Effective Date: 07/01/2022
Reviewed: 02/2022, 01/2023, 02/2024, 02/2025 Scope: Medicaid

Livtencity (maribavir)

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 8 weeks for one treatment course may be granted when all the following criteria are met:

A. Member is at least 12 years of age and weighs at least 35kg;
B. The member has a documented diagnosis of refractory cytomegalovirus (CMV) defined as CMV viremia that increases after at least 2 weeks of appropriately dosed antiviral therapy or member has one or more genetic mutations associated with resistance to ganciclovir/valganclovir, foscarnet, and/or cidofovir;
C. The member has a documented history of receiving a hematopoietic stem cell transplant (HSCT) OR a solid organ transplant (SOT);
D. The member has experienced a failure, contraindication or intolerance to all of the following agents: ganciclovir/valganciclovir, foscarnet, and cidofovir;
E. Livtencity will be used only for treatment of refractory CMV, not prophylaxis;
F. Livtencity will not be prescribed with another agent indicated for CMV;
G. The medication is prescribed by or in consultation with a provider who specializes in infectious disease, hematology or transplant;
H. Member will receive ongoing prophylaxis with conventional CMV therapy after receiving Livtencity to prevent relapse of CMV infection
I. The request is within the quantity limit of 4 tablets/day for an 8 week course of therapy
    a. If the request is exceeding the quantity limit, refer to section II for quantity limit exception criteria

II. QUANTITY LIMIT

- Livtencity 200mg tablets: 4 tablets/day
    - A quantity limit of more than 4 tablets per day for 8 weeks requires documentation that the member is on carbamazepine therapy (requiring 8 tablets per day or 800mg twice daily) or on phenytoin or phenobarbital therapy (requiring 12 tablets per day or 1200mg twice daily)

III. REFERENCES

1. Livtencity [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; March 2024.