

POLICY NAME

Livtency (marivabir)

POLICY #

3100P

Criteria

Exclusion Criteria – Any of the following prevents coverage

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

Coverage Criteria

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