

| | |
|--|---|
| Clinical Policy Title: | letermovir |
| Policy Number: | RxA.875 |
| Drug(s) Applied: | Prevymis |
| Original Policy Date: | 03/01/2025 |
| Last Review Date: | 12/11/2025 |
| Line of Business Policy Applies to: | All lines of business (except Medicare) |

Criteria

I. Initial Approval Criteria

A. Prophylaxis of cytomegalovirus (CMV) in allogeneic hematopoietic stem cell transplant (HSCT) (must meet all):

1. History of an allogeneic HSCT;
2. CMV is seropositive recipient;
3. HSCT transplant is within the last 28 days;
4. Trial and failure of valganciclovir, unless contraindicated or clinically significant adverse effects are experienced.

Approval Duration

All Lines of Business (except Medicare): Approve through day 200 from post-transplant date

B. Prophylaxis of cytomegalovirus (CMV) in kidney transplant (must meet all):

1. History of kidney transplant from a CMV-seropositive donor;
2. CMV is seronegative recipient;
3. History of kidney transplant within the last 7 days;
4. Trial and failure of valganciclovir, unless contraindicated or clinically significant adverse effects are experienced.

Approval Duration

All Lines of Business (except Medicare): Approve through day 200 from post-transplant date

II. Continued Therapy Approval (must meet all):

1. Member is currently receiving this medication or has met the initial approval criteria, excluding manufacturer samples;
2. Member is less than 200 days from post-transplant date.

*Documentation required for requests more than 200 days from post-transplant date

Approval Duration

All Lines of Business (except Medicare): Approve through day 200 from post-transplant date

References

1. Prevymis Prescribing Information. Whitehouse Station, NJ: Merck and Co., INC.: November 2017. Available at: https://www.merck.com/product/usa/pi_circulars/p/prevymis/prevymis_pi.pdf.

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

2. Centers for Disease Control and Prevention. Cytomegalovirus (CMV) and congenital CMV infection. 2017 December. Available at: <https://www.cdc.gov/cytomegalovirus/about/index.html>

| Review/Revision History | Review/Revision Date | P&T Approval Date |
|-------------------------|----------------------|-------------------|
| Policy established. | 3/1/2025 | PENDING |
| Policy reviewed | 12/11/2025 | 12/11/2025 |