BlueCross BlueShield
Federal Employee Program

NUZYRA
(omadacycline)

Pre - PA Allowance

Quantity 14 day supply every 365 days

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have an infection caused by **OR** strongly suspected to be caused by **ONE** of the following:

1. Community-Acquired Bacterial Pneumonia (CABP)
   Streptococcus pneumoniae
   Staphylococcus aureus (methicillin-susceptible)
   Haemophilus influenzae
   Haemophilus parainfluenzae
   Klebsiella pneumoniae
   Legionella pneumophila
   Mycoplasma pneumoniae
   Chlamydophila pneumoniae

2. Acute Bacterial Skin and Skin Structure Infections (ABSSSI)
   Staphylococcus aureus (methicillin-susceptible)
   Staphylococcus aureus (methicillin-resistant)
   Staphylococcus lugdunensis
   Streptococcus pyogenes
   Streptococcus anginosus grp. (includes *S. anginosus*, *S. intermedius*, and *S. constellatus*)
   Enterococcus faecalis
   Enterobacter cloacae
   Klebsiella pneumoniae

AND the following:

1. Inadequate treatment response, intolerance, or contraindication to a first-line antibiotic, such as a macrolide, fluoroquinolone, beta-lactam, or tetracycline

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Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above