

Letermovir (PREVYMIS) Criteria for Use August 2024

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive Letermovir.

- As treatment of cytomegalovirus (CMV) infection
- Coadministration of medications not recommended with letermovir (e.g., , nafcillin, phenytoin, phenobarbital, carbamazepine, rifamycins, bosentan, St. John's wort, efavirenz, etravirine, modafinil)

Inclusion Criteria

- Prescribed by Infectious Diseases, Solid organ or Hematopoietic stem cell transplant or other facility authorized providers

Additional Inclusion Criteria

ONE of the following criteria must be met.

- Prevention of infection in high-risk (CMV Recipient positive, R+) allogeneic hematopoietic stem cell transplant recipient for up to 200 days
- Prevention of CMV infection in high-risk (CMV donor positive / recipient negative, D+/R-) solid-organ transplant recipients when valganciclovir cannot be used due to tolerability, difficulty dosing due to changing renal function or resistance.

Other justification _____