



Missouri Pharmacy Program – Preferred Drug List



Macrolides - Pediatric

Effective 05/25/2005

Revised 10/06/2016

Preferred Agents

- Azithromycin Suspension
- Clarithromycin Suspension

Non-Preferred Agents

- Biaxin® Suspension
- E.E.S. 200 Suspension
- Eryped® 200 Suspension
- Eryped® 400 Suspension
- Zithromax® Suspension
- Z-Max® Suspension

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030