

Minocycline recommendation

Recommendation

In light of the concerns about use of minocycline and the availability of alternative products, minocycline has been placed in the ‘not recommended’ prescribing category in the East Kent Primary Care formulary and prescribers are recommended to review their current prescribing

Background

Doubts about the safety of minocycline were originally raised in the 1990s and use has decreased over the years. Of particular concerns are the rare but serious side effects that include hypersensitivity reactions of eosinophilia, pneumonitis and nephritis, autoimmune hepatitis and lupus erythematosus-like syndrome. Such reactions seem to be more common with minocycline than with other tetracyclines.⁷ In addition, minocycline appears to be the only tetracycline that can cause potentially irreversible slate-grey pigmentation of the skin.¹ A recent NICE review recently highlighted minocycline in its document *Key therapeutic topics—medicines management options for local implementation* and recommends that clinicians “review and, if appropriate, revise prescribing of minocycline in light of its potential harms”.²

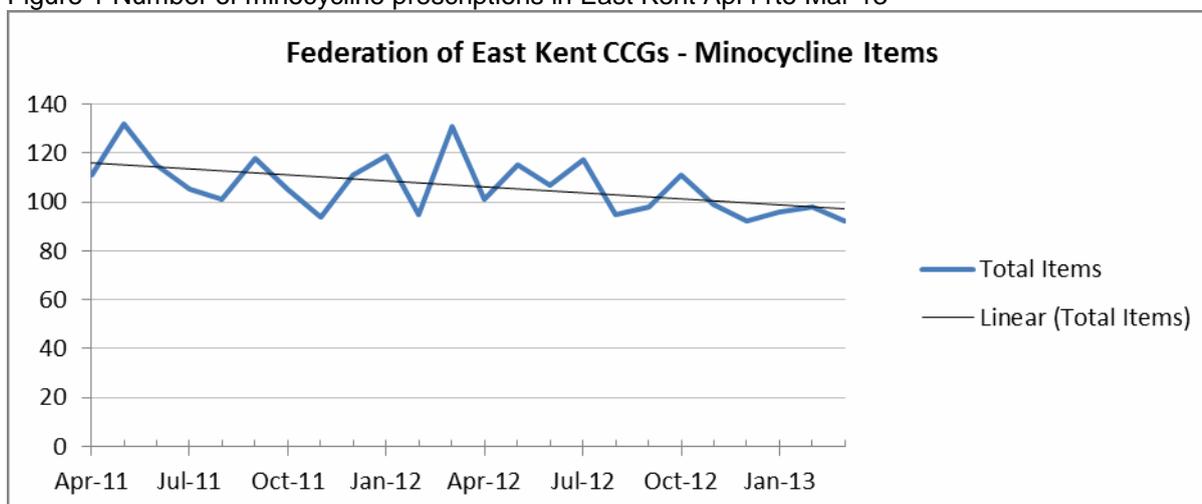
Local situation

Minocycline is currently a restricted category on the EKHUFT formulary i.e. the drug is restricted to initiation by a group of prescribers expected to know both the properties of the drug and its NHS indications. EKHUFT microbiology would only expect minocycline to be used by dermatologists. However local dermatology consultants confirm they have stopped using minocycline and do not see a role for it

Current use

Although use has decreased over time minocycline continues to be prescribed in primary care although numbers of items are low

Figure 1 Number of minocycline prescriptions in East Kent Apr11to Mar 13



Approved by: East Kent Prescribing Group (Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)

Date: June 2013

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Alternative preparations³

Tetracyclines All are licensed for the treatment of acne vulgaris and there is no evidence that one is more effective than another. Therefore the choice of specific tetracycline should be made according to the individual's preference and cost, bearing in mind the adverse effect profile of the drugs and the convenience of their dosing schedules. Tetracycline and oxytetracycline — the dose is 500 mg twice a day, on an empty stomach.

Doxycycline and lymecycline are taken once a day, and can be taken with food. **However** photosensitivity is reported to be a particular problem with doxycycline, so consider avoiding this in people who are exposed to a lot of sunlight.

Cost 28 day supply⁴

Drug	Dose	Cost 28 days supply
Oxytetracycline	500mg bd	£5.12
Tetracycline	500mg bd	£21.48
Doxycycline	100mg od	£4.32
Lymecycline 408mg	408mg od	£6.22

(Doses may vary from the above)

References

1. National Institute for Health and Care Excellence, 2013. **Minocycline** [online]. Available: <https://www.nice.org.uk/advice/ktt11>
2. Time to say goodbye to **minocycline**? DTB 2013;51:49
3. <https://cks.nice.org.uk/acne-vulgaris#!prescribinginfosub:21> (Accessed 06/02/2018)
4. http://www.ppa.org.uk/edt/May_2013/mindex.htm

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