Ref:

**GP Name**

Address 1

Address 2

Address 3

City Postcode

Date

**Azithromycin tablets for prevention of exacerbations of COPD and bronchiectasis**

Dear

**Patient name…………………………….**

This letter is to inform you that I have seen the above patient and recommend that they start azithromycin treatment:

Dose and frequency…………………………………................

Indication………………………………………………………….

The goal of treatment is a reduction in the number of exacerbations from a current level of………………in a 12-month period to a level of ……………in the ...………. months since commencing azithromycin.

Please review the patient 6 months after treatment has started to establish the overall risk/benefit of treatment and again ………………months after starting treatment to establish whether or not treatment should continue. I confirm that I have discussed with the patient that you will stop azithromycin if the criteria above have not been met.

As per the Pan-Mersey Area Prescribing Committee recommendation, azithromycin is categorised as Amber Recommended and I would be grateful if you would agree to prescribe this treatment. A copy of the Pan Mersey Azithromycin Statement and supporting information can be found [here](https://www.panmerseyapc.nhs.uk/media/1060/azithromycin_copd.pdf)

If azithromycin treatment was unsuccessful, I recommend the following course of action:…………………………………………………………………………………………………………………………………………………………………………………………………….............................................................

I will assume that you have agreed to prescribe and administer azithromycin for your patient.

If you do not agree to do so, please could you sign and return this letter with your reasons to the respiratory department at (insert contact details) within 14 days? Please retain a copy for your records.

Thank you

Yours sincerely

**Name**

Position

**To be completed by GP if prescribing is declined**

I do not agree to prescribe azithromycin to the above patient in accordance with the Pan-Mersey Area recommendations for the following reason………………………………..

GP Signature……………………………………Print………………………………..Date……………………..