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, aminoacyl-tRNA. Due to risk of bone growth inhibition and tooth discoloration, these agents are generally 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.

<table>
<thead>
<tr>
<th>Program-Specific Information</th>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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<tr>
<td></td>
<td>Doxycycline Hyclate Caps</td>
<td>Amzeeq®</td>
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<td></td>
<td>Doxycycline Hyclate Tabs (gen Vibra-Tabs®, Periostat®)</td>
<td>Demeclocycline</td>
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<td>Doxycycline Mono Susp</td>
<td>Doryx®</td>
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<td>Minocycline Caps</td>
<td>Doryx® MPC</td>
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<td>Doxycycline Hyclate Tabs (gen Actidlate®)</td>
<td>Doxycycline Hyclate DR</td>
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<td>Doxycycline Mono IR-DR</td>
<td>Doxycycline Mono Caps/Tabs</td>
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<td>Minocin®</td>
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<td>Minocycline ER</td>
<td>Minocycline Caps/Tabs</td>
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<td>Minolira™</td>
<td>Nuzyra®</td>
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<td>Mondoxyne™ NL</td>
<td>Oracea®</td>
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<td>Morgidox®</td>
<td>Solodyn®</td>
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<td>Nuzyra®</td>
<td>Tetracycline</td>
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<td></td>
<td>Oracea®</td>
<td>Tetracycline</td>
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</tbody>
</table>
Type of Criteria:  ☒ Preferred Drug List  ☐ Increased risk of ADE  ☐ Appropriate Indications  ☐ Clinical Edit

Data Sources:  ☒ Databases + Prescriber-Supplied  ☐ Only Administrative Databases

Setting & Population

- Drug class for review: Tetracyclines
- Age range: All appropriate MO HealthNet participants

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 Documentation

- Laboratory Results:  
- Progress Notes:  
- MedWatch Form:  Other:  
- Other:

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. USPDI, Micromedex; 2021.
2. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.