



The MGFA mission is to facilitate the timely diagnosis and optimal care of individuals affected by myasthenia gravis and closely related disorders and to improve their lives through programs of patient services, public information, medical research, professional education, advocacy and patient care.

This publication is intended to provide the reader with general information to be used solely for educational purposes. As such, it does not address individual patient needs, and should not be used as a basis for decision making concerning diagnosis, care, or treatment of any condition. Instead, such decisions should be based upon the advice of a physician or health care professional who is directly familiar with the patient. The information contained in this publication reflects the views of the authors, but not necessarily those of the Myasthenia Gravis Foundation of America (MGFA). Any reference to a particular product, source, or use does not constitute an endorsement. MGFA, its agents, employees, directors, its Medical/Scientific Advisory Board, and its Nurses Advisory Board or their members make no warranty concerning the information contained in this publication. They specifically disclaim any warranty of merchantability, fitness for any particular purpose, or reliability regarding the information contained herein, and assume no responsibility for any damage or liability resulting from the use of such information.

355 Lexington Avenue, 15th Floor
New York, NY 10017-6603
800-541-5454 (Helpline)
212-297-2158 fax
MGFA@Myasthenia.org

www.Myasthenia.org   

Approved by the MGFA Medical/Scientific
and Nurses Advisory Boards

© 2019 by Myasthenia Gravis Foundation of America, Inc.



CYCLOSPORINE

Answers to questions you
may have about cyclosporine



#MGStrong

www.Myasthenia.org

Answers to questions you may have about cyclosporine

What is cyclosporine?

Cyclosporine is an immunosuppressive medication that is sometimes prescribed for individuals with autoimmune myasthenia gravis (MG). It is manufactured as a capsule or an oral solution. You can purchase cyclosporine in generic form or by the brand names Gengraf®, Neoral®, Sandimmune®, or SangCya®. This drug is also available as a solution for injection, mainly for patients unable to swallow.

How does cyclosporine work?

Cyclosporine suppresses the autoimmune response that is responsible for causing the fluctuating and fatigable muscle weakness of MG.

How soon should I see a response?

Some MG patients taking cyclosporine may notice a gradual improvement in their symptoms after a period of 2 to 3 months. Others may take longer to see a response.

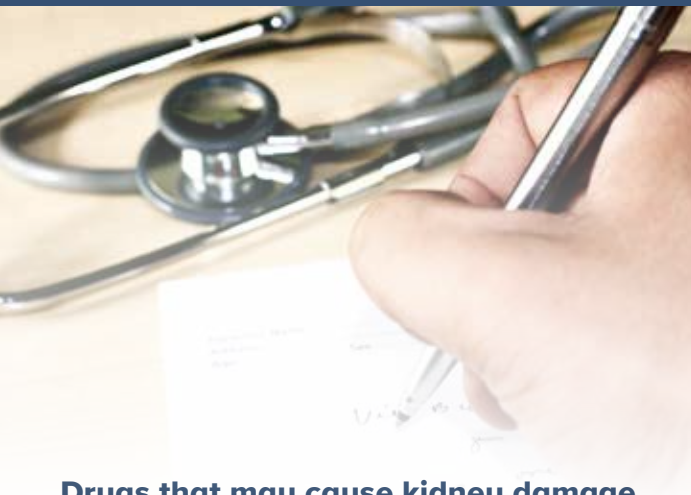


How is cyclosporine taken?

Cyclosporine must be taken exactly as directed by the doctor. Never increase, decrease, or stop taking it without checking with your doctor. It is taken in divided doses, 12 hours apart. Swallow capsules whole. Do not break or chew them. Take just after eating to diminish any stomach upset. You may take cyclosporine with milk or fruit juices, but not grapefruit juice, which may increase its effects. Mix the liquid form in a glass container and add a small amount of milk or juice to the glass. Drink it and make certain that you get all of the medicine.

It is important that all of your healthcare providers know you are taking cyclosporine because it can interact with many other medicines, causing undesirable effects. Even some over-the-counter drugs and natural remedies (such as St. John's Wort) should be avoided unless your doctor approves them.

The list below will help you and your physician know which medications may produce problems while you are taking cyclosporine.



