Effective Date: 7/1/2023
Reviewed: 3/23, 3/24 Pharmacy Scope: Medicaid Medical Scope: Medicaid, Commercial, Medicare-Medicaid Plan

SUNLENCA (lenacapavir)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Sunlenca, a human immunodeficiency virus type 1 (HIV-1) capsid inhibitor, in combination with other antiretroviral(s), is indicated 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.

All other indications are considered experimental/investigational and not medically necessary.

II. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with an infectious disease specialist who specializes in the treatment of HIV infection.

III. CRITERIA FOR INITIAL APPROVAL

Authorization of 6 months may be granted for treatment of HIV-1 when all of the following criteria are met:

A. Patient has heavily treated multi-drug resistant disease, confirmed by resistance testing, to at least two drugs in at least three classes (see table below); **AND**

B. Patient has a baseline viral load ≥ 400 copies/mL; **AND**

C. Patient is failing on their current anti-retroviral regimen for at least 2 months; **AND**

D. Used in combination with highly active antiretroviral therapy (HAART) for which, via resistance testing, the patient's disease is known to be sensitive/susceptible

Class	Examples (not all-inclusive)
Nucleoside reverse transcription inhibitor (NRTI)	Abacavir, emtricitabine, lamivudine, stavudine, tenofovir disoproxil fumarate, zidovudine
Non-nucleoside reverse transcription inhibitor (NNRTI)	Delaviridine, efavirenz, rilpivirine, nevirapine, etravirine, doravirine
Protease inhibitor (PI)	Atazanavir, darunavir, fosamprenavir, nelfinavir, ritonavir, tipranavir
Integrase strand transfer inhibitor (INSTI)	raltegravir, dolutegravir, elvitegravir

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for members continuing with Sunlenca therapy for the treatment of HIV when the following criteria are met:

A. There is a clinical benefit demonstrated from Sunlenca therapy* (e.g., reduction in viral load from baseline); **AND**

B. Sunlenca will continue to be taken in combination with an optimized antiviral background regimen including one or more other antiretroviral agents.*

**Note: increases in viral load from nadir and/or less than anticipated reduction from baseline should prompt resistance testing for susceptibility and optimization of the background regimen*

V. QUANTITY LIMIT

Sunlenca 300 mg tablets have a quantity limit of 1 pack (4 or 5 tablets) per 365 days.

Sunlenca 463.5 mg/1.5 mL (309 mg/mL) single-dose vials for injection have a quantity limit of 3 ml per 6 months (26 weeks).

Indication	Dose
HIV	Initiation Option 1 Day 1: 927 mg by subcutaneous injection (2 x 1.5 mL injections) AND 600 mg orally (2 x 300 mg tablets) Day 2: 600 mg orally (2 x 300 mg tablets) Initiation Option 2 Day 1: 600 mg orally (2 x 300 mg tablets) Day 2: 600 mg orally (2 x 300 mg tablets) Day 8: 300 mg orally (1 x 300 mg tablet) Day 15: 927 mg by subcutaneous injection (2 x 1.5 mL injections) Maintenance 927 mg by subcutaneous injection (2 x 1.5 mL injections) every 6 months (26 weeks) from the date of the last injection +/-2 weeks

VI. BILLING CODE/AVAILABILITY INFORMATION

- J1961 – injection, lenacapavir, 1mg

VII. REFERENCES

Sunlenca [package insert]. Foster City, CA: Gilead Sciences, Inc.; October 2023. Accessed March 2024.