Mass General Brigham
Health Plan

Sunlenca (lenacapavir)
Effective 09/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	Sunlenca tablet is available through the pharmacy benefit Sunlenca subcutaneous injection is available through the medical benefit only		

Overview
Sunlenca (lenacapavir), a human immunodeficiency virus type 1 (HIV-1) capsid inhibitor, in combination with other antiretroviral(s), is indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug-resistant HIV-1 whose current antiretroviral regimen is failing due to resistance, intolerance, or safety considerations.

Sunlenca is available in two dosage forms: tablets and subcutaneous injection. Tablets are administered at treatment initiation. Sunlenca subcutaneous injection is administered by a healthcare provider once every six months (26 weeks). Tablets may be used for oral bridging for up to six months if scheduled injections are to be missed.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, 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)

<u>Continuation of Therapy</u>
Requests for reauthorization will be granted when all of the following criteria are met:

1. Member has 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; November 2024.

Review History

04/12/2023 – Reviewed and Created for April P&T; Effective 7/1/23
08/13/2025 – Reviewed and updated for August P&T. Administrative update – updated criteria for members who are new to the plan. Effective 09/01/2025.