KAPRUVIA®
(difelikefalin) Injection

The Blueteq Process:

A Step-by-Step Guide to Initiating and Continuing KAPRUVIA® (difelikefalin)

KAPRUVIA® is indicated for the treatment of moderate-to-severe pruritus associated with chronic kidney disease in adult patients on haemodialysis.[1]
KAPRUVIA® should be restricted for in-centre haemodialysis use only.[1]

Prescribing information and Adverse Event Reporting
Scan the QR code
or click here

Adverse events should be reported. Reporting forms and information for United Kingdom can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Vifor Pharma Ltd. Tel: +44 1276 853633. E-mail: MedicalInfo_UK@viforpharma.com

VIFOR FRESENIUS MEDICAL CARE RENAL PHARMA

UK-DFK-2500011 | April 2025

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NICE RECOMMENDS KAPRUVIA®[2]

NICE
RECOMMENDED
TREATMENT

NICE recommends KAPRUVIA®, within its marketing authorisation, for treating moderate-to-severe CKD-associated pruritus in adults receiving in-centre haemodialysis[2]

KAPRUVIA® is directly commissioned by NHS England, meaning that funding is outside of the dialysis tariff.

For a trust to have KAPRUVIA® funded by NHS England, a Blueteq form must be filled out first. This is a simple process that takes just a few minutes.

OVERVIEW OF THE BLUETEQ PROCESS

The flow chart below outlines an easy-to-follow approach to securing funding for KAPRUVIA®. To speed up the process, before starting please make sure you have the patient's information available.

INITIATE

STEP 1: LOG IN TO BLUETEQ

Log into Blueteq and input basic patient details (initials, NHS Number). Click save. On the Form Selector, click Initial Request, Difelikefalin and CKD-aP and then select the form. Once opened, the form will pre-populate your patient's details.

STEP 2: COMPLETE THE INITIAL FUNDING APPLICATION FORM

Complete the remaining fields (including consultant name and email address) then add the start date for KAPRUVIA® and 12 weeks review. Answer the five yes/no questions on the form and click **submit**.

STEP 3: SYSTEM GENERATES APPROVAL LETTER IMMEDIATELY

An approval letter is generated using the information on the form so KAPRUVIA® can be ordered and dispensed for your patient.

CONTINUE

STEP 4: REQUEST CONTINUATION AT 12 WEEKS

At the Week 12 follow-up, if your patient shows a WI-NRS reduction score of more than 2 points then complete the **Blueteq continuation funding application form**.

STEP 1: LOG IN TO BLUETEQ

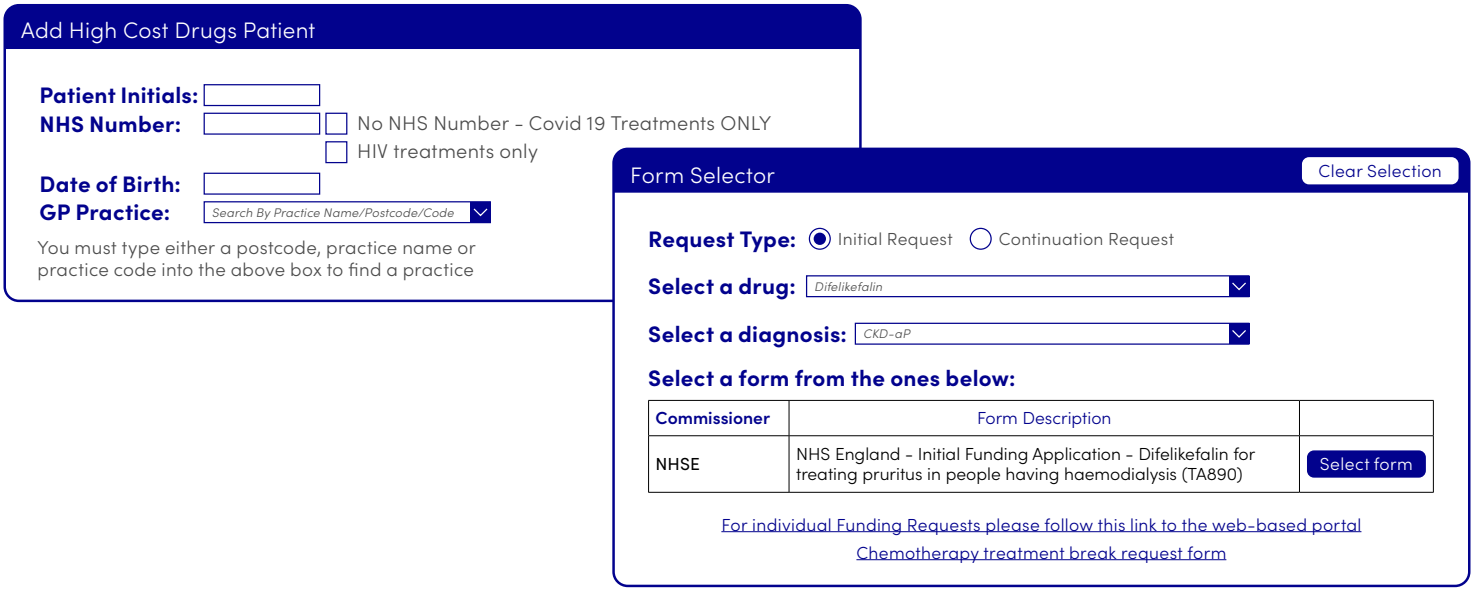
Log in to Blueteq and input basic patient details.

