

<b>POLICY NAME</b>	Livtency (marivabir)	<b>POLICY #</b>	<b>3100P</b>
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## Criteria

### Coverage Criteria

- ☐ 1.1 Diagnosis of post-transplant CMV infection/disease with a history of hematopoietic stem cell transplant or solid organ transplant
- ☐ 1.2 Age 12 years or older and weighs at least 35 kg
- ☐ 1.3 Prescribed by transplant surgeon, infectious disease specialist, or oncologist
- ☐ 1.4 Documented trial and failure of at least one of the following: ganciclovir, valganciclovir, foscarnet, or cidofovir

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Livtency will not be approved concurrently with any other CMV antivirals