

Information for primary care — Ciclosporin eye drops (Ikervis®)

<p>RAG Status – Green + Background/Summary information</p>
<p>Ciclosporin is an immunosuppressant that has anti-inflammatory effects. It inhibits production and/or release of pro-inflammatory cytokines, including interleukin 2 (IL-2) or T-cell growth factor and increases release of anti-inflammatory cytokines. These may contribute to effects in dry eye disease, which is thought to be mediated by inflammatory and immunological mechanisms.</p>
<p>Related NICE guidance</p>
<p>NICE TA369 Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears (December 2015) www.nice.org.uk/TA369</p>
<p>See manufacturer’s SPC (Ikervis®) for full prescribing information http://www.medicines.org.uk/emc/medicine/30584</p>
<p>Licensed indication</p>
<p>Treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes</p>
<p>Dosage and administration</p>
<p>Usual dose: Ciclosporin 1 mg/mL (0.1%) – Ikervis® A single drop into each affected eye once daily at bedtime.</p> <p>Key points for safe use:</p> <ul style="list-style-type: none"> • For single use only. Each single-dose container is sufficient to treat both eyes. Any unused emulsion should be discarded immediately. • Patients should be instructed to use nasolacrimal occlusion and to close the eyelids for 2 minutes after instillation, to reduce the systemic absorption. This may result in a decrease in systemic undesirable effects and an increase in local activity. • If more than one topical ophthalmic medicinal product is being used, then they should be administered at least 15 minutes apart; ciclosporin should be administered last. • Contact lens wear should be avoided unless under specialist advice. Contact lenses should be removed before instillation of the eye drops and may be reinserted after waking up the next morning. <p>GP and specialist responsibilities</p> <ul style="list-style-type: none"> • Treatment with ciclosporin is long term – where a specific course length is required this should be communicated in the GP letter. Patients will be initiated on the medication by specialists, then transferred to the care of the GP for continuation of care. • The GP will provide prescriptions for the patient in line with the instructions given by the eye specialist in secondary care. • The specialist team will provide advice and answer queries on the use of this drug and can be contacted on 0191 565 6256, ask for ‘eye infirmary’.

Contraindications
<p>Hypersensitivity to the active substance or to any of the excipients: Medium-chain triglycerides, cetalkonium chloride, glycerol, tyloxapol, Poloxamer 188, sodium hydroxide (to adjust pH), water for injections</p> <p>Active or suspected ocular or peri-ocular infection.</p>
Cautions
<p>Glaucoma — limited information available; history of ocular herpes — no information available.</p> <p>Pregnancy and breastfeeding: Manufacturer advises avoid unless potential benefit outweighs risk — no information available.</p>
Side effects
<p>In clinical studies, the most common adverse reactions were eye pain (19.2%), eye irritation (17.8%), lacrimation (6.4%), ocular hyperaemia (5.5%) and eyelid erythema (1.7%) which were usually transitory and occurred during instillation.</p>
Drug interactions
<p>No interaction studies have been performed with Ikervis®.</p>
Monitoring
<p>No specific monitoring of patients is required as systemic absorption is minimal.</p>
Cost
<p>£72.00 (excluding VAT)</p>