



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Services
Prior Authorization Criteria
Nuzyra® (omadacycline)
Effective 2/16/2022

[Prior Authorization Request Form](#)

Nuzyra (omadacycline) is a tetracycline class antibacterial indicated in adults patients for the treatment of community-acquired bacterial pneumonia (CABP) and for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible microorganisms*

To reduce the development of drug-resistant bacteria and maintain the effectiveness of **NUZYRA** and other antibacterial drugs, **NUZYRA** should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

CRITERIA FOR APPROVAL:

- 1- Patient has a diagnosis of community acquired bacterial pneumonia (CABP) **OR** acute bacterial skin and skin structure infection (ABSSSI); **AND**
- 2- The patient is within the age range as recommended by the FDA label; **AND**
- 3- The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least one preferred agent from each class of antibiotics used to treat the submitted diagnosis **AND** a trial of linezolid when appropriate **OR** the provider submits clinical rationale as to why these agents would not be appropriate for the patient including the bacteria are NOT susceptible to any other antibiotics (documentation of culture and sensitivity report must be provided).
- 4- Nuzyra may be authorized for patients who have initiated oral or intravenous therapy in a hospital facility and are discharged to an outpatient setting where the course of therapy will be completed.

Approval Duration:

Total treatment duration will not exceed 14 days per course.

***Pneumonia, community-acquired:** *Streptococcus pneumoniae*, *Staphylococcus aureus* (methicillin susceptible isolates), *Haemophilus influenzae*, *H. parainfluenzae*, *Klebsiella pneumoniae*, *Legionella pneumophila*, *Mycoplasma pneumoniae*, and *Chlamydia pneumoniae*.

***Skin and skin structure infections:** Treatment of acute bacterial skin and skin structure infections (ABSSSI) in adult patients caused by susceptible *S. aureus* (methicillin-susceptible and -resistant isolates), *Staphylococcus lugdunensis*, *Streptococcus pyogenes*, *Streptococcus anginosus* grp. (includes *S. anginosus*, *S. intermedius*, and *S. constellatus*), *Enterococcus faecalis*, *Enterobacter cloacae*, and *K. pneumoniae*.



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References:

- 1.) Lexi-Comp drug monograph for Nuzyra (Reviewed 2/2022)
- 2.) Package insert for Nuzyra 5/2021 (Reviewed 2/2022)
- 3.) UpToDate article: Tetracyclines. (Reviewed 2/2022)