NHS South of Tyne and Wear

serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and Sunderland Teaching Primary Care Trust

SHARED CARE GUIDELINE

For

Leflunomide for the Management of Rheumatoid Arthritis and Psoriatic Arthritis

Implementation Date: 12th August 2010

Review Date: 12th June 2012

This guidance has been prepared and approved for use within Gateshead, South Tyneside and Sunderland in consultation with Primary and Secondary Care Trusts and Local Medical Committees. The guideline sets out the details of the transfer of prescribing and respective responsibilities of GPs and specialist services within shared care prescribing arrangements. It is intended to provide sufficient information to allow GPs to prescribe these treatments within a shared care setting

Further copies are available from

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Approved by:

Committee	Date
Gateshead Medicines Management Committee	
South Tyneside Prescribing Committee	
Sunderland Primary Care Prescribing Group	
South of Tyne and Wear Medicines Management Committee	**12.8.10**

Name of drug:	**Leflunomide**	Form and strength:	Tablets 10mg, 20mg, 100mg
Brand name:	Arava	BNF Code:	10.1.3
Conditions(s) to be treated		Leflunomide is an immunomodulatory agent unrelated to other disease modifying antirheumatic drugs (DMARDs). It decreases the autoimmune response and arrests activated autoimmune lymphocytes thought to be involved in the pathogenesis of rheumatoid arthritis. It is also used in the treatment of psoriatic arthritis.	
Excluded patients	**patients where GP refused shared care**		
Eligibility criteria for shared care	**all patients**		
Initiation	Treatment will be initiated by the hospital		
Duration of treatment	Long term. Consultant will advise GP when treatment has to stop		
Usual Maintenance Dose	10 -20mg daily		
Usual Dose Range	10-20mg daily		
Maximum Dose	20mg daily		
Available Strengths (Colours)	10mg tablets (white) 20mg tablets (ochre) 100mg tablets (white)		
Preparations	tablets		
Cost 28 days (Drug Tariff)	£51 / month		
Adverse effects	Increased BP (usually mild) Diarrhoea - occurs in about 17% of patients and is usually self-limiting. It may respond to dose reduction of leflunomide from 20 mg to 10 mg daily, or to loperamide or codeine phosphate. (Check if patient is taking laxatives). Nausea/vomiting – may respond to anti-emetics or to dose reduction of leflunomide from 20 mg to 10 mg daily. Skin itch or rash. If mild, continue full dose and monitor. If moderate or severe, stop treatment and discuss with the hospital physician (washout may be necessary). Alopecia. Diffuse hair loss may occur in up to 10% of patients. It is usually mild and is reversible on stopping medication. It may respond to dose reduction. Hypertension – may occur in up to 10% of patients. The effect is rare but can be substantial. This tends to affect those with pre-existing hypertension. Liver enzymes - severe disturbances are rare, but smaller elevations of LFTs are common (transaminases most often). Patients should be advised that strictly limited alcohol intake is to be adhered to – the rheumatologist will advise the patient of this. **Rare cases of pulmonary fibrosis have been reported. If the patient becomes breathless, stop the drug and refer for advice.**		

Contra-indications	Known hypersensitivity to the product Leflunomide is contraindicated in patients with: Severe immunodeficiency states eg AIDS or significant bone marrow impairment Serious infection Moderate to severe renal insufficiency or impaired liver function Severe hypoproteinaemia eg in nephrotic syndrome Lactation Pregnancy
Drug-interactions	Caution with alcohol, phenytoin, warfarin and tolbutamide. Caution with haematotoxic / hepatotoxic drugs such as methotrexate Vaccination with live attenuated vaccines is not recommended.
Renal impairment and liver disease	Avoid in moderate or severe renal impairment Avoid in hepatic impairment
Pregnancy and breast feeding	Leflunomide must **NOT** be given to pregnant women or those of childbearing potential not using reliable contraception. Leflunomide must be stopped 2 years prior to conception or the washout procedure given (discuss with Rheumatology). Men must also use reliable contraception during leflunomide treatment and for 3 months after stopping it.
Monitoring	**Baseline or pre-treatment** FBC (including differential white cells and platelets) Renal function (24 hour urine - creatinine clearance if function in doubt). LFTs (Liver function tests) BP (Blood pressure) **Routine** FBC, BP, LFTs every month for 6 months and if stable every 2 months thereafter. If leflunomide is added to methotrexate as combination treatment monitoring should be 2 weekly for the first 6 weeks then monthly thereafter
	if any of the following occurs: WBC < 4 x 109/L Stop leflunomide and contact the rheumatologist Neutrophils < 2 x 109/L Stop leflunomide and contact the rheumatologist Platelets < 150 x 109/L Stop leflunomide and

