

Policy Name:	Livtency (marivabir)	Policy #:	3100P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Livtency.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Livtency under the specialty pharmacy benefit if the following criteria are met.

Criteria

1. 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

2. Exclusion Criteria

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

3. Approval Period

- 3.1 8 week treatment regimen within a 6 month approval duration

CPT Codes

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HCPCS Codes

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References

1. Livtency [prescribing information]. Lexington, MA: Takeda Pharmaceuticals; April 2023.
2. Avery RK, Alain S, Alexander BD, et al; SOLSTICE Trial Investigators. Maribavir for refractory cytomegalovirus infections with or without resistance post-transplant: results from a phase 3 randomized clinical trial. *Clin Infect Dis.* 2022;75(4):690-701.
3. Kotton CN, Kumar D, Caliendo AM, et al. The Third International Consensus Guidelines on the Management of Cytomegalovirus in Solid-organ Transplantation. *Transplantation* 2018; 102:900.

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DISCLAIMER This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800851-3379 for verification of coverage.