



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** Azithromycin 600mg

**Brand Name:** Zithromax

**Medication Class:** macrolide (antibiotic)

**FDA Approved Uses:** Indicated for the treatment of patients with mild to moderate infections caused by susceptible strains of microorganisms

**Usual Dose:** Disseminated Mycobacterium Avium Complex (MAC) in persons with advanced HIV:

Primary prophylaxis: 1200mg once weekly

Treatment: 600mg once daily

**Duration of Therapy:** to be determined by doctor.

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Must be clinically diagnosed with MAC with advanced HIV.
- Must not be able to take clarithromycin due to one of the following
  - Drug interactions with clarithromycin
  - Or
  - Intolerance
  - Or
  - Failed previous treatment

**Contraindications:**

- known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic

**Not Approved if:**

- Patient does not meet the above stated criteria
- Patient has any contraindications to the use of azithromycin.

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_