

POLICY: Human Immunodeficiency Virus – Sunlenca Prior Authorization Policy

- Sunlenca® (lenacapavir subcutaneous injection – Gilead)

EFFECTIVE DATE: 5/15/2023

LAST REVISION DATE: 09/16/2024

COVERAGE CRITERIA FOR: All Aspirus Medicare Plans

OVERVIEW

Sunlenca, a human immunodeficiency virus-1 (HIV-1) capsid inhibitor, is indicated in combination with other antiretroviral(s) for the treatment of **multidrug resistant HIV-1 infection** in heavily treatment-experienced adults failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.¹ Of note, Sunlenca is also available as tablets which are not addressed in this policy.

Clinical Efficacy

The efficacy of Sunlenca was evaluated in one Phase II/III, randomized, double-blind, placebo-controlled, multicenter, pivotal study in patients with multidrug resistant HIV-1.² Eligible patients had documented resistance to two or more agents from three of four main antiretroviral classes (nucleoside reverse transcriptase inhibitor [NRTI], non-nucleoside reverse transcriptase inhibitor [NNRTI], protease inhibitor, and integrase strand-transfer inhibitor [INSTI]) and two or fewer active antiretrovirals from the four main classes that could be effectively combined for optimized background therapy.

Dosing

Initial treatment with Sunlenca has two scheduling options. Option 1: Two subcutaneous (SC) injections (927 mg) and two tablets (600 mg) on Day 1, then two tablets (600 mg) on Day 2. Option 2: Two tablets (600 mg) on Days 1 and 2, one tablet (300 mg) on Day 8, and two SC injections (927 mg) on Day 15. For either option, maintenance treatment begins 26 weeks (\pm 2 weeks) after the initial dosing regimen is completed and continues as two SC injections (927 mg) once every 6 months (Q6M). Injections are given by a healthcare provider. Missed dose. During the maintenance period, if > 28 weeks have elapsed since the last injection and if clinically appropriate to continue Sunlenca treatment, restart the initiation dosage regimen from Day 1 using either Option 1 or Option 2.

Guidelines

According to the Department of Health and Human Services Guidelines (February 27, 2024) for the use of antiviral agents in adults and adolescents with HIV infection, treatment-experienced patients with ongoing detectable viremia who lack sufficient treatment options to construct a

fully suppressive regimen may be candidates for Trogarzo® (ibalizumab-uiyk intravenous infusion), Rukobia™ (fostemsavir extended-release tablets), or Sunleca.⁴ Patients who continue to have detectable viremia and who lack sufficient treatment options to construct a fully suppressive regimen may also be candidates for research studies or expanded access programs, or they may qualify for single-patient access to an investigational new drug as specified in FDA regulations. The goal of therapy is viral resuppression, if possible; otherwise, to keep the viral load as low as possible and CD4 T-cell count as high as possible. The CD4 T-cell count is used to assess a patient's immunologic response to treatment. CD4 T-cell count is recommended to be monitored at entry into care, when switching or modifying ARVs, and then every 3, 6, or 12 months depending on CD4 T-cell count and the duration of viral suppression. The CD4 T-cell count response to ARV therapy varies widely, but a poor CD4 T-cell response in a patient with viral suppression is rarely an indication for modifying a treatment regimen. For people with multidrug-resistant HIV-2, Trogarzo and Sunleca may be considered based on *in vitro* data. Optimal treatment strategies for individuals with HIV-2 are not defined.

The International Antiviral Society-USA (December 2022) provides some guidance on patients with viral failure; Sunleca is mentioned in patients with INSTI resistance as a product under FDA review.⁵ Management of INSTI resistance can be difficult and guidance from an expert in HIV drug resistance is recommended for selection of the optimal regimen. If INSTI resistance is relatively limited, and a new regimen is to include an INSTI, dolutegravir should be administered twice daily. The regimen should also include at least one, and preferably two other fully active drugs, optimally from drug classes not previously used. Therapies may include Rukobia, Sunleca, Selzentry® (maraviroc tablets, generic and oral solution), Trogarzo, or Fuzeon® (enfuvirtide SC injection).

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Sunleca. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). 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 Sunleca as well as the monitoring required for adverse events and long-term efficacy, approval requires Sunleca to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Sunleca is recommended in those who meet the following criteria:

FDA-Approved Indication

1. Human Immunodeficiency Virus (HIV)-1 Infection, Treatment. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, and v):

i. Patient is ≥ 18 years of age; AND

ii. According to the prescriber, the patient is failing a current antiretroviral regimen for HIV; AND

iii. According to the prescriber, the patient has resistance to two or more agents from at least THREE of the following antiviral classes (a, b, c, d):

a) Nucleoside reverse transcriptase inhibitor;

Note: Examples of nucleoside reverse transcriptase inhibitors include abacavir, didanosine, emtricitabine, lamivudine, stavudine, tenofovir disoproxil fumarate, tenofovir alafenamide, zidovudine.