Patient details needed for this section:

- Initials
- NHS Number

Once added, **Date of Birth** and **GP practice** auto-populate. Click save to progress to the form selector, where you will need to select **Initial Request**, the **name of the drug (difelikefalin)** and the **patient diagnosis (CKD-aP)**.

Then choose the form from the box to begin filling it in.



STEP 2: INITIAL FUNDING APPLICATION FORM

The patient details in the form should be pre-populated as a result of the previous step, but you will also need to input the **consultant details, notification email address, treatment start date and review period (12 weeks).**

Once the form has been completely filled out, it can then be submitted.

NHS England - Initial Funding Application - Difelikefalin for treating pruritus in people having haemodialysis (TA890)			
Patient NHS No:	687 111 7890	**Trust:**	BARTS HEALTH NHS TRUST
Patient Hostpital No:	446	**Practice Code:**	F84097
Patient's Initials and DoB:	J.S. 28.06.1974	**GP Postcode:**	E7 8AB
Choose Consultant:	Dr Green		
Consultant Name:	Dr Green	**Other Contact Details:**	
Notification Email Address:	DrGreen@NHS.net	**Please enter a NHS digital accredited email address e.g. @nhs.net**	
Treatment Start Date:	15/10/2024		
Review Period:	After 12 Weeks		

BY TICKING THESE BOXES AND SUBMITTING THE APPLICATION THE CLINICIAN IS CONFIRMING THE PATIENT MEETS ALL THE CRITERIA BELOW. IT SHOULD BE NOTED THAT THE SACT DATASET WILL BE USED TO MONITOR THAT THESE CRITERIA ARE BEING MET:

Please indicate whether patient meets the following criteria:	Please tick	
1. I confirm that the patient is an adult with moderate to severe pruritus associated with kidney disease	☑ YES	○ NO
2. I confirm the patient is having in-centre haemodialysis	☑ YES	○ NO
3. I confirm the patient has pruritus despite best supportive care	☑ YES	○ NO
4. I confirm the patient will receive difelikefalin in accordance with its marketing authorisation (note the Summary of Product Characteristics states that no more than 4 doses per week should be administered even if the number of haemodialysis treatments in a week exceeds 4)	☑ YES	○ NO
5. I confirm that the stopping criteria have been explained and agreed with the patient/carer before the treatment is started	☑ YES	○ NO

The information in this table is hypothetical and is not based on a real patient or doctor.

STEP 3: SYSTEM GENERATES APPROVAL LETTER IMMEDIATELY

After the form has been submitted, an email confirming the approval of funding for KAPRUVIA® is immediately generated.

NHS England

1 October 2024

Dear Colleague

Patient NHS No: 687 111 7890
Patient Hospital No: 446
Patient Initials and DoB: J.S. 28.06.1974
Request ID: 14300786
Consultant: Dr Green

Re: Difelikefalin for Haemodialysis

Thank you for your request on the 01/10/2024 funding is APPROVED for the use of this drug for this patient.

Treatment is approved until 07/01/2025 after which a review will be required in line with the NHS England Criteria commissioning criteria * to ensure that the patient is responding adequately.

Should ongoing funding be required after this time, please complete the appropriate Blueteq proforma.

Yours sincerely,

on behalf on NHS England

* NHS England or NICE criteria

The information in this table is hypothetical and is not based on a real patient or doctor.

STEP 4: REQUEST CONTINUATION AT 12 WEEKS

After 12 weeks of treatment, a Blueteq continuation request is required to enable your patient to continue taking KAPRUVIA® if they have had an acceptable reduction in itch, defined as a WI-NRS score reduction of more than 2. No further forms are required.

Please follow steps 1–3 as for the initiation form, however choose **continuation request** when on the form selector to bring up the correct document. The yes/no questions on the continuation form will be different to the initiation form, but should be filled in the same way.

The patient and consultant details in this form will pre-populate using the information input from the initial funding application.

NHS England - Continuation Funding Application - Difelikefalin for treating pruritus in people having haemodialysis (TA890)		
BY TICKING THESE BOXES AND SUBMITTING THE APPLICATION THE CLINICIAN IS CONFIRMING THE PATIENT MEETS ALL THE CRITERIA BELOW.		
Please indicate whether patient meets the following criteria:	**Please tick**	
1. I confirm that the patient remains eligible for difelikefalin (as described in NICE TA890)	☑ YES	○ NO
2. I confirm there is a sufficient reduction in itch during the first 12 weeks of treatment; a change in WINRS of more than 2 is considered a sufficient reduction	☑ YES	○ NO
3. I confirm the patient will continue to receive difelikefalin in accordance with its marketing authorisation	☑ YES	○ NO

The information in this table is hypothetical and is not based on a real patient or doctor.

References

1. KAPRUVIA® Summary of Product Characteristics. Available at: https://emc.link/pi41609.
2. NICE (2023). Difelikefalin for treating pruritus in people having haemodialysis. Available at: https://www.nice.org.uk/guidance/TA890. Date accessed: April 2025.

CKD-aP, chronic kidney disease associated pruritus; **DoB**, date of birth; **GP**, general practitioner; **NHS**, National Health Service; **NICE**, National Institute for Health and Care Excellence; **WI-NRS**, Worst Itch-Numerical Rating Scale.

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