**ABBOTIC**
**Clarithromycin**

## 1. NAME OF THE MEDICINAL PRODUCT

Abbotic 500 mg, Immediate-Release Tablets (IR)

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Clarithromycin 500 mg, Immediate-Release Tablet:
One tablet contains 500 mg Clarithromycin.
Tablet sodium content: 6.1 mg per tablet

For the full list of excipients, see section List of Excipients.

## 3. PHARMACEUTICAL FORM

Clarithromycin IR Tablets: Pale yellow, ovaloid film-coated tablet

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

ABBOTIC® (Clarithromycin) is indicated for the treatment of mild to moderate, infections caused by susceptible strains of the designated microorganisms in the conditions listed below:

*) Upper respiratory tract infections:
There is insufficient evidence of efficacy to support the use of clarithromycin in acute bronchitis in young children.

**) Pharyngitis/Tonsilitis due to *Streptococcus pyogenes*.

***) Acute maxillary sinusitis due to *Streptococcus pneumoniae*, *H. influenzae, M. catarrhalis*.

*) Lower respiratory tract infections:
**) Acute bacterial exacerbation of chronic bronchitis due to *Haemophilus influenzae, Moraxella catarrhalis* or *Streptococcus pneumoniae*.
**) Pneumonia due to *Mycoplasma pneumoniae* or *Streptococcus pneumoniae*.

*) Uncomplicated skin and skin structure infections due to *Staphylococcus aureus* or *Streptococcus pyogenes*. Abscesses usually require surgical drainage.

*) Disseminated mycorbacterial infections due to Mycobacterium avium and *Mycobacterium intracellular*.

*) ABBOTIC® in the presence of acid suppression is indicated for the eradication of *H. pylori* resulting in decreased recurrence of duodenal ulcer. (See Further Information).

**FURTHER INFORMATION:**
*Helicobacter pylori* is strongly associated with peptic ulcer disease. Ninety to 100% of patients with duodenal ulcers are infected with this pathogen. Eradication of H. pylori has been shown to markedly reduce the rate of duodenal ulcer recurrence, thereby reducing the need for maintenance anti-secretory therapy.

**4.2 Posology and method of administration**
The usual recommended dosage is 250 mg twice daily.
In more severe infections the dosage can be increased to 500 mg twice daily. The usual duration of therapy is 7 to 14 days.
For the treatment *Legionella pneumophila* infection, a dose of 500 mg twice daily for four weeks is appropriate.
In patients with renal impairment with creatinine clearance < 30 ml/minute the dosage should be reduced by one half i.e. 250 mg once daily or 250 mg twice daily in more severe infections treatment should not continued beyond 14 days in these patients.
Note: In the treatment of haemolytic streptococcal infectious, a therapeutic regimen should be administered at last ten days. The tablet should not be cut during use.

**4.3 Contraindications**
Clarithromycin is contraindicated in patients with known hypersensitivity to macrolide antibiotic drugs.
ABBOTIC® is contraindicated in patients receiving terfenadine, therapy who have preexisting cardiac abnormalities (arrhythmia, bradycardia, QT interval prolongation, ischemic heart disease, congestive heart failure, etc) or electrolyte disturbances (hypokalemia or hypomagnesaemia, due to risk of prolongation of QT- interval). See Precautions.
Concomitant administration of clarithromycin and lomitapide is contraindicated (see section 4.5).

**4.4 Special warnings and precautions for use**
Clarithromycin should not be used in pregnant woman, except in clinical circumstances where no alternative therapy is appropriate. If pregnancy occurs while taking this drug, the patients should be apprised of the potential hazard of the fetus. Clarithromycin has demonstrated adverse effects of pregnancy outcome and/or embryofetal development in monkeys, rats, mice, and rabbits at doses that produced plasma levels 2 to 17 time the serum levels achieved in humans treated at the maximum recommended. Pseudomembranous colitis has been reported with nearly all antibacterial agents, including macrolides, and may range in severity from mild to life-threatening.

Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of bacterial agents. Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of Clostridioides difficile is a primary cause of “Antibiotic associated colitis”. After the diagnosis of pseudomembranous colitis usually

respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation, and treatment with an antibacterial drug effective against Clostridioides difficile.

CLARITHROMYCIN is principally metabolized by the liver. Therefore, caution should be exercised in administering the antibiotic to patients with impaired hepatic function. Caution should also be exercised when administering CLARITHROMYCIN to patients with moderate to severe renal impairment.

Prolonged or repeated use of Clarithromycin may result in an over growth of non susceptible bacteria or fungi. If superinfection occurs, Clarithromycin should be discontinued and appropriate therapy instituted.
*) "Nursing mothers": It is not known whether Clarithromycin is excreted in human milk. Because many drugs are excreted in human milk. Caution should be excercised when Clarithromycin is administered to a nursing mother. It is known that Clarithromycin is excreted in the milk of lactating animals and that other drugs of this class are excreted in human milk.
*) Pediatric use: Safety and effectiveness of Clarithromycin in children under 6 months of age have not been established and the safety of Clarithromycin has not been studied in MAC patients under the age of 20 months.
*) Geriatric use: In a steady-state study in which healthy elderly subjects (age 65-81 years old) were given 500 mg every 12 hours, the maximum concentrations of Clarithromycin and 14-OH Clarithromycin were increased. The AUC was also increased. These changes in pharmacokinetics parallel known age-related decreases in renal functions. In clinical trials elderly patients did not have an increased incidence of adverse events when compared to younger patients, dosage adjustment should be considered in the elderly patients with severe renal impairment.

Attention should also be paid to the possibility of cross resistance between Clarithromycin and other macrolide drugs, as well as lincomycin and clindamycin.

<u>Cardiovascular Events</u>
Prolonged cardiac repolarisation and QT interval, imparting a risk of developing cardiac arrhythmia and *torsades de pointes*, have been seen in treatment with macrolides including clarithromycin (see section 4.8). Therefore, as the following situations may lead to an increased risk for ventricular arrhythmias (including *torsades de pointes*), clarithromycin should be used with caution in the following patients;

- Patients with coronary artery disease, severe cardiac insufficiency, conduction disturbances or clinically relevant bradycardia
- Clarithromycin must not be given to patients with hypokalaemia or hypomagnesaemia (see section 4.3).
- Patients concomitantly taking other medicinal products associated with QT prolongation (see section 4.5).

- Concomitant administration of clarithromycin with astemizole, cisapride, pimozide and terfenadine is contraindicated (see section 4.3).
- Clarithromycin must not be used in patients with congenital or documented acquired QT prolongation or history of ventricular arrhythmia (see section 4.3).

Carefully consider the balance of benefits and risks before prescribing clarithromycin for any patients taking hydroxychloroquine or chloroquine, because of the potential for an increased risk of cardiovascular events and cardiovascular mortality (see section 4.5).

Epidemiological studies investigating the risk of adverse cardiovascular outcomes with macrolides have shown variable results. Some observational studies have identified a rare short-term risk of arrhythmia, myocardial infarction and cardiovascular mortality associated with macrolides including clarithromycin. Consideration of these findings should be balanced with treatment benefits when prescribing clarithromycin.

Oral Anticoagulants

There is a risk of serious hemorrhage and significant elevations in INR and prothrombin time when clarithromycin is co-administered with warfarin. INR and prothrombin times should be frequently monitored while patients are receiving clarithromycin and oral anticoagulants concurrently.

Caution should be exercised when clarithromycin is co-administered with direct acting oral anticoagulants such as dabigatran, rivaroxaban and apixaban, particularly to patients at high risk of bleeding (see section 4.5).

**4.5 Interaction with other medicinal products and other forms of interaction**

Results of clinical studies indicate that there was a modest but statistically significant ($p \leq 0.05$) increase of circulating Theophylline or Carbamazepine levels when either of these drugs are administered concomitantly with CLARITHROMYCIN.

As with other macrolide antibiotics the use of CLARITHROMYCIN in patients concurrently taking drugs metabolized by the cytochrome P-450 system (e.g. Digoxin, Warfarin, Ergot alkaloids, Triazolam, Midazolam, and Cyclosporine) may be associated with elevations in serum levels of these other drugs.

Macrolides have been reported to alter the metabolism of Terfenadine resulting in increasing levels of Terfenadine which has occasionally been associated with cardiac arrhythmias.

In one study in 14 healthy volunteers, the concomitant administration of clarithromycin and Terfenadine resulted in a 2-3 fold increase in the serum level of the acid metabolites of Terfenadine and in prolongation of the QT interval which did not lead to any clinically detectable effect. Similar effects have been observed with concomitant administration of Astemizole and other macrolides.

Simultaneous oral administration of clarithromycin tablets and Zidovudine to HIV-infected adult patients may result in decreased steady-state zidovudine concentrations. Because clarithromycin appears to interfere with the absorption of simultaneously administered oral zidovudine, this interaction can be largely avoided by staggering the doses of clarithromycin and zidovudine. This interaction does not appear to occur in pediatric HIV-infected patients taking clarithromycin suspension with Zidovudine or Dideoxyinosine.

Lomitapide
Concomitant administration of clarithromycin with lomitapide is contraindicated due the potential for markedly increased transaminases (see section 4.3).

**Effects of Other Medicinal Products on Clarithromycin**

Observational data have shown that co-administration of azithromycin with hydroxychloroquine in patients with rheumatoid arthritis is associated with an increased risk of cardiovascular events and cardiovascular mortality. Because of the potential for a similar risk with other macrolides when used in combination with hydroxychloroquine or chloroquine, careful consideration should be given to the balance of benefits and risks before prescribing <clarithromycin/erythromycin> for any patients taking hydroxychloroquine or chloroquine.

**Effect of Clarithromycin on Other Medicinal Products**

Direct acting oral anticoagulants (DOACs)
The DOAC dabigatran is a substrate for the efflux transporter P-gp. Rivaroxaban and apixaban are metabolised via CYP3A4 and are also substrates for P-gp. Caution should be exercised when clarithromycin is co-administered with these agents particularly to patients at high risk of bleeding (see section 4.4).

## 4.6 Fertility, Pregnancy and lactation

Pregnancy
The safety of clarithromycin for use in pregnancy has not been established. Based on variable results obtained from animal studies and experience in humans, the possibility of adverse effects on embryofetal development cannot be excluded. Some observational studies evaluating exposure to clarithromycin during the first and second trimester have reported an increased risk of miscarriage compared to no antibiotic use or other antibiotic use during the same period. The available epidemiological studies on the risk of major congenital malformations with use of macrolides including clarithromycin during pregnancy provide conflicting results. Therefore, use during pregnancy is not advised without carefully weighing the benefits against risk.

Breastfeeding

Clarithromycin is excreted into human breast milk in small amounts. It has been estimated that an exclusively breastfed infant would receive about 1.7% of the maternal weight-adjusted dose of clarithromycin. The safety of clarithromycin use during breast-feeding of infants has not been established.

Fertility

In the rat, fertility studies have not shown any evidence of harmful effects.

**4.7 Effects on ability to drive and use machines**

There are no data on the effect of clarithromycin on the ability to drive or use machines. The potential for dizziness, vertigo, confusion and disorientation, which may occur with the medication, should be taken into account before patients drive or use machines.

**4.8 Undesirable effects**

The most frequently reported side effects of CLARITHROMYCIN in clinical studies in adults were gastrointestinal-related complaints, i.e., tongue discolouration, oral minialliasis hepatic abnormalities, nausea, dyspepsia, abdominal pain, vomiting and diarrhea, stomatitis and glossitis have been reported. Other side effects included headache, altered taste, and transient elevations of liver enzymes.

Metabolic/Nutritional: increased serum creatinine, increased-glutaryl transferase (GGT).

Allergic reactions ranging from urticaria and mild skin eruptions to anaphylaxis, Stevens-Johnsons Syndrome have occurred with orally administered clarithromycin.

There have been reports of transients central nervous system side effects including anxiety dizziness, insomnia, hallucinations, bad dreams and confusion, however, a cause and effect relationship has not been established.

Adverse Events in Immunocompromised Patients.

In adult patients, the most frequently reported adverse events by patients events treated with total doses of 1,000 mg and 2,000 mg of CLARITHROMYCIN were: nausea, vomiting, taste perversion, abdominal pain, diarrhea rash, flatulence, headache, constipation, hearing disturbance, SGOT and SGPT elevations. Additional low-frequency events included dyspepsia, insomnia, and dry mouth. The incidences were comparable for patient treated with 1,000 mg and 2,000 mg, but were generally about 3 to 4 times as frequent for those patients who received total daily doses of 4,000 mg of CLARITHROMYCIN.

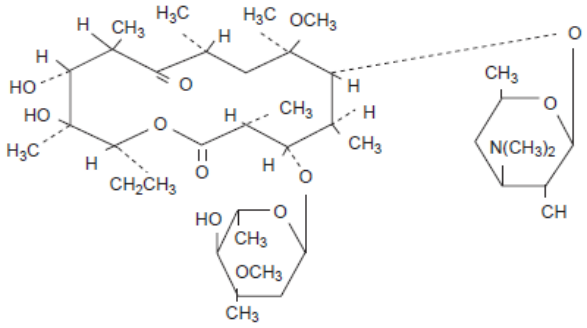
**4.9 Overdose**

Reports indicate that the ingestion of large amounts of clarithromycin can be expected to produce gastrointestinal symptoms. One patient who had a history of bipolar disorder ingested 8 grams of clarithromycin and showed altered mental status, paranoid behavior, hypokalemia, and hypoxemia.
Allergic reactions accompanying overdosage should be treated by the prompt elimination of unabsorbed drug and supportive measures. As with other macrolides, clarithromycin serum are not expected to be appreciably affected by hemodialysis or peritoneal dialysis.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

ABBOTIC® (Clarithromycin) is semi-synthetic macrolide antibiotic obtained by substitution of the hydroxyl group in position 6 by a $CH_3O$ group in the erythromycin lactonic ring. Specifically, Clarithromycin is 6-0 Methyl Erythromycin A. The white to off white antibiotic powder is practically odorless, essentially insoluble in water, and slightly soluble in ethanol, methanol and acetonitrile. Its molecular weight is 747.96 and the structural formula is as follows:



**Microbiology**

Clarithromycin exerts its antibacterial action by binding to the 50S ribosomal subunits of susceptible bacteria and suppressing protein synthesis.

Clarithromycin has demonstrated *in vitro* activity against both standard strains of bacteria and clinical isolates. It is highly potent against a wide variety of aerobic and anaerobic Gram-positive and Gram-negative organisms. The minimum inhibitory concentrations (MICs) of clarithromycin are generally one $\log_2$ dilution more potent than the MICs of erythromycin.

In vitro data also indicate clarithromycin has activity against *Legionella pneumophila* and *Mycoplasma pneumoniae*. It is bactericidal to *Helicobacter pylori*; this activity of clarithromycin is greater at neutral pH than at acid pH. In vitro and in vivo data show that this antibiotic has activity against clinically significant mycobacterial species.

The in vitro antibacterial spectrum of clarithromycin is as follows:

USUALLY SENSITIVE BACTERIA
*Streptococcus agalactiae*
*Streptococcus pyogenes*
*Streptococcus viridans*
*Streptococcus pneumoniae*
*Haemophilus influenzae*
*Haemophilus parainfluenzae*
*Neisseria gonorrhoeae*
*Listeria monocytogenes*
*Legionella pneumophila*
*PasteureIla multocida*
*Mycoplasma pneumoniae*
*Helicobacter (Campylobacter) pylori*
*Campylobacter jejuni*
*Chlamydia pneumoniae (TWAR)*
*Chlamydia trachomatis*
*MoraxeIla (Branhamella) catarrhalis*
*Bordetella pertussis*
*Borrelia burgdorferi*
*Staphylococcus aureus*
*Clostridium perfringens*
*Peptococcus niger*
*Propionibacterium acnes*
*Bacteroides melaninogenicus*
*Mycobacterium avium*
*Mycobacterium leprae*
*Mycobacterium intracellulare*

NON-SENSITIVE BACTERIA
*Enterobacteriaceae*
*Pseudomonas species*

The principal metabolite of clarithromycin in man and other primates is a microbiologically-active metabolite, 14-OH-Clarithromycin. This metabolite is as active or 1- to 2-fold less active than the parent compound for most organisms, except for *H. influenzae* against which it is twice as active. The parent compound and the 14-OH-metabolite exert either an additive or synergistic effect on *H. influenzae* in vitro and in vivo, depending on bacterial strains.

Susceptibility Test:

Quantitative methods that require measurement of zone diameters give the most precise estimates susceptibility of bacteria to antimicrobial agents. One recommended procedure uses discs impregnated with 15 mcg of clarithromycin for testing susceptibility (Kirby-Bauer diffusion test); interpretations correlate inhibition zone diameters of this disc test with MIC values for clarithromycin. The MIC's are determined by the broth or agar dilution method. The recommended

test medium for susceptibility testing of *Haemophilus influenzae* according to the National Committee of Clinical Laboratory Standards (NCCLS) is the Haemophilus Test Medium (H.T.M.).

The correlation of disc inhibition zone diameters with MIC's is given in the following table:

CLARITHROMYCIN INTERPRETIVE STANDARDS

| | Inhibition Zone Diameter (mm) | | | MIC (mcg/mL) | | |
|---|---|---|---|---|---|---|
| Organisms | S | I | R | S | I | R |
| All Organisms (except Haemophilus and staphylococci) | ≥ 18 | 14-17 | ≤ 13 | ≤ 1 | 2-4 | ≥ 8 |
| Staphylococci | ≥ 20 | ..... | ≤ 19 | ≤ 0.5 | – | ≥ 1 |
| Haemophilus influenzae when tested on HTM* | ≥ 13 | 11-12 | ≤10 | ≤ 8 | 16 | ≥ 32 |
| *HTM = Haemophilus Test Medium S = Susceptible I = Intermediate R= Resistant | | | | | | |

With these procedures, a report from the laboratory of "susceptible" indicates the infecting organism is likely to respond to therapy. A report of "resistant" indicates the infective organism is not likely to respond to therapy. A report of "Intermediate Susceptibility" suggests the therapeutic effect of the drug may be equivocal or the organism would be susceptible if higher doses were used. (Latter also referred to as moderately susceptible).

**5.2 Pharmacokinetic properties**

The non-linear kinetics of orally administered clarithromycin has been studied extensively in a number of animal species and adult humans. These studies have shown that clarithromycin is readily and rapidly absorbed with an absolute bioavailability of approximately 50%. No accumulation was found and the metabolic disposition did not change in any species following multiple dosing.

Results of these animal studies showed that clarithromycin levels in all tissues, except the central nervous system, were several times higher than the circulating drug levels. The highest concentrations were usually found in the liver and lung where the tissue to plasma (T/P) ratios reached 10 to 20.

In vitro studies showed that the protein binding of clarithromycin in human plasma averaged about 70% at concentrations of 0.45-4.5 mcg/mL. A decrease in binding to 41% at 45.0 mcg/mL suggested that the binding sites might become saturated, but this only occurred at concentrations far in excess of the therapeutic drug levels.

Clarithromycin and its 14-OH metabolite distributed readily into body tissues and fluids. Limited data from a small number of patients suggests that clarithromycin does not achieve significant levels in cerebrospinal fluid after oral doses (i.e., only 1 to 2 percent of serum levels in CSF in patients with normal blood-CSF barries). Concentrations in tissues are usually several fold higher than serum concentrations. Examples from tissue and serum concentrations are presented below:

| **CONCENTRATION** (after 250 mg q12 h) | | |
|---|---|---|
| Tissue Type | Tissue (mcg/g) | Serum (mcg/mL) |
| Tonsil | 1.6 | 0.8 |
| Lung | 8.8 | 1.7 |

With b.i.d. dosing at 250 mg, the peak steady state plasma concentration was attained in 2 to 3 days and averaged about 1 mcg/mL for clarithromycin and 0.6 mcg/mL for 14-hydroxy clarithromycin, while the elimination half-lives of the parent drug and metabolite ware 3-4 hours and 5-6 hours, respectively.

With b.i.d. dosing at 500 mg, the steady state $C_{max}$ for clarithromycin and its hydroxylated metabolite averaged 2.7-2.9 mcg/mL and 0.88-0.83 mcg/mL, respectively. The half-life of the parent drug at the 500 mg dose level was 4.5-4.8 hours, while that of the 14-hydroxy clarithromycin was 6.9-8.7 hours. At steady state the 14-hydroxy clarithromycin levels did not increase proportionately with the clarithromycin dose, and the apparent half-lives of both clarithromycin and its hydroxylated metabolite tended to be longer at the higher doses.

This non-linear pharmacokinetic behavior of clarithromycin, coupled with the overall decrease in the formation of 14-hydroxylation and N-demethylation products at the higher doses, indicates that metabolism of clarithromycin approaches saturation at high doses.

A pharmacokinetic study was conducted with clarithromycin 500 mg tid and omeprazole 40 mg qd. When clarithromycin was given alone at 500 mg q8h, the mean steady-state $C_{max}$ value was approximately 31% higher and the mean $C_{min}$ value was approximately 119% higher than when clarithromycin is compared with a previous study at 500 mg q12h. The mean AUC 0-24 for clarithromycin was 65% greater when 500 mg clarithromycin was given q8h rather than q12h.

Neither $T_{max}$ nor half-life values appeared substantially different between the q8h and q12h regimens.

When clarithromycin was administered with omeprazole, increases in omeprazole half-life and $AUC_{0-24}$ were observed. For all subjects combined, the mean omeprazole AUC 0-24 was 89% greater and the harmonic mean for omeprazole T1/2 was 34% greater when omeprazole was administered with clarithromycin than when omeprazole was administered alone. When clarithromycin than when omeprazole, the steady state $C_{max}$, $C_{min}$, and AUC 0-8 of clarithromycin were increased by 10%, 27% and 15% respectively over values achieved when clarithromycin was administered with placebo.

At steady state, clarithromycin gastric mucus concentration six hours post dosing were approximately 25-fold higher in the clarithromycin/omeprazole group compared with the clarithromycin alone group. Six hours post-dosing, mean clarithromycin gastric tissue

concentrations were approximately 2-fold higher when clarithromycin was given with omeprazole than when clarithromycin was given with placebo.

In human adults given single oral doses of 250 mg or 1200 mg clarithromycin urinary excretion accounted for 37.9% of the lower dose and 46.0% of the higher dose. Fecal elimination accounted for 40.2% and 29.1 % of these respective doses.

