## Clarithromycin

| Spectrum of Activity* | *Chlamyphila pneumoniae*  
|                       | Mycoplasma, Ureaplasma  
|                       | Legionella  
|                       | *Bordetella pertussis*  
|                       | Nontuberculous mycobacteria  
|                       | *Haemophilus influenzae, Moraxella catarrhalis*  
|                       | *H. pylori*  
| Increasing resistance: | *S. pneumoniae, Streptococcus pyogenes, S. agalactiae* |

### Indications
- Pertussis
- Nontuberculous mycobacteria: prophylaxis (advanced HIV infection) and treatment (in combination)
- *Bartonella* infections
- *Legionella* infections
- *H. pylori* (in combination)

**Alternative:**
- Bacterial COPD exacerbation
- Acute otitis media
- Mild – moderate community acquired pneumonia
- Pharyngitis

### Not indicated

### Safety Considerations
- **Prolonged QT interval and Torsades de Pointes**
- Rare cytopenias, increased liver enzymes
- Potential for drug-drug interactions
  - Statins: risk rhabdomyolysis
  - Calcium channel blockers: hypotension, renal injury
  - Colchicine: toxicity from colchicine induced pancytopenia
- FDA: caution regarding clarithromycin in patients with **heart disease** because of a potential increased risk of heart problems or death that can occur years later

### Renal Dosing
- Dose adjustments with renal impairment

### Other Considerations
- Increasing resistance to *S. pneumoniae*.
- Should not be used as monotherapy in individuals with nontuberculous mycobacteria.