**Request to continue prescribing of doxepin 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 doxepin for the management of Chronic Urticaria.

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 doxepin 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 prior to treatment (LFT) |  |  |

**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 the event of renal or hepatic impairment developing –seek specialist advice.
* Discuss any abnormalities with the referring Consultant using the contact details outlined above.

**Other Notes**

* Low dose (usually 10mg-50mg at night)
* Contraindications include hypersensitivity to doxepin or tricyclic antidepressants (TCAs) or any of the inactive ingredients. Also contraindicated in glaucoma, urinary retention, severe liver disease, mania, and during lactation. Caution required in elderly patients, in patients with severe cardiovascular disease or history of epilepsy.
* Monitor for any clinical worsening, suicidal behaviour/thoughts in patients with co-morbid anxiety and depression
* Please refer to the [Summary of Product Characteristics](https://www.medicines.org.uk/emc/product/8133/smpc) (SPC) and [BNF](https://bnf.nice.org.uk/drugs/doxepin/#indications-and-dose) 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. Doxepin 25mg Capsules, Summary of Product Characteristics. Accessed online via Electronic Medicines Compendium. Last updated 28/6/21

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**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 doxepin for chronic urticaria for this patient for the following reason:

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

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