Prevymis™ (letermovir)
Effective 08/01/2020

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prevymis™ is a cytomegalovirus (CMV) DNA terminase complex inhibitor indicated for prophylaxis of CMV infection and disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).

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 who are currently receiving treatment with Prevymis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Prevymis may be considered for use in patients who meet ALL the following criteria:

1. Member is at least 18 years of age
2. Documentation that patient 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**
3. Patient 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.
4. 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
Authorizations will be limited to a maximum of 100 days post-transplant.

Dosing

Prevymis	• 480mg once a day between day 0 and day 28 post HSCT and continuing up to, but not exceeding day 100 post-transplant. • Members should be switched to oral tablets as soon as they can tolerate oral medication. No dosing adjustment is necessary when switching formulations.

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]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; December 2019.
4. *Product monograh:* https://pdf.hres.ca/dpd_pm/00041967.PDF Nov 1*, 2017 from the Internet*
5. 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

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