**Request to continue prescribing of doxepin for chronic urticaria 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 doxepin for the management of chronic urticaria (off label use).

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

* No routine blood monitoring required.
* Note periodic monitoring of renal function or LFTs may be advised in those with impaired baseline renal or hepatic function, this will be communicated in the individual patient clinic letter.
* Dose reduction may be required in renal or hepatic impairment –seek specialist advice.

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

**Other Notes**

* Low dose (usually 25mg-50mg at night)
* Contraindications include hypersensitivity to doxepin or related drugs, glaucoma, urinary retention, severe liver disease or mania. Its use is also contraindicated during lactation. Caution required in elderly patients or those with severe cardiovascular disease.
* Monitor for any clinical worsening, suicidal behaviour/thoughts in patients with co-morbid anxiety and depression
* 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/product/8133/smpc) Doxepin Hydrochloride 25mg capsules, accessed online via electronic medicines compendium. Last updated 25th April 2014

**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 above:**

This is to confirm that **I am not** willing to accept prescribing responsibility of doxepin for chronic urticaria this patient for the following reason:…………………………………………………………………………………………………………………

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