BlueCross BlueShield Arizona

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PHARMACY COVERAGE GUIDELINES	**ORIGINAL EFFECTIVE DATE: 2/21/2019**
SECTION: DRUGS	**LAST REVIEW DATE: 2/18/2021**
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NUZYRA™ (omadacycline) oral tablet

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

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Criteria:

- **Criteria for initial therapy:** Nuzyra (omadacycline) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with an Infectious Disease Specialist

2. Individual is 18 years of age or older

3. A confirmed diagnosis of **ONE** of the following:
    a. Proven or strongly suspected community acquired bacterial pneumonia (CABP) infection caused by susceptible bacteria (See Definitions section)

    b. Proven or strongly suspected acute bacterial skin and skin structure (ABSSSI) infection caused by susceptible bacteria (See Definitions section)

    c. When applicable, individual is transitioning intravenous therapy to oral therapy to facilitate a hospital discharge

4. Individual has failure, contraindication or intolerance to **ONE** of the following:
    a. **For CABP non-hospitalized**
        i. Beta-lactam **plus** either a macrolide or doxycycline **or** monotherapy with a respiratory fluoroquinolone (levofloxacin, moxifloxacin) **or** monotherapy with an advanced macrolide (azithromycin, clarithromycin)
    b. **For CABP hospitalized**
        i. Anti-pneumococcal beta-lactam **plus** a macrolide (azithromycin or clarithromycin) **or** monotherapy with a respiratory fluoroquinolone (levofloxacin, moxifloxacin)
    c. **For CABP with MRSA**
        i. Linezolid **or** vancomycin
    d. **For ABSSSI no MRSA**
        i. Beta-lactam **or** trimethoprim-sulfamethoxazole **or** clindamycin
    e. **For ABSSSI with MRSA, localized mild infection with no systemic symptoms**
        i. Trimethoprim-sulfamethoxazole **or** doxycycline **or** minocycline
    f. **For ABSSSI with MRSA, extensive involvement, rapidly progressing with systemic symptoms or immune compromised**
        i. Linezolid **or** tedizolid **or** vancomycin

5. **ALL** of the following baseline tests have been completed before initiation of treatment with continued monitoring as clinically appropriate:
    a. Culture and sensitivity report to identify microorganism and antimicrobial susceptibilities

6. There are **NO** contraindications
    a. Contraindications include:
        i. Known hypersensitivity to omadacycline, tetracycline-class antibacterial drugs or any of the excipients of the product

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Initial approval duration:

- 14-days total treatment (includes number of days of in-patient intravenous use)
- **IV infusion or injections** – MEDICAL BENEFIT ONLY
- No refills will be authorized
- Any request for refill or continuation will be reviewed as a new request

Description:

Nuzyra (omadacycline) is a tetracycline class antibacterial indicated for the treatment of adult patients with the following infections caused by susceptible microorganisms: community acquired bacterial pneumonia (CABP) and acute bacterial skin and skin structure infection (ABSSSI). Nuzyra (omadacycline) should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

Omadacycline is an aminomethylcycline antibacterial within the tetracycline class of antibacterial drugs. Omadacycline binds to the 30S ribosomal subunit and blocks protein synthesis. Omadacycline is active *in vitro* against Gram positive bacteria expressing tetracycline resistance active efflux pumps and ribosomal protection proteins. In general, omadacycline is considered bacteriostatic; however, omadacycline has demonstrated bactericidal activity against some isolates of *S. pneumonia and H. influenzae.*

Acute bacterial skin and skin structure infections (ABSSSI) may include cellulitis, erysipelas, wound infections, burns, and major cutaneous abscesses. ABSSSI may present with redness, edema, or induration with lymph node enlargement, purulent drainage or pus within the dermis, and systemic symptoms such as fever.

Common bacterial pathogens causing ABSSSI are *Streptococcus pyogenes* and *Staphylococcus aureus* including methicillin-resistant *Staphylococcus aureus* (MRSA). Less common causes include other *Streptococcus species*, *Enterococcus faecalis*, *Enterococcus faecium*, and Gram-negative bacteria. The incidence of gram positive ABSSSI that requires hospitalization has increased along with an increase in antimicrobial resistant organisms. MRSA has become a common cause of ABSSSI infections and pneumonia in the hospital setting. Infections in individuals who lack the usual risk factors for MRSA have also emerged in the community. As a result, community associated MRSA (CA-MRSA) are now a common cause of ABSSSI. Over reliance with use of vancomycin has in addition resulted in emergence of resistant strains of certain bacteria such as Vancomycin resistant *Staphylococcus aureus* (VRSA), Vancomycin intermediate *Staphylococcus aureus* (VISA), and Vancomycin resistant *Enterococcus* (VRE).

