

Cwm Taf Morgannwg UHB Fluoroquinolone Pre-Prescribing Checklist (adults)
(Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin) Page 1 of 2

	Check before prescribing ✓
<p>Previous serious adverse reaction or hypersensitivity to a quinolone or fluoroquinolone:</p> <ul style="list-style-type: none"> • Do not prescribe 	
<p>Patients taking corticosteroids:</p> <ul style="list-style-type: none"> • Do not prescribe - could exacerbate fluoroquinolone-induced tendinitis and tendon rupture. 	
<p>Previous or current <i>Clostridium difficile</i> infection:</p> <ul style="list-style-type: none"> • Prescribe with caution – discuss with microbiology. 	
<p>Tendon damage:</p> <ul style="list-style-type: none"> • Do not prescribe for patients with a history of tendon disorders related to fluoroquinolone use. • Prescribe with caution for patients over 60 years of age, patients with renal impairment or solid organ transplant (higher risk of tendon injury). 	
<p>Seizures:</p> <ul style="list-style-type: none"> • Prescribe ciprofloxacin with caution in epilepsy and conditions that predispose to seizures. Fluoroquinolones may trigger seizures or lower the seizure threshold. Concomitant prescribing of NSAIDs may increase the risk of seizures. • Do not prescribe levofloxacin, ofloxacin or moxifloxacin – contra-indicated. 	
<p>Small increased risk of aortic aneurysm and dissection:</p> <ul style="list-style-type: none"> • Only prescribe after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for aortic aneurysm and dissection: <ul style="list-style-type: none"> ○ Family history of aneurysm disease. ○ Pre-existing aortic aneurysm and/or aortic dissection. ○ Other risk factors or conditions predisposing for aortic aneurysm and dissection (e.g. Marfan syndrome, vascular Ehlers-Danlos syndrome, Takayasu arteritis, giant cell arteritis, Behcet’s disease, hypertension, known atherosclerosis). 	
<p>Heart valve regurgitation:</p> <ul style="list-style-type: none"> • Only prescribe after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for heart valve regurgitation: <ul style="list-style-type: none"> ○ Congenital heart disease or pre-existing heart valve disease. ○ Connective tissue disorders (e.g. Marfan syndrome or Ehlers-Danlos syndrome). ○ Other risk factors or conditions pre-disposing for heart valve regurgitation (e.g. hypertension, Turner’s syndrome, Behcet’s disease, rheumatoid arthritis, infective endocarditis). 	
<p>Psychiatric disorders:</p> <ul style="list-style-type: none"> • Prescribe with caution. Can cause psychiatric reactions including depression, psychosis, which can progress to endangering behaviour and suicidal ideations/thoughts culminating in attempted suicide or completed suicide. 	
<p>QT interval:</p> <ul style="list-style-type: none"> • Prescribe with caution in patients with known risk factors for prolongation of QT interval e.g. congenital long QT syndrome, concomitant use of drugs known to prolong QT interval (see BNF or contact Medicines Information), uncorrected electrolyte imbalance, cardiac disease, elderly. • Do not prescribe moxifloxacin for patients with acute MI, bradycardia, congenital/acquired QT prolongation, electrolyte disturbances, heart failure with reduced left ventricular ejection fraction, history of symptomatic arrhythmias, concomitant use of drugs known to prolong QT interval. 	
<p>Diabetes:</p> <ul style="list-style-type: none"> • Prescribe with caution - may affect blood glucose. 	
<p>G6PD deficiency:</p> <ul style="list-style-type: none"> • Prescribe with caution – risk of haemolysis. • Do not prescribe ofloxacin – contra-indicated. 	
<p>Myaesthesia Gravis:</p> <ul style="list-style-type: none"> • Prescribe with caution - risk of exacerbation. 	
<p>Drug-drug interactions</p> <p>Check BNF for significant interactions before prescribing. Please note that patients taking warfarin will need to have an INR taken 3-5 days after starting the fluoroquinolone.</p>	
<p>Pregnancy: Do not prescribe - shown to cause arthropathy in <i>animal</i> studies; safer alternatives are available.</p>	
<p>Breastfeeding: - Do not prescribe</p>	
<p>Hepatic impairment: Do not prescribe moxifloxacin for patients with Child Pugh score C or for patients with transaminases > 5 fold upper limit of normal.</p>	
<p>If a fluoroquinolone is indicated but is unsuitable for any reason, please discuss with microbiology, who will be able to recommend an alternative.</p>	
<p>If a fluoroquinolone is prescribed, please provide the patient with a copy of the MHRA patient information leaflet</p>	

References:

1. [Medicines and Healthcare products Regulatory Agency \(MHRA\). Systemic and inhaled fluoroquinolones: small risk of heart valve regurgitation; consider other therapeutic options first in patients at risk. 17th December 2020.](#)
2. [Medicines and Healthcare products Regulatory Agency \(MHRA\). Systemic and inhaled fluoroquinolones: small increased risk of aortic aneurysm and dissection; advice for prescribing in high-risk patients. 14th November 2018.](#)
3. [Medicines and Healthcare products Regulatory Agency \(MHRA\). Fluoroquinolone antibiotics: new restrictions and precautions for use due to very rare reports of disabling and potentially long-lasting or irreversible side effects 21st March 2019.](#)
4. [British National Formulary](#). Accessed *via* Medicines Complete 5th February 2021.
5. Table 9.2 Drugs causing QT prolongation and torsade de pointes. Stockley's Drug Interactions. Accessed *via* Medicines Complete 19th April 2021.

Approved by MMEC May 2021. Review Date May 2023.