

## PREVYMIS (letermovir)

### Diagnosis Considered for Coverage:

- CMV infection prophylaxis in CMV-seropositive allogeneic hematopoietic stem cell transplant (HSCT) recipient
- CMV infection prophylaxis in kidney transplant recipients at high risk [D+/R-]

### Coverage Criteria:

#### For diagnosis listed above:

- One of the following:
  - Patient is a seropositive recipient [R+] and has received an allogeneic hematopoietic stem cell transplant (HSCT), or
  - Patient is recipient of kidney transplant and at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]),

and

- Dose does not exceed 480 mg per day, and
- Duration does not exceed 100 days post HSCT or 200 days post kidney transplant.

### Coverage Duration:

up to 100 days post HSCT transplant

**up to 200 days post kidney transplant**

Effective Date: 08/30/2023