

Prescriptions for [Sunlenca®](#) (lenacapavir) are only available with a supplemental form through the Oregon CAREAssist Program. Pharmacy will be notified once dispensing is approved.

**NOTE:** Sunlenca is only accessible to be dispensed **ONLY** at ProCare Pharmacy Direct, LLC, (CVS SPECIALITY PHARMACY #2921) Monroeville.

To be eligible, the following criteria must be met:

- The patient is currently enrolled in Oregon CAREAssist Program and eligible for assistance.
- Sunlenca® (lenacapavir) is being used in combination with other antiretrovirals (ARVs).
- Prescriber has confirmed status of the Oregon CAREAssist client as a heavily treatment-experienced adult with multidrug resistant HIV-1 infection failing current ARV regimen due to resistance, intolerance, or safety considerations.
- Oregon CAREAssist client has a current viral load greater than 200 copies per mL – results must be dated within the past 6 months and documentation must be provided.

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<b>Member ID</b>	<b>Date of Birth</b>	<b>Ryan White ID (if known/applicable)</b>

Please choose one of the 3 options below:

DISPENSING OPTIONS	DOSE AND DIRECTIONS	PACKAGING / NDC	QTY/ DAY SUPPLY
<input type="checkbox"/> <b>Loading dose Option 1</b>	600 mg PO (2 x 300mg tablets) on Day 1 600 mg orally (2 x 300 mg tablets) on Day 2	300 mg-4 tablet blister pack NDC 61958-3001-01	Qty: <u>4 tablets</u> Day Supply: <u>2 days</u>
	927 mg by SQ injection (2 x 1.5ml injection) on Day 1	Injection dosing kit (contains 2x 1.5ml vials) NDC 61958-3002-01	Qty: <u>3ml</u> Day Supply: <u>180</u>
<input type="checkbox"/> <b>Loading dose Option 2</b>	600 mg PO (2 x 300mg tablets) on Day 1 600 mg PO (2 x 300 mg tablets) on Day 2 300 mg PO (1 x 300mg tablet) on Day 8	300 mg-5 tablet blister pack NDC 61958-3001-02	Qty: <u>5 Tablets</u> Day Supply: <u>8 days</u>
	927mg by SQ injection (2 x 1.5ml injections) on Day 15	Injection dosing kit (contains 2x 1.5ml vials) 61958-3002-01	Qty: <u>3ml</u> Day Supply: <u>180</u>
<input type="checkbox"/> <b>Maintenance Dose Option 3</b>	927mg by SQ injection (2 x 1.5ml injection) every 6 months (26 weeks) from the date of the last injection (+/- 2 weeks).	Injection dosing kit (contains 2x 1.5ml vials) 61958-3002-01	Qty: <u>3ml</u> Day Supply: <u>180</u>

<b>Most Current CD4 Count and Date</b>	<b>Most Recent Viral Load and Date (Provide copy of lab results)</b>
<b>Who will administer the SQ medication to the client?</b>	

Provider must acknowledge the following with *initials* and date:

\_\_\_\_\_ I have reviewed the prescribing guidelines for use, dosing, drug interactions and missed doses for this medication.  
 \_\_\_\_\_ Patient has been counseled on the high cost of treatment and is willing to be 100% adherent to treatment regimen.

Date: \_\_\_\_\_

<b>To the best of my knowledge, I certify that the above is accurate and true and that this treatment is indicated, necessary and meets the guidelines for use.</b>		
Provider Name (Print):	Provider Signature:	
Clinic Name:	Phone #	Fax #
Pharmacy Name: <i>CVS SPECIALITY PHARMACY #2921) Monroeville</i> Pharmacy Phone #: 800-238-7828 Fax #: 412-825-8686		
<b>REQUIRED DOCUMENTATION - Please check off and submit lab reports noted below in reference to this request. Failure to provide documentation will delay decision process.</b>		
<input type="checkbox"/> <b>Recent HIV viral load</b> >200 copies/mL (within the last 6 months) <input type="checkbox"/> Dispense date by Pharmacy: _____		

**ATTENTION PRESCRIBERS AND PHARMACY PROVIDERS! NEXT STEPS!**

**PRESCRIBERS**

- Please FAX the following to CVS Monroeville at 412-825-8686:
  - ☐ valid prescription for Sunlenca
  - ☐ completed supplemental form (this form)
  - ☐ required documentation (recent HIV viral load)
- Instruct patient that CVS Monroeville will dispense Sunlenca.
  - For questions directed at CVS Monroeville, please contact: 800-238-7828

**CVS Monroeville PHARMACY**

- Please FAX the following to Ramsell at 800-848-4241:
  - ☐ completed supplemental form (this form)
  - ☐ required documentation (recent HIV viral load)
  - ☐ dispense date by pharmacy
- Ramsell clinical department will send a fax to 412-825-8686 indicating the final PA approval status (either **Approved** or **Denied**, decision rational).
- Once approval is received, process claim and dispense drug