maryland physicians care
Medicaid with a Heart

POLICY NUMBER: RX.PA.069.MPC
REVISION DATE: 01/2023
PAGE NUMBER: 1 of 2

RX.PA.069.MPC Prevymis IV (letermovir)

The purpose of this policy is to define the prior authorization process for Prevymis® (letermovir)

Prevymis is an antiviral drug indicated for the prophylaxis of **cytomegalovirus (CMV) infection** and disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).[1]

PROCEDURE

A. Initial Authorization Criteria

1. Cytomegalovirus Prophylaxis.

Approve for the duration noted if the patient meets all of the following criteria (i, ii, iii, iv, v, vi, vii, viii, and ix)

i. Must have documentation that member is a cytomegalovirus (CMV) seropositive recipient of an allogenic hematopoietic stem cell transplant (HSCT)
ii. Member must be at least 18 years of age or older
iii. Member must not be treated for an active CMV infection
iv. Provider must initiate prevymis between day O and Day 28 post transplantation (before or after engraftment) and will be prescribed as prophylaxis therapy
v. Member has tried, contraindication to, or intolerance to valganciclovir or valacyclovir
vi. Must not have severe (Child-Pugh C) hepatic impairment
vii. Must be prescribed by or in consultation with an oncology, hematology, infectious disease, or transplant specialist
viii. Prevymis must not be used in conjunction with pimozide, ergot alkaloids, pitavastatin and simvastatin when co-administered with cyclosporine
ix. Prescriber attests that if Prevymis is co-administered with cyclosporine, the dosage of Prevymis will not exceed 240mg daily

Reauthorization
Not applicable for continuation of treatment beyond initial approval duration

B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.

C. Prevymis will be considered investigational or experimental for any other use and will not be covered.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	1 year
Reauthorization	N/A

Codes:

Code	Description
J3490	Injection, Unclassifed drugs

REFERENCES

1. Prevymis™ [prescribing information]. Whitehouse Station, NJ: Merck Sharpe & Dohme; February 2021.
2. Marty FM, Ljungman RF, Cemaly J, et al. Letermovir prophylaxis for cytomegalovirus in hematopoietic-cell transplantation. *N Engl J Med.* 2017; 377:2433-44.
3. Bansal R, Gordillo CA, Abramova R, et al. Extended letermovir administration, beyond day 100, is effective for CMV prophylaxis in patients with graft versus host disease. *Transpl Infect Dis.* 2021;e123487.
4. Lin A, Maloy M, Su Y, et al. Letermovir for primary and secondary cytomegalovirus prevention in allogeneic hematopoietic cell transplant recipients: Real-world experienced. *Transpl Infect Dis.* 2019;21(6):e133187.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual Review	*02/2023*
New Policy	*01/2023*