

Livtencity® (maribavir)
Effective 09/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
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:

Treatment of CMV infection post-transplant

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
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References

1. Livtency (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.

