Leflunomide

This leaflet provides information on leflunomide and will answer any questions you have about the treatment.
What is leflunomide?

Leflunomide (trade name Arava) is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD). These drugs have the effect of dampening down the underlying disease process, rather than simply treating symptoms. Leflunomide reduces the activity of the immune system (the body’s own defence system), so it’s always used with care.
At a glance

**What type of drug is leflunomide (trade name Arava)?**
Leflunomide is a disease-modifying anti-rheumatic drug (DMARD).

**What does it do?**
It reduces the activity of the body’s defence system (immune system).

**What is it used for?**
It’s used to treat rheumatoid arthritis and other autoimmune diseases.

**How is it taken?**
It’s usually given as a 10 or 20 mg tablet once a day.

**Are there any side-effects?**
The most common side-effects are nausea, diarrhoea, mouth ulcers, weight loss, stomach pains, rashes and headaches. It may also cause a slight rise in blood pressure.
Why is leflunomide prescribed?
Leflunomide is used to treat rheumatoid arthritis and other types of auto-immune disease. 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. The tablets should be swallowed whole and not crushed or chewed. It’s best to take them at the same time every day. They can be taken with or without food.

Your doctor will advise you about what dose you should take. Usually you’ll take either 10 or 20 mg a day.

How long does leflunomide take to work?
Leflunomide doesn’t work immediately. It may be 6 weeks or more before you notice any benefit and may even be as long as 6 months before you feel the full effect.

Record your dosage here to help you manage your treatment:

How many? .................................................................................................................................

What dosage/strength? ................................................................................................................

How often? ...................................................................................................................................

When? ...........................................................................................................................................
What are the possible side-effects?
The most common side-effects of leflunomide are nausea (feeling sick), diarrhoea, mouth ulcers, weight loss, stomach pain, headaches, dizziness, weakness, dry skin, rashes and hair loss, although this last side-effect is rare and usually minor. It may also cause a slight rise in your blood pressure.

What should I look out for?
You should stop leflunomide and see your doctor immediately if:

• any of the symptoms listed above are severe
• you haven’t 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 that affect the immune system, such as leflunomide. You may need antiviral treatment, which your doctor will be able to prescribe. Your leflunomide will be stopped if you develop chickenpox or shingles and restarted when you’re better.

What are the risks?
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. It can also affect the liver. 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.

How can I reduce the risk of infection?
Because of its effects on the immune system, leflunomide may make you more likely to pick up infections. You should avoid people who have recently been in hospital and visit the Food Standards Agency website www.food.gov.uk/safereating/ for information on reducing your risk of infection from foods.

Will it affect vaccinations?
If you’re on leflunomide it’s recommended that you shouldn’t 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 most common cause of pneumonia) and yearly flu vaccines are safe and recommended.
Can I drink alcohol while on leflunomide?
Leflunomide and alcohol may interact and damage your liver, so if you drink alcohol you should only drink it in small amounts (no more than 4 units per week). Discuss this with your doctor or rheumatology nurse specialist.

Does leflunomide affect fertility or pregnancy?
We don’t know the risks of leflunomide to an unborn baby. Therefore, to be on the safe side, both men and women taking leflunomide are advised to use contraception. If you’re planning to have a baby, you should discuss with your rheumatologist and rheumatology nurse specialist about whether you should stop leflunomide.

Women must wait 2 years between stopping leflunomide and becoming pregnant. The 2-year waiting period can be reduced to 3 months if you have a special ‘washout’ treatment to help get rid of leflunomide from your body.

Men are advised to stop taking leflunomide, have washout treatment and wait 3 months before trying to father a child. Washout treatment for both men and women involves taking a drug prescribed by your doctor for 11 days. This drug removes leflunomide from your body. Your doctor will then take at least one blood test to check whether the levels of leflunomide in your body are below a specific concentration. It can also be used if you have severe side-effects or need to start another treatment that might interact with leflunomide.

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

Does it affect breastfeeding?
Breastfeeding isn’t recommended if you’re on leflunomide because it may pass into the breast milk. If so, it could affect your baby, but it’s important to discuss this with your doctor or rheumatology nurse specialist.

What else should I know about leflunomide?

Are there any alternatives?
A number of other drugs are used in the treatment of rheumatoid arthritis and related conditions. Your doctor and rheumatology nurse specialist will discuss these other options with you.

Will I need any special checks while on leflunomide?
It’s important that you have a blood test and blood pressure measurement before starting 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’re having regular checks.

Can I take other medicines alongside leflunomide?
Leflunomide may be prescribed alongside other drugs. You should discuss any new
medications with your doctor because some drugs interact with leflunomide (e.g. warfarin, which thins the blood), and you should always tell any other doctor treating you that you’re on leflunomide. You should also be aware of the following points:

• Leflunomide isn’t a **painkiller**. If you’re 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.

• Don’t take over-the-counter preparations or **herbal remedies** without discussing this first with your doctor, rheumatology nurse specialist or pharmacist.

**Can I continue with leflunomide if I’m going to have an operation?**

If you’re going to have an operation, please inform your doctor or rheumatology nurse specialist, as you may be advised to stop the leflunomide 2 weeks before and 2 weeks after surgery.

**Where can I get more information?**

Arthritis Research UK is the charity leading the fight against arthritis. We do this by funding high-quality research, providing information and campaigning. We publish over 60 information booklets which help people to understand more about their condition, its treatment, therapies and how to help themselves.

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

**Notes**
Get involved!

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying gifts from our catalogue.

To get more actively involved, please call us 0300 790 0400 or email us at enquiries@arthritisresearchuk.org or go to: www.arthritisresearchuk.org

A team of people contributed to this booklet. It was written by Dr Ariane Herrick, who has expertise in the subject. It was assessed at draft stage by clinical nurse specialists Natasha Banya and Sue Brown, consultant rheumatologist and honorary associate professor Dr Chris Deighton and consultant physician and rheumatologist Dr Alan Hakim. An Arthritis Research UK editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An Arthritis Research UK medical advisor, Prof. Anisur Rahman, is responsible for the content overall.

Please note: We have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change. This information sheet is for general education only and does not list all the uses and side-effects associated with this drug. For full details please see the drug information leaflet that comes with your medicine. Your doctor will assess your medical circumstances and draw your attention to any information or side-effects that may be relevant in your particular case.

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