Drug Coverage Policy

Effective Date.....7/15/2026
Coverage Policy Number.....IP0394
Policy Title.....Livtencity

Infectious Disease – Livtencity

- Livtencity™ (maribavir tablets - Takeda)

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. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. 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.

OVERVIEW

Livtencity, a protein kinase inhibitor, is indicated for the treatment of **post-transplant cytomegalovirus (CMV) infection/disease** that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir, or foscarnet in patients ≥ 12 years of age (weighing ≥ 35 kg).[1] Co-administration of Livtencity with ganciclovir or valganciclovir is not recommended; Livtencity may antagonize the antiviral activity of these agents.

Disease Overview
CMV infection is a common complication of hematopoietic-cell and solid-organ transplantation and is associated with increased morbidity and mortality.[2] The available antiviral agents (valganciclovir tablets or oral solution, ganciclovir injection, cidofovir injection, and foscarnet injection) are effective but use is limited by their toxic effects. In addition, approximately 5% to 14% of transplant recipients develop infection with drug-resistant CMV, which is associated with poor outcomes.

Clinical Efficacy
In the pivotal study (SOLSTICE), patients were treated with Livtencity (or another medication) for up to 8 weeks.[1] However, in clinical practice, CMV treatment does not follow a fixed duration and is usually continued until resolution of CMV DNAemia on 1 or 2 consecutive weekly CMV polymerase chain reactions (PCRs).[4] Furthermore, resistant and refractory CMV infections can occur; resistant CMV infection is defined as detection of a known viral genetic mutation(s) that decrease susceptibility to one or more anti-CMV medications, whereas refractory CMV is characterized by persistent signs and symptoms of CMV disease or persistent CMV DNAemia.[3] Finally, some patients may experience disease relapse. Refractory or relapsed CMV disease may all warrant treatment past 8 weeks. Monitoring CMV viral load is important for identifying cure or the emergence of possible resistance. CMV viral loads are often drawn at weekly intervals.

Coverage Policy

Livtencity is considered medically necessary when the following criteria are met:

FDA-Approved Indication

1. **Cytomegalovirus Infection – Treatment.** Approve for 2 months if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy: Patient meets ALL of the following (i, ii, iii, iv, v, and vi):
     - i. Patient is ≥ 12 years of age; AND
     - ii. Patient weighs ≥ 35 kg; AND
     - iii. Patient is post-transplant; AND
       Note: This includes patients who are post- hematopoietic stem cell transplant or solid organ transplant.
     - iv. Patient meets ONE of the following (a or b):
       - a) Patient has cytomegalovirus infection/disease that is refractory to treatment with at least one of the following: cidofovir, foscarnet, ganciclovir, or valganciclovir; OR
       - b) Patient has significant intolerance to ganciclovir or valganciclovir; AND
     - v. The medication is not prescribed in conjunction with ganciclovir or valganciclovir; AND
     - vi. The medication is prescribed by or in consultation with a hematologist, infectious diseases specialist, oncologist, or a physician affiliated with a transplant center.
   - **B)** Patient is Currently Receiving Livtencity: According to the prescriber, patient has responded to Livtencity as demonstrated by cytomegalovirus polymerase chain DNA laboratory results within the past 4 weeks demonstrating improvement in cytomegalovirus levels.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Livtencity for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

References

1. Livtencity™ tablets [prescribing information]. Lexington, MA: Takeda; November 2025.
2. Maertens J, Cordonnier C, Jaksch P, et al. Maribavir for preemptive treatment of cytomegalovirus reactivation. *N Engl J Med*. 2019;381:1136-1147.
3. Kotton CN and Kamar N. New insights on CMV management in solid organ transplant patients: prevention, treatment, and management of resistant/refractory disease. *Infect Dis Ther* 2022; 12(2): 333 – 342.
4. Kotton CN, Kumar D, Manuel O, et al. The fourth international consensus guidelines on the management of cytomegalovirus in solid organ transplantation. *Transplantation* 2025; 1-45.

Revision Details

Summary of Changes	Review Date	Effective Date
Cytomegalovirus Infection – Treatment. • This policy now applies to Individual and family plans. **Added** a weight restriction (≥ 35 kg) aligned to the FDA labeled indication. **Updated** the ganciclovir resistance statement to intolerance to ganciclovir or valganciclovir. **Added** a restriction prohibiting concurrent use of Livtencity with ganciclovir or valganciclovir.	4/25/2024	07/01/2024
No criteria changes.	1/16/2025	3/15/2025
Cytomegalovirus Infection – Treatment: Approval for 2 months was added for a patient currently receiving Livtencity, if, according to the prescriber, the patient has responded to Livtencity, as demonstrated by cytomegalovirus polymerase chain DNA laboratory results within the past 4 weeks, demonstrating improvement in cytomegalovirus levels.	6/1/2025	07/01/2025
No criteria changes.	5/21/2026	7/15/2026

The policy effective date is in force until updated or retired.

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