Effective Date **6/15/2023**
Next Review Date… **6/15/2024**
Coverage Policy Number **IP0546**

Lenacapavir

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Related Coverage Resources

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.

Overview

This policy supports medical necessity review for lenacapavir (Sunlenca) subcutaneous injection and tablets.

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

Initial Approval Criteria

Lenacapavir (Sunlenca) subcutaneous injection and tablets is considered medically necessary for the treatment of Human Immunodeficiency Virus (HIV) infection when the individual meets ALL of the following criteria:

1. 18 years of age or older
2. History of multi-drug resistant Human Immunodeficiency Virus
3. Medication will be taken in combination with other antiviral agents

4. Medication is prescribed by, or in consultation with, a physician who specializes in the treatment of HIV infection

   Dosing for Sunlenca subcutaneous injection. The recommended dose of Sunlenca subcutaneous injection for the treatment of HIV infection is **ONE** of the following
   1. 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 ± 2 weeks
   2. Initial dose of 927 mg subcutaneously one time (Day 15), and maintenance dose of 927 mg subcutaneously every 6 months (26 weeks) from the date of the last injection ± 2 weeks

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.

Continuation of Therapy

Continuation of lenacapavir (Sunlenca) subcutaneous injection and tablets is considered medically necessary for the treatment of HIV infection when initial criteria are met AND beneficial response is demonstrated.

Authorization Duration

Initial approval duration: up to 12 months
Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

1. **Pre-Exposure Prophylaxis (PrEP) of Human Immunodeficiency Virus (HIV).** Sunlenca 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).[2]

2. **Human Immunodeficiency Virus (HIV), Treatment in Treatment-Naïve Patients.** Sunlenca is under investigation; however it is under investigation in one Phase II, unpublished, and ongoing clinical trial in treatment-naïve adults with HIV-1 (CALIBRATE).[3]

Coding Information

1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
C9399	Unclassified drugs or biologicals (Code effective until 06/30/2023)
J1961	Injection, lenacapavir, 1 mg (Code effective 07/01/2023)
J3490	Unclassified drugs (Code effective until 06/30/2023)

Background

OVERVIEW
Sunlenca, a human immunodeficiency virus type 1 (HIV-1) capsid inhibitor, is indicated in combination with other antiretroviral(s) for the treatment of HIV-1 infection in heavily treatment-experienced adults with **multidrug resistant HIV-1 infection** failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.[1]

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.

Guidelines
Sunlenca is not addressed as an approved agent in guidelines.[4,5] According to the Department of Health and Human Services Guidelines for the use of antiretroviral s in adults and adolescents with HIV (January 20, 2022), in patients with multidrug resistance without fully active antiretroviral options, consensus on optimal management is lacking.[4] Virologic suppression remains the goal of treatment; however, if it cannot be achieved, the goals are to preserve immune function, prevention clinical progression, and minimize the development of further resistance that may compromise future regimens. The Guidelines note that that even partial virologic suppression of HIV-1 RNA to > 0.5 $\log_{10}$ copies/mL from baseline correlates with clinical benefit. There is evidence that continuing antiretroviral therapy even in the presence of viremia and the absence of CD4+ count increases reduces the risk of disease progression. Additional data suggest that even modest reductions in HIV-1 RNA levels continue to confer immunologic and clinical benefits. In general, adding a single, fully active antiretroviral to the regimen is not recommended because of the risk of rapid development of resistance. Patients with ongoing detectable viremia who lack sufficient treatment options to construct a fully suppressive regimen are noted to be candidates for Trogarzo® (ibalizumab-uiyk intravenous injection) and/or Rukobia™ (fostemsavir extended-release tablets). Sunlenca is only mentioned as an agent in clinical trials, but not approved.

The International Antiviral Society-USA (December 2022) provides some guidance on patients with viral failure; Sunlenca 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, Sunlenca (currently under FDA review), Selzentry® (maraviroc tablets, generic and oral solution), Trogarzo, or Fuzeon® (enfuviritide SC injection).

References

1. Sunlenca® tablets and subcutaneous injection [prescribing information]. Foster City, CA: Gilead; December 2022.
2. Segal-Maurer S, DeJesus E, Stelbrinka HJ; for the CAPELLA Study Investigators. Capsid inhibition with lenacapavir in multidrug-resistant HIV-1 infection. *N Engl J Med.* 2022; 1793-1803.
3. Gupta SK, Sims J, Brinson C, et al. Lenacapavir as part of a combination regimen in treatment-naïve people with HIV: Week 54 results [poster]. Presented at: CROI 2022; Virtual Event; February 12-16, 2022.
4. 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: September 21, 2022. https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf. Accessed December 26, 2022.

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.* [Epub ahead of Print Dec 1, 2022].