

**Livtency® (maribavir)**  
**Effective 09/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**

Livtency 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 Livtency, 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  $\geq$  12 years of age and weighs  $\geq$  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 Livtency)

**Limitations**

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

Livtency 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.

