Mass General Brigham
Health Plan

Sunlenca (lenacapavir)
Effective 07/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	Sunlenca subcutaneous solution is available through Medical Benefit ONLY Sunlenca oral therapy pack is available through Pharmacy Benefit ONLY		

Overview
Sunlenca is indicated for the treatment of HIV-1 infection, in combination with other antiretrovirals, in heavily treatment-experienced adults with multidrug-resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with Sunlenca, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Member has a diagnosis HIV-1 infection
2. Member is 18 years of age or older
3. Provider attestation that the member is treatment experienced with multidrug-resistant HIV and has received at least two prior systemic therapies from different classes (e.g., nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, protease inhibitors, integrase inhibitors)

Continuation of Therapy
Reauthorization will be granted for a covered indication when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Sunlenca (lenacapavir) [prescribing information]. Foster City, CA: Gilead Sciences Inc; December 2022.

Review History

04/12/2023 – Reviewed and Created for April P&T; Effective 7/1/23