

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

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> 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

Livtency® (maribavir) is indicated for the treatment of CMV infection post-transplant that is refractory to standard treatment in adult and pediatric patients ≥ 12 years of age and who weigh ≥ 35 kg.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners 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. Appropriate diagnosis
2. Member is ≥ 12 years of age and weighs ≥ 35 kg
3. Prescriber is an infectious disease specialist or consultation notes from an infectious disease specialist are provided
4. Appropriate dosing
5. Member will not be receiving concurrent antiviral therapy with cidofovir, foscarnet, ganciclovir, or valganciclovir
6. **ONE** of the following:
 - a. Physician documented of an inadequate response or adverse reaction to ganciclovir or valganciclovir
 - b. Contraindication to cidofovir, foscarnet, ganciclovir, and valganciclovir



- c. **BOTH** of the following:
 - i. Contraindication to both ganciclovir and valganciclovir
 - ii. Physician documented of an inadequate response or adverse reaction to cidofovir or foscarnet

Continuation of Therapy

Reauthorizations requires physician documentation of continuation of therapy and positive response to therapy.

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; matched MH UPPL. Created criteria to be in compliance with Masshealth criteria. Effective 9/1/2022

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.