



Missouri Pharmacy Program – Preferred Drug List



Macrolides - Pediatric

Effective 05/25/2005

Revised 10/04/2018

Preferred Agents

- Azithromycin Suspension
- Clarithromycin Suspension
- **E.E.S. 200 suspension**

Non-Preferred Agents

- Biaxin® Suspension (discontinued)
- Eryped® 200 Suspension
- Eryped® 400 Suspension
- **Erythromycin Ethylsuccinate 200 Suspension**
- Zithromax® Suspension

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