

## PHARMACY POLICY STATEMENT North Carolina Marketplace

<b>DRUG NAME</b>	<b>Livtency (maribavir)</b>
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Livtency is a cytomegalovirus pUL97 kinase inhibitor initially approved by the FDA in November 2021. It is the first medication for the treatment of refractory post-transplant CMV with or without genotypic resistance. Livtency was evaluated in the SOLSTICE Phase 3 clinical trial, where 56% [95% CI 22.80–42.74]; p<0.001] achieved CMV viremia clearance by the end of week 8. Livtency is not FDA-approved in patients with human immunodeficiency virus (HIV) or other nontransplant populations, nor is it approved for prophylaxis of CMV infection.

Livtency (maribar) will be considered for coverage when the following criteria are met:

### Post-Transplant CMV Infection

For **initial** authorization:

1. Member is at least 12 years of age and weigh at least 35 kg; AND
2. Medication must be prescribed by or in consultation with an infectious disease specialist, hematologist, or transplant specialist; AND
3. Member has documentation of previous hematopoietic stem cell transplant (HSCT) or solid organ transplant (SOT); AND
4. Member has documentation of CMV infection, as evidenced by CMV DNA of  $\geq 2730$  IU/mL in whole blood or  $\geq 910$  IU/mL in plasma;
5. Member has a previous 14 day trial and inadequate response to at least one of the following: ganciclovir, valganciclovir, cidofovir or foscarnet; AND
6. Member will not be using with ganciclovir or valganciclovir.
7. **Dosage allowed/Quantity limit:** 400mg twice daily. Quantity Limit: 112 tablets per 28 days.

***If all the above requirements are met, the medication will be approved for 8 weeks.***

For **reauthorization**:

1. Medication will not be reauthorized.

**CareSource considers Livtency (maribavir) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
01/07/2022	New policy for Livtency created.
06/20/2023	Changed from medical benefit to pharmacy benefit.

References:

Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource.

1. Livtency (maribavir) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals America, Inc; 04/2023.
2. Del Pozo Martín Y. 47th Annual Meeting of the EBMT. *Lancet Haematol*. 2021 May;8(5):e317-e318.
3. Razonable RR, et al. Cytomegalovirus in solid organ transplant recipients—Guidelines of the American Society of Transplantation Infectious Diseases Community of Practice. *Clin Transplant*. 2019;33(9):e13512
4. Robin K et al, Maribavir for Refractory Cytomegalovirus Infections With or Without Resistance Post-Transplant: Results from a Phase 3 Randomized Clinical Trial. *Clinical Infectious Diseases*, 2021;ciab988, <https://doi.org/10.1093/cid/ciab988>

Effective date: 10/01/2023

Revised date: 06/20/2023