STANDARD COMMERCIAL AND NSA DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LETERMOVIR

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LETERMOVIR	PREVYMIS	44622		GPI-10 (1220004500)	

GUIDELINES FOR USE

1. Is the request for prophylaxis of cytomegalovirus (CMV) infection and disease in an allogeneic hematopoietic stem cell transplant (HSCT) recipient and the patient meets **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient is a CMV-seropositive recipient [R+] of an allogeneic HSCT
   - Prevymis will be initiated between Day 0 and Day 28 post-transplant (before or after engraftment)

   If yes, continue to #2.
   If no, continue to #4.

2. Will the patient receive Prevymis beyond 100 days post-transplant?

   If yes, continue to #3.

   If no, **approve for 100 days by GPID or GPI-14 for all strengths as follows:**
   - **240mg tablet: #1 per day.**
   - **480mg tablet: #1 per day.**
   - **240mg/12mL vial: #12mL per day.**
   - **480mg/24mL vial: #24mL per day.**

3. Is the patient at risk for late CMV infection and disease, **AND** will not receive Prevymis beyond 200 days post-transplant?

   If yes, **approve for 200 days by GPID or GPI-14 for all strengths as follows:**
   - **240mg tablet: #1 per day.**
   - **480mg tablet: #1 per day.**
   - **240mg/12mL vial: #12mL per day.**
   - **480mg/24mL vial: #24mL per day.**

   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

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LETERMOVIR

GUIDELINES FOR USE (CONTINUED)

4. Is the request for prophylaxis of cytomegalovirus (CMV) disease in a kidney transplant recipient and the patient meets **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient is a kidney transplant recipient at high risk (i.e., donor is CMV seropositive, recipient is CMV seronegative [D+/R-])
   - Prevymis will be initiated between Day 0 and Day 7 post-transplant
   - The patient will not receive Prevymis beyond 200 days post-transplant

   If yes, **approve for 200 days by GPID or GPI-14 for all strengths as follows:**
   - **240mg tablet: #1 per day.**
   - **480mg tablet: #1 per day.**
   - **240mg/12mL vial: #12mL per day.**
   - **480mg/24mL vial: #24mL per day.**

   If no, do not approve.

   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **LETERMOVIR (Prevymis)** requires the following rule(s) be met for approval:

   A. The request is for ONE of the following:
      1. Prophylaxis (prevention) of cytomegalovirus (CMV: a type of virus) infection and disease in an allogeneic hematopoietic stem cell transplant (HSCT: cells transplanted from a matching donor) recipient
      2. Prophylaxis of cytomegalovirus (CMV) disease in a kidney transplant recipient

   B. **If the request is for prophylaxis of cytomegalovirus infection and disease in an allogeneic hematopoietic stem cell transplant recipient, approval also requires:**
      1. You are 18 years of age or older
      2. You are a CMV-seropositive recipient [R positive] of an allogeneic HSCT
      3. Prevymis will be started between Day 0 and Day 28 post-transplant (before or after engraftment [a type of transplant])
      4. You meet ONE of the following:
         a. You are NOT at risk for late CMV infection and disease, AND you will not receive Prevymis beyond 100 days post (after)-transplant
         b. You are at risk for late CMV infection and disease, AND you will not receive Prevymis beyond 200 days post (after)-transplant

   (Denial text continued on next page)

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LETERMOVIR

GUIDELINES FOR USE (CONTINUED)

C. **If the request is for prophylaxis of cytomegalovirus disease in a kidney transplant recipient, approval also requires:**
   1. You are 18 years of age or older
   2. You are a kidney transplant recipient at high risk (donor is CMV seropositive, recipient is CMV seronegative [D positive/R negative])
   3. Prevymis will be started between Day 0 and Day 7 post (after)-transplant
   4. You will not receive Prevymis beyond 200 days post-transplant

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Prevymis.

REFERENCES

- Prevymis [Prescribing Information]. Rahway, NJ: Merck Sharp & Dohme LLC; August 2023.

Library	Commercial	NSA
Yes	Yes	Yes

Part D Effective: N/A
Commercial Effective: 09/18/23
Created: 02/18
Client Approval: 09/23
P&T Approval: 10/23