

**Request for Prior Authorization
Letemovir (Prevymis™)**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Will letemovir be co-administered with cyclosporine?

- Yes; dose does not exceed 240mg once daily
- No; dose does not exceed 480mg once daily

Does patient have concurrent therapy with any of the following? Yes No

- Pimozide; or
- Ergot alkaloids (e.g., ergotamine, dihydroergotamine); or
- Rifampin; or
- Atorvastatin, lovastatin, pitavastatin, simvastatin, or repaglinide with co-administered with cyclosporine

Does patient have severe (Child-Pugh Class C) hepatic impairment (provide score)?

- Yes No Score: _____

Is patient established on medication?

- Yes; provide therapy start date: _____
- No

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.