

## omadacycline (NUZYRA)

## Diagnoses Considered for Coverage:

- Acute bacterial skin and skin structure infections (ABSSSI)
- Community-acquired bacterial pneumonia (CABP)

## **Coverage Criteria:**

## For diagnosis of community-acquired bacteria pneumonia (CABP), approve if:

- Patient is at least 18 years old, and
- One of the following:
  - o Patient already started on Nuzyra, or
  - Prescribed by or in consultation with an infectious disease specialist,
    or
  - Inadequate response, intolerable side effect or contraindication to any of the following: amoxicillin, doxycycline, macrolide (azithromycin, clarithromycin), amoxicillin/clavulanate, or cephalosporin, AND patient is unable to use a respiratory fluoroquinolone (moxifloxacin, levofloxacin),

#### and

 Dose does not exceed 600 mg per day on day 1, then 300 mg per day for up to 14 days.

# For diagnosis of acute bacterial skin and skin structure infections (ABSSSI), approve if:

- Patient is at least 18 years old, and
- Dose does not exceed 450 mg per day x 2 days, then 300 mg per day for up to 14 days, and

#### For MRSA bacterial infection

- One of the following:
  - Prescribed by or in consultation with an infectious disease
    (ID) specialist, or
  - Provided C&S documenting MRSA and inadequate response, intolerable side effects, or contraindication to ONE oral antibiotic agent to which the identified organism is sensitive.

### Non-MRSA bacterial infection

- Prescribed by or in consultation with an infectious disease (ID) specialist, and
- Inadequate response, intolerable side effects, or contraindication with TWO formulary oral antibiotic agents to which the identified

	organism is sensitive on the provided culture and sensitivity	
	report.	
Covera	ge Duration: one time	

Effective Date: 6/28/2023