GEORGIA MEDICAID FEE-FOR-SERVICE
MACROLIDES PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azithromycin generic</td>
<td>Dificid (fidamoxicin)</td>
</tr>
<tr>
<td>Clarithromycin generic</td>
<td>EryPed-400 Suspension 400 mg/5 mL</td>
</tr>
<tr>
<td>Clarithromycin ER generic</td>
<td>(erythromycin ethylsuccinate)</td>
</tr>
<tr>
<td>Erythromycin ethylsuccinate suspension 200 mg/5 mL generic</td>
<td>Ery-Tab (erythromycin base)</td>
</tr>
<tr>
<td>Erythromycin ethylsuccinate 400 mg tablet generic</td>
<td>Erythrocin Stearate (erythromycin stearate)</td>
</tr>
<tr>
<td></td>
<td>Erythromycin base generic</td>
</tr>
<tr>
<td></td>
<td>Ketek (telithromycin)</td>
</tr>
<tr>
<td></td>
<td>PCE (erythromycin base)</td>
</tr>
<tr>
<td></td>
<td>Zmax (azithromycin 2 gram suspension)</td>
</tr>
</tbody>
</table>

LENGTH OF AUTHORIZATION: 1 Month

NOTE: Erythromycin ethylsuccinate suspension 200 mg/5 mL requires PA for ≥12 years of age.

PA CRITERIA:

Dificid

- Approvable for the treatment of clostridium-difficile-associated diarrhea (C. difficile) in members 16 years of age or older
- 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.
- Erythromycin Ethylsuccinate Suspension 200 mg/5 mL Generic Approvable for members 12 years of age and older unable to swallow solid dosage forms or unable to obtain dose needed from erythromycin ethylsuccinate 400 mg tablet generic.

Non-Preferred Erythromycin Products

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

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.

Revised 2/25/2017
QLL CRITERIA:

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

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:

Revised 2/25/2017
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 OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

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.