

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	All brands with generics available, Ketek, Zithromax packet (1 gram/packet), Zmax

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) the preferred product, azithromycin packets, is not appropriate for the member.

Zmax Suspension

- ❖ Explain why oral dosage forms cannot be used.

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
 - 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
- 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
 - 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 **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.