As a result of rising prevalence of MRSA, empiric therapy for hospitalized individuals with ABSSSI usually includes intravenous use of an antimicrobial with activity against MRSA and an agent that has activity for the other possible pathogens. Outpatients may be managed with a cost effective oral agent.

The approach to treatment ASSSSI and pneumonia and antimicrobial selection is guided by manifestation of infection, severity of clinical presentation, location of infection, and results of culture and sensitivities. Other variables to consider in antimicrobial selection include cost, patient risk factors, drug interaction potential, efficacy and safety, monitoring requirements, likely pathogens, and local resistance patterns.

An adequate clinical specimen should be obtained prior to the start of treatment for culture, gram stain, and *in vitro* susceptibility testing. This is an important step for describing the underlying bacterial etiology of the infection.

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Once results are known, it may be possible to narrow or change empiric antimicrobial therapy to one that is more cost effective and one that has specific activity for the particular microorganism present. Depending upon agent chosen, this may allow for transition from intravenous to oral therapy to facilitate discharge to home for hospitalized individuals who are clinically stable to do so.

Numerous antimicrobials are available for treatment of ABSSSI that have activity against gram positive bacteria (including MRSA) as well as the some of the other pathogens involved in the infection. These include vancomycin (IV, generic), daptomycin IV (Cubicin), dalbavacin IV (Dalavance), oritavancin IV (Orbactiv), telavancin IV (Vibativ), ceftaroline IV (Teflaro), tigecycline IV (Tygacil), doxycycline (IV and PO, generic), minocycline (IV and PO), clindamycin (IV and PO, generic), trimethoprim-sulfamethoxazole (IV and PO, generic), linezolid IV and PO (Zyvox), and tedizolid IV and PO (Sivextro).

Antimicrobial agents used for pneumonia can include amoxicillin (high-dose), amoxicillin + clavulanate, a cephalosporin, fluoroquinolone (Levofloxacin, moxifloxacin), doxycycline, and a macrolide (azithromycin, erythromycin, clarithromycin).

Definitions:

Community-Acquired Bacterial Pneumonia (CABP) microorganisms susceptible to Nuzyra:
- Streptococcus pneumoniae
- Staphylococcus aureus (methicillin-susceptible isolates)
- Haemophilus influenzae
- Haemophilus parainfluenzae
- Klebsiella pneumoniae
- Legionella pneumophila
- Mycoplasma pneumoniae
- Chlamydophila pneumoniae

Acute Bacterial Skin and Skin Structure Infections (ABSSSI) microorganisms susceptible to Nuzyra:
- Staphylococcus 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
- Klebsiella pneumoniae

Acute Bacterial Skin and Skin Structure Infections (ABSSSI):

A bacterial infection of the skin with a lesion size area of at least 75 cm^2 (measured by the area of redness, edema, or induration).

The following infections are defined as ABSSSIs:

Cellulitis/erysipelas: a diffuse skin infection characterized by spreading areas of redness, edema, and/or induration

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Wound infection: an infection characterized by purulent drainage from a wound with surrounding redness, edema, and/or induration

Major cutaneous abscess: an infection characterized by a collection of pus within the dermis or deeper that is accompanied by redness, edema, and/or induration

Empiric coverage for Methicillin-resistant staphylococcus aureus (MRSA) includes the following circumstances:

- Systemic signs of toxicity (e.g., fever >100.5°F/38°C, hypotension, or sustained tachycardia)
- Prior episode of MRSA infection or known MRSA colonization
- Lack of clinical response to antibiotic regimen that does not include activity against MRSA
- Presence of risk factor(s) for MRSA infection (including recent hospitalization, residence in a long-term care facility, recent surgery, hemodialysis, IV drug abuse, and HIV infection)
- Proximity of the lesion to an indwelling medical device (e.g., prosthetic joint or vascular graft)

Antimicrobial therapy for treatment of skin and soft tissue infections due to MRSA:

Oral agents	**Parenteral agents**
Preferred agent – choice guided by clinical circumstance, local antibiotic resistance patterns, allergy history, and concomitant medications	
Trimethoprim-sulfamethoxazole	Vancomycin
Doxycycline	Daptomycin
Minocycline	
Clindamycin	
Alternative agent – should be reserved for patients who do not respond to or cannot tolerate the preferred agent, choice is guided by clinical experience, local antibiotic resistance patterns, adverse effect profile, concomitant medications, and cost	
Linezolid	Linezolid – when stable, transition to oral
Tedizolid	Tedizolid – when stable, transition to oral
Delafloxacin	Delafloxacin – when stable, transition to oral
Omadacycline	Omadacycline – when stable, transition to oral
	Ceftaroline
	Dalbavancin
	Oritavancin
	Telavancin

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Resources:

Nuzyra (omadacycline) product information, revised by Paratek Pharmaceuticals, Inc. 112-2020, at DailyMed http://dailymed.nlm.nih.gov accessed January 01, 2021.

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