

# Azithromycin for Prevention of Exacerbations in Non-Cystic Fibrosis Bronchiectasis

<b>Areas where Protocol/Guideline applicable</b>	SESLHD inpatients and outpatients under the care of a Respiratory Physician
<b>Authorised Prescribers:</b>	Consultant Respiratory Physicians
<b>Indication for use</b>	Non-Cystic Fibrosis (CF) Bronchiectasis with frequent exacerbations
<b>Clinical condition</b>	CT changes compatible with the diagnosis of bronchiectasis. More than 3 exacerbations per year
<b>Proposed Place in Therapy</b>	Third-line therapy (after physiotherapy, nebulised sodium chloride, bronchodilators, nebulised aminoglycosides)
<b>Contra-indications</b>	Prolonged QT interval Known sensitivity to macrolide antibiotics Significant drug interactions (other drugs that prolong QT interval) Severe Renal/Liver Disease
<b>Precautions</b>	Risk factors for prolonged QT interval. Review ECG at baseline for QT interval Weight <40kg (see dose reduction below)
<b>Important Drug Interactions</b>	Warfarin Other medications that may prolong QT interval. Antacids reduce peak concentration. Do not give antacids within 2 hours of azithromycin.
<b>Dosage</b>	500mg orally three times a week 250mg orally three times a week if patient's weight is <40kg
<b>Duration of therapy</b>	Up to 12 months
<b>Prescribing Instructions</b>	<b>Inpatient:</b> Azithromycin must be prescribed on the eMR or eRIC. In the absence of eMM systems, the appropriate paper medication chart may be used. <b>Outpatient:</b> Approved SESLHD outpatient prescription.
<b>Administration Instructions</b>	Zedd® brand tablet must be given on an empty stomach, half an hour before food. Other brands can be given without regard to food. Wear a mask and gloves if crushing the tablet.
<b>Monitoring requirements</b> Safety	Lung function, FBC, UEC, LFTs at baseline and then quarterly. Consider on-treatment ECG at least once to check QT interval.

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<p><b>Monitoring requirements</b> Effectiveness</p>	<p>Primary: Reduction in exacerbations</p> <p>Secondary:</p> <ul style="list-style-type: none"> <li>• SGRQ improvement</li> <li>• FEV1 improvement (less likely given fixed airway disease)</li> <li>• Hospital admission rates</li> </ul>
<p><b>Management of Complications</b></p>	<p>Cease medication</p>
<p><b>Basis of Protocol/Guideline:</b> (including sources of evidence, references)</p>	<p>Azithromycin for prevention of exacerbations in non-cystic fibrosis bronchiectasis (EMBRACE): a randomised, double-blind, placebo-controlled trial <i>Lancet</i> VOLUME 380, ISSUE 9842, P660-667, AUGUST 18, 2012.</p> <p>Altenburg J, de Graaff CS, Stienstra Y, Sloos JH, van Haren EH, Koppers RJ, van der Werf TS, Boersma WG. Effect of azithromycin maintenance treatment on infectious exacerbations among patients with non-cystic fibrosis bronchiectasis: the BAT randomized controlled trial. <i>JAMA</i>. 2013 Mar 27;309(12):1251-9. doi: 10.1001/jama.2013.1937. PMID: 23532241.</p> <p>Prolonged antibiotics for non-cystic bronchiectasis in children and adults (review) <i>Cochrane database of systematic reviews</i> 2015 Issue 8</p> <p>Polverino E, Goeminne PC, McDonnell MJ, et al. European Respiratory Society guidelines for the management of adult bronchiectasis. <i>Eur Respir J</i> 2017; 50: 1700629 [<a href="https://doi.org/10.1183/13993003.00629-2017">https://doi.org/ 10.1183/13993003.00629-2017</a>].</p> <p>BTS Guidelines for the treatment of adult bronchiectasis. Hill AT, Welham SA, Sullivan AL, et al Updated BTS Adult Bronchiectasis Guideline 2018: a multidisciplinary approach to comprehensive care. <i>Thorax</i> 2019;74:1-3.</p> <p>Zithromax Product Information via CIAP. Last updated 1 August 2023.</p>
<p><b>Groups consulted in development of this guideline</b></p>	<p>POWH Respiratory department POWH Pharmacy department POWH Antimicrobial stewardship (2018)</p>

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