

Shared Care Proforma Ciclosporin 0.1% Eye Drops

Template letter to primary care prescriber

Dear Prescriber

RE: _____ DOB: ____/____/____ NHS: _____

Address: _____ Postcode: _____

Your patient is being started on treatment with ciclosporin 0.1% eye drops (1 drop in the left/right/both *(delete as appropriate)* eyes at night for:

- Severe keratitis in patients which has not improved despite treatment with tear substitutes (Ikervis)
- Treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents (Verkazia) *(delete as appropriate)*

This treatment can be prescribed by primary care prescribers under the Traffic Light System under the “shared care” arrangements. This shared care guideline has been approved by the Doncaster and Bassetlaw Area Prescribing Committee.

Will you also please undertake to prescribe for your patient?

The responsibility for monitoring and assessment of the patient on the medication being prescribed will remain with the specialist.

Please acknowledge you are happy to take on shared care by completing and returning the slip below to above address or by secure email to _____

Do not hesitate to contact us if you have any concerns.

Yours sincerely

Clinician's Name/Title

IMPORTANT REMINDER

The prescriber is responsible for monitoring the patient on the medication being prescribed

RE: _____ DOB: ____/____/____ NHS: _____

Address: _____ Postcode: _____

☐ I AGREE to take on shared care of this patient

☐ I DO NOT AGREE to take on shared care of this patient

Signed _____

Practice _____ Date _____

This is guidance on the management of a condition not a commissioning arrangement