

Rationale for Initiation, Continuation and Discontinuation (RiCaD)

Doxepin hydrochloride 5% cream (Unlicensed)

For the relief of pruritus associated with eczema

This document supports the use and transfer of an agent which is classified as **AMBER**.

It is intended for completion by specialist in order to give Primary Care prescribers a clear indication of the reason for recommending an **AMBER** medication together with suggested criteria for its subsequent continuation or discontinuation. This RiCaD should be provided as a supplement to the specialist's clinical letter.

Patient details		GP details		Specialist details	
Name		GP name	Dr	Specialist name	
NHS Number		GP address		I confirm that this patient is eligible to receive doxepin hydrochloride 5% cream under the restrictions listed below	
DOB				Signature	
Patient address				Date	
				Contact details	

Rationale for Choice

Relevant Diagnosis:	For the relief of pruritus associated with eczema				
Reason why doxepin hydrochloride 5% cream has been chosen in preference to drugs without Formulary restrictions:	Specialists please type text below and check boxes:				
	Patient has been offered the following with little benefit				If Yes what was offer (medication name, Dose and duration)
	Education about disease and treatment modalities	Y	N	N/A	
	Trigger elimination				
	Avoiding exogenous triggers	Y	N	N/A	
	Antimicrobials for overt secondary infection	Y	N	N/A	
	Stress management	Y	N	N/A	
	Food allergen avoidance in symptomatic patients				
	Topical therapy				
	Emollients	Y	N	N/A	
	Corticosteroids	Y	N	N/A	
	Calcineurin inhibitors	Y	N	N/A	
	Systemic therapy				
	Oral sedating antihistamines	Y	N	N/A	
Combination of nonsedating and sedating antihistamines	Y	N	N/A		
Corticosteroids	Y	N	N/A		
Psychological interventions (eg, cognitive-behavioral therapy, habit reversal therapy, autogenic training)	Y	N	N/A		
Pre-treatment test results	Specialists please complete the information in table below:				

Guidance on initiation (to be completed by the specialist)

Initiation dose:	<p>Adults and children over 12 years A thin film of Xepin should be applied three to four times daily, to the affected area only.</p> <p>Clinical experience has shown that drowsiness is significantly more common in patients applying cream to more than 10% of the body surface area, therefore, the maximum coverage should be less than 10% of body surface area. For an average sized patient, this would equate to 3g of Xepin per application and not more than 12g of Xepin per day. If excessive drowsiness does occur, it may be necessary to reduce the number of applications, the amount of cream applied and/or the percentage of body surface area treated.</p>
Specialist recommendations	Specialist to complete
Monitoring:	Drowsiness

Suggested Criteria for Continuation or Discontinuation (to be completed by the specialist)

Assessment of Efficacy												
Frequency	6 monthly											
Location	Outpatients clinic/GP practice											
Method												
Continuation Criteria												
Review												
Discontinuation Criteria												
Follow up action	Specialist to complete											
Shared Care Read Code	<p>In the patients notes, using the appropriate Read Code listed below, denote that the patient is receiving treatment under a shared care agreement/RICaD</p> <table border="1"> <thead> <tr> <th>GP Prescribing System</th> <th>Read Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>EMIS and Vision</td> <td>8BM5.00</td> <td>Shared care prescribing</td> </tr> <tr> <td>SystemOne</td> <td>XaB58</td> <td>Shared care</td> </tr> </tbody> </table>			GP Prescribing System	Read Code	Description	EMIS and Vision	8BM5.00	Shared care prescribing	SystemOne	XaB58	Shared care
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References												
<p>Please note the information included in this document is correct at the time of writing. The manufacturer's Summary of Product Characteristics (SPC) and the most current edition of the British National Formulary should be consulted for up to date and more detailed prescribing information.</p>												