



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 1405-2
Program	Prior Authorization/Notification
Medication	Sunlenca® (lenacapavir)
P&T Approval Date	3/2023, 3/2024
Effective Date	6/1/2024

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.¹

Members will be required to meet the coverage criteria below.

2. Coverage Criteria^a:

<p>A. Sunlenca</p> <p>1. Sunlenca will be approved based on both of the following criteria:</p> <p>a. Patient has been diagnosed with multidrug-resistant HIV-1 infection</p> <p style="text-align: center;">-AND-</p> <p>b. Patient is currently taking or will be prescribed an optimized background antiretroviral regimen</p> <p>Authorization will be issued for 1 month.</p> <p>^a 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.</p>
--

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.; September 2023.

Program	Prior Authorization/Notification - Sunlenca® (lenacapavir)
Change Control	
3/2023	New program.
3/2024	Annual review with no changes to clinical criteria. Updated reference.