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| Policy Name: | Prevymis (letermovir) | Policy #: | 2630P |
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Prevymis.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Prevymis IV under the specialty medical benefit or Prevymis tablet under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for Prevention of Cytomegalovirus (CMV) Infection and Disease

- 1.1 Patient is post-hematopoietic stem cell transplant (HSCT) within the last 28 days
- 1.2 Patient is CMV sero-positive recipient (R+)
- 1.3 Age 6 months of age or older and weighing at least 6kg
- 1.4 Ordered by an Infectious Disease specialist, hematologist (doctor of blood disorders), or transplant physician

2. Coverage Criteria for Prevention of Cytomegalovirus (CMV) in Kidney Transplant Recipients

- 2.1 Patient is post-Kidney Transplant within the last 7 days
- 2.2 Patient is high risk defined as donor CMV seropositive/recipient CMV seronegative [D+/R-] Age
- 2.3 12 years of age or older and weighing at least 40kg
- 2.4 Ordered by an Infectious Disease specialist, hematologist (doctor of blood disorders), or transplant physician
- 2.5 Documented trial and failure (with documented resistance), contraindication or intolerance to valganciclovir

3. Approval Period

- 3.1 HSCT: 100 day course of treatment within a 12 month approval duration
- 3.2 Kidney transplant: 200 day course of treatment within a 12 month approval duration

CPT Codes

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HCPCS Codes

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References

1. Prevymis (letermovir) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; August 2024.
2. Chemaly RF, Ullmann AJ, Stoelben S, et al. Letermovir for cytomegalovirus prophylaxis in hematopoietic-cell transplantation. *N Engl J Med* 2014; 370:1781.
3. Limaye AP, Budde K, Humar A, et al. Letermovir vs valganciclovir for prophylaxis of cytomegalovirus in high-risk kidney transplant recipients: a randomized clinical trial. *JAMA*. Published online June 6, 2023.
4. Tomblyn M, Chiller T, Einsele H, et al; Center for International Blood and Marrow Research; National Marrow Donor program; European Blood and Marrow Transplant Group; et al. Guidelines for preventing infectious complications among hematopoietic cell transplantation recipients: a global perspective. *Biol Blood Marrow Transplant*. 2009; 15(10): 1143-1238.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.