BlueCross BlueShield Federal Employee Program

SUNLENCA
PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)			**Provider Information (required)**		
Date:			Provider Name:		
Patient Name:			Specialty:	NPI:	
Date of Birth:	Sex: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

Sunlenca (lenacapavir)

***Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety** for processing

Is this request for brand or generic? ❑Brand ❑Generic

1. Does the patient have a diagnosis of HIV-1 infection? ❑Yes ❑No

2. Has the patient been on Sunlenca continuously for the last **6 months** excluding samples? ***Please select answer below:***

❑ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. Does the physician agree to start an optimized background regimen (OBR) of anti-retroviral therapy (ART)? ❑Yes ❑No

b. Does the patient have a viral load (VL) greater than or equal to 400 copies per milliliter? ❑Yes ❑No

c. Does the patient have multidrug resistant HIV-1 infection? ❑Yes ❑No

d. Does the patient have a documented resistance to at least **TWO** medications **EACH** from **THREE** of the following classes: protease inhibitors (PI), nucleoside reverse transcriptase inhibitors (NRTI), non-nucleoside reverse transcriptase inhibitors (NNRTI), or integrase strand transfer inhibitors (INSTI)? ❑Yes ❑No

❑ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:

a. Will the patient continue to take an optimized background regimen (OBR) of anti-retroviral therapy (ART) throughout Sunlenca therapy? ❑Yes ❑No

b. Has there been a decrease in the patient's viral load from baseline? ❑Yes ❑No