**Request to continue prescribing of danazol for cholinergic urticaria in primary care**

**Information for the GP Practice**

|  |  |  |
| --- | --- | --- |
| **Urticaria Clinic**  **Specialist details** | **GP Details** | **Patient details** |
| Name: | Name: | Surname: |
| Site/clinic initiating: | Address: | Forename:  DOB: |
| Tel: | Tel: | Address: |
| NHS.net email: | NHS.net email: | Postcode: |
|  |  | NHS no: |

**Dear Dr** …………………..

Your patient has been started on danazol for the management of cholinergic urticaria (off-label use).

The patient has completed at least 3 months of treatment under Specialist care, and as per South East London Area Prescribing Committee (SEL APC) [urticaria pathway](http://www.selondonics.org/selimoc-adultguidelines) we now request you to take over prescribing and management of this medicine.

**I confirm that the patient:**

|  |  |  |
| --- | --- | --- |
| 1. | Has been initiated on danazol in line with SEL APC recommendations for this drug | 🞏 YES (tick box) |
| 2. | Has shown a suitable clinical response to treatment, appropriate for continued prescribing in primary care | 🞏 YES (tick box) |
| 3. | Has tolerated the treatment well and there are no concerns about adverse effects | 🞏 YES (tick box) |

**Note: The specialist completing this form MUST answer the 3 questions above before sending this request to the practice**

**Recommended on-going monitoring by the practice**:

* 6 monthly monitoring of FBC, LFTs & renal function. Markedly impaired hepatic, renal or cardiac function or any state which may be exacerbated by fluid retention is a contraindication to treatment.
* Annual lipids
* Liver ultrasound will occur every 2 years in urticaria clinic

Discuss any abnormalities with the referring Consultant using the contact details outlined above. Treatment should be stopped if any clinically significant adverse event arises particularly if evidence of papilloedema, headache, visual disturbance (signs of raised intracranial pressure), jaundice or other indications of significant hepatic disturbance, thrombosis or thromboembolism.

**Other Notes**

* Patients should preferably continue treatment with a non-sedating H1 antihistamine throughout treatment
* Starting dose 400mg (titration to a final dose of 200-600mg once a day as tolerated). All dose alterations will be advised by the specialist team.
* Please refer to the Summary of Product Characteristics (SPC) and BNF for drug interactions or further drug specific information.

Please contact the specialist urticariateam via the contact details above if you have any questions about the treatment of this patient or the information contained in this letter.

Yours sincerely

**Print Name:**

**References**

1. SEL Urticaria Treatment Pathway- Dec 2018 available online via Lambeth CCG website
2. [SPC](https://www.medicines.org.uk/emc/search?q=danazol) danazol capsules 100mg, accessed online via electronic medicines compendium. Last updated 15th May 2018

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**GP PRACTICE RESPONSE: to be completed and signed by the GP if NOT willing to take on prescribing**

**responsibility and returned to the urticaria specialist via the contact details above:**

This is to confirm that **I am not** willing to accept prescribing responsibility of danazol for cholinergic urticaria for this patient for the following reason:

………………………………………………………………………………………………………………………….

**GP name: ……………………………… GP signature: ……………………………………………… Date: ……/….…/…....**

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