



## Lab tests

Routine: monthly for 6 months, then every 6 to 8 weeks

- CBC, platelets
- AST, ALT, albumin
- Creatinine
- ESR

## Blood pressure

Monthly for 3 months, then periodically thereafter.

## Dosage

### Dosing regimens

- Should be personalized dependent on benefit desired and the development of side effects.
- Options:
  1. Loading dose of 100 mg/day for 3 days, then 20 mg daily.
  2. Give 100 mg once a week for 3 weeks *with* 10 to 20 mg/day or 20 mg every other day. Then increase to daily dose of 20 mg per day.
  3. No loading dose. Give 20 mg daily.

No dosage adjustment is needed in patients over 65 years of age.

## How it is taken

- Supplied in 10, 20 and 100 mg tablets
- May be taken with or without food.

## Managing Side Effects

### Common side effects:

#### Gastrointestinal

Diarrhea (27%)

Abdominal pain (6%)

Nausea (13%)

Vomiting (5%)

Mouth ulcers (3%)

**Respiratory infection** (21%)

**Elevated liver function tests** (10.2%)

- Elevated liver enzymes (ALT and/or AST) were significant, but generally mild and reversible. Lowering of the enzymes generally occurred with a dose reduction or discontinuation of the drug.
- Monitor liver enzymes every 2 weeks if elevated.

**Hypertension** (10%) – combined use of Leflunomide with NSAIDS

and/or low dose corticosteroids may be associated with hypertension.

**Rash** (12%)

**Alopecia** (9%)

**Headache** (13%)

*Management for the above side effects is to hold the drug until the adverse event is resolved, then resume the dose at half the original dose.*

**Rare side effects:**

- Leukopenia (3%)
- Anemia, hyperglycemia, hyperlipidemia, hyperthyroidism, peripheral edema, cardiovascular symptoms, other infections, lung disorders etc. (1 –3%). Refer to product monograph.
- Thrombocytopenia (<1%)
- Major liver inflammation (<.01%)
- Stevens Johnson syndrome (mucotaneous lesions) (<1%), toxic epidermal necrolysis and erythema multiforme.

**Washout Procedure**

One of the following is recommended to achieve a fast decrease in plasma levels after stopping treatment with Leflunomide:

1. 8 g cholestyramine 3 times daily for 11 days or
2. 50 g activated charcoal 4 times daily for 11 days.

This method decreases the half-life of the drug to approximately 24 hours instead of 2 weeks.

**Drug interactions**

- **Bile acid binding resins** (cholestyramine or activated charcoal) will rapidly and significantly decrease plasma level of leflunomide.
- **Methotrexate** or other hepatotoxic substances taken concomitantly with leflunomide can potentiate hepatotoxicity
- **Rifampin:** can lead to a 40% increase in leflunomide levels in blood.

## Considerations

- **Phenytoin, warfarin, and tolbutamide:** absorption activity of these drugs may be inhibited when taken with leflunomide.
- **Live vaccines** should only be given after a period of 6 months has elapsed after stopping Leflunomide.
- For discussion of any problems related to Leflunomide therapy, please call the attending rheumatologist or phone the Drug Monitoring Clinic at Mary Pack Arthritis Program at 604-875-4111 local 68864.
- Further information is available in the package insert.
- Any unusual reaction should be carefully evaluated and considered a possible reaction. Serious reactions can be avoided by holding the dose of Leflunomide until the symptoms subside, and restarting at 50% of the previous dose if indicated.

## Referral to the clinic

Contact the Drug Monitoring Clinic at 604-875-4111, local 68864 or fax the following documentation to 604-875-4321.

- A completed referral form
- Consultation report and copy of last visit notes
- Recent laboratory tests