



**Prevymis™ (Ietermovir)
Effective 06/19/19**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
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

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

1. The following quantity limits apply:

Prevymis	<ul style="list-style-type: none">• 480mg IV 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.
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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; March 2019.
4. *Product monograph*: 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

06/19/19 – Approved by P&T
06/25/18 – Reviewed

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