



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

| Preferred | Non-Preferred |
|---|---|
| Azithromycin generic Clarithromycin generic Clarithromycin extended-release generic | EryPed Suspension 400 mg/5 mL (erythromycin ethylsuccinate) Ery-Tab (erythromycin base) Erythrocin (erythromycin stearate) Erythromycin base generic Erythromycin ethylsuccinate suspension (E.E.S.) 200 mg/5 mL generic Erythromycin ethylsuccinate (E.E.S.) tablet 400 mg generic PCE (erythromycin base) |

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:
 - 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:

- 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.