

Shared care guidelines

Drug

CICLOSPORIN

Specialty

RHEUMATOLOGY

Indication

IMMUNOSUPPRESSION / DISEASE MODIFYING ANTIRHEUMATIC

Overview

Ciclosporin is licensed for severe active rheumatoid arthritis when second-line therapy is inappropriate or ineffective. It is virtually non-myelotoxic but markedly nephrotoxic.

Hospital specialist's responsibilities

Initial investigations: Two checks (2 weeks apart) prior to treatment comprising: FBC, ESR/CRP, U&E, LFTs, BP, 24-hr urinary creatinine clearance/eGFR, fasting lipids & body weight.

Initial regimen: Ciclosporin 2.5mg/kg per day in two divided doses for 6 weeks
May be increased by 25mg every 2-4 weeks. Max 4mg/kg/day

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

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

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

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

GP's responsibilities

Maintenance prescription: As recommended by specialist (range 2.5 – 4.0 mg/kg/day)

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

Safety monitoring: U&E & BP monthly
FBC, ESR/CRP & LFTs 3 monthly
Fasting lipids 6 monthly

Duration of treatment: Long-term as recommended by specialist

Documentation: Practice records. Correspondence with specialist as required.
Copies of blood results to specialist using shared care diary.

Adverse events

Adverse Event	Action
>30% ↑ creatinine from baseline on 2 occasions (1 week apart)	Reduce dose by 25-50%. Discuss with specialist
>50% ↑ creatinine from baseline	Withhold & discuss with specialist
↑ K ⁺ above normal	Withhold & discuss with specialist
WCC ↓ <4.0 x10 ⁹ /L or Platelets ↓ <150 x10 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 (N.B. note drug interactions); 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.

Contact details

Name	Sr Elaine Doyle	Sr Cath Hutton	Specialist Nurse	Specialist Nurse
Address	Rheumatology Dept, JCUH	Rheumatology Dept, FHN	Rheumatology Dept, UHNT	Rheumatology Dept, UHH
Telephone	01642 854756	01609 764849	01642 624684 & 383525	01429 522689