

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Zithromax (azithromycin) Quantity Limit

Override(s)	Approval Duration
Quantity Limit	Cystic Fibrosis, Mycobacterium Avium Complex – 1 year HIV AND <i>Bartonella</i> – 3 months All other diagnosis – per fill

Medications	Quantity Limit
Zithromax (azithromycin) Tablets and Z-Pak 250mg	6 Tablets per fill; 1 fill per 30 days
Zithromax (azithromycin) Tablets and TriPak 500mg	3 Tablets per fill; 1 fill per 30 days
Zithromax (azithromycin) 600mg Tablets	8 Tablets per fill; 1 fill per 28 days
Zithromax (azithromycin) 1gm powder packets	2 packets per fill; 1 fill per 30 days
Zithromax (azithromycin) 100mg/5mL Suspension (15 mL bottle)	15 mL per fill; 1 fill per 30 days
Zithromax (azithromycin) 200mg/5mL Suspension (15 mL bottle)	15 mL per fill; 1 fill per 30 days
Zithromax (azithromycin) 200mg/5mL Suspension (22.5 mL bottle)	67.5 mL per fill; 1 fill per 30 days
Zithromax (azithromycin) 200mg/5mL Suspension (30 mL bottle)	60 mL per fill; 1 fill per 30 days
Zmax (azithromycin ER) oral suspension 2g/bottle	1 bottle (60 mL) per fill; 1 fill per 30 days

APPROVAL CRITERIA

- I. For individuals diagnosed with chronic sinusitis, approve the following:
 - A. Up to 12 tablets of Zithromax 250 mg (2 Z-Paks); **OR**
 - B. Up to 6 tablets of Zithromax 500 mg/fill; **OR**
 - C. Up to 75 mL Zithromax 100 mg/5 mL; **OR**
 - D. Up to 75 mL of Zithromax 200 mg/5 mL; **OR**
 - E. Up to 3 Zithromax 1 gram packets; **OR**
 - F. Up to 2 doses of Z-max 2 gm (120 mL);

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OR

- II. For individuals diagnosed with Babesiosis by one of the following (IDSA, 2006):
- A. Positive blood smear for *Babesia*; **OR**
 - B. Positive polymerase chain reaction (PCR) for *Babesia*, approve the following quantity (AFHS):
 1. Up to 11 tablets of Zithromax 250 mg; **OR**
 2. Up to 10 tablets of Zithromax 500 mg; **OR**
 3. Up to 10 tablets of Zithromax 600 mg; **OR**
 4. Up to 150 mL Zithromax 100 mg/5 mL; **OR**
 5. Up to 150 mL Zithromax 200 mg/5 mL;

OR

- III. For individuals diagnosed with Lyme disease (*Borrelia burgdorferi* infections), approve the following:
- A. Up to 20 Zithromax 250 mg tablets per 30 days; **OR**
 - B. Up to 10 Zithromax 500 mg tablets per 30 days; **OR**
 - C. Up to 135 mL Zithromax 100 mg/5 mL per 30 days; **OR**
 - D. Up to 135 mL Zithromax 200 mg/5 mL per 30 days;

OR

- IV. For individuals diagnosed with pelvic inflammatory disease, approve the following (AHFS):
- A. Up to 9 Zithromax 250mg tablets per fill; **OR**
 - B. Up to 5 Zithromax 500mg tablets per fill; **OR**
 - C. Up to 60 mL Zithromax 100 mg/5 mL per fill; **OR**
 - D. Up to 60 mL Zithromax 200 mg/5 mL per fill; **OR**
 - E. Up to 3 Zithromax 1 gram packets per fill;

OR

- V. For individuals diagnosed with mycobacterium avium complex (MAC)
- A. Approve the amount requested;

OR

- VI. For individuals diagnosed with cystic fibrosis (CF):
- A. Approve amount requested;

OR

- VII. For individuals diagnosed with toxoplasmosis caused by *Toxoplasma gondii* (AHFS):
- A. Approve the amount requested;

OR

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VIII. For individuals diagnosed with pneumonia requiring initial IV therapy, approve the following (AHFS):

- A. Up to 16 Zithromax 250 mg tablets per fill; **OR**
- B. Up to 8 Zithromax 500 mg tablets per fill; **OR**
- C. Up to 105 mL Zithromax 100 mg/5 mL per fill; **OR**
- D. Up to 105 mL Zithromax 200 mg/5 mL per fill;

OR

IX. For individuals diagnosed with gonorrhea, approve the following:

- A. Up to 8 Zithromax 250 mg tablets per fill; **OR**
- B. Up to 4 Zithromax 500 mg tablets per fill; **OR**
- C. Up to 60 mL of Zithromax 100 mg/5 mL per fill;

OR

X. For individuals diagnosed with pharyngitis or tonsillitis (such as strep throat), approve the following (CDC):

- A. Up to 5 Zithromax 500 mg tablets; **OR**
- B. Up to 75 mL Zithromax 100 mg/5 mL; **OR**
- C. Up to 60 mL Zithromax 200 mg/5 mL;

OR

XI. For individuals diagnosed with HIV/AIDS **AND** cryptosporidiosis (*Cryptosporidium parvum*) infection, approve the following (AHFS):

- A. Up to 28 Zithromax 600 mg tablets;

OR

XII. For individuals diagnosed with HIV/AIDS AND Bartonella infection, approve the following (AHFS):

- A. Zithromax 600 mg tablet, one tablet per day for 3 months;

OR

XIII. For individuals diagnosed with mild to moderate infections caused by *Campylobacter jejuni*, approve the following (AHFS):

- A. Up to 28 Zithromax 250 mg tablets per fill; **OR**
- B. Up to 14 Zithromax 500 mg tablets per fill; **OR**
- C. Up to 180 mL Zithromax 200 mg/5 mL;

OR

XIV. For individuals diagnosed with Legionnaires' disease, approve the following (AHFS):

- A. Up to 10 Zithromax 250 mg tablets per fill; **OR**
- B. Up to 5 Zithromax 500 mg tablets per fill; **OR**

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C. Up to 75 mL Zithromax 100 mg/5 mL per fill.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 11, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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