of severe birth defects (23-27 %) in the unborn baby. Birth defects which have been reported include anomalies of ears, of eyes, of face (cleft lip/palate), of development of fingers, of heart, oesophagus (tube that connects the throat with the stomach), kidneys and nervous system (for example spina bifida (where the bones of the spine are not properly developed)). Your baby may be affected by one or more of these.

If you are a woman who could become pregnant, you must provide a negative pregnancy test before starting treatment and must follow the contraception advice given to you by your doctor. Your doctor may request more than one test to ensure you are not pregnant before starting treatment.

### **Breast-feeding**

Do not take CellCept if you are breast-feeding. This is because small amounts of the medicine can pass into the mother's milk.

### **Driving and using machines**

CellCept is not likely to affect you being able to drive or use any tools or machines.

### 3. How to take CellCept

Cellcept is usually given by a doctor or nurse in hospital. It is given as a slow drip (infusion) into a vein.

#### How much to take

The amount you take depends on the type of transplant you have had. The usual doses are shown below. Treatment will continue for as long as you need to prevent you from rejecting your transplant organ.

#### Kidney transplant

Adults

- The first dose is given within 24 hours of the transplant operation.
- The daily dose is 2 g of the medicine taken as 2 separate doses.
- This will be given as 1 g in the morning and then 1 g in the evening.

#### Liver transplant

Adults

- The first dose is given to you as soon as possible after the transplant operation.
- You will have the medicine for at least 4 days.
- The daily dose is 2 g of the medicine taken as 2 separate doses.
- This will be given as 1 g in the morning and then 1 g in the evening.
- When you are able to swallow, you will be given this medicine by mouth.

#### Making up the medicine

The medicine comes as a powder. This needs mixing with glucose before using. Your doctor or nurse will make up the medicine and give it to you. They will follow the instructions under Section 7 “Making up the medicine”.

#### If you have more CellCept than you should

If you think that you have had too much medicine, talk to your doctor or nurse straight away.

#### If you forget to take CellCept

If a dose of CellCept is missed, this will be given to you as soon as possible. Your treatment will then continue at the normal times.

#### If you stop taking CellCept

Do not stop having CellCept unless your doctor tells you to. If you stop your treatment you may increase the chance of rejection of your transplant organ.

If you have any further questions on the use of this product, ask your doctor or nurse.

### 4. Possible side effects

Like all medicines, CellCept can cause side effects, although not everybody gets them.

#### Talk to a doctor or nurse straight away if you notice any of the following serious side effects – you may need urgent medical treatment:

- you have a sign of infection such as a fever or sore throat
- you have any unexpected bruising or bleeding
- you have a rash, swelling of your face, lips, tongue or throat, with difficulty breathing - you may be having a serious allergic reaction to the medicine (such as anaphylaxis, angioedema).

### **Usual problems**

Some of the more usual problems are diarrhoea, fewer white cells or red cells in your blood, infection and vomiting. Your doctor will do regular blood tests to check for any changes in:

- the number of your blood cells
- the amount in your blood of things like sugar, fat or cholesterol.

### **Fighting infections**

CellCept reduces your body's defences. This is to stop you rejecting your transplant. As a result, your body will not be as good as normal at fighting infections. This means you may catch more infections than usual. This includes infections of the brain, skin, mouth, stomach and gut, lungs and urinary system.

### **Lymph and skin cancer**

As can happen in patients having this type of medicine (immune-suppressants), a very small number of CellCept patients have developed cancer of the lymphoid tissues and skin.

### **General unwanted effects**

You may get general side effects affecting your body as a whole. These include serious allergic reactions (such as anaphylaxis, angioedema), fever, feeling very tired, difficulty sleeping, pains (such as stomach, chest, joint or muscle, pain on passing urine), headache, flu symptoms and swelling.

Other unwanted effects may include:

**Skin problems** such as:

- acne, cold sores, shingles, hair loss, rash, itching.

**Urinary problems** such as:

- kidney problems or the urgent need to pass water (urine).

**Digestive system and mouth problems** such as:

- swelling of the gums and mouth ulcers,
- inflammation of the pancreas, colon or stomach,
- gut problems including bleeding, liver problems,
- constipation, feeling sick (nausea), indigestion, loss of appetite, flatulence.

**Nervous system problems** such as:

- feeling drowsy or numb,
- tremor, muscle spasms, convulsions,
- feeling depressed, changes in your mood or thoughts.

**Heart and blood vessel problems** such as:

- change in blood pressure, blood clots, unusual heartbeat,
- pain, redness and swelling of the blood vessels where you had the infusion.

