

Lenacapavir (YEZTUGO) for HIV Pre-exposure Prophylaxis (HIV PrEP) Criteria for Use November 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

Exclusion Criteria

If any of the following are selected, the patient will NOT meet criteria for Lenacapavir for PrEP

- Significant noncompliance with follow-up appointments unless barriers to compliance have been significantly addressed by provider
- Drug interactions that preclude administration of lenacapavir (moderate or strong CYP3A or P-gp inducers; combined P-gp, UGT1A1 and strong 3A4 inhibitors)⁴

Inclusion Criteria

All the following criteria must be selected to meet criteria.

- Lenacapavir prescribed by, or in collaboration with, a provider with experience or training in the administration of PrEP (designated facility providers)
- Substantial risk of HIV acquisition (sex without condoms, multiple sexual partners, recent or frequent sexually transmitted infections, sexual relationship with HIV infected partner, injection drug use with equipment sharing)
- Documentation that patient agrees to required HIV testing and dosing schedule^{1^2^3}

Additional Inclusion Criteria

ONE of the following must be selected to meet criteria:

- Intolerance or contraindication to Truvada (TDF/FTC)
- CrCl of 15-59 mL/min or multiple risk factors for significant renal dysfunction
- Patient specific factors impacting adherence to daily oral PrEP (e.g., cognitive difficulties, gastrointestinal dysfunction, unstable housing, stigma, or fear of discovery)

Footnotes

¹ Must have a confirmed negative HIV-1 Ag/Ab lab based test within 7 days of each administration of lenacapavir. An HIV RNA test is also recommended prior to initiation of lenacapavir. The results of this assay should not delay initiation. If an HIV RNA test is not available, obtain a repeat HIV-1 Ag/Ab test within 1 month of initiation.

² Dosing: Day 1: 927mg by subcutaneous injection (2 x 1.5mL injections) AND 600mg orally (2 x 300mg tablets); Day 2: 600mg orally (2 x 300mg tablets) can be self-administered at home; Every 6 months (26 weeks +/- 2 weeks): 927mg by subcutaneous injection (2 x 1.5mL injections).

³ Subcutaneous administration into the abdomen (preferred) or thigh (alternative) only.

⁴ Significant drug interactions and supplemental LEN dosing are available from FDA in the LEN prescribing information.

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