PRIOR AUTHORIZATION POLICY

POLICY: Human Immunodeficiency Virus – Sunlenca Prior Authorization Policy
- Sunlenca® (lenacapavir tablets and subcutaneous injection – Gilead)

REVIEW DATE: 01/07/2026

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. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. 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.

CIGNA NATIONAL FORMULARY COVERAGE:

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 (± 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/mm^3. For those with CD4 counts ≥ 300 cells/mm^3 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/mm^3; for patients whose CD4 T-cell counts remain ≥ 300 cells/mm^3, 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 Rukobia, Trogarzo, or Sunlenca are recommended, ideally in combination to allow for two fully active drugs.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Sunlenca. All approvals are provided for the duration noted below. 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.

- **Sunlenca® (lenacapavir tablets and subcutaneous injection - Gilead) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

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/mm^3, HIV-1 RNA ≥ 0.5 log_{10} reduction from baseline in viral load, improvement or stabilization of CD4 T-cell count.

CONDITIONS NOT COVERED

- **Sunlenca® (lenacapavir tablets and subcutaneous injection - Gilead) is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

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]

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.** Patient is Currently Receiving Sunlenca: 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