**Lung problems** such as:

- pneumonia, bronchitis,
- shortness of breath, cough, which can be due to bronchiectasis (a condition in which the lung airways are abnormally dilated) or pulmonary fibrosis (scarring of the lung). Talk to your doctor if you develop a persistent cough or breathlessness
- fluid on the lungs or inside the chest,
- sinus problems.

**Other problems** such as:

- weight loss, high blood sugar, bleeding, bruising.



## Reporting of side effects

If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#).

## 5. How to store CellCept

- Keep out of the sight and reach of children.
- Do not use after the expiry date stated on the carton and vial label (EXP).
- Powder for concentrate for solution for infusion: do not store above 30°C.
- Reconstituted solution and the diluted solution: store between 15°C and 30°C.
- Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

## 6. CONTENTS OF THE PACK AND OTHER INFORMATION

### What CellCept contains

- The active substance is mycophenolate mofetil.
- The other ingredients are: polysorbate 80, citric acid, hydrochloric acid, sodium chloride.

### What CellCept looks like and contents of the pack

- CellCept is provided in a 20 mL type I clear glass vial with a grey butyl rubber stopper and aluminium seal with a plastic flip-off cap.
- It is available in packs of 4 vials.

## 7. MAKING UP THE MEDICINE

### Method and route of administration

CellCept 500 mg powder for concentrate for solution for infusion does not contain an antibacterial preservative; therefore, reconstitution and dilution of the product must be performed under aseptic conditions.

The contents of CellCept 500 mg powder for concentrate for solution for infusion vials must be reconstituted with 14 mL of glucose intravenous infusion 5% each. A further dilution with glucose intravenous infusion 5% is required to a final concentration of 6 mg/mL. This means that to prepare a 1 g dose of mycophenolate mofetil the content of 2 reconstituted vials (approx. 2 x 15 mL) must be further diluted into 140 mL glucose intravenous infusion 5% solution. If the infusion solution is not prepared immediately prior to administration, the commencement of administration of the infusion solution should be within 3 hours from reconstitution and dilution of the medicinal product.

Take care not to let the made-up medicine get into your eyes.

- If this happens, rinse your eyes with plain water.

Take care not to let the made-up medicine get on your skin.

- If this happens, wash the area thoroughly with soap and water.

CellCept 500 mg powder for concentrate for solution for infusion must be given as an intravenous (IV) infusion. The infusion flow rate should be controlled to equate to a 2 hour period of administration.

CellCept IV solution should never be administered by rapid or bolus intravenous injection.

**Marketing Authorisation Holder**

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**Manufacturing Authorisation holder responsible for batch release:**

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**United Kingdom**

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**This leaflet was last revised on {MM/YYYY}**

Detailed information on this medicine is available on the European Medicines Agency web site:

<http://www.ema.europa.eu>

**Package leaflet: Information for the user**  
**CellCept 1 g/5 ml powder for oral suspension**  
(mycophenolate mofetil)

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

**What is in this leaflet:**

1. What CellCept is and what it is used for
2. What you need to know before you take CellCept
3. How to take CellCept
4. Possible side effects
5. How to store CellCept
6. Contents of the pack and other information
7. Making-up the medicine

**1. What CellCept is and what it is used for**

The full name of your medicine is CellCept 1 g/5 ml powder for oral suspension.

- In this leaflet the shorter name CellCept is used.

CellCept contains mycophenolate mofetil.

- This belongs to a group of medicines called “immuno-suppressants”.

CellCept is used to prevent your body rejecting a transplanted organ.

- A kidney, heart or liver.

CellCept should be used together with other medicines:

- Ciclosporin and corticosteroids.

**2. What you need to know before you take CellCept**

**WARNING**

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 and must follow the contraception advice given to you by your doctor.

Your doctor will speak to you and give you written information, particularly on the effects of mycophenolate on unborn babies. Read the information carefully and follow the instructions.

If you do not fully understand these instructions, please ask your doctor to explain them again before you take mycophenolate. See also further information in this section under “Warnings and precautions” and “Pregnancy and breast-feeding”.

**Do not take CellCept:**

- If you are allergic (hypersensitive) to mycophenolate mofetil, mycophenolic acid or any of the other ingredients in this medicine (listed in Section 6)
- If you are a woman who could be pregnant and you have not provided a negative pregnancy test before your first prescription as mycophenolate causes birth defects and miscarriage.
- If you are pregnant or planning to become pregnant or think you may be pregnant

- If you are not using effective contraception (see Pregnancy, contraception and breast-feeding).
- If you are breast-feeding.

Do not take this medicine if any of the above applies to you. If you are not sure, talk to your doctor or pharmacist before taking CellCept.

### **Warnings and precautions**

Talk to your doctor straight away before taking CellCept:

- If you have a sign of infection such as a fever or sore throat
- If you have any unexpected bruising or bleeding
- If you have ever had a problem with your digestive systemsuch as a stomach ulcer
  - If you have a rare problem with your metabolism called “phenylketonuria” which runs in families
- If you are planning to become pregnant or if you get pregnant while taking CellCept.

