

# Lenacapavir



**Included Products:** Sunlenca (lenacapavir)

Created: 03/09/2023

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## All Diagnoses

Initial Criteria		If yes	If no
1.	Is the request for the treatment of HIV in an adult?	Continue to #2.	Do not approve.
2.	Is the request from an HIV or Infectious Disease specialist?	Continue to #3.	Do not approve.
3.	Does the member have demonstrated resistance to at least one drug in three classes (e.g. INSTI, NRTI, NNRTI, PI) OR is there an inability to construct viable regimen due to intolerance, contraindications or other safety concerns?	Continue to #4.	Do not approve.
4.	Is there documentation that the member has a viral load > 400?	Continue to #5.	Do not approve.
5.	Will the medication be used concurrently with additional antiretrovirals?	Continue to #6.	Do not approve.
6.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has the member been adherent to Sunlenca and is getting injections every 6 months?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		