

| Division: Pharmacy Policy                           | Subject: Prior Authorization Criteria |
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| Original Development Date: Original Effective Date: | May 23, 2023                          |
| Revision Date:                                      | January 24, 2024                      |

## **Prevymis®** (letermovir)

<u>LENGTH OF AUTHORIZATION</u>: Hematopoietic stem cell transplant - Up to 100 days post-transplantation Kidney transplant - Up to 200 days post-transplantation

## **REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Medication must be prescribed for one of the following:
  - o Prophylaxis of cytomegalovirus (CMV) infection and disease in a CMV-seropositive recipient (R+) of an allogeneic hematopoietic stem cell transplant (HSCT). Clinical documentation (i.e., progress notes, labs, discharge summary, etc.) must be provided; OR
  - Prophylaxis of CMV disease in a kidney transplant recipient at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]). Clinical documentation (i.e., progress notes, labs, discharge summary, etc.) must be provided.
- One of the following must be true based on the indication:
  - CMV prophylaxis following hematopoietic stem cell transplant: Medication is being initiated no more than 28 days post-transplant; **OR**
  - CMV prophylaxis following kidney transplant: Medication is being initiated no more than 7 days posttransplant.
- For the injectable formulation, clinical justification explaining why the patient is not a candidate for oral therapy must be provided.
- Medication will not be taken concurrently with any of the following:
  - o Pimozide
  - o Ergot Alkaloids (i.e., Cafergot, Migranal<sup>®</sup>, Trudhesa<sup>™</sup>, etc.)
  - o Pitavastatin (Livalo® or Zypitamag®) and simvastatin when co-administered with cyclosporine.
- Treatment is being prescribed by, or in consultation with a provider who specializes in infectious disease, hematology, or organ transplantation.

**Note:** Prevymis<sup>®</sup> is indicated for CMV prophylaxis in patients at high risk for CMV reactivation following an allogeneic HSCT or kidney transplant, and not for the treatment of an active CMV infection.

## **DOSING AND ADMINISTRATION:**

- Refer to product labeling at <a href="https://www.accessdata.fda.gov/scripts/cder/daf/">https://www.accessdata.fda.gov/scripts/cder/daf/</a>
- Available as:
  - o Tablet 240 mg and 480 mg
  - o Injection 240 mg/12 mL (20 mg/mL) and 480 mg/24 mL (20 mg/mL) single-dose vials

