

STANDARD COMMERCIAL AND NSA DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

LENACAPAVIR

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LENACAPAVIR	SUNLENCA	48555		GPI-10	
SODIUM				(1210155520)	

GUIDELINES FOR USE

- 1. Does the patient have a diagnosis of human immunodeficiency virus type 1 (HIV-1) and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient is treatment-experienced
 - The patient's HIV-1 is multidrug resistant and has failed current antiretroviral regimen due to resistance, intolerance, or safety considerations

If yes, approve for 12 months by GPID or GPI-14 for all dosage forms as follows:

- 300mg tablet: #5 per 6 months.
- 463.5mg/1.5mL vial: #3 mL per 6 months.

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **LENACAPAVIR** (Sunlenca) requires the following rule(s) be met for approval:

- A. You have human immunodeficiency virus type 1 (HIV-1: a type of immune disorder)
- B. You are 18 years of age or older
- C. You are treatment-experienced
- D. You have a multidrug resistant (not responding to treatment) HIV-1 infection and have failed your current antiretroviral regimen (HIV treatment) due to resistance, intolerance (side effects), or safety considerations

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Sunlenca.

REFERENCES

Sunlenca [Prescribing Information]. Foster City, CA: Gilead Sciences, Inc.; December 2022.

Library	Commercial	NSA
Yes	Yes	Yes

Part D Effective: N/A Created: 01/23

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