

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 30, 2022

Livtency™ (maribavir)

LENGTH OF AUTHORIZATION: Up to 6 months

REVIEW CRITERIA:

- Patient must be ≥ 12 years of age and weighing ≥ 35 kg.
- Patient is a recipient of a hematopoietic stem cell or solid organ transplant.
- Patient must have a diagnosis of active cytomegalovirus (CMV) infection.
- Patient has current CMV infection refractory to anti-CMV treatment agents (ganciclovir, valganciclovir, cidofovir, or foscarnet).

CONTINUATION OF THERAPY

- Patient must continue to meet the above criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not have experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 200 mg tablets.