

(Nos. 5729, 6369) XX-XXXX-XX Rev. July 2013

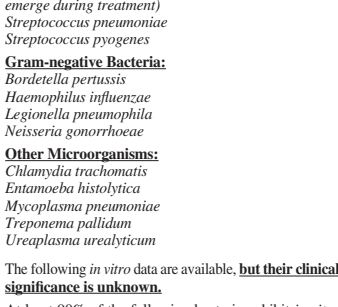
E.E.S.[®]

(ERYTHROMYCIN ETHYLSUCCINATE) R only

To reduce the development of drug-resistant bacteria and maintain the effectiveness of E.E.S. and other antibacterial drugs, E.E.S. should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.

DESCRIPTION

Erythromycin is produced by a strain of Saccharopolyspora erythraea (formerly Streptomyces erythraeus) and belongs to the macrolide group of antibiotics. It is basic and readily forms salts with acids. The base, the sterate salt, and the esters are poorly soluble in water. Erythromycin ethylsuccinate is an ester of erythromycin suitable for oral administration. Erythromycin ethylsuccinate is known chemically as erythromycin 2-ethylsuccinate. The molecular formula is C27H42NO10 and the molecular weight is 862.06. The structural formula is:



E.E.S. Granules are intended for reconstitution with water. Each 5-mL teaspoonful of reconstituted cherry-flavored suspension contains erythromycin ethylsuccinate equivalent to 200 mg of erythromycin.

Granules are intended primarily for pediatric use but can also be used in adults.

E.E.S. 400 film-coated tablets: Each tablet contains erythromycin ethylsuccinate equivalent to 400 mg of erythromycin.

The film-coated tablets are intended primarily for adults or older children.

Inactive Ingredients

E.E.S. Granules: Citric acid, FD&C Red No. 3, magnesium aluminum silicate, sodium carboxymethylcellulose, sodium citrate, sucrose and artificial flavor.

E.E.S. 400 film-coated tablets: Cellulosic polymers, croscellan's sugar (contains corn starch), corn starch, FD&C Red No. 30, D&C Yellow No. 10, FD&C Red No. 40, magnesium stearate, polacrilin potassium, polyethylene glycol, propylene glycol, sodium citrate, sorbic acid, and titanium dioxide.

CLINICAL PHARMACOLOGY

Orally administered erythromycin ethylsuccinate suspensions and film-coated tablets are readily and rapidly absorbed. Comparable serum levels of erythromycin are achieved in the fasting and nonfasting states.

Erythromycin diffuses readily into most body fluids. Only low concentrations are normally achieved in the spinal fluid, but passage of the drug across the blood-brain barrier increases in meningitis. In the presence of normal hepatic function, erythromycin is concentrated in the liver and excreted in the bile; the effect of hepatic dysfunction on excretion of erythromycin by the liver into the bile is not known. Less than 5 percent of the orally administered dose of erythromycin is excreted in active form in the urine.

Erythromycin crosses the placental barrier, but fetal placental levels are low. The drug is excreted in human milk.

Mechanism of Action

Erythromycin acts by inhibition of protein synthesis by binding 50S ribosomal subunits of susceptible organisms. It does not affect nucleic acid synthesis.

Mechanism of Resistance

The major route of resistance is modification of the 23S rRNA in the 50S ribosomal subunit to insensitivity while efflux can also be significant.

Interactions with Other Antibiotics: Antagonism exists in vitro between erythromycin and clindamycin, lincomycin, and chloramphenicol.

Erythromycin has been shown to be active against most isolates of the following bacteria and fungi: clinical infections as described in the INDICATIONS AND USAGE section.

Gram-positive Bacteria: Corynebacterium diphtheriae, Corynebacterium minutissimum, Listeria monocytogenes, Streptococcus aureus (resistant organisms may emerge during treatment), Streptococcus pneumoniae, Streptococcus pyogenes

Gram-negative Bacteria: Bordetella pertussis, Haemophilus influenzae, Legionella pneumophila, Neisseria gonorrhoeae

Other Microorganisms: Chlamydia trachomatis, Entamoeba histolytica, Mycoplasma pneumoniae, Treponema pallidum, Ureaplasma urealyticum

The following in vitro data are available, but their clinical significance is unknown. At least 90% of the following bacteria exhibit in vitro minimum inhibitory concentration (MIC) less than or equal to the susceptible breakpoint for erythromycin. However, the efficacy of erythromycin in treating clinical infections due to these bacteria has not been established in adequate and well-controlled clinical trials.

Gram-positive Bacteria: Viridans group streptococci

Gram-negative Bacteria: Moraxella catarrhalis

Susceptibility Test Methods: When available, the clinical microbiology laboratory should provide the results of in vitro susceptibility test results for antimicrobial drug products used in resident hospitals to the physician as periodic reports that describe the susceptibility profile of nosocomial and community-acquired pathogens. These reports should aid the physician in selecting an antibacterial drug product for treatment.

Dilution Techniques: Quantitative methods are used to determine antimicrobial minimum inhibitory concentrations (MIC's). These MIC's provide estimates of the susceptibility of bacteria to antimicrobial compounds. The MIC's should be determined using a standardized test method (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100).

Diffusion techniques: Quantitative methods that require measurement of zone diameters can also provide reproducible estimates of the susceptibility of bacteria to antimicrobial compounds. The zone size provides an estimate of the susceptibility of bacteria to antimicrobial compounds. The zone size should be determined using a standardized test method. This procedure uses paper disks impregnated with 15 mcg erythromycin to test the susceptibility of microorganisms to erythromycin. The disc diffusion interpretive criteria are provided in Table 1.

Table 1. In Vitro Susceptibility Test Interpretive Criteria for Erythromycin

Table with 5 columns: Pathogen, S, I, R, S, I, R. Rows include Staphylococcus aureus, Streptococcus pneumoniae, Streptococcus pyogenes.

A report of "Susceptible" indicates that the antimicrobial is likely to inhibit growth of the pathogen if the antimicrobial compound reaches the concentrations at the site of infection necessary to inhibit growth of the pathogen. A report of "Intermediate" indicates that the result should be considered equivocal, and, if the microorganism is not fully susceptible to alternative, clinically feasible drugs, the test should be repeated. This category implies possible clinical applicability in body sites where the drug product is physiologically concentrated or in situations where high dosages of drug can be used. This category also provides a buffer zone which prevents small uncontrolled technical factors from causing major discrepancies in interpretation. A report of "Resistant" indicates that the antimicrobial is not likely to inhibit growth of the pathogen if the antimicrobial compound reaches the concentrations usually achievable at the infection site; other therapy should be selected.

Quality Control: Standardized susceptibility test procedures require the use of laboratory controls to monitor and ensure the accuracy and precision of supplies and reagents used in the assay, and the techniques of the individuals performing the test. 1, 2, 3, 4 Standard erythromycin powder should provide the following range of MIC values noted in Table 2. For the diffusion technique using the 15 mcg disk, the criteria in Table 2 should be achieved.

Table 2. Acceptable Quality Control Ranges for Erythromycin

Table with 3 columns: QC Strain, Minimum Inhibitory Concentration (mcg/mL), Disk Diffusion (zone diameter in mm). Rows include Staphylococcus aureus, Streptococcus pneumoniae, Streptococcus pyogenes.

INDICATIONS AND USAGE

To reduce the development of drug-resistant bacteria and maintain the effectiveness of E.E.S. and other antibacterial drugs, E.E.S. should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

E.E.S. is indicated in the treatment of infections caused by susceptible strains of the designated organisms in the diseases listed below.

Upper respiratory tract infections of mild to moderate degree caused by Streptococcus pneumoniae, Streptococcus pneumoniae, or Haemophilus influenzae (when used concomitantly with adequate doses of sulfonamides, since many strains of H. influenzae are not susceptible to erythromycin concentrations ordinarily achieved). (See appropriate sulfonamide labeling for prescribing information.)

Lower-respiratory tract infections of mild to moderate severity caused by Streptococcus pneumoniae or Streptococcus pyogenes.

Listeriosis caused by Listeria monocytogenes. Pertussis caused by Bordetella pertussis. Erythromycin is effective in eliminating the organism from the nasopharynx of infected individuals rendering them noninfectious. Some clinical studies suggest that erythromycin may be helpful in the prophylaxis of pertussis in exposed susceptible individuals.

Respiratory tract infections due to Mycoplasma pneumoniae. Skin and skin structure infections of mild to moderate severity caused by Streptococcus pyogenes or Streptococcus aureus (resistant streptococci may emerge during treatment).

Diphtheria: Infections due to Corynebacterium diphtheriae, as an adjunct to antitoxin, to prevent establishment of carriers and to eradicate the organism in carriers. Erythromycin: In the treatment of infections due to Corynebacterium minutissimum.

Intestinal amebiasis caused by Entamoeba histolytica (oral erythromycin only). Extracranial amebiasis requires treatment with other agents.

Acute pelvic inflammatory disease caused by Neisseria gonorrhoeae: As an alternative drug in treatment of acute pelvic inflammatory disease caused by N. gonorrhoeae in female patients with a history of sensitivity to penicillin. Patients should have a serologic test for syphilis before receiving erythromycin as treatment of gonorrhea and a follow-up serologic test for syphilis after 3 months.

Syphilis caused by Treponema pallidum: Erythromycin is an alternate choice of treatment for primary syphilis in patients allergic to the penicillins. In treatment of primary syphilis, spinal fluid examinations should be done before treatment and as part of follow-up after therapy.

Erythromycin is indicated for the treatment of the following infections caused by Chlamydia trachomatis: conjunctivitis of the newborn, pneumonia of infancy, and urogenital infections during pregnancy. When tetracyclines are contraindicated or not tolerated, erythromycin is indicated for the treatment of uncomplicated urethral, endocervical, or rectal infections in adults due to Chlamydia trachomatis.

When tetracyclines are contraindicated or not tolerated, erythromycin is indicated for the treatment of nongonococcal urethritis caused by Treponema urealyticum. Legionnaires' Disease caused by Legionella pneumophila. Although no controlled clinical efficacy studies have been conducted, in vitro and limited preliminary clinical data suggest that erythromycin may be effective in treating Legionnaires' Disease.

Prophylaxis: Prevention of Initial Attacks of Rheumatic Fever: Penicillin is considered by the American Heart Association to be the drug of choice in the prevention of initial attacks of rheumatic fever (treatment of Streptococcus pyogenes infections of the upper respiratory tract, e.g., tonsillitis or pharyngitis). Erythromycin is indicated for the treatment of penicillin-allergic patients. 4 The therapeutic dose should be administered for 10 days.

Prevention of Recurrent Attacks of Rheumatic Fever: Penicillin or sulfonamides are considered by the American Heart Association to be the drugs of choice in the prevention of recurrent attacks of rheumatic fever. In patients who are allergic to penicillin and sulfonamides, oral erythromycin is recommended by the American Heart Association in the long-term prophylaxis of rheumatic fever (erythromycin for the prevention of recurrent attacks of rheumatic fever). 4

CONTRAINDICATIONS: Erythromycin is contraindicated in patients with known hypersensitivity to this antibiotic.

Erythromycin is contraindicated in patients taking terfenadine, astemizole, pizoxazole, or cisapride. (See PRECAUTIONS - Drug Interactions.)

WARNINGS: Hepatotoxicity: There have been reports of hepatic dysfunction, including increased liver enzymes, and hepatocellular and/or cholestatic hepatitis, with or without jaundice, occurring in patients receiving oral erythromycin products.

QT Prolongation: Erythromycin has been associated with prolongation of the QT interval and infrequent cases of arrhythmia. Cases of torsades de pointes have been spontaneously reported during postmarketing surveillance in patients receiving erythromycin. Fatalities have been known. Erythromycin should be avoided in patients with known prolongation of the QT interval, patients with ongoing proarrhythmic conditions such as uncorrected hypokalemia or hypomagnesemia, clinically significant bradycardia, and in patients receiving Class IA (quinidine, procainamide) or Class III (dofetilide, amiodarone, sotalol) antiarrhythmic agents. Elderly patients may be more susceptible to drug-associated effects on the QT interval.

Use in Pregnancy: There have been reports suggesting that erythromycin does not reach the fetus in adequate concentration to prevent congenital syphilis. Infants born to women treated during pregnancy with oral erythromycin for early syphilis should be treated with an appropriate penicillin regimen. Clostridium difficile Associated Diarrhea: Clostridium difficile associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including E.E.S., and may range in severity from mild diarrhea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon leading to overgrowth of C. difficile. C. difficile produces toxins A and B which contribute to the development of CDAD. Hypertoxin producing strains of C. difficile cause increased morbidity and mortality, as these infections can be refractory to antimicrobial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibiotic use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents.

If CDAD is suspected or confirmed, ongoing antibiotic use (not directed against C. difficile) may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibiotic treatment of C. difficile, and surgical evaluation should be instituted as clinically indicated. Drug Interactions: Serious adverse reactions have been reported in patients taking erythromycin concomitantly with CYP3A4 substrates. These include colchicine toxicity with colchicine; thabdomyolysis with simvastatin, lovastatin, and atorvastatin; and hypertension with calcium channel blockers metabolized by CYP3A4 (e.g., verapamil, amlodipine, diltiazem) (see PRECAUTIONS - Drug Interactions).

There have been postmarketing reports of colchicine toxicity with concomitant use of erythromycin and colchicine. This interaction is potentially life-threatening, and may occur while using both drugs at their recommended doses (see PRECAUTIONS - Drug Interactions).

Rhabdomyolysis with or without renal impairment has been reported in levosatin patients receiving erythromycin concomitantly with levosatin and erythromycin should be carefully monitored for creatine kinase (CK) and serum transaminase levels. (See package insert for levosatin.)

PRECAUTIONS: General: Prescribing E.E.S. in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of development of drug-resistant bacteria.

Since erythromycin is principally excreted by the liver, caution should be exercised when erythromycin is administered to patients with impaired hepatic function. (See CLINICAL PHARMACOLOGY and WARNINGS.)

Information for Patients: Patients should be instructed that antibacterial drugs (such as erythromycin) should be continued for the full course of therapy. Erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

Warnings: Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician. Patients should be instructed that erythromycin should be continued for the full course of therapy even if symptoms improve. Patients should be instructed that antibacterial drugs (such as erythromycin) should be discontinued when symptoms improve and when advised to do so by the physician.

<