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5.01.043

Section:	Prescription Drugs	**Effective Date:**	July 1, 2026
Subsection:	Anti-Infective Agents	**Original Policy Date:**	December 1, 2017
Subject:	Prevymis	**Page:**	1 of 4

Last Review Date: June 11, 2026

Prevymis

Description

Prevymis (letermovir)

Background
Prevymis (letermovir) is a once-daily tablet for oral use and injection for intravenous infusion. Prevymis is an antiviral drug used for the prevention of cytomegalovirus (CMV) infection and disease. CMV is a common and potentially serious viral infection (1).

Regulatory Status
FDA-approved indications: Prevymis is a CMV DNA terminase complex inhibitor indicated for: (1)

- 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).
- 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-]).

Prevymis is contraindicated in patients receiving pimozide or ergot alkaloids. Prevymis is also contraindicated with pitavastatin and simvastatin when co-administered with cyclosporine (1).

Prevymis is not recommended for patients with severe (Child-Pugh Class C) hepatic impairment (1).

The safety and effectiveness of Prevymis for the prophylaxis of CMV infection and disease in CMV-seropositive recipients of an allogenic HSCT less than 6 months of age and weighing less than 6 kg have not been established. The safety and effectiveness of Prevymis for the prophylaxis of CMV disease in a kidney transplant recipient less than 12 years of age and weighing less than 40 kg have not been established (1).

Related policies
Livtencity, Valcyte

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Prevymis may be considered **medically necessary** if the conditions indicated below are met.

Prevymis may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease
    a. 6 months of age and older
    b. Weight ≥ 6 kg
    c. Post hematopoietic stem cell transplant (HSCT) within the last 28 days
    d. CMV seropositive recipient [R+]
2. Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease
    a. 12 years of age and older
    b. Weight ≥ 40 kg
    c. Post kidney transplant within the last 7 days
    d. CMV seropositive donor/CMV seronegative recipient (D+/R-)

AND ALL of the following for **ALL** indications:
    a. **NO** severe (Child-Pugh Class C) hepatic impairment
    b. Prescriber agrees to monitor for CMV reactivation

Prior – Approval *Renewal* Requirements

Same as above

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Strength	Quantity
240 mg tablet	224 tablets **OR**
480 mg tablet	
20 mg oral packets	810 oral packets **OR**
120 mg oral packets	
240 mg (12 mL vial)	200 vials
480 mg (24 mL vial)	

Duration 200 days

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Prevymis (letermovir) is a once-daily tablet for oral use and injection for intravenous infusion. Prevymis is used for the prevention of cytomegalovirus (CMV) infection and disease. Prevymis is contraindicated in patients receiving pimozide or ergot alkaloids. Prevymis is also contraindicated with pitavastatin and simvastatin when co-administered with cyclosporine. Prevymis is not recommended for patients with severe (Child-Pugh Class C) hepatic impairment. The safety and effectiveness of Prevymis for the prophylaxis of CMV infection and disease in CMV-seropositive recipients of an allogenic HSCT less than 6 months of age and weighing less than 6 kg have not been established. The safety and efficacy of Prevymis for the prophylaxis of CMV disease in a kidney transplant recipient less than 12 years of age and weighing less than 40 kg have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Prevymis while maintaining optimal therapeutic outcomes.

References

1. Prevymis [package insert]. Rahway, NJ: Merck Sharp & Dohme Corp.; January 2026.

Policy History

Date	Action
December 2017	New addition
March 2018	Annual review
December 2019	Annual review and reference update
December 2020	Annual review and reference update
September 2021	Annual review and reference update
March 2022	Annual editorial review
June 2023	Annual review and reference update. Changed policy number to 5.01.043
July 2023	Per PI update, added new indication of CMV prophylaxis in kidney transplant recipients
August 2023	Per PI update, revised quantity chart to allow for 200 days of therapy for either HSCT or kidney transplant
December 2023	Annual review
June 2024	Annual review
September 2024	Per PI update, lowered age limit to 6 months for post HCST patients weighing at least 6 kg and 12 years for kidney transplant patients weighing at least 40 kg. Added oral packet dosage form
December 2024	Annual review
June 2025	Annual review and reference update
June 2026	Annual editorial review and reference update. Added PA renewal requirements and quantity limit sections for clarity

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.