

**Prescribing Protocol
Azithromycin for prevention of exacerbations
in non-cystic fibrosis bronchiectasis**



Prescribing Protocol Template for New Drugs	
Title	Azithromycin for prevention of exacerbations in non-cystic fibrosis bronchiectasis
Areas where Protocol/Guideline applicable e.g. District, Hospital, ITU, Ward	SESLHD inpatients and outpatients under the care of a Respiratory Physician
Areas where Protocol/Guideline not applicable	Nil
Authorised Prescribers	Consultant Respiratory Physicians
Indication for use	Non-CF bronchiectasis with frequent exacerbations
Clinical condition	CT changes compatible with the diagnosis of bronchiectasis More than 3 exacerbations per year
Contra-indications	Prolonged QT interval Known sensitivity to macrolide antibiotics Significant drug interactions (other drugs that prolong QT interval) Severe Renal/Liver Disease
Precautions	Risk factors for prolonged QT interval. Review ECG at baseline for QT interval Weight <40kg (see dose reduction below)
Place in Therapy	Third-line therapy (after physio, nebulised saline, bronchodilators, nebulised aminoglycosides)
Dosage	500mg PO three times weekly (250mg three times weekly if patient's weight is <40kg)
Duration of therapy	Up to 12 months
Important Drug Interactions	Warfarin Other medications that may prolong QT interval
Monitoring requirements	Lung function, FBC, UEC, LFTs at baseline and then quarterly
Safety	Consider on-treatment ECG at least once to check QT interval
Effectiveness	Primary: Reduction in exacerbations Secondary: <ul style="list-style-type: none"> • SGRQ improvement • FEV1 improvement (less likely given fixed airway disease) • Hospital admission rates
Management of complications	Cease medication

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<p>Basis of Protocol/Guideline</p>	<p>Azithromycin for prevention of exacerbations in non-cystic fibrosis bronchiectasis (EMBRACE): a randomised, double-blind, placebo-controlled trial Lancet 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. JAMA. 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) Cochrane database of systematic reviews 2015 Issue 8</p> <p>Polverino E, Goeminne PC, McDonnell MJ, et al. European Respiratory Society guidelines for the management of adult bronchiectasis. Eur Respir J 2017; 50: 1700629 [https://doi.org/10.1183/13993003.00629-2017].</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 Thorax 2019;74:1-3.</p>
<p>Groups consulted in development of this protocol</p>	<p>POWH Respiratory department POWH Pharmacy department POWH Antimicrobial stewardship (comments incorporated from application in 2018)</p>

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GOVERNANCE	
Enactment date	February 2021
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Chairperson, QUM Committee	Dr John Shephard
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