



Missouri Pharmacy Program – Preferred Drug List



Macrolides - Adult

Effective 05/25/2005

Revised 10/04/2018

Preferred Agents

- Azithromycin Packet 1gm
- Azithromycin Tablets
- Clarithromycin Tablets
- E.E.S. 400® Tablets
- Erythromycin Base DR Cap

Non-Preferred Agents

- Biaxin XL® Tablets
- Clarithromycin ER Tablets
- Erythrocin® Tablets
- Erythromycin Base Tablets
- Erythromycin Base DR Tablets
- Ery-Tab®
- P.C.E®
- Zithromax® Tablets
- Zithromax® Tri-Pak
- Zithromax® Z-Pak
- Z-Max® Suspension 2gm

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