**Request to continue prescribing of naltrexone in** **idiopathic pruritus 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 naltrexone for the management of idiopathic pruritus (off-label use).

The patient has completed at least 3 months of treatment under Specialist care, and as per the 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 naltrexone 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**:

* Liver function tests should be monitored periodically during treatment of elderly or obese patients as per the SPC. Monitoring of renal function or LFTs may also be advised in those with impaired baseline renal or hepatic function. This will be communicated in the individual patient clinic letter.
* Contraindicated in severe renal and hepatic impairment –seek specialist advice. Reversible increases of liver enzymes have been seen in patients with therapeutic or higher doses. For full list of contraindications please refer to SPC.

Discuss any abnormalities with the referring Consultant using the contact details outlined above.

**Other Notes**

* Avoid concomitant use of opioid-containing medications during treatment.
* The dose can be divided and given on the three days of the week to aid tolerance/compliance (max 350mg **per week**)
* 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=%22Naltrexone+Hydrochloride+50+mg+Film-coated+Tablets%22) Naltrexone hydrochloride 50mg tablets, accessed online via electronic medicines compendium. Last updated 12th Feb 2018

**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 on page 1:**

This is to confirm that **I am not** willing to accept prescribing responsibility of naltrexone for idiopathic pruritus for this patient for the following reason:

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

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