Original Effective Date: 8/1/2016
Current Effective Date: 02/28/2024
Last P&T Approval/Version: 01/31/2024
Next Review Due By: 01/2025
Policy Number: C9573-A

Fuzeon (enfuvirtide)

PRODUCTS AFFECTED

Fuzeon (enfuvirtide)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Multi-drug resistant HIV-1 infection

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case- by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. MULTI-DRUG RESISTANT HIV-1 INFECTION:
1. Documented diagnosis of HIV-1
   AND

2. Documented resistance (based on current or historical resistance testing), failure or intolerance to three (3) or more HIV therapies used for at least 6 months OR documentation that the member has experienced clinically significant adverse effects (e.g., hypersensitivity reactions, lactic acidosis, urolithiasis, renal tubulopathy) to three (3) or more HIV therapies necessitating Fuzeon as an option to complete a highly active antiretroviral therapy (HAART) regimen.
   AND
3. Documentation of current HIV viral load, with detectable viral load (VL repeatedly >200 copies/mL), despite ongoing antiretroviral therapy. [DOCUMENTATION REQUIRED]
   AND
4. Documentation of current CD4 count [DOCUMENTATION REQUIRED]
   AND
5. Documentation that Fuzeon will be used as part of a complete regimen, which consists of at least 2, and preferably 3 fully active agents (to which the member is susceptible), with resistance testing which supports that a medically appropriate 3- drug regimen cannot be constructed without the use of Fuzeon (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, 2023)
   AND
6. Documentation member weighs at least 11kg

CONTINUATION OF THERAPY:

A. MULTI-DRUG RESISTANT HIV-1 INFECTION:

1. Documentation of decreased viral load OR increased or stabilized CD4 count from baseline indicating clinically significant disease response and improvement [DOCUMENTATION REQUIRED]
   AND
2. Documentation member continues to take an optimized background regimen (OBR) of antiretroviral therapy in combination with Fuzeon (enfuvirtide) (review Rx history for compliance)
   AND
3. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history (review Rx history for compliance)
   AND
4. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a board-certified infectious disease or HIV specialist [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

None

QUANTITY:

Adult dosing: 90mg twice daily
Pediatric dosing: 2mg/kg twice daily, maximum dose 90mg twice daily (See Appendix)
Maximum 60 vials per 30 days

PLACE OF ADMINISTRATION:

The recommendation is that injectable medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Subcutaneous injection

DRUG CLASS:
Antiretrovirals - Fusion Inhibitors

FDA-APPROVED USES:
Indicated for use in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment-experienced patients with HIV-1 replication despite ongoing antiretroviral therapy

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

Weight	Recommended Daily	Injection volume
11.0-15.5kg (24-34lb)	27mg twice daily	0.3 mL twice daily
15.6-20.0kg (>34-44lb)	36mg twice daily	0.4mL twice daily
20.1-24.5kg (>44-54lb)	45mg twice daily	0.5mL twice daily
24.6-29.0kg (>54-64lb)	54mg twice daily	0.6mL twice daily
29.1-33.5kg (>64-74lb)	63mg twice daily	0.7mL twice daily
33.6-38.0kg (>74-84lb)	72mg twice daily	0.8mL twice daily
38.1-42.5kg (>84-94lb)	81mg twice daily	0.9mL twice daily
≥ 42.6 kg (>94lb)	90mg twice daily	1.0mL twice daily

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
The use of Fuzeon (enfuvirtide) is limited to treatment experienced members with HIV-1 only. When considering the use of Fuzeon, providers should assess the member's virologic failure evaluating adherence, potential drug-drug interactions, HAART history, along with current and prior drug resistance testing. The timing of drug resistance testing is important and, ideally, should be performed while the member is taking the current failing regimen or within 4 weeks of discontinuation. Genotypic assays can detect drug-resistance mutations. There is a genotypic assay which assesses mutations in the gp41 envelope gene, which would assess resistance to enfuvirtide. Additional information on HIV gene mutations is available at IAS-USA, https://www.iasusa.org/sites/default/files/2017-drug-resistance- mutations-hiv-1-figure.pdf .

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Fuzeon (enfuvirtide) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Contraindications to Fuzeon (enfuvirtide) include: hypersensitivity to Fuzeon or any of its components. Fuzeon will not be approved for initial HIV treatment. Fuzeon will not be approved if member currently has undetectable viral levels on a regimen that does not currently include Fuzeon. Use as monotherapy: Fuzeon must be used in combination with other agents for HIV management. HIV-2 is intrinsically resistant to enfuvirtide.

OTHER SPECIAL CONSIDERATIONS:
Systemic hypersensitivity reactions have been associated with FUZEON therapy and may recur on re-challenge. Hypersensitivity reactions have occurred in <1% of subjects studied and have included

combinations of rash, fever, nausea and vomiting, chills, rigors, hypotension, and/or elevated serum liver transaminases. Other adverse events that may be immune mediated and have been reported in subjects receiving FUZEON include primary immune complex reaction, respiratory distress, glomerulonephritis, and Guillain-Barre syndrome. Patients developing signs and symptoms suggestive of a systemic hypersensitivity reaction should discontinue FUZEON and should seek medical evaluation immediately. Therapy with FUZEON should not be restarted following systemic signs and symptoms consistent with a hypersensitivity reaction.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Fuzeon SOLR 90MG

REFERENCES

1. Fuzeon Package insert, Genentech, Inc. and Alexion Pharmaceuticals, Inc. December 2019.
2. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. Department of Health and Human Services. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf.
3. 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. Available at https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv. Accessed 31 October 2022.
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. Available at https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv. Accessed 4 December 2023.

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Diagnosis Required Medical Information Continuation of Therapy References	Q1 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Quantity Contraindications/Exclusions/Discontinuation Other Special Considerations References	Q1 2023
Q2 2022 Established tracking in new format	Historical changes on file