NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: 19th June 2024

Intervention: lenacapavir

Indication: multi-drug resistant Human Immunodeficiency Virus 1 (adults)

URN: 2344

Gateway: 2, Round 1

Programme: Blood and Infection

CRG: HIV

Information provided to the Panel

Policy Proposition

Evidence Review completed by NICE

Clinical Priorities Advisory Group (CPAG) Summary Report

Evidence to Decision (EtD) Summary

Equalities and Health Inequalities (EHIA) Assessment

Patient Impact Assessment

Blueteq® Forms – adult initiation and continuation, Medicines for Children initiation and continuation.

Policy Working Group (PWG) Appendix

This Policy Proposition recommends the use of lenacapavir for multi-drug resistant Human Immunodeficiency Virus 1 (HIV-1) (adults). Lenacapavir is licensed in this indication. Typical treatment for HIV-1 involves life-long antiretroviral treatment which stops the virus replicating. In some patients, a suitable regimen may no longer exist because of multi-drug resistance (MDR). Contraindications, previous intolerances, and treatment history are other reasons why an individual might have MDR HIV-1. Lenacapavir is the first of a new class of drugs called capsid inhibitors. Lenacapavir works by blocking the HIV-1 viral capsid, interfering with the lifecycle. It is taken as an oral tablet initially, before switching to a maintenance six monthly subcutaneous injection. There are an estimated 92 patients in England per year who would be eligible for treatment with lenacapavir.

An evidence review was completed which included two papers. Both papers reported the 52-week phase 2/3 CAPELLA study which assessed the licensed dosage of lenacapavir (three oral loading doses followed by subcutaneous maintenance treatment six-monthly) in two cohorts of people with MDR HIV-1 (n=72 in total).

Outcomes that were considered critical and important to decision making were presented to Panel members. The evidence was graded of very low certainty. Statistically significantly more study participants achieved a clinically significant reduction in viral load compared with placebo. Ongoing maintenance treatment with subcutaneous lenacapavir 6-monthly plus optimised ART

was found to reduce mean viral load in people with MDR HIV-1 at week 52. No evidence was found for Quality of Life or cost effectiveness. Adverse events (AEs) were mainly injection site reactions, no serious AEs were reported in the study.

The proposition and the supporting documentation were presented to Clinical Panel members.

Some points for clarification and amendment were identified.

EHIA – no amendments requested.
PIA – no amendments requested.

Recommendation

Clinical Panel recommends that this proposition progresses as a routine commissioning policy proposition.

Why the panel made these recommendations

Panel members agreed that the evidence base supported the proposition. Despite the level of certainty being very low, the evidence clearly reported that clinical benefit was achieved and there were no serious AEs.

Documentation amendments required

Policy Proposition:

- It was requested that 'infection' be added to the title of the proposition and across the supporting documentation, including the Blueteq forms.
- Epidemiology and eligible patients – the definition of viral suppression needs to be stated more clearly in this section within the 1st paragraph. The numbers differ so this needs to be explained. What is the anticipated impact of delivering of the policy?
- Flow diagram, Page 7 - what does 'suitable to continue' mean? Following the 'no response' line, there is an MDT discussion and then an option to continue treatment. This needs clarifying as why would treatment continue if the patient is not responding?

Blueteq™ Form:

- A standard criterion needs to be added within the stopping criteria of the Blueteq forms.

Declarations of Interest of Panel Members: None received

Panel Chair: James Palmer, Medical Director, Specialised Services

Post Panel Amendments

Policy Proposition		
Panel Comment	**Amendment**	**Page number (if applicable)**
It was requested that 'infection' be added to the title of the proposition and across the supporting	The title now reads 'Lenacapavir for multi-drug resistant Human Immunodeficiency Virus 1 infection (adults)' across the	N/A

documentation, including the Blueteq forms.	proposition and supporting documentation, including the Blueteq forms.	
Epidemiology and eligible patients – the definition of viral suppression needs to be stated more clearly in this section within the 1st paragraph. The numbers differ so this needs to be explained. What is the anticipated impact of delivering of the policy?	The paragraph now states 'the aim of treatment is for viral suppression, defined as an undetectable viral load of <50c/m. A viral load of between 50c/ml and 200c/ml is considered a low-level viraemia and is not necessarily indicative of virological failure. A viral load of greater than 200c/ml is suggestive of virological failure.' It is estimated that approximately 92 patients per year will be eligible for lenacapavir treatment.	P4
Flow diagram, Page 7 - what does 'suitable to continue' mean? Following the 'no response' line, there is an MDT discussion and then an option to continue treatment. This needs clarifying as why would treatment continue if the patient is not responding?	This now states 'lenacapavir is part of most optimal regimen'. Patients may continue lenacapavir as part of an optimised regimen. This may occur in patients who have no other treatment options available, and lenacapavir is part of an optimised regimen that is being used until newer therapies become available.	P7
Blueteq™ Form:		
A standard criterion needs to be added within the stopping criteria of the Blueteq forms.	The continuation form and the Medicines for Children continuation form now state: I confirm that none of the stopping criteria described below are present: • Those who develop significant toxicity or contraindications • Individual's decision to stop Consideration of lenacapavir cessation should be reviewed	N/A

	in the HIV specialist MDT in the following two scenarios: 1. No treatment response: Individuals with no treatment response (defined as no change or an increase in the HIV-1 RNA level compared to baseline) assessed at 6 months. 2. Limited treatment response: Defined as individuals with a decline in HIV-1 RNA level but are still not virally suppressed after 6 months of treatment. The decision to continue lenacapavir should be reached jointly between the HIV specialist MDT and the individual, with other alternatives considered and background ART regimen optimised.	