

WORKING IN PARTNERSHIP WITH

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath),
Crawley CCG and Horsham & Mid-Sussex CCG

BLUE Information Sheet

Drug Name: Ciclosporin 1mg/ml eye drops emulsion (Ikervis)

INDICATION/S COVERED: Severe keratitis in adult patients with dry eye disease
Traffic Light System classification – Blue

Blue: Drugs that are considered suitable for prescribing in primary care, following initiation by a specialist as monitoring and skills required for prescribing are deemed less complex, there is more widespread experience of prescribing in primary care and GPs or Primary Care Prescribers are generally happy to prescribe on specialist advice without the need for formal shared care. For each drug classified as blue, the Prescribing Clinical Network will recommend the minimum supply and whether an information sheet is required or not. A GP or Primary Care Prescriber must be familiar with the prescribing responsibilities.

This information sheet is available on the internet <http://pad.res360.net/> forming part of the Prescribing Advisory Database (PAD) giving GPs appropriate advice / guidance and is not required to be sent to the GP with the clinic letter.

RESPONSIBILITIES and ROLES

Consultant / Specialist responsibilities	
1.	Diagnosis severe keratitis with dry eye disease
2.	To assess the suitability of patient for ciclosporin (Ikervis) treatment
3.	To discuss the aims, benefits and side effects of treatment with the patient and/or carer as well as their role
4.	Explain to the patient and/or carer the treatment plan including the dosing schedule
5.	To initiate therapy (prescribe by brand) by prescribing for a minimum of 2-3 months
6.	To monitor and evaluate the response to treatment, including adverse drug reactions, with the patient and to continue / discontinue treatment in line with agreed treatment plan
7.	Review the patient in the ophthalmic clinic at least 6 monthly to monitor disease
8.	Inform GP if patient does not attend planned follow-up
9.	Discuss the possibility of shared care with the patient and/or carer and ensure they understand the plan for their subsequent treatment
10.	Supply GP with summary of patient review (including anticipated length of treatment) and treatment plan.
11.	Advise GP if treatment is to discontinue at any point
12.	To confirm with the patient's GP that if the patient has intolerance to ciclosporin (Ikervis) treatment at any time, the specialist will accept the patient back into clinic to consider further treatment options.

General Practitioner (GP) or Primary Care Prescriber responsibilities	
1.	Subsequent prescribing of ciclosporin (by brand) at the dose recommended.
2.	Referral back to specialist if intolerable side effects or lack of efficacy. Initial efficacy should be seen within 6-8 weeks

Patient / Carer role	
1.	Ask the consultant / specialist or primary care prescriber for information, if any aspects of treatment are not fully understood
2.	Share any concerns in relation to treatment with consultant.
3.	Read the patient information leaflet included with your medication and report any side effects or concerns you have to the consultant / specialist or GP or Primary Care Prescriber.
4.	Attend follow-up appointments with the consultant / specialist

BACK-UP ADVICE and SUPPORT

	Telephone No.	Email address:
Specialist: Miss Lucia Pelosini		Lucia.pelosini@sash.nhs.uk
Hospital Pharmacy: Alice Donaghy, Lead Surgical Pharmacist	01737 768511 Ext 2719	Alice.donaghy@sash.nhs.uk Alice.donaghy@nhs.net
Other:		

This information sheet does not replace the SPC, which should be read in conjunction with this guidance. Prescribers should also refer to the appropriate paragraph in the current edition of the BNF. The GP or Primary Care Prescriber has the right to refuse to agree to shared care, in such an event the total clinical responsibility will remain with the consultant / specialist.