

PATIENT GROUP DIRECTION FOR THE SUPPLY OF DOXYCYCLINE FOR TREATMENT OF CHLAMYDIA AND NGU, CONTACTS OF CHLAMYDIA OR CONTACTS OF NON-GONOCOCCAL URETHRITIS (NGU) PRESENTING WITH TREATMENT VOUCHER TO COMMUNITY PHARMACISTS

MANAGEMENT OF PATIENT GROUP DIRECTION

This Patient Group Direction must be read, agreed to and signed by all healthcare professionals involved in its use. The original signed copy should be held by a designated person and must be easily accessible to healthcare professionals in the clinical setting. In all cases the healthcare professional will follow the code of conduct as defined by their professional body.

	Name	Signature	Date
Developed by LOCAL DEVELOPMENT TEAM			
Doctor	Dr Dan Clutterbuck		
Practitioner	Michelle Wood		
Pharmacist	Dawn Owen		

Approved by PGD SUB-GROUP OF THE MEDICINES POLICY COMMITTEE			
Chairperson	Garry Todd		

Approved by AUTHORISED NHS Lothian Drugs and Therapeutics Committee			
Chairperson/Deputy of Committee	eEmma Morrison		

AUTHORISED BY			
Medical Director	Ms Tracey Gillies		

LOCAL MANAGEMENT			
Practice/Ward/Department/Directorate			
Clinical Lead			
Practitioner Manager (if applicable)			
Pharmacist (if applicable)			
Name of Designated PGD Holder <small>(Responsible for ensuring names of healthcare professionals issuing under this PGD are kept up to date)</small>			

DATE AUTHORISED FOR USE	REVIEW DATE	EXPIRY DATE
06/08/2023	06/08/2024	06/08/2025

Contractor Code	
Locum	

AUTHORISED PRACTITIONER LIST:

I have read and understood the Patient Group Direction and agree to use it and acknowledge that it is my responsibility to maintain my knowledge, skills and competencies through CPD.

Name	Signature	GPhC registration number	Date

1. CHARACTERISTICS OF STAFF	
Define Practitioner Group	Community Pharmacist registered with General Pharmaceutical Council
Qualifications Required	Current GPhC Registration
Additional requirements	<p>Undertaken Continuing Professional Development (CPD) to ensure understanding of areas related to the pharmacy service in relation to chlamydia infection</p> <p>Undertaken appropriate training for working under PGDs for the supply of medicines</p> <p>Able to assess the person's capacity to understand the nature and purpose of the medication in order to give or refuse consent</p>
Continued training requirements	Updates on the management of chlamydial infection and non-gonococcal urethritis (NGU) when appropriate

2. DESCRIPTION OF TREATMENT	
Names of Medicines included	Doxycycline
Marketing Authorisation (previously UK Product Licence)	YES
Outwith terms of the Summary of Product Characteristics	NO
2nd Pharmacist Check	Carol Philip
Controlled Drugs If YES, consultation with CDGT to check legal compliance	NO
Antibiotic If YES, consultation with Microbiologist/Antimicrobial Management Team	YES Consultation with AMT undertaken
Children under 13 years of age to be treated If YES, consultation with Neonatologist, Paediatrician, Public Health or Unscheduled Care	NO
Record / Audit trail	Patient Medication Record (PMR) system record Treatment voucher number to be returned to health advisors at NHS Lothian Sexual Health Service Sexual Health.

3.1 MEDICINES and CLINICAL CONDITION

Name of medicine	Doxycycline
Define situation/condition	Chlamydia infection or Non-gonococcal urethritis (NGU) Contacts of Chlamydia or NGU infection
Criteria for inclusion (including patient group)	<ul style="list-style-type: none"> ▪ Patients who have been diagnosed with chlamydia/NGU presenting with treatment voucher ▪ Contacts of patients who have been diagnosed with chlamydia/NGU presenting with treatment voucher
Criteria for exclusion	<ul style="list-style-type: none"> ▪ Men and women aged under 14 years ▪ Symptoms suggestive of lymphogranuloma venereum for example: inflammation and swelling of the lymph nodes and surrounding tissues and/or a history suggestive of proctitis ▪ Symptoms suggestive of pelvic inflammatory disease for example lower abdominal pain, pain having sex, abnormal vaginal bleeding, fever ▪ Actual or suspected pregnancy ▪ Breastfeeding ▪ Renal or hepatic impairment ▪ Systemic lupus erythematosus ▪ Myasthenia gravis ▪ Known hypersensitivity to any component of the medicine ▪ Informed non consent ▪ Drug interactions – see below
Action if excluded	Advise to contact either NHS Lothian Sexual Health Service or patient's own GP
Action if patient declines	Advise to contact either NHS Lothian Sexual Health Service or patient's own GP
Pharmaceutical form and strength of medicine	Doxycycline capsules/ dispersible tablets 100mg
POM / P / GSL / ▼	POM
Dose/s	100mg
Route/Method	Orally
Frequency (To include maximum/minimum timescales)	Twice daily for seven days
Total dose/number	14
Drug interactions and action to be taken	<p>Exclusions: If the patient is taking any of the following medicines, he/she is excluded from the PGD and should be referred to a medical practitioner:</p> <p>atovaquone; carbamazepine; coumarins (warfarin) ; ergotamine and methysergide; ciclosporin, colestipol and colestyramine; methotrexate; methoxyflurane;; phenindione; phenytoin and fosphenytoin; phenobarbital; primidone, quinapril; retinoids; rifampicin;</p>

	<p>strontium ranelate; sucralfate; sulphonylureas; oral typhoid vaccine Any other clinically relevant drug interaction listed under the tetracycline section of appendix 1 in the current BNF and the SPC.</p> <p>Caution: The absorption of doxycycline may be impaired by concurrently administered antacids or other drugs containing aluminium, calcium, magnesium zinc, iron, bismuth or kaolin Dosages should be maximally separated e.g. take two hours before, or six hours after taking antacids.</p>
<p>Cautions (including action to be taken if caution applies)</p>	<ul style="list-style-type: none"> ▪ Doxycycline can cause photosensitivity. ▪ Patients should be advised to avoid direct sunlight or UV sun beds and protect skin from strong sun. ▪ If photosensitivity occurs (exaggerated sunburn reaction)) the patient should be advised to discontinue treatment and contact the NHS Lothian Sexual Health Service / LSRHS Local clinic for advice.
<p>Adverse reactions and side effects including actions to be taken if adverse drug reaction is suspected (▼ - include yellow card details)</p>	<p>Gastric upsets are common and include; abdominal pain, anorexia, nausea, vomiting*, diarrhoea*, dyspepsia and rarely dysphagia.</p> <p>* If patient is taking oral contraceptive pills and vomiting within 2 hours of taking the pill or severe diarrhoea occurs, follow advice as for missed pills. Refer to the most recent FSRH advice for directions to minimise the risk of contraceptive failure.</p> <ul style="list-style-type: none"> ▪ If GI side effect not self-resolving, refer to patient's own GP ▪ Rarer side effects include: Clostridium difficile overgrowth, hepatotoxicity, pancreatitis, blood disorders, tinnitus, arthralgia and myalgia, rashes, photosensitivity, headaches, benign intracranial hypertension, visual disturbances and tooth discoloration/enamel hypoplasia (usually on long-term use). ▪ Serious skin reactions, such as exfoliative dermatitis, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, and Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) have been rarely reported in patients receiving doxycycline. ▪ If serious skin reactions occur, doxycycline should be discontinued immediately and appropriate therapy should be instituted ▪ For the rarer side effects refer to a medical practitioner at the NHS Lothian Sexual Health Service / LSRHS Local Clinic ▪ Hypersensitivity reactions including anaphylaxis are rare- advise patient to call 999 if experiencing a hypersensitivity reaction ▪ If a serious adverse reaction is suspected please report to the Commission on Human Medicines (CHM) via the Yellow Card Scheme http://yellowcard.mhra.gov.uk/

<p>Additional advice and information</p>	<ul style="list-style-type: none"> ▪ Should be taken with fluids e.g. full glass of water in either a sitting or standing position ▪ Can be taken with milk or during meals to avoid gastric irritation. ▪ Second daily dose should be taken at least one hour before going to bed to avoid the risk of gastric irritation ▪ Alcohol may reduce the effectiveness of doxycycline ▪ Advise to contact the NHS Lothian Sexual Health Service / Peripheral Clinic if condition worsens or symptoms persist ▪ Manufacturers Patient Information Leaflet should be given.
<p>Referral, patient monitoring and follow-up</p>	<p>Return treatment voucher to the NHS Lothian Sexual Health Service with Pharmacy details to ensure cross referencing for payment</p>

4. REFERENCES

1. BASHH Guidelines 2015 UK National guideline for the management of the infection of Chlamydia trachomatis last accessed 06/08/23 via <https://www.bashh.org/guidelines>
2. BASHH Guidelines 2015 UK National guideline for the management of non-gonococcal urethritis last accessed 06/08/2023 via <https://www.bashhguidelines.org/media/1051/ngu-2015.pdf>
3. BNF Doxycycline last accessed via <https://www.medicinescomplete.com> on 06/08/2023
4. Doxycycline SmPC last accessed 06/08/2023 last updated 06/12/2021 via <http://www.medicines.org.uk>