

Leflunomide.

You have been prescribed Leflunomide.
This is a **Daily** medication.

Daily



Leflunomide 20mg
(one tablet)

Continue on Leflunomide 20mg until your next appointment. Make sure you have a **blood test** during week 4.

- You will need to have a blood test and blood pressure check every month
- It may take 4 – 6 weeks before you start to feel better
- You may notice loose motions with this tablet. This often settles within a couple of weeks.

**If you have any queries please contact the
Helpline number: 01793 604323**

If you would like this information in another format, i.e. large print or another language, please contact the Patient Advice and Liaison Service (PALS) department on 01793 604031

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Patient Information

Can I drink alcohol while on leflunomide?

Leflunomide and alcohol may interact and damage the liver, so if you drink alcohol you should only drink it in small amounts. (No more than 4 units a week). Discuss this with your doctor.

Does leflunomide affect fertility or pregnancy?

Leflunomide may harm an unborn baby. Therefore it should not be taken during pregnancy.

While taking leflunomide both men and women must use reliable contraception. If you are planning a family, you should discuss this with your doctor. Women must wait 2 years between stopping leflunomide and becoming pregnant. The 2-year 'waiting' period can be reduced to 3 months if you receive a special 'washout' treatment to help eliminate leflunomide from your body.

Men are advised to stop taking leflunomide, receive the 'washout' treatment, and wait 3 months before trying to father a child.

If you become pregnant while taking leflunomide, you should discuss this with your doctor as soon as possible.

What about breastfeeding?

You should not breastfeed if you are on leflunomide. The drug may pass into the breast milk and could be harmful to your baby.

Where can I obtain further information?

If you would like further information about leflunomide, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse or pharmacist.

Arthritis Research UK

Tel: 0870 850 5000

Website: www.arthritisresearchuk.org

Notes:

Leflunomide (brand name Arava) is a type of drug known as a disease-modifying anti-rheumatic drug, or DMARD. These drugs have the effect of dampening down the underlying disease process, rather than simply treating symptoms.

Why is leflunomide prescribed?

Leflunomide is used to treat rheumatoid arthritis and other types of arthritis where the immune system (the body's own defence system) attacks its own tissues. Because of its effects on the immune system, leflunomide can reduce the inflammation that causes pain, swelling and stiffness in the joints.

When and how do I take leflunomide?

Leflunomide is taken in tablet form once a day. Leflunomide can be taken at any time of day, with or without food, and should be swallowed whole. It is best to take it at the same time every day.

Your doctor will advise you about the correct dose. Usually you will take either 10 mg or 20 mg a day. For the first 3 days of treatment you may be prescribed a higher dose of 100 mg a day.

How long does leflunomide take to work?

Leflunomide does not work immediately. It may be 4–6 weeks before you notice any benefit and may even be as long as 6 months before you feel the full effect of the leflunomide.

What other treatments could be used instead of leflunomide?

A number of other drugs are used in the treatment of rheumatoid arthritis and related conditions. Your doctor will discuss these other options with you.

Will I need any special checks while on leflunomide?

Your doctor will arrange for you to have a blood test and blood pressure measurement before you start treatment and then regular checks while on leflunomide. You may be asked to keep a record booklet with your blood test and blood pressure records, and you should bring this with you when you visit your GP or the hospital. **You must not take leflunomide unless you are having regular checks.**

What about immunisations?

If you are on leflunomide it is recommended that you should not be immunised with 'live' vaccines such as yellow fever. However, in certain situations a live vaccine may be necessary (for example rubella immunisation in women of childbearing age), in which case your doctor will discuss the possible risks and benefits of the immunisation with you.

Pneumovax (which gives protection against the commonest cause of pneumonia) and yearly flu vaccines are safe and recommended.

What are the possible risks or side-effects?

The most common side-effects of leflunomide are nausea (feeling sick), diarrhoea, mouth ulcers, weight loss, stomach pain, headache, dizziness, weakness, skin dryness, rashes and very rarely, minor hair loss. Also it may cause a slight rise in your blood pressure.

Leflunomide can affect the blood count (one of the effects is that fewer blood cells are made), and it can make you more likely to develop infections. Leflunomide can also affect the liver. This may cause problems ranging from abnormalities in the blood tests without causing ill health to severe liver damage which may be fatal. You should tell your doctor or rheumatology nurse specialist straight away if you develop any of the following after starting leflunomide:

- a sore throat
- a fever
- any other symptoms of infection
- unexplained bruising or bleeding
- a rash
- breathlessness
- unusual tiredness
- stomach pain
- jaundice (eyes or skin turning yellow)
- any other new symptoms or anything else that concerns you.

You should stop leflunomide and see your doctor immediately if:

- any of the symptoms listed above are severe
- you have not had chickenpox and you come into contact with someone who has chickenpox or shingles
- you develop chickenpox or shingles.

Chickenpox and shingles can be severe in people on treatments such as leflunomide which affect the immune system. Therefore you may need antiviral treatment, which your doctor will be able to prescribe.

Can I take other medicines along with leflunomide?

Leflunomide may be prescribed along with other drugs in treating your condition. Some drugs interact with leflunomide (e.g. warfarin, which thins the blood), so you should discuss any new medications with your doctor before starting them, and you should always tell any other doctor treating you that you are taking leflunomide.

Leflunomide is not a painkiller. If you are already on a non-steroidal anti-inflammatory drug (NSAID) or painkillers you can carry on taking these as well as leflunomide, unless your doctor advises otherwise.

Do not take over-the-counter preparations or herbal remedies without discussing this first with your doctor, rheumatology nurse or pharmacist.