

# Teriflunomide Dr.Reddy's

teriflunomide

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## Prior to treatment

- Recent FBC (within 6 months)
- Recent LFTs (within 6 months)
- Check baseline blood pressure and manage hypertension appropriately
- Counsel patients to report symptoms of:
  - Hepatic dysfunction - unexplained nausea, vomiting, stomach pain, fatigue, anorexia, jaundice and/or dark urine
  - Infection-stinging on passing urine, fever and chills
  - Hypertension-headache and dizziness
- Counsel women of childbearing potential to:
  - Consider a pregnancy test
  - Not become pregnant whilst taking teriflunomide
  - Need for effective contraception

## During treatment

- Remind patients to report symptoms of hepatic dysfunction and infections
- Monitor LFTs monthly for the first 6 months and repeat every 6-8 weeks if stable
  - If LFTs are  $>3 \times$  ULN, discontinue teriflunomide
- Monitor FBC monthly for the first 6 months and repeat every 6-8 weeks if stable
- Check blood pressure regularly and manage hypertension appropriately
- Remind women of childbearing potential:
  - The importance of effective communication
  - If they become pregnant, teriflunomide should be discontinued and a rapid elimination procedure implemented
  - If there is any reason to suspect pregnancy, patients must inform their doctor immediately
- Advise patients that live vaccines are not recommended whilst taking teriflunomide

### **Teriflunomide should not be prescribed to patients:**

- Hypersensitive to leflunomide, teriflunomide or to any of the excipients in the tablets
- With severe immunodeficiency states (e.g. AIDS, significantly impaired bone marrow function or significant anaemia, leukopenia or thrombocytopenia)
- With severe, uncontrolled infection
- With severe impairment of liver function
- Who are pregnant or breastfeeding, or to women of childbearing age not using reliable contraception
- With severe hypoproteinaemia
- With Stevens-Johnson syndrome, toxic epidermal necrolysis or erythema multiforme

### **Consider potential drug interactions including:**

- Potent CYP and transport inducers (e.g. carbamazepine, St John's wort, rifampicin) may decrease teriflunomide levels
- Concomitant warfarin and teriflunomide may decrease INR - monitor closely
- CYP2C8 substrates (e.g. repaglinide, pioglitazone) levels may be increased

Consider washout procedure for the rapid elimination of teriflunomide using cholestyramine or charcoal. Please refer to the Product Information for further information.

**For Medical Information and Adverse Event reporting please call 1800 733 397**