Prevymis (letermovir)

- Prevymis (letermovir) tablets, for oral use
- Prevymis (letermovir) oral pellets
- Prevymis (letermovir) injection, for intravenous use

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Cytomegalovirus (CMV) is a β-herpesvirus that infects most humans of all ages. Individuals with a normal immune system rarely develop CMV symptoms after initial infection, with the virus remaining inactive or latent in the body for life. A weakened immune system provides the virus a chance to reactivate. Up to 60% of solid organ transplant recipients and up to 70% of HSCT recipients develop symptomatic CMV infection.

CMV typically occurs between 30-90 days after transplantation. CMV disease can lead to end-organ damage in the lungs, eyes, gastrointestinal tract, liver, or central nervous system.

Prevymis (letermovir) is a CMV deoxyribonucleic acid (DNA) terminase complex inhibitor. Prevymis impairs viral DNA processing and packaging by inhibiting the CMV DNA terminase complex.

Definitions

"CMV infection" is defined as the presence of CMV replication, indicated by the isolation or detection of viral proteins or nucleic acids in any body fluid or tissue specimen, regardless of symptoms.

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

"[s]" indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Prevymis (letermovir) medically necessary when ALL of the following criteria are met:

1. The medication is prescribed by or in consultation with an infectious disease specialist, hematologist, or transplant specialist; *AND*
2. IF the request is for Prevymis (letermovir) injection, the member is unable to use, or has tried and failed an oral formulation of Prevymis (letermovir)[s]; *AND*
3. The member meets ALL of the following:
    a. No evidence the member is receiving concurrent pimozide or ergot alkaloids; *and*

b. No evidence the member is receiving concurrent pitavastatin or simvastatin when co-administered with cyclosporine; *AND*

4. Prevymis (letermovir) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication; *AND*
5. The member meets the applicable Medical Necessity Criteria for Initial Clinical Review or Subsequent Clinical Review listed below.

Indication-Specific Criteria

Prophylaxis of Cytomegalovirus (CMV) Infection and Disease in Allogeneic Hematopoietic Stem Cell Transplant (HSCT)

The Plan considers Prevymis (letermovir) medically necessary when ALL of the following criteria are met:

6. The member meets the above General Medical Necessity Criteria; *AND*
7. The member is 6 months of age or older; *AND*
8. The member weighs 6 kg or more; *AND*
9. The member has received or is scheduled to receive an allogeneic hematopoietic stem cell transplant (HSCT); *AND*
10. The member is a CMV-seropositive recipient [R+]; *AND*
11. Prevymis (letermovir) is or will be initiated between day 0 and day 28 post-HSCT.

If the above prior authorization criteria are met, the requested product will be authorized for up to 7-months. Total cumulative authorizations do not exceed 7 months.[s]

Prophylaxis Of Cytomegalovirus (CMV) Disease in Kidney Transplant Recipients

The Plan considers Prevymis (letermovir) medically necessary when ALL of the following criteria are met:

6. The member meets the above General Medical Necessity Criteria; *AND*
7. The member is 12 years of age or older; *AND*
8. The member weighs 40 kg or more; *AND*
9. The member has received or is scheduled to receive a kidney transplant; *AND*
10. The member is at high risk defined as donor CMV seropositive/recipient CMV seronegative [D+/R-]); *AND*
11. Prevymis (letermovir) is or will be initiated between day 0 and day 7 post-transplant; *AND*
12. The member is unable to use, or has tried and failed valganciclovir (oral)[s].

If the above prior authorization criteria are met, the requested product will be authorized for up to 7-months. Total cumulative authorizations do not exceed 7 months.[s]

Experimental or Investigational / Not Medically Necessary[s]

Prevymis (letermovir) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

Applicable Billing Codes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	*Description*
C9399	Prevymis (letermovir) injectable Unclassified drugs or biologicals
J3490	Prevymis (letermovir) injectable Unclassified drugs
J8499	Prevymis (letermovir) oral Prescription drug, oral, non chemotherapeutic, nos

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	*Description*
Z29.89	Encounter for other specified prophylactic measures
Z29.9	Encounter for prophylactic measures, unspecified

References

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2. Kotton CN, Kumar D, Manuel O, Chou S, Hayden RT, Danziger-Isakov L, Asberg A, Tedesco-Silva H, Humar A; Transplantation Society International CMV Consensus Group. The Fourth International Consensus Guidelines on the Management of Cytomegalovirus in Solid Organ Transplantation. Transplantation. 2025 Jul 1;109(7):1066-1110.
3. Li X, Zhong Y, Qiao Y, Li H, Hu X, Imani S, Zheng S, Li J. Advances and Challenges in Cytomegalovirus Detection Methods for Liver Transplant Donors. Diagnostics (Basel). 2023 Oct 26;13(21):3310.
4. National Comprehensive Cancer Network. Prevention and Treatment of Cancer-Related Infections. Version 1.2025. Available at:

https://www.nccn.org/professionals/physician_gls/pdf/infections.pdf. Accessed December 15, 2025.
5. Prevymis (letermovir) [prescribing information]. Rahway, NJ: Merck Sharp & Dohme LLC; January 2025.
6. Razonable RR, Humar A. Cytomegalovirus in solid organ transplant recipients-Guidelines of the American Society of Transplantation Infectious Diseases Community of Practice. Clin Transplant. 2019 Sep;33(9):e13512.

Clinical Guideline Revision / History Information

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