

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	Prevymis (letermovir)
POLICY #	11112
INDICATIONS	Prevymis (letermovir) is indicated for the prophylaxis of CMV infection and disease in adult patients who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).
CRITERIA	<p>ConnectiCare, Inc. considers Prevymis to be medically necessary in adult patients who meet ALL of the following criteria:</p> <ol style="list-style-type: none">1. Patient must be 18 years of age or older2. Treatment is being prescribed by, or in consultation with, a physician who specializes in infectious disease, hematology or a transplant specialist.3. Must be used for the prevention (prophylaxis) of CMV infection and disease4. Patient is CMV seropositive5. Date patient received HSCT; and therapy to be initiated between day 0 and day 28 following transplant.
LIMITATIONS	<p>Exclusion Criteria:</p> <ol style="list-style-type: none">1. Concurrent use with pimozide; ergot alkaloids; and cyclosporine in conjunction with either pitavastatin or simvastatin.2. Initiation of therapy after day 28 following transplant.3. Treatment beyond day 100 following transplant.
REFERENCES	<p>References:</p> <ol style="list-style-type: none">1. Prevymis [package insert], Whitehouse Station, NJ; Merck & Co.; November 2017.
P&T REVIEW HISTORY	1/18

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