Non-formulary letermovir (Prevymis) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a Transplant Specialist or Infectious Disease Specialist
- AND-
- Patient is 18 years of age or older
- AND-
- Patient has received an allogeneic hematopoietic stem cell transplant (HSCT) within the past 100 days
- AND-
- Patient or transplant donor is CMV-seropositive [R+]
- AND-
- If the request is for the IV formulation, patient must have documentation as to why they cannot take the oral formulation (e.g., cannot tolerate oral intake, contraindication to the oral formulation, etc.)
- AND-
- If the patient is on concurrent treatment with cyclosporine, the dose of letermovir must not exceed 240 mg once daily
- AND-
- Patient must not be concurrently taking the following medications:
  - Pimozide OR
  - Ergot alkaloids (ergotamine, dihydroergotamine) OR
  - Rifampin OR
  - Cyclosporine in conjunction with either atorvastatin, lovastatin, pitavastatin or simvastatin