Ciclosporin

Ciclosporin has been used to treat moderate to severe psoriasis since the late 1990s. It works by suppressing the immune system, slowing down the over-production of skin cells that cause psoriasis. Ciclosporin belongs to the group of medicines known as ‘systemics’, in the treatment of psoriasis. Ciclosporin is sometimes referred to by the brand names Neoral or Deximune – it is important to check that your prescriptions for ciclosporin are always the same brand, as different brands of ciclosporin are absorbed differently by the body, meaning that if you change brands you may have too much or not enough of the drug to manage your psoriasis.

Key Features
- Approved for treating psoriasis
- Given as tablets or a liquid solution to be taken daily.
- A full blood count, kidney tests and blood pressure must be checked before taking ciclosporin. You may also need an annual flu jab.
- Treatment may be discontinued if no significant response is seen in 6 weeks.

How does it work?
Ciclosporin works by suppressing the immune system and preventing actions of certain immune cells. By preventing the immune activity, ciclosporin slows the growth of the skin cells.

Who is it for?
Ciclosporin is indicated for use in adults with moderate to severe psoriasis. Ciclosporin can be prescribed for severe plaque psoriasis, erythrodermic psoriasis and acute pustular psoriasis.

Who should not take ciclosporin?
- Women are advised not to become pregnant or breastfeed whilst taking ciclosporin.
- Anyone with uncontrolled high blood pressure
- Individuals with abnormal kidney function
- Individuals whose immune systems are compromised (for example, anyone with lymphoma or HIV infection, or patients receiving other immune-suppressing drugs)
- Patients with malignancies, or history of malignancies
**How is it used?**
Ciclosporin is usually taken twice daily in capsule form. It is also available as a liquid. Your doctor will tell you exactly how much to take and how often you should take it each day. Patients taking ciclosporin will need to have regular blood pressure checks and blood and urine tests to monitor kidney function.

Many tablets, including some antibiotics, anti-inflammatories, anti-fungals and anti-convulsants can interfere with ciclosporin and reduce its effect. You should check with a GP or pharmacist before taking any other medication.

Some increase the risk of side effects. Over-the-counter medications such as Aspirin and Ibuprofen can also interact with ciclosporin, so it is important that you tell your own doctor, or any other doctor looking after you, or your pharmacist that you are on this medication. Herbal medicines, including St. John’s Wort can interfere with the absorption of ciclosporin, so it is important that you tell your doctor about all the medications you currently take – prescribed, over-the-counter and herbal.

Grapefruit and grapefruit juice should be avoided when taking ciclosporin, because they have been shown to increase levels of the drug in the blood.

Many cases of psoriasis can be cleared or substantially improved with ciclosporin in the short term. With monitoring, it is often used for two years or can be used intermittently. Ciclosporin is generally not used for longer than a two-year period. However, ciclosporin may be used in rotation with other systemic medications and once the body has had a rest from ciclosporin, you may be able to return to using it again.

**What are the side effects?**
The most common side effects are nausea, headaches, indigestion, increased blood pressure and cholesterol, and certain infections. These are often managed through dose adjustment, and are rarely bad enough to cause the patient to have to stop taking the ciclosporin. Other side effects may include increased hair growth and increased growth of gum tissues, flu-like symptoms and tiredness.

The main risk of long-term Ciclosporin is kidney damage, rising of cholesterol levels and high blood pressure. It is therefore very important that regular hospital appointments are kept, so that relevant blood and urine tests can be carried out to check kidney function and blood pressure.

As with some other immunosuppressive treatments, there is a small increased risk of some types of cancer when taking ciclosporin – particularly skin cancer. Because of this, if you have received a lot of ultraviolet light therapy for your psoriasis, ciclosporin may not be considered appropriate for you. Regular sun protection precautions – such as using a high SPF and staying out of intense sunshine – should be taken.

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How do I get ciclosporin?

Ciclosporin can only be prescribed to treat psoriasis by a consultant Dermatologist. The National Institute for Health and Care Excellence (NICE) guideline on the assessment and management of psoriasis recommends that systemic non-biologic treatments (of which ciclosporin is one) should be considered for people with any type of psoriasis if:

- Their psoriasis cannot be controlled with topical (applied to skin) treatments and
- Their psoriasis has a significant impact on their physical, psychological or social wellbeing and
- Their psoriasis is extensive (covers 10% or more of the body), OR
- Their psoriasis is not extensive (perhaps in only one area) but is causing significant distress or stopping the person from living a normal life, OR
- Phototherapy (UV light therapy) has not worked, cannot be used, or has resulted in ‘rapid relapse’ (return of moderate or severe psoriasis in less than 3 months)

After this criteria has been met, ciclosporin may be considered if methotrexate (another systemic treatment) cannot be used or has not been effective. Ciclosporin may be offered as a first systemic treatment to people who have palmoplantar pustulosis (a pustular form of psoriasis occurring on the palms of the hands and/or soles of the feet), who need fast-working short-term control over their skin (for example if they are currently experiencing a severe flare), or for those who are planning to start a family.

BADBIR

If you have been prescribed ciclosporin for treatment of your psoriasis, you may be asked to take part in the British Association of Dermatologists Biologics Interventions Register (BADBIR). This register is to compare the safety of different treatments for psoriasis and to see how well they work. For more information on BADBIR, please see the website: www.badbir.org

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and always read the patient information leaflet to make sure you are using it correctly.

For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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