



**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex:  M  F Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  lbs  kg  
 Primary Language: \_\_\_\_\_ Allergies: \_\_\_\_\_

**<ICD 10 CODE REQUIRED>**

**DIAGNOSIS & CLINICAL INFORMATION**

**ICD 10 Code (PROVIDE COMPLETE CODE)**

- |   |   |
|---|---|
| <input type="checkbox"/> Z20.6 Exposure to HIV                  | <input type="checkbox"/> Z72.52 High-risk homosexual behavior |
| <input type="checkbox"/> Z72.5 High-risk sexual behavior        | <input type="checkbox"/> Z72.53 High-risk bisexual behavior   |
| <input type="checkbox"/> Z72.51 High-risk heterosexual behavior | <input type="checkbox"/> Other: _____                         |

**REQUIRED:** Demographics & Most Recent: H&P, clinical notes, labs, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

**PRESCRIPTION**

**Pre-Medications**

- |   |  |
|---|--|
| <input type="checkbox"/> Acetaminophen: 650 mg PO   | <input type="checkbox"/> Acetaminophen: _____ mg PO      |
| <input type="checkbox"/> Cetirizine 10 mg PO        | <input type="checkbox"/> Famotidine: _____ mg IV         |
| <input type="checkbox"/> Dexamethasone: _____ mg IV | <input type="checkbox"/> Loratadine 10 mg PO             |
| <input type="checkbox"/> Diphenhydramine: 25 mg PO  | <input type="checkbox"/> Methylprednisolone: _____ mg IV |
| <input type="checkbox"/> Diphenhydramine: 25 mg IV  | <input type="checkbox"/> Ondansetron 4 mg IV             |
| <input type="checkbox"/> Other: _____               |  |

**Lab Orders**

- CBC w/diff: every \_\_\_\_\_  weeks  month
- CMP: every \_\_\_\_\_  weeks  month
- HIV ag/ab, 4<sup>th</sup> gen w/each injection
- HIV-1 RNA, PCR w/each injection
- Other: \_\_\_\_\_  weeks  month

**Apretude (cabotegravir)**

**Loading Dose (SELECT ONE)**

- IM:** inject 600 mg/3mL of cabotegravir at week 0 and week 4

**Maintenance Dosing (SELECT ONE)**

- IM:** inject 600 mg/3mL of cabotegravir every 8 weeks x 1 year

**Yeztugo (lenacapavir)**

**Loading Dose (SELECT ALL THAT APPLY)**

- Day 1:** inject 927 mg subcutaneously along with taking 600 mg orally
- Day 2:** 600 mg orally (patient can take at home or return to clinic for observation)
- Other: \_\_\_\_\_

**Maintenance Dose (SELECT ONE)**

- SQ:** inject 927 mg subcutaneously once every 6 months x 1 year

Is the patient on any other disease modifying therapy?  Yes  No

If yes, please note therapy and last dose: \_\_\_\_\_

**Adverse Events:** In the event of an adverse reaction occurring at Oregon Specialty Infusion clinic, OSI will utilize their adverse reactions protocol

**PRESCRIBING INFORMATION**

Prescriber Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ NPI #: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Office phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_