



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

MARIBAVIR

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
MARIBAVIR	LIVTENCITY	47687		GPI-10 (1220005000)	

**GUIDELINES FOR USE**

- Does the patient have a diagnosis of post-transplant cytomegalovirus (CMV) infection and meet **ALL** of the following criteria?
  - The patient is 12 years of age or older
  - The patient is refractory to prior therapy with ganciclovir, valganciclovir, cidofovir or foscarnet

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**  
If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **MARIBAVIR (Livtency)** requires the following rule(s) be met for approval:

- You have a post-transplant cytomegalovirus (CMV) infection (a type of viral infection)
- You are 12 years of age or older
- You are refractory to prior therapy with ganciclovir, valganciclovir, cidofovir or foscarnet

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Livtency.

**REFERENCES**

- Livtency [Prescribing Information]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; November 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 12/10/21

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Client Approval:

P&T Approval: 10/21