b) Non-nucleoside reverse transcriptase inhibitor;

Note: Examples of non-nucleoside reverse transcriptase inhibitors include delavirdine, efavirenz, etravirine, nevirapine, nevirapine XR, rilpivirine.

c) Protease inhibitor;

Note: Examples of protease inhibitors include atazanavir, darunavir, fosamprenavir, indinavir, nelfinavir, ritonavir, saquinavir, tipranavir.

d) Integrase strand transfer inhibitor; AND

Note: Examples of integrase strand transfer inhibitors include raltegravir, dolutegravir, elvitegravir.

iv. The medication will be taken in combination with an optimized antiviral background regimen including one or more other antiretroviral agents; AND

v. The medication is prescribed by or in consultation with a physician who specializes in the treatment of HIV infection.

B) Patient is Currently Receiving Sunleca. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. The medication will continue to be taken in combination with an optimized antiviral background regimen including one or more other antiretroviral agents; AND

ii. Patient has responded to a Sunleca-containing regimen, as determined by the prescriber.

Note: Examples of a response are HIV RNA < 50 cells/mm³, HIV-1 RNA ≥ 0.5 log₁₀ reduction from baseline in viral load, improvement or stabilization of CD4 T-cell count.

Dosing. Approve an initial dose of 927 mg subcutaneously one time, and maintenance dose of 927 mg subcutaneously every 6 months (\pm 2 weeks from the date of the last injection).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Sunleca is not recommended in the following situations:

- 1. Pre-Exposure Prophylaxis (PrEP) of Human Immunodeficiency Virus (HIV).** Sunleca is not approved for this indication; however, it is under investigation in two Phase III, unpublished, and ongoing clinical trials for PrEP (PURPOSE 1 and PURPOSE 2).^{7,8}
- 2. Human Immunodeficiency Virus (HIV), Use in Treatment-Naïve Patients.** Sunleca is not approved for this indication; however, it is under investigation in one Phase II ongoing clinical trial in treatment-naïve adults with HIV-1 (CALIBRATE).³
- 3.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Sunleca® tablets and subcutaneous injection [prescribing information]. Foster City, CA: Gilead; December 2022.
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3. Gupta SK, Berhe M, Crofoot G, et al. Lenacapavir administered every 26 days or daily in combination with oral daily antiretroviral therapy for initial treatment of HIV: a randomized open-label, active-controlled, phase 2 trial. *Lancet HIV.* 2023;10:e15-e23.
Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in adults and adolescents with HIV. Department of Health and Human Services. Last Updated: February 24, 2024. Available at: clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf. Accessed on: July 10, 2024.
5. Gandhi RT, Bedimo R, Hoy JF, et al. Antiretroviral drugs for treatment and prevention of HIV infection in adults 2022 recommendations of the International Antiviral Society–USA Panel. *JAMA.* 2023;329(1):63-84.
6. Smith RA, Raugi DN, Nixon RS, et al; on behalf of the University of Washington-Senegal HIV-2 Study Group. Antiviral activity of lenacapavir against HIV-2 isolates and drug resistant HIV-2 mutants. *J Infect Dis.* 2023 Dec 7. [Epub ahead of print].
7. Gilead Sciences. Pre-exposure prophylaxis study of lenacapavir and emtricitabine/tenofovir alafenamide in adolescent girls and young women at risk of HIV

infection (PURPOSE 1). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2023 Dec 19]. Available at: <https://classic.clinicaltrials.gov/ct2/show/NCT04994509>. NLM Identifier: NCT049945091.

8. Gilead Sciences. Study of lenacapavir for HIV pre-exposure prophylaxis in people who are at risk for HIV infection (PURPOSE 2). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2023 Dec 19]. Available at: <https://www.clinicaltrials.gov/study/NCT04925752>. NLM Identifier: NCT04925752.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	01/04/2023
Selected Revision	<p>Human Immunodeficiency Virus (HIV)-1 Infection, Treatment: Dosing was updated to approve an initial dose of 927 mg subcutaneously one time and a maintenance dose of 927 mg every 6 months (\pm 2 weeks from the date of the last injection). Previously, two dosing options were provided: an initial dose of 927 mg subcutaneously one time (Day 1), and maintenance dose of 927 mg subcutaneously every 6 months (26 weeks) from the date of the last injection \pm 2 weeks; OR an initial dose of 927 mg two times (Day 1 and Day 15), and maintenance dose of 927 mg subcutaneously every 6 months (26 weeks) from the date of the last injection \pm 2 weeks.</p>	04/12/2023
Annual Revision	No criteria changes.	01/03/2024
Selected Revision	<p>Human Immunodeficiency Virus-1 Infection. <u>Patient is Currently Receiving Sunleca:</u> The note with examples of a response to a Sunleca-containing regimen was updated to add improvement or stabilization in CD4 T-cell count.</p>	07/17/2024
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/16/2024