



PATIENT GROUP DIRECTION FOR THE  
SUPPLY OF  
DOXYCYCLINE 100MG CAPSULES

By registered Pharmacists for the Treatment  
of *Chlamydia trachomatis* in Community  
Pharmacy

Version 1.0

Valid from: 7<sup>th</sup> January 2019

Expires on: 6<sup>th</sup> January 2021

This Patient Group Direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

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**P.O.M.**  
[Prescription Only Medicine]

DOCUMENT CONTROL – PGD Ready for authorisation

**Document Location**

Copies of this PGD can be obtained from:

<b>Name:</b>	Oldham Council
<b>Address:</b>	Civic Centre, West Street, Oldham, OL1 1UT
<b>Telephone:</b>	0161 770 3000

**Revision History**

The latest and master version of the unsigned PGD is held by Greater Manchester Shared Service.

Revision date & acted on by	Summary of changes	Version
18/10/2018 S Woods	Initial draft for discussion with development group	0.1
19/11/2018 S Woods	Based on feedback from Dr C. Stevenson  <b>5. Patient Information</b> Under 'Advice to be given to the patient or carer' added the bullet point: <ul style="list-style-type: none"> <li>▪ Reinforce the possible need for screening for other sexually transmitted infection (STI).</li> </ul> And changed the bullet point: <ul style="list-style-type: none"> <li>▪ Repeat testing should be performed 3 to 6 months after treatment in under 25-years olds diagnosed with <i>Chlamydia</i> and when there is a change in sexual partner.</li> </ul> To: <ul style="list-style-type: none"> <li>▪ Repeat testing should be performed from 3 months after treatment in under 25-years olds diagnosed with <i>Chlamydia</i> and when there is a change in sexual partner.</li> </ul>	0.2
07/12/2018 S Woods	Based on feedback from Andrew Martin.  <b>2. Clinical condition or situation to which the direction applies.</b> Under 'Cautions (including any relevant action to be taken)' changed the final sentence from; Dosage should be maximally separated. To: Doses should be separated by at least 2 to 4 hours.  <b>5. Patient Information</b> Under 'Advice to be given to the patient or carer' changed the bullet	0.3

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	<p>point from:</p> <ul style="list-style-type: none"> <li>Doxycycline capsules can be taken at any time in relation to food but there should be a gap between taking the capsules and antacids.</li> </ul> <p>To:</p> <ul style="list-style-type: none"> <li>Doxycycline capsules can be taken at any time in relation to food but there should be a gap, of at least 2 to 4 hours, between taking the capsules and antacids.</li> </ul>	
<p>11/12/2018 S Woods</p>	<p>Finalised and formatted for sign off.</p>	<p>1.0</p>

**Approvals**

This PGD must be approved by the following before distribution:

NAME	TITLE	DATE OF ISSUE	VERSION
Dr Charlotte Stevenson	Public Health Consultant, Oldham Council	07/01/2019	1.0
Andrew Martin	Strategic Medicines Optimisation Pharmacist, GMSS	07/01/2019	1.0
Katrina Stephens	Acting Director of Public Health, Oldham Council	07/01/2019	1.0
Dipesh Raghvani	Clinical Lead, GM LPC	07/01/2019	1.0

**Distribution**

This PGD has been distributed, during its development, to:

NAME	TITLE	DATE OF ISSUE	VERSION
Dr Charlotte Stevenson	Public Health Consultant, Oldham Council	01/11/2018	0.1
		21/11/2018	0.2
		11/12/2018	1.0
Dipesh Raghvani	Clinical Lead, GM LPC	01/11/2018	0.1
		21/11/2018	0.2
		11/12/2018	1.0
Lianne Davies	Public Health & Wellbeing Manager, Oldham Council	01/11/2018	0.1
		21/11/2018	0.2
		11/12/2018	1.0
Andrew Martin	Strategic Medicines Optimisation Pharmacist, GMSS	21/11/2018	0.2
		11/12/2018	1.0

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**PGD Development**

<b>Originally developed / Reviewed by:</b>	Stephen Woods (Author)	Senior Medicines Optimisation Pharmacist, Greater Manchester Shared Service
	Dr Charlotte Stevenson	Public Health Consultant, Oldham Council
	Dipesh Raghwani	Clinical Lead, GM LPC

