

Effective Date: 10/1/2020
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Scope: Medicaid

## Xenleta (lefamulin)

### POLICY

#### I. CRITERIA FOR APPROVAL

An authorization may be granted when all the following criteria are met:

- A. The member has a diagnosis of Community Acquired Bacterial Pneumonia confirmed by the following:
  - a. Having at least 3 of the 4 symptoms consistent with CABP (cough, sputum production, chest pain and/or dyspnea), **AND**
  - b. Confirmation of the diagnosis through chest radiograph
- B. Member is at least 18 years of age, **AND**
- C. Documentation of culture and sensitivity results, **AND**
- D. Member has tried and failed OR had an intolerance to one alternative antibiotic to which the organism is susceptible (i.e., moxifloxacin, levofloxacin, beta-lactam + macrolide, beta-lactam + doxycycline, etc.), **OR**
- E. Medication was initiated in the hospital and is a continuation of therapy upon discharge

#### II. QUANTITY LIMIT

- 2 tablets per day, 10 tablets per treatment course

#### III. COVERAGE DURATION

- 1 month