Cyclosporine is an oral treatment. It is a synthetic (man-made), small-molecule medicine. Cyclosporine is used to treat psoriasis, especially severe forms of psoriasis such as erythrodermic psoriasis.

How effective is it?

Cyclosporine helps to stop inflammation in the skin and reduce psoriasis symptoms.

A clinical trial is a research study used to determine how safe and effective a new treatment is. This often is done to compare the new treatment with a placebo (an inactive pill, liquid or powder that has no treatment value).

In clinical trials:

- 79 percent of adults with psoriasis experienced at least a 75 percent improvement after 4 months

Treating your psoriatic disease is important for disease management, reducing your risk for comorbidities (related health conditions) and improving your overall health and quality of life. Keep in mind that each person responds differently to treatments. Speak with your health care provider about what treatment may be most appropriate.

How does it work?

Some oral treatments for psoriatic disease act on part of your immune system, while others may act on your whole body. Cyclosporine works throughout the body to suppress (lower) your overactive immune system and stop the actions of certain immune cells.

Your immune system protects your body from illness and infections. With psoriatic disease, the immune system is overactive. This causes inflammation of the skin and speeds up skin cell growth. It also causes inflammation in joints, tendons and ligaments in psoriatic arthritis.
**Who can take it?**
Adults over the age of 18 with psoriasis can take cyclosporine. Speak with your health care provider if you are pregnant or breastfeeding.

**Who should not take it?**
You should not take cyclosporine if you:
- Are currently using coal tar, phototherapy, biologics or other oral treatments, such as methotrexate
- Have abnormal renal (kidney) function, uncontrolled hypertension (high blood pressure), severe electrolyte abnormalities, or cancer
- Take certain medications that interact with cyclosporine

Speak with your health care provider about a change in dosage if you have hepatic (liver) impairment.

**What are the risks?**
There is an increased risk for infections. This is because the treatment causes some immunosuppression (lowering the function of the immune system). If you notice any sign of infection, speak with your health care provider right away. Before starting cyclosporine, you will be screened for hypertension, kidney dysfunction, electrolyte abnormalities, infections and tumors. Avoid receiving live vaccines while taking cyclosporine.

There have been rare reports of:
- Liver problems, including hepatotoxicity
- Kidney problems including kidney damage and nephrotoxicity
- Skin and other cancers (typically if taking cyclosporine for more than 2 years)

**What should I do next?**
- Speak with your health care provider about whether cyclosporine is appropriate for you.
- Contact our Patient Navigation Center to find providers, prepare for appointments, discuss treatments and get help with accessing treatments (find contact information below).

**Common side effects**
In clinical trials, the most common side effects associated with cyclosporine are:
- **Hypertension:** 27.5% of patients treated with cyclosporine reported hypertension
- **Infections such as the flu, sinus infections or upper respiratory infections:** 24.7% of patients treated with cyclosporine reported infections
- **Renal dysfunction:** 24.2% of patients treated with cyclosporine reported renal dysfunction
- **Headache:** 15.9% of patients treated with cyclosporine reported headaches
- **Joint pain:** 6% of patients treated with cyclosporine reported joint pain

These side effects happen most often after the first dose and may decrease after additional doses or over time. The side effects are generally mild and do not cause most people to stop taking cyclosporine. During clinical trials, 1% of patients stopped taking cyclosporine due to side effects.

Keep in mind that side effects observed in clinical trials may not predict actual rates of side effects. Comparison data for rates of side effects with placebo is not available.