

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Human Immunodeficiency Virus – Sunlenca Prior Authorization Policy

- Sunlenca® (lenacapavir subcutaneous injection – Gilead)

REVIEW DATE: 01/07/2026

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. Planned missed dose. During the maintenance period, if a patient plans to miss a scheduled 6-month injection visit by $>$ 2 weeks, Sunlenca tablets may be taken for up to 6 months until injections resume. The maintenance *oral* dose (Sunlenca tablets) is 300 mg once every 7 days for up to 6 months. The maintenance injection dose should be resumed within 7 days after the last oral dose. Unplanned missed dose. During the maintenance period, if $>$ 28 weeks have elapsed since the last injection (and Sunlenca tablets have not been taken), and if clinically appropriate to continue Sunlenca treatment, restart the initiation dosage regimen from Day 1 using either Option 1 or Option 2 and then continue with maintenance injection dosing.

Guidelines

According to the Department of Health and Human Services Guidelines (September 25, 2025) 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 Sunlenca.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. Following the start of therapy, it is advised to assess CD4 T-cell counts and then monitor

every 3 to 4 months during the first 1 to 2 years of effective treatment in patients whose CD4 counts are < 300 cells/mm³. For those with CD4 counts ≥ 300 cells/mm³ and ongoing viral suppression, monitoring should occur every 6 months. After 1 to 2 years of viral suppression, CD4 T-cell counts may be checked every 6 months if levels remain < 300 cells/mm³; for patients whose CD4 T-cell counts remain ≥ 300 cells/mm³, continued monitoring is optional. 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 Sunlenca 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 2024) provides some guidance on patients with viral failure.⁵ In individuals with virologic failure with extensive multiclass resistance (including to INSTIs), agents with novel mechanisms of action such as Rukobia, Trogarzo, or Sunlenca are recommended, ideally in combination to allow for two fully active drugs.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Sunlenca. 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 Sunlenca as well as the monitoring required for adverse events and long-term efficacy, approval requires Sunlenca to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Sunlenca 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; OR
- B) Patient is Currently Receiving Sunlenca. 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 Sunlenca-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 (± 2 weeks from the date of the last injection).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Sunlenca is not recommended in the following situations:

1. **Pre-Exposure Prophylaxis (PrEP) of Human Immunodeficiency Virus (HIV).** Sunlenca is not approved for this indication. Yeztugo® (lenacapavir tablets and subcutaneous injection) contains lenacapavir and is indicated for PrEP.
2. **Human Immunodeficiency Virus (HIV), Use in Treatment-Naïve Patients.** Sunlenca is not approved for this indication; however, it was evaluated in one Phase II clinical trial in treatment-naïve adults with HIV-1 (CALIBRATE).^{3,7}
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. Sunlenca® tablets and subcutaneous injection [prescribing information]. Foster City, CA: Gilead; November 2024.
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, 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.
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 25, 2025. Available at: <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf>. Accessed on: December 19, 2025.
5. Rajesh RT, Landovitz RJ, and Sax P, et al. Antiretroviral drugs for treatment and prevention of HIV in adults: 2024 recommendations of the International Antiviral Society USA-Panel. *JAMA.* 2025;333(7):609-628.
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.* 2024;229(5):1290-1294.

7. Hagins D, Berhe M, Crofoot GE, et al. Final efficacy and safety of twice-yearly subcutaneous lenacapavir in treatment-naïve people with HIV: randomized study. *AIDS*. 2025 Oct 7 [Online ahead of print].

HISTORY

| Type of Revision | Summary of Changes | Review Date |
|-------------------|---|-------------|
| Annual Revision | No criteria changes. | 01/03/2024 |
| Selected Revision | Human Immunodeficiency Virus-1 Infection. <u>Patient is Currently Receiving Sunlenca:</u> The note with examples of a response to a Sunlenca-containing regimen was updated to add improvement or stabilization in CD4 T-cell count. | 07/17/2024 |
| Annual Revision | No criteria changes. | 01/22/2025 |
| Annual Revision | No criteria changes. | 01/07/2026 |