INFUSE CARE
PREMIER MEDICAL INFUSIONS

PHYSICIAN ORDER FORM
Fax 1-732-960-3449 · Phone 732-444-8808

Yeztugo *lenacapavir*

PATIENT INFORMATION

Patient name _____ DOB _____

Mobile number _____ Patient weight _____ kg

Allergies _____

☐ Patient has known difficult venous access. Comments: _____

☐ New start therapy ☐ Continuation of therapy — date of last dose (if applicable): _____

DIAGNOSIS

Provider must specify

☐ Pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 in adults and adolescents weighing at least 35 kg who are at risk for HIV-1 acquisition, ICD 10: Z29.81

☐ Other: _____

PROVIDER INFORMATION

Provider name (print) _____ Provider NPI _____

Signature _____ Date _____

Contact name _____ Phone _____ Fax _____

Email address _____

PREREQUISITES TO TREATMENT

Ensure the following is complete and attached with the referral

☐ Individuals must have a negative HIV-1 test prior to initiating

PRE-MEDICATION

Not typically indicated

☐ Acetaminophen (Tylenol) 500 mg PO

☐ Famotidine 20 mg IV

☐ Methylprednisolone (Solu-Medrol) 125 mg IVP

☐ Diphenhydramine (Benadryl) 25 mg PO

☐ Cetirizine (Zyrtec) 10 mg PO

☐ Other _____ Dose _____ Route _____

MEDICATION ORDER

MEDICATION	DOSE	ROUTE	FREQUENCY
Yeztugo	Day 1: 927 mg by subcutaneous injection (2 x 1.5 mL injections) & 600 mg orally (2 x 300 mg tablets) Day 2: 600 mg orally (2 x 300 mg tablets) at home Maintenance: 927 mg by subcutaneous injection (2 x 1.5 mL injections) every 6 months (26 weeks) from the date of the last injection, +/- 2 weeks	Day 1: clinic administers SQ injections and dispenses oral tablets Day 2: patient self-administers oral tablets at home (provided by clinic)	Every 6 months after 2 loading days

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: _____