Mass General Brigham
Health Plan

Prevymis™ (letermovir)
Effective 03/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Prevymis (letermovir) is a cytomegalovirus (CMV) DNA terminase complex inhibitor indicated for:

- Prophylaxis of CMV infection and disease in adult and pediatric patients 6 months of age and older and weighing at least 6 kg who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT)
- Prophylaxis of CMV disease in adult and pediatric patients 12 years of age and older and weighing at least 40 kg who are kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-])

Prevymis is available as tablets for oral administration and solution for intravenous administration. Prevymis injection should be used only in patients unable to take oral therapy. Patients should be switched to oral Prevymis as soon as they are able to take oral medications.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted all of the following criteria are met:

Prophylaxis of CMV Infection And Disease in Members who are CMV-Seropositive Recipients of an Allogeneic Hematopoietic Stem Cell Transplant

1. Documentation the member has received an allogeneic hematopoietic stem cell transplant (HSCT) OR is scheduled to receive, a HSCT. - **Date of HSCT must be submitted on the request**
2. Member is at high risk of CMV infection as defined by:
    a. CMV-seropositive recipients OR
    b. Seronegative recipients who have received a graft from a seropositive donor.

3. If the request is for the IV formulation, documentation must be submitted with clinical rationale as to why the member cannot take the oral tablets.

Prophylaxis of CMV Disease in Members who are Kidney Transplant Recipients at High Risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-])

1. Documentation the member has received a kidney transplant OR is scheduled to receive a kidney transplant – **Date of kidney transplant must be submitted on the request**
2. Member is at high risk of CMV infection (donor CMV seropositive/recipient CMV seronegative [D+/R-])
3. If the request is for the IV formulation, documentation must be submitted with clinical rationale as to why the member cannot take the oral tablets.

Limitations

1. Authorizations will be limited to a maximum of:

HSCT Transplant	100 days post-transplant May continue through 200 days if patient is at risk for late CMV infection and disease (documentation is required)
Kidney transplant	200 days post-transplant

References

1. Chemaly RF, Ullmann AJ, Stoelben S, et al. Letermovir for cytomegalovirus prophylaxis in hematopoietic-cell transplantation. N Engl J Med 2014; 370:1781.
2. Marty FM, Ljungman P, Chemaly RF, et al. Letermovir prophylaxis for cytomegalovirus in hematopoietic-cell transplantation. N Engl J Med. 2017; 377(25):2433-44.
3. Prevymis (letermovir) [prescribing information]. Rahway, NJ: Merck Sharp & Dohme Corp; August 2024.
4. Tomblyn M, Chiller T, Einsele H, et al; Center for International Blood and Marrow Research; National Marrow Donor program; European Blood and Marrow Transplant Group; et al. Guidelines for preventing infectious complications among hematopoietic cell transplantation recipients: a global perspective [published correction appears in *Biol Blood Marrow Transplant*. 2010;16(2):294]. *Biol Blood Marrow Transplant*. 2009;15(10):1143-1238. [PubMed 19747629] 10.1016/j.bbmt.2009.06.019

Review History

06/25/18 – Reviewed
06/19/19 – Approved by P&T
05/20/2020 – Reviewed and Updated May P&T; references updated; dosing updated to included oral and IV formulation; added started and stabilized statement. Effective 8/1/20.
11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.
12/11/2024 – Reviewed and updated at December P&T. Added supplemental indication for kidney transplantation. Updated approval length to 200 days post-transplant for members at increased risk following HSCT transplant as well as for kidney transplant recipients. Removed age restrictions. Effective 03/01/2025.