If any of the above apply to you (or you are not sure), talk to your doctor straight away before taking CellCept.

### **The effect of sunlight**

CellCept reduces your body’s defences. As a result, there is an increased risk of skin cancer. Limit the amount of sunlight and UV light you get. Do this by:

- wearing protective clothing which covers your head, neck, arms and legs
- using a sunscreen with a high protection factor.

### **Other medicines and CellCept:**

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines. This includes medicines obtained without a prescription, including herbal medicines. This is because CellCept can affect the way some other medicines work. Also other medicines can affect the way CellCept works.

In particular, tell your doctor or pharmacist if you are taking any of the following medicines before you start CellCept:

- azathioprine or other medicines which suppress your immune system - given after a transplant operation
- cholestyramine - used to treat high cholesterol
- rifampicin - an antibiotic used to prevent and treat infections such as tuberculosis (TB)
- antacids or proton pump inhibitors - used for acid problems in your stomach such as indigestion
- phosphate binders - used by people with chronic kidney failure to reduce how much phosphate gets absorbed into their blood.
- antibiotics – used to treat bacterial infections
- isavuconazole – used to treat fungal infections
- telmisartan – used to treat high blood pressure

### **Vaccines**

If you need to have a vaccine (a live vaccine) while taking CellCept, talk to your doctor or pharmacist first. Your doctor will have to advise you on which vaccines you can have.

You must not donate blood during treatment with CellCept and for at least 6 weeks after stopping treatment. Men must not donate semen during treatment with CellCept and for at least 90 days after stopping treatment.

### **CellCept with food and drink**

Taking food and drink has no effect on your treatment with CellCept.

## **Pregnancy, contraception and breast-feeding**

### **Contraception in women taking CellCept**

If you are a woman who could become pregnant you must use an effective method of contraception with CellCept. This includes:

- Before you start taking CellCept
- During your entire treatment with CellCept
- For 6 weeks after you stop taking CellCept.

Talk to your doctor about the most suitable contraception for you. This will depend on your individual situation. Two forms of contraception are preferable as this will reduce the risk of unintended pregnancy. **Contact your doctor as soon as possible, if you think your contraception may not have been effective or if you have forgotten to take your contraceptive pill.**

You are a woman who is not capable of becoming pregnant if any of the following applies to you:

- You are post-menopausal, i.e. at least 50 years old and your last period was more than a year ago (if your periods have stopped because you have had treatment for cancer, then there is still a chance you could become pregnant)
- Your fallopian tubes and both ovaries have been removed by surgery (bilateral salpingo-oophorectomy)
- Your womb (uterus) has been removed by surgery (hysterectomy)
- Your ovaries no longer work (premature ovarian failure, which has been confirmed by a specialist gynaecologist)
- You were born with one of the following rare conditions that make pregnancy impossible: the XY genotype, Turner's syndrome or uterine agenesis
- You are a child or teenager who has not started having periods.

### **Contraception in men taking CellCept**

The available evidence does not indicate an increased risk of malformations or miscarriage if the father takes mycophenolate. However, a risk cannot be completely excluded. As a precaution you or your female partner are recommended to use reliable contraception during treatment and for 90 days after you stop taking CellCept.

If you are planning to have a child, talk to your doctor about the potential risks.

### **Pregnancy and breast-feeding**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. Your doctor will talk to you about the risks in case of pregnancy and the alternatives you can take to prevent rejection of your transplant organ if:

- You plan to become pregnant.
- You miss or think you have missed a period, or you have unusual menstrual bleeding, or suspect you are pregnant.
- You have sex without using an effective method of contraception.

If you do become pregnant during the treatment with mycophenolate, you must inform your doctor immediately. However, keep taking CellCept until you see him or her.

### **Pregnancy**

Mycophenolate causes a very high frequency of miscarriage (50%) and of severe birth defects (23-27%) in the unborn baby. Birth defects which have been reported include anomalies of ears, of eyes, of face (cleft lip/palate), of development of fingers, of heart, oesophagus (tube that connects the throat with the stomach), kidneys and nervous system (for example spina bifida (where the bones of the spine are not properly developed)). Your baby may be affected by one or more of these.

If you are a woman who could become pregnant, you must provide a negative pregnancy test before starting treatment and must follow the contraception advice given to you by your doctor. Your doctor may request more than one test to ensure you are not pregnant before starting treatment.

### **Breast-feeding**

Do not take CellCept if you are breast-feeding. This is because small amounts of the medicine can pass into the mother's milk.

### **Driving and using machines**

CellCept is not likely to affect you being able to drive or use any tools or machines.

### **Important information about some of the ingredients of CellCept**

- CellCept contains aspartame. If you have a rare problem with your metabolism called "phenylketonuria", talk to your doctor before you start taking this medicine.
- CellCept contains sorbitol (a type of sugar). If you have been told by your doctor that you cannot tolerate or digest some sugars, talk to your doctor before taking this medicine.

## **3. How to take CellCept**

Always take CellCept exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

### **How much to take**

The amount you take depends on the type of transplant you have had. The usual doses are shown below. Treatment will continue for as long as you need to prevent you from rejecting your transplant organ.

### **Kidney transplant**

#### Adults

- The first dose is given within 3 days of the transplant operation.
- The daily dose is 10 mL suspension (2 g of the medicine) taken as 2 separate doses.
- Take 5 mL suspension in the morning and then 5 mL suspension in the evening.

#### Children (aged 2 to 18 years)

- The dose given will vary depending on the size of the child.
- Your doctor will decide the most appropriate dose based on your child's height and weight (body surface area – measured as square metres or "m<sup>2</sup>"). The recommended dose is 600 mg/ m<sup>2</sup> taken twice a day.

### **Heart transplant**

#### Adults

- The first dose is given within 5 days of the transplant operation.
- The daily dose is 15 mL suspension (3 g of the medicine) taken as 2 separate doses.
- Take 7.5 mL suspension in the morning and then 7.5 mL suspension in the evening.

#### Children

- There is no information for the use of CellCept in children with a heart transplant.

### **Liver transplant**

#### Adults

- The first dose of oral CellCept will be given to you at least 4 days after the transplant operation and when you are able to swallow oral medications.
- The daily dose is 15 mL suspension (3 g of the medicine) taken as 2 separate doses.
- Take 7.5 mL suspension in the morning and then 7.5 mL suspension in the evening.

#### Children

- There is no information for the use of CellCept in children with a liver transplant.

### **Making up the medicine**

The medicine comes as a powder. This needs mixing with purified water before using. Your pharmacist will normally make up the medicine for you. If you need to do it yourself, see Section 7 "Making up the medicine"

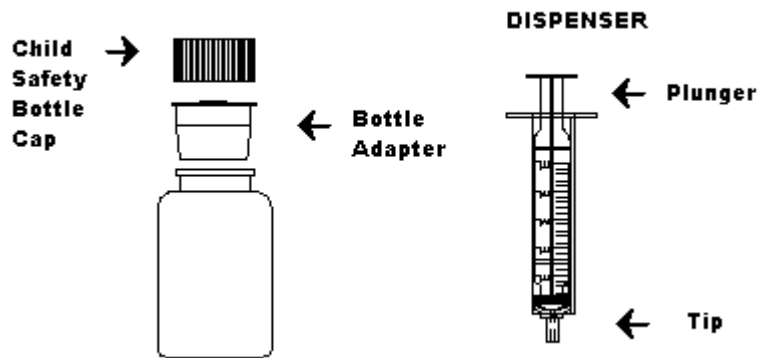
## Taking the medicine

You need to use the dispenser and bottle adapter supplied with the medicine to measure the dose. Try not to inhale the dry powder. Also try not to get it on your skin, inside your mouth or nose. Take care not to let the made-up medicine get into your eyes.

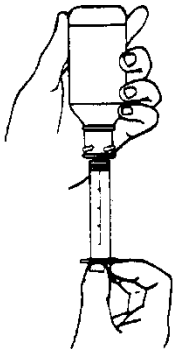
- If this happens, rinse your eyes with plain water.

Take care not to let the made-up medicine get onto your skin.

- If this happens, wash the area thoroughly with soap and water.



1. Shake the closed bottle well for about 5 seconds before each use.
2. Take off the child safety bottle cap.
3. Take the dispenser and push the plunger completely down toward the tip of the dispenser.
4. Then put the tip of the dispenser firmly into the opening of the bottle adapter.
5. Turn the whole thing upside down (bottle and dispenser – see picture below).



6. Pull the plunger out slowly.
  - Keep pulling it out until the desired amount of medicine is in the dispenser.
7. Turn the whole thing back round the right way.
  - Holding onto the body of the dispenser, carefully pull the dispenser out of the bottle adapter. The bottle adapter should stay in the bottle.
  - Put the end of the dispenser directly into your mouth and swallow the medicine.
  - Do not mix the medicine with any other liquid when you swallow it. Close the bottle with the child safety bottle cap after each use.
  - Immediately after use – take the dispenser to pieces and rinse it under running tap water. Allow it to dry in the air before using it again. Do not use solvent-containing wipes for cleaning. Do not use cloths or wipes for drying.

## If you take more CellCept than you should

If you take more CellCept than you should, talk to a doctor or go to a hospital straight away. Also do this if someone else accidentally takes your medicine. Take the medicine pack with you.

## If you forget to take CellCept

If you forget to take your medicine at any time, take it as soon as you remember. Then continue to take it at the usual times. Do not take a double dose to make up for a missed dose.



### **If you stop taking CellCept**

Do not stop taking CellCept unless your doctor tells you to. If you stop your treatment you may increase the chance of rejection of your transplant organ.

If you have any further questions on the use of this product, ask your doctor or pharmacist.

## **4. Possible side effects**

Like all medicines, CellCept can cause side effects, although not everybody gets them.

**Talk to a doctor straight away if you notice any of the following serious side effects – you may need urgent medical treatment:**

- you have a sign of infection such as a fever or sore throat
- you have any unexpected bruising or bleeding
- you have a rash, swelling of your face, lips, tongue or throat, with difficulty breathing – you may be having a serious allergic reaction to the medicine (such as anaphylaxis, angioedema).

### **Usual problems**

Some of the more usual problems are diarrhoea, fewer white cells or red cells in your blood, infection and vomiting. Your doctor will do regular blood tests to check for any changes in:

- the number of your blood cells
- the amount in your blood of things like sugar, fat or cholesterol.

Children may be more likely than adults to have some side effects. These include diarrhoea, infections, fewer white cells and fewer red cells in the blood.

### **Fighting infections**

CellCept reduces your body's defences. This is to stop you rejecting your transplant. As a result, your body will not be as good as normal at fighting infections. This means you may catch more infections than usual. This includes infections of the brain, skin, mouth, stomach and gut, lungs and urinary system.

### **Lymph and skin cancer**

As can happen in patients taking this type of medicine (immune-suppressants), a very small number of CellCept patients have developed cancer of the lymphoid tissues and skin.

### **General unwanted effects**

You may get general side effects affecting your body as a whole. These include serious allergic reactions (such as anaphylaxis, angioedema), fever, feeling very tired, difficulty sleeping, pains (such as stomach, chest, joint or muscle, pain on passing urine), headache, flu symptoms and swelling.

Other unwanted effects may include:

**Skin problems** such as:

- acne, cold sores, shingles, skin growth, hair loss, rash, itching.

**Urinary problems** such as:

- kidney problems or the urgent need to pass water (urine).

**Digestive system and mouth problems** such as:

- swelling of the gums and mouth ulcers,
- inflammation of the pancreas, colon or stomach,
- gut problems including bleeding, liver problems,
- constipation, feeling sick (nausea), indigestion, loss of appetite, flatulence.

**Nervous system problems** such as:

- feeling dizzy, drowsy or numb,
- tremor, muscle spasms, convulsions,
- feeling anxious or depressed, changes in your mood or thoughts.

**Heart and blood vessel problems** such as:

- change in blood pressure, unusual heartbeat, widening of blood vessels.

**Lung problems** such as:

- pneumonia, bronchitis,
- shortness of breath, cough, which can be due to bronchiectasis (a condition in which the lung airways are abnormally dilated) or pulmonary fibrosis (scarring of the lung). Talk to your doctor if you develop a persistent cough or breathlessness
- fluid on the lungs or inside the chest,
- sinus problems.

**Other problems** such as:

- weight loss, gout, high blood sugar, bleeding, bruising.

### **Reporting of side effects**

If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#).

## **5. HOW TO STORE CELLCEPT**

- Keep out of the sight and reach of children.
- Do not use after the expiry date stated on the carton and bottle label (EXP).
- The shelf-life of the reconstituted suspension is two months. The pharmacist will write the date of expiration on the bottle label in the blue box next to "Use before". Do not use the suspension past this expiry date.
- Powder for oral suspension: do not store above 30°C.
- Reconstituted suspension: do not store above 30°C.
- Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

## **6. Contents of the pack and other information**

### **What CellCept contains**

- The active substance is mycophenolate mofetil.
- The other ingredients are sorbitol, colloidal anhydrous silica, sodium citrate, soybean lecithin, mixed fruit flavour, xanthan gum, aspartame\* (E951), methyl parahydroxybenzoate (E218), citric acid anhydrous.  
\* contains phenylalanine equivalent to 2.78 mg/5 mL of suspension.

### **What CellCept looks like and contents of the pack**

- Each bottle of 110 g powder for oral suspension contains 35 g of mycophenolate mofetil. Reconstitute with 94 mL of purified water. When reconstituted, the volume of the suspension is 175 mL, providing a usable volume of 160 – 165 mL. 5 mL of the reconstituted suspension contain 1 g of mycophenolate mofetil.
- A bottle adapter and 2 oral dispensers are also provided.

