

# PHARMACY POLICY STATEMENT

## Indiana Medicaid

<b>DRUG NAME</b>	<b>Prevymis (letermovir)</b>
BENEFIT TYPE	Pharmacy or Medical
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 (HSCT) and adult kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative). 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:

### HSCT 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; AND
4. Member must be CMV-seropositive; AND
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)

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Effective date: 01/01/2024  
Revised date: 07/05/2023