Pharmacy Policy Bulletin

Title: Rukobia (fostemsavir), Fuzeon (enfuvirtide)

Policy #: Rx.01.229

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for **Rukobia® (fostemsavir)** and **Fuzeon® (enfuvirtide)** as provided under the member's prescription drug benefit.

Description:

The life cycle of HIV can be broken down into 6 steps: (1) entry (binding and fusion), (2) reverse transcription, (3) integration, (4) replication (transcription and translation), (5) assembly, and (6) budding and maturation. The identification and understanding of these processes have provided the basis for antiretroviral agents used to treat HIV.

Antiretroviral agents are the standard of care for treating HIV infections. Antiretroviral therapies with different mechanism of action are usually taken in combination to suppress viral load, improve CD4 cell count, prolong survival, and reduce risk of transmitting HIV to others. Viral failure is defined as patients who had viral loads greater than 400 copies/mL and no viable antiretroviral combination therapy available due to failing at least four of six antiretroviral classes.

Fostemsavir is a prodrug without significant biochemical or antiviral activity that is hydrolyzed to the active moiety, temsavir, which is an HIV-1 attachment inhibitor. Temsavir binds directly to the gp120 subunit within the HIV-1 envelope glycoprotein gp160 and selectively inhibits the interaction between the virus and cellular CD4 receptors, thereby preventing attachment. Additionally, temsavir can inhibit gp120-dependent post-attachment steps required for viral entry into host cells

Rukobia (fostemsavir), in combination with other antiretroviral(s), is indicated for the treatment of HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.

Enfuvirtide is an antiretroviral drug that interferes with the entry of HIV-1 into cells by inhibiting fusion of viral and cellular membranes. Enfuvirtide binds to the first heptad-repeat (HR1) in the gp41 subunit of the viral envelope glycoprotein and prevents the conformational changes required for the fusion of viral and cellular membranes.

Fuzeon (enfuvirtide) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection in treatment-experienced patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy

Policy:

INITIAL CRITERIA: Fostemsavir (Rukobia®) is approved when ALL of the following are met:

1. Diagnosis of HIV-1; and
2. Member is 18 years of age or older; and
3. Will be used in combination with other antiretroviral(s); and
4. Member is treatment-experienced with multi-drug resistant HIV-1 infection; and
5. Member is failing their current antiretroviral regimen due to resistance, intolerance, or safety concerns.

Initial Authorization: 12 months

CONTINUATION CRITERIA: Fostemsavir (Rukobia®) is re-approved when there is documentation of positive clinical response to therapy (e.g. decrease in viral load from baseline; HIV-1 RNA <200 copies/mL was achieved; increase in CD4+ cell count over time)

Continuation authorization: 2 years

INITIAL CRITERIA Enfuvirtide (Fuzeon®) is approved when ALL of the following are met:

1. Diagnosis of HIV-1; and
2. ONE of the following:
    a. Member is 18 years of age or older; or
    b. Member weighs at least 11kg; and
3. Will be used in combination with other antiretroviral(s); and
4. Member is treatment experienced; and
5. Member is experiencing HIV-1 replication despite ongoing antiretroviral therapy

Initial authorization duration: 12 months

CONTINUATION CRITERIA: Enfuvirtide (Fuzeon®) is re-approved when there is documentation of positive clinical response to therapy (e.g., decrease in viral load from baseline; HIV-1 RNA <200 copies/mL was achieved; increase in CD4+ cell count over time)

Continuation authorization: 2 years

Black Box Warning as shown in the drug Prescribing Information:

N/A

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Rubkobia® (fostemsavir) [package insert]. Research Triangle Park, NC: ViiV Healthcare; July 2020. Available from: https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/RUKOBIA/pdf/RUKOBIA-PI-PIL.PDF. Accessed October 01, 2021.

Henrich TJ, Kuritzkes DR. HIV-1 entry inhibitors: recent development and clinical use. *Curr Opin Virol.* 2013;3(1):51-57. doi:10.1016/j.coviro.2012.12.002. Accessed October 01, 2021.

Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2015. HIV Surveillance Supplemental Report 2018;23(No. 1). http://www.cdc.gov/ hiv/library/reports/hiv-surveillance.html. Published March 2018. Accessed October 01, 2021.

Kozal M, Aberg J, Pialoux G, et al. Rostemsavir in Adults with Multidrug-Resistant HIV-1 infection, *N Eng J Med*. 2020 26 March; 382:1232-1243. Accessed October 01, 2021.

Rukobia (fostemsavir), Micromedex. Accessed October 01, 2021.

Fuzeon (enfuvirtide) prescribing information. South San Francisco (CA): Genentech, Inc.; Revised 2020 May. Available from: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=6935e846-d5a1-49e5-89a2-f8ebe4d5590d#S12.4. Accessed October 01, 2021.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Rukobia®	Fostemsavir
Fuzeon®	Enfuvirtide

Cross References:

Rx.01.33 Off Label Use

Policy Version Number:	3.00
P&T Approval Date:	September 23, 2021
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