<b>Date applicable:</b>	7 <sup>th</sup> January 2019
<b>Review date:</b>	1 <sup>st</sup> September 2020
<b>Expiry date:</b>	6 <sup>th</sup> January 2021

**PGD Authorisation**

This Patient Group Direction has been approved for use in the Oldham Council area by:

<i>Designation</i>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
<b>Senior Pharmacist</b> (Strategic Medicines Optimisation Pharmacist, GM Shared Services)	Andrew Martin		12/12/18
<b>Doctor</b> (Public Health Consultant, Oldham Council)	Dr Charlotte Stevenson		7/1/19
<b>Community Pharmacy Representative</b> (Clinical Lead, GM LPC)	Dipesh Raghwani		14/12/18
<b>Author</b> (Senior Medicines Optimisation Pharmacist, GM Shared Services)	Stephen Woods		12/12/18
<b>Authorising Signatory</b> (Acting Director of Public Health, Oldham Council)	Katrina Stephens		2/1/19

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**1. Characteristics of Staff**

<b>Qualifications required</b>	<ul style="list-style-type: none"> <li>▪ Pharmacist with current General Pharmaceutical Council registration</li> <li>▪ Work in a Community Pharmacy within Oldham Council area</li> </ul>
<b>Additional requirements</b>	<ul style="list-style-type: none"> <li>▪ Has undertaken training in the use of PGDs</li> <li>▪ Has undertaken training which enables the pharmacist to make a clinical assessment in order to establish the need and supply doxycycline according to this PGD as detailed in the service specification.</li> <li>▪ Has satisfied the competencies appropriate to this PGD, as detailed in the Centre for Postgraduate Pharmacy Education (CPPE) and NHS Health Education England <i>Declaration of Competence for pharmacy services – Chlamydia screening and treatment document</i> (<a href="https://www.cppe.ac.uk/services/declaration-of-competence">https://www.cppe.ac.uk/services/declaration-of-competence</a>).</li> <li>▪ Has an understanding of how to deal with a possible anaphylactic reaction, this could include access to a member of staff trained in basic life support.</li> </ul>
<b>Continued training requirements</b>	<ul style="list-style-type: none"> <li>▪ The pharmacist should be aware of any change to the recommendations for the medicine listed.</li> <li>▪ Must be able to show regular update in the field of contraceptive and reproductive health care, in particular sexually transmitted diseases</li> <li>▪ Must assess and maintain their own competence on the medicine supplied under this PGD in line with the requirements contained within the <i>Declaration of Competence for pharmacy services – Chlamydia screening and treatment document</i></li> <li>▪ It is the responsibility of the pharmacist to keep up-to-date with continuing professional development</li> <li>▪ It is the responsibility of the pharmacist to maintain their own competency to practice within this PGD. Further training may be necessary when the PGD is reviewed.</li> </ul>
<b>Suggested supporting learning</b>	<p>It is essential that pharmacists complete and satisfy the competencies detailed in the CPPE and NHS Health Education North West <i>Declaration of Competence for pharmacy services – Chlamydia screening and treatment document</i>.</p>

**The Pharmacy Contractor is responsible for ensuring that only suitable Pharmacists sign up to this PGD and should maintain a record of the names of individual Pharmacists and evidence of their self-declaration and sign up to the current PGD.**

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**2. Clinical condition or situation to which the direction applies.**

