



Missouri Pharmacy Program – Preferred Drug List



Macrolides

Effective 05/25/2005

Revised 01/06/2011

Preferred Agents

- Erythromycin Stearate
- Erythrocin Stearate
- Erythromycin Base
- Erythromycin ES 400
- Ery-Tab®
- Azithromycin
- Clarithromycin
- Erythromycin Ethylsuccinate
- Erythromycin w/ Sulfisoxazole
- Erythromycin Estolate
- Azithromycin Suspension
- Clarithromycin Suspension

Non-Preferred Agents

- Eryc®
- E-Mycin®
- E.E.S. 400®
- P.C.E®
- Clarithromycin ER
- Z-Max®
- Biaxin XL®
- Zithromax®
- Eryped®
- Eryped® 200
- Eryped® 400
- Zithromax® Suspension
- Biaxin® Suspension

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with trial on 2 preferred agent	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