## SENTARA COMMUNITY PLAN (MEDICAID)

## MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

<u>Directions:</u> The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; <u>fax to 1-844-305-2331</u>. No additional phone calls will be necessary if all information (<u>including phone and fax #s</u>) on this form is correct. <u>If information provided is not complete</u>, correct, or legible, authorization can be delayed.

Drug Requested: Sunlenca® (lenacapavir) (J3490/C9399) (Medical)

MEMBER & PRESCRIBER INF	FORMATION: Authorization may be delayed if incomplete.
Member Name:	
	Date of Birth:
Prescriber Name:	
Prescriber Signature:	Date:
Office Contact Name:	
Phone Number:	Fax Number:
DEA OR NPI #:	
DRUG INFORMATION: Authoriz	
Drug Form/Strength:	
Dosing Schedule:	Length of Therapy:
Diagnosis:	ICD Code, if applicable:
Weight:	Date:
	t, the timeframe does not jeopardize the life or health of the member mum function and would not subject the member to severe pain.
Maintenance Dose: 927 mg by subcut from the date of the last injection +/- 2 week	taneous injection (2 x 1.5 mL injections) every 6 months (26 weeks) eks
Quantity Limit: 3 mL per 184 days	
	elow all that apply. All criteria must be met for approval. To tion, including lab results, diagnostics, and/or chart notes, must be
$\square$ Member is $\geq 12$ years of age and w	veighing $\geq$ 35 kg, or an adult aged $\geq$ 18 years
☐ Prescribed by, or in consultation w	rith, an infectious disease specialist or specialist in HIV treatment

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Member has been identified to have multidrug resistant HIV-1 infection with documented resistance		
to at least $\underline{\text{TWO}}$ (2) antiretroviral medications from $\geq 3$ of the 4 main antiretroviral drug classes below		
(must submit genotype/phenotype resistance testing results):		
□ Nucleoside Reverse Transcriptase Inhibitors/Non-nucleoside Reverse Transcriptase Inhibitors		
□ Protease Inhibitors		
☐ Entry Inhibitors (including CCR5 antagonists)		
☐ Integrase Inhibitor		
Member is experiencing current virologic failure defined as having a viral load greater than 400 copies/mL before treatment initiation		
Member's current viral load has been submitted with request		
• Current Viral Load:copies/mL (must submit most recent labwork indicating viral load prior to initiating therapy, within 4-8 weeks)		
Provider confirms requested medication will be used in conjunction with an optimized background regimen for antiretroviral therapy		
Provider confirms requested medication will be initiated using <b>ONE</b> of the following dosing regimens:		

□ Initiation Option 1		
Day 1	927 mg by subcutaneous injection (2 x 1.5 mL injections) <u>AND</u> 600 mg orally (2 x 300 mg tablets)	
Day 2	600 mg orally (2 x 300 mg tablets)	
□ Initiation Option 2		
Day 1	600 mg orally (2 x 300 mg tablets)	
Day 2	600 mg orally (2 x 300 mg tablets)	
Day 8	300 mg orally (1 x 300 mg tablet)	
Day 15	927 mg by subcutaneous injection (2 x 1.5 mL injections)	

Medication being provided by (check applicable box(es) below):					
□ Physician's office	OR	☐ Specialty Pharmacy – PropriumRx			

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

<sup>\*\*</sup>Use of samples to initiate therapy does not meet step edit/ preauthorization criteria. \*\*

<sup>\*</sup>Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\*