GEORGIA MEDICAID FEE-FOR-SERVICE
MACROLIDES-KETOLIDES PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azithromycin generic</td>
<td>EryPed Suspension 400 mg/5 mL (erythromycin ethylsuccinate)</td>
</tr>
<tr>
<td>Clarithromycin generic</td>
<td>Ery-Tab (erythromycin base)</td>
</tr>
<tr>
<td>Clarithromycin extended-release generic</td>
<td>Erythromycin (erythromycin stearate)</td>
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<tr>
<td></td>
<td>Erythromycin base generic</td>
</tr>
<tr>
<td></td>
<td>Erythromycin ethylsuccinate suspension (E.E.S.) 200 mg/5 mL generic</td>
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<tr>
<td></td>
<td>Erythromycin ethylsuccinate (E.E.S.) tablet 400 mg generic</td>
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<tr>
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<td>PCE (erythromycin base)</td>
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</tbody>
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LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

Non-Preferred Oral Erythromycin Products

❖ Approvable for members with inadequate response, resistance, allergy, contraindication, drug-to-drug interaction or intolerable side effect to azithromycin or clarithromycin.

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:
  o Cryptosporidiosis in immunocompromised members unable to swallow solid dosage forms
  o Lyme Disease in members unable to swallow solid dosage forms
  o Prevention of mycobacterium avium complex (MAC) infection in HIV-infected children
  o Cystic Fibrosis (Pseudomonas)
  o Cat-scratch disease in members with hepatosplenic bartonellosis or in immunocompromised members
  o 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:
  o Cryptosporidiosis in immunocompromised members
  o Lyme Disease
  o Prevention of mycobacterium avium complex (MAC) infection in HIV-infected children
  o 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:**

- 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 Pharmacy and click on Other Documents, then select the most recent quarters QLL List.