Generic Name: maribavir

Applicable Drugs: Livtencity®

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/1/2024

Date Last Reviewed / Revised: 7/1/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

I. Documented diagnosis of CMV infection following hematopoietic stem cell transplant or solid organ transplant and must meet all criteria listed:
   A. Prior treatment with first line anti-CMV treatment and one of the following i or ii are met:
      i. Treatment failure (defined as failure to achieve a more than 1-log10 decrease in CMV DNA) after 14 days on valganciclovir/ganciclovir and foscarnet/cidofovir AND meets 1 and 2:
         1. There are no issues related to adherence.
         2. There is documented resistance to ganciclovir or foscarnet.
      ii. Documented intolerance to ALL of the following: cidofovir, foscarnet, ganciclovir, valganciclovir.

II. Weight must be at least 35 kg.

III. Minimum age requirement: 12 years old.

IV. Treatment is prescribed by or in consultation with an infectious disease specialist or transplant service provider.

V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VI. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to all preferred products.

EXCLUSION CRITERIA

- None

OTHER CRITERIA

- Livtencity® can also be considered in post-stem cell transplant and pre-engraftment with ANC <500, if the above criteria are met.

Quantity / Days Supply Restrictions

- 120 tablets per 30 days
- If coadministered with carbamazepine: 240 tablets per 30 days
- If coadministered with phenytoin or phenobarbital: 360 tablets per 30 days

Approval Length

- **Authorization:** 8 weeks

  Re-Authorization: 8 weeks. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and the medication is effective must be provided. Documentation demonstrating susceptibility to maribavir must be provided.

References

1. Livtencity® [Prescribing Information], Lexington, MA; Takeda Pharmaceuticals; March 2024. https://content.takeda.com/?contenttype=pi&product=liv&language=eng&country=usa&documentnumber=1
2. National Institute for Health and Care Excellence. (2023). Maribavir for treating refractory cytomegalovirus infection after transplant (NICE guideline TA860). https://www.nice.org.uk/guidance/ta860