## 7. MAKING UP THE MEDICINE

Your pharmacist will normally make up the medicine for you. If you need to do it yourself, follow the steps below:

Try not to inhale the dry powder. Also try not to get it on your skin, inside your mouth or nose.

Take care not to let the made-up medicine get into your eyes.

- If this happens, rinse your eyes with plain water.

Take care not to let the made-up medicine get on your skin.

- If this happens, wash the area thoroughly with soap and water.

1. Tap the bottom of the closed bottle several times to loosen the powder.
2. Measure 94 mL of purified water in a measuring cylinder.
3. Add about half of the total amount of purified water to the bottle.
  - Then shake the closed bottle well for about 1 minute.
4. Add the rest of the water.
  - Then shake the closed bottle well for about another minute.
5. Take off the child safety bottle cap and push the bottle adapter into the neck of the bottle.
6. Then, tightly close the bottle with child safety bottle cap.
  - This will make sure that the bottle adapter and child safety bottle cap are in the right position.
7. Write the expiry date of the made-up medicine on the bottle label.
  - The made-up medicine can be used for 2 months.

### Marketing Authorisation Holder

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### Manufacturing Authorisation holder responsible for batch release:

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**This leaflet was last revised on {MM/YYYY}**

Detailed information on this medicine is available on the European Medicines Agency web site:

<http://www.ema.europa.eu>

**Package leaflet: Information for the user**  
**CellCept 500 mg film-coated tablets**  
(mycophenolate mofetil)

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

**What in this leaflet:**

1. What CellCept is and what it is used for
2. What you need to know before you take CellCept
3. How to take CellCept
4. Possible side effects
5. How to store CellCept
6. Contents of the pack and other information

**1. What CellCept is and what it is used for**

The full name of your medicine is CellCept 500 mg film-coated tablets.

- In this leaflet the shorter name CellCept is used.

CellCept contains mycophenolate mofetil.

- This belongs to a group of medicines called “immunosuppressants”.

CellCept is used to prevent your body rejecting a transplanted organ.

- A kidney, heart or liver.

CellCept should be used together with other medicines:

- Ciclosporin and corticosteroids.

**2. What you need to know before you take CellCept**

**WARNING**

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 and must follow the contraception advice given to you by your doctor.

Your doctor will speak to you and give you written information, particularly on the effects of mycophenolate on unborn babies. Read the information carefully and follow the instructions.

If you do not fully understand these instructions, please ask your doctor to explain them again before you take mycophenolate. See also further information in this section under “Warnings and precautions” and “Pregnancy and breast-feeding”.

**Do not take CellCept:**

- If you are allergic (hypersensitive) to mycophenolate mofetil, mycophenolic acid or any of the other ingredients in this medicine (listed in Section 6)
- If you are a woman who could be pregnant and you have not provided a negative pregnancy test before your first prescription as mycophenolate causes birth defects and miscarriage.
- If you are pregnant or planning to become pregnant or think you may be pregnant

- If you are not using effective contraception (see Pregnancy, contraception and breast-feeding).
- If you are breast-feeding.

Do not take this medicine if any of the above applies to you. If you are not sure, talk to your doctor or pharmacist before taking CellCept.

### **Warnings and precautions**

Talk to your doctor straight away before taking CellCept:

- If you have a sign of infection such as a fever or sore throat
- If you have any unexpected bruising or bleeding
- If you have ever had a problem with your digestive system such as a stomach ulcer
- If you are planning to become pregnant or if you get pregnant while taking CellCept.

If any of the above apply to you (or you are not sure), talk to your doctor straight away before taking CellCept.

### **The effect of sunlight**

CellCept reduces your body's defences. As a result, there is an increased risk of skin cancer. Limit the amount of sunlight and UV light you get. Do this by:

- wearing protective clothing which also covers your head, neck, arms and legs
- using a sunscreen with a high protection factor.

### **Other medicines and CellCept**

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines. This includes medicines obtained without a prescription, including herbal medicines. This is because CellCept can affect the way some other medicines work. Also other medicines can affect the way CellCept works.

In particular, tell your doctor or pharmacist if you are taking any of the following medicines before you start CellCept:

- azathioprine or other medicines which suppress your immune system – given after a transplant operation
- cholestyramine – used to treat high cholesterol
- rifampicin – an antibiotic used to prevent and treat infections such as tuberculosis (TB)
- antacids or proton pump inhibitors – used for acid problems in your stomach such as indigestion
- phosphate binders – used by people with chronic kidney failure to reduce how much phosphate gets absorbed into their blood.
- antibiotics – used to treat bacterial infections
- isavuconazole – used to treat fungal infections
- telmisartan – used to treat high blood pressure

### **Vaccines**

If you need to have a vaccine (a live vaccine) while taking CellCept, talk to your doctor or pharmacist first. Your doctor will have to advise you on what vaccines you can have.

