PRIOR AUTHORIZATION POLICY

POLICY: Infectious Disease – Livtencity Prior Authorization Policy
- Livtencity™ (maribavir tablets – Takeda)

REVIEW DATE: 12/06/2023

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.

CIGNA NATIONAL FORMULARY COVERAGE:

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. In the pivotal study (SOLSTICE), patients were treated with Livtencity (or another medication) for up to 8 weeks.

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.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Livtencity. All approvals are provided for the duration noted below. In cases where the approval

is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Livtencity as well as the monitoring required for adverse events and long-term efficacy, approval requires Livtencity to be prescribed by or in consultation with a physician who specializes in the condition being treated.

- **Livtencity™ (maribavir tablets (Takeda)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Cytomegalovirus Infection – Treatment.** Approve for 2 months if the patient meets the following (A, B, C, D, E, and F):
   - **A)** Patient is ≥ 12 years of age; AND
   - **B)** Patient weighs ≥ 35 kg; AND
   - **C)** Patient is post-transplant; AND
     Note: This includes patients who are post- hematopoietic stem cell transplant or solid organ transplant.
   - **D)** Patient meets one of the following (i or ii):
     - **i.** Patient has cytomegalovirus infection/disease that is refractory to treatment with at least one of the following: cidofovir, foscarnet, ganciclovir, or valganciclovir; OR
     - **ii.** Patient has significant intolerance to ganciclovir or valganciclovir; AND
   - **E)** The medication is not prescribed in conjunction with ganciclovir or valganciclovir; AND
   - **F)** The medication is prescribed by or in consultation with a hematologist, infectious diseases specialist, oncologist, or a physician affiliated with a transplant center.

CONDITIONS NOT COVERED

- **Livtencity™ (maribavir tablets (Takeda)**

is(are) considered experimental, investigational or unproven for ANY other use(s).

REFERENCES

1. Livtencity™ tablets [prescribing information]. Lexington, MA: Takeda; April 2023.
2. Maertens J, Cordonnier C, Jaksch P, et al. Maribavir for preemptive treatment of cytomegalovirus reactivation. *N Engl J Med*. 2019;381:1136-1147.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	11/30/2022

Annual Revision	No criteria changes.	12/06/2023