**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 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

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<tr>
<th>Prevymis</th>
<th>480mg once a day between day 0 and day 28 post HSCT and continuing up to, but not exceeding day 100 post-transplant.</th>
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<td>Members should be switched to oral tablets as soon as they can tolerate oral medication. No dosing adjustment is necessary when switching formulations.</td>
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References
4. Product monograph: https://pdf.hres.ca/dpd_pm/00041967.PDF Nov 1, 2017 from the Internet

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.

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