In a study comparing one group of healthy human subjects with a group of subjects with liver impairment who were given 250 mg of clarithromycin b.i.d. for two days and a single 250 mg dose the third day, steady state plasma levels and systemic clearing of clarithromycin were not significantly different between the two groups. In contrast, steady state concentrations of the 14-OH metabolite were markedly lower in the group of hepatic-impaired subjects. This decreased metabolic clearance of the parent compound by 14-hydroxylation was partially offset by an increase in the renal clearance of parent drug, resulting in comparable steady state levels of parent drug in the hepatic impaired and healthy subjects. These results indicate that no adjustment of dosage in necessary for subjects with moderate or severe hepatic impairment but with normal renal function.

A study was conducted to evaluate and compare the pharmacokinetic profile of multiple 500 mg oral doses of clarithromycin in subjects with normal and decreased renal function. The plasma levels, halflife, Cmax and Cmin for both clarithromycin and its 14-OH metabolite were higher and AUC was larger in subjects with renal impairment. K elimination and urinary excretion were lower. The extent to which these parameters differed was correlated with the degree of renal impairment; the more severe the renal impairment the more significant the difference (see DOSAGE AND ADMINISTRATION).

**Pharmacokinetics in elderly subjects**: A study was also conducted to evaluate and compare the safety and pharmacokinetic profiles of multiple 500 mg oral doses of clarithromycin in healthy elderly male and female subjects to those in healthy young adult male subjects. The elderly group, circulating plasma levels were higher and elimination slower than in the younger group for both parent drug and 14-OH metabolite. However, there was no difference between the two groups when renal clearance was correlated with creatinine clearance. It is concluded from those result that any effect the handling on the handling of clarithromycin is related to renal function and not to age per se.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

**Clarithromycin 500 mg, Immediate-Release Tablet (IR)**

Tablet Core

Sodium croscarmellose
Microcrystalline cellulose
Silicon dioxide

Povidone
Stearic acid
Magnesium stearate
Talc

Tablet Coating, Colour and Gloss Coating
Hydroxypropyl methylcellulose
Sorbitan monooleate
Propylene glycol
Titanium dioxide
Hydroxypropyl cellulose
Vanillin
Dye Yellow
Sorbic acid

**HOW SUPPLIED**
Abbotic® Filmtab 500 mg List No. L214
Box, 3 blisters @ 10 Film-coated tablets
Reg. No.: DKL0400202117A2

Store at temperature not exceed 30°C and dry.

**ON MEDICAL PRESCRIPTION ONLY**
**HARUS DENGAN RESEP DOKTER**

**Manufactured by:**
PT. Abbott Indonesia
Jl. Raya Jakarta Bogor km. 37
Depok, Indonesia

**Under Controlled by:**
Abbott Laboratories, ILL, USA

Refer to RDCCDS000046/10 v10
Date of Revision: 1 November 2022
L003/04/22

**INFORMASI UNTUK PASIEN**
**ABBOTIC TABLET 500 mg**
**(*Clarithromycin*)**

**Baca seluruh isi brosur ini secara seksama sebelum Anda mulai minum obat ini karena brosur ini berisi informasi penting bagi Anda.**
- Simpan brosur ini. Anda mungkin perlu membacanya lagi.
- Jika Anda memiliki pertanyaan lebih lanjut, tanyakan kepada dokter atau apoteker Anda.
- Obat ini hanya diresepkan untuk Anda. Jangan memberikannya kepada orang lain. Hal ini dapat membahayakan mereka, bahkan jika gejalanya sama dengan Anda.
- Jika Anda mengalami efek samping, sampaikan kepada dokter atau apoteker Anda. Termasuk kemungkinan efek samping yang tidak tercantum di dalam brosur ini. Lihat bagian 4.

**Apa yang ada di dalam brosur ini:**


## 1. Apa yang dimaksud dengan Abbotic tablet 500 mg dan apa kegunaannya?

Setiap butir tablet Abbotic mengandung 500 mg bahan aktif *Clarithromycin*. Abbotic termasuk dalam kelompok obat yang disebut antibiotik makrolida (*macrolide antibiotic*). Antibiotik menghentikan pertumbuhan bakteri yang menyebabkan infeksi. Tablet Abbotic digunakan untuk mengobati infeksi seperti:
1. Infeksi pernafasan, seperti bronkitis dan pneumonia
2. Infeksi tenggorokan dan sinus
3. Infeksi kulit dan jaringan
4. Infeksi *Helicobacter pylori* yang berhubungan dengan ulkus duodenum.

## 2. Apa yang perlu Anda ketahui sebelum minum tablet Abbotic

**Jangan minum tablet Abbotic 500mg jika Anda;**
- mengetahui bahwa Anda **alergi** terhadap *clarithromycin*, antibiotik makrolida lainnya seperti erythromycin atau azithromycin, atau bahan lainnya di dalam tablet Abbotic.
- sedang mengonsumsi *terfenadine* karena dapat menyebabkan gangguan serius pada irama jantung. Konsultasikan dengan dokter Anda untuk mendapat saran tentang obat-obatan alternatif.
- sedang mengonsumsi obat lain yang diketahui menyebabkan gangguan serius pada irama jantung.
- sedang minum obat yang mengandung *lomitapide.*
- memiliki kadar kalium atau magnesium yang sangat rendah di dalam darah Anda (hipokalemia atau hipomagnesemia).
- sedang mengonsumsi obat jantung (untuk mengatasi aritmia, bradikardia, perpanjangan interval QT, penyakit jantung iskemik, atau gagal jantung kongestif).
- sedang mengonsumsi obat untuk gangguan elektrolit (hipokalemia atau hipomagnesemia).

**Peringatan dan tindakan keselamatan**
Bicarakan dengan dokter atau apoteker Anda sebelum minum tablet Abbotic 500mg:

- jika Anda memiliki masalah jantung (misalnya penyakit jantung, gagal jantung, detak jantung sangat lambat)
- jika Anda memiliki masalah hati atau ginjal
- jika Anda hamil atau menyusui

**Obat-obatan lain dan Tablet Abbotic**
Anda tidak boleh minum tablet Abbotic jika Anda sedang mengonsumsi salah satu obat yang tercantum di bagian "Jangan minum tablet Abbotic jika Anda" di atas;

Beritahu dokter atau apoteker Anda jika Anda sedang mengonsumsi, belum lama ini telah mengonsumsi, atau kemungkinan mengonsumsi obat-obatan lain karena dosis Anda mungkin perlu diubah atau mungkin Anda perlu melakukan tes rutin:
- *digoxin* (untuk masalah jantung)
- *warfarin*, atau antikoagulan lainnya, misalnya, *dabigatran*, *rivaroxaban*, *apixaban* (untuk pengencer darah)
- *theophylline* (digunakan pada pasien dengan kesulitan bernapas, misalnya asma)
- *triazolam* atau *midazolam* (obat penenang)
- *cyclosporine* (penekan kekebalan)
- obat makrolida lainnya, seperti *lincomycin* dan *clindamycin*
- *hydroxychloroquine* atau *chloroquine* (digunakan untuk mengobati kondisi-kondisi termasuk *rheumatoid arthritis*, atau untuk mengobati atau mencegah malaria). Mengonsumsi obat-obatan ini pada saat bersamaan dengan *clarithromycin* dapat meningkatkan peluang Anda mengalami efek samping yang mempengaruhi jantung Anda
- *astemizole*
- *lomitapide*

**Kehamilan dan menyusui**
Jika Anda sedang hamil atau menyusui, merasa mungkin Anda hamil atau berencana untuk memiliki bayi, tanyakan kepada dokter atau apoteker Anda sebelum minum obat ini karena keamanan tablet Abbotic pada kehamilan dan menyusui belum diketahui.

**Mengemudi dan Mengoperasikan Mesin:**
Tablet Abbotic dapat membuat Anda merasa pusing atau mengantuk. Jika hal ini memengaruhi Anda, jangan mengemudi, mengoperasikan mesin, atau melakukan hal apapun yang mengharuskan Anda untuk waspada.

**3. Cara minum tablet Abbotic**
Selalu minum tablet Abbotic persis seperti yang diberitahukan oleh dokter Anda kepada Anda. Tanyakan kepada dokter atau apoteker Anda jika Anda tidak yakin.

Dosis yang dianjurkan biasanya adalah 250 mg dua kali sehari.
Pada infeksi yang lebih parah, dosis dapat dinaikkan menjadi 500 mg dua kali sehari. Durasi terapi biasa selama 7 hingga 14 hari.
Untuk pengobatan infeksi *Legionella pneumophila*, dosis yang tepat adalah 500 mg dua kali sehari selama empat minggu.
Pada pasien dengan gangguan ginjal dengan *creatinine clearance* < 30 ml/menit, dosisnya harus dikurangi setengahnya yakni 250 mg sekali sehari atau 250 mg dua kali sehari pada infeksi yang lebih parah, pengobatan tidak boleh dilanjutkan lebih dari 14 hari pada pasien ini.

Catatan: Dalam pengobatan infeksi streptokokus hemolitik, rejimen terapi harus diberikan pada sepuluh hari terakhir. Tablet tidak boleh dipotong ketika digunakan.

**Jika Anda minum tablet Abbotic lebih banyak dari yang seharusnya**
Jika Anda secara tidak sengaja minum tablet Abbotic dalam satu hari lebih banyak daripada yang diberitahukan oleh dokter kepada Anda, atau jika seorang anak secara tidak sengaja menelan tablet ini, segera hubungi dokter Anda atau unit gawat darurat rumah sakit terdekat. Overdosis tablet Abbotic kemungkinan dapat menyebabkan muntah dan sakit perut.

**Jika Anda lupa minum tablet Abbotic**
Jika Anda lupa minum tablet Abbotic, minumlah satu tablet segera setelah Anda ingat. Jangan minum tablet Abbotic dalam satu hari lebih banyak dari yang disarankan oleh dokter Anda.

**Jika Anda berhenti minum tablet Abbotic**
Jangan berhenti minum tablet Abbotic, meskipun Anda sudah merasa sehat. Penting untuk minum tablet ini selama yang telah diberitahukan oleh dokter kepada Anda, jika tidak maka masalahnya mungkin akan kembali. Jika Anda memiliki pertanyaan lebih lanjut tentang penggunaan obat ini, tanyakan kepada dokter atau apoteker Anda.

## 4. Kemungkinan efek samping
Seperti halnya semua obat, tablet Abbotic dapat menyebabkan efek samping meskipun tidak semua orang mengalaminya.

Jika Anda menderita salah satu dari hal berikut ini selama pengobatan Anda, HENTIKAN MINUM tablet Anda dan segera hubungi dokter Anda:
- ruam
- reaksi alergi mulai dari urtikaria dan erupsi kulit ringan hingga anafilaksis, Sindrom Stevens-Johnsons telah terjadi dengan klaritromisin yang diberikan secara oral.
- Perubahan warna lidah, infeksi jamur pada mulut, mual, *dyspepsia*, sakit perut, muntah, diare, *stomatitis*, *glossitis*, sakit kepala, perubahan rasa, peningkatan sementara enzim hati, reaksi alergi, gangguan kecemasan, mengantuk, insomnia, halusinasi, mimpi buruk, kebingungan, kehilangan arah.
- elevasi SGOT dan SGPT
- pembengkakan, kemerahan atau gatal pada kulit
- radang lambung dan usus
- vertigo
- gangguan pendengaran
- kembung, sembelit, masuk angin, bersendawa
- mulut kering
- merasa lemah, lelah dan tidak bertenaga

**Pelaporan efek samping**
Jika Anda mengalami efek samping apapun, bicarakan dengan dokter atau apoteker Anda. Ini mencakup kemungkinan efek samping yang tidak tercantum dalam brosur ini. Anda juga dapat melaporkan efek samping secara langsung ke: pv.indonesia@abbott.com

Dengan melaporkan efek samping Anda dapat membantu memberikan informasi lebih lanjut tentang keamanan obat ini.

## 5. Cara menyimpan tablet Abbotic
Jauhkan obat ini dari penglihatan dan jangkauan anak-anak.
Jangan menggunakan tablet ini setelah tanggal kedaluwarsanya (exp.) yang tercetak di dusnya dan yang tercantum di strip blister.
Simpan tablet ini di tempat yang aman, kering, yang terlindung dari cahaya.

Jangan membuang obat melalui air limbah atau limbah rumah tangga. Tanyakan kepada apoteker Anda bagaimana cara membuang obat yang tidak Anda gunakan lagi. Langkah-langkah ini akan membantu melindungi lingkungan.

## 6. Isi kemasan dan informasi lainnya

**Apa yang terkandung di dalam tablet Abbotic**

Setiap tablet Abbotic mengandung 500 mg bahan aktif *clarithromycin*.
Bahan lainnya adalah:
Inti Tablet
Natrium kroskarmelosa
Selulosa mikrokristalin
Silikon dioksida
Povidone
Asam stearat
Magnesium Stearat
Talkum

Penyalut Tablet, Penyalut warna dan Gloss
Hidroksipropil metilselulosa
Sorbitan monooleat
Propilen glikol
Titanium dioksida
Hidroksipropil selulosa
Vanili
Pewarna Kuning
Asam sorbat

**Seperti apa penampakan tablet Abbotic dan isi kemasan**

Tablet Abbotic 500 mg tablet salut selaput berbentuk oval berwarna kuning pucat
Dus, 3 blister @ 10 tablet salut selaput

HARUS DENGAN RESEP DOKTER

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Depok, Indonesia

**Atas lisensi dari:**
Abbott Laboratories, ILL, USA

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