How to Use Cyclosporine for Psoriasis Revisited

In this issue of *Forum for Nordic Dermato-Venereology, Dr. Robert Gniadecki* concludes the present position of cyclosporine for psoriasis.

Cyclosporine is only indicated in severe psoriasis and for short-term use, i.e. some few months, such as initiation therapy at start of one of the new biologicals if indicated due to critical disease activity. Cyclosporine is generally contraindicated for long-term control of psoriasis due to the high risk of renal affection with structural damage. Cyclosporine is clearly reserved for attack treatment.

Thus, if a patient, according to his history, obviously needs long-term control and chronic treatment such treatment other than cyclosporine should be instituted from start, combined with cyclosporine if this is needed due to a critical state of the disease.

The practical guidances given by *Dr. Gniadecki* may in a given case not match the written formal requirements regarding cyclosporine, methotrexate and the biologics as stated in the Danish “Lægemiddelkataloget” and the Swedish “FASS” and other formal documents. It is generally required that cyclosporine is tried before a biologic, and not along with it. Formal requirements are generally made by the national drug agencies for single drugs used as monotherapy and generally not harmonized in relation to other relevant treatments and their historical requirements. Combined therapies using two potent systemic drugs for psoriasis at the same time is from the formal point of view not really considered. The combination may easily be felt as falling in the gray zone even if it is clearly justified medically as the best treatment option for a particular patient.

The responsible clinician must have strong arguments. Local drug committees may or may not be flexible, and their role is of course to standardize the practical use of drugs as much as possible, and to economize. Drug committees primarily build their work on existing documentation and routines and they are therefore conservative by nature. However, all agree that therapeutic standards must not be lowered. The article of *Dr. Gniadecki* printed in this issue may serve to sharpen and update the ongoing discussion about new and old treatment methods and their combinations. It would be a good idea to be proactive and discuss it with your local drug committee.

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