

**North of Tyne, Gateshead and North Cumbria Area Prescribing Committee**  
**Ciclosporin (including Neoral®, Vanquoral®, Deximune®)**  
**Shared Care Guidance for Renal Transplant**

|   |   |                            |               |                             |               |                            |               |
|---|---|----------------------------|---------------|-----------------------------|---------------|----------------------------|---------------|
| Introduction  | <p><b>Indication:</b> Renal transplant</p> <p><b>Usual target range:</b></p> <table border="0"> <tr> <td>0-6 months post-transplant</td> <td>200-250 ng/ml</td> </tr> <tr> <td>6-12 months post-transplant</td> <td>150-200 ng/ml</td> </tr> <tr> <td>&gt;12 months post-transplant</td> <td>100-150 ng/ml</td> </tr> </table>  | 0-6 months post-transplant | 200-250 ng/ml | 6-12 months post-transplant | 150-200 ng/ml | >12 months post-transplant | 100-150 ng/ml |
| 0-6 months post-transplant  | 200-250 ng/ml   |                            |               |                             |               |                            |               |
| 6-12 months post-transplant   | 150-200 ng/ml   |                            |               |                             |               |                            |               |
| >12 months post-transplant  | 100-150 ng/ml   |                            |               |                             |               |                            |               |
| Specialist Responsibilities   | <p><b>Initial assessment and prescribing</b></p> <p><b>Initial safety monitoring</b></p> <p><b>Ongoing Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Assess and monitor patients' response to treatment</li> <li>• Provide the GP with relevant information for each patient including the drug, brand and dose recommended</li> <li>• Inform the GP of any dose changes. This will be communicated via clinic letter, unless a dose change is urgent when the message will be relayed by telephone</li> <li>• Report any suspected ADRs to MHRA via Yellow Card system.</li> <li>• Provide GP with any further advice if required – where non-urgent this should preferably be sought via Advice and Guidance Portal</li> </ul>   |                            |               |                             |               |                            |               |
| GP Responsibilities   | <p><b>Maintenance prescribing:</b></p> <ul style="list-style-type: none"> <li>• Contact Transplant Clinic to accept shared care arrangement with signed form within 28 days</li> <li>• Prescribe maintenance dose as directed by nephrologist</li> <li>• Prescribe only the brand requested; do not switch brands unless advised by the Transplant Clinic</li> </ul> <p><b>Ongoing Monitoring:</b></p> <ul style="list-style-type: none"> <li>• Regular monitoring to be undertaken in specialist Transplant Clinic</li> <li>• Management of hypertension in co-operation with the Transplant Clinic according to NICE Hypertension Guidelines</li> <li>• Management of hyperlipidaemia in co-operation with the Transplant Clinic Do not co-prescribe simvastatin or rosuvastatin. Limit atorvastatin dose to 10mg daily</li> <li>• NHS screening according to usual practices <a href="https://www.nhs.uk">NHS screening - NHS (www.nhs.uk)</a></li> <li>• Vaccination to include annual influenza vaccination, 5-yearly pneumococcal vaccination, COVID-19 vaccination and AVOID live vaccinations <a href="https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90421/greenbook-cover-jan21.pdf">Greenbook cover Jan21 (publishing.service.gov.uk)</a></li> <li>• Provision of contraceptive advice to women of childbearing age at risk of pregnancy according to usual practice noting that their underlying disease should be taken into account and pregnancy should only be pursued after specialist counselling and in a planned way</li> </ul> |                            |               |                             |               |                            |               |
| Adverse Effects, Precautions, Contraindications, Common Drug Interactions | <p><b>Please refer to BNF or SPC</b></p>  |                            |               |                             |               |                            |               |
| Contact Details   | <p>Transplant secretary: 0191 2138140<br/> Renal Pharmacists email: nuth.renalpharmacy@nhs.net<br/> For non-urgent queries please contact the Renal Unit using Advice and Guidance <a href="https://www.ebs.ncrs.nhs.uk/main">https://www.ebs.ncrs.nhs.uk/main</a><br/> Ward 32 number for emergencies only: 0191 2137032</p>   |                            |               |                             |               |                            |               |

**This information is not inclusive of all prescribing information and potential adverse effects. Please refer to full prescribing data in the SPC or the BNF**

**Private and Confidential**

**Cyclosporin (including Neoral®, Vanquoral®,  
Deximune®)**

**Shared Care Request/Confirmation**

- Specialist Prescriber to complete first section of form and send to patient's GP.
- GP to complete second section of form and return to specialist prescriber within 28 days
- A copy of the full shared care guideline can be viewed at [www.northoftyneapc.nhs.uk](http://www.northoftyneapc.nhs.uk)
- DO NOT SWITCH BRAND OF CICLOSPORIN

|  |  |                      |            |
|--|--|----------------------|------------|
| <b>Specialist Prescriber</b>                             |  |                      |            |
| <b>Department</b>  |  |                      |            |
| <b>Hospital</b>  |  |                      |            |
| <b>Telephone</b>   |  |                      |            |
| <b>Patient details (use hospital label if preferred)</b> |  |                      |            |
| <b>Name</b>  |  |                      |            |
| <b>Address</b>   |  |                      |            |
| <b>Postcode</b>  |  |                      |            |
| <b>NHS or Hosp reg no</b>                                |  | <b>Male / Female</b> | <b>DoB</b> |

|   |  |                     |                  |
|---|--|---------------------|------------------|
| <b>Treatment requested for prescribing in accordance with an Approved Shared Care Arrangement</b> |  |                     |                  |
| <b>Drug Information – Ciclosporin by agreed brand name</b>  |  |                     |                  |
| <b>Formulation to include brand</b>   |  | <b>Dose</b>         | <b>Frequency</b> |
| <b>Indication – Renal transplant</b>  |  |                     |                  |
| <b>Other information (if appropriate)</b>   |  |                     |                  |
| <b>Signed (Specialist Prescriber)</b>   |  | <b>Name (Print)</b> | <b>Date</b>      |

|   |  |                            |             |
|---|--|----------------------------|-------------|
| <b>To be completed by GP</b>  |  | <b>Please tick one box</b> |             |
| I ACCEPT the proposed shared care arrangement for this patient        |  |                            |             |
| I ACCEPT the proposed shared care arrangement with the caveats below  |  |                            |             |
| I DO NOT ACCEPT the proposed shared care arrangement for this patient |  |                            |             |
| <b>My caveats/reason(s) for not accepting include:</b>                |  |                            |             |
|   |  |                            |             |
| <b>Signed</b>   |  | <b>Name (print)</b>        | <b>Date</b> |

**N.B. Participation in this shared care arrangement implies that prescribing responsibility is shared between the specialist prescriber and the patient's GP**