Erythromycin Ethylsuccinate Suspension Guideline

May be authorized when one of the following criteria is met:

- Member has diagnosis of gastroparesis characterized by delayed gastric emptying
  - There is no presence of mechanical obstruction
  - There was inadequate response, intolerable side effect, or contraindication to metoclopramide
- Member has bacterial infection other than gastroparesis
- There was inadequate response, intolerable side effect, or contraindication to both azithromycin and clarithromycin

Duration of Approval if Requirements Are Met:

Initial Approval:

- Gastroparesis: 4 weeks
- Bacterial infections: Requested duration of therapy

Renewal Approval: 4 weeks

Requires:

- Continued improvement in symptoms from baseline
- Member tolerates oral feeding

Erythromycin Ethylsuccinate Suspension References


Current Version Effective: 10.1.2022