

TABLE 246e-1 OVERVIEW OF AGENTS USED FOR THE TREATMENT OF PARASITIC INFECTIONS (CONTINUED)

Drugs by Class	Parasitic Infection(s)	Adverse Effects	Major Drug-Drug Interactions	Pregnancy Class ^a	Breast Milk
Spiramycin ^b	Toxoplasmosis	<i>Occasional:</i> GI disturbances, transient skin eruptions. <i>Rare:</i> thrombocytopenia, QT prolongation in an infant, cholestatic hepatitis	No major interactions	Not assigned ^c	Yes ^d
Mefloquine	Malaria ^b	<i>Frequent:</i> lightheadedness, nausea, headache. <i>Occasional:</i> confusion; nightmares; insomnia; visual disturbance; transient and clinically silent ECG abnormalities, including sinus bradycardia, sinus arrhythmia, first-degree AV block, prolongation of QTc interval, and abnormal T waves. <i>Rare:</i> psychosis, convulsions, hypotension	Administration of halofantrine <3 weeks after mefloquine use may produce fatal QTc prolongation. Mefloquine may lower plasma levels of anticonvulsants. Levels are decreased and clearance is accelerated by artesunate.	C	Yes
Melarsoprol ^e	Trypanosomiasis	<i>Frequent:</i> myocardial injury, encephalopathy, peripheral neuropathy, hypertension. <i>Occasional:</i> G6PD-induced hemolysis, erythema nodosum leprosum. <i>Rare:</i> hypotension	No major interactions	Not assigned	No information
Metrifonate	Schistosomiasis	<i>Frequent:</i> abdominal pain, nausea, vomiting, diarrhea, headache, vertigo, bronchospasm. <i>Rare:</i> cholinergic symptoms	No major interactions	B	No
Miltefosine	Leishmaniasis ^b , primary amebic meningoencephalitis	<i>Frequent:</i> mild and transient (1–2 days) GI disturbances within first 2 weeks of therapy (resolve after treatment completion); motion sickness. <i>Occasional:</i> reversible elevations of creatinine and aminotransferases	No major interactions	Not assigned	No information
Niclosamide	Intestinal cestodes ^b	<i>Occasional:</i> nausea, vomiting, dizziness, pruritus	No major interactions	B	No information
Nifurtimox ^e	Chagas' disease	<i>Frequent:</i> nausea, vomiting, abdominal pain, insomnia, paresthesias, weakness, tremors. <i>Rare:</i> seizures (all reversible and dose-related)	No major interactions	Not assigned	No information
Nitazoxanide	Cryptosporidiosis, ^b giardiasis ^b	<i>Occasional:</i> abdominal pain, diarrhea. <i>Rare:</i> vomiting, headache	No major interactions	B	No information
Nitroimidazoles Metronidazole	Amebiasis, ^b balantidiasis, dracunculiasis, giardiasis, trichomoniasis, ^b <i>D. fragilis</i> infection	<i>Frequent:</i> nausea, headache, anorexia, metallic after-taste. <i>Occasional:</i> vomiting, insomnia, vertigo, paresthesias, disulfiram-like effects. <i>Rare:</i> seizures, peripheral neuropathy	Warfarin: effect enhanced by metronidazole Disulfiram: psychotic reaction Phenobarbital, phenytoin: accelerate elimination of metronidazole Lithium: serum levels elevated by metronidazole Cimetidine: prolonged half-life of metronidazole	B	Yes
Tinidazole	Amebiasis, ^b giardiasis, trichomoniasis	<i>Occasional:</i> nausea, vomiting, metallic taste	See metronidazole.	C	Yes
Oxamniquine	Schistosomiasis	<i>Occasional:</i> dizziness, drowsiness, headache, orange urine, elevated aminotransferases. <i>Rare:</i> seizures	No major interactions	C	No information
Paromomycin	Amebiasis, ^b <i>D. fragilis</i> infection, giardiasis, cryptosporidiosis, leishmaniasis	<i>Frequent:</i> GI disturbances (oral dosing only). <i>Occasional:</i> nephrotoxicity, ototoxicity, vestibular toxicity (parenteral dosing only)	No major interactions	Oral: B Parenteral: not assigned ^c	No information

(Continued)