

**LIVTENCITY  
(maribavir)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 12 years of age and older

**Diagnosis**

Patient must have the following:

1. Cytomegalovirus (CMV) infection/disease
  - a. Post-hematopoietic stem cell transplant (HSCT) **OR** post-solid organ transplant (SOT)

**AND ONE** of the following:

1. Refractory to treatment with **ONE** of the following:
  - a. Ganciclovir
  - b. Valganciclovir
  - c. Cidofovir
  - d. Foscarnet
2. Intolerant or contraindicated to treatment with **ONE** of the following:
  - a. Ganciclovir (e.g., due to bone marrow suppression)
  - b. Valganciclovir (e.g., due to bone marrow suppression)
  - c. Cidofovir (e.g., due to having or being at high risk for nephrotoxicity)
  - d. Foscarnet (e.g., due to having or being at high risk for nephrotoxicity)

**AND ALL** of the following:

1. Patient weighs at least 35 kg (77 lbs)
2. **NO** concurrent therapy with ganciclovir or valganciclovir
3. Prescriber agrees to monitor CMV DNA levels and check for resistance if patient does not respond to treatment

**Prior - Approval Limits**

**Quantity** 672 tablets (quantity sufficient for 8 weeks)

**Duration** 12 weeks\*

\*Duration is set for 12 weeks to allow time to fill despite the quantity being for 8 weeks of therapy only

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**BlueCross  
BlueShield**

Federal Employee Program.

## **LIVTENCITY (maribavir)**

### **Prior – Approval *Renewal* Requirements**

**Age** 12 years of age and older

#### **Diagnosis**

Patient must have the following:

1. Cytomegalovirus (CMV) infection/disease
  - a. Post-hematopoietic stem cell transplant (HSCT) **OR** post-solid organ transplant (SOT)
  - b. Patient has **NOT** developed resistance to Livtency (maribavir)

**AND ALL** of the following:

1. Patient weighs at least 35 kg (77 lbs)
2. **NO** concurrent therapy with ganciclovir or valganciclovir
3. Prescriber agrees to monitor CMV DNA levels and check for resistance if patient does not respond to treatment

### **Prior - Approval *Renewal* Limits**

**Quantity** 672 tablets (quantity sufficient for 8 weeks)

**Duration** 12 weeks\* – **ONE** renewal **ONLY**

\*Duration is set for 12 weeks to allow time to fill despite the quantity being for 8 weeks of therapy only