Mass General Brigham
Health Plan

Antiviral Agents
Prevymis (letermovir vial)
Effective 06/01/2025

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
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		
Notes	Prevymis vial is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria. Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview
Prevymis (letermovir) 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).

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

aHSCT Recipients CMV Prophylaxis
1. Diagnosis of CMV prophylaxis post allogenic hematopoietic stem cell transplantation (HSCT)
2. Prescriber is an infectious disease specialist, hematologist or transplant specialist or consult notes are provided
3. Member is ≥18 years of age
4. Member is at high risk for CMV reactivation
5. Medical necessity for injection instead of tablet formulation

Kidney Transplant Recipients CMV Prophylaxis
1. Diagnosis of CMV prophylaxis post kidney transplant
2. Prescriber is an infectious disease specialist, hematologist or transplant specialist or consult notes are provided

6. Member is ≥18 years of age
7. Member is at high risk for CMV reactivation
8. ONE of the following:
    a. Inadequate response or adverse reaction to valganciclovir
    b. Contraindication to valganciclovir (e.g., documentation of concern for severe myelosuppression)
9. Medical necessity for injection instead of tablet formulation

Solid Organ (Non-kidney, Non-HSCT) Transplant Recipients (off-label use)

1. Diagnosis of CMV prophylaxis post solid organ (non-kidney, non-HSCT) transplant
2. Prescriber is an infectious disease specialist, hematologist or transplant specialist or consult notes are provided
3. Member is ≥18 years of age
4. Member is at high risk for CMV reactivation
5. ONE of the following:
    a. Inadequate response or adverse reaction to valganciclovir
    b. Contraindication to valganciclovir (e.g., documentation of concern for severe myelosuppression)
6. Medical necessity for injection instead of tablet formulation

Continuation of Therapy

Reauthorizations are evaluated based on the duration of therapy received:

- If the member has received ≤ 3 months of therapy and continues to be high risk, the request should be approved for an additional 3 months.
- If the member has received ≤ 6 months of therapy and the prescriber documents active CMV viremia (no specific viral threshold needs to be met) or additional clinical rationale for extended therapy (unrelated/mismatched donors, T-cell–depleted grafts, myeloablative conditioning regimens, alemtuzumab therapy, rejection, delayed engraftment or chronic GVHD), the request should be approved for an additional 6 months.

Limitations

1. Initial approvals will be granted for: 6 months (limited to 200 days of therapy)
2. Reauthorizations will be granted for:
    a. **3 months** – if member has received ≤ 3 months of therapy and continues to be high risk
    b. **6 months** – if member has received ≤ 6 months of therapy and the prescriber documents active CMV viremia

References

1. Albrecht M. Treatment of genital herpes simplex virus infection. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2019 [cited 2020 May 18]. Available from: http://www.utdol.com/utd/index.do.
2. British Association for Sexual Health and HIV (BASHH). Clinical Effectiveness Group 2014 National Guideline for the Management of Genital Herpes [guideline on the internet]. 2014 [cited 2020 May 18]. Available from: https://www.bashhguidelines.org/media/1019/hsv_2014-ijstda.pdf.
3. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention: updated 2015 Jun 5; [cited 2020 May 18]. Available from: https://www.cdc.gov/std/tg2015/toc.htm.
4. American College of Obstetricians and Gynecologists. ACOG practice bulletin: clinical management guidelines for obstetrician-gynecologists. Gynecologic herpes simplex virus infections. Obstet Gynecol. 2004;104(5):1111-7.

5. Klein RS. Treatment of herpes simplex virus type 1 infection in immunocompetent patients. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2019 [cited 2020 May 18]. Available from: http://www.utdol.com/utd/index.do
6. Prevymis [prescribing information]. Whitehouse Station (NJ): Merck & Co, Inc; 2025 Jan.
7. Azevedo LS, Pierrotti LC, Abdala E, Costa SF, Strabelli TM, Campos SV, et al. Cytomegalovirus infection in transplant recipients. Clinics (Sao Paulo). 2015 Jul;70(7):515-23. doi: 10.6061/clinics/2015(07)09. Epub 2015 Jul 1.
8. Tomblyn M, Chiller T, Einsele H, Gress R, Sepkowitz K, Storek J, et al. Guidelines for preventing infectious complications among hematopoietic cell transplantation recipients: a global perspective. Biol Blood Marrow Transplant. 2009 Oct;15(10):1143-238. doi: 10.1016/j.bbmt.2009.06.019.
9. Micromedex® Healthcare Series [database on the Internet]. Greenwood Village (CO): Thomson Reuters (Healthcare) Inc.; Updated periodically [cited 2020 May 18]. Available from:http://www.thomsonhc.com/.
10. Riley LE, Wald A. Genital herpes simplex infection and pregnancy. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2020 [cited 2020 May 18]. Available from: http://www.utdol.com/utd/index.do.
11. Wingard JR. Prevention of viral infections in hematopoietic cell transplant recipients. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2020 Apr [cited 2020 May 18]. Available from: http://www.utdol.com/utd/index.do.
12. Fishman JA, Alexander BD. Prophylaxis of infections in solid organ transplantation. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2019 Sep [cited 2020 May 18]. Available from: https://www.uptodate.com/contents/prophylaxis-of-infections-in-solid-organ-transplantation.

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
02/08/2023 - Reviewed and updated for Feb P&T. Matched MH criteria. Added Overview table. Added Sitavig criteria and updated Prevymis criteria. Clarified approval durations. Updated references. Effective 4/1/23.
06/14/23 – Reviewed and updated for P&T. Admin update: Clarified that Prevymis vial is available through both pharmacy and medical benefits (dual). Effective 6/30/23
12/13/23 – Reviewed and updated for P&T. Policy update to reflect the removal of brand preferred status from Denavir (penciclovir) and added PA. Effective 1/2/24
05/15/25 – Reviewed and updated for P&T. Updated formatting and references. Approval criteria was updated for Prevymis as it is a recommended first line agent per NCCN guideline recommendations for CMV prophylaxis among patients receiving an allogeneic hematopoietic stem cell transplant. Criteria added for off-label use of Prevymis among members undergoing a solid organ (non-kidney, non-HSCT) transplant. These members will need a trial with valganciclovir prior to Prevymis. Note added that members may bypass valganciclovir if high risk for myelosuppression is documented. Approval durations were updated. Effective 6/1/25