

# COVID-19 Therapeutic Alert

CEM/CMO/2020/040

15 December 2020

## Azithromycin in the Management of COVID-19 (SARS-CoV-2) Positive Patients

### Summary

Results of the RECOVERY trial, a randomised, controlled, open-label, adaptive platform trial, showed no significant clinical benefit of either oral or intravenous azithromycin in patients hospitalised with COVID-19. Compared with usual standard of care alone, azithromycin (administered once daily at 500mg either orally or intravenously, for up to 10 days) did not significantly decrease length of stay or 28-day mortality. In patients not receiving invasive mechanical ventilation at baseline, there was no difference between groups in the proportion of patients progressing to the composite endpoint of invasive mechanical ventilation or death.

**It is therefore now recommended that azithromycin should NOT be used in the management of confirmed or suspected COVID-19 infection in hospitalised patients unless there are additional indications for which its use remains appropriate (see Product Details). Within primary care the use of azithromycin and other antimicrobials, specifically in the treatment of COVID-19 infection, should be solely within the context of a trial.**

The recommendation will be reviewed as further evidence becomes available, including from the PRINCIPLE trial.

### Action

**NHS acute trusts / health boards / hospitals** are asked to:

Ensure front line clinical teams and pharmacy teams are aware of the UK-wide recommendation that azithromycin should NOT be used in the management of COVID-19 in hospitalised patients.

**General practices** are asked to:

Ensure that the local primary care team is aware that antimicrobials should only be prescribed in the management of COVID-19 infection within the established inclusion criteria and framework of a clinical trial. Azithromycin may continue to be prescribed within the licensed indications (below) outside of a clinical trial, and within NICE and other associated guidelines.

## Product Details

Azithromycin continues to be indicated in the treatment of the following infections when known, or likely, to be due to one or more susceptible micro-organisms – acute bacterial sinusitis, acute bacterial otitis media, pharyngitis, tonsillitis, acute exacerbation of chronic bronchitis, community acquired pneumonia, skin and soft tissue infections, uncomplicated *Chlamydia trachomatis* urethritis and cervicitis.

Consideration should be given to official guidance regarding the appropriate use of antimicrobials before azithromycin is prescribed.

## Anti-Microbial Stewardship

NICE has published guidelines on the use of antimicrobials in community acquired pneumonia in the community and in hospitalised patients during COVID-19. These can be found at <https://www.nice.org.uk/guidance/ng165> and <https://www.nice.org.uk/guidance/ng173>

Inappropriate antibacterial use contributes to the development of antimicrobial resistance, and healthcare associated infections such as Clostridium (*Clostridioides*) *difficile* infection.

## Distribution

General Practice  
Community Pharmacies  
ICS /STP and Clinical Commissioning Group Pharmacy Leads  
NHS Trusts (NHS boards in Scotland and Wales)  
Regional Medical Directors  
Regional Chief Pharmacists  
Lead/Senior Pharmacists and Regional Procurement Pharmacy Leads  
Trust/Hospital Medical Directors and Chief Pharmacists to circulate to medical, pharmacy and nursing staff managing COVID-19 patients

## Enquiries

### England

Enquiries from general practice and community pharmacy should in the first instance be directed to the local clinical commissioning group.

Enquiries from NHS trusts in England should in the first instance be directed to the trust pharmacy team who will escalate issues to the Regional Chief Pharmacist and national teams if required.

Further information can also be requested from the dedicated email address:  
[england.spoc-c19therapeutics@nhs.net](mailto:england.spoc-c19therapeutics@nhs.net).

### Northern Ireland

Enquiries from general practice and community pharmacy should in the first instance be directed to your local HSCB office.

Enquiries from hospitals in Northern Ireland should in the first instance be directed to your hospital pharmacy team who will escalate issues to the Regional Pharmaceutical Procurement Service or Pharmaceutical Directorate at the Department of Health if required. Further information can be obtained by contacting [RPHPS.Admin@northerntrust.hscni.net](mailto:RPHPS.Admin@northerntrust.hscni.net)

### **Scotland**

Enquiries from Scotland should in the first instance be directed to the Health Board Director of Pharmacy who will escalate issues to either NHS National Procurement or the Scottish Government's Medicines Policy Team if required. Contact should be made using the following emails: [nss.nhssmedicineshortages@nhs.scot](mailto:nss.nhssmedicineshortages@nhs.scot) or [medicines.policy@gov.scot](mailto:medicines.policy@gov.scot)

### **Wales**

Enquiries in Wales should in the first instance be directed to the health board's Chief Pharmacist who will escalate issues to the Pharmacy and Prescribing Team at Welsh Government if required. Enquiries to the Welsh Government should be directed to: [COVID-19.Pharmacy.Prescribing@gov.wales](mailto:COVID-19.Pharmacy.Prescribing@gov.wales).