

Applicable Drugs: Livtency (maribavir)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/1/2024

Date Last Reviewed / Revised: 12/12/2025

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, valganciclovir, cidofovir, 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, hematologist, oncologist, 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

- Coadministration with ganciclovir and valganciclovir

OTHER CRITERIA

- Livtency® 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. Livtency® [Prescribing Information], Lexington, MA; Takeda Pharmaceuticals; 2024. Accessed December 12, 2025.
<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>
3. Avery RK, Alain S, Alexander BD, et al. Maribavir for Refractory Cytomegalovirus Infections With or Without Resistance Post-Transplant: Results From a Phase 3 Randomized Clinical Trial. Clin Infect Dis. 2022;75(4):690-701. doi:10.1093/cid/ciab988

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.