VDH VIRGINIA DEPARTMENT OF HEALTH

Virginia Medication Assistance Program (VA MAP)
Supplemental Form for SUNLENCA® (lenacapavir)

TELEPHONE: 888-311-7632 FAX: 800-848-4241 Ramsell

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 ProCare Pharmacy Direct, LLC, (CVS SPECIALTY PHARMACY #2921), Monroeville, PA.

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: 4 tablets Day Supply: 2 days
	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: 3ml Day Supply: 180
☐ **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: 5 Tablets Day Supply: 8 days
	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: 3ml Day Supply: 180
☐ **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: 3ml Day Supply: 180

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Most Current CD4 Count and Date	Most Recent Viral Load and Date (Provide copy of lab results)
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 #
Pharmacy Name: *CVS SPECIALTY PHARMACY #2921) Monroeville, PA* **Pharmacy Phone #:** 800-238-7828 **Fax #:** 412-825-8686		
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) Dispense date by Pharmacy: _____		

ATTENTION PRESCRIBERS AND PHARMACY PROVIDERS! NEXT STEPS!

PRESCRIBERS

1. 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)
2. Instruct patient that CVS Specialty Pharmacy #2921, Monroeville, PA will dispense Sunlenca.
   a. For questions directed at CVS Specialty Pharmacy #2921, Monroeville, PA please contact: 800-238-7828

CVS SPECIALTY PHARMACY #2921, Monroeville, PA

1. 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)
2. 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 approval or denial decision has been made, an email must be sent to lashi.carroll-jones@vdh.virginia.gov and jasmine.ford@vdh.virginia.gov**.**