You must not donate blood during treatment with CellCept and for at least 6 weeks after stopping treatment. Men must not donate semen during treatment with CellCept and for at least 90 days after stopping treatment.

### **CellCept with food and drink**

Taking food and drink has no effect on your treatment with CellCept.

### **Pregnancy, contraception and breast-feeding**

#### **Contraception in women taking CellCept**

If you are a woman who could become pregnant you must use an effective method of contraception with CellCept. This includes:

- Before you start taking CellCept
- During your entire treatment with CellCept

- For 6 weeks after you stop taking CellCept.

Talk to your doctor about the most suitable contraception for you. This will depend on your individual situation. Two forms of contraception are preferable as this will reduce the risk of unintended pregnancy. **Contact your doctor as soon as possible, if you think your contraception may not have been effective or if you have forgotten to take your contraceptive pill.**

You are a woman who is not capable of becoming pregnant if any of the following applies to you:

- You are post-menopausal, i.e. at least 50 years old and your last period was more than a year ago (if your periods have stopped because you have had treatment for cancer, then there is still a chance you could become pregnant)
- Your fallopian tubes and both ovaries have been removed by surgery (bilateral salpingo-oophorectomy)
- Your womb (uterus) has been removed by surgery (hysterectomy)
- Your ovaries no longer work (premature ovarian failure, which has been confirmed by a specialist gynaecologist)
- You were born with one of the following rare conditions that make pregnancy impossible: the XY genotype, Turner's syndrome or uterine agenesis
- You are a child or teenager who has not started having periods.

### **Contraception in men taking CellCept**

The available evidence does not indicate an increased risk of malformations or miscarriage if the father takes mycophenolate. However, a risk cannot be completely excluded. As a precaution you or your female partner are recommended to use reliable contraception during treatment and for 90 days after you stop taking CellCept.

If you are planning to have a child, talk to your doctor about the potential risks.

### **Pregnancy and breast-feeding**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. Your doctor will talk to you about the risks in case of pregnancy and the alternatives you can take to prevent rejection of your transplant organ if:

- You plan to become pregnant.
- You miss or think you have missed a period, or you have unusual menstrual bleeding, or suspect you are pregnant.
- You have sex without using an effective method of contraception.

If you do become pregnant during the treatment with mycophenolate, you must inform your doctor immediately. However, keep taking CellCept until you see him or her.

### **Pregnancy**

Mycophenolate causes a very high frequency of miscarriage (50%) and of severe birth defects (23-27 %) in the unborn baby. Birth defects which have been reported include anomalies of ears, of eyes, of face (cleft lip/palate), of development of fingers, of heart, oesophagus (tube that connects the throat with the stomach), kidneys and nervous system (for example spina bifida (where the bones of the spine are not properly developed)). Your baby may be affected by one or more of these.

If you are a woman who could become pregnant, you must provide a negative pregnancy test before starting treatment and must follow the contraception advice given to you by your doctor. Your doctor may request more than one test to ensure you are not pregnant before starting treatment.

### **Breast-feeding**

Do not take CellCept if you are breast-feeding. This is because small amounts of the medicine can pass into the mother's milk.

### **Driving and using machines**

CellCept is not likely to affect you being able to drive or use any tools or machines.

### 3. How to take CellCept

Always take CellCept exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

#### How much to take

The amount you take depends on the type of transplant you have had. The usual doses are shown below. Treatment will continue for as long as you need to prevent you from rejecting your transplant organ.

#### Kidney transplant

##### Adults

- The first dose is given within 3 days of the transplant operation.
- The daily dose is 4 tablets (2 g of the medicine) taken as 2 separate doses.
- Take 2 tablets in the morning and then 2 tablets in the evening.

##### Children (aged 2 to 18 years)

- The dose given will vary depending on the size of the child.
- Your doctor will decide the most appropriate dose based on your child's height and weight (body surface area – measured as square metres or “m<sup>2</sup>”). The recommended dose is 600 mg/ m<sup>2</sup> taken twice a day.

#### Heart transplant

##### Adults

- The first dose is given within 5 days of the transplant operation.
- The daily dose is 6 tablets (3 g of the medicine) taken as 2 separate doses.
- Take 3 tablets in the morning and then 3 tablets in the evening.

##### Children

- There is no information for the use of CellCept in children with a heart transplant.

#### Liver transplant

##### Adults

- The first dose of oral CellCept will be given to you at least 4 days after the transplant operation and when you are able to swallow oral medicines.
- The daily dose is 6 tablets (3 g of the medicine) taken as 2 separate doses.
- Take 3 tablets in the morning and then 3 tablets in the evening.

