OREGON CAREASSIST PROGRAM (OR CAREAssist)
Supplemental Form for SUNLENCA® (lenacapavir)

TELEPHONE: 888-311-7685 FAX: 800-848-4241 Ramsell

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 accessible to be dispensed ONLY at CVS SPECIALITY PHARMACY #2921, Monroeville, PA (d.b.a. ProCare Pharmacy Direct, LLC), unless covered by primary insurance.

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 3 months, and documentation must be provided *(for new starts ONLY)*

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

Please choose one of the 3 options below:

DISPENSING OPTIONS	DOSE AND DIRECTIONS	PACKAGING / NDC	QTY/ DAY SUPPLY
☐ **Loading dose Option 1**	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: 4 tablets Day Supply: 2 days
	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: 3ml Day Supply: 180
☐ **Loading dose Option 2**	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: 5 Tablets Day Supply: 8 days
	927mg by SQ injection (2 x 1.5ml injections) on Day 15	Injection dosing kit (contains 2x 1.5ml vials) 61958-3002-01	Qty: 3ml Day Supply: 180
☐ **Maintenance Dose Option 3**	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: 3ml Day Supply: 180

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Is patient taking any of the medications listed?	Most Recent Viral Load and Date (Provide copy of lab results)
☐ Rifampin ☐ Carbamazepine ☐ Phenytoin ☐ Patient taking NONE of the medications listed	
Who will administer the SQ medication to the client?	

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: _____

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.		
Provider Name (Print):	Provider Signature:	
Clinic Name:	Phone #	Fax #
REQUIRED DOCUMENTATION - Please check off and submit lab reports noted below in reference to this request. Failure to provide documentation will delay decision process.		
☐ **Recent HIV viral load** >200 copies/mL within the last 3 months *(for new starts ONLY)* Dispense date by Pharmacy: _____		

ATTENTION PRESCRIBERS AND PHARMACY PROVIDERS! NEXT STEPS!

*This section is NOT applicable for claims being billed as co-pay (covered by primary insurance) *

PRESCRIBERS

1. Please FAX the following to CVS Specialty Pharmacy #2921, Monroeville, PA at 412-825-8686:
   - ☐ valid prescription for Sunlenca
   - ☐ completed prior authorization form (this form)
   - ☐ required documentation (recent HIV viral load)
2. Instruct patient that CVS Specialty Pharmacy #2921, Monroeville, PA will dispense Sunlenca.
   a. For questions directed at CVS Specialty Pharmacy #2921, Monroeville, PA, please contact: 800-238-7828

CVS SPECIALTY PHARMACY #2921, Monroeville, PA

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

For additional information, call the Ramsell Help Desk at: 1-888-311-7685.