

Colesevelam for the management of bile acid malabsorption in non-cancer indications for adults

Transfer of Prescribing Responsibility

Section A: To be completed by the initiating organisation / clinician			
Patient Details:			
F	Hos	S Number: (10 digits)	
GP Practice Details:		Consultant Details:	
Name: Address: Tel no: Fax no: NHS.net e-mail:		Consultant Name: Organisation Name: Clinic Name: Address: Tel no: Fax no: NHS.net email:	
Dear Dr. , This patient has been initiated on colesevelam for the management of severe diarrhoea associated with bile absorption (2 nd line treatment). The patient did not tolerate a trial of colestyramine and therefore colesevelam has been considered for this (unlicensed) indication.			
Details of treatment plan on tran			
Colesevelam 625mg tablets	Date initiated	Dose on transfer	Date of next review
I have supplied the first three months of therapy for this patient. On the patient's last review on last review) I established that the patient has been stabilised on the treatment. I am therefore writing to request your agreement to transfer the prescribing responsibility for this patient's on-going treatment starting from date). Other relevant information:			
 ☐ I confirm that I have prescribed in accordance with local guidelines. ☐ I confirm that the patient has been made aware of the aims, benefits and side effects of treatment including any drug interactions and timing of concomitant medication. ☐ I confirm that the patient has had the dose assessed with respect to efficacy and tolerability, and the dose titrated accordingly. ☐ The patient has been informed when and how to seek medical help. ☐ I confirm that the patient has consented to treatment. 			
Name of clinician:	Clinician signat	ure:	Date:
Section B: To be completed where the GP is unwilling to take on prescribing responsibility and returned to the hospital consultant (details above) within 2 weeks If returned via e-mail, please use NHS.net email accounts ONLY			
☐ I am not willing to accept the transfer of care for this patient for the following reason:			
GP name:	GP signature:		Date: