

Quantity Limit; Post Limit Prior Authorization Prevymis

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Prevymis (oral)	letermovir	tablets, oral pellets

Indications

FDA-approved Indications

CMV Prophylaxis In Hematopoietic Stem Cell Transplant (HSCT) Recipients

Prevymis is indicated for prophylaxis of cytomegalovirus (CMV) infection and disease in adult and pediatric patients 6 months of age and older and weighing at least 6 kg who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).

CMV Prophylaxis in Kidney Transplant Recipients

Prevymis is indicated for prophylaxis of CMV disease in adult and pediatric patients 12 years of age and older and weighing at least 40 kg who are kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]).

Initial Quantity Limit

Initial Limit Quantity

This limit is coded for daily dose.

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2805-HJ

If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that the daily dose has been exceeded: "Quantity Limit Exceeded. Daily dose allowance of 1 per day of the 480 mg tabs, 2 tablets per day of the 240 mg tab, or 4 packets per day of the oral pellets."

Drug	Daily Limit
Prevymis 480 mg (letermovir tablet)	1 tablet
Prevymis 240 mg (letermovir tablet)	2 tablets
Prevymis (letermovir oral pellets)	4 packets

Duration Limit

If the patient is requesting more than a cumulative 224-day supply within the past 365 days of 480mg tablets, then the claim will reject with a message indicating that a prior authorization is required: "MAX 224DS per 365 days". If the patient is requesting more than a cumulative 210-day supply within the past 365 days of 240mg tablets, then the claim will reject with a message indicating that a prior authorization is required: "MAX 210DS per 365 days". If the patient is requesting more than a cumulative 203-day supply within the past 365 days of oral pellets, then the claim will reject with a message indicating that a prior authorization is required: "MAX 203DS per 365 days". PA req call 800-XXX-XXXX." [Note: Benefits coding to populate correct PA phone number.]

The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

Drug	Duration Limit (per 365 days)
Prevymis 480 mg (letermovir tablet)	224-day supply
Prevymis 240 mg (letermovir tablet)	210-day supply
Prevymis (letermovir oral pellets)	203-day supply

Coverage Criteria

Cytomegalovirus (CMV) Prophylaxis in Hematopoietic Stem Cell Transplant Recipients

Authorization may be granted when the requested drug is being prescribed for the prophylaxis of cytomegalovirus (CMV) infection and disease in adult and pediatric patients 6 months of age and older and weighing at least 6 kg who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) when the following criteria is met:

- There is a valid medical reason why the patient requires treatment beyond the recommended duration post transplantation

Reference number(s)
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Cytomegalovirus (CMV) Prophylaxis in Kidney Transplant Recipients

Authorization may be granted when the requested drug is being prescribed for the prophylaxis of CMV disease in adult and pediatric patients 12 years of age and older and weighing at least 40 kg who are kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]) when the following criteria is met:

- There is a valid medical reason why the patient requires treatment beyond the recommended duration post transplantation

Quantity Limits Apply

Drug	Daily Limit
Prevymis 480 mg (letermovir tablet)	1 tablet
Prevymis 240 mg (letermovir tablet)	2 tablets
Prevymis (letermovir oral pellets)	4 packets

Duration of Approval (DOA)

- 2805-HJ: DOA: 4 months

References

1. Prevymis [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC; August 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed December 6, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 12/06/2023).