

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 Restore Health

Special Instructions: _____

Provider Signature: _____

Date: _____

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. Thank you.