<p><b>Indication (Clinical condition or situation to which this PGD applies)</b></p>	<p>Patients either known or suspected of having uncomplicated genital <i>Chlamydia trachomatis</i> infection identified by the local screening service and in line with the current service specification.</p> <p>There are two Patient Group Directions (PGD) in the Oldham Council area for the treatment of <i>Chlamydia trachomatis</i> infection.</p> <ul style="list-style-type: none"> <li>▪ This PGD for doxycycline must be considered for first line use, unless exclusions apply or there are concomitant medication considerations.</li> <li>▪ The PGD for azithromycin can be considered for second line use where doxycycline is contraindicated or not tolerated.</li> </ul>
<p><b>Criteria for inclusion</b></p>	<ul style="list-style-type: none"> <li>▪ Male or female patients either with a laboratory-confirmed positive genital <i>Chlamydia trachomatis</i> infection or who is a sexual contact of any patient who has a laboratory-confirmed positive genital <i>Chlamydia trachomatis</i> infection. The local screening service will notify pharmacies of infected individuals and identified sexual contacts asking to attend that site.</li> <li>▪ Have no known contraindications or allergies to doxycycline or its excipients</li> <li>▪ Understand the risks, benefits and side effects</li> <li>▪ Are competent to consent to treatment</li> <li>▪ Meet Fraser guidelines, if under 16 years of age. <i>Note children under 13 years of age must be notified to the local Safeguarding Team and treatment provided by an appropriate doctor / independent nurse prescriber.</i></li> </ul>
<p><b>Criteria for exclusion<sup>1</sup></b> Continued on next page.</p>	<ul style="list-style-type: none"> <li>▪ Individuals under 13 years of age. Doxycycline is contraindicated in under 12 years and this PGD does not cover treatment of individuals under 13 years.</li> <li>▪ Individuals aged under 16 years assessed as not competent using Fraser Guidelines</li> <li>▪ Known allergy or hypersensitivity to doxycycline, tetracycline antibiotics or any constituent of the medication</li> <li>▪ Pregnancy or at risk of pregnancy</li> <li>▪ Breastfeeding</li> <li>▪ Any medicine known to interact with doxycycline see the current British National Formulary (BNF) (<a href="http://www.medicinescomplete.com/mc/">http://www.medicinescomplete.com/mc/</a>) or the Summary of Product Characteristics (SPC) (<a href="http://www.medicines.org.uk/emc/">http://www.medicines.org.uk/emc/</a>)</li> <li>▪ Non-genital <i>Chlamydia trachomatis</i> infection</li> <li>▪ Complicated <i>Chlamydia</i> infection in males e.g. with epididymitis or testicular pain</li> <li>▪ Complicated <i>Chlamydia</i> infection in females e.g. pelvic pain or suspected pelvic inflammatory disease.</li> </ul>

<sup>1</sup> Exclusion under this Patient Group Direction (PGD) does not necessarily mean the medication is contraindicated but it may be outside the remit of the PGD and another form of authorisation may be suitable.

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<p><b>Criteria for exclusion</b></p> <p>Continued from previous page.</p>	<ul style="list-style-type: none"> <li>▪ Severe renal impairment</li> <li>▪ Severe hepatic impairment Acute porphyria</li> <li>▪ Patients with myasthenia gravis</li> <li>▪ Patients with systemic lupus erythematosus</li> </ul>
<p><b>Cautions (including any relevant action to be taken)</b></p>	<p><i>Photosensitivity</i> – Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracycline, including doxycycline. Patients likely to be exposed to direct sunlight or ultraviolet light should be advised that this reaction can occur with tetracycline drugs and treatment should be discontinued at the first evidence of skin erythema. Advice on the use of sun screens and avoidance of exposure to the sun should be given.</p> <p><i>Oesophagitis</i> – instances of oesophagitis and oesophageal ulcerations have been reported in patients receiving capsule and tablet forms of drugs in the tetracycline class, including doxycycline. Most of these patients took medication immediately before going to bed or with inadequate amounts of fluid.</p> <p>The absorption of doxycycline may be impaired by concurrently administered antacids containing aluminium, calcium, magnesium or other drugs containing these cations; oral zinc, iron salts or bismuth preparations. Doses should be separated by at least 2 to 4 hours.</p>
<p><b>Action if excluded</b></p>	<ul style="list-style-type: none"> <li>▪ Refer to appropriate doctor/independent nurse prescriber or sexual health clinic; this should be done in conjunction with the local screening service.</li> <li>▪ If excluded because the patient is under 13 years of age, information should usually be shared in accordance with local guidance, but if a decision is made not to disclose there should be discussion with a named or designated nurse or doctor for child protection, with a record of the decision stating the reasons.<sup>2</sup></li> <li>▪ Document all actions taken.</li> </ul>
<p><b>Action if patient or carer declines treatment</b></p>	<ul style="list-style-type: none"> <li>▪ Make individual aware of the need for treatment and refer to appropriate doctor/independent nurse prescriber or sexual health clinic; this should be done in conjunction with local screening service.</li> <li>▪ Document all actions taken.</li> </ul>

<sup>2</sup> Clinical Effectiveness Group, British Association for Sexual Health and HIV, United Kingdom National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People (2010)

