Abnormal results and what to do Leflunomide has a half-life of 1-4 weeks and any severe reaction (or suspected severe reaction) may require a wash-out procedure ((see below) Abnormal blood count $\square\square$ WCC< 3.5 x10⁹/l or neutrophil count < 1.6 x 10⁹/l - stop drug. Inform rheumatology. If the patient is febrile or has other evidence of infection, hospital admission for supportive treatment may be $\square\square$ MCV > 105 fl, check B12 and foliate and treat if low. If no cause found contact rheumatology \Box Platelet count <140 x 10⁹/l stop drug and inform rheumatologist. Bleeding or bruising may require hospitalisation for supportive treatment if severe Rapid falls or persistent downward trends in any of these measures, even if still within the normal range, may require dosage reduction **Abnormal LFT's** □□ALT and alkaline phosphatase within 2 times the upper limit of the normal are acceptable. Levels 2 times upper limit of normal should be discussed with rheumatology. Severe LFT Abnormalities may require a washout procedure if no other cause is identified

BP > 140/90 treat according to current guidelines.

Weight loss

☐ If >10% of original weight and no other identifiable cause - stop drug and inform rheumatoloist

Deteriorating renal function

 \square An eGFR of \leq 30 may require dose reduction and/or closer monitoring and should be discussed with rheumatology

Other Adverse Reactions

Mouth ulceration or rash

 withhold drug. Check FBC urgently. In the case of severe lesions commence the washout procedure immediately.

Pneumonitis—

is rare but patients developing new shortness of breath or dry cough should stop the drug and seek medical attention

Pregnancy & Breastfeeding

Reliable contraception is imperative for men and women taking leflunomide. Women or men taking the drug who wish to become pregnant/father a child should see the rheumatologist. A washout will be required and blood tests to measure drug levels will need to be checked at least twice and con-firmed safe before attempting to conceive

Women taking leflunomide must not breast feed Washout Procedure.

Use either:

□□Cholestyramine 8g three times daily (can be obtained by contacting duty pharmacist if not otherwise avilable) or

□□Activated charcoal 50 g four times daily (not suitable where there is risk of aspiration)

The recommended duration is 11 days. This may be modified depending on the the severity of toxicity. If toxicity is suspected please take blood for FBC, U&E and LFTs plus an additional gel tube to be stored by the laboratory, this can be submitted to the manufacturer for levels if necessary. Do not delay the commencement of the washout procedure, but please ensure that the rheumatologist is informed at the earliest opportunity.

Contacting the rheumatologist (GPs and treatment room nurses)

Emergency problems – contact the rheumatologist via the above numbers. If this fails advice may be sought from the on-call physician. When in doubt stop the drug at least temporarily Less urgent problems may be dealt with by:

Writing or e-mail (using the rheumatology ac	lvice
inbox) providing CHI number and clinical de	etails

□□Rheumatology telephone clinic for GPs Tuesday mornings 11-12.30—01896 826665

Borders Rheumatology Service Borders General Hospital MELROSE TD6 9BS Tel:

01896 826665 (office) 01896 826666 (nurse helpline) E-mail: rheumatology@borders.scot.nhs.uk

RheumatologyAdvice@borders.scot.nhs.uk (for health care professionals only)

Prescribing and Monitoring Guidelines

Leflunomide

Shared Care Guidance for General Practitioners and Practice Nurses

November 2017 (review date Nov 2021)

Patient's name Address

Telephone Number:

This information is provided as a guide – it does not replace													
manuals such as the BNF or drug data sheets. In case of	Date	Dose	НЬ	wcc	Neutro-	Plate	ESR	ALT	Alk	BP	Wt	Date next	Message
				.,,,,	phils	lets	2011		Phos		(kg)	test	to patient
any uncertainty, such sources should always be consulted					pc						(1.9)		, s parram
The state of the s													
Dosing													
□□0-20 mg daily maximum as advised by rheumatology													
Pre-treatment assessment													
□□ Weight, FBC, ESR, U &E's and LFT's													
☐ Chest radiograph ☐ Blood borne virus screening													
□ Zoster antibody status (if positive no specific													
precautions required if the patient is exposed to													
somebody with chickenpox or shingles)													
☐ Blood pressure, if >140/90 on 2 occasions it should be													
treated before commencing leflunomide													
Monitoring													
□□FBC, eGFR, LFTs, weight & BP 2-weekly for 6 weeks,													
revert to this schedule after any dose increase													
Thereafter monthly FBC, eGFR, LFTs, weight & BP for 3													
months Thereafter the frequency of monitoring may reduce to every 3													
months at the discretion of the rheumatologist, unless used in													
combination with methotrexate when monitoring should													
continue monthly													
Drug interactions with Leflunomide													
□□Cholestyramine causes elimination of leflunomide,													
and should be used only for washout													
□□Combination therapy with other immunosuppressants and													
hepatotoxic drugs should be on specialist advice only													
□□ Alcohol should be limited to 4-8 units/week													
□□ Caution should be exercised when co-prescribing drugs													
metabolised by CYP2C9 (eg phenytoin, tolbutamide,													
warfarin). INR should be monitored closely when													
introducing leflunomide and for several weeks after stopping													
leflunomide													
Vaccinations and leflunomide													
□ Live vaccines should not be given, with the exception of													
shingles vaccine. This may be offered when indicated provided													
the patient is not also taking steroid or other biologic drugs.													
□□ Flu vaccine should be offered annually to patients of all ages taking leflunomide													
□ Pneumococcal vaccination should be offered. Ideally the													
rheumatology service will endeavour to ensure vaccination													
prior to treatment commencement of immunosuppressive													
therapy													