



Missouri Pharmacy Program – Preferred Drug List



Macrolides

Effective 05/25/2005

Revised 01/05/2012

Preferred Agents

- Erythromycin Stearate
- Erythrocin Stearate
- Erythromycin Base
- Erythromycin ES 400
- **E.E.S. 400®**
- Azithromycin
- Clarithromycin
- Erythromycin Ethylsuccinate
- Erythromycin w/ Sulfisoxazole
- Erythromycin Estolate
- Azithromycin Suspension
- Clarithromycin Suspension

Non-Preferred Agents

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

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	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