Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

PODOPHYLLOTOXIN 0.15% CREAM

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	For the topical treatment of condylomata acuminata affecting the penis and external female genitalia (anogenital warts).
Inclusion criteria	Patients aged 16 years or over Male patients with visible warts affecting the penis Female patients with visible warts affecting the external genitalia. To be used in conjunction with local wart treatment guidance or algorithm.
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Patients under 16 years of age Hypersensitivity to podophyllotoxin or excipients (see package insert) Patients with meatal, intravaginal and anal warts Genital ulceration Concurrent eczematous conditions, inflamed skin, open wounds Pregnancy or suspected pregnancy Breast feeding Unable to manage own treatment at home Atypical lesions Lesions greater than $4cm^2$ Use of other podophyllotoxin containing preparations
Cautions - Seek further advice from doctor before proceeding and document advice	Using other topical skin preparations on the genital area Patient aged 14 to 16 years (all use under 18 years is unlicensed).
Action if patient declines or is excluded	Refer to doctor as appropriate. Document refusal or action taken in patient's records.
Drug Details	
Name, form & strength of medicine	Podophyllotoxin Cream 0.15% 5g for topical use
Legal status	Prescription Only Medicine (POM)
Route/Method	Topical to genital lesions
Dosage / frequency	Just enough cream to cover each wart should be applied twice daily for 3 consecutive days
Duration of treatment	Treatment may be repeated at weekly intervals if necessary for a total of four 3-day treatment courses. To be used in conjunction with local wart treatment guidance or algorithm.

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Referral Arrangements and Audit Trail	
Records/audit trail	Patient's name, address, date of birth, GP, diagnosis, Dose and form supplied, Advice given to patient (including side effects), Signature/name of staff who supplied the medication, adverse drug reaction and actions taken including documentation in the patient's medical record, Referral (including self-care)
References/Resources and comments	Current versions of :- SPC – Summary of Product Characteristics BNF – British National Formulary for Children British Association for sexual health and HIV UK Guidelines
Clinical Authorisation	
Lead Doctor	Dr Sumit Bhaduri, Consultant in GUM Signature: Date: 13/12/18
Lead Pharmacist	Dr Alex Johnson, PGD Lead Pharmacist Signature: Date: 19.12.18
Lead Nurse	Carolyn Gosling, Sexual Health Nurse Signature: Date: 13.12.2018
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing & Quality Signature: Date: 18/12/18

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Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date