

SAMPLE LETTER OF MEDICAL NECESSITY FOR LIVTENCITY™ (maribavir)

<Physician Letterhead>

<Date>

<Health Plan Name>

Attn: <Department>

<Medical/Pharmacy Director Name>

<Health Plan Address>

<City, State, Zip>

<Patient Name>

<Patient Date of Birth>

<Member ID/Case ID>

<Provider ID>

RE: <EXPEDITED REVIEW REQUEST:> Letter of Medical Necessity for LIVTENCITY™ (maribavir)

Dear [MEDICAL DIRECTOR or PHARMACY DIRECTOR'S NAME],

LIVTENCITY was approved by the US FDA in November 2021 and is indicated for the treatment of adults and pediatric patients (12 years of age and older and weighing at least 35 kg) with post-transplant cytomegalovirus (CMV) infection/disease that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir or foscarnet.

I am writing this letter on behalf of my patient, [Patient Name]. We are requesting coverage for LIVTENCITY [insert appropriate diagnosis and ICD-10 code], as I believe it is the most appropriate treatment for my patient at this time. This letter provides the clinical rationale and my patient's medical and treatment history that is relevant to this request.

Patient diagnosis and medical history

[Patient Name] is a/an [age]-year-old [male/female] who has been diagnosed with [insert appropriate diagnosis] as of [date of diagnosis] following a [transplant type] received on [date of transplant].

Treatment plan

In my clinical opinion, [Patient Name] would benefit from treatment with LIVTENCITY for the following reasons:

[List rationale for treatment, viral load lab values, symptoms, previous treatments, etc.]

[If appropriate] I have reviewed your formulary for the treatment of [insert appropriate diagnosis] and [summarize why the formulary-preferred drugs are not appropriate for the patient].

Summary

As stated above, I believe LIVTENCITY to be an appropriate clinical option for my patient at this time. I have attached relevant lab values and medical records to support my decision. If you have any further questions regarding this matter, please contact me at [physician's phone number] or via email at [physician's email]. Thank you for your time and consideration.

Sincerely,

[Physician's Signature]

Enclosures

[List of attachments – eg, lab tests, medical records, LIVTENCITY Prescribing Information, or other supporting documentation.]