

POLICY NAME	Livtency (marivabir)	POLICY #	3100P
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Criteria

Coverage Criteria

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

Exclusion Criteria – Any of the following prevents coverage

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