

SmartPA Criteria Proposal

Drug/Drug Class:	Macrolide Agents PDL Edit
First Implementation Date:	May 25, 2005
Proposed Date:	June 17, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Macrolide antibiotics reversibly bind to the P-site of the 50S ribosomal subunit of susceptible organisms and may inhibit RNA-dependent protein synthesis. They may be bacteriostatic or bacteriocidal, depending on such factors as drug concentration. There are currently four macrolides available in the U.S. They are all equally efficacious for the treatment of most community-acquired infections, but some have better tolerability and allow for once to twice daily dosing.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> Azithromycin Pwd Packet/Susp/Tabs Clarithromycin Susp/Tabs E.E.S. 200® Susp EryPed® Susp Erythromycin Base DR Caps Erythromycin Ethylsuccinate Tabs 	<ul style="list-style-type: none"> Clarithromycin ER E.E.S. 400® Ery-Tab® Erythrocin® Stearate Erythromycin Base Tabs Erythromycin Base DR Tabs Erythromycin Ethylsuccinate Susp Zithromax®

- Type of Criteria:** Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit
- Data Sources:** Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Macrolide Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents **OR**
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Macrolides - Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; June 2021.
2. Evidence-Based Medicine Analysis: "Macrolides", UMKC-DIC; March 2021.
3. Drug Effectiveness Review Project: Drug Class Review on Macrolides; Oregon Health & Science University; August 2006, updated July 2014 (scan).
4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.