



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Xenleta™ (lefamulin)

Review Criteria

Member must meet all the following criteria:

- Member must have diagnosis of community acquired bacterial pneumonia (CABP) caused by susceptible organism (Streptococcus pneumoniae, Staphylococcus aureus (methicillin-susceptible isolates), Haemophilus influenzae, Legionella pneumophila, Mycoplasma pneumoniae or Chlamydia pneumoniae).
- Clinical rationale why a first-line agent cannot be utilized; provide culture and sensitivity if available
- If female, provider attests member is not pregnant (medication can cause fetal harm)

Limitations:

- Maximum quantity approved is 10 tablets for 5-day supply if no history of IV therapy
- If switching from IV to oral, maximum quantity is limited to a duration of 7 days of IV plus oral