



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 1405-1
Program	Prior Authorization/Notification
Medication	Sunlenca <sup>®</sup> (lenacapavir)
P&T Approval Date	3/2023
Effective Date	6/1/2023; Oxford only: 6/1/2023

**1. Background:**

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 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.<sup>1</sup>

Members will be required to meet the coverage criteria below.

**2. Coverage Criteria<sup>a</sup>:**

**A. Sunlenca**

1. **Sunlenca** will be approved based on **both** of the following criteria:

a. Patient has been diagnosed with multidrug-resistant HIV-1 infection

**-AND-**

b. Patient is currently taking or will be prescribed an optimized background antiretroviral regimen

**Authorization will be issued for 1 month.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Sunlenca [Package Insert]. Foster City, CA: Gilead Sciences, Inc.; December 2022.



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<b>Change Control</b>	
3/2023	New program.