

Yeztugo (lenacapavir) Injection Order

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code): ☐ Z29.81 Encounter for HIV pre-exposure prophylaxis

☐ Other: _____

☐ NKDA ☐ Allergies: _____

☐ New Therapy Order ☐ Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication:

- ☐ Acetaminophen _____mg by ☐ PO
- ☐ Cetirizine _____mg by ☐ PO
- ☐ Diphenhydramine _____mg by ☐ PO/ ☐ IVP
- ☐ Solu-Medrol _____mg by ☐ PO/ ☐ IVP
- ☐ Solu-Cortef _____mg by ☐ PO/ ☐ IVP
- ☐ Other: _____

Required Documentation:

- ☐ Patient Demographics
- ☐ Patient Insurance (med and pharm card copies, front and back)
- ☐ Progress Notes
- ☐ Labs: patients must be tested for HIV-1 infection prior to initiating Yeztugo (within 7 days) and prior to each subsequent injection of Yeztugo (within 7 days)
- ☐ Other: _____

Patient height and weight:

Patient Height (cm): _____

Patient Weight (kg): _____

Yeztugo Medication Order (Please select ONE):

- ☐ Induction dosing followed by maintenance dosing
- Day 1 = 600 mg oral tablets + 927 mg subcutaneous injection
 - Day 2 = 600 mg oral tablets x 1 dose
- ☐ Maintenance dosing
- Inject 927 mg subcutaneously every 6 months from date of last injection +/- 2 weeks

Additional Instructions/Notes:

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- ☐ Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- ☐ Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- ☐ Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400