## Azithromycin

### Spectrum of Activity

| *Chlamydia pneumoniae, Chlamydia trachomatis*  
| *Mycoplasma pneumoniae, M. genitalium, M. hominis*  
| *Legionella*  
| *Ureaplasma*  
| *Bordetella pertussis*  
| Nontuberculous mycobacteria  
| *Haemophilus influenzae, Moraxella catarrhalis*  
| *Salmonella, Shigella*  

Increasing resistance: *S. pneumoniae, Streptococcus pyogenes, S. agalactiae*

### Indications

- **Urethritis/cervicitis:** Chlamydia and *N. gonorrhoeae* (in combination with 3rd gen cephalosporin)
- Pertussis
- Nontuberculous mycobacteria: prophylaxis (advanced HIV infection) and treatment (in combination)
- *Bartonella* infections
- *Legionella* infections

**Alternative:**
- Bacterial COPD exacerbation
- Acute otitis media
- Bacterial conjunctivitis
- Mild – moderate community acquired pneumonia
- Pelvic inflammatory disease (in combination)
- *Salmonella, Shigella, Traveler’s diarrhea*
- Cesarean section (non-elective) prophylaxis

### Not indicated

### Safety Considerations

- **Prolonged QT interval and Torsades de Pointes**
- Diarrhea (5%)
- Rare cytopenias, increased liver enzymes
- Potential for drug-drug interactions

### Renal Dosing

Dose adjustments with renal impairment generally not needed. Use with caution when CrCl < 10mL/min

### Other Considerations

- Increasing resistance to *S. pneumoniae*. Macrolide resistance to *S. pneumoniae* has been associated more with azithromycin than clarithromycin use\(^1\)
- Should not be used as monotherapy in individuals with nontuberculous mycobacteria.

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