UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1378-2
Program	Prior Authorization/Notification
Medication	Livtencity (maribavir)
P&T Approval Date	2/2022, 2/2023
Effective Date	5/1/2023; Oxford only: 5/1/2023

1. Background:

Livtencity is a cytomegalovirus (CMV) pUL97 kinase inhibitor indicated in adults and pediatric patients (12 years of age and older and weighing at least 35 kg) for the treatment of post-transplant CMV infection/disease that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir, or foscarnet.

2. Coverage Criteria[a]:

A. <u>Authorization</u>

1. **Livtencity** will be approved based on the following criterion:

   a. Diagnosis of post-transplant cytomegalovirus (CMV) infection or CMV disease.

   -AND-

   b. CMV infection or disease is refractory to treatment (with or without genotypic resistance) to **<u>one</u>** of the following:

      (1) Ganciclovir
      (2) Valganciclovir
      (3) Cidofovir
      (4) Foscarnet

   -AND-

   c. Patient is not receiving **Livtencity** in combination with ganciclovir or valganciclovir.

Authorization will be issued for 2 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Livtencity [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; September 2022.

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Change Control	
2/2022	New program.
2/2023	Annual review. Added state mandate and updated reference.