

MACROLIDES PA SUMMARY

PREFERRED	azithromycin suspension, azithromycin packet (1 gram/packet), azithromycin tablets, clarithromycin tablets, clarithromycin suspension, clarithromycin ER, EES 400, Ery-tab, erythromycin base, erythromycin stearate, PCE, erythromycin ethylsuccinate, Eryped, erythromycin w/ sulfisoxazole
NON-PREFERRED	Biaxin, Biaxin XL, Ketek, Zmax, Zithromax packet (1 gram/packet), Zithromax tabs, Zithromax suspension.

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

For Ketek

- ❖ Physician should submit documentation of the patient having 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 group products (from preferred list above).

For Zithromax packet

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) that azithromycin packets are not appropriate for the member.

Zmax Suspension

- ❖ Explain why oral dosage forms cannot be used.

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 **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

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