

SUNLENCA

Please include the following to expedite the order:
Patient Demographics, Insurance Information, HIV Labs

PATIENT

Referral Status: ☐ New ☐ Updated ☐ Renewal

Name: _____ DOB: _____ Gender: ☐ M ☐ F ☐ Other _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

PRESCRIBER

Name: _____ DEA: _____ NPI: _____ State License: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

CLINICAL

Diagnosis: ☐ B20 (HIV Disease) ☐ Other: _____
Allergies: _____ Weight: _____ kg ☐ lbs Height: _____ cm ☐ in
HBV: ☐ Yes ☐ No Initiation completed by referring provider? ☐ Yes ☐ No Date: _____
HIV Labs Completed: ☐ Yes ☐ No Date Completed: _____ If yes, please attach all labs to form

TREATMENT

SUNLENCA (lenacapavir)

Route: Subcutaneous Injection

Dose: ☐ 927mg

Frequency:

- ☐ Initial: 927mg once
Following completion of the prescribed oral loading regimen or per FDA-approved initiation regimen
- ☐ Maintenance: 927mg every 6 months
Doses may be given +/- 2 weeks from due date

Quantity: _____ Refills: _____

Premedication Protocol: *(Not Usually Indicated)*

- ☐ Diphenhydramine: ☐ 25mg ☐ 50mg ☐ PO ☐ IV
☐ Acetaminophen: ☐ 325mg ☐ 500mg ☐ 650mg PO
☐ Other: _____

Sig: _____
☒ Center will use anaphylactic and hypersensitivity protocol established by Cure Stat Infusion Services.

Special Instructions: _____

Provider Signature: _____ Date: _____