

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Letermovir (Prevymsis)

**Notes:**

- Quantity Limits: Yes

**Initiation (new start) criteria AND Criteria for members already taking the medication who have not been reviewed previously (e.g., new members):**

Formulary **letermovir (Prevymsis)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a Transplant Specialist or Infectious Disease Specialist for the prophylaxis of cytomegalovirus (CMV) infection and disease
  - Patient is 18 years of age or older
  - Either of the following:
    - i. Patient has received an allogeneic hematopoietic stem cell transplant (HSCT) within the past 100 days and CMV-seropositive (R+). Duration of coverage will be 100 days.
- OR-**
- ii. Patient has received a kidney transplant within the last 200 days and the Donor is CMV seropositive/Recipient is CMV seronegative (D+/R-). Duration of coverage will be 200 days.
- 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.)
  - If the patient is on concurrent treatment with cyclosporine, the dose of letermovir must not exceed 240 mg once daily
  - 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

**-OR-**

- If prescribed by a Kaiser Permanente NW Infectious Diseases Physician for patients who have failed an adequate trials of alternative formulary agents (e.g., valganciclovir) or patients who have an intolerances or contraindications to alternative formulary agents.

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