Drugs that may cause kidney damage when combined with cyclosporine

- **Antibiotics** – gentamicin, tobramycin, vancomycin, trimethoprim/sulfamethoxazole (Bactrim®, Septra®), ciprofloxacin (Cipro®)
- **Antifungals** – amphotericin B (Fungizone®), ketoconazole (Nizoral®)
- **Antivirals** – acyclovir (Zovirax®)
- **Antiulcer** – cimetidine (Tagamet®), ranitidine (Zantac®)
- **Nonsteroidals** (NSAIDS) – ibuprofen (Advil®, Motrin®, Nuprin®), diclofenac (Voltaren®), piroxicam (Feldene®), indomethacin (Indocin®)
- **Chemotherapy** – melphalan (Alkeran®), etoposide (VePesid®)
- **Cardiac/Blood Pressure** – captopril (Capoten®), acetazolamide (Diamox®), furosemide (Lasix®), disopyramide (Norpace®)

Drugs that may raise blood cyclosporine levels

- **Antibiotics** – erythromycin
- **Antifungals** – ketoconazole (Nizoral®), difluconazole (Diflucan®), itraconazole (Sporanox®)
- **Stomach/Ulcer** – metoclopramide (Reglan®), cimetidine (Tagamet®)
- **Cardiac/Blood Pressure** – diltiazem (Cardiazem®, Dilacor XR®), nicardipine (Cardene®, verapamil (Calan®, Isoptin®, Verelan®)
- **Hormones** – danazol (Danocrine®), oral contraceptives, methylprednisolone (Medrol®)
- **Gout** – colchicine (Colcris®, Mitigare®)
- **Miscellaneous** – bromocriptine (Parlodel®)

Drugs that may decrease cyclosporine levels

- **Antibiotics** – rifampin (Rifadin®, Rifamatev), imipenem/cilastatin (Primaxin®), nafcillin (Unipen®), trimethoprim/sulfamethoxazole (Bactrim®, Septra®),
- **Anticonvulsants** – phenytoin (Dilantin®), Phenobarbital, carbamazepine (Tegretol®)

Drugs that may accumulate in the blood when taken with cyclosporine

- **Steroids** – prednisolone (Medrol®)
- **Cardiac** – digoxin (Lanoxin®)
- **Gout** – colchicine (Colcrys®, Mitigare®)

Other reactions that may occur

- **Cholesterol** – Statin medications: atorvastatin (Lipitor®), simvastatin (Zocor®, FloLipid®), rosuvastatin (Crestor®), lovastatin (Mevacor®) may cause muscle damage
- **Cardiac/Blood Pressure** – ACE inhibitors (Accupril®, Altace®, Capoten®, Lotensin®, Monopril®, Prinivil®, Vasotec®, Zestril®) may cause increased serum potassium

What will my doctor want to know before prescribing cyclosporine?

Since cyclosporine is a strong medicine, the doctor and patient must consider its risks and benefits. Your doctor will ask you about:

- Current medications and treatments.
- History of any allergies.
- History of high blood pressure.
- History of liver or kidney disease.
- History of diabetes or gout.
- Any recent infections or immunizations.
- Pregnancy, planning a pregnancy or breastfeeding.

What are some special considerations when taking cyclosporine?

The physician will check blood tests regularly to monitor for significant changes. BUN and serum creatinine are checked before beginning cyclosporine, then once a month for 3 months, and then every 3 months to monitor for kidney dysfunction. Cyclosporine blood levels are performed one month after starting and periodically thereafter, especially after a change in dose to assure you are on the correct dose. Blood levels are drawn 12 hours after the last dose, preferably before the morning dose.

Cyclosporine may cause unwanted side effects, some of which may be serious. Others may go away as your body adjusts to the drug. It is important to notify your health care providers about side effects. Allergic reactions can be life threatening and you should get emergency help at once. These include hives, severe itching, tightness in the neck or chest, trouble breathing, or swelling of the lips, tongue or throat. Also serious, are fever, chills, blood in the urine, and seizures. Careful dental hygiene is important because cyclosporine may cause gum swelling or bleeding. Other, more common side effects may include hypertension, tremor, acne, increased hair growth, headache, nausea and vomiting.