

clarithromycin (Rx)

(klare-ith'row-my-sin)

Biaxin, Biaxin XL

Func. class.: Antiinfective

Chem. class.: Macrolide

ACTION: Binds to 50S ribosomal subunits of susceptible bacteria and suppresses protein synthesis

USES: Mild to moderate infections of the upper and lower respiratory tract, uncomplicated skin and skin structure infections caused by *Streptococcus pneumoniae*, *Mycoplasma pneumoniae*, *Legionella pneumophila*, *Moraxella catarrhalis*, *Neisseria gonorrhoeae*, *Corynebacterium diphtheriae*, *Listeria monocytogenes*, *Haemophilus influenzae*, *Streptococcus pyogenes*, *Staphylococcus aureus*, *Mycobacterium avium* complex (MAC); complex infection in AIDS patients; *Mycobacterium avium intracellulare*, *Helicobacter pylori* in combination with omeprazole, *H. parainfluenzae*

Unlabeled uses: Endocarditis prophylaxis, dyspepsia, gastric ulcer, Legionnaire's disease, pertussis, SARS

CONTRAINDICATIONS: Hypersensitivity to this product or macrolide antibiotics, torsades de pointes, QT prolongation

Precautions: Pregnancy, breastfeeding, geriatric patients, renal/hepatic disease, heart disease

DOSAGE AND ROUTES**Acute exacerbation of chronic bronchitis**

• **Adult:** PO 250-500 mg q12hr × 7-14 days or 1000 mg/day × 7 days (XL)

Pharyngitis/tonsillitis

• **Adult:** PO 250 mg q12hr × 10 days

Community-acquired pneumonia

• **Adult:** PO 250 mg q12hr × 7-14 days or 1000 mg/day × 7 days (XL)

Endocarditis prophylaxis

• **Adult:** PO 500 mg 1 hr before procedure

• **Child:** PO 15 mg/kg 1 hr prior to procedure

MAC prophylaxis/treatment

• **Adult:** PO 500 mg bid; will require an additional antiinfective for active infection

H. pylori infection

• **Adult:** PO 500 mg with 30 mg lansoprazole and 1 g amoxicillin together q12hr × 10-14 days or 500 mg with omeprazole 20 mg and 1 g amoxicillin together q12hr × 10 days or 500 mg q8hr and omeprazole 40 mg daily × 14 days, continue omeprazole for 14 more days

Acute maxillary sinusitis

• **Adult:** PO 500 mg q12hr × 14 days

Most infections

• **Child:** PO 7.5 mg/kg q12hr × 10 days, max 500 mg/dose for MAC

Renal dose

• **Adult/child:** PO CCr 30-60 mL/min decrease dose by 50% if using with ritonavir; <30 mL/min, reduce dose by 50%, if used with ritonavir reduce by 75%

Available forms: Tabs 250, 500 mg; oral susp 125 mg/5 mL, 250 mg/5 mL; ext rel tab (XL) 500 mg

Administer:

- Do not break, crush, or chew ext rel
- Adequate intake of fluids (2 L) during diarrhea episodes
- q12hr to maintain serum levels
- Store at room temperature
- **Susp:** Shake well, store at room temperature, discard after 2 wk
- **Ext Rel:** Give with food

SIDE EFFECTS

CV: Ventricular dysrhythmias, QT prolongation, torsades de pointes

GI: Nausea, vomiting, diarrhea, hepatotoxicity, abdominal pain, anorexia, abnormal taste, CDAD, pancreatitis

INTEG: Rash, urticaria, pruritus, Stevens-Johnson syndrome, toxic epidermal necrolysis, angioedema

MISC: Headache, hearing loss

PHARMACOKINETICS

Regular release: peak 2-2.5 hr; duration 12 hr; ext release: peak 5-7 hr; half-life 5-7 hr; metabolized by liver; excreted in