	contact the rheumatologist. If excess bruising, check FBC Hb < 11g/dl on 2 consecutive occasions - contact the rheumatology department for investigation of cause – do not stop leflunomide If there is a steady fall in WBC or platelets (or both) over 3 successive tests and within normal range, do not stop leflunomide, but contact rheumatology department for advice AST/ ALT 2-3 x upper limit of normal range – recheck in 1 week, if still raised discuss with the Rheumatologist AST/ALT > 3 times normal range Stop leflunomide and contact the rheumatologist Pruritis or rash (rare possibility of Stevens-Johnson syndrome) stop leflunomide and contact the rheumatologist Significant alopecia, abdominal pain, nausea, diarrhoea,weight Loss, cough or breathlessness- Stop leflunomide and contact the rheumatologist Headache – if severe consider reduce dose or stop Leflunomide (discuss with rheumatologist). Pregnancy - Stop leflunomide and contact the rheumatologist Infection – stop leflunomide for the duration of antibiotic therapy. Check up to date FBC If bp >140/90 treat in line with NICE guidance. Recommend flu vaccination and consider pneumococcal vaccine.
	NOTE: due to the long half-life of the active metabolite, adverse effects will continue after stopping treatment. A WASHOUT procedure may be needed (speak with rheumatology team). (Information is available at www.gatesheadhealth.nhs.uk/rheumatology for Gateshead patients only

Responsibilities	**DISEASE MONITORING** Clinical response to therapy will be assessed by the hospital physician in all cases and communicated to the GP **RESPONSIBILITY FOR PRESCRIBING** On initiation of therapy the patient will be given a one month supply of leflunomide by secondary care. Responsibility thereafter for prescribing may be transferred to the patients GP depending on the locality in which the GP is based and the secondary care centre the patient attends. This is detailed below. The GP should not prescribe unless the monitoring has been carried out and the GP is satisfied that it is safe to continue treatment. **<u>Practices in Sunderland PCT</u>** **PATIENTS REFERRED TO SUNDERLAND (helpline 0191 5656256 ext 47533–Mon- Fri 9am –5pm).** All the blood tests, monitoring, and dosing will be carried out entirely by the rheumatology clinic with the responsibility of secondary care to inform the GP of any abnormalities. The GP will be responsible for prescribing in agreement with the Secondary care service. **PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary)** All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required **PATIENTS REFERRED ELSEWHERE** All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required **<u>Practices in Gateshead PCT</u>** **PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary** Secondary care staff will carry out base line monitoring prior to initiating therapy. GPs will carry out ongoing blood tests and prescribing. Secondary care staff will carry out monitoring and advise GPs of changes to dose or monitoring intervals. **PATIENTS REFERRED ELSEWHERE** All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required

	<u>Practices in South Tyneside PCT</u> **PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary)** All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required **PATIENTS REFERRED TO SUNDERLAND (helpline 0191 5656256 ext 47533–Mon- Fri 9am –5pm).** Most blood tests, monitoring and dosing will be carried out entirely by the rheumatology clinic with the responsibility of secondary care to inform the GP of any abnormalities. The GP will be responsible for prescribing in agreement with the Secondary care service. Once stable responsibility may be transferred to GP as agreed between specialist and GP at time of transfer. The GP will then be responsible for monitoring, dosing, blood tests and prescribing.	
Communications	Consultant	Please refer to the standard letter from the patient's consultant. For Gateshead patients a copy of the Gateshead GP information sheet should be enclosed with the letter
	G.P.	If the GP is unwilling to accept prescribing responsibility for an individual patient the consultant should be informed within 1 month of receipt of the shared care request. In such cases the GP must inform the consultant of all relevant medical information regarding the patient and any changes to the patient's medication irrespective of indication.
	Patient	The patient will have received an information leaflet from the hospital. The patient will be informed to contact their GP or Hospital Rheumatology Clinic immediately if any of the following occur: fever, sore throat, breathlessness, cough, skin rash or mouth ulcers. Patients should also contact their GP if blood tests are not being monitored.
Re- referral criteria		
Contact details	Consultant:	
	Additional information for Gateshead patients is available at www.gatesheadhealth.nhs.uk/rheumatology	
Agreed Date	**Expiry date**	

Reference to full prescribing information e.g. SPC

Appendix 2 Shared Care Request Form

- **Consultant to complete FIRST SECTION of form**
- **GP to complete SECOND section and RETURN to ACUTE TRUST CLINICIAN TEAM if NOT agreeing to shared care**

Section 1

Consultant	
Hospital address	
Contact Phone Number	

Patient's name	
Address	
This patient is stabilised on	
Dose	
Prescription for 28 days supply given on	

Compliance aid	YES/NO
Monitored by	
Designated community pharmacy	

Their treatment has been explained to them and a review has been arranged for

…… ……..

Appointments to continue every ……. months

Section 2

Patient's name	
Address	

I do **NOT ACCEPT** the proposed Shared-Care Agreement for this patient

My reasons for not accepting: Please complete this section

Signed ……date……..

Please return to the Acute Trust Clinician team at :

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