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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
□ *Orland Park, IL:* 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400