Mass General Brigham
Health Plan

Livtencity® (maribavir)
Effective 09/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Livtencity is a cytomegalovirus (CMV) pUL97 kinase inhibitor indicated for the treatment of adults and pediatric patients (12 years of age and older and weighing at least 35 kg) with post-transplant CMV infection/disease that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir or foscarnet

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with Livtencity, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

<u>Treatment of CMV infection post-transplant</u>

1. Documented diagnosis of post-transplant cytomegalovirus (CMV) infection/disease
2. Member is a recipient of hematopoietic stem cell or solid organ transplant
3. Member is ≥ 12 years of age and weighs ≥ 35 kg
4. Physician documentation of an inadequate response or adverse reaction to TWO of the following: cidofovir, foscarnet, ganciclovir or valganciclovir

Continuation of Therapy

Reauthorizations requires physician attestation of continuation of therapy and positive response to therapy (no virological resistance to Livtencity)

Limitations

1. Initial approvals and reauthorizations will be granted for 8 weeks
2. The following quantity limits apply:

Livtencity 200mg	120 tablets per 30 days

References

1. Livtencity (maribavir) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals; November 2021.

Review History

06/22/2022 – Created and reviewed for June P&T; Effective 9/1/2022.