Clinical Policy: Lefamulin (Xenleta)

Reference Number: PA.CP.PMN.219
Effective Date: 01/2020
Last Review Date: 01/2023

Revision Log

Description
Lefamulin (Xenleta™) is a systemic pleuromutilin antibacterial drug.

FDA Approved Indication(s)
Xenleta is indicated for the treatment of adults with 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 *Chlamydophila pneumoniae.*

To reduce the development of drug resistant bacteria and maintain the effectiveness of Xenleta and other antibacterial drugs, Xenleta should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Xenleta is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Community-Acquired Bacterial Pneumonia (must meet all)**:**

1. Diagnosis of CABP;
2. Age ≥ 18 years;
3. Member meets one of the following (a or b):
   a. Request is for continuation of therapy initiated in an acute care hospital from which member was discharged;
   b. Both of the following (i and ii):
      i. Culture and sensitivity (C&S) report for the current infection shows isolated pathogen is susceptible to Xenleta, unless provider submits documentation that obtaining a C&S report is not feasible;
      ii. Member meets one of the following (a, b, or c):
         a. Failure of ≥ 2 formulary antibiotics to which the isolated pathogen is susceptible (if available) per C&S report, unless clinically significant adverse effects are experienced or all are contraindicated;
         b. C&S report shows resistance or lack of susceptibility of the isolated pathogen to all formulary antibiotics FDA-approved for member's diagnosis;
         c. If provider documents that obtaining a C&S report is not feasible: Failure of ≥ 2 formulary antibiotics indicated for member's diagnosis (if

available), unless clinically significant adverse effects are experienced or all are contraindicated;

4. Dose does not exceed 1,200 mg PO (2 tablets) or 300 mg IV (2 vials) per day.

Approval duration: Duration of request or up to 7 days of total treatment, whichever is less

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Community-Acquired Bacterial Pneumonia (must meet all)**:**

1. Member meets one of the following (a or b):
   a. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
   b. Request is for continuation of therapy initiated in an acute care hospital from which member was discharged;
2. Member is responding positively to therapy;
3. Member has not received ≥ 7 days of therapy for current infection;
4. If request is for a dose increase, new dose does not exceed 1,200 mg PO (2 tablets) or 300 mg IV (2 vials) per day.

Approval duration: Up to 7 days of total treatment

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.
   Approval duration: Duration of request or 7 days (whichever is less); or
2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
CABP: community-acquired bacterial pneumonia
C&S: culture and sensitivity

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Therapeutic alternatives include formulary antibiotics that are indicated for member's diagnosis and have sufficient activity against the offending pathogen at the site of the infection.		

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): known hypersensitivity to lefamulin, pleuromutilin class drugs, or any of the components of Xenleta; concomitant use of Xenleta tablets with CYP3A substrates that prolong the QT interval
- Boxed warning(s): none reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
CABP	PO: 600 mg (1 tablet) PO q12h for 5 days. IV: 150 mg (1 vial) q12h IV over 60 minutes (with the option to switch to Xenleta 600 mg tablets PO q12h to complete the treatment course) for 5 to 7 days.	PO: 1,200 mg/day IV: 300 mg/day

VI. Product Availability

- Tablets: 600 mg
- Vial for injection: 150 mg

VII. References

1. Xenleta Prescribing Information. Nabriva Therapeutics US, Inc; March 2021. Available at: http://www.xenleta.com/. Accessed October 4, 2022.
2. Mandell L, Wunderink R, Anzueto A, et al. Infectious Diseases Society of America/American Thoracic Society consensus guidelines on the management of community-acquired pneumonia in adults. Clin Infect Dis. 2007 Mar 1;44 Suppl 2:S27-72. Available at https://www.ncbi.nlm.nih.gov/pubmed/17278083. Accessed September 12, 2019.
3. File T, Goldberg L, Das A, et al. Efficacy and Safety of IV-to-Oral Lefamulin, a Pleuromutilin Antibiotic, for Treatment of Community-Acquired Bacterial Pneumonia: The Phase 3 LEAP 1 Trial. Clin Infect Dis. 2019 Feb 4. doi: 10.1093/cid/ciz090. [Epub ahead of print]
4. Alexander E, Goldberg L, Das A, et al. LB6. Oral Lefamulin Is Safe and Effective in the Treatment of Adults With Community-Acquired Bacterial Pneumonia (CABP): Results of Lefamulin Evaluation Against Pneumonia (LEAP 2) Study. Open Forum Infect Dis. 2018;5(Suppl 1):S761. Published 2018 Nov 26. doi:10.1093/ofid/ofy229.2180. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6253245/. Accessed September 12, 2019.

5. Metley JP, Waterer GW, Long AC, et al. Diagnosis and treatment of adults with community-acquired pneumonia. An official clinical practice guideline of the American Thoracic Society and Infectious Diseases Society of America. Am J Respir Crit Care Med. 2019 Oct 1;200(7):e45-e67.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J0691	Injection, lefamulin, 1 mg

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	10/2019	
1Q 2021 annual review: no significant changes; references reviewed and updated.	01/2021	
1Q 2022 annual review: references reviewed and updated.	01/2022	
1Q 2023 annual review: no significant changes; references reviewed and updated.	01/2023	