



**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 checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<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 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. 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 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

### 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.