



**BlueCross  
BlueShield**

Federal Employee Program.

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| <b>Section:</b>    | Prescription Drugs    | <b>Effective Date:</b>       | July 1, 2026       |
| <b>Subsection:</b> | Anti-infective Agents | <b>Original Policy Date:</b> | September 27, 2019 |
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**Last Review Date:** June 11, 2026

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## Nuzyra

### Description

#### Nuzyra (omadacycline)

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#### Background

Nuzyra (omadacycline) is an aminomethylcycline antibacterial within the tetracycline class of antibacterial drugs. Nuzyra binds to the 30S ribosomal subunit and blocks protein synthesis. Nuzyra is active in vitro against Gram positive bacteria expressing tetracycline resistance active efflux pumps (*tetK* and *tet L*) and ribosomal protection proteins (*tet M*). In general, Nuzyra is considered bacteriostatic; however, Nuzyra has demonstrated bactericidal activity against some isolates of *S. pneumoniae* and *H. influenzae* (1).

#### Regulatory Status

FDA-approved indications: Nuzyra is a tetracycline class antibacterial indicated for the treatment of adult patients with the following infections caused by susceptible microorganisms: (1)

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

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 (1).

The safety and efficacy of Nuzyra formulations given for longer than 14 days have not been evaluated in controlled clinical trials (1).

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The use of Nuzyra during the second and third trimester of pregnancy, infancy and childhood up to the age of 8 years may cause reversible inhibition of bone growth. All tetracyclines form a stable calcium complex in any bone-forming tissue. A decrease in fibula growth rate has been observed in premature infants given oral tetracycline in doses of 25 mg/kg every 6 hours. This reaction was shown to be reversible when the drug was discontinued. Advise the patient of the potential risk to the fetus if Nuzyra is used during the second or third trimester of pregnancy (1).

Nuzyra is structurally similar to tetracycline-class of antibacterial drugs and may have similar adverse reactions. Adverse reactions including photosensitivity, pseudotumor cerebri, and anti-anabolic action which has led to increased BUN, azotemia, acidosis, hyperphosphatemia, pancreatitis, and abnormal liver function tests, have been reported for other tetracycline-class antibacterial drugs, and may occur with Nuzyra. Discontinue Nuzyra if any of these adverse reactions are suspected (1).

*Clostridium difficile* associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents and may range in severity from mild diarrhea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon leading to overgrowth of *C. difficile*. *C. difficile* produces toxins A and B which contribute to the development of CDAD. Hypertoxin producing strains of *C. difficile* cause increased morbidity and mortality, as these infections can be refractory to antimicrobial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibacterial drug use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents. If CDAD is suspected or confirmed, ongoing antibacterial drug use not directed against *C. difficile* may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibacterial drug treatment of *C. difficile*, and surgical evaluation should be instituted as clinically indicated. (1).

The safety and effectiveness of Nuzyra in pediatric patients below the age of 18 years have not been established. Due to the adverse effects of the tetracycline-class of drugs, including Nuzyra on tooth development and bone growth, use of Nuzyra in pediatric patients less than 8 years of age is not recommended (1).

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**Related policies**

Baxdela, Sivextro, Xenleta, Zyvox

[Policy](#)

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*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claim*

Nuzyra may be considered **medically necessary** if the conditions indicated below are met.

Nuzyra may be considered **investigational** for all other indications.

## 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*

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**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 *Renewal* Requirements**

Same as above

#### [Policy Guidelines](#)

### **Pre - PA Allowance**

**Quantity** 14 day supply every 365 days

### **Prior - Approval Limits**

**Duration** 12 months

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### **Prior - Approval *Renewal* Limits**

Same as above

#### [Rationale](#)

### **Summary**

Nuzyra is an aminomethylcycline antibacterial within the tetracycline class of antibacterial drugs. 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. Nuzyra is structurally similar to tetracycline-class of antibacterial drugs and may have similar adverse reactions. Adverse reactions including photosensitivity, pseudotumor cerebri, and anti-anabolic action which has led to increased BUN, azotemia, acidosis, hyperphosphatemia, pancreatitis, *Clostridium difficile* associated diarrhea (CDAD), and abnormal liver function tests, have been reported for other tetracycline-class antibacterial drugs, and may occur with Nuzyra. The safety and effectiveness of Nuzyra in pediatric patients below the age of 18 years have not been established. Due to the adverse effects of the tetracycline-class of drugs, including Nuzyra on tooth development and

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bone growth, use of Nuzyra in pediatric patients less than 8 years of age is not recommended (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Nuzyra while maintaining optimal therapeutic outcomes.

## References

1. Nuzyra [package insert]. Boston, MA: Paratek Pharmaceuticals, Inc.; March 2025.

## Policy History

| Date           | Action                                                                                                                                                                                                           |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| September 2019 | Addition to PA                                                                                                                                                                                                   |
| December 2019  | Annual review. Revised requirement to be infection caused by or strongly suspected to be caused by one of the following organisms per SME. Also revised requirement to t/f Bactrim to be for ABSSSI only per SME |
| March 2020     | Annual review and reference update. Revised t/f statement to t/f one first-line antibiotic per SME                                                                                                               |
| September 2021 | Annual review and reference update                                                                                                                                                                               |
| September 2022 | Annual review                                                                                                                                                                                                    |
| June 2023      | Annual review                                                                                                                                                                                                    |
| June 2024      | Annual review                                                                                                                                                                                                    |
| June 2025      | Annual review and reference update                                                                                                                                                                               |
| June 2026      | Annual review                                                                                                                                                                                                    |

## Keywords

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**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.**