

Xenleta (lefamulin) Oral Tablets
Effective 07/01/2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Xenleta (lefamulin) is a first-in-class, semi-synthetic pleuromutilin antibiotic for the treatment of community-acquired bacterial pneumonia (CABP). Xenleta is available as an intravenous infusion or oral tablets

Coverage Guidelines

Authorization may be granted for members who are currently receiving Xenleta IV as an in-patient treatment and will be transitioning to Xenleta oral tablets, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when the member meets all following criteria and documentation has been submitted:

1. The member using Xenleta to treat community-acquired bacterial pneumonia (CABP) caused by the following susceptible microorganisms: Streptococcus pneumoniae, Staphylococcus aureus (methicillin-susceptible isolates), Haemophilus influenzae, Legionella pneumophila, Mycoplasma pneumoniae, and Chlamydia
2. The member is 18 years of age or older.
3. The member has had previous use, contraindication, or resistance to at least one alternative generic antibiotic (ex. moxifloxacin etc.)

Limitations

The following quantity limits apply:

Xenleta 600mg	10 tablets per 5 days
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References

1. Xenleta (lefamulin) [prescribing information]. King of Prussia, PA: Nabriva Therapeutics US Inc., August 2019.
2. Avelox (moxifloxacin) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc; May 2019

Review History

05/20/2020 – Created and Reviewed P&T Mtg. Effective 7/1/20

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

