



Missouri Pharmacy Program – Preferred Drug List



Macrolides

Effective 05/25/2005

Revised 10/04/2018

Preferred Agents

- Azithromycin
- Clarithromycin
- E.E.S. 200 suspension
- E.E.S. 400® Tablets
- Erythromycin Base DR Cap

Non-Preferred Agents

- Clarithromycin ER Tablets
- E-Mycin
- ERYC®
- EryPed®
- Ery-Tab®
- Erythrocin® Stearate
- Erythromycin Ethylsuccinate 200 Suspension
- Erythromycin Base DR Tablets
- P.C.E®
- Zithromax®
- Z-Max® (discontinued)

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

- Drug Prior Authorization Hotline: (800) 392-8030