



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA/490613/2023
EMA/H/C/004536

Prevymis (*letermovir*)

An overview of Prevymis and why it is authorised in the EU

What is Prevymis and what is it used for?

Prevymis is an antiviral medicine used to prevent illness caused by cytomegalovirus (CMV) in adults having an allogeneic haematopoietic stem cell transplant (HSCT) or a kidney transplant.

Allogeneic haematopoietic stem cell transplantation involves using stem cells from a donor to replace the recipient's bone marrow cells to form new bone marrow that produces healthy blood cells. The medicine is used when the HSCT recipient is seropositive (has previously had a CMV infection). In patients receiving a kidney transplant, the medicine is used when the donor is seropositive..

Following CMV infection many people still have CMV in their body, but it is usually inactive and it does not cause harm. However, CMV can become active when the immune system (the body's natural defences) is weakened, such as when having a transplant.

CMV disease is rare, and Prevymis was designated an 'orphan medicine' (a medicine used in rare diseases) on 15 April 2011. Further information on the orphan designation can be found here: ema.europa.eu/medicines/human/orphan-designations/eu311849.

Prevymis contains the active substance letermovir.

How is Prevymis used?

Prevymis can only be obtained with a prescription, and treatment should be started by a doctor experienced in managing patients who have had an allogeneic haematopoietic stem cell or kidney transplant. Doctors should consider official guidance on the use of antiviral medicines when using Prevymis.

Prevymis is available as tablets to be taken by mouth and as a concentrate that is made up into a solution for infusion (drip) into a vein and given over about an hour. In patients receiving an HSCT, treatment with Prevymis is started on the day of transplantation or up to 28 days afterwards and it is continued for 100 days after the transplantation; treatment up to 200 days may be considered in some patients. For patients receiving a kidney transplant, Prevymis is started on the day of transplantation or up to 7 days afterwards, and it is continued for 200 days after the transplantation.

For more information about using Prevymis, see the package leaflet or contact your doctor or pharmacist.

Official address Domenico Scarlattilaan 6 • 1083 HS Amsterdam • The Netherlands

Address for visits and deliveries Refer to www.ema.europa.eu/how-to-find-us

Send us a question Go to www.ema.europa.eu/contact **Telephone** +31 (0)88 781 6000

An agency of the European Union



© European Medicines Agency, 2024. Reproduction is authorised provided the source is acknowledged.

How does Prevmis work?

For CMV to multiply, its genetic material (DNA) needs to be copied and packaged into protein shells to produce more viruses that can then infect other cells. The active substance in Prevmis, letermovir, blocks a virus enzyme called terminase. Terminase is involved in packaging the DNA in the protein shells of the virus. By blocking the enzyme, the medicine prevents viruses from developing properly, so that CMV cannot multiply and infect other cells. This can prevent CMV disease in HSCT recipients who are CMV-seropositive, and in people receiving a kidney from a CMV-seropositive donor.

What benefits of Prevmis have been shown in studies?

A main study involving 570 CMV seropositive adults found Prevmis was more effective than placebo (a dummy treatment) in preventing CMV infection after allogeneic HSCT. Of the patients receiving Prevmis, about 38% (122 out of 325) had signs of CMV becoming active 24 weeks (around 100 days) after the stem cell transplant compared with 61% of the patients (103 out of 170) receiving placebo. An additional study showed that this effect was maintained up to week 28 (around 200 days) after the transplant. Another main study involving 589 patients showed that Prevmis was effective in preventing CMV disease in seronegative adults receiving a kidney from a seropositive donor. One year after the transplant, about 10% of patients (30 out of 289) given Prevmis had signs of active CMV disease, compared with 12% of patients (35 out of 297) given the comparator medicine valganciclovir.

What are the risks associated with Prevmis?

For the full list of side effects and restrictions with Prevmis, see the package leaflet.

The most common side effects with Prevmis (which may affect up to 1 in 10 people) include nausea (feeling sick), diarrhoea and vomiting. Prevmis must not be used together with certain medicines because doing so can affect the way either Prevmis or the other medicine works, reducing their effects or leading to side effects.

Why is Prevmis authorised in the EU?

Prevmis is effective in preventing CMV from becoming active and causing disease in adult recipients of a stem cell transplantation to replace the bone marrow or in those who received a kidney transplant. It has few side effects, unlike other medicines used for the treatment of CMV disease which can damage bone marrow and affect blood cells. The European Medicines Agency therefore decided that Prevmis's benefits are greater than its risks and it can be authorised for use in the EU.

What measures are being taken to ensure the safe and effective use of Prevmis?

Recommendations and precautions to be followed by healthcare professionals and patients for the safe and effective use of Prevmis have been included in the summary of product characteristics and the package leaflet.

As for all medicines, data on the use of Prevmis are continuously monitored. Side effects reported with Prevmis are carefully evaluated and any necessary action taken to protect patients.

Other information about Prevmis

Prevmis received a marketing authorisation valid throughout the EU on 8 January 2018.

Further information on Prevymis can be found on the Agency's website:
ema.europa.eu/medicines/human/EPAR/prevymis.

This overview was last updated in 11-2023.