



SmartPA Criteria Proposal

Drug/Drug Class:	Tetracyclines PDL Edit		
First Implementation Date:	June 21, 2012		
Revised Date:	July 27, 2023		
Prepared For:	MO HealthNet		
Prepared By:	MO HealthNet/Conduent		
Criteria Status:	☑ Existing Criteria☐ Revision of Existing Criteria☐ New Criteria		

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

Tetracyclines are broad spectrum antibiotics used to treat bacterial infections, including respiratory tract infections (i.e., pneumonia), acne, infections of the skin, genital and urinary systems, and H. pylori. These products are also routinely used as alternatives to other medications for the treatment of Lyme disease and for the treatment of anthrax after inhalational exposure. Tetracyclines bind to the 30S subunit of microbial ribosomes and inhibit protein synthesis by blocking the attachment of the amino acid, aminoacyltRNA. Due to risk of bone growth inhibition and tooth discoloration, these agents are not recommended for use in pregnant women or children under eight years of age.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

	Preferred Agents		Non-Preferred Agents
•	Doxycycline Hyclate Caps	•	Amzeeq [®]
•	Doxycycline Hyclate Tabs (gen Vibra-	•	Demeclocycline
	Tabs [®] , Periostat [®])	•	Doryx®
•	Doxycycline Mono Susp	•	Doryx® MPC
•	Minocycline Caps	•	Doxycycline Hyclate Tabs (gen Acticlate®)
		•	Doxycycline Hyclate Tab (gen Targadox®)
		•	Doxycycline Hyclate DR
		•	Doxycycline Mono Caps/Tabs
		•	Doxycycline Mono IR-DR
		•	Lymepak
		•	Minocin®
		•	Minocycline ER
		•	Minocycline Tabs
		•	Minolira™
		•	Mondoxyne™ NL
		•	Morgidox [®]
		•	Nuzyra [®]
		•	Solodyn®

		 Targadox® Tetracycline Vibramycin® Xerava™ Ximino® Zilxi® 					
Type of Criteria:	☐ Increased risk of ADE☐ Appropriate Indications	☑ Preferred Drug List☐ Clinical Edit					
Data Sources:	☐ Only Administrative Database	es					
Setting & Population							
	review: Tetracyclines appropriate MO HealthNet particip	pants					
Approval Criteria							
 For demeclocycline: approvable as first-line therapy with a documented diagnosis of chronic syndrome of inappropriate secretion of antidiuretic hormone in the past 2 years OR Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents Documented trial period of preferred agents OR Documented ADE/ADR to preferred agents 							
Denial Criteria							
 Lack of adequate trial on required preferred agents Therapy will be denied if all approval criteria are not met 							
Required Docun	nentation						
Laboratory Resul MedWatch Form		otes:					
Disposition of Edit							
Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL							
Default Approva	I Period						
1 year							

References

- Evidence-Based Medicine Analysis: "Tetracyclines", UMKC-DIC; April 2022.
- Evidence-Based Medicine and Fiscal Analysis: "Tetracyclines Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; June 2021.

- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.