



## DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

- POLICY:** Infectious Disease – Livtency Drug Quantity Management Policy – Per Days
- Livtency™ (maribavir tablets – Takeda)

**REVIEW DATE:** 12/13/2024

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### **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 AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. 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**

#### **Indication**

Livtency, an antiviral, is indicated for the treatment of adult and pediatric patients ( $\geq 12$  years of age and weighing  $\geq 35$  kg) with **post-transplant cytomegalovirus (CMV) infection/disease** that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir, or foscarnet.<sup>1</sup>

#### **Dosing**

The recommended dose of Livtency is 400 mg (two 200 mg tablets) taken twice daily (BID) with or without food.<sup>1</sup> The dose of Livtency 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, Livtency was used for up to 8 weeks.

#### **Availability**

Livtency is available as 200 mg tablets, in bottles of 28 or 56 tablets.<sup>1</sup>

## POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Livtency. 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
Livtency™ (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.

**Infectious Disease - Livtency Drug Quantity Management Policy - Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.**

## CRITERIA

1. If a patient is taking carbamazepine concomitantly with Livtency, approve 224 tablets per 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 a patient is taking phenytoin or phenobarbital concomitantly with Livtency, 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.

## REFERENCES

1. Livtency™ tablets [prescribing information]. Lexington, MA: Takeda: March 2024.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	12/13/2023
Annual Revision	No criteria changes.	12/13/2024

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