



## Missouri Pharmacy Program – Preferred Drug List



### Tetracyclines

Effective 06/21/2012

Revised 12/14/2018

#### Preferred Agents

- Doxycycline Hyclate Capsules
- Doxycycline Hyclate Tablets
- **Doxycycline Monohydrate Susp**
- Minocycline Capsules

#### Non-Preferred Agents

- Acticlate® Tablets
- Adoxa® Tablets
- Avidoxy® Tablets
- Demeclocycline
- Doryx® DR Tablets
- Doryx® MPC Tablets
- Doxycycline DR Capsules
- Doxycycline Hyclate DR Tablets
- Doxycycline Mono Caps/Tabs
- Minocin Capsules
- Minocycline ER Tablets
- Minocycline Tablets
- Monodox® Capsules
- Morgidox® Capsules/Kit
- Oracea® DR Capsules
- Solodyn® E Tablets
- Tetracycline
- Vibramycin® Capsule/Syrup
- **Vibramycin® 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
- For First-Line access to Demeclocycline:

<b>Condition</b>	<b>Inferred Drugs</b>
Inappropriate Secretion of Antidiuretic Hormone Syndrome	--

## 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