Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte, Seirbhís Aisíocaíochta Cúraim Phríomhúil
Bealach amach 5 an M50, An Bóthar Thuaidh, Fionnghlas
Baile Átha Cliath 11, D11 XKF3
Guthán: (01) 864 7100 Facs: (01) 834 3589

Health Service Executive, Primary Care Reimbursement Service
Exit 5, M50, North Road, Finglas, Dublin 11, D11 XKF3
Tel: (01) 864 7100 Fax: (01) 834 3589

26th May 2017

Circular 025/17

Nadolol (Exempt Medicinal Product)

You will be aware of the exempt medicinal products (EMPs) arrangements and protocol for supply of EMPs under the GMS and Community Drugs Schemes, I refer to Circular 039/16 and 040/16 in this regard.

A review of Nadolol (EMP) for the treatment of patients with congenital long-QT syndrome was recently completed by the HSE Medicines Management Programme (MMP) http://www.hse.ie/eng/about/Who/clinical/natclinprog/medicinemanagementprogramme/yourmedicines/Evaluation_Reports/Review-of-Nadolol-and-Long-QT-syndrome-.pdf. Nadolol is appropriate for treatment of patients with confirmed LQT2 genotype. The MMP recommends propranolol for the treatment of LQT1 and LQT3.

In order to approve reimbursement of Nadolol, by exceptional arrangements, the prescribing Hospital Consultant must complete an application for individual reimbursement of Nadolol for newly initiated patients (copy enclosed). The completed application form is submitted to PCRS along with a copy of the Hospital prescription. Existing patients (prior to 1st September 2016) will continue to receive reimbursement support.

From 1st June 2017, pharmacies can dispense and claim Nadolol for existing and approved patients electronically using the administration codes enclosed, submitting them in the normal manner with monthly claims. Claims submitted for patients who are not approved will not be paid.

Please contact PCRS.ExemptMed@hse.ie for any queries relating to EMPs.

Yours faithfully,

Anne Marie Hoey

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Primary Care Reimbursement & Eligibility

Nadolol (ULM) - Circular 025/17 (Effective 1st June 2017)

Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20420	Nadolol (ULM) Tabs 20 mg 100 (A) Non Proprietary Name: Nadolol	370.20	Medisource Pharmasource QM Specials
20429	Nadolol (ULM) S/F Oral Susp 20 mg/5 ml 200ml (B) Non Proprietary Name: Nadolol	120.63	Pharmasource QM Specials

For PCRS Use Only	
Case Reference	*Date Received*

Application for individual reimbursement of Nadolol (unlicensed) (For completion by Hospital Consultant ONLY)

In order to approve reimbursement of this medicine, by exceptional arrangements, the prescribing consultant must provide the following information and submit to the Primary Care Reimbursement Service.

Nadolol is an unlicensed medicine. Licensed medicines should be used where possible. The patient is aware that this product is unlicensed but I believe this is the best therapeutic option for this patient at this time.

Date of Application	

Nominated Pharmacy	

1. Patient Details

Name				
Date of birth (DD/MM/YYYY)				
Address				
GMS/ DPS/ PPS Number **(Please tick and insert number)**	GMS	DPS	PPSN	Number:

2. Prescriber details

Name of Consultant	
Medical council number	
Contact Details:	Hospital Address:
	Telephone:
	Email:
Department/Speciality	

3. Diagnosis

Indication for Nadolol	
Has the patient undergone genetic screening to confirm congenital long-QT syndrome (LQTS)?	Yes ☐ No ☐
If **YES** please state the LQTS genotype: e.g. LQT 1, 2, 3	

Note: A review of Nadolol for the treatment of patients with LQT syndrome has been completed by the Medicines Management Programme and concluded:

- *Propranolol is a reasonable therapeutic option for the treatment of congenital LQTS*
- *Available evidence suggests **Nadolol** may be a more appropriate therapy for patients with **LQT2 genotype***

4. Treatment details

Dose and frequency for planned Nadolol therapy:	

***Note:** Usual starting dose of Nadolol is 40mg daily, max daily dose 160mg daily. Elderly patients should be initiated on a low dose*

5. Previous or current treatments used for this condition

1.	
2.	
3.	

6. Clinically relevant information

Has the patient undergone a surgical left cardiac sympathetic nerve degeneration (LCSD) or had an implantable cardioverter defibrillator (ICD) inserted?	Yes ☐ No ☐
IF **YES** please state which:	

Is there any other information you would like to include to support this application?

Authorisation of request

Signature of **prescribing** consultant	
Institution	

Completed forms should be submitted to:

Kate Mulvenna MPSI,
Head of Pharmacy Function
Primary Care Reimbursement Service
Exit 5, M50, North Road,
Finglas, Dublin 11
Phone: 01-8647100
Fax: 01-8647142