Ciclosporin

CAUTION: High Administration Risk Rating	
Form	Concentrate for solution for infusion contains 50 mg/mL
Reconstitution	Already in solution • **Draw up using a 5 micron filter needle** • **Use gloves when opening ampoules** **Dilute further before administration**
Compatibility & Stability	Sodium chloride 0.9% Glucose 5% **Incompatible with PVC** A non-PVC infusion container (Baxter Viaflo®, Braun Ecoflac®) and a non-PVC infusion set should be used.
Administration	**IV Infusion – Intermittent** Dilute required dose 1:20 (2.5mg/mL) to 1:100 (500 micrograms/mL) with suitable diluent and give as a slow intravenous infusion over 2 to 6 hours. The infusion should be prepared and administered with PVC free administration sets. **IV Infusion (Continuous - unlicensed)** Dilute required dose 1:20 (2.5mg/mL) to 1:100 (500 micrograms/mL) with suitable diluent and give as a continuous infusion. The infusion should be prepared and administered with PVC free administration sets. Administration via central venous access device is not essential but may be preferable if infusing at the highest recommended concentration, to avoid potential venous irritation due to high osmolarity.
Monitoring	• Observe patient for signs of anaphylaxis for the first 30 minutes of the infusion and at frequent intervals thereafter. • Monitor BP, U&Es, LFTs, serum Magnesium, Potassium, Lipid profile, ciclosporin levels.
Extravasation	Extravasation is likely to cause tissue damage, as the preparation contains alcohol. At the high end of the concentration range diluted for infusion the preparation has a high osmolarity, which may further contribute to tissue damage on extravasation.
Additional Information	The recommended dose of Sandimmun concentrate for solution for infusion is approximately one-third of the corresponding oral dose and it is recommended that patients be switched to oral therapy as soon as possible.

Information provided relates to Sandimmun® manufactured by Novartis.