Commercial/Healthcare Exchange PA Criteria

Effective: January 31, 2018

Prior Authorization: Prevymis

Products Affected: Prevymis (letermovir) oral tablets

Medication Description:
Letermovir is a cytomegalovirus (CMV) DNA terminase complex inhibitor indicated for prophylaxis of CMV infection and disease in adult patients who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) or adult kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]). Letermovir displays antiviral activity by inhibiting the CMV DNA terminase complex, which is pivotal in viral DNA processing and packaging.[1]

Covered Uses

1. Prophylaxis of CMV infection and disease in adult patients who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).
2. Prophylaxis of CMV disease in adult kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-])

Exclusion Criteria:

1. Concurrent use with pimozide; ergot alkaloids; and cyclosporine in conjunction with either pitavastatin or simvastatin.

Required Medical Information:

1. Diagnosis
2. Patient is a recipient of an HSCT or kidney transplant recipient – documentation of procedure date
3. Confirmation that patient is CMV-seropositive (for HSCT) OR donor is seropositive/recipient seronegative (for kidney transplant)

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, a physician who specializes in infectious disease, hematology, oncologist, or a transplant specialist.

Coverage Duration: 200 days

Other Criteria:

1. CMV Prophylaxis

A. Patient is CMV-seropositive recipient [R+] of an allogeneic hematopoietic stem cell transplant (HSCT); **OR**
B. Patient is a kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]); **AND**
C. Prevymis is being used for the prophylaxis of CMV infection and disease.

References:

1. Prevymis [package insert], Whitehouse Station, NJ; Merck & Co.; August 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/15/2018
2	Update	Broadened Prescriber Restrictions	Prescriber Restriction	10/03/2018
3	Update	Updated clinical criteria to FDA label	Exclusion Criteria Other Criteria	01/14/2020
4	Update	Added Prophylaxis of CMV disease in adult kidney transplant recipients at high risk to Covered Uses	Covered Uses Required Medical Information Other Criteria	8/11/2023
5	Update	Length of Authorization- updated to 200 days	Length of Authorization	9/18/2023