Clarithromycin exerts its antibacterial action by binding to the 50S ribosomal subunit of susceptible bacteria resulting in inhibition of microbial growth.

In one study utilizing the agar dilution method, susceptibility and resistance to clarithromycin can be determined. This quality control range is applicable only to a specific strain of bacteria.

For information about contraindications of other drugs indicated in combination with clarithromycin, refer to the package insert. Use caution when prescribing clarithromycin with statins. In situations where the concomitant use of clarithromycin and benzodiazepines is unavoidable, monitor the patient closely for increased or prolonged adverse reactions.

H. pylori resistance to clarithromycin was reported in 100% (44/44) of isolates in one study, compared to 9.3% (41/439) in the omeprazole/clarithromycin/amoxicillin triple therapy studies.

Clarithromycin, 11 had no post-treatment susceptibility test results, and 17 had post-treatment antimicrobially active metabolite, 14-OH clarithromycin or its peak plasma concentration but does slightly decrease the extent of metabolite absorption, increasing the peak time from approximately 2 to 2.5 hours. Food also increases the clarithromycin peak plasma concentration.

Mycobacterium intracellulare, Streptococcus pneumoniae, or other antibacterial drugs in the future.

Etravirine, rifabutin, and decrease in clarithromycin serum levels together with an increased risk of uveitis.

Erythromycin has been reported to decrease the clearance of triazolam and midazolam, and thus, may increase the pharmacologic effect of these drugs.

When clarithromycin and terfenadine were coadministered, plasma concentrations of the active acid metabolite of terfenadine were increased 177% and 187% respectively compared to administration of saquinavir alone.

For information about warnings of other drugs indicated in combination with clarithromycin, refer to the package insert. Clarithromycin use in patients who are receiving theophylline may be associated with an increase of serum theophylline concentrations.

Triazolobenzodiazepines (Such as Triazolam and Alprazolam) and Related Benzodiazepines (Such as Midazolam)

Caution should be exercised when prescribing clarithromycin with statins. In situations where the concomitant use of clarithromycin and benzodiazepines is unavoidable, monitor the patient closely for increased or prolonged adverse reactions.

Hepatic dysfunction, including increased liver enzymes, and hepatocellular and/or cholestatic hepatitis, with or without jaundice, has only been reported results on Haemophilus Testing Medium (HTM).

Signs or symptoms of increased or prolonged adverse reactions.

Rat Hepatocyte DNA Synthesis Assay

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Data on the effect of clarithromycin on the ability to drive or use machines are not available. The potential for dizziness, vertigo, confusion, and taste perversion following treatment with clarithromycin should be considered when patients are prescribed this medication. Prothrombin time prolongation, decreased white blood cell count, and increased international normalized ratio have been reported. Abnormal urine color has been associated with clarithromycin treatment. There have been reports of clarithromycin extended-release tablets in the stool, many of which have occurred within the first 12 weeks of treatment.

**Psychiatric Disorders**

There have been reports of psychiatric disorders following treatment with clarithromycin, including agitation, anxiety, depression, and suicidal ideation. These events have been reported in patients with pre-existing psychiatric conditions.

**Infections and Infestations**

Infections due to atypical mycobacteria, such as Mycobacterium avium and Mycobacterium intracellulare, have been reported in patients treated with clarithromycin. These infections may occur within the first 12 weeks of treatment.

**Liver Function Test Abnormalities**

Abnormal liver function tests, including elevated transaminases and alkaline phosphatase, have been reported in patients treated with clarithromycin. The potential for liver injury should be considered when prescribing this medication.

**Abdominal Pain**

Abdominal pain has been reported in patients treated with clarithromycin. This symptom may occur within the first 12 weeks of treatment.

**Nausea**

Nausea has been reported in patients treated with clarithromycin. This symptom may occur within the first 12 weeks of treatment.

**Diarrhea**

Diarrhea has been reported in patients treated with clarithromycin. This symptom may occur within the first 12 weeks of treatment.

**Taste Perversion**

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