

Prescriptions for [Sunlenca®](#) (lenacapavir) are only available with a supplemental form through the Medication Assistance 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 MAP and eligible for MAP assistance.
- Sunlenca® (lenacapavir) is being used in combination with other antiretrovirals (ARVs).
- Prescriber has confirmed status of IL MAP client as a heavily treatment-experienced adult with multidrug resistant HIV-1 infection failing current ARV regimen due to resistance, intolerance, or safety considerations.
- MAP 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.

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
<input type="checkbox"/> 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: <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"/> 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: <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"/> 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: <u>3ml</u> Day Supply: <u>180</u>

Most Current CD4 Count and Date	Most Recent Viral Load and Date (Provide copy of lab results)
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 #
Pharmacy Name: CVS SPECIALITY PHARMACY #2921) Monroeville Pharmacy Phone#: 877-602-5899 Fax #: 877-733-3199		
REQUIRED DOCUMENTATION - Please check off and submit lab reports noted below in reference to this request. Failure to provide documentation will delay decision process.		
<input type="checkbox"/> Recent HIV viral load >200 copies/mL (within the last 6 months)		
<input type="checkbox"/> Dispense date by Pharmacy: _____		

ATTENTION PRESCRIBERS AND PHARMACY PROVIDERS! NEXT STEPS!

PRESCRIBERS

1. Please FAX the following to CVS Monroeville at: 877-733-3199:
 - valid prescription for Sunlenca
 - completed supplemental form (this form)
 - required documentation (recent HIV viral load)
2. Instruct patient that CVS Monroeville will dispense Sunlenca.
 - a. For questions directed at CVS Monroeville, please contact: 877-602-5899

CVS Monroeville PHARMACY

1. 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
2. Ramsell clinical department will send a fax to 877-733-3199 indicating the final PA approval status (either **Approved** or **Denied**, 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.