Lenacapavir (Sunlenca®)

Place of Service
Home Infusion Administration
Infusion Center Administration
Office Administration
Outpatient Facility Administration

HCPCS: J1961 per 1 mg

Condition(s) listed in policy (see criteria for details)

• Multi-drug resistant HIV-1 infection

AHFS therapeutic class: Anitretroviral Mechanism of action: Capsid inhibitor

(1) Special Instructions and pertinent Information

The tablet formulation is managed under the outpatient Pharmacy Benefit. Please contact the member's Pharmacy Benefit for information on how to obtain this drug.

The subcutaneous formulation is covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Sunlenca® (lenacapavir) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Multi-drug resistant HIV-1 infection

- 1. Prescribed by or in consultation with an infectious disease or HIV specialist, AND
- 2. Patient's HIV-1 isolate has documented resistance to at least one (1) antiretroviral medication from three (3) separate drug classes of antiretroviral medications, AND
- 3. Confirmation that Sunlenca will be taken in combination with an optimized background antiretroviral regimen which contains at least one other partially or fully active antiretroviral medication.

Covered Doses

COTOL CA DOSCS	
Initiation O	ption 1
Day 1	927 mg by subcutaneous injection (2 x 1.5 mL injections)
	600 mg orally (2 x 300 mg tablets)
Day 2	600 mg orally (2 x 300 mg tablets)
Initiation O	ption 1
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 tablets)
Day 15	927 mg by subcutaneous injection (2 x 1.5 mL injections)
Maintenar	nce
927 mg by	subcutaneous injection (2 x 1.5 mL injections) every 6 months (26 weeks)
from the do	ate of the last injection +/-2 weeks.

Missed dose: If more than 28 weeks since last injection and clinically appropriate to continue Sunlenca, restart initiation from Day 1, using either Option 1 or Option 2.

Coverage Period

Indefinitely

Commercial Lenacapavir (Sunlenca®)

Effective: 01/31/2024 Page 1 of 3

ICD-10:

B20

Sunlenca subcutaneous injection is for administration into the abdomen by a healthcare provider.

(3) The following condition(s) <u>DO NOT</u> require Prior Authorization/Preservice

Tablets can be requested from the member's Pharmacy Benefit.

All requests for Sunlenca® (lenacapavir) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety

Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 300 mg tablets
 - o Tablets packaged as follows:
 - 4-Tablets blister pack (NDC 61958-3001-1)
 - 5-Tablets blister pack (NDC 61958-3001-2)
- Injection dosing kit (NDC 61958-3002-1) contains:
 - o 2 single-dose clear glass vials, each containing sufficient volume to allow withdrawal of 463.5 mg/1.5 mL (309 mg/mL) of Sunlenca
 - \circ 2 vial access devices, 2 disposable syringes, and 2 injection safety needles for injection (22-gauge, $\frac{1}{2}$ inch)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Sunlenca® (lenacapavir) [Prescribing information.] Foster City, CA: Gilead Sciences, Inc.; 12/2022.

(7) Policy Update

Date of last review: 1Q2024 Date of next review: 1Q2025

Changes from previous policy version:

• No clinical change to policy following routine annual review.

Commercial Lenacapavir (Sunlenca®)

Effective: 01/31/2024 Page 2 of 3



Effective: 01/31/2024 Page 3 of 3