Cigna National Formulary Coverage Policy



Effective Date	2/1/2023
Next Review Date	2/1/2024

Drug Quantity Management – Per Days Infectious Disease – Livtencity[™] (maribavir tablets)

Table of Contents

National Formulary Medical Necessity	. 1
Conditions Not Covered	.2
Background	. 2
References	
Revision History	.2

Product Identifier(s)

Effective 1/1/23 to 4/11/23: 109807

Effective 4/12/23: 100751

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Livtencity. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 8 weeks, unless otherwise noted below.

Drug Quantity Limit

Product	Strength	Retail Maximum Quantity per 28 Days	Home Delivery Maximum Quantity per 56 Days
Livtencity [™] (maribavir tablets)	200 mg tablets	112 tablets*	224 tablets*

^{*}This is enough drug to allow for two 200 mg tablets twice daily for 28 days at retail or 56 days at home delivery.

Cigna covers quantities as medically necessary when the following criteria are met:

- 1. If an individual is taking carbamazepine concomitantly with Livtencity, approve 224 tabletsper 28 days for up to 8 weeks (56 days) at retail or a one-time override for 448 tablets as a 56-day supply at home delivery.
- 2. If an individual is taking phenytoin or phenobarbital concomitantly with Livtencity, approve 336 tablets per 28 days for up to 8 weeks (56 days) at retail or a one-time override for 672 tablets as 56-day supply at home delivery.

Conditions Not Covered

Any other exception is considered not medically necessary, including the following:

Background

Overview

Indication

Livtencity, an antiviral, is indicated for the treatment of adult and pediatric patients (≥ 12 years of age and weighing ≥ 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.¹

Dosing

The recommended dose of Livtencity is 400 mg (two 200 mg tablets) taken twice daily (BID) with or without food.¹ The dose of Livtencity should be increased to 800 mg BID in patients who are also taking carbamazepine; and to 1,200 mg BID in patients who are also taking phenytoin or phenobarbital. In pivotal studies, Livtencity was used for up to 8 weeks.

Availability

Livtencity is available as 200 mg tablets, in bottles of 28 or 56 tablets.1

References

1. Livtencity™ tablets [prescribing information]. Lexington, MA: Takeda: September 2022.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	Policy was updated to include the existing quantity limits when the product is obtained via home delivery.	12/07/2022
	Home delivery quantity limit changed to 224 tablets per 56 days; previously, the limit was 336 tablets per 84 days.	

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