

Clinical Policy Title:	maribavir
Policy Number:	RxA.720
Drug(s) Applied:	Livtencity™
Original Policy Date:	01/17/2022
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Treatment cytomegalovirus (CMV) (must meet all):

- History of allogeneic hematopoietic stem cell transplant (HSCT) or solid organ transplant (SOT);
- Disease refractory to previous treatment with valganciclovir, ganciclovir (IV), foscarnet (IV), or cidofovir (IV).

Approval Duration

All Lines of Business (except Medicare): 8 weeks

II. Continued Therapy Approval

- Member is currently receiving this medication or has met initial approval criteria, excluding manufacturer samples.

Approval Duration

All Lines of Business (except Medicare): 8 weeks

References

- Shire. A Phase 3, Multicenter, Randomized, Open-Label, Active-Controlled Study to Assess the Efficacy and Safety of Maribavir Treatment Compared to Investigator-Assigned Treatment in Transplant Recipients with Cytomegalovirus (CMV) Infections That Are Refractory or Resistant to Treatment with ganciclovir, valganciclovir, foscarnet, or cidofovir. Clinicaltrials.gov; 2021. Available at: <https://clinicaltrials.gov/ct2/show/NCT02931539>. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	12/02/2021	01/17/2022
Policy was reviewed: <ol style="list-style-type: none"> Initial Approval Criteria, I.A.7: Updated to include new diagnostic criteria Member does not have CMV disease involving the central nervous system (including the retina). References were reviewed and 	10/26/2022	01/17/2023

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

updated.		
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated approval duration verbiage. 5. References were reviewed and updated.	8/28/2024	9/13/2024
Policy was reviewed: 1. Updated and removed age and CMV DNA levels 2. Updated continuation language	2/9/2025	PENDING
Policy reviewed.	12/11/2025	12/11/2025