A specialist respiratory physician has written to advise you to prescribe azithromycin at a dose of 500 mg daily for one of your patients to prevent exacerbations of his chronic obstructive pulmonary disease (COPD). You have read something about the use of azithromycin for this indication, but have never prescribed it for this purpose before. You look azithromycin up in the British National Formulary and there is no mention of its use for prevention of exacerbations of COPD.

1. **What other sources of information and advice might be useful?**

After some searching, you find that azithromycin is not licensed for prevention of exacerbation of COPD. However, there are a number of studies that suggest it is effective, but with a lower frequency of dosing than the local consultant had recommended. Furthermore, you find that long-term administration of azithromycin can cause hearing loss and is associated with increased cardiovascular death rate. You notice that the patient has an appointment to see you that afternoon and suspect that he is coming in to ask for a prescription. He has a past history of ischaemic heart disease.

2. **Are you obliged to prescribe this drug for your patient?**

3. **What are the risks of prescribing a drug ‘off-label’?**

4. **If you do prescribe the drug, who is responsible if there are any adverse effects?**

5. **How might you manage the situation when you see your patient?**

**Helpful links**


British National Formulary. www.bnf.org


Primary Care Organization prescribing teams, local formularies and prescribing guidelines


**AKT answer relating to medication errors**

**Answer C**

MPS factsheet: Safe prescribing www.medicalprotection.org/uk/england-factsheets/safe-prescribing