

Shared care guidelines

Drug

CICLOSPORIN

Speciality

DERMATOLOGY

Indication

IMMUNOSUPPRESSION

Overview

Ciclosporin is licensed for severe psoriasis and for the short-term treatment of severe atopic dermatitis where conventional therapy is ineffective or inappropriate.

Hospital specialist's responsibilities

Initial investigations: Two checks (2 weeks apart) prior to treatment comprising: FBC, U&E, LFTs, BP, eGFR, fasting lipids, VZV Ab & body weight

Initial regimen: Ciclosporin 2.5 - 5mg/kg/day in two divided doses depending on disease severity and titrated according to response, maximum dose 5mg/kg/day

Clinical monitoring: For adverse effects and disease management
Frequency: As required, typically every 3-6 months once stable

Safety monitoring: U&E, eGFR & BP fortnightly for 3 months, thereafter monthly FBC & LFTs monthly until dose stable for 3 months

Prescribing: Minimum of 3 months from hospital then transferred to GP

Documentation: Clinic letters and results to GP. Separate patient information leaflet and patient held shared care diary

GP's responsibilities

Maintenance: As recommended by specialist (range 2.5 – 5.0 mg/kg/day)

Clinical monitoring: For adverse effects and disease management
Frequency: As required and determined by patient symptoms

Safety monitoring: U&E, eGFR & BP monthly
FBC & LFTs 3 monthly
Fasting lipids 6 monthly

Duration of treatment: As recommended by specialist. Patients should always be reviewed by a specialist every 6 months as a minimum

Documentation: Practice records. Correspondence with specialist as required.

Adverse events	Action
>30% ↑ creatine from baseline on 2 occasions (1 week apart)	Reduce dose by 20-50%. Discuss with specialist
>50% ↑ creatine from baseline	Withhold & discuss with specialist
↑ K ⁺ above normal	Withhold & discuss with specialist
WCC ↓ <4.0 x 10 ⁹ /L or Platelets ↓ <150 x 10 ⁹ /L	Withhold & discuss with specialist
↓ trend in WCC/platelet count	Repeat FBC & discuss with specialist
AST/ALT or ALP >2x upper limit of normal	Withhold & discuss with specialist
Hypertension (≥140/90 on 2 consecutive readings 2 weeks apart)	Treat with amlodipine; if BP remains uncontrolled, stop ciclosporin & discuss with specialist
Abnormal bruising	Withhold, check FBC & discuss with specialist
Significant rise in fasting lipids	Withhold & discuss with specialist

Other information

There are numerous drug interactions involving ciclosporin – check SPC / BNF when introducing new drugs. Avoid grapefruit juice (raises plasma ciclosporin concs). Annual flu vacc is recommended.

Brands of ciclosporin are not interchangeable. Maintain brand by prescribing by name.

Contact details

The usual named consultant may be contacted via their secretary for advice