

Other indications for Cyclosporine

Adults:

→ *Focal segmental glomerulosclerosis (off-label use):*

Oral: Initial: 3.5 to 5 mg/kg/day in 2 divided doses (in combination with oral prednisone) ^{[1][2]}

→ *Nephrotic syndrome:*

Oral: Initial: 3.5 mg/kg/day in 2 divided doses. Adjunct therapy with low-dose oral corticosteroids is recommended. Maintenance: Dose is individualized based on proteinuria, serum creatinine, and tolerability but should be maintained at lowest effective dose; maximum dose: 5 mg/kg daily. Discontinue if no improvement is observed after 3 months.

→ *Lupus nephritis (off-label use):*

Oral: Initial: 4 mg/kg/day for 1 month (reduce dose if trough concentrations >200 ng/mL); reduce dose by 0.5 mg/kg every 2 weeks to a maintenance dose of 2.5 to 3 mg/kg/day. ^[3]

Pediatrics:

→ *Lupus nephritis:*

Oral: 3 to 5 mg/kg/day in 2 divided doses for 1 to 2 years adjusted to maintain targeted trough concentrations.



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- [1] - Braun N, Schmutzler F, Lange C, et al. Immunosuppressive treatment for focal segmental glomerulosclerosis in adults. Cochrane Database Syst Rev. 2008;2008(3):CD003233. doi:10.1002/14651858.CD003233.pub2[[PubMed 18646090](#)]
- [2]- Cattran DC, Appel GB, Hebert LA, et al. A randomized trial of cyclosporine in patients with steroid-resistant focal segmental glomerulosclerosis. North America Nephrotic Syndrome Study Group. Kidney Int. 1999;56(6):2220-2226. doi:10.1046/j.1523-1755.1999.00778.x[[PubMed 10594798](#)]
- [3]- Moroni G, Doria A, Mosca M, et al. A randomized pilot trial comparing cyclosporine and azathioprine for maintenance therapy in diffuse lupus nephritis over four years. Clin J Am Soc Nephrol. 2006;1(5):925-932. doi:10.2215/CJN.02271205[[PubMed 17699309](#)]

