**Request to continue prescribing of naltrexone 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: |
| Fax: | Fax: | Postcode: |
| Nhs.net email | Nhs.net email: | NHS no: |

**Dear Dr** …………………..

Your patient has been started on naltrexone for the management of idiopathic pruritus (off-label use).

The patient has completed 3 months of treatment under Specialist care and as per South East London Integrated Medicines Optimisation Committee (SEL IMOC) recommendations, 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 IMOC recommendations for this drug | 🞏 YES (tick box) |
| 2. | Has tolerated the treatment well and there are no concerns about adverse effects  | 🞏 YES (tick box) |
| 3. | Has shown a suitable clinical response to treatment, appropriate for continued prescribing in primary care | 🞏 YES (tick box) |

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

**Further information:**

|  |  |  |
| --- | --- | --- |
| **Patient parameters** | **Date of test** | **Result** |
| Renal function prior to treatment  |  |  |
| Liver function tests (LFT) prior to treatment  |  |  |

**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 the event of developing severe renal or hepatic impairment –seek specialist advice. Reversible increases of liver enzymes have been seen in patients with therapeutic or higher doses.

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](https://www.medicines.org.uk/emc/product/8968/smpc) (SPC) and [BNF](https://bnf.nice.org.uk/drugs/naltrexone-hydrochloride/) for full list of cautions, contraindications, drug interactions or further drug specific information.

Please contact the specialist **Urticaria** team 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 – 2025. Available online via SEL IMOC website
2. Naltrexone 50mg Tablets, Summary of Product Characteristics. Accessed online via Electronic Medicines Compendium. Last updated 12/7/23

**Request to continue prescribing of naltrexone in primary care**

**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:**

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

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

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