

Shared Care Guideline for the use of *Azithromycin* in *Cystic Fibrosis* Patients

Section 1: Agreement for transfer of prescribing to GP

Patient details/addressograph

Name.....
Address.....
.....
.....
.....
DOB..... Hospital no.....

Drug name and dose:.....

Desired clinical outcome as agreed with the patient/carer

.....

Consultant:
Address:
Contact no:.....
<hr/>
GP:
Address:
Contact no:.....

Agreement to shared care, to be signed by GP and Consultant before transfer of care to GP
Consultant signature:
.....
Date:.....
<hr/>
GP signature:
.....
Date:.....

In case of emergency contact *Name:*.....

Contact number:.....

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Responsibilities of the Consultant

- Confirm that the patient with cystic fibrosis is suitable for treatment.
- Initiate the first month's therapy and review patient at the end of this period, to ensure stability.
- To monitor use at the patient's routine outpatient appointment.
- Liver function tests will be monitored at each clinic visit.

Where patients are reviewed at the hospital more than four times a year, prescribing azithromycin will remain the responsibility of the consultant.

Responsibilities of the GP

- To continue prescription of azithromycin for patients who are reviewed at the hospital less than four times a year.
- If patient develops evidence of persisting gastrointestinal upset (e.g. nausea, bloating, vomiting, dyspepsia, anorexia), referral back to consultant to bring forward outpatient appointment. Azithromycin can be stopped as a temporary measure.
- If patient develops 'flu' like symptoms, liver function should be checked, in case this is an early sign of hepatitis. If frank jaundice develops, drug should be stopped and patient referred urgently back to consultant.

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Section 2: Information

This Shared Care Guideline is for all patients 10 years and older attending the CF unit at Frimley Park Hospital. Azithromycin has been shown to reduce the number of exacerbations that patients with cystic fibrosis (and other small airway conditions) experience. The mechanism is unclear but thought to be independent to its anti-infective activity and possibly due to a novel anti-inflammatory mechanism. The effect is NOT a class effect demonstrated by other macrolides.

Licensed indications

Off license indication

Dose

Under 40kg, azithromycin 250mg orally daily

Over 40kg, azithromycin 500mg orally daily

Duration of treatment

Indefinite or until patient undergoes lung transplantation or until patient no longer attends clinic.

Cautions

- Allergic reactions to erythromycin or other macrolides
- Patients known to culture atypical mycobacteria
- Long QT and cardiac repolarisation abnormalities have been documented with macrolides but not specifically with azithromycin, although this cannot be absolutely ruled out. Use with agents that prolong the QT should therefore be used with caution (e.g. terfenadine).
- Dose in severe renal failure should be reduced by one third. (Patients with CrCl<10ml/min)

Contra-indications

Hepatic impairment

Side effects

Gastrointestinal upset, hepatitis, headache, syncope, dizziness, hyperactivity, tinnitus, rarely severe anaphylactic reaction including angio-oedema

Please refer to BNF for full details.

Interactions

- Aluminium and magnesium based antacids reduce absorption.
- Theophylline levels potentially increased by azithromycin.
- Coumarin action potentially enhanced with azithromycin.
- Terfenadine (see under cautions)

Other less common interactions are listed in the INTERACTIONS section of the BNF.

References

1. Equi, A., et al., *Long term azithromycin in children with cystic fibrosis: a randomised, placebo-controlled crossover trial*. Lancet, 2002. **360**(9338): p. 978-84.
2. Jaffe, A., et al., *Long-term azithromycin may improve lung function in children with cystic fibrosis*. Lancet, 1998. **351**(9100): p. 420.
3. British National Formulary 49. p.286.
4. Pfizer Ltd. Azithromycin SPC. Nov. 2004.

Shared care guidelines produced by Dr. T. Ho, Consultant Physician

This does not replace the SPCs, which should be read in conjunction with this guidance. Prescribers should also refer to the appropriate paragraph in the current edition of the BNF