##### Children

- There is no information for the use of CellCept in children with a liver transplant.

#### Taking the medicine

- Swallow your tablets whole with a glass of water.
- Do not break or crush them.

#### If you take more CellCept than you should

If you take more CellCept than you should, talk to a doctor or go to a hospital straight away. Also do this if someone else accidentally takes your medicine. Take the medicine pack with you.

#### If you forget to take CellCept

If you forget to take your medicine at any time, take it as soon as you remember. Then continue to take it at the usual times. Do not take a double dose to make up for a missed dose.

#### If you stop taking CellCept

Do not stop taking CellCept unless your doctor tells you to. If you stop your treatment you may increase the chance of rejection of your transplanted organ.

If you have any further questions on the use of this product, ask your doctor or pharmacist.



#### **4. Possible side effects**

Like all medicines, CellCept can cause side effects, although not everybody gets them.

**Talk to a doctor straight away if you notice any of the following serious side effects – you may need urgent medical treatment:**

- you have a sign of infection such as a fever or sore throat
- you have any unexpected bruising or bleeding
- you have a rash, swelling of your face, lips, tongue or throat, with difficulty breathing - you may be having a serious allergic reaction to the medicine (such as anaphylaxis, angioedema).

#### **Usual problems**

Some of the more usual problems are diarrhoea, fewer white cells or red cells in your blood, infection and vomiting. Your doctor will do regular blood tests to check for any changes in:

- the number of your blood cells
- the amount in your blood of things like sugar, fat or cholesterol.

Children may be more likely than adults to have some side effects. These include diarrhoea, infections, fewer white cells and fewer red cells in the blood.

#### **Fighting infections**

CellCept reduces your body's defences. This is to stop you rejecting your transplant. As a result, your body will not be as good as normal at fighting infections. This means you may catch more infections than usual. This includes infections of the brain, skin, mouth, stomach and gut, lungs and urinary system.

#### **Lymph and skin cancer**

As can happen in patients taking this type of medicine (immune-suppressants), a very small number of CellCept patients have developed cancer of the lymphoid tissues and skin.

#### **General unwanted effects**

You may get general side effects affecting your body as a whole. These include serious allergic reactions (such as anaphylaxis, angioedema), fever, feeling very tired, difficulty sleeping, pains (such as stomach, chest, joint or muscle, pain on passing urine), headache, flu symptoms and swelling.

Other unwanted effects may include:

**Skin problems** such as:

- acne, cold sores, shingles, skin growth, hair loss, rash, itching.

**Urinary problems** such as:

- kidney problems or the urgent need to pass water (urine).

**Digestive system and mouth problems** such as:

- swelling of the gums and mouth ulcers,
- inflammation of the pancreas, colon or stomach,
- gut problems including bleeding, liver problems,
- constipation, feeling sick (nausea), indigestion, loss of appetite, flatulence.

**Nervous system problems** such as:

- feeling dizzy, drowsy or numb,
- tremor, muscle spasms, convulsions,
- feeling anxious or depressed, changes in your mood or thoughts.

**Heart and blood vessel problems** such as:

- change in blood pressure, unusual heartbeat, widening of blood vessels.

**Lung problems** such as:

- pneumonia, bronchitis,
- shortness of breath, cough, which can be due to bronchiectasis (a condition in which the lung airways are abnormally dilated) or pulmonary fibrosis (scarring of the lung). Talk to your doctor if you develop a persistent cough or breathlessness
- fluid on the lungs or inside the chest,
- sinus problems.

**Other problems** such as:

- weight loss, gout, high blood sugar, bleeding, bruising.

**Reporting of side effects**

If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#).

**5. How to store CellCept**

- Keep out of the sight and reach of children.
- Do not use the tablets after the expiry date stated on the carton (EXP).
- Do not store above 30°C.
- Keep in outer carton in order to protect from light.
- Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

**6. Contents of the pack and other information****What CellCept film coated tablet contains**

- The active substance is mycophenolate mofetil.
- The other ingredients are:
- CellCept tablets: microcrystalline cellulose, polyvidone (K-90), croscarmellose sodium, magnesium stearate
- tablet coating: hydroxypropyl methycellulose, hydroxypropyl cellulose, titanium dioxide (E171), polyethylene glycol 400, indigo carmine aluminium lake (E132), red iron oxide (E172).

**What CellCept looks like and contents of the pack**

- CellCept tablets are lavender coloured and caplet shaped. They have “CellCept 500” engraved on one side and “ROCHE” on the other.
- They are available as packs of 50 or 150 tablets (both in blister packs of 10).

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**This leaflet was last revised on {MM/YYYY}**

Detailed information on this medicine is available on the European Medicines Agency web site:  
<http://www.ema.europa.eu>