

Prescriptions for [Sunlenca®](#) (lenacapavir) are only available with a supplemental form through the VA Medication Assistance 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 VA MAP and eligible for VA MAP assistance.
- Sunlenca® (lenacapavir) is being used in combination with other antiretrovirals (ARVs).
- Prescriber has confirmed status of VA 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.
- VA MAP 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.

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 61958-3001-01 300 mg - tablet NDC: 61958-3001-03	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 (2x 1.5ml) NDC: 61958-3002-01 NDC: 61958-3005-01	Qty: <u>3ml</u> Day Supply: <u>180</u>
☐ 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: 61958-3001-02 300 mg - tablet NDC: 61958-3001-03	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 (2x 1.5ml) NDC: 61958-3002-01 NDC: 61958-3005-01	Qty: <u>3ml</u> Day Supply: <u>180</u>
☐ 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 (2x 1.5ml) NDC: 61958-3002-01 NDC: 61958-3005-01	Qty: <u>3ml</u> Day Supply: <u>180</u>

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 importance of adherence to this treatment regimen including risks and benefits of nonadherence.

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

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

CVS SPECIALTY PHARMACY #2921, Monroeville, PA

- 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 (complete above field)
- Ramsell clinical department will send a fax to 412-825-8686 indicating the final approval status (either **Approved** or **Denied**), and decision rationale.

RAMSELL

After the approval or denial decision has been made, an email must be sent to lashi.carroll-jones@vdh.virginia.gov, jasmine.ford@vdh.virginia.gov, and kimberly.eley@vdh.virginia.gov.