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**3. Details of medicine**

<b>Name, strength &amp; formulation of drug</b>	Doxycycline (as hyclate) 100mg Capsules
<b>Presentation</b>	Oral capsules
<b>Storage</b>	Store below 25°C
<b>Legal category</b>	POM
<b>Black Triangle ▼</b>	No
<b>Unlicensed / off label use</b>	None
<b>Route / method</b>	Oral
<b>Dose and frequency</b>	100mg to be taken twice a day for 7 days Capsules should be swallowed whole with plenty of fluid during meals while sitting or standing.
<b>Quantity to be administered and/or supplied</b>	Supply 14 capsules
<b>Maximum or minimum treatment periods</b>	7 days treatment to be provided
<b>Disposal</b>	Any unused medicinal product or waste material should be disposed of safely.
<b>Drug interactions<sup>3</sup></b>	<ul style="list-style-type: none"> <li>▪ If the patient is taking any concomitant medication or treatment it is the practitioner's responsibility to ensure that treatment with the drug detailed in this Patient Group Direction is appropriate. (For drug interaction see Appendix 1 of BNF (<a href="https://www.medicinescomplete.com/mc/">https://www.medicinescomplete.com/mc/</a>) or the SPC (<a href="http://www.medicines.org.uk/emc/">http://www.medicines.org.uk/emc/</a>) or contact the Medicine Information Service at Liverpool – telephone number inside front cover of BNF)</li> <li>▪ In the case of any doubt, further advice must be sought from an appropriate health professional and recorded as having been sought before the drug is given.</li> <li>▪ If the requirements of this PGD cannot be complied with the patient must be referred to a suitable independent prescriber.</li> </ul>

<sup>3</sup> Refer to British National Formulary (BNF) and Summary of Product Characteristics (SPC) for complete list



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**Identification & management of adverse reactions<sup>3</sup>**

**Very common and common adverse effects**

Angioedema	Headache
Vomiting	Henoch-Schönlein purpura
Diarrhoea	Pericarditis
Hypersensitivity	Photosensitivity reaction
Skin reactions	Systemic lupus erythematosus exacerbated
Nausea	

For a full adverse effects profile, refer to the SPC ([www.medicines.org.uk](http://www.medicines.org.uk)) or the most current edition of the BNF (<https://www.medicinescomplete.com/mc/>)

In the event of any adverse reaction:

- Record the adverse reaction in the patient consultation note
- Inform the patient's GP if the patient consents to this

If appropriate report the adverse reaction under the Yellow Card scheme (forms can be found at the back of the BNF or completed online at <http://yellowcard.mhra.gov.uk> )

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The pharmacist must keep a record of the consultation as required in the service specification for a period of time in line with *Records Management Code of Practice for Health and Social Care 2016* (<https://digital.nhs.uk/codes-of-practice-handling-information>) and service specification.

The minimum required information to be collected is:

- Patient's name, address, date of birth and consent given
- Contact details of GP (if registered)
- Dose, form and date administered
- Batch number and expiry date.
- Advice given to patient (including side effects and self-care)
- Significant information e.g. if used off licence reason why
- Signature/name of health professional who administered or supplied the medication.
- Details of any adverse drug reaction and actions taken including documentation in the patient's record
- Record any follow up or referral arrangements
- Record refusal of treatment by pharmacist if the individual does not meet the inclusion criteria/ by individual
- Complete and return via a secure method any relevant forms to the screening/treatment coordinating organisation.

*Records Management Code of Practice for Health and Social Care 2016* recommends the following storage periods for Sexual Health paper records:

- 8 years (in adults) or until 25<sup>th</sup> birthday in a child (age 26 if entry made when young person was 17), or 8 years after death.

Computerised patients medication records can be used where considered appropriate.

Ensure patient attendance fed back to relevant screening/treatment coordinating organisation in order to complete the audit trail.

Data must be stored in accordance with Caldicott guidance, the Data Protection Act and the General Data Protection Regulation.

