

# Letermovir



**Included Products:** Prevymis (letermovir)

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## All Diagnoses

Initial Criteria		If yes	If no
1.	Has Prevymis been prescribed by or supervised by a hematologist/oncologist, transplant specialist, or infectious disease?	Continue to #2.	Do not approve.
2.	Is the member treated with any of the following therapy? a. Pimozide b. Ergot alkaloids c. Pitavastatin or simvastatin along with cyclosporine	Do not approve.	Continue to #3.
3.	Has the prescriber given a statement why prophylaxis with valganciclovir is not medically appropriate?	Continue to #4.	Do not approve.
4.	Is there documentation of a plan to monitor the member for CMV reactivation while on Prevymis therapy?	Continue to #5.	Do not approve.
5.	Continue to specific criteria.		

## Allogenic Hematopoietic Stem Cell Transplant (HSCT)

Initial Criteria		If yes	If no
1.	Was prophylaxis initiated OR will be initiated immediately within 28 days following transplant?	Continue to #2.	Do not approve.
2.	Is the member (transplant recipient) CMV-seropositive?	Continue to #3.	Do not approve.
3.	Is the member at risk for late CMV infection?	Approve for 200 days.	Approve for 100 days.

*Continued >>*

# Kidney Transplant

Initial Criteria		If yes	If no
1.	Was prophylaxis initiated OR will be initiated immediately within 7 days following transplant?	Continue to #2.	Do not approve.
2.	Is the member (transplant recipient) CMV-seronegative AND the donor CMV-seropositive?	Continue to #3.	Do not approve.
3.	Approve for 200 days.		