

## **RX.PA.069.MPC Prevmis IV (letermovir)**

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

Prevmis 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).<sup>1</sup>

### **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 allogeneic 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 0 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. Prevmis must not be used in conjunction with pimozide, ergot alkaloids, pitavastatin and simvastatin when co-administered with cyclosporine
- ix. Prescriber attests that if Prevmis is co-administered with cyclosporine, the dosage of Prevmis 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. Prevmis will be considered investigational or experimental for any other use and will not be covered.**

Prevymis IV  
 POLICY NUMBER: RX.PA.069.MPC  
 REVISION DATE: 02/2026  
 PAGE NUMBER: 2 of 2  
**Limitations:**

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

**Codes:**

Code	Description
J3490	Injection, Unclassified 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
<i>Annual Review</i>	<i>02/2026</i>
<i>Annual Review</i>	<i>02/2025</i>
<i>Annual Review</i>	<i>02/2024</i>
<i>Annual Review</i>	<i>02/2023</i>
<i>New Policy</i>	<i>01/2023</i>