Tetracyclines (Oral)-Quantity Limit

Goal(s):
- Restrict use of oral tetracyclines to OHP-funded diagnoses in adults. Allow case-by-case review for members covered under the EPSDT program.
- Prevent inappropriate use beyond two, 14-day supplies within a 3-month time period
- Approve long-term use only for indications supported by the medical literature.

Length of Authorization:
- Up to 12 months

Requires PA:
- Long-term use of oral tetracyclines beyond two, 14-day supplies in a 3-month timeframe

Covered Alternatives:
- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the request for an FDA-approved indication?	**Yes**: Go to #3	**No:** Pass to RPh. If clinic provides supporting literature: Go to #3 If not supported by literature: Deny; medical appropriateness
3. Is this an OHP-funded diagnosis?	**Yes**: Go to #4	**No:** If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP If eligible for EPSDT review: Go to #6.
4. Is the requested agent a preferred product?	**Yes:** Approve for duration of prescription or up to 6 months, whichever is less.	**No:** Go to #5

Approval Criteria		
5. Will the prescriber consider a change to a preferred product? Message: Preferred products are evidence-based and reviewed for comparative effectiveness and safety by the P&T Committee.	**Yes**: Inform prescriber of covered alternatives in class.	**No**: Approve until anticipated formal review by the P&T committee, for 6 months, or for length of the prescription, whichever is less.
6. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	**Yes:** Go to #7	**No:** Pass to RPh. Deny; medical necessity.
7. Is the request for a preferred product OR has the patient failed to have benefit with, or have contraindications or intolerance to, at least 2 preferred products? Message: Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee.	**Yes:** Approve for 12 months.	**No:** Pass to RPh. Deny; medical appropriateness. Inform prescriber of covered alternatives in class and process appropriate PA.

P&T / DUR Review: *12/22; 5/17 (MH)*
Implementation: *1/1/23; 7/1/17*