

## PHARMACY POLICY STATEMENT North Carolina Marketplace

<b>DRUG NAME</b>	<b>Prevymis (letermovir)</b>
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home/Office/Outpatient
STATUS	Prior Authorization Required

Prevymis is a terminase complex inhibitor initially approved by the FDA in 2017. It is indicated for the prophylaxis of CMV infection and disease in adult CMV-seropositive recipients of an allogeneic hematopoietic stem cell transplant. Prevymis works by inhibiting the CMV DNA terminase complex which is required for viral DNA processing and packaging.

Prevymis (letermovir) will be considered for coverage when the following criteria are met:

### CMV Prophylaxis

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an infectious disease specialist, hematologist, or transplant specialist; AND
3. Member is the recipient of an allogeneic stem cell transplant;
4. Member must be CMV-seropositive;
5. Prescriber attests Prevymis will be initiated within 28 days post-transplant; AND
6. Member is not currently taking the following:
  - a) Pimozide
  - b) Ergot Alkaloids (ergotamine, dihydroergotamine)
  - c) Pitavastatin or Simvastatin with Cyclosporine
7. For the IV formulation: Documentation submitted the member cannot tolerate or have a contraindication to the oral tablet.
8. **Dosage allowed/Quantity limit:** Administer 480 mg once daily orally or as an intravenous (IV) infusion over 1 hour through 100 days post-transplant. NOTE: If PREVYMIS is given with cyclosporine, the dosage of Prevymis should be decreased to 240 mg once daily.

***If all the above requirements are met, the medication will be approved for 100 days.***

For **reauthorization:**

1. Medication will not be reauthorized.

**CareSource considers Prevymis (letermovir) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
02/14/2022	New policy for Prevyms created.

References:

1. Prevyms [package insert]. County Carlow, Ireland: Merck Sharp & Dohme Corporation; March 2020.
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. Kropf D, McCormick D, Erb-Zohar K, et al. Pharmacokinetics and safety of the anti-human cytomegalovirus drug letermovir in subjects with hepatic impairment. *Br J Clin Pharmacol.* 2017a;83(12):2678-2686.
4. Kotton CN, Kumar D, Caliendo AM, et al. The Third International Consensus Guidelines on the Management of Cytomegalovirus in Solid-organ Transplantation. *Transplantation* 2018; 102:900.

Effective date: 01/01/2023

Revised date: 02/14/2022

