Washout procedure:
To aid drug elimination in case of serious adverse effect, or before starting another disease modifying antirheumatic drug, or before conception (Avoid-active metabolite teratogenic in animal studies; effective contraception essential during treatment and for at least 2 years after treatment in women and at least 3 months after treatment in men), stop treatment and give either colestyramine 8 g 3 times daily for 11 days or activated charcoal 50 g 4 times daily for 11 days; the concentration of the active metabolite after washout should be less than 20 micrograms/litre (measured on 2 occasions 14 days apart) in men or women before conception—consult product literature.

Contra-indications:
severe immunodeficiency; severe hypoproteinaemia; serious infection; hepatic impairment (Avoid-active metabolite may accumulate); pregnancy (important teratogenic risk: see Cautions and Avoid-active metabolite teratogenic in animal studies; effective contraception essential during treatment and for at least 2 years after treatment in women and at least 3 months after treatment in men); breastfeeding (Present in milk in animal studies-manufacturer advises avoid).

Side-effects:
Diarrhea, nausea, vomiting, anorexia, oral mucosal disorders, abdominal pain; increased blood pressure; headache, dizziness, asthenia, paraesthesia; leucopenia; tenosynovitis; alopecia,rash, dry skin, pruritus; less commonly taste disturbance, anxiety, hypokalemia, hypophosphatemia, anemia, thrombocytopenia, and tendon rupture; rarely hepatitis, jaundice (see Hepatotoxicity, above), interstitial lung disease, severe infection, eosinophilia, Andsentation: pancytopenia; very rarely pancreatitis, hepatic failure (see Hepatotoxicity, above), peripheral neuropathy, vasculities, Stevens-Johnson syndrome, and toxic epidermal necrolysis; hyperlipidemia and renal failure also reported; important: discontinue treatment and institute washout procedure (see Washout Procedure under Cautions) in case of serious side effect.

Dose:
Rheumatoid arthritis: ADULT over 18 years, initially 100 mg once daily for 3 days, then 10–20 mg once daily.
Psoriatic arthritis: ADULT over 18 years, initially 100 mg once daily for 3 days, then 20 mg once daily.

Storage:
Store below 30°C in a dry place, protect from light.
To be dispensed on the prescription of a registered medical practitioner only.
Keep out of the reach of children.

Presentation:
Lefnode Tablet 10 mg and 20 mg are available in blister pack of 3 x 10's.

خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔
دوا کو ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر خشک جگہ پر رکھیں، روشنی سے بچائیں۔
صرف رجسٹرڈ ڈاکٹر کے نسخے پر فروخت کریں۔
بچوں کی پہنچ سے دُور رکھیں۔

Manufactured by:
Platinum
Pharmaceuticals (Pvt) Ltd.
A-20, North Western Industrial Zone,
Bin Qasim, Karachi-75020, Pakistan.

Mfg. Lic No. 000415

QAR No. AW23-1246-01

Lefnode
(Leflunomide)

10mg & 20mg Tablets

لیفنوڈ
(لیفلونومائڈ)

COMPOSITION

Lefnode Tablets 10mg
Each film-coated tablet contains:
Leflunomide ... 10mg
Product Complies U.S.P. Specs.

Lefnode Tablets 20mg
Each film-coated tablet contains:
Leflunomide ... 20mg
Product Complies U.S.P. Specs.

DESCRIPTION
Lefnode (Leflunomide tablet) is a pyrimidine synthesis inhibitor. The clinical name of leflunomide is N-(4tri fluoromethylphenyl)-5-methylisoxazole-4-carboxamide. Lefnode is available for oral administration as Tablets containing 10mg and 20 mg active drug.

Indications:
(specialist use only) moderate to severe active rheumatoid arthritis; active psoriatic arthritis.

Cautions:
Renal impairment (avoid if moderate or severe; Manufacturer advises avoid in moderate or severe impairment-no information available); impaired bone-marrow function including anaemia, leucopenia or thrombocytopenia (avoid if significant and due to causes other than rheumatoid arthritis); recent treatment with other hepatotoxic or myelotoxic disease-modifying antirheumatic drugs; washout procedures recommended for serious adverse effects or before switching to other disease modifying antirheumatic drugs (consult product literature and see Washout Procedure, below); history of tuberculosis; exclude pregnancy before treatment; effective contraception essential during treatment and for at least 2 years after treatment in women and at least 3 months after treatment in men (plasma concentration monitoring required; waiting time before conception may be reduced with washout procedure-consult product literature and see Washout Procedure, below); monitor full blood count (including differential white cell count and platelet count) before treatment and every 2 weeks for 6 months then every 8 weeks; monitor liver function see Hepatotoxicity, below; monitor blood pressure.

Interactions:
Note: Increased risk of toxicity with other haematotoxic and hepatotoxic drugs.
Antibacterials: plasma concentration of active metabolite of leflunomide possibly increased by rifampicin.
Anticoagulants: leflunomide possibly enhances anticoagulant effect of warfarin.
Antidiabetics: leflunomide possibly enhances hypoglycaemic effect of tolbutamide.
Antiepileptics: leflunomide possibly increases plasma concentration of phenytoin.

Cytotoxics: risk of toxicity when leflunomide given with methotrexate.
Lipid-regulating Drugs: the effect of leflunomide is significantly decreased by colestyramine (enhance delimination)-avoid unless drug elimination desired.
Vaccines: avoid concomitant use of Leflunomide with live. Vaccines

Hepatotoxicity:
Potentially life-threatening hepatotoxicity reported usually in the first 6 months; monitor liver function before treatment and every 2 weeks for first 6 months then every 8 weeks. Discontinue treatment (and institute washout procedure—consult product literature and see Washout Procedure below) or reduce dose according to liver-function abnormality, if liver-function abnormality persists after dose reduction, discontinue treatment and institute washout procedure.