

**Generic Name:** Letermovir

**Preferred:** N/A

**Therapeutic Class or Brand Name:** Prevymis

**Non-preferred:** N/A

**Applicable Drugs (if Therapeutic Class):** N/A

**Date of Origin:** 5/23/2019

**GPI Code:** 12200045

**Date Last Reviewed / Revised:** 8/14/2020

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I - VI are met)

- I. Patient must be 18 years of age or older.
- II. Patient is being treated by or in consultation with a transplant, infectious disease, or hematologist/oncologist specialist.
- III. Documentation patient is an allogenic hematopoietic stem cell transplant (HSCT) recipient and is a confirmed cytomegalovirus (CMV)-seropositive recipient (R+).
- IV. Treatment must be for the prevention (prophylaxis) of CMV infection and disease.
- V. Treatment with Prevymis is initiated no later than 30 days post transplantation.
- VI. The 240mg will only be approved when used concomitantly with cyclosporin.
- VII. The Intravenous formulation is only approved with a documented contraindication to using the oral dosage form.

## EXCLUSION CRITERIA

- Patient with severe hepatic impairment (Child-Pugh C).
- Concomitant use with pimozide; ergot alkaloids; and cyclosporin when co-administered with pitavastatin or simvastatin.

## OTHER CRITERIA

- Renal impairment: Closely monitor serum creatinine levels in patients with CLcr less than 50 mL/min using the injection formulation.

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- 240mg or 480mg tablets: 28 tablets per 28 days
- 240mg/12 m or 480mg/24 ml single-dose vials, 30 vials per 30 days

## APPROVAL LENGTH

- **Authorization:** 100 days post-transplant date.

- **Re-Authorization:** Requests for additional courses of Prevymis may be approved for patients undergoing an additional HSCT.

## APPENDIX

N/A

## REFERENCES

1. [https://www.merck.com/product/usa/pi\\_circulars/p/prevymis/prevymis\\_pi.pdf](https://www.merck.com/product/usa/pi_circulars/p/prevymis/prevymis_pi.pdf) . Accessed 6/19/2019.
2. Wingard JR. Prevention of Viral Infections in Hematopoietic Cell Transplant Recipients. UpToDate. [https://www.uptodate.com/contents/prevention-of-viral-infections-in-hematopoietic-cell-transplant-recipients?search=letermovir&sectionRank=2&usage\\_type=default&anchor=H357744304&source=machineLearning&selectedTitle=2~5&display\\_rank=1#H357744304](https://www.uptodate.com/contents/prevention-of-viral-infections-in-hematopoietic-cell-transplant-recipients?search=letermovir&sectionRank=2&usage_type=default&anchor=H357744304&source=machineLearning&selectedTitle=2~5&display_rank=1#H357744304) Accessed 5/23/19
3. Chen K et al. Antiviral prophylaxis for cytomegalovirus infection in allogeneic hematopoietic cell transplantation. *Blood Advances* 2018 Aug 28;2(16):2159 – 2175. <https://doi.org/10.1182/bloodadvances.2018016493> .

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.