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**5. Patient Information**

<b>Written information to be given to the patient or carer</b>	<p>The patient/carer should be given the following written information if appropriate:</p> <ul style="list-style-type: none"> <li>▪ The product specific patient information sheet supplied with the medicine.</li> <li>▪ Any other suitable information with regard to their treatment.</li> </ul>
<b>Advice to be given to the patient or carer</b>	<p>The patient/carer should be given the following information verbally if appropriate and requested:</p> <ul style="list-style-type: none"> <li>▪ Information on <i>Chlamydia trachomatis</i></li> <li>▪ Discuss possible side effects of treatment as listed in patient information leaflet.</li> <li>▪ Advise patients that they may get a skin rash, itching, redness or severe sunburn when out in sunlight or after using a sun bed. Recommend they avoid exposure to bright sunlight and not to use sun beds.</li> <li>▪ Advise to swallow the capsules whole with plenty of fluids during meals while sitting or standing and well before bedtime to prevent irritation to the oesophagus</li> <li>▪ Doxycycline capsules can be taken at any time in relation to food but there should be a gap, of at least 2 to 4 hours, between taking the capsules and antacids</li> <li>▪ Reinforce importance of sexual partners seeking treatment.</li> <li>▪ Repeat testing should be performed from 3 months after treatment in under 25-years olds diagnosed with <i>Chlamydia</i> and when there is a change in sexual partner.</li> <li>▪ Abstain completely from sexual intercourse (even with condom), including oral and anal sex, until treatment is completed and their partner has completed treatment or are 7 days post- azithromycin treatment.</li> <li>▪ Reinforce the possible need for screening for other sexually transmitted infection (STI).</li> <li>▪ Provide information on practising safer sex.</li> </ul>
<b>Labelling</b>	<p>Medication supplied to the patient must be labelled in accordance with current legislation.</p>

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[Prescription Only Medicine]**6. References used to develop this PGD**

1. British Association for Sexual Health and HIV (BASHH) Clinical Effectiveness Guidelines (all available at <https://www.bashh.org/guidelines>):
  - 2015 UK national guideline for the management of *Chlamydia trachomatis*. (Updated September 2018). Accessed 17<sup>th</sup> October 2018.
  - UK national guideline for the management of gonorrhoea in adults, 2011.. Accessed 18<sup>th</sup> October 2018.
  - 2015 UK National Guideline on the management of non-gonococcal urethritis. (Updated May 2017). Accessed 18<sup>th</sup> October 2018.
  - 2018 United Kingdom Guideline for the Management of PID. Accessed 18<sup>th</sup> October 2018.
2. Manufacturers' Summaries of Product Characteristics (SPC)
  - Doxycycline 100mg Capsules, Kent Pharmaceuticals Ltd. Date of last revision of the text 03/09/2018  
<https://www.medicines.org.uk/emc/medicine/26378>. Accessed 18<sup>th</sup> October 2018.
3. British National Formulary Online
  - BNF Online. <https://www.medicinescomplete.com>. Accessed 18<sup>th</sup> October 2018.
4. Centre for Pharmacy Postgraduate Education
  - Declaration of competence for community pharmacy services; Chlamydia Testing and Treatment Service. Version 8 (Feb 2014)  
<https://www.cppe.ac.uk/services/commissioners>. Accessed 18<sup>th</sup> October 2018.
5. General Pharmaceutical Council.
  - Standards for pharmacy professionals, May 2017.  
<https://www.pharmacyregulation.org/standards> Accessed 18<sup>th</sup> October 2018.
  - Guidance on maintaining clear sexual boundaries, May 2017.  
<https://www.pharmacyregulation.org/standards/guidance>. 18<sup>th</sup> October 2018.
6. NHS Digital
  - Records Management Code of Practice for Health and Social Care 2016. <https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016>. Accessed 18<sup>th</sup> October 2018.

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The Patient Group Direction is to be read, agreed to and signed by the healthcare professional and their employer. The healthcare professional retains a copy of the PGD. The employer retains a record of all PGDs held by healthcare professionals employed or contracted by them.

**Individual Authorisation**

By signing this PGD you are agreeing that:

- You have read and understood the content;
- To the best of your knowledge, the content of the PGD is correct and supports best practice;
- You will act within the parameters of the PGD;
- You take responsibility for maintaining your competence and ongoing training requirements to continue to use the PGD safely

Named Healthcare Professional: \_\_\_\_\_

Designation: \_\_\_\_\_

**The above named healthcare professional is authorised to work within the confines of this Patient Group Direction**

Name of Employer: \_\_\_\_\_  
/ Contractor

Address of Employer: \_\_\_\_\_  
/ Contractor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employer: \_\_\_\_\_  
/ Contractor

**I, the undersigned, have read and understood this PGD and agree to work within its confines**

Signature of Named

Healthcare Professional: \_\_\_\_\_

Date: \_\_\_\_\_

**One copy to be retained by the named healthcare professional**

**One copy to be retained by the employer / contractor**

**The healthcare professional's details must be recorded on a register of PGDs held by their employer/contractor.**