

**XENLETA
(lefamulin)**

Pre - PA Allowance

Quantity 7 day supply every 365 days

Duration 365 days

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following

Community-Acquired Bacterial Pneumonia (CABP) caused by **OR** strongly suspected to be caused by **ONE** of the following:

1. *Chlamydophila pneumoniae*
2. *Haemophilus influenza*
3. *Legionella pneumophila*
4. *Mycoplasma pneumoniae*
5. *Staphylococcus aureus* (methicillin-susceptible)
6. *Streptococcus pneumoniae* (including MDRSP)

AND the following:

1. Inadequate treatment response, intolerance, or contraindication to a first-line antibiotic, such as a macrolide, fluoroquinolone, beta-lactam, or tetracycline

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above