

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

maribavir (Livtency)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for new and current Kaiser Permanente members already taking the medication who have not been reviewed previously:

Formulary **maribavir (Livtency)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of cytomegalovirus (CMV) infection
- Prescribed by a Transplant Specialist or in consultation with a Transplant Specialist or Kaiser Infectious Disease Specialist
- The patient is 1) an adult or 2) a pediatric patient 12 years of age or older and weighs more than 35 kg (77 lbs)
- Patient has failed a trial or has an allergy or intolerance* to ganciclovir, valganciclovir, cidofovir, or foscarnet