



17<sup>th</sup> April 2020

Circular 017/20

**Re: COVID-19 (Azithromycin)**

Dear Pharmacist,

Further to the recent correspondence issued regarding the prescribing of hydroxychloroquine (Circular 12/20), I enclose a letter from Prof Michael Barry, Clinical Lead, Medicines Management Programme in relation to the appropriate prescribing of azithromycin in the community setting.

Letters have issued to GPs requesting that prescriptions for azithromycin should not be offered in the community for the management of patients with COVID-19 in the home.

Your co-operation and ongoing support is appreciated.

Yours faithfully,

Shaun Flanagan  
Primary Care Reimbursement and Eligibility



## Re: Appropriate prescribing of azithromycin

10 April 2020

Dear Colleagues,

I have previously written to you to highlight the interim guidance for the use of antiviral therapy in the clinical management of acute respiratory infection with SARS-CoV-2 (COVID-19), which is available at: <https://www.hse.ie/eng/about/who/acute-hospitals-division/drugs-management-programme/>.

This guidance states that there is insufficient evidence to recommend systematic use of azithromycin and hydroxychloroquine in combination for the treatment of COVID-19. Cases that are being considered for combination treatment should be reviewed with local infectious diseases or clinical microbiology teams. The guidance also highlights the safety profile of this combination, in particular the potential for QTc prolongation, and the significant monitoring requirements that are required i.e. daily ECG monitoring if the patient has a baseline QTc > 440 ms, or if the patient has other QT risk factors (e.g. older age, female sex, cardiac disease, electrolyte disturbances).

The guidance also states that prescribing of antivirals for the management of patients with confirmed COVID-19 disease **should be restricted to hospitals only**. Azithromycin, therefore, should only be prescribed for hospital in-patients and according to the interim guidance when being used as a therapy for the management of COVID-19. There is no evidence to support prophylactic use.

Azithromycin is a valuable antibiotic when used appropriately in the community setting and, as such, can be prescribed for the following indications in line with the guidelines on preferred antimicrobial prescribing in the community, available at [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie).\*

- Second-line for uncomplicated anogenital Chlamydia (1g stat, then 500 mg once a day for two days)
- Gonorrhoea if the patient is allergic to cephalosporins or penicillin, and when known to be susceptible to azithromycin (2g stat)
- Third-line for early-onset Lyme disease (500 mg once a day for 17 days).

Information to support the safe prescribing of macrolides is also available on this website.

Azithromycin is also prescribed in the community on an on-going basis in some patients with respiratory conditions (e.g. Chronic Obstructive Pulmonary Disease) following initiation in the hospital setting.

I would ask in this COVID-19 Public Health Emergency that you would carefully consider prescribing azithromycin, ensuring that it is prescribed in line with the information set out above. Prescribing of azithromycin in this manner will support the safe use of this agent, and ensure continuity of supply. Prescriptions for azithromycin should not be offered in the community for the management of patients with COVID-19 in the home.

My thanks for your ongoing support in promoting safe, effective and cost-effective prescribing.

With best wishes,

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Professor Michael Barry,  
**National Clinical Lead,**  
**Medicines Management Programme.**  
[www.hse.ie/yourmedicines](http://www.hse.ie/yourmedicines)

\*Please consult [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) and the relevant summary of product characteristics for full prescribing information.