



MACROLIDES PA SUMMARY

Preferred	Non-Preferred
Azithromycin generic Clarithromycin generic Clarithromycin ER generic E.E.S. Suspension 200 mg/5mL (erythromycin ethylsuccinate) Erythromycin ethylsuccinate 400 mg tablet generic	Difucid (fidamoxicin) E.E.S. 400 Tablets (erythromycin ethylsuccinate) EryPed Suspension (erythromycin ethylsuccinate) Ery-Tab (erythromycin base) Erythrocin Stearate (erythromycin stearate) Erythromycin base generic Ketek (telithromycin) Zmax (azithromycin 2 gram suspension) PCE (erythromycin base)

LENGTH OF AUTHORIZATION: 1 Month

NOTE: E.E.S. Suspension requires PA for ≥ 12 years of age.

PA CRITERIA:

For Difucid

- ❖ Approvable for the treatment of clostridium-difficile-associated diarrhea (C. difficile) in members 16 years of age or older

AND

- ❖ For severe cases, submit documentation of inadequate response, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to vancomycin

OR

- ❖ For mild-to-moderate cases, submit documentation of inadequate response, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to metronidazole and vancomycin.

For E.E.S. Suspension

- ❖ For members 12 years of age and older, approvable for members unable to swallow solid dosage forms or unable to obtain dose needed from erythromycin ethylsuccinate 400 mg tablet generic.

For Non-Preferred Erythromycin Products

- ❖ Physician must submit a written letter of medical necessity stating the reasons the preferred products, E.E.S Suspension 200mg/5mL and erythromycin ethylsuccinate 400 mg tablets generic, are not appropriate for the member.

For Ketek

- ❖ Approvable for members with resistance, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least one agent in each of the following groups: 1) Azithromycin, 2) Clarithromycin, 3) Erythromycin.
Zmax Approvable for members unable to use oral dosage forms of azithromycin generic.



QLL CRITERIA:

For Azithromycin

- ❖ An authorization to exceed the QLL may be approved for the 200 mg/5 ml suspension for the 30 ml package size for the following diagnoses:
 - Cryptosporidiosis in immunocompromised members unable to swallow solid dosage forms
 - Lyme Disease in members unable to swallow solid dosage forms
 - Prevention of mycobacterium avium complex (MAC) infection in HIV-infected children
 - Cystic Fibrosis (Pseudomonas)
 - Cat-scratch disease in members with hepatosplenic bartonellosis or in immunocompromised members
 - Prevention or treatment of MAC infection in an adult in members unable to swallow solid dosage forms
- ❖ An authorization to exceed the QLL may be approved for the 250 mg tablet strength for the following diagnoses:
 - Cryptosporidiosis in immunocompromised members
 - Lyme Disease
 - Prevention of mycobacterium avium complex (MAC) infection in HIV-infected children
 - Cystic Fibrosis (Pseudomonas)
 - Cat-scratch disease in members with hepatosplenic bartonellosis or in immunocompromised members
 - Granulomata inguinale (donovanosis)
 - Prevention or treatment of MAC infection in an HIV-infected adult
 - Pulmonary MAC infection in an HIV-negative adult
- ❖ An authorization to exceed the QLL may be approved for the 500 mg tablet strength for the following diagnoses:
 - Cryptosporidiosis in immunocompromised members
 - Lyme Disease
 - Prevention of mycobacterium avium complex (MAC) infection in HIV-infected children
 - Cystic Fibrosis (Pseudomonas)
 - Granulomata inguinale (donovanosis)
 - Prevention or treatment of MAC infection in an HIV-infected adult
 - Pulmonary MAC infection in an HIV-negative adult

For Clarithromycin

- ❖ An authorization to exceed the QLL may be approved for clarithromycin immediate-release tablets or suspension when used for the diagnosis of disseminated mycobacterium avium complex (MAC).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage, including initiation of therapy with non-preferred agents while in the hospital, are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.