

Prevymis (Letermovir)

EXCEPTION DRUG STATUS (EDS) REQUEST FORM

Fax: (204) 942-2030 or 1-877-208-3588

Prescriber Name:	Fax Number:
	Phone Number:
Prescriber Address:	Prescriber License Number (NOT Billing Number):

Patient's First Name:	PHIN:	MH Registration Number:
Patient's Last Name:	Patient's Date of Birth:	
Requested Medication Name and Strength:	Expected Dosing:	Expected Therapy Duration:

Please note that the maximum dosage of letermovir will not exceed 480 mg administered orally or intravenously per day. The duration of treatment will not exceed 100 days, per patient, per HSCT procedure.

Exception Drug Status (EDS) approval is only granted upon demonstration that the patient meets the coverage criteria of the EDS listing. Please provide the following details about how this patient meets the specific criteria for coverage. Manitoba Health may request additional documentation to support this EDS request.

For INITIAL Requests:
<p>Please indicate if the patient satisfies the below criteria:</p> <p>The prescriber authorizing this request is a clinician with expertise in the management of HSCT such as a medical oncologist, hematologist, or infectious disease specialist.</p> <p>For the prophylaxis therapy of cytomegalovirus (CMV) infection in adult CMV seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT), AND meeting ONE of the following criteria:</p> <ul style="list-style-type: none"> Umbilical cord blood as stem cell source, or Patient is a haploidentical recipient, or Recipient of T-cell depleted grafts, or Recipient treated with antithymocyte globulin (ATG) for conditioning, or Recipient requiring high-dose steroids (defined as the use of greater than or equal to 1 mg/kg/day of prednisone or equivalent dose of another corticosteroid) or other immunosuppression for acute graft versus host disease (GVHD), or Recipient treated with ATG for steroid-refractory acute GVHD treatment, or Recipient with documented history of CMV disease prior to transplantation. <p>OR</p> <ul style="list-style-type: none"> None of the above criteria applies. <p>Relevant additional information:</p> <p style="margin-left: 40px;">Patient has an undetectable CMV viremia level at baseline. Date: _____ Level: _____</p> <p>Date of HSCT: _____</p> <p>I have discussed with the patient that the purpose of releasing their information to Manitoba Health, Seniors and Long-Term Care is to obtain Exception Drug Status for prescription coverage.</p>

Prescriber Signature and Date:	